



Dr. Kamesh Katariya  
 Consultant Ophthalmology, D...  
 UHID : WHRJ.0000664286  
 PRAKASHBHAI BHIMJIBHAI THAKKAR  
 Age : 59 Yrs/Male  
 Dr. Dilip Vyas

WOCKHARDT  
 HOSPITALS  
 UHID

Provisional Diagnosis: .....

T-Afebrile/Febrile	_____	_____ °C
P- _____ /min	R- _____ /min	S.P- _____ mmHg
Drug Allergy- Yes/No	_____	_____
Pain- Yes/No	_____	_____
Fall-Risk Yes/No	_____	_____

24.11.24

O/E

VN < 6/L 29

Ant seg - Endosc cat

Colour V<sub>9</sub> - N

BC Fundus - VM

k

allow up date - \_\_\_\_\_

Malnourished/Under/Nourished/Well Nourished  
 Nutritional Assessment Required:- Yes/ No

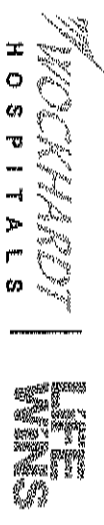
**Dr. Dilip Vyas**

MBBS, MD (Medicine), Consultant Physician

O.P.D. Mon to Fri

Morning 10:30 to 2:00 / Evening 5:30 to 7:00

(Emergency 24x7)



UHID : MHRJ.000065A286

PRAKASHBHAI BHIMJI BHAI THAKRAR

Provisional Diagnosis: .....  
Age : 59 Yrs/Male

Dr. Dilip Vyas

UHID :

T-Afebrile/Febrile _____ °C
P- _____ /min R- _____ /min
B.P- _____ / _____ mmHg
Drug Allergy- Yes/No _____
Pain- Yes/No _____
Fall-Risk Yes/No _____

2 LTR only

for HCS

F 124 PP147 ITSAE J1

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DM 514

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Escg normal

per spin T

Follow up date - \_\_\_\_\_

Mainnourished/Under/Nourished/Well Nourished  
Nutritional Assessment Required:- Yes/No

**Wockhardt Hospitals Ltd.**

Unit : N M Virani Wockhardt Hospital

Kalawad Road, Rajkot - 360 007 Tel. : 0281-669 4444

Email : [enquire@wockhardthospitals.com](mailto:enquire@wockhardthospitals.com) Web : [www.wockhardthospitals.com](http://www.wockhardthospitals.com)

CIN : U85100MH1991PLC063096

**Dr. Dilip Vyas**

MBBS, MD (Medicine)

Consultant WHI/OPRAJ-01

Cell No 9-3091

**DEPARTMENT OF LABORATORY MEDICINE**

<b>Patient Name</b>	: MR. PRAKASHBHAI BHIMJISHAI THAKRAR	<b>Bill No.</b>	: OCR6/25/0003338
<b>Age/Sex</b>	: 59 Years/Male	<b>Sample Collection</b>	: 22/11/2024 11:00 AM
<b>UHID</b>	: WHRL0000664286	<b>Receiving Date Time</b>	: 22/11/2024 11:29 AM
<b>Primary Consultant</b>	: DR.DILIP VYAS	<b>Report Date</b>	: 22/11/2024 11:47 AM
<b>Order Date</b>	: 22/11/2024 08:32 AM	<b>Approval Date Time</b>	: 22/11/2024 11:48 AM
<b>Order No.</b>	: 42907	<b>Specimen</b>	: Serum
<b>Visit Code</b>	: OP.0215138	<b>Bed No.</b>	:

PARAMETER	METHOD	RESULT	UNIT	B.R.I	Final Report
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**Plasma Glucose Post Prandial**  
Plasma Glucose Post Prandial Hexokinase 147 mg/dl < 140

**Interpretation:**  
American Diabetes Association (ADA) criteria for diagnosis of Diabetes Mellitus:  
Normal: Less than 140 mg/dl  
Impaired Tolerance: 140 – 199 mg/dl  
Diabetes Mellitus: More than 200 mg/dl

- Note:**
- Two abnormal results, on more than one occasion are required for diagnosis of DM.
  - Other causes of transient glucose intolerance must be ruled out before diagnosis of DM.
  - For Post prandial blood sugar test, blood sample should be given after 2 hours of meal.
  - Strenuous work/Exercise immediately before sample collection can lower glucose test results
  - An individual may have higher FBS level in comparison to PPBS level due to following reasons: Glycaemic index and response to food consumed, changes in body composition, high insulin sensitivity, exaggerated response to insulin, alimentary hypoglycemia, renal glycosuria, effect of hypoglycaemics/insulin treatment, anxious individual with disturbed sleep, dawn phenomenon and somogyi effect.

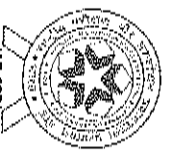
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**MIDHI PUROHIT**  
Verified By

**DR. PRAVIN GOJIYA**

M.D.,(PATHOLOGY)

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**DEPARTMENT OF LABORATORY MEDICINE**

<b>Patient Name</b>	: MR. PRAKASHBHAI BHIMJIBHAI THAKRAR	<b>Bill No.</b>	: OCR6/25/0003338
<b>Age/Sex</b>	: 59 Years/Male	<b>Sample Collection</b>	: 22/11/2024 08:37 AM
<b>UHID</b>	: WHRL0000664286	<b>Receiving Date Time</b>	: 22/11/2024 08:45 AM
<b>Primary Consultant</b>	: DR.DILIP VYAS	<b>Report Date</b>	: 22/11/2024 09:41 AM
<b>Order Date</b>	: 22/11/2024 08:32 AM	<b>Approval Date Time</b>	: 22/11/2024 10:05 AM
<b>Order No.</b>	: 42907	<b>Specimen</b>	: EDTA Blood
<b>Visit Code</b>	: OP6.0215138	<b>Bed No.</b>	:

**HEMATOLOGY**

Final Report

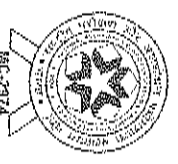
PARAMETER	METHOD	RESULT	UNIT	B.R.I
<b>Complete Blood Count (With ESR) - EDTA Blood</b>				
Hemoglobin	SLS Photometric Method	11.7	g/dL	13.5-18.0
Haematocrit	RBC Histogram	39.3	%	42 - 52
RBC Count	Impedance	4.79	10 <sup>6</sup> /μl	4.7-6.0
MCV	Calculated	82.1	fL	78-100
MCH	Calculated	24.5	pg	27-31
MCHC	Calculated	29.9	g/dL	30 - 35
RDW-CV	Calculated	15.9	%	11.5-14.0
WBC Total Count TLC	Flow cytometry / Microscopy	7.25	10 <sup>3</sup> /μL	4.0-10.5
Platelet Count	Impedance	364	10 <sup>3</sup> /μL	150-450
WBC Differential Count (DLC)				
Neutrophils	Flow cytometry / Microscopy	66.2	%	40 - 80
Lymphocytes	Flow cytometry / Microscopy	23.1	%	20 - 40
Eosinophils	Flow cytometry / Microscopy	2.4	%	2-6
Monocytes	Flow cytometry / Microscopy	7.8	%	2-10
Basophils	Flow cytometry / Microscopy	0.5	%	0-2
Blood ESR - 1 Hour	Westergren	10	mm/hr	0 - 20

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**DEPARTMENT OF LABORATORY MEDICINE**

Patient Name	: MR. PRAKASHBHAI BHINAJIBHAI THAKRAR	Bill No.	: OCR6/25/0003338
Age/Sex	: 59 Years/Male	Sample Collection	: 22/11/2024 08:37 AM
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Visit Code	: OP6.0215138	Bed No.	:

**HEMATOLOGY**

PARAMETER	METHOD	RESULT	UNIT	B.R.I	Final Report
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**RR-Blood Group Rh Factor Serum and EDTA Blood**

Blood Group	Column Agglutination Technology (CAT)	AB	
Rh Factor	(NON ACCREDITED)	POSITIVE	

- Method : Blood grouping done by Gel card(Forward and Reverse) and/or Slide Agglutination(Forward) method with Anti-A(IgM), Anti-B(IgM) and Anti-D(IgM+IgG).


- Anti-D(IgG+IgM) does not detect DU(Weak Ag) variant in routine test. All Negative samples should be further tested at Blood Bank by DU Test for final confirmation.

- Subtyping of antigen can not be known by routine BGRh test. All A and AB blood groups should be further investigated at Blood Bank for further subtyping of Antigen(A1 or A2).

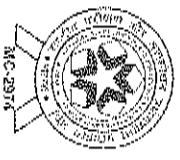
- For all Blood samples, it is presumed that the sample belongs to Patient named on it or on Requisition form. Results are released as per the sample received.

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**Dr. PRAVIN GOJYA**  
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**DEPARTMENT OF LABORATORY MEDICINE**

<b>Patient Name</b> : MR. PRAKASHBHAI BHIMJIBHAI THAKRAR	<b>Bill No.</b> : OCR6/25/0003338
<b>Age/Sex</b> : 59 Years/Male	<b>Sample Collection</b> : 22/11/2024 08:37 AM
<b>UHID</b> : WHRU.0000664286	<b>Receiving Date Time</b> : 22/11/2024 08:45 AM
<b>Primary Consultant</b> : DR.DILIP VYAS	<b>Report Date</b> : 22/11/2024 09:41 AM
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**BIOCHEMISTRY**

Final Report

PARAMETER	METHOD	RESULT	UNIT	B.R.I
<b>Alkaline Phosphatase - Serum</b>				
Alkaline Phosphatase	PNP AMP Kinetic	55.9	U/L	40 – 130
<b>Bilirubin- Serum</b>				
Serum Total Bilirubin	Diazo	0.59	mg/dl	0.1 - 1.2
Serum Direct Bilirubin	Diazo	0.25	mg/dL	0.1-0.3
Serum Indirect Bilirubin	Calculated	0.34	mg/dl	
<b>Blood Urea Nitrogen-Serum</b>				
Blood Urea Nitrogen	Calculated	9.12	mg/dl	Infant/child: 5-18 (18-60 years): 6-20 (60-90 years): 8-23
<b>Urea- Serum</b>				
Urea- Serum	Urease-GLDH	19.7	mg/dL	16.6 - 48.5
<b>Creatinine- Serum</b>				
Serum Creatinine	Jaffe's Kinetic	0.64	mg/dL	Newborn: 0.3-1.0 Infant: 0.2-0.4 Child: 0.3-0.7 Adolescent: 0.5-1.0 Adult: <1.2
<b>Gamma GT- Serum</b>				
Gamma GT (NON ACCREDITED)	G- glutamyl-p-nitroanilide	22.7	U/L	10 – 71
<b>Plasma Glucose- Fasting</b>				
Plasma Glucose - Fasting.	Hexokinase	124.28	mg/dL	60 – 100

**Interpretation:**

American Diabetes Association (ADA) criteria for diagnosis of Diabetes Mellitus:

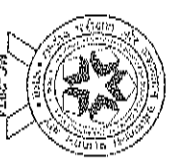
Normal: Less than 100 mg/dL

Impaired Tolerance: 100 – 125 mg/dL

Diabetes Mellitus: More than 126 mg/dL

**Note:**

- Two abnormal results, on more than one occasion are required for diagnosis of DM.
- Other causes of transient glucose intolerance must be ruled out before diagnosis of DM.
- For fasting blood sugar test, blood sample should be given after an 8 hour fast.
- An individual may have higher FBS level in comparison to PPBS level due to following reasons: Glycaemic index and response to food consumed, changes in body composition, high insulin sensitivity, exaggerated response to insulin, alimentary hypoglycemia, renal glycosuria, effect of hypoglycaemics/insulin treatment, anxious individual with disturbed sleep, dawn phenomenon and somogyi effect.



**DEPARTMENT OF LABORATORY MEDICINE**

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<b>Order No.</b>	: 42907	<b>Specimen</b>	: EDTA Blood
<b>Visit Code</b>	: OP6.0215138	<b>Bed No.</b>	:

**BIOCHEMISTRY**

Final Report

PARAMETER	METHOD	RESULT	UNIT	R.R.1
<b>S.G.O.T (AST)- Serum</b>				
S.G.O.T (AST)	UV Kinetic	13.8	U/L	0 - 40
S.G.P.T (ALT)	UV Kinetic	20.6	U/L	0 - 41
<b>Total Protein- Serum</b>				
Total Protein	Buret	7.15	g/dL	Term: 4.6-7.4 7-19 year: 6.3-8.6 Adult: 5.5-8.0
Albumin	BCG	4.70	g/dL	Term: 2.5-3.4 7-19 year: 3.7-5.6 Adult: 3.5-5.5
Globulin	Calculated	2.45	g/dL	2 - 3.5
Albumin/Globulin Ratio	Calculated	1.91		0.9 - 2
<b>Uric Acid- Serum</b>				
Uric Acid	Enzymatic	3.2	mg/dl	2.5 - 8.0
Blood Urea Nitrogen	Calculated	9.12	mg/dL	Infant/child: 5-18 (18-60 years): 6-20 (60-90 years): 8-23 Newborn: 0.3-1.0 Infant: 0.2-0.4 Child: 0.3-0.7 Adolescent: 0.5-1.0 Adult: <1.2
Creatinine	Jaffe's Kinetic	0.64	mg/dL	
Blood Urea Nitrogen/Creatinine Ratio	Calculated	14.24		< 20

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**Dr. PRAVIN GOJIVA**  
M.D. (PATHOLOGY)

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**DEPARTMENT OF LABORATORY MEDICINE**

Patient Name	: MR. PRAKASHBHAI BHIMJIBHAI THAKRAR	Bill No.	: OGR6/25/0003338
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Order No.	: 42907	Specimen	: EDTA Blood
Visit Code	: OP6.0215138	Bed No.	:

**BIOCHEMISTRY**

Final Report

PARAMETER	METHOD	RESULT	UNIT	B.R.I	
<b>Glycosylated Haemoglobin- EDTA Blood</b>					
~glycosylated Haemoglobin	HPLC	7.1	%		Non-diabetic: <5.7
Estimated Mean glucose	Calculated	157.07	mg/dl		
<b>(NON ACCREDITED)</b>					
Test Performed by HPLC method (BioRad - D10)					

**Interpretation:**

American Diabetes Association (ADA) criteria for diagnosis of Diabetes Mellitus:  
 Prediabetes: 5.7 – 6.4  
 Diabetes Mellitus: More than 6.5

**Note:**

- Two abnormal results, on more than one occasion are required for diagnosis of DM.
- Other causes of transient glucose intolerance must be ruled out before diagnosis of DM.
- HbA1C is used for monitoring diabetic control. It reflects the estimated average (Mean) glucose. Trends in HbA1C are better indicator of diabetic control than a solitary test.
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control: Excellent control – less than 7 %, Good control – 7 to 8 %, Action suggested – More than 8 %.

**reference and limitation:**

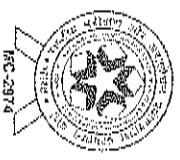
- All hemoglobin variants which are glycosylated at B-chain N-terminus and which have antibody recognizable region identical to that of HbA1C are determined by this assay.
- Abnormal Hb might affect the half life of RBCs or the in vivo glycation rates. Care must be taken when interpreting any HbA1C result from patient with Hb variants/High Hb-F. For Homozygous/Heterozygous Hemoglobinopathies, alternative method should be used.
- Any cause of shortened erythrocyte survival (Hemolytic anemia or other hemolytic disease), Recent significant or chronic blood loss will reduce exposure of RBCs to glucose with consequent decrease in HbA1C.
- Test result obtained by different testing procedure should not be compared directly. Values may not be comparable with different methodologies and even different laboratories using same methodology. (ref.: Wallach, 8th Edition)

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**DEPARTMENT OF LABORATORY MEDICINE**

<b>Patient Name</b>	: MR. PRAKASHBHAI BHINAJIBHAI THAKRAR	<b>Bill No.</b>	: OCR6/25/0003338
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<b>Order No.</b>	: 42907	<b>Specimen</b>	: EDTA Blood
<b>Visit Code</b>	: OP6.0215138	<b>Bed No.</b>	:

**IMMUNOLOGY**

PARAMETER	METHOD	RESULT	UNIT	B.R.I	Final Report
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**Prostate Specific Antigen Total (PSA Total)- Serum**

PSA Total	Electrochemiluminescence immunoassay	0.472	ng/ml		Normal: <4.0 Borderline: 4-10 High : >10
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(NON ACCREDITED)

Method:- Electrochemiluminescence ECLIA; Cobas e411 (Roche, Germany)

Elevated concentrations of PSA are generally indicative of prostatic pathology (prostatitis, BPH or Carcinoma). It is helpful in monitoring of progress efficiency of therapy in cases of Ca prostate. Trauma to prostate can lead to variable rise in serum PSA level.

**T3 T4 TSH- Serum**

Total T3	Electrochemiluminescence immunoassay	1.04	ng/ml		0.8 – 2
Total T4	Electrochemiluminescence immunoassay	10.17	µg/dl		5.1 – 14.1



**DEPARTMENT OF LABORATORY MEDICINE**

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**IMMUNOLOGY**

Final Report

PARAMETER	METHOD	RESULT	UNIT	B.R.I
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**T3 T4 TSH - Serum**

TSH	Electrochemiluminescence immunoassay	1.96	µIU/ml	Term: 1.3-19.0 3 days: 1.1-17 10 weeks: 0.6-10.0 14 months: 0.4-7.0 5 years: 0.4-6.0 14 years: 0.3-5.0 ADULT: 0.27-4.2 Pregnancy: 1st Trimester: 0.1-2.5 2nd Trimester: 0.2-3.0 3rd Trimester: 0.3-3.0
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**INTERPRETATION:** TSH is formed in anterior pituitary and is subject to a circadian secretion, so result may show considerable physiologic and seasonal variation.

**High TSH :** Primary hypothyroidism (untreated or inadequately treated), Hashimoto thyroiditis, Iodine deficiency goiter, External neck irradiation, Post thyroidectomy, Pituitary thyrotroph adenoma etc.

**Drugs :** Iodine containing agent like amiodarone / iopanoic acid / ipodate, Amphetamines, Dopamine antagonist like metoprolamide / domperidone / chlorpromazine / haloperidol, lithium etc. can increase TSH level.

**Low TSH :** Toxic multinodular goiter, Autonomously functioning thyroid adenoma, Graves disease, Thyroiditis, Extrathyroidal thyroid hormone source, Factitious, Secondary hypothyroidism (Pituitary / hypothalamic tumor or infiltrates) etc.

**Drugs :** Glucocorticoids, dopamine, dopamine agonist like bromocriptine, L – dopa, Apomorphine, Pyridoxine, Over replacement of thyroid hormone in hypothyroidism etc can decrease TSH level.

**TSH result may be transiently altered because of some non thyroidal acute illness (NTI).** To evaluate thyroid status of hospitalized ill patient, clinical correlation / repeat testing may be needed.

**Interference :** RA factor, Heterophile antibodies, Human anti-mouse antibodies, High biotin level, icterus, hemolysis, lipemia etc. may produce spurious results.

**Individual test result should not be considered conclusive, Test result should be used with detailed medical history, clinical examination and other findings for final diagnosis.**

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**DR. PRAVIN GOJINA**

M.D. (PATHOLOGY)

**MIDHI PUROHI**  
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**LABORATORY MEDICINE**

Final Report

PARAMETER	METHOD	RESULT	UNIT	R.R.I
<b>LIPOGRAM</b>				
Total Cholesterol	CHOD-PAP	131.99	mg/dL	Desirable: <200 Borderline: 200-239 High: >240
HDL Cholesterol - Direct	Direct Method	31.3	mg/dL	Low: <40.0 High: >60.0
Chol/HDL Ratio	Calculated	4.21		3.5-5.0
Triglycerides	GOP-PAP	211.4	mg/dL	Normal: <150 Borderline: 150-199 High: 200-499 Very High: >500
LDL-Cholesterol -Direct	Homogeneous Enzymetic Colorimetric Assay	81.4	mg/dL	Optimal: <100 Near Optimal: 100-130 Borderline: 130-159 High: 160-190 Very High: >190
LDL/HDL Ratio	Calculated	2.60		2.5-3.5
VLDL Cholesterol	Calculated	42.28	mg/dL	Normal: <30 Optimal: <130 Desirable: 130-159 Borderline: 159-189 High: 189-220 Very high: >220
Non - HDL Cholesterol	Calculated	123.68	mg/dL	

As per NCEP guideline, 12 hr fasting is required for Lipid profile testing. Otherwise TG, VLDL and Non HDL cholesterol results might be variably high, depending upon amount and type of food consumed.

Reference: National Cholesterol Education Program (NCEP) Adult treatment Panel III Report.

--- END OF REPORT ---

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<b>Age/Sex</b>	: 59 Years/Male	<b>Sample Collection</b>	: 22/11/2024 08:37 AM
<b>UHID</b>	: WHRJ.0000664286	<b>Receiving Date Time</b>	: 22/11/2024 08:45 AM
<b>Primary Consultant</b>	: DR.DILIP VYAS	<b>Report Date</b>	: 22/11/2024 09:41 AM
<b>Order Date</b>	: 22/11/2024 08:32 AM	<b>Approval Date Time</b>	: 22/11/2024 10:05 AM
<b>Order No.</b>	: 42907	<b>Specimen</b>	: EDTA Blood
<b>Visit Code</b>	: OP6.0215138	<b>Bed No.</b>	:

**CLINICAL PATHOLOGY**

Final Report

PARAMETER	METHOD	RESULT	UNIT	B.R.I
<b>1-Line Routine</b>				
Physical Examination	Visual	Pale Yellow		
Colour	Macroscopic View	20	ml	
Volume	Macroscopic View	Clear		Clear
Appearance	Strip Method	5.0		5.0 - 8.0
Urine for pH	Strip Method	1.020		1.005 - 1.030
Specific Gravity	Strip Method			
<b>Chemical Examination</b>				
Urine Protein	Protein Error of Indicator Method	Absent		Absent
Urine Sugar	Glucose Oxidase Method	Present(++)		Absent
Urine Ketones	Sodium Nitroprusside Method	Absent		Absent
Urine Blood	Peroxidase like Activity	Absent		Absent
Bile Salts/Bile Pigment	Foucher's Reaction	Absent		Absent
Urobilinogen.	Ehrlich's Reaction	Normal		Normal
<b>Microscopic Examination</b>				
is Cells	Microscopy	1-2	/hpf	< 3
Red Blood Cells	Microscopy	Absent	/hpf	Absent
Epithelial Cells	Microscopy	Occasional	/hpf	< 5
Casts	Microscopy	Absent		Absent
Crystals	Microscopy	Absent		Absent
Amorphous Deposit	Microscopy	Absent		Absent

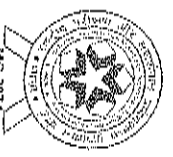
--- END OF REPORT ---

DR. PRAVIN GOJYA

M.D., (PATHOLOGY)

**VARSHA DHOLARIYA**  
Verified By

Partial reproduction of report not permitted. This report relates to sample received by Laboratory.  
• B.R.I : BIOLOGICAL REFERENCE INTERVAL.



**DEPARTMENT OF RADIODIAGNOSTICS**

Patient Name : MR. PRAKASHBHAI BHIMJIBHAI THAKRAR  
 Age/Sex : 59 Yrs / Male  
 UHID : WHRJ.0000664286  
 Reporting Date : 22/11/2024 10:30 AM  
 Bill No. : OCR6/25/0003338

Order Date : 22/11/2024 08:32 AM  
 Referred by :  
 Order No. : 19438

**USG ABDOMEN WITH PELVIS**

Protocol:  
 Real time sonography of the abdomen and pelvis was performed using the 3.5 MHz transducer.

**Findings:**

The liver is normal in size and shows fatty changes. No focal lesion is seen.

The portal vein appear normal in course and calibre.  
 The gall bladder is partially distended.  
 CBD appears normal in course and caliber.  
 Intrahepatic biliary tree is normal.

The pancreas is normal in size and echotexture.  
 The spleen is normal in size and echotexture.

Both kidneys are normal in size, position and echogenicity. Cortical thickness and corticomedullary differentiation are normal. No hydronephrosis or calculi noted.

There is no evidence of ascites.  
 The urinary bladder is partially full.  
 The prostate is grossly normal.

**COMMENTS:**

- Grade-II/III fatty infiltration of liver.
- No other significant abnormality detected.

*HP*  
 Dr. Hemal Kishor  
 DMRK9

Senior Consultant Radiologist

The C1 Scan/MR/USG/ X RAY investigation has technical limitations as well as inaccuracies. It should always be viewed with clino-pathological correlation and other investigations.

**N M Virani Wockhardt Hospital**

Kalawad Road, Rajkot - 360 007 Tel. : 0281-669 4266  
 Email : contact.rjt@wockhardthospitals.com Website : www.wockhardthospitals.com  
 CIN : U85100MH1991PLC063096 GSTIN : 24AAAACW342G1ZN





**DEPARTMENT OF CARDIOLOGY**

UHID : WHRJ.0000664286 Age: 59Year  
Name : **Prakashbhai Bhimjibhai Thakrar**  
Ref. Doctor : Dr. Bhoomi Virpariya

Date: 22-Nov-2024

**2D ECHOCARDIOGRAPHY & COLOUR DOPPLER -- Health check up**

**SUMMARY OF 2D ECHO:**

Performed By: Dr. Bhoomi Virpariya

Normal LVEF - 60%, No RWMA at rest

Normal chamber dimensions.

**Mild Concentric LVH, Grade I Diastolic Dysfunction**

All valves are structurally normal (No AS / No MS / No PS.)

No MR / Trivial AR, Trivial TR, No PAH

No LA/LV clot / No Pericardial effusion. / No Vegetation.

Intact IAS & IVS.

**FINAL IMPRESSION.**

**NORMAL LV FUNCTION (LVEF - 60%), NO RWMA AT REST  
MILD CONCENTRIC LVH, GRADE I DIASTOLIC DYSFUNCTION**

**Dr. Bhoomi Virpariya**



**M.B.B.S., P.G.D.C.C.**

**Noninvasive Cardiologist**

Report Generated by :- Shilpa. Katariya

**M M Virani Wockhardt Hospital**

Kalawet Road, Rajkot - 360 007 Tel. : 0281-669 4266

Email : [contact.rjt@wockhardthospitals.com](mailto:contact.rjt@wockhardthospitals.com) Website : [www.wockhardthospitals.com](http://www.wockhardthospitals.com)

CIN : U85100MH1991PLC063096 GSTIN : 24AAACW3342G1ZM

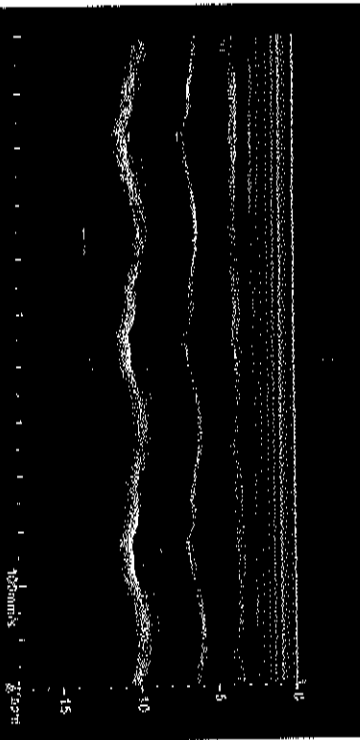




NEW CARDIAC  
 SS-1  
 21Hz  
 Term  
 20.1 MM  
 C-68  
 2 Elev  
 2 Elev

TISQ.5 MI 1.3

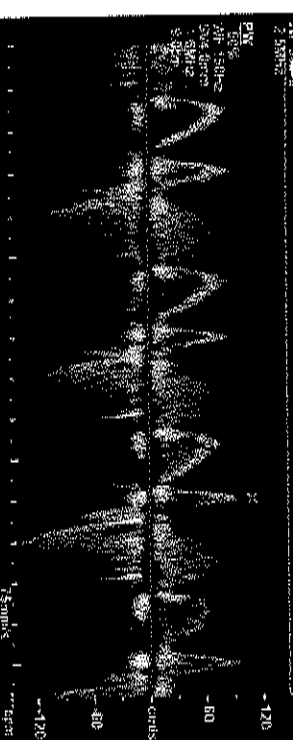
-Aor Diam 3.1 cm  
 -LA Diam 3.5 cm  
 -LVAo (ML) 1.13



NEW CARDIAC  
 SS-1  
 21Hz  
 Term  
 20.1 MM  
 C-68  
 2 Elev  
 2 Elev

TISB.8 MI 0.5

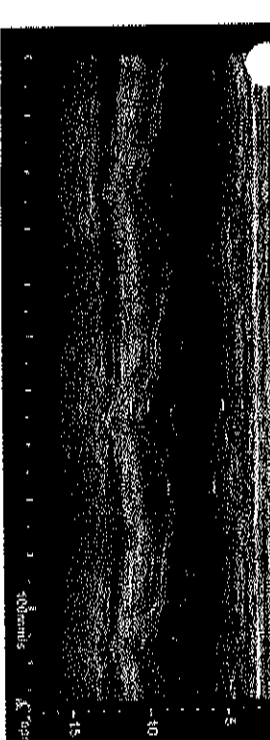
MV Peak E Vel  
 Vel 71.1 cm/s  
 PG 2 mmHg  
 MV Peak A Vel  
 Vel 110 cm/s  
 PG 5 mmHg  
 MVE/A 0.6



NEW CARDIAC  
 SS-1  
 31Hz  
 Term  
 20.1 MM  
 C-68  
 2 Elev  
 2 Elev

TISB.5 MI 1.3

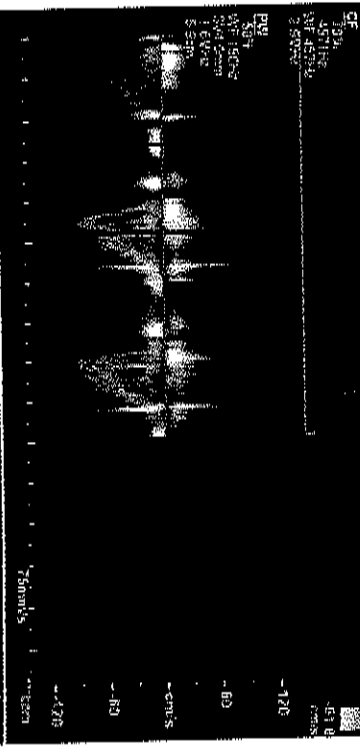
-IVSI 1.24 cm  
 -LVDD 4.81 cm  
 -LVPWD 1.74 cm  
 -LVDS 2.93 cm  
 EDV (MM-Tran) 108 ml  
 IVS & VpW (MM) 1.08  
 ESV (MM-Tran) 39.1 ml  
 EF (MM-Tran) 89.4%



NEW CARDIAC  
 SS-1  
 22Hz  
 Term  
 20.1 MM  
 C-68  
 2 Elev  
 2 Elev

TIS.4 MI 3.3

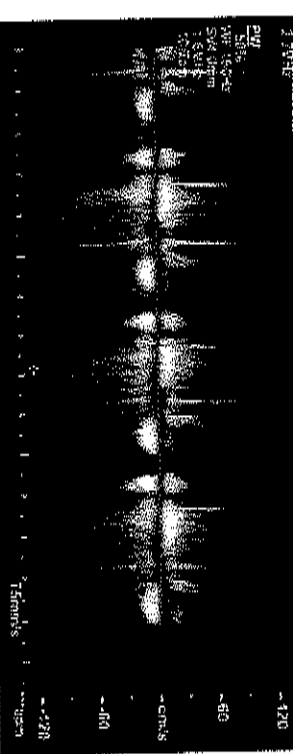
PV Vmax  
 Vmax 88.5 cm/s  
 Max PG 3 mmHg



NEW CARDIAC  
 SS-1  
 19Hz  
 Term  
 20.1 MM  
 C-68  
 2 Elev  
 2 Elev

TIS1.1 MI 0.9

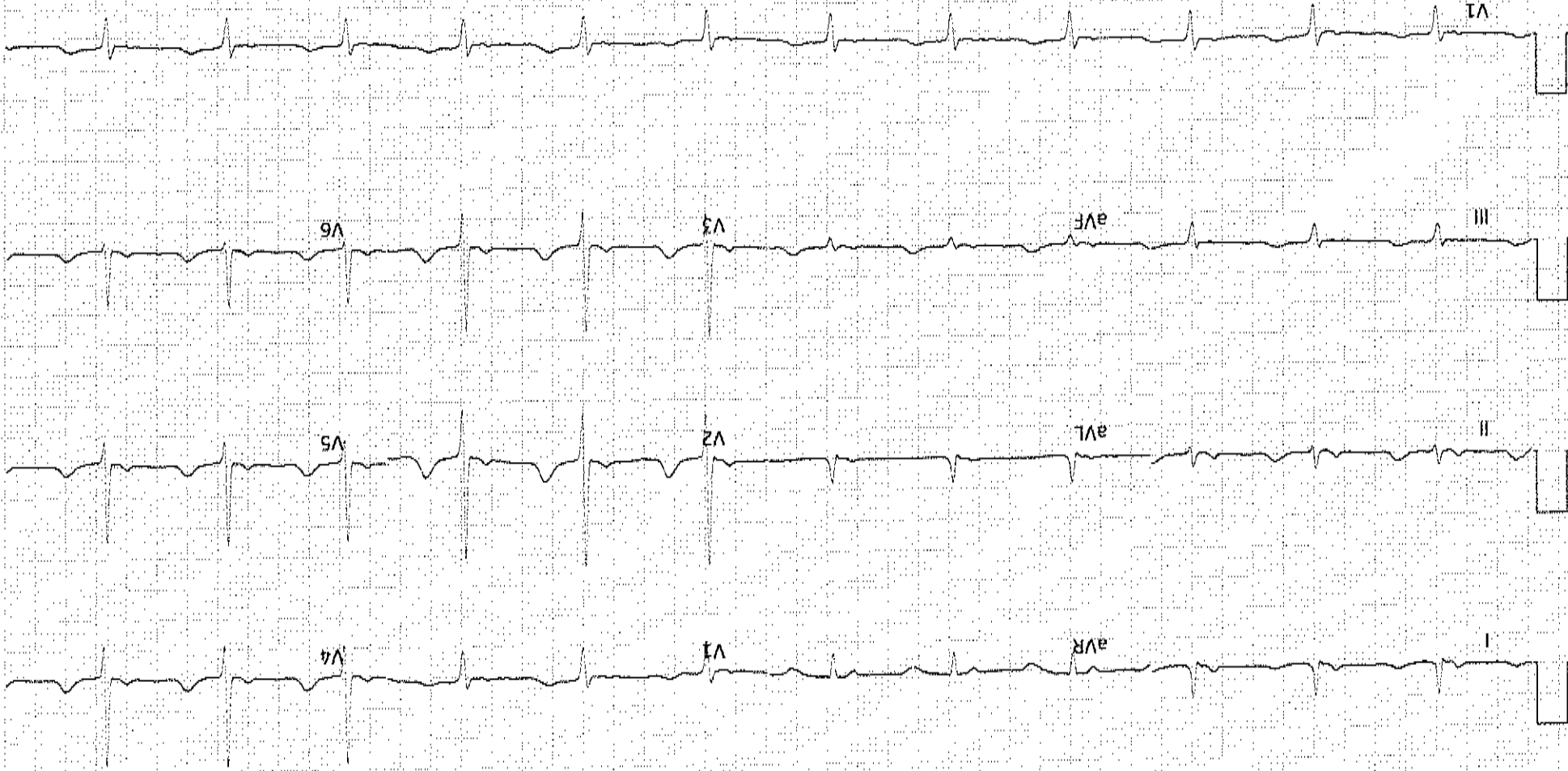
AV Vmax  
 Vmax 124 cm/s  
 Max PG 6 mmHg



Normal sinus rhythm  
Normal ECG

Vent rate 76 BPM  
PR interval 138 ms  
QRS duration 84 ms  
QT/QTc fram 392/425 ms  
P-R-T axes 39 -17 57


Unconfirmed





## HEALTH CHECK UP SUMMARY

Name :	
Age :	
Sex :	
UHD :	
Exam. Date :	



UHD : WHRL0000664286  
**Dr. PRAKASHBHAI BHIMJIBHAI THAKRAR**  
 Age : 59 Yrs./Male  
 Dr. Dilip Vyas

**To be Filled in by the patient**

Has anyone in your family suffered from the following ailments ? if yes, please specify the time period

**FAMILY HISTORY**

Hypertension :	NO/YES	Asthma :	NO/YES
Heart disease :	NO/YES	Cancer :	NO/YES
Diabetes :	NO/YES	Skin Disease :	NO/YES
Epilepsy :	NO/YES	Mental Disease :	NO/YES
Renal Disease :	NO/YES	Peptic ulcer :	NO/YES
Stroke :	NO/YES		
Arthritis / Gout :	NO/YES		

Have you ever suffered from any of these ailments : Yes - DM, I.

**PERSONAL & MEDICAL HISTORY**

Heart Disease :	NO/YES	Hypertension :	NO/YES
Asthma :	NO/YES	Cancer :	NO/YES
Diabetes :	NO/YES	Malaria :	NO/YES
Renal Disease :	NO/YES	Skin Disease :	NO/YES
Epilepsy :	NO/YES	Arthritis / Gout :	NO/YES
Stroke :	NO/YES	Peptic Ulcer :	NO/YES
Mental Disorder :	NO/YES	Chronic Dysentery :	NO/YES
Eosinophilia :	NO/YES	Major illness :	NO/YES
Vertigo :	NO/YES	Hospitalization :	NO/YES
Jaundice :	NO/YES	Tuberculosis :	NO/YES
Smoking :	NO/YES	Medication :	NO/YES
Chewing Tobacco :	NO/YES		
Pain / Beel nut :	NO/YES		
Alcohol Intake :	NO/YES		
Allergies :	NO/YES		
Operations :	NO/YES		

If yes - please name them  
Yes - Veggie, tea, mo. 3-100  
Yes - Salt, doper, m, 100  
Yes - Ecogyn, Av, 75 - 100

Is there any specific issue/concern you may want to discuss with the doctor ?