



# Savita

**Superspeciality Hospital**  
(A Unit of Solace Healthcare Pvt. Ltd.)

Parivar Char Rasta, Waghodia-Dabhoi Ring Road, Vadodara-390019

☎ 0265-2578844 / 2578849 ✉ mh@savitahospital.com 🌐 savitahospital.com

## PHYSICIAN EXAMINATION

<b>Name :</b>	SUNILKUMAR DAS	<b>Age :</b>	56/MALE
<b>Reg.No :</b>	20230309280	<b>DOE :</b>	25/03/2023

### Physical Examination:

<b>Height:</b>	168CM	<b>Weight:</b>	68 KG	<b>PULSE:</b>	72	<b>Temperature:</b>	NORMAL
<b>BMI :</b>	24.0	<b>BP :</b>	139/94	<b>SPO2</b>	98%		
<b>Chief Complaint :</b>	H/O URTICARIA						
<b>Past History :</b>	NAD						
<b>General Examination :</b>	NAD						
<b>Systemic Examination :</b>	NAD						
<b>INVESTIGATION :</b>	NAD						
<b>ADVICE :</b>	TAB: ALLEGRA 1 TAB SOS CALAMIN LOTION LA SOS OVER RASHES TAB:MONTAIR LC 0---0---1 (10 DAYS)						



**DR. SAURABH JAIN**



### Examination By Ophthalmologist

Name :	SUNILKUMAR DAS	Age :	56/MALE
Reg.No :	20230309280	DOE :	28/12/2022
Present Complaints :	NAD		
Medical History :	NAD		
Examination Of Eye :	NAD		

External Examination :	NAD	NAD
Ati Seg Examination :	A/S WNL	NAD
Schiotz Tonometry IOP :	P.RRRL	RRRL
Fundus :	NILL	
Without Glass	Distant Vision :	
	Near Vision :	
With Glass	Distant Vision : 6/6WITH +0.50/+110	6/6WITH+0.50DSPH
	Near Vision :N6WITH+2.0 DSPH	N6WITH+2.0DSPH
Colour Vision (With Ishihara Chart) :	WNL	
Advice :	ADDITION BIFOCAL	

DR CHETAN CHAUHAN





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## EXAMINATION BY DENTAL

<b>Name :</b>	<b>SUNILKUMAR DAS</b>	<b>Age/Sex:</b>	<b>56/M</b>
<b>Reg No :</b>	<b>20230309280</b>	<b>DOE:</b>	<b>25/03/23</b>

<b>Presenting Complaint :</b>	<b>C/O FOOD LODGEMT IN LOWER R/L TOOTH DACK REGION BILATERALLY</b>
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<b>Medical History :</b>	<b>NO RELEVANT HISTORY</b>
--------------------------	----------------------------

<b>Examination :</b>	<b>GROSSLY CAUIOUS</b>	<b>6</b>	<b>CALCULUS ++</b>
			<b>STAIN++</b>

<b>Impression :</b>	<b>NAD</b>
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<b>Advice :</b>	<b>SCALLING</b>	<b>6</b>	
	<b>EXTRACTION</b>		
	<b>IRT</b>		



**DR. RUSDA MALEK**

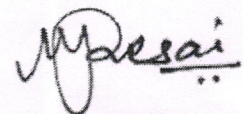




<b>Patient Name :</b> Sunil Kumar Das	<b>Sample No. :</b> 20230316722 
<b>Patient ID :</b> 20230309280	<b>Visit No. :</b> OPD20230328060
<b>Age / Sex :</b> 56y/Male	<b>Call. Date :</b> 25/03/2023 08:59
<b>Consultant :</b> DR SAURABH JAIN	<b>S. Coll. Date :</b> 25/03/2023 09:45
<b>Ward :</b> -	<b>Report Date :</b> 25/03/2023 12:41

**CBC, ESR**

Investigation	Result	Normal Value
Hemoglobin :	12.9 gm/dl [L]	13.5 to 18.0 gm/dl
P.C.V. :	38.9 % [L]	42.0 to 52.0 %
M.C.V. :	89.6 fL	78 to 100 fL
M.C.H. :	29.7 pg	27 to 31 pg
M.C.H.C. :	33.2 g/dl	32 to 36 g/dl
RDW :	12.3 %	11.5 to 14.0 %
RBC Count :	4.34 X 10 <sup>6</sup> / cumm [L]	4.7 to 6.0 X 10 <sup>6</sup> / cumm
Polymorphs :	72 % [H]	38 to 70 %
Lymphocytes :	22 %	15 to 48 %
Eosinophils :	3 %	0 to 6 %
Monocytes :	3 %	3 to 11 %
Basophils :	0 %	0.0 to 1.0 %
Total :	100	< 100 > 100
WBC Count :	8300 /cmm	4000 to 10000 /cmm
Platelets Count :	121000 /cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	15 mm/hr [H]	1 to 13 mm/hr



**Dr. Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**





**Patient Name :** Sunil Kumar Das

**Sample No. :** 20230316722



**Patient ID :** 20230309280

**Visit No. :** OPD20230328060

**Age / Sex :** 56y/Male

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**S. Coll. Date :** 25/03/2023 09:45

**Ward :** -

**Report Date :** 25/03/2023 15:48

### FBS & PPBS

Investigation	Result	Normal Value
Blood Sugar (FBS) :	99 mg/dl	74 - 100 mg/dl
Urine Sugar ( FUS ) :	Nil	
Blood Sugar (PP2BS) :	86 mg/dl	70 to 120 mg/dl
Urine Sugar ( PP2US ) :	Nil	

### HBA1C

Investigation	Result	Normal Value
Glycosylated Hb :	5.7 %	Near Normal Glycemia : 6 to 7 Excellent Control : 7 to 8 Good Control : 8 to 9 Fair Control : 9 to 10 Poor Control : > 10
Average Plasma Glucose of Last 3 Months :	116.89	

**Dr. Mehul Desai**  
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**Reg.No.G-9521**





**Patient Name :** Sunil Kumar Das

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**Ward :** -

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### Blood Group

#### Investigation

#### Result

#### Normal Value

#### BLOOD GROUP :

ABO

O

Rh

Positive

**Dr. Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**





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### Lipid Profile


Investigation	Result	Normal Value
Sample :	Fasting	
Sample Type :	Normal	
Cholesterol (Chol) :	173 mg/dl	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	125 mg/dl	Normal : < 200.0 High : 200 - 499 Very High : > or = 500
HDL Cholesterol :	44 mg/dl	Low risk: >or = 60 mg/dL High risk : Up to 35 mg/dL
LDL :	104 mg/dl [L]	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	25 mg/dl	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	2.36	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0
Total Chol / HDL Ratio :	3.93	Low Risk : 3.3 to 4.4 Average Risk : 4.4 to 7.1 Moderate Risk : 7.1 to 11.0 High Risk : > 11.0
Total Lipids :	642 mg/dl	400 to 700 mg/dl

**Note :-** Lipemic samples give high triglyceride value and falsely low LDL value.

**Dr.Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**

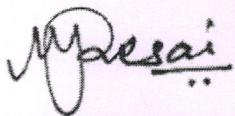




<b>Patient Name :</b>	Sunil Kumar Das	<b>Sample No. :</b>	20230316722 
<b>Patient ID :</b>	20230309280	<b>Visit No. :</b>	OPD20230328060
<b>Age / Sex :</b>	56y/Male	<b>Call. Date :</b>	25/03/2023 08:59
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<b>Ward :</b>	-	<b>Report Date :</b>	25/03/2023 12:41

### RENAL FUNCTION TEST


Investigation	Result	Normal Value
Creatinine :	0.8 mg/dl	0.6 - 1.4 mg/dl
Urea :	30 mg/ dl	13 - 45 mg/dl
Uric Acid :	6.8 mg/dl	3.5 - 7.2 mg/dl
Calcium :	8.4 mg/dl	8.5 - 10.5
Phosphorus :	4.3 mg/dl	1.5 - 6.8



**Dr. Mehul Desai**  
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**Reg.No.G-9521**

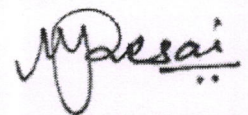




<b>Patient Name :</b> Sunil Kumar Das	<b>Sample No. :</b> 20230316722 
<b>Patient ID :</b> 20230309280	<b>Visit No. :</b> OPD20230328060
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**LFT (Liver Function Test)**

Investigation	Result	Normal Value
Total Bilirubin :	0.7 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.2 mg/dl	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.5 mg/dl	0.0 to 0.8 mg/dl
AST (SGOT) :	22 U/L	5 to 34 U/L
ALT (SGPT) :	25 U/L	0 to 55 U/L
Total Protein (TP) :	6.8 g/dL	6.4 to 8.3, g/dl
Albumin (ALB) :	3.9 g/dl	3.5 to 5.2 g/dl
Globulin :	2.9 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	1.34	
Alkaline Phosphatase (ALP) :	112 U/L	40 to 150 U/L
GAMMA GT. :	14 U/L	7 to 35 U/L



**Dr. Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**



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Mobile: 9998724579 / 8155028222 | Email: info.baroda@unipathllp.in



### TEST REPORT

<b>Reg. No.</b> : 30301014554	<b>Reg. Date</b> : 25-Mar-2023 12:42	<b>Collected On</b> : 25-Mar-2023 12:42
<b>Name</b> : Mr. SUILKUMAR DAS		<b>Approved On</b> : 25-Mar-2023 14:02
<b>Age</b> : 56 Years	<b>Gender</b> : Male	<b>Dispatch At</b> :
<b>Ref. By</b> :	<b>Ref. No.</b> :	<b>Tele No.</b> :
<b>Location</b> : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD		

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine) <i>Method:CLIA</i>	1.25	ng/mL	0.6 - 1.81
T4 (Thyroxine) <i>Method:CLIA</i>	10.30	µg/dL	4.5 - 12.6
TSH ( ultra sensitive) <i>Method:CLIA</i>	1.071	µIU/mL	0.55 - 4.78
Sample Type:Serum			

**Comments:**

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

**TSH levels During Pregnancy :**

- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

This is an electronically authenticated report.

Test done from collected sample.

**Dr. Vishal Jhaveri**  
M.B.B.S, D.C.P  
Reg. G-13041

Printed On: 25-Mar-2023 14:04

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Unipath Specialty Laboratory (Baroda) LLP- Platinum Complex, Opp. HDFC Bank, Nr. Radha Krishna char rasta, Akota, Vadodara - 390020  
 Mobile: 9998724579 / 8155028222 | Email: info.baroda@unipathllp.in

TEST REPORT			
Reg. No. : 30301014554	Reg. Date : 25-Mar-2023 12:42	Collected On : 25-Mar-2023 12:42	
Name : Mr. SUILKUMAR DAS		Approved On : 25-Mar-2023 14:01	
Age : 56 Years	Gender : Male	Ref. No. :	Dispatch At :
Ref. By :		Tele No. :	
Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD			

Test Name	Results	Units	Bio. Ref. Interval
<b>PROSTATE SPECIFIC ANTIGEN</b>			
PSA	1.220	ng/mL	0 - 4

Method: CLIA

Sample Type: Serum

**Note:**

PSA is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.

Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.

**Useful For**

1. Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
2. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
3. Prostate cancer screening.

----- End Of Report -----

This is an electronically authenticated report.


Test done from collected sample.

Printed On: 25-Mar-2023 14:04

**Dr. Vishal Jhaveri**  
 M.B.B.S, D.C.P  
 Reg. G-13041

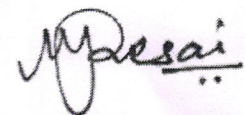
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### Urine R/M

Investigation	Result	Normal Value
Quantity - :	10 ml	
Colour - :	Pale Yellow	
Reaction (pH) :	6.0	4.6-8.0
Turbidity :	Clear	
Deposit :	Absent	Absent
Sp.Gravity :	1.030	1.005-1.010
Protein :	Absent	Absent
Glucose :	Absent	Absent
Bile Salts :	Absent	Absent
Bile pigments :	Absent	Absent
Ketones :	Absent	Absent
Urobilinogen :	Absent	
Blood :	Absent	Absent
Pus Cells :	0-1 /hpf	0-5/hpf
Red Blood Cells :	Absent /hpf	Absent
Epithelial Cells :	1-2 /hpf	



**Dr. Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**

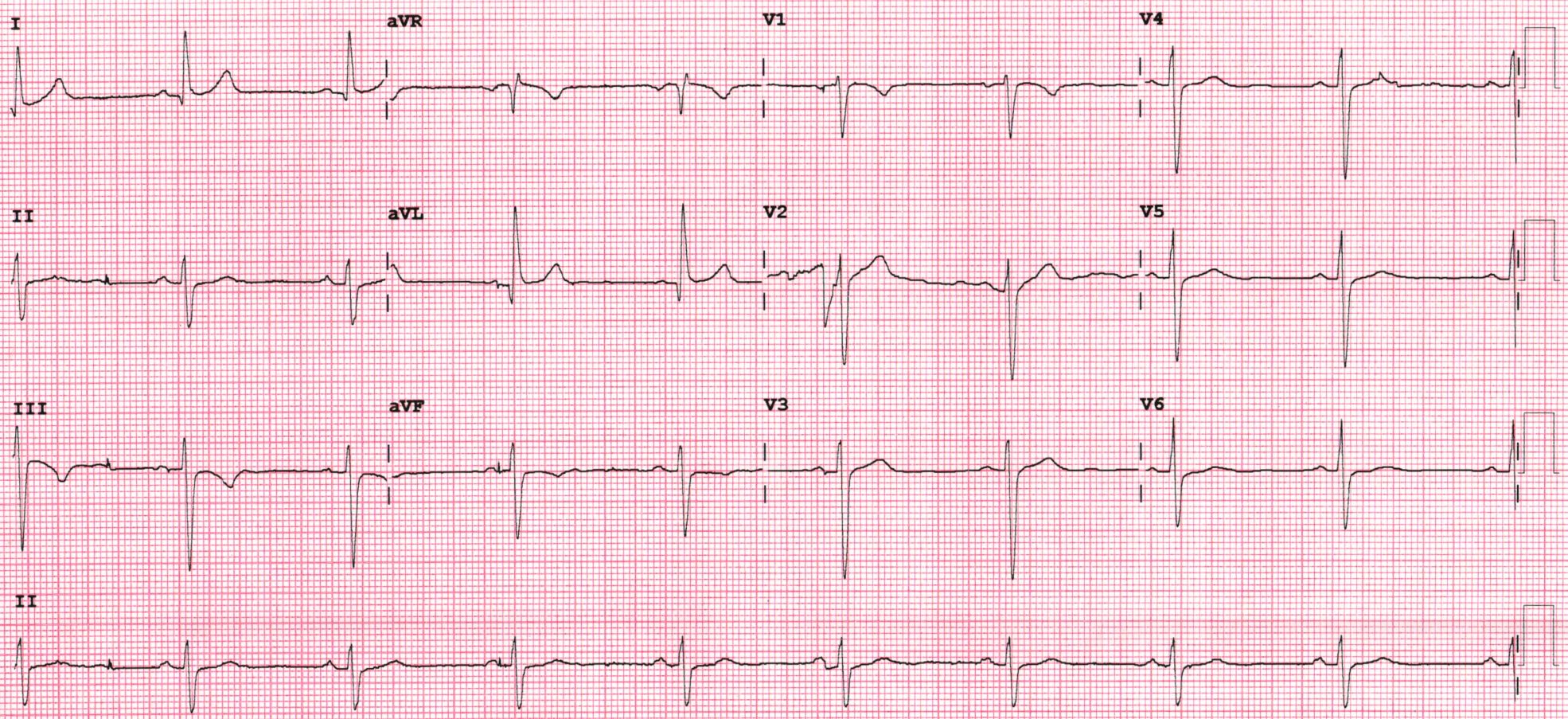


Rate 55  
PR 176  
QRSD 98  
QT 408  
QTc 391

--AXIS--

P 45  
QRS -48  
T -12

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50-150 Hz W

PH09

P?





## 2D-ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

**NAME: MR. SUNILKUMAR DAS**

**AGE/SEX: 56YRS/MALE**

**DATE: 25/03/2023**

### **OBSERVATION:**

- MILD CONCENTRIC LEFT VENTRICULAR HYPERTROPHY
- NORMAL LV SIZE WITH NORMAL LV SYSTOLIC FUNCTION. LVEF = 55%.
- NO RWMA AT REST.
- GRADE 1 LV DIASTOLIC DYSFUNCTION.
- NORMAL MITRAL VALVE; TRIVIAL MR. NO MS.
- NORMAL AORTIC VALVE; NO AR. NO AS.
- MILD TR. NO PAH.
- NORMAL SIZED LA, RA & RV WITH NORMAL RV SYSTOLIC FUNCTION.
- NORMAL SIZED MPA, RPA & LPA.
- INTACT IAS & IVS
- NO E/O INTRACARDIAC CLOT/VEGETATION/PE.
- NORMAL IVC.
- NORMAL PERICARDIUM.

**LA: 36MM**

**AO: 29MM**

**IVS: 13/18MM**

**LVPW: 13/18MM**

**LVID: 49/26MM**

### **CONCLUSION:**

- MILD CONCENTRIC LEFT VENTRICULAR HYPERTROPHY
- NORMAL LV/RV SIZE AND GOOD LV SYSTOLIC FUNCTION / NO RWMA
- GRADE 1 LV DIASTOLIC DYSFUNCTION
- TRIVIAL MR, MILD TR, NO PAH

**DR.NIRAV BHALANI**  
[CARDIOLOGIST]

**DR.ARVID SHARMA**  
[CARDIOLOGIST]

**DR. CHIRAG SHETH**  
[CARDIOLOGIST]

**DR PRUTHVIRAJ PUWAR**  
[CARDIOLOGIST]







Patient name	SUNILKUMAR DAS
Age / Sex	56Y/M
Date	Saturday, 25 March 2023

**ULTRASOUND OF ABDOMEN**

**LIVER** appears normal in size (13.7 cm) and shows normal parenchymal echogenicity. No evidence of focal lesion. No evidence of dilated IHBR or portal vein. CBD appears normal.

**GALL BLADDER** is distended. No e/o wall thickening or calculus within.

**VISUALIZED PART OF PANCREAS** appears normal. MPD is WNL

**SPLEEN** appears normal in size (7.7 cm) and shows normal parenchymal echogenicity. No evidence of focal lesion.

**BOTH KIDNEYS** appear normal in size (RK: 10.3 cm & LK: 9.4 cm) and position. Show normal cortical echogenicity. Corticomedullary differentiation is maintained. No calculus or hydronephrosis on either side.

**URINARY BLADDER** is full. No e/o wall thickening or calculus within.

**PROSTATE** appears normal in size (28 cc). No evidence of focal lesion noted.

**BOWEL LOOPS** appear normal and show normal peristalsis. No evidence of LYMPHADENOPATHY noted. No evidence of ASCITES or PLEURAL EFFUSION noted.

**IMPRESSION:**

- NO SIGNIFICANT ABNORMALITY NOTED IN PRESENT SCAN.

  
DR SHARAD RUNGTA  
MD RADIOLOGY  
*Not all pathologies can be detected on radiograph. Further radiographic evaluation is suggested if required.*



NAME: SUNILKUMAR DAS	AGE/SEX: 56 YRS/M
DATE: Saturday, March 25, 2023	

CHEST XRAY (PA)

Both lung fields appear normal.

Both hila appear normal

Bilateral costo-phrenic angles appear grossly clear

Mediastinum and cardiac shadow appear normal

Bony thorax appears unremarkable

No evidence of free gas under domes of diaphragm

IMPRESSION:

- NO SIGNIFICANT ABNORMALITY NOTED IN LUNG FIELDS
- NORMAL CARDIAC SHADOW



DR SHARAD RUNGTA  
MD, RADIOLOGY

*Not all pathologies can be detected on radiograph. Further radiographic evaluation is suggested if required.*