



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	MAYUR NAVSABHAIKATELA
DATE OF BIRTH	21-07-1981
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	25-08-2023
BOOKING REFERENCE NO.	23S79248100067318S
SPOUSE DETAILS	
EMPLOYEE NAME	MS. PARMAR HETALI MUKESH
EMPLOYEE EC NO.	79248
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	AHMEDABAD,CHANDKHEDA
EMPLOYEE BIRTHDATE	05-12-1982

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 **23-08-2023** till **31-03-2024**.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.

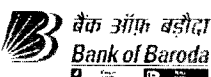
We solicit your co-operation in this regard.

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))



SUGGESTIVE LIST OF MEDICAL TESTS

FOR MALE	FOR FEMALE
CBC	CBC
ESR	ESR
Blood Group & RH Factor	Blood Group & RH Factor
Blood and Urine Sugar Fasting	Blood and Urine Sugar Fasting
Blood and Urine Sugar PP	Blood and Urine Sugar PP
Stool Routine	Stool Routine
Lipid Profile	Lipid Profile
Total Cholesterol	Total Cholesterol
HDL	HDL
LDL	LDL
VLDL	VLDL
Triglycerides	Triglycerides
HDL / LDL ratio	HDL / LDL ratio
Liver Profile	Liver Profile
AST	AST
ALT	ALT
GGT	GGT
Bilirubin (total, direct, indirect)	Bilirubin (total, direct, indirect)
ALP	ALP
Proteins (T, Albumin, Globulin)	Proteins (T, Albumin, Globulin)
Kidney Profile	Kidney Profile
Serum creatinine	Serum creatinine
Blood Urea Nitrogen	Blood Urea Nitrogen
Uric Acid	Uric Acid
HBA1C	HBA1C
Routine urine analysis	Routine urine analysis
USG Whole Abdomen	USG Whole Abdomen
General Tests	General Tests
X Ray Chest	X Ray Chest
ECG	ECG
2D/3D ECHO / TMT	2D/3D ECHO / TMT
Stress Test	Thyroid Profile (T3, T4, TSH)
PSA Male (above 40 years)	Mammography (above 40 years) and Pap Smear (above 30 years).
Thyroid Profile (T3, T4, TSH)	Dental Check-up consultation
Dental Check-up consultation	Physician Consultation
Physician Consultation	Eye Check-up consultation
Eye Check-up consultation	Skin/ENT consultation
Skin/ENT consultation	Gynaec Consultation



ભારત સરકાર
Government of India



મયુર નાવસાબ્હાઈ કાટેલા
Mayur Navsabhaji Katela
જન્મ તારીખ/DOB: 21/07/1981
પુલ/MALE



8497 9028 7157



Dr. Jay Soni
M.D. (General Medicine)
Reg. No. G-23899

Unique Identification Authority of India

Address:	આબોધ :
A-204, Aeron Elegance,	અ-૨૦૪, એરોન એલેગન્સ, અમદાવાદ
Opp.Radhe Banglows,	ઓપ્પ. રાધે બંગ્લોઝ, અમદાવાદ
Ahmedabad, Ahmedabad,	અમદાવાદ - ૩૮૨૪૨૪
Gujarat - 382424	

8497 9028 7157

MA

999 8964988



LABORATORY REPORT

Name : Mr. Mayur Navsabhai Katela
Sex/Age : Male/42 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 308101642
Reg. Date : 25-Aug-2023 09:13 AM
Collected On :
Report Date : 25-Aug-2023 12:50 PM

Medical Summary

GENERAL EXAMINATION

Height (cms) : 164

Weight (kgs) : 78.2

Blood Pressure : 110/68mmHg

Pulse : 71/Min

No Clubbing/Cynosis/Pallor/Pedel Oedem

Systemic Examination:

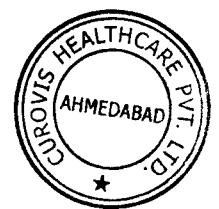
Cardio vascular System - S1,S2 Normal, No Murmur

Respiratory system - AEBE

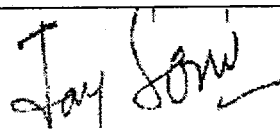
Central Nervous System - No FND

Abdomen - Soft, Non Tender, No Organomegaly

Epilepsy – N/A



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Dr. Jay Soni
M.D, GENERAL MEDICINE

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'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat


TEST REPORT

Reg. No : 308101642	Ref Id :	Collected On : 25-Aug-2023 09:13 AM
Name : Mr. Mayur Navsabhai Katela		Reg. Date : 25-Aug-2023 09:13 AM
Age/Sex : 42 Years / Male	Pass. No. :	Tele No. : 9998964988
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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HEMOGLOBIN A1 C ESTIMATION

Specimen: Blood EDTA

*Hb A1C	5.0	% of Total Hb	Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : 6.5 % or higher
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Boronate Affinity with Fluorescent Quenching

Mean Blood Glucose	96.80	mg/dL
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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.

* 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 through 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 glucose levels.

*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 measurement which reflects 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:

*Erroneous 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)

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

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Approved By :	 Dr. Keyur V Patel
	MB, DCP

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Approved On :	25-Aug-2023 09:10 PM
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Age/Sex : 42 Years / Male	Pass. No. :	Tele No. : 9998964988
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Results	Unit	Biological Ref. Interval
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COMPLETE BLOOD COUNT (CBC)

Hemoglobin (Colorimetric method)	L 12.9	g/dL	13.0 - 18.0
Hematocrit (Calculated)	L 38.70	%	47 - 52
RBC Count (Electrical Impedance)	4.90	million/cmm	4.7 - 6.0
MCV (Calculated)	79.0	fL	78 - 110
MCH (Calculated)	L 26.4	Pg	27 - 31
MCHC (Calculated)	33.4	%	31 - 35
RDW (Calculated)	L 10.5	%	11.5 - 14.0
WBC Count Flowcytometry with manual Microscopy	5570	/cmm	4000 - 10500
MPV (Calculated)	9.5	fL	7.4 - 10.4

DIFFERENTIAL WBC COUNT	[%]	EXPECTED VALUES	[Abs]	EXPECTED VALUES
Neutrophils (%)	64.80 %	42.0 - 75.2	3609 /cmm	2000 - 7000
Lymphocytes (%)	25.30 %	20 - 45	1409 /cmm	1000 - 3000
Eosinophils (%)	2.30 %	0 - 6	412 /cmm	200 - 1000
Monocytes (%)	7.40 %	2 - 10	128 /cmm	20 - 500
Basophils (%)	0.20 %	0 - 1	11 /cmm	0 - 100


PERIPHERAL SMEAR STUDY

RBC Morphology: Mild Microcytic and Hypochromic.
WBC Morphology: Normal

PLATELET COUNTS

Platelet Count (Electrical Impedance): 267000 /cmm 150000 - 450000
Electrical Impedance
Platelets: Platelets are adequate with normal morphology.
Parasites: Malarial parasite is not detected.
Comment: -

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Approved By : 
Dr. Bhavi Patel
MD (Pathology)

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Name : Mr. Mayur Navsabhai Katela		Reg. Date : 25-Aug-2023 09:13 AM
Age/Sex : 42 Years / Male	Pass. No. :	Tele No. : 9998964988
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : EDTA Whole Blood

Parameter	Result	Unit	Biological Ref. Interval
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HEMATOLOGY**BLOOD GROUP & RH**

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

ABO	"B"
Rh (D)	Positive
Note	-

ERYTHROCYTE SEDIMENTATION RATE [ESR]

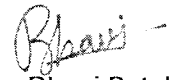
ESR 1 hour <i>Westergreen method</i>	02	mm/hr	ESR AT 1 hour : 1-7
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ERYTHRO SEDIMENTATION RATE, BLOOD -

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 pregnancy 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 (<1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

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Reg. No : 308101642 **Ref Id** : **Collected On** : 25-Aug-2023 09:13 AM
Name : Mr. Mayur Navsabhai Katela **Reg. Date** : 25-Aug-2023 09:13 AM
Age/Sex : 42 Years / Male **Pass. No.** : **Tele No.** : 9998964988
Ref. By : **Dispatch At** :
Location : CHPL **Sample Type** : Flouride F,Flouride PP

Parameter	Result	Unit	Biological Ref. Interval
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FASTING PLASMA GLUCOSE
Specimen: Flouride plasma

Fasting Blood Sugar (FBS) <i>GOD-POD Method</i>	99.10	mg/dL	70 - 110
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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.
- Or
3. 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
4. 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) <i>GOD-POD Method</i>	111.9	mg/dL	70 - 140
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Dr. Bhavi Patel
MD (Pathology)

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Age/Sex : 42 Years / Male	Pass. No. :	Tele No. : 9998964988
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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Lipid Profile

Cholesterol	245.00	mg/dL	Desirable: <200.0 Borderline High: 200-239 High: >240.0
<i>Enzymatic, colorimetric method</i>			
Triglyceride	182.50	mg/dL	Normal: <150.0 Borderline: 150-199 High: 200-499 Very High: > 500.0
<i>Enzymatic, colorimetric method</i>			
HDL Cholesterol	41.30	mg/dL	Low: <40 High: >60
<i>Accelerator selective detergent method</i>			
LDL	167.20	mg/dL	Optimal: < 100.0 Near Optimal: 100-129 Borderline High: 130-159 High : 160-189 Very High : >190.0
<i>Calculated</i>			
VLDL	36.50	mg/dL	15 - 35
<i>Calculated</i>			
LDL / HDL RATIO	4.05		0 - 3.5
<i>Calculated</i>			
Cholesterol /HDL Ratio	5.93		0 - 5.0
<i>Calculated</i>			

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Bhavi Patel
Approved By : Dr. Bhavi Patel
MD (Pathology)

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Name : Mr. Mayur Navsabhai Katela		Reg. Date : 25-Aug-2023 09:13 AM
Age/Sex : 42 Years Male	Pass. No. :	Tele No. : 9998964988
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum


Parameter	Result	Unit	Biological Ref. Interval
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LFT WITH GGT

Total Protein	7.79	gm/dL	1Day: 3.4-5.0 1Day to 1Month: 4.6-6.8 2 to 12Months: 4.8-7.6 >=1Year: 6.0-8.0 Adults: 6.6-8.7
<i>Biuret Reaction</i>			
Albumin	5.05	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
<i>By Bromocresol Green</i>			
Globulin (Calculated)	2.74	g/dL	2.3 - 3.5
A/G Ratio (Calculated)	1.84		0.8 - 2.0
SGOT	37.60	U/L	0 - 40
<i>UV without P5P</i>			
SGPT	43.50	U/L	0 - 40
<i>UV without P5P</i>			
Alakaline Phosphatase	126.4	IU/l	53 - 128
<i>P-nitrophenyl phosphatase-AMP Buffer, Multiple-point rate</i>			
Total Bilirubin	0.97	mg/dL	0 - 1.2
<i>Vanadate Oxidation</i>			
Conjugated Bilirubin	0.23	mg/dL	0.0 - 0.4
Unconjugated Bilirubin	0.74	mg/dL	0.0 - 1.1
<i>Calculated</i>			
GGT	13.80	mg/dL	< 49
<i>SZASZ Method</i>			

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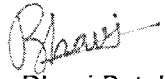
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Name : Mr. Mayur Navsabhai Katela **Reg. Date** : 25-Aug-2023 09:13 AM
Age/Sex : 42 Years / Male **Pass. No.** : **Tele No.** : 9998964988
Ref. By : **Dispatch At** :
Location : CHPL **Sample Type** : Serum

Parameter	Result	Unit	Biological Ref. Interval
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BIO - CHEMISTRY

Uric Acid <i>Enzymatic, colorimetric method</i>	5.45	mg/dL	3.5 - 7.2
Creatinine <i>Enzymatic Method</i>	0.67	mg/dL	0.9 - 1.3
BUN <i>UV Method</i>	8.80	mg/dL	6.0 - 20.0

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Name : Mr. Mayur Navsabhai Katela		Reg. Date : 25-Aug-2023 09:13 AM
Age/Sex : 42 Years / Male	Pass. No. :	Tele No. : 9998964988
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Urine Spot

Test	Result	Unit	Biological Ref. Interval
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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Quantity	20 cc	
Colour	Pale Yellow	
Clarity	Clear	Clear

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)


pH	5.0	4.6 - 8.0
Sp. Gravity	1.000	1.001 - 1.035
Protein	Nil	Nil
Glucose	Nil	Nil
Ketone Bodies	Nil	Nil
Urobilinogen	Nil	Nil
Bilirubin	Nil	
Nitrite	Nil	Nil
Blood	Nil	Nil

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	1 - 2/hpf	Absent
Erythrocytes (Red Cells)	Nil	Absent
Epithelial Cells	Occasional	Absent
Crystals	Absent	Absent
Casts	Absent	Absent
Amorphous Material	Absent	Absent
Bacteria	Absent	Absent
Remarks	-	

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Dr. Bhavi Patel
MD (Pathology)

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Age/Sex : 42 Years / Male	Pass. No. :	Tele No. : 9998964988
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
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IMMUNOLOGY

THYROID FUNCTION TEST

T3 (Triiodothyronine)	1.43	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 T3 occur due to changes in T3 binding proteins, especially TBG.

T4 (Thyroxine)	10.20	µg/dL	3.2 - 12.6
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CHEMILUMINECENT 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.

Limitations:

- 1.The anticonvulsant drug phenytoin may interfere with total and F T4 levels due to competition for TBG binding sites.
- 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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Approved By : Dr. Keyur V Patel
MB,DCP

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Age/Sex : 42 Years / Male Pass. No. : Tele No. : 9998964988
Ref. By : Dispatch At :
Location : CHPL Sample Type : Serum

TSH 2.700 μ IU/ml 0.35 - 5.50
CHEMILUMINECENT 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-releasing 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 μ IU/mL
Second Trimester : 0.2 to 3.0 μ IU/mL
Third trimester : 0.3 to 3.0 μ IU/mL

Referance : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Eddition. Philadelphia: WB Saunders,2012:2170

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* This test has been out sourced.

Approved By :  **Dr. Keyur V Patel**
MB,DCP

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Approved On : 25-Aug-2023 07:43 PM
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CUROVIS HEALTHCARE PVT. LTD.

'B' Block, Mondeal Business Park, Near Gurudwara, Bodakdev, S.G. Highway, Ahmedabad - 380 054, Gujarat



TEST REPORT

Reg. No : 308101642	Ref Id :	Collected On : 25-Aug-2023 09:13 AM
Name : Mr. Mayur Navsabhai Katela		Reg. Date : 25-Aug-2023 09:13 AM
Age/Sex : 42 Years / Male	Pass. No. :	Tele No. : 9998964988
Ref. By :		Dispatch At :
Location : CHPL		Sample Type : Serum

Parameter	Result	Unit	Biological Ref. Interval
------------------	---------------	-------------	---------------------------------

IMMUNOLOGY

*TOTAL PROSTATE SPECIFIC ANTIGEN (PSA) <small>CHEMILUMINECENT MICROPARTICLE IMMUNOASSAY</small>	0.17	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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Approved By : 
Dr. Bhavi Patel
MD (Pathology)

Generated On : 25-Aug-2023 08:19 PM

Approved On : 25-Aug-2023 11:07 AM
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LABORATORY REPORT

Name : Mr. Mayur Navsabhai Katela
Sex/Age : Male/42 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 308101642
Reg. Date : 25-Aug-2023 09:13 AM
Collected On :
Report Date : 25-Aug-2023 01:17 PM

Electrocardiogram

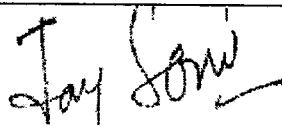
Findings

Normal Sinus Rhythm.

Within Normal Limit.



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Dr. Jay Soni
M.D, GENERAL MEDICINE

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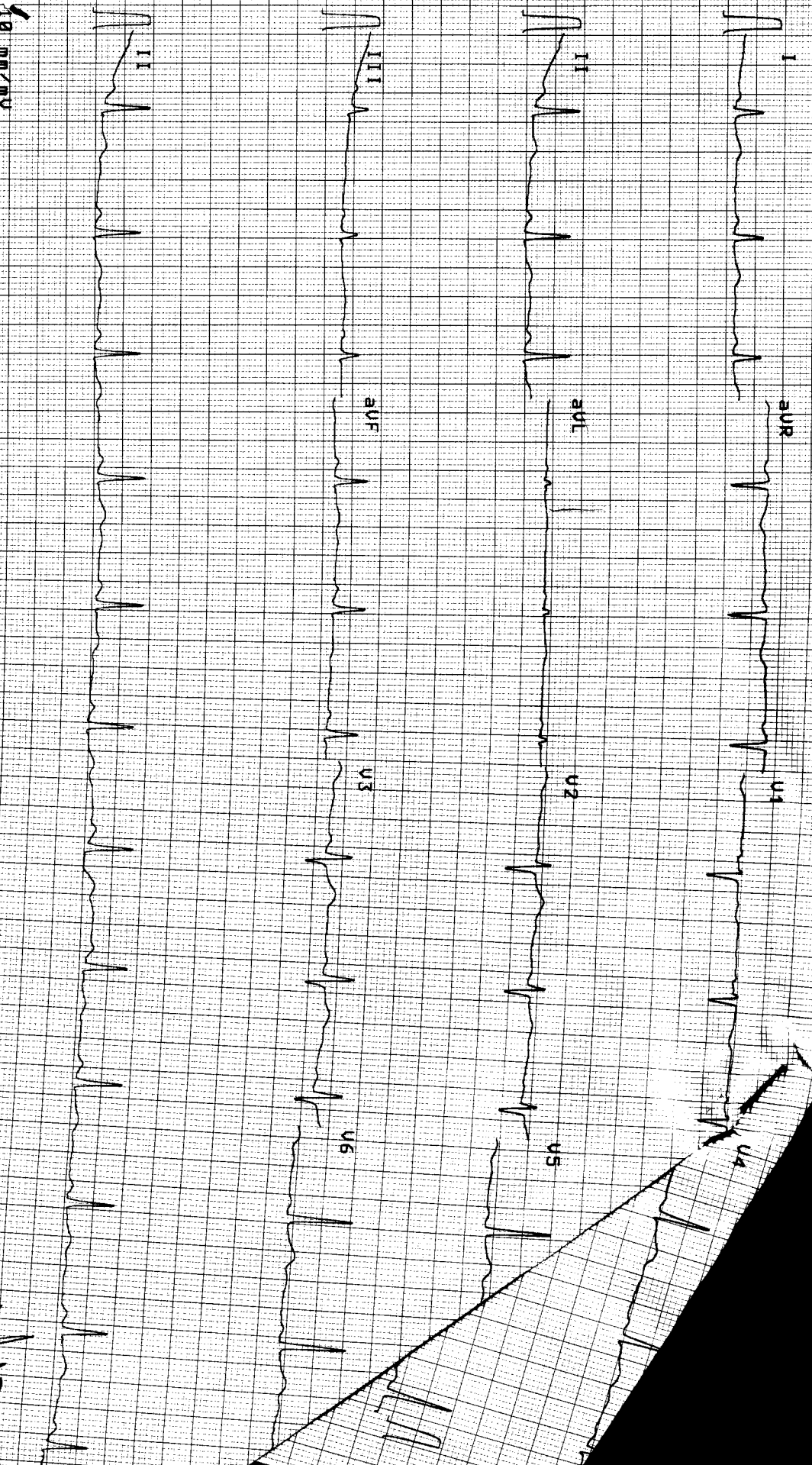
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NAME: MAYUR KATELA
 AGE: 42 years
 SEX: Male
 HT: 164 cm
 WT: 78 kg

HR: 71/min
 PR: 138 ms
 QRS: 74 ms
 QT: 388 ms
 QTc: 415 ms (Bazett)
 10 mm/mV

P axis: 49°
 QRS: 52°
 T: 31°

P (II): 0.11 mV
 S (V1): -0.60 mV
 R (V5): 1.38 mV
 Sokol: 1.90 mV



10 mm/mV
 0.05-25 Hz FS0 SSF SBS 25.08.2023 10:51:39
 CURIOUS HEALTHCARE
 RT-102PLUS 1.24 C



LABORATORY REPORT

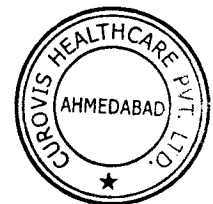
Name : Mr. Mayur Navsabhai Katela
Sex/Age : Male/42 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 308101642
Reg. Date : 25-Aug-2023 09:13 AM
Collected On :
Report Date : 25-Aug-2023 11:49 AM

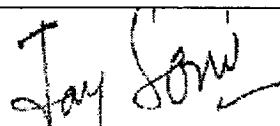
2D Echo Colour Doppler

1. Mild concentric LVH.
2. Normal sized LA, LV, RA, RV.
3. Normal LV systolic function, LVEF: 60%.
4. No RWMA.
5. Reduced LV compliance.
6. All cardiac valves are structurally normal.
7. Mild MR, Trivial TR, Trivial PR, No AR.
8. Mild PAH, RVSP: 38 mm Hg.
9. IAS/IVS: Intact.
10. No clot/vegetation/pericardial effusion.
11. No coarctation of aorta.

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



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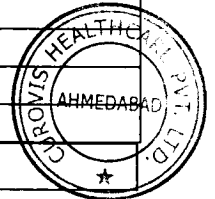
M MODE FINDINGS:

MITRAL VALVE	OBSERVED	NORMAL VALUES	LV FUNCTION
Anterior leaflet	Normal		LVA(d) :
EF Slope		70-150mm/sec	LVL (d) :
Opening Amplitude			LVA(s) :
Posterior leaflet	Normal		LVL(s) :
E.P.S.S.		mm	LVV(d) :
Mitral Valve Prolapse	No		LVV(s) :
Vegetation	No		LVEF : 60%
TRICUSPID VALVE		LV COMPLIANCE	
Normal		REDUCED	

PULMONARY VALVE	OBSERVED	NORMAL VALUES	MVO AREA
EF Slope		6-115 mm	By Planimetry :
A' Wave -			
Midsystolic notch -			By PHT :
Flutter -			
Other Findings			

DIMENSIONS:			AORTIC VALVE		
1. Lvd. (Diastole)	46 mm		Cuspal Opening	16mm	
2. Lvd. (Systole)	24 mm	24-42 mm	Closure line	Central	
3. RVID (Diastole)	13mm	7-23 mm	Eccentricity index	1	
4. IVS (Diastole)	10mm		Other findings	Absent	
5. IVS (Systole)	12mm				
6. LVPWT (Diastole)	10mm	6-11 mm			
7. LVPM (Systole)	12mm				
8. Aortic root	30 mm	22-37 mm			
9. Left Atrium:	37 mm	19-40 mm			
10. LVEF	60%				

COLOUR DOPPLER FINDINGS:			
STRUCTURE	REGURG GRADING	VELOCITY1 m/sec Max/Mean	GRADIENT 5 Mm Hg Peak/Mean
MITRAL VALVE	Mild	0.90	3.30
TRICUSPID VALVE	Trivial	0.58	1.40
PULMONARY VALVE	Trivial	0.75	2.25
AORTIC	No	1.20	6.0



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LABORATORY REPORT

Name : Mr. Mayur Navsabhai Katela
Sex/Age : Male/42 Years
Ref. By :
Client Name : Mediwheel

Reg. No : 308101642
Reg. Date : 25-Aug-2023 09:13 AM
Collected On :
Report Date : 25-Aug-2023 03:56 PM

X RAY CHEST PA

Both lung fields appear clear.

No evidence of any active infiltrations or consolidation.

Cardiac size appears within normal limits.

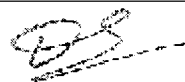
Both costo-phrenic angles appear free of fluid.

Both domes of diaphragm appear normal.

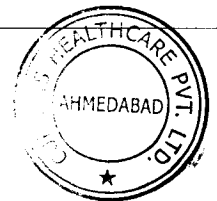
COMMENT: No significant abnormality is detected.

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

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DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE
Reg No:0494



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LABORATORY REPORT

Name :	Mr. Mayur Navsabhai Katela	Reg. No :	308101642
Sex/Age :	Male/42 Years	Reg. Date :	25-Aug-2023 09:13 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	25-Aug-2023 03:55 PM

USG ABDOMEN

Liver appears normal in size & echogenicity. No evidence of focal solid or cystic lesion seen. No evidence of dilatation of intra-hepatic biliary 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 Visualized portion appears normal in size and echopattern. No evidence of focal lesions.

Spleen appears normal in size & echopattern. No evidence of focal lesions.

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 is partially distended. No evidence of calculus or mass.

Prostate appears normal in size and echopattern. No evidence of focal lesions.

No evidence of free fluid in peritoneal cavity.

No evidence of para-aortic lymph adenopathy.

No evidence of dilated small bowel loops.

COMMENTS :

NO SIGNIFICANT ABNORMALITY DETECTED.

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DR DHAVAL PATEL
Consultant Radiologist
MB,DMRE

Reg No:0494



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LABORATORY REPORT

Name :	Mr. Mayur Navsabhai Katela	Reg. No :	308101642
Sex/Age :	Male/42 Years	Reg. Date :	25-Aug-2023 09:13 AM
Ref. By :		Collected On :	
Client Name :	Mediwheel	Report Date :	25-Aug-2023 12:19 PM

Eye Check - Up

No Eye Complaints

RIGHT EYE

SP: +0.25

CY: -5.75

AX: 150

LEFT EYE

SP : -0.75

CY : -0.75

AX :137

	Without Glasses	With Glasses
Right Eye	6/18	6/5
Left Eye	6/9	6/5

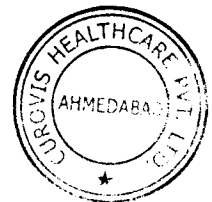
Near Vision: Right Eye - N/6, Left Eye - N/6

Fundus Examination - Within Normal Limits.

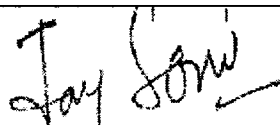
ColorVision : Normal

Comments: Normal

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M.D, GENERAL MEDICINE

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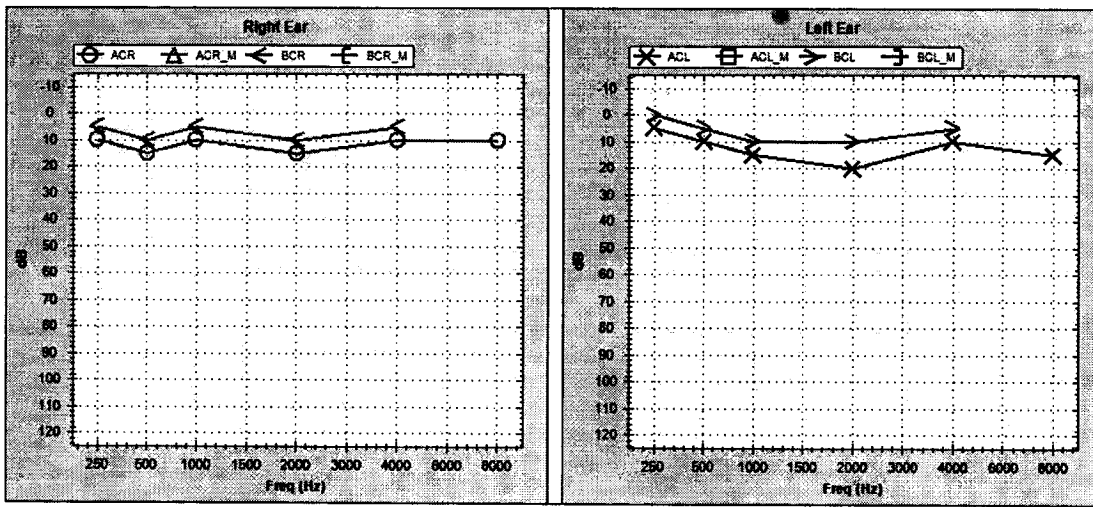


LABORATORY REPORT

Name : Mr. Mayur Navsabhai Katela
 Sex/Age : Male/42 Years
 Ref. By :
 Client Name : Mediwheel

Reg. No : 308101642
 Reg. Date : 25-Aug-2023 09:13 AM
 Collected On :
 Report Date : 25-Aug-2023 12:19 PM

AUDIOGRAM



EAR	MODE	Air Conduction		Bone Conduction		Colour Code
		Masked	UnMasked	Masked	UnMasked	
LEFT		□	×	⌋	>	Blue
RIGHT		△	○	⌈	<	Red

NO RESPONSE : Add ↓ below the respective symbols

Threshold In dB	RIGHT	LEFT
AIR CONDUCTION	10.5	10.5
BONE CONDUCTION		
SPEECH		

Comments: - Bilateral Hearing Sensitivity Within Normal Limits.



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Jay Soni

Dr. Jay Soni

M.D. GENERAL MEDICINE

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