

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 : Saroliya Amid Kunciyala
identity proof : Adhaar card
identity proof no : 9378
gender : male
height : 179
weight : 84 kg
B P : 120/80
pulse : 72/min Regular
blood sample : YES
fasting mode : YES
non fasting mode : YES
past history : PR. DM - 4 months since - 5 yr

Ant


Dr. C. P. DADHANIYA
M.B.B.S., C.I.H.
Regd. No. G19798
PANCHMUKHI HOSPITAL
MAVADI CHOKADI.
150' RING ROAD, RAJKOT

NAME: Sardoliya Amit
 AGE/GENDER: 32 / male

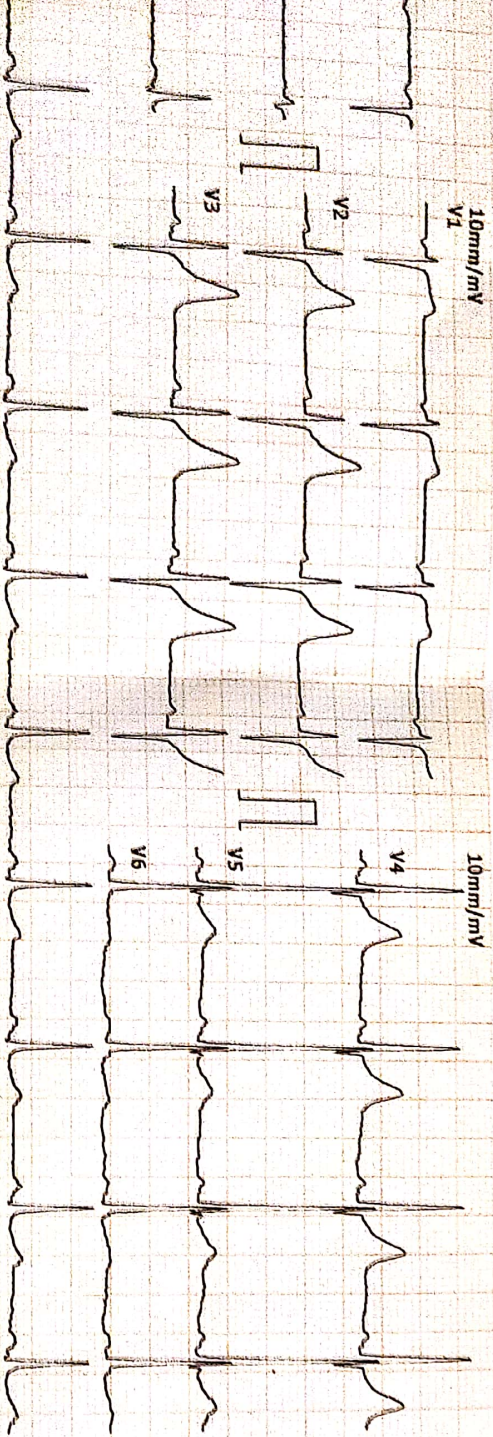
DIAG. DATE: 13/09/23

PATIENT'S REFRACTION DETAILS

		SPHE	CYL	AXIS	VN
R	D	-1.25	N	N	N
	N	N			N
L	D	-1.25	N	N	N
	N	N			N

REMARKS: colour blindness normal
 CHECKED BY: Dr. C. P. Dadhaniya

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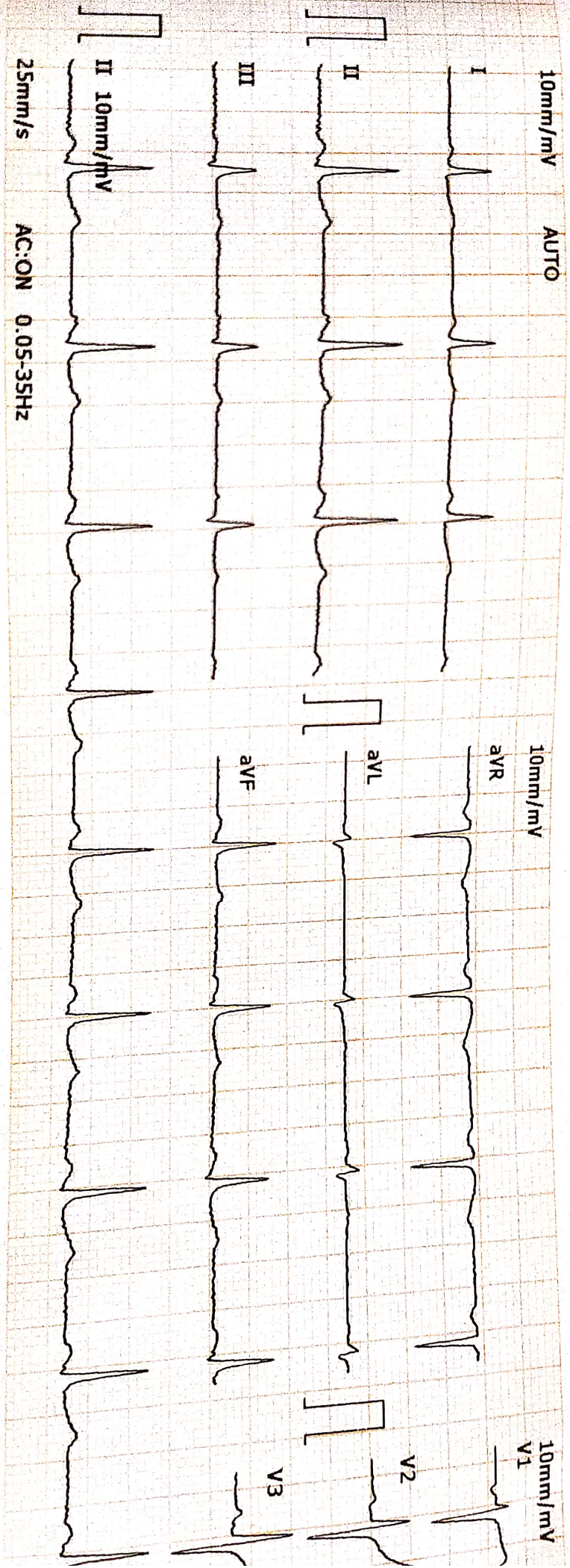
Amr

2023-9-13 12:31:08

ID-00002417

ID Card: Sohaila Amir
 Name: Sohaila Amir
 Age: 28
 Height(cm): 162
 Weight(kg): 58
 Sex: Female
 Referring: 1

HR: 73
 PR: 126
 QRS: ms 83
 QT/QTc: ms 366/403
 P/QRS/T AXES: M.B.S. CLH
 R/S/SV: deg 49/55/57
 RV/SV: ms 22/100
 RV5/SV5: ms 3/10
 RV6/SV6: ms 3/10
 HAWADI CHOKADI
 RING ROAD
 Report Submitted by:



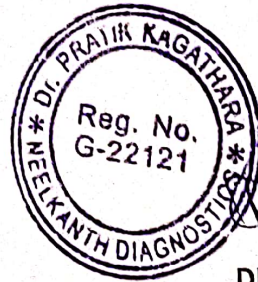
Pt.'s Name: SAROLIYA AMIT K

Date: 13 September, 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

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020

Pat.s' Name: SAROLIYA AMIT K

DATE: 13 September 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:** Well distended. No evidence of calculus, wall thickening, diverticula or mass lesion.
- **PROSTATE:** is normal in size, 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:

- No significant abnormality seen in present study.

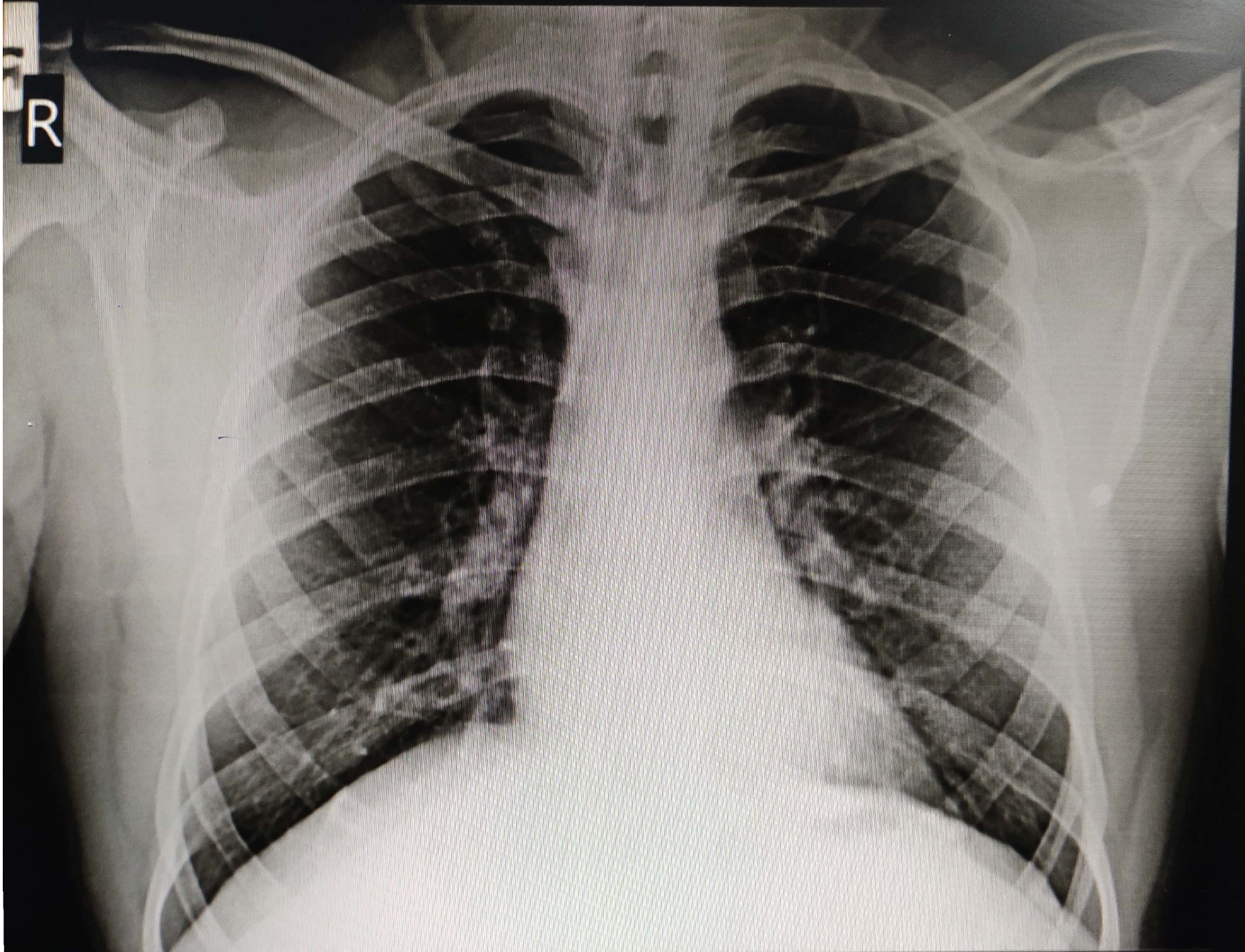
Thanks for reference.



[Signature]
DR PRATIK KAGATHARA
MD

Krishna Arcade, 150 Feet Ring Road, Opp. Om Nagar (BRTS), Rajkot. Mo. 72838 42020

32 SLICE CT SCAN | 3D-4D SONOGRAPHY | COLOUR DOPPLER | X-RAY & PROCEDURE INTERVENTIONS



SAROLIYA AMIT K.32Y/M CHEST PA 13-Sep-23
NEELKANTH DIAGNOSTICS - RAJKOT (DR. PRATIK KAGATHARA)



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ

Unique Identification Authority of India

સરનામું:

કન્યા શાળા કે પીછે, પાળીયાદ,
ભાવનગર, પાળીયાદ, ગુજરાત,
364720

Address:

behind kanya shala, Paliyad,
Bhavnagar, Paliyad, Gujarat,
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1800 300 1947



help@uidai.gov.in

WWW

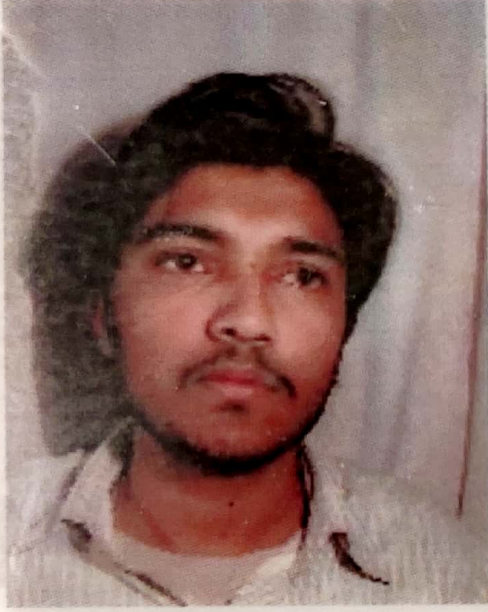
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ભારત સરકાર

Government of India



સરોલીયા અમિત કનૈયાલાલ

Saroliya Amit Kanaiyalal

જન્મ તારીખ / DOB : 03/11/1990

પુરુષ / Male



2698 7902 9378

આધાર – સામાન્ય માણસનો અધિકાર



बैंक ऑफ़ बड़ौदा
Bank of Baroda

ROBHAVC155



नाम

Name

MR.AMIT K SAROLIYA

कर्मचारी कूट क्र.

EC.NO. 172054

जारीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Signature of Holder



Medi wheel saroliya amit k

GPS Map
Camera Lite

Mavdi chokdi, 150ft Ring Road,, Poonam Society, Chandreshnagar, Rajkot,
Gujarat 360004, India

Latitude
22.2651839°

Longitude
70.7846478°

Local 12:24:26 PM
GMT 06:54:26 AM

Altitude 145 meters
Wednesday, 13.09.2023



TEST REPORT

Name : Saroliya Amit	Reg. No : 309100662
Age/Sex : 32 Years / Male	Reg. Date : 13-Sep-2023 02:54 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 13-Sep-2023 02:55 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Sep-2023 05:39 PM

COMPLETE BLOOD COUNT (CBC)
Specimen: EDTA blood

Parameter	Result	Unit	Biological Ref. Interval
RBC Parameters			
Hemoglobin (SLS method)	11.6	g/dL	13.0 - 18.0
Hematocrit (Electrical Impedance)	37.10	%	47 - 52
RBC Count (Electrical Impedance)	6.99	million/cmm	4.7 - 6.0
MCV (Calculated)	53.1	fL	78 - 110
MCH (Calculated)	16.6	Pg	27 - 31
MCHC (Calculated)	31.3	%	30 - 35
RDW (Calculated)	19.5	%	11.5 - 14.0
WBC Parameters			
WBC Count (Flowcytometry)	8180	/cmm	4000 - 10500
DIFFERENTIAL WBC COUNT			
Neutrophils (%)	64 %	% Range 42.0 - 75.2	Abs. Value 5235 /cmm Abs. Range 1800 - 7700
Lymphocytes (%)	29 %	% Range 20 - 45	2372 /cmm 1000 - 3900
Eosinophils (%)	03 %	% Range 1 - 4	245 /cmm 0 - 450
Monocytes (%)	04 %	% Range 2 - 8	327 /cmm 200 - 1000
Basophils (%)	00 %	% Range 0 - 1	0 /cmm 20 - 100
Immature Granulocyte %	0	%	
Platelete Parameter			
Platelet Count	435000	/cmm	150000 - 450000
MPV	8.1	fL	7.4 - 10.4
P-LCR	34.5	%	11.9 - 66.9
PDW	48.5	%	8.3 - 56.6
PCT (Platelet Haematocrit)	0.21	%	0.2 - 0.5

DRJ

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M.D. (Path, PDCC)

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towards the healthiness...



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BLOOD GROUP & RH

Specimen: EDTA and Serum; Method: Haemagglutination

Parameter	Result	Unit	Biological Ref. Interval
ABO	"AB"		
Rh (D)	Negative		

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

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Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 13-Sep-2023 02:55 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Sep-2023 07:02 PM

FASTING PLASMA GLUCOSE
 Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Fasting Blood Sugar (FBS) <i>HEXOKINASE</i>	82.00	mg/dL	<100 :Non-Diabetic 100-125 :Impaired Fasting Glucose (IFG) ≥126 :Diabetic
Urine Glucose -F <i>Glucose Oxidase-Peroxidase</i>	Nil		
Urine Acetone -F	Nil		

Criteria for the diagnosis of diabetes :

- HbA1c ≥ 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 ≥ 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 ≥ 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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Age/Sex : 32 Years / Male	Reg. Date : 13-Sep-2023 02:54 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 13-Sep-2023 06:59 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Sep-2023 07:02 PM

POST PRANDIAL PLASMA GLUCOSE

Specimen: Flouride plasma

Parameter	Result	Unit	Biological Ref. Interval
Post Prandial Blood Sugar (PPBS) <i>HEXOKINASE</i>	132.00	mg/dL	70 - 140
Urine Glucose- PP <i>Glucose Oxidase-Peroxidase</i>	Nil		
Urine Acetone- PP	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.

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LIPID PROFILE

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Cholesterol <i>Cholesterol Oxidase</i>	181.00	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <i>Enzymatic Reaction With Glycerol Kinase</i>	101.00	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
HDL Cholesterol <i>Siemens AHDL</i>	64.00	mg/dL	High Risk : < 40 Low Risk : >= 60
LDL Cholesterol <i>Siemens ALDL</i>	96.80	mg/dL	Optimal : < 100 Near Optimal/above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >=190
VLDL Cholesterol <i>Calculated</i>	20.20	mg/dL	15 - 35
LDL / HDL RATIO <i>Calculated</i>	1.51		0 - 3.5
Cholesterol /HDL Ratio <i>Calculated</i>	2.83		0 - 5.0

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Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Sep-2023 05:39 PM

RENAL FUNCTION TEST

Specimen: Serum

Parameter	Result	Unit	Biological Ref. Interval
Creatinine <i>ALKALINE PICRATE, COLORIMETRIC KINETIC</i>	0.80	mg/dL	0.7 - 1.3
eGFR	101.75	ml/min/1.73 sq m	Normal or High: ≥ 90 Mild decrease: 60-89 Mild moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: < 15
Urea <i>Calculated</i>	29.00	mg/dL	17 - 43
Blood Urea Nitrogen (BUN) <i>UREASE/GLDH</i>	13.54	mg/dL	7.0 - 18.0
Uric Acid <i>Uricase</i>	5.10	mg/dL	3.5 - 7.2
Sodium <i>Direct ion selective electrode</i>	138.2	mmol/L	137 - 145
Potassium <i>Direct ion selective electrode</i>	4.52	mmol/L	3.5 - 5.1
Chloride <i>Direct ion selective electrode</i>	101.2	mmol/L	98 - 107
Calcium <i>Cresolphthalein Complexone</i>	8.9	mg/dL	8.5 - 10.1

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Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Sep-2023 05:39 PM

HEMOGLOBIN A1 C (HBA1C)

Specimen: Blood EDTA

Parameter	Result	Unit	Biological Ref. Interval
HbA1C <i>Siemens Dimension</i>	4.95	%	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 <i>Calculated</i>	95.36	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 A1 c 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.


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THYROID FUNCTION TEST

Parameter	Result	Unit	Biological Ref. Interval
Thyroid Stimulating Hormone (TSH) <small>CLIA</small>	1.240	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

Triiodothyronine (T3) <small>CLIA</small>	0.89	ng/mL	0.6 - 1.81
---	------	-------	------------

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) 6.14 µg/dL 4.5 - 12.6
CLIA

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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STOOL EXAMINATION

Parameter	Result	Unit	Biological Ref. Interval
Colour	Yellow		
Consistency	Semi Solid		
CHEMICAL EXAMINATION			
Occult Blood	Negative		
<i>Peroxidase Reaction with o-Dianisidine</i>			
Reaction	Alkaline		
<i>pH Strip Method</i>			
Reducing Substance	Absent		
MICROSCOPIC EXAMINATION			
Mucus	Absent		
Pus Cells	Absent		
Red Cells	Absent		
Epithelial Cells	Absent		
Vegetable Cells	Absent		
Trophozoites	Absent		
Cysts	Absent		
Ova	Absent		
Neutral Fat	Absent		
Monilia	Absent		
Bacteria	Absent		

Note: Stool occult blood test is highly sensitive to peroxidase like activity of free hemoglobin.

False negative: False negative occult blood test may be observed in case of excess (>250mg/day) Vitamin C intake and in case of occassinal unruptured RBCs.

False positive: False positive occult blood test may be observed in stool samples containing vegetable peroxidase (turnips, horseradish, cauliflower, brocoli, cantaloupe, parsnips) and myoglobin from food (meat diet) intake.



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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	7.0		4.6 - 8.0
Sp. Gravity	1.025		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	5 - 6/hpf
Amorphous Material	Absent
Casts	Absent
Crystals	Absent
Bacteria	Absent

towards the healthiness...

Dr. Viral Jethava
 M.D. (Path, PDCC)

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 M.D. (Path, PDCC)


TEST REPORT

Name : Saroliya Amit	Reg. No : 309100662
Age/Sex : 32 Years / Male	Reg. Date : 13-Sep-2023 02:54 PM
Ref. By : Dr. PANCHMUKHI HOSPITAL / INSURANCE	Collected On : 13-Sep-2023 02:55 PM
Client Name : PANCHMUKHI HOSPITAL	Report Date : 13-Sep-2023 05:39 PM

LIVER FUNCTION TEST

Specimen : Serum

Parameter	Result	Unit	Biological Ref. Interval
Total Protein <i>BIURET</i>	7.20	g/dL	6.4 - 8.2
Albumin <i>Dye Binding - Bromocresol Purple (BCP)</i>	4.10	g/dL	3.40 - 5.00
Globulin <i>Calculated</i>	3.10	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.32		0.8 - 3.1
SGOT (AST) <i>Siemens/37C</i>	26.00	U/L	15 - 37
SGPT (ALT) <i>Siemens/37C</i>	35.00	U/L	16 - 63
Alakaline Phosphatase <i>Siemens/37C</i>	89.00	U/L	46 - 116
Total Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.30	mg/dL	0.2 - 1
Conjugated Bilirubin <i>Diazo-Caffeine/Benzoate Coupling (Jendrassik-Grof) w/blank</i>	0.10	mg/dL	0 - 0.20
Unconjugated Bilirubin <i>Sulph acid dpl/caif-benz</i>	0.20	mg/dL	0.0 - 1.1

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


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