



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. PATEL BHUPENDRA I
EC NO.	170557
DESIGNATION	BRANCH HEAD
PLACE OF WORK	DHAMATVAN
BIRTHDATE	03-01-1984
PROPOSED DATE OF HEALTH CHECKUP	10-02-2024
BOOKING REFERENCE NO.	23M170557100083126E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **09-01-2024** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager
HRM Department
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



प्रति,

समन्वयक,

Mediwheel (Arcofemi Healthcare Limited)

हेल्पलाइन नंबर: 011-41195959

महोदय/ महोदया,

विषय: बैंक ऑफ़ बड़ौदा के कर्मचारियों के लिए वार्षिक स्वास्थ्य जांच।

हम आपको सूचित करना चाहते हैं कि हमारे कर्मचारी जिनका विवरण निम्नानुसार हैं हमारे करार के अनुसार आपके द्वारा उपलब्ध कराई गई कैशलेस वार्षिक स्वास्थ्य जांच सुविधा का लाभ लेना चाहते हैं।

	कर्मचारी विवरण
नाम	MR. PATEL BHUPENDRA I
क.कू.संख्या	170557
पदनाम	BRANCH HEAD
कार्य का स्थान	DHAMATVAN
जन्म की तारीख	03-01-1984
स्वास्थ्य जांच की प्रस्तावित तारीख	10-02-2024
बुकिंग संदर्भ सं.	23M170557100083126E

यह अनुमोदन/ संस्तुति पत्र तभी वैध माना जाएगा जब इसे बैंक ऑफ़ बड़ौदा के कर्मचारी आईडी कार्ड की प्रति के साथ प्रस्तुत किया जाएगा। यह अनुमोदन पत्र दिनांक 09-01-2024 से 31-03-2024 तक मान्य है। इस पत्र के साथ किए जाने वाले चिकित्सा जांच की सूची अनुलग्नक के रूप में दी गई है। कृपया नोट करें कि उक्त स्वास्थ्य जांच हमारी टाई-अप व्यवस्था के अनुसार कैशलेस सुविधा है। हम अनुरोध करते हैं कि आप हमारे कर्मचारी के स्वास्थ्य जांच संबंधी आवश्यकताओं पर उचित कार्रवाई करें तथा इस संबंध में अपनी सर्वोच्च प्राथमिकता तथा सर्वोत्तम संसाधन उपलब्ध कराएं। उपर्युक्त सारणी में दी गई कर्मचारी कूट संख्या एवं बुकिंग संदर्भ संख्या का उल्लेख अनिवार्य रूप से इनवॉइस में किया जाना चाहिए।

हम इस संबंध में आपके सहयोग की अपेक्षा करते हैं।

भवदीय,

हस्ता/-

(मुख्य महाप्रबंधक)

मानव संसाधन प्रबंधन विभाग

बैंक ऑफ़ बड़ौदा

(नोट: यह कंप्यूटर द्वारा जनरेट किया गया पत्र है। हस्ताक्षर की आवश्यकता नहीं है। कृपया किसी भी स्पष्टीकरण के लिए Mediwheel (Arcofemi Healthcare Limited) से संपर्क करें।)

प. सं. संख्या /
I Card No.
10076



(A Government of India Enterprise)

SR. SEC. SHRI. BHAJI. K. NAO. - BANK OF BARODA

नाम / Name : BHUPENDRA. I. PATEL

DOB / जन्म तिथि : 03/01/1984

पिता का नाम /
Father's Name

: ISHWARBHAI KUBERDAS PATEL

पी. आर. प्रमाणिका /
PRANENIKA / P.F. NO

: 0012568

रक्त समूह / BG

:

जारी करने की तिथि / Date Of Issue : 22/12/2017



कार्यालय के हस्ताक्षर
Signature of Staff

कार्यालय अधिकारी के हस्ताक्षर
Signature of Issuing Authority

Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421, Gujarat, India
Phone: 079-29750750, +91-7575006000 / 9000
Emergency No.: +91-7575007707 / 9879752777
www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



Bhupendra bhai

10-2-24

.c/o. Jachins, Patness Barning

BE - 1S Jerts

S/L - BE - Com. ~~MCCOR~~

lens clears

Aer clears.

Dr

olo post eid

1-0-1

Subaree eid/Be

Ultimate

P/A 1S Jerts

Dr

Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421. Gujarat, India
Phone: 079-29750750, +91-7575006000 / 9000
Emergency No.: +91-7575007707 / 9879752777
www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



DR. SEJAL J AMIN
B.D.S, M.D.S (PERIODONTIST)
IMPLANTOLOGIST
REG NO: A-12942

UHID:	OSP33235	Date:	10/2/24	Time:	
Patient Name:	Bhu peendru Patel.	Age / Sex:	20 / M	Height:	
		Weight:			
Chief Complain:	routine dental checkup				
History:					
Allergy History:					
nutritional Screening:	Well-Nourished / Malnourished / Obese				
Examination:					
Extra oral :					
Intra oral - Teeth Present :	Stain ++				
Teeth Absent :	Culdo +				
Diagnosis:					

Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421, Gujarat, India
Phone: 079-29750750, +91-7575006000 / 9000
Emergency No.: +91-7575007707 / 9879752777
www.aashkahospitals.in
CIN: L85110GJ2012PLC072647



DR. PRERAK TRIVEDI
M.D., IDCCM
CRITICAL CARE MEDICINE
REG.NO.G-59493

UHID: 05P33235	Date: 10/2/24	Time: 3:59 PM
Patient Name: Bhupendra Patel	Height: 168	Weight: 94.7
Age / Sex: 40 y / M	LMP:	
History:	History:	
C/C/O:	Allergy History: <input checked="" type="checkbox"/> Addiction: <input type="checkbox"/>	
Nutritional Screening: Well-Nourished / Malnourished / Obese		
Vitals & Examination:		
Temperature: Normal		
Pulse: 78/207		
BP: 132/80		
SPO2: 98% on RA		
Provisional Diagnosis:		

Gajjar, Parth

7. Contrast 226 166 05

0459 LOT D 942 #

10.02.2024 11:37:20 AM
AASHKA HOSPITAL LTD.
SARGASAN
GANDHINAGAR

Location: 1
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

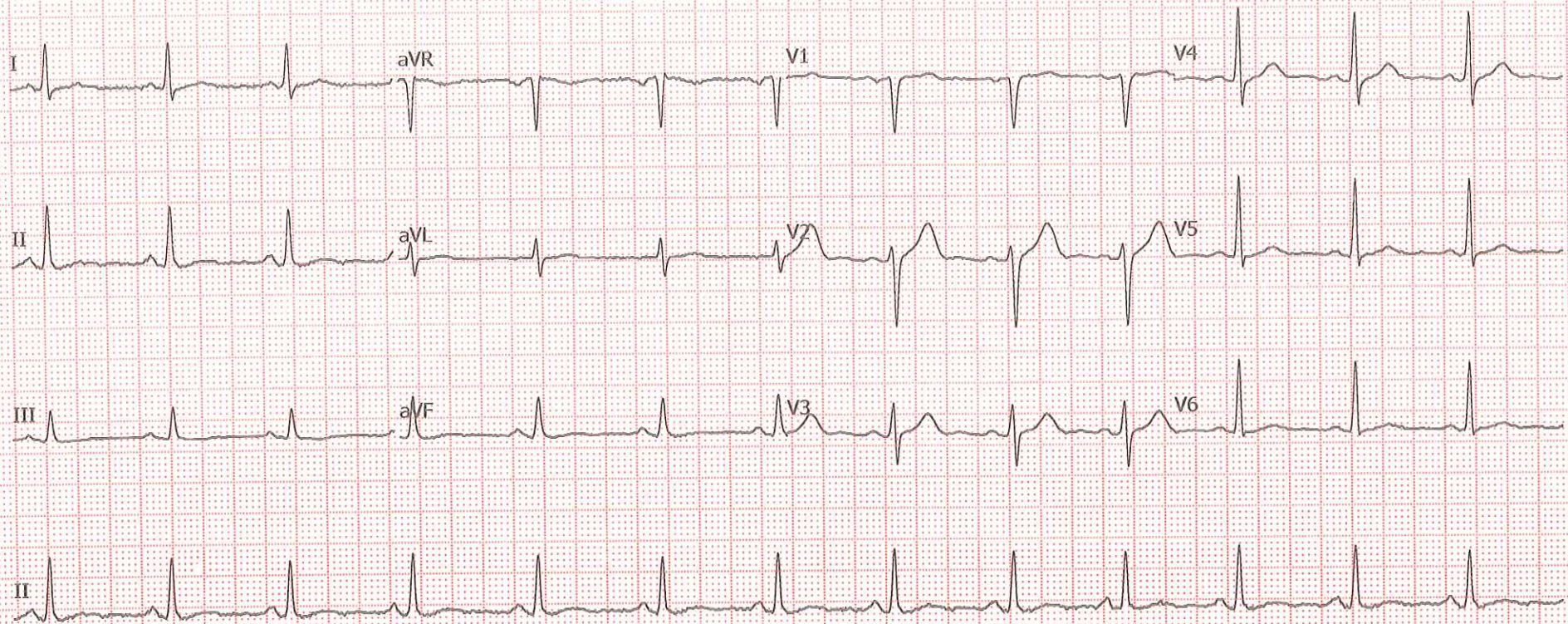
Room:

79 bpm
-- / -- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS : 82 ms
QT / QTcBaz : 372 / 426 ms
PR : 144 ms
P : 112 ms
RR / PP : 762 / 759 ms
P / QRS / T : 63 / 58 / 40 degrees

Normal sinus rhythm
Normal ECG





LABORATORY REPORT



Name : **BHUPENDRA I PATEL**
 Ref.By : HOSPITAL
 Bill. Loc. : Aashka hospital

Sex/Age : Male / 40 Years
 Dis. At :

Case ID : 40202200255
 Pt. ID : 3340079
 Pt. Loc :

Reg Date and Time : 10-Feb-2024 08:46
 Sample Date and Time : 10-Feb-2024 08:46
 Report Date and Time :

Sample Type :
 Sample Coll. By :
 Acc. Remarks : Normal

Mobile No :
 Ref Id1 : OSP33235
 Ref Id2 : O23249964

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Blood Glucose Fasting & Postprandial			
Plasma Glucose - F	103.49	mg/dL	70 - 100
Haemogram (CBC)			
Eosinophil	8.0	%	1.00 - 6.00
Eosinophil	570	/ μ L	20.00 - 500.00
Lipid Profile			
Cholesterol	203.99	mg/dL	110 - 200
HDL Cholesterol	36.1	mg/dL	48 - 77
Chol/HDL	5.65	0 - 4.1	
LDL Cholesterol	145.13	mg/dL	0.00 - 100.00

Abnormal Result(s) Summary End

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Printed On : 10-Feb-2024 13:45





LABORATORY REPORT



Name : **BHUPENDRA PATEL**

Sex/Age : Male / 40 Years

Case ID : 40202200255

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 3340079

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 10-Feb-2024 08:46

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 10-Feb-2024 08:46

Sample Coll. By :

Ref Id1 : OSP33235

Report Date and Time : 10-Feb-2024 09:59

Acc. Remarks : Normal

Ref Id2 : O23249964

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
------	---------	------	--------------------------	---------

HAEMOGRAM REPORT

HB AND INDICES

Haemoglobin	14.3	G%	13.00 - 17.00	
RBC (Electrical Impedance)	4.61	millions/cumm	4.50 - 5.50	
PCV(Calc)	43.61	%	40.00 - 50.00	
MCV (RBC histogram)	94.6	fL	83.00 - 101.00	
MCH (Calc)	31.0	pg	27.00 - 32.00	
MCHC (Calc)	32.7	gm/dL	31.50 - 34.50	
RDW (RBC histogram)	15.30	%	11.00 - 16.00	
TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)				
Total WBC Count	7120	/ μ L	4000.00 - 10000.00	
Neutrophil	[%] 53.0	%	40.00 - 70.00	[Abs] 3774 / μ L 2000.00 - 7000.00
Lymphocyte	33.0	%	20.00 - 40.00	2350 / μ L 1000.00 - 3000.00
Eosinophil	H 8.0	%	1.00 - 6.00	H 570 / μ L 20.00 - 500.00
Monocytes	6.0	%	2.00 - 10.00	427 / μ L 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0 / μ L 0.00 - 100.00

PLATELET COUNT (Optical)

Platelet Count	359000	/ μ L	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.61		0.78 - 3.53

SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Eosinophilia
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)

Page 2 of 13

Printed On : 10-Feb-2024 13:45





LABORATORY REPORT



Name : BHUPENDRA I PATEL

Sex/Age : Male / 40 Years

Case ID : 40202200255

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 3340079

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 10-Feb-2024 08:46

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 10-Feb-2024 08:46

Sample Coll. By :

Ref Id1 : OSP33235

Report Date and Time : 10-Feb-2024 10:39

Acc. Remarks : Normal

Ref Id2 : O23249964

TEST

RESULTS

UNIT

REMARKS

ESR
Westergren Method

06

mm after 1hr 3 - 15

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

Page 3 of 13

Printed On : 10-Feb-2024 13:45





1. The first part of the document discusses the importance of maintaining accurate records of all transactions. This is essential for ensuring the integrity of the financial statements and for providing a clear audit trail.

2. The second part of the document outlines the various methods used to collect and analyze data. These methods include direct observation, interviews, and the use of statistical models. Each method has its own strengths and limitations, and it is important to choose the most appropriate one for the specific research question.

3. The third part of the document describes the results of the study. The data shows a clear trend of increasing sales over the period studied, which is consistent with the hypothesis that was tested.

4. The final part of the document provides a conclusion and discusses the implications of the findings. The results suggest that the current business strategy is effective, but there are still areas where improvements can be made.



LABORATORY REPORT



Name : BHUPENDRA I PATEL
Ref.By : HOSPITAL
Bill. Loc. : Aashka hospital

Sex/Age : Male / 40 Years
Dis. At :

Case ID : 40202200255
Pt. ID : 3340079
Pt. Loc :

Reg Date and Time : 10-Feb-2024 08:46 Sample Type : Whole Blood EDTA
Sample Date and Time : 10-Feb-2024 08:46 Sample Coll. By :
Report Date and Time : 10-Feb-2024 09:17 Acc. Remarks : Normal

Mobile No :
Ref Id1 : OSP33235
Ref Id2 : O23249964

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

HAEMATOLOGY INVESTIGATIONS

BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)
(Both Forward and Reverse Group)

ABO Type O
Rh Type POSITIVE

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah
M.D. (Pathologist)

Page 4 of 13

Printed On : 10-Feb-2024 13:45





LABORATORY REPORT



Name : BHUPENDRA I PATEL

Sex/Age : Male / 40 Years

Case ID : 40202200255

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 3340079

Bill. Loc. : Ashka hospital

Pt. Loc :

Reg Date and Time : 10-Feb-2024 08:46 Sample Type : Spot Urine

Mobile No :

Sample Date and Time : 10-Feb-2024 08:46 Sample Coll. By :

Ref Id1 : OSP33235

Report Date and Time : 10-Feb-2024 09:45 Acc. Remarks : Normal

Ref Id2 : O23249964

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)

Physical examination

Colour : Pale yellow

Transparency : Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity : 1.015

pH : 7.00

Leucocytes (ESTERASE) : Negative

Protein : Negative

Glucose : Negative

Ketone Bodies Urine : Negative

Urobilinogen : Negative

Bilirubin : Negative

Blood : Negative

Nitrite : Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte : Nil /HPF

Red Blood Cell : Nil /HPF

Epithelial Cell : Present + /HPF

Bacteria : Nil /µL

Yeast : Nil /µL

Cast : Nil /LPF

Crystals : Nil /HPF

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Shreya Shah

Dr. Shreya Shah

M.D. (Pathologist)

Page 5 of 13

Printed On : 10-Feb-2024 13:45





LABORATORY REPORT



Name : **BHUPENDRA PATEL**

Sex/Age : Male / 40 Years

Case ID : 40202200255

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 3340079

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 10-Feb-2024 08:46

Sample Type : Spot Urine

Mobile No :

Sample Date and Time : 10-Feb-2024 08:46

Sample Coll. By :

Ref Id1 : OSP33235

Report Date and Time : 10-Feb-2024 09:45

Acc. Remarks : Normal

Ref Id2 : O23249964

Parameter	Unit	Expected value	Result/Notations			
			Trace	+	++	+++
pH	-	4.6-8.0				++++
SG	-	1.003-1.035				
Protein	mg/dL	Negative (<10)	10	25	75	150
Glucose	mg/dL	Negative (<30)	30	50	100	300
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6
Ketone	mg/dL	Negative (<5)	5	15	50	150
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12

Parameter	Unit	Expected value	Result/Notations			
			Trace	+	++	+++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500
Nitrite(Strip)	-	Negative	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150
Pus cells (Microscopic)	/hpf	<5	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)

Page 6 of 13

Printed On : 10-Feb-2024 13:45





LABORATORY REPORT

Name : BHUPENDRA I PATEL

Sex/Age : Male / 40 Years Case ID : 40202200255

Ref.By : HOSPITAL

Dis. At : Pt. ID : 3340079

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 10-Feb-2024 08:46

Sample Type : Plasma Fluoride F, Plasma Fluoride PP

Mobile No :

Sample Date and Time : 10-Feb-2024 08:46

Sample Coll. By :

Ref Id1 : OSP33235

Report Date and Time : 10-Feb-2024 12:52

Acc. Remarks : Normal

Ref Id2 : O23249964

TEST

RESULTS UNIT BIOLOGICAL REF RANGE

REMARKS

BIOCHEMICAL INVESTIGATIONS

Blood Glucose Level (Fasting & Post Prandial)

Plasma Glucose - F <i>Photoimetric, Hexokinase</i>	H	103.49	mg/dL	70 - 100
Plasma Glucose - PP		115.49	mg/dL	70.0 - 140.0

Reference range has been changed as per recent guidelines of ISPAD 2018.

<100 mg/dL : Normal level

100-<126 mg/dL: Impaired fasting glucoseeer guidelines

>=126 mg/dL: Probability of Diabetes, Confirm as per guidelines

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah
M.D. (Pathologist)

Page 7 of 13

Printed On : 10-Feb-2024 13:45





LABORATORY REPORT



Name : BHUPENDRA I PATEL

Sex/Age : Male / 40 Years

Case ID : 40202200255

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 3340079

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 10-Feb-2024 08:46

Sample Type : Serum

Mobile No :

Sample Date and Time : 10-Feb-2024 08:46

Sample Coll. By :

Ref Id1 : OSP33235

Report Date and Time : 10-Feb-2024 11:14

Acc. Remarks : Normal

Ref Id2 : O23249964

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

BIOCHEMICAL INVESTIGATIONS

Lipid Profile

Cholesterol <i>Colorimetric, CHOD-POD</i>	H	203.99	mg/dL	110 - 200
HDL Cholesterol	L	36.1	mg/dL	48 - 77
Triglyceride <i>Glycerol Phosphate Oxidase</i>		113.79	mg/dL	<150
VLDL <i>Calculated</i>		22.76	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	5.65		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	145.43	mg/dL	0.00 - 100.00

NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240		High 200-499
High 160-189			

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpretation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)

Page 8 of 13

Printed On : 10-Feb-2024 13:45





LABORATORY REPORT



Name : BHUPENDRA I PATEL

Sex/Age : Male / 40 Years

Case ID : 40202200255

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 3340079

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 10-Feb-2024 08:46

Sample Type : Serum

Mobile No :

Sample Date and Time : 10-Feb-2024 08:46

Sample Coll. By :

Ref Id1 : OSP33235

Report Date and Time : 10-Feb-2024 12:54

Acc. Remarks : Normal

Ref Id2 : O23249964

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

BIOCHEMICAL INVESTIGATIONS

Liver Function Test

S.G.P.T. <i>UV with P5p</i>	49.05	U/L	16 - 63
S.G.O.T. <i>UV with P5p</i>	27.35	U/L	15 - 37
Alkaline Phosphatase <i>Enzymatic, PNPP-AMP</i>	112.3	U/L	46 - 116
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	19.19	U/L	0 - 55
Proteins (Total) <i>Colorimetric, Biuret</i>	7.54	gm/dL	6.40 - 8.30
Albumin <i>Bromocresol purple</i>	4.25	gm/dL	3.4 - 5
Globulin <i>Calculated</i>	3.29	gm/dL	2 - 4.1
A/G Ratio <i>Calculated</i>	1.3		1.0 - 2.1
Bilirubin Total <i>Photometry</i>	0.47	mg/dL	0.3 - 1.2
Bilirubin Conjugated <i>Diazoization reaction</i>	0.30	mg/dL	0 - 0.50
Bilirubin Unconjugated <i>Calculated</i>	0.17	mg/dL	0 - 0.8

Note: (LL-Very Low, L-Low, H-High, HH-Very High ,A-Abnormal)

Dr. Shreya Shah

M.D. (Pathologist)

Page 9 of 13

Printed On : 10-Feb-2024 13:45





LABORATORY REPORT



Name : BHUPENDRA I PATEL

Sex/Age : Male / 40 Years

Case ID : 40202200255

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 3340079

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 10-Feb-2024 08:46

Sample Type : Serum

Mobile No :

Sample Date and Time : 10-Feb-2024 08:46

Sample Coll. By :

Ref Id1 : OSP33235

Report Date and Time : 10-Feb-2024 11:18

Acc. Remarks : Normal

Ref Id2 : O23249964

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
BUN (Blood Urea Nitrogen) <i>GLDH</i>	11.5	mg/dL	8.90 - 20.60	
Creatinine	1.02	mg/dL	0.50 - 1.50	
Uric Acid <i>Uricase</i>	6.60	mg/dL	3.5 - 7.2	

Note: (LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal)

Dr. Shreya Shah
M.D. (Pathologist)

Page 10 of 13

Printed On : 10-Feb-2024 13:45



1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100



LABORATORY REPORT



Name : BHUPENDRA I PATEL

Sex/Age : Male / 40 Years

Case ID : 40202200255

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 3340079

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 10-Feb-2024 08:46

Sample Type : Whole Blood EDTA

Mobile No :

Sample Date and Time : 10-Feb-2024 08:46

Sample Coll. By :

Ref Id1 : OSP33235

Report Date and Time : 10-Feb-2024 09:34

Acc. Remarks : Normal

Ref Id2 : O23249964

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

Glycated Haemoglobin Estimation

HbA1C	5.53	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	112.01	mg/dL	Not available	

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control. Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia. Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients. Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no Hba. In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine. The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Shreya Shah
M.D. (Pathologist)

Page 11 of 13

Printed On : 10-Feb-2024 13:45





LABORATORY REPORT



Name : BHUPENDRA I PATEL

Sex/Age : Male / 40 Years

Case ID : 40202200255

Ref.By : HOSPITAL

Dis. At :

Pt. ID : 3340079

Bill. Loc. : Aashka hospital

Pt. Loc :

Reg Date and Time : 10-Feb-2024 08:46

Sample Type : Serum

Mobile No :

Sample Date and Time : 10-Feb-2024 08:46

Sample Coll. By :

Ref Id1 : OSP33235

Report Date and Time : 10-Feb-2024 10:30

Acc. Remarks : Normal

Ref Id2 : O23249964

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

Thyroid Function Test

Triiodothyronine (T3)	94.38	ng/dL	70 - 204	
Thyroxine (T4) CMIA	6.13	ng/dL	4.87 - 11.72	
TSH CMIA	2.81	µIU/mL	0.4 - 4.2	

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy

First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

Note:(LL-VeryLow, L-Low, H-High, HH-VeryHigh ,A-Abnormal)



Dr. Shreya Shah
M.D. (Pathologist)

Page 12 of 13

Printed On : 10-Feb-2024 13:45





1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 11
 12
 13
 14
 15
 16
 17
 18
 19
 20
 21
 22
 23
 24
 25
 26
 27
 28
 29
 30
 31
 32
 33
 34
 35
 36
 37
 38
 39
 40
 41
 42
 43
 44
 45
 46
 47
 48
 49
 50
 51
 52
 53
 54
 55
 56
 57
 58
 59
 60
 61
 62
 63
 64
 65
 66
 67
 68
 69
 70
 71
 72
 73
 74
 75
 76
 77
 78
 79
 80
 81
 82
 83
 84
 85
 86
 87
 88
 89
 90
 91
 92
 93
 94
 95
 96
 97
 98
 99
 100
 101
 102
 103
 104
 105
 106
 107
 108
 109
 110
 111
 112
 113
 114
 115
 116
 117
 118
 119
 120
 121
 122
 123
 124
 125
 126
 127
 128
 129
 130
 131
 132
 133
 134
 135
 136
 137
 138
 139
 140
 141
 142
 143
 144
 145
 146
 147
 148
 149
 150
 151
 152
 153
 154
 155
 156
 157
 158
 159
 160
 161
 162
 163
 164
 165
 166
 167
 168
 169
 170
 171
 172
 173
 174
 175
 176
 177
 178
 179
 180
 181
 182
 183
 184
 185
 186
 187
 188
 189
 190
 191
 192
 193
 194
 195
 196
 197
 198
 199
 200
 201
 202
 203
 204
 205
 206
 207
 208
 209
 210
 211
 212
 213
 214
 215
 216
 217
 218
 219
 220
 221
 222
 223
 224
 225
 226
 227
 228
 229
 230
 231
 232
 233
 234
 235
 236
 237
 238
 239
 240
 241
 242
 243
 244
 245
 246
 247
 248
 249
 250
 251
 252
 253
 254
 255
 256
 257
 258
 259
 260
 261
 262
 263
 264
 265
 266
 267
 268
 269
 270
 271
 272
 273
 274
 275
 276
 277
 278
 279
 280
 281
 282
 283
 284
 285
 286
 287
 288
 289
 290
 291
 292
 293
 294
 295
 296
 297
 298
 299
 300
 301
 302
 303
 304
 305
 306
 307
 308
 309
 310
 311
 312
 313
 314
 315
 316
 317
 318
 319
 320
 321
 322
 323
 324
 325
 326
 327
 328
 329
 330
 331
 332
 333
 334
 335
 336
 337
 338
 339
 340
 341
 342
 343
 344
 345
 346
 347
 348
 349
 350
 351
 352
 353
 354
 355
 356
 357
 358
 359
 360
 361
 362
 363
 364
 365
 366
 367
 368
 369
 370
 371
 372
 373
 374
 375
 376
 377
 378
 379
 380
 381
 382
 383
 384
 385
 386
 387
 388
 389
 390
 391
 392
 393
 394
 395
 396
 397
 398
 399
 400
 401
 402
 403
 404
 405
 406
 407
 408
 409
 410
 411
 412
 413
 414
 415
 416
 417
 418
 419
 420
 421
 422
 423
 424
 425
 426
 427
 428
 429
 430
 431
 432
 433
 434
 435
 436
 437
 438
 439
 440
 441
 442
 443
 444
 445
 446
 447
 448
 449
 450
 451
 452
 453
 454
 455
 456
 457
 458
 459
 460
 461
 462
 463
 464
 465
 466
 467
 468
 469
 470
 471
 472
 473
 474
 475
 476
 477
 478
 479
 480
 481
 482
 483
 484
 485
 486
 487
 488
 489
 490
 491
 492
 493
 494
 495
 496
 497
 498
 499
 500
 501
 502
 503
 504
 505
 506
 507
 508
 509
 510
 511
 512
 513
 514
 515
 516
 517
 518
 519
 520
 521
 522
 523
 524
 525
 526
 527
 528
 529
 530
 531
 532
 533
 534
 535
 536
 537
 538
 539
 540
 541
 542
 543
 544
 545
 546
 547
 548
 549
 550
 551
 552
 553
 554
 555
 556
 557
 558
 559
 560
 561
 562
 563
 564
 565
 566
 567
 568
 569
 570
 571
 572
 573
 574
 575
 576
 577
 578
 579
 580
 581
 582
 583
 584
 585
 586
 587
 588
 589
 590
 591
 592
 593
 594
 595
 596
 597
 598
 599
 600
 601
 602
 603
 604
 605
 606
 607
 608
 609
 610
 611
 612
 613
 614
 615
 616
 617
 618
 619
 620
 621
 622
 623
 624
 625
 626
 627
 628
 629
 630
 631
 632
 633
 634
 635
 636
 637
 638
 639
 640
 641
 642
 643
 644
 645
 646
 647
 648
 649
 650
 651
 652
 653
 654
 655
 656
 657
 658
 659
 660
 661
 662
 663
 664
 665
 666
 667
 668
 669
 670
 671
 672
 673
 674
 675
 676
 677
 678
 679
 680
 681
 682
 683
 684
 685
 686
 687
 688
 689
 690
 691
 692
 693
 694
 695
 696
 697
 698
 699
 700
 701
 702
 703
 704
 705
 706
 707
 708
 709
 710
 711
 712
 713
 714
 715
 716
 717
 718
 719
 720
 721
 722
 723
 724
 725
 726
 727
 728
 729
 730
 731
 732
 733
 734
 735
 736
 737
 738
 739
 740
 741
 742
 743
 744
 745
 746
 747
 748
 749
 750
 751
 752
 753
 754
 755
 756
 757
 758
 759
 760
 761
 762
 763
 764
 765
 766
 767
 768
 769
 770
 771
 772
 773
 774
 775
 776
 777
 778
 779
 780
 781
 782
 783
 784
 785
 786
 787
 788
 789
 790
 791
 792
 793
 794
 795
 796
 797
 798
 799
 800
 801
 802
 803
 804
 805
 806
 807
 808
 809
 810
 811
 812
 813
 814
 815
 816
 817
 818
 819
 820
 821
 822
 823
 824
 825
 826
 827
 828
 829
 830
 831
 832
 833
 834
 835
 836
 837
 838
 839
 840
 841
 842
 843
 844
 845
 846
 847
 848
 849
 850
 851
 852
 853
 854
 855
 856
 857
 858
 859
 860
 861
 862
 863
 864
 865
 866
 867
 868
 869
 870
 871
 872
 873
 874
 875
 876
 877
 878
 879
 880
 881
 882
 883
 884
 885
 886
 887
 888
 889
 890
 891
 892
 893
 894
 895
 896
 897
 898
 899
 900
 901
 902
 903
 904
 905
 906
 907
 908
 909
 910
 911
 912
 913
 914
 915
 916
 917
 918
 919
 920
 921
 922
 923
 924
 925
 926
 927
 928
 929
 930
 931
 932
 933
 934
 935
 936
 937
 938
 939
 940
 941
 942
 943
 944
 945
 946
 947
 948
 949
 950
 951
 952
 953
 954
 955
 956
 957
 958
 959
 960
 961
 962
 963
 964
 965
 966
 967
 968
 969
 970
 971
 972
 973
 974
 975
 976
 977
 978
 979
 980
 981
 982
 983
 984
 985
 986
 987
 988
 989
 990
 991
 992
 993
 994
 995
 996
 997
 998
 999
 1000
 1001
 1002
 1003
 1004
 1005
 1006
 1007
 1008
 1009
 1010
 1011
 1012
 1013
 1014
 1015
 1016
 1017
 1018
 1019
 1020
 1021
 1022
 1023
 1024
 1025
 1026
 1027
 1028
 1029
 1030
 1031
 1032
 1033
 1034
 1035
 1036
 1037
 1038
 1039
 1040
 1041
 1042
 1043
 1044
 1045
 1046
 1047
 1048
 1049
 1050
 1051
 1052
 1053
 1054
 1055
 1056
 1057
 1058
 1059
 1060
 1061
 1062
 1063
 1064
 1065
 1066
 1067
 1068
 1069
 1070
 1071
 1072
 1073
 1074
 1075
 1076
 1077
 1078
 1079
 1080
 1081
 1082
 1083
 1084
 1085
 1086
 1087
 1088
 1089
 1090
 1091
 1092
 1093
 1094
 1095
 1096
 1097
 1098
 1099
 1100
 1101
 1102
 1103
 1104
 1105
 1106
 1107
 1108
 1109
 1110
 1111
 1112
 1113
 1114
 1115
 1116
 1117
 1118
 1119
 1120
 1121
 1122
 1123
 1124
 1125
 1126
 1127
 1128
 1129
 1130
 1131
 1132
 1133
 1134
 1135
 1136
 1137
 1138
 1139
 1140
 1141
 1142
 1143
 1144
 1145
 1146
 1147
 1148
 1149
 1150
 1151
 1152
 1153
 1154
 1155
 1156
 1157
 1158
 1159
 1160
 1161
 1162
 1163
 1164
 1165
 1166
 1167
 1168
 1169
 1170
 1171
 1172
 1173
 1174
 1175
 1176
 1177
 1178
 1179
 1180
 1181
 1182
 1183
 1184
 1185
 1186
 1187
 1188
 1189
 1190
 1191
 1192
 1193
 1194
 1195
 1196
 1197
 1198
 1199
 1200
 1201
 1202
 1203
 1204
 1205
 1206
 1207
 1208
 1209
 1210
 1211
 1212
 1213
 1214
 1215
 1216
 1217
 1218
 1219
 1220
 1221
 1222
 1223
 1224
 1225
 1226
 1227
 1228
 1229
 1230
 1231
 1232
 1233
 1234
 1235
 1236
 1237
 1238
 1239
 1240
 1241
 1242
 1243
 1244
 1245
 1246
 1247
 1248
 1249
 1250
 1251
 1252
 1253
 1254
 1255
 1256
 1257
 1258
 1259
 1260
 1261
 1262
 1263
 1264
 1265
 1266
 1267
 1268
 1269
 1270
 1271
 1272
 1273
 1274
 1275
 1276
 1277
 1278
 1279
 1280
 1281
 1282
 1283
 1284
 1285
 1286
 1287
 1288
 1289
 1290
 1291
 1292
 1293
 1294
 1295
 1296
 1297
 1298
 1299
 1300
 1301
 1302
 1303
 1304
 1305
 1306
 1307
 1308
 1309
 1310
 1311
 1312
 1313
 1314
 1315
 1316
 1317
 1318
 1319
 1320
 1321
 1322
 1323
 1324
 1325
 1326
 1327
 1328
 1329
 1330
 1331
 1332
 1333
 1334
 1335
 1336
 1337
 1338
 1339
 1340
 1341
 1342
 1343
 1344
 1345
 1346
 1347
 1348
 1349
 1350
 1351
 1352
 1353
 1354
 1355
 1356
 1357
 1358
 1359
 1360
 1361
 1362
 1363
 1364
 1365
 1366
 1367
 1368
 1369
 1370
 1371
 1372
 1373
 1374
 1375
 1376
 1377
 1378
 1379
 1380
 1381
 1382
 1383
 1384
 1385
 1386
 1387
 1388
 1389
 1390
 1391
 1392
 1393
 1394
 1395
 1396
 1397
 1398
 1399
 1400
 1401
 1402
 1403
 1404
 1405
 1406
 1407
 1408
 1409
 1410
 1411
 1412
 1413
 1414
 1415
 1416
 1417
 1418
 1419
 1420
 1421
 1422
 1423
 1424
 1425
 1426
 1427
 1428
 1429
 1430
 1431
 1432
 1433
 1434
 1435
 1436
 1437
 1438
 1439
 1440
 1441
 1442
 1443
 1444
 1445
 1446
 1447
 1448
 1449
 1450
 1451
 1452
 1453
 1454
 1455
 1456
 1457
 1458
 1459
 1460
 1461
 1462
 1463
 1464
 1465
 1466
 1467
 1468
 1469
 1470
 1471
 1472
 1473
 1474
 1475
 1476
 1477
 1478
 1479
 1480
 1481
 1482
 1483
 1484
 1485
 1486



LABORATORY REPORT



Name : **BHUPENDRA I PATEL**

Sex/Age : **Male / 40 Years**

Case ID : **40202200255**

Ref.By : **HOSPITAL**

Dis. At :

Pt. ID : **3340079**

Bill. Loc. : **Aashka hospital**

Pt. Loc :

Reg Date and Time : **10-Feb-2024 08:46**

Sample Type : **Serum**

Mobile No :

Sample Date and Time : **10-Feb-2024 08:46**

Sample Coll. By :

Ref Id1 : **OSP33235**

Report Date and Time : **10-Feb-2024 10:30**

Acc. Remarks : **Normal**

Ref Id2 : **O23249964**

Interpretation Note:
Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (on alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests, T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & if TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hypothyroid patients, hypothyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy:

TSH ref range in Pregnancy

First trimester

Second trimester

Third trimester

Reference range (microIU/ml)

0.24 - 2.00

0.43-2.2

0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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

For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)



Dr. Shreya Shah


M.D. (Pathologist)

Printed On : 10-Feb-2024 13:45



Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421, Gujarat, India
Phone: 079-29750750, +91-7575006000 / 9000
Emergency No.: +91-7575007707 / 9879752777
www.aashkahospitals.in
CIN: L85110GJ2012PLC072647


aashka
H O S P I T A L



PATIENT NAME: BHUPENDRA I PATEL

GENDER/AGE: Male / 40 Years

DOCTOR:

OPDNO: OSP33235

DATE: 10/02/24

X-RAY CHEST PA

Both lung fields show increased broncho-vascular markings.
No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.
Both hilar shadows and C.P. angles are normal.
Heart shadow appears normal in size. Aorta appears normal.
Bony thorax and both domes of diaphragm appear normal.
No evidence of cervical rib is seen on either side.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads
Sargasan, Gandhinagar - 382421, Gujarat, India
Phone: 079-29750750, +91-7575006000 / 9000
Emergency No.: +91-7575007707 / 9879752777
www.aashkahospitals.in
CIN: L85110GJ2012PLC072647

aashka
H O S P I T A L



PATIENT NAME: BHUPENDRA IPATEL

GENDER/AGE: Male / 40 Years

DOCTOR:

OPDNO: OSP33235

DATE: 10/02/24

SONOGRAPHY OF ABDOMEN AND PELVIS

LIVER: Liver appears normal in size and shows increased parenchymal echoes. No evidence of focal lesion is seen. No evidence of dilated IHBR is seen. Intrahepatic portal radicles appear normal. No evidence of solid or cystic mass lesion is seen.

GALL BLADDER: Gall bladder is physiologically distended and appears normal. No evidence of calculus or changes of cholecystitis are seen. No evidence of pericholecystic fluid collection is seen. CBD appears normal.

PANCREAS: Pancreas appears normal in size and shows normal parenchymal echoes. No evidence of pancreatitis or pancreatic mass lesion is seen.

SPLEEN: Spleen appears normal in size and shows normal parenchymal echoes. No evidence of focal or diffuse lesion is seen.

KIDNEYS: Both kidneys are normal in size, shape and position. Both renal contours are smooth. Cortical and central echoes appear normal. Bilateral cortical thickness appears normal. No evidence of renal hydronephrosis or mass lesion is seen on either side. No evidence of perinephric fluid collection is seen. **5 mm calculus is seen in left middle calyx. Right renal concretions are seen.**

Right kidney measures about 10.0 x 4.5 cms in size.

Left kidney measures about 10.3 x 4.4 cms in size.

No evidence of suprarenal mass lesion is seen on either side.

Aorta, IVC and para aortic region appears normal.

No evidence of ascites is seen.

BLADDER: Bladder is normally distended and appears normal. No evidence of bladder calculus, diverticulum or mass lesion is seen. Prevoid bladder volume measures about 90 cc.

PROSTATE: Prostate appears normal in size and shows normal parenchymal echoes. No evidence of pathological calcification or solid or cystic mass lesion is seen. Prostate volume measures about 14 cc.

COMMENT: 5 mm calculus seen in left middle calyx. Right renal concretions seen. Grade I fatty changes in liver.

Normal sonographic appearance of GB; Pancreas, spleen, bladder and prostate.


DR. SNEHAL PRAJAPATI
CONSULTANT RADIOLOGIST

PATIENT NAME: BHUPENDRA I PATEL

GENDER/AGE: Male / 40 Years

DOCTOR: DR. HASIT JOSHI

OPDNO: OSP33235

DATE: 10/02/24

2D-ECHO

MITRAL VALVE	: NORMAL
AORTIC VALVE	: NORMAL
TRICUSPID VALVE	: NORMAL
PULMONARY VALVE	: NORMAL
AORTA	: 34mm
LEFT ATRIUM	: 38mm
LV Dd / Ds	: 36/21mm
IVS / LVPW / D	: 11/10.6mm
IVS	: INTACT
IAS	: INTACT
RA	: NORMAL
RV	: NORMAL
PA	: NORMAL
PERICARDIUM	: NORMAL
VEL	: PEAK MEAN
M/S	: Gradient mm Hg Gradient mm Hg
MITRAL	: 0.9/0.9m/s
AORTIC	: 1.5m/s
PULMONARY	: 0.99m/s
COLOUR DOPPLER	: NO MR/AR/TR
RVSP	:
CONCLUSION	: BORDERLINE LVH; NORMAL LV FUNCTION; REDUCED LV COMPLIANCE.

CARDIOLOGIST

DR. HASIT JOSHI (9825012235)

