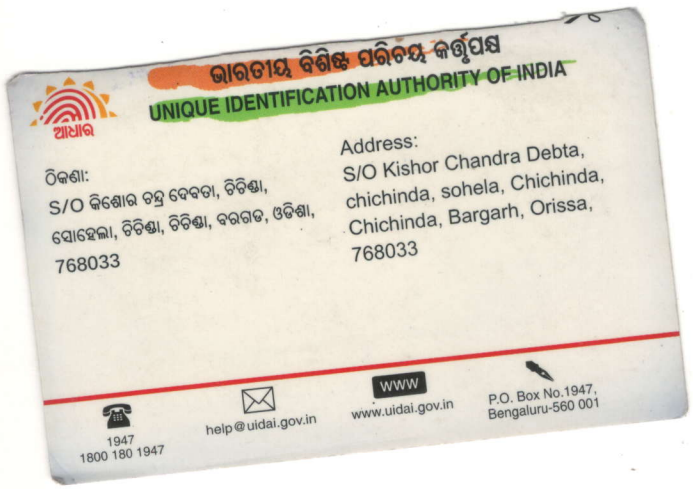

ଭାରତ ସରକାର
GOVERNMENT OF INDIA
ଆଶିଷ କୁମାର ଦେବତା
Ashish Kumar Debta
ଜନ୍ମ ବର୍ଷ / Year of Birth : 1980
ପୁରୁଷ / Male
2350 7564 7939
ଆଧାର - ସାଧାରଣ ଜନତାର ଅଧିକାର


ଭାରତୀୟ ବିଶିଷ୍ଟ ପରିଚୟ କର୍ତ୍ତୃପକ୍ଷ
UNIQUE IDENTIFICATION AUTHORITY OF INDIA
ଆଧାର
ଠିକଣା:
S/O କିଶୋର ଚନ୍ଦ୍ର ଦେବତା, ଚିଚିଣ୍ଡା,
ସୋହେଲା, ଚିଚିଣ୍ଡା, ଚିଚିଣ୍ଡା, ବରଗଡ, ଓଡିଶା,
768033
Address:
S/O Kishor Chandra Debta,
chichinda, sohela, Chichinda,
Chichinda, Bargarh, Orissa,
768033
1947
1800 180 1947
help@uidai.gov.in
WWW
www.uidai.gov.in
P.O. Box No.1947,
Bengaluru-560 001

R

NAVJIVAN Multi-Speciality HOSPITAL

Dr.KAUTUK PATEL
MBBS, DNB Emergency Medicine
IDCCM

Dr.ROHIT PATEL
MBBS, M.D. Anaesthesia

Dr.ANKIT PATEL
MBBS, DNB Anaesthesia
IDCCM

Dr.PRAVESH PATEL
MBBS, D.A. F.C.C.S.

ASHISH KUMAR DEBTA

AGE –43 YEARS.

SEX –MALE.

FOR MEDICAL FITNESS

BP – 120/78 MMHG.

HR –64 / MIN.

SPO2 – 98% ON ROOM AIR.

RS – CLEAR, NO ABNORMAL SOUND.

CVS – S1 S2 PRSENT, NORMAL, NO MURMUR.

P/A – SOFT, NON-TENDER.

CNS – FULL COUNSCIOUS, NO FOCAL DEFICIT.

NO H/O SMOKING, SUBSTANCE ABUSE.

P/H: NO ANY DISEASE.

FAMILY H/O –NOT SIGNIFICANT PAST HISTORY.

HEIGHT –165 CM; WEIGHT – 75 KG; BMI –27.42 KG/M^2

EYE EXAMINATION – NORMAL VISION

ENT EXAMINATION – NORMAL, NO DISCHARGE, PAIN,

DENTAL EXAMINATION – NO DENTAL CARIES.

DIET ADVICE GIVEN.

REPORTS REVIEWED.

PERSON IS FIT TO JOIN.

K.A. Patel

Dr. KAUTUK A. PATEL
DNB (Emergency Medicine) G-26827
MBBS, G-49142
Intensivist & Emergency Physician,
Navjivan Multi Speciality Hospital,
2nd Floor, City Centre Complex, Mehsana-2

SIGNATURE.

Navjivan Multi Speciality Hospital

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2D ECHOCARDIOGRAPHY REPORT

Name	ASHISH KUMAR DEBTA	Date	27/04/2024
Reg.No		Age / Sex	43 YEARS/MALE
Ward	HEALTH CHECK UP	Tech	

Echocardiography Measurements

LV Measurements Method: LV (Teich)	Pt value	Normal Value Adults			Pt value	
LVEDD (End Diastole)	44 mm			Mitral Valve E	3	
LVESD (End Systole)	20 mm			A	2	
IVS ED	8 mm	(5.0-10 mm)		Thickening/fibrosis Calcification	NO	
LVPW ED	10 mm	(6.5-11mm)		MV Area (PHT) (Trace)	5	Normal value: 4-6 sq.cm
LVEF(Ejection Fraction)	55	(60%±6.2%)		Aortic valve:	4	
EPSS				AV Area	NORMAL	
LA Dimension	24	(19-40 mm)				
Aortic Root	30	(20-40mm)		TR GRADE	NORMAL	
Aortic Opening	NORMAL			Tricuspid Valve	NORMAL	
RV size & Function	NORMAL					
Pericardium	Normal			Pulmonary Valve	NORMAL	

Conclusion:

LVEF- 55%
No RWMA at rest
NO LVH
ALL FOUR CHAMBERS NORMAL.
ALL VALVES NORMAL.
No PULMONARY HYPERTENSION,
PAP-10 mmHg.
IVC NORMAL (0.8 CM), COLLAPSING 50% WITH RESPIRATION.
NORMAL STUDY....

DR. NIKUNJ KANUBHAI PATEL
MBBS, DNB, DM (Cardiology)
Consultant Cardiologist
Reg. No. G-31811

Navjivan Multi Speciality Hospital

2nd Floor, City Center Complex, Radhanpur Circle, Mehsana-384002
બીજો માળ, સીટી સેન્ટર કોમ્પલેક્ષ, રાધનપુર સર્કલ, મહેસાણા-૩૮૪૦૦૨

24/7 Emergency

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HOSPITAL

Dr.KAUTUK PATEL
MBBS, DNB Emergency Medicine
IDCCM

Dr.ROHIT PATEL
MBBS, M.D. Anaesthesia

Dr.ANKIT PATEL
MBBS, DNB Anaesthesia
IDCCM

Dr.PRAVESH PATEL
MBBS, D.A. F.C.C.S.

PATIENT NAME : ASHISHKUMAR DEBTA **43 Y/M**

REF. BY : NAVJIVAN ICU

DATE : 27/04/2024

X-RAY OF CHEST - PA. VIEW

Both lung fields are normal.

No e/o consolidation or focal lesion.

Both c.p angles appear clear.

Cardiac shadow appears within normal limits.

Bony thorax appears normal.

Adv: clinico-pathological correlation

Thanks for reference .

DR. CHIRAG PATEL
CONSULTANT RADIOLOGIST

Navjivan Multi Speciality Hospital

2nd Floor, City Center Complex, Radhanpur Circle, Mehsana-384002
બીજો માળ, સીટી સેન્ટર કોમ્પલેક્ષ, રાધનપુર સર્કલ, મહેસાણા-૩૮૪૦૦૨

24/7 Emergency

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IDCCM

Dr.PRAVESH PATEL
MBBS, D.A. F.C.C.S.

PATIENT NAME : ASHISHKUMAR DEBTA **43 Y/M**
REF. BY : NAVJIVAN ICU
DATE : 27/04/2024

USG ABDOMEN:

LIVER : Normal in size and echopattern.
No focal lesion seen. PV- 9 mm at porta
Intrahepatic billiary radicals (IHBR) are not dilated.

GB : No calculus, cholecystitis or mass seen.
CBD is not dilated.

SPLEEN : Normal in size and echopattern.
VISUALISED PANCREAS : Normal in size and echopattern.

RIGHT KIDNEY : 10.2 x 4.8 cm **LEFT KIDNEY** : 10.7 x 5.2 cm
BOTH KIDNEYS : Normal in size, position and echopattern.
C-M differentiation is well preserved in either side.
No calculus, hydronephrosis seen in either side.

URINARY BLADDER : distended with normal wall thickness. No calculus or mass seen.

PROSTATE: Normal in size.

VISUALISED BOWEL LOOPS : unremarkable

No e/o paraaortic lymphadenopathy .
No e/o ascities .

Adv: clinico-pathological correlation.
Thanks for reference

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બીજો માળ, સીટી સેન્ટર કોમ્પલેક્ષ, રાધનપુર સર્કલ, મહેસાણા-૩૮૪૦૦૨
navjivan.icu@gmail.com

24/7 Emergency

ID: 94
ASHISHKUMAR DEPTA
44Years / male

27-04-2024 11:27:45 AM

HR	: 64	bpm	
P	: 95	ms	
PR	: 134	ms	
QRS	: 80	ms	
QT/QTc	: 377/391	ms	
P/QRS/T	: 49/17/43	°	
RV5/SV1	: 1.030/0.688	mV	

CARDIART

Diagnosis Information:
Normal sinus Rhythm

Report Confirmed by:
Dr. K[illegible] A. PATEL
DNB (F[illegible]
Intensi[illegible] Emergency Physician,
Ne[illegible] Multi Specialty Hospital,
2nd Floor, Jay Centre Complex, Mehsana-2

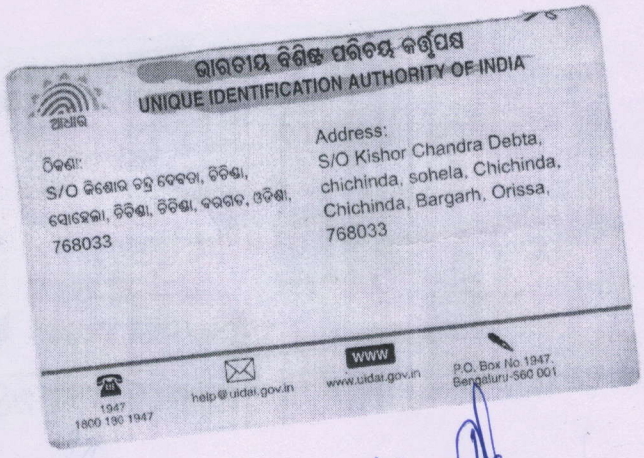
Main Specialty Hospital

I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6

0.15~25Hz AC50 25mm/s 10mm/mV 2*5.0s ♥64 V2.2 SEMIP V1.81 NAVJIVAN ICU

BPL

Specialty Hospital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ସୋହେଲା, ଚିଚିଣ୍ଡା, ଚିଚିଣ୍ଡା, ବରଗଡ, ଓଡିଶା,
768033
Address:
S/O Kishor Chandra Debta,
chichinda, sohela, Chichinda,
Chichinda, Bargarh, Orissa,
768033
1947
1800 180 1947
help@uidai.gov.in
www
www.uidai.gov.in
P.O. Box No.1947,
Bengaluru-560 001

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Dr. Jaimini N. Patel
MBBS DCP, DNB Pathology
Consulting Pathologist
M.9909904219
E-mail : jaimini1988bd@gmail.com

21, 22, Ground Floor, City Center Complex,
Opp. Janpath Hotel, Radhanpur Circle,
Mehsana-384 002. Mo. 93277 28049

Patient ID	: 042427007	**Sample Collected on**	: 27-Apr-2024 9:38 AM
Patient Name	: MR. ASHISHKUMAR DEPTA	**Report Released on**	: 27-Apr-2024 10:35 AM
Age / Gender	: 43 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: HEALTH CHECK UP		
Affiliation	: HEALTH CHECK UP		

0424270007

HAEMATOLOGY

Investigation	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN	**13.1**	gms%	13.5 - 17.5 gm%
RED BLOOD CELL COUNT	4.66	/cumm	4.2 - 5.6 mill/cmm
RBC INDICES			
HEMATOCRIT	40.3	%	40-50
MCV	86.4	fl	80 - 98 fL
MCH	28.0	pg	26 - 34 pg
MCHC	32.4	g/dl	32 - 37 %
RDW_CV	14	/ cumm	12 - 14 %
TOTAL WBC COUNT	6100	/ cumm	4000 - 11000 /cmm
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	61.7	%	50 - 74 %
LYMPHOCYTES	32.4	%	20 - 45%
EOSINOPHILS	1.3	%	01 - 06 %
MONOCYTES	05	%	02 - 10 %
BASOPHILS	0.0	%	00 - 01 %
PLATELET COUNT	**137000**	/ cumm	1,50,000 - 4,50,000 /cmm.
MEAN PLATELET VOLUME	**13.1**	fl	7.4-10.4
PDW	**16.5**	fl	10-14
PCT	0.18	%	0.10-0.28
ESR (ERYTHROCYTE SEDIMENTATION RATE)			
ERYTHROCYTE SEDIMENTATION RATE	09	mm/1hr.	<50 years: < 15 mm/hr >50 years: < 20 mm/hr

---------- **END OF REPORT** ----------

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21, 22, Ground Floor, City Center Complex,
Opp. Janpath Hotel, Radhanpur Circle,
Mehsana-384 002. Mo. 93277 28049

Patient ID	: 042427007	**Sample Collected on**	: 27-Apr-2024 9:38 AM
Patient Name	: MR. ASHISHKUMAR DEPTA	**Report Released on**	: 27-Apr-2024 11:58 AM
Age / Gender	: 43 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: HEALTH CHECK UP		
Affiliation	: HEALTH CHECK UP		

042427007

LIPID PROFILE REPORT

Investigation	Result	Unit	Bio. Ref. Interval
LIPID PROFILE REPORT			
TOTAL CHOLESTEROL	197.4	mg/dL	130-200
HDL CHOLESTEROL - DIRECT	38.5	mg/dL	30 - 60
TRIGLYCERIDES	**255.2**	mg/dL	60 - 170
LDL CHOLESTEROL	107.9	mg/dL	Up To 150
VLDL CHOLESTEROL	**51.0**	mg/dL	5-40
TC/HDL CHOLESTEROL RATIO	**5.1**	Ratio	3.0-5.0
LDL / HDL RATIO	2.8	Ratio	Less Than 5

Interpretation :
The lipid profile is used as part of a cardiac risk assessment to help determine an individual's risk of heart disease and to help make decisions about what treatment may be best if there is borderline or high risk. Lipids are a group of fats and fat-like substances that are important constituents of cells and sources of energy. Monitoring and maintaining healthy levels of these lipids is important in staying healthy. A lipid profile typically includes: 1. Total cholesterol — this test measures all of the cholesterol in all the lipoprotein particles. 2. High-density lipoprotein cholesterol (HDL-C) — measures the cholesterol in HDL particles; often called "good cholesterol" because it removes excess cholesterol and carries it to the liver for removal. 3. Low-density lipoprotein cholesterol (LDL-C) — calculates the cholesterol in LDL particles; often called "bad cholesterol" because it d

Comment : Please correlate with clinical condition
Technology : Spectrophotometry
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

---------- END OF REPORT ----------

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MBBS, DCP,DNB PATHOLOGY

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MBBS DCP, DNB Pathology
Consulting Pathologist
M.9909904219
E-mail : jaimini1988bd@gmail.com

21, 22, Ground Floor, City Center Complex,
Opp. Janpath Hotel, Radhanpur Circle,
Mehsana-384 002. Mo. 93277 28049

Patient ID	: 042427007	**Sample Collected on**	: 27-Apr-2024 9:38 AM
Patient Name	: MR. ASHISHKUMAR DEPTA	**Report Released on**	: 27-Apr-2024 11:55 AM
Age / Gender	: 43 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: HEALTH CHECK UP		
Affiliation	: HEALTH CHECK UP		

042427007

DIABETES CARE

Investigation	Value	Unit	
HBA1C			
HBA1C (GLYCOSYLATED HEMOGLOBIN), BLOOD	5.5	%	Below 6.0 : Normal Value 6.0-7.0 : Good Control 7.0-8.0 : Fair Control 8.0-10.0 : Unsatisfactory Control Above 10 : Poor Control
MEAN BLOOD GLUCOSE	111.15	mg/dL	Below 136 : Normal Value 137 - 172 : Good Control 173 - 208 : Fair Control 208 - 279 : Unsatisfactory Control Above 279 : Poor Control

Interpretation
HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Comment Please correlate with with Clinical condition
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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Opp. Janpath Hotel, Radhanpur Circle,
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Patient ID	: 042427007	**Sample Collected on**	: 27-Apr-2024 9:38 AM
Patient Name	: MR. ASHISHKUMAR DEPTA	**Report Released on**	: 27-Apr-2024 11:57 AM
Age / Gender	: 43 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: HEALTH CHECK UP		
Affiliation	: HEALTH CHECK UP		

* 0 4 2 4 2 7 0 0 7 *

BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval
RENAL FUNCTION TEST			
BLOOD UREA	25.60	mg/dL	10 - 50 mg/dL
SERUM CREATININE	1.06	mg/dL	0.50 - 1.30 mg/dL
SERUM SODIUM (NA)	132.5	mEq/L	130.00 - 150.00 mEq/L
SERUM POTASSIUM (K)	3.80	mEq/L	3.5 - 5.5 mEq/L
SERUM CHLORIDE (CL)	101.50	mEq/L	96 - 106 mEq/L
LIVER FUNCTION TEST			
SGPT (ALT)	26.9	IU/L	00-50 IU/L
SGOT (AST)	31.5	IU/L	Up to 50 IU/L
ALKALINE PHOSPHATASE	106.5	U/L	0.0 - 306.0 U/L
S. BILIRUBIN TOTAL	0.63	mg/dL	0.0 - 1.2 mg/dl 0.0 - 1.2 mg/dl Ascetic Fluid 0.6 - 0.8 mg/dl
S. BILIRUBIN DIRECT	0.24	mg/dL	Up to 0.5 mg/dl
S. BILIRUBIN INDIRECT	0.39	mg/dL	0.1-1.0 Mg/dl

Please correlate with clinical condition

FULLY AUTO BIOCHEM ANALYSER

Clinical diagnosis should not be made on the findings of a single test result, butshould integrate both clinical and laboratory data

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Mehsana-384 002. Mo. 93277 28049

Patient ID	: **042427007**	**Sample Collected on**	: 27-Apr-2024 9:38 AM
Patient Name	: **MR. ASHISHKUMAR DEPTA**	**Report Released on**	: 27-Apr-2024 12:02 PM
Age / Gender	: 43 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: HEALTH CHECK UP		
Affiliation	: HEALTH CHECK UP		

0424270007

BLOOD EXAMINATION

Investigation	Result
BLOOD GROUP	
ABO GROUPING	B
RH GROUPING	POSITIVE

Interpretation :
Blood typing is used to determine an individual's blood group, to establish whether a person is blood group A, B, AB, or O and whether he or she is Rh positive or Rh negative. Blood typing has the following significance,

- Ensure compatibility between the blood type of a person who requires a transfusion of blood or blood components and the ABO and Rh type of the unit of blood that will be transfused.
- Determine compatibility between a pregnant woman and her developing baby (fetus). Rh typing is especially important during pregnancy because a mother and her fetus could be incompatible.

Technology : Agglutination

---------- END OF REPORT ----------

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Opp. Janpath Hotel, Radhanpur Circle,
Mehsana-384 002. Mo. 93277 28049

Patient ID	: 042427007	**Sample Collected on**	: 27-Apr-2024 9:38 AM
Patient Name	: MR. ASHISHKUMAR DEPTA	**Report Released on**	: 27-Apr-2024 1:25 PM
Age / Gender	: 43 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: HEALTH CHECK UP		
Affiliation	: HEALTH CHECK UP		

* 0 4 2 4 2 7 0 0 7 *

VITAMIN ASSAY

Investigation	Result	Unit	Bio. Ref. Interval
VITAMIN B12			
VITAMIN B12 LEVEL	**117.0**	pg/ml	120 - 914

Interpretation :
Vitamin B 12 deficiency frequently causes macrocytic anemia,glossitis,peripheral neuropathy,weakness,hyperreflexia,ataxia,loss of proprioception,poor coordination,and affective behavioral changes. Many patients have the neurologic defects without macrocytic anemia. Serum methylmalonic acid (MMA) and homocysteine levels are also elevated in Vit B 12 deficiency states.
Limitations:
1. The evaluation of macrocytic anemia requires measurement of both vitamin B12 and Folate levels: ideally they should be measured simultaneously.
2. Specimen collection soon after blood transfusion can falsely increase Vit B12 levels. Patient taking Vit B12 supplementation may have misleading results.
3. A normal serum concentration of B12 does not rule out tissue deficiency of Vit B12.
4. The most sensitive test at the cellular level is the assay for MMA.
5. If Clinical symptoms suggest deficiency, measurement of MMA and Homocysteine should be considered, even if serum B12 concentrations are normal.
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

Investigation	Result	Unit	Bio. Ref. Interval
VITAMIN D TOTAL			
VITAMIN D	10.50		Deficient: <10 ng/mL Insufficient: 10-30 ng/mL Normal: 30-100 ng/mL Intoxication: >100ng/mL

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Patient ID	: 042427007	**Sample Collected on**	: 27-Apr-2024 9:38 AM
Patient Name	: MR. ASHISHKUMAR DEPTA	**Report Released on**	: 27-Apr-2024 11:54 AM
Age / Gender	: 43 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: HEALTH CHECK UP		
Affiliation	: HEALTH CHECK UP		

* 0 4 2 4 2 7 0 0 7 *

VITAMIN ASSAY

Investigation	Result	Unit	Bio. Ref. Interval

Interpretation :
Vitamin D is a steroid hormone involved in the intestinal absorption of calcium. In the liver, the vitamin D is hydroxylated to 25-hydroxyvitamin D (25-OH vitamin D), the major circulating metabolite of Vitamin D. The two most important forms of vitamin D are vitamin D3(cholecalciferol) and vitamin D2 (ergocalciferol). In contrast to vitamin D3, the human body can not produce vitamin D2 which is taken up with fortified food or given by supplements. In human plasma vitamin D3 and D2 are bound to the vitamin D binding protein and transported to the liver where both are hydroxylated to from vitamin D (25-OH). Vitamin D deficiencies can be observed even in young persons with gastrointestinal illnesses (liver function defects, malabsorption) or accelerated metabolism (from drugs such as antiepileptics). Clinical applications of 25-OH-Vitamin D measurements are the diagnosis and therapy control of postmenopausal osteoporosis, rickets, renal osteodystrophy, pregnancy, neonatal hypocalcemia and hyperparathyroidism.

---------- END OF REPORT ----------

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Dr. Jaimini N. Patel
MBBS DCP, DNB Pathology
Consulting Pathologist
M.9909904219
E-mail : jaimini1988bd@gmail.com

21, 22, Ground Floor, City Center Complex,
Opp. Janpath Hotel, Radhanpur Circle,
Mehsana-384 002. Mo. 93277 28049

Patient ID	: 042427007	**Sample Collected on**	: 27-Apr-2024 9:38 AM
Patient Name	: MR. ASHISHKUMAR DEPTA	**Report Released on**	: 27-Apr-2024 11:54 AM
Age / Gender	: 43 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: HEALTH CHECK UP		
Affiliation	: HEALTH CHECK UP		

THYROID FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
TFT (T3 T4 TSH)			
TOTAL TRIIODOTHYRONINE (T3)	1.85	pmol/L	Adult :0.9- 2.15 ng/ml
TOTAL THYROXINE (T4)	98.6	nmol/L	Adult: 60-135 nmol/l
ULTRA TSH	3.76	uIU/mL	Adult: 0.25 - 5.00 1-4 week : 1.7-9.1 1-12 month: 0.8-8.2 1-15 yr: 0.7-5.7

INTERPRETATION :

TSH	T3	T4	Interpretation
High	Normal	Normal	Mild (Sub clinical) Hypothyroidism
High	Low or Normal	Low	Hypothyroidism
Low	Normal	Normal	Mild (Sub clinical) Hyperthyroidism
Low	High or Normal	High or Normal	Hyperthyroidism
Low	Low or Normal	Low or Normal	Non thyroidal illness; rare pituitary (secondary) hypothyroidism

Interpretation :
Only TSH levels can prove to be misleading in patients on treatment. Therefore Free T3, Free T4 should be checked as it ismetabolically active. Physiological rise in Total T3 or T4 levels is seen in patients on steroid therapy and during pregnancy. Collection time for Thyroid function test is very important as per circardian variation / rhythm, the levels are at its peak between 2-4 a.m and are minimum between 6-10 pm. Thyroid abnormality should not get interpret based on single test report. It should be checked for establishment of the abnormality based on repeated investigations at intervals.

Comment : Please correlate with Clinical Condition
Technology : minividas
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

---------- END OF REPORT ----------

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Patient ID	: 042427007	**Sample Collected on**	: 27-Apr-2024 9:38 AM
Patient Name	: MR. ASHISHKUMAR DEPTA	**Report Released on**	: 27-Apr-2024 11:59 AM
Age / Gender	: 43 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: HEALTH CHECK UP		
Affiliation	: HEALTH CHECK UP		

042427007

BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval
GLUCOSE - POST PRANDIAL(PP)			
GLUCOSE - POST PRANDIAL	134.7	mg/dL	Normal: 80-140 Impaired Tolerance :140-199 Diabetes mellitus: ≥200

Interpretation :
A postprandial (PP) glucose test is a blood glucose test that determines the amount of a type of sugar, called glucose, in the blood after a meal. A 2-hour postprandial blood glucose test measures blood glucose exactly 2 hours after eating a meal, timed from the start of the meal. By this point blood sugar has usually gone back down in healthy people, but it may still be elevated in people with diabetes.

Method: Spectrophotometry. Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

GLUCOSE FASTING, PLASMA			
BLOOD SUGAR FASTING	98.6	mg/dL	65-110
URINE GLUCOSE - FASTING	Nil		

Interpretation :
The fasting (F) blood glucose test is the test most commonly used to diagnose diabetes. It measures blood glucose levels after a period of fasting, usually at least eight hours without food or liquid (except water). This test is more definitive than a random test, because there is no chance that it has been influenced by recent food intake.

TECHNOLOGY	Spectrophotometry
NOTES	Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

---------- **END OF REPORT** ----------

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Mehsana-384 002. Mo. 93277 28049

Patient ID	: 042427007	**Sample Collected on**	: 27-Apr-2024 9:38 AM
Patient Name	: MR. ASHISHKUMAR DEPTA	**Report Released on**	: 27-Apr-2024 11:50 AM
Age / Gender	: 43 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: HEALTH CHECK UP		
Affiliation	: HEALTH CHECK UP		

* 0 4 2 4 2 7 0 0 7 *

TOTAL PSA

Investigation	Result	Unit	Bio. Ref. Interval
TOTAL PSA	3.4	ng/ml	Less Than 4.0 ng/ml 4.0 - 15.0 ng/ml

Interpretation :
Elevated levels of PSA are associated with prostate cancer, but may also be seen with prostatitis (inflammation of the prostate) and benign prostatic hyperplasia (BPH). PSA test done along with free PSA provides additional information. Studies have suggested that the percentage of free PSA in total PSA is lower in patients with prostate cancer than those with benign prostate hyperplasia.

Comment : Please correlate with clinical condition
Method : minividas
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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Patient ID	: **042427007**	**Sample Collected on**	: 27-Apr-2024 9:38 AM
Patient Name	: **MR. ASHISHKUMAR DEPTA**	**Report Released on**	: 27-Apr-2024 11:58 AM
Age / Gender	: 43 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: HEALTH CHECK UP		
Affiliation	: HEALTH CHECK UP		

0424270007

URINE ROUTINE MICROSCOPIC

Investigation	Result	Unit	Bio. Ref. Range
PHYSICAL EXAMINATION			
COLOUR	Pale Yellow		
APPEARANCE	Clear		
SPECIFIC GRAVITY	1.030		
PH	6.0		
CHEMICAL EXAMINATION			
ALBUMIN	Absent		
GLUCOSE	Absent		
BILE PIGMENT	Absent		
BILE SALT	Absent		
KETONE	Absent		
UROBILINOGEN	Normal		
NITRITE	Negative		
MICROSCOPIC EXAMINATION			
PUS CELLS	0-2	/ HPF	
RBCS	NIL	/ HPF	
EPITHELLIAL CELLS	0-2	/ HPF	
HYALINE CAST	Absent		
GRANULAR CAST	Absent		
CALCIUM OXALATE CRYSTALS	Absent		
AMORPHOUS DEPOSIT	Absent		

---------- **END OF REPORT** ----------

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MBBS, DCP,DNB PATHOLOGY


GPS Map
Camera Lite
J93J+RMW, Manglaytan Society, Mehsana, Gujarat 384001, India
Latitude
23.6045992°
Longitude
72.3817563°
Local 10:04:37 AM
GMT 04:34:37 AM
Altitude 92 meters
Saturday, 27.04.2024


GPS Map
Camera Lite
J93J+RMW, Manglaytan Society, Mehsana, Gujarat 384001, India
Latitude
23.6045989°
Longitude
72.3817619°
Local 10:05:07 AM
GMT 04:35:07 AM
Altitude 92 meters
Saturday, 27.04.2024