



ભારત સરકાર

Government of India



ભાર્ગવકુમાર નવિનભાઈ રોત
Bhargavkumar Navinbhai Rot

જન્મ તારીખ / DOB: 14/01/1991
પુરુષ / Male



2434 1238 0963

આધાર - સામાન્ય માણસનો અધિકાર



भारतीय विशिष्ट अभिलेखन प्रणाली
Unique Identification Authority of India

सरनाभुं, 51, -, पल्ला, पल्ला
पल्ला कसना, वाघपुर, साबरकांठा
गुजरात, 383350

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Palla Kasana, Vaghpur,
Sabarkantha, Meghraj,
Gujarat, 383350

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1947
1800 300 1947

help@uidai.gov.in

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www.uidai.gov.in

R



11-04-2024 11:39:03 AM

ID: 76

BHARGAVKUMAR
33 Years, Male

Diagnosis Information:

HR : 52 bpm
 P : 81 ms
 PR : 119 ms
 QRS : 81 ms
 QT/QTc : 390/364 ms
 P/QRS/T : -7/-21/11 °
 RV5/SV1 : 0.561/1.270 mV

Normal Rhythm
No ST-T Change

Dr. KAUTUK
 DNB (Emergency Medicine)
 020327
 03142

Intensivist & Emergency Physician,
 Navivan Multi Speciality Hospital,
 2nd Floor, City Centre Complex, Malasana-2

Dr. KAUTUK

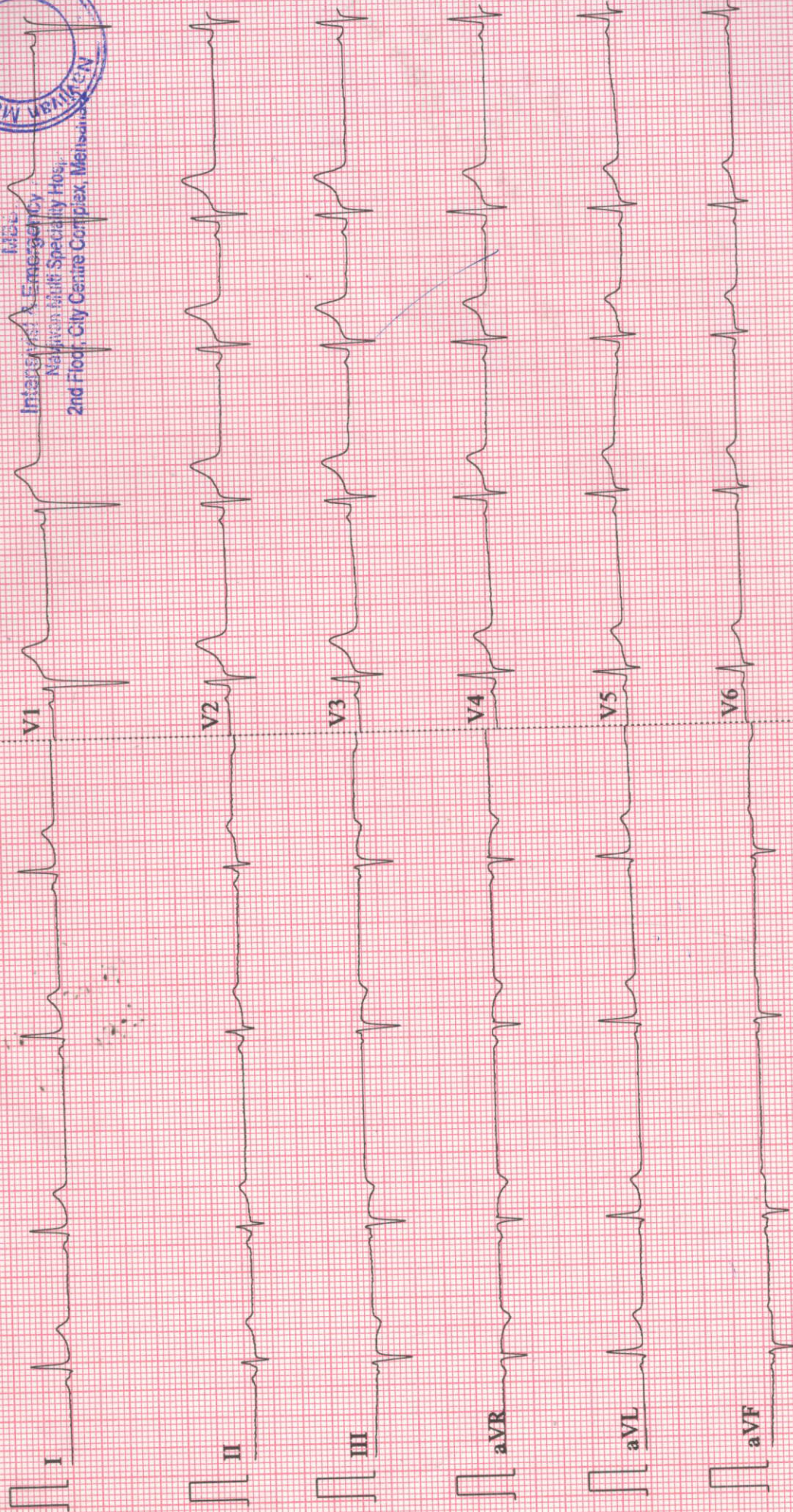
DNB (Emergency Medicine)

Intensivist & Emergency
 Navivan Multi Speciality Hos,
 2nd Floor, City Centre Complex, Malasana-2



Dr. ...

Report Confirmed by: *Dr. Lavu ...*





NAVJIVAN Multi-Speciality HOSPITAL

Dr.KAUTUK PATEL
MBBS, DNB Emergency Medicine
IDCCM

Dr.ANKIT PATEL
MBBS, DNB Anaesthesia
IDCCM

Dr.ROHIT PATEL
MBBS, M.D. Anaesthesia

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

BHARGAVKUMAR NAVINBHAI ROT

AGE –33 YEARS.

SEX – MALE.

FOR MEDICAL FITNESS

PREMORBIDLY HEALTHY.
BP – 110/70 MMHG.
HR –90 / MIN.
SPO2 – 98% 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.
HEIGHT –173 CM; WEIGHT –75 KG;
EYE EXAMINATION – NORMAL VISION, NO DEFICIT
ENT EXAMINATION – NORMAL, NO DISCHARGE, PAIN,
DENTAL EXAMINATION – NO DENTAL CARIES.
DIET ADVICE GIVEN.
REPORTS REVIEWED.
PERSON IS FIT TO JOIN.

K.A. Patel
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.



2nd Floor, City Center Complex, Radhanpur Circle, Mehsana-384002
બીજો માળ, સીટી સેન્ટર કોમ્પ્લેક્સ, રાધનપુર સર્કલ, મહેસાણા-૩૮૪૦૦૨
navjivan.icu@gmail.com
Emergency No. 9978320202 | Appointment No. 8799443371

24/7
Emergency
Services



NAVJIVAN
Multi-Speciality
HOSPITAL

Dr.KAUTUK PATEL

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Dr.ANKIT PATEL

MBBS, DNB Anaesthesia
IDCCM

Dr.PRAVESH PATEL

MBBS, D.A. F.C.C.S.

PATIENT NAME : BHARGAVKUMAR NAVINBHAI ROT
33 Y/M
REF. BY : NAVJIVAN ICU
DATE : 11/04/2024

USG ABDOMEN:

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

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

SPLEEN : Normal in size and echopattern.
VISUALISED PANCREAS : Normal in size and echopattern.

RIGHT KIDNEY : 9.2 x 3.8 cm **LEFT KIDNEY :** 8.7 x 4.0 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



2nd Floor, City Center Complex, Radhanpur Circle, Mehsana-384002

બીજો માળ, સીટી સેન્ટર કોમ્પ્લેક્સ, રાધનપુર સર્કલ, મહેસાણા-૩૮૪૦૦૨



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Emergency No. 9978320202 | Appointment No. 8799443371





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Dr.PRAVESH PATEL

MBBS, D.A. F.C.C.S.

Patient's Name: BHARGAVKUMAR NAVINBHAI ROT
33 Y/M

Date: 11-Apr-24

REF. BY : NAVJIVAN ICU

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



2nd Floor, City Center Complex, Radhanpur Circle, Mehsana-384002



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IDCCM

Dr.PRAVESH PATEL

MBBS, D.A. F.C.C.S.

Name **BHARGAVKUMAR NAVINBHAI ROT**

Date **11/04/2024**

Reg.No

Age/Sex **33/MALE**

Ward **HEALTH CHECK UP**

Tech

Echocardiography Measurements

LVMeasurements	Ptvalue	NormalValueA		Ptvalue	
Method:LV(Teich)		dults			
LVEDD(End Diastole)	45 mm		MitralValve E	2	
LVESD(EndSystole)	20 mm		A	3	
IVSED	08 mm	(5.0-10mm)	Thickening/fibrosis	NO	
LVPWED	10 mm	(6.5-11mm)	Calcification		
LVEF(EjectionFraction)	60	(60%±6.2%)	MVArea(PHT)(Trace)	4.2	Normalvalue: 4-6sq.cm
EPSS			Aorticvalve:	4	
LADimension	28	(19-40mm)	AVAarea	NORMAL	
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 (1.0 CM), COLLAPSING 50% WITH RESPIRATION.

NORMAL STUDY....

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

2nd Floor, City Center Complex, Radhanpur Circle, Mehsana-384002


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navjivan.icu@gmail.com


Emergency No. 9978320202 | Appointment No. 8799443371



भारत सरकार
Government of India
भार्गवकुमार नविनभाई रोट
Bhargavkumar Navinbhai Rot



जन्म तारीख / DOB: 14/01/1991
पुरुष / Male

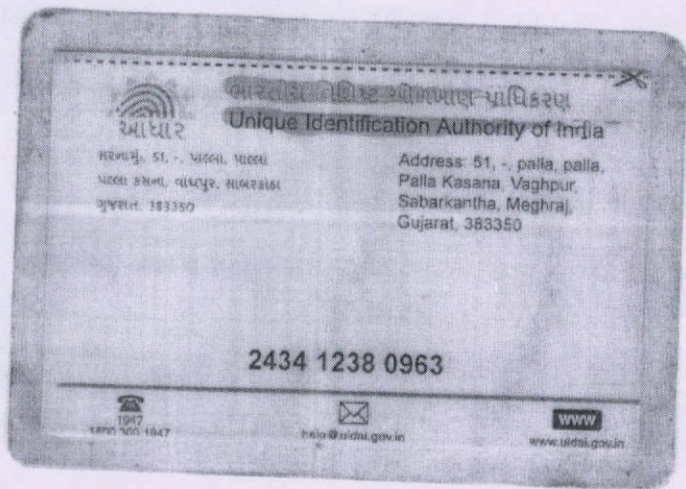


2434 1238 0963


आधार - सामान्य मासिक अधिकार

B.M. Pot





B.N. Pat

Patient ID : 042411020	Sample Collected on : 11-Apr-2024 11:53 AM
Patient Name : MR. BHARGHAVKUMAR ROT	Report Released on : 11-Apr-2024 12:41 PM
Age / Gender : 33 Years / Male	Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP	 * 0 4 2 4 1 1 0 2 0 *
Affiliation : HEALTH CHECK UP	

HAEMATOLOGY

Investigation	Result	Unit	Bio. Ref. Interval
HAEMOGLOBIN	11.6	gms%	13.5 - 17.5 gm%
RED BLOOD CELL COUNT	5.08	/cumm	4.2 - 5.6 mill/cmm
RBC INDICES			
HEMATOCRIT	37.1	%	40-50
MCV	73.1	fl	80 - 98 fL
MCH	22.8	pg	26 - 34 pg
MCHC	31.1	g/dl	32 - 37 %
RDW_CV	13.7	/ cumm	12 - 14 %
TOTAL WBC COUNT	6100	/ cumm	4000 - 11000 /cmm
WBC DIFFERENTIAL COUNT			
NEUTROPHILS	58.5	%	50 - 74 %
LYMPHOCYTES	32.8	%	20 - 45%
EOSINOPHILS	1.2	%	01 - 06 %
MONOCYTES	08	%	02 - 10 %
BASOPHILS	0.0	%	00 - 01 %
PLATELET COUNT	189000	/ cumm	1,50,000 - 4,50,000 /cmm.
MEAN PLATELET VOLUME	10.5	fl	7.4-10.4
PDW	15.9	fl	10-14
PCT	0.199	%	0.10-0.28
ESR (ERYTHROCYTE SEDIMENTATION RATE)			
ERYTHROCYTE SEDIMENTATION RATE	16	mm/1hr.	<50 years: < 15 mm/hr >50 years: < 20 mm/hr

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



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DR. JAIMINI PATEL
MBBS, DCP, DNB PATHOLOGY

Patient ID : 042411020 **Sample Collected on** : 11-Apr-2024 11:53 AM
Patient Name : MR. BHARGHAVKUMAR ROT **Report Released on** : 11-Apr-2024 12:54 PM
Age / Gender : 33 Years / Male **Center Name** : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP
Affiliation : HEALTH CHECK UP



BLOOD EXAMINATION

Investigation	Result
BLOOD GROUP	
ABO GROUPING	B
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 : 042411020 **Sample Collected on** : 11-Apr-2024 11:53 AM
Patient Name : MR. BHARGHAVKUMAR ROT **Report Released on** : 11-Apr-2024 2:16 PM
Age / Gender : 33 Years / Male **Center Name** : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP
Affiliation : HEALTH CHECK UP



BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval
RA FACTOR	15.1	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.


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



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MBBS, DCP, DNB PATHOLOGY

Patient ID : 042411020	Sample Collected on : 11-Apr-2024 11:53 AM
Patient Name : MR. BHARGHAVKUMAR ROT	Report Released on : 11-Apr-2024 2:15 PM
Age / Gender : 33 Years / Male	Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP	 * 0 4 2 4 1 1 0 2 0 *
Affiliation : HEALTH CHECK UP	

LIPID PROFILE REPORT

Investigation	Result	Unit	Bio. Ref. Interval
LIPID PROFILE REPORT			
TOTAL CHOLESTEROL	147.6	mg/dL	130-200
HDL CHOLESTEROL - DIRECT	55.0	mg/dL	30 - 60
TRIGLYCERIDES	127.8	mg/dL	60 - 170
LDL CHOLESTEROL	67.0	mg/dL	Up To 150
VLDL CHOLESTEROL	25.6	mg/dL	5-40
TC/HDL CHOLESTEROL RATIO	2.7	Ratio	3.0-5.0
LDL / HDL RATIO	1.2	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.


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



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Patient ID : 042411020	Sample Collected on : 11-Apr-2024 11:53 AM
Patient Name : MR. BHARGHAVKUMAR ROT	Report Released on : 11-Apr-2024 2:15 PM
Age / Gender : 33 Years / Male	Center Name : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP	 * 0 4 2 4 1 1 0 2 0 *
Affiliation : HEALTH CHECK UP	

BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval
LIVER FUNCTION TEST			
S. BILIRUBIN TOTAL	0.41	mg/dL	0.0-1.2
S. BILIRUBIN DIRECT	0.09	mg/dL	0.0-0.3
S. BILIRUBIN INDIRECT	0.32	mg/dL	0.0-1.0
SGPT (ALT)	35.1	IU/L	5-45
SGOT (AST)	29.5	IU/L	5-45
ALKALINE PHOSPHATASE	125.9	IU/L	Women : 64 - 306 Men : 80 - 306 Children : 180 - 1200
PROTIEN, ALBUMIN & A/G RATIO			
TOTAL PROTEIN	8.20	gm%	6.0-8.0
SERUM ALBUMIN	4.50	gm%	3.5-5.5
GLOBULIN	3.70	gm%	1.8-3.6
SERUM ALBUMIN/GLOBULIN RATIO	1.22	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.

RENAL FUNCTION TEST

BLOOD UREA	22.10	mg/dL	10 - 50 mg/dL
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Patient ID : 042411020 **Sample Collected on** : 11-Apr-2024 11:53 AM
Patient Name : MR. BHARGHAVKUMAR ROT **Report Released on** : 11-Apr-2024 2:14 PM
Age / Gender : 33 Years / Male **Center Name** : JAINIS PATHOHUB PATHOLOGY LABORATORY
Ref. By : HEALTH CHECK UP
Affiliation : HEALTH CHECK UP



BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval
SERUM CREATININE	0.91	mg/dL	0.50 - 1.30 mg/dL
SERUM SODIUM (NA)	130.6	mEq/L	130.00 - 150.00 mEq/L
SERUM POTASSIUM (K)	4.10	mEq/L	3.5 - 5.5 mEq/L
SERUM CHLORIDE (CL)	101.20	mEq/L	96 - 106 mEq/L


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Ref. By : HEALTH CHECK UP	 * 0 4 2 4 1 1 0 2 0 *
Affiliation : HEALTH CHECK UP	

URINE ROUTINE MICROSCOPIC

Investigation	Result	Uni	Bio. Ref. Range
PHYSICAL EXAMINATION			
COLOUR	Yellow		
APPEARANCE	Clear		
SPECIFIC GRAVITY	1.030		
PH	6.5		
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		


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Ref. By : HEALTH CHECK UP	 * 0 4 2 4 1 1 0 2 0 *
Affiliation : HEALTH CHECK UP	

DIABETES CARE

Investigation	Value	Unit	
HBA1C			
HBA1C (GLYCOSYLATED HEMOGLOBIN), BLOOD	5.1	%	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	99.67	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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Ref. By : HEALTH CHECK UP	 * 0 4 2 4 1 1 0 2 0 *
Affiliation : HEALTH CHECK UP	

THYROID FUNCTION TEST

Investigation	Result	Unit	Bio. Ref. Interval
TFT (T3 T4 TSH)			
TOTAL TRIIODOTHYRONINE (T3)	1.5	pmol/L	Adult :0.9- 2.15 ng/ml
TOTAL THYROXINE (T4)	90.2	nmol/L	Adult: 60-135 nmol/l
ULTRA TSH	1.98	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 is metabolically 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 circadian 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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Ref. By : HEALTH CHECK UP	 * 0 4 2 4 1 1 0 2 0 *
Affiliation : HEALTH CHECK UP	

BIOCHEMISTRY

Investigation	Result	Unit	Bio. Ref. Interval
BLOOD GLUCOSE			
RANDOM BLOOD GLUCOSE (RBS)	98.51	mg/dL	70-200Mg/dL

Interpretation :

The way to test for diabetes is to measure your blood glucose level. A random test is done at any time, to get a "snapshot" picture of the glucose concentration in your bloodstream.

The blood glucose test may be used to detect high blood glucose (hyperglycemia) and low blood glucose (hypoglycemia), screen for diabetes in people who are at risk before signs and symptoms are apparent, help diagnos diabetes, prediabetes and gestational diabetes and monitor glucose levels in people diagnosed with diabetes.

Comment : Please correlate with clinical condition

Technology : FULLY AUTO BIOCHEM 240

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

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



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DR.JAIMINI PATEL
MBBS, DCP, DNB PATHOLOGY



 **GPS Map**
Camera Lite



J93J+RMW, Manglaytan Society, Mehsana, Gujarat 384001, India

Latitude

23.6046065°

Longitude

72.381747°


Local 11:07:12 AM

GMT 05:37:12 AM

Altitude 92 meters

Thursday, 11.04.2024



 **GPS Map**
Camera Lite



J93J+RMW, Manglaytan Society, Mehsana, Gujarat 384001, India

Latitude

23.6046071°

Longitude

72.3817491°

Local 11:06:54 AM

GMT 05:36:54 AM

Altitude 92 meters

Thursday, 11.04.2024