

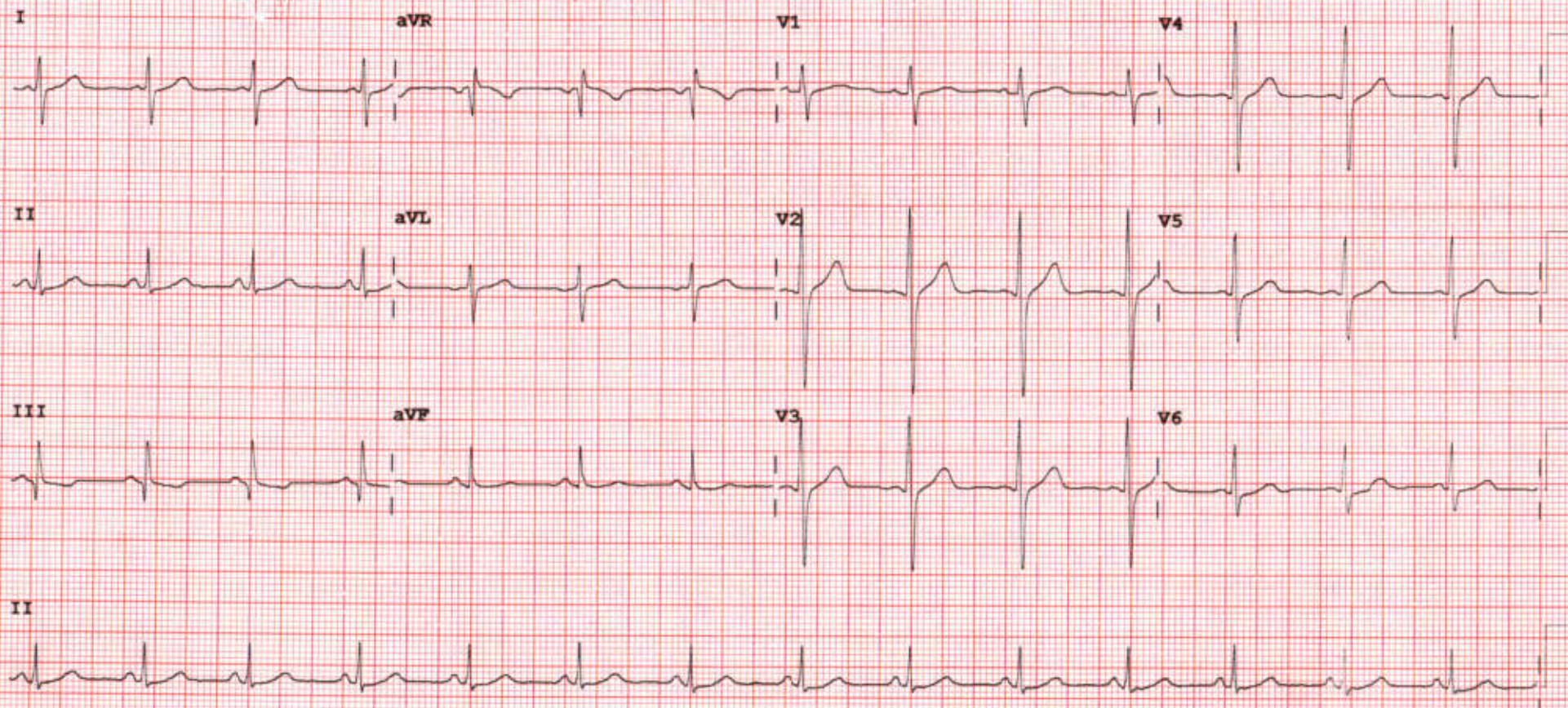


Rate 85
PR 120
QRSD 80
QT 344
QTc 409

--AXIS--

P 71
QRS 88
T 7

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: AVI VITHAL MAGARE

AGE/SEX:35 YRS/MALE

DATE: 08/03/2024

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.
- TRIVIAL TR. NO PAH.
- 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: 32MM

AO: 29MM

IVS: 12/14MM

LVPW: 10/12MM

LVID: 43/25MM

CONCLUSION:

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

DR.NIRAV BHALANI
[CARDIOLOGIST]

DR.ARVIND SHARMA
[CARDIOLOGIST]

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Patient Name : Avi Vithal Magare

Sample No. : 20240313944



Patient ID : 20240308671

Visit No : OPD20240327652

Age / Sex : 35y/Male

Call Date : 08/03/2024 10:08

Consultant : DR SAURABH JAIN

S. Coll. Date : 08/03/2024 10:43

Ward : -

Report Date : 08/03/2024 16:51

CBC, ESR

Investigation	Result	Normal Value
Hemoglobin :	13.7 gm/dl	13.5 to 18.0 gm/dl
P.C.V. :	42.7 %	42.0 to 52.0 %
M.C.V. :	81.6 fL	78 to 100 fL
M.C.H. :	26.2 pg [L]	27 to 31 pg
M.C.H.C. :	32.1 g/dl	32 to 36 g/dl
RDW :	12.2 %	11.5 to 14.0 %
RBC Count :	5.23 X 10 ⁶ /cumm	4.7 to 6.0 X 10 ⁶ /cumm
Polymorphs :	69 %	38 to 70 %
Lymphocytes :	28 %	15 to 48 %
Eosinophils :	1 %	0 to 6 %
Monocytes :	2 % [L]	3 to 11 %
Total :	100	< 100 > 100
WBC Count :	7300 /cmm	4000 to 10000 /cmm
Platelets Count :	253000 /cmm	1,50,000 to 4,50,000 /cmm
ESR - After One Hour :	14 mm/hr [H]	1 to 13 mm/hr

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



Patient Name : Avi Vithal Magare	Sample No. : 20240313944
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Age / Sex : 35y/Male	Visit No. : OPD20240327652
Consultant : DR SAURABH JAIN	Call. Date : 08/03/2024 10:08
Ward : -	S. Coll. Date : 08/03/2024 10:43
	Report Date : 08/03/2024 17:32

RENAL FUNCTION TEST

Investigation	Result	Normal Value
Creatinine :	1 mg/dl	0.6 - 1.4 mg/dl
Urea :	26 mg/ dl	13 - 45 mg/dl
Uric Acid :	6.4 mg/dl	3.5 - 7.2 mg/dl
Calcium :	9.1 mg/dl	8.5 - 10.5
Phosphorus :	4.4 mg/dl	1.5 - 6.8

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Blood Group

Investigation	Result	Normal Value
BLOOD GROUP :		
ABO	A	
Rh	Positive	

FBS & PPBS

Investigation	Result	Normal Value
Blood Sugar (FBS) :	81 mg/dl	74 - 100 mg/dl
Urine Sugar (FUS) :	Nil	
Blood Sugar (PP2BS) :	92 mg/dl	70 to 120 mg/dl
Urine Sugar (PP2US) :	Nil	

HBA1C

Investigation	Result	Normal Value
Glycosylated Hb :	5.7 %	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 :	116.89	

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



Patient Name : Avi Vithal Magare
Patient ID : 20240308671
Age / Sex : 35y/Male
Consultant : DR SAURABH JAIN
Ward :

Sample No. : 20240313944

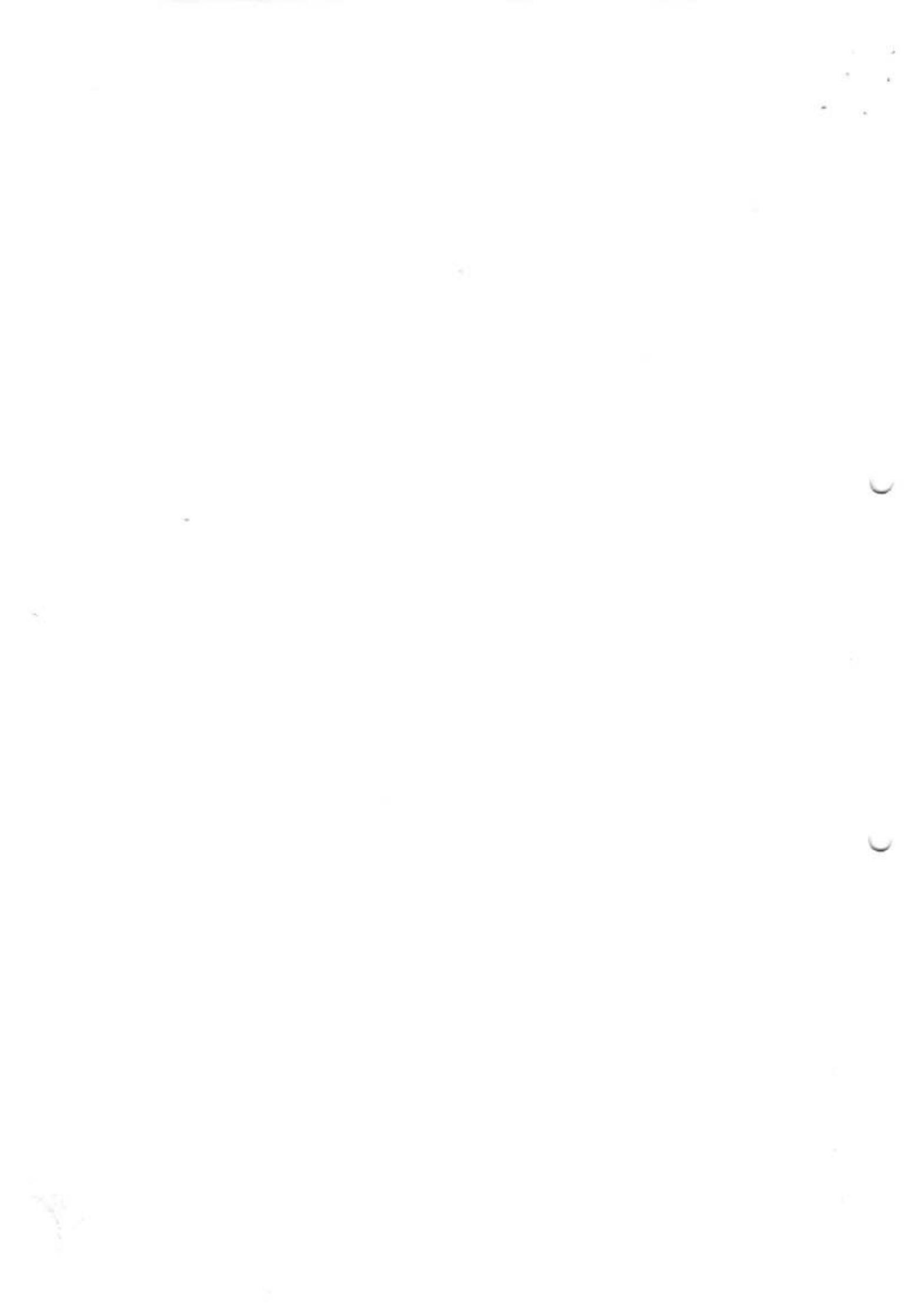


Visit No. : OPD20240327652
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LFT (Liver Function Test)

Investigation	Result	Normal Value
Total Bilirubin :	0.5 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.1 mg/dl	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.4 mg/dl	0.0 to 0.8 mg/dl
AST (SGOT) :	27 U/L	5 to 34 U/L
ALT (SGPT) :	25 U/L	0 to 55 U/L
Total Protein (TP) :	7.1 g/dL	6.4 to 8.3, g/dl
Albumin (ALB) :	4 g/dl	3.5 to 5.2 g/dl
Globulin :	3.1 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	1.29	
Alkaline Phosphatase (ALP) :	169 U/L [H]	40 to 150 U/L
GAMMA GT. :	19 U/L	7 to 35 U/L

Dr.Mehul Desai
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Reg.No.G-9521





Patient Name : Avi Vithal Magare	Sample No. : 20240313944
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Lipid Profile

Investigation	Result	Normal Value
Sample :	Fasting	
Sample Type :	Normal	
Cholesterol (Chol) :	<u>280 mg/dl [H]</u>	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	175 mg/dl	Normal : < 200.0 High : 200 - 499 Very High : > or = 500
HDL Cholesterol :	53 mg/dl	Low risk : >or = 60 mg/dL High risk : Up to 35 mg/dL
LDL :	<u>192 mg/dl [H]</u>	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	35 mg/dl [H]	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	3.62	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0
Total Chol / HDL Ratio :	5.28	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 :	808 mg/dl [H]	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

1. The reported results are for the referring doctor's information only. Isolated results may not confirm the final diagnosis of a disease and should be interpreted with patient's clinical history, keeping in mind the limitations of methodology and technology. Partial reproduction of these reports are illegal.
2. Neither Unipath Specialty Laboratory (Baroda) LLP, nor its partners, officer, employee / representatives and affiliate assume liability, responsibility for any loss or damage of any nature whatsoever that may be incurred or suffered by any person as a result of use of the report.
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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.
12. Partial reproduction of these reports are illegal & not permitted.
13. These reports are not valid for medico-legal purposes.
14. Any queries regarding possible interpretation / clinical - pathological correlation from referring doctor/patient should be directed to the pathologists.
15. Subject to Baroda Jurisdiction only.

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) FRCPATH (UK)
Dr. Priya Mangukiya MD (Microbiology)	Dr. Sukanya Patra MBBS, MD (Path)
Dr. Varsha Raimalani, PhD	Dr. Shreyas Nisarta MD(Path)
Dr. Nehal Tiwari MD (Path)	Dr. Vaishali Bhatt, 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)



MC-4074

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 Mobile: 7228800500 / 8155028222 | Email: info.baroda@unipathlp.in
 Home Visit / OPD Reception : 9998724579



TEST REPORT

Reg. No. : 40301004457 Reg. Date : 08-Mar-2024 14:06 Collected On : 08-Mar-2024 14:06
 Name : Mr. AVI MAGALE Approved On : 08-Mar-2024 16:06
 Age : 35 Years Gender : Male Ref. No. : Dispatch At :
 Ref. By : Tele No. :
 Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine) <i>Method:CLIA</i>	0.78	ng/mL	0.6 - 1.81
T4 (Thyroxine) <i>Method:CLIA</i>	5.10	µg/dL	4.5 - 12.6
TSH (ultra sensitive) <i>Method:CLIA</i>	2.678	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 (hypothalamic) 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

End Of Report

This is an electronically authenticated report.

Test done from collected sample.

Printed On: 08-Mar-2024 16:05

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 : Avi Vithal Magare

Sample No. : 20240313944

Patient ID : 20240308671

Visit No. : OPD20240327652

Age / Sex : 35y/Male

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S. Coll. Date : 08/03/2024 10:43

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Urine R/M

Investigation	Result	Normal Value
Quantity - :	20 ml	
Colour - :	Pale Yellow	
Reaction (pH) :	6.0	4.6-8.0
Turbidity :	Clear	
Deposit :	Absent	Absent
Sp.Gravity :	1.010	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
Pus Cells :	Absent /hpf	0-5/hpf
Red Blood Cells :	Absent /hpf	Absent
Epithelial Cells :	0-1 /hpf	

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



PATIENT NAME: AVI MAGARE

AGE/SEX: 35 YRS/F

DATE: Friday, 08 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: AVI MAGARE	
AGE/SEX: 35 YRS/M	DATE: Friday, 08 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.



Examination by Physician

Name: AVI MAGARE

Reg. No. 20240308671

Age/ Sex: 35/MALE

DOB: 08/03/2024

Physical Examination

Height: 1730-cm Weight: 76Kg BMI: 25.39
 Temperature: N Pulse: 96 BP: 133/82 SpO2 - 98%

Chief Complaints:

NO complaints.

Past History:

NAD

Examination:

General Examination:

NAD.

Systemic Examination:

NAD.

Investigation:

RBS

ECG

Others

Advice: - BP monitoring

- SRD / FFD / daily exercise

- T. Acorvas (10)

0-0-1

x 2 months



- surgery ref. p/vio swelling ? Lipoma.



Patient ID : 20240308671
Age / Sex : 35y / M
Patient Name : AVI VITHAL MAGARE
Dr. Name : DR SAURABH JAIN
Referred By : self
City/Village : Vadodara
Class : Cash
PAN Card : AAQCS5566G

Visit No. : OPD20240327652(OPD)
Bill No. : OPD20240327652
Bill Date : N/A
Speciality : INTERNAL MEDICINE
GSTIN : 24AAQCS5566G2ZW
SAC : 999312 "Medical Service covered under healthcare service"
Mobile No. : 9730687885

Expense Details	Qty	Rate	Net Amount
Visit Charge			
08/03/2024 Physician First Consultation OPD	1.0	0.0	0.00
Ophthalmologist First Consultation OPD	1.0	0.0	0.00
Visit Charge (Subtotal)			0.00
PATHOLOGY			
08/03/2024 CBC, ESR	1.0		
Urine R/M	1.0		
STOOL EXAMINATION	1.0		
Blood Group	1.0		
TFT (Thyroid Function Test)	1.0		
Lipid Profile	1.0		
RENAL FUNCTION TEST	1.0		
LFT (Liver Function Test)	1.0		
FBS & PPBS	1.0		
HBA1C	1.0	2000.0	2000.00
MediWheel Full Body Health Check-Up(Male Below 40)	1.0		2000.00
PATHOLOGY (Subtotal)			2000.00
Radiology			
08/03/2024 X-RAY CHEST PA	1.0		
USG WHOLE ABDOMEN SCREENING	1.0	0.0	0.00
X-RAY CHEST PA	1.0	0.0	0.00
USG WHOLE ABDOMEN SCREENING	1.0		0.00
Radiology (Subtotal)			0.00
Non Invasive Cardiology			
08/03/2024 ECG Charge(OPD Base)	1.0	0.0	0.00
ECHO COLOUR DOPPLER SCREENING	1.0	0.0	0.00
Non Invasive Cardiology (Subtotal)			0.00
Total Bill Amount			2000.00
Net payable amount			2000.00
Bill Outstanding			2000.00

Received With Thanks From AVI VITHAL MAGARE of Rs 0.0 /-
(Rs Zero Only)

Printed By : (Signature)
For : Savita Hospital



भारत सरकार
Government of India

अवी विठ्ठल मगरे
Avi Vithal Magare
जन्म तारीख / DOB: 17/04/1983
पुरुष / Male

8459 2638 7733

मेरा आधार, मेरी पहचान

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