



MR No. : S148558	Collection Date : 13/01/2024 10:47AM
Patient Name : Mr. Amol Dilipbhai Pagare	Age : 26 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 13/01/2024 1:19 PM

BIOCHEMISTRY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
POST PRANDIAL BLOOD GLUCOSE [PPBS]			
POST PRANDIAL BLOOD GLUCOSE (Hexokinase)	112	mg/dl	100 - 140
POST PRANDIAL URINE GLUCOSE	SNR		
POST PRANDIAL URINE KETONE	SNR		

***** End Report *****

CSL

Dr. Shobha Choksi
MD, DCP (Pathology)

Reg. No.: G-9074

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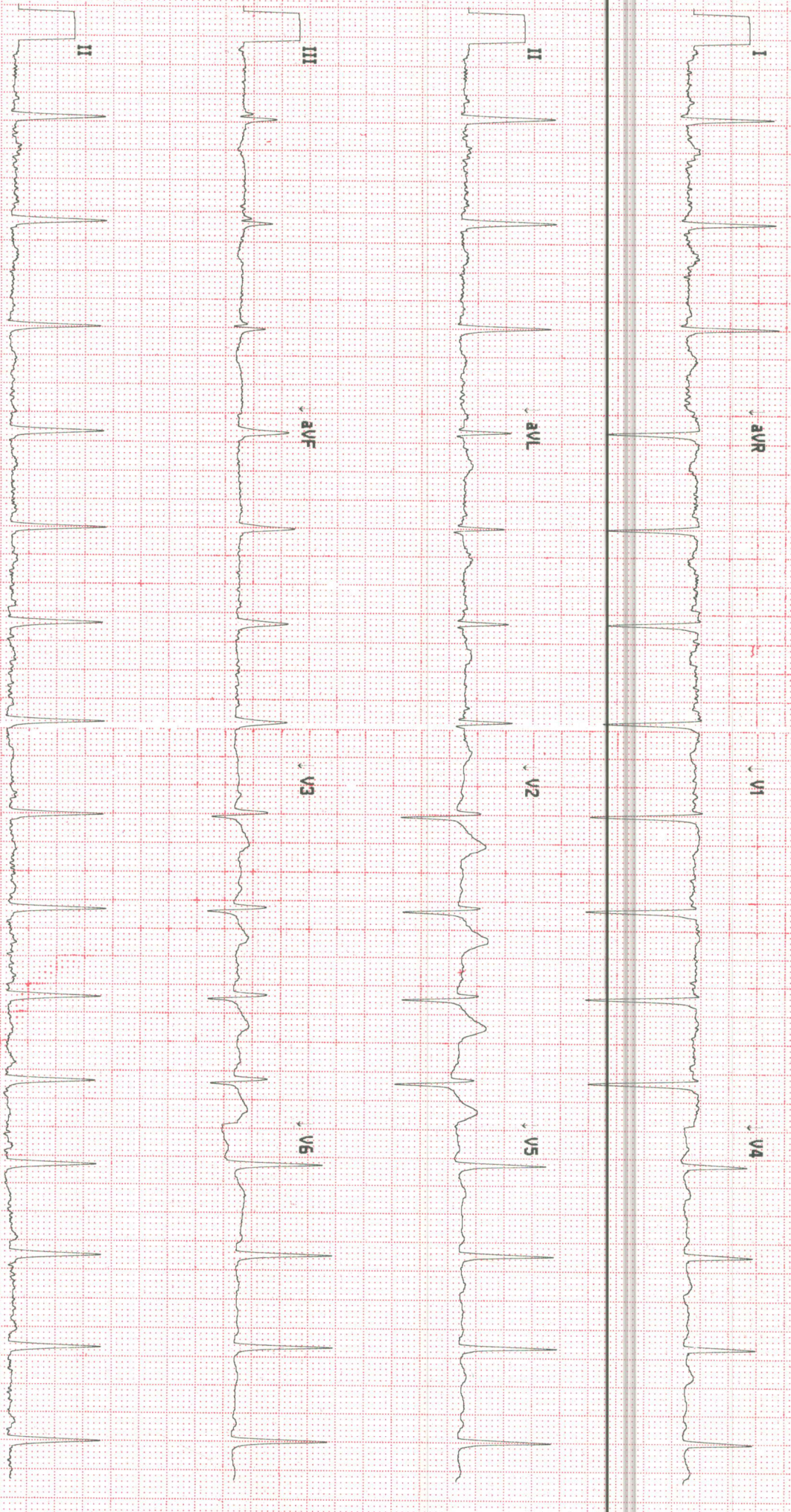
DOB:
JR, MALE

13-Jan-2024 11:28:01

Vent Rate: 91 BPM
PR int: 144 ms
QRS dur: 90 ms
QT/QTc: 341/389 ms
P-R-T axes: 29 41 0

SINUS RHYTHM WITH SINUS ARRHYTHMIA
MODERATE VOLTAGE CRITERIA FOR LVH, CONSIDER NORMAL VARIANT
NONSPECIFIC T-WAVE ABNORMALITY
BORDERLINE ECG
INTERPRETATION BASED ON A DEFAULT AGE OF 40 YEARS
Reviewed by -----

Mr. Eugene Amal Diipbhai
26/1/24





OPD ASSESSMENT FORM



Name Mr. pargore Amol Dilipbhai Age.Sex 28 / m MR.No. S148558
 Doctor Dr Karmel Gajjar Date 13/06/2014
 Ht : 168cm Wt. : 85.8kg Temp : N Pulse : 94 BP : 130/90
 SPO2 : 99 Post of walk SPO2 :

Chief Complaints :

NOT-Any

Drug / Food Allergy :

NO.

Prior Medication Reviewed : Yes No

On examination :

B / NAD.
CVS

Past History :

N.S.

Provisional Diagnosis :

Nutritional Assessment :

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

**Treatment and further Advices :
(Write in Capital Letters)**

Rx

Investigation advised :

[Signature]

Follow Up : Date :

Signature

In case of emergency Please report to Emergency Department of Hospital OR
Call : 75748 49465, 0261-4111000



OPD ASSESSMENT FORM



Name Mr. Poochya Amol Age.Sex 26/M MR.No. 9148558

Doctor Dr Hardik Shroff Date 13/01/24

Ht : _____ Wt. : _____ Temp : _____ Pulse : _____ BP : _____

SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

no complaint

Drug / Food Allergy :

Prior Medication Reviewed : Yes No

On examination :

BE Ant seg MD
Grb
NA Grb Nib Fundic central BE MD

Past History :

Provisional Diagnosis :

NA gonorrhoe

Nutritional Assessment :

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

Treatment and further Advices :
(Write in Capital Letters)

Rx

—

Investigation advised :

Dr. Hardik Shroff
DOMS, DNB (Ophthalmology)
Regd. No. G-28902

SUNSHINE GLOBAL HOSPITAL
Piplod, SURAT.

Follow Up : Yes Date : _____

In case of emergency Please report to Emergency Department of Hospital OR
Call : 75748 49465, 0261-4111000



OPD ASSESSMENT FORM



Name Mr. Pagare Amal Dilipbhai Age.Sex 26/m MR.No. S148558
Doctor Dr. Shailaja Desai Date 13/01/24
Ht : _____ Wt. : _____ Temp : _____ Pulse : _____ BP : _____
SPO2 : _____ Post of walk SPO2 : _____

Chief Complaints :

- Routine dental check up

Drug / Food Allergy :

Prior Medication Reviewed : Yes No

On examination :

- A stain calculus

Past History :

Provisional Diagnosis :

Nutritional Assessment :

- Obese
- Well nourished
- Mild- moderate nourished
- Severely mal-nourished

Treatment and further Advices :
(Write in Capital Letters)

Rx

1) Scaling

Investigation advised :

U.P. Desai

Dr. Shailaja Desai

B.D.S. (Dental Surgeon)

A-9793

Dental Surgeon

Sunshine Global Hospital, Surat

Follow Up : _____ Date : _____

Signature

In case of emergency Please report to Emergency Department of Hospital OR
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PAT. NAME: Amol Pagare	Date : 13/01/2024
REF. DOCTOR : Hosp. Dr.	AGE : 26 Yrs / M
INV. : USG Abdomen & Pelvis	MR NO. : S148558

Findings:

Liver is enlarge in size (17.6 cm), shape and shows moderate increase in parenchymal echopattern. No e/o any focal or diffuse lesion noted. Intrahepatic biliary radicals are normal.

Gall bladder is distended and appears normal. No e/o calculus, sludge or mass lesion is seen. CBD and Portal Vein appears normal is size and calibre.

Pancreas appears normal in size and shows normal echopattern to the extent assessed. Spleen appears normal in size, shape and homogenous echopattern.

Both kidneys appear normal in size, shape and echopattern. The corticomedullary differentiation is well maintained. No e/o any calculus or hydronephrosis is seen.

Aorta and para-aortic regions appears normal. No e/o any lymphadenopathy.

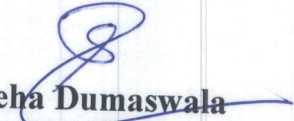
Urinary bladder appears well distended and normal.

Prostate appears normal in size, shape and echopattern.

No e/o free fluid in pelvis.

IMPRESSION:

- **Hepatomegaly with grade II fatty liver.**


Dr. Sneha Dumaswala
MBBS, DNB-Radiodiagnosis
Consultant Radiologist
G-21796

Transcribed By: Asha

Date & Time of report: 13/01/2024 - 01:37 PM

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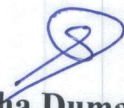


PAT. NAME: Amol Pagare	Date : 13/01/2024
REF. DOCTOR : Hosp. Dr.	AGE : 26 Yrs / M
INV. : Radiograph of Chest PA	MR NO. : S148558

Clinical Details: HC.

Observation:

- Both the lung fields appears normal.
- Both costophrenic angles appear clear.
- Both the hila appears normal.
- Trachea appears in midline.
- Cardiac size and other mediastinal shadows appears normal.
- Both domes of diaphragm appear normal.
- Bony thorax appears normal.


Dr. Sneha Dumaswala
MBBS, DNB-Radiodiagnosis
Consultant Radiologist
G-21796

Transcribed By: Asha

Page: 1 out of 1
Date & Time of report: 13/01/2024 – 01:33 PM

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Patient Name : Mr. Amol Dilipbhai Pagare	Age : 26 Y Sex : Male
Ref By : Dr. Hospital A Doctor	Report Date : 13/01/2024 12:28 PM

HAEMATOLOGY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
CBC with ESR			
HAEMOGLOBIN	15.3	gm/dl	13.0 - 17.0
PCV	45.7	%	40 - 50
RBC COUNT	4.84	mill/cmm	4.5 - 5.5
MCV	94.4	fl	76 - 96
CH	31.6	pg	26 - 32
MCHC	33.5	%	32 - 36
RDW	11.4	%	11 - 15
PLATELET COUNT	2.76	lacs/cmm	1.5 - 4.5
WBC COUNT	5520	/cmm	4000 - 11000
ESR	06	mm/hr	0 - 10
DIFFERENTIAL WBC COUNT			
NEUTROPHIL	54	%	40 - 70
LYMPHOCYTES	36	%	20 - 40
EOSINOPHILS	03	%	1 - 6
MONOCYTES	07	%	2 - 11
BASOPHILS	00	%	0 - 2
PERIPHERAL SMEAR			
RBC MORPHOLOGY	Normochromic		
BC MORPHOLOGY	Normocytic		
PLATELET ON SMEAR	Within Normal Range		
HEMOPARASITES	Adequate		
	Not Seen		

SYSMEX XN-550

***** End Report *****

[Signature]

[Signature]

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HAEMATOLOGY

<u>Parameter</u>	<u>Result</u>	<u>Normal Range</u>
BLOOD GROUP & RH FACTOR		
BLOOD GROUP	"B"	
RH FACTOR	POSITIVE	

BIOCHEMISTRY

FASTING BLOOD SUGAR (FBS)			
FASTING BLOOD GLUCOSE (Hexokinase)	95	mg/dl	74 - 110
FASTING URINE GLUCOSE	Absent		
FASTING URINE KETONE	Absent		

CLINICAL CHEMISTRY

THYROID FUNCTION TEST [TFT]			
TOTAL T3 (CLIA)	1.72	ng/ml	0.846 - 2.02
TOTAL T4 (CLIA)	10.48	ug/dl	5.1 - 14.0
TSH (CLIA)	2.20	uIU/ml	0.2 - 4.5

Note:-

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 (TSH) 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 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.

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Ref By : Dr. Hospital A Doctor	Report Date : 13/01/2024 12:25 PM

BIOCHEMISTRY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
HBA1C [GLYCOSYLATED HEAMOGLOBIN]			
HbA1C	5.6	%	Non-Diabetic level: <6 Good Control: 6 - 7 Poor Control: 7 - 8 Action Suggested > 8
MEAN BLOOD GLUCOSE	114.02	mg/dl	

The test is done on Cobas Integra 400plus-Turbidimetric Inhibition ImmunoAssay
Note:- Criteria for the diagnosis of diabetes HbA1c $\geq 6.5\%$

- HbA1c is important test for the assessment of long term blood glucose control (also called glycemic control).
- HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of long term glycemic control than blood glucose determination.
- HbA1C is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
- Long term complications of diabetes such as retinopathy, nephropathy, and neuropathy are potentially serious and can lead to blindness kidney failure etc.
- Genetic Variants (Hb-S trait, Hb-C trait) elevated fetal haemoglobin & chemically modified derivatives of haemoglobin (eg carbamylated Hb in patients with renal failure) can affect the accuracy of HbA1C measurement.

SERUM URIC ACID

SERUM URIC ACID (Uricase)	4.6	mg/dl	3.4 - 7.0
---------------------------	-----	-------	-----------

***** End Report *****

[Signature]
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 Age : 26 Y Sex : Male
 Report Date : 13/01/2024 12:25 PM

BIOCHEMISTRY

Parameter	Result	Units	Normal Range
LIPID PROFILE			
SERUM CHOLESTEROL CHOD PAP	121	mg/dl	50 - 200
HDL CHOLESTEROL Direct	33	mg/dl	40 - 60
LDL CHOLESTEROL Direct	75.6	mg/dl	0 - 100
SERUM TRIGLYCERIDE GPO PAP	66	mg/dl	50 - 150
LDL Calc	13.2	mg/dl	0 - 30
CHOLESTEROL / HDL RATIO	3.67		0 - 5
LDL / HDL RATIO	2.29		0 - 3

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assessment.
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Details on test interpretation available from the lab.

TEST	NEAR OPTIMAL (Moderate Risk)	BORDER LINE (Risk)	HIGH (Risk)	VERY HIGH
CHOLESTROL	160-199	200-239	240-279	280
HDL	50-59	40-49	< 40	
LDL	100-129	130-159	160-190	>190
TRIGLYCERIDES	150-169	170-199	240-499	>500
CHO/HDL RATIO	3.3-4.4	4.4-11.0	>11.0	
LDL/HDL RATIO	0.5-3.0	3.0-6.0	>6.0	

***** End Report *****

(Signature)
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BIOCHEMISTRY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
LIVER FUNCTION TEST			
ALKALINE PHOSPHATASE (IFCC)	109	U/L	35 - 130
BILIRUBIN TOTAL Diazo	0.9	mg/dl	0.0 - 1.2
BILIRUBIN DIRECT Diazo	0.4	mg/dl	0.0 - 0.4
BILIRUBIN INDIRECT (Calc)	0.5	mg/dl	0.0 - 0.8
GPT (IFCC)	89	U/L	5 - 41
SGOT (IFCC)	49	U/L	5 - 40
SERUM TOTAL PROTEIN Biuret	7.6	gm/dl	6.6 - 8.7
SERUM ALBUMIN BCG	5.3	gm/dl	3.5 - 5.2
SERUM GLOBULIN Calc	2.3	gm/dl	1.5 - 3.5
SERUM A/G RATIO Calc	2.3	gm/dl	1.5 - 2.5
SERUM CREATININE			
SERUM CREATININE (JAFEE)	0.7	mg/dl	0.5 - 1.2
BUN [BLOOD UREA NITROGEN]			
BUN	12.7	mg/dl	8 - 23

***** End Report *****

SC
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Reg. No.: G-9074

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BIOCHEMISTRY

<u>Parameter</u>	<u>Result</u>	<u>Units</u>	<u>Normal Range</u>
ALBUMIN-CREATININE RATIO			
URINE ALBUMIN/MICROALBUMIN (Immunoturbidimetry)	6.2	mg/L	
URINE CREATININE (JAFPE)	132.8	mg/dl	
ALBUMIN-CREATININE RATIO (Calculated)	4.66	mg/gm	

Normal: <30;
Microalbuminuria:
30-299; Clinical
Albuminuria: >300

***** End Report *****

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CLINICAL PATHOLOGY

<u>Parameter</u>	<u>Result</u>	<u>Normal Range</u>
URINE ROUTINE & MICROSCOPIC EXAMINATION		
TYPE OF SPECIMEN - URINE	Random	
PHYSICAL EXAMINATION		
QUANTITY	50	ml
COLOUR	Pale Yellow	
APPEARANCE	Clear	
REACTION (pH)	6.0	
SPECIFIC GRAVITY	1.030	
CHEMICAL EXAMINATION		
PROTEIN	Absent	
GLUCOSE	Absent	
KETONE	Absent	
BILE SALT	Absent	
BILE PIGMENT	Absent	
OCCULT BLOOD	Absent	
NITRITE	Absent	
MICROSCOPIC EXAMINATION		
PUS CELLS	6-8	/hpf
EPITHELIAL CELLS	2-3	/hpf
BC	Absent	/hpf
CASTS	Absent	
CRYSTALS	Absent	
BACTERIA	Absent	
YEAST CELLS	Absent	

***** End Report *****

SC
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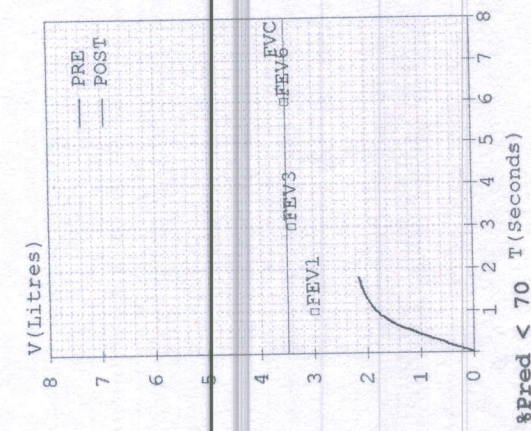
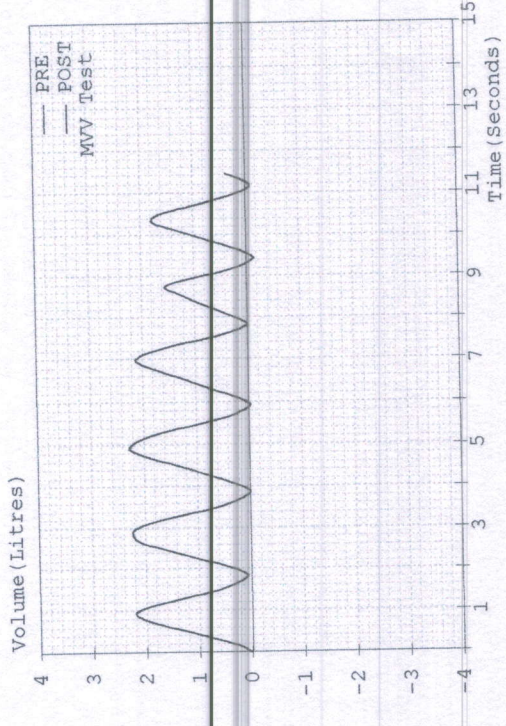
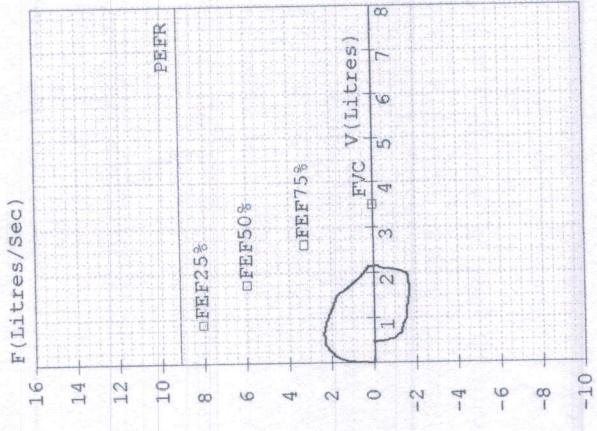
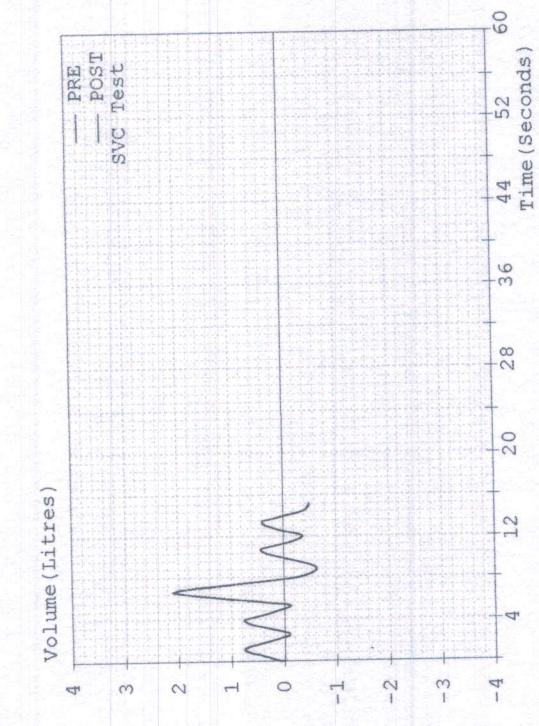
BESIDE BIGBAZAR, J. LOD, DUMAS ROAD, SURAT 395001

Patient: Amol d pagare
 Refd. By:
 Pred. Eqns: RECORDERS

Age : 26 Yrs 04 Mths Gender : Male
 Height : 167 Cms Smoker : No
 Weight : 85 Kgs Eth. Corr: 100

ID : S148558
 Temp :
 Date : 13-Jan-2024 11:44 AM

Spirometry Results			
Parameter	Pred	M. Pre	%Pred M. Post %Pred %Imp
FVC (L)	03.50	02.16	062
FEV1 (L)	03.00	01.85	062
FEV1/FVC (%)	85.71	85.65	100
FEF25-75 (L/s)	04.51	01.98	044
PEFR (L/s)	09.13	02.38	026
FIVC (L)	-----	01.67	---
FEV.5 (L)	-----	01.12	---
FEV3 (L)	03.39	02.16	064
PIFR (L/s)	-----	01.70	---
FEF75-85 (L/s)	-----	01.00	---
FEF.2-1.2 (L/s)	07.69	02.17	028
FEF 25% (L/s)	08.06	02.33	029
FEF 50% (L/s)	05.96	02.09	035
FEF 75% (L/s)	03.25	01.33	041
FEV.5/FVC (%)	-----	51.85	---
FEV3/FVC (%)	96.86	100.00	103
FET (Sec)	-----	01.82	---
ExptTime (Sec)	-----	00.20	---
Lung Age (Yrs)	026	036	138
FEV6 (L)	03.50	-----	---
FIF 25% (L/s)	-----	00.29	---
FIF 50% (L/s)	-----	01.62	---
FIF 75% (L/s)	-----	01.60	---
SVC (L)	-----	02.72	---
ERV (L)	01.52	00.52	034
IRV (L)	-----	01.32	---
VE (L/min)	-----	19.78	---
Rf (L/min)	-----	22.22	---
Ti (sec)	-----	01.40	---
Te (sec)	-----	01.30	---
Vt (L)	-----	00.89	---
Vt/vt_i	-----	00.64	---
Ti/Ttot	-----	00.52	---
IC (L)	-----	02.21	---
MVV (L/min)	141	066	047
MVf (L/min)	-----	34.06	---
MVt (L)	-----	01.95	---



Pre Medication Report Indicates
 Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70
 Moderate Restriction as (FEV1/FVC)%Pred >95 and FVC%Pred <64

The contents of this report require clinical co-relation before any clinical action.