



Patient Name : MR ROHIT MALVI
 UHID/ MR No : 8841
 Visit Date : 27/01/2024
 Sample Collected On : 27/01/2024 02:53PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 38 Y Male
 OP Visit No : OPD-UNIT-II-1
 Reported On : 27/01/2024 07:05PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIPID PROFILE TEST (PACKAGE)			
Cholesterol - Total	136.0	mg/dl	Desirable: < 200 Borderline High: 200-239 High: >= 240
Triglycerides level	74.0	mg/dl	Normal : < 150 Borderline High : 150-199 Very High : >=500
Method: Spectrophotometric HDL Cholesterol	45.0	mg/dl	Major risk factor for heart disease: < 40 Negative risk factor for heart disease :>60
Method: Spectrophotometric LDL Cholesterol	76.20	mg/dl	Optimal< 100 Near Optimal :100 – 129 Borderline High : 130-159 High : 160-189 Very High : >=190
Method: Spectrophotometric VLDL Cholesterol	14.80	mg/dl	6 - 38
Total Cholesterol/HDL Ratio	3.02		3.5-5
Method: Spectrophotometric			

End of Report
 Results are to be correlated clinically

Lab Technician / Technologist
 path

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DR DHANANJAY RAMCHANDRA PRASAD
 M.D. PATHOLOGY

Apollo Clinic

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BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
GLUCOSE - (POST PRANDIAL)			
Glucose -Post prandial Method: REAGENT GRADE WATER	155.0	mg/dl	70-140
GLUCOSE (FASTING)			
Glucose- Fasting SUGAR REAGENT GRADE WATER	80.0	mg/dl	70 - 120
KFT - RENAL PROFILE - SERUM			
BUN-Blood Urea Nitrogen METHOD: Spectrophotometric	11	mg/dl	7 - 20
Creatinine METHOD: Spectrophotometric	1.14	mg/dl	0.6-1.4
Uric Acid Method: Spectrophotometric	4.6	mg/dL	2.6 - 7.2

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NAME OF PATIENT: MR. ROHIT MALVI

AGE: 38YRS /MALE

REFERRED BY: BOB

DATE: 27/01/2024.

CHEST X - RAY PA VIEW

FINDINGS:

- Both the domes of diaphragm and CP angles are normal.
- Both the hila and mediastinum are normal.
- Both the lung fields are clear. No e/o focal parenchymal lesion.
- Cardio-thoracic ratio is normal.
- Soft tissues and bony cage are unremarkable.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY SEEN.**

Advised: Clinical correlation and further evaluation if clinically indicated.



DR. ZEESHAN ATEEB DANI
(MD)
CONSULTANT RADIOLOGIST

This report is for perusal of the doctor only not the definitive diagnosis; findings have to be clinically correlated. This report is not for medico-legal purposes.

ECHOCARDIOGRAPHY REPORT

NAME : MR. ROHIT MALVI	Age/Sex: 38Yrs/male	ECG : Sinus Rhythm
OPD/ IPD : OPD	STUDY DATE: 29/01/2024	REGN. NO. : FRAI.0000020604
Ref.By Dr : BOB		

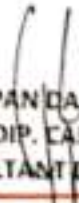
M-MODE MEASUREMENTS:-

	Patient Value (cm)	Normal Value (cm)		Patient Value (cm)	Normal Value (cm)
AorticRoot Diameter	3.1	2.0 - 3.7	IVS Thickness	ED = 0.9 ES = 1.3	0.6 - 1.1
AorticValve Opening	2.1	1.5 - 2.6	PW Thickness	ED = 0.9 ES = 1.3	0.6 - 1.1
LA Dimension	3.0	1.9 - 4.0	RA Dimension	---	2.6
LVID(D)	4.6	3.7 - 5.5	RV Dimension	---	2.6
LVID(s)	2.7	2.2 - 4.0	TAPSE	---	1.6 - 2.6
LV EJECTION FRACTION	> 60%		(NORMAL VALUE: 55 - 60%)		

2D ECHO, COLOR FLOW & DOPPLER ASSESSMENT

- Left Ventricle** : LV Size & contractility is Normal, NO RWMA, Calculated EF IS > 60%
- Left Atrium** : LA Size Is Normal
- Right Ventricle** : Normal
- Right Atrium** : Normal
- IAS/IVS** : Intact
- Pericardium** : Normal, there is no Pericardial Effusion.
- Mitral Valve** : E>A , Normal
- Tricuspid Valve** : Normal
- Aortic Valve** : Normal
- Pulmonary Valve** : Pulmonary valve appears normal in morphology.
- Systemic venous** : IVC normal in size with normal Inspiratory collapse.
- Diastolic Function** : Normal.

FINAL IMPRESSION : NO RWMA AT REST.
NORMAL LV SYSTOLIC FUNCTION.
NORMAL CARDIAC CEMBER AND NORMAL VALVES.
NO I/C CLOT VEGITATION OR PERICARDIAL EFFUSION.


DR. DEEPAN DAS
 MBBS, DIP. CARBIOLOGY
 CONSULTANT DEPT. OF NIC



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PATIENT NAME:- MR. ROHIT MALVI
REF BY :- BOB

AGE/SEX: 38 YRS/M
DATE:- 27.01.2024

USG ABDOMEN

Liver : Liver is normal in size cm, smooth in outline with echotexture. IHBR's are not dilated. CBD is not dilated. Portal vein and hepatic veins are normal.

Gall bladder : Distended & normal.

Pancreas & Paraaortic Region : Normal.

Spleen : Is normal size measures cm and echotexture.

Kidneys	RIGHT	LEFT
SIZE	10.71X5.59cm	10.17X4.24cm
CORTICAL ECHOGENICITY	Normal	Normal
CORTICOMEDULLARY DIFFERENTIATION	Maintained	Maintained
PCS	Not dilated	Not dilated
Any other remarks	right renal cyst 2.07x2.49 cm	Nil
Urinary bladder.- Distended & normal		

Prostate: is enlarged in size measures weight 25.435 cc gm shape & echotexture.

No free fluid in abdomen.

Visualized bowel loops are normal.

No significant intra-abdominal lymphadenopathy seen.

IMPRESSION:

- GRADE - II FATTY LIVER
- RIGHT RENAL CYST 2.07 X 2.49 CM

Advised clinical correlation/further evaluation if clinically indicated.



DR. ZEESHAN ATEEB DANI
(MD)

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Patient Name	: MR ROHIT MALVI	Age/Gender	: 38 Y Male
UHID/ MR No	: 8841	OP Visit No	: OPD-UNIT-II-2
Visit Date	: 27/01/2024	Reported On	: 27/01/2024 07:05PM
Sample Collected On	: 27/01/2024 02:53PM		
Ref. Doctor	: SELF		
Sponsor Name	:		

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
HEMOGRAM			
Haemoglobin(HB)	13.6	gm/dl	12 - 17
Method: CELL COUNTER			
Erythrocyte (RBC) Count	4.96	mill/cu.mm.	4.20 - 6.00
Method: CELL COUNTER			
PCV (Packed Cell Volume)	40.80	%	39 - 52
Method: CELL COUNTER			
MCV (Mean Corpuscular Volume)	82.3	fL	76.00 - 100
Method: CELL COUNTER			
MCH (Mean Corpuscular Haemoglobin)	27.4	pg	26 - 34
Method: CELL COUNTER			
MCHC (Mean Corpuscular Hb Conc.)	33.3	g/dl	32 - 35
Method: CELL COUNTER			
RDW (Red Cell Distribution Width)	13.9	%	11- 16
Method: CELL COUNTER			
Total Leucocytes (WBC) Count	7.88	cells/cumm	3.50 - 10.00
Method: CELL COUNTER			
Neutrophils	58	%	40.0 - 73.0
Method: CELL COUNTER			
Lymphocytes	35	%	15.0 - 45.0
Method: CELL COUNTER			
Eosinophils	03	%	1-6%
Method: CELL COUNTER			
Monocytes	04	%	4.0 - 12.0
Basophils	00	%	0.0 - 2.0
Method: CELL COUNTER			

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
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 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 38 Y Male
 OP Visit No : OPD-UNIT-II-2
 Reported On : 27/01/2024 07:05PM

HAEMATOLOGY

Investigation	Observed Value	Unit	Biological Reference Interval
Platelet Count Method: CELL COUNTER	219	lacs/cu.mm	150-400
ESR- Erythrocyte Sedimentation Rate Method: Westergren's Method	10	mm /HR	0 - 10

Blood Group (ABO Typing)

Blood Group (ABO Typing) : A
 RhD factor (Rh Typing) : POSITIVE

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Year/Period:	2023-2024		
Location:	South Africa		
Project:	Healthcare		
Phase:	Phase 1		
Client:	ABC Company		
Contact:	John Doe		

Year/Period	Q1	Q2	Q3	Q4	Total
Revenue	100	120	150	180	550
Expenses	80	90	110	130	410
Profit	20	30	40	50	140

Category	Value
Revenue	550
Expenses	410
Profit	140
Revenue	550
Expenses	410
Profit	140
Revenue	550
Expenses	410
Profit	140

- 1. The company's revenue is projected to increase by 10% in 2024.
- 2. The company's expenses are expected to decrease by 5% in 2024.
- 3. The company's profit is projected to increase by 15% in 2024.
- 4. The company's revenue is projected to increase by 10% in 2024.
- 5. The company's expenses are expected to decrease by 5% in 2024.
- 6. The company's profit is projected to increase by 15% in 2024.

Patient Name : MR ROHIT MALVI
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 Visit Date : 27/01/2024
 Sample Collected On : 27/01/2024 02:53PM
 Ref. Doctor : SELF
 Sponsor Name :

Age/Gender : 38 Y Male
 OP Visit No : OPD-UNIT-II-5
 Reported On : 27/01/2024 07:05PM

BIO CHEMISTRY

Investigation	Observed Value	Unit	Biological Reference Interval
LIVER FUNCTION TEST			
Bilirubin - Total Method: Spectrophotometric	0.8	mg/dl	0.1- 1.2
Bilirubin - Direct Method: Spectrophotometric	0.2	mg/dl	0.05-0.3
Bilirubin (Indirect) Method: Calculated	0.60	mg/dl	0 - 1
SGOT (AST) Method: Spectrophotometric	34	U/L	0 - 40
SGPT (ALT) Method: Spectrophotometric	39	U/L	0 - 41
ALKALINE PHOSPHATASE	74	U/L	25-147
Total Proteins Method: Spectrophotometric	6.8	g/dl	6 - 8
Albumin Method: Spectrophotometric	4.5	mg/dl	3.4 - 5.0
Globulin Method: Calculated	2.3	g/dl	1.8 - 3.6
A/G Ratio Method: Calculated	1.95	%	1.1 - 2.2

End of Report
Results are to be correlated clinically

Lab Technician / Technologist
 path

Patient Name : Mr.ROHIT MALVI	Collected : 27/Jan/2024 05:07PM
Age/Gender : 38 Y 0 M 0 D /M	Received : 27/Jan/2024 05:21PM
UHID/MR No : DSUS.0000006231	Reported : 27/Jan/2024 06:24PM
Visit ID : DSUSOPV7262	Status : Final Report
Ref Doctor : APOLLO CLINIC	Client Name : PUP APOLLO CLINIC SAMRIDHI AR
IP/OP NO :	Patient location : Raipur,Raipur

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Status	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM					
TRI-IODOTHYRONINE (T3, TOTAL)	1.25	Normal	ng/mL	0.6-1.81	CLIA
THYROXINE (T4, TOTAL)	8.40	Normal	µg/dL	3.2-12.6	CLIA
THYROID STIMULATING HORMONE (TSH)	3.950	Normal	µIU/mL	0.35-5.5	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes
High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

*** End Of Report ***



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 UHID/ MR No: 8841
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 Ref. Doctor: SELF
 Sponsor Name:

Age/Gender: 38 Y Male
 OP Visit No: OPD-UNIT-B-3
 Reported On: 27/01/2024 07:05PM

CLINICAL PATHOLOGY

Investigation	Observed Value	UNIT	Biological Reference Interval
URINE ROUTINE EXAMINATION			
Physical Examination			
Volume of urine	30ML		
Appearance	Clear		Clear
Colour	Pale Yellow		Colourless
Specific Gravity	1.020		1.001 - 1.030
Reaction (pH)	5.0		
Chemical Examination			
Protein(Albumin) Urine	Absent		Absent
Glucose(Sugar) Urine	Absent		Absent
Blood	Absent		Absent
Leukocytes	Absent		Absent
Ketone Urine	Absent		Absent
Bilirubin Urine	Absent		Absent
Urobilinogen	Absent		Absent
Nitrite (Urine)	Absent		Absent
Microscopic Examination			
RBC (Urine)	NIL	/hpf	0 - 2
Pus cells	1-2	/hpf	0 - 5
Epithelial Cell	Occasional	/hpf	0 - 5
Crystals	Not Seen	/hpf	Not Seen
Bacteria	Not Seen	/hpf	Not Seen
Budding yeast		/hpf	

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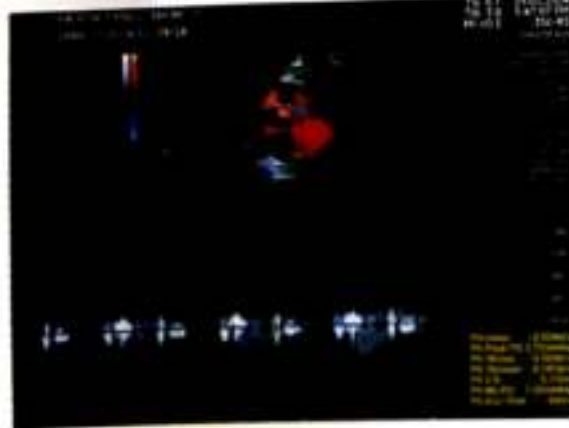
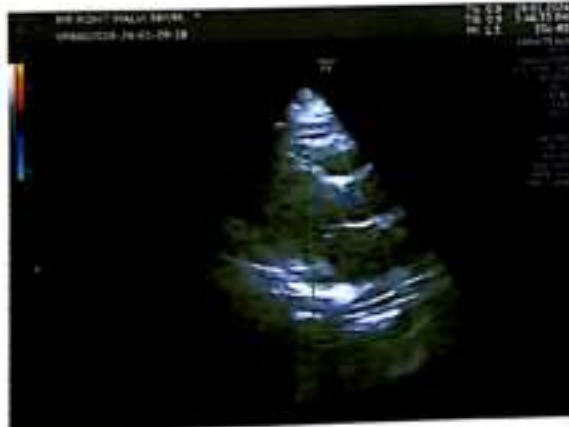
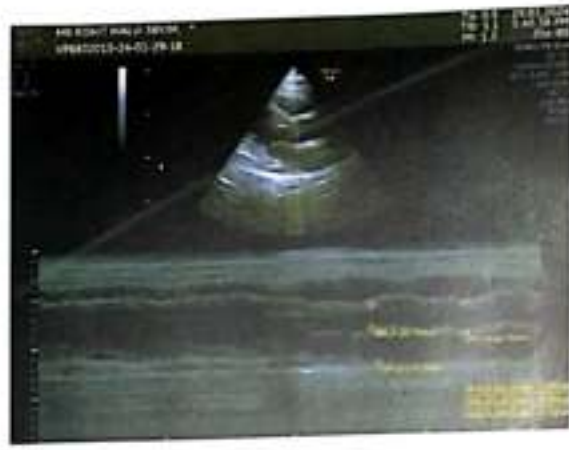
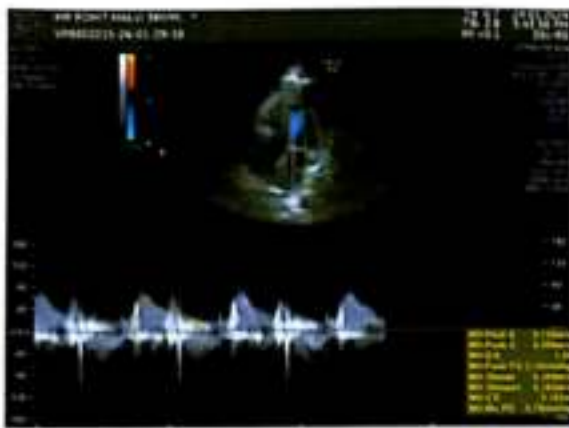
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ID: 24

27-01-2024 02:12:00 PM

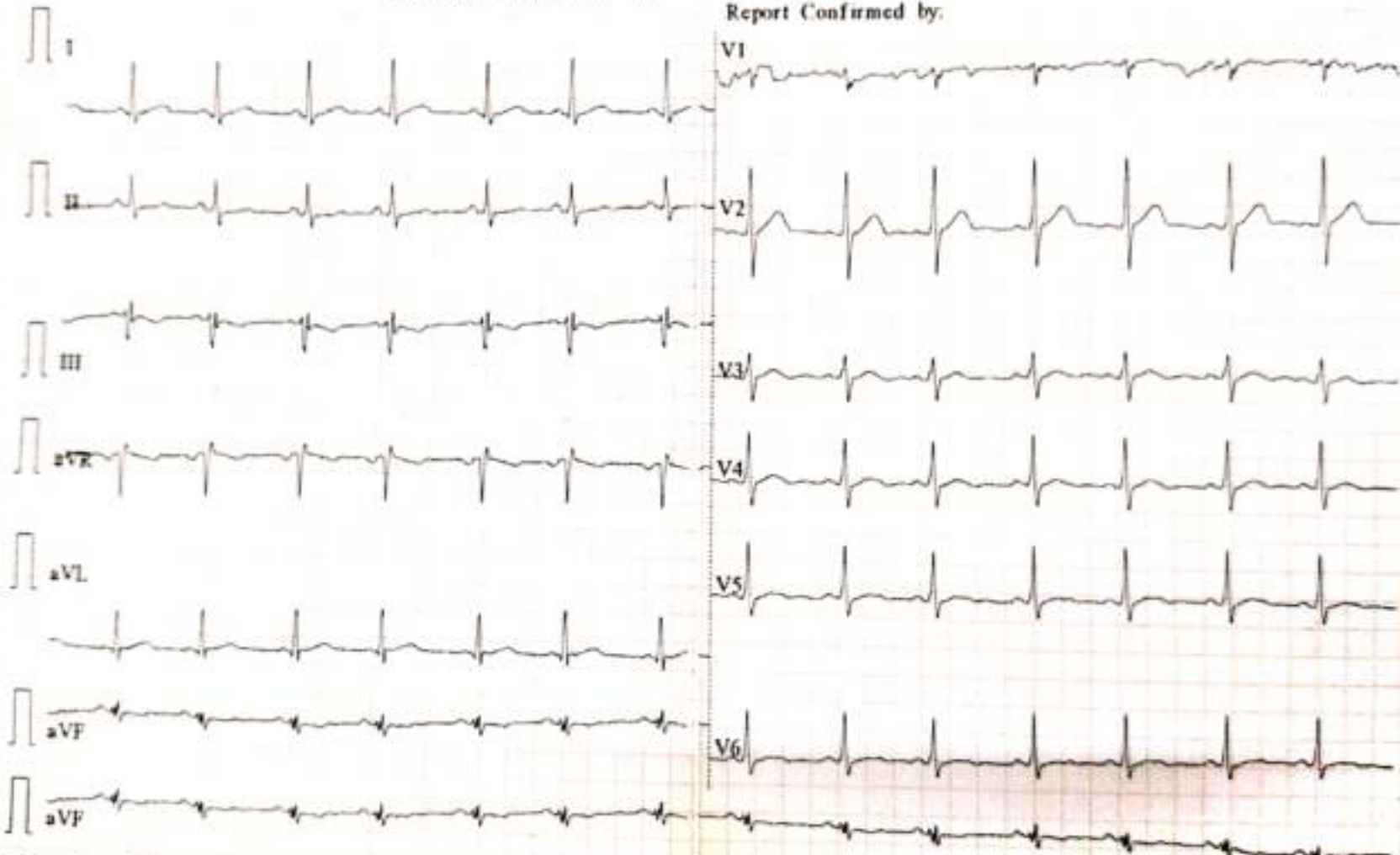
MR ROHIT MALVI
Male 38Years

HR : 87 bpm
P : 106 ms
PR : 122 ms
QRS : 100 ms
QT/QTc : 354/426 ms
P/QRS/T : 51/2/-3 °
RV5/SV1 : 0.96/0.262 mV

Diagnosis Information:

Sinus rhythm
Inferior T wave abnormality is nonspecific
Borderline ECG

Report Confirmed by:



Mr. Rohit Malvi

Age - 38 Y/M

25/07/24

BP - 130/80
PR - 85
WT - 103 kg
HT - 177 cm

CBC - 13.6, 4.96, 7.88, 219

HbA1c - 6.5

Uf - 34, 39, 74, 0/C

TSH - 3.950

T3 - 1.25

T4 - 8.40

Lipid - 136, 0, 174, 0, 450, 176, 20

RBS - 40, 0, 155, 0

Creatinine - 1.14

GD PL

8
- Lifestyle modification

- Cap Met & M 00 x 300
नाले के लिए

- Cap Venxar 4mg रात में
x 30 days

- Cap SWIFTCEL 102 रात में
नाले के लिए x 30 days

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