

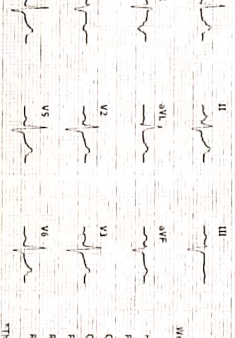
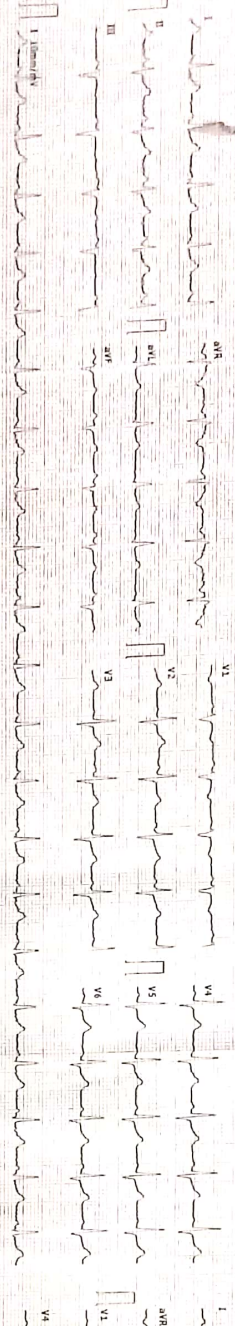
2020-1-12 05:55 ID: 0001200

ID Card:
 Name: ASHOK KUMAR
 Gender: Male
 Age: 53
 Height(cm):
 Weight(kg):
 BP(mmHg):

HR: 70
 PR: 110
 QRS: 100
 QT/QTc: 381/43
 PQRS/T AXES: deg 54/34/54
 R/S/VL: mV 0.77/0.45
 R/S+SVL: mV 1.25

ECG Interpretation:
 * * NORMAL ECG * *

The result must be confirmed by doctor
 Report Confirmed by:



ID Card: _____
 Name: RENU GAUTAM
 Gender: Female
 Age: _____
 Height(cm): _____
 Weight(kg): _____
 Height(cm): _____
 Weight(kg): _____

HR: 96 bpm
 P-R: 160 ms
 Q-R-S: MS 05
 QT/QTc: 330/416 ms
 P/QRS/T AXES: deg 47/12/47
 RV5/SV1: mV 0.67/0.33
 RV5+SV1: mV 1.00

202 Mid Left Axis Deviation
 ** SUSPECTED ABNORMAL ECG **

The result must be confirmed by doctor.
 Report Confirmed by: _____

2020-11-12 06:24 ID: 40001088

Conclusion: **

501 Spinal Disease

202 Mid Left Axis Deviation

** SUSPECTED ABNORMAL ECG **

The result must be confirmed by doctor.
 Report Confirmed by: _____

Dr. Pratik Kinkhabwala
B.D.S.

Dr. (Mrs.) Nehal Kinkhabwala
B.D.S.

KHUSHI DENTAL CLINIC

(Implant Facility is also Available)

507-508, Velocity, Near Madhuvan Circle, L.P. Savani Road, Adajan, Surat - 395 009.

Time : 09:30 to 1:30, 4:00 to 8:00

(M) : 94268 08916 (M) 94283 94076

Date : 13/7/24

Prushyabhin

Adv is ① Replacement of
teeth in 1/6

② scaling & polishing

R₂

- Toothpaste Dental Antiseptic

————— ①

(3 time in a week)

■ Special Orthodontic
Treatment And Aligners

■ Dental Scaling And
Bleaching (Whitening)

■ Pit And Fissure Sealants

■ Crown & Bridges

■ Wisdom Tooth Removal

■ Aesthetic & Cosmetic
Dentistry

■ Special Dental
Treatment For Children

■ Root Canal Treatment

■ Dentures

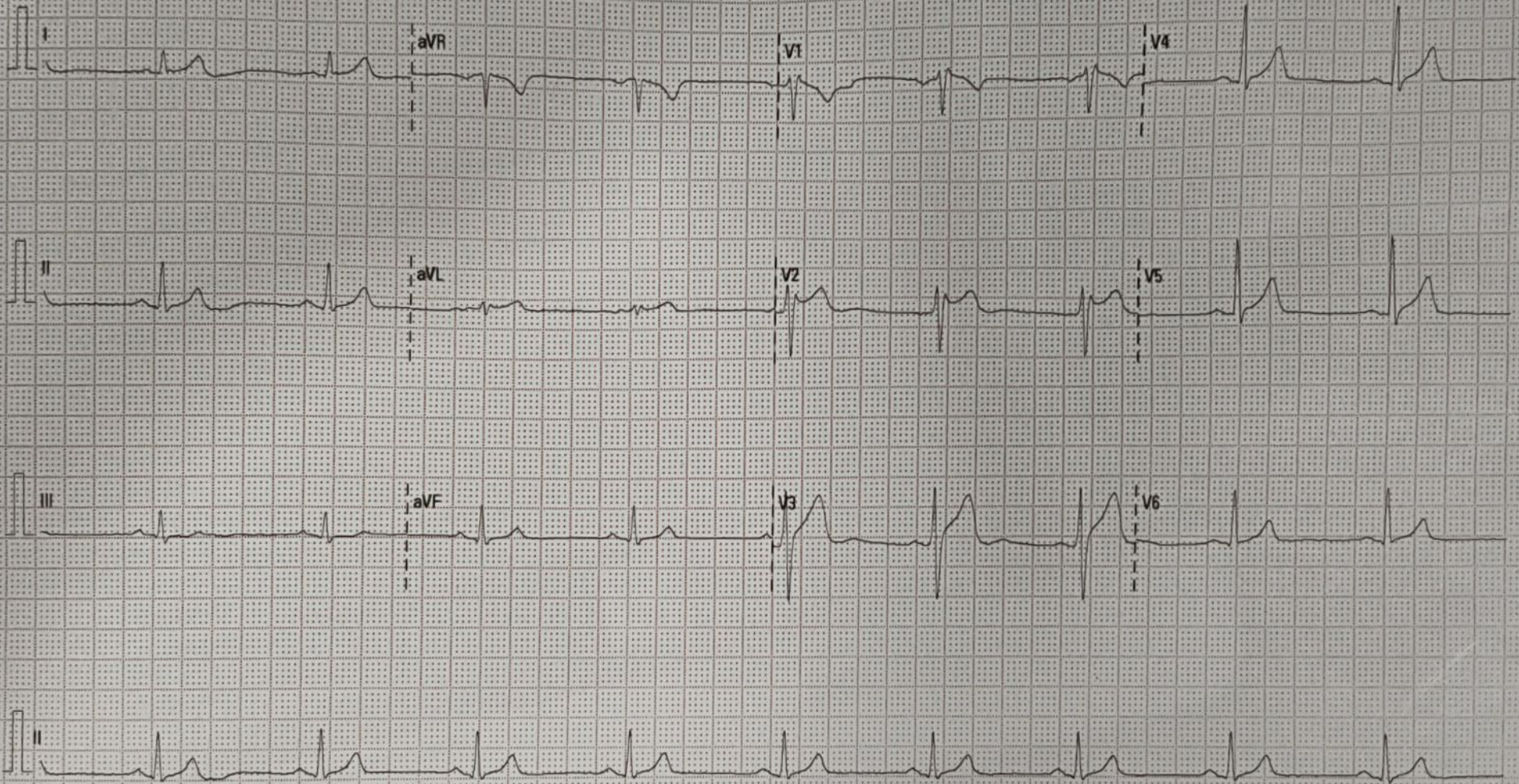
ID: 2024071310093363
Name: parshant
Age: 26 Years
Gender: Male

13-07-2024 10:09:23

Vent. Rate 57 bpm
PR Interval 146 ms
QRS Duration 94 ms
QT/QTc Interval 360/355 ms
P/QRS/T Axes 70/58/35 deg
QTc:Hodges

Sinus rhythm
Possible left atrial abnormality
rSr'(V1) - probable normal variant
Borderline ECG

Unconfirmed Diagnosis



POCUS

(POINT OF CARE ULTRASOUND - 2D ECHO/LUNG USG SCREEN)

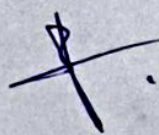
Name: Prashant S. Aahire

Date: 13/7/24

Age/Sex: 26/M

Dr.: DR. ROHAN JARIWALA

• 2D ECHO SCREEN :

- EF - GOOD / MODERATE / POOR
 - CHAMBER SIZE - NORMAL
 - RA, RV - NORMAL / DILATED
 - LA - NORMAL / DILATED
 - LV - NORMAL / DILATED, LVH - PRESENT / ABSENT
 - RWMA - Present / Absent
 - IVC -
 - Others -
- wet = 60% 

• LUNG USG SCREEN

- A LINE
- SLIDING
- B LINE
- PLEURAL EFFUSION
- OTHERS
- NORMAL - SLIDING PRESENT, A-LINE PRESENT, NO B LINES, NO PLEURAL EFFUSION

1317124

ST $\sqrt{+0.25/-0.75} \times 95 \text{ G6}$
 $+0.25 \text{ G6}$

A-s-w-m

turn

Am
- styl
2.

1000000

NAME

M/F

13/JUL/2024

03:16

PM

VD=12.00mm

<R>	S		C		A	
	+ 1.25	-	1.00		99	9
	+ 1.25	-	1.00		99	8
	+ 1.25	-	1.00		99	9
	<+ 1.25 - 1.00 99>					

L. DATA

+ 1.25 - 1.00 96

PS 5.2

<L>	S		C		A	
	+ 1.25	-	0.25		48	8
	+ 1.25	-	0.25		44	8
	+ 1.25	-	0.25		50	8
	<+ 1.25 - 0.25 48>					

L. DATA

+ 1.25 - 0.25 41

PS 6.0

PD 69

.....
CLEAR VIEW EYE HOSPITAL

-----0200-----

NAME

13/JUL ~~2021~~ 02:43 PM M/F

VD-12.00mm

<R>	S	C	A	
	+ 0.50	- 1.00	99	6
	+ 0.25	- 1.00	96	9
	+ 0.50	- 1.50	94	8
	<+ 0.25	- 1.00	96	>

L. DATA

NO DATA

PS 3.4

	mm	D	deg
<R1	7.65	44.00	148
<R2	7.55	44.75	58
<AVG	7.60	44.50	>
<CYL		- 0.75	148

<L>	S	C	A	
	+ 0.25	- 0.25	30	8
	+ 0.25	- 0.25	30	8
	+ 0.00	- 0.25	21	8
	<+ 0.25	- 0.25	30	>

L. DATA

+ 0.25 - 0.25 33

PS 4.6

	mm	D	deg
<R1	7.64	44.25	170
<R2	7.52	45.00	80
<AVG	7.58	44.50	>
<CYL		- 0.75	170

CS 11.5

PD 66

CLEAR VIEW EYE HOSPITAL

FITNESS CERTIFICATE

Signature of the Candidate :

I have carefully examined Mr./Mrs. Pareshkumt Shrivasthav

Adhine M/26 yes he/she has recovered from

~~his/her~~ illness and is now fit to resume ~~his/her~~ normal duties.

Place :

13/7/24

Date :

SURAT

Signature of Medical Officer :

Dr. Vitrag Shah

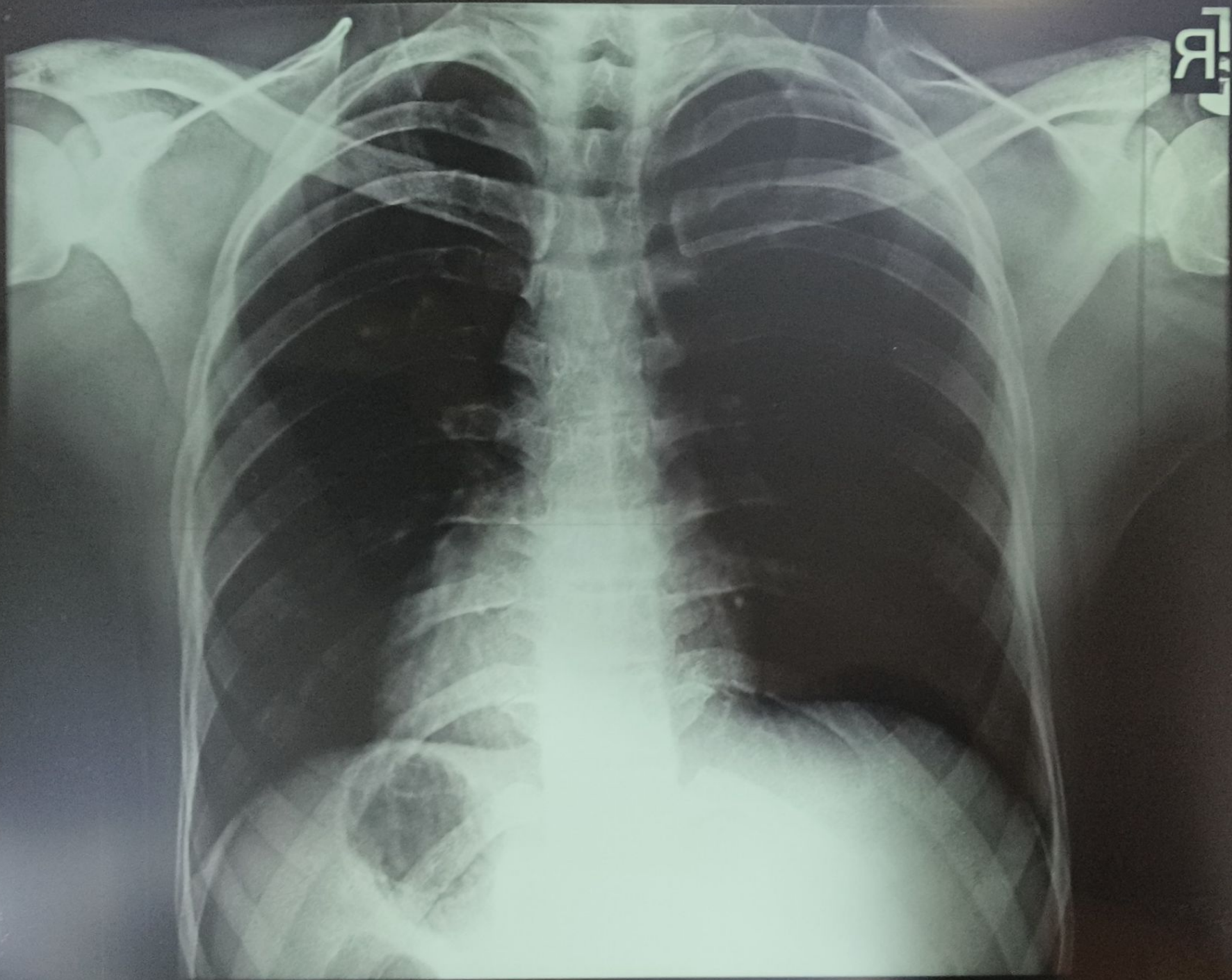
Registration Number :

M.B.B.S., M.D. Medicine
FNB Critical Care, EDIC UK
Reg. No. G-43492

3rd Floor, Velocity Business Hub, Near Madhuvan Circle, L.P. Savani Road, Pal - Adajan, Surat - 395009

velocityhospital@gmail.com website : www.velocityhospital.com

74350 81000, 74350 82000 | vmsurat



LR

PRASHANT S AAHIRE 26Y M
CHEST PA 13-Jul-24 10:21 AM
VELOCITY MULTISPECIALITY HOSPITAL, SURAT



Name: **PRASHANT SHIVAJIBHAI AAHIRE**
Lab ID **00000091**
Age & Sex: **26 Year | Male**
Reference: **VELOCITY HOSPITAL**

Ward: **opd**
Registration on: **13/07/2024 10:10:00**
Reported on: **11:37:04**
Sample Type: **BLOOD & URINE**

CBC ESR

Test	Observed Value	Unit	Biological Reference Interval
Haemoglobin	15.1	g/dL	13.5 - 17.5
Total RBC	5.19	mill./cm	4.50 - 5.90
Total WBC	4840	/cmm	4000 - 11000
Platelet Count	240300	/cmm	150000 - 450000
HCT	46.9	%	36.0 - 48.0
MCV	90.4	fL	80.0 - 100.0
MCH	29.1	pg	27.0 - 32.0
MCHC	32.2	g/dL	31.5 - 36.0

DIFFERENTIAL COUNT

Neutrophils	48	%	35 - 80
Lymphocytes	48 H	%	20 - 40
Eosinophils	02	%	02-05
Monocytes	02	%	01-07
Basophils	00	%	00 - 02
Band Cells	00	%	0.0 - 6.0

ABSOLUTE DIFFERENTIAL COUNT

Neutrophils	2323	/cumm	1800 - 7700
Lymphocytes	2323	/cumm	800 - 4800
Eosinophils	97	/cumm	0 - 500
Monocytes	97	/cumm	20 - 800
Basophils	0	/cumm	0 - 100

GLR / NLR

1.0
(Neutrophil/Lymphocyte Ratio)

MENTZER INDEX

17.4			
RDW-CV	12.8	%	13.0-18.0
RDW-SD	46.3	fl	
MPV	8.0	fl	
PCT	0.19	%	

Bhatt

DR. TEJAL BHATT
MD. PATHOLOGIST





Name: **PRASHANT SHIVAJIBHAI AAHIRE**
Lab ID **00000091**
Age & Sex: **26 Year | Male**
Reference: **VELOCITY HOSPITAL**

Ward: **opd**
Registration on: **13/07/2024 10:10:00**
Reported on: **11:37:04**
Sample Type: **BLOOD & URINE**

PDW 17.4 %

PERIPHERAL SM EAR EXAMINATION

RBC Morphology
WBC Morphology
Platelets in Smear

Normochromic and normocytic.
Appear normal, Immature cells are not seen .
Adequate.

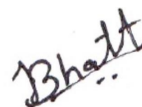
Malarial Parasites

Not Detected.

ESR

AFTER 1 HOUR

40 H mm/hr 0.0 - 15.0



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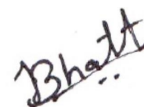


Name: **PRASHANT SHIVAJIBHAI AAHIRE**
Lab ID: **0000091**
Age & Sex: **26 Year | Male**
Reference: **VELOCITY HOSPITAL**

Ward: **opd**
Registration on: **13/07/2024 10:10:00**
Reported on: **11:37:04**
Sample Type: **BLOOD & URINE**

BLOOD GROUP

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood Group	"A"		
Rh Factor	POSITIVE		



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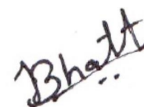


Name: **PRASHANT SHIVAJIBHAI AAHIRE**
Lab ID: **00000091**
Age & Sex: **26 Year | Male**
Reference: **VELOCITY HOSPITAL**

Ward: **opd**
Registration on: **13/07/2024 10:10:00**
Reported on: **11:37:04**
Sample Type: **BLOOD & URINE**

BLOOD GLUCOSE TEST

<u>Test</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Sample	FLOURIDE PLASMA		
<u>FASTING (FBS)</u>			
Blood Sugar-F	86.7	mg/dL	70.00-110.00



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Name: PRASHANT SHIVAJIBHAI AAHIRE	Ward: opd
Lab ID 00000091	Registration on: 13/07/2024 10:10:00
Age & Sex: 26 Year Male	Reported on: 11:37:04
Reference: VELOCITY HOSPITAL	Sample Type: BLOOD & URINE

HEMOGLOBIN A1c TEST

Test	Observed Value	Unit	Biological Reference Interval
HbA1c	5.5	%	> 8 : Action Suggested 7-8 : Good control < 7 : Goal 6.0-7 : Near Normal Glycemia < 6.0 : Non-diabetic Level
Mean Blood Glucose	111.2	mg/dL	70.0 - 140.0

Importance of HbA1c - Glycated Hb. in Diabetes Mellitus

- HbA1c, also known as Glycated Hemoglobin is the most important test for the assessment of long term blood glucose control (also called glycemic control)
- HbA1c reflects mean blood glucose concentration over past 6-8 weeks and provides amuch 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-eye complications, nephropathy-kidney complications and neuropathy-nerve complications, are potentially serious and can lead to blindness, kidney failure etc.
- Glycemic control monitored by HbA1c measurement using HPLC method-(Gold Standard) is considered most important. (Ref. National Glycohemoglobin Standardization Program -NGSP).

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Name: **PRASHANT SHIVAJIBHAI AAHIRE**
Lab ID **00000091**
Age & Sex: **26 Year | Male**
Reference: **VELOCITY HOSPITAL**

Ward: **opd**
Registration on: **13/07/2024 10:10:00**
Reported on: **11:37:04**
Sample Type: **BLOOD & URINE**

LIPID PROFILE

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fasting Blood Serum		
Cholesterol	121.0	mg/dL	<200 Desirable 200-29 Borderline >240 High
Triglyceride	71.1	mg/dL	<150 Normal 150-199 Borderline 200-499 High >=500 Very High
HDL Cholesterol	37.1	mg/dL	40-60
VLDL	14.22	mg/dL	0.00 - 30.00
LDL Cholesterol	69.68	mg/dL	< 130 : Optimal 130 - 159 : Borderline High 160 - 189 : High >= 190 : Very High
LDL Chol. / HDL Chol. Ratio	1.88		1.0 - 3.4
Cholesterol / HDL Chol. Ratio	3.3		0 - 3.5
Total Lipid	408.1	mg/dl	400.0 - 1000.0

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Name: **PRASHANT SHIVAJIBHAI AAHIRE**
Lab ID: **00000091**
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Reference: **VELOCITY HOSPITAL**

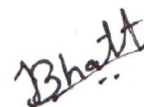
Ward: **opd**
Registration on: **13/07/2024 10:10:00**
Reported on: **11:37:04**
Sample Type: **BLOOD & URINE**

RENAL FUNCTION TEST

Test		Unit	
S. Creatinine	0.9	mg/dL	0.5-1.30
Bl. Urea	22.8	mg/dL	10.0 - 40.0
BUN	10.7	mg/dl	6.0 - 22.0
Uric Acid	4.23	mg/dL	3.5 - 7.2

PROTEINS

Total Protein	7.8	g/dL	6.0 - 8.0
Albumin	4.13	g/dL	3.50 - 5.50
Globulin	3.7	g/dL	2.0 - 4.0
A/G Ratio	1.1		



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Name: **PRASHANT SHIVAJIBHAI AAHIRE**
Lab ID **00000091**
Age & Sex: **26 Year | Male**
Reference: **VELOCITY HOSPITAL**

Ward: **opd**
Registration on: **13/07/2024 10:10:00**
Reported on: **11:37:04**
Sample Type: **BLOOD & URINE**

LIVER FUNCTION TEST

Test	Observed Value	Unit	Biological Reference Interval
BIURUBIN			
Total Bilirubin	0.4	mg/dL	0.00 - 1.20
Direct Bilirubin	0.2	mg/dL	0.00 - 0.40
Indirect Bilirubin	0.20	mg/dL	0.10 - 1.00
SGPT(ALT)	21.5	U/L	0.0 - 40.0
SGOT (AST)	24.5	U/L	0.00-46.00
Alkaline Phosphatase	199.3	U/L	64-306.0
PROTEINS			
Total Protein	7.8	g/dL	6.0 - 8.0
Albumin	4.13	g/dL	3.50 - 5.50
Globulin	3.7	g/dL	2.0 - 4.0
A/G Ratio	1.1		

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MD. PATHOLOGIST





Name: **PRASHANT SHIVAJIBHAI AAHIRE**
Lab ID: **00000091**
Age & Sex: **26 Year | Male**
Reference: **VELOCITY HOSPITAL**

Ward: **opd**
Registration on: **13/07/2024 10:10:00**
Reported on: **11:37:05**
Sample Type: **BLOOD & URINE**

URINE ANALYSIS

Test	Observed Value	Unit	Biological Reference Interval
Sample	Fresh Urine		
<u>PHYSICAL EXAMINATION</u>			
Quantity	10.0	mL	
Colour	Pale-Yellow		
Appearance	Clear		Clear
pH	6.0		
Specific Gravity	1.015		
Sediments	Absent		Absent
<u>CHEMICAL EXAMINATION</u>			
Protein (Albumin)	Absent		Absent
Sugar	Absent		Absent
Bile Salts	Absent		Absent
Bile Pigment	Absent		Absent
Ketone	Absent		Absent
Occult Blood	Absent		Absent
Nitrite	Absent		Absent
Leukocyte Esterase	Absent		Absent
Urobilinogen	Normal		Normal
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	Occasional	/hpf	Absent
Red Blood Cells	Absent	/hpf	Absent
Epithelial Cells	Occasional	/hpf	Absent
Crystals	Absent		Absent
Amorphous material	Absent		Absent
Casts	Absent		Absent
Yeast	Absent		Absent
Bacteria	Absent		Absent

--- End of Report ---

DR. TEJAL BHATT
MD. PATHOLOGIST





SURAT LAB : 3rd Floor, Vanita Vishram Building, Above Bank of Baroda, Athwa Circle, SURAT - 395 001
 Ph. : 0261-3099099 | Mo : 09714971114 | Email : unipathlab.surat@gmail.com | Website : www.unipath.in
 CIN : U85195GJ2009PLC057059



TEST REPORT

Reg. No. : 40700715062 **Reg. Date** : 13-Jul-2024 13:01 **Ref.No** : **Approved On** : 13-Jul-2024 14:15
Name : PRASHANT SHIVAJIBHAI AAHIRE **Collected On** : 13-Jul-2024 13:01
Age : 26 Years **Gender**: Male **Pass. No.** : **Dispatch At** :
Ref. By : **Tele No.** :
Location : SPECTRA DIAGNOSTIC @ LP SAVANI ROAD

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine), Total <i>Method:CLIA</i>	0.62	ng/mL	0.6 - 1.81
T4 (Thyroxine), Total <i>Method:CLIA</i>	L 3.2	µg/dL	4.5 - 12.6
TSH (Ultra Sensitive) <i>By CLIA Method</i>	1.065	µIU/mL	0.55 - 4.78
Sample Type: Serum			

Comments:

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 stimulate 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

This is an electronically authenticated report. "Please verify the authenticity of this report by scanning the QR code to ensure data integrity."

Test done from collected sample.

Dr. Brijesha Patel
 M.D. Pathology
 Reg. No.: G-32437

Generated On : 13-Jul-2024 14:20

Regd. Office: Unipath Specialty Laboratory Limited - 5th Floor, Dr.House, Nr. Parimal Garden, A'Bad-380006,GJ.Phone: +91-79-49036800,Email:cs@unipath.in
Outsource Lab (USLL- HO): Unipath House, B/S Sahjanand College, Panjarapole, Ahmedabad -380015, Gujarat. Phone: +91-79-49006800 |
 WhatsApp:6356005900 | Email:info@unipath.in | Website: www.unipath.in



SURAT LAB : 3rd Floor, Vanita Vishram Building, Above Bank of Baroda, Athwa Circle, SURAT - 395 001
 Ph. : 0261-3099099 | Mo : 09714971114 | Email : unipathlab.surat@gmail.com | Website : www.unipath.in
 CIN : U85195GJ2009PLC057059



TEST REPORT

Reg. No. : 40700715062 **Reg. Date** : 13-Jul-2024 13:01 **Ref.No** : **Approved On** : 13-Jul-2024 14:15
Name : PRASHANT SHIVAJIBHAI AAHIRE **Collected On** : 13-Jul-2024 13:01
Age : 26 Years **Gender**: Male **Pass. No.** : **Dispatch At** :
Ref. By : **Tele No.** :
Location : SPECTRA DIAGNOSTIC @ LP SAVANI ROAD

Test Name	Results	Units	Bio. Ref. Interval
Prostate Specific Antigen (PSA), Total	0.48	ng/mL	0 - 4

Method:CLIA

Sample Type:Serum

Useful For

1. Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
2. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
3. Prostate cancer screening.

Comments

-Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.

-Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.

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

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Test done from collected sample.

Dr. Brijesha Patel
 M.D. Pathology
 Reg. No.:G-32437

Generated On : 13-Jul-2024 14:20

Regd. Office: Unipath Specialty Laboratory Limited - 5th Floor, Dr.House, Nr. Parimal Garden, A'Bad-380006,GJ.Phone:+91-79-49036800,Email:cs@unipath.in
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 WhatsApp:6356005900 | Email:info@unipath.in | Website: www.unipath.in