





PATIENT NAME

MR. CHINTAN TRIVEDI

AGE / SEX

39 YRS/MALE

REF. DOCTOR

DR. DHS DOCTOR TEAM

DATE

09/11/2024

**2D ECHO CARDIOGRAPHY REPORT****Observation:**

1. Normal LV size with normal LV systolic function. LVEF: 60%.
2. No RWMA at rest.
3. Grade I LV diastolic dysfunction.
4. Normal sized LA, RA and RV. Normal RV function.
5. All valves are normal in structure.
6. IAS and IVS are intact.
7. No PAH. RVSP = 29 mmHg.
8. No clot/ vegetation / pericardial effusion.
9. Doppler: Mild MR, Mild TR, Trivial AR, No PR.
10. IVC is normal in size and well collapse on inspiration.

**Conclusion:**

Normal LV systolic function.  
No RWMA.  
No PAH.

**Measurements :**

LVIDD	43.0 mm	AO	22.0mm
	22.0 mm	LA	28.0mm
LVIDS			
LVEF	60%		
IVSD/LVPWD	10.0mm/10.0mm		

**DOPPLER STUDY:**

Valves	velocity	Max gradient	Mean gradient	Area	Regurgitation
Aortic	1.3	5.4			Trivial AR
Mitral	E:0.4 A: 0.2				Mild MR
Pulmonary	0.4	3.3			No PR
Tricuspid	0.5	1.2			Mild TR

Dr. ARCHIT PARIKH  
**DR. ARCHIT PARIKH**  
G - 303521  
M. D. (General Medicine)  
**DHS MULTISPECIALTY HOSPITAL**

TRIVEDI CHINTAN  
39 Y/M  
HEALTH CHECK UP  
09/11/2024

**U.S.G. OF ABDOMEN AND PELVIS**

**Liver:** appears normal in size & shows normal echopattern. No focal lesion is seen. No dilated IHBR is seen. Portal vein and CBD appear normal in course and caliber.

**Gall bladder:** is moderately distended & appears normal. No calculus, sludge or mass is seen. Gall bladder wall thickness appears normal.

**Pancreas:** appears normal in size & echopattern. No focal lesion is seen.

**Spleen:** appears normal in size and shows normal echotexture. No focal lesion is seen.

**Both Kidneys** appear normal in size, position and echopattern.

**Few small calculi** are noted in both kidneys, largest approx. 4.5 mm in mid calyx of left kidney. No hydronephrosis on either side.

C-M differentiation is well preserved on either side.

Cortical thickness appears normal on both sides.

No focal lesion is seen on either side.

**Urinary bladder** is moderately distended & appears normal. No calculus, internal echoes or mass is seen. Urinary bladder wall thickness appears normal.

**Prostate** appears normal in size and echopattern.

Para-aortic region appears normal.

No abdominal lymphadenopathy is seen.

Bowel loops appear normal in caliber & show normal peristalsis.

No abnormal dilatation of bowel loops or wall thickening is seen.


No fluid collection or lump formation is seen in RIF.

No ascites is seen.

**IMPRESSION:**

**Few small bilateral renal calculi**

Clinical correlation suggested. Thanks for reference.



**DR. BHADRASH CHUDASAMA**  
MD RADIOLOGY

<b>Patient Name</b>	<b>TRIVEDI CHINTAN D</b>	<b>Patient ID</b>	<b>UHID27882</b>
<b>Age/Gender</b>	<b>39 Years / M</b>	<b>Study Date</b>	<b>09-Nov-2024</b>
<b>Referred By</b>		<b>Reported Date</b>	<b>09-Nov-2024</b>

**X – RAY CHEST PA VIEW:**

Both lung fields under vision appear normal.  
Cardiac size appears normal.  
Both costophrenic angles are clear.  
Hilar regions are normal.  
Both domes appear normal in position.  
Bony thorax under vision appears normal.



Dr. Sunny Shrivani  
MD Radiology REG-33548

Date Reported: 09-Nov-2024

This Report is done and digitally signed via Tele Radiology Done at Radiscan Diagnostic Ahmedabad. For any clinical discrepancy, please discuss with the Radiologist. This report is not valid for any medico-legal purposes





**TEST REPORT**

Reg. No :	2411100086	UHID :	UHID27882	Reg. Date :	09-Nov-2024
Name :	TRIVEDI CHINTAN DEVANGKUMAR			Collected On :	09-Nov-2024 08:41
Age/Sex :	39 Years / Male			Report Date :	09-Nov-2024
Ref. By :	MED/WHEEL				

Parameter	Result	Unit	Reference Interval
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**COMPLETE BLOOD COUNT (CBC)**

Hemoglobin (SLS method)	15.3	g/dL	13.0 - 17.0
Hematocrit (Electrical Impedance)	45.0	%	40 - 54
RBC Count (Electrical Impedance)	5.16	million/cmm	4.5 - 5.5
WBC Count (Flowcytometry)	4670	/cmm	4000 - 10000
Platelet Count (Electrical Impedance)	202000	/cmm	150000 - 410000
MCV (Calculated)	87.3	fL	83 - 101
MCH (Calculated)	29.8	Pg	27 - 32
MCHC (Calculated)	34.1	%	31.5 - 34.5
RDW (Calculated)	12.8	%	11.5 - 14.5

**DIFFERENTIAL WBC COUNT**

Neutrophils (%)	55	%	38 - 70
Lymphocytes (%)	36	%	20 - 45
Monocytes (%)	07	%	2 - 8
Eosinophils (%)	02	%	1 - 4
Basophils (%)	00	%	0 - 1
Neutrophils (Absolute)	2560	/cmm	1800 - 7700
Lymphocytes (Absolute)	1700	/cmm	1000 - 3900
Monocytes (Absolute)	310	/cmm	200 - 800
Eosinophils (Absolute)	80	/cmm	20 - 500
Basophils (Absolute)	20	/cmm	0 - 100
Neutrophil-Lymphocyte Ratio(NLR)	1.50	/cmm	0.7 - 4.0

**PERIPHERAL SMEAR EXAMINATION**


RBC Morphology	RBCs are Normochromic Normocytic
WBC Morphology	Total WBC and differential count is within normal
Platelets	Platelets are adequate with normal morphology.
Parasites	Malarial parasite is not detected.

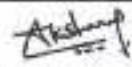
**ERYTHROCYTE SEDIMENTATION RATE**

ESR (After 1 hour)	12	mm/hr	0 - 14
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Dr. Yesha H. Shah  
(MD.Pathology)

  
Mr. Akshay Parmar  
M.Sc(Biochemistry)



**TEST REPORT**


Reg. No : 2411100086      UHID : UHID27882      Reg. Date : 09-Nov-2024  
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Parameter	Result	Unit	Reference Interval
<b>FBS</b> Fasting Blood Sugar (FBS) <i>Glucose Oxidase-Peroxidase</i>	84.6	mg/dL	70 - 110
<b>PPBS</b> Post Prandial Blood Sugar (PPBS) <i>Glucose Oxidase-Peroxidase</i>	113.8	mg/dL	110 - 140

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**TEST REPORT**

<b>Reg. No :</b>	2411100086	<b>UHID :</b>	UHID27832	<b>Reg. Date :</b>	09-Nov-2024
<b>Name :</b>	TRIVEDI CHINTAN DEVANGKUMAR			<b>Collected On :</b>	09-Nov-2024 08:41
<b>Age/Sex :</b>	39 Years / Male			<b>Report Date :</b>	09-Nov-2024
<b>Ref. By :</b>	MEDIWHEEL				

<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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**HEMOGLOBIN A1C ESTIMATION**

Specimen: Blood EDTA

<b>Hb A1C</b> <small>mM, C, NGSP Certified</small>	5.5	%	>8 : Action Suggested , 7-8 : Good Control , <7 : Goal , 6-7 : Near Normal Glycemia, <6 : Non-diabetic Level
<b>Mean Blood Glucose</b> <small>Calculated</small>	111.15	mg/dL	

**Criteria for the diagnosis of diabetes:**


- HbA1c  $\geq 6.5$  \*Or
  - Fasting plasma glucose  $\geq 126$  mg/dL. Fasting is defined as no caloric intake at least for 8 hrs.Or
  - Two hour plasma glucose  $\geq 200$ mg/dL during an oral glucose tolerance test by using a glucose load containing 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.
- \*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.

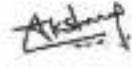
**Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus:**

- HbA1C, also known as glycated hemoglobin, is the most important test for the assessment of long term blood glucose control( also called glycoemic control).
- HbA1C reflects mean glucose concentration over past 6-8 weeks and provides a much better indication of longterm glycoemic 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 (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.- Glycoemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD ) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP).

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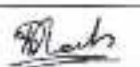
**TEST REPORT**

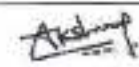
Reg. No : 2411100088      UHID : UHID27982      Reg. Date : 09-Nov-2024  
 Name : TRIVEDI CHINTAN DEVANGKUMAR      Collected On : 09-Nov-2024 08:41  
 Age/Sex : 39 Years / Male      Report Date : 09-Nov-2024  
 Ref. By : MEDIWHEEL

Parameter	Result	Unit	Reference Interval
<b>LIVER FUNCTION TEST</b>			
SGPT <i>Optimized UV-IFCC</i>	33.9	U/L	1 - 45
SGOT <i>Optimized UV-IFCC</i>	17.6	U/L	1 - 35
Total Bilirubin <i>DCA method</i>	1.23	mg/dL	0 - 2.0
Direct Bilirubin <i>DCA method</i>	0.40	mg/dL	0.0 - 0.4
INDIRECT BILIRUBIN <i>Calculated</i>	0.83	mg/dL	0.0 - 1.6
Alkaline Phosphatase <i>PNP-AMP Buffer, Multiple-point rate</i>	58.0	U/L	53 - 128
Total Protein	6.98	g/dL	6.4 - 8.2
Albumin <i>By Bromocresol Green</i>	3.90	g/dL	3.5 - 5.2
Globulin <i>Calculated</i>	3.08	g/dL	2.3 - 3.5
A/G Ratio <i>Calculated</i>	1.27		0.8 - 2.0
GGT	47.1	U/L	1 - 55

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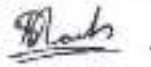
**TEST REPORT**


Reg. No : 2411100096      UHID : UHID27882      Reg. Date : 09-Nov-2024  
 Name : TRIVEDI CHINTAN DEVANGKUMAR      Collected On : 09-Nov-2024 08:41  
 Age/Sex : 39 Years / Male      Report Date : 09-Nov-2024  
 Ref. By : MEDIWHEEL

Parameter	Result	Unit	Reference Interval
<b>RENAL FUNCTION TEST</b>			
Creatinine <i>Enzymatic, IDMS Tracable</i>	0.87	mg/dL	0.7 - 1.3
Urea <i>Urease-GLDH, enzymatic U/V</i>	25.3	mg/dL	19.0 - 45.0
BUN <i>Calculated</i>	11.82	mg/dL	7 - 18
Uric Acid <i>Enzymatic using TBHBA</i>	4.2	mg/dL	3.5 - 7.2
Sodium <i>Direct ISE</i>	140.2	mmol/L	137 - 145
Potassium <i>Direct ISE</i>	4.85	mmol/L	3.6 - 5.1
Chloride <i>Direct ISE</i>	95.3	mmol/L	94 - 110
Ionized Calcium <i>Direct ISE</i>	4.96	mg/dL	4.4 - 5.4

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Name :	TRIVEDI CHINTAN DEVANGKUMAR			Collected On :	09-Nov-2024 08:41
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<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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**LIPID PROFILE**


Cholesterol <small>CHOD-PAP method</small>	193	mg/dL	Desirable : < 200.0 Borderline High : 200-239 High : > 240.0
Triglyceride <small>Enzymatic with GPO method</small>	110.2	mg/dL	Normal : < 150.0 Borderline : 150-199 High : 200-499 Very High : > 500.0
VLDL <small>Calculated</small>	22.04	mg/dL	15 - 35
LDL CHOLESTEROL	132.96	mg/dL	Optimal : < 100.0 Near / above optimal : 100-129 Borderline High : 130-159 High : 160-189 Very High : >190.0
HDL Cholesterol <small>Magneto Cholesterol Oxidase</small>	38.0	mg/dL	Low : < 40 High : > 60
Cholesterol /HDL Ratio <small>Calculated</small>	5.08		0 - 5.0
LDL / HDL RATIO <small>Calculated</small>	3.50		0 - 3.5
Total Lipids <small>Calculated</small>	566.40		400 - 1000

- Pre-analytical requirements for given tests are -Fasting status anywhere between 10-12 hours before collection. Avoid alcohol beverages before lipid panel - minimum 24 hrs.
- Lipid profile results can be erroneous if pre-analytical requirements are not met properly.
- Any medical decision based on test results is to be taken with 2 or more consecutive results suggesting pattern.
- Please note that any lipid lowering drug may interfere in results estimation.
- Sudden commencement or sudden withdrawal of Lipid lowering drug will interfere with test result.

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**TEST REPORT**

Reg. No :	2411100086	UHID : UHID27892	Reg. Date :	09-Nov-2024
Name :	TRIVEDI CHINTAN DEVANGKUMAR		Collected On :	09-Nov-2024 08:41
Age/Sex :	39 Years / Male		Report Date :	09-Nov-2024
Ref. By :	MEDIWHEEL			

Parameter	Result	Unit	Biological Reference Interval
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**THYROID FUNCTION TEST**

T3 (Triiodothyronine) CMA	0.98	ng/mL	0.6 - 1.81
T4 (Thyroxine) CMA	5.6	µg/dL	4.5 - 12.5
TSH	3.478	µIU/ml	0.35 - 4.94

ELFA-Enzyme Linked Fluorescent Assay

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 triiodothyronine, 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, 6th Edition.


Philadelphia: WB Saunders, 2012:2170

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**TEST REPORT**

Reg. No : 2411100086      UHID : UHID27082      Reg. Date : 09-Nov-2024  
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Ref. By : MEDIWHEEL

Parameter	Result	Reference Interval
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**URINE ROUTINE EXAMINATION**

**PHYSICAL EXAMINATION**

Quantity : 10 cc  
Colour : Pale Yellow  
Clarity : Clear

**CHEMICAL EXAMINATION (BY REFLECTANCE PHOTOMETRIC METHOD)**


pH	7.0	4.6 - 8.0
Sp. Gravity	1.015	1.002 - 1.03
Protein	Nil	
Glucose	Nil	
Ketone Bodies	Nil	
Urobilinogen	Nil	
Bilirubin	Nil	
Nitrite	Nil	
Leucocytes	Nil	
Blood	Nil	


**MICROSCOPIC EXAMINATION (MANUAL BY MICROSCOPY)**

Leucocytes (Pus Cells)	1 - 5/hpf
Erythrocytes (Red Cells)	Nil
Epithelial Cells	1-2/hpf
Amorphous Material	Nil
Casts	Nil
Crystals	Nil
Bacteria	Nil
Yeast	Nil
T. Vaginalis	Nil
Spermatozoa	Nil

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**TEST REPORT**

Reg. No : 2411100085      UHID : UHID27882      Reg. Date : 09-Nov-2024  
Name : TRIVEDI CHINTAN DEVANGKUMAR      Collected On : 09-Nov-2024 08:41  
Age/Sex : 39 Years / Male      Report Date : 09-Nov-2024  
Ref. By : MEDIWHEEL

Parameter	Result	Unit	Reference Interval
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**BLOOD GROUP & RH**


SPECIMEN: EDTA AND SERUM; METHOD: HAEMAGGLUTINATION


ABO	'B'
Rh (D)	Positive

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