

LABORATORY REPORT

Name : Mr. Hiren D Bhagat Reg. No

Sex/Age : Male/40 Years Reg. Date : 10-Dec-2022 09:05 AM

Ref. By : Collected On

Client Name : Mediwheel : 10-Dec-2022 03:45 PM

Medical Summary

GENERAL EXAMINATION

Height (cms):174

Weight (kgs):102.8

Blood Pressure: 130/86mmHg

Pulse: 89/Min

No Clubbing/Cynosis/Pallor/PedelOedem

Systemic Examination:

Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy - N/A

AHMEDABAD S

212100496

This is an electronically authenticated report

Dr.Jay Soni

M.D, GENERAL MEDICINE

Page 3 cf 4

CUROVIS HEALTHCARE PVT. LTD.

NGOMETSY DEPARTMENT

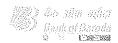
AISON AND A GOVI OF INDIA



Pernanent Account Number 46/20/1062 DHEMAN ANNO BEASA

ACTORNIO

Signature



To,

The Coordinator, Mediwheel (Arcofemi Healthcare Limited) Helpline number: 011-41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	OF HEALTH CHECK UP BENEFICIARY
NAME	HIREN DINESHCHANDRABHAGAT
DATE OF BIRTH	13-09-1982
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	20-11-2022
BOOKING REFERENCE NO.	22D92475100030340S
	SPOUSE DETAILS
EMPLOYEE NAME	MRS. BHAGAT CHARVI HIREN
EMPLOYEE EC NO.	92475
EMPLOYEE DESIGNATION	PREMISES_EQUIPMENT
EMPLOYEE PLACE OF WORK	AHMEDABAD,ZO AHMEDABAD
EMPLOYEE BIRTHDATE	29-03-1987

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from 15-11-2022 till 31-03-2023. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a cashless facility as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager HRM Department

Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))







TEST REPORT Ref Id : 10-Dec-2022 09:05 AM Reg. No : 212100496 Collected On Name ; Mr. Hiren D Bhagat : 10-Dec-2022 09:05 AM Reg. Date Age/Sex Tele No. : 40 Years / Male Pass. No. Ref. By Dispatch At Sample Type : EDTA Whole Blood Location

Parameter	Results		Unit	Biological Ref. Interval			
	COIV		BLOOD COUNT (CBomen: EDTA blood	C)			
Hemoglobin	13.7		g/dt	13.0 - 18.0			
Hematrocrit (Calculated)	L 43.40		%	47 - 52			
RBC Count	5.20		million/cmm	4.7 < 6.0			
MCV	83.5		ft.	78 - 110			
MCH (Calculated)	L 26.3		Pg	27 - 31			
MCHC (Calculated)	31.4		%	31 - 35			
RDW (Calculated)	L 9.6		%	11.5 - 14.0			
WBC Count	7390		/cmm	4000 - 10500			
MPV (Calculated)	9.3		11	7.4 - 10.4			
DIFFERENTIAL WBC COUNT	[%]		EXPECTED VALUES	[Abs]	EXPECTED VALUES		
Neutrophils (%)	60	%	42.0 - 75.2	4434 /cmn	n 2000 - 7000		
Lymphocytes (%)	35	%	20 - 45	2587 /cmii	n 1000 - 3000		
Eosinophils (%)	02	%	0 - 6	222 /cmr	n 200 - 1000		
Monocytes (%)	03	%	2 - 10	148 /cmr	n 20 - 500		
Basophils (%)	00	%	0 - 1	0 /cmr	n 0 - 100		
PERIPHERAL SMEAR STUDY							
RBC Morphology	Normocy	tic and I	Normochromic.				
WBC Morphology	Normal						
PLATELET COUNTS							
Platelet Count (Volumetric Impedance)	316000		/cmm	150000 - 450000			
Platelets	Platelets	are ade	equate with normal morpho	ology.			
Parasites	Malarial	parasite	is not detected.				
Comment	15						

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* This test has been out sourced.

Approved By:

Dr.Keyur Patel

M.B.DCP

Generated On: 12-Dec-2022 12:34 PM

Approved On:

10-Dec-2022 03:46 PM

Page 1 of 12

CUROVIS HEALTHCARE PVT. LTD.







/ Male

Reg. No : 212100496

: 40 Years

Ref Id

Collected On

Sample Type

: 10-Dec-2022 09:05 AM : 10-Dec-2022 09:05 AM

Name : Mr. Hiren D Bhagat

Pass. No.

Reg. Date Tele No.

Unit

Ref. By

Age/Sex

Dispatch At

: EDTA Whole Blood

Location

Parameter

Result

Biological Ref. Interval

HEMATOLOGY

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Forward Reverse Tube Agglutination

ABO

"()"

Rh (D)

Positive

Note

ERYTHROCYTE SEDIMANTATION RATE [ESR]

ESR 1 hour

Intra red measurement

04

mm/hr

ESR AT 1 hour : 1-7

ERYTHRO SEDIMENTION RATE, BLOOD -

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in prenancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (o-1mm) in polycythaemia, hypofibrinogenemia or or congestive cardiac failure and when there are abnormalities or the red cells such as poikilocytosis, spherocytosis or sickle cells.

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Page 2 of 12

CUROVIS HEALTHCARE PVT. LTD.





Ref Id



TEST REPORT

Reg. No 212100496

Collected On

: 10-Dec-2022 09:05 AM

Name : Mr. Hiren D Bhagat Reg. Date

: 10-Dec-2022 09:05 AM

Age/Sex

: 40 Years

Pass. No.

Tele No.

Unit

Ref. By

/ Male

Dispatch At

: Flouride F, Flouride PP

Location Parameter Sample Type

Biological Ref. Interval

FASTING PLASMA GLUCOSE Specimen: Flouride plasma

Fasting Blood Sugar (FBS)

108.10

Result

mg/dL

70 - 110

GOD-POD Method

GOD-POD Method

Criteria for the diagnosis of diabetes

1. HbA1c >/= 6.5 *

Or

2. Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.

3. 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 repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Post Prandial Blood Sugar (PPBS)

141.9

mg/dl..

 $70 \sim 140$

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Dr.Keyur Patel

M.B.DCP

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Approved On:

10-Dec-2022 07:03 PM

Page 3 of 12

CUROVIS HEALTHCARE PVT. LTD.







	TEST	REPORT
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7 Male

Reg. No

: 212100496

Ref Id

Collected On

: 10-Dec-2022 09:05 AM

Name

: Mr. Hiren D Bhagat

Reg. Date

: 10-Dec-2022 09:05 AM

Age/Sex

: 40 Years

Pass. No.

Tele No. Dispatch At

Ref. By

Location		Sample Typ	e : Serum
Parameter	Result	Unit	Biological Ref. Interval
	Lipid Profile		
Cholesterol	197.00	mg/dL	Desirable: < 200 Boderline High: 200 - 239 High: > 240
Enzymatic, colorimetric method			
Triglyceride	105.20	mg/dl_	Normal: < 150 Boderline High: 150 - 199 High: 200 - 499 Very High: > 500
Enzymatic, colorimetric method			
HDL Cholesterol	34.40	mg/dL	High Risk ; ≤ 40 Low Risk ; ≈ 60
Accelerator selective detergent method			
LDL	141.56	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130- 159 High : 160-189 Very High : >190.0
Calculated			
VLDL Calculated	21.04	mg/dL	15 - 35
LDL / HDL RATIO Calculated	4.12		0 - 3.5
Cholesterol /HDL Ratio	5.73		0 - 5.0

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M.B.DCP

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Page 4 of 12

CUROVIS HEALTHCARE PVT. LTD.







			<u>l</u>	FT WITH GGT	
		B10 -	CHEMISTRY		
Parameter			Result	Unit	Biological Ref. Interval
Location	1			Sample Type	: Serum
Ref. By	;			Dispatch At	:
Age/Sex	: 40 Years / Male	Pass. No.	:	Tele No.	:
Name	: Mr. Hiren D Bhagat			Reg. Date	: 10-Dec-2022 09:05 AM
Reg. No	: 212100496	Ref Id	.	Collected On	: 10-Dec-2022 09:05 AM
		TEST	REPORT		

	LFT WITH GGT				
Total Protein Buret Reaction	6.63	gm/dL	6.3 - 8.2		
Albumin By Bromocrasot Green	4.79	g/dL	0 - 4 days; 2.8 - 4.4 4 days - 14 yrs; 3.8 - 5.4 14 19 yrs; 3.2 4.5 20 - 60 yrs; 3.5 - 5.2 60 - 90 yrs; 3.2 - 4.6 > 90 yrs; 2.9 - 4.5		
Globulin Calculated	1.84	g/dt.	2.3 - 3.5		
A/G Ratio Calculated	2.60		0.8 - 2.0		
SGOT OV without P5P	19.30	U/I	0 - 40		
SGPT UV without P5P	22.50	U/L.	0 - 40		
Alakaline Phosphatase p - Nitrophenylphosphate (PNPP)	80.2	U/L	53 - 128		
Total Bilirubin Vanadate Oxidation	0.71	mg/dl	0 - 1.2		
Conjugated Bilirubin	0.19	mg/dL	0.0 - 0.4		
Unconjugated Bilirubin Calculated	0.52	mg/dl	0.0 - 1.1		
GGT SZASZ Method	19.00	mg/dL	15 - 73		

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Dr. Keyur Patel

M.B.DCP

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Approved On:

10-Dec-2022 07:03 PM Page 5 of 12

CUROVIS HEALTHCARE PVT. LTD.







Reg. No

: 212100496

Ref Id

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: 10-Dec-2022 09:05 AM

Name

: Mr. Hiren D Bhagat

Reg. Date

: 10-Dec-2022 09:05 AM

Age/Sex Ref. By

Location

: 40 Years

/ Male

Pass. No.

Tele No.

Dispatch At

Sample Type

Serum

This is an electronically authenticated report.

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M.B.DCP

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Approved On:

10-Dec-2022 07:03 PM

Page 6 of 12

CUROVIS HEALTHCARE PVT. LTD.







***************************************		TEST REPORT		
Reg. No	: 212100496	Ref ld :	Collected On	: 10-Dec-2022 09:05 AM
Name	: Mr. Hiren D Bhagat		Reg. Date	: 10-Dec-2022 09:05 AM
Age/Sex	: 40 Years / Male	Pass. No.	Tele No.	:
Ref. By	:		Dispatch At	
Location			Sample Type	: Serum
Parameter		Result	Unit	Biological Ref. Interval
		BIO - CHEMISTRY		
Uric Acid Enzymatic, colori	imetric method	4.41	mg/di.	Adult : 3.5 - 8.5 Child : 2.5 - 5.5
Creatinine Enzymatic Metho	od -	0.93	mg/dl.	Adult : 0.72 - 1.18 Child : 0.5 - 1.0
BUN		6.50	mg/dL	Adult: 7.0 - 20.0

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Approved By:

Dr.Keyur Patel

Child: 5.0 - 18.0

M.B.DCP

Generated On :

UV Method

12-Dec-2022 12:34 PM

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10-Dec-2022 07:03 PM

Page 7 of 12

CUROVIS HEALTHCARE PVT. LTD.





Reg. No : 212100496 Ref Id

Pass. No.

Collected On

: 10-Dec-2022 09:05 AM

Name : Mr. Hiren D Bhagat Rea. Date

: 10-Dec-2022 09:05 AM

Age/Sex : 40 Years Ref. By

Tele No.

Unit

Dispatch At

: EDTA Whole Blood

Location

Sample Type

Biological Ref. Interval

HEMOGLOBIN A1 C ESTIMATION

Result

Specimen: Blood EDTA

*Hb A1C

Parameter

5.8

% of Total Hb

Normal : < 5.7 %

Pre-Diabetes: 5.7 % -

6.4 %

Diabetes: 6.5 % or

higher

Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose

119.76

mg/dl_

Calculated

Degree of Glucose Control Normal Range:

Poor Control > 7.0% *

Good Control 6.0 - 7.0 %**Non-diabetic level < 6.0 %

- * High risk of developing long term complication such as retinopathy, nephropathy, neuropathy, cardiopathy,etc.
- * Some danger of hypoglycemic reaction in Type I diabetics.

/ Male

* Some glucose intolerant individuals and "subclinical" diabetics may demonstrate HbA1c levels in this area.

EXPLANATION:-

*Total haemoglobin A1 c is continuously synthesised in the red blood cell throught its 120 days life span. The concentration of HBA1c in the cell reflects the average blood glucose concentration it encounters.

- *The level of HBA1c increases proportionately in patients with uncontrolled diabetes. It reflects the average blood glucose concentration over an extended time period and remains unaffected by short-term fluctuations in blood
- *The measurement of HbA1c can serve as a convenient test for evaluating the adequacy of diabetic control and in preventing various diabetic complications. Because the average half life of a red blood cell is sixty days, HbA1c has been accepted as a measurnment which effects the mean daily blood glucose concentration, better than fasting blood glucose determination, and the degree of carbohydrate imbalance over the preceding two months.

*It may also provide a better index of control of the diabetic patient without resorting to glucose loading procedures.

HbA1c assay Interferences:

*Errneous values might be obtained from samples with abnormally elevated quantities of other Haemoglobins as a result of either their simultaneous elution with HbA1c(HbF) or differences in their glycation from that of HbA(HbS).

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M.B.DCP

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Page 8 of 12

CUROVIS HEALTHCARE PVT. LTD.







Collected On : 10-Dec-2022 09:05 AM

Reg. No

212100496

: 40 Years

Reg. Date

: 10-Dec-2022 09:05 AM

Name

: Mr. Hiren D Bhagat

7 Male

Tele No.

Age/Sex Ref. By

Pass. No.

Ref Id

Dispatch At

Location

Sample Type

: Urine Spot

Test

Result

Unit

Biological Ref. Interval

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity

20 cc

Pale Yellow

Colour Clarity

Clear

Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

4.6 - 8.0

Sp. Gravity

1.010

1.001 - 1.035

Protein

Nil

Nil

Glucose

Nil

Nil

Ketone Bodies

Nil

Nil

Urobilinogen

Nil

Nil

Bilirubin Nitrite

Nil Nil

Nil

Blood

Nil

Nil

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)

1 - 2/hpf

Absent

Erythrocytes (Red Cells)

Amorphous Material

Nil

Absent

Epithelial Cells

1 - 2/hpf

Absent

Crystals

Absent

Absent

Absent

Absent

Casts

Absent

Absent

Bacteria

Absent

Absent

Remarks

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M.B.DCP

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Page 9 of 12

CUROVIS HEALTHCARE PVT. LTD.





7 Male

: 212100496 Reg. No

Ref Id Collected On

: 10-Dec-2022 09:05 AM

Name : Mr. Hiren D Bhagat Reg. Date

: 10-Dec-2022 09:05 AM

Age/Sex : 40 Years Tele No.

Ref. By

Location

Dispatch At

Sample Type : Serum

Parameter Result Unit Biological Ref. Interval

Pass. No.

IMMUNOLOGY

THYROID FUNCTION TEST

*T3 (Triiodothyronine)

1.18

ng/ml...

0.86 - 1.92

CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus.

In the circulation, 99.7% of T3 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and prealbumin. The remaining unbound T3 is free in the circulation and is metabolically active.

In hypothyroidism and hyperthyroidism, F T3 (free T3) levels parallel changes in total T3 levels. Measuring F T3 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total 13 occur due to changes in T3 binding proteins, especially TBG.

*T4 (Thyroxine)

11.30

ng/ml.

3.2 - 12.6

CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH (thyroid stimulating hormone) and is regulated by a negative feedback mechanism involving the thyroid gland, pituitary gland and hypothalamus. In the circulation, 99.95% of T4 is reversibly bond to transport proteins, primarily thyroxine-binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin. The remaining unbound T4 is free in the circulation and is both metabolically active and a precursor to triiodothyronine (T3).

In hypothyroidism and hyperthyroidism, F T4 (free T4) levels parallel changes in total T4 levels. Measuring FT4 is useful in certain conditions such as normal pregnancy and steroid therapy, when altered levels of total T4 occur due to changes in T4 binding proteins, especially TBG.

- 1. The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding
- 2.F T4 values may be decreased in patients taking carbamazepine.
- 3. Thyroid autoantibodies in human serum may interfere and cause falsely elevated F T4 results.

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Dr.Keyur Patel

M.B.DCP

Generated On:

12-Dec-2022 12:34 PM

Approved On:

10-Dec-2022 07:03 PM Page 10 of 1

CUROVIS HEALTHCARE PVT. LTD.





TEST	REPOR'	ĺ

Reg. No

: 212100496

Ref Id

Collected On

: 10-Dec-2022 09:05 AM

Name

: Mr. Hiren D Bhagat

Reg. Date

: 10-Dec-2022 09:05 AM

Age/Sex

: 40 Years

/ Male Pass. No. Tele No.

Ref. By

Dispatch At

Location

Sample Type

: Serum

*TSH

1.518

μIU/ml

0.55 - 4.78

CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-relasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy: First Trimester :0.1 to 2.5 µIU/mL Second Trimester: 0.2 to 3.0 µIU/mL Third trimester: 0.3 to 3.0 µIU/mL

Referance: Carl A.Burtis, Edward R.Ashwood, David E.Bruns, Tietz Textbook of Clinical Chemistry and Molecular

Diagnostics, 5th Eddition, Philadelphia: WB Sounders, 2012:2170

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Page 11 of 1

CUROVIS HEALTHCARE PVT. LTD.





TEST REPORT Reg. No 212100496 Ref Id : 10-Dec-2022 09:05 AM Collected On Name : Mr. Hiren D Bhagat : 10-Dec-2022 09:05 AM Reg. Date Age/Sex : 40 Years / Male Tele No. Pass. No. Ref. By Dispatch At Sample Type : Serum Location Parameter Result Unit Biological Ref. Interval

IMMUNOLOGY

*TOTAL PROSTATE SPECIFIC ANTIGEN (PSA)
CHEMILUMINESCENT MICROPARTICLE IMMUNOASSAY

0.43

ng/mL

0 - 4

Measurement of total PSA alone may not clearly distinguish between benign prostatic hyperplasia (BPH) from cancer, this is especially true for the total PSA values between 4-8 ng/mL.

Percentage of free PSA = free PSA/total PSA X 100

Percentage of free PSA: Patients with prostate cancer generally have a lower percentage of Free PSA than patients with benign prostatic hyperplasia. Percentage Free PSA of less than 25% is a high likelihood of prostatic cancer.

..... End Of Report

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Page 12 of 1

CUROVIS HEALTHCARE PVT. LTD.



			LABORATORY REPORT			
Name	:	Mr. Hiren D Bhagat		Reg. No	:	212100496
Sex/Age	:	Male/40 Years		Reg. Date	:	10-Dec-2022 09:05 AM
Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date	:	10-Dec-2022 03:19 PM

Electrocardiogram

Findings

Normal Sinus Rhythm.

Within Normal Limit.



This is an electronically authenticated report

Dr.Jay Soni M.D, GENERAL MEDICINE

Page 1 of 4

CUROVIS HEALTHCARE PVT. LTD.



			LABORATORY REPORT			
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Sex/Age	:	Male/40 Years		Reg. Date	:	10-Dec-2022 09:05 AM
Ref. By	:			Collected On	:	
Client Name	;	Mediwheel		Report Date	:	10-Dec-2022 03:19 PM

2D Echo Colour Doppler

OBSERVATION:

2 D Echo and color flow studies were done in long and short axis, apical and Sub coastal views.

- 1. Normal LV size. No RWMA at rest.
- 2. Normal RV and RA, Mild Concentric LVH.
- 3. All Four valves are structurally normal.
- 4. Good LV systolic function. LVEF = 60%.
- 5. Reduced LV Compliance.
- 6. Trivial TR. Mild MR. No AR.
- 7. Mild PAH. RVSP = 40 mmHG.
- 8. Intact IAS and IVS.
- 9. No Clot, No Vegetation.
- 10. No pericardial effusion.

CONCLUSION

- 1. Normal LV size with Good LV systolic function.
- 2. Mild Concentric LVH. Reduced LV Compliance
- 3. Trivial TR with Mild PAH. Mild MR. No AR
- 4. No RWMA at rest.

This echo doesn't rule out any kind of congenital cardiac anomalies.

This is an electronically authenticated report

Dr.Jay Soni
M.D. GENERAL MEDICINE

Page 2 of 4

HMEDAR,

CUROVIS HEALTHCARE PVT. LTD.



			LABORATORY REPORT		,,,,	
Name	:	Mr. Hiren D Bhagat		Reg. No	:	212100496
Sex/Age	:	Male/40 Years		Reg. Date	:	10-Dec-2022 09:05 AM
Ref. By	:			Collected On	;	
Client Name	:	Mediwheel		Report Date	:	10-Dec-2022 03:36 PM

X RAY CHEST PA

Both lung fields appear clear.
No evidence of any active infiltrations or consolidation.
Cardiac size appears within normal limits.
Both costo-phrenic angles appear free of fluid.
Both domes of diaphragm appear normal.
COMMENT: No significant abnormality is detected.
End Of Report

This is an electronically authenticated report

DR DHAVAL PATEL Consultant Radiologist MB, DMRE

Reg No:0494

AHMEDAE

Page 2 of 2

CUROVIS HEALTHCARE PVT. LTD.



			LABORATORY REPORT			
Name	:	Mr. Hiren D Bhagat		Reg. No	;	212100496
Sex/Age	:	Male/40 Years		Reg. Date	:	10-Dec-2022 09:05 AM
Ref. By	:			Collected On	:	
Client Name	:	Mediwheel		Report Date	:	10-Dec-2022 03:35 PM

USG ABDOMEN

Liver appears normal in size, show increased homogenous parenchymal echo. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic billiary or portal radicals. PV is normal in caliber.

Gall bladder is normally distended. No evidence of calculus or mass seen. Gall bladder wall thickness appears normal. Pancreas appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears normal in size & normal in echopattern.

Both kidneys are normal in size, shape and position. C.M. differentiation on both sides is maintained. No evidence of hydronephrosis, calculus or solid mass on either side.

Urinary bladder contour is normal, No evidence of calculus or mass lesion.

Prostate is normal in size, show homogenous echo, outline is smooth.

No evidence of ascites.

No any lymphadenopathy seen.

No evidence of dilated small bowel loops.

COMMENTS:

Grade I fatty liver.

This is an electronically authenticated report

DR DHAVAL PATEL Consultant Radiologist MB, DMRE

Reg No:0494

Page 1 of 2

CUROVIS HEALTHCARE PVT. LTD.



LABORATORY REPORT

Name : Mr. Hiren D Bhagat Reg. No : 212100496

 Sex/Age
 : Male/40 Years
 Reg. Date
 : 10-Dec-2022 09:05 AM

Ref. By : Collected On

Client Name : Mediwheel : 10-Dec-2022 03:05 PM

Eye Check - Up

No Eye Complaints

	Without Glasses	With Glasses
Right Eye	Language of the control of the contr	6/5
Left Eye	6/36	6/5

Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

Color Vision: Normal

Comments: Normal

----- End Of Report -----



This is an electronically authenticated report

Dr Kejal Patel MB,DO(Ophth)

Page 4 of 4

CUROVIS HEALTHCARE PVT, LTD.



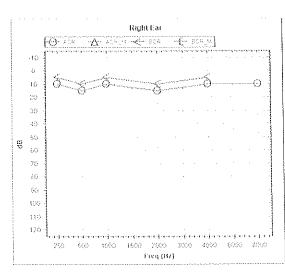
NAME: - HIREN BHAGAT.

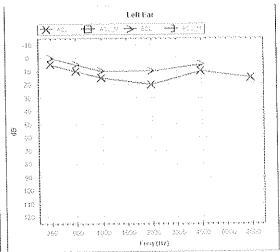
ID NO :-

AGE:- 40Y / M

Date: 10/12/2022

AUDIOGRAM





	MODE			Bone Candaction		Citimur	Threshold in dB	RIGHT	LEFT	
-	EAR	Maskeri			Judéasted	Corte	1111C31O10 111 CD			
***************************************			Х		>	(:) .:	AIR CONDUCTION	11	1.1	
	HTC-r. i	Δ	O	<u> </u>	(BONE CONDUCTION			
***************************************	NO RESPONS			.be respe		ols	SPEECH			

Comments:-

Bilateral Hearing Sensitivity Within Normal Limits.



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