



SWAMINARAYAN HOSPITAL

NCD CLINIC & COUNSELLING CENTER

Dr. Jagdish Dhanji Halai

NAME : JAGDISHBHAI DADAL

AGE/SEX : 55/MALE
MBBS, D. Cardiology & Diabetology

DATE : 24.06.2023

REF BY: ROHA HEALTH CARE

2D ECHO AND COLOUR DOPPLER STUDY

FINAL IMPRESSION:

K/C/O IHD , DM, HTN

• MILD LV SYSTOLIC DYSFUNCTION WITH NORMAL LV SIZE.

• LVEF : 45.00 %, RWMA PRESENT AT REST.

TRIVIAL TR, TRIVIAL AR, TRIVIAL MR.

• NO PAH, NORMAL RA/RV. NORMAL LA.

• GRADE I DD, REDUCED LV COMPLAINECE.

• NORMAL RV FUNCTION. NORMAL RA/RV SIZE.

• NO ASD, NO VSD, NO PDA. NO PE.

• IVC : NORMAL.

NOTE :

NO CHD, NO SHD, NO VHD

Dr. Jagdish Dhanji Halai
MBBS, D. Cardiology & Diabetology
CLINICAL CARDIOLOGIST
Reg.No.G 42676
Sr.No.D-19188

नाम नोद्यामा माटे Appointment : 74074 98098

Education is Foundation For Prevention, Prevention is better than cure

स्वतःस्फुर्णा : स्वाद आजादीनो - Swata:Sfurna : The taste of Freedom



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2D ECHO AND COLOUR DOPPLER STUDY

MITRAL VALVE	: NORMAL.
AORTIC VALVE	: NORMAL.
PULMONARY VALVE	: NORMAL.
TRICUSPID VALVE	: NORMAL.
AORTA	: ROOT: 18.00 MM AND AORTA ST JUNCTION: 22.00 MM. NORMAL ARCH AND WHOLE AORTA FROM ORIGINE TO BIFURCATION.
LA	: 32 MM
LV- D/LV-S	: 38/25 MM.
LVEF	: 45.00 %, RWMA PRESENT AT REST.
IVS	: INTACT, IVS: 10.00 MM.
IAS	: INTACT, PW: 10.00 MM.
AOVP	: 1.48 M/SEC. PVP: 0.86 M/SEC.
RA AND RV	: NORMAL, PA: NORMAL
RVSP	: TR JET + RA MEAN PRESSURE: 20 MM HG TAPSE: 19.60 MM
COLOR DOPPLER STUDY	: TRIVIAL MR, TRIVIAL TR, PR : +, TRIVIAL AR. NO AS, NO MS, NO TS, NO PS. ALL VLVES ARE NORMAL WITH NORMAL HEMODYNAMIC.
MVIS	: VE/VA < 1, NO PERICARDIAL EFFUSION. SEC IN IVC NOTED. NO VSR, NO SCAR, NO CLOT, NO VEGETATION. NO THROMBUS IN LV/LVA.

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KUTCH

RADIOLOGY & IMAGING CENTRE

(A Division of KRIC Radio Diagnostic Pvt. Ltd.)

• Email : kric2008@gmail.com • Website : www.kric.in

Dr. Kripalsinh Jadeja

M.B., D.M.R.E.

Consultant Radiologist

Dr. Bhaven Shah

M.D.

Consultant Radiologist

Patient Name : JAGDISHBHAI DADAL

MR No : D89583

Modality : US

Gender : M

Age : 53YY

Date : 24/06/2023

Referred By : ROHA HEALTH CARE

USG : ABDOMEN & PELVIS

LIVER : appears normal in size and echotexture. No evidence of focal or diffuse lesion. No evidence of dilated IHBR. PV and CBD appear normal in calibre.

GALL BLADDER : appears normal. No intrinsic lesion seen.

PANCREAS : appears normal in size and echotexture. No focal mass lesion or changes of pancreatitis seen.

SPLEEN : appears normal in size and echotexture. No evidence of focal or diffuse lesion.

BOTH KIDNEYS : appear normal in size and echotexture with preservation of corticomedullary differentiation. No evidence of calculus, hydronephrosis or mass lesion involving either kidney.

RK: 10.9 x 4.1 cm LK: 10.3 x 4.7 cm

URINARY BLADDER : appears normal. No intrinsic lesion seen.

PROSTATE: Appears normal in size and measures: 3.4 x 2.3 x 3.2 cm , Weight: 13.2 gm.

No e/o Ascites or paraaortic lymphadenopathy seen.

CONCLUSION:

*** NORMAL SONOGRAPHY OF LIVER, GB, SPLEEN, PANCREAS, BOTH KIDNEYS , U.BLADDER & PROSTATE.**

ADV: Clinical correlation and further Investigation.Thanks for ref...

Dr. BHAVEN SHAH

M.D

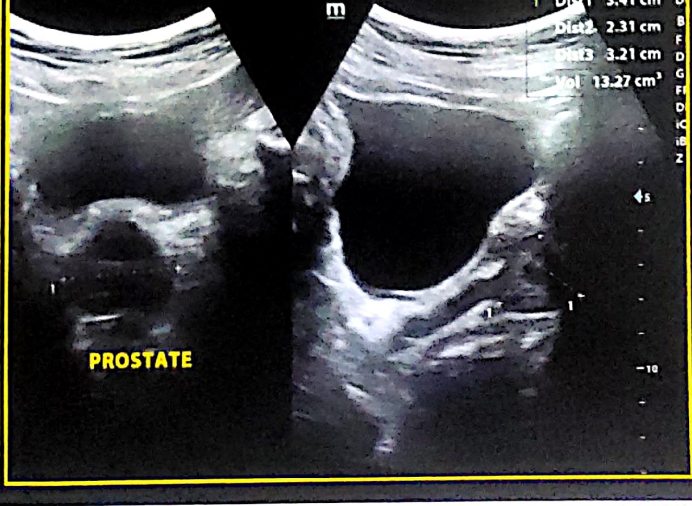
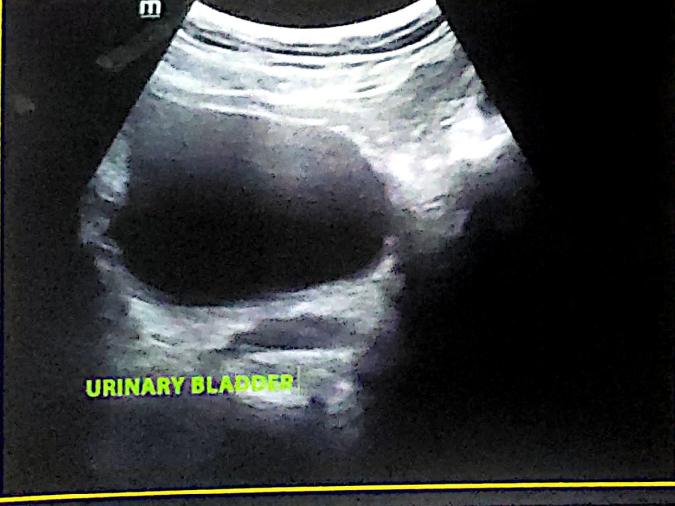
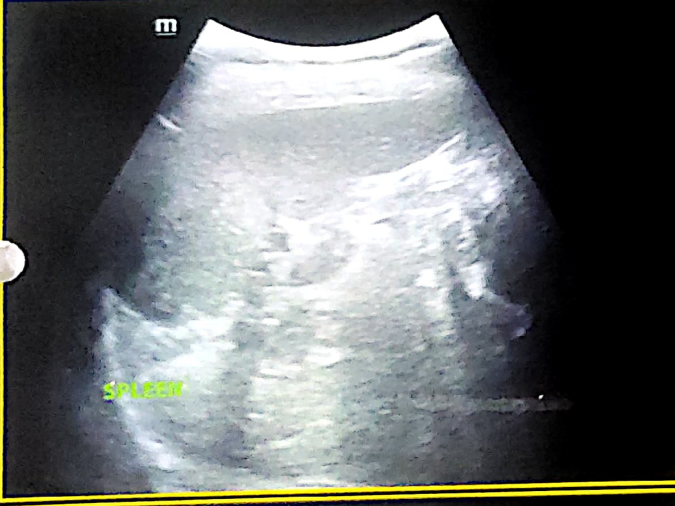
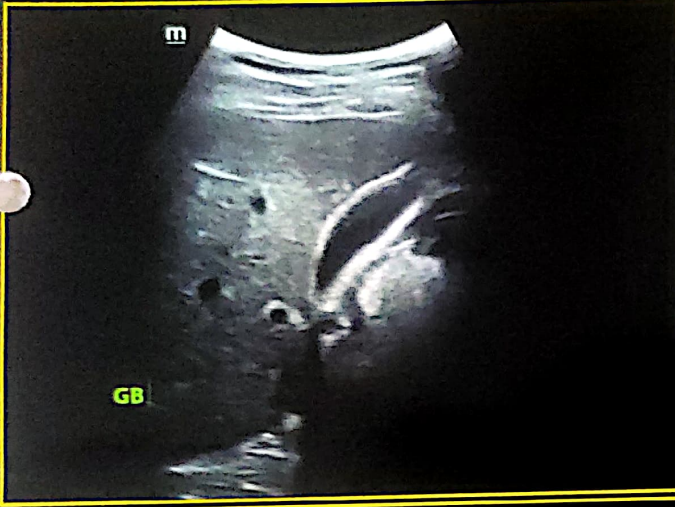
RADIOLOGIST

KRICBHUJ

1.5 TESLA 196 CHANNEL MRI | 16 SLICE MDCT SCAN | 3D & 4D USG | COLOUR DOPPLER | DIGITAL X-RAY | MAMMOGRAPHY | CBCT | OPG

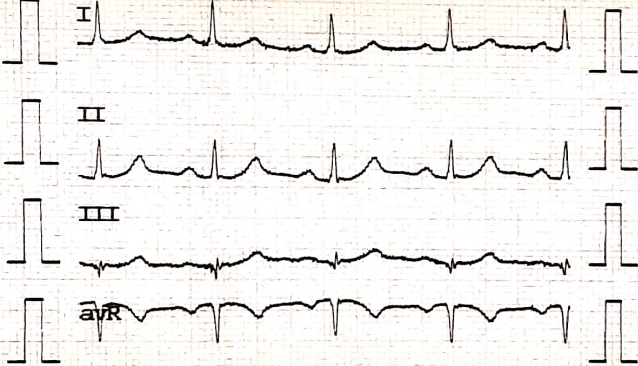
“KRIC”, PLOT NO. 76/B, BANKER'S COLONY, MUNDRA ROAD, OPP. JUBILEE GROUND, BHUJ - KUTCH. PINCODE - 370001.
PH. : 02832 - 222178, Mob. : 84870 22178, **AMBULANCE : 81281 99249.**

24 Jun 2023 Study : ABD
Name : JAGDISHBHAI DADAL 053Y / M



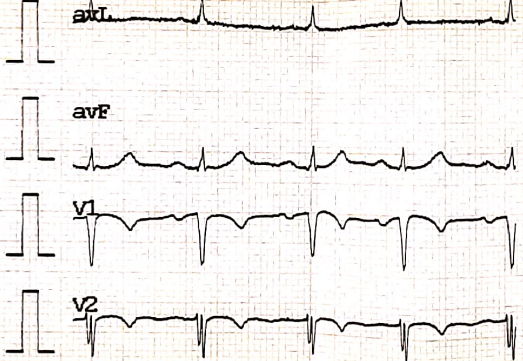
D
B
F
D
G
F
D
C
B
Z

25mm/s 10mm/mV



NONE

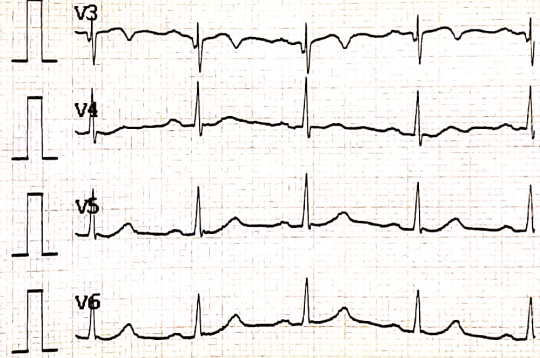
25mm/s 10mm/mV



NONE

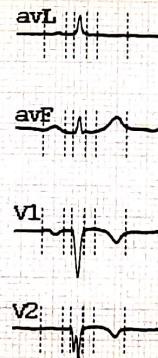
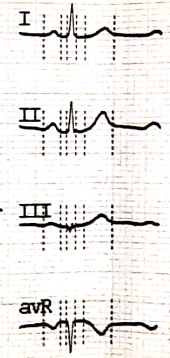
BPL

25mm/s 10mm/mV

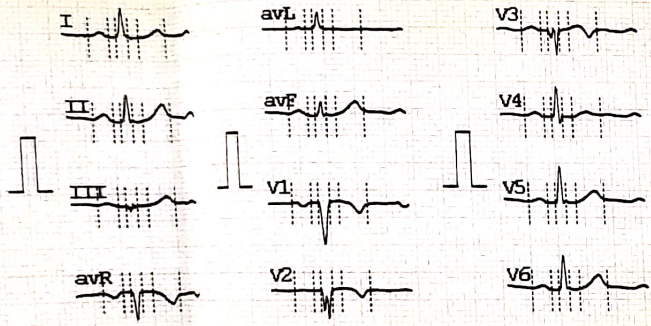
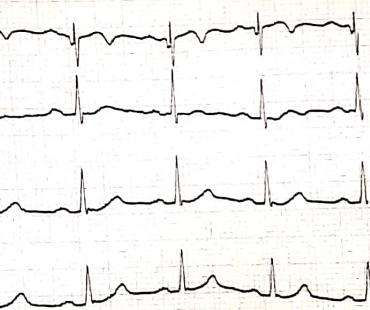


NONE

CARDIART



SPL
s 10mm/mV



Date : 2000-01-01 04:43:44
ID : 0000011
Name :
Sex :
Age :
Weight :

HR (bpm) : 84
PR (ms) : 188
P (ms) : 136
QRS (ms) : 78
T (ms) : 200
QT/QTc (ms) : 348/410
P/QRS/T : 57.8/37.6/65.5
R (V5)/S (V1) (mV) : 0.661/0.000
R (V5)+S (V1) (mV) : 0.661

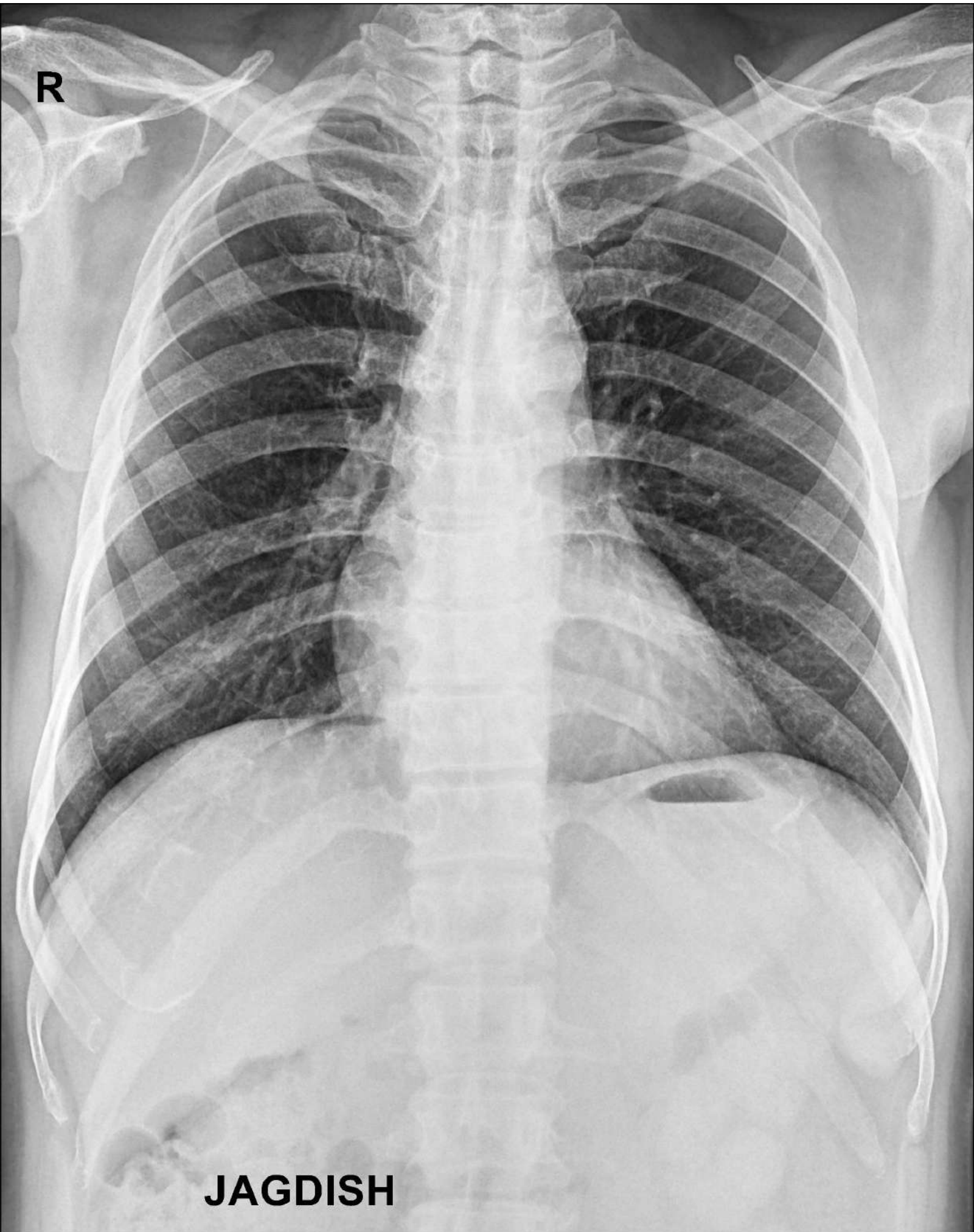
Handwritten notes: 2000/01/01 04:43:44, 1080/551m

<<Conclusion>>
Cardiac electric axis normal
old anteroseptal MI



<<Report need physician confirm>>

CARDIART



R

JAGDISH



SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTI SPECIALITY CLINICS

Patient Name , JAGDISH
MR No : 24062304
Modality : DX
Gender : M
Age: 55Y2DY
Date :24/06/2023
Referred By : ROHA HEALTH CARE

RAY CHEST (PA)

Both the lung fields do not reveal any parenchyma' abnormality.

Both CP angles are clear.

Cardiac size is within normal limits.

Both domes of the diaphragm appear normal.

Bony thoracic cage appears normal.

CONCLUSION:

NO SIGNIFICANT ABNORMALITY DETECTED.

ADV: Clinical correlation and further investigation. Thanks for ref...

A handwritten signature in black ink, appearing to read "BShah".

Dr.BHAVEN SHAH
M.D
RADIOLOGIST



SPECIALITY LAB | DIAGNOSTIC SERVICES | MULTISPECIALITY CLINICS

Patient Name : MR. JAGDISH GANGARAM DALAL
Age / Gender : 55 years / Male
Patient ID : 12003
Source : Apollo Health Check Network

LAB DIVISION

Referral : SELF
Collection Time : 24/06/2023, 02:54 PM
Receiving Time : 24/06/2023, 02:55 PM
Reporting Time : 24/06/2023, 04:18 PM
Sample ID : 
rh06234

Test Description	Value(s)	Reference Range	
<u>CBC</u>			
<u>RBC Parameters</u>			
Hemoglobin	10.2	13.5 - 18.0	g/dL
RBC Count	4.88	4.7 - 6.0	mill/ul
PCV HCT	33.8	42 - 52	%
MCV	69.2	78 - 100	fL
MCH	20.9	27 - 31	pg
MCHC	30.2	32 - 36	gm/dL
RDW	17.0	11.5 - 14.0	%
<u>WBC Parameters</u>			
Total WBC Count	7660	4000 - 10000	/ul
<u>Differential WBC Count</u>			
Neutrophils	61	40 - 70	%
Lymphocytes	30	20 - 40	%
Eosinophils	04	01 - 06	%
Monocytes	05	02 - 10	%
Basophils	00	00 - 02	%
<u>Platelets Parameters</u>			
Platelet Count	319	150 - 450	10 ³ /μL

END OF REPORT




Dr. Jaydip Gorani
MD Path

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2. The values are to be corroborated with clinical findings and any alarming or unexpected results should be referred to this lab urgently.
3. These reports are not valid for medico legal purposes.



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Test Description	Value(s)	Reference Range
Peripheral Blood Smear		
RBC	RBC are predominantly Normocytic Normochromic. Microcytic Hypochromic RBC with few Elyptocytes are seen.	
WBC	WBC shows normal morphology.	
Platelet	Platelets are adequate with normal morphology.	
Parasites-	Malarial Parasite is not detected.	
Remarks-	Normocytic Normochromic anemia.	
Note-	Adv- S.Iron profile	

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Test Description	Value(s)	Reference Range	
<u>Liver Function Test + GGT</u>			
Bilirubin - Total Method : DIAZO	0.52	<2.0	mg/dl
Bilirubin - Direct Method : DIAZO	0.19	0.0 - 0.40	mg/dL
Bilirubin - Indirect Method : Calculated	0.33	0.00-0.90	mg/dL
SGOT Method : IFCC W/O PYRIDOXAL PHOSPHATE	16.7	0.0 - 35.00	U/L
SGPT Method : IFCC W/O PYRIDOXAL PHOSPHATE	15.7	0.0 - 45.00	U/L
Alkaline Phosphatase - ALP Method : AMP	56	53.00 - 128.00	U/L
Total Proteins Method : BIURET	7.02	6.40 - 8.30	g/dl
Albumin Method : BCG	4.13	3.50 - 5.20	g/dl
Globulin Method : Calculated	2.89	2.5-3.2	gm/dL
A/G Ratio Method : Calculated	1.43	0.9-2.0	
Gamma GT* Method : GLUPA C	25.9	< 55.00	U/L

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Test Description	Value(s)	Reference Range	
Lipid Profile			
Cholesterol-Total Method : CHOD-PAP	186	< 200	mg/dL
Triglycerides Method : GPO	256.3	< 161	mg/dL
HDL Cholesterol	34.6	35.30 - 79.50	mg/dL

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Sample ID :



rh06234

Test Description	Value(s)	Reference Range
Glycosylated Hb		
HbA1C (Glyco Hb) Method : EDTA Whole blood, TINIA	7.3	Non-Diabetic: <=5.6 Pre Diabetic:5.7-6.4 Diabetic: >=6.5
Estimated Average Glucose :	162.81	mg/dL
Interpretations		
1. HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%		
2. Low glycated 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.		
3. 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
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T3,T4&TSH

T3	1.321	0.69-2.15	ng/mL
T4	57.39	52 - 127	ng/mL
TSH	4.436	0.3- 4.5	μIU/mL

Remark:

Ultra Sensitive 4th generation assay,Reference ranges vary between laboratories

PREGNANCY - REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)

1st Trimester : 0.10-2.50 uIU/mL

2nd Trimester : 0.20-3.00 uIU/mL

3rd Trimester : 0.30-3.00 uIU/mL

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1st Floor, Padmani Tower, Plot No. 04/11/111, V R Nagar, Mirzapar Road, Opp. Commerce College, Bhuj, District Kutch, Gujarat-370001

+91-9310 9595 81 info@rohahealthcare.com www.rohahealthcare.com



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Test Description	Value(s)	Reference Range	
<u>Creatinine</u>			
CREATININE Method : MODIFIED JAFFE'S	0.83	0.70 - 1.30	mg/dl

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Test Description	Value(s)	Reference Range
<u>Blood group</u>		
Blood Group	"O"	
RH Factor	POSITIVE	

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Test Description	Value(s)	Reference Range	
Blood Sugar Fasting			
Glucose fasting Method : Hexokinase	156	70 - 110	mg/dl

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Test Description	Value(s)	Reference Range
Blood Sugar Post Prandial		
Blood Glucose-Post Prandial Method : Hexokinase	181	80 - 140 mg/dl

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Test Description	Value(s)	Reference Range
URINE ROUTINE MICROSCOPY		
Sample	Fresh Urine	
PHYSICAL EXAMINATION		
Quantity	30	mL
Colour	Pale-Yellow	Pale-Yellow / Watery
pH	Acidic	Acidic/Neutral
Specific Gravity	1.015	1.002 - 1.030
CHEMICAL EXAMINATION		
Protein (Albumin)	Absent	Absent
Sugar	Present (Trace)	Absent
Bile Salts	Absent	Absent
Bile Pigment	Absent	Absent
Ketone	Absent	Absent
MICROSCOPIC EXAMINATION		
Pus Cells	3-5	0-5/hpf
Red Blood Cells	Absent	Absent
Epithelial Cells	1-2	
Crystals	Absent	
Amorphous material	Absent	
Casts	Absent	
Trichomonas vaginalis	Absent	
Yeast	Absent	
Bacteria	Absent	Absent

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Test Description	Value(s)	Reference Range	
Urea Nitrogen			
UREA Method : UREASE-GLDH	16.2	18.00 - 55.00	mg/dl
BUN* Method : Serum,Calculated	5.78	7 - 21	mg/dL

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Test Description	Value(s)	Reference Range
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Prostate Specific Antigen

Total PSA Method : CLIA	0.215	< 4	ng/mL
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Interpretation:

- Increased levels are noted in prostate cancer, benign prostatic hypertrophy, prostatitis.
- Generally recommended in : prostatic malignancy.
- Schedule for tumour marker determination
 - Pre-operatively
 - Post operatively - At regular intervals until the values have shown a marked decrease.
- Potential clinical applications of tumour markers are :
 - Prognosis - The level of tumour marker corresponds to the mass of tumour. Moderate elevations are suggestive of better prognosis than persistent high levels.
 - Monitoring - The profile of tumour marker concentration against time can mirror the condition of patients diagnosed to have cancer.
- Tumour marker profile usually reflects one of the following classical patterns :
 - A rapid decline in the concentration following surgery or therapy indicates successful treatment.
 - The lack of a decline to basal level following first line therapy indicates partial success in the treatment.
 - Continue low level of the tumour marker indicates that remission has been maintained.
 - A subsequent rise in the concentration of the tumour marker suggests a recurrence of the disease.
 - If tumour marker concentration remains elevated after treatment, the tumour may be resistant to the therapeutic method and prognosis is poor.
- Interference may be encountered with certain sera containing antibodies directed against reagent components. For this reason, assay results should be interpreted taking into consideration the patient history and the results of any other tests performed.

END OF REPORT



Dr. Jaydip Gorani
MD Path

Note: 1. These reports are mere estimation and are liable to vary/change in different conditions in different laboratories.
2. The values are to be corroborated with clinical findings and any alarming or unexpected results should be referred to this lab urgently.
3. These reports are not valid for medico legal purposes.