



**EXAMINATION BY DENTAL**

<b>Name :</b>	<b>SAMANTKUMAR SHARMA</b>	<b>Age/Sex:</b>	<b>42/M</b>
<b>Reg No :</b>	<b>20230400315</b>	<b>DOE:</b>	<b>14/04/23</b>

<b>Presenting Complaint :</b>	<b>ROUTINE CHEK UP</b>
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<b>Medical History :</b>	<b>HYPOTHYROID</b>
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<b>Examination :</b>	<b>SUPRACRUPTED IRT</b>		<b>8</b>
		<b>8</b>	
<b>CALCULUS++,STAIN++</b>			

<b>Impression :</b>	<b>NAD</b>
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<b>Advice :</b>	<b>EXTRACTION IRT</b>		<b>8</b>	<b>SCALING AND POLISHING</b>
		<b>8</b>		



**DR RUSDA MALEK**



### Examination By Ophthalmologist

Name :	SAMANTKUMAR SHARMA	Age :	42/MALE
Reg.No :	20230400315	DOE :	14/04/2023
Present Complaints :	NO FRESH C/O		
Medical History :	NAD		
Examination Of Eye :	NAD		

External Examination :	NAD	NAD
Ati Seg Examination :	A/S: WNL	
Schiotz Tonometry IOP :	P:RRRL	
Fundus :	NILL	
Without Glass	Distant Vision :	
	Near Vision :	
With Glass	Distant Vision : 6/6WITH-1.25DSPH	6/6WITH-1.25DSPH
	Near Vision :N6WITH+1.0 DSPH	N6WITH+1.0DSPH
Colour Vision (With Ishihara Chart) :	WNL	
Advice :	ADD BIFOCAL	

DR CHETAN CHAUHAN





# Savita

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

Parivar Char Rasta, Waghodia-D. bhoi Ring Road, Vadodara-390019

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

## PHYSICIAN EXAMINATION

<b>Name :</b>	<b>SAMANTKUMAR SHARMA</b>	<b>Age :</b>	<b>42/MALE</b>
<b>Reg.No :</b>	<b>20230400315</b>	<b>DOE :</b>	<b>14/04/2023</b>

### Physical Examination:

<b>Height:</b>	<b>165CM</b>	<b>Weight:</b>	<b>70 KG</b>	<b>PULSE:</b>	<b>102</b>	<b>Temperature:</b>	<b>NORMAL</b>
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<b>BMI :</b>	<b>25.71</b>	<b>BP :</b>	<b>120/78</b>	<b>SPO2</b>	<b>98%</b>
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<b>Chief Complaint :</b>	<b>NO COMPLAINTS</b>
<b>Past History :</b>	<b>K/C/O HYPOTHYROIDISM</b>
<b>General Examination :</b>	<b>NAD</b>
<b>Systemic Examination :</b>	<b>NAD</b>
<b>INVESTIGATION :</b>	<b>NAD</b>
<b>ADVICE :</b>	<b>TAB:THYROXINE (37.5) 1--0--0</b> <b>TAB:SUPRADYN 0--1--0 (1 MONTH)</b>

**DR. SAURABH JAIN**





**Patient Name :** Samantkumar . Sharma

**Sample No. :** 20230400586



**Patient ID :** 20230400315

**Visit No. :** OPD20230401053

**Age / Sex :** 42y/Male

**Call. Date :** 14/04/2023 09:41

**Consultant :** DR SAURABH JAIN

**S. Coll. Date :** 14/04/2023 10:11

**Ward :** -

**Report Date :** 14/04/2023 14:54

### CBC, ESR

Investigation	Result	Normal Value
Hemoglobin :	15.5 gm/dl	13.5 to 18.0 gm/dl
P.C.V. :	46.8 %	42.0 to 52.0 %
M.C.V. :	91.4 fL	78 to 100 fL
M.C.H. :	30.3 pg	27 to 31 pg
M.C.H.C. :	33.1 g/dl	32 to 36 g/dl
RDW :	12.6 %	11.5 to 14.0 %
RBC Count :	5.12 X 10 <sup>6</sup> /cumm	4.7 to 6.0 X 10 <sup>6</sup> /cumm
Polymorphs :	72 % [H]	38 to 70 %
Lymphocytes :	24 %	15 to 48 %
Eosinophils :	2 %	0 to 6 %
Monocytes :	2 % [L]	3 to 11 %
Basophils :	0 %	0.0 to 1.0 %
Total :	100	< 100 > 100
WBC Count :	6600 /cmm	4000 to 10000 /cmm
Platelets Count :	157000 /cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	9 mm/hr	1 to 13 mm/hr

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




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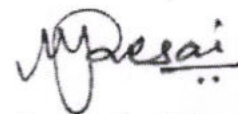
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<b>Patient ID :</b>	20230400315	<b>Visit No. :</b>	OPD20230401053
<b>Age / Sex :</b>	42y/Male	<b>Call. Date :</b>	14/04/2023 09:41
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## FBS & PPBS

Investigation	Result	Normal Value
Blood Sugar (FBS) :	99 mg/dl	74 - 100 mg/dl
Urine Sugar ( FUS ) :	Nil	
Blood Sugar (PP2BS) :	94 mg/dl	70 to 120 mg/dl
Urine Sugar ( PP2US ) :	Nil	



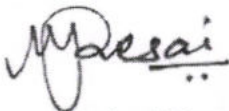
**Dr.Mehul Desai**  
**M.B.D.C.P**  
**Reg.No.G-9521**



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### HBA1C

Investigation	Result	Normal Value
Glycosylated Hb :	5.6 %	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 :	114.02	



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



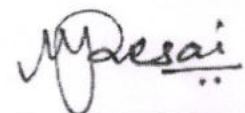
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### Blood Group

Investigation	Result	Normal Value
<b>BLOOD GROUP :</b>		
ABO	O	
Rh	Positive	


### RENAL FUNCTION TEST

Investigation	Result	Normal Value
Creatinine :	0.8 mg/dl	0.6 - 1.4 mg/dl
Urea :	16 mg/ dl	13 - 45 mg/dl
Uric Acid :	7.5 mg/dl	3.5 - 7.2 mg/dl
Calcium :	8.1 mg/dl	8.5 - 10.5
Phosphorus :	4.5 mg/dl	1.5 - 6.8



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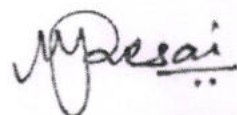


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### Lipid Profile

Investigation	Result	Normal Value
Sample :	Fasting	
Sample Type :	Normal	
Cholesterol (Chol) :	<b><u>202 mg/dl [H]</u></b>	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	<b><u>255 mg/dl [H]</u></b>	Normal : < 200.0 High : 200 - 499 Very High : > or = 500
HDL Cholesterol :	42 mg/dl	Low risk: >or = 60 mg/dL High risk : Up to 35 mg/dL
LDL :	<b>109 mg/dl [L]</b>	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	<b>51 mg/dl [H]</b>	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	2.6	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0
Total Chol / HDL Ratio :	4.81	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 :	<b>799 mg/dl [H]</b>	400 to 700 mg/dl


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



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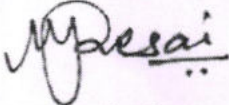




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<b>Patient ID :</b>	20230400315	<b>Visit No. :</b>	OPD20230401053
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### LFT (Liver Function Test)

Investigation	Result	Normal Value
Total Bilirubin :	0.4 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.2 mg/dl	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.2 mg/dl	0.0 to 0.8 mg/dl
AST (SGOT) :	32 U/L	5 to 34 U/L
ALT (SGPT) :	46 U/L	0 to 55 U/L
Total Protein (TP) :	7 g/dL	6.4 to 8.3, g/dl
Albumin (ALB) :	4.2 g/dl	3.5 to 5.2 g/dl
Globulin :	2.8 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	1.5	
Alkaline Phosphatase (ALP) :	153 U/L [H]	40 to 150 U/L
GAMMA GT. :	27 U/L	7 to 35 U/L



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



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. : 30401007147	Reg. Date : 14-Apr-2023 11:20	Collected On : 14-Apr-2023 11:20
Name : Mr. SAMANTKUMAR SHARMA		Approved On : 14-Apr-2023 12:10
Age : 42 Years	Gender : Male	Ref. No. :
Ref. By :		Dispatch At :
Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD		Tele No. :

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine) <i>Method: CLIA</i>	0.97	ng/mL	0.6 - 1.81
T4 (Thyroxine) <i>Method: CLIA</i>	8.00	µg/dL	4.5 - 12.6
TSH ( ultra sensitive) <i>Method: CLIA</i>	H <b>5.418</b>	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. Vaishali Bhatt

We are open 24 x 7 & 365 days

LLP Identification Number: AAN-8932



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### TEST REPORT

<b>Reg. No.</b> : 30401007147	<b>Reg. Date</b> : 14-Apr-2023 11:20	<b>Collected On</b> : 14-Apr-2023 11:20
<b>Name</b> : Mr. SAMANTKUMAR SHARMA		<b>Approved On</b> : 14-Apr-2023 12:07
<b>Age</b> : 42 Years	<b>Gender</b> : Male	<b>Ref. No.</b> :
<b>Ref. By</b> :		<b>Dispatch At</b> :
<b>Location</b> : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD		<b>Tele No.</b> :

Test Name	Results	Units	Bio. Ref. Interval
PSA	1.000	ng/mL	0 - 4

Method: CLIA

Sample Type: Serum

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.

Comments

Prostate-specific antigen (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.


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

This is an electronically authenticated report.

Test done from collected sample.

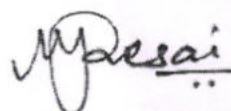
Dr. Vishal Jhaveri



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### Urine R/M

Investigation	Result	Normal Value
Quantity - :	20 ml	
Colour - :	Pale Yellow	
Reaction (pH) :	6.0	4.6-8.0
Turbidity :	Clear	
Deposit :	Absent	Absent
Sp.Gravity :	1.015	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 :	Absent /hpf	



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

42 Years

SAMANTKUMAR SHARMA  
Male

14-Apr-23 10:44:00 AM

Rate 60

PR 160

QRSD 86

QT 392

QTc 392

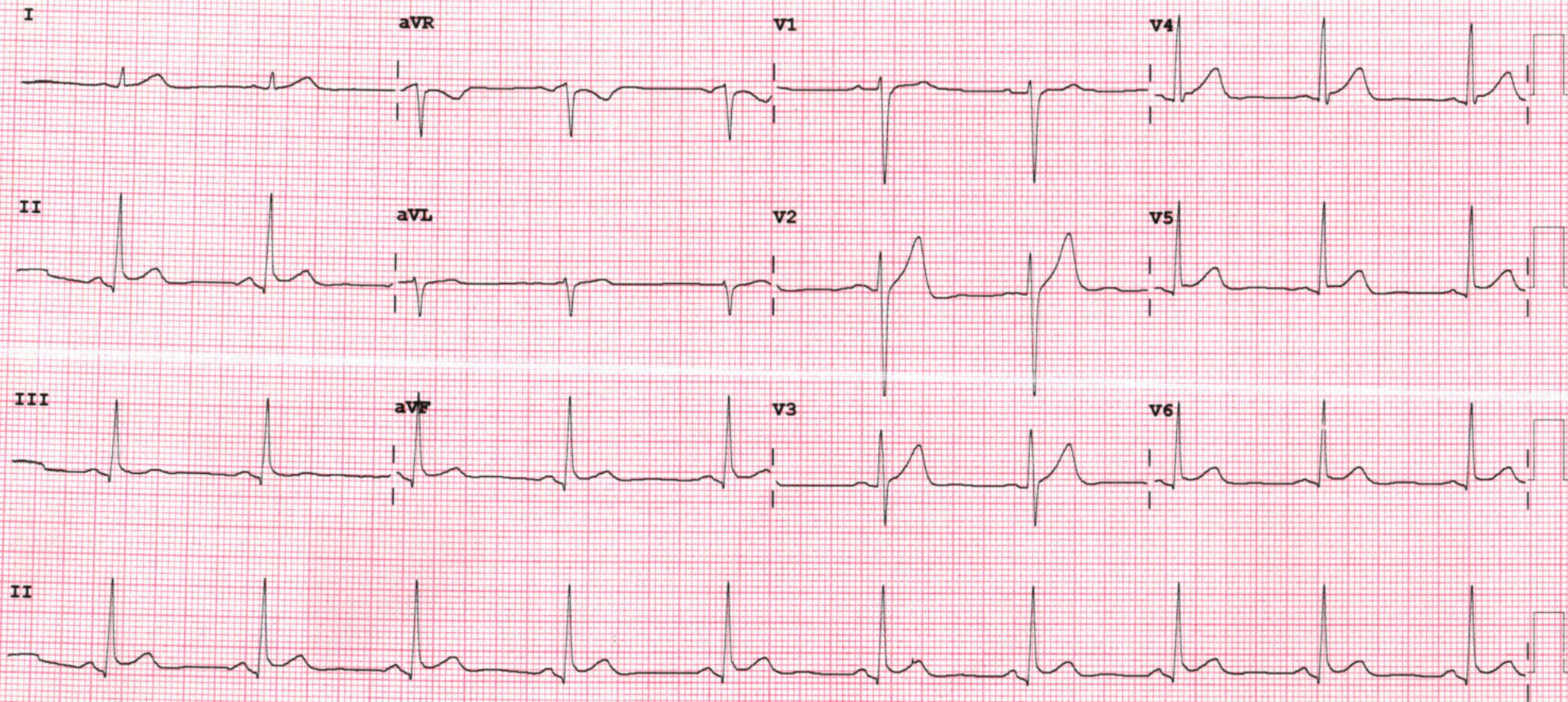
--AXIS--

P 72

QRS 80

T 45

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: SAMANTKUMAR SHARMA**

**AGE/SEX: 42 YRS/MALE**

**DATE : 14/04/2023**

**REF BY: DIRECT**

**OBSERVATION:**

- NORMAL LV SIZE AND NORMAL LV SYSTOLIC FUNCTION. LVEF = 60 % (VISUAL).
- NO RWMA AT REST.
- NO MR. NO MS.
- NO AR. NO AS.
- TRIVIAL TR. NO PAH.
- NORMAL SIZED LA, RV & 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: 30 MM    AO: 22 MM    IVS: 09/13 MM    LVPW: 08/13 MM    LVID: 48/32 MM**

**CONCLUSION:**

- NORMAL LV/RV SIZE AND SYSTOLIC FUNCTION.
- NO RWMA AT REST.
- LVEF = 60% (VISUAL).

**DR.NIRAV BHALANI**  
[CARDIOLOGIST]

**DR.ARVIND SHARMA**  
[CARDIOLOGIST]

  
**DR. DARSHAN THAKKAR**  
[CARDIOLOGIST]



Patient name	SAMANTKUAMR SHARMA
Age / Sex	42 Y/M
Date	Friday, 14 April 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 (9.8 cm) and shows normal parenchymal echogenicity. No evidence of focal lesion.

**BOTH KIDNEYS** appear normal in size (RK: 10.5 cm & LK: 9.9 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. 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 AT PRESENT SCAN.**

**DR SHARAD RUNGTA**  
**MD RADIOLOGY**

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



NAME: SAMATKUMAR SHARMA	AGE/SEX: 42YRS/M
DATE: Tuesday, April 11, 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.*