



Savita

Superspeciality Hospital
(A Unit of Solace Healthcare Pvt. Ltd.)

Parivar Char Rasta, Waghodia-Dabhoi Ring Road, Vadodara-390019

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✉ contact@savitahospital.com 🌐 www.savitahospital.com

Patient Name : Mr Nirajkumar . Deo

Sample No. : 20240906858



Patient ID : 20221206861

Visit No. : OPD20240916083

Age / Sex : 50y 9m/Male

Call. Date : 28/09/2024 09:31

Consultant : DR KANCHI DESAI

S. Coll. Date : 28/09/2024 10:20

Ward : -

Report Date : 28/09/2024 15:51

CBC, ESR

Investigation	Result	Normal Value
Hemoglobin :	14.4 gm/dl	13.5 to 18.0 gm/dl
P.C.V. :	44.2 %	42.0 to 52.0 %
M.C.V. :	81.4 fL	78 to 100 fL
M.C.H. :	26.5 pg [L]	27 to 31 pg
M.C.H.C. :	32.6 g/dl	32 to 36 g/dl
RDW :	12.5 %	11.5 to 14.0 %
RBC Count :	5.43 X 10 ⁶ / cumm	4.7 to 6.0 X 10 ⁶ / cumm
Polymorphs :	79 % [H]	38 to 70 %
Lymphocytes :	18 %	15 to 48 %
Eosinophils :	1 %	0 to 6 %
Monocytes :	2 % [L]	3 to 11 %
Basophils :	0 %	0.0 to 1.0 %
Total :	100	< 100 > 100
WBC Count :	6400 /cmm	4000 to 10000 /cmm
Platelets Count :	161000 /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



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Age / Sex : 50y 9m/Male	Visit No. : OPD20240916083
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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) :	114 mg/dl [H]	74 - 100 mg/dl
Urine Sugar (FUS) :	Nil	
Blood Sugar (PP2BS) :	113 mg/dl	70 to 120 mg/dl
Urine Sugar (PP2US) :	Nil	

HBA1C

Investigation	Result	Normal Value
Glycosylated Hb :	6.9 % [H]	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 :	151.33	

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Lipid Profile


Investigation	Result	Normal Value
Sample :	Fasting	
Sample Type :	Normal	
Cholesterol (Chol) :	161 mg/dl	Low risk : < 200 Moderate risk : 200 - 239 High risk : > or = 240
Triglyceride :	265 mg/dl [H]	Normal : < 200.0 High : 200 - 499 Very High : > or = 500
HDL Cholesterol :	44 mg/dl	Low risk: >or = 60 mg/dL High risk : Up to 35 mg/dL
LDL :	64 mg/dl [L]	131.0 to 159.0(N) < 130.0(L) > 159.0(H)
VLDL :	53 mg/dl [H]	Up to 0 to 34 mg/dl
LDL/HDL Ratio :	1.45	Low risk : 0.5 to 3.0 Moderate risk : 3.0 to 6.0 Elevted level high > 6.0
Total Chol / HDL Ratio :	3.66	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 :	770 mg/dl [H]	400 to 700 mg/dl

Note :- Lipemic samples give high triglyceride value and falsely low LDL value.



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RENAL FUNCTION TEST

Investigation	Result	Normal Value
Creatinine :	1.4 mg/dl	0.6 - 1.4 mg/dl
Urea :	31 mg/ dl	13 - 45 mg/dl
Uric Acid :	6.9 mg/dl	3.5 - 7.2 mg/dl
Calcium :	9 mg/dl	8.5 - 10.5
Phosphorus :	4.8 mg/dl	1.5 - 6.8



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LFT (Liver Function Test)

Investigation	Result	Normal Value
Total Bilirubin :	0.9 mg/dl	0.2 to 1.0 mg/dl
Direct Bilirubin :	0.2 mg/dl	0.0 to 0.2 mg/dl
Indirect Bilirubin :	0.7 mg/dl	0.0 to 0.8 mg/dl
AST (SGOT) :	23 U/L	5 to 34 U/L
ALT (SGPT) :	18 U/L	0 to 55 U/L
Total Protein (TP) :	6.9 g/dL	6.4 to 8.3, g/dl
Albumin (ALB) :	4.5 g/dl	3.5 to 5.2 g/dl
Globulin :	2.4 g/dl	2.3 to 3.5 g/dl
A/G Ratio :	1.88	
Alkaline Phosphatase (ALP) :	49 U/L	40 to 150 U/L
GAMMA GT. :	17 U/L	7 to 35 U/L

Dr.Mehul Desai
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Unipath Specialty Laboratory (Baroda) LLP - Platinum Complex, Opp. HDFC Bank, Nr. Radha Krishna char rasta, Akota, Vadodara - 390020
Phone: 0265-2354435 / 2520200 | Mobile: 7228800500 / 8155028222 | Email: info.baroda@unipathllp.in
Home Visit / OPD Reception : 9998724579



TEST REPORT

Reg. No. : 40901017152	Reg. Date : 28-Sep-2024 13:09	Collected On : 28-Sep-2024 13:09
Name : Mr. NIRAJKUMAR DEO		Approved On : 28-Sep-2024 14:37
Age : 50 Years	Gender : Male	Ref. No. :
Ref. By :		Dispatch At :
Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD		Tele No. :

Test Name	Results	Units	Bio. Ref. Interval
THYROID FUNCTION TEST			
T3 (triiodothyronine) <i>Method:CLIA</i>	0.61	ng/mL	0.6 - 1.81
T4 (Thyroxine) <i>Method:CLIA</i>	6.30	µg/dL	4.5 - 12.6
TSH (ultra sensitive) <i>Method:CLIA</i> Sample Type:Serum	H 8.830	µIU/mL	0.55 - 4.78

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 (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 Eddition. Philadelphia: WB Saunders,2012:2170

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Test done from collected sample.

Printed On: 28-Sep-2024 14:38

Dr. Vaishali Bhatt
M.B.B Page 1 of 2
Reg No :- G-18266

We are open 24 x 7 & 365 days

LLP Identification Number: AAN-8932



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Home Visit / OPD Reception : 9998724579



TEST REPORT

Reg. No. : 40901017152	Reg. Date : 28-Sep-2024 13:09	Collected On : 28-Sep-2024 13:09
Name : Mr. NIRAJKUMAR DEO		Approved On : 28-Sep-2024 14:25
Age : 50 Years	Gender : Male	Ref. No. :
Ref. By :		Dispatch At :
Location : SAVITA SUPERSPECIALTY HOSPITAL @ WAGHODIYA ROAD		Tele No. :

Test Name	Results	Units	Bio. Ref. Interval
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PSA	1.040	ng/mL	0 - 4
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Method:CLIA

Sample Type:Serum

Useful For

1. Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year
2. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
3. Prostate cancer screening.

Comments

-Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.

-Digital rectal examination generally does not increase normal prostate-specific antigen (PSA) values. However, cystoscopy, urethral instrumentation, and prostate biopsy may increase PSA levels.

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

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Test done from collected sample.


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Dr. Vishal Jhaveri
M.B.B.S, Page 2 of 2
Reg. G-13041

We are open 24 x 7 & 365 days

LLP Identification Number: AAN-8932



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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 :	1.020	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 :	1-2 /hpf	0-5/hpf
Red Blood Cells :	0-1 /hpf	Absent
Epithelial Cells :	4-7 /hpf	



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



PATIENT NAME: NIRAJKUMAR DEO

AGE/SEX: 50 YRS/M

DATE: Saturday, 28 September 2024

ULTRASOUND OF ABDOMEN & PELVIS

LIVER appears normal in size and shows normal 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 (25 cc). 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:

- **NO SIGNIFICANT ABNORMALITY NOTED IN PRESENT SCAN.**

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.



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PATIENT NAME: NRAJKUMAR DEO	
AGE/SEX: 50 YEARS/M	DATE: Saturday, 28 September 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.



2D-ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

NAME: NIRAJKUMAR DEO

AGE/SEX: 50 YRS/MALE

DATE: 28/09/2024

REF BY: DIRECT

OBSERVATION:

- NORMAL LV SIZE AND NORMAL LV SYSTOLIC FUNCTION. LVEF = 60% (VISUAL).
- NO RWMA AT REST.
- NORMAL 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: 28MM

IVS: 12/15MM

LVPW: 11/14MM

LVID: 44/26MM

CONCLUSION:

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

DR.NIRAV BHALANI
[CARDIOLOGIST]

DR.ARVID SHARMA
[CARDIOLOGIST]

50 Years

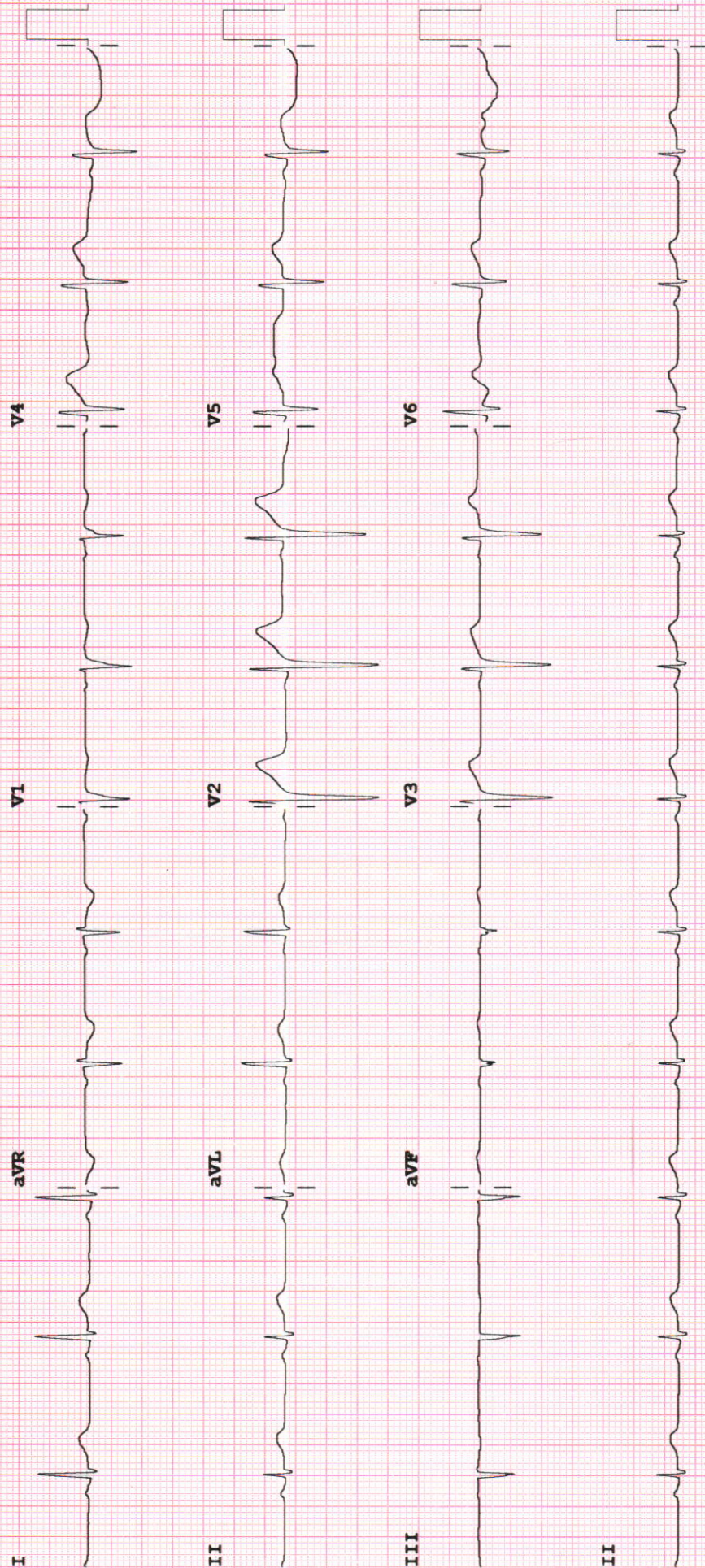
Male

Rate 69
 PR 156
 QRSD 82
 QT 368
 QTc 395

--AXIS--

P 40
 QRS -20
 T 16

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?



Examination by Physician

Name : MR.NIRAJKUMAR DEO

Reg. No : 20221206861

Age/ Sex : 50Y/MALE

DOE : 28-09-2024

Physical Examination

Height: 153 cm. Weight: 62 kg BMI: _____ Tempera
ture: _____ Pulse: 68/min BP: 92/66 mmHg SpO2 - 97%

Chief Complaints:

tiredness

Past History:

KID - DM on Ayurvedic medication
Hypothyroidism on Thyronorm 50mg
Dyslipidemia - Rosuva 10mg

Examination:

General Examination:

NAD

Systemic Examination:

NAD

Investigation:

RBS 114 mg/dl , HbA_{1c} - 6.9%

ECG WN

Others TSH - 8.83

Advice:

ADD, Exercise

T Thyronorm 67.5 OD BBF

T Rosuva 20mg Signature HS

x 2 months

- repeat Lipid profile after 2 months
Thyroid profile





Examination by Ophthalmologist

Name : MR.NIRAJKUMAR DEO

Reg. No : 20240906861

Age/ Sex : 50Y/MALE

DOE : 28-09-2024

clo POV for near

Medical History:

klro dm- On alternate medicines.

Examination of Eye: Right LEFT

External Examination:

Anti seg Examination:

Schiot Tonometry IOP:

Fundus:

Without Glass Distant Vision: _____

Near Vision: _____

With Glass Distant Vision: 6/6 6/6

Near Vision: N6 N6

Colour Vision (With Ishihara Chart): WNL

Impression: (BE) day eyes.

Advice: Progressive glass use

Signature: [Signature]



(BE) EXIX eye drop - QDS



Examination by DENTAL

Name : MR. NIRAJKUMAR DEO

Reg. No : 20221206861

Age/sex : 50Y/MALE

DOE : 28-09-2024

Presenting Complaints:

6to pain in upper left tooth buade region

Medical History:

Diabetic since 3 moaty

Examination:

Supra-erupted - 18

Impression:

Advice:

Ext 18 - 18

Signature: _____

