

Patient's Name:-	GAURAV GUPTA	DATE	26/11/2022
Age & Sex :-	31Y M		
Referred By :-	HEALTH CHECKUP		

X-RAY CHEST PA

- Both Lung fields appear normal.
No evidence of any collapse / consolidation.
- Both Hila appear normal.
No evidence of any enlarged Hilar lymphnodes.
- Both CP angle clear.
- Cardiac size appear normal.
- Both hemi diaphragm appears normal
- Bony cage appear normal

COMMENTS :

- **No Significant abnormality detected.**


DR. NIKITA PATEL
CONSULTANT RADIOLOGIST

Thanks for reference. Please co-relate clinically.

Note: This report is not valid for medico-legal purpose. There can be typing error, which can be correctable.

Patient Name : MR. GAURAV GUPTA
Age / Gender : 31 years / Male
Patient ID : 15898
Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup
Collection Time : 27/11/2022, 09:01 AM
Reporting Time : 27/11/2022, 10:26 AM
Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
CBC			
Hemoglobin (Hb)* Method : Cymeth Photometric Measurement	15.2	13.5 - 18.0	gm/dL
Erythrocyte (RBC) Count* Method : Electrical Impedence	5.25	4.7 - 6.0	mil/cu.mm
Packed Cell Volume (PCV)* Method : Calculated	41.9	42 - 52	%
Mean Cell Volume (MCV)* Method : Electrical Impedence	79.81	78 - 100	fL
Mean Cell Haemoglobin (MCH)* Method : Calculated	28.95	27 - 31	pg
Mean Corpuscular Hb Concn. (MCHC)* Method : Calculated	36.28	32 - 36	gm/dL
Red Cell Distribution Width (RDW)* Method : Electrical Impedence	14.2	11.5 - 14.0	%
Total Leucocytes (WBC) Count* Method : Electrical Impedence	7200	4000-10000	cell/cu.mm
Neutrophils* Method : VCSn Technology	45	40 - 80	%
Lymphocytes* Method : VCSn Technology	39	20 - 40	%
Monocytes* Method : VCSn Technology	10	2 - 10	%
Eosinophils* Method : VCSn Technology	06	1 - 6	%
Basophils Method : VCSn Technology	00	0 - 4	%
Platelet Count* Method : Electrical Impedence	190	150 - 450	10 ³ /ul

E.S.R

Erythrocyte Sedimentation Rate
Method : EDTA Whole blood, modified westergren

04 <15 mm/hr

Interpretation:

It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

END OF REPORT

Bholiya

Dr. Bhavika Dholiya
M. D. Pathology
Registration No: G-32571

Patient Name : MR. GAURAV GUPTA
Age / Gender : 31 years / Male
Patient ID : 15898
Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup
Collection Time : 27/11/2022, 09:01 AM
Reporting Time : 27/11/2022, 10:24 AM
Sample ID :



Test Description	Value(s)	Reference Range	Unit(s)
BLOOD GROUP & RH (D) FACTOR, EDTA WHOLE BLOOD			
Blood Group	"O"		
Method : Forward and Reverse By Tube Method			
RH Factor	Positive		

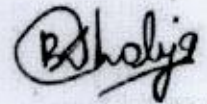
Methodology

This is done by forward and reverse grouping by tube Agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required. Confirmation of the New-born's blood group is indicated when the A and B antigen expression and the isoagglutinins are fully developed (2-4 years).

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Test Description	Value(s)	Reference Range	Unit(s)
<u>BLOOD GLUCOSE FASTING (FBS)</u>			
Glucose fasting Method : Fluoride Plasma-F, Hexokinase	109.4	Normal: 70 - 99 Impaired Tolerance: 100-125 Diabetes mellitus: >= 126 (on more than one occassion) (American diabetes association guidelines 2018)	mg/dL
Urine Fasting	Absent		
<u>BLOOD GLUCOSE POST PRANDIAL (PP2BS)</u>			
Blood Glucose-Post Prandial Method : Hexokinase	103.6	70 - 140	mg/dL
Urine Post Prandial	Absent		
<u>GLYCOSYLATED HB (HBA1C)</u>			
Glyco Hb (HbA1C)	4.8	Non-Diabetic: <=5.6 Pre Diabetic:5.7-6.4 Diabetic: >=6.5	%
Estimated Average Glucose :	91.06		mg/dL

Interpretations

- HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%
- Low glyated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
Excellent control-6-7 %
Fair to Good control - 7-8 %
Unsatisfactory control - 8 to 10 %
Poor Control - More than 10 %

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Test Description	Value(s)	Reference Range	Unit(s)
LIVER FUNCTION TEST-1			
Bilirubin - Total Method : Serum, Jendrassik Grof	0.42	0.3 - 1.2	mg/dL
Bilirubin - Direct Method : Serum, Diazotization	0.18	Adults and Children: 0.0 - 0.4	mg/dL
Bilirubin - Indirect Method : Serum, Calculated	0.24		U/L
SGOT Method : Serum, UV with P5P, IFCC 37 degree	28.9	< 50	U/L
SGPT Method : Serum, UV with P5P, IFCC 37 degree	54.1	< 50	U/L
Alkaline Phosphatase-ALPI Method : Serum, PNPP, AMP Buffer, IFCC 37 degree	96	30-120	U/L
Total Protein Method : Serum, Biuret, reagent blank end point	7.7	6.6 - 8.3	g/dL
Albumin Method : Serum, Bromocresol purple	3.9	Adults: 3.5 - 5.2	g/dL
Globulin Method : Calculated	3.80	1.8 - 3.6	g/dL
A/G Ratio Method : Calculated	1.03	1.2 - 2.2	ratio
RENAL PROFILE			
Urea * Method : Serum	18.0	17- 55 mg/dL	mg/dL
Creatinine* Method : Serum, Jaffe IDMS	0.74	0.6 - 1.4 mg/dl	mg/dL
Uric Acid* Method : Serum, Uricase/POD	6.7	3.5 - 7.2	mg/dL
Blood Urea Nitrogen-BUN* Method : Serum, Urease	8.4	7 - 25 mg/dL	mg/dL
Calcium* Method : Arsenazo III	9.35	8.8 - 10.6	mg/dL
Sodium* Method : Serum, Indirect ISE	143.8	136 - 146	mmol/L
Potassium* Method : Serum, Indirect ISE	5.10	3.5 - 5.1	mmol/L
Chloride* Method : Serum, Indirect ISE	98.0	97.0 - 108.0	mmol/L

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Test Description	Value(s)	Reference Range	Unit(s)
LIPID PROFILE (D)			
Cholesterol-Total Method : Serum, Cholesterol oxidase esterase, peroxidase	141	Desirable: <= 200 Borderline High: 201-239 High: > 239	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	68.7	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
Cholesterol-HDL Direct Method : Serum, Direct measure-PEG	39.4	Normal: > 40 Major Heart Risk: < 40	mg/dL
LDL Cholesterol Method : Calculated	87.86	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190	mg/dL
Non - HDL Cholesterol, Serum Method : calculated	101.60	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL	mg/dL
VLDL Cholesterol Method : calculated	13.74	6 - 38	mg/dL
CHOL/HDL RATIO Method : calculated	3.58	3.5 - 5.0	ratio
LDL/HDL RATIO Method : calculated	2.23	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio
HDL/LDL RATIO Method : calculated	0.45	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0	ratio

Note: 8-10 hours fasting sample is required. Test results may show interferences due to pregnancy, certain drugs such as estrogens and other drugs (such as androgenic and related steroids), and insulin therapy etc. 12 hours fast is recommended prior to the test as non fasting status may result in falsely elevated test values. Alcohol should not be consumed for atleast 24 hours before the test. Values may be increased in acute illness, colds or flu. Obesity, stress, physical inactivity, cigarette smoking may lead to increase test values. If possible all medications should be withheld for atleast 24 hours before testing (On Doctors Advice). Intraindividual variations, seasonal as well as positional variations (levels lower when sitting compared to standing etc.) have been observed. Cholesterol and HDL-C should not be measured immediately after MI, and 3 months wait is suggested.

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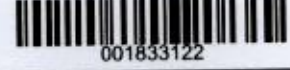
Source : Sardar Patel Hospital (OPD)

Referral : Dr Mediwheel Full body Health Checkup

Collection Time : 27/11/2022, 09:01 AM

Reporting Time : 27/11/2022, 01:32 PM

Sample ID :



001833122

Test Description	Value(s)	Reference Range	Unit(s)
THYROID FUNCTION TEST 1			
T3-Total Method : Serum, CLIA	1.16	0.69 - 2.15 ng/mL	ng/mL
T4-Total Method : Serum, CLIA	57.9	52 - 127 ng/mL	ng/mL
TSH Method : Serum, CLIA	1.71	0.3 - 4.5 uIU/mL	uIU/mL

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Test Description	Value(s)	Reference Range	Unit(s)
<u>URINE ROUTINE</u>			
Volume*	30	ml -	ml
Colour*	Pale Yellow	Pale Yellow	
Transparency (Appearance)*	Clear	Clear	
Deposit*	Absent	Absent	
Reaction (pH)*	6.5	4.5 - 8	
Specific Gravity*	1.010	1.010 - 1.030	
<u>Chemical Examination (Automated Dipstick Method) Urine</u>			
Urine Glucose (sugar)*	Absent	Absent	
Urine Protein (Albumin)*	Absent	Absent	
Urine Ketones (Acetone)*	Absent	Absent	
Blood*	Absent	Absent	
Bile pigments*	Absent	Absent	
Nitrite*	Absent	Absent	
<u>Microscopic Examination Urine</u>			
Pus Cells (WBCs)*	Occasional	0 - 5	/hpf
Epithelial Cells*	Occasional	0 - 4	/hpf
Red blood Cells*	Absent	Absent	/hpf
Crystals*	Absent	Absent	
Cast*	Absent	Absent	
Trichomonas Vaginalis*	Absent	Absent	
Yeast Cells*	Absent	Absent	
Amorphous deposits*	Absent	Absent	
Bacteria*	Absent	Absent	

END OF REPORT

Bholiya

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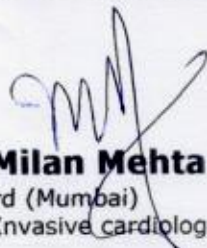


Patient Name : Mr. Gaurav Gupta
Registration No : 101-022-14716-000 **DOB :** 24-Aug-1991
Sex : Male **Age :** 31 Yrs/
Patient Arrived At : 26-Nov-2022 09:00:00 AM **Result Verified At :** 26-Nov-2022 12:36
Test Name : ECHO STUDY

2D ECHO CARDIOGRAPHY REPORT

- All cardiac chambers are normal in dimension
- Normal LV Systolic function at Rest, LVEF =60 %
- No RWMA at Rest.
- No diastolic dysfunction ($E>A$, $MV E'> 0.10$ m/s)
- MV – Normal, No MS/MR AV –Normal, No AS/ AR
- TV – Normal , No TS/ Trivial TR PV – No PS / PR
- No Pulmonary Hypertension, RVSP = 27 mmHg
- IAS / IVS appear Intact
- No e/o obvious Clot / Vegetation / effusion
- IVC not dilated collapsing > 50% on inspiration

IMPRESSION: NORMAL LV SYSTOLIC FUNCTION, NO RWMA, NO PAH


Dr.Milan Mehta
D.Card (Mumbai)
Non-Invasive cardiology

57 bpm
-- / -- mmHg

Room: _____

Indication: _____
Order: _____
Visit: _____
Indication: _____
Medication 1: _____
Medication 2: _____
Medication 3: _____

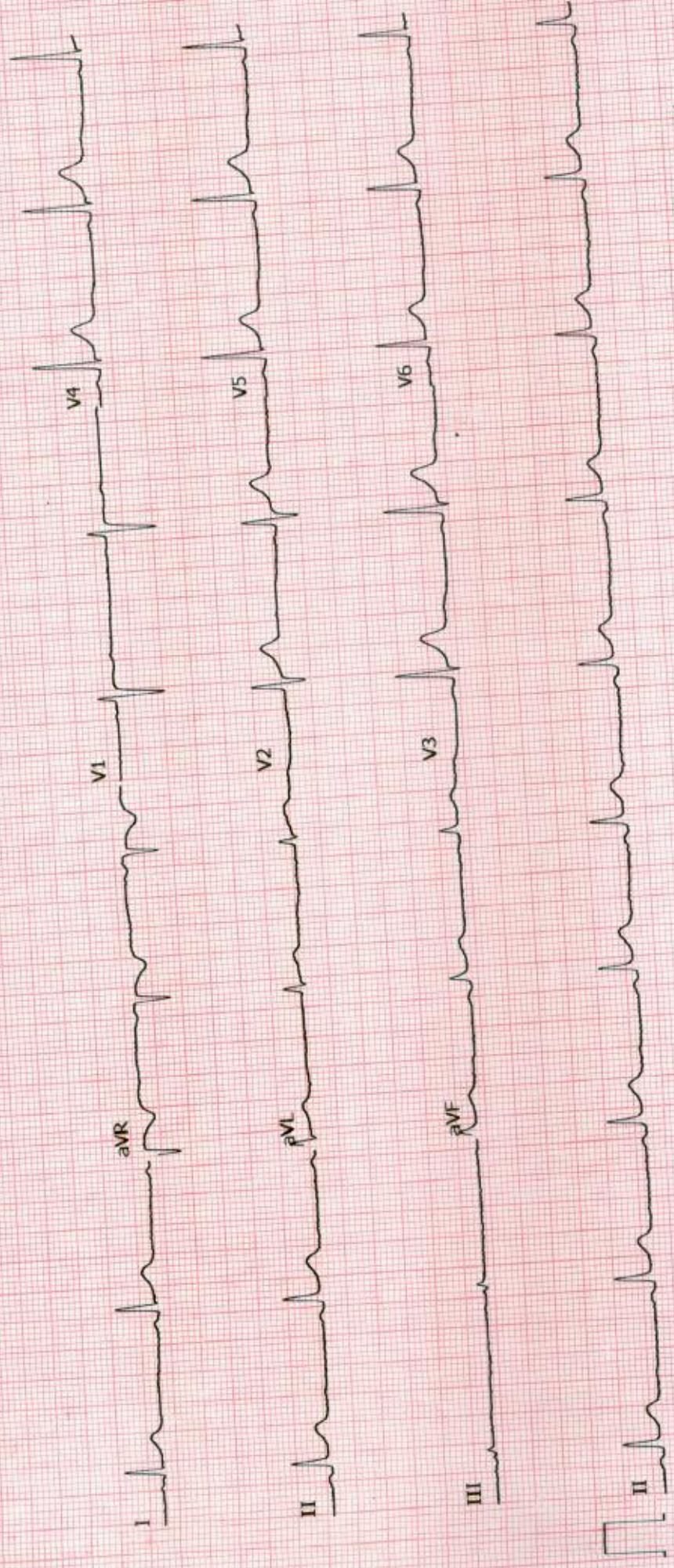
Ganesh Gupta

26.11.2012 11:39:22
SARDAR PATEL HOSPITAL
CHIKUMWADI
ANKLASHWAR

Sinus bradycardia
Otherwise normal ECG

Technician: _____
Ordering Ph: _____
Referring Ph: _____
Attending Ph: _____

QRS : 84 ms
QT / QTcBaz : 380 / 369 ms
PR : 130 ms
P : 100 ms
RR / PP : 1058 / 1052 ms
P / QRS / T : 56 / 31 / 36 degrees



Unconfirmed
4x2.5x3_25_R1
1/1

ADS 0.56-20 Hz 50 Hz
25 mm/s 10 mm/mV

1951™ V241