PANCHMUKHI HOSPITAL

Dr C P Dadhaniya
Dr R C Dadhniya
MBBS,Dip.G.O, Diabetologist

150' RING ROAD, MAVDI CHOKDI,SANESHWAR ARCADE,RAJKOT Mo.9925333639,8320711901

policy number :
full name : Vanraj N. Chudasama
identity proof : Pan card
identity proof no : AOWPC 6527N
gender : male / 40 yr
height : 167
weight : 83
B P : 116/80
pluse : 72/min Regular
blood sample : Yes
fasting mode : Yes
non fasting mode : Yes

past history : DM=2 years Tab - AZULIX 1MF (OD)

Dental : Healthy

Colour vision : Normal

DR. C. P. DADHANIYA
M.B. Diabetologist
Ind. Physician
Regd No. G19
Code No. 3789
Panchmukhi Hospital
Mavdi Chowki,
150 Ft. Ring Road, RAJKOT.

NAME: Vanraj N. Chudasama
AGE/ GENDER: male / 40 yrs

DATE: 08.05.24

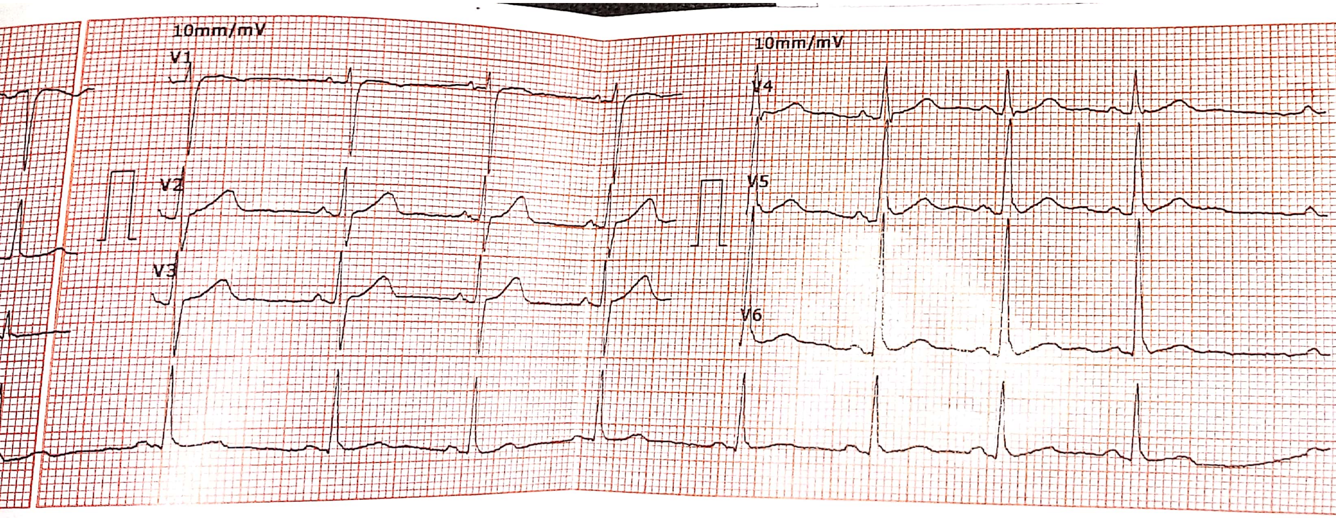
PATIENT'S REFRACTION DEATILES

		SPHE	CYL	AXIS	VN
R	D	-0.5	N	120°	6/9
	N	N			6/9
L	D	-0.5	N	60°	6/9
	N	N			6/9

REMARKS:

CHECHED BY: Dr CP Dadhaniya

DR. C. P. DADHANIYA
M.B. Diabetologist
Int. Physician (CIH)
Regd. No. G19798
Code No. 378943
Panchmukhi Hospital
Mavdi Chowki,
150 Ft. Ring Road, RAJKOT.



2024-5-8 8:32:06 ID: 00004001

ID Card:

Name: Vanraj Ghelabhai ... Gender: male

Age: 40 Height(cm):

Weight(Kg): BP(mmHg): /

HR	bpm	72
P-R	ms	106
Q-R-S	ms	80
QT/QTc	ms	353/386
P/QRS/T AXES	deg	43/17/46
RV5/SV1	mV	1.40/1.16
RV5+SV1	mV	2.56

*The result must be confirmed by doctor.

Report Confirmed by:

DR. C. P. DADHANIYA
M.B. Diabetologist
Physician (CIH)
Regd. No. G1979...
Code No. 378943
Panchmukhi Hospital
Mavdi Chowki,
150 Ft. Ring Road, RAJKOT.

आयकर विभाग

INCOME TAX DEPARTMENT

सत्यमेव जयते

भारत सरकार

GOVT. OF INDIA

VANRAJ N CHUDASAMA

NATHABHAI PUNJABHAI CHUDASAMA

MUM-SPD-II-107358

73089881

1 - 53

06/03/1984

Permanent Account Number

AOWPC6527N

Signature

saneshvar arcad, mavdi chowk,, 7Q8M+5Q7, 150 Feet Ring Rd, Poonam Society, Mavdi, Rajkot, Gujarat 360004, India

Latitude
22.2654322°

Longitude
70.7843572°

Local 11:33:44 AM
GMT 06:03:44 AM

Altitude 145 meters
Wednesday, 08.05.2024

NEELKANTH Diagnostics

Pt.'s Name: VANRAJ N CHUDASAMA

Date: 8 May, 2024

Radiograph of chest (PA view)

- *Both the lung fields are clear.*
- *No e/o consolidation, cavitations or collapse.*
- Both the hila appears normal
- *Both costophrenic angles appear clear.*
- Both domes of diaphragm appear normal.
- Cardiac size is within normal limit.
- Bones underview reveals no evident abnormality.

Thanks for reference.

DR PRATIK KAGATHARA
MD

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020

32 SLICE CT SCAN I 3D-4D SONOGRAPHY I COLOUR DOPPLER I X-RAY & PROCEDURE INTERVENTIONS

NEELKANTH Diagnostics

Pat.s' Name: VANRAJ N CHUDASAMA DATE: 8 May 2024

U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows bright parenchymal echotexture. No focal lesion noted. Intrahepatic billiary radicals appear normal. C.B.D and portal vein appears normal in calibre.
- **GALL BLADDER:** Well distended and appears normal. No evidence of gallstone or changes of cholecystitis.
- **PANCREAS:** appears normal in size, shape, echogenicity and echotexture. No focal lesion noted. No e/o peripancreatic fluid collection.
- **SPLEEN:** normal in size, shape, echogenicity and echotexture. No focal lesion noted.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No e/o calculi or hydronephrosis on either side.
- **URINARY BLADDER:** Well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **PROSTATE:** is normal in size, shape and echogenicity. No focal lesion.
- Visualised bowel loops show no evident abnormality. No e/o lymphadenopathy. RIF/ LIF CLEAR. Bilateral C-P angels clear.

CONCLUSION:

- ***Grade I fatty changes in liver.***

Thanks for reference.

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ACCURA Hospital
Care for Health

Dr. Vijay Maniyar
M.D. (Medicine)
FNIC (Lilavati Hospital - Mumbai)
ફીઝીશ્યન, નોન-ઈન્વેસીવ કાર્ડીયોલોજીસ્ટ,
ડાયાબીટોલોજીસ્ટ

ECHOCARDIOGRAPHY & COLOR DOPPLER

Patient Name : Vanraj Chudasama
Ref.By : Dr Dadhaniya Sir

Age/Sex : 40/M
Date :8/5/24

SUMMARY OF 2D ECHO

LA, LV size Normal
No LVH
No RWMA at rest
Overall LVEF –60 %.

RA , RV size and function Normal
All valves appear Normal in structure

No E/O Vegetation / clot /Pericardial effusion
IAS / IVS intact
No shunt across great vessels
IVC Size Normal 14 mm and collapsing > 50% on deep inspiration

Colour Doppler

Mitral Valve: E/A ratio 1.18 , TDI s/o E*>A*
Trivial MR

Tricuspid Valve: Trivial TR CW TR jet 27 mmHg
Estimated PASP 32 mm Hg

Aortic Valve: No AR
No significant LVOT gradient - AV PG Max 17 mm Hg

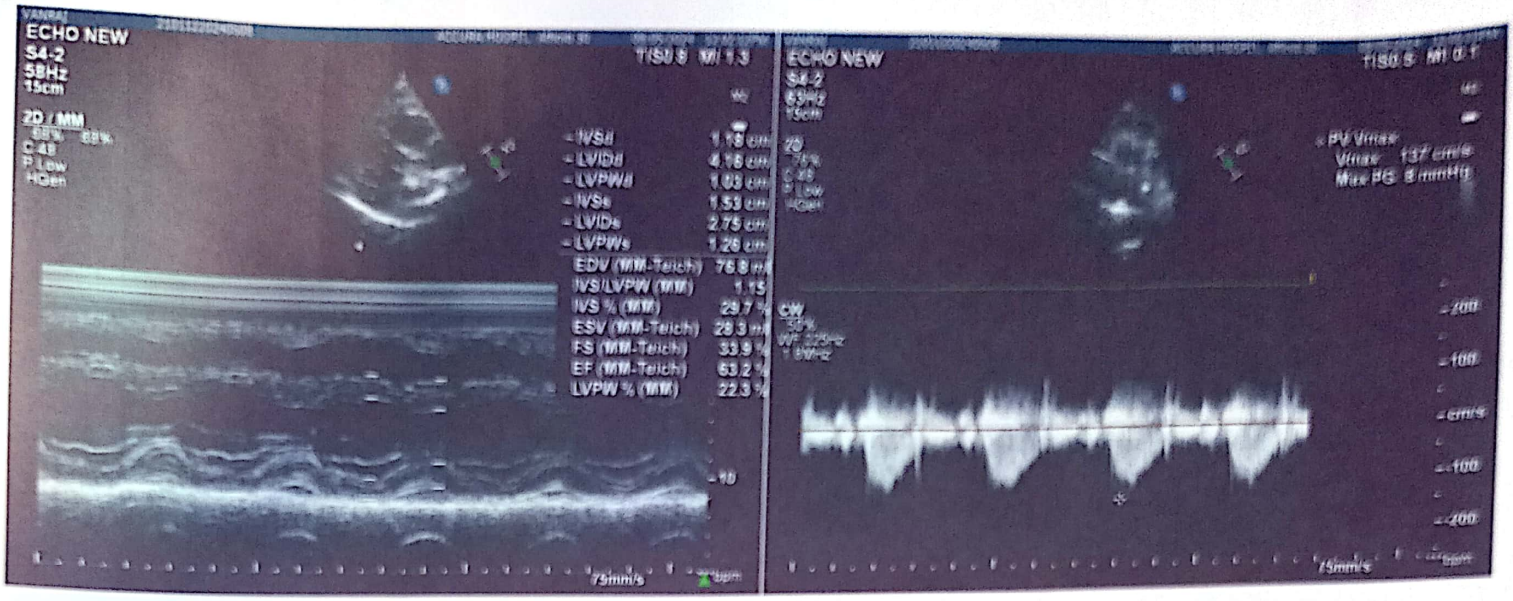
Pulmonary Valve : No PR , PV Max PG 8 mm Hg

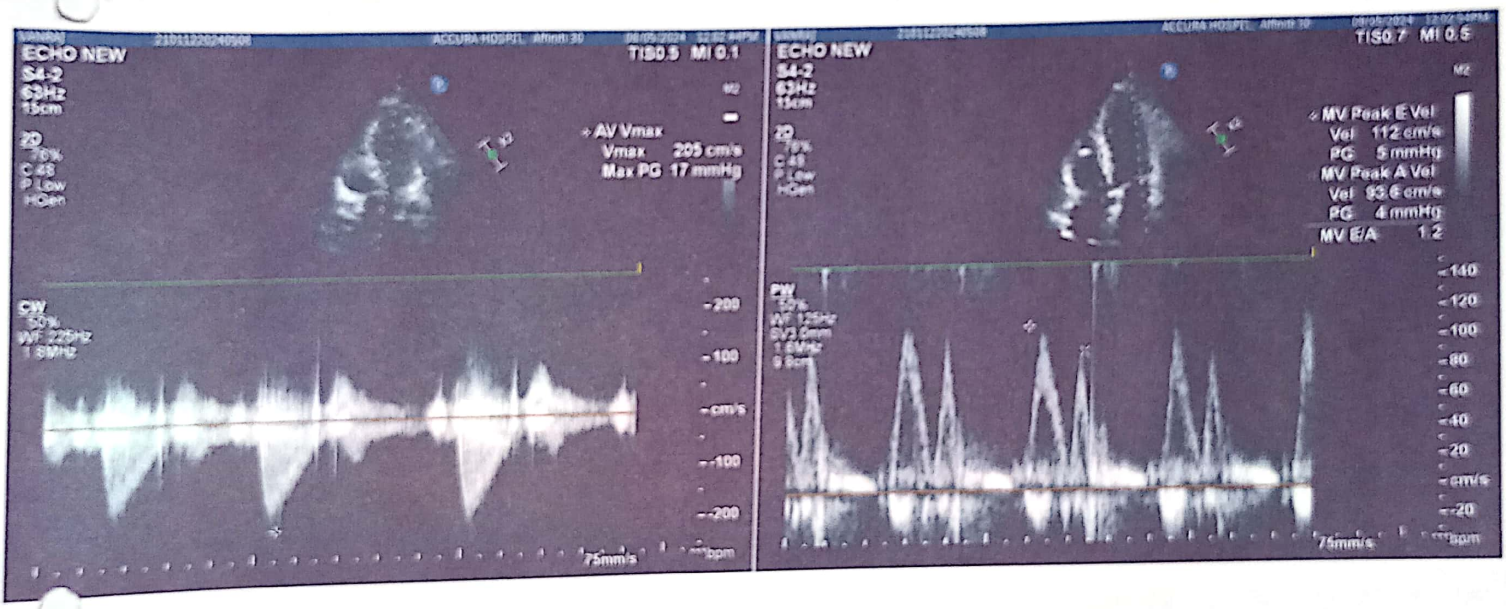
FINAL IMPRESSION

Good LV systolic function at rest

Dr V H Maniyar

M.D., FNIC (Lilavati Hospital , Mumbai)





DR. VIRAL R. JETHAVA
M.D. (Pathology)
C.O.T. Hematopathology, TMH (Mumbai)
C.O.T. Surgicalpathology, TMH (Mumbai)

TEST REPORT

TEST REPORT

Name	: Vanraj Chudasama	**Reg. No**	: 405100268
Age/Sex	: 40 Years / Male	**Reg. Date**	: 08-May-2024 02:03 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	**Collected On**	: 08-May-2024 02:03 PM
Client Name	: PANCHMUKHI HOSPITAL	**Report Date**	: 08-May-2024 06:05 PM

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval
RBC Parameters			
Hemoglobin (SLS method)	14.4	g/dL	13.0 - 18.0
Hematrocrit (Electrical Impedance)	**42.30**	%	47 - 52
RBC Count (Electrical Impedance)	5.85	million/cmm	4.7 - 6.0
MCV (Calculated)	**72.3**	fL	78 - 110
MCH (Calculated)	**24.6**	Pg	27 - 31
MCHC (Calculated)	34.0	%	30 - 35
RDW (Calculated)	13.3	%	11.5 - 14.0
WBC Parameters			
WBC Count (Flowcytometry)	6730	/cmm	4000 - 10500

DIFFERENTIAL WBC COUNT	% Value	% Range	Abs. Value	Abs. Range
Neutrophils (%)	65 %	42.0 - 75.2	4375 /cmm	1800 - 7700
Lymphocytes (%)	28 %	20 - 45	1884 /cmm	1000 - 3900
Eosinophils (%)	02 %	1 - 4	135 /cmm	0 - 450
Monocytes (%)	05 %	2 - 8	337 /cmm	200 - 1000
Basophils (%)	00 %	0 - 1	**0** /cmm	20 - 100

Platelete Parameter			
Platelet Count	193000	/cmm	150000 - 450000
MPV	**11.5**	fL	7.4 - 10.4
P-LCR	36.70	%	11.9 - 66.9
PDW	14.9	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.22	%	0.2 - 0.5

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BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"B"		
Rh (D)	Positive		

The Blood Group is done from received sample. Kindly ask for Blood Group Card. In case of any query, please contact Laboratory.

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Sadhu Vasvani Road Branch: Ground Floor, Office no. 3, Nakshtra-VIII, Nr. Sun City Apt., Sadhu Vasvani Road, Rajkot - 1
Helpline No. : 70965 77000 **www.neutropath.com** **neutropath@gmail.com**

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Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate **Sample, EDTA whole blood**			
ESR (After 1 hour)	6	mm/hr	1 - 7

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FASTING PLASMA GLUCOSE
Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) *HEXOKINASE*	**149.54**	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic

Criteria for the diagnosis of diabetes :

- HbA1c >/= 6.5 *Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose >/= 200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >/= 200 mg/dL.

*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing.
American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34; S11.

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POST PRANDIAL PLASMA GLUCOSE
Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) *HEXOKINASE*	**164.76**	mg/dL	70 - 140

Criteria for the diagnosis of diabetes :

- HbA1c >/= 6.5 *Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
- Two-hour plasma glucose >/= 200mg/dL during an oral glucose tolerance test by using a glucose load containing the equivalent of 75 gm anhydrous glucose dissolved in water.Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >/= 200 mg/dL.

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LIPID PROFILE
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol *Cholesterol Oxidase*	136.02	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride *Enzymatic Reaction With Glycerol Kinase*	106.5	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol *Siemens AHDL*	42.05	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol *Siemens ALDL*	76.20	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol *Calculated*	21.30	mg/dL	15 - 35
LDL / HDL RATIO *Calculated*	1.81		0 - 3.5
Cholesterol /HDL Ratio *Calculated*	3.23		0 - 5.0

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RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine *ALKALINE PICRATE, COLORIMETRIC KINETIC*	1.01	mg/dL	0.7 - 1.3
eGFR	**73.19**	ml/min/1.73 sq m	Normal or High: >=90 Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15
Urea *Calculated*	26.05	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) *UREASE/GLDH*	12.17	mg/dL	7.0 - 18.0
Uric Acid *Uricase*	4.20	mg/dL	3.5 - 7.2
Sodium *Direct ion selective electrode*	140.1	mmol/L	137 - 145
Potassium *Direct ion selective electrode*	4.20	mmol/L	3.5 - 5.1
Chloride *Direct ion selective electrode*	102.5	mmol/L	98 - 107
Calcium *Cresolphthalein Complexone*	9.50	mg/dL	8.5 - 10.1

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HEMOGLOBIN A1 C (HBA1C)
Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C *Siemens Dimension*	5.6	%	Non-Diabetic : Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : >6.4 % Diabetic : Poor Control : > 7.0 % Good Control : 6.0 % - 7.0 %
Mean Blood Glucose *Calculated*	114.02	mg/dL	Please correlate with clinical condition 90-115: Normal 115-133: Pre-Diabetic 134-150: Good Control 151-180: Average Control 181-210: Action Suggested >211: Panic Value

Explanation : Total hemoglobin A1 c is continuously synthesized in the red blood cell through its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters. The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood glucose levels. The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half-life of a red blood cell is sixty days, HbA1c has been accepted as a measurement which reflects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months. It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures

HbA1c assay Interferences : Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.

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THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) *CLIA*	4.65	µIU/ml	0.35 - 5.50

Remarks:

- 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 stimulates 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 Eddition. Philadelphia: WB Sounders,2012:2170

Triiodothyronine (T3) *CLIA*	1.25	ng/mL	0.6 - 1.81

Clinical Significance:

- Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus.
- In the circulation, 99.7% of T3 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.
- In hypothyroidism and hyperthyroidism, FT3 levels parallel changes in total T3 levels. Measuring FT3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T3 occur due to changes in T3 binding proteins, especially TBG.

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Thyroxine (T4) *CLIA*	10.95	µg/dL	4.5 - 12.6

Clinical Significance :

- Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland, and hypothalamus. In the circulation, 99.95% of T4 is reversibly bound to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to T3.
- In hypothyroidism and hyperthyroidism, FT4 levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

Limitations:

- The anticonvulsant drug phenytoin may interfere with total and FT4 levels due to competition for TBG binding sites.
- FT4 values may be decreased in patients taking carbamazepine.
- Thyroid autoantibodies in human serum may interfere and cause falsely elevated FT4 results.

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PROSTATE SPECIFIC ANTIGEN (PSA) TOTAL

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Prostate Specific Antigen (PSA) Total *CLIA*	1.54	ng/mL	0.21 - 1.72

Clinical Significance :

- False low / high results may be observed in patients receiving mouse monoclonal antibodies for diagnosis/therapy or due to interference by heterophilic antibodies & nonspecific protein binding or on high dose Biotin therapy.
- Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels. Elevated levels of PSA can also be seen in Benign Prostatic disease, Prostatis and/or Urinary tract infection.
- PSA values regardless of levels should not be interpreted as absolute evidence of the presence or absence of disease. All values should be correlated with clinical findings and results of other investigations.
- Physiological decrease in PSA level by 18% has been observed in hospitalized / sedentary patients either due to supine position or suspended sexual activity.
- Prostate Health Index , OncoPro Prostate Screen are other recommended assay for PSA levels between 4-10 ng/mL (gray zone). It helps physicians to decide if biopsy is necessary.
- DRE not suspicious and PSA total of < 3.6 ng/ml : probability of positive biopsy result is 27.2%.
- DRE suspicious and PSA total of < 3.6 ng/ml : probability of positive biopsy result is 52.9%.

This is an Electronically Authenticated Report.

Dr. Viral R. Jethava
M.D. (Path, PDCC)

TEST REPORT

Name	: Vanraj Chudasama	**Reg. No**	: 405100268
Age/Sex	: 40 Years / Male	**Reg. Date**	: 08-May-2024 02:03 PM
Ref. By	: Dr. PANCHMUKHI HOSPITAL / INSURANCE	**Collected On**	: 08-May-2024 02:03 PM
Client Name	: PANCHMUKHI HOSPITAL	**Report Date**	: 08-May-2024 06:05 PM

URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
PHYSICAL EXAMINATION			
Quantity	15 cc		
Colour	Pale Yellow		
Clarity	Clear		
CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)			
pH	5.5		4.6 - 8.0
Sp. Gravity	1.010		1.001 - 1.035
Protein	Nil		
Glucose	**Present (+)**		
Ketone Bodies	Nil		
Urobilinogen	Normal Present		
Bile salts:	Absent		Absent
Bile Pigments:	Absent		Absent
Nitrite	Nil		
MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)			
Leucocytes (Pus Cells)	Occasional/hpf		
Erythrocytes (Red Cells)	Absent		
Epithelial Cells	2 - 3/hpf		
Amorphous Material	Absent		
Casts	Absent		
Crystals	Absent		
Bacteria	Absent		

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Dr. Viral R. Jethava
M.D. (Path, PDCC)

DR. VIRAL R. JETHAVA
M.D. (Pathology)
C.O.T. Hematopathology, TMH (Mumbai)
C.O.T. Surgicalpathology, TMH (Mumbai)

TEST REPORT

TEST REPORT

Name	: Vanraj Chudasama	**Reg. No**	: 405100268
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LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein *BIURET*	7.20	g/dL	6.4 - 8.2
Albumin *Dye Binding - Bromocresol Purple (BCP)*	4.12	g/dL	3.40 - 5.00
Globulin *Calculated*	3.08	g/dL	2.3 - 3.5
A/G Ratio *Calculated*	1.34		0.8 - 3.1
SGOT (AST) *Siemens/37C*	20.4	U/L	15 - 37
SGPT (ALT) *Siemens/37C*	23.5	U/L	16 - 63
Alakaline Phosphatase *Siemens/37C*	68.4	U/L	46 - 116
Total Bilirubin *Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank*	0.25	mg/dL	0.2 - 1
Conjugated Bilirubin *Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank*	0.12	mg/dL	0 - 0.20
Unconjugated Bilirubin *Sulph acid dpl/caff-benz*	0.13	mg/dL	0.0 - 1.1

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

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Dr. Viral R. Jethava
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