

ECG report

ID : 2
Name : VIKASKUMAR PARMAR
Gender : M
Age : 38 Years
Dept :
Bed No :

HR : 70 bpm
PR : 176 ms
QRS : 82 ms
QT/QTc : 380/398 ms
P/QRS/T : 39/31/39°
RMS/SVI : 1.936/0.763 mV
RMS-SVI : 2.699 mV

<<Interpretations >>
Sinus rhythm
Normal ECG

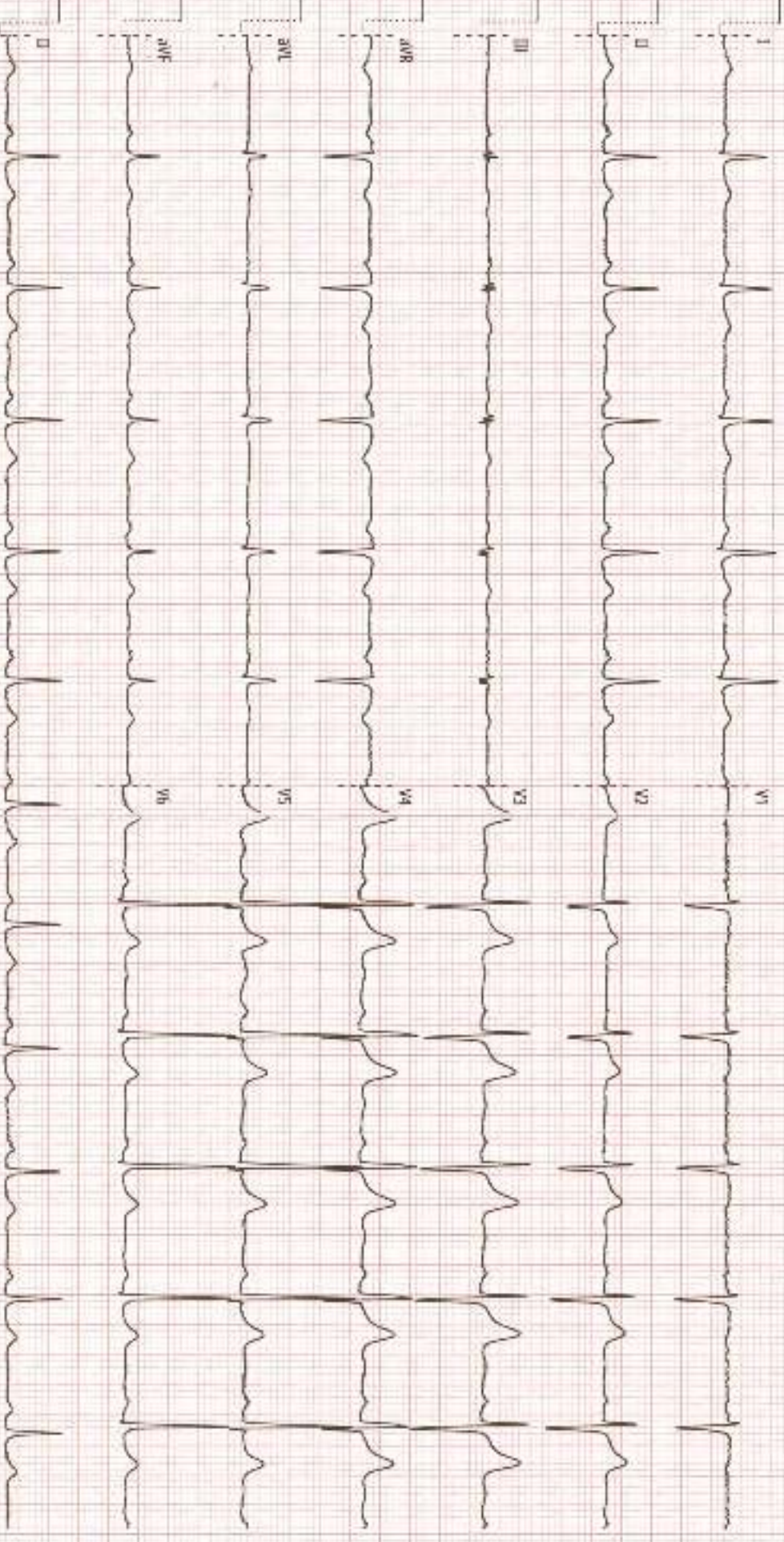
Confirm and sign:



Normal
Pler

Signature

DR. ARCHIT PARIKH
G-103E2
M. A. Bhanu (M.D., D.M., D.C.P.S.I.S.)
DHS MULTISPECIALTY HOSPITAL



PATIENT NAME MR.VIKASHKUMAR PARMAR
AGE / SEX 38 YRS/MALE
REF. DOCTOR DR. DHS DOCTOR TEAM
DATE 09/11/2024

2D ECHO CARDIOGRAPHY REPORT

Observation:

1. Normal LV size with normal LV systolic function. LVEF: 65%.
2. No RWMA at rest.
3. Reduced LV compliance.
4. Normal sized LA, RA and RV. Normal RV function.
5. All valves are normal in structure.
6. IAS and IVS are intact.
7. Mild PAH. RVSP = 36 mmHg.
8. No clot/ vegetation / pericardial effusion.
9. Doppler: Mild MR, Mild TR, No AR, No PR.
10. IVC is normal in size and well collapse on inspiration.

Conclusion:

Normal LV systolic function.
No RWMA.
Mild PAH.

Measurements :

LVIDD	44.0 mm	AO	22.0mm
	23.0 mm	LA	28.0mm
LVIDS			
LVEF	65%		
IVSD/LVPWD	09.0mm/10.0mm		

DOPPLER STUDY:

Valves	velocity	Max gradient	Mean gradient	Area	Regurgitation
Aortic	1.3	5.2			No AR
Mitral	E:0.3 A: 0.1				Mild MR
Pulmonary	0.4	3.3			No PR
Tricuspid	0.5	1.1			Mild TR

Dr.ARCHIT PARIKH

DR. ARCHIT PARIKH

G - 30352

M. D.(General Medicine)

DHS MULTI SPECIALTY HOSPITAL

VIKASKUMAR PARMAR

38 Y/M

HEALTH CHECK UP

09/11/2024

U.S.G. OF ABDOMEN AND PELVIS

Liver: appears mild enlarged in size (17 cm) & shows **grade 2 fatty changes**. No focal lesion is seen. No dilated IHBR is seen. Portal vein appears normal in course and caliber.

Gall bladder: is moderately distended & shows **approx.10 mm sized calculus**. No sludge or mass is seen. Gall bladder wall thickness appears normal. CBD appears normal – 3.5 mm.

Pancreas: appears normal in size & echopattern. No focal lesion is seen.

Spleen: appears normal in size and shows normal echotexture. No focal lesion is seen.

Both Kidneys appear normal in size, position and echopattern.

C-M differentiation is well preserved on either side.

No calculus or hydronephrosis on either side.

Cortical thickness appears normal on both sides.

No focal lesion is seen on either side.

Urinary bladder is moderately distended & appears normal. No calculus, internal echoes or mass is seen. Urinary bladder wall thickness appears normal.

Prostate appears normal in size and shows parenchymal calcification.

Para-aortic region appears normal.

No abdominal lymphadenopathy is seen.

Bowel loops appear normal in caliber & show normal peristalsis.

No abnormal dilatation of bowel loops or wall thickening is seen.

No fluid collection or lump formation is seen in RIF.

No ascites is seen.

IMPRESSION:**Mild hepatomegaly with grade 2 fatty changes****Gall bladder calculus as described**

Clinical correlation suggested. Thanks for reference.


DR. BHADRISH CHUDASAMA**MD RADIOLOGY**



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Reg. No :	2411100087	UHID :	UHID27879	Reg. Date :	09-Nov-2024
Name :	VIKASKUMAR PARMAR	Collected On :	09-Nov-2024 08:42	Report Date :	09-Nov-2024
Age/Sex :	38 Years / Male				
Ref. By :	MEDIWHEEL				

Parameter	Result	Unit	Reference Interval
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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (SLS method)	14.4	g/dL	13.0 - 17.0
Hematocrit (Electrical Impedance)	42.7	%	40 - 54
RBC Count (Electrical Impedance)	4.82	million/cmm	4.5 - 5.5
WBC Count (Flowcytometry)	5700	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	199000	/cmm	150000 - 410000
MCV (Calculated)	88.5	fL	83 - 101
MCH (Calculated)	29.8	Pg	27 - 32
MCHC (Calculated)	33.7	%	31.5 - 34.5
RDW (Calculated)	12.8	%	11.5 - 14.5

DIFFERENTIAL WBC COUNT

Neutrophils (%)	43	%	38 - 70
Lymphocytes (%)	43	%	20 - 45
Monocytes (%)	06	%	2 - 8
Eosinophils (%)	06	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	2430	/cmm	1800 - 7700
Lymphocytes (Absolute)	2450	/cmm	1000 - 3900
Monocytes (Absolute)	440	/cmm	200 - 800
Eosinophils (Absolute)	360	/cmm	20 - 500
Basophils (Absolute)	20	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	0.99	/cmm	0.7 - 4.0

PERIPHERAL SMEAR EXAMINATION


RBC Morphology	RBCs are Normochromic Normocytic.
WBC Morphology	Total WBC and differential count is within normal.
Platelets	Platelets are adequate with normal morphology.
Parasites	Malarial parasite is not detected.

ERYTHROCYTE SEDIMENTATION RATE

ESR (After 1 hour)	12	mm/hr	0 - 14
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----- End Of Report -----

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(MD.Pathology)


Mr. Akshay Parmar
M.Sc(Biochemistry)



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Age/Sex : 38 Years / Male Report Date : 09-Nov-2024
Ref. By : MED/WHEEL


Parameter	Result	Unit	Reference Interval
FBS Fasting Blood Sugar (FBS) Glucose Oxidase-Peroxidase	93.6	mg/dL	70 - 110
PPBS Post Prandial Blood Sugar (PPBS) Glucose Oxidase-Peroxidase	137.1	mg/dL	110 - 140

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Name :	VIKASKUMAR PARMAR	Collected On :	09-Nov-2024 08:42	Report Date :	09-Nov-2024
Age/Sex :	35 Years / Male				
Ref. By :	MEDIWHEEL				

Parameter	Result	Unit	Biological Reference Interval
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HEMOGLOBIN A1C ESTIMATION

Specimen: Blood EDTA

Hb A1C <small>MPLC, NGSP Certified</small>	5.8	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia , <6 : Non-diabetic Level
Mean Blood Glucose <small>Calculated</small>	119.76	mg/dL	

Criteria for the diagnosis of diabetes:

- HbA1c ≥ 6.5 *Or
 - Fasting plasma glucose ≥ 126 mg/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
 - Two hour plasma glucose ≥ 200 mg/dL. during an oral glucose tolerance test by using a glucose load containing 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.

Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus:


- HbA1C, also known as glycated haemoglobin, is the most important test for the assessment of long term blood glucose control(also called glycaemic control).
- HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of longterm glycaemic control than blood glucose determination.
- HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.- Glycemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP).

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 Name : VIKASKUMAR PARMAR Collected On : 09-Nov-2024 08:42
 Age/Sex : 38 Years / Male Report Date : 09-Nov-2024
 Ref. By : MEDIWHEEL

Parameter	Result	Unit	Reference Interval
LIVER FUNCTION TEST			
SGPT <i>Optimized UV-IFCC</i>	18.2	U/L	1 - 45
SGOT <i>Optimized UV-IFCC</i>	13.2	U/L	1 - 35
Total Bilirubin <i>DCA method</i>	0.48	mg/dL	0 - 2.0
Direct Bilirubin <i>DCA method</i>	0.24	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN <i>Calculated</i>	0.24	mg/dL	0.0 - 1.6
Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i>	57	U/L	53 - 128
Total Protein	6.46	g/dL	6.4 - 8.2
Albumin <i>By Bromocresol Green</i>	3.70	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	2.76	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.34		0.8 - 2.0
GGT	52	U/L	1 - 55

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

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Name :	VIKASKUMAR PARMAR			Collected On :	09-Nov-2024 08:42
Age/Sex :	38 Years / Male			Report Date :	09-Nov-2024
Ref. By :	MEDIWHEEL				

Parameter	Result	Unit	Reference Interval
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RENAL FUNCTION TEST


Creatinine	0.92	mg/dL	0.7 - 1.3
<i>Enzymatic, IDMS, Traceable</i>			
Urea	28.3	mg/dL	19.0 - 45.0
<i>Urease-GLDH, enzymatic UV</i>			
BUN	13.22	mg/dL	7 - 18
<i>Calculated</i>			
Uric Acid	4.5	mg/dL	3.5 - 7.2
<i>Enzymatic using TBHBA</i>			
Sodium	139.8	mmol/L	137 - 145
<i>Direct ISE</i>			
Potassium	4.85	mmol/L	3.6 - 5.1
<i>Direct ISE</i>			
Chloride	95.3	mmol/L	94 - 110
<i>Direct ISE</i>			
Ionized Calcium	4.79	mg/dL	4.4 - 5.4
<i>Direct ISE</i>			

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Age/Sex :	38 Years / Male				
Ref. By :	MEDIWHEEL				

Parameter	Result	Unit	Biological Reference Interval
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LIPID PROFILE


Cholesterol <small>CHOD-PAP method</small>	222	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <small>Enzymatic with GPO method</small>	364.5	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <small>Calculated</small>	72.90	mg/dL	15 - 35
LDL CHOLESTEROL	99.50	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <small>Magnetic Cholesterol Oxidase</small>	49.6	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <small>Calculated</small>	4.48		0 - 5.0
LDL / HDL RATIO <small>Calculated</small>	2.01		0 - 3.5
Total Lipids <small>Calculated</small>	1133.00		400 - 1000

- Pre-analytical requirements for given tests are -Fasting status anywhere between 10-12 hours before collection. Avoid alcohol beverages before lipid panel - minimum 24 hrs.
- Lipid profile results can be erroneous if pre-analytical requirements are not met properly.
- Any medical decision based on test results is to be taken with 2 or more consecutive results suggesting pattern.
- Please note that any lipid lowering drug may interfere in results estimation.
- Sudden commencement or sudden withdrawal of Lipid lowering drug will interfere with test result.

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Name :	VIKASKUMAR PARMAR			Collected On :	09-Nov-2024 08:42
Age/Sex:	38 Years / Male			Report Date :	09-Nov-2024
Ref. By :	MEDIWHEEL				

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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THYROID FUNCTION TEST

T3 (Triiodothyronine) CMM	0.90	ng/mL	0.6 - 1.81
T4 (Thyroxine) CMM	8.04	µg/dL	4.5 - 12.5
TSH	7,346	µIU/ml	0.35 - 4.94

ELFA-Enzyme Linked Fluorescent Assay

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. 6th Edition.

Philadelphia: WB Saunders 2012:2170

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Name : VIKASKUMAR PARMAR Collected On : 09-Nov-2024 09:42
Age/Sex : 38 Years / Male Report Date : 09-Nov-2024
Ref. By : MEDIWHEEL

Parameter	Result	Reference Interval
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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity : 10 cc
Colour : Pale Yellow
Clarity : Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)

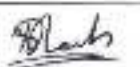
pH : 7.0 4.6 - 8.0
Sp. Gravity : 1.015 1.002 - 1.03
Protein : Nil
Glucose : Nil
Ketone Bodies : Nil
Urobilinogen : Nil
Bilirubin : Nil
Nitrite : Nil
Leucocytes : Nil
Blood : Nil

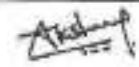
MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells) : 1 - 5/hpf
Erythrocytes (Red Cells) : Nil
Epithelial Cells : 1-2/hpf
Amorphous Material : Nil
Casts : Nil
Crystals : Nil
Bacteria : Nil
Yeast : Nil
T. Vaginalis : Nil
Spermatozoa : Nil

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TEST REPORT

Reg. No : 2411100057 UHID : UHID27879 Reg. Date : 09-Nov-2024
Name : VIKASKUMAR PARMAR Collected On : 09-Nov-2024 08:42
Age/Sex : 38 Years / Male Report Date : 09-Nov-2024
Ref. By : MEDIWHEEL

Parameter	Result	Unit	Reference Interval
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BLOOD GROUP & RH


SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION


ABO	O
Rh (D)	Positive

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TEST REPORT

Reg. No : 2411100087	UHID : UF1027879	Reg. Date : 09-Nov-2024
Name : VIKASKUMAR PARMAR		Collected On : 09-Nov-2024 08:42
Age/Sex: 38 Years / Male		Report Date : 09-Nov-2024
Ref. By : MEDIWHEEL		

Parameter	Result	Unit	Biological Reference Interval
VITAMIN B12	<148	pg/mL	211 - 911

Vitamin B12 is essential in DNA synthesis, hematopoiesis, and CNS integrity.

Interpretation:
Increased In

- Chronic granulocytic leukemia
- COPD and Chronic renal failure
- Leukocytosis
- Liver cell damage (hepatitis, cirrhosis)
- Obesity and Severe CHF
- Polycythemia vera
- Protein malnutrition

Decreased In

- Abnormalities of cobalamin transport or metabolism
- Bacterial overgrowth
- Crohn disease
- Dietary deficiency (e.g. in vegetarians)
- Diphyllobothrium (fish tapeworm) infestation
- Gastric or small intestine surgery
- Hypochlorhydria
- Inflammatory bowel disease
- Intestinal malabsorption and Intrinsic factor deficiency

Limitations

- Drugs such as chloral hydrate increase vitamin B12 levels. On the other hand, alcohol, aminosalicylic acid, anticonvulsants, ascorbic acid, cholestyramine, cimetidine, colchicine, metformin, neomycin, oral contraceptives, ranitidine, and triamterene decrease vitamin B12 levels.
- The evaluation of macrocytic anemia requires measurements of both vitamin B12 and folate levels; ideally they should be measured simultaneously.
- Specimen collection soon after blood transfusion can falsely increase vitamin B12 levels.
- Patients taking vitamin B12 supplementation may have misleading results.
- A normal serum concentration of B12 does not rule out tissue deficiency of vitamin B12. The most sensitive test for B12 deficiency at the cellular level is the assay for MMA. If clinical symptoms suggest deficiency, measurement of MMA and homocysteine should be considered, even if serum B12 concentrations are normal.

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Ref. By : MEDIWHEEL		

Parameter	Result	Unit	Biological Reference Interval
25 OH VITAMIN D TOTAL CHEMILUMINESCENCE	13.20	ng/mL	Deficiency <10 Insufficiency : 10 - 30 Sufficiency : 30 - 100 Toxicity : >100

Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol(vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol(vitamin D2) present mainly in dietary sources Both cholecalciferol & Ergocalciferol are converted to 25 (OH)vitamin D in liver.

Interpretation:

Increased in
 -Vitamin D intoxication
 -Excessive exposure to sunlight

Decreased In

-Malabsorption
 -Steatorrhea
 -Dietary osteomalacia, anticonvulsant osteomalacia
 -Biliary and portal cirrhosis
 -Thyrotoxicosis
 -Pancreatic insufficiency
 -Celiac disease
 -Rickets
 -Alzheimer disease

Limitations:

More recently it has become clear that receptors for vitamin D are present in a wide variety of cells and that this hormone has biologic effects extending beyond the control of mineral metabolism. Vitamin D deficiency is not clear. Levels needed to prevent rickets and osteomalacia (15 ng/mL) are lower than those that dramatically suppress parathyroid hormone levels. In turn, those levels are lower than levels needed to optimize intestinal calcium absorption (34 ng/mL). Neuromuscular peak performance is associated with levels approximately 38 ng/mL. A recent study states that increasing mean baseline levels from 29 to 38 ng/mL was associated with a 60% lower risk for colon cancer and levels of 62 ng/mL with a 60% reduction in the incidence of breast cancer. It is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase.

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