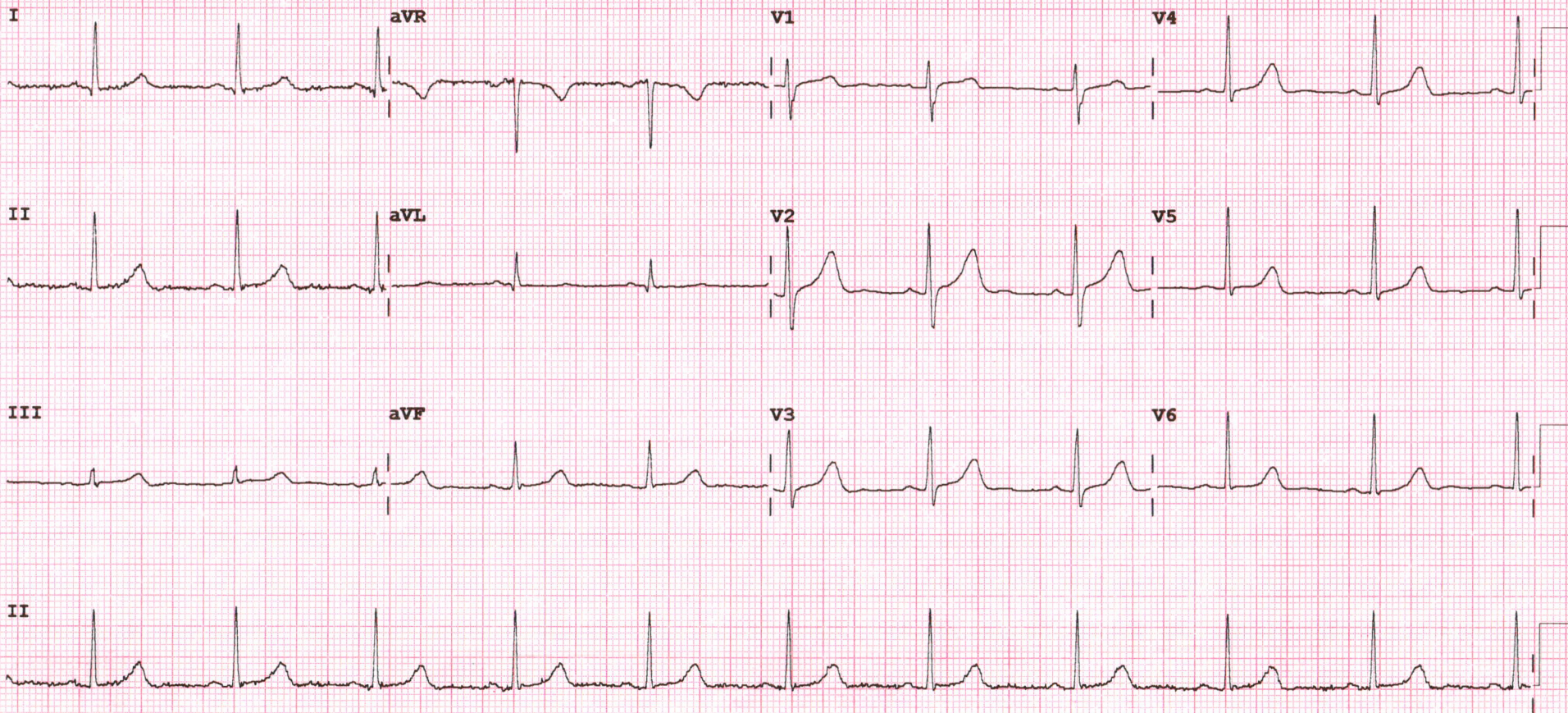


Rate 65  
PR 156  
QRSD 86  
QT 428  
QTc 445

--AXIS--

P 5  
QRS 43  
T 55

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: SOMESH RUDRAKSHA**

**AGE/SEX:39 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.
- NO AR. NO AS.
- MILD TR. MILD PAH. RVSP : 37 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: 33MM**

**AO: 29MM**


**IVS: 11/13MM**

**LVPW: 10/13MM**

**LVID: 45/24MM**

### **CONCLUSION:**

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

  
**DR. NIRAV BHALANI**  
[CARDIOLOGIST]

**DR. ARVIND SHARMA**  
[CARDIOLOGIST]



**PATIENT NAME: SOMESH RUDRAKSHA**

**AGE/SEX: 39 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: SOMESH RUDRAKSHA

AGE/SEX: 39 YRS/M

DATE: Friday, 29 March 2024

**ULTRASOUND OF ABDOMEN & PELVIS**

**LIVER** appears normal in size and **shows raised 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.

**IMPRESSION:**

- **Grade I Fatty Liver.**

**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.*







# 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 :** Somesh . Rudraksha

**Sample No. :** 20240314834

**Patient ID :** 20240309237

**Visit No. :** OPD20240329427

**Age / Sex :** 39y/Male

**Call. Date :** 29/03/2024 09:01

**Consultant :** DR SAURABH JAIN

**S. Coll. Date :** 29/03/2024 13:24

**Ward :** -

**Report Date :** 29/03/2024 16:42

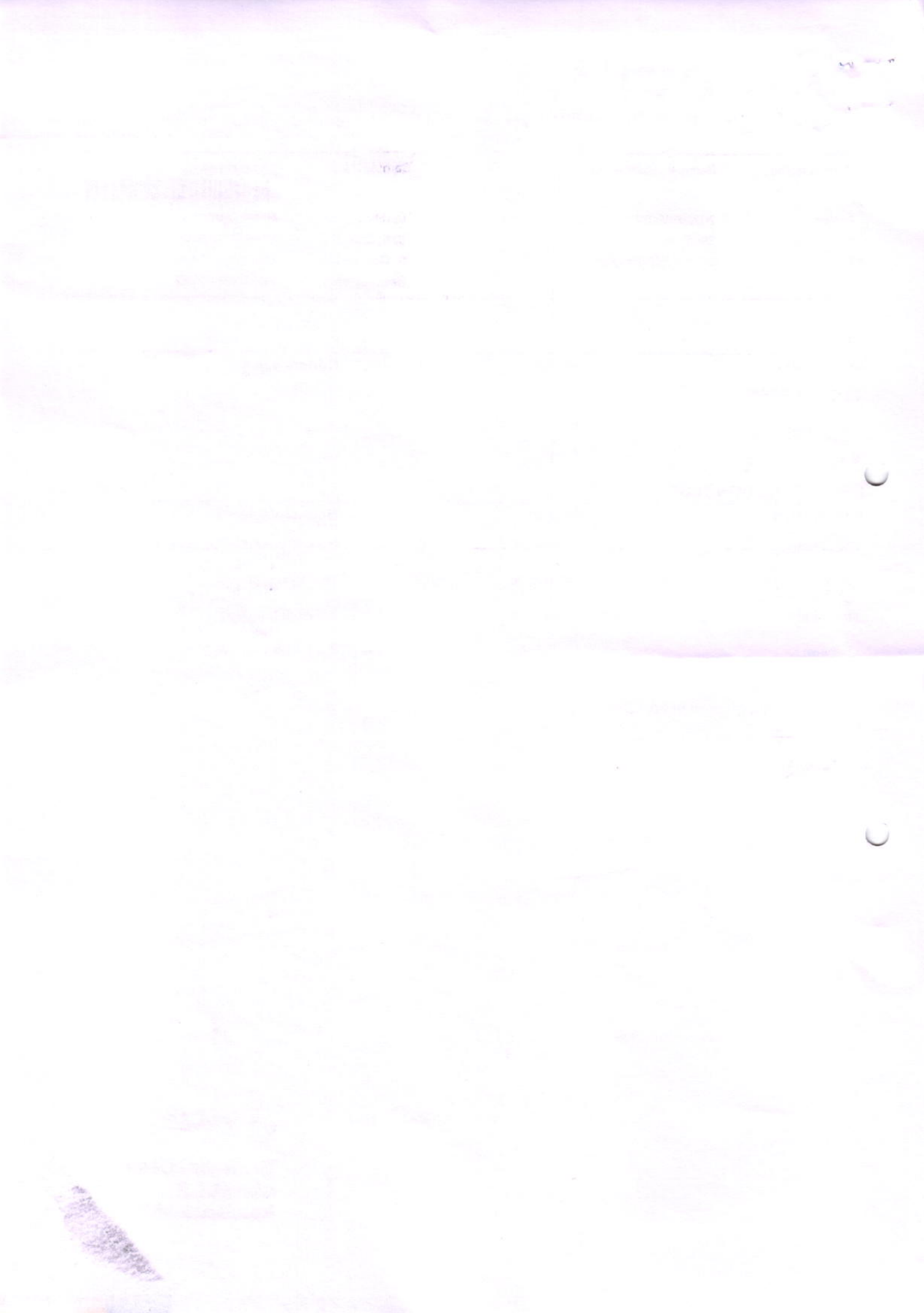


## CBC, ESR

Investigation	Result	Normal Value
Hemoglobin :	14.3 gm/dl	13.5 to 18.0 gm/dl
P.C.V. :	44.1 %	42.0 to 52.0 %
M.C.V. :	84.8 fL	78 to 100 fL
M.C.H. :	27.5 pg	27 to 31 pg
M.C.H.C. :	32.4 g/dl	32 to 36 g/dl
RDW :	11.6 %	11.5 to 14.0 %
RBC Count :	5.2 X 10 <sup>6</sup> / cumm	4.7 to 6.0 X 10 <sup>6</sup> / cumm
Polymorphs :	65 %	38 to 70 %
Lymphocytes :	30 %	15 to 48 %
Eosinophils :	2 %	0 to 6 %
Monocytes :	3 %	3 to 11 %
Basophils :	0 %	0.0 to 1.0 %
Total :	100	< 100 > 100
WBC Count :	6700 /cmm	4000 to 10000 /cmm
Platelets Count :	176000 /cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	15 mm/hr [H]	1 to 13 mm/hr

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







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**Patient Name :** Somesh . Rudraksha

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**Ward :** -

**Report Date :** 29/03/2024 16:42

## Blood Group

Investigation	Result	Normal Value
<b>BLOOD GROUP :</b>		
<b>ABO</b>	B	
<b>Rh</b>	Positive	

## RENAL FUNCTION TEST

Investigation	Result	Normal Value
<b>Creatinine :</b>	0.7 mg/dl	0.6 - 1.4 mg/dl
<b>Urea :</b>	31 mg/ dl	13 - 45 mg/dl
<b>Uric Acid :</b>	6.9 mg/dl	3.5 - 7.2 mg/dl
<b>Calcium :</b>	7.8 mg/dl	8.5 - 10.5

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





<b>Patient Name :</b> Somesh . Rudraksha	<b>Sample No. :</b> 20240314834
<b>Patient ID :</b> 20240309237	
<b>Age / Sex :</b> 39y/Male	<b>Visit No. :</b> OPD20240329427
<b>Consultant :</b> DR SAURABH JAIN	<b>Call. Date :</b> 29/03/2024 09:01
<b>Ward :</b> -	<b>S. Coll. Date :</b> 29/03/2024 13:24
	<b>Report Date :</b> 29/03/2024 18:01

### FBS & PPBS

Investigation	Result	Normal Value
Blood Sugar (FBS) :	113 mg/dl [H]	74 - 100 mg/dl
Urine Sugar ( FUS ) :	Nil	
Blood Sugar (PP2BS) :	123 mg/dl [H]	70 to 120 mg/dl
Urine Sugar ( PP2US ) :	Nil	

### HBA1C


Investigation	Result	Normal Value
Glycosylated Hb :	5.9 %	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 :	122.63	

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



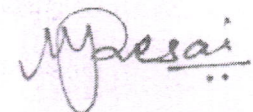




<b>Patient Name :</b> Somesh . Rudraksha	<b>Sample No. :</b> 20240314834 
<b>Patient ID :</b> 20240309237	<b>Visit No. :</b> OPD20240329427
<b>Age / Sex :</b> 39y/Male	<b>Call. Date :</b> 29/03/2024 09:01
<b>Consultant :</b> DR SAURABH JAIN	<b>S. Coll. Date :</b> 29/03/2024 13:25
<b>Ward :</b> -	<b>Report Date :</b> 29/03/2024 16:42

**LFT (Liver Function Test)**

Investigation	Result	Normal Value
Total Bilirubin :	0.6 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.3 mg/dl	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.3 mg/dl	0.0 to 0.8 mg/dl
AST (SGOT) :	13 U/L	5 to 34 U/L
ALT (SGPT) :	28 U/L	0 to 55 U/L
Total Protein (TP) :	6.9 g/dL	6.4 to 8.3, g/dl
Albumin (ALB) :	4.3 g/dl	3.5 to 5.2 g/dl
Globulin :	2.6 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	1.65	
Alkaline Phosphatase (ALP) :	110 U/L	40 to 150 U/L
GAMMA GT. :	24 U/L	7 to 35 U/L



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







<b>Patient Name :</b> Somesh . Rudraksha	<b>Sample No. :</b> 20240314834
<b>Patient ID :</b> 20240309237	
<b>Age / Sex :</b> 39y/Male	<b>Visit No. :</b> OPD20240329427
<b>Consultant :</b> DR SAURABH JAIN	<b>Call. Date :</b> 29/03/2024 09:01
<b>Ward :</b> -	<b>S. Coll. Date :</b> 29/03/2024 13:25
	<b>Report Date :</b> 29/03/2024 16:42

### Lipid Profile

Investigation	Result	Normal Value
Sample :	Fasting	
Sample Type :	Normal	
Cholesterol (Chol) :	151 mg/dl	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	78 mg/dl	Normal : < 200.0 High : 200 - 499 Very High : > or = 500
HDL Cholesterol :	37 mg/dl [ L ]	Low risk : >or = 60 mg/dL High risk : Up to 35 mg/dL
LDL :	98.4 mg/dl [ L ]	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	15.6 mg/dl	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	2.66	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0
Total Chol / HDL Ratio :	4.08	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 :	566 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**



## CONDITIONS OF REPORTING

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6. Results relate only to the sample tested. Result of laboratory tests may vary from laboratory to laboratory and also in some parameters from time to time for the same patient; may be due to physiological variations, different methodology, technology & its limitations etc.
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.
8. In unanticipated circumstances (non-availability of kits, instrument breakdown & natural calamities) tests may not be reported as per schedule. However USL(B).LLP. will ensure that the delay is minimized.
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) FRCPPath (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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 Phone: 0269-2354455 / 2326269 | Mobile: 7228800500 / 8155028222 | Email: info.baroda@unipathllp.in  
 Mobile: 7228800500 / 8155028222 | Email: info.baroda@unipathllp.in  
 Home Visit / OPD Reception : 9998724579



TEST REPORT

Reg. No. : 40301017421      Reg. Date : 29-Mar-2024 12:24      Collected On : 29-Mar-2024 12:24  
 Name : Mr. SOMESH RUDRAKSHA      Approved On : 29-Mar-2024 14:26  
 Age : 39 Years      Gender : Male      Ref. No. :      Dispatch At :  
 Ref. By :      Tele No. :  
 Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD

Test Name	Results	Units	Bio. Ref. Interval
<b>THYROID FUNCTION TEST</b>			
T3 (triiodothyronine) <i>Method:CLIA</i>	1.20	ng/mL	0.6 - 1.81
T4 (Thyroxine) <i>Method:CLIA</i>	9.70	µg/dL	4.5 - 12.6
TSH ( ultra sensitive) <i>Method:CLIA</i>	2.243	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 Eddition. Philadelphia: WB Saunders,2012:2170

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

This is an electronically authenticated report.

Test done from collected sample.

Printed On: 29-Mar-2024 14:26

We are open 24 x 7 & 365 days

Dr. Vishal Jhaveri  
 M.B.B.S, D.C.P

Reg. G-13041  
 LLP Identification Number: AAN-8932  
 Page 1 of 1







**Patient Name :** Somesh . Rudraksha

**Sample No. :** 20240314834



**Patient ID :** 20240309237

**Visit No. :** OPD20240329427

**Age / Sex :** 39y/Male

**Call. Date :** 29/03/2024 09:01

**Consultant :** DR SAURABH JAIN

**S. Coll. Date :** 29/03/2024 13:24

**Ward :** -

**Report Date :** 29/03/2024 16:42

### 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 :	1.025	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
Crystals :	Calcium oxalate Plenty	Absent
Pus Cells :	1-2 /hpf	0-5/hpf
Red Blood Cells :	1-2 /hpf	Absent
Epithelial Cells :	2-4 /hpf	

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



### Examination by Ophthalmologist

Name: SOMESH RUDRAKSHA

Reg. No: 20240309237

Age/ Sex: 39/MALE

DOE: 29/03/2024

Nil

#### Medical History:

Nil

#### Examination of Eye:      Right      LEFT

External Examination: \_\_\_\_\_

Anti seg Examination: curr \_\_\_\_\_

Schiot Tonometry IOP: \_\_\_\_\_

#### Fundus:

Without Glass Distant Vision: 6/6      6/6

Near Vision: N8      N8

With Glass Distant Vision: -      -

Near Vision: N6      N6

Colour Vision (With Ishihara Chart): curr \_\_\_\_\_

#### Impression:

(BE) presbyopia

#### Advice:

(BE) Near add. +1.0 DS

Signature: \_\_\_\_\_





**Examination by Physicia**

Name: SOMESH RUDRAKSHA

Reg. No: 20240309237

Age/ Sex: 39/MALE

DOE: 29/03/2024

**Physical Examination**

Height: 161 cm Weight: 73kg BMI: 28.16  
Temperature: N Pulse: 64 BP: 118/72

SpO2 - 99+

**Chief Complaints:**

gen bodyache

**Past History:**

NAD

**Examination:**

General Examination:

NAD

Systemic Examination:

NAD

**Investigation:**

RBS \_\_\_\_\_

ECG \_\_\_\_\_

Others \_\_\_\_\_

**Advice:** - T. biominic DCA 1-0-1 (10)

Signature \_\_\_\_\_





Government of India

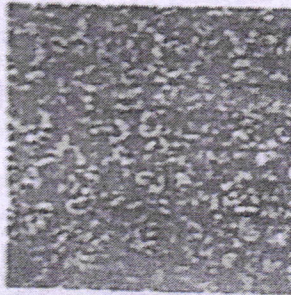
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National Identification Authority of India

ନାମାଙ୍କନ କ୍ରମାଙ୍କ / Enrolment No.: 0648/03098/62803

Download Date: 17/06/2021

To  
ଅକ୍ଷୟ କୁମାର  
Somesh Rudraksha  
C/O: Rudraksh Trinath Rao  
Konkonda  
Konkonda  
Near Bus Stand  
Konkonda  
Konkonda  
Malkangiri Odisha - 764045  
9177368080

Issue Date: 11/06/2021



ଆପଣଙ୍କ ଆଧାର ସଂଖ୍ୟା / Your Aadhaar No. :

4134 4269 0831

VID : 9193 1305 7671 7488

ମୋ ଆଧାର, ମୋ ପରିଚୟ



Download Date: 17/06/2021



ଅକ୍ଷୟ କୁମାର  
Somesh Rudraksha  
୧୧ ବର୍ଷ / DOB: 01/06/1985  
ପୁରୁଷ / MALE

Issue Date: 11/06/2021

4134 4269 0831

VID : 9193 1305 7671 7488

ମୋ ଆଧାର, ମୋ ପରିଚୟ