



Chavada Dayalal11 <chavadadayalal11@gmail.com>

Fwd: Health Check up Booking Request(bobS31901), Beneficiary Code-27344

1 message

Chetan Dadhaniya <cpdadhaniya@gmail.com>
To: chavadadayalal11@gmail.com, sindhavaradhika@gmail.com

Sat, Mar 4, 2023 at 2:55 PM

----- Forwarded message -----

From: **Mediwheel** <wellness@mediwheel.in>
Date: Sat, Mar 4, 2023, 2:54 PM
Subject: Health Check up Booking Request(bobS31901), Beneficiary Code-27344
To: <cpdadhaniya@gmail.com>
Cc: <mediwheelwellness@gmail.com>



011-41195959

Email:wellness@mediwheel.in

Dear **Panchmukhi Hospital,**

City : Rajkot . **Address :** Poonam Society, Mavdi , Chokadi , 150 Ring Road, Oppo. BRT Bus Stand - 360005,

We have received the confirmation for the following booking .

Name : Alok chhatbar
Age : 31
Gender : male
Package Name : Medi-wheel Full Body Health Checkup Male Below 40
User Location : DHORAJI, DHORAJI, Gujarat, 360410
Contact Details : 96389 87588
Booking Date : 04-03-2023
Appointment Date : 11-03-2023

| Member Information | | | |
|--------------------------------|-----|--------|-----------------|
| Booked Member Name | Age | Gender | Cost(In INR) |
| Alok chhatbar | 34 | Male | Cashless |
| Total amount to be paid | | | Cashless |

We will get back to you with confirmation update shortly. Please find the package details as attached for your reference.

Package Name : Medi-wheel Full Body Health Checkup Male Below 40 - Includes (37)Tests
Tests included in this Package : Ecg, TSH, X-ray Chest, Stress Test (tmt)/ 2d Echo, Blood Sugar Postprandial, A:g Ratio, Blood Group, Total Cholesterol, Triglycerides, Fasting Blood Sugar, Ultrasound Whole Abdomen , Glycosylated Haemoglobin (hba1c), Hdl, Vldl, Urine Analysis, LDL, Total Protine, General Consultation, HDL/ LDL ratio, GGT(Gamma-glutamyl Transferase), Eye Check-up consultation, ALP

Dr. C. P. DADHANIA
N.B.B.S., 31/03/2023, 9:08 AM
Regd. No. 619798
PANCHMUKHI HOSPITAL
MAVADI CHOKADI
150' RING ROAD, RAJKOT

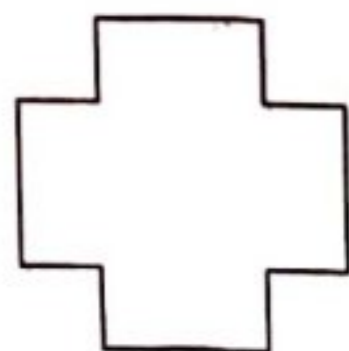
(ALKALINE PHOSPHATASE), Uric Acid, AST/ALT Ratio, Serum Protein, CBC with ESR, Stool Analysis, Urine Sugar Fasting, Urine Sugar PP, T3, T4, Cholesterol Total / HDL Ratio, BUN, BUN/Creatinine Ratio, Bilirubin Total & Direct and Indirect, Albumin, Globulin

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DR. C. P. DADHANIYA
M.B.B.S., C.I.M.
Regd. No. G19798
PANCHMUKHI HOSPITAL
MAYADI CHOKADI
150' RING ROAD, RAJKOT

Date: 11/03/23



PANCHMUKHI HOSPITAL

Dr C P Dadhaniya

Dr R C Dadhaniya

MBBS, Dip.G.O, Diabetologist

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

policy number :
full name : Alok chhatbasa P.
identity proof : driving licence
identity proof no : GJ03/016903/08
gender : Male / 34yr
height : 183
weight : 110
BP : 130/84
pulse : 76/min
blood sample : YES
fasting mode : YES
non fasting mode : NO

past history : NO H/O DM, HT, Thyroid
Any operation

Dental : Healthy

General : Healthy } NAD
RS
CMS
CMS

(Handwritten initials)

Dr. C. P. DADHANIIYA
M.B.B.S., C.I.M
Regd. No. 619798
PANCHMUKHI HOSPITAL
MAVADI CHOKDI
150' RING ROAD, RAJKOT

NAME : Alok Chhatbani
AGE/GENDER: male / 34

DIAG. DATE: 11/03/23

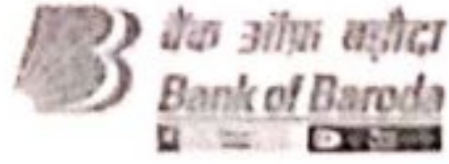
PATIENT'S REFRACTION DETAILS

| | | SPHE | CYL | AXIS | VN |
|---|---|------|-----|------|-----|
| R | D | N | N | N | 6/6 |
| | N | N | | | 6/6 |
| L | D | N | N | N | 6/6 |
| | N | N | | | 6/6 |

REMARKS :

CHECKED BY : Dr. C.P. Dadhaniya

Dr. C. P. DADHANIYA
M.B.B.S., C.I.M
Regd. No. 619798
PANCHMUKHI HOSPITAL
MAYADI CHOKADI
150' RING ROAD, RAJENDRA



To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

| PARTICULARS OF HEALTH CHECK UP BENEFICIARY | |
|---|-----------------------------|
| NAME | ALOK PRAMODBHAICHHATBHAR |
| DATE OF BIRTH | 12-06-1988 |
| PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE | 11-03-2023 |
| BOOKING REFERENCE NO. | 22M115868100047730S |
| SPOUSE DETAILS | |
| EMPLOYEE NAME | MS. PADIYA DIMPLE VINODBHAI |
| EMPLOYEE EC NO. | 115868 |
| EMPLOYEE DESIGNATION | SINGLE WINDOW OPERATOR A |
| EMPLOYEE PLACE OF WORK | RAJKOT, PARA BAZAR |
| EMPLOYEE BIRTHDATE | 13-01-1990 |

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **10-03-2023** till **31-03-2023**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

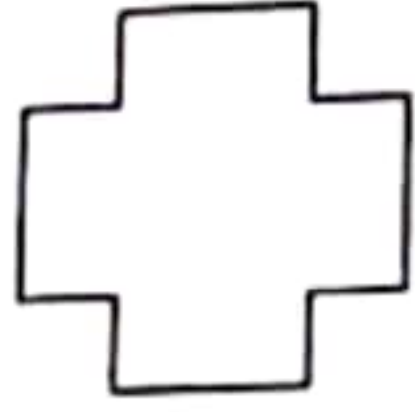
Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

DR. C. P. BADHANJYA
M.B.B.S., C.I.M
Regd. No. 619798
PARCHMUKHI HOSPITAL
NAVADI CHOKADI
150' RING ROAD, RAJKOT



PANCHMUKHI HOSPITAL

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

Dr C P Dadhaniya

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

Tread Mill Test

| | | | |
|--------------|---------------------|------------|-----------|
| Patient Name | : Alokhai Chhatbar | Age | : 34yrs/M |
| OPD/IPD | : OPD | ID. No. | : |
| Ref. By | : Dr. C.P Dadhaniya | Resting BP | : 130/80 |
| Report Date | : 11/03/2023 | Max. BP | : 160/80 |

Patient Reaches exercise limit at 7.00METS.

No signs of ischemia at the exercise level.

Adequate increase of HR & BP.

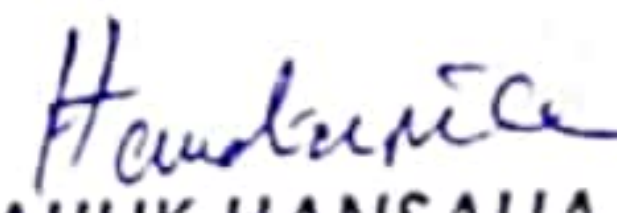
No significant Arrhythmia.

The stress test was terminated after 5:59 minutes as patient complained of Fatigue.
Patient achieved 85% THR without chest pain.

The recovery was uneventful.

Fair effort tolerance.

Conclusion: - The stress test is **NEGATIVE** for exercise induced myocardial ischaemia.


DR. MAULIK HANSALIA
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

DR. NISHANT SIRODARIYA
M.B.B.S., PG DIPLOMA CLINICAL CARDIOLOGY

PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
 119/ALOKBHAI CHHATBAR 34 Yrs/Male 0 Kg/0 Cms
 Date: 11-Mar-2023 09:24:31 AM
 Ref.By :

Summary



Protocol : BRUCE Objective :

| Stage | StageTime (Min:Sec) | PhaseTime (Min:Sec) | Speed (kmph) | Grade (%) | METs | H.R. (bpm) | B.P. (mmHg) | R.P.P. x100 | PVC | Comments |
|----------|------------------------|------------------------|-----------------|--------------|------|---------------|----------------|----------------|-----|----------|
| Supine | 0:01 | 0:51 | 0.0 | 0.0 | 1.0 | 98 | ---/--- | 0 | - | |
| Standing | 0:01 | 0:54 | 0.0 | 0.0 | 1.0 | 102 | ---/--- | 0 | - | |
| HV | 0:01 | 0:58 | 0.0 | 0.0 | 1.0 | 96 | ---/--- | 0 | - | |
| ExStart | 0:01 | 1:05 | 0.0 | 0.0 | 1.0 | 96 | ---/--- | 0 | - | |
| Stage 1 | 3:00 | 3:01 | 2.7 | 10.0 | 4.6 | 163 | 140/80 | 228 | - | |
| PeakEx | 3:00 | 5:59 | 4.0 | 12.0 | 7.0 | 155 | 160/80 | 248 | - | |
| Recovery | 1:00 | 6:00 | 0.0 | 0.0 | 1.0 | 129 | 160/80 | 206 | - | |
| Recovery | 3:00 | 6:00 | 0.0 | 0.0 | 1.0 | 113 | 130/80 | 146 | - | |

Medication :

History :

Test End Reason : Test Complete

Findings :

The patient exercised according to BRUCE for 5:59, achieving a work level of Max METS:7. Resting heart rate initially 98 bpm, rose to a max. heart rate of 163 bpm which represents 88% of maximum age predicted heart rate. Resting blood pressure 0/80 mmhg, rose to a maximum blood Pressure of 160/80 mmhg. The exercise stress test was stopped due to Test Complete

Parameters :

Exercise Time : 5:59 minutes
 Max HR attained : 163 bpm 88% of Max Predictable HR 186
 Max BP : 160/80(mmHg)
 WorkLoad attained : 7 (Fair Effort Tolerance)
 significant ST segment changes noted during exercise or recovery.
 Angina/Arrhythmia/S3/murmur
 Final Impression : Test is negative for inducible ischaemia.

Advice/Comments:

PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
119 / ALOKBHAI CHHATBAR
34 Yrs / Male
0 Kg / 0 Cm
Date: 11-Mar-2023 09:24:31 AM

3x4+1 Rhythm Lead

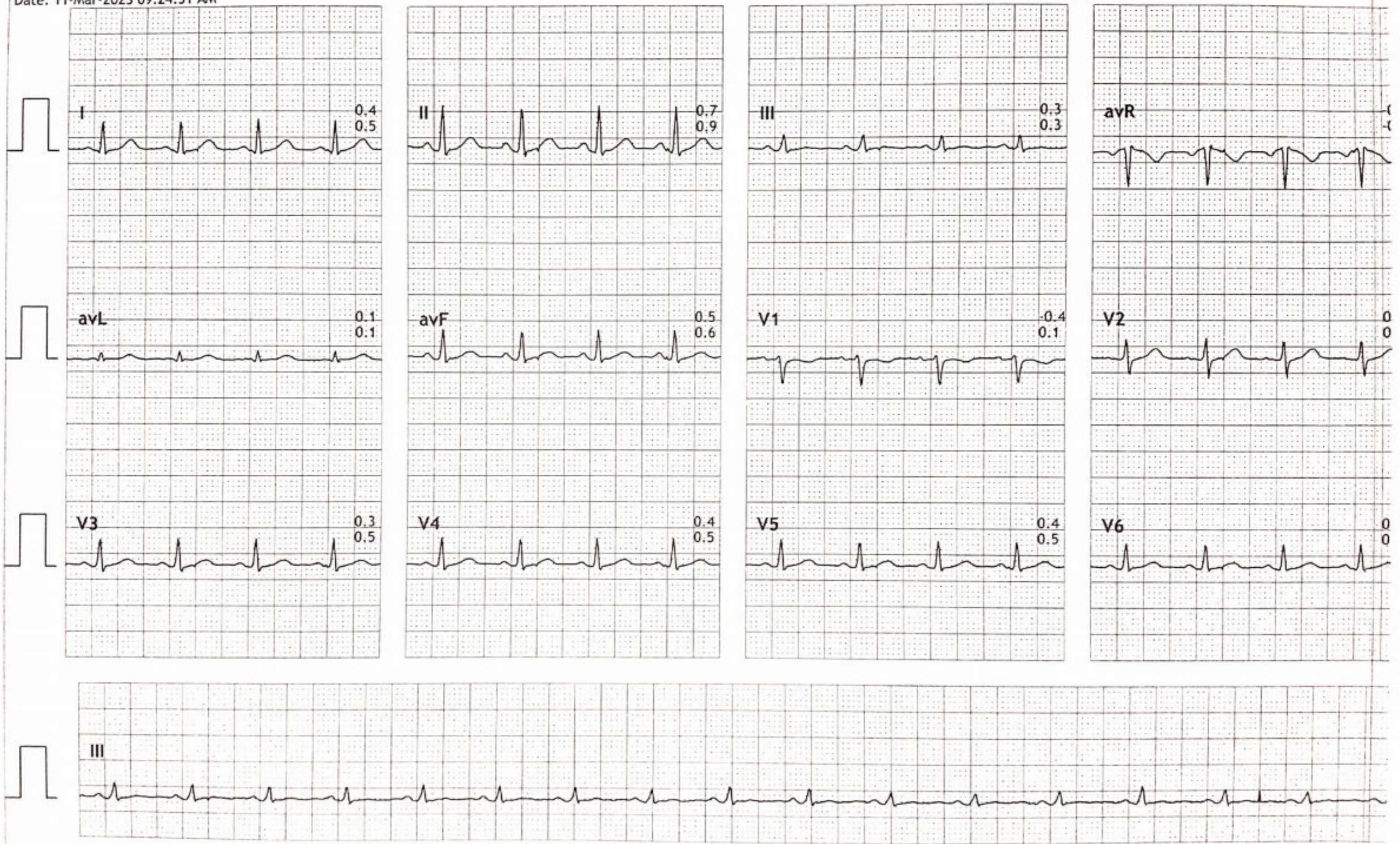
HR: 98 bpm
METS: 1.0
BP: ---/---

MpHR: 52% of 186
Speed: 0.0 kmph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:50
BLC :On
Notch :On

Supine
10.0 mm/mV
25 mm/Sec.



PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
119 / ALOKBHAI CHHATBAR
34 Yrs / Male
0 Kg / 0 Cm
Date: 11-Mar-2023 09:24:31 AM

3x4+1 Rhythm Lead

HR: 102 bpm
METS: 1.0
BP: ---/---

MPHR: 54% of 186
Speed: 0.0 kmph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:53
BLC :On
Notch :On

Standing
10.0 mm/mV
25 mm/Sec.



PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
119 / ALOKBHAI CHHATBAR
34 Yrs / Male
0 Kg / 0 Cm
Date: 11-Mar-2023 09:24:31 AM

3x4+1 Rhythm Lead

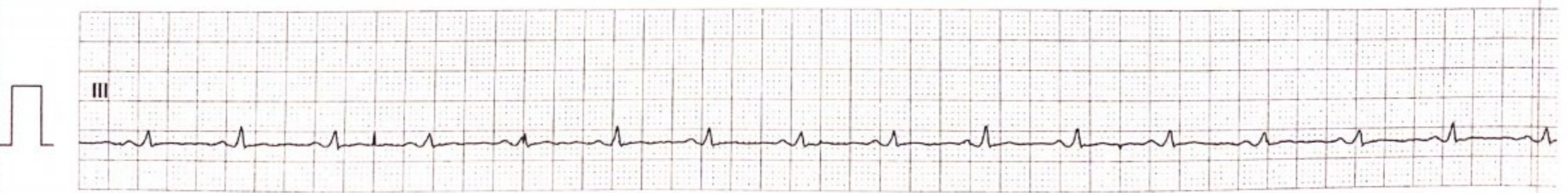
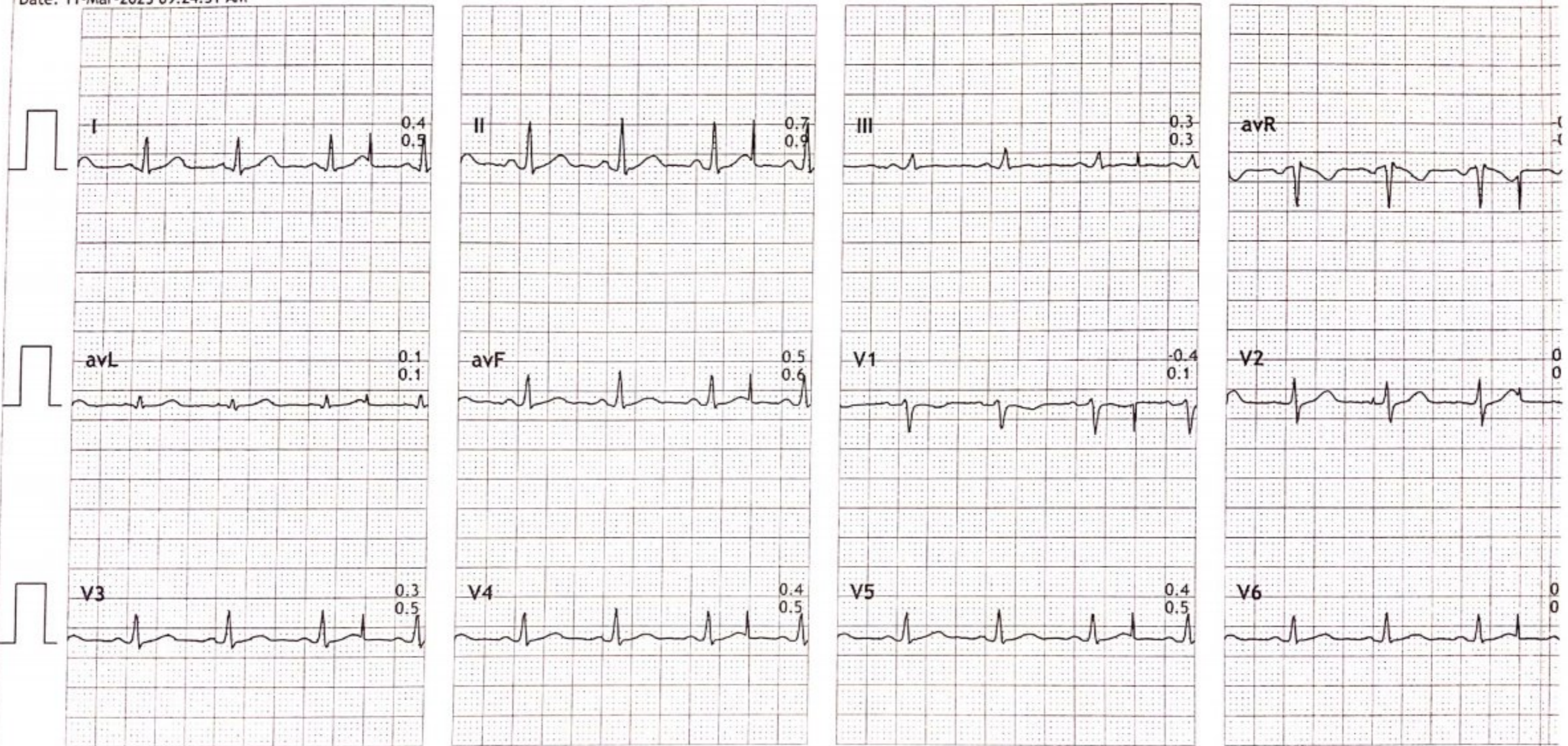
HR: 96 bpm
METS: 1.0
BP: ---/---

MPHR: 51% of 186
Speed: 0.0 kmph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 00:57
BLC :On
Notch :On

HV
10.0 mm/mV
25 mm/Sec.



PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
 119 / ALOKBHAI CHHATBAR
 34 Yrs / Male
 0 Kg / 0 Cm
 Date: 11-Mar-2023 09:24:31 AM

3x4+1 Rhythm Lead

HR: 96 bpm
 METS: 1.0
 BP: ---/---

MPCR: 51% of 186
 Speed: 0.0 kmph
 Grade: 0.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 01:04
 BLC :On
 Notch :On

ExStart
 10.0 mm/mV
 25 mm/Sec.



PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
 119 / ALOKBHAI CHHATBAR

34 Yrs / Male
 0 Kg / 0 Cm

Date: 11-Mar-2023 09:24:31 AM

HR: 163 bpm
 METS: 4.6
 BP: 140/80

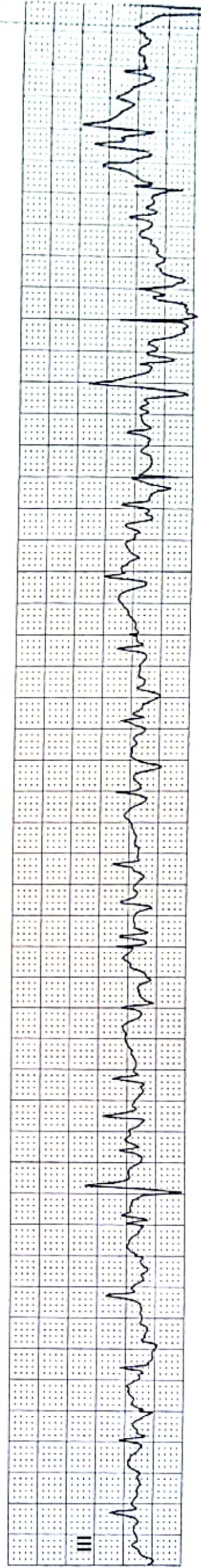
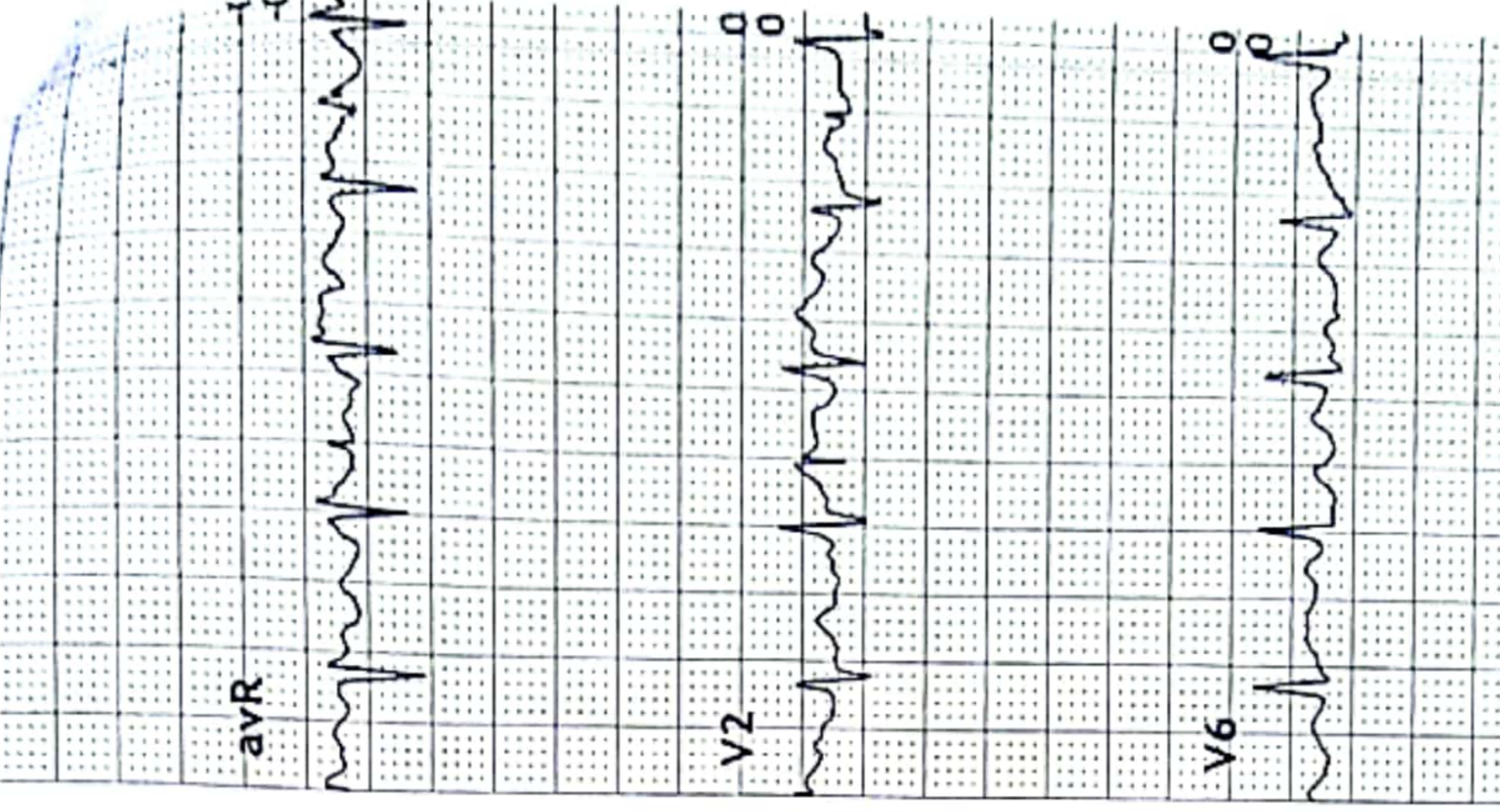
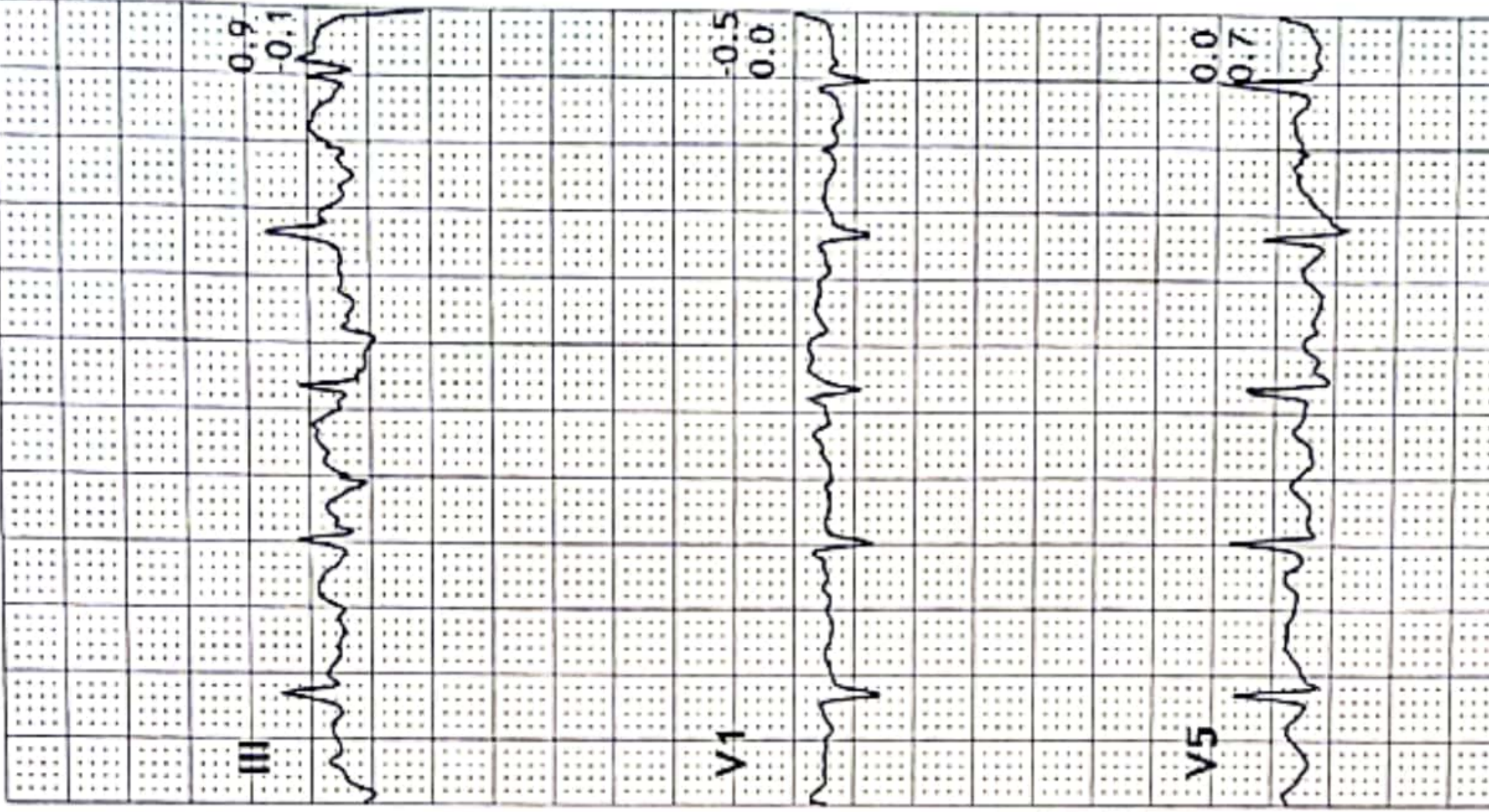
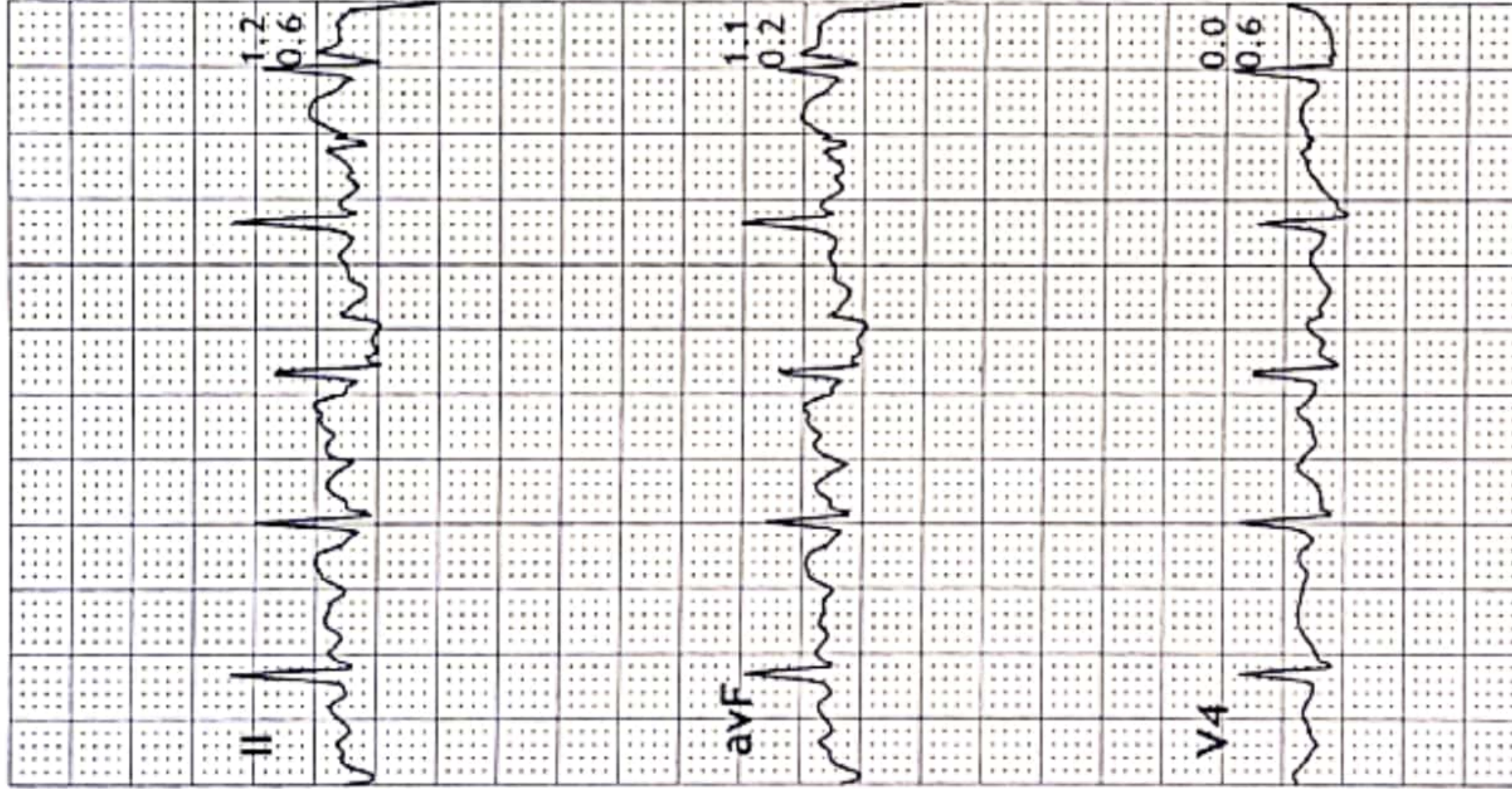
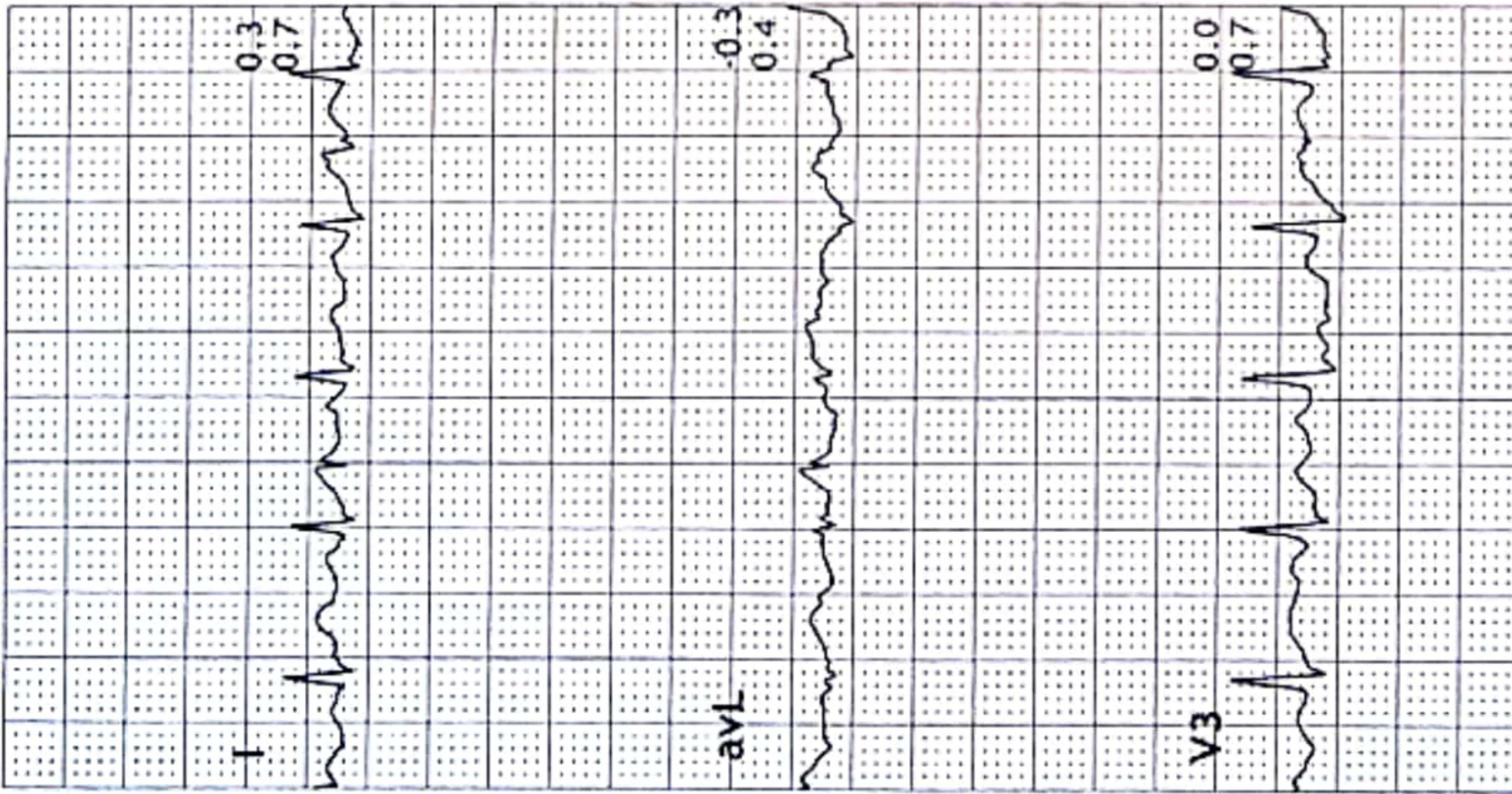
MPHR: 87% of 186
 Speed: 2.7 kmph
 Grade: 10.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 03:00
 BLC :On
 Notch :On

BRUCE: Stage 1
 10.0 mm/mV
 25 mm/Sec.

3x4+1 Rhythm Lead



PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
 119 / ALOKBHAI CHHATBAR
 34 Yrs / Male
 0 Kg / 0 Cm
 Date: 11-Mar-2023 09:24:31 AM

3x4+1 Rhythm Lead

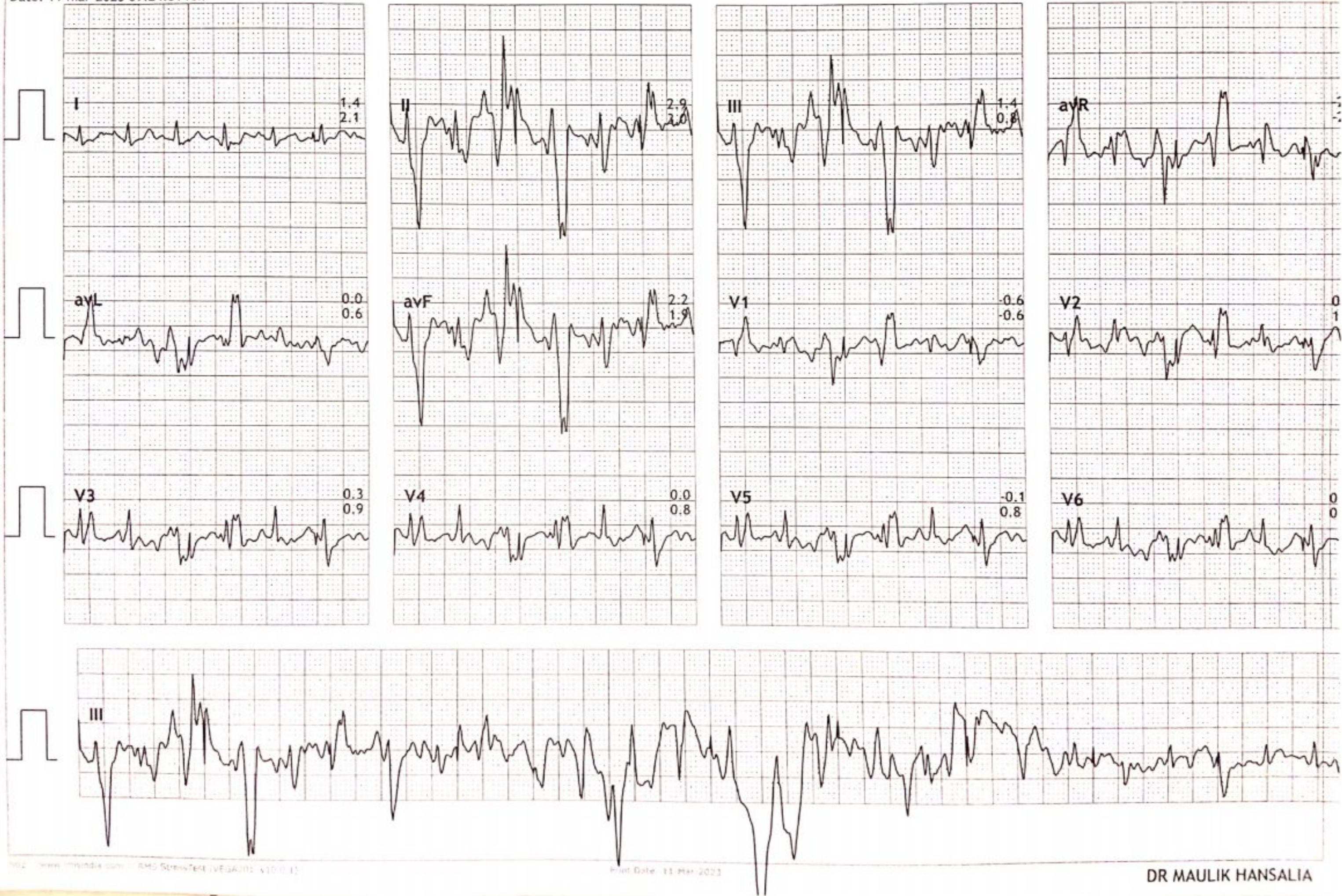
HR: 155 bpm
 METS: 7.0
 BP: 160/80

MPHR: 83% of 186
 Speed: 4.0 kmph
 Grade: 12.0%

Raw ECG
 BRUCE
 (0.05-100)Hz

Ex Time 05:58
 BLC :On
 Notch :On

BRUCE:PeakEx
 10.0 mm/mV
 25 mm/Sec.



DR MAULIK HANSALIA

PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
119 / ALOKBHAI CHHATBAR
34 Yrs / Male
0 Kg / 0 Cm
Date: 11-Mar-2023 09:24:31 AM

3x4+1 Rhythm Lead

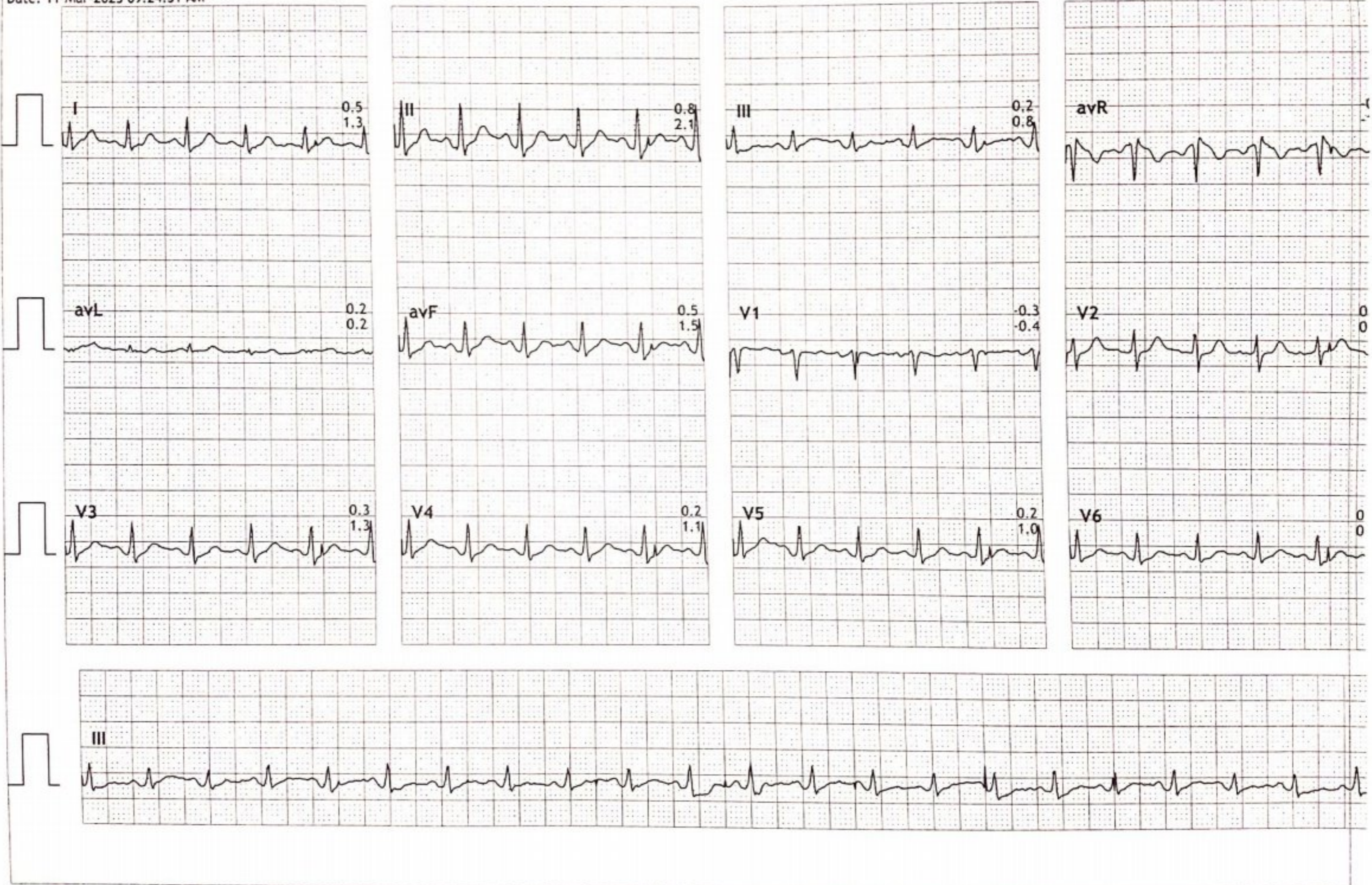
HR: 129 bpm
METS: 1.0
BP: 160/80

MHR: 69% of 186
Speed: 0.0 kmph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 05:59
BLC :On
Notch :On

Recovery(1:00)
10.0 mm/mV
25 mm/Sec.



PANCHMUKHI HOSPITAL
MAVADI CHOWK, 150 RING ROAD, RAJKOT
119 / ALOKBHAI CHHATBAR
34 Yrs / Male
0 Kg / 0 Cm
Date: 11-Mar-2023 09:24:31 AM

3x4+1 Rhythm Lead

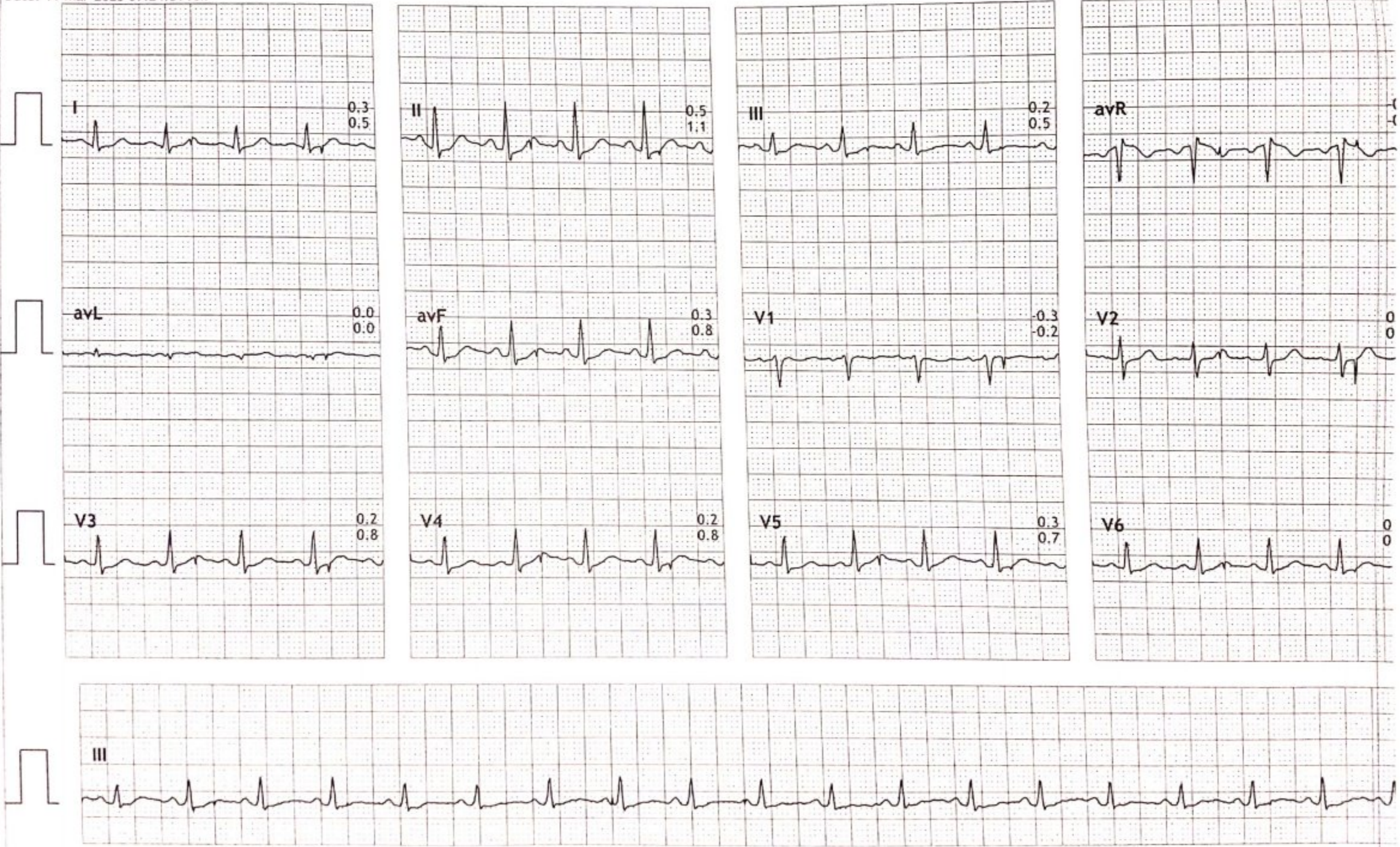
HR: 113 bpm
METS: 1.0
BP: 130/80

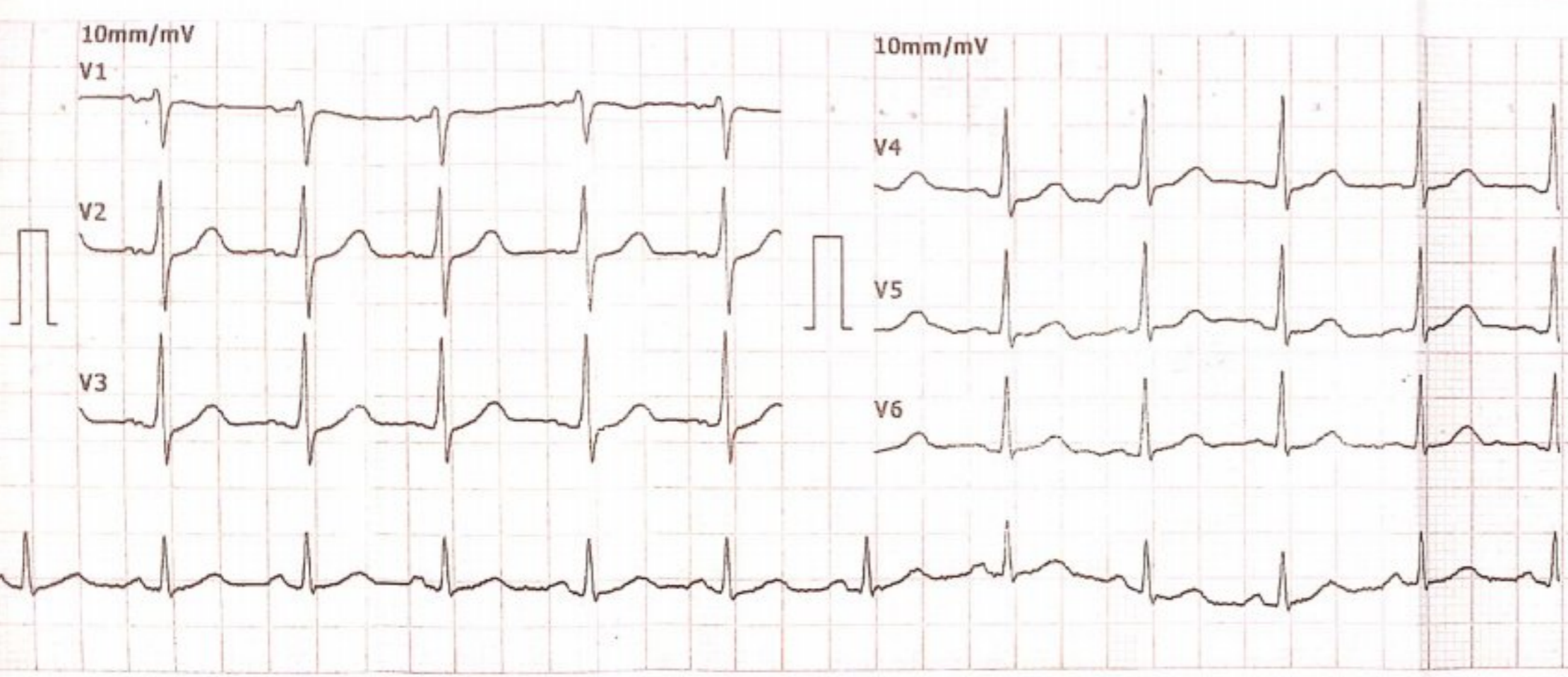
MPHR: 60% of 186
Speed: 0.0 kmph
Grade: 0.0%

Raw ECG
BRUCE
(0.05-100)Hz

Ex Time 05:59
BLC :On
Notch :On

Recovery(3:00)
10.0 mm/mV
25 mm/Sec.





2023-3-11 10:00:23 ID:00002687
 ID Card: Alok Chhetbar
 Name: Alok Chhetbar Gender: Male
 Age: 34 Height(cm): /
 Weight(Kg): / BP(mmHg): /

HR.....bpm 100
 P-R.....ms 110
 Q-R-S.....ms 86
 QT/QTc.....ms 340/436
 P/QRS/TAXES.....deg 59/19/41
 RV5/SV1.....mV 0.91/0.49
 RV5+SV1.....mV 1.40

W.M.
P. K. MADHAN
M.B.B.S., C.I.B.
Reg. No. 61979
PANCHUKHI HOSPITAL
KANADI CHOKAS
130 RING ROAD, RAIPUR

*The result must be confirmed by doctor!
 Report Confirmed by:

10mm/mV AUTO

10mm/mV

I

aVR

II

aVL

III

aVF

II 10mm/mV

25mm/s

AC:ON 0.05-35Hz



GPS Map

Camera Lite

Medi wheel alokbhai chhatbar

13, Mavdi Main Road, Poonam Society, Uday Nagar,
Rajkot, Gujarat 360004, India

Latitude

22.2658623°

Longitude

70.7845703°

Local 09:52:08 AM

GMT 04:22:08 AM

Altitude 146 meters

Saturday, 11.03.2023

m-7



सत्यमेव जयते

GUJARAT STATE Driving Licence

Number **GJ03/016903/08** Issued on **07/03/2008**

Name **CHHATBAR ALOKBHAI
PRAMODBHAI**

Address **SADGURU NAGAR
RANCHHOD SOC
RAJKOT 360001**

DoB **12/06/1988**
Tel. **9924405757**

TRUE COPY



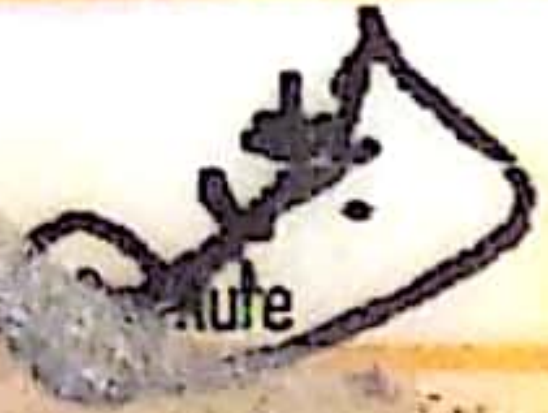
is licenced to drive MC EX50CC WI GR



VALID THROUGHOUT INDIA

2008

Valid for other than Transport Vehicles from **07/03/2008** to **08/03/2028**
Valid for Transport Vehicles from to



Licencing Authority **RAJKOT**



2023/3/11 09:36



बैंक

राजकोट

Bank of Baroda



नाम

Name Dimple Vinodray Padiya

कर्मचारी कूट कं.

E.C. No.

115868

J. B. Rohda

J. B. ROHDA

REGIONAL HEAD

RAJKOT REGION, RAJKOT

जारीकर्ता प्राधिकारी

Issuing Auth



Dimple Padiya

धारक के हस्ताक्षर

Signature of Holder



**ALOK CHHATBAR 34 Y/M CHEST PA 11-Mar-23
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)**

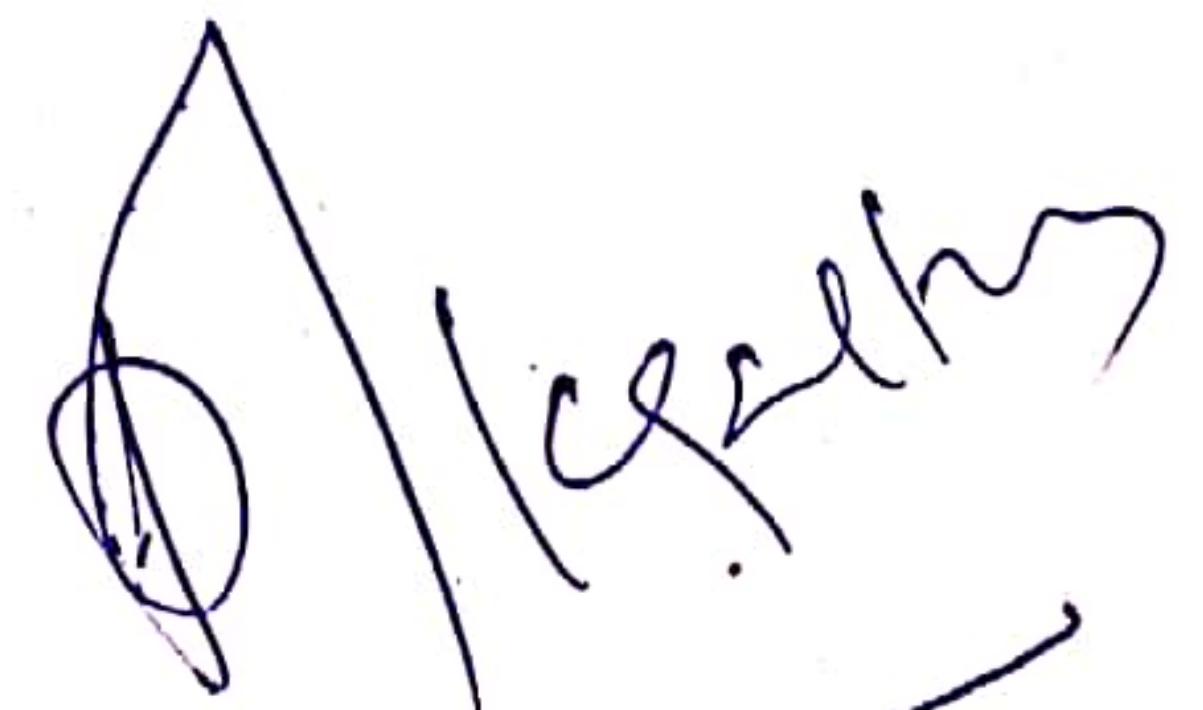
Pt.'s Name: ALOK CHHATBAR

Date: 11 March, 2023

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 under view 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



Pat.s' Name: ALOK CHHATBAR

DATE: 11 March 2023

U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows bright parenchymal echotexture. No focal lesion noted. Intrahepatic biliary 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 II fatty changes in liver.

Thanks for reference.

DR PRATIK KAGATHARA
MD

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



TEST REPORT

| | | | |
|-------------|---------------------------------------|--------------|------------------------|
| Name | : Alokhai Chhatbar | Reg. No | : 303100748 |
| Age/Sex | : 34 Years / Male | Reg. Date | : 11-Mar-2023 01:59 PM |
| Ref. By | : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On | : 11-Mar-2023 12:00 AM |
| Client Name | : PANCHMUKHI HOSPITAL | Report Date | : 11-Mar-2023 07:26 PM |

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

| Parameter | Result | Unit | Biological Ref. Interval |
|-----------------------------------|--------|---------------------|---|
| RBC Parameters | | | |
| Hemoglobin (SLS method) | 15.4 | g/dL | 13.0 - 18.0 |
| Hematocrit (Electrical Impedance) | 47.20 | % | 47 - 52 |
| RBC Count (Electrical Impedance) | 5.10 | million/cmm | 4.7 - 6.0 |
| MCV (Calculated) | 92.6 | fL | 78 - 110 |
| MCH (Calculated) | 30.2 | Pg | 27 - 31 |
| MCHC (Calculated) | 32.6 | % | 30 - 35 |
| RDW (Calculated) | 16.1 | % | 11.5 - 14.0 |
| WBC Parameters | | | |
| WBC Count (Flowcytometry) | 7490 | /cmm | 4000 - 10500 |
| DIFFERENTIAL WBC COUNT | | | |
| Neutrophils (%) | 56 % | % Range 42.0 - 75.2 | Abs. Value 4194 /cmm Abs. Range 1800 - 7700 |
| Lymphocytes (%) | 33 % | 20 - 45 | 2472 /cmm 1000 - 3900 |
| Eosinophils (%) | 04 % | 1 - 4 | 300 /cmm 0 - 450 |
| Monocytes (%) | 07 % | 2 - 8 | 524 /cmm 200 - 1000 |
| Basophils (%) | 00 % | 0 - 1 | 0 /cmm 20 - 100 |
| Platelete Parameter | | | |
| Platelet Count | 222000 | /cmm | 150000 - 450000 |
| MPV | 14.4 | fL | 7.4 - 10.4 |
| PDW | 54.4 | % | 8.3 - 56.6 |
| PCT (Platelet Haematocrit) | 0.32 | % | 0.2 - 0.5 |

D.R.J.

This is an Electronically Authenticated Report.

Page 1 of 14

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





TEST REPORT

| | | | |
|-------------|---------------------------------------|--------------|------------------------|
| Name | : Alokhai Chhatbar | Reg. No | : 303100748 |
| Age/Sex | : 34 Years / Male | Reg. Date | : 11-Mar-2023 01:59 PM |
| Ref. By | : Dr. PANCHMUKHI HOSPITAL / INSURANCE | Collected On | : 11-Mar-2023 12:00 AM |
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BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

| Parameter | Result | Unit | Biological Ref. Interval |
|-----------|----------|------|--------------------------|
| ABO | "A" | | |
| 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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Page 2 of 14

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





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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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Page 3 of 14

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





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FASTING PLASMA GLUCOSE
Specimen: Flouride plasma

| Parameter | Result | Unit | Biological Ref. Interval |
|---|--------|-------|--|
| Fasting Blood Sugar (FBS) <i>HEXOKINASE</i> | 86.00 | mg/dL | <100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic |
| Urine Glucose -F <i>Glucose Oxidase-Peroxidase</i> | Nil | | |
| Urine Acetone -F | Nil | | |

Criteria for the diagnosis of diabetes :

- HbA1c \geq 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 \geq 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 \geq 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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Page 4 of 14

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



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POST PRANDIAL PLASMA GLUCOSE
Specimen: Flouride plasma

| Parameter | Result | Unit | Biological Ref. Interval |
|--|--------|-------|--------------------------|
| Post Prandial Blood Sugar (PPBS) <i>HEXOKINASE</i> | 114.00 | mg/dL | 70 - 140 |
| Urine Glucose- PP <i>Glucose Oxidase-Peroxidase</i> | Nil | | |
| Urine Acetone- PP | Nil | | |

Criteria for the diagnosis of diabetes :

- HbA1c \geq 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 \geq 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 \geq 200 mg/dL.

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Page 5 of 14

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





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LIPID PROFILE
Specimen: Serum

| Parameter | Result | Unit | Biological Ref. Interval |
|---|--------|-------|---|
| Cholesterol <i>Cholesterol Oxidase</i> | 100.3 | mg/dL | Desirable : < 200.0 Borderline High : 200-239 High : > 240.0 |
| Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i> | 98.1 | mg/dL | Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0 |
| HDL Cholesterol <i>Siemens AHDL</i> | 51.0 | mg/dL | High Risk : < 40 Low Risk : >= 60 |
| LDL Cholesterol <i>Siemens ALDL</i> | 74.3 | mg/dL | Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190 |
| VLDL Cholesterol <i>Calculated</i> | 19.62 | mg/dL | 15 - 35 |
| LDL / HDL RATIO <i>Calculated</i> | 1.46 | | 0 - 3.5 |
| Cholesterol /HDL Ratio <i>Calculated</i> | 1.97 | | 0 - 5.0 |

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Page 6 of 14

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



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UREA & BLOOD UREA NITROGEN

Specimen : Serum

| Parameter | Result | Unit | Biological Ref. Interval |
|--|--------|-------|--------------------------|
| Urea <i>Calculated</i> | 23.5 | mg/dL | 17 - 43 |
| Blood Urea Nitrogen (BUN) <i>UREASE/GLDH</i> | 10.97 | mg/dL | 7.0 - 18.0 |
| Uric Acid <i>Uricase</i> | 4.1 | mg/dL | 3.5 - 7.2 |
| GGT <i>Siemens/37C</i> | 61.0 | U/L | 15 - 85 |

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M.D. (Path, PDCC)

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Page 7 of 14



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Creatinine With eGFR

Specimen : Serum

| Parameter | Result | Unit | Biological Ref. Interval |
|---|--------|------------------|--|
| Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small> | 0.8 | mg/dL | 0.7 - 1.3 |
| eGFR | 111 | 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 |

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Page 8 of 14

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



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HEMOGLOBIN A1 C (HBA1C)
Specimen: Blood EDTA

| Parameter | Result | Unit | Biological Ref. Interval |
|---|--------|-------|--|
| HbA1C <i>Siemens Dimension</i> | 5.5 | % | 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 <i>Calculated</i> | 111.15 | 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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Page 9 of 14

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





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THYROID FUNCTION TEST

| Parameter | Result | Unit | Biological Ref. Interval |
|--|--------|--------|--------------------------|
| Thyroid Stimulating Hormone (TSH) CLIA | 1.03 | 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 Edition. Philadelphia: WB Saunders,2012:2170

| | | | |
|--------------------------------------|------|-------|------------|
| Triiodothyronine (T3) CLIA | 0.89 | 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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This is an Electronically Authenticated Report.

Page 10 of 14

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





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Thyroxine (T4) 6.11 µg/dL 4.5 - 12.6
CLIA

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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Page 11 of 14

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



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STOOL EXAMINATION

| Parameter | Result | Unit | Biological Ref. Interval |
|---|------------|------|--------------------------|
| Colour | Yellow | | |
| Consistency | Semi Solid | | |
| CHEMICAL EXAMINATION | | | |
| Occult Blood <i>Peroxidase Reaction with o-Dianisidine</i> | Negative | | |
| Reaction <i>pH Strip Method</i> | Neutral | | |
| Reducing Substance | Absent | | |
| MICROSCOPIC EXAMINATION | | | |
| Mucus | Absent | | |
| Pus Cells | Absent | | |
| Red Cells | Absent | | |
| Epithelial Cells | Absent | | |
| Vegetable Cells | Absent | | |
| Trophozoites | Absent | | |
| Cysts | Absent | | |
| Ova | Absent | | |
| Neutral Fat | Absent | | |
| Monilia | Absent | | |
| Bacteria | Absent | | |

Note: Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.

False negative: False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occasional unruptured RBCs.

False positive: False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, brocoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.

D.R.J.

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Page 12 of 14

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





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URINE ROUTINE EXAMINATION

| Parameter | Result | Unit | Biological Ref. Interval |
|--|----------------|------|--------------------------|
| PHYSICAL EXAMINATION | | | |
| Quantity | 30 cc | | |
| Colour | Pale Yellow | | |
| Clarity | Clear | | |
| CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC) | | | |
| pH | 5.0 | | 4.6 - 8.0 |
| Sp. Gravity | 1.010 | | 1.001 - 1.035 |
| Protein | Nil | | |
| Glucose | Nil | | |
| Ketone Bodies | Nil | | |
| Urobilinogen | Normal Present | | |
| Bile salts: | Absent | | Absent |
| Bile Pigments: | Absent | | Absent |
| Nitrite | Nil | | |
| MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY) | | | |
| Leucocytes (Pus Cells) | Absent | | |
| Erythrocytes (Red Cells) | Absent | | |
| Epithelial Cells | Absent | | |
| Amorphous Material | Absent | | |
| Casts | Absent | | |
| Crystals | Absent | | |
| Bacteria | Absent | | |

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Page 13 of 14

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



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LIVER FUNCTION TEST

Specimen : Serum

| Parameter | Result | Unit | Biological Ref. Interval |
|---|--------|-------|--------------------------|
| Total Protein <i>BIURET</i> | 7.1 | g/dL | 6.4 - 8.2 |
| Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i> | 4.09 | g/dL | 3.40 - 5.00 |
| Globulin <i>Calculated</i> | 3.01 | g/dL | 2.3 - 3.5 |
| A/G Ratio <i>Calculated</i> | 1.36 | | 0.8 - 3.1 |
| SGOT (AST) <i>Siemens/37C</i> | 22.9 | U/L | 15 - 37 |
| SGPT (ALT) <i>Siemens/37C</i> | 53.1 | U/L | 16 - 63 |
| Alkaline Phosphatase <i>Siemens/37C</i> | 89.4 | U/L | 46 - 116 |
| Total Bilirubin <i>Diazo-Caffeine/Benzocate Coupling (Jendrassik-Grof) w/blank</i> | 0.40 | mg/dL | 0.2 - 1 |
| Conjugated Bilirubin <i>Diazo-Caffeine/Benzocate Coupling (Jendrassik-Grof) w/blank</i> | 0.13 | mg/dL | 0 - 0.20 |
| Unconjugated Bilirubin <i>Sulph acid dpl/caff-benz</i> | 0.27 | mg/dL | 0.0 - 1.1 |

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Page 14 of 14

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



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