



MR No. : S151857	Collection Date : 01/04/2024 12:00PM
Patient Name : Mr. Aditya Bhavsar	Age : 35 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 01/04/2024 1:05 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
POST PRANDIAL BLOOD GLUCOSE [PPBS]			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	92	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

***** End Report *****

Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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PAT. NAME : Aditya Bhavsar	Date : 01/04/2024
REF. DOCTOR : Hosp. Dr.	AGE : 35 Yrs / M
INV. : Radiograph of Chest PA	MR NO. : S151857

Clinical Details: HC

Observation:

- Both the lung fields appears normal.
- Both costophrenic angles appear clear.
- Both the hila appears normal.
- Trachea appears in midline.
- Cardiac size and other mediastinal shadows appears normal.
- Both domes of diaphragm appear normal.
- Bony thorax appears normal.


Dr. Sneha Dumaswala
MBBS, DNB-Radiodiagnosis
Consultant Radiologist
G-21796

Transcribed By: Asha

Page: 1 out of 1
Date & Time of report: 01/04/2024 – 11:14 AM

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PAT. NAME : Aditya Bhavsar	Date : 01/04/2024
REF. DOCTOR : Hosp. Dr.	AGE : 35 Yrs / M
INV. : USG Whole Abdomen	MR NO. : S151857

Findings:

Liver is normal in size, shape and shows normal echopattern. No e/o any focal or diffuse lesion noted. Intrahepatic biliary radicals are normal.

Gall bladder is partially distended and appears grossly normal. No e/o calculus, sludge or mass lesion is seen.

CBD and Portal Vein appears normal is size and calibre.

Pancreas appears normal in size and shows normal echopattern to the extent assessed.

Spleen appears normal in size, shape and homogenous echopattern.

Both kidneys appear normal in size, shape and echopattern. The corticomedullary differentiation is well maintained. No e/o hydronephrosis.

Right kidney : Few non obstructing calculi are noted in upper, mid and lower pole calyx, measuring ~ 3 mm.

Left kidney : Two non obstructing calculi are noted in interpole pole calyx, measuring ~ 3.3 mm each.

Aorta and para-aortic regions appears normal. No e/o any lymphadenopathy.

Urinary bladder appears well distended and normal.

No e/o free fluid in abdomen.

IMPRESSION:

- **Bilateral non obstructing renal calculi.**

Dr. Sneha Dumaswala
MBBS, DNB-Radiodiagnosis
Consultant Radiologist
G-21796

Transcribed By: Asha

Page: 1 out of 1
Date & Time of report: 04/01/2024 - 11:21 AM

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ECHO CARDIOGRAPHIC REPORT



Patient's Name : Mr. Aditya Bhavsar Date : 11/4/2014 10:20 AM
Sex : M Age : 35 Ref. by Dr. : _____ Done by Dr. Surprender Singh

LV Size : (n) LVEF : 55-60% (VISUAL)
DIASTOLIC DYSFUNCTION : No LVH : No

RWMA: ANTERIOR WALL
ANTERIOR SEPTUM
IVS
LV APEX
POSTERIOR WALL
LATERAL WALL
INFERIOR WALL
No RWMA

MITRAL VALVE : (n) AORTIC VALVE (n)
PULMONARY VALVE : (n) TRICUSPID VALVE (n)

PAH : _____ PASP : 10 mmHg
RA : _____ LA : _____
RV : (n) IVC : (n)
IAS : Inten

IVS (s)	cm	LV (s)	cm	PW (s)	cm	LVEF =	%
IVS (d)	cm	LV (d)	cm	PW (d)	cm	FS =	%

CONCLUSION :
No reg/dilat IPL
2D Echo for Health checkup plan

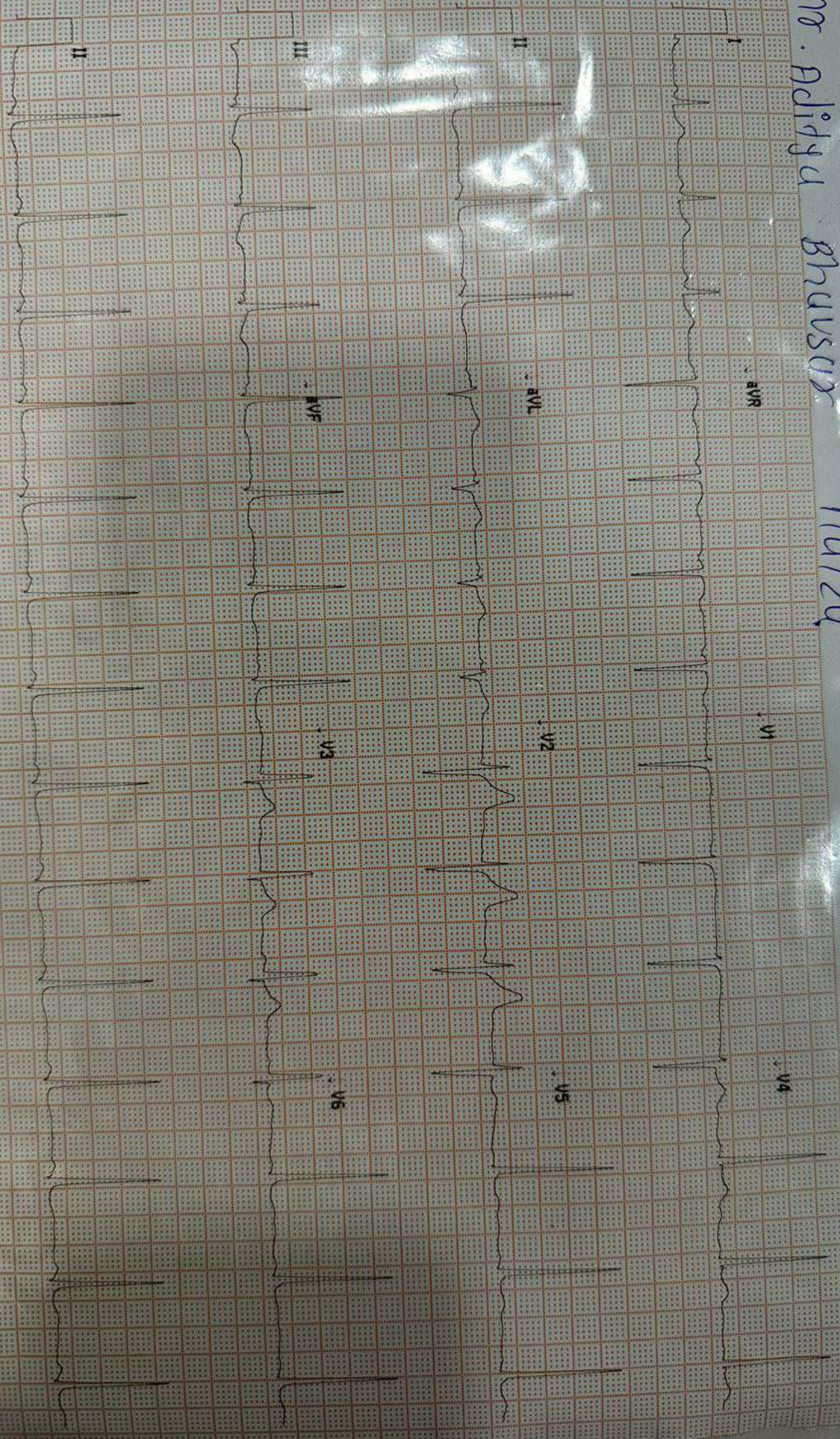
DOB: 0yr, MALE

Mr. Aditya BHAVSAR

11/12/24

1-Apr-2024 9:56:19
 Ven. rate: 85 BPM
 PR int: 123 ms
 QRS dur: 90 ms
 QT/QTc: 344/386 ms
 P-R-T axes: 13 71 -8

PEDIATRIC ECG INTERPRETATION
 SINUS BRADYCARDIA
 POSSIBLE LEFT VENTRICULAR HYPERTROPHY
 BORDERLINE ECG
 INTERPRETATION BASED ON A SINGLE LEAD ECG OF 6 MONTHS
 Reviewed by _____





MR No. : S151857	Collection Date : 01/04/2024 9:24AM
Patient Name : Mr. Aditya Bhavsar	Age : 35 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 01/04/2024 1:04 PM

CLINICAL CHEMISTRY

Parameter	Result	Units	Normal Range
VITAMIN B12			
VITAMIN B12 (CLIA)	793.8	pg/ml	211 - 911

hemiluminescence Assay.

Primary sources of Vit.B12 are meat, eggs, milk & milk products. Vit.B12 requires intrinsic factor for absorption from intestine. Vit.B12 deficiency causes hematological and neurological abnormalities. Decreased Vit.B12 level causes increased excretion of methylmalonic acid. The impaired DNA synthesis associated with Vit.B12 deficiency causes macrocytic anaemia. In severe is characterized by abnormal maturation of erythrocytic myeloid precursors and megakaryocytes in bone marrow, which results in pancytopenia. Withhold Vit.B12 injection before the blood is drawn. Blood collected after Vit.B12 injection interfere with result. Preservatives such as fluorides & ascorbic acid interfere with the assay. Excessive exposure of the specimen to light may alter Vit.B12 result.

VITAMIN D3

VITAMIN D3 (CLIA)	20.90	ng/ml	Deficiency : < 10; Insufficiency: 10-30; Sufficiency : 30-100; Toxicity : > 100
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Note:- Vitamin D is a fat soluble hormone involved in the intestinal absorption and deregulation of calcium. It is synthesized by skin when sunlight strikes bare skin. It can also be ingested from animal sources. Vitamin D is bound to the binding protein (albumin and vitamin D binding protein) & carried to the liver. In the liver it is transformed into 25 hydroxy vitamin D (calcidiol) which is the primary circulating and the most commonly measured form in serum. Then in the kidney it is transformed into the 1,25 dihydroxy-vitamin D (calcitriol) which is the biological active form.

Vitamin D plays a vital role in the formation and maintenance of strong and healthy bones. Vitamin D deficiency has long been associated with rickets in children & osteomalacia in adults. Long insufficiency of calcium and vitamin D leads to osteoporosis. There have been multiple publications linking vitamin D deficiency to several disease states, such as cancer, cardiovascular disease, diabetes and autoimmune disease.

***** End Report *****

Dr. Shobha Choksi
MD, DCP (Pathology)

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MR No. : **S151857**
 Patient Name : **Mr. Aditya Bhavsar**
 Ref By : **Dr. Hospital A Doctor**
 Collection Date : **01/04/2024 12:00PM**
 Age : **35 Y Sex : Male**
 Report Date : **01/04/2024 1:01 PM**

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	236	mg/dl	50 - 200
HDL CHOLESTEROL Direct	55	mg/dl	40 - 60
LDL CHOLESTEROL Direct	164.7	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	85	mg/dl	50 - 150
LDL Calc	17	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	4.29		0 - 5
LDL / HDL RATIO	2.99		0 - 3

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment.
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Details on test interpretation available from the lab.

TEST	NEAR OPTIMAL (Moderate Risk)	BORDER LINE (Risk)	HIGH (Risk)	VERY HIGH
CHOLESTROL	160-199	200-239	240-279	280
HDL	50-59	40-49	< 40	
LDL	100-129	130-159	160-190	>190
TRIGLYCERIDES	150-169	170-199	240-499	>500
CHO/HDL RATIO	3.3-4.4	4.4-11.0	>11.0	
LDL/HDL RATIO	0.5-3.0	3.0-6.0	>6.0	

***** End Report *****

CS
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 Reg. No.: **G-9074**

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OPD ASSESSMENT FORM



Name Mr. Aditya Bhavsar Age Sex 35/M MR.No. 5151857

Doctor Dr. Krunal Gajjar Date 11/11/24

Ht: 169cm Wt.: 64.kg Temp: 97.2 F Pulse: 97 b/m BP: 127/74 mmHg

SPO2: 100% Post of walk SPO2: _____

Chief Complaints :

Not-Any.

Drug / Food Allergy :

NO

Prior Medication Reviewed : Yes No

On examination :

R } NAD.
CVS }

Past History :

— N.S. —

Provisional Diagnosis :

Nutritional Assessment :

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

Treatment and further Advices :
(Write in Capital Letters)

R_x

→ Cap. Upline-D₃ (60 K)
once a week

Investigation advised :

x (04) — (4) ✓
Weeks.

Krunal Gajjar

Dr. Krunal Gajjar
M.B.B.S., MD (MEDICINE)
CONSULTANT PHYSICIAN
Reg. No. G-20422

SUNSHINE HOSPITAL
SURAT.

Follow Up : _____ Date : _____

In case of emergency Please report to Emergency Department of Hospital OR
Call : 75748 49465, 0261-4111000



MR No.	: S151857	Collection Date	: 01/04/2024 12:00PM
Patient Name	: Mr. Aditya Bhavsar	Age	: 35 Y Sex : Male
Ref By	: Dr. Hospital A Doctor	Report Date	: 01/04/2024 1:01 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
HbA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	5.7	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	116.89	mg/dl	

The test is done on Cobas Integra 400plus-Turbidimetric Inhibition ImmunoAssay

Note:- Criteria for the diagnosis of diabetes HbA1c $\geq 6.5\%$

- HbA1c is important test for the assessment of long term blood glucose control (also called glycemic control).
- HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination.
- HbA1C is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy, nephropathy, and neuropathy are potentially serious and can lead to blindness kidney failure etc.
- Genetic Variants (Hb-S trait, Hb-C trait) elevated fetal haemoglobin & chemically modified derivatives of haemoglobin (eg carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1C measurement.

***** End Report *****

[Signature]
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MR No. : S151857	Collection Date : 01/04/2024 12:00PM
Patient Name : Mr. Aditya Bhavsar	Age : 35 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 01/04/2024 1:00 PM

HAEMATOLOGY

Parameter	Result	Normal Range
BLOOD GROUP & RH FACTOR		
BLOOD GROUP	"AB"	
RH FACTOR	POSITIVE	

BIOCHEMISTRY

SERUM URIC ACID			
SERUM URIC ACID (Uricase)	5.7	mg/dl	3.4 - 7.0
FASTING BLOOD SUGAR (FBS)			
FASTING BLOOD GLUCOSE (Hexokinase)	100	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

***** End Report *****

SC
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Reg. No.: G-9074

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MR No. : S151857
Patient Name : Mr. Aditya Bhavsar
Ref By : Dr. Hospital A Doctor

Collection Date : 01/04/2024 12:00PM
Age : 35 Y Sex : Male
Report Date : 01/04/2024 12:59 PM

HAEMATOLOGY

Parameter	Result	Units	Normal Range
CBC with ESR			
HAEMOGLOBIN	13.6	gm/dl	13.0 - 17.0
PCV	42.4	%	40 - 50
RBC COUNT	4.97	mill/cmm	4.5 - 5.5
MCV	85.3	fl	76 - 96
MCH	27.4	pg	26 - 32
MCHC	32.1	%	32 - 36
RDW	12.2	%	11 - 15
PLATELET COUNT	2.59	lacs/cmm	1.5 - 4.5
WBC COUNT	5580	/cmm	4000 - 11000
ESR	06	mm/hr	0 - 10
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	40	%	40 - 70
LYMPHOCYTES	46	%	20 - 40
EOSINOPHILS	06	%	1 - 6
MONOCYTES	08	%	2 - 11
BASOPHILS	00	%	0 - 2
PERIPHERAL SMEAR			
RBC MORPHOLOGY	Normochromic Normocytic		
WBC MORPHOLOGY	Lymphocytosis		
PLATELET ON SMEAR	Adequate		
HEMOPARASITES	Not Seen		

SYSMEX XN-550

***** End Report *****

Dr. Shobha Choksi
MD, DCP (Pathology)
Reg. No.: G-9074

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MR No.	: S151857	Collection Date	: 01/04/2024 12:00PM
Patient Name	: Mr. Aditya Bhavsar	Age	: 35 Y Sex : Male
Ref By	: Dr. Hospital A Doctor	Report Date	: 01/04/2024 1:04 PM

CLINICAL CHEMISTRY

Parameter	Result	Units	Normal Range
THYROID FUNCTION TEST [TFT]			
TOTAL T3 (CLIA)	1.36	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	8.31	ug/dl	5.1 - 14.0
TSH (CLIA)	4.09	uIU/ml	0.2 - 4.5

Note:-

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 (freeT4). Additionally the hypothalamic tripeptide, thyrotropin releasing hormone (TSH) 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 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.

***** End Report *****

SC
Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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OPD ASSESSMENT FORM



Name Mr. Aditya Bhavsar Age.Sex 35/m MR.No. S151857

Doctor Dr. Hardik shroff Date 01/04/24

Ht : _____ Wt. : _____ Temp : _____ Pulse : _____ BP : _____

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

No complaint

Drug / Food Allergy :

Prior Medication Reviewed : Yes No

On examination : BE - Ant-seg MAD

Past History :

Mr CAB NIB

IST R - 0.57 Go - b6
L - 0.25 + 120 - b6

Provisional Diagnosis :

Amalri (Central)

Nutritional Assessment :

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

BE low Myopic Astigmatism

Treatment and further Advices :
(Write in Capital Letters)

Rx

Investigation advised :

Dr. Hardik Shroff
DOMS, DNB (Ophthalmology)
G-28902
SUNSHINE GLOBAL HOSPITAL
Piplod, SURAT.
Signature

Follow Up : 600 Date : _____



OPD ASSESSMENT FORM



Name Mr Aditya Bhavsar Age.Sex 35/m MR.No. S151837

Doctor Dr Umang Dasai Date 01/04/24

Ht : _____ Wt. : _____ Temp : _____ Pulse : _____ BP : _____

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

Drug / Food Allergy :

- Routine mental check up

Prior Medication Reviewed : Yes No

On examination :

Past History :

- NAD

Provisional Diagnosis :

Nutritional Assessment :

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

Treatment and further Advices :

(Write in Capital Letters)

Rx

Investigation advised :

U. Dasai

Follow Up : _____ Date : _____

Signature