



TEST REPORT

Reg. No. : 40301017409 Reg. Date : 29-Mar-2024 12:21 Collected On : 29-Mar-2024 12:21
Name : Mr. RAJENDRA PARMAR Approved On : 29-Mar-2024 14:30
Age : 49 Years Gender : Male Ref. No. : Dispatch At :
Ref. By : Tele No. :
Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD

Test Name	Results	Units	Bio. Ref. Interval
PSA	0.650	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 -----

This is an electronically authenticated report.

Test done from collected sample.

Printed On: 29-Mar-2024 14:31

We are open 24 x 7 & 365 days

Dr. Ankit Jhaveri
MD Pathology

Reg. G-15471

LLP Identification Number: AAN-8932

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Rate 63

PR 128

QRSD 88

QT 392

QTc 402

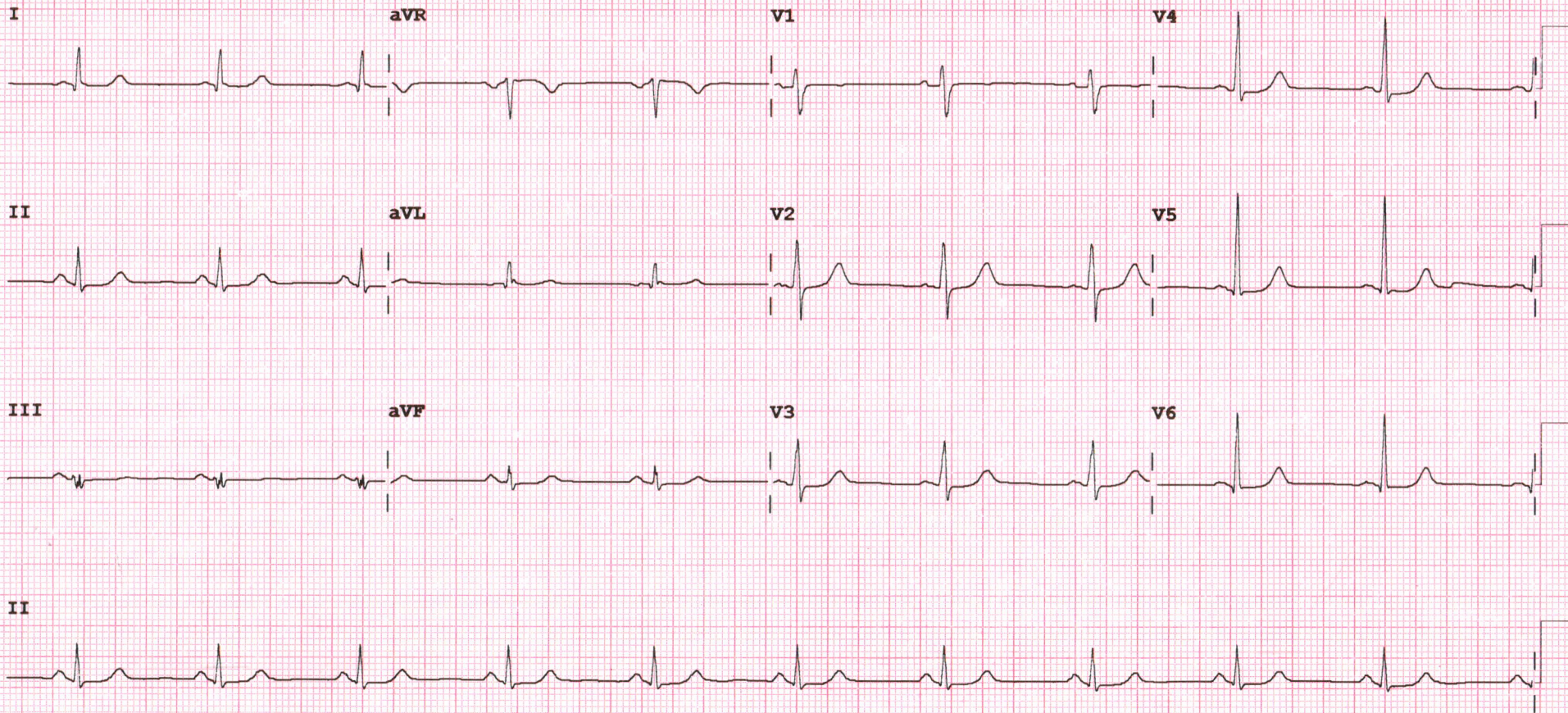
--AXIS--

P 69

QRS 16

T 35

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

F 50~ 0.50-150 Hz W

PH09

P?



2D-ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

NAME: RAJENDRA PARMAR

AGE/SEX: 49 YRS/MALE

DATE: 29/03/2024

REF BY: DIRECT

OBSERVATION:

- NORMAL LV SIZE AND NORMAL LV SYSTOLIC FUNCTION. LVEF = 60% (VISUAL).
- NO RWMA AT REST.
- GRADE I LV DIASTOLIC DYSFUNCTION.
- TRIVIAL MR. NO MS.
- TRIVIAL AR. NO AS.
- MILD TR. NO PAH. RVSP : 30 MMHG
- NORMAL SIZED LA, RA & RV WITH NORMAL RV SYSTOLIC FUNCTION.
- NORMAL SIZED MPA, RPA & LPA.
- INTACT IAS & IVS.
- NO E/O INTRACARDIAC CLOT/VEGETATION/PE.
- NORMAL IVC.
- NORMAL PERICARDIUM.

LA: 31MM

AO: 25MM

IVS: 11/13MM

LVPW: 10/13MM

LVID: 45/28MM

CONCLUSION:

- NORMAL LV/RV SIZE AND SYSTOLIC FUNCTION.
- NO RWMA AT REST.
- LVEF = 60% (VISUAL).

DR.NIRAV BHALANI
[CARDIOLOGIST]

DR.ARVIND SHARMA
[CARDIOLOGIST]



PATIENT NAME: RAJENDRA KUMAR	
AGE/SEX: 49 YRS/M	DATE: Friday, 29 March 2024

ULTRASOUND OF ABDOMEN & PELVIS

LIVER appears normal in size and shows normal parenchymal echogenicity. No evidence of focal lesion. No evidence of dilated IHBR or portal vein. CBD appears normal.

GALL BLADDER is distended. No e/o wall thickening, pericholecystic edema or calculus within.

VISUALIZED PART OF PANCREAS appears normal. MPD is WNL.

SPLEEN appears normal in size and shows normal parenchymal echogenicity. No evidence of focal lesion.

BOTH KIDNEYS appear normal in size and position.

Show normal cortical echogenicity. Corticomedullary differentiation is maintained.

No calculus or hydronephrosis on either side.

URINARY BLADDER is full. Mucosal surface appears smooth with no e/o obvious wall thickening or calculus within.

PROSTATE appears normal in size. No evidence of focal lesion noted.

BOWEL LOOPS appear normal and show normal peristalsis

No evidence of LYMPHADENOPATHY noted.

No evidence of ASCITES or PLEURAL EFFUSION noted.

Few (at least 2) subcutaneous lipoma noted in anterior abdominal wall; largest one measures 35x14mm in left lumbar region.

IMPRESSION:

- **Subcutaneous Lipoma in anterior abdominal wall.**

DR SHARAD RUNGTA (MD & DNB)
CONSULTANT RADIOLOGIST

Not all pathologies can be detected on ultrasound in each scan. Further radiographic evaluation is suggested if required.



PATIENT NAME: RAJENDRA PARMAR	
AGE/SEX: 49 YRS/M	DATE: Friday, 29 March 2024

CHEST X-RAY (PA)

Both lung fields appear normal.

Both hila appear normal

Bilateral costo-phrenic angles appear grossly clear

Mediastinum and cardiac shadow appear normal

Bony thorax appears unremarkable

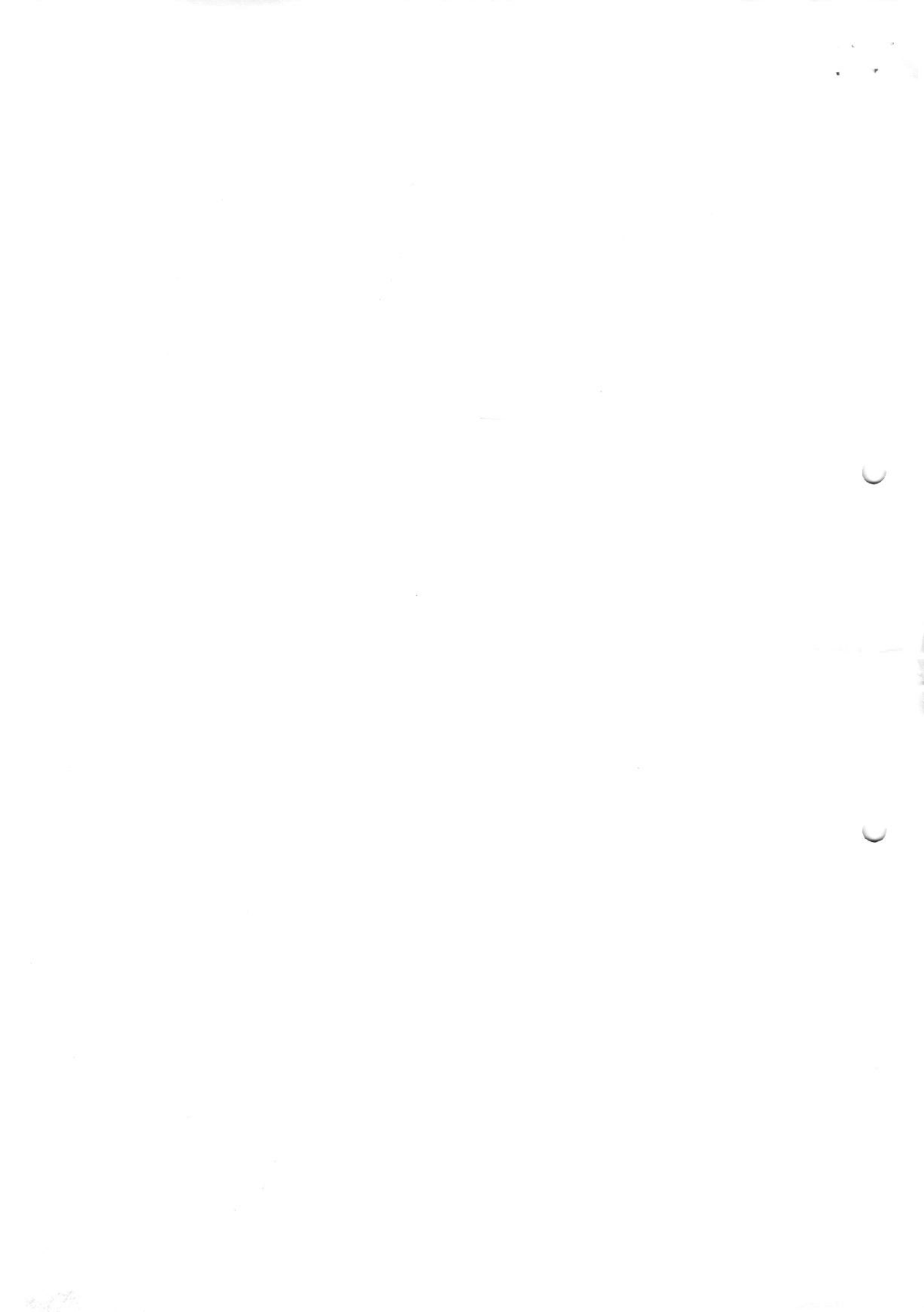
No evidence of free gas under domes of diaphragm

IMPRESSION:


- NO SIGNIFICANT ABNORMALITY NOTED IN LUNG FIELDS
- NORMAL CARDIAC SHADOW


DR SHARAD RUNGTA (MD & DNB)
CONSULTANT RADIOLOGIST

Not all pathologies can be detected on ultrasound in each scan. Further radiographic evaluation is suggested if required.

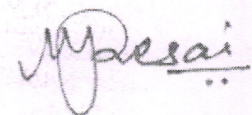




Patient Name :	Rajendra Ambalal Parmar	Sample No. :	20240314830 
Patient ID :	20240309247	Visit No. :	OPD20240329440
Age / Sex :	49y/Male	Call. Date :	29/03/2024 09:59
Consultant :	DR SAURABH JAIN	S. Coll. Date :	29/03/2024 13:16
Ward :	-	Report Date :	29/03/2024 16:59

CBC, ESR

Investigation	Result	Normal Value
Hemoglobin :	<u>11.2 gm/dl [L]</u>	13.5 to 18.0 gm/dl
P.C.V. :	38 % [L]	42.0 to 52.0 %
M.C.V. :	62 fL [L]	78 to 100 fL
M.C.H. :	18.3 pg [L]	27 to 31 pg
M.C.H.C. :	29.5 g/dl [L]	32 to 36 g/dl
RDW :	18.8 % [H]	11.5 to 14.0 %
RBC Count :	6.13 X 10 ⁶ / cumm [H]	4.7 to 6.0 X 10 ⁶ / cumm
Polymorphs :	71 % [H]	38 to 70 %
Lymphocytes :	26 %	15 to 48 %
Eosinophils :	1 %	0 to 6 %
Monocytes :	2 % [L]	3 to 11 %
Basophils :	0 %	0.0 to 1.0 %
Total :	100	< 100 > 100
WBC Count :	6800 /cmm	4000 to 10000 /cmm
Platelets Count :	228000 /cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	6 mm/hr	1 to 13 mm/hr



Dr. Mehul Desai
M.B.D.C.P
Reg.No.G-9521



Patient Name : Rajendra Ambalal Parmar
Patient ID : 20240309247
Age / Sex : 49y/Male
Consultant : DR SAURABH JAIN
Ward : -

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Blood Group

Investigation

Result

Normal Value

BLOOD GROUP :

ABO

B

Rh

Positive

RENAL FUNCTION TEST

Investigation

Result

Normal Value

Creatinine :

0.8 mg/dl

0.6 - 1.4 mg/dl

Urea :

33 mg/ dl

13 - 45 mg/dl

Uric Acid :

3.6 mg/dl

3.5 - 7.2 mg/dl


Calcium :

9.2 mg/dl

8.5 - 10.5

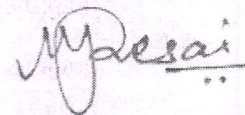
Dr. Mehul Desai
M.B.D.C.P
Reg.No.G-9521



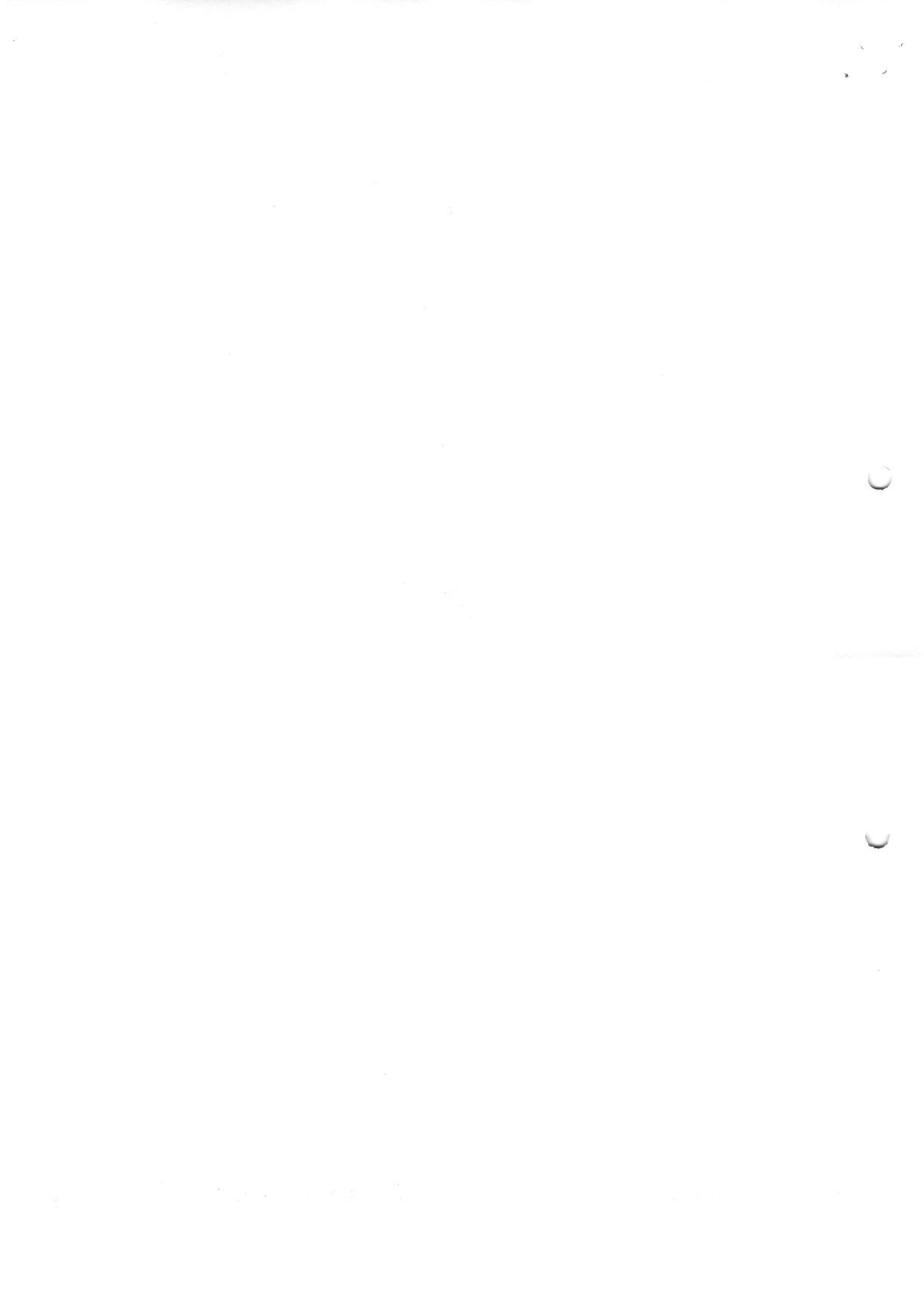
Patient Name :	Rajendra Ambalal Parmar	Sample No. :	20240314830
Patient ID :	20240309247		
Age / Sex :	49y/Male	Visit No. :	OPD20240329440
Consultant :	DR SAURABH JAIN	Call. Date :	29/03/2024 09:59
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LFT (Liver Function Test)

Investigation	Result	Normal Value
Total Bilirubin :	0.7 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.4 mg/dl	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.3 mg/dl	0.0 to 0.8 mg/dl
AST (SGOT) :	22 U/L	5 to 34 U/L
ALT (SGPT) :	25 U/L	0 to 55 U/L
Total Protein (TP) :	6.3 g/dL [L]	6.4 to 8.3, g/dl
Albumin (ALB) :	4.1 g/dl	3.5 to 5.2 g/dl
Globulin :	2.2 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	1.86	
Alkaline Phosphatase (ALP) :	84 U/L	40 to 150 U/L
GAMMA GT. :	18 U/L	7 to 35 U/L



Dr. Mehul Desai
M.B.D.C.P
Reg.No.G-9521






Savita

Superspeciality Hospital
(A Unit of Solace Healthcare Pvt. Ltd.)

Parivar Char Rasta, Waghodia-Dabhoi Ring Road, Vadodara-390019

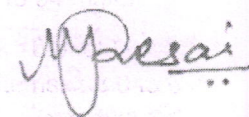
0265-2578844 / 2578849 ✉ mh@savitahospital.com 🌐 savitahospital.com

Patient Name : Rajendra Ambalal Parmar	Sample No. : 20240314830 
Patient ID : 20240309247	Visit No. : OPD20240329440
Age / Sex : 49y/Male	Call. Date : 29/03/2024 09:59
Consultant : DR SAURABH JAIN	S. Coll. Date : 29/03/2024 13:16
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Lipid Profile

Investigation	Result	Normal Value
Sample :	Fasting	
Sample Type :	Normal	
Cholesterol (Chol) :	145 mg/dl	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	60 mg/dl	Normal : < 200.0 High : 200 - 499 Very High : > or = 500
HDL Cholesterol :	70 mg/dl	Low risk : >or = 60 mg/dL High risk : Up to 35 mg/dL
LDL :	63 mg/dl [L]	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	12 mg/dl	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	0.9	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0
Total Chol / HDL Ratio :	2.07	Low Risk : 3.3 to 4.4 Average Risk : 4.4 to 7.1 Moderate Risk : 7.1 to 11.0 High Risk : > 11.0
Total Lipids :	575 mg/dl	400 to 700 mg/dl

Note :- Lipemic samples give high triglyceride value and falsely low LDL value.



Dr. Mehul Desai
M.B.D.C.P
Reg.No.G-9521

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7. A requested test might not be performed in case of following reasons: a) Insufficient quantity of specimen (inadequate collection/spillage in transit) b) Specimen quality unacceptable (hemolysed/clotted/lipemic etc) c) Incorrect specimen type d) Incorrect identity of specimen. In above mentioned circumstances it is expected that a fresh specimen will be sent for the purpose of the reporting on the same parameter.
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9. The sex of the fetus will not be revealed as per the Prenatal Diagnostic Technique (Regulation and Prevention of Misuse Act, 1994)
10. Tests parameters marked by asterisks (*) are excluded from the "scope" of NABL accredited tests.
11. It is mandatory to send Biopsy/Histopathology specimen in 10% formalin.
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14. Any queries regarding possible interpretation / clinical - pathological correlation from referring doctor/patient should be directed to the pathologists.
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GENERAL PRINCIPLES OF LABORATORY TESTING & LABORATORY REFERENCE RANGES

1. Under the best of circumstances, no test is having 100% sensitivity & 100% specificity. In the majority of laboratory parameters, the combination of short-term physiologic variation & analytical error/technological limitations are sufficient to render the interpretation of single determinations difficult especially when the concentrations are in borderline range. Any particular laboratory test result may be misleading (not correlating with clinical findings) for large varieties of reasons, regardless of high quality of laboratory, such results should be rechecked. If indicated new specimen should be submitted.
2. Reference ranges (biological reference interval) vary from one laboratory to another and with age, sex, race, size, physiologic status (e.g. pregnancy & lactation) that apply to the particular patient. Reference values represent the statistical data for 95% of the population; values outside these ranges do not necessarily represent disease. Result may still be within the reference range but be elevated above the patient's baseline, which is why serial testing is important in a number of conditions.
3. The effects of drugs on laboratory test values must never be overlooked. Laboratory values in elderly must be interpreted in light of many factors that affects "normal" values in this group.
4. Negative laboratory test results do not necessary rule out a clinical diagnosis.

TEAM OF DOCTORS

Dr. Girish Gupta, MD (Path)	Dr. Rakesh Shah MD (Path) , DCP
Dr. Ankit Jhaveri MD (Path)	Dr. Vishal Jhaveri, DCP
Dr. Rachna Parekh DCP	Dr. Hetal Parikh MD (Path) FRCPath (UK)
Dr. Priya Mangukiya MD (Microbiology)	Dr. Mitesh Rathwa MD (Path)
Dr. Varsha Raimalani, PhD	Dr. Shreyas Nisarta MD(Path)
Dr. Nehal Tiwari MD (Path)	Dr. Vaishali Bhatt, DCP
Dr. Usha Amliyar DCP	Dr. Manjari Bhabhor DCP

OUR UNITS

- a) Aayu Path Lab (Tarsali) - 9376224836, 7043940202
- b) Purak Hi-Tech Lab (Nizampura) - 7229046350, 9377559900
- c) Dr. Jhaveri Laboratory (Akota) - 0265-2329428, 9998724579
- d) Dr. Jhaveri Laboratory (Polo Ground) - 0265-2424335, 9725282172
- e) Jhaveri Advanced Path Lab (Subhanpura)
- f) Jhaveri Advanced Path Lab (Waghodiya road)



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 Home Visit / OPD Reception : 9998724579



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 Ref. By : Tele No. :
 Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine) <i>Method:CLIA</i>	1.47	ng/mL	0.6 - 1.81
T4 (Thyroxine) <i>Method:CLIA</i>	11.40	µg/dL	4.5 - 12.6
TSH (ultra sensitive) <i>Method:CLIA</i>	2.891	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

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Dr. Vishal Jhaveri
 M.B.B.S, D.C.P
 Reg. G-13041
 LLP Identification Number: AAN-8932
 Page 1 of 2



Patient Name : Rajendra Ambalal Parmar

Sample No. : 20240314830



Patient ID : 20240309247

Visit No. : OPD20240329440

Age / Sex : 49y/Male

Call. Date : 29/03/2024 09:59

Consultant : DR SAURABH JAIN

S. Coll. Date : 29/03/2024 13:16

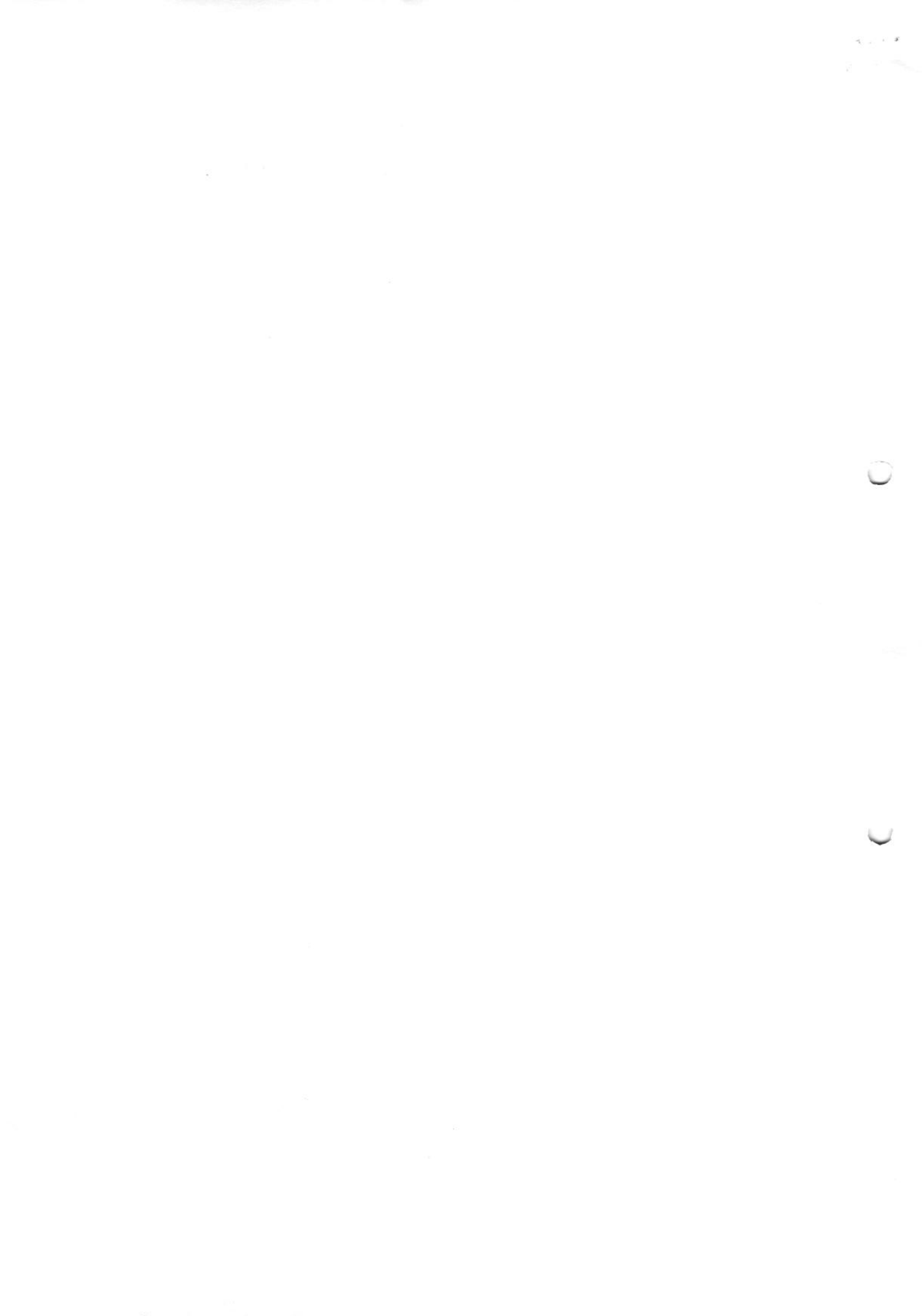
Ward : -

Report Date : 29/03/2024 16:59


Urine R/M

Investigation	Result	Normal Value
Quantity - :	20 ml	
Colour - :	Pale Yellow	
Reaction (pH) :	5.0	4.6-8.0
Turbidity :	Clear	
Deposit :	Absent	Absent
Sp.Gravity :	1.020	1.005-1.010
Protein :	Absent	Absent
Glucose :	Absent	Absent
Bile Salts :	Absent	Absent
Bile pigments :	Absent	Absent
Ketones :	Absent	Absent
Urobilinogen :	Absent	
Blood :	Absent	Absent
Pus Cells :	1-2 /hpf	0-5/hpf
Red Blood Cells :	Absent /hpf	Absent
Epithelial Cells :	1-2 /hpf	

Dr.Mehul Desai
M.B.D.C.P
Reg.No.G-9521





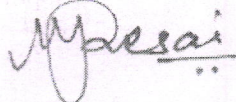
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Consultant :	DR SAURABH JAIN	S. Coll. Date :	29/03/2024 13:16
Ward :	-	Report Date :	29/03/2024 17:27

FBS & PPBS

Investigation	Result	Normal Value
Blood Sugar (FBS) :	79 mg/dl	74 - 100 mg/dl
Urine Sugar (FUS) :	Nil	
Blood Sugar (PP2BS) :	89 mg/dl	70 to 120 mg/dl
Urine Sugar (PP2US) :	Nil	

HBA1C

Investigation	Result	Normal Value
Glycosylated Hb :	6 % [H]	Near Normal Glycemia : 6 to 7 Excellent Control : 7 to 8 Good Control : 8 to 9 Fair Control : 9 to 10 Poor Control : > 10
Average Plasma Glucose of Last 3 Months :	125.5	



Dr. Mehul Desai
M.B.D.C.P
Reg.No.G-9521



Examination by Ophthalmologist

Name: RAJENDRA PARMAR

Reg. No: 20230309247

Age/ Sex: 49/MALE

DOE: 29/03/2024

Nil

Medical History:

Nil

Examination of Eye: Right LEFT

External Examination:

Anti seg Examination:

Schiot Tonometry IOP:

Fundus:

Without Glass Distant Vision: 6/18 6/9

Near Vision: N6 N6

With Glass Distant Vision: 6/6 6/6

Near Vision: N6 N6

Colour Vision (With Ishihara Chart): *unc*

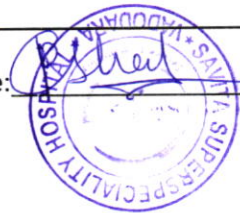
Impression:

unc

Advice:

Glass use

Signature: _____





Examination by DENTAL

Name: RAJENDRA PARMAR

Reg. No: 20240309247

Age/sex 49/MALE

DOE: 29/03/2024

Presenting Complaints:

Routine checkup.

Medical History:

MAD

Examination:

Root stump in 6j, missing in 167.

Impression:

Advice:

Extraction of 6j, Implant on 167

Signature: _____





Examination by Physician

Name: RAJENDRA PARMAR

Reg. No: 20230309247

Age/ Sex: 49/MALE

DOE: 29/03/2024

Physical Examination

Height: 165 cm Weight: 65 kg BMI: 23.87

Temperature: N Pulse: 79 BP: 127/89

SpO2 = 99

Chief Complaints:

No complaints.

Past History:

NAD.

Examination:

General Examination: NAD

Systemic Examination: NAD

Investigation:

RBS _____

ECG _____

Others _____

Advice: ① cap - ceftin 1-0-0 x 1 month

Signature _____





भारत सरकार

GOVERNMENT OF INDIA



परमार राजेन्द्रभाई
Parmar Rajendrabhai
जन्म तारीख/ DOB: 28/08/1974
पुरुष / MALE



7463 3940 4804



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

सरनामું :

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ज्ञानकुंज फ्लैट, सी-टावर, त्रीजे
भाण, सेवासी केनाल मेधन रोड,
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Jalsa Flat, T.P.-1, Sevasi,
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