

# PANCHMUKHI HOSPITAL

Dr C P 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 : Santosh Raghunath Dixit  
identity proof : Adhar card  
identity proof no : 9392  
gender : male & 47  
height : 160  
weight : 55  
B P : 120/65  
pluse : 68/min. Regular  
blood sample : yes  
fasting mode : yes  
non fasting mode : yes  
  
past history : no  
  
Dental : normal  
  
~~Smoking~~ :  
  
Colour vision : normal

x 8/13/21

**DR. C. P. DADHANIYA**  
M.B. Diabetologist  
Int. Physician (CIH)  
Reg. No. G19798  
Code No. 378943  
Panchmukhi Hospital  
Mavdi Chowki,  
150 Ft. Ring Road, RAJKOT.

NAME: Santosh Raghunath Dixit  
AGE/GENDER: male 47

DIAG. DATE: 23-12-23

PATIENT'S REFRACTION DETAILS

		SPHE	CYL	AXIS	VN
R	D	N	N	N	6/9
	N	N			6/9
L	D	N	N	N	6/9
	N	N			6/9

REMARKS :

CHECKED BY :

C.P. Dadhaniya

DR. C. P. DADHANIYA  
I. O. Diabetologist  
Ind. Physician (CIH)  
Regd. No. G10748  
Code No. 378943

Panchmukhi Hospital  
Mavdi Chowki,  
150 Ft. Ring Road, RAJKOT.

Signature



10mm/mV AUTO

10mm/mV

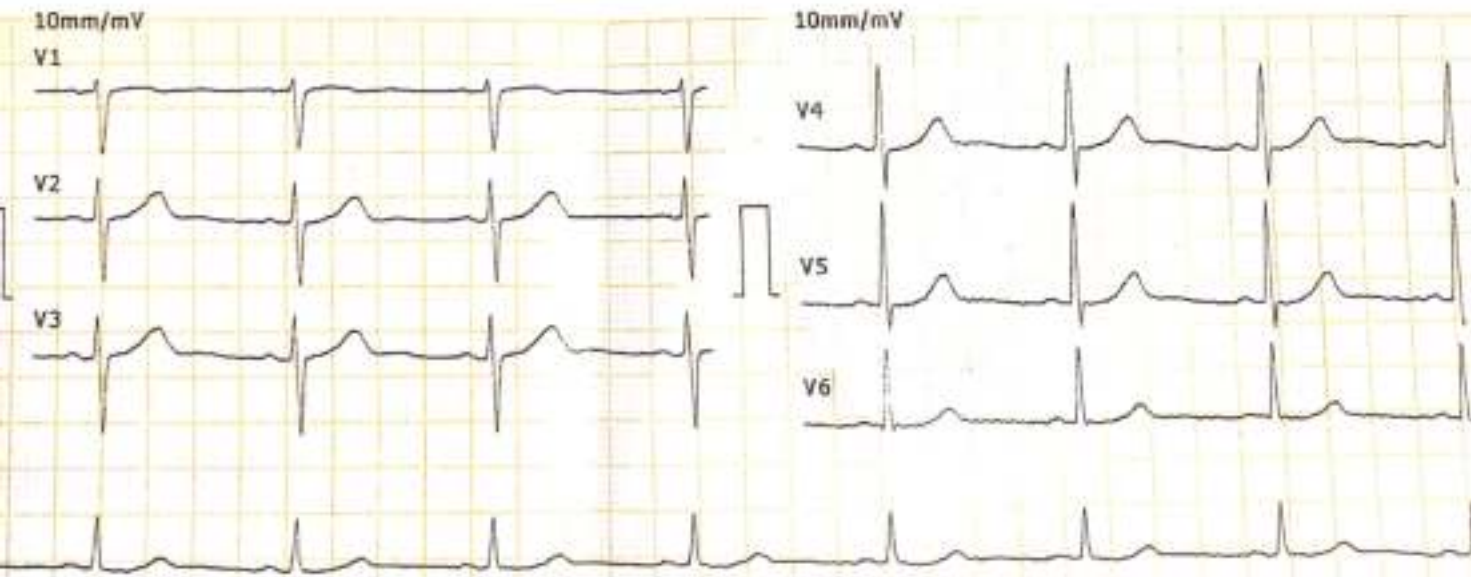


II / 10mm/mV

25mm/s

AC:ON 0.05-35Hz

ood sample : yes



digitized

2023-12-23 11:06:20 ID: 00003670  
ID Card: \_\_\_\_\_  
Name: SURJESH DITTA Gender: male  
Age: 47 Height(cm): \_\_\_\_\_  
Weight(Kg): \_\_\_\_\_ BP(mmHg): 1

HR DR. C. P. DADHANIYA 58  
P-R MB Diabetologists 113  
Q-R-S Ind Physician (CIH) 73  
QT/QTc Reg No. G19298 380/403  
P/QRS/T AXES Code No. 378943 55/38/46  
RV Panchmukhi Hospital mV 1.09/0.65  
RV Mavdi Chowki mV 1.74  
\*The 150 Feet Ring Road, RAJKOT.  
Report Confirmed by: \_\_\_\_\_



# પંચમુખી હોસ્પિટલ

ડૉ. રાજેશ્રીબેન ડાહણીયા  
ડૉ. સી. પી. ડાહણીયા  
MBBS, Dip.G.O, Diabetologist

૧૫૦ ફુટ રીંગ રોડ, મવડી ચોકડી, શનેશ્વર આર્કેડ, રાજકોટ. ફોન : ૦૨૮૧-૨૩૭૧૬૩૨

મલ્ટી સ્પેશ્યાલિટી એન્ડ મેટરનીટી નર્સિંગ હોમ

Date: 23-12-23

## સુવિધાઓ

- જનરલ પ્રેક્ટીસ
- સ્ત્રીરોગ વિભાગ
- સોનોગ્રાફી
- સર્જરી વિભાગ
- મેડીસીન વિભાગ
- ઓર્થોપેડીક વિભાગ
- બાળરોગ વિભાગ
- એનોરેક્ટલ સર્જરી
- યુરોલોજી
- લેપ્રોસ્કોપી સર્જરી
- આર.એસ.બી.વાય તથા ચિરંજીવી યોજના
- દરેક જાતની રસી (વેક્સીન) દરરોજ આપવામા આવે છે

I Santosh Raghunath  
Dixit declaring that  
I don't want to  
Stool test report

સંતોષ રાઘવ

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

Regd. No. G19798  
PANCHMUKHI HOSPITAL  
MAVADI CHOKADI,  
150' RING ROAD RAJKOT.

દવાનું રિએક્શન આવે તે દર્દીની તાસીર ઉપર આધાર રાખે છે

• ફરી આવો ત્યારે આ ડાગળ સાથે લાવવો







बैंक ऑफ़ बड़ौदा  
Bank of Baroda



नाम

Name : **Santosh R Dixit**

कर्मचारी कूट क्र.

E.C.No. : **56591**



जारीकर्ता प्राधिकारी

Issuing Authority

Chief Manager (Security)

Pune Zone

धारक के हस्ताक्षर

Signature of Holder



भारत सरकार

GOVERNMENT OF INDIA



संतोष रघुनाथ दीक्षित

Santosh Raghunath Dixit

जन्म तारीख/ DOB: 19/10/1976

पुरुष / MALE



6663 0579 9392

माझे आधार, माझी ओळख





**भारतीय विशिष्ट पहचान प्राधिकरण**  
**UNIQUE IDENTIFICATION AUTHORITY OF INDIA**

**पत्ता:**

बी 101, मल्हार व्हिला,  
जेजुरी रुरल, पुणे,  
महाराष्ट्र - 412303

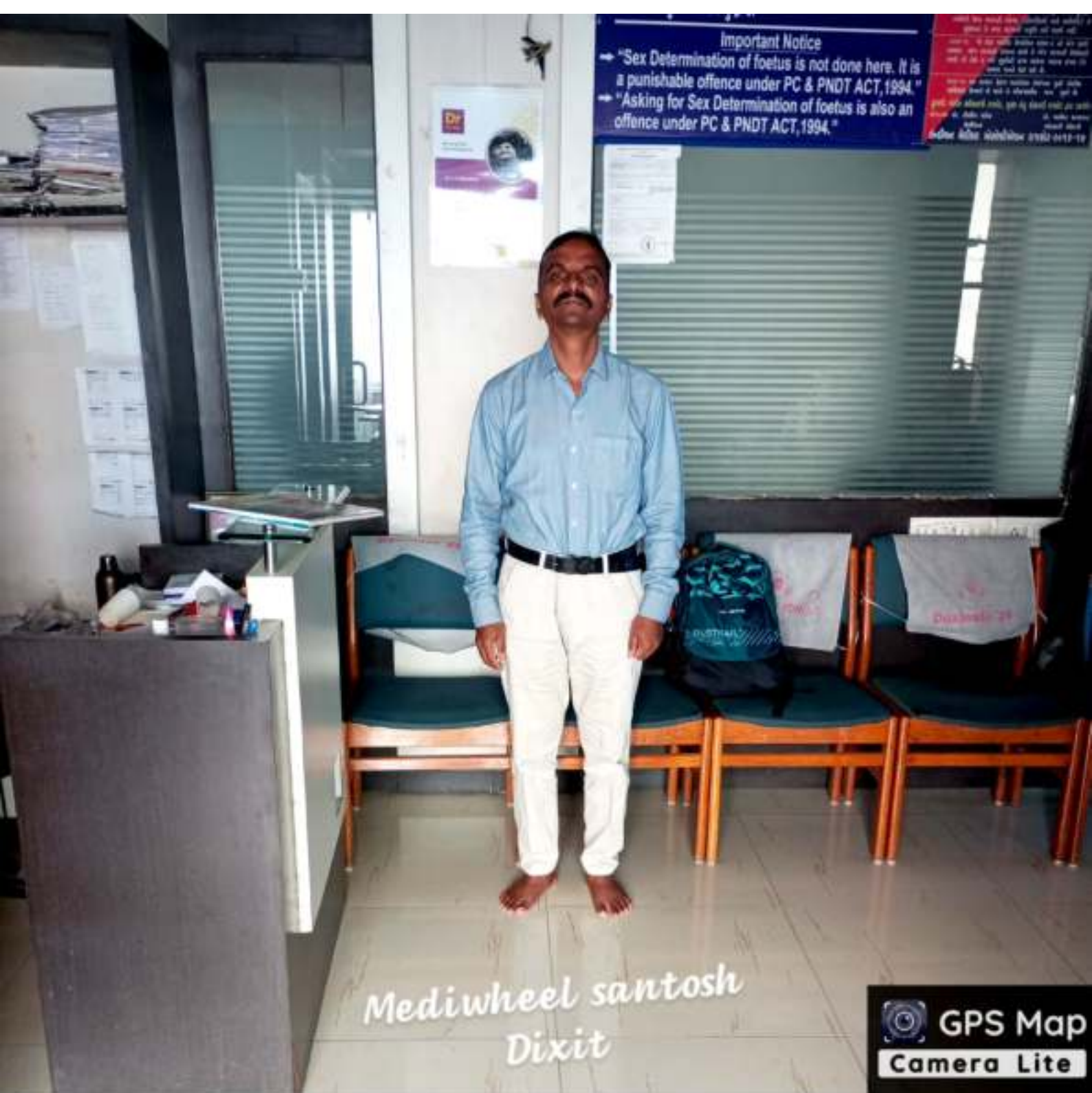
**Address:**

B 101, Malhar Villa, Jejuri Rural,  
Pune,  
Maharashtra - 412303


**6663 0579 9392**

**MERA AADHAAR, MERI PEHACHAN**





Mediwheel santosh  
Dixit

 GPS Map  
Camera Lite

1-22, Uday Nagar 1 Rd No 12, near Mahiraj Hotel,  
Poonam Society, Om Nagar, Rajkot, Gujarat 360004, India

Latitude  
22.26561°

Longitude  
70.7846431°

Local 11:13:24 AM  
GMT 05:43:24 AM

Altitude 145 meters  
Saturday, 23.12.2023



DIXIT SANTOSH 47Y/M CHEST PA 23-Dec-23  
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)



Pat.s' Name: SANTOSH DIXIT

DATE: 23 December 2023

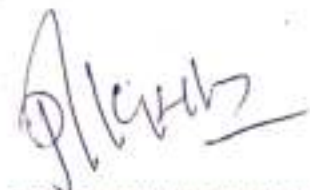
### U.S.G. OF ABDOMEN AND PELVIS

- **LIVER:** is normal size and shows normal parenchymal echotexture. No focal lesion noted. Intrahepatic biliary radicals appear normal. C.B.D and portal vein appears normal in calibre.
- **GALL BLADDER:** Well distended and appears normal. No evidence of gallstone 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 calculi or hydronephrosis on either side.
- **URINARY BLADDER:** Minimally distended and shows mild diffusely thick wall. No evidence of calculus, diverticula or mass lesion.
- **PROSTATE:** is normal in size (34 x 32 x 38 mm volume 22 cc), shape and echogenicity. No focal lesion.
- Visualised bowel loops show no evident abnormality. No e/o lymphadenopathy. RIF/ LIF CLEAR. Bilateral C-P angles clear.

#### CONCLUSION:

- *Mild diffusely thick urinary bladder wall ----- correlation with urine routine for cystitis.*

Thanks for reference.



DR PRATIK KAGATHARA  
MD


Pt.'s Name: SANTOSH DIXIT

Date: 23 December, 2023

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



**ECHOCARDIOGRAPHY & COLOR DOPPLER**

Patient Name : Santosh Dixit  
Ref.By : Dr Dadhaniya Sir

Age/Sex : 47/M  
Date :23/12/23

**SUMMARY OF 2D ECHO**

LA, LV size Normal  
No LVH  
No RWMA at rest  
**Overall LVEF -60 %.**

RA , RV size and function Normal  
All valves appear Normal in structure

No E/O Vegetation / clot  
**Thin rim Pericardial effusion noted**  
IAS / IVS intact  
No shunt across great vessels  
**IVC Size Normal 12 mm and collapsing > 50% on deep inspiration**

**Colour Doppler**

**Mitral Valve:** E/A ratio 1.0 , TDI s/o E\* > A\*  
No MR

**Tricuspid Valve:** Trivial TR CW TR jet 24 mmHg  
**Estimated PASP 29 mm Hg**

**Aortic Valve:** No AR  
No significant LVOT gradient - AV PG Max 7 mm Hg

**Pulmonary Valve :** No PR , PV Max PG 5 mm Hg

**FINAL IMPRESSION**

Good LV systolic function at rest

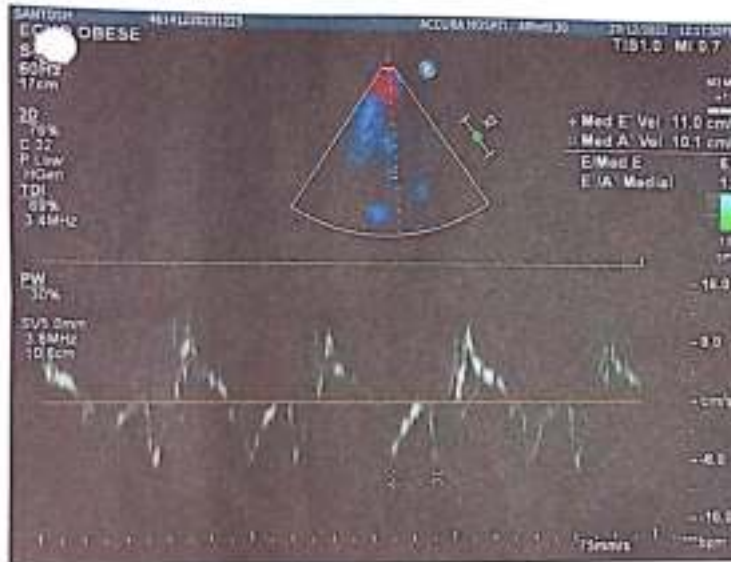
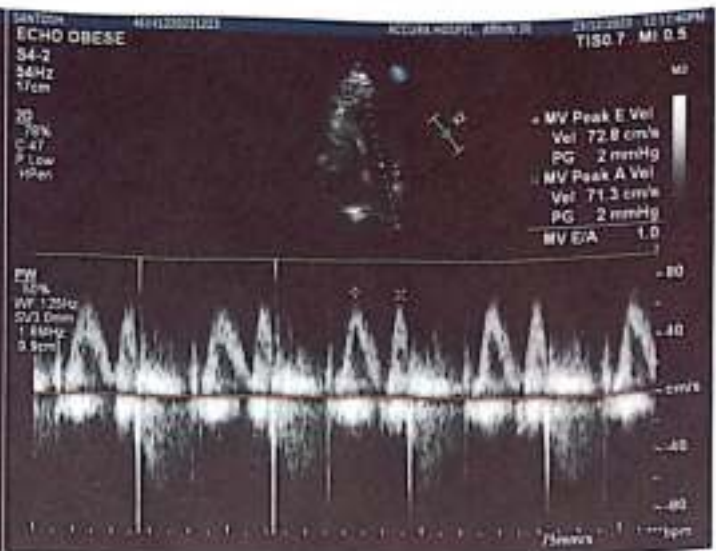
Dr V H Maniyar

M.D., FNIC (Lilavati Hospital , Mumbai)

For Appointment

7 60 60 60 577

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







TEST REPORT

<b>Name</b> : Dixit Santosh	<b>Reg. No</b> : 312101188
<b>Age/Sex</b> : 47 Years / Male	<b>Reg. Date</b> : 23-Dec-2023 03:02 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 23-Dec-2023 03:02 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 23-Dec-2023 05:57 PM

**COMPLETE BLOOD COUNT (CBC)**  
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval	
<b>RBC Parameters</b>				
Hemoglobin (SLS method)	15.0	g/dL	13.0 - 18.0	
Hematocrit (Electrical Impedance)	<b>42.30</b>	%	47 - 52	
RBC Count (Electrical Impedance)	5.16	million/cmm	4.7 - 6.0	
MCV (Calculated)	82.0	fL	78 - 110	
MCH (Calculated)	29.1	Pg	27 - 31	
MCHC (Calculated)	<b>35.5</b>	%	30 - 35	
RDW (Calculated)	12.9	%	11.5 - 14.0	
<b>WBC Parameters</b>				
WBC Count (Flowcytometry)	6880	/cmm	4000 - 10500	
<b>DIFFERENTIAL WBC COUNT</b>				
Neutrophils (%)	54 %	% Range 42.0 - 75.2	Abs. Value 3715 /cmm	Abs. Range 1800 - 7700
Lymphocytes (%)	41 %	20 - 45	2821 /cmm	1000 - 3900
Eosinophils (%)	01 %	1 - 4	69 /cmm	0 - 450
Monocytes (%)	04 %	2 - 8	275 /cmm	200 - 1000
Basophils (%)	00 %	0 - 1	0 /cmm	20 - 100
<b>Platelete Parameter</b>				
Platelet Count	324000	/cmm	150000 - 450000	
MPV	9.3	fL	7.4 - 10.4	
P-LCR	18.40	%	11.9 - 66.9	
PDW	9.5	%	8.3 - 56.6	
PCT (Platelet Haematocrit)	0.30	%	0.2 - 0.5	

towards the healthiness...

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M.D. (Path. PDCC)





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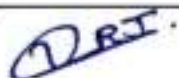
**BLOOD GROUP & RH**

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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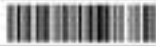
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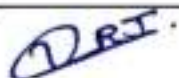





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Test	Result	Unit	Biological Ref. Interval
<b>Erythrocyte sedimentation rate</b>			
<b>Sample, EDTA whole blood</b>			
ESR (After 1 hour)	05	mm/hr	1 - 7

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FASTING PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <small>HEXOKINASE</small>	80.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) >=126 :Diabetic
Urine Glucose -F <small>Glucose Oxidase-Peroxidase</small>	Nil		

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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POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <small>HEXOKINASE</small>	103.00	mg/dL	70 - 140
Urine Glucose- PP <small>Glucose Oxidase- Peroxidase</small>	Nil		

Criteria for the diagnosis of diabetes :

- HbA1c  $\geq$  6.5 %Or
- Fasting plasma glucose  $\geq$  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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**LIPID PROFILE**  
Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Cholesterol</b> <small>Cholesterol Oxidase</small>	162.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
<b>Triglyceride</b> <small>Enzymatic Reaction With Glycerol Kinase</small>	103.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
<b>HDL Cholesterol</b> <small>Siemens HDL</small>	72.00	mg/dL	High Risk : < 40 Low Risk : $\geq$ 60
<b>LDL Cholesterol</b> <small>Siemens ALDL</small>	69.40	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : $\geq$ 190
<b>VLDL Cholesterol</b> <small>Calculated</small>	20.60	mg/dL	15 - 35
<b>LDL / HDL RATIO</b> <small>Calculated</small>	0.96		0 - 3.5
<b>Cholesterol /HDL Ratio</b> <small>Calculated</small>	2.25		0 - 5.0

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**RENAL FUNCTION TEST**

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
<b>Creatinine</b> <small>ALKALINE PICRATE, COLORIMETRIC KINETIC</small>	1.02	mg/dL	0.7 - 1.3
<b>eGFR</b>	<b>69.25</b>	ml/min/1.73 sq m	Normal or High: $\geq 90$ Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: $< 15$
<b>Urea</b> <small>Calculated</small>	17.00	mg/dL	17 - 43
<b>Blood Urea Nitrogen (BUN)</b> <small>UREASE/GLDH</small>	7.94	mg/dL	7.0 - 18.0
<b>Uric Acid</b> <small>Uricase</small>	4.58	mg/dL	3.5 - 7.2
<b>Sodium</b> <small>Direct ion selective electrode</small>	139.5	mmol/L	137 - 145
<b>Potassium</b> <small>Direct ion selective electrode</small>	4.57	mmol/L	3.5 - 5.1
<b>Chloride</b> <small>Direct ion selective electrode</small>	104.2	mmol/L	98 - 107
<b>Calcium</b> <small>Cresolphthalein Complexone</small>	9.21	mg/dL	8.5 - 10.1

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Parameter	Result	Unit	Biological Ref. Interval
<b>GGT</b> <small>Siemens/37C</small>	74.00	U/L	15 - 85

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HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <small>Siemens Dimension</small>	4.89	%	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>	93.64	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 A1c 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.

*D.R.J.*

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TEST REPORT

<b>Name</b> : Dixit Santosh	<b>Reg. No</b> : 312101188
<b>Age/Sex</b> : 47 Years / Male	<b>Reg. Date</b> : 23-Dec-2023 03:02 PM
<b>Ref. By</b> : Dr. PANCHMUKHI HOSPITAL / INSURANCE	<b>Collected On</b> : 23-Dec-2023 03:02 PM
<b>Client Name</b> : PANCHMUKHI HOSPITAL	<b>Report Date</b> : 23-Dec-2023 05:57 PM

THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
<b>Thyroid Stimulating Hormone (TSH)</b> CLM	4.620	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

<b>Triiodothyronine (T3)</b> CLM	1.27	ng/mL	0.6 - 1.81
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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)** 12.04 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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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	6.0		4.6 - 8.0
Sp. Gravity	1.010		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)	1 - 3/hpf
Erythrocytes (Red Cells)	Absent
Epithelial Cells	3 - 4/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

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**LIVER FUNCTION TEST**

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <small>BIURET</small>	7.21	g/dL	6.4 - 8.2
Albumin <small>Dye Binding - Bromocresol Purple (BCP)</small>	4.28	g/dL	3.40 - 5.00
Globulin <small>Calculated</small>	2.93	g/dL	2.3 - 3.5
A/G Ratio <small>Calculated</small>	1.46		0.8 - 3.1
SGOT (AST) <small>Siemens/37C</small>	28.00	U/L	15 - 37
SGPT (ALT) <small>Siemens/37C</small>	54.00	U/L	16 - 63
Alakaline Phosphatase <small>Siemens/37C</small>	71.00	U/L	46 - 116
Total Bilirubin <small>Diazot-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/bilirubin</small>	0.48	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>	0.34	mg/dL	0.0 - 1.1

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