

PANCHMUKHI HOSPITAL

Dr CP Dadhaniya

Dr R C Dadhaniya

MBBS, Dip.G.O, Diabetologist

150' RING ROAD, MAVDI CHOKDI, SANESHWAR ARCADE, RAJKOT Mo.9925333639, 8320711901

policy number :
full name : Bhasirvad Kalpeshkumar
identity proof : Aadhar card
identity proof no : 5425
gender : male
height : 172
weight : 83
B P : 120/80
pulse : 86/min Regular
blood sample : yes
fasting mode : yes
non fasting mode : yes

past history

: Rt Hand Amputation of Index finger
from middle (proximal) & Middle finger
is total Amputation done - Due to
crackle explosion injury before 22 yr

Dental Normal

Romberg Test

: _____

Colour vision

: Total 17 Blindness in Both eye
since birth - eye operation done
No result of two

2

KS B

Dr. C. P. DADHANIYA
M.B.B.S., C.I.M

Regd. No. G10798
PANCHMUKHI HOSPITAL
MAVADI CHOKADI,
150' RING ROAD RAJKOT

NAME: Bhasivad Kalpestkumar
AGE/ GENDER: male -

DATE: 10-02-24

PATIENT'S REFRACTION DEATILES

		SPHE	CYL	AXIS	VN
R	D				
	N				
L	D				
	N				

Blind
NOT possible

REMARKS:

CHECKED BY:

OKSB

Dr. C. P. DHANIYA
B.S., C.I.H
Regd. No. 610793
PANCHRUJH HOSPITAL
MAVADI CHOKADI
150' RING ROAD, RAJKOT

AUTO

10mm/mV

aVR

I

II

III

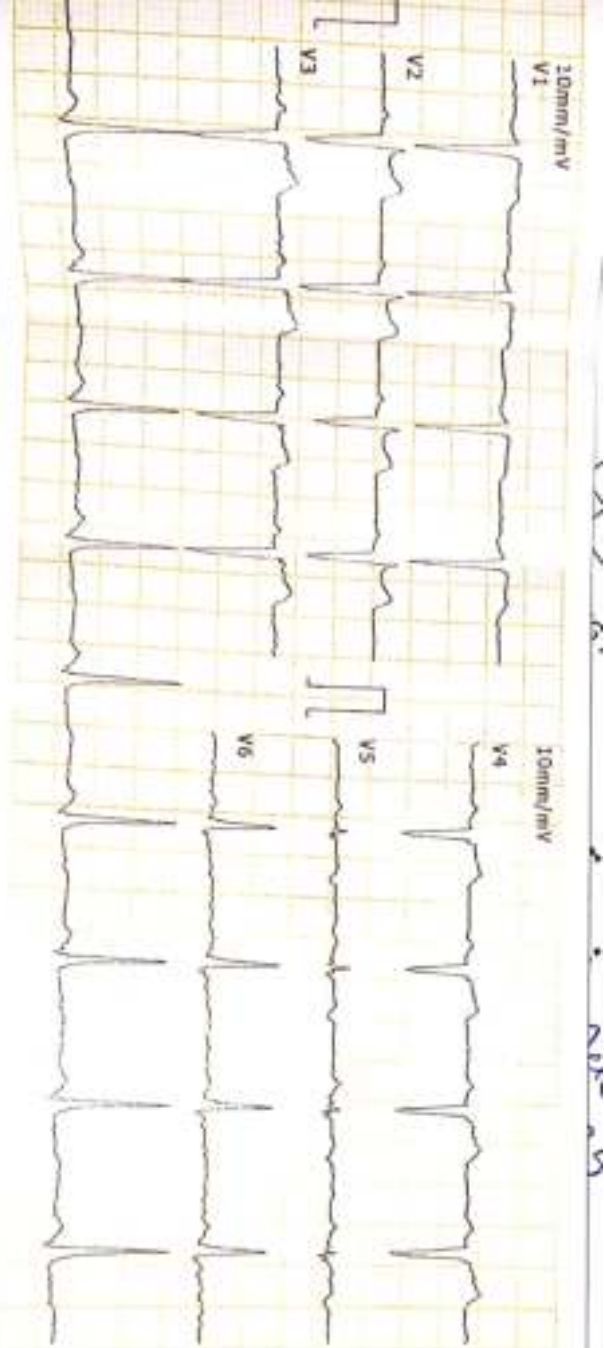
aVL

aVF

I 10mm/mV

25mm/s

AC:ON 0.05-35Hz



2024-2-10 10:02:52

ID: 09093752

ID Card:

Name: Veet Posh bhai Gender: male

Age:

36

Weight(kg):

Height(cm):

Bp(mmHg):

HR:

86 bpm

P-R:

126 ms

Q-R-S:

ms 110

QT/QTc:

ms 340/406

P/QRS/T AXES:

deg 46/-3/65

R/S/SVL:

0.17/1.18

RV5+SV1:

mV 1.35

*The result must be confirmed by doctor!

Report Confirmed by:

Handwritten signatures and initials

ECHOCARDIOGRAPHY & COLOR DOPPLER

Patient Name : Kalpeshbhai Bharvad
Ref.By : Dr Dadhaniya sir

Age/Sex : 36/M
Date : 10/2/24

SUMMARY OF 2D ECHO

LA , LV size Increased

No LVH

Lower septum , apex , apicolateral wall Significantly Hypokinetic & thinned out

Overall LVEF ~32%.

RA , RV size Normal With Good RV systolic function

All Valves appear Normal in structure

No E/O Vegetation / clot/Pericardial effusion noted

IVS/IAS intact

IVC size 15 mm and collapsing on deep inspiration

Colour Doppler

Mitral Valve : E/A ratio 0.8

Grade 1/3 MR

Tricuspid Valve : Grade 1/3 TR with CW TR jet is 32 mmHg

Estimated PASP 37 mmHg (RAP 5mmHg)

Aortic Valve : Trivial AR

LVOT pressure gradient 11 mmHg

FINAL IMPRESSION

CAD with RWMA as mentioned above

Moderate LV systolic Dysfunction at rest

LV Diastolic Dysfunction

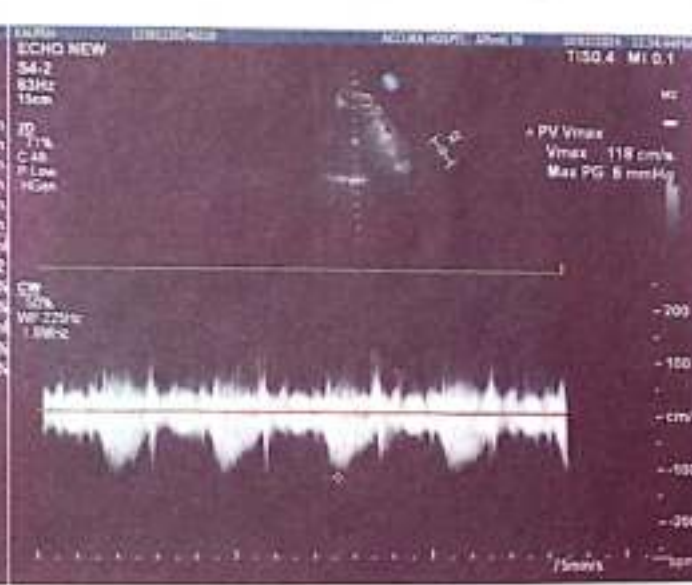
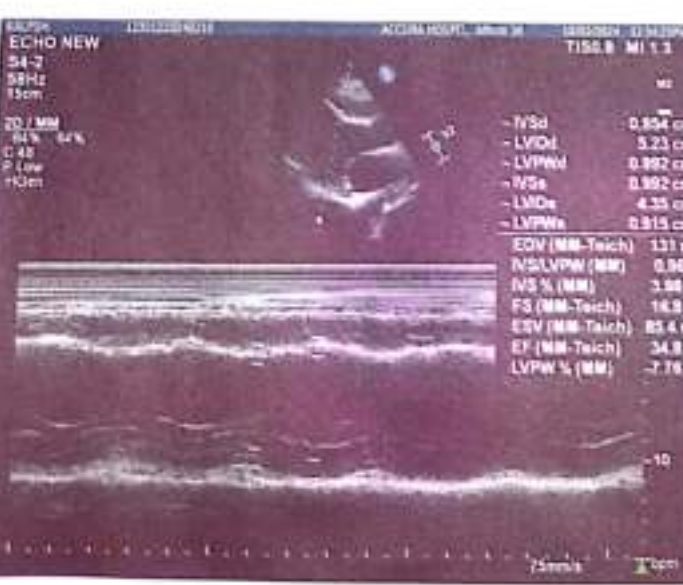
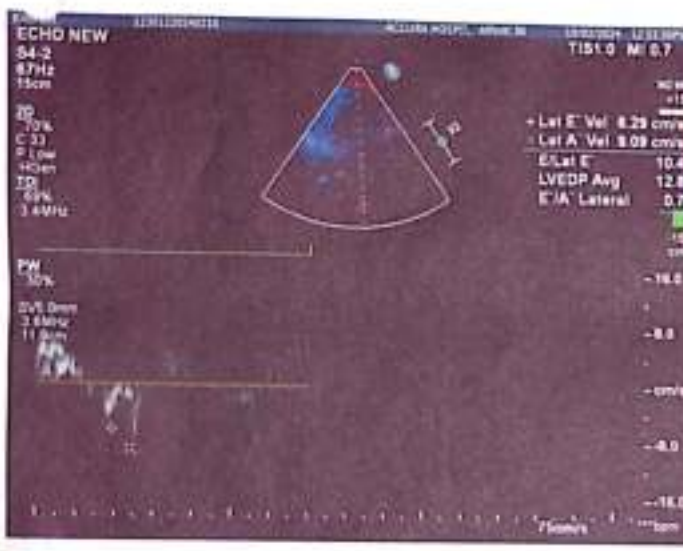
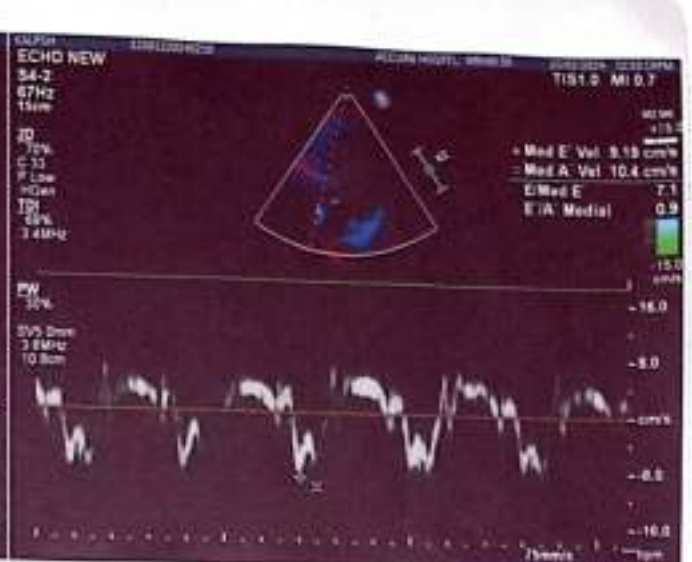
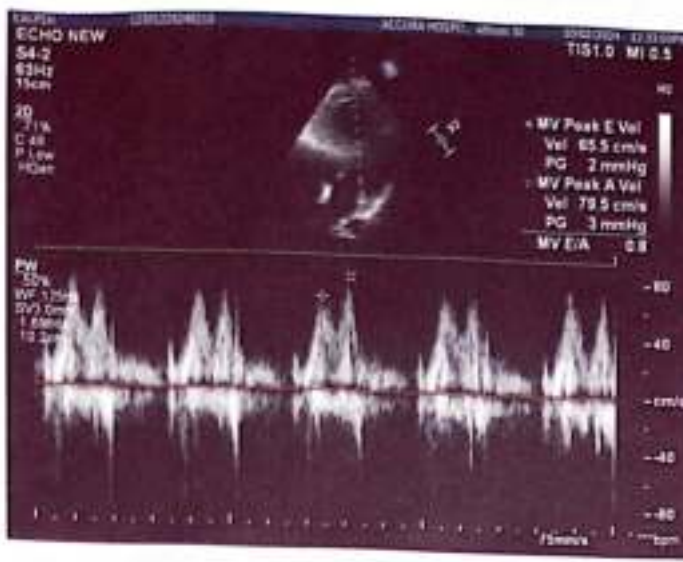
Mild MR

Dr V H Maniyar
M.D., FNIC (Mumbai)
Physician, Intensivist and
Non Invasive Cardiologist

For Appointment

7 60 60 60 577

First Floor, Nilkanth Plaza, J. K. Park, Bapa Sitaram Chowk, Mavdi Main Road, RAJKOT- 360004.



Pat.s' Name: BHARVAD KALPESHKUMAR

DATE: 10 February 2024

U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows bright parenchymal echotexture. No focal lesion noted. Intrahepatic billiary radicals appear normal. C.B.D and portal vein appears normal in calibre.
- **GALL BLADDER:** Well distended and shows few mobile largest calculus measures 9.0 mm. no e/o wall thickening or changes of cholecystitis.
- **PANCREAS:** appears normal in size, shape, echogenicity and echotexture. No focal lesion noted. No e/o peripancreatic fluid collection.
- **SPLEEN:** normal in size, shape, echogenicity and echotexture. No focal lesion noted.
- **BOTH KIDNEYS:** are normal in size and echotexture. Cortical echogenicity appears normal. Cortico medullary differentiation is preserved. No e/o hydronephrosis on either side. **Concretions are seen in lower pole calyx of left kidney and upper pole calyx of right kidney.**
- **URINARY BLADDER:** Well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **PROSTATE:** is normal in size, shape and echogenicity. No focal lesion.
- Visualised bowel loops show no evident abnormality. No e/o lymphadenopathy. RIF/ LIF CLEAR. Bilateral C-P angels clear.

CONCLUSION:

- Grade I fatty changes in liver.
- Mobile gall bladder calculus without changes of cholecystitis.

Thanks for reference.



DR PRATIK KAGATHARA
MD

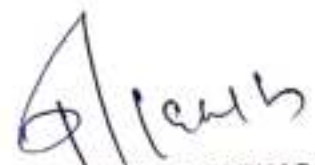
Pt.'s Name: BHARVAD KALPESHKUMAR

Date: 10 February, 2024

Radiograph of chest (PA view)

- *Both the lung fields are clear.*
- *No e/o consolidation, cavitations or collapse.*
- *Both the hila appears normal*
- *Both costophrenic angles appear clear.*
- *Both domes of diaphragm appear normal.*
- *Cardiac size is within normal limit.*
- *Bones underview reveals no evident abnormality.*

Thanks for reference.


DR PRATIK KAGATHARA
MD



ભારત સરકાર

Government of India

ભરવાડ કલ્પેશકુમાર સુરેશભાઈ
Bharvad Kalpeshkumar Sureshbhai

જન્મ તારીખ / DOB : 24/07/1987

પુરુષ / Male



3519 8935 5425



અધિકાર – સામાજ્ય માણસનો અધિકાર



ભારતીય વિશિષ્ટ ઓળખાણ યુનિથિ કચેરા

Unique Identification Authority of India

પરનામું: S/O: ભરવાડ સુરેશભાઈ હરીભાઈ,
અંક ૩, જય રઘુવીર એપાર્ટમેન્ટ, ઓમકાર ચેમ્બર
લાઇન, લીલાનાગર. પી.ઓ ૬૬૬૨૧૧૦૨,
અમદાવાદ શહેર, ઈ એ બાપુનગર, અમદાવાદ,
ગુજરાત, ૩૮૦૦૨૪

Address: S/O: Bharvad Sureshbhai
Haribhai, a3, jay raghuvir apartment,
behind omkar chamber, lilananag.p.o
thackernagar, Ahmedabad City, I E
Bapunagar, Ahmedabad, Gujarat, 380024

3519 8935 5425



1947

1800 300 1947



help @ uidai.gov.in


WWW

www.uidai.gov.in





*Mediwheel Bharvad
kalpeshbhai*

 **GPS Map
Camera Lite**

Feet Bypass, Poonam Society, Chandreshnagar, Rajkot,
Gujarat 360004, India

Latitude
22.2649677°

Longitude
70.7843723°

Local 10:00:47 AM
GMT 04:30:47 AM

Altitude 143 meters
Saturday, 10.02.2024

CHEST AP
10-Feb-24
11:34:50 AM

BHARVAD KALP

R

1

Q
NEELKANTH

Centre: 485
Width: 96.3

BHARVAD KALPESHBHAI/M CHEST AP 10-Feb-24
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)



TEST REPORT

Name : Bharvad Kalpesh	Reg. No : 402100647
Age/Sex : 36 Years / Male	Reg. Date : 10-Feb-2024 01:56 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 10-Feb-2024 01:56 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 10-Feb-2024 03:38 PM

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval	
RBC Parameters				
Hemoglobin (SLS method)	15.6	g/dL	13.0 - 18.0	
Hematocrit (Electrical Impedance)	49.10	%	47 - 52	
RBC Count (Electrical Impedance)	5.69	million/cmm	4.7 - 6.0	
MCV (Calculated)	86.3	fL	78 - 110	
MCH (Calculated)	27.4	Pg	27 - 31	
MCHC (Calculated)	31.8	%	30 - 35	
RDW (Calculated)	11.8	%	11.5 - 14.0	
WBC Parameters				
WBC Count (Flowcytometry)	6550	/cmm	4000 - 10500	
DIFFERENTIAL WBC COUNT				
	% Value	% Range	Abs. Value	Abs. Range
Neutrophils (%)	48 %	42.0 - 75.2	3144 /cmm	1800 - 7700
Lymphocytes (%)	43 %	20 - 45	2817 /cmm	1000 - 3900
Eosinophils (%)	03 %	1 - 4	197 /cmm	0 - 450
Monocytes (%)	06 %	2 - 8	393 /cmm	200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm	20 - 100
Platelete Parameter				
Platelet Count	239000	/cmm	150000 - 450000	
MPV	11.4	fL	7.4 - 10.4	
P-LCR	35.30	%	11.9 - 66.9	
PDW	14.7	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.27	%	0.2 - 0.5	

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D.R.J.

Dr. Viral Jethava

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M.D. (Path. PDCC)




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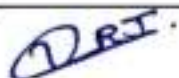
Name	: Bharvad Kalpesh	Reg. No	: 402100647
Age/Sex	: 36 Years / Male	Reg. Date	: 10-Feb-2024 01:56 PM
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Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 10-Feb-2024 03:38 PM

BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"B"		
Rh (D)	Positive		

The Blood Group is done from received sample. Kindly ask for Blood Group Card. In case of any query, please contact Laboratory.

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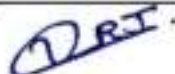


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Client Name : PANCHMUKHI HOSPITAL	Report Date : 10-Feb-2024 03:38 PM

Test	Result	Unit	Biological Ref. Interval
Erythrocyte sedimentation rate Sample, EDTA whole blood			
ESR (After 1 hour)	6	mm/hr	1 - 7

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FASTING PLASMA GLUCOSE

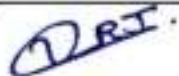
Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXONWASE</small>	93.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic

Criteria for the diagnosis of diabetes :

- HbA1c \geq 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 \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the 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 \geq 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.

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Age/Sex : 36 Years / Male	Reg. Date : 10-Feb-2024 01:56 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 10-Feb-2024 07:02 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 10-Feb-2024 07:04 PM

POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <small>HEXORWASE</small>	135.00	mg/dL	70 - 140

Criteria for the diagnosis of diabetes :

- HbA1c \geq 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 \geq 200mg/dL during an oral glucose tolerance test by using a glucose load containing the 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 \geq 200 mg/dL.

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Client Name	: PANCHMUKHI HOSPITAL	Report Date	: 10-Feb-2024 03:38 PM

LIPID PROFILE
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <small>Cholesterol Oxidase</small>	134.0	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <small>Enzymatic Reaction With Glycerol Kinase</small>	112.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <small>Siemens AHDL</small>	46.0	mg/dL	High Risk : < 40 Low Risk : \geq 60
LDL Cholesterol <small>Siemens ALDL</small>	92.00	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : \geq 190
VLDL Cholesterol <small>Calculated</small>	22.40	mg/dL	15 - 35
LDL / HDL RATIO <small>Calculated</small>	2.00		0 - 3.5
Cholesterol /HDL Ratio <small>Calculated</small>	2.91		0 - 5.0

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RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	0.82	mg/dL	0.7 - 1.3
eGFR	96.35	ml/min/1.73 sq m	Normal or High: ≥ 90 Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: < 15
Urea <small>Calculated</small>	23.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <small>UREASE/GLDH</small>	10.74	mg/dL	7.0 - 18.0
Uric Acid <small>Uricase</small>	5.60	mg/dL	3.5 - 7.2
Sodium <small>Direct ion selective electrode</small>	139.5	mmol/L	137 - 145
Potassium <small>Direct ion selective electrode</small>	4.80	mmol/L	3.5 - 5.1
Chloride <small>Direct ion selective electrode</small>	102.5	mmol/L	98 - 107
Calcium <small>Cresolphthalein Complexone</small>	9.60	mg/dL	8.5 - 10.1

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HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <small>Siemens Dimension</small>	5.20	%	Non-Diabetic : Normal : < 5.7 % Pre-Diabetes : 5.7 % - 6.4 % Diabetes : >6.4 % Diabetic : Poor Control : > 7.0 % Good Control : 6.0 % - 7.0 %
Mean Blood Glucose <small>Calculated</small>	102.54	mg/dL	Please correlate with clinical condition 90-115: Normal 115-133: Pre-Diabetic 134-150: Good Control 151-180: Average Control 181-210: Action Suggested >211: Panic Value

Explanation :

- Total hemoglobin A1 c is continuously synthesized 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 :

- Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.


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THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) CLM	1.580	µIU/ml	0.35 - 5.50

Remarks:

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

Triiodothyronine (T3) CLM	1.54	ng/mL	0.6 - 1.81
-------------------------------------	------	-------	------------

Clinical Significance:

- Triiodothyronine (T3) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH 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 bound 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, FT3 levels parallel changes in total T3 levels. Measuring FT3 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.

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Thyroxine (T4) 8.90 µg/dL 4.5 - 12.6
CLM

Clinical Significance:

- Thyroxin (T4) is a hormone synthesized and secreted by the thyroid gland in response to the pituitary hormone TSH 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 bound 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 T3.
- In hypothyroidism and hyperthyroidism, FT4 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:

- The anticonvulsant drug phenytoin may interfere with total and FT4 levels due to competition for TBG binding sites.
- FT4 values may be decreased in patients taking carbamazepine.
- Thyroid autoantibodies in human serum may interfere and cause falsely elevated FT4 results.

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M.D. (Path. PDCC)





TEST REPORT

Name : Bharvad Kalpesh	Reg. No : 402100647
Age/Sex : 36 Years / Male	Reg. Date : 10-Feb-2024 01:56 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 10-Feb-2024 01:56 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 10-Feb-2024 03:38 PM

STOOL EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Colour	Brown		
Consistency	Solid		
CHEMICAL EXAMINATION			
Occult Blood <small>Peroxidase Reaction with o-Diaminidine</small>	Negative		
Reaction <small>pH Strip Method</small>	Acidic		
Reducing Substance	Absent		
MICROSCOPIC EXAMINATION			
Mucus	Absent		
Pus Cells	Absent		
Red Cells	Absent		
Epithelial Cells	Absent		
Vegetable Cells	Absent		
Trophozoites	Absent		
Cysts	Absent		
Ova	Absent		
Neutral Fat	Absent		
Monilia	Absent		
Bacteria	Absent		

Note: Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.
False negative: False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occasional unruptured RBCs.
False positive: False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, brocoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.

D.R.J.

Dr. Viral Jethava

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URINE ROUTINE EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
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PHYSICAL EXAMINATION

Quantity	30 cc		
Colour	Pale Yellow		
Clarity	Clear		

CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC)

pH	5.5		4.6 - 8.0
Sp. Gravity	1.025		1.001 - 1.035
Protein	Nil		
Glucose	Nil		
Ketone Bodies	Nil		
Urobilinogen	Normal Present		
Bile salts:	Absent		Absent
Bile Pigments:	Absent		Absent
Nitrite	Nil		

MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)

Leucocytes (Pus Cells)	Occasional/hpf
Erythrocytes (Red Cells)	Absent
Epithelial Cells	2 - 3/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

DRJ

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LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <small>BIURET</small>	7.20	g/dL	6.4 - 8.2
Albumin <small>Dye Binding - Bromocresol Purple (BCP)</small>	4.60	g/dL	3.40 - 5.00
Globulin <small>Calculated</small>	2.60	g/dL	2.3 - 3.5
A/G Ratio <small>Calculated</small>	1.77		0.8 - 3.1
SGOT (AST) <small>Siemens/37C</small>	15.0	U/L	15 - 37
SGPT (ALT) <small>Siemens/37C</small>	26.00	U/L	16 - 63
Alakaline Phosphatase <small>Siemens/37C</small>	102.00	U/L	46 - 116
Total Bilirubin <small>Diazot-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.89	mg/dL	0.2 - 1
Conjugated Bilirubin <small>Diazot-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.14	mg/dL	0 - 0.20
Unconjugated Bilirubin <small>Suph acid ip/calf-benz</small>	0.75	mg/dL	0.0 - 1.1

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

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