

**CONCLUSION OF HEALTH CHECKUP**

ECU Number : 10195

Age : 49

Weight : 103.7

Date : 16/03/2024

MR Number : 23231757

Sex : Male

Ideal Weight : 73

Patient Name: SANJAYKUMAR SURYAKANT

Height : 178

BMI : 32.73

Dr. Manish Mittal

Internal Medicine

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.



# BHAILAL AMIN GENERAL HOSPITAL



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Patient Name: SANJAYKUMAR SURYAKANT  
Height : 178  
BMI : 32.73

Past H/O : K/C/O DM , HTN  
POST COVID T. ECOSRIN 75MG TAKEN FOR 8 MONTHS.

Present H/O : NO MEDICAL COMPLAIN AT PRESENT

Family H/O : NO F/H/O ANY MAJOR ILLNESS

Habits : NO  
Gen.Exam. : G.C.GOOD  
B.P : 160/90  
Pulse : 76  
Others : SPO2 98 %  
C.V.S : NAD  
R.S. : NAD  
Abdomen : NP  
Spleen : NP  
Skin : NAD  
C.N.S : NAD  
Advice :





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ESTD. 1964



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BMI : 32.73

## Ophthalmic Check Up :

Right

Left

Ext Exam

NORMAL

Vision Without Glasses

Vision With Glasses

6/6 N.5

6/6 N.5

Final Correction

- 1.75 CYL I 105 ADD + 1.75 D SPH

- 0.5 D SPH - 1.25 CYL I 180

ndus

NORMAL

Colour Vision

PARTIAL - RED, GREEN COLOUR BLINDNESS

Advice

## Orthopeadic Check Up :

Ortho Consultation

Ortho Advice

ENT Check Up :

Ear

Nose

Throat

Hearing Test

ENT Advice

General Surgery Check Up :

General Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice





Patient Name : Mr. SANJAYKUMAR SURYAKANT SHAH  
 Gender / Age : Male / 49 Years 6 Months 14 Days  
 MR No / Bill No. : 23231757 / 242091248  
 Consultant : Dr. Manish Mittal  
 Location : OPD

Type : OPD  
 Request No. : 208485  
 Request Date : 16/03/2024 08:15 AM  
 Collection Date : 16/03/2024 08:37 AM  
 Approval Date : 16/03/2024 03:44 PM

**CBC + ESR**

Test	Result	Units	Biological Ref. Range
<b>Haemoglobin.</b>			
Haemoglobin	14.6	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	<b>5.55</b>	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	46.5	%	40 - 50
Mean Corpuscular Volume (MCV)	83.8	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	<b>26.3</b>	pg	27 - 32
MCH Concentration (MCHC)	<b>31.4</b>	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	13.5	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	41.7	fl	39 - 46
<b>Total Leucocyte Count (TLC)</b>			
Total Leucocyte Count (TLC)	5.93	thou/cmm	4 - 10
<b>Differential Leucocyte Count</b>			
Polymorphs	70	%	40 - 80
Lymphocytes	23	%	20 - 40
Eosinophils	2	%	1 - 6
Monocytes	5	%	2 - 10
Basophils	0	%	0 - 2
Polymorphs (Abs. Value)	4.10	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	1.37	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<b>0.11</b>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.31	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.04	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.5	%	1 - 3 : Borderline > 3 : Significant
<b>Platelet Count</b>			
Platelet Count	248	thou/cmm	150 - 410
Remarks	This is counter generated CBC Report, smear review is not done		
ESR	8	mm/1 hr	0 - 10

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name	: Mr. SANJAYKUMAR SURYAKANT SHAH	Type	: OPD
Gender / Age	: Male / 49 Years 6 Months 14 Days	Request No.	: 208485
MR No / Bill No.	: 23231757 / 242091248	Request Date	: 16/03/2024 08:15 AM
Consultant	: Dr. Manish Mittal	Collection Date	: 16/03/2024 08:37 AM
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### CBC + ESR

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.  
Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter by Fluorescent flow cytometry using a semi-conductor laser and hydrodynamic focusing in dedicated channels. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification.

ESR on ESL-30, comparable to Westergrens method and in accordance to ICSH reference method.

--- End of Report ---

Dr. Ameer Soni  
MD (Path)

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. SANJAYKUMAR SURYAKANT SHAH  
Gender / Age : Male / 49 Years 6 Months 14 Days  
MR No / Bill No. : 23231757 / 242091248  
Consultant : Dr. Manish Mittal  
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Request Date : 16/03/2024 08:15 AM  
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Approval Date : 16/03/2024 03:41 PM

### Haematology

Test	Result	Units	Biological Ref. Range
<b>Blood Group</b>			
ABO system	B		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontro
- This method check`s group both on Red blood cells and in Serum for "ABO" group.

---- End of Report ----

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Location : OPD Approval Date : 16/03/2024 11:09 AM

**Fasting Plasma Glucose**

Test	Result	Units	Biological Ref. Range
<b>Fasting Plasma Glucose</b>			
Fasting Plasma Glucose	<b>194</b>	mg/dL	70 - 110
Remarks	on tab		
Post Prandial 2 Hr. Plasma Glucose	<b>297</b>	mg/dL	70 - 140
Remarks	on tab		

By Hexokinase method on EXL Dade Dimension

----- End of Report -----

Dr. Rakesh Vaidya  
MD (Path). DCP.

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 Location : OPD Approval Date : 16/03/2024 02:43 PM

**HbA1c (Glycosylated Hb)**

Test	Result	Units	Biological Ref. Range
<b>HbA1c (Glycosylated Hb)</b>			
Glycosylated Hemoglobin (HbA1c)	8.0	%	
estimated Average Glucose (e AG) *	182.9	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

\* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

**Guidelines for Interpretation:**

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

---- End of Report ----

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**Complete Lipid Profile**

Test	Result	Units	Biological Ref. Range
<b>Complete Lipid Profile</b>			
Appearance	Clear		
Triglycerides	116	mg/dL	1 - 150
<i>(Done by Lipase /Glycerol kinase on Vitros 5600 &lt; 150 Normal 150-199 Borderline High 200-499 High &gt; 499 Very High)</i>			
Total Cholesterol	195	mg/dL	1 - 200
<i>(Done by Colorimetric - Cholesterol Oxidase, esterase, peroxidase on Vitros 5600. &lt;200 mg/dL - Desirable 200-239 mg/dL - Borderline High &gt; 239 mg/dL - High)</i>			
HDL Cholesterol	45	mg/dL	40 - 60
<i>(Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600 &lt; 40 Low &gt; 60 High)</i>			
Non HDL Cholesterol (calculated)	<b>150</b>	mg/dL	1 - 130
<i>(Non- HDL Cholesterol &lt; 130 Desirable 139-159 Borderline High 160-189 High &gt; 191 Very High)</i>			
LDL Cholesterol	<b>125</b>	mg/dL	1 - 100
<i>(Done by Enzymatic (Two Step CHE/CHO/POD ) on Vitros 5600 &lt; 100 Optimal 100-129 Near / above optimal 130-159 Borderline High 160-189 High &gt; 189 Very High)</i>			
VLDL Cholesterol (calculated)	23.2	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	2.78		2.1 - 3.5
T. Ch./HDL Ch. Ratio	4.33		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

---- End of Report ----

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**Liver Function Test (LFT)**

Test	Result	Units	Biological Ref. Range
<b>Bilirubin</b>			
Bilirubin - Total	0.63	mg/dL	0 - 1
Bilirubin - Direct	0.14	mg/dL	0 - 0.3
Bilirubin - Indirect	0.49	mg/dL	0 - 0.7
<i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i>			
Aspartate Aminotransferase (SGOT/AST)	20	U/L	15 - 40
<i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i>			
Alanine Aminotransferase (SGPT/ALT)	23	U/L	16 - 63
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	98	U/L	53 - 128
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	24	U/L	15 - 85
<i>(Done by Multipoint Rate - L-γ-glutamyl-p-nitroanilide on Vitros 5600)</i>			
<b>Total Protein</b>			
Total Proteins	6.98	gm/dL	6.4 - 8.2
Albumin	3.96	gm/dL	3.4 - 5
Globulin	3.02	gm/dL	3 - 3.2
A : G Ratio	1.31		1.1 - 1.6
<i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</i>			

---- End of Report ----

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**Renal Function Test (RFT)**

Test	Result	Units	Biological Ref. Range
Urea <i>(Done by Endpoint/Colorimetric - Urease on Vitros 5600)</i>	25	mg/dL	10 - 45
BUN	11.68	mg/dL	5 - 21
Creatinine <i>(By Modified Kinetic Jaffe Technique)</i>	0.71	mg/dL	0.9 - 1.3
Estimate Glomerular Filtration rate <i>(Ref. range : &gt; 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)</i>	More than 60		
Uric acid <i>(Done by Colorimetric - Uricase, Peroxidase on Vitros 5600)</i>	5.2	mg/dL	3.4 - 7.2

--- End of Report ---

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## Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.46	ng/ml	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (ng/ml)</i>			
1 - 3 days	: 0.1 - 7.4		
1-11 months	: 0.1 - 2.45		
1-5 years	: 0.1 - 2.7		
6-10 years	: 0.9 - 2.4		
11-15 years	: 0.8 - 2.1		
16-20 years	: 0.8 - 2.1		
Adults (20 - 99 years)	: 1.07 - 1.85		
Pregnancy (in last 5 months)	: 1.2 - 2.5		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			
Thyroxine (T4)	9.92	mcg/dL	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (mcg/dL)</i>			
1 - 3 days	: 11.8 - 22.6		
1- 2 weeks	: 9.8 - 16.6		
1 - 4 months	: 7.2 - 14.4		
4 - 12 months	: 7.8 - 16.5		
1-5 years	: 7.3 - 15.0		
5 - 10 years	: 6.4 - 13.3		
10 - 20 years	: 5.6 - 11.7		
Adults (20-99 years)	: 5.91 - 12.98		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			
Thyroid Stimulating Hormone (US-TSH)	1.02	microIU/ml	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (microIU/ml)</i>			
Infants (1-4 days)	: 1.0 - 39		
2-20 weeks	: 1.7 - 9.1		
5 months - 20 years	: 0.7 - 6.4		
Adults (20-99 years)	: 0.4001 - 4.049		
<i>Pregnancy :</i>			
1st trimester	: 0.3 - 4.5		
2nd trimester	: 0.5 - 4.6		
3rd trimester	: 0.8 - 5.2		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition )</i>			

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--- End of Report ---

Dr. Rakesh Vaidya  
MD (Path). DCP.



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**PSA (Prostate Specific Antigen)**

Test	Result	Units	Biological Ref. Range
Total PSA	0.343	ng/ml	0 - 4

(Method : Done by CLIA based method on automated immunoassay Vitros 5600.)

**Remark :**

Age related reference range for interpretation :

< 40 yrs : 0.21 - 1.72

40 - 49 yrs : 0.27 - 2.19

50 - 59 yrs : 0.27 - 3.42

60 - 69 yrs : 0.27 - 6.16

>69 yrs : 0.21 - 6.77

TPSA may be raised usually mildly in benign prostatic conditions

like hyperplasia. Typically 30 % of BPH may show values

between 4-10 and 7 % between 10-40.

In Prostatic Malignancy 43 % show values below 4

21 % between 4 to 10

20 % between 10 to 40 &

16 % above 40)

---- End of Report ----

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MD (Path). DCP.



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 Location : OPD Approval Date : 16/03/2024 01:06 PM

**Urine routine analysis (Auto)**

Test	Result	Units	Biological Ref. Range
<b>Physical Examination</b>			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Clear		
<b>Chemical Examination (By Reagent strip method)</b>			
pH	5.0		4.6 - 8.0
Specific Gravity	<b>1.034</b>		1.005 - 1.030
Protein	Negative		Negative
Glucose	2+ (R/C)		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
<b>Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)</b>			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	1 - 5	/hpf	0 - 5
Epithelial Cells	0 - 1	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	<b>Absent</b>	/hpf	Absent
Organism	Absent		

Reference : Wallach`s Interpretation to laboratory test, 10th edition

---- End of Report ----

Dr. Rakesh Vaidya  
MD (Path). DCP.



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- Ultra High Resolution Sonography
- Multi-Detector CT Scan
- Mammography
- Interventional Radiology
- Digital Subtraction Angiography
- Foetal Echocardiography
- Echocardiography

Patient No. : 23231757      Report Date : 16/03/2024  
 Request No. : 190108222      16/03/2024 8.15 AM  
 Patient Name : **Mr. SANJAYKUMAR SURYAKANT SHAH**  
 Gender / Age : Male / 49 Years 6 Months 14 Days

**X-Ray Chest AP**

Both lung fields are clear.  
 Both costophrenic sinuses appear clear.  
 Heart size is normal.  
 Hilar shadows show no obvious abnormality.  
 Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES  
 • NOT VALID FOR MEDICO-LEGAL PURPOSES  
 • CLINICAL CORRELATION RECOMMENDED

**Dr. Harsh Sanjay Vyas,**  
 Consultant Radiologist



H-2015-0297

MG-3004

E-2021-0037

**DEPARTMENT OF DIAGNOSTIC RADIOLOGY**

Patient No. : 23231757 Report Date : 16/03/2024

Request No. : 190108215 16/03/2024 8.15 AM

Patient Name : **Mr. SANJAYKUMAR SURYAKANT SHAH**

Gender / Age : Male / 49 Years 6 Months 14 Days

**USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen**

**Liver is normal in size and increased in echopattern.** No mass lesion identified. The hepaticveins are clear and patent. PV patent. No dilated IHBR.

**Gall bladder is well distended and shows few calculi largest measures 8mm.** Common bile duct is not dilated.

Pancreas shows no obvious abnormality. Tail obscured. Spleen is normal size and echopattern.

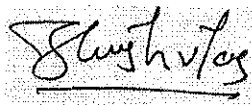
Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

No ascites.

**COMMENT:**

- **Grade-I Fatty liver.**
- **Few GB calculi.**

*Kindly correlate clinically*



**Dr. Harsh Sanjay Vyas,**  
Consultant Radiologist





Patient No. : 23231757      Report Date : 16/03/2024  
Request No. : 190108226      16/03/2024 8.15 AM  
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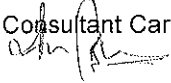
**Echo Doppler Screening**

MITRAL VALVE : NORMAL  
AORTIC VALVE : TRILEAFLET, NORMAL  
TRICUSPID VALVE : NORMAL, TRACE TR, NO PAH  
PULMONARY VALVE : NORMAL  
LEFT ATRIUM : NORMAL  
AORTA : NORMAL  
LEFT VENTRICLE : NORMAL, NO REGIONAL WALL MOTION ABNORMALITY,  
LVEF=60%  
RIGHT ATRIUM : NORMAL  
RIGHT VENTRICLE : NORMAL  
I.V.S. : INTACT  
I.A.S. : INTACT  
PULMONARY ARTERY : NORMAL  
PERICARDIUM : NORMAL  
  
COLOUR/DOPPLER FLOW MAPPING : Grade I diastolic dysfunction,  
Trace MR, TR, NO PAH

**FINAL CONCLUSION:**

1. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS, MILD CONCENTRIC LVH
2. NO REGIONAL WALL MOTION ABNORMALITY AT REST
3. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
4. NORMAL VALVES
5. GRADE I DIASTOLIC DYSFUNCTION
6. TRACE MR, TR, NO PULMONARY HYPERTENSION , ( IVC COLLAPSING )
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr.KILLOL KANERIA MD, DM  
Consultant Cardiologist



HR 70 bpm  
P 117 ms  
PR 152 ms  
QRS 91 ms  
QT/QTc 385/417 ms  
PORS/T 13/-7.58 °  
RV5/SV1 1.075/1.696 mV

Diagnosis Information  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by: *RS*

