



PATIENT NAME	NARESH KUMAR	DATE	9-Jul-22	
SEX / AGE	MALE 28 / YRS			
REF. BY	DR . JAYESH AMBALIYA	4		

### **U.S.G. ABDOMEN & PELVIS**

**Liver** is normal in size (13.8 cm) and shows diffuse bright echotexture. No evident focal lesion is seen. No evidence of dilated I.H.B.R. Portal vein is normal in size.

Gall bladder appears normal. No evidence of gall stone. Wall thickness is normal.

CBD is normal in size. No evidence of CBD stone.

Pancreas is normal morphologically. No mass lesion or calcification is seen in the pancreas. Main pancreatic duct is not dilated.

**Spleen** is normal in size (10.3 cm) and shows normal echotexture. No evidence of any focal lesion is seen. Splenic vein is normal in size.

Right kidney is normal in size, shape and position. Cortico-medullary differentiation is well preserved. No evidence of stone or hydronephrosis.

**Left kidney** is normal in size, shape and position. Cortico-medullary differentiation is well preserved. No evidence of stone or hydronephrosis.

Right kidney: 102x44 mm

Left kidney: 106 x 47 mm

**Urinary bladder** is distended and shows normal wall thickening. No evidence of calculus, mass lesion or diverticulum.

Prostate appears normal measures 10 cc.

#### ON HIGH FREQUENCY PROBE:

- No evident dilatation of rest of the bowel loops is noted.
- No evident enlarged para-aortic lymphadenopathy is seen.
- No evidence of free fluid noted in abdomen and pelvis.

#### IMPRESSION:

- Grade I fatty liver without evident focal lesion.
- No evident organomegaly or ascites.
- Rest of the USG abdomen Normal at present scan.

DR AJAY CHAUDHARI M.D. RADIOLOGIST (FMF)

• રેડી ગોલોજા

• ४न१स सर्थन • आंध विભाग DR SIDDHARTH ZALA M.D. RADIOLOGIST (FSIR) DR TUSHAR THAKOR M.D. RADIOLOGIST

DR. SIDDHARTH A. ZALA

MD RADIODIAGNOSIS

पेशोबो REG G-E407 शेलेखेशिया

કેશલેસ અને મેડીક્લેમની સુવિધાઓ ઉપલબ્ધ

કાર્મસી ૨૪ X હ

512/1, Nr.G-6 Circle, Opp. SBI, Sector-23, Gandhinagar-382023. Phone: +91-8980809753 / 54





UHID No : A39389

: NARESHKUMAR RAMABHAI KHANT Name

PRE INSURANCE CHEKUP (DA. JUJES LAM BOUGE)

Ref. By : SELF

: 09/07/2022

Age / Sex : 25 Y 1 M 21 days / Male

Address

Mobile No: 9586489260

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M.D. (GENERAL MEDICINE) G-30363

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કેશલેસ અને મેડીક્લેમની સુવિધાઓ ઉપલબ્ધ

ફાર્મસી ૨૪ X ७





UHID No : A39389

Name : NARESHKUMAR RAMABHAI KHANT

: PRE INSURANCE CHEKUP ( D. DOMIKO PULLE) Doctor

Ref. By : SELF : 09/07/2022

Age / Sex : 25 Y 1 M 21 days / Male

Address

Mobile No: 9586489260

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• पीडीबाटीङ

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• प्रजास सर्वन

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• આઈ.સી.ચ.

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ફાર્મસી ૨૪ X ७





PATIENT NAME	NARESHKUMAR R.KHANT	DATE	09-07-2022
SEX / AGE	28Y-M		2022

### X-RAY CHEST PA

- Both lung fields show prominent broncho-vascular markings.
- No evidence of consolidation or mass lesion is seen.
- Cardiac size appears within normal limit.
- Trachea and mediastinal soft tissue shadow appear unremarkable.
- Both C.P. angles and both domes of diaphragm appear normal.
- Bony thorax under vision appears normal.

DR AJAY CHAUDHARI M.D. RADIOLOGIST (FMF)

DR SIDDHARTH ZALA M.D. RADIOLOGIST (FSIR)

DR. SIDDHARTH A. ZALA MD RADIODIAGNOSIS **REG. G-51679** 

DR TUSHAR THAKOR M.D. RADIOLOGIST

• डिजीशीयन

• રેડીરોલોજી • એન. આઇ.સી.ચૂ. • ડેન્ટલ

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• आं७ विसाग • गायनेड • डान-नाइ-गणा विसाग • मनोरोग विसाग

કેશલેસ અને મેડીક્લેમની સુવિધાઓ ઉપલબ્ધ

इार्मसी २४ X ७

(6)Comment : Normal ECG	rall Impress	H	(1)Reason for termination : Target heart rate achieved	Test Results  Protocol: Bruce Max Work load: Target HR: 192(163)bpm Exer. Time: Maximum HR: 167(87%)bpm Recov. Time:	NAME: NARESHKUMAR R. KHANT ID: 53 AGE/GENDER: 28 yrs/MALE HEIGHT: 168 cm.
(5)History :Routine health checkup (6)Medication : None	(4)Arrhythmias :	(2) Chest Pain: None (3) ST Changes:	(1)Restring ECG :	ad: 12.15 BMI : 22 : 12:6min	PROTOCOL: Bruce Summary report WEIGHT: 62 Kg. DATE/TIME: 09-07-2022 11:17 SMOKER: Non Smoker

© Madstros Mediline Systems Limited 2005 ( Ver 3.0 )

NAME: NARESHKUMAR R. KHANT

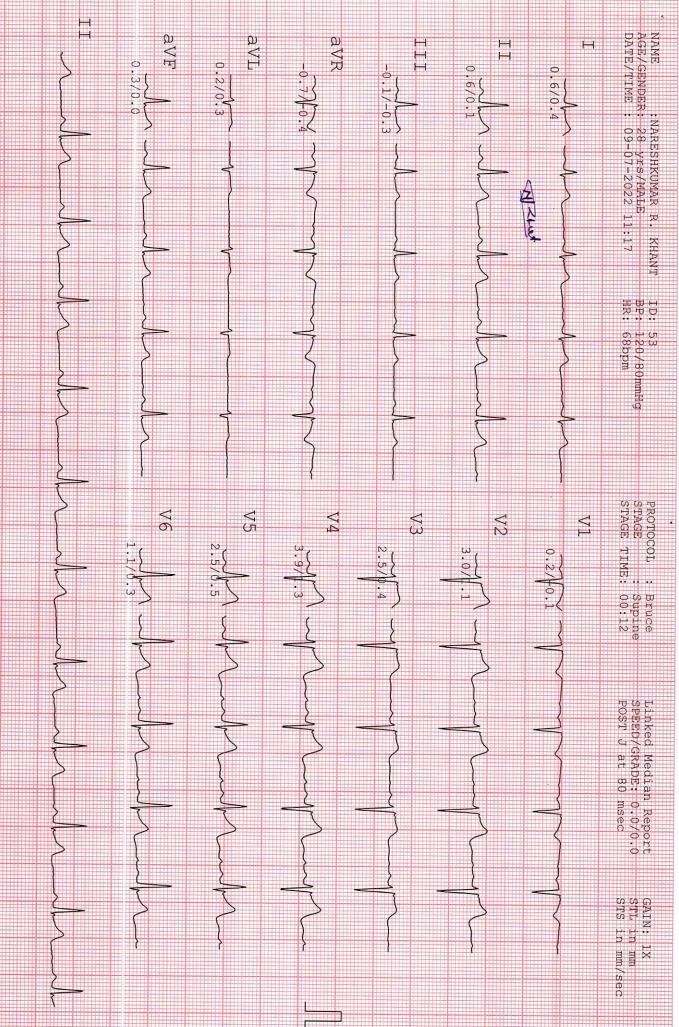
28 yrs/MALE

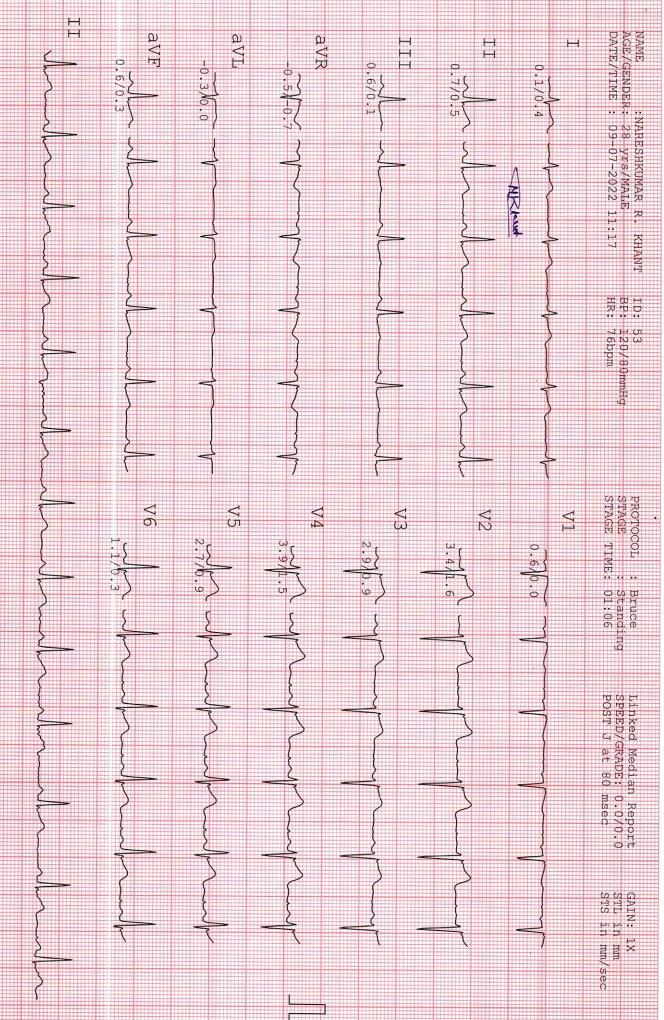
ID: 53

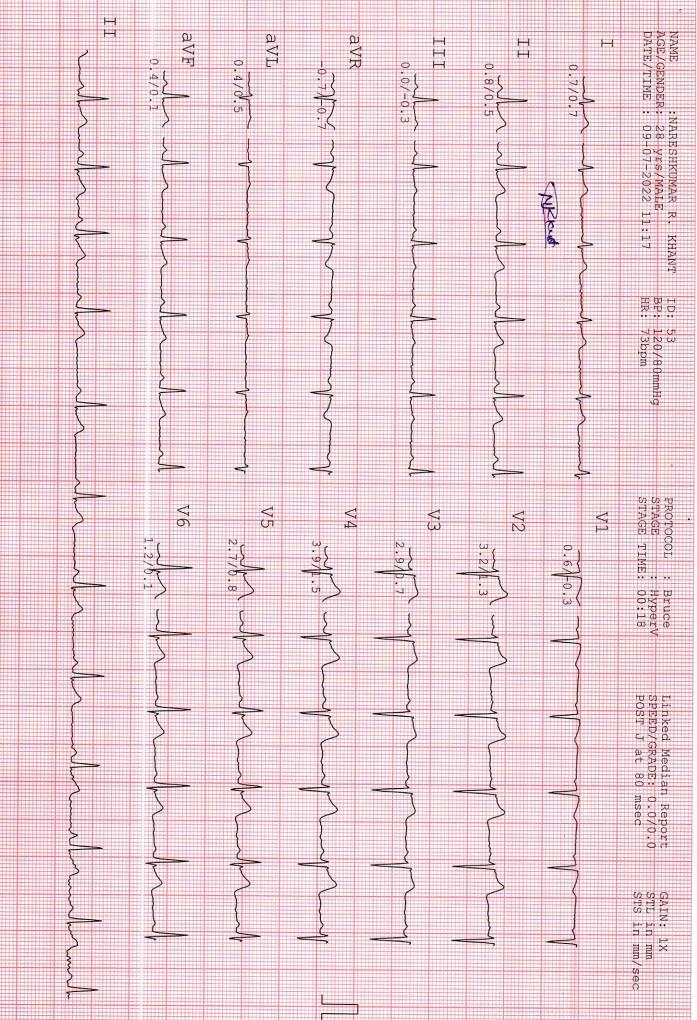
PROTOCOL: Bruce
WEIGHT: 62 Kg.

Summary report REF. BY:
DATE/TIME: 09-07-2022 11:17 SMOKER: Non Smoker

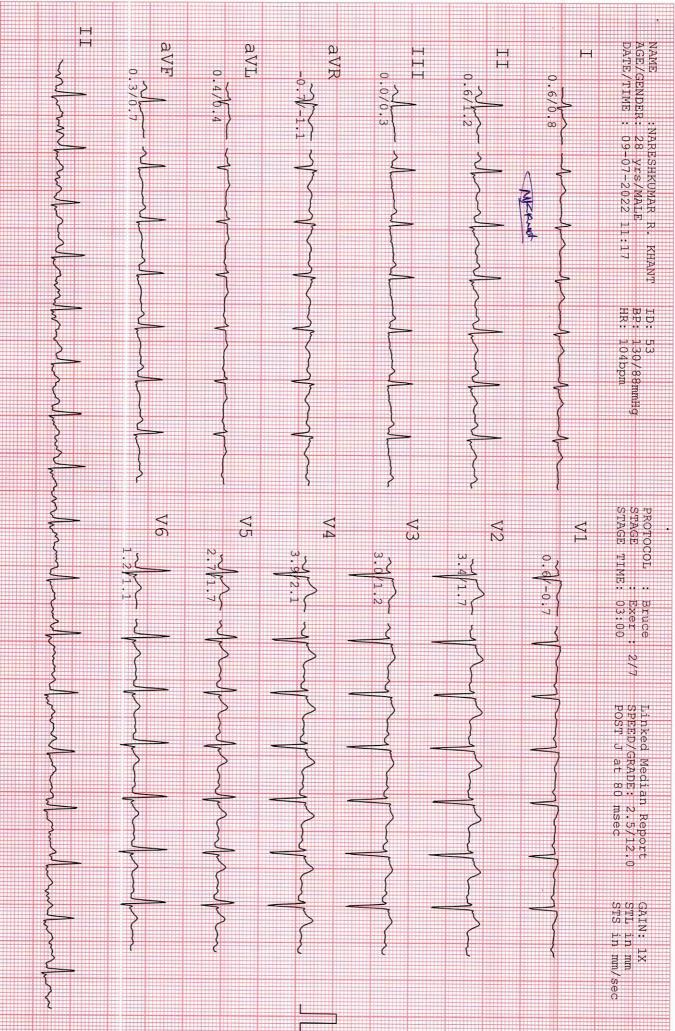
HR bpm BP mmHg Speed(mph)/G Load RPP II V2    120/80	RECOVERY	Recovery		Recovery			Recovery (	Recovery (	Recovery (			: 5/7	11111	Exer: 3/7	Exer : 2/7	Exer : 1/7	НурекV	Standing			Stage
Spm BF mmHg         Speed(mph)/G         Load         RPP         II         V2           120/80         0.0/0.0         1.0         8.64         0.6/0.1         3.0/1.1           120/80         0.0/0.0         1.0         9.12         0.7/0.5         3.4/1.6           120/80         0.0/0.0         1.0         9.12         0.7/0.5         3.2/1.3           120/80         0.0/0.0         1.0         9.12         0.8/0.5         3.2/1.3           120/80         0.0/0.0         1.0         9         0.8/0.5         3.2/1.3           120/80         0.0/0.0         4.8         12.348         0.8/0.5         3.2/1.3           136/92         1.7/10.0         4.8         13.39         0.6/1.2         3.4/1.7           130/88         2.5/12.0         6.8         13.39         2.2/2.0         3.4/1.7           136/92         4.2/16.0         12.2         22.712         0.4/4.5         4.2/4.0           136/92         5.0/18.0         12.2         22.712         -2.1/-0.9         3.6/7.6           136/92         0.0/0.0         1.0         17.483         3.3/4.5         7.2/6.4           136/92         0.0/0.0         1.0         12.96<	09-24	9:00	8:00	7:00	6:00	)5:00	04:00	03:00				00:06	03:00			03:00	00:18	01:06	00:12	Min:Sec	Time
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V5  2.5/0.5  2.7/0.9  2.7/1.1  2.5/1.1  2.5/1.1  2.7/1.7  2.3/2.5  3.5/4.8  3.5/4.8  3.5/4.8  1.6/2.4  1.6/2.4  1.6/2.4  1.6/2.4  1.4/1.1  2.0/0.5	) ,	3.2/1.3	3.1/1.2	3.1/1.3	3.0/1.5	3.1/1.1	3.0/1.3	3.4/1.7	5.1/3.6	7.2/6.4	3.6/7.6	3.7/2.4	4.2/4.0	3.6/2.5	3.4/1.7	2.8/1.2	3.2/1.3	3.4/1.6	3.0/1.1		22
	)	2.4/0.9	2.0/0.5	2.0/0.5	1.4/1.1	1.6/0.4	1.8/0.8	1.6/2.4	4.4/3.6	6.3/7.0	3.2/6.4	2.5/4.9	3.5/4.8	2.3/2.5	2.7/1.7	2.5/1.1	2.7/0.8	2.7/0.9	2.5/0.5		ν5







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almalmalmalmalmalmalma				V3 2.9/0.7 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	V1 0.7/-0.3 7/ m/	PROTOCOL : Bruce Linked Median Report GAIN: 1X STAGE : Exer : 1/7 SPEED/GRADE: 1.7/10.0 STL in mm STAGE TIME: 03:00 POST J at 80 msec STS in mm/sec



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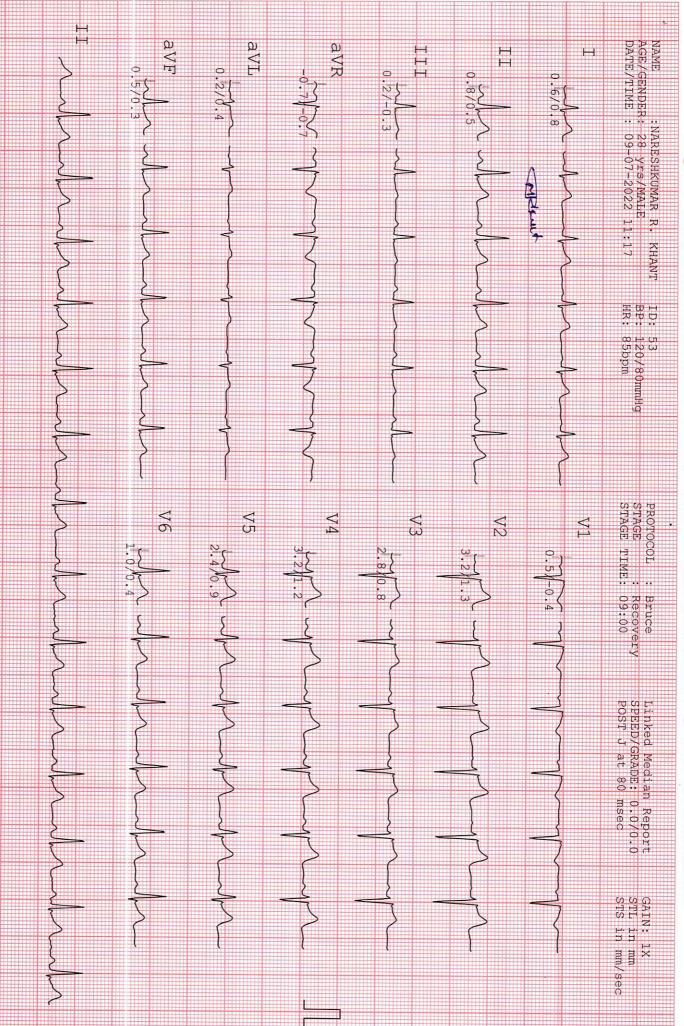
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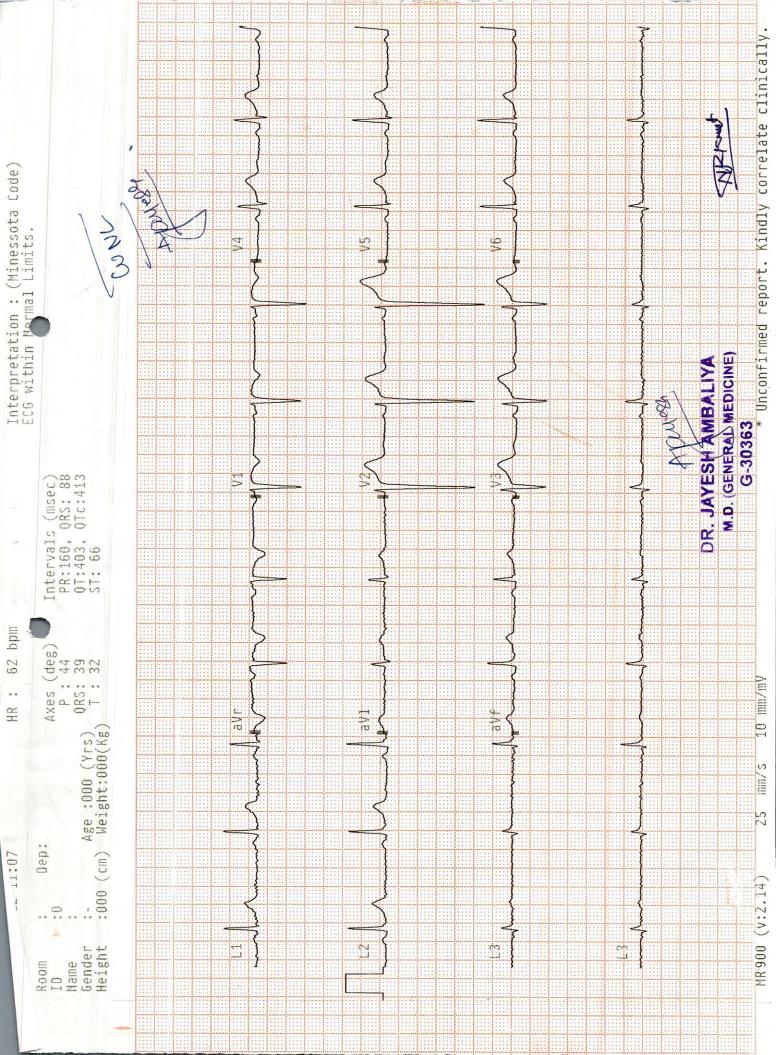
II Im My Manhandhand Mandand Mandandhandhandhandhandhandhandhandhandha	aVF 1.4/8.9/m Mwahwahwahwahwahwahwahwahwa	aVII	avr	III	II  2.2/2.0 Mardhardhardhardhardhardhardhardhardhardh	**NAME :NARESHKUMAR R. KHANT ID: 53 **AGE/GENDER: 28 yrs/MALE
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MAMMAMMAMMAMMAMMAMMAMMAMMAMMAMMAMMAMMAM					VI 2.W.3. THE WALLE	PROTOCOL : Bruce Linked Median Report GAIN: 1X STAGE : Peak SPEED/GRADE: 5.0/18.0 STL in mm STAGE TIME: 00:06 POST J at 80 msec STS in mm/sec

aVF	aVL 0.2/6.4 ~/~~/~~/~~/~	aVR _0.4\_1.2 ~\\				. NAME : NARESHKUMAR R. KHANT I AGE/GENDER: 28 YES/MALE DATE/TIME : 09-07-2022 11:17
V6 0.5/0.	V5	74 3.4/2	V3 3.1/1	W2 3.4/1	-18:0 V1	ID: 53 BP: 135/92mmHg PROTOCOL : HR: 96bpm STAGE TIME:
					0.5	Bruce Linked Median Report Recovery SPEED/GRADE: 0.0/0.0 03:00 POST J at 80 msec
\(\)						GAIN: 1X STI in mm STS in mm/sec

aVF 0.4/0.4~ ~	aVL 0.2/0.5	aVR 		0.7/1.1		NAME : NARESHKUMAR R. KHANT AGE/GENDER: 28 Yrs/MALE DATE/TIME : 09-07-2022 11:17
					NIZ Lower Toward	H B II F D
V6	V5	V4	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	V2	V1	53 123/90mmHg PROT 925pm STAG
Jun Jun (0.0/1.0)	1.4/1.1 Who well	2.001.3	1.7/0.5	3:0/1.5	0.3/-0.7	PROTOCOL : Bruce STAGE TIME: 06:00 PO
						Linked Median Report SPEED/GRADE: 0.0/0.0 POST J at 80 msec
						GAIN: 1X STL in rum STS in rum/sec















M: 9327096091

: Nareshkumar Khant Patient Name

Age/Sex: 28 Years/Male Registration On:09/07/2022/11:48 Sample No.. : 7757

Approved On :09/07/2022 16:29 Reffered : Bank Of Baroda

#### THYROID FUNCTIONS

<u>TEST</u>	RESULT	<u>UNIT</u>	NORMAL VALUE
Serum T3 :	1.52	ng/dl	0.6 - 1.80 ng/dl
Serum T4 :	7.81	microgm/dl	5.2 - 12.7microgm/dl
Serum T.S.H:	1.29	microU/ml	0.3 - 4.5 microU/ml

#### **COMMENTS:**

TSH levels may be affected by acute illness and drugs like doapamine and gluco corticoids.

Low or undetectable TSH is suggestive of Grave~s disease

TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism.

TSH suppression does not reflect severity of hyperthyroidism therefore, measurement of FT3, FT4 is important.

FreeT3 is first hormone to increase in early Hyperthyroidism.

Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3, FreeT4 along with TSH should be checked. During pregnancy clinically T3 T4 can be high and TSH can be slightly low

> **PATHOLOGIST** DR. D. K. PATEL (M.D. Path)

**G- 11663** Page 1 of 9

M: 93:27096091



Patient Name : Nareshkumar Khant

Sample No.. : 7757 : Bank Of Baroda Reffered

Age/Sex : 28 Years/Male Registration On:09/07/2022/11:48 Approved On :09/07/2022 15:46

### **COMPLETE BLOOD COUNT**

Test BLOOD COUNT		Sample : Result Unit		Biological Ref. Interval		
Hemoglobin	colorimetric	13.9	g/dL	13 - 17		
R.B.C Count	Electrical impedance	6.28	mill/cmm	4.5 - 5.5		
W.B.C Count	Electrical impedance	5.4	10³/uL	4.0 - 10.0		
Platelet Count	Electrical impedance	241	10³/uL	150 - 450		
DIFFERENTIAL COUNT						
Polymorphs	Microscopic	61	%	60 - 70		
Lymphocytes	Microscopic	36	%	20 - 40		
Eosinophils	Microscopic	01	%	1 - 6		
Monocytes	Microscopic	02	%	2 - 10		
Basophils	Microscopic	00	%	0 - 2		
<b>BLOOD INDISES</b>						
HCT	Rbc Histogram	44.9	%	40 - 50		
MCV	Calculated	<u>71.5</u>	fl	80 - 100		
MCH	Calculated	<u>22.1</u>	pg	27 - 32		
MCHC	Calculated	<u>31</u>	g/dl	32 - 36		
RDW-CV	Calculated	14.2	%	10 - 16.5		

#### **PERIPHERAL SMEAR EXAMINATION**

SMEAR RBC Line 1: Normochromic normocytic red cells.

**SMEAR Platelets: Adequate** 

**Erythrocyte sedimentation rate** 

Page 2 of 9

ESR AT 1 hour mm/Hour westergren 07 00 - 15

### The Hame U Can Trust



M: 93:27096091 M: 9377658500

Patient Name : Nareshkumar Khant

Sample No.. : 7757 Reffered : Bank Of Baroda

Age/Sex : 28 Years/Male Registration On:09/07/2022/11:48 Approved On :11/07/2022 15:18

### **BLOOD GROUP**

<u>Test</u> Result

:"B" **BLOOD GROUP** 

**RH GROUP** : POSITIVE.



M: 9327096091 M: 9377658500



Patient Name : Nareshkumar Khant

Age/Sex : 28 Years/Male Registration On:09/07/2022/11:48 : 7757 Sample No.. Reffered : Bank Of Baroda Approved On :09/07/2022 17:51

# **COMPLETE BLOOD CHEMISTRY**

<u>Test</u>	Result	<u>Unit</u>	Normal Range	
S. Cholesterol	: 187.8	mg/dl	Desirable: < 200 Borderline High: 200 - 239 High: > 240	
Serum Triglycerides	: 134.9	mg/dl	Normal :Normal < 150 Borderline : 150 - 199 High : > 200	
HDL Cholesterol	: 41.7	mg/dl	40 - 60 mg/dl	
Serum LDL Cholesterol	: 119.12	mg/dl	Up to 150	
(Calculated) Cholesterol/HDLC Ratio	: 4.5	mg/dl	Up to 5.0	
(Calculated) Serum VLDL Chlesterol	: 26.98	mg/dl	Up to 35	
(Calculated) LDLC/HDLC Ratio	: 2.86	mg/dl	Up to 3.4	
(Calculated) Total Lipid (Calculated)	: 633.52	mg/dl	400 - 1000 mg/dl	
S. Bilirubin (Total)	: 0.68	mg/dl	up to 1.2	
S. Bilirubin (Direct)	: 0.15	mg/dl	up to 0.2	
S. Bilirubin (Indirect)	: 0.53	mg/dl	up to 1.0	
SGOT	: <b>42.9</b>	U/L	up to 40	
SGPT	: 40.4	Page 4 of 9 U/L	up to 42	
GGT	: 32.7	U/L	12 - 64	
S.Alkaline Phosphatase	: 89.3	U/L	40 - 129	
Total Proteins	: 6.86	g/dl	6.0 - 8.3	
Albumin	: 4.06	g/dl	3.5 - 5.2	
Globulins	: 2.8	g/dl	2.4 - 3.7	
AGRATIO	: 1.45			



## The Hame U Can Trust



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> **PATHOLOGIST** DR. D. K. PATEL (M.D. Path) G- 11663

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## **Glycosylated HB - (HBAIC)**

<u>Test</u>	<u>Result</u>	<u>Unit</u>	Biological Ref Interval
HBA1C: (Immunoturbidimetric)	4.7	%	Normal : <= 5.6 Prediabetes : 5.7 - 6.4 Diabetes : > = 6.5 DIABETES CONTROL CRI

6 - 7: Near Normal Glycemia

< 7 : Goal

7 - 8 : Good Control >8 : Action Suggested

Mean Blood Glucose: 88.19 mg/dl

#### Criteria for the diagnosis of diabetes

- HbA1c >/= 6.5 \*
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
- Two hour plasma glucose >/= 200mg/dL during an oral glucose tolerence test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose>/= 200 mg/dL. \*In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeattesting. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

#### Limitation of HbA1c

1) In patients with Hb variants even analytically correct results do not reflect the same level of glycemic control that would be expected in patients with normal population. 2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values. 3) Glycated HbF is not detected by this assay and hence specimens containing high HbF (>10%) may result in lower HbA1c values than expected.

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DR. D. K. PATEL (M.D. Path)

G- 11663





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# BLOOD SUGAR LEVEL

Specimen:

TestResultUnitBiological Ref. IntervalFasting Blood Sugar:89.84mg/dl70-110

Post Prandial Blood Glucose: 97.6

mg/dl 100 - 150

(GOD-POD)

American Diabetes Association Reference Range:

Normal: < 100 mg/dl

Impaired fasting glucose(Prediabetes): 100 - 126 mg/dl

Diabetes: >= 126 mg/dl

Conditions that can result in an elevated blood glucose level include: Acromegaly, Acute stress (response to trauma, heart attack, and stroke for instance), Chronic kidney disease, Cushing syndrome, Excessive consumption of food, Hyperthyroidism, Pancreatitis A low level of glucose may indicate hypoglycemia, a condition characterized by a drop in blood glucose to a level where first it causes nervous system symptoms (sweating, palpitations, hunger, trembling, and anxiety), then begins to affect the brain (causing confusion, hallucinations, blurred vision, and sometimes even coma and death). A low blood glucose level (hypoglycemia) may be seen with: Adrenal insufficiency, Drinking excessive

alcohol, Severe liver disease, Hypopituitarism, Hypothyroidism, Severe infections, Severe heart failure, Chronic kidney (renal) failure, Insulin overdose, Tumors that produce insulin (insulinomas), Starvation.

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Age/Sex: 28 Years/Male

: Nareshkumar Khant Patient Name

Sample No.. Registration On:09/07/2022/11:48 : 7757 Approved On :09/07/2022 17:52 Reffered : Bank Of Baroda

#### **URINE EXAMINATION**

**PHYSICAL** 

Colour **Pale Yellow Deposits Absent** Transparency Clear Reaction **Acidic** 

Sp. Gravity 1.004

**CHEMICAL** 

Albumin **Absent** Sugar **Absent** Bile Salts **Absent** Bile Pigments **Absent** 

MICROSCOPIC: ( After centrifugation at 2000 r.p.m. for 5 minutes )

Pus Cells Not seen /h.p.f. Red Cells Not seen /h.p.f.

**Epithelial Cells** - **1 - 2** /h.p.f. Casts Not seen/l.p.f. Crystals Not seen Amorphous Not seen



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# **Kidney Function Test**

<u>Test</u>	Result	<u>Unit</u>	Normal Range
S. Uric Acid:	5.7	mg/dl	3.2 - 7.2 mg/dl
Sr. Creatinine:	0.73	mg/dl	0.6 - 1.2 mg/dl
Urea:	13.6	mg/dl	10 - 50 mg/dl
Bun/Creat Ratio:	8.71		

Intrinsic renal damage ( < 40: 1)