

બંક ઓફ બરોડા
Bank of Baroda

Bank of International Remittance



સહી
Name

PRADIPKUMAR R. CHODHARA

સંબંધિત સંખ્યા
E C No.

78283

બંક ઓફ બરોડા
Issuing Authority

સહી
Signature Of Holder

मिलने पर, निम्नलिखित को लौटाना

सहायक महा प्रबंधक (सुरक्षा)

बैंक ऑफ बरोडा कॉर्पोरेट सेंटर

सी-26 जी ब्लॉक बान्द्रा कुरुवा कॉम्प्लेक्स मुंबई-400051 भारत

फोन 91 22 5698 5196 फैक्स 91 22 2852 5747

No.

If found please return to

Asst. General Manager (Security)

Bank Of Baroda, Baroda Corporate Centre

C-26, G-Block, Bandra-Kurva Complex, Mumbai-400 051, India

Phone:- 91 22 5698 5196 F 91 22 2852 5747

रक्त समूह / Blood Group :- O-

पहचानक चिह्न / Identification Marks :- Mole on right shoulder

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

PRADIPKUMAR R GHOGHARA

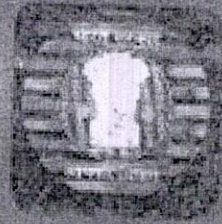
R D GHOGHARA

02/05/1980

Permanent Account Number

AIIPG3486E

R. D. Ghoghar
Signature





UHID No : A39089

Date : 23/06/2022

Name : PRADIPKUMAR RAMESHKUMAR GHOGHARA

Age / Sex : 41 / Male

Doctor : PRE INSURANCE CHEKUP

Address : GANDHINAGAR

Ref. By : SELF

Dr. Jayesh Ambaliya

Mobile No : 9429901710

R_x

41 year old Male came
for routine health
check up

NO fresh complain

Newly onset HTN

UCU < Abdo
Pew's S/O

Right PUI Calculus
15 mm to Hydroureterosis

41/112
BP = 156/100

RS - RCR clear

C/S - S/S @ room

PIA soft not hard

CNS - Pt conscious Resting

Weight : 87.600

H : 163cm

RBS - 277

Elaids - Infected

slight

S-T changes

- URO-surgeon
opinion

Required

- BP monitoring
Regular

- SRD/CFO

- Tab. Telmas 400 100

(15) days.

- follow up to Blood
Reports

DR. JAYESH AMBALIYA
M.D. (GENERAL MEDICINE)

ફાર્મસી રજી. નં. ૨૪૫૧૦૬૩
PRE INSURANCE CHEKUP



PATIENT NAME	PRADIPKUMAR GHOGHRA	DATE	23-Jun-22
SEX / AGE	41/MALE		
REF.BY	DR.JAYESH AMBALIYA		

U.S.G. ABDOMEN & PELVIS

Liver is normal in size (15.3 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 (12.3 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.

Right renal pelviuretric junction calculus of 15 mm size with proximal mild hydronephrosis.

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

Right kidney:125 X50 mm

Left kidney:126 X 98 mm

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

Prostate is normal in size (21 CC) with normal echotexture.

ON HIGH FREQUENCY PROBE:

- No evident dilatation or wall thickening of visualized bowel loops is noted.
- No evident enlarged para-aortic lymphadenopathy is seen.
- No evidence of free fluid noted in abdomen and pelvis.

IMPRESSION:

- **Right PUJ calculus of 15 mm size with proximal mild hydronephrosis.**
- **Grade I fatty liver without evident focal lesion.**

DR AJAY CHAUDHARI
M.D. RADIOLOGIST (FMF)

DR SIDDHARTH ZALA
M.D. RADIOLOGIST (FSIR)

DR TUSHAR THAKOR
M.D. RADIOLOGIST

• ફિઝિશિયન
• ઓર્થોપેડિક
• આઈ.સી.યુ.
DR. AJAY S. CHAUDHARI
MD RADIODIAGNOSIS
REG. G-51263

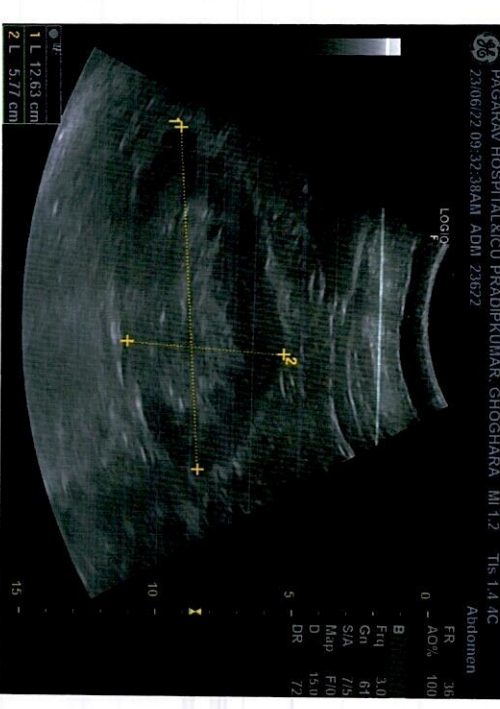
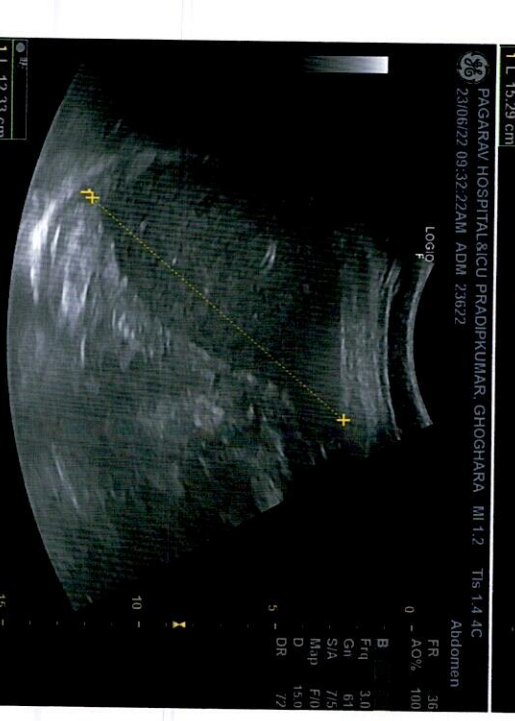
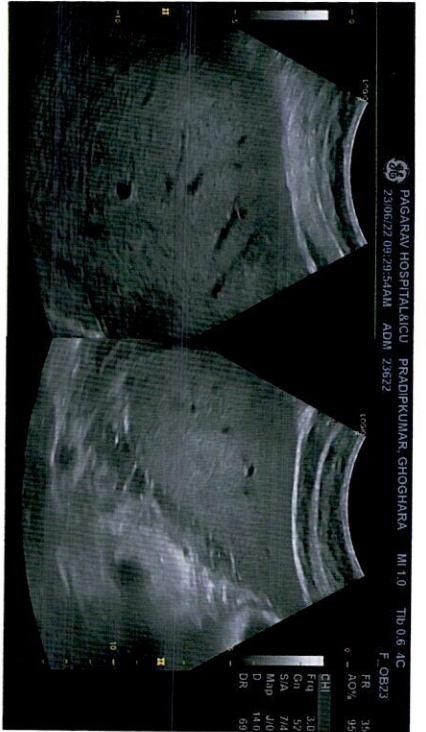
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• પેથોલોજી
• ગાયનેક

• એનેસ્થેશિયા
• કાન-નાક-ગળા વિભાગ

• ફિઝિયોથેરાપી
• મનોરોગ વિભાગ

કેશલેસ અને મેડીકલેમની સુવિધાઓ ઉપલબ્ધ

ફાર્મસી ૨૪ X ૭



PAGARAW HOSPITAL & ICU PRADIPKUMAR GHOSHARA MI 1.0 Tib 0.6 4C
 23/06/22 09:29:54AM ADM 23622
 F_OB23
 FR 36
 AO% 99
 CHL
 B Frq 3.0
 Gn 52
 S/A 7/4
 Map 2/0
 D 15.0
 DR 69

PAGARAW HOSPITAL & ICU PRADIPKUMAR GHOSHARA MI 0.9 Tib 0.6 4C
 23/06/22 09:30:09AM ADM 23622
 F_OB23
 FR 37
 AO% 90
 CHL
 B Frq 3.0
 Gn 52
 S/A 7/4
 Map 2/0
 D 15.0
 DR 69

PAGARAW HOSPITAL & ICU PRADIPKUMAR GHOSHARA MI 0.8 Tib 0.5 4C
 23/06/22 09:30:47AM ADM 23622
 F_OB23
 FR 28
 AO% 93
 CHL
 B Frq 3.0
 Gn 52
 S/A 7/4
 Map 2/0
 D 18.0
 DR 69

PAGARAW HOSPITAL & ICU PRADIPKUMAR GHOSHARA MI 1.2 Tib 1.4 4C
 23/06/22 09:31:13AM ADM 23622
 Abdomen
 FR 36
 AO% 100
 Logp
 B Frq 3.0
 Gn 61
 S/A 7/5
 Map F/0
 D 15.0
 DR 72

PAGARAW HOSPITAL & ICU PRADIPKUMAR GHOSHARA MI 1.2 Tib 1.4 4C
 23/06/22 09:31:21AM ADM 23622
 Abdomen
 FR 36
 AO% 100
 Logp
 B Frq 3.0
 Gn 61
 S/A 7/5
 Map F/0
 D 15.0
 DR 72

PAGARAW HOSPITAL & ICU PRADIPKUMAR GHOSHARA MI 1.2 Tib 1.4 4C
 23/06/22 09:32:22AM ADM 23622
 Abdomen
 FR 36
 AO% 100
 Logp
 B Frq 3.0
 Gn 61
 S/A 7/5
 Map F/0
 D 15.0
 DR 72

PAGARAW HOSPITAL & ICU PRADIPKUMAR GHOSHARA MI 1.2 Tib 1.4 4C
 23/06/22 09:32:30AM ADM 23622
 Abdomen
 FR 36
 AO% 100
 Logp
 B Frq 3.0
 Gn 61
 S/A 7/5
 Map F/0
 D 15.0
 DR 72

PAGARAW HOSPITAL & ICU PRADIPKUMAR GHOSHARA MI 1.2 Tib 1.4 4C
 23/06/22 09:33:21AM ADM 23622
 Abdomen
 FR 36
 AO% 100
 Logp
 B Frq 3.0
 Gn 61
 S/A 7/5
 Map F/0
 D 15.0
 DR 72

PAGARAW HOSPITAL & ICU PRADIPKUMAR GHOSHARA MI 1.2 Tib 0.5 4C
 23/06/22 09:36:00AM ADM 23622
 Abdomen
 FR 34
 AO% 100
 Logp
 B Frq 4.0
 Gn 62
 S/A 7/4
 Map F/0
 D 15.0
 DR 72

1 L 12.63 cm
 2 L 5.77 cm

1 d1 3.23 cm
 2 d2 3.96 cm
 3 d3 3.77 cm
 4 d4 4.18 ml

1 L 1.51 cm



Paggarav

Hospital & I.C.U.



AN ISO
9001:2015
CERTIFIED

UHID No : A39089

Date : 23/06/2022

Name : PRADIPKUMAR RAMESHKUMAR GHOGHARA

Age / Sex : 41 / Male

Doctor : PRE INSURANCE CHEKUP
Dr. Donika Patel

Address : GANDHINAGAR

Ref. By : SELF

Mobile No : 9429901710

R_x

Weight : 87.600

AR $\left\{ \begin{array}{l} -1.25/-1.00 \times 29 \\ -1.25/-1.50 \times 163 \end{array} \right.$

D_{unt} $\left\{ \begin{array}{l} 611x, 616e^- -1.25/-0.75 Dayl \times 30 \\ 6124, 616e^- -1.50 | -1.00 Dayl \times 160 \end{array} \right.$

Non $\left\{ \begin{array}{l} | No e^- same \end{array} \right.$

Colour $\left\{ \begin{array}{l} | 12/17 platm \\ vision \\ Normal \end{array} \right.$

CBII pupil central R-2



- ફિઝિશીયન
- રેડી: ઓલોજી
- એન. આઈ. સી. યુ.
- ડેન્ટલ
- પીડિયાટ્રીક
- ઓર્થોપેડીક
- જન લ સર્જન
- પેથોલોજી
- એનેસ્થેશિયા
- ફિઝિયોથેરાપી
- આઈ. સી. યુ.
- આંખ વિભાગ
- ગાયનેક
- કાન-નાક-ગળા વિભાગ
- મનોરોગ વિભાગ

કેશલેસ અને મેડીકલેમની સુવિધાઓ ઉપલબ્ધ

ફાર્મસી ૨૪ X ૭

PRE INSURANCE CHEKUP

512/1, Nr.G-6 Circle, Opp. SBI, Sector-23, Gandhinagar, 382023

Phone : +91-8980809753 / 54

PRE INSURANCE CHECKUP

Name: _____

Yrs _____ cm _____ Kg BP _____

Praviraj Kumar Chogweiser

Heart Rate : 87 bpm

INTERVAL (ms)

PR:160 QRS: 45

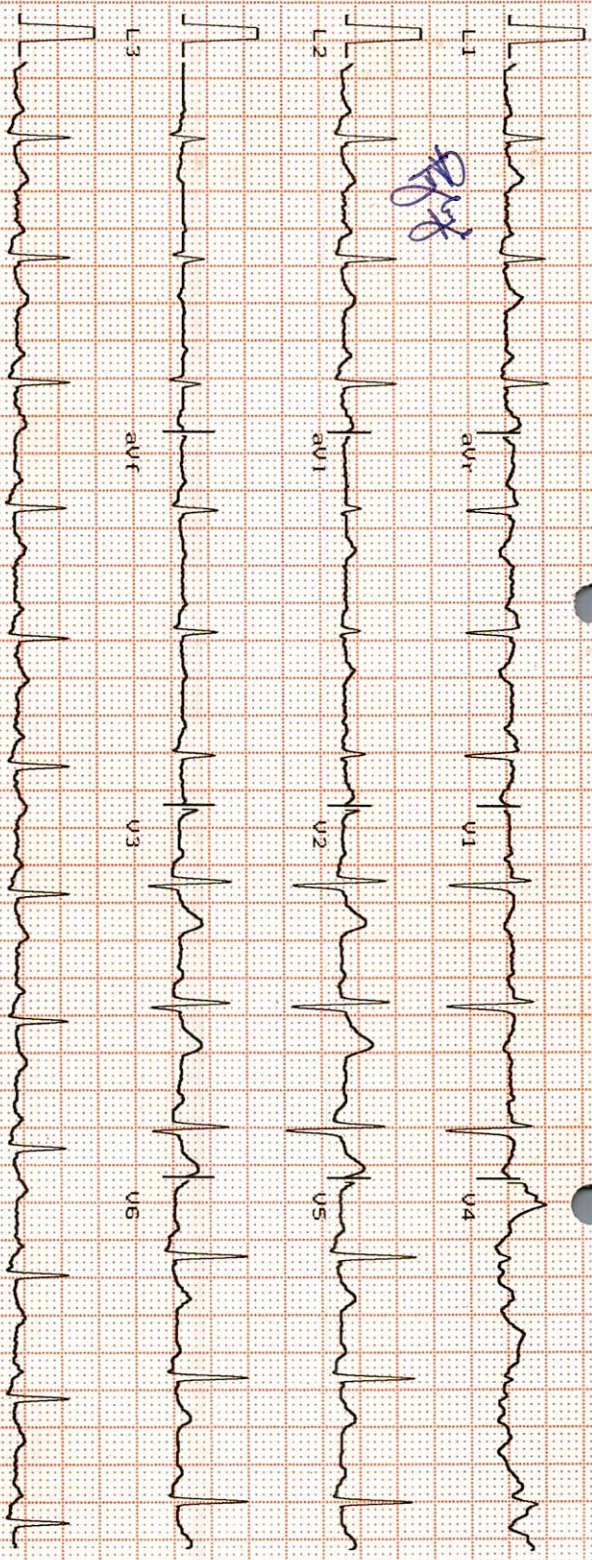
QT:317 QTc:386

ST:117

AXIS(deg)

P : 36 QRS : 39

T : 15



Praviraj

L1
L2
L3
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6

CARDIO

MAGICR

CARDIO

NAME: PRADIPKUMAR R GHOSHARA
 AGE/GENDER: 41 YES/MALE

ID: 43
 HEIGHT: 163 cm.

PROTOCOL: Mod-Bruce
 WEIGHT: 87 Kg.

Summary report
 DATE/TIME: 23-06-2022 10:18
 REF. BY:
 SMOKER: Non Smoker

Test Results

Protocol	: Mod-Bruce	Max Work Load:	7.65	BMI	: 33
Target HR	: 179(152)bpm	Exer. Time	: 13:0min	Max RPP (1000)	: 25.842
Maximum HR	: 177(99 %) bpm	Recov. Time	: 10:36min	Max BP	: 146/80 mmHg

(1) Reason for termination :
 Target heart rate achieved

(1) Restring ECG :
 Normal

(2) Functional Capacity :
 Normal

(2) Chest Pain :
 None

(3) HR Response to Exercise :
 Appropriate

(3) ST Changes :
 None
 Non significant

(4) BP Response to Exercise :
 Normal resting BP - Appropriate response

(4) Arrhythmias :
 None

(5) Overall Impression :
 Normal stress test

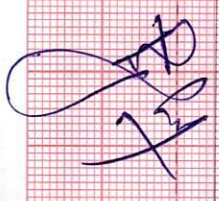
(5) History : None

(6) Comment : Test is Negative

(6) Medication :
 None

39303C-G
 (GENERAL MEDICINE) 'D.M

DR. JAYESH AMBALIYA
 M.D. (GENERAL MEDICINE)
G-30363



NAME: PRADIPKUMAR, R GHOGHARA
 AGE/GENDER: 41 Yrs/MALE

ID: 43
 HEIGHT: 163 cm.

PROTOCOL: Mod-Bruce
 WEIGHT: 87 Kg.

Summary report
 DATE/TIME: 23-06-2022 10:18

REF. BY:
 SMOKER: Non Smoker

Stage	Time Min:Sec	HR bpm	BP mmHg	Speed (mph) / G rate (%)	Load METS	RPP 1000	II	V2	V5
Supine	00:18	109	130/80	0.0/0.0	1.0	14.17	1.3/0.7	0.5/0.8	0.6/0.1
Standing	01:00	104	130/80	0.0/0.0	1.0	13.52	1.2/1.2	0.7/0.9	0.5/0.4
HyperV	00:30	107	130/80	0.0/0.0	1.0	13.91	1.2/1.2	0.7/0.9	0.4/0.3
Exer : 1/9	03:00	145	130/80	1.7/0.0	1.0	18.85	1.5/1.6	0.5/1.2	-0.1/0.1
Exer : 2/9	03:00	145	136/82	1.7/5.0	3.6	19.72	-4.4/-1.9	2.4/2.4	1.3/0.9
Exer : 3/9	03:00	150	138/86	1.7/10.0	4.8	20.7	-0.5/-1.6	1.3/2.3	0.3/0.9
Exer : 4/9	03:00	158	140/90	2.5/12.0	6.8	22.12	-0.1/1.6	1.0/1.5	-0.1/-0.1
Exer : 5/9	01:00	178	140/90	3.4/14.0	7.6	24.92	2.3/3.2	0.4/2.1	1.0/1.1
Peak	13:00	177	140/90	3.4/14.0	7.6	24.78	2.9/-0.1	0.8/2.3	0.6/2.0
Recovery	01:00	148	140/90	0.0/0.0	1.0	20.72	2.1/2.7	1.5/2.1	0.8/1.1
Recovery	02:00	125	140/90	0.0/0.0	1.0	17.5	2.0/2.4	1.3/1.9	1.1/1.1
Recovery	03:00	125	146/86	0.0/0.0	1.0	18.25	1.8/2.1	0.6/1.3	0.8/0.8
Recovery	04:00	120	146/86	0.0/0.0	1.0	17.52	1.7/1.5	0.4/0.7	0.6/0.7
Recovery	05:00	117	146/86	0.0/0.0	1.0	17.082	1.2/0.8	0.6/1.2	0.5/0.1
Recovery	06:00	117	140/86	0.0/0.0	1.0	16.38	1.4/1.3	0.7/1.1	0.5/0.4
Recovery	07:00	118	140/86	0.0/0.0	1.0	16.52	1.0/0.9	0.6/1.1	0.6/0.4
Recovery	08:00	119	130/80	0.0/0.0	1.0	15.47	1.2/1.1	1.1/1.2	0.5/0.3
Recovery	09:00	117	130/80	0.0/0.0	1.0	15.21	1.3/1.2	1.0/1.2	0.5/0.3
Recovery	10:00	116	130/80	0.0/0.0	1.0	15.08	1.3/1.3	1.1/1.2	0.6/0.4
Recovery	10:36	115	130/80	0.0/0.0	1.0	14.95	1.3/1.2	1.1/1.1	0.6/0.3

DR. JAYESH AMBALIYA
 M.D. (GENERAL MEDICINE)

1800363

NAME : PRADIPKUMAR.R
 AGE/GENDER : 41 yrs/MALE
 DATE/TIME : 23-06-2022 10:18
 ID : 43
 BP : 130/80mmHg
 HR : 104bpm

PROTOCOL : Bruce
 STAGE : Supine
 STAGE TIME : 00:18

Linked Median Report
 SPEED/GRADE : 0.0/0.0
 POST J at 80 msec

GAIN : 1X
 STL in mm
 STS in mm/sec



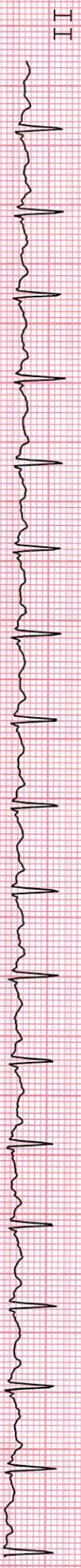
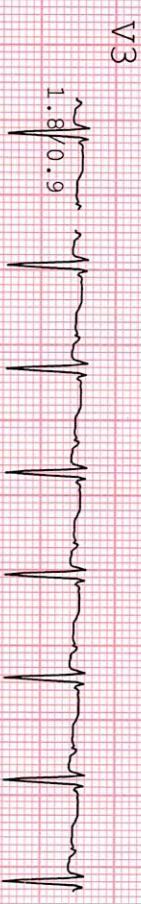
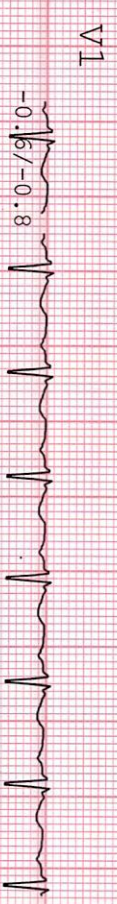
NAME : PRADIPKUMAR.R
 AGE/SEX : 41 yrs/MALE
 DATE/TIME : 23-06-2022 10:18

ID: 43
 BP: 130/80mmHg
 HR: 107bpm

PROTOCOL : Mod-Bruce
 STAGE : Standing
 STAGE TIME : 01:00

Linked Median Report
 SPEED/GRADE: 0.0/0.0
 POST J at 80 msec

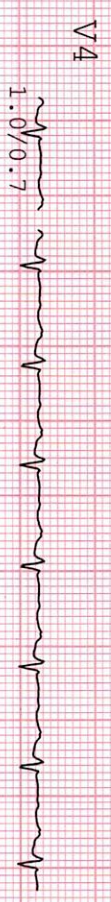
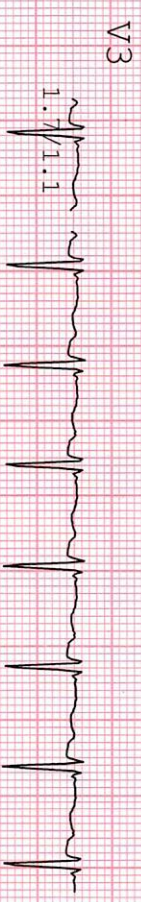
GAIN: 1X
 STL in mm
 STS in mm/sec



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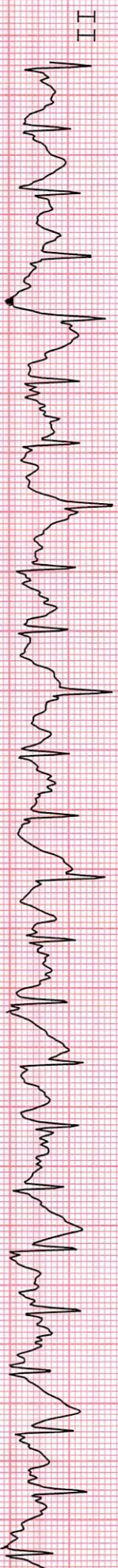
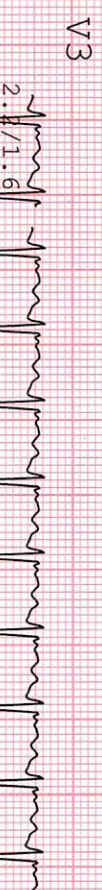
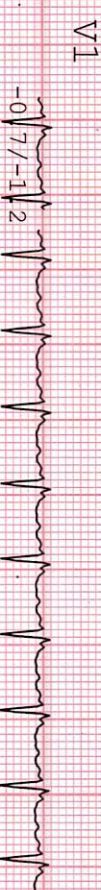
NAME : PRADIPKUMAR.R
AGE/GENDER : 41 yrs./MALE
DATE/TIME : 23-06-2022 10:18
ID : 43
BP : 130/80mmHg
HR : 110bpm

PROTOCOL : Mod-Bruce
STAGE : Hyperiv
STAGE TIME : 00:30
Linked Median Report
SPEED/GRADE : 0.0/0.0
POST J at 80 msec
GAIN : 1X
STL in mm
ST5 in mm/sec



NAME : PRADIPKUMAR.R
 AGE/GENDER : 41 yrs/MALE
 DATE/TIME : 23-06-2022 10:18
 ID : 43
 BP : 130/80mmHg
 HR : 146bpm

PROTOCOL : Mod-Bruce
 STAGE : Exer : 1/9
 STAGE TIME : 03:00
 Linked Median Report
 SPEED/GRADE : 1.7/0.0
 POST J at 80 msec
 GAIN : 1X
 STI in mm
 STS in mm/sec



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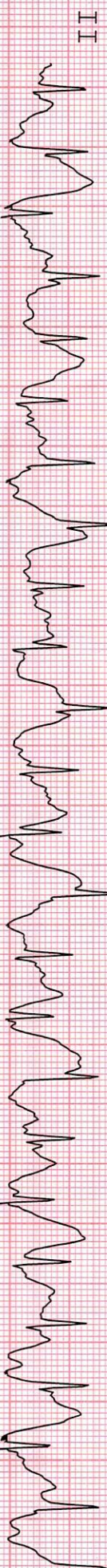
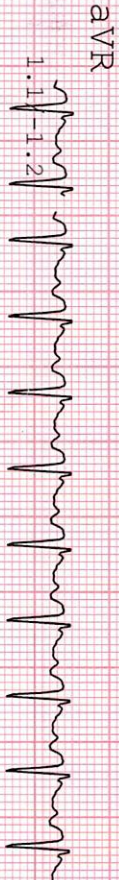
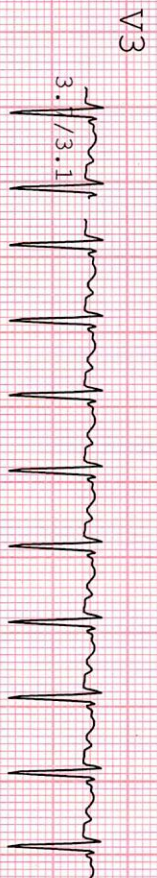
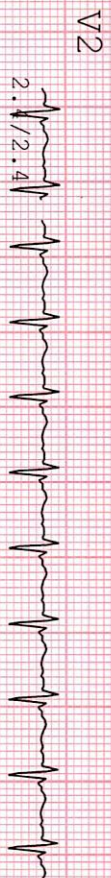
NAME : PRADIPKUMAR.R
 AGE/GENDER : 41 yrs/MALE
 DATE/TIME : 23-06-2022 10:18

ID: 43
 BP: 136/82mmHg
 HR: 147bpm

PROTOCOL : Mod-Bruce
 STAGE : Exer : 2/9
 STAGE TIME: 03:00

Linked Median Report
 SPEED/GRADE: 1.7/5.0
 POST J at 80 msec

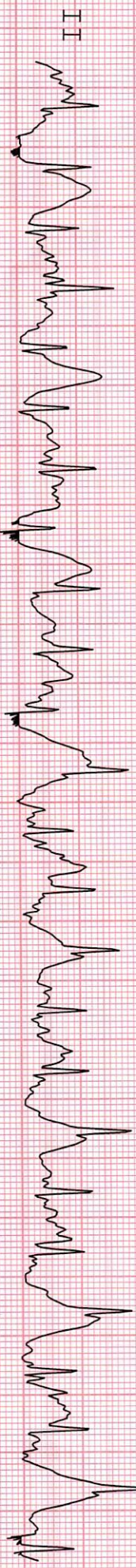
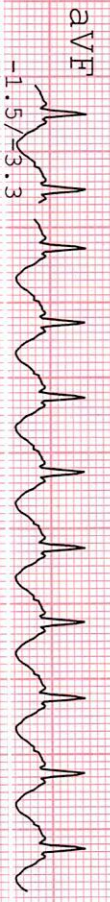
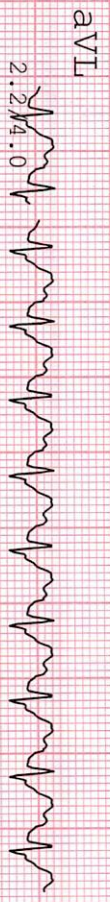
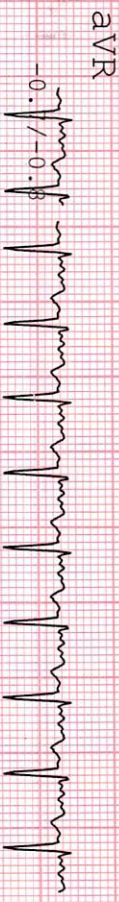
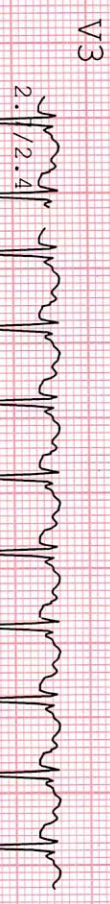
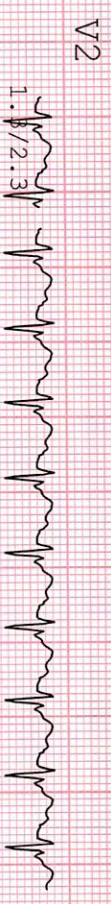
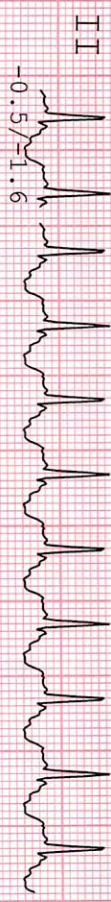
GAIN: 1X
 STL in mm
 STS in mm/sec



⏏

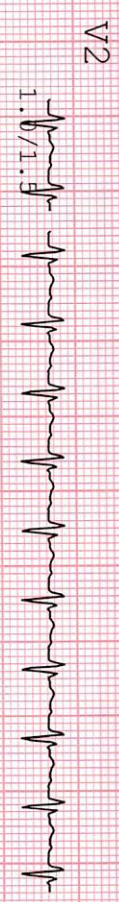
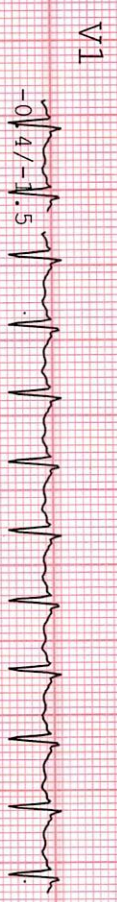
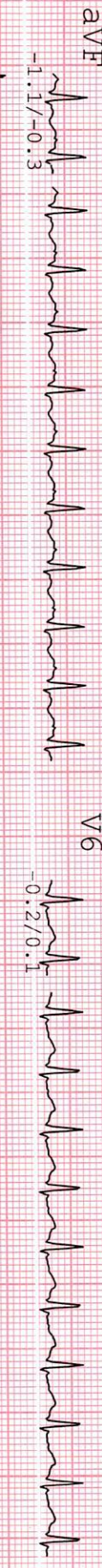
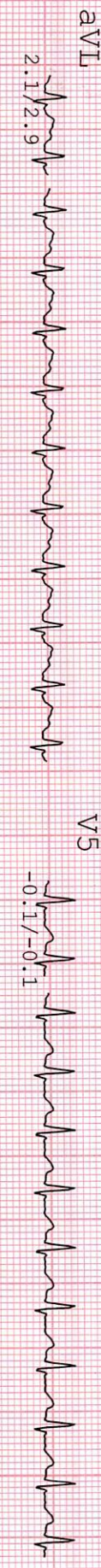
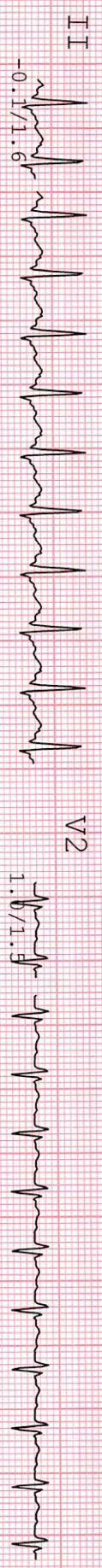
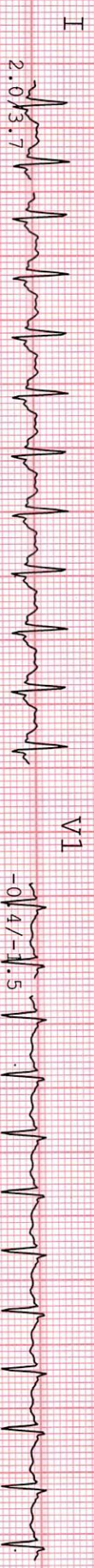
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AGE/GENDER: 41 Yrs/MALE
DATE/TIME : 23-06-2022 10:18
ID: 43
BP: 138/86mmHg
HR: 149bpm

PROTOCOL : Mod-Bruce
STAGE : Exer : 3/9
STAGE TIME: 03:00
Linked Median Report
SPEED/GRADE: 1.7/10.0
POST J at 80 msec
GAIN: 1X
STL in mm
STS in mm/sec



NAME : PRADIPKUMAR.R
AGE/SEX: 41 YRS/MALE
DATE/TIME : 23-06-2022 10:18
ID: 43
BP: 140/90mmHg
HR: 159bpm

PROTOCOL : Mod-Bruce
STAGE : Exer : 4/9
STAGE TIME: 03:00
Linked Median Report
SPEED/GRADE: 2.5/12.0
POST J at 80 msec
GAIN: 1X
STL in mm
STs in mm/sec

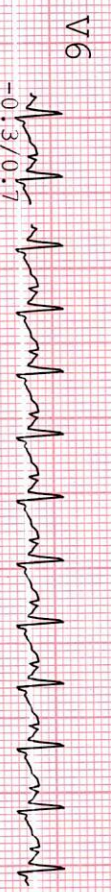
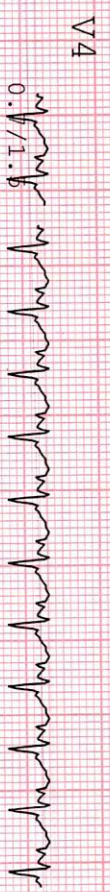
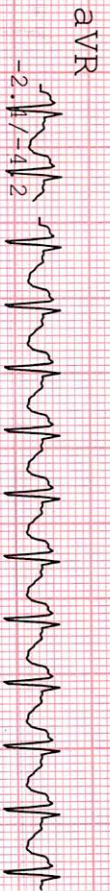
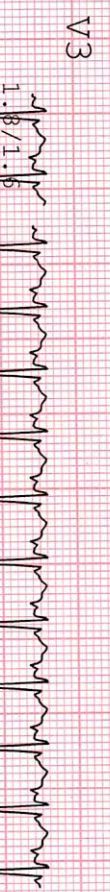
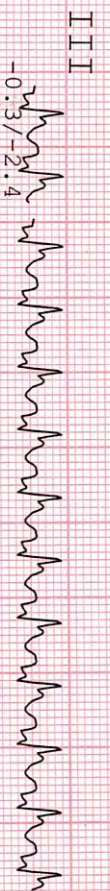
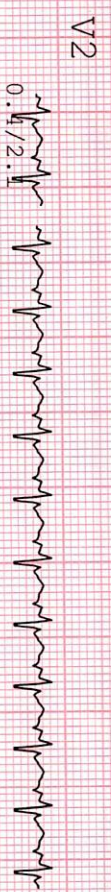
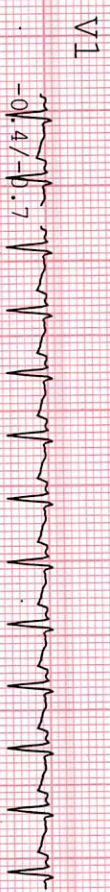


NAME : PRADIPKUMAR.R
 AGE/SEX: 41 yrs/MALE
 DATE/TIME : 23-06-2022 10:18
 ID: 43
 BP: 140/90mmHg
 HR: 177bpm

PROTOCOL : Mod-Bruce
 STAGE : Exer : 5/9
 STAGE TIME: 01:00

Linked Median Report
 SPEED/GRADE: 3.4/14.0
 POST J at 80 msec

GAIN: 1X
 STL 1h mm
 STS 1h mm/sec



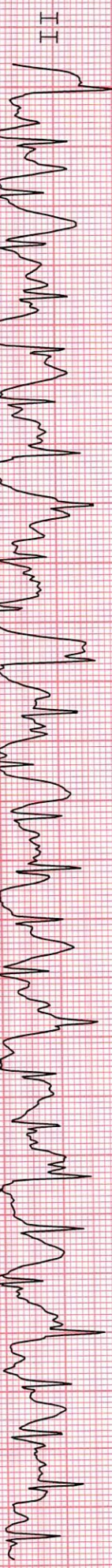
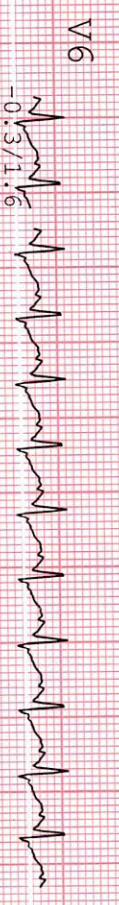
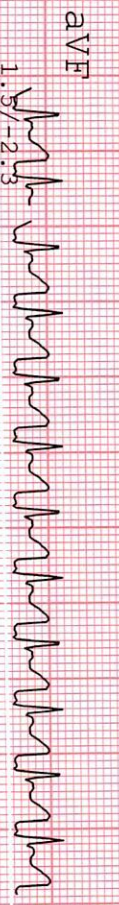
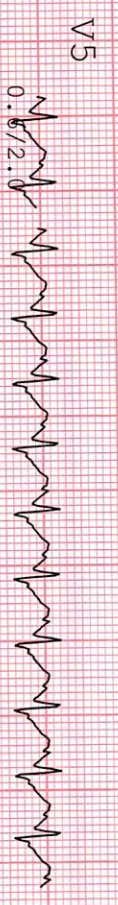
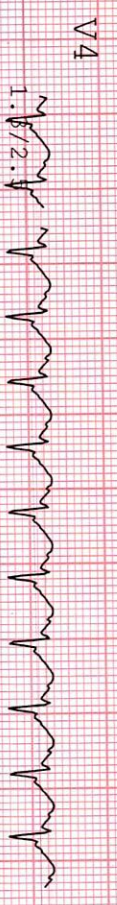
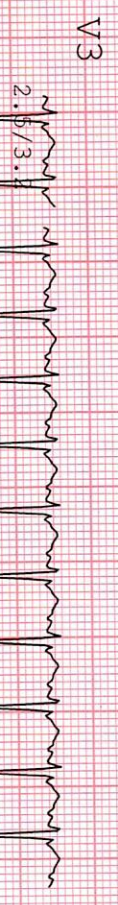
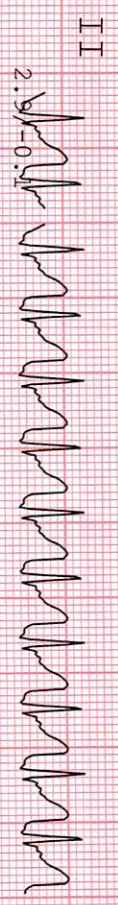
NAME : PRADIPKUMAR.R
 AGE/GENDER: 41 yrs/MALE
 DATE/TIME : 23-06-2022 10:18

ID: 43
 BP: 140/90mmHg
 HR: 170bpm

PROTOCOL : Mod-Bruce
 STAGE : Peak
 STAGE TIME: 00:06

Linked Median Report
 SPEED/GRADE: 3.4/14.0
 POST J at 80 msec

GAIN: 1X
 STI in mm
 STS in mm/sec



NAME : PRADIPKUMAR.R
AGE/SEX/HT: 41 YRS/MALE
DATE/TIME : 23-06-2022 10:18

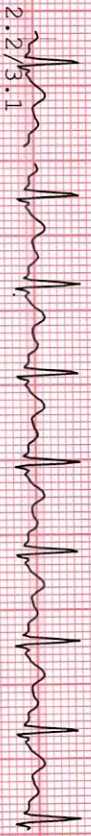
ID: 43
BP: 146/86mmHg
HR: 124bpm

PROTOCOL : Mod-Bruce
STAGE : Recovery
STAGE TIME: 03:00

Linked Median Report
SPEED/GRADE: 0.0/0.0
POST J at 80 msec

GAIN: 1X
STL in mm
STS in mm/sec

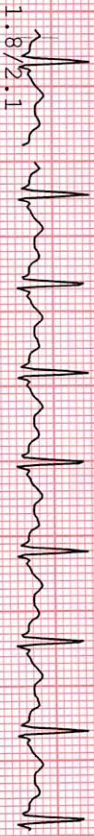
I



V1



II



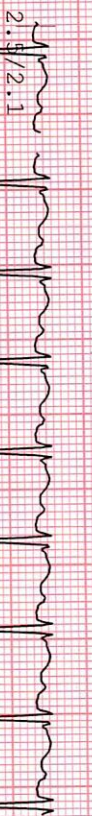
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III



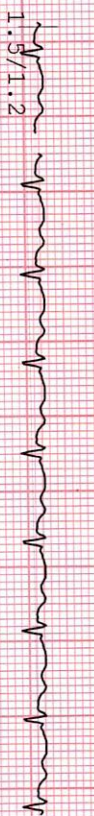
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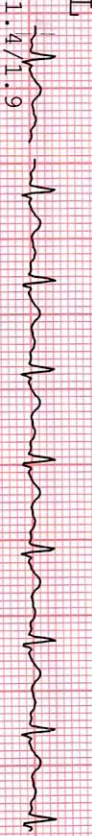
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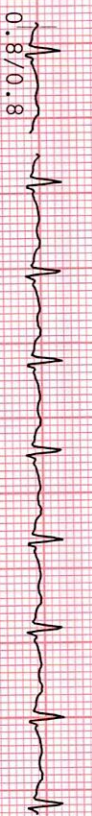
V4



AVL



V5



AVF



V6



II



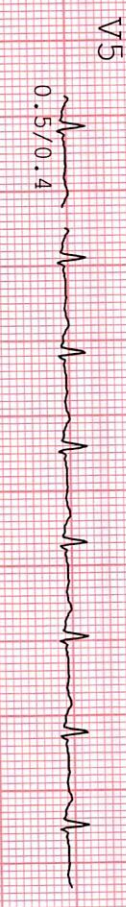
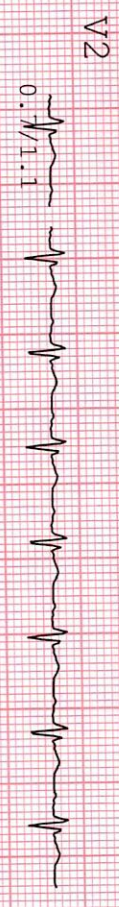
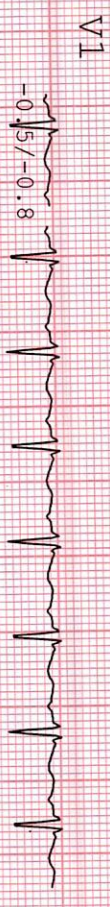
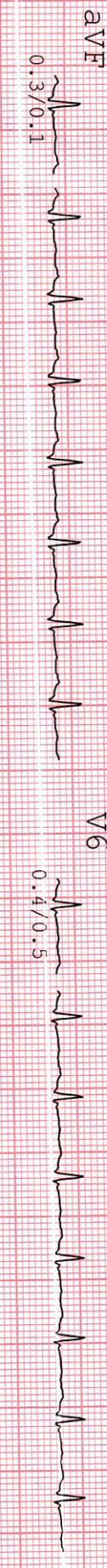
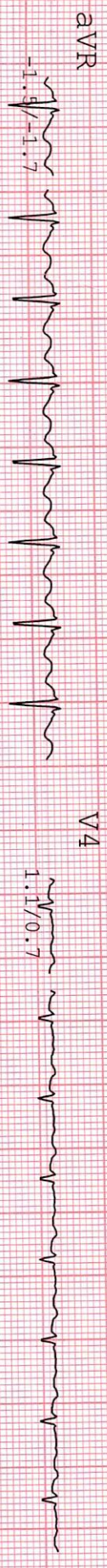
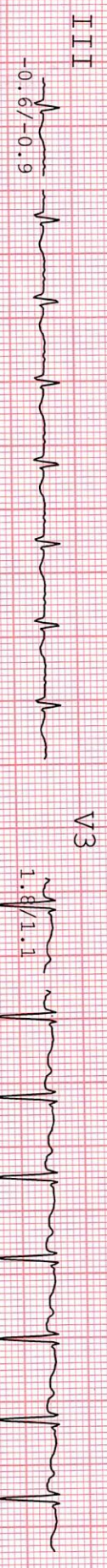
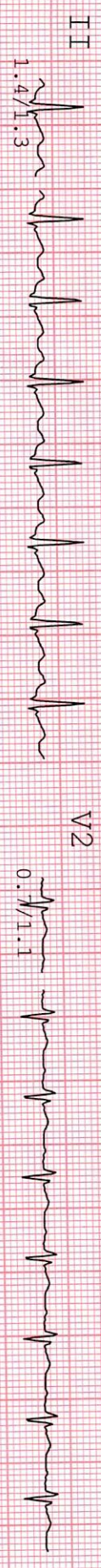
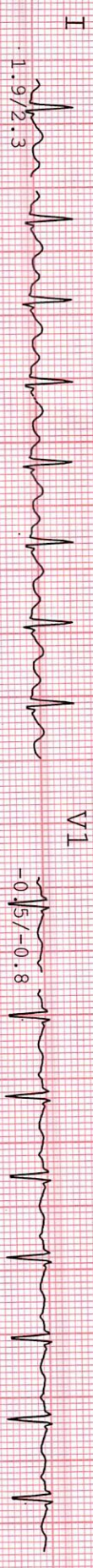
NAME : PRADIPKUMAR.R
 AGE/GENDER: 41 yrs/MALE
 DATE/TIME : 23-06-2022 10:18

ID: 43
 BP: 140/86mmHg
 HR: 117bpm

PROTOCOL : Mod-Bruce
 STAGE : Recovery
 STAGE TIME: 06:00

Linked Median Report
 SPEED/GRADE: 0.0/0.0
 POST J at 80 msec

GAIN: 1X
 STL in mm
 STS in mm/sec



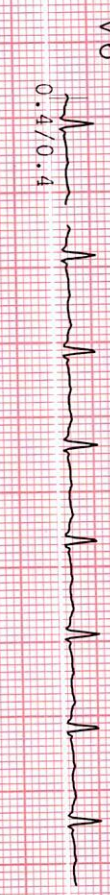
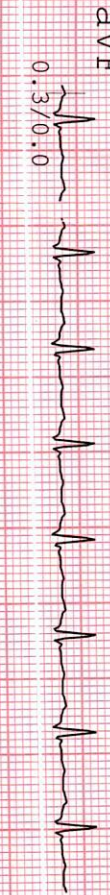
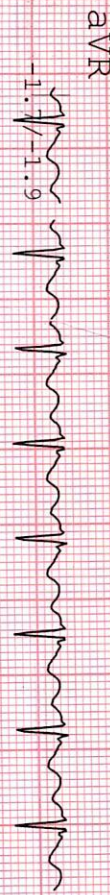
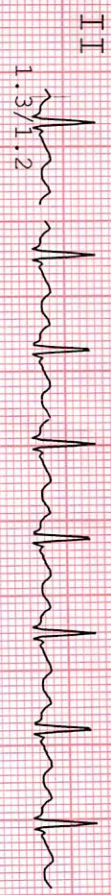
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AGE/SEX: 41 yrs/MALE
DATE/TIME : 23-06-2022 10:18

ID: 43
BP: 130/80mmHg
HR: 117bpm

PROTOCOL : Mod-Bruce
STAGE : Recovery
STAGE TIME: 09:00

Linked Median Report
SPEED/GRADE: 0.0/0.0
POST J at 80 msec

GAIN: 1X
STL in mm
STS in mm/sec





बैंक ऑफ बड़ोदा
Bank of Baroda
India's International Bank



नाम
Name

PRADIPKUMAR R. GHOGHARA

कर्मचारी कुट. कं.
E.C.No.

78283

बारीकर्ता प्राधिकारी

Issuing Authority

धारक के हस्ताक्षर

Signature Of Holder



GPS Map Camera



Gandhinagar, Gujarat, India

511/2, Rd Number 6, Sugandhi, Sector 23,
Gandhinagar, Gujarat 382024, India

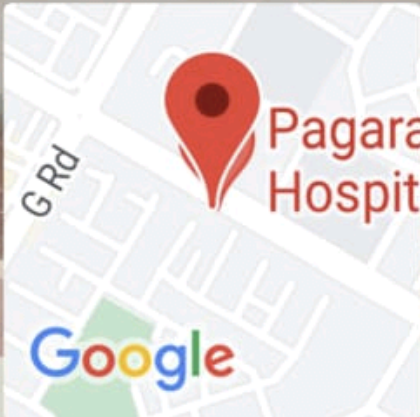
Lat 23.244088°

Long 72.651203°

23/06/22 08:41 AM



 GPS Map Camera



Gandhinagar, Gujarat, India
Pagrav Multispeciality Hospital & ICU, 512/1 Near G-6 Circle, opp. SBI Bank, Abhinav Society, Sector 23, Gandhinagar, Gujarat 382023, India
Lat 23.243997°
Long 72.651245°
23/06/22 08:33 AM



Patient Name : Pradipkumar Goghara
Sample No.. : 6755
Referred : Bank Of Baroda

Age/Sex : 41 Years/Male
Registration On:23/06/2022/10:54
Approved On :23/06/2022 17:45

Thyroid Functions

<u>Test</u>	<u>Result</u>	<u>Normal Range</u>
T3-Triiodothyronine	: 1.26 ng/ml	0.6 - 1.80 ng/ml
T4-Thyroxine	: 8.3 mcg/dl	4.5 - 10.9 mcg/dl
TSH Thyroid Stimulating Hormone	: 1.29 microIU/ml	0.35 - 5.55 microIU/ml

Comments :

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

A handwritten signature in black ink, appearing to read "D.K. Patel", is written over a light blue rectangular background.

Page 1 of 10
PATHOLOGIST
DR. D. K. PATEL
(M.D. Path)
G- 11663



Patient Name : Pradipkumar Goghara
Sample No.. : 6755
Referred : Bank Of Baroda

Age/Sex : 41 Years/Male
Registration On:23/06/2022/10:54
Approved On :23/06/2022 14:40

BLOOD SUGAR LEVEL

Specimen : FLOURIDE

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
Fasting Blood Sugar: (GOD-POD)	171.5	mg/dl	70-110

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.

A handwritten signature in black ink, appearing to read "Dr. D. K. Patel", is written over a light blue rectangular background.

PATHOLOGIST

Page **DR. D. K. PATEL**

(M.D. Path)

G- 11663



Patient Name : Pradipkumar Goghara
Sample No.. : 6755
Referred : Bank Of Baroda

Age/Sex : 41 Years/Male
Registration On:23/06/2022/10:54
Approved On :23/06/2022 15:30

BLOOD GROUP

<u>Test</u>	<u>Result</u>
BLOOD GROUP	: "O"
RH GROUP	: POSITIVE.

A handwritten signature in black ink, appearing to read "D.K. Patel", is written over a light blue rectangular background.

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

Patient Name : Pradipkumar Goghara
Sample No.. : 6755
Referred : Bank Of Baroda

Age/Sex : 41 Years/Male
Registration On:23/06/2022/10:54
Approved On :23/06/2022 14:40

Lipid Profile

Specimen :SERUM

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
S. Cholesterol: (CHOD-POD)	202.0	mg/dl	Normal :< 200 Borderline : 200 - 240 High : > 240
Serum Triglycerides: (GPO-POD)	172.4	mg/dl	Normal :Normal < 150 Borderline : 150 - 199 High : > 200
HDL Cholesterol: (Direct-Cholesterol Esterase HSDA)	39.2	mg/dl	40 - 60 mg/dl
Serum LDL Cholesterol: (Calculated)	128.32	mg/dl	Up to 150
Serum VLDL Cholesterol: (Calculated)	34.48	mg/dl	Up to 35
LDLC/HDLC Ratio: (Calculated)	3.27	mg/dl	Up to 3.4
Cholesterol/HDLC Ratio: (Calculated)	5.15	mg/dl	Up to 5.0
Total Lipid: (Calculated)	691.92	mg/dl	400 - 1000 mg/dl

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Dyslipidemia is a disorder of fat or lipoprotein metabolism in the body and includes lipoprotein overproduction or deficiency. Dyslipidemias means increase in the level of one or more of the following: Total Cholesterol The "bad" cholesterol or low density lipoprotein (LDL) and/or triglyceride concentrations. Dyslipidemia also includes a decrease in the "good" cholesterol or high- density lipoprotein (HDL) concentration in the blood. Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. Healthians labs report biological reference intervals (normal ranges) in accordance to the recommendations of The National Cholesterol Education Program (NCEP) & Adult Treatment Panel IV (ATP IV) Guidelines providing the most desirable targets of various circulating lipid fractions in the blood. NCEP recommends that all adults above 20 years of age must be screened for abnormal lipid levels. *NCEP recommends the assessment of 3 different samples drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays. Hence a single result of Lipid Profile may not be adequate for clinical decision making. Healthians' counselling team will reach you shortly to explain implications of your report. You may reach out to customer support helpline as well. *NCEP recommends lowering of LDL Cholesterol as the primary therapeutic target with lipid lowering agents, however, if triglycerides remain >200 mg/dL after LDL goal is reached, set secondary goal for non-HDL cholesterol (total minus HDL) 30 mg/dL higher than LDL goal. *High Triglyceride and low HDL levels are independent risk factors for Coronary Heart disease and requires further clinical consultation. Triglyceride and low *Healthians lab performs direct LDL measurement which is more appropriate and may vary from other lab reports which provide calculated LDL values.



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G- 11663

Patient Name : Pradipkumar Goghara
Sample No.. : 6755
Referred : Bank Of Baroda

Age/Sex : 41 Years/Male
Registration On:23/06/2022/10:54
Approved On :23/06/2022 15:30

Glycosylated HB - (HBA1C)

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref Interval</u>
HBA1C: (Immunoturbidimetric)	10.1	%	Normal : ≤ 5.6 Prediabetes : 5.7 - 6.4 Diabetes : ≥ 6.5 <u>DIABETES CONTROL CRITERIA</u> 6 - 7 : Near Normal Glycemia < 7 : Goal 7 - 8 : Good Control > 8 : Action Suggested
Mean Blood Glucose:	243.17	mg/dl	

Criteria for the diagnosis of diabetes

- HbA1c ≥ 6.5 *
Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
Or
- Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
Or.
- 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 repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

Limitation of HbA1c

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

Patient Name : Pradipkumar Goghara
 Sample No.. : 6755
 Referred : Bank Of Baroda

Age/Sex : 41 Years/Male
 Registration On:23/06/2022/10:54
 Approved On :23/06/2022 14:40

LIVER FUNCTION TESTS

Specimen: SERUM

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref Interval</u>
S. Bilirubin (Total): <small>(Photometric DC Diazo)</small>	0.72	mg/dl	up to 1.2
S. Bilirubin (Direct): <small>(Photometric DC Diazo)</small>	0.19	mg/dl	up to 0.2
S. Bilirubin (Indirect): <small>(Calculated)</small>	0.53	mg/dl	up to 1.0
SGPT(ALT) <small>(UV Kinetic)</small>	30.3	U/L	up to 42
SGOT (AST) <small>(UV Kinetic)</small>	36.4	U/L	up to 40
GGT <small>(Optimized kinetic color test IFCC)</small>	39.6	U/L	12 - 64
Total Proteins: <small>(Biuret)</small>	7.08	g/dl	6.0 - 8.3
Albumin <small>(BCG)</small>	4.33	g/dl	3.5 - 5.2
Globulins: <small>(Calculated)</small>	2.75	g/dl	2.4 - 3.7
AGRATIO: <small>(Calculated)</small>	1.575		
S. Alkaline Phosphatase: <small>(Colorimetric Optimized Kinetic IFCC)</small>	112	U/L	40 - 129

Bilirubin is a yellowish pigment found in bile and is a breakdown product of normal heme catabolism. Elevated levels results from increased bilirubin production (eg hemolysis and ineffective erythropoiesis); decreased bilirubin excretion (eg; obstruction and hepatitis); and abnormal bilirubin metabolism (eg; hereditary and neonatal jaundice). Conjugated (direct) bilirubin is elevated more than unconjugated (indirect) bilirubin in viral hepatitis; drug reactions, alcoholic liver disease conjugated (direct) bilirubin is also elevated more than unconjugated (indirect) bilirubin when there is some kind of blockage of the bile ducts like in Gallstones getting into the bile ducts tumors & Scarring of the bile ducts. Increased unconjugated (indirect) bilirubin may be a result of hemolytic or pernicious anemia,transfusion reaction & a common metabolic condition termed Gilbert syndrome.AST levels increase in viral hepatitis, blockage of the bile duct ,cirrhosis of the liver, liver cancer, kidney failure, hemolytic anemia, pancreatitis, hemochromatosis.Ast levels may also increase after a heart attck or strenuous activity. ALT is commonly measured as a part of a diagnostic evaluation of hepatocellular injury, to determine liver health. Elevated ALP levels are seen in Biliary Obstruction, Osteoblastic Bone Tumors, Osteomalacia, Hepatitis, Hyperparathyroidism, Leukemia,Lymphoma, paget's disease, Rickets, Sarcoidosis etc. Elevated serum GGT activity can be found in diseases of the liver, Biliary system and pancreas. Conditions that increase serum GGT are obstructive liver disease,





Patient Name : Pradipkumar Goghara
Sample No.. : 6755
Referred : Bank Of Baroda

Age/Sex : 41 Years/Male
Registration On:23/06/2022/10:54
Approved On :23/06/2022 14:40

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

Patient Name : Pradipkumar Goghara
Sample No.. : 6755
Referred : Bank Of Baroda

Age/Sex : 41 Years/Male
Registration On:23/06/2022/10:54
Approved On :23/06/2022 15:31

RENAL FUNCTION

Specimen :SERUM

<u>Test</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Ref. Interval</u>
Sr. Creatinine: <small>(Modified Jaffe's)</small>	0.70	mg/dl	0.6 - 1.2 mg/dl
Urea: <small>(GLDH)</small>	18.2	mg/dl	10 - 50 mg/dl
S. Uric Acid: <small>(Uricase-POD)</small>	4.48	mg/dl	3.2 - 7.2 mg/dl
Blood Urea Nitrogen: <small>(Calculated)</small>	8.5	mg/dl	08 - 23 mg/dl
Bun/Creat Ratio: <small>(Calculated)</small>	12.14		



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(M.D. Path)
G- 11663

Patient Name : Pradipkumar Goghara
Sample No.. : 6755
Referred : Bank Of Baroda

Age/Sex : 41 Years/Male
Registration On:23/06/2022/10:54
Approved On :23/06/2022 14:40

COMPLETE BLOOD COUNT

Sample : EDTA

Test		Result	Unit	Biological Ref. Interval
<u>BLOOD COUNT</u>				
Hemoglobin	colorimetric	12.3	g/dL	13 - 17
R.B.C Count	Electrical impedance	5.64	mill/cmm	4.5 - 5.5
W.B.C Count	Electrical impedance	7.1	10 ³ /uL	4.0 - 10.0
Platelet Count	Electrical impedance	253	10 ³ /uL	150 - 450
<u>DIFFERENTIAL COUNT</u>				
Polymorphs	Microscopic	61	%	60 - 70
Lymphocytes	Microscopic	35	%	20 - 40
Eosinophils	Microscopic	02	%	1 - 6
Monocytes	Microscopic	02	%	2 - 10
Basophils	Microscopic	00	%	0 - 2
<u>BLOOD INDISES</u>				
HCT	Rbc Histogram	39.2	%	40 - 50
MCV	Calculated	69.5	fl	80 - 100
MCH	Calculated	21.8	pg	27 - 32
MCHC	Calculated	31.4	g/dl	32 - 36
RDW-CV	Calculated	15.8	%	10 - 16.5

PERIPHERAL SMEAR EXAMINATION

SMEAR RBC Line 1: Mildly hypochromic , microcytic.

SMEAR Platelets: Adequate

Erythrocyte sedimentation rate

ESR AT 1 hour westergren **12** mm/Hour 00 - 15

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Sample No.. : 6755
Reffered : Bank Of Baroda

Age/Sex : 41 Years/Male
Registration On:23/06/2022/10:54
Approved On :23/06/2022 14:41

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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