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21, 22, Ground Floor, City Center Complex,
Opp. Janpath Hotel, Radhanpur Circle,
Mehsana-384 002. Mo. 93277 28049

Patient ID	: 032426014	**Sample Collected on**	: 26-Mar-2024 10:52 AM
Patient Name	: MR. VIVEK KHANDELWAL	**Report Released on**	: 26-Mar-2024 12:03 PM
Age / Gender	: 31 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: SELF		
Affiliation	: HEALTH CHECK UP		

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HAEMATOLOGY

Investigation	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN	13.5	gms%	13.5 - 17.5 gm%
RED BLOOD CELL COUNT	4.25	/cumm	4.2 - 5.6 mill/cmm
RBC INDICES			
HEMATOCRIT	**39.5**	%	40-50
MCV	93.1	fl	80 - 98 fL
MCH	31.7	pg	26 - 34 pg
MCHC	34.0	g/dl	32 - 37 %
RDW_CV	13.6	/ cumm	12 - 14 %
TOTAL WBC COUNT	6800	/ cumm	4000 - 11000 /cmm
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	70.9	%	50 - 74 %
LYMPHOCYTES	24.8	%	20 - 45%
EOSINOPHILS	0.9	%	01 - 06 %
MONOCYTES	03	%	02 - 10 %
BASOPHILS	0.0	%	00 - 01 %
PLATELET COUNT	**134000**	/ cumm	1,50,000 - 4,50,000 /cmm.
MEAN PLATELET VOLUME	**13.7**	fl	7.4-10.4
PDW	**16.7**	fl	10-14
PCT	0.18	%	0.10-0.28
ESR (ERYTHROCYTE SEDIMENTATION RATE)			
ERYTHROCYTE SEDIMENTATION RATE	10	mm/1hr.	<50 years: < 15 mm/hr >50 years: < 20 mm/hr

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Patient ID	: 032426014	**Sample Collected on**	: 26-Mar-2024 10:52 AM
Patient Name	: MR. VIVEK KHANDELWAL	**Report Released on**	: 26-Mar-2024 5:47 PM
Age / Gender	: 31 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: SELF		
Affiliation	: HEALTH CHECK UP		

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BLOOD EXAMINATION

Investigation	Result
BLOOD GROUP	
ABO GROUPING	O
RH GROUPING	POSITIVE

Interpretation :
Blood typing is used to determine an individual's blood group, to establish whether a person is blood group A, B, AB, or O and whether he or she is Rh positive or Rh negative. Blood typing has the following significance,

- Ensure compatibility between the blood type of a person who requires a transfusion of blood or blood components and the ABO and Rh type of the unit of blood that will be transfused.
- Determine compatibility between a pregnant woman and her developing baby (fetus). Rh typing is especially important during pregnancy because a mother and her fetus could be incompatible.

Technology : Agglutination

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Patient ID	: 032426014	**Sample Collected on**	: 26-Mar-2024 10:52 AM
Patient Name	: MR. VIVEK KHANDELWAL	**Report Released on**	: 26-Mar-2024 2:00 PM
Age / Gender	: 31 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: SELF		
Affiliation	: HEALTH CHECK UP		

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BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval
RA FACTOR	15.0	IU/ml	Up to 20.000 IU/mL

Interpretation :
The rheumatoid factor (RF) test is primarily used to help diagnose rheumatoid arthritis (RA) and to help distinguish RA from other forms of arthritis or other conditions that cause similar symptoms.

Comment : Please correlate with clinical condition
Technology : Spectrophotometry
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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Patient ID	: 032426014	**Sample Collected on**	: 26-Mar-2024 10:52 AM
Patient Name	: MR. VIVEK KHANDELWAL	**Report Released on**	: 26-Mar-2024 2:09 PM
Age / Gender	: 31 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: SELF		
Affiliation	: HEALTH CHECK UP		

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DIABETES CARE

Investigation	Result	Unit	Bio. Ref. Interval
FASTING BLOOD SUGAR(FBS)			
FASTING BLOOD SUGAR	109.6	mg/dL	normal Glucose: 60.00 - 100.00 Mg/dL Impaired Glucose: 101-125.00 Mg/dL Diabetic: >=126Mg/dL

Interpretation :
The fasting (F) blood glucose test is the test most commonly used to diagnose diabetes. It measures blood glucose levels after a period of fasting, usually at least eight hours without food or liquid (except water). This test is more definitive than a random test, because there is no chance that it has been influenced by recent food intake.

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Patient ID	: 032426014	**Sample Collected on**	: 26-Mar-2024 10:52 AM
Patient Name	: MR. VIVEK KHANDELWAL	**Report Released on**	: 26-Mar-2024 4:23 PM
Age / Gender	: 31 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: SELF		
Affiliation	: HEALTH CHECK UP		

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BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval
GLUCOSE - POST PRANDIAL(PP)			
GLUCOSE - POST PRANDIAL	132.2	mg/dL	Normal: 80-140 Impaired Tolerance :140-199 Diabetes mellitus: ≥200

Interpretation :
A postprandial (PP) glucose test is a blood glucose test that determines the amount of a type of sugar, called glucose, in the blood after a meal. A 2-hour postprandial blood glucose test measures blood glucose exactly 2 hours after eating a meal, timed from the start of the meal. By this point blood sugar has usually gone back down in healthy people, but it may still be elevated in people with diabetes.

Method: Spectrophotometry. Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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Patient ID	: 032426014	**Sample Collected on**	: 26-Mar-2024 10:52 AM
Patient Name	: MR. VIVEK KHANDELWAL	**Report Released on**	: 26-Mar-2024 2:04 PM
Age / Gender	: 31 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: SELF		
Affiliation	: HEALTH CHECK UP		

0324260144

LIPID PROFILE REPORT

Investigation	Result	Unit	Bio. Ref. Interval
LIPID PROFILE REPORT			
TOTAL CHOLESTEROL	**253.9**	mg/dL	130-200
HDL CHOLESTEROL - DIRECT	41.0	mg/dL	30 - 60
TRIGLYCERIDES	**331.1**	mg/dL	60 - 170
LDL CHOLESTEROL	146.7	mg/dL	Up To 150
VLDL CHOLESTEROL	**66.2**	mg/dL	5-40
TC/HDL CHOLESTEROL RATIO	**6.2**	Ratio	3.0-5.0
LDL / HDL RATIO	3.6	Ratio	Less Than 5

Interpretation :
The lipid profile is used as part of a cardiac risk assessment to help determine an individual's risk of heart disease and to help make decisions about what treatment may be best if there is borderline or high risk. Lipids are a group of fats and fat-like substances that are important constituents of cells and sources of energy. Monitoring and maintaining healthy levels of these lipids is important in staying healthy. A lipid profile typically includes: 1. Total cholesterol — this test measures all of the cholesterol in all the lipoprotein particles. 2. High-density lipoprotein cholesterol (HDL-C) — measures the cholesterol in HDL particles; often called "good cholesterol" because it removes excess cholesterol and carries it to the liver for removal. 3. Low-density lipoprotein cholesterol (LDL-C) — calculates the cholesterol in LDL particles; often called "bad cholesterol" because it d

Comment : Please correlate with clinical condition
Technology : Spectrophotometry
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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Patient Name	: MR. VIVEK KHANDELWAL	**Report Released on**	: 26-Mar-2024 2:04 PM
Age / Gender	: 31 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: SELF		
Affiliation	: HEALTH CHECK UP		

0324260144

BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval
LIVER FUNCTION TEST			
S. BILIRUBIN TOTAL	0.88	mg/dL	0.0-1.2
S. BILIRUBIN DIRECT	0.11	mg/dL	0.0-0.3
S. BILIRUBIN INDIRECT	0.77	mg/dL	0.0-1.0
SGPT (ALT)	35.1	IU/L	5-45
SGOT (AST)	**47.4**	IU/L	5-45
ALKALINE PHOSPHATASE	120	IU/L	Women : 64 - 306 Men : 80 - 306 Children : 180 - 1200
PROTIEN, ALBUMIN & A/G RATIO			
TOTAL PROTEIN	6.50	gm%	6.0-8.0
SERUM ALBUMIN	**3.40**	gm%	3.5-5.5
GLOBULIN	3.10	gm%	1.8-3.6
SERUM ALBUMIN/GLOBULIN RATIO	1.10	Ratio	0.9-2.0

Interpretation :
A liver function test (LFT) may be used to screen for liver damage, especially if someone has a condition or is taking a drug that may affect the liver. The test includes detection of, 1. Bilirubin - Bilirubin is increased in the blood when too much is being produced, less is being removed, due to bile duct obstructions, or to problems with bilirubin processing. 2. AST - A very high level of AST is frequently seen with acute hepatitis. AST may be normal to moderately increased with chronic hepatitis. 3. ALT - A very high level of ALT is frequently seen with acute hepatitis. Moderate increases may be seen with chronic hepatitis. 4. Alkaline phosphatase - ALP may be significantly increased with obstructed bile ducts, cirrhosis, liver cancer, and also with bone disease. 5. Protein - Total protein is typically normal with liver disease.

Comment : Please correlate with clinical condition
Technology : Spectrophotometry
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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Patient ID	: 032426014	**Sample Collected on**	: 26-Mar-2024 10:52 AM
Patient Name	: MR. VIVEK KHANDELWAL	**Report Released on**	: 26-Mar-2024 2:01 PM
Age / Gender	: 31 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: SELF		
Affiliation	: HEALTH CHECK UP		

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BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval
GGT (GAMMA GLUTAMYL TRANFERASE), SERUM			
GGT (GAMMA GLUTAMYL TRANFERASE)	18.0	IU/L	0-30

Reference Range

Males		Females
		>1 year: 6-29 U/L
1-6 years: 7-19 U/L	7-9 years: 9-22 U/L	
10-13 years: 9-24 U/L	14-15 years: 9-26 U/L	
16-17 years: 9-27 U/L	18-35 years: 9-31 U/L	
36-40 years: 8-35 U/L	41-45 years: 9-37 U/L	
46-50 years: 10-39 U/L	51-54 years: 10-42 U/L	
55 years: 11-45 U/L	> or =56 years: 12-48 U/L	

Interpretation :
The gamma-glutamyl transferase (GGT) test may be used to determine the cause of elevated alkaline phosphatase (ALP). Both ALP and GGT are elevated in disease of the bile ducts and in some liver diseases, but only ALP will be elevated in bone disease. Therefore, if the GGT level is normal in a person with a high ALP, the cause of the elevated ALP is most likely bone disease. An elevated GGT level suggests that something is damaging the liver. A low or normal GGT test result indicates that it is unlikely that a person has liver disease or has consumed any alcohol. A high GGT level can help rule out bone disease as the cause of an increased ALP level, but if GGT is low or normal, then an increased ALP is more likely due to bone disease.

Comment : Please correlate with clinical condition
Technology : Spectrophotometry
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

SERUM CREATININE			
SR. CREATININE	0.63	mg/dL	0.3-1.5

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Patient ID	: 032426014	**Sample Collected on**	: 26-Mar-2024 10:52 AM
Patient Name	: MR. VIVEK KHANDELWAL	**Report Released on**	: 26-Mar-2024 2:07 PM
Age / Gender	: 31 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: SELF		
Affiliation	: HEALTH CHECK UP		

032426014

BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval

Interpretation :
The creatinine blood test measures the level of creatinine in the blood. This test is done to see how well your kidneys are working. A higher than normal level may be due to: blocked urinary tract, kidney problems, such as kidney damage or failure, infection, or reduced blood flow, loss of body fluid (dehydration), muscle problems, such as breakdown of muscle fibers (rhabdomyolysis), problems during pregnancy, such as seizures caused by eclampsia or high blood pressure caused by preeclampsia. A lower than normal level may be due to: conditions involving the muscles and nerves that lead to decreased muscle mass, malnutrition. There are many other conditions for which the test may be ordered, such as high blood pressure, diabetes, or medicine overdose.

Comment : Please correlate with clinical condition
Technology : Spectrophotometry
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

BLOOD UREA NITROGEN (BUN)			
BLOOD UREA NITROGEN	16.1	mg/dL	10-50

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Patient ID	: 032426014	**Sample Collected on**	: 26-Mar-2024 10:52 AM
Patient Name	: MR. VIVEK KHANDELWAL	**Report Released on**	: 26-Mar-2024 2:06 PM
Age / Gender	: 31 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: SELF		
Affiliation	: HEALTH CHECK UP		

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BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval

Interpretation :
The blood urea nitrogen or BUN test is primarily used, along with the creatinine test, to evaluate kidney function in a wide range of circumstances, to help diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status when ordered as part of a renal panel, basic metabolic panel (BMP) or comprehensive metabolic panel (CMP). Increased BUN levels suggest impaired kidney function. This may be due to acute or chronic kidney disease, damage, or failure. BUN concentrations may be elevated when there is excessive protein breakdown (catabolism), significantly increased protein in the diet, or gastrointestinal bleeding (because of the proteins present in the blood). Low BUN levels are not common and are not
usually a cause for concern. They may be seen in severe liver disease, malnutrition, and sometimes when a person is over hydrated (too much fluid volume), but the BUN test is not usually used to diagnose or monitor these conditions.

Comment : Please correlate with clinical condition
Technology : Spectrophotometry
Note : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical
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SERUM URIC ACID

SR. URIC ACID	6.2	mg/dL	2.0 - 7.0 mg/dL

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BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval

Interpretation:
Uric acid is a chemical created when the body breaks down substances called purines. Purines are found in some foods and drinks. Higher than normal uric acid levels in the blood is called hyperuricemia and can be caused by the over-production of uric acid in the body or the inability of the kidneys to adequately remove enough uric acid from the body. Increased concentrations of uric acid can cause crystals to form in the joints, which can lead to the joint inflammation and pain characteristic of gout. Uric acid can also form crystals or kidney stones that can damage the kidneys. Low levels of uric acid in the blood are seen much less commonly than high levels and are seldom considered cause for concern. Although low values can be associated with some kinds of liver or kidney diseases, Fanconi syndrome, exposure to toxic compounds, and rarely as the result of an inherited metabolic defect (Wilson disease), these conditions are typically identified by other tests and symptoms and not by an isolated low uric acid result.

Comment : Please correlate with clinical condition
Technology : Spectrophotometry
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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Patient ID	: 032426014	**Sample Collected on**	: 26-Mar-2024 10:52 AM
Patient Name	: MR. VIVEK KHANDELWAL	**Report Released on**	: 26-Mar-2024 5:36 PM
Age / Gender	: 31 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: SELF		
Affiliation	: HEALTH CHECK UP		

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DIABETES CARE

Investigation	Value	Unit	
HBA1C			
HBA1C (GLYCOSYLATED HEMOGLOBIN), BLOOD	5.5	%	Below 6.0 : Normal Value 6.0-7.0 : Good Control 7.0-8.0 : Fair Control 8.0-10.0 : Unsatisfactory Control Above 10 : Poor Control
MEAN BLOOD GLUCOSE	111.15	mg/dL	Below 136 : Normal Value 137 - 172 : Good Control 173 - 208 : Fair Control 208 - 279 : Unsatisfactory Control Above 279 : Poor Control

Interpretation
HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four.

Comment Please correlate with with Clinical condition
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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Patient Name	: MR. VIVEK KHANDELWAL	**Report Released on**	: 26-Mar-2024 2:08 PM
Age / Gender	: 31 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: SELF		
Affiliation	: HEALTH CHECK UP		

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THYROID FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
TFT (T3 T4 TSH)			
TOTAL TRIIODOTHYRONINE (T3)	1.40	pmol/L	Adult :0.9- 2.15 ng/ml
TOTAL THYROXINE (T4)	101.1	nmol/L	Adult: 60-135 nmol/l
ULTRA TSH	1.69	uIU/mL	Adult: 0.25 - 5.00 1-4 week : 1.7-9.1 1-12 month: 0.8-8.2 1-15 yr: 0.7-5.7

INTERPRETATION :

TSH	T3	T4	Interpretation
High	Normal	Normal	Mild (Sub clinical) Hypothyroidism
High	Low or Normal	Low	Hypothyroidism
Low	Normal	Normal	Mild (Sub clinical) Hyperthyroidism
Low	High or Normal	High or Normal	Hyperthyroidism
Low	Low or Normal	Low or Normal	Non thyroidal illness; rare pituitary (secondary) hypothyroidism

Interpretation :
Only TSH levels can prove to be misleading in patients on treatment. Therefore Free T3, Free T4 should be checked as it ismetabolically active. Physiological rise in Total T3 or T4 levels is seen in patients on steroid therapy and during pregnancy. Collection time for Thyroid function test is very important as per circardian variation / rhythm, the levels are at its peak between 2-4 a.m and are minimum between 6-10 pm. Thyroid abnormality should not get interpret based on single test report. It should be checked for establishment of the abnormality based on repeated investigations at intervals.

Comment : Please correlate with Clinical Condition
Technology : minividas
Notes : Clinical diagnosis should not be made on the findings of a single test result, but should integrate both clinical and laboratory data.

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Opp. Janpath Hotel, Radhanpur Circle,
Mehsana-384 002. Mo. 93277 28049

Patient ID	: 032426014	**Sample Collected on**	: 26-Mar-2024 10:52 AM
Patient Name	: MR. VIVEK KHANDELWAL	**Report Released on**	: 26-Mar-2024 12:03 PM
Age / Gender	: 31 Years / Male	**Center Name**	: JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By	: SELF		
Affiliation	: HEALTH CHECK UP		

* 0 3 2 4 2 6 0 1 4 *

URINE ROUTINE MICROSCOPIC

Investigation	Result	Unit	Bio. Ref. Range
PHYSICAL EXAMINATION			
COLOUR	Pale Yellow		
APPEARANCE	Clear		
SPECIFIC GRAVITY	1.030		
PH	6.0		
CHEMICAL EXAMINATION			
ALBUMIN	Absent		
GLUCOSE	Absent		
BILE PIGMENT	Absent		
BILE SALT	Absent		
KETONE	Absent		
UROBILINOGEN	Normal		
NITRITE	Negative		
MICROSCOPIC EXAMINATION			
PUS CELLS	0-2	/ HPF	
RBCS	nil	/ HPF	
EPITHELLIAL CELLS	0-2	/ HPF	
HYALINE CAST	Absent		
GRANULAR CAST	Absent		
CALCIUM OXALATE CRYSTALS	Absent		
AMORPHOUS DEPOSIT	Absent		

---------- END OF REPORT ----------

Scan QR Code to check the Authencity of the report

DR.JAIMINI PATEL
MBBS, DCP,DNB PATHOLOGY

NAVJIVAN
Multi-Speciality
HOSPITAL

Dr.KAUTUK PATEL
MBBS, DNB Emergency Medicine
IDCCM

Dr.ROHIT PATEL
MBBS, M.D. Anaesthesia

Dr.ANKIT PATEL
MBBS, DNB Anaesthesia
IDCCM

Dr.PRAVESH PATEL
MBBS, D.A. F.C.C.S.

VIVEK KHANDELWAL

AGE –31 YEARS.

SEX – MALE.

FOR MEDICAL FITNESS

PREMORBIDLY HEALTHY.

BP – 130/80 MMHG.

HR –88 / MIN.

SPO2 – 96% ON ROOM AIR.

RS – CLEAR, NO ABNORMAL SOUND.

CVS – S1 S2 PRSENT, NORMAL, NO MURMUR.

P/A – SOFT, NON-TENDER.

CNS – FULL COUNSCIOUS, NO FOCAL DEFICIT.

NO H/O SMOKING, SUBSTANCE ABUSE.

PAST H/O – NO SIGNIFICANT.

FAMILY H/O –FATHER IS K/C/O HYPERTENSIONAND MOTHER IS HAVING HYPOTHYROIDISM.

HEIGHT –175.4CM; WEIGHT –80 KG; BMI – 26.12

EYE EXAMINATION – NORMAL VISION WITH GLASSES.

ENT EXAMINATION – NORMAL, NO DISCHARGE, PAIN,

DENTAL EXAMINATION – NO DENTAL CARIES.

DIET ADVICE GIVEN.

REPORTS REVIEWED.

PERSON IS FIT TO JOIN.

Dr. KAUTUK A. PATEL
DNB (Emergency Medicine) G-26827
MBBS, G-49142
Intensivist & Emergency Physician,
Navjivan Multi Speciality Hospital,
2nd Floor, City Centre Complex, Mehsana-2

SIGNATURE.

Navjivan Multi Speciality Hospital

ID: 46 26-03-2024 10:16:37 AM CARDIART

Years

Vivek Khandelwala.
Age-37 Male
31 Year

HR : 83 bpm
P : 84 ms
PR : 111 ms
QRS : 90 ms
QT/QTc : 359/423 ms
P/QRS/T : 42/52/14 °
RV5/SV1 : 1.197/0.581 mV

Diagnosis Information:

Normal ECG study

Report Confirmed by:

Dr. KAUTUK A. PATEL
DNB (Emergency Medicine) G-26827
MBBS, G-49142
Intensivist & Emergency Physician,
Navjivan Multi Speciality Hospital,
2nd Floor, City Centre Complex, Mehsana-2

Navjivan Multi Speciality Hospital

I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6

0.15~25Hz AC50 25mm/s 10mm/mV 2*5.0s ♥83 V2.2 SEMIP V1.81 NAVJIVAN ICU

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PATIENT NAME : VIVEK KHANDELWAL **31 Y/M**
REF. BY : NAVJIVAN ICU
DATE : 26/03/2024

USG ABDOMEN:

LIVER : Normal in size and echopattern.
No focal lesion seen. PV- 9 mm at porta
Intrahepatic billiary radicals (IHBR) are not dilated.

GB : No calculus, cholecystitis or mass seen.
CBD is not dilated.

SPLEEN : mild splenomegaly (13.5 cm).
VISUALISED PANCREAS : Normal in size and echopattern.

RIGHT KIDNEY : 10.2 x 5.1 cm **LEFT KIDNEY** : 9.5 x 4.6 cm
BOTH KIDNEYS : Normal in size, position and echopattern.
C-M differentiation is well preserved in either side.
No calculus, hydronephrosis seen in either side.

URINARY BLADDER : distended with normal wall thickness. No calculus or mass seen.

PROSTATE: Normal in size.

VISUALISED BOWEL LOOPS : unremarkable

No e/o paraaortic lymphadenopathy .
No e/o ascities .

Adv: clinico-pathological correlation.
Thanks for reference

DR. CHIRAG PATEL
CONSULTANT RADIOLOGIST

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navjivan.icu@gmail.com
Emergency No. 9978320202 | Appointment No. 8799443371

24/7 Emergency Services

NAVJIVAN Multi-Speciality HOSPITAL

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IDCCM

Dr.ROHIT PATEL
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Dr.ANKIT PATEL
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Dr.PRAVESH PATEL
MBBS, D.A. F.C.C.S.

PATIENT NAME : VIVEK KHANDELWAL **31 Y/M**

REF. BY : NAVJIVAN ICU

DATE : 26/03/2024

X-RAY OF CHEST - PA. VIEW

Both lung fields are normal.

No e/o consolidation or focal lesion.

Both c.p angles appear clear.

Cardiac shadow appears within normal limits.

Bony thorax appears normal.

Adv: clinico-pathological correlation

Thanks for reference .

DR. CHIRAG PATEL
CONSULTANT RADIOLOGIST

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Dr.PRAVESH PATEL
MBBS, D.A. F.C.C.S.

2D ECHOCARDIOGRAPHYREPORT

Name	**VIVEK KHANDELWAL**	**Date**	**26/03/2024**
Reg.No		**Age/Sex**	**31/ MALE**
Ward	**HEALTH CHECK UP**	**Tech**	

Echocardiography Measurements

LVMeasurements Method:LV(Teich)	Ptvalue	NormalValueAdults			Ptvalue	
LVEDD(End Diastole)	44 mm			MitralValve E	2	
LVESD(EndSystole)	20 mm			A	3	
IVSED	09 mm	(5.0-10mm)		Thickening/fibrosis Calcification	NO	
LVPWED	10.5 mm	(6.5-11mm)		MVArea(PHT)(Trace)	4.8	Normalvalue: 4-6sq.cm
LVEF(EjectionFraction)	60	(60%±6.2%)		Aorticvalve:	4	
EPSS				AVArea	NORMAL	
LADimension	28	(19-40mm)				
AorticRoot	38	(20-40mm)		TRGRADE	NORMAL	
AorticOpening	NORMAL			TricuspidValve	NORMAL	
RVsize&Function	NORMAL					
Pericardium	Normal			PulmonaryValve	NORMAL	

Conclusion:
LVEF- 60%
No RWMA at rest
NO LVH
ALL FOUR CHAMBERS NORMAL.
ALL VALVES NORMAL.
No PULMONARY HYPERTENSION,
PAP-11 mmHg.
IVC NORMAL (1.2 CM), COLLAPSING 40% WITH RESPIRATION.
NORMAL STUDY....

DR. NIKUNJ KANUBHAI PATEL
MBBS, DNB, DM (Cardiology)
Consultant Cardiologist
Reg. No. G-31811

DR. NIKUNJ KANUBHAI PATEL
MBBS, DNB, DM (Cardiology)
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navjivan.icu@gmail.com
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24/7 Emergency Services

भारत सरकार
Government of India

आधार

विवेक खंडेलवाल
Vivek Khandelwal
जन्म तिथि/DOB: 10/01/1993
पुरुष/ MALE

Navjivan Multi Speciality Hospital

4697 3412 7521

VID : 9141 2026 7405 6404

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

AADHAAR

पता:
S/O: महेंद्र कुमार गुप्ता, 129, एफ़-3 ब्लू डाइमंड,
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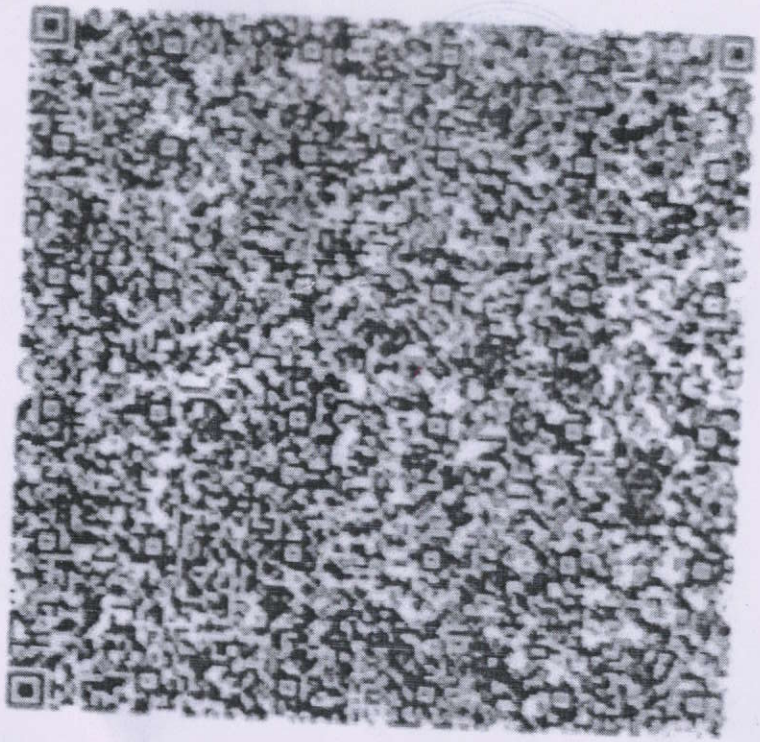
Address:
S/O: Mahendra Kumar Gupta, 129, f-3 blue diamond, raghunathpuri boring chauraha, kalwar road, Jaipur, Jaipur,
Rajasthan - 302012



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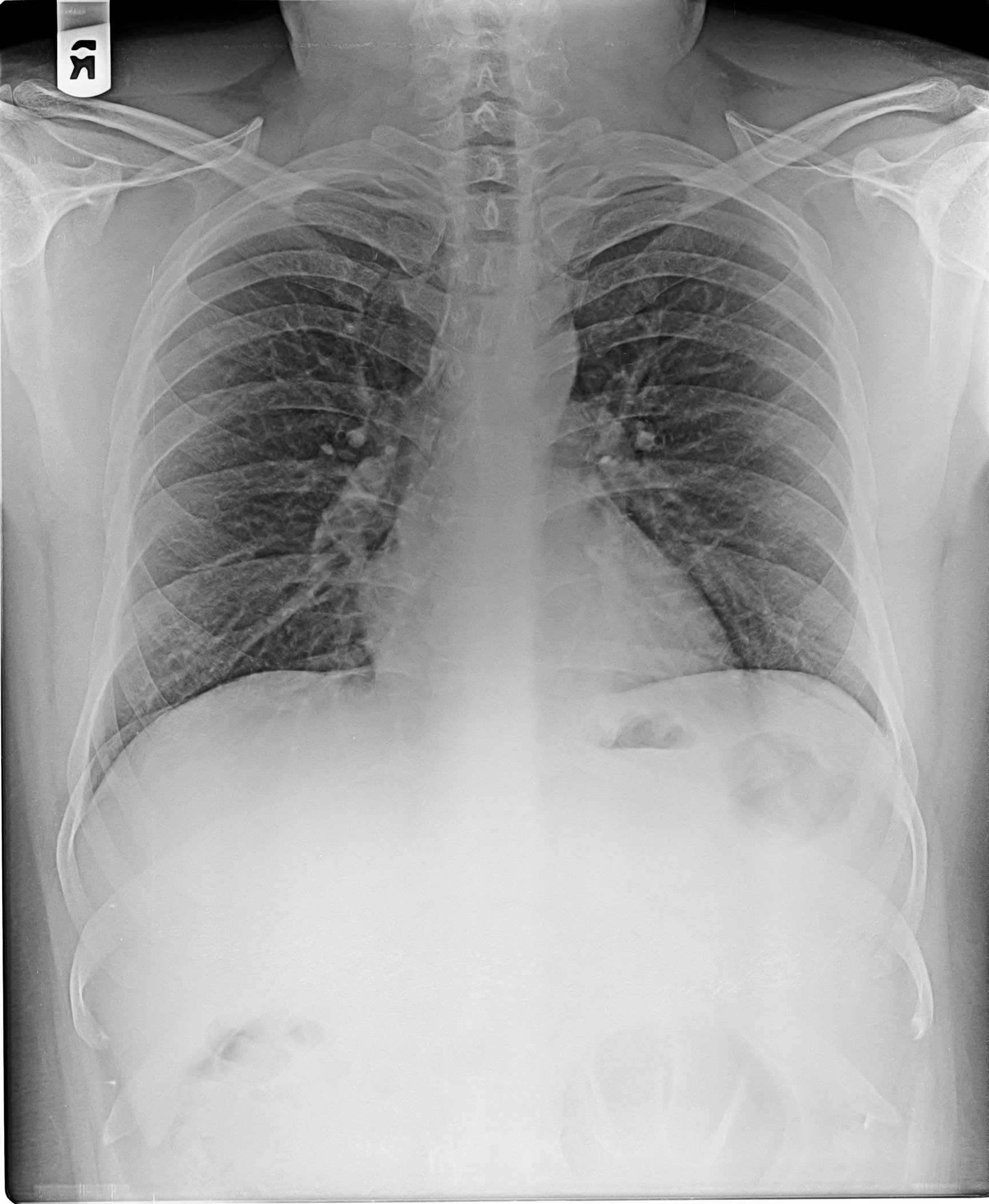
R


GPS Map
Camera Lite
J93J+RHP, Manglaytan Society, Mehsana, Gujarat 384001, India
Latitude
23.60446867067367°
Longitude
72.38155351951718°
Local 10:01:33 AM
GMT 04:31:33 AM
Altitude 91 meters
Tuesday, 26.03.2024


GPS Map
Camera Lite
4/7, Pilaji Gunj, Mehsana, Gujarat 384001, India
Latitude
23.60465168952942°
Longitude
72.38147246651351°
Local 09:59:28 AM
GMT 04:29:28 AM
Altitude 91 meters
Tuesday, 26.03.2024