



BHAILAL AMIN GENERAL HOSPITAL



CONCLUSION OF HEALTH CHECKUP

ECU Number : 10984

Age : 42

Weight : 62.5

Date : 15/04/2024

MR Number : 23206903

Sex : Male

Ideal Weight : 59

Patient Name: VIVEK GOVARDHAN TELGOTE

Height : 159

BMI : 24.72

*Anemia
Dyslipidemia*

*A
Life Style Modification*

*Tal Lurogin 2 (3-
0-1-0*

M
Dr. Manish Mittal

Internal Medicine

Note : General Physical Examination & routine Investigations included in the Health Checkup have certain limitations and may not be able to detect all the latent and asymptomatic diseases.



BHAILAL AMIN GENERAL HOSPITAL

ESTD. 1964



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Ideal Weight : 59

Patient Name : VIVEK GOVARDHAN TELG OTE
Height : 159
BMI : 24.72

Past H/O : NO P/H/O ANY MAJOR ILLNESS

Present H/O : ACIDITY ON AND OFF

Family H/O : NO F/H/O ANY MAJOR ILLNESS

Habits : NO
Gen.Exam. : G.C.GOOD
B.P : 134/90
Pulse : 84/MIN REG
Others : SPO2 99 %
C.V.S : NAD
R.S. : NAD
Abdomen : NP
Spleen : NP
Skin : NAD
C.N.S : NAD
Advice :



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Date : 15/04/2024

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Patient Name: VIVEK GOVARDHAN TELGOTE

Height : 159

BMI : 24.72

Ophthalmic Check Up :

Right

Left

Ext Exam

NIL

Vision Without Glasses

-

-

Vision With Glasses

6/6 N.5

6/6 N.5

Final Correction

NORMAL

NORMAL

Fundus

NORMAL

Corneal Vision

NORMAL

Advice

NIL

Orthopaedic Check Up :

Ortho Consultation

Ortho Advice

ENT Check Up :

Ear

Nose

Throat

Hearing Test

ENT Advice

General Surgery Check Up :

General Surgery

Abdominal Lump

Hernia

External Genitals

PVR

Proctoscopy

Any Other

Surgical Advice



Patient Name : Mr. VIVEK GOVARDHAN TELGOTE
 Gender / Age : Male / 42 Years 9 Months 11 Days
 MR No / Bill No. : 23206903 / 251005393
 Consultant : Dr. Manish Mittal
 Location : OPD

Type : OPD
 Request No. : 219184
 Request Date : 15/04/2024 08:32 AM
 Collection Date : 15/04/2024 09:15 AM
 Approval Date : 15/04/2024 02:29 PM

CBC + ESR

Test	Result	Units	Biological Ref. Range
Haemoglobin.			
Haemoglobin	<u>10.6</u>	gm/dL	13 - 17
Red Blood Cell Count (T-RBC)	<u>6.44</u>	mill/cmm	4.5 - 5.5
Hematocrit (HCT)	<u>37.2</u>	%	40 - 50
Mean Corpuscular Volume (MCV)	<u>57.8</u>	fl	83 - 101
Mean Corpuscular Haemoglobin (MCH)	<u>16.5</u>	pg	27 - 32
MCH Concentration (MCHC)	<u>28.5</u>	%	31.5 - 34.5
Red Cell Distribution Width (RDW-CV)	<u>21.3</u>	%	11.6 - 14
Red Cell Distribution Width (RDW-SD)	<u>38.4</u>	fl	39 - 46
Total Leucocyte Count (TLC)			
Total Leucocyte Count (TLC)	8.75	thou/cmm	4 - 10
Differential Leucocyte Count			
Polymorphs	68	%	40 - 80
Lymphocytes	23	%	20 - 40
Eosinophils	03	%	1 - 6
Monocytes	06	%	2 - 10
Basophils	00	%	0 - 2
Polymorphs (Abs. Value)	5.95	thou/cmm	2 - 7
Lymphocytes (Abs. Value)	2.06	thou/cmm	1 - 3
Eosinophils (Abs. Value)	<u>0.19</u>	thou/cmm	0.2 - 0.5
Monocytes (Abs. Value)	0.48	thou/cmm	0.2 - 1
Basophils (Abs. Value)	0.07	thou/cmm	0.02 - 0.1
Immature Granulocytes	0.5	%	1 - 3 : Borderline > 3 : Significant
Platelet Count			
Platelet Count	293	thou/cmm	150 - 410
Smear evaluation	Adequate		
Remarks	Hypochromia (+), Microcytosis (+), Anisocytosis (+), Elliptocytes (+). Few target cells seen.		

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.



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CBC + ESR

Test	Result	Units	Biological Ref. Range
ESR	11	mm/1 hr	0 - 10

Immature Granulocyte (IG) count is a useful early marker of infection or inflammation, even when other markers are normal. It is an early and rapid discrimination of bacterial from viral infections. It is also increased in patients on steroid therapy / chemotherapy or haematological malignancy. High IG is always pathological; except in pregnancy and neonates of < 7 days.

Method : HB by Non-Cyanide Hemoglobin analysis method. HCT by RBC pulse height detection method. RBC, TLC & PLC are by Particle Count by Electrical Impedance in Cell Counter by Fluorescent flow cytometry using a semi-conductor laser and hydrodynamic focusing in dedicated channels. Optical Platelets by Fluorescent + Laser Technology. MCV, MCH, MCHC, RDW (CV & SD) are calculated parameter. DLC by Flowcytometry method using semi-conductor Laser+Smear verification.

ESR on ESL-30, comparable to Westergrens method and in accordance to ICSH reference method.

— End of Report —

Dr. Ameet Soni
MD (Path)



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Fasting Plasma Glucose

Test	Result	Units	Biological Ref. Range
<i>Fasting Plasma Glucose</i>			
Fasting Plasma Glucose	92	mg/dL	70 - 110
Post Prandial 2 Hr. Plasma Glucose	90	mg/dL	70 - 140

By Hexokinase method on EXL Dade Dimension

--- End of Report ---

Dr. Rakesh Vaidya
MD (Path). DCP.

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GENERAL HOSPITAL

DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. VIVEK GOVARDHAN TELGOTE
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Approval Date : 15/04/2024 12:53 PM

Haematology

Test	Result	Units	Biological Ref. Range
Blood Group			
ABO system	B		
Rh system.	Positive		

By Gel Technology / Tube Agglutination Method

Note :

- This blood group has been done with new sensitive Gel Technology using both Forward and Reverse Grouping Card with Autocontrol.
- This method check's group both on Red blood cells and in Serum for "ABO" group.

--- End of Report ---

Dr. Ameer Soni
MD (Path)

Test Results are dependent on a number of variables & technical limitations. Hence, it is advised to correlate with clinical findings and other related investigations before any firm opinion is made. Recheck / retest may be requested.



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Complete Lipid Profile

Test	Result	Units	Biological Ref. Range
Complete Lipid Profile			
Appearance	Clear		
Triglycerides	146	mg/dL	1 - 150
<i>(Done by Lipase /Glycerol kinase on Vitros 5600)</i>			
<i>< 150 Normal</i>			
<i>150-199 Borderline High</i>			
<i>200-499 High</i>			
<i>> 499 Very High)</i>			
Total Cholesterol	214	mg/dL	1 - 200
<i>(Done by Colorimetric - Cholesterol Oxidase, esterase, peroxidase on Vitros 5600.</i>			
<i><200 mg/dL - Desirable</i>			
<i>200-239 mg/dL - Borderline High</i>			
<i>> 239 mg/dL - High)</i>			
HDL Cholesterol	40	mg/dL	40 - 60
<i>(Done by Colorimetric: non HDL precipitation method PTA/MgCl2 on Vitros 5600)</i>			
<i>< 40 Low</i>			
<i>> 60 High)</i>			
Non HDL Cholesterol (calculated)	174	mg/dL	1 - 130
<i>(Non- HDL Cholesterol</i>			
<i>< 130 Desirable</i>			
<i>139-159 Borderline High</i>			
<i>160-189 High</i>			
<i>> 191 Very High)</i>			
LDL Cholesterol	142	mg/dL	1 - 100
<i>(Done by Enzymatic (Two Step CHE/CHO/POD) on Vitros 5600</i>			
<i>< 100 Optimal</i>			
<i>100-129 Near / above optimal</i>			
<i>130-159 Borderline High</i>			
<i>160-189 High</i>			
<i>> 189 Very High)</i>			
VLDL Cholesterol (calculated)	29.2	mg/dL	12 - 30
LDL Ch. / HDL Ch. Ratio	3.55		2.1 - 3.5
T. Ch./HDL Ch. Ratio	5.35		3.5 - 5
<i>(Recent NECP / ATP III Guidelines / Classification (mg/dl) :)</i>			

— End of Report —

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Liver Function Test (LFT)

Test	Result	Units	Biological Ref. Range
Bilirubin			
Bilirubin - Total	0.89	mg/dL	0 - 1
Bilirubin - Direct	0.28	mg/dL	0 - 0.3
Bilirubin - Indirect	0.61	mg/dL	0 - 0.7
<i>(Done by Dual Wavelength - Reflectance Spectrophotometry on Vitros 5600)</i>			
Aspartate Aminotransferase (SGOT/AST)	26	U/L	15 - 40
<i>(Done by Multipoint Rate Colorimetric with P-5-P on Vitros 5600)</i>			
Alanine Aminotransferase (SGPT/ALT)	18	U/L	16 - 63
<i>(Done by Multipoint-Rate/Colorimetric with P-5-P (pyridoxa-5-phosphate) on Vitros 5600)</i>			
Alkaline Phosphatase	96	U/L	53 - 128
<i>(Done by Multipoint-Rate - p-nitrophenyl Phosphate, AMP buffer on Vitros 5600)</i>			
Gamma Glutamyl Transferase (GGT)	33	U/L	15 - 85
<i>(Done by Multipoint Rate - L-γ³-glutamyl-p-nitroanilide on Vitros 5600)</i>			
Total Protein			
Total Proteins	8.02	gm/dL	6.4 - 8.2
Albumin	4.51	gm/dL	3.4 - 5
Globulin	3.51	gm/dL	3 - 3.2
A : G Ratio	1.28		1.1 - 1.6
<i>(Done by Biuret endpoint and Bromocresol green method on vitros 5600.)</i>			

— End of Report —

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Renal Function Test (RFT)

Test	Result	Units	Biological Ref. Range
Urea (Done by Endpoint/Colorimetric - Urease on Vitros 5600)	8	mg/dL	10 - 45
BUN	3.74	mg/dL	5 - 21
Creatinine (By Modified Kinetic Jaffe Technique)	0.72	mg/dL	0.9 - 1.3
Estimate Glomerular Filtration rate (Ref. range : > 60 ml/min for adults between age group of 18 to 70 yrs. EGFR Calculated by IDMS Traceable MDRD Study equation. Reporting of eGFR can help facilitate early detection of CKD. By Modified Kinetic Jaffe Technique)	More than 60		
Uric acid (Done by Colorimetric - Uricase, Peroxidase on Vitros 5600)	5.0	mg/dL	3.4 - 7.2

— End of Report —

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HbA1c (Glycosylated Hb)

Test	Result	Units	Biological Ref. Range
HbA1c (Glycosylated Hb)			
Glycosylated Hemoglobin (HbA1c)	5.0	%	
estimated Average Glucose (e AG) *	96.8	mg/dL	

(Method:

By Automated HPLC analyser on D-10 Biorad. NGSP Certified, US-FDA approved, Traceable to IFCC reference method.

* Calculated valued for past 60 days, derived from HbA1c %, based on formula recommended by the A1c - Derived Average Glucose study from ADA and EASD funded The ADAG trial.

Guidelines for Interpretation:

Indicated Glycemic control of previous 2-3 months

HbA1c%	e AG (mg/dl)	Glycemic control
> 8	> 183	Action suggested...High risk of developing long-term complications. Action suggested, depends on individual patient circumstances
7 - 8	154 - 183	Good
< 7	< 154	Goal...Some danger of hypoglycemic reaction in type I Diabetics. Some Glucose intolerant individuals and Sub-Clinical diabetics may demonstrate (elevated) HbA1c in this area.
6 - 7	126 - 154	Near Normal
< 6	< 126	Nondiabetic level)

--- End of Report ---

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Thyroid Hormone Study

Test	Result	Units	Biological Ref. Range
Triiodothyronine (T3)	1.42	ng/ml	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (ng/ml)</i>			
1 - 3 days	: 0.1 - 7.4		
1-11 months	: 0.1 - 2.45		
1-5 years	: 0.1 - 2.7		
6-10 years	: 0.9 - 2.4		
11-15 years	: 0.8 - 2.1		
16-20 years	: 0.8 - 2.1		
Adults (20 - 99 years)	: 1.07 - 1.85		
Pregnancy (in last 5 months)	: 1.2 - 2.5		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroxine (T4)	8.99	mcg/dL	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (mcg/dL)</i>			
1 - 3 days	: 11.8 - 22.6		
1- 2 weeks	: 9.8 - 16.6		
1 - 4 months	: 7.2 - 14.4		
4 - 12 months	: 7.8 - 16.5		
1-5 years	: 7.3 - 15.0		
5 - 10 years	: 6.4 - 13.3		
10 - 20 years	: 5.6 - 11.7		
Adults (20-99 years)	: 5.91 - 12.98		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			
Thyroid Stimulating Hormone (US-TSH)	0.952	microIU/ml	
<i>(Done by CLIA based method on automated immunoassay Vitros 5600.)</i>			
<i>Reference interval (microIU/ml)</i>			
Infants (1-4 days)	: 1.0 - 39		
2-20 weeks	: 1.7 - 9.1		
5 months - 20 years	: 0.7 - 6.4		
Adults (20-99 years)	: 0.4001 - 4.049		
<i>Pregnancy :</i>			
1st trimester	: 0.3 - 4.5		
2nd trimester	: 0.5 - 4.6		
3rd trimester	: 0.8 - 5.2		
<i>(Reference : Tietz - Clinical guide to laboratory test, 4th edition)</i>			

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— End of Report —

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MD (Path). DCP.



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 Request Date : 15/04/2024 08:32 AM
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 Approval Date : 15/04/2024 03:03 PM

PSA (Prostate Specific Antigen)

Test	Result	Units	Biological Ref. Range
Total PSA	0.327	ng/ml	0 - 4

(Method : Done by CLIA based method on automated immunoassay Vitros 5600.)

Remark :

Age related reference range for interpretation :

< 40 yrs : 0.21 - 1.72

40 - 49 yrs : 0.27 - 2.19

50 - 59 yrs : 0.27 - 3.42

60 - 69 yrs : 0.27 - 6.16

>69 yrs : 0.21 - 6.77

TPSA may be raised usually mildly in benign prostatic conditions like hyperplasia. Typically 30 % of BPH may show values between 4-10 and 7 % between 10-40.

In Prostatic Malignancy 43 % show values below 4

21 % between 4 to 10

20 % between 10 to 40 &

16 % above 40)

— End of Report —

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Urine routine analysis (Auto)

Test	Result	Units	Biological Ref. Range
Physical Examination			
Quantity	30	mL	
Colour	Pale Yellow		
Appearance	Clear		
Chemical Examination (By Reagent strip method)			
pH	7.5		4.6 - 8.0
Specific Gravity	1.006		1.005 - 1.030
Protein	Negative		Negative
Glucose	Negative		Negative
Ketones	Negative		Negative
Bilirubin	Negative		Negative
Urobilinogen	Negative		Negative (upto 1)
Blood	Negative		Negative
Leucocytes	Negative		Negative
Nitrite	Negative		Negative
Microscopic Examination (by Microscopy after Centrifugation at 2000 rpm for 10 min or on fully automated Sysmex urine sedimentation analyzer UF4000)			
Red Blood Cells	0 - 1	/hpf	0 - 2
Leucocytes	0 - 1	/hpf	0 - 5
Epithelial Cells	0 - 1	/hpf	0 - 5
Casts	Nil	/lpf	Nil
Crystals	Nil	/hpf	Nil
Mucus	Absent	/hpf	Absent
Organism	Absent		

Reference : Wallach`s Interpretation to laboratory test, 10th edition

— End of Report —

Dr. Ameer Soni
MD (Path)



Patient Name : Mr. VIVEK GOVARDHAN TELGOTE
 Gender / Age : Male / 42 Years 9 Months 11 Days
 MR No / Bill No. : 23206903 / 251005397
 Consultant : Dr. BAGH Doctor
 Location : OPD

Type : OPD
 Request No. : 219185
 Request Date : 15/04/2024 08:37 AM
 Collection Date : 15/04/2024 09:16 AM
 Approval Date : 15/04/2024 03:05 PM

Vitamin B12

Test	Result	Units	Biological Ref. Range
Vitamin B12			
Vitamin B12 Level	273	pg/ml	200 - 900

(Done by CLIA based method on automated immunoassay Vitros 5600.)

Interpretation :

Normal : 200 - 900
 Intermediate : 179 - 200
 Deficiency : < 179

* Fasting sample is required.

* Therapeutic intake during preceding days (Oral-3 days, Parenteral 3 wks) may lead to increased level.)

Vitamin D Total (25 OH Vit D) 44.0 ng/ml

Test	Health based	Reference range
Vitamin D Total	Deficiency	< 20 ng/ml
(25 Hydroxy Calciferol)	Insufficiency	20-30 ng/ml
	Sufficiency	30-80 ng/ml
	Possible toxicity	> 80 ng/ml

Serum or heparinised plasma

Method : Done by CLIA based method on automated immunoassay Vitros 5600

- Vitamin D level varies amongst populations and according to sunshine exposure (peaks in summer months) and nutritional habits and status, hence health based reference range is preferred to usual population based reference intervals.

- 25 (OH) Calciferol (25 (OH) D) is circulating form of Vitamin D. It is at present the best indicator of Vitamin D status. Fraction of circulating 25 (OH) D is converted to its active metabolites 1-25 (OH) D mainly by the kidneys. This process is regulated by PTH.

- If on supplemental therapy, it should be stopped for 3 to 4 days prior to testing.

Classic (nutritional) vitamin D deficiency results in bone demineralization, which may lead to rickets in children and osteomalacia or osteoporosis in adults. Because calcium levels affect muscle strength, vitamin D deficiency can result in muscle weakness and an increased risk of falls in the elderly. Levels of 25 (OH) D vary with exposure to sunlight, peaking in the summer months.

Decreased vitamin D levels have been linked with an increased incidence of colon, breast, and prostate cancer, as well as a higher mortality from these cancer, and an increased incidence of congestive heart failure, depression and schizophrenia. Individuals Suitable for Testing

* Individuals with suspected vitamin D deficiency (e.g., those with persistent, nonspecific musculoskeletal pain ; the elderly ; housebound individuals ; those with malabsorptive syndromes ; those receiving treatment with anticonvulsants)

Individuals with suspected toxicity (e.g. those with anemia of obscure origin, unexplained renal disease, etc.)

Individuals being treated for vitamin D- related disorders.

What abnormal results mean:

* Lower-than normal levels suggest a vitamin D deficiency. This condition can result from :

Lack of exposure to sunlight

Lack of adequate vitamin D in the diet

Liver and Kidney diseases

Malabsorption

Use of certain medicines, including phenytoin, Phenobarbital, and rifampicin

* Higher-than - normal levels suggest excess vitamin D (hypervitaminosisD.)

— End of Report —

Dr. Rakesh Vaidya
MD (Path). DCP.



📍 Bhailal Amin Marg, Gorwa, Vadodara, Gujarat 390003.

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DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr. VIVEK GOVARDHAN TELGOTE
Gender / Age : Male / 42 Years 9 Months 11 Days
MR No / Bill No. : 23206903 / 251005393
Consultant : Dr. Manish Mittal
Location : OPD

Type : OPD
Request No. : 219367
Request Date : 15/04/2024 08:32 AM
Collection Date : 15/04/2024 02:14 PM
Approval Date : 15/04/2024 04:31 PM

Stool Routine

Test	Result	Units	Biological Ref. Range
Physical Examination (Stool)			
Colour	Brown		
Consistency	Semi Solid		
Mucus.	Absent		
Blood.	Absent		
Chemical Examination			
Reaction	Acidic		
Occult Blood	Negative		
Microscopic Examination			
Ova	Absent		
Cyst.	Absent		
Trophozoites	Absent		
Red Blood Cells.	Absent	/hpf	
Pus Cells	Absent	/hpf	
Epithelial Cells	Absent		
Fat	Absent		

(Method : Manual + Chemical (Occult Blood by Peroxidase like activity of Haemoglobin) + Microscopy)

Test Note :

- Stool Occult Blood test needs to be tested on three consecutive samples for proper interpretation.

- For 72 hours prior to Occult Blood test, patient should not take following items: Red meat, fish, poultry, turnips, horseradish, cauliflower, spinach, broccoli, bananas, black grapes, plums etc., drugs like aspirin, NSAIDs, anticoagulants, reserpine, iodine and high dose of Vitamin C.)

---- End of Report ----

Dr. Ameer Soni
MD (Path)



**BHAILAL AMIN
GENERAL HOSPITAL**

ESTD. 1964



ADVANCED DIGITAL SOLUTIONS

Computerized Radiography

Ultra Sensitive Colour Doppler

Ultra High Resolution Sonography

Multi-Detector CT Scan

Magnetic Resonance Imaging (MRI)

Mammography

Interventional Radiology

Digital Subtraction Angiography (DSA)

Foetal Echocardiography

Echocardiography

4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23206903 Report Date : 15/04/2024

Request No. : 190113225 15/04/2024 8.32 AM

Patient Name : Mr. VIVEK GOVARDHAN TELGOTE

Gender / Age : Male / 42 Years 9 Months 11 Days

X-Ray Chest AP

Both lung fields are clear.
Both costophrenic sinuses appear clear.
Heart size is normal.
Hilar shadows show no obvious abnormality.
Aorta is normal.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
• NOT VALID FOR MEDICO-LEGAL PURPOSES
• CLINICAL CORRELATION RECOMMENDED

Dr. Harsh Sanjay Vyas

Dr. Harsh Sanjay Vyas, D N
B
Consultant Radiologist



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HEALTHCARE NEEDS

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**BHAILAL AMIN
GENERAL HOSPITAL**

ESTD. 1964



ADVANCED DIGITAL SOLUTIONS

Computerized Radiography

Ultra Sensitive Colour Doppler

Ultra High Resolution Sonography

Multi-Detector CT Scan

Magnetic Resonance Imaging (MRI)

Mammography

Interventional Radiology

Digital Subtraction Angiography (DSA)

Foetal Echocardiography

Echocardiography

4D USG & Doppler

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient No. : 23206903 Report Date : 15/04/2024
Request No. : 190113236 15/04/2024 8.32 AM
Patient Name : **Mr. VIVEK GOVARDHAN TELGOTE**
Gender / Age : Male / 42 Years 9 Months 11 Days

USG : Screening for Abdomen (excluding Pelvis) Or Upper Abdomen

Liver is normal in size and echopattern. No mass lesion identified. The hepatic veins are clear and patent.

Gall bladder is well distended and shows no obvious abnormality. Common bile duct measures 3 mm in diameter.

Pancreas shows no obvious abnormality. Tail obscured. Spleen is normal in size and echopattern.

Both kidneys are normal in shape and position. Normal echogenicity and cortico medullary differentiation is noted. No hydronephrosis or mass lesion seen.

No ascites.

COMMENT:

• NO obvious abnormality seen.

Kindly correlate clinically.

• ULTRA SONOGRAPHY CANNOT DETECT ALL ABNORMALITIES
• NOT VALID FOR MEDICO-LEGAL PURPOSES
• CLINICAL CORRELATION RECOMMENDED

Dr. Harsh Sanjay Vyas,
Consultant Radiologist



Patient No. : 23206903 Report Date : 15/04/2024
Request No. : 190113233 15/04/2024 8.32 AM
Patient Name : Mr. VIVEK GOVARDHAN TELGOTE
Gender / Age : Male / 42 Years 9 Months 11 Days

Echo Doppler Screening


MITRAL VALVE : NORMAL
AORTIC VALVE : TRILEAFLET, NORMAL, TRIVIAL AR, NO AS
TRICUSPID VALVE : NORMAL, TRIVIAL TR, NO PAH
PULMONARY VALVE : NORMAL
LEFT ATRIUM : NORMAL
AORTA : NORMAL
LEFT VENTRICLE : NORMAL, NO REGIONAL WALL MOTION ABNORMALITY,
LVEF=60%
RIGHT ATRIUM : NORMAL
RIGHT VENTRICLE : NORMAL
I.V.S. : INTACT
I.A.S. : INTACT
PULMONARY ARTERY : NORMAL
PERICARDIUM : NORMAL

COLOUR/DOPPLER FLOW MAPPING : TRIVIAL RA, TR, NO PAH

FINAL CONCLUSION:

1. ALL CARDIAC CHAMBERS ARE NORMAL IN DIMENSIONS
2. NO REGIONAL WALL MOTION ABNORMALITY AT REST
3. NORMAL LV SYSTOLIC FUNCTION, LVEF=60%
4. NORMAL VALVES
5. NO E/O LV DIASTOLIC DYSFUNCTION
6. TRIVIAL AR, TR, NO PULMONARY HYPERTENSION , (IVC COLLAPSING)
7. NO PERICARDIAL EFFUSION, CLOT VEGETATION.

Dr. KILLAL KANERIA MD, DM
Consultant Cardiologist



Name: Vivek govardhan telgote -
Patient ID: 2306903

15.04.2024 08:34:46
Standard 12-Lead

BHAILAL AMIN GENERAL HOSPITAL

Age: 042Y
Gender: Male
Facemaker: Unknown

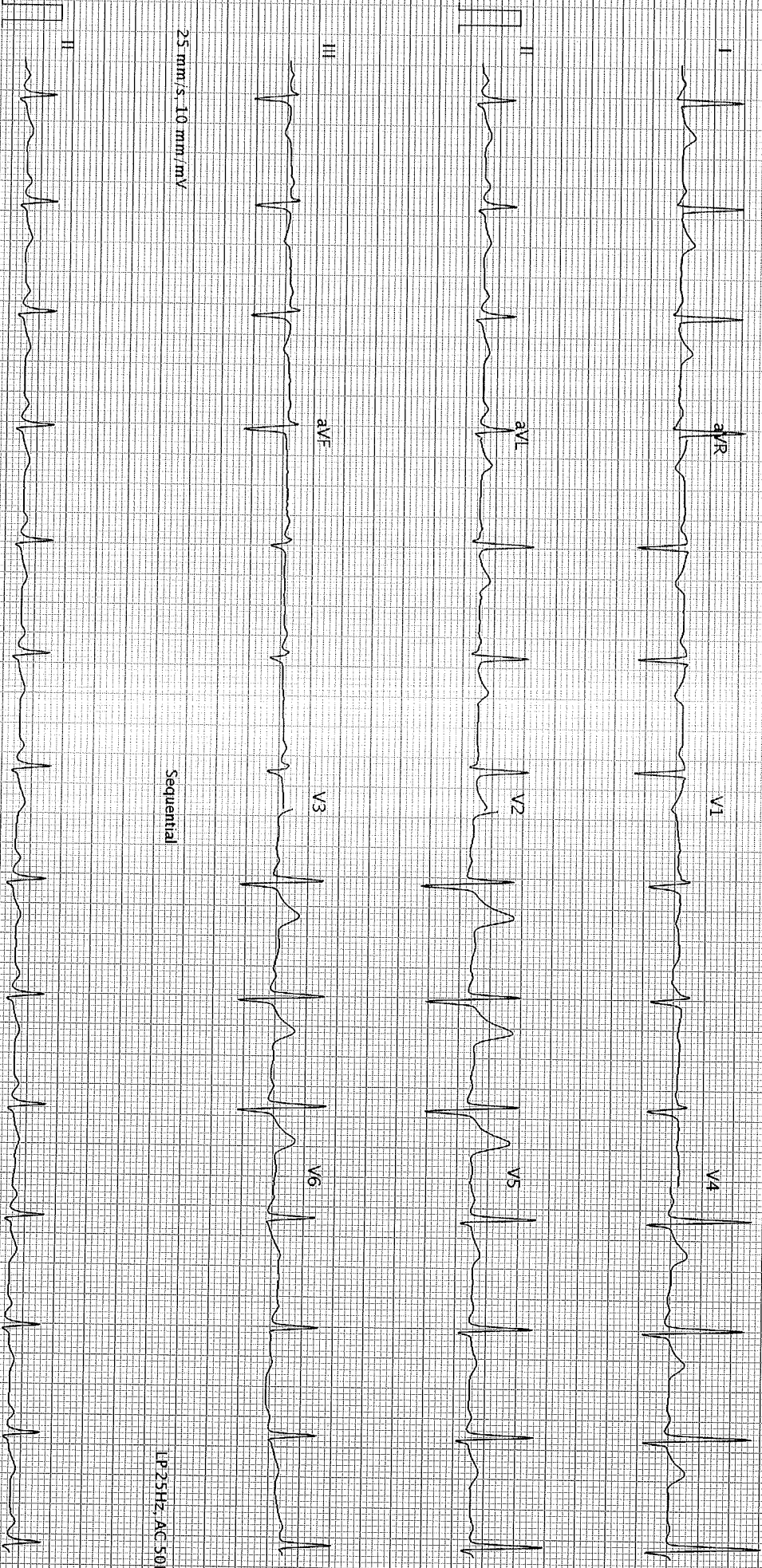
Ref: phys

HR: 80 bpm
P axis: 46°
QRS axis: -7°
T axis: 0°

RR: 748 ms
P: 104 ms
PR: 143 ms
QRS: 87 ms
QT: 359 ms
QTcB: 415 ms

Unconfirmed report

Remark:



25 mm/s, 10 mm/mV

Sequential

LP 25HZ, AC 50HZ

25 mm/s, 10 mm/mV

AT 102 G2 I 2 0 (1080, 0110310)

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LP 25HZ, AC 50HZ

SCHILLER

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