

MRS. MUKESH GANAWADIA

58 YEARS /MALE

BOB

13-04-2024

Height: 166 Cms

Weight: 65Kg

BP: -130/87 mmhg

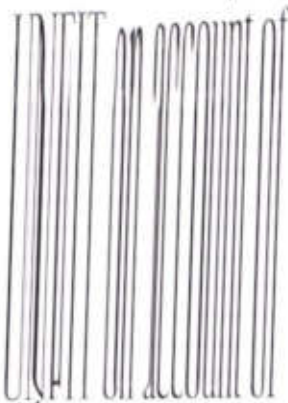
Pulse: - 74/- Regular

BMI: - 23.6 kg/m²

EYE: - NORMAL

The Medical Examiner should record the findings under one of the following categories:-

EFT



Dr. D.S. Chhabra
DR. D.S. CHHABRA
MBBS. MD.

4D SONOGRAPHY • COLOR DOPPLER • ECHO • PATHOLOGY • DIGITAL X-RAY & OPG • TMT • ECG • HOLTER

MR. MUKESH GANAWADIA**58 Years /M****BANK OF BARODA****13-04-2024****HEAMOGRAM**

Test Name	Results	Normal Range
Haemoglobin (HB)	12.8	13 - 18 gm%
R.B.C. Count	4.81	4.5 - 5.5 milli./cu.mm
PCV	41.3	40 - 50 %
MCV	85.86	80 - 95 fl
MCH	26.61	27 - 32 pg
MCHC	30.99	31.5 - 34.5 %
TOTAL WBC COUNT	6,200	4,000 to 11,000 /cu.mm
DIFFERENTIAL WBC COUNT	.	
Neutrophils	65	40 - 75 %
Lymphocytes	30	20 - 40 %
Monocytes	03	02 - 08 %
Eosinophils	02	01 - 05 %
Basophils	00	00 - 01 %
PLATELET COUNT	2.13	1.5 - 4 Lacs/cu.mm.
E.S.R	12	M- 0-10 at the end of 1 hr. F- 0-20 at the end of 1 hr

Dr. POOJA PRAPANNA
MD
DR. POOJA PRAPANNA

M.D.

Note :- All pathological tests have technical and biological limitations. Please correlate clinically as well as with other investigative findings.
A review should be requested in case of any disparity. This report is not valid for medicolegal purpose.

MR. MUKESH GANAWADIA
BANK OF BARODA58 Years /M
13-04-2024

Test Name	Results	Normal Range
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HAEMATOLOGY PROFILE

BLOOD GROUP	: -	
"ABO " GROUP	"B"	
Rh (D) Factor	Positive	
	.	
	.	
(Cross matching & recheck of Blood Group is mandatory before any transfusion)	.	
HBA1C	5.9	Normal 4-6 % Good Control 6-7 % Fair Control 7-8 % Unsatisfactory Control 8-10 % Poor Control Above 10 %

SEROLOGY PROFILE

HBsAg Non Reactive

* Test done by screening methods.
Requires confirmation at referral centre.**BIOCHEMISTRY**

FASTING BLOOD SUGAR	107.0	70 - 110 mg/dl
P.P. BLOOD SUGAR	152.0	upto 140 mg/dl

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13-04-2024**RENAL PROFILE**

Test Name	Results	Normal Range
BUN	14.0	5 - 21 Mg/dl
CREATININE	1.15	0.6 - 1.4 mg\dl
URIC ACID	5.77	3.5 - 7 mg\dl
CALCIUM	9.88	8.5 - 10.5 mg\dl

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MR. MUKESH GANAWADIA
BANK OF BARODA58 Years /M
13-04-2024**BIOCHEMISTRY**

Test Name	Results	Normal Range
SERUM BILIRUBIN	:-	
TOTAL BILIRUBIN	0.82	0 - 1 mg/dl
DIRECT BILIRUBIN	0.14	<0.25 mg/dl
INDIRECT BILIRUBIN	0.68	< 1.0 mg/dl
S.G.O.T	22.0	0 - 45 IU/L
S.G.P.T	26.0	0 - 45 IU/L
ALKALINE PHOSPHATE	98.0	Adult - 42 - 128 IU/L Child - 150 - 630 IU/L
TOTAL PROTEIN	6.40	6.0 to 8.0 g/dl
ALBUMIN	4.21	3.2 to 5.0 g/dl
GLOBULIN	2.19	1.9 to 3.5
A:G RATIO	1.92	1.2 TO 2.3
GAMA GT	21.0	5 - 43 Iu/l

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13-04-2024**LIPID PROFILE**

Test Name	Results	Normal Range
TOTAL LIPIDS	540	400 - 700 mg/dl
CHOLESTROL	166.0	<200 mg/dl- Desirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High
HDL CHOLESTROL	49.0	35- 60 mg/dl
TRIGLYCERIDE	158.0	<150 mg/dl Normal 150 - 199 mg/dl Borderline High 200 - 499 mg/dl High
LDL CHOLESTROL	85.4	<100 mg/dl Optimal 100- 129 mg/dl Borderline high 160 - 189 mg/dl High
VLDL CHOLESTROL	31.6	<40 mg/dl
RISK RATIO	3.39	3 - 6

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MR. MUKESH GANAWADIA**58 Years /M****BANK OF BARODA****13-04-2024****URINE EXAMINATION**

Test Name	Results	Normal Range
PHYSICAL EXAMINATION		
Quantity	30 ml	
Colour	Pale Yellow	
Appearance	Clear	
Deposits	Absent	
Specific Gravity	1.015	
Reaction	Acidic	
CHEMICAL EXAMINATION		
Albumin	Nil	
Sugar	Nil	
Ketones	Absent	
Bile Pigments	Negative	
Bile Salt	Negative	
Hematuria	Negative	
MICROSCOPIC EXAMINATION		
Pus Cells	1- 2 /hpf	
Red Blood Cells	Nil/hpf	
Epithelial Cell	1 - 2 /hpf	
Crystals	Nil	
Casts	Absent	

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58 Yrs./M

BOB

13th April, 2024

X-RAY CHEST PA VIEW

Bony cage is normal.

Trachea is central. C.P. angles are clear.

Cardiac contour and cardiothoracic ratio are normal.

Lung fields are clear.

Dr. D. S. Chhabra
M.B.B.S., M
Reg. No. - 5007
DR.D.S.CHHABRA.
M.D.

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ABDOMINAL SONOGRAPHY

Liver is of normal size, shape, has smooth margins & regular contours and the parenchyma is mildly hyperechoic in echostructure, **early fatty changes**. No focal lesion.

Gall bladder is of normal size, shape, has thin walls & the contents are clear fluid. No evidence of any calculus. Biliary tree is undilated.

Pancreas is normal, no focal / diffuse pathology. Spleen is normal. The portal and splenic veins are normal in calibre.

Both Kidneys are normal in size [measure about 11 cms. in length], shape and echostructure. No evidence of any calculus in both. The collecting system and ureter on both side are undilated.

Urinary bladder is normal in size, shape & has thin walls.

Prostate is of normal size (around 20 gms.) & is normal in echostructure.

There is no ascitis. No obvious abdominal lymphadenopathy. No sub / supra diaphragmatic pathology on either side.

IMPRESSION :

Early fatty changes in liver.

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M.B.B.S. - M.D.

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DR. D. S. CHHABRA.
M.D.



LABORATORY REPORT



Name : Mr MUKESH GANAWADIA	Sex/Age : Male / 58 Years	Case ID : 40401603516
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 13-Apr-2024 11:11	Sample Type : Serum	Mobile No. :
Sample Date and Time : 13-Apr-2024 11:11	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 13-Apr-2024 12:08	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Thyroid Function Test				
Triiodothyronine (T3) <small>CMA</small>	86.54	ng/dL	58 - 159	
Thyroxine (T4) <small>CMA</small>	L 4.09	µg/dL	4.6 - 10.5	
TSH <small>CMA</small>	2.51	µIU/mL	0.5 - 8.9	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy

First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr Astha Dawani
Consultant Pathologist.

Dr. A Mishra
M.D. Microbiology

Dr. Soma Yadav
M.D. (Pathology)

Printed On : 13-Apr-2024 12:19



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Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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Adawani

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TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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Prostate Specific Antigen (PSA)

Prostate Specific Antigen H **11.370** ng/mL 0.00 - 4.00
CMIA

	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0

*% of population

Use

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

FREE PSA:TOTAL PSA

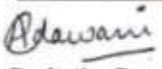
Males:

When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

Free PSA/total PSA ratio	Probability of cancer		
	50-59 years	60-69 years	> or =70 years
< or =0.10	49%	58%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

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

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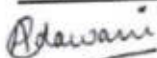


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For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

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बैंक ऑफ बड़ौदा
Bank of Baroda

मुकेश गनवाडिया
Mukesh Ganvadiya

नाम
 Name

कर्मचारी क्र. क्र.
 E.C. No. **155014**


 धारक के हस्ताक्षर
 Signature of Holder


 जारीकर्ता प्राधिकारी
 Issuing Authority

Dr. D. S. Chhabra
M.B.B.S., M.D.
Reg. No. - 5007

Mukesh



DR. PRIYANK JAIN

M.D.,D.M.

CONSULTANT CARDIOLOGIST

UNIQUE DIAGNOSTIC CENTRE

45-B, Jaora Compound,
Opp. M.Y.Hospital, M.Y.H. Road,
INDORE - 452 001. (M. P.).
Phone : 2704118. 4082228

ECHOCARDIOGRAPHY REPORT

NAME : **MR. MUKESH GANAWADIA** **Age** : **58 Yrs./ M**
REFERRED BY : **BOB** **Date** : **13th April, 2024**

ECHOCARDIOGRAPHIC OPINION

INTERPRETATION :-

- ** No RWMA.
- ** Good biventricular function. LVEF : 60 %.
- ** Normal cardiac valves, healthy pericardium.
- ** Grade I diastolic dysfunction.

Dr. PRIYANK JAIN

M.B.B.S., M.D., D.M.

Reg. No. 19547

DR. PRIYANK JAIN. M.D., D.M.

TWO DIMENSIONAL ECHOCARDIOGRAPHY

M Mode examination revealed normal movement of both mitral leaflets during diastole.

No SAM or mitral valve prolapse is seen.

Mitral valve opening is normal. No evidence of mitral valve prolapse is seen.

Tricuspid valve is normal, pulmonary valve is normal, aortic root is normal in size, dimensions of left atrium and left ventricle are normal.

Aortic cusps are not thickened and enclosure line is central.

Aortic valve has three cusps and its opening is not restricted.

2 - D imaging in PLAX, SAX and apical views revealed a normal sized left ventricle.

Movement of septum, anterior, posterior, inferior and lateral walls is normal. Global LVEF is 60 %.

Right atrium and right ventricle are normal in size.

Tricuspid valve leaflets move normally.

Pulmonary valve is normal.

Interatrial and interventricular septa are intact.

No intracardiac mass or thrombus is seen.

No pericardial pathology is observed.

MEASUREMENTS :

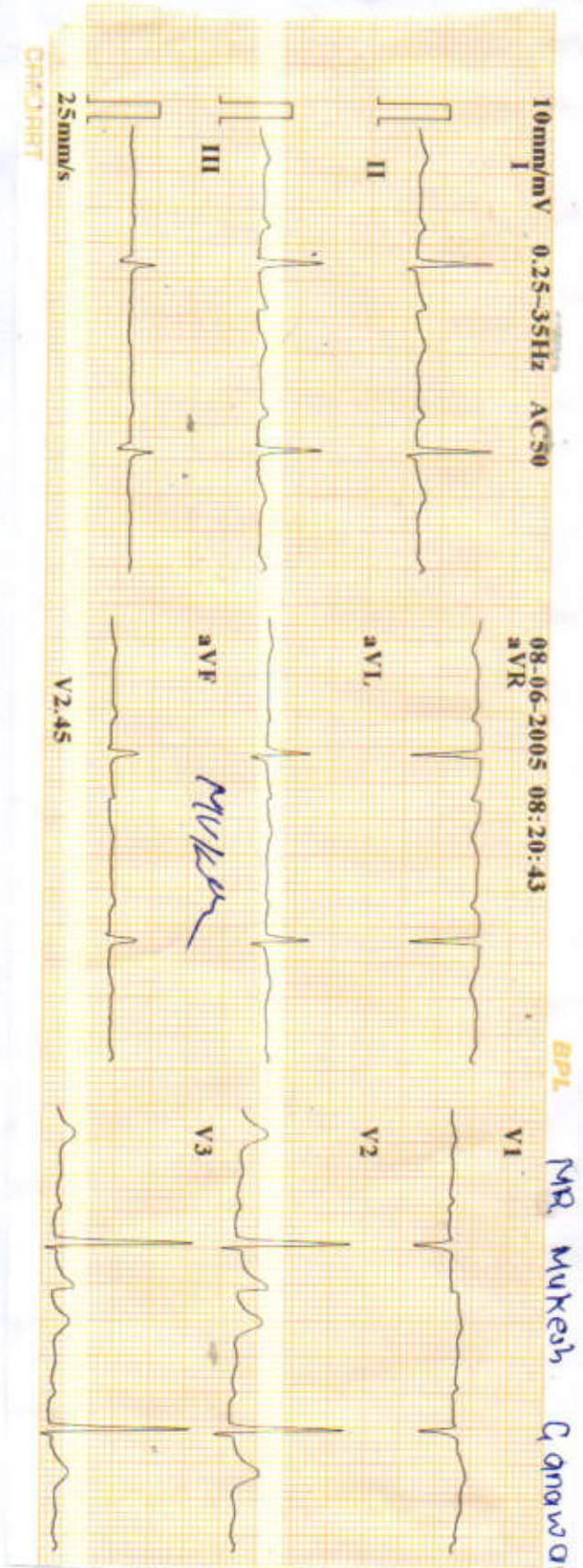
[C]	DIMENSIONS	OBSERVED VALUES	Normal Values (For Adults)
1.	Aortic Root diameter	: 3.3 cms.	2.0-3.7 cm < 2.2 cm / M ²
2.	Aortic Valve Opening	: 1.8 cms.	1.5-2.6 cm
3.	Right Ventricular Dimension	: --	
4.	Left Atrial Dimension	: 3.7 cms.	1.9-4.0 cm < 2.2 cm / M ²
5.	Left Ventricular ED Dimension	: 3.6 cms.	3.7-5.6 cm < 3.2 cm / M ²
6.	Left Ventricular ES Dimension	: 2.1 cms.	2.2-4.0 cm
7.	Inter Ventricular ED Septal thickness	: 1.3 cms.	0.6-1.2 cm
8.	Left Ventricular ED PW thickness	: 1.2 cms.	0.5-1.0 cm
9.	IVS / LVPW	: 01	< 1.3

[E]	INDICES OF LEFT VENTRICULAR FUNCTION		
1.	Mitral E - Septal Separation	: 0.5	< 0.9- cm
2.	Left Ventricular Ejection Fraction	: 60 %	60 - 80 %

DOPPLER

	Peak Flow Velocity (M/Sec.)	Peak Gradient (mmHg.)	Regurgitation
MV	Normal	--	Normal
TV	Normal	--	Normal
AV	Normal	--	Normal
PV	Normal	--	Normal

PASP : Normal



10mm/mV 0.25-35Hz ACS50

08-06-2005 08:20:43

BPL

MR. Mukesh Ganawadiq

25mm/s

die

ID	: 050608-0821
Name	: MR
Age	: 58 yr
Sex	: Male
BP	: mmHg
Height	: cm
Weight	: kg
HR	: 71 bpm
P Dur	: 118 ms
PR int	: 231 ms
QRS Dur	: 92 ms
QT/QTc int	: 383/417 ms
P/QRS/T axis	: 48/36/29 °
RV5/SV1 amp	: 1.146/0.523 mV
RV5+SV1 amp	: 1.669 mV
RV6/SV2 amp	: 0.876/0.204 mV

HNLL

Dr. Mahendra Chourasiya
M.D., D.M. (Cardio)



UNIQUE DIAGNOSTIC CENTRE INDORE

Ref.by : BOB

Done by : DR. PRIYANK JAIN M.D.,DM.

13 Apr 2024
Name : MR. MUKESH GANAWADIA

