



LABORATORY REPORT



Name : SOHAM R PANDYA

Ref.By : AASHKA HOSPITAL

Bill. Loc. : Aashka hospital

Sex/Age : Male / 31 Years

Dis. At :

Case ID : 21202200791

Pt. ID : 2467549

Pt. Loc :

Reg Date and Time : 24-Dec-2022 09:10

Sample Date and Time : 24-Dec-2022 09:10

Report Date and Time :

Sample Type :

Sample Coll. By :

Acc. Remarks : Normal

Mobile No : 8866375472

Ref Id1 : OSP29358

Ref Id2 : O22237615

Abnormal Result(s) Summary

| Test Name | Result Value | Unit | Reference Range |
|-----------------|--------------|-------|-----------------|
| Lipid Profile | | | |
| LDL Cholesterol | 117.14 | mg/dL | 65 - 100 |

Abnormal Result(s) Summary End

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



LABORATORY REPORT



Name : **SOHAM R PANDYA** Sex/Age : **Male / 31 Years** Case ID : **21202200791**
 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2467549**
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : **24-Dec-2022 09:10** Sample Type : **Whole Blood EDTA** Mobile No : **8866375472**
 Sample Date and Time : **24-Dec-2022 09:10** Sample Coll. By : Ref Id1 : **OSP29358**
 Report Date and Time : **24-Dec-2022 09:36** Acc. Remarks : **Normal** Ref Id2 : **O22237615**

| TEST | RESULTS | UNIT | BIOLOGICAL REF. INTERVAL | REMARKS |
|------|---------|------|--------------------------|---------|
|------|---------|------|--------------------------|---------|

HAEMOGRAM REPORT

HB AND INDICES

| | | | |
|----------------------------|-------------|---------------|----------------|
| Haemoglobin (Colorimetric) | <u>14.9</u> | G% | 13.00 - 17.00 |
| RBC (Electrical Impedance) | 4.65 | millions/cumm | 4.50 - 5.50 |
| PCV(Calc) | 45.52 | % | 40.00 - 50.00 |
| MCV (RBC histogram) | 97.9 | fL | 83.00 - 101.00 |
| MCH (Calc) | 32.0 | pg | 27.00 - 32.00 |
| MCHC (Calc) | 32.7 | gm/dL | 31.50 - 34.50 |
| RDW (RBC histogram) | 14.90 | % | 11.00 - 16.00 |

TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

| Total WBC Count | 5400 | /μL | 4000.00 - 10000.00 |
|-----------------|-------|-----|--|
| | [%] | | EXPECTED VALUES [Abs] |
| Neutrophil | 52.0 | % | 40.00 - 70.00 2808 /μL 2000.00 - 7000.00 |
| Lymphocyte | 34.0 | % | 20.00 - 40.00 1836 /μL 1000.00 - 3000.00 |
| Eosinophil | 6.0 | % | 1.00 - 6.00 324 /μL 20.00 - 500.00 |
| Monocytes | 7.0 | % | 2.00 - 10.00 378 /μL 200.00 - 1000.00 |
| Basophil | 1.0 | % | 0.00 - 2.00 54 /μL 0.00 - 100.00 |

PLATELET COUNT (Optical)

| | | | |
|--------------------------------------|---------------|-----|-----------------------|
| Platelet Count | <u>346000</u> | /μL | 150000.00 - 410000.00 |
| Neutrophil to Lymphocyte Ratio (NLR) | 1.53 | | 0.78 - 3.53 |

SMEAR STUDY

| | |
|----------------|---------------------------------------|
| RBC Morphology | Normocytic Normochromic RBCs. |
| WBC Morphology | Total WBC count within normal limits. |
| Platelet | Platelets are adequate in number. |
| Parasite | Malarial Parasite not seen on smear. |

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Shah

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M.D. (Path. & Bact.)

Dr. Shreya Shah
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Neuberg Supratech Reference Laboratories Private Limited

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| Ref.By : AASHKA HOSPITAL | Dis. At : | Pt. ID : 2467549 |
| Bill. Loc. : Aashka hospital | | Pt. Loc : |
| Reg Date and Time : 24-Dec-2022 09:10 | Sample Type : Whole Blood EDTA | Mobile No : 8866375472 |
| Sample Date and Time : 24-Dec-2022 09:10 | Sample Coll. By : | Ref Id1 : OSP29358 |
| Report Date and Time : 24-Dec-2022 09:36 | Acc. Remarks : Normal | Ref Id2 : O22237615 |

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2467549**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

| | | |
|--|--------------------------------|------------------------|
| Reg Date and Time : 24-Dec-2022 09:10 | Sample Type : Whole Blood EDTA | Mobile No : 8866375472 |
| Sample Date and Time : 24-Dec-2022 09:10 | Sample Coll. By : | Ref Id1 : OSP29358 |
| Report Date and Time : 24-Dec-2022 11:43 | Acc. Remarks : Normal | Ref Id2 : O22237615 |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|------|---------|--------------|----------------------|---------|
| ESR | 04 | mm after 1hr | 3 - 15 | |

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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| Ref.By : AASHKA HOSPITAL | Dis. At : | Pt. ID : 2467549 |
| Bill. Loc. : Aashka hospital | | Pt. Loc : |
| Reg Date and Time : 24-Dec-2022 09:10 | Sample Type : Whole Blood EDTA | Mobile No : 8866375472 |
| Sample Date and Time : 24-Dec-2022 09:10 | Sample Coll. By : | Ref Id1 : OSP29358 |
| Report Date and Time : 24-Dec-2022 09:34 | Acc. Remarks : Normal | Ref Id2 : O22237615 |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|------|---------|------|----------------------|---------|
|------|---------|------|----------------------|---------|

HAEMATOLOGY INVESTIGATIONS

BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group)

| | | |
|----------|-----------------|---|
| ABO Type | A |  |
| Rh Type | <u>POSITIVE</u> | |

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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 Bill. Loc. : **Aashka hospital** Pt. Loc :

| | | |
|--|--------------------------|------------------------|
| Reg Date and Time : 24-Dec-2022 09:10 | Sample Type : Spot Urine | Mobile No : 8866375472 |
| Sample Date and Time : 24-Dec-2022 09:10 | Sample Coll. By : | Ref Id1 : OSP29358 |
| Report Date and Time : 24-Dec-2022 10:21 | Acc. Remarks : Normal | Ref Id2 : O22237615 |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|---|---------|------|----------------------|---------|
| URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY) | | | | |

Physical examination

Colour **Pale yellow**
 Transparency **Clear**

Chemical Examination By Sysmex UC-3500

| | | | |
|-----------------------|-----------------|--|---------------|
| Sp.Gravity | 1.010 | | 1.005 - 1.030 |
| pH | 7.00 | | 5 - 8 |
| Leucocytes (ESTERASE) | Negative | | Negative |
| Protein | Negative | | Negative |
| Glucose | Negative | | Negative |
| Ketone Bodies Urine | Negative | | Negative |
| Urobilinogen | Negative | | Negative |
| Bilirubin | Negative | | Negative |
| Blood | Negative | | Negative |
| Nitrite | Negative | | Negative |

Flowcytometric Examination By Sysmex UF-5000

| | | | |
|-----------------|------------------|------|------------|
| Leucocyte | Nil | /HPF | Nil |
| Red Blood Cell | Nil | /HPF | Nil |
| Epithelial Cell | Present + | /HPF | Present(+) |
| Bacteria | Nil | /ul | Nil |
| Yeast | Nil | /ul | Nil |
| Cast | Nil | /LPF | Nil |
| Crystals | Nil | /HPF | |

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 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **24-Dec-2022 09:10** Sample Type : **Spot Urine** Mobile No : **8866375472**
 Sample Date and Time : **24-Dec-2022 09:10** Sample Coll. By : Ref Id1 : **OSP29358**
 Report Date and Time : **24-Dec-2022 10:21** Acc. Remarks : **Normal** Ref Id2 : **O22237615**

| Parameter | Unit | Expected value | Result/Notations | | | | |
|--------------|-------|----------------|------------------|----|-----|-----|------|
| | | | Trace | + | ++ | +++ | ++++ |
| pH | - | 4.6-8.0 | | | | | |
| SG | - | 1.003-1.035 | | | | | |
| Protein | mg/dL | Negative (<10) | 10 | 25 | 75 | 150 | 500 |
| Glucose | mg/dL | Negative (<30) | 30 | 50 | 100 | 300 | 1000 |
| Bilirubin | mg/dL | Negative (0.2) | 0.2 | 1 | 3 | 6 | - |
| Ketone | mg/dL | Negative (<5) | 5 | 15 | 50 | 150 | - |
| Urobilinogen | mg/dL | Negative (<1) | 1 | 4 | 8 | 12 | - |

| Parameter | Unit | Expected value | Result/Notifications | | | | |
|------------------------------|----------|----------------|----------------------|----|-----|-----|------|
| | | | Trace | + | ++ | +++ | ++++ |
| Leukocytes (Strip) | /micro L | Negative (<10) | 10 | 25 | 100 | 500 | - |
| Nitrite(Strip) | - | Negative | - | - | - | - | - |
| Erythrocytes(Strip) | /micro L | Negative (<5) | 10 | 25 | 50 | 150 | 250 |
| Pus cells (Microscopic) | /hpf | <5 | - | - | - | - | - |
| Red blood cells(Microscopic) | /hpf | <2 | - | - | - | - | - |
| Cast (Microscopic) | /lpf | <2 | - | - | - | - | - |

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 Ref.By : **AASHKA HOSPITAL** Dis. At : Pt. ID : **2467549**
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 24-Dec-2022 09:10 Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Serum Mobile No : 8866375472
 Sample Date and Time : 24-Dec-2022 09:10 Sample Coll. By : Ref Id1 : OSP29358
 Report Date and Time : 24-Dec-2022 10:55 Acc. Remarks : Normal Ref Id2 : O22237615
TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

| | | | |
|--|-------|-------|--------------|
| Plasma Glucose - F | 93.51 | mg/dL | 70.0 - 100 |
| Plasma Glucose - PP | 83.46 | mg/dL | 70.0 - 140.0 |
| BUN (Blood Urea Nitrogen) <i>GLDH</i> | 7.8 | mg/dL | 6.00 - 20.00 |
| Creatinine | 0.86 | mg/dL | 0.50 - 1.50 |
| Uric Acid | 5.47 | mg/dL | 3.5 - 7.2 |

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 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 24-Dec-2022 09:10 Sample Type : Serum Mobile No : 8866375472
 Sample Date and Time : 24-Dec-2022 09:10 Sample Coll. By : Ref Id1 : OSP29358
 Report Date and Time : 24-Dec-2022 10:54 Acc. Remarks : Normal Ref Id2 : O22237615

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|------|---------|------|----------------------|---------|
|------|---------|------|----------------------|---------|

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

| | | | | |
|---|-----------------|-------|-----------|--|
| Cholesterol | 189.93 | mg/dL | 110 - 200 | |
| HDL Cholesterol | 48.9 | mg/dL | 48 - 77 | |
| Triglyceride | 119.46 | mg/dL | 40 - 200 | |
| VLDL <i>Calculated</i> | 23.89 | mg/dL | 10 - 40 | |
| Chol/HDL <i>Calculated</i> | 3.88 | | 0 - 4.1 | |
| LDL Cholesterol <i>Calculated</i> | H 117.14 | mg/dL | 65 - 100 | |

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

| LDL CHOLESTEROL | CHOLESTEROL | HDL CHOLESTEROL | TRIGLYCERIDES |
|----------------------|---------------------|-----------------|---------------------|
| Optimal <100 | Desirable <200 | Low <40 | Normal <150 |
| Near Optimal 100-129 | Border Line 200-239 | High >60 | Border High 150-199 |
| Borderline 130-159 | High >240 | - | High 200-499 |
| High 160-189 | - | - | - |

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value
Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : **24-Dec-2022 09:10** Sample Type : **Serum** Mobile No : **8866375472**
 Sample Date and Time : **24-Dec-2022 09:10** Sample Coll. By : Ref Id1 : **OSP29358**
 Report Date and Time : **24-Dec-2022 10:55** Acc. Remarks : **Normal** Ref Id2 : **O22237615**

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|------|---------|------|----------------------|---------|
|------|---------|------|----------------------|---------|

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

| | | | | |
|---|-------|-------|-----------|--|
| S.G.P.T. | 18.10 | U/L | 0 - 41 | |
| S.G.O.T. | 19.83 | U/L | 15 - 37 | |
| Alkaline Phosphatase | 84.75 | U/L | 40 - 130 | |
| Gamma Glutamyl Transferase | 22.97 | U/L | 8 - 61 | |
| Proteins (Total) | 6.99 | gm/dL | 6.4 - 8.2 | |
| Albumin | 4.67 | gm/dL | 3.4 - 5 | |
| Globulin <i>Calculated</i> | 2.32 | gm/dL | 2 - 4.1 | |
| A/G Ratio <i>Calculated</i> | 2.0 | | 1.0 - 2.1 | |
| Bilirubin Total | 0.34 | mg/dL | 0.2 - 1.0 | |
| Bilirubin Conjugated | 0.19 | mg/dL | | |
| Bilirubin Unconjugated <i>Calculated</i> | 0.15 | mg/dL | 0 - 0.8 | |

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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| Ref.By : AASHKA HOSPITAL | Dis. At : | Pt. ID : 2467549 |
| Bill. Loc. : Aashka hospital | | Pt. Loc : |
| Reg Date and Time : 24-Dec-2022 09:10 | Sample Type : Whole Blood EDTA | Mobile No : 8866375472 |
| Sample Date and Time : 24-Dec-2022 09:10 | Sample Coll. By : | Ref Id1 : OSP29358 |
| Report Date and Time : 24-Dec-2022 11:09 | Acc. Remarks : Normal | Ref Id2 : O22237615 |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|------|---------|------|----------------------|---------|
|------|---------|------|----------------------|---------|

Glycated Haemoglobin Estimation

| | | | | |
|---|--------|-------|---|--|
| HbA1C | 5.41 | | % of total Hb <5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes | |
| Estimated Avg Glucose (3 Mths) <i>Calculated</i> | 108.57 | mg/dL | | |

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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| Bill. Loc. : Aashka hospital | | Pt. Loc : |
| Reg Date and Time : 24-Dec-2022 09:10 | Sample Type : Serum | Mobile No : 8866375472 |
| Sample Date and Time : 24-Dec-2022 09:10 | Sample Coll. By : | Ref Id1 : OSP29358 |
| Report Date and Time : 24-Dec-2022 10:21 | Acc. Remarks : Normal | Ref Id2 : O22237615 |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|--------------------------------------|---------|--------|----------------------|---------|
| Thyroid Function Test | | | | |
| Triiodothyronine (T3) | 96.08 | ng/dL | 70 - 204 | |
| Thyroxine (T4) <small>CMA</small> | 8.0 | ng/dL | 4.6 - 10.5 | |
| TSH <small>CMA</small> | 2.412 | μIU/mL | 0.4 - 4.2 | |

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis of hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 μIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 μIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in Pregnancy

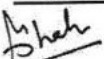
First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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| Bill. Loc. : Aashka hospital | | Pt. Loc : |
| Reg Date and Time : 24-Dec-2022 09:10 | Sample Type : Serum | Mobile No : 8866375472 |
| Sample Date and Time : 24-Dec-2022 09:10 | Sample Coll. By : | Ref Id1 : OSP29358 |
| Report Date and Time : 24-Dec-2022 10:21 | Acc. Remarks : Normal | Ref Id2 : O22237615 |

Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

| TSH ref range in Pregnancy | Reference range (microIU/ml) |
|----------------------------|------------------------------|
| First trimester | 0.24 - 2.00 |
| Second trimester | 0.43-2.2 |
| Third trimester | 0.8-2.5 |

| | T3 | T4 | TSH |
|----------------------------|----|-----|-----|
| Normal Thyroid function | N | N | N |
| Primary Hyperthyroidism | ↑ | ↑ | ↓ |
| Secondary Hyperthyroidism | ↑ | ↑ | ↑ |
| Grave's Thyroiditis | ↑ | ↑ | ↑ |
| T3 Thyrotoxicosis | ↑ | N | N/↓ |
| Primary Hypothyroidism | ↓ | ↓ | ↑ |
| Secondary Hypothyroidism | ↓ | ↓ | ↓ |
| Subclinical Hypothyroidism | N | N | ↑ |
| Patient on treatment | N | N/↑ | ↓ |

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

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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M.D. (Pathologist)

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Printed On : 24-Dec-2022 12:57



Neuberg Supratech Reference Laboratories Private Limited

“KEDAR” Opposite Krupa Petrol Pump, Near Parimal Garden, Ahmedabad - 380006

Phone : 079-40408181 / 61618181 | Email : contact@supratechlabs.com | Website : www.neubergsupratech.com



COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

Patient's Name : Soham Age : _____ Sex : _____

Ref. by Doctor : _____ IP/OP No. : _____ Date: _____

MITRAL VALVE : Mild MVP
 AORTIC VALVE :
 TRICUSPID VALVE : | W
 PULMONARY VALVE :
 AORTA : 30
 LEFT ATRIUM : 32
 LV Dd/ Ds : 37/24 - EF 60%
 IVS / LVPW / D : 10/9
 IVS : Intact
 IAS : floppy
 RA :
 RV : | W
 PERICARDIUM : h
 VEL : PEAK MEAN
 M/S : Gradient mm Hg Gradient mm Hg
 MITRAL : 1/0.7
 AORTIC : 1.1
 PULMONARY : 1.0
 COLOUR DOPPLER : Mild MR/TR
 RSVP : 32 +
 CONCLUSION : Mild LV size/systolic dysfunction
 Mild TR, Borderline PAH

COLOUR DOPPLER ECHOCARDIOGRAPH REPORT

PATIENT NAME:SOHAM R PANDYA

GENDER/AGE:Male / 31 Years

DATE:24/12/22

DOCTOR:

OPDNO:OSP29358

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

GALL BLADDER: Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

PANCREAS: Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

SPLEEN: Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

KIDNEYS: Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal calculus, hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen.

Right kidney measures about 10.1 x 4.0 cms in size.

Left kidney measures about 10.3 x 4.9 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 190 cc.

PROSTATE: Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 14 cc.

COMMENT: Normal sonographic appearance of liver, GB; Pancreas, spleen, kidneys, bladder and prostate.


DR. SNEHAL RAJAPATI
CONSULTANT RADIOLOGIST

Aashka Hospitals Ltd.
Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421. Gujarat, India
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www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



PATIENT NAME:SOHAM R PANDYA

GENDER/AGE:Male / 31 Years

DATE:24/12/22

DOCTOR:

OPDNO:OSP29358

X-RAY CHEST PA

Both lung fields show increased broncho-vascular markings.
No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.
Both hilar shadows and C.P. angles are normal.
Heart shadow appears normal in size. Aorta appears normal.
Bony thorax and both domes of diaphragm appear normal.
No evidence of cervical rib is seen on either side.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

Soham

24.12.2022 10:38.28 AM
ASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

Location: 1
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

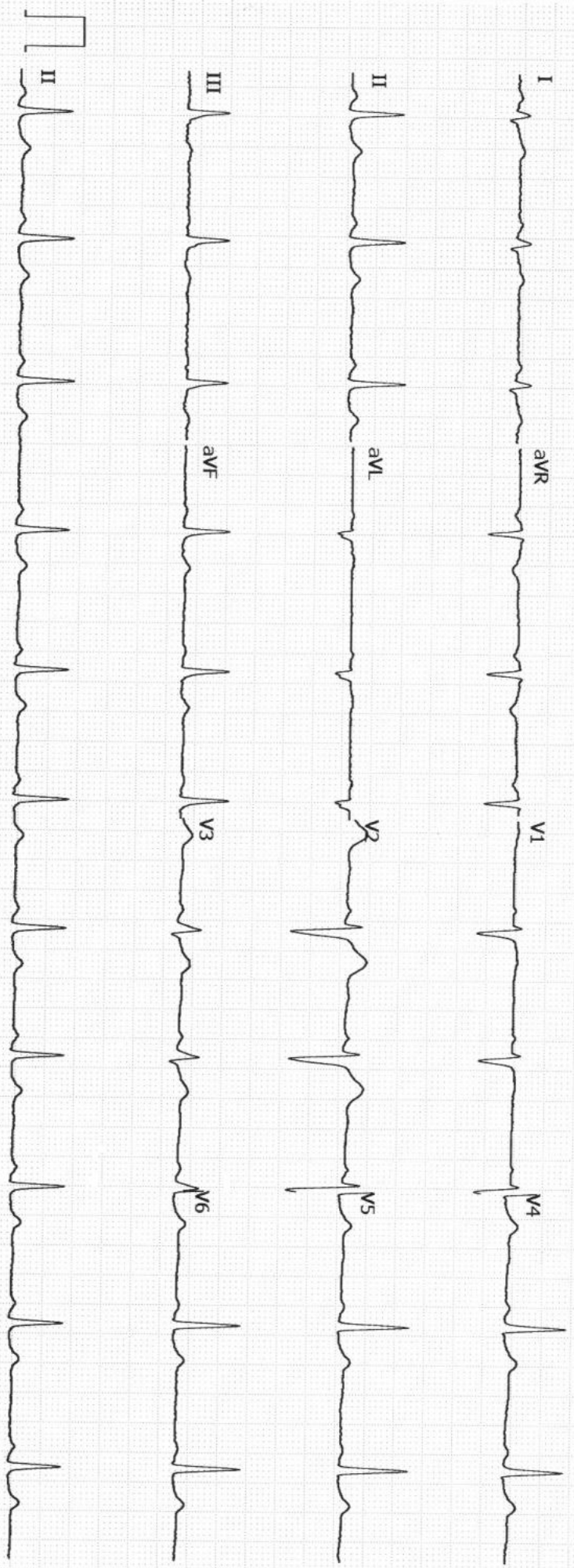
Room: 0459 101 D 942 #

66 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 102 ms
QT / QTcBaz : 372 / 389 ms
PR : 128 ms
P : 96 ms
RR / PP : 908 / 909 ms
P / QRS / T : 29 / 83 / 39 degrees

Normal sinus rhythm
Normal ECG



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz Unconfirmed 4x2.5x3_25_R1 1/1

Aashka Hospitals Ltd.

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CIN: L85110GJ2012PLC072647

**DR. PRAKASH D MAKWANA****M.D.****REG.NO.G-29078****MO.NO-9722116164**

| | | | |
|--|------------|----------------|-------|
| UHID: | | Date: 24/12/22 | Time: |
| Patient Name: SOHAM PANDYA | | Height: | |
| Age / Sex: 31 Y M | LMP: | Weight: | |
| History: | | | |
| C/C/O: - ROUTINE HEALTH CHECK UP | History: | | |
| Allergy History: | Addiction: | | |
| Nutritional Screening: Well-Nourished / Malnourished / Obese | | | |
| Vitals & Examination: | | | |
| Temperature: Afebrile | | | |
| Pulse: 79/min | | | |
| BP: 100/60 mm Hg | | | |
| SPO2: 98% on Room Air | | | |
| Provisional Diagnosis: | | | |

Aashka Hospitals Ltd.

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CIN: L85110GJ2012PLC072647



DR. TAPAS RAVAL
MBBS . D.O
(FELLOW IN PHACO & MEDICAL
RATINA)
REG.NO.G-21350

| | | |
|-------------------------------------|---|--|
| UHID: | Date: | Time: |
| Patient Name: <i>Soham. Panjari</i> | | Age / Sex: <i>31</i> Height: <i>169</i> Weight: <i>71 k.g.</i> |
| History: | <i>Compt fresh chump</i> <i>R2 have glauk last 10 year ago</i> | |
| Allergy History: | | |
| Nutritional Screening: | <i>Well-Nourished / Malnourished / Obese</i> | |
| Examination: | <i>U₂ 6/60p</i> <i>6/60f</i> <i>U_{nc} 24</i> <i>6/6</i> <i>6/6</i> <i>2/6</i> <i>Colour vision - Normal</i> | |
| Diagnosis: | <i>Refractive error</i> | |

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CIN: L85110GJ2012PLC072647



DR. UNNATI SHAH
B.D.S. (DENTAL SURGEON)
REG. NO. A-7742
MO.NO- 9904596691

| | | |
|---|-----------------------|--------------------------|
| UHID: | Date: 24/12/22 | Time: |
| Patient Name: Soham Pandya | | Age / Sex: - 31/M |
| | | Height: |
| | | Weight: |
| History: | | |
| Examination: Calculus TT Stent 1 | | |
| Diagnosis: | | |

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Salto.

De Un

LETTER OF APPROVAL / RECOMMENDATION

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 employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.



| PARTICULARS | EMPLOYEE DETAILS |
|---------------------------------|--------------------------------|
| NAME | MR. PANDYA SOHAM RAMESHCHANDRA |
| EC NO. | 110398 |
| DESIGNATION | HEAD CASHIER "E"_II |
| PLACE OF WORK | MANEKPUR MAKAKHAD |
| BIRTHDATE | 11-04-1991 |
| PROPOSED DATE OF HEALTH CHECKUP | 24-12-2022 |
| BOOKING REFERENCE NO. | 22D110398100034874E |

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 **23-12-2022** 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 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))



ભારત સરકાર

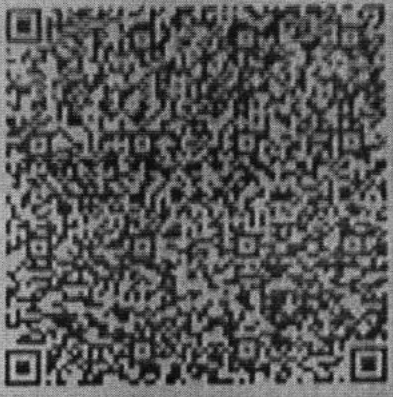
Government of India

પંડ્યા સોહમ રમેશચંદ્ર

Pandya Soham Rameshchandra

જન્મ તારીખ / DOB : 11/04/1991

પુરુષ / Male



4684 4831 6960

મારો આધાર, મારી ઓળખ



ભારતીય વિશિષ્ટ ઓળખાણ અધિકારણ
Unique Identification Authority of India

સરનામું:

વિતાનુ/માતાનુ નામ: પંડ્યા રમેશચંદ્ર,
517, ગાયત્રીનગર, સેક્ટર-27,
ગાંધીનગર, ગાંધીનગર સેક્ટર ૨૮,
ગુજરાત, 382028

Address:

S/O: Pandya Rameshchandra,
517, Gayatrinagar, Sector-27,
Gandhinagar, Gandhinagar Sector
28, Gujarat, 382028

4684 4831 6960



1947



help@uidai.gov.in

WWW

www.uidai.gov.in



बंका बारोडा
Bank of Baroda

नाम Pandya Soham Rameshchandra
Name

कर्मचारी कूट क्र. 110398
Employee Code No.

जारीकर्ता प्राधिकारी
Issuing Authority



धारक के हस्ताक्षर
Signature of Holder