



Name : NISHCHAY GUPTA
Lab No. : 393818463
Ref By : SELF
Collected : 8/3/2025 9:16:00AM
A/c Status : P
Collected at : WALKIN - J B NAGAR, ANDHERI EAST (MAIN CENTRE)
Metro Station, Sahar Plaza Midas II, Shop No. 9/10/19/20, Wing - A, Andheri - Kurla Road, Below J. B. Nagar, Andheri East, Mumbai, Maharashtra - 400059

Age : 33 Years
Gender : Male
Reported : 8/3/2025 9:26:27PM
Report Status : Interim
Processed at : SDRL, VIDYAVIHAR

ID : proposal_no-22E55068

**Aerfocami Healthcare Below 40 Male/Female
CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	16.3		Spectrophotometric
RBC	4.9		Elect. Impedance
PCV	47.5		Calculated
MCV	96.5		Measured
MCH	33.1		Calculated
MCHC	34.3		Calculated
RDW	13.1		Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6010	4000 - 10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	33.5		
Absolute Lymphocytes	2013.4	1000.0 - 3000.0 /cmm	Calculated
Monocytes	7.9		
Absolute Monocytes	474.8	200.0 - 1000.0 /cmm	Calculated
Neutrophils	54.9		
Absolute Neutrophils	3299.5	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	3.3		
Absolute Eosinophils	198.3	20.0 - 500.0 /cmm	Calculated
Basophils	0.4		
Absolute Basophils	24.0	20.0 - 100.0 /cmm	Calculated





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CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PLATELET PARAMETERS</u>			
Platelet Count	187000	150000 - 410000 /cmm	Elect. Impedance
MPV	7.9		Measured
PDW	12.9		Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	--		
Microcytosis	--		
Macrocytosis	--		
Anisocytosis	--		
Poikilocytosis	--		
Polychromasia	--		
Target Cells	--		
Basophilic Stippling	--		
Normoblasts	--		
Others	Normocytic Normochromic		
WBC MORPHOLOGY	--		
PLATELET MORPHOLOGY	--		
COMMENT	--		

Specimen: EDTA whole blood





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Aerfocami Healthcare Below 40 Male/Female
ERYTHROCYTE SEDIMENTATION RATE (ESR)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
ESR, EDTA WB	5.00	2.00 - 15.00 mm/hr	Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sick cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.





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Aerfocami Healthcare Below 40 Male/Female

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	99.50	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase

Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition

CREATININE, Serum	0.90	0.73 - 1.18 mg/dL	Enzymatic
eGFR, Serum	115.41	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease:30-44 Severe decrease: 15-29 Kidney failure:<15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	100.60	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
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Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition





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Aerfocami Healthcare Below 40 Male/Female

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.67	0.30 - 1.20 mg/dL	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.20	0.00 - 0.30 mg/dL	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.47	<1.20 mg/dL	Calculated
SGOT (AST), Serum	91.60	<34.00 U/L	Modified IFCC
SGPT (ALT), Serum	162.10	10.00 - 49.00 U/L	Modified IFCC
GAMMA GT, Serum	95.30	<73.00 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	82.90	46.00 - 116.00 U/L	Modified IFCC
BLOOD UREA, Serum	21.60	19.29 - 49.28 mg/dL	Calculated
BUN, Serum	10.09	9.00 - 23.00 mg/dL	Urease with GLDH
URIC ACID, Serum	6.70	3.70 - 9.20 mg/dL	Uricase/Peroxidase
TOTAL PROTEINS, Serum	7.20	5.70 - 8.20 g/dL	Biuret
Albumin Serum	4.90	3.20 - 4.80 g/dL	BCG
GLOBULIN Serum	2.30	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	2.13	1.00 - 2.00	Calculated





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Aerfocami Healthcare Below 40 Male/Female
GLYCOSYLATED HEMOGLOBIN (HbA1c)

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB	5.6	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	114.0	mg/dL	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.





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Aerfocami Healthcare Below 40 Male/Female

FUS and KETONES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	



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LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	204	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	158	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL Serum	44	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	160	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	128	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL Serum	32	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3	0-3.5 Ratio	Calculated

Reference:

- 1) Executive Summary of the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III).
- 2) Pack Insert.



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THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
Free T3, Serum	5.60	3.50 - 6.50 pmol/L	CLIA
Free T4 Serum	14.60	11.50 - 22.70 pmol/L	CLIA
sensitiveTSH Serum	1.13	0.55 - 4.78 microIU/ml	CLIA

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

1. TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
2. TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone recovery phase of nonthyroidal illness, TSH Resistance
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, anti thyroid drugs, tyrosine kinase inhibitors & amiodarone amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for hyperthyroidism, drugs like steroids & dopamine, Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.



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THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
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Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results.this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1. O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3. Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)





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EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	6.50	-	pH Indicator
Occult Blood	Absent	Absent	Guaiac
<u>MICROSCOPIC EXAMINATION</u>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present++	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts





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Aerfocami Healthcare Below 40 Male/Female
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh Typing	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia





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URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	Light scattering
Transparency	CLEAR	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.017	1.002-1.035	Refractive index
Reaction (pH)	5.5	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	0.4	0-5/hpf	
Red Blood Cells / hpf	0.00	0-2/hpf	
Epithelial Cells / hpf	0.2	0-5/hpf	
Hyaline Casts	0.00	0-1/hpf	
Pathological cast	0.1	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.00	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.00	0-1.4/hpf	
Triple Phosphate crystals	0.00	0-1.4/hpf	
Uric acid crystals	0.00	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	17.80	0-29.5/hpf	
Yeast	Absent	Absent	
OTHERS	--		

Note: Microscopic examination is performed by Automated Cuvette based technology. All the Abnormal results





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URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
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are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as they are the arithmetic mean of the multiple fields scanned using microscopy.

Reference: Pack Insert.

Dr Trupti Shetty
MD Pathology
Deputy HOD

Dr Leena Salunkhe
DPB
HOD

Dr Namrata Raul
MD, Biochemistry
Consultant Biochemist

Dr Priyanka Sunil Pagare
MD Pathology
Sr. Pathologist

Dr Vrushali Shroff
MD Pathology
Sr. Pathologist



Result/s to follow:
Glucose & Ketones, Urine

IMPORTANT INSTRUCTIONS

The published test results relate to the submitted specimen. All test results are dependent on the quality of the sample received by the laboratory. Laboratory tests should be clinically correlated by a physician and are merely a tool to help arrive at a diagnosis. Unforeseen circumstances may cause a delay in the delivery of the report. Inconvenience is regretted. Certain tests may require further testing at an additional cost for derivation of exact value. Kindly submit the request within 72 hours post-reporting. The Court/Forum at Mumbai shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of the test(s). Test results are not valid for medico-legal purposes. This computer-generated medical diagnostic report has been verified by a doctor or an authorized medical professional. A physical signature is not required for this report.

(#) sample drawn from an external source.

If test results are alarming or unexpected, the client is advised to contact customer care immediately for possible remedial action.

Tel: 022-61700000, Email: customerservice@suburbandiagnosics.com <<mailto:customerservice@suburbandiagnosics.com>>

West Reference Lab, Mumbai, is a CAP (8036028) Accredited laboratory.

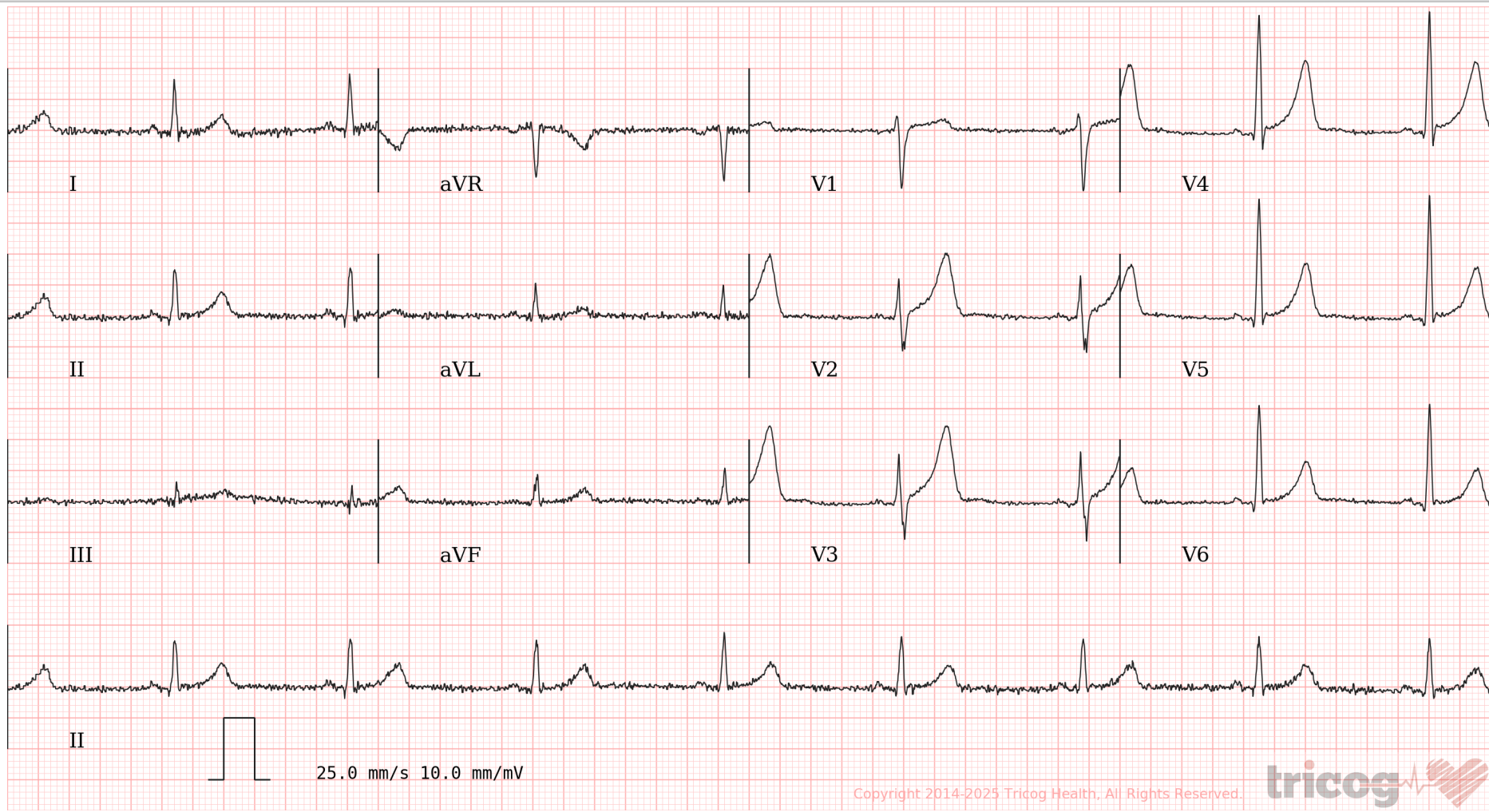


SUBURBAN DIAGNOSTICS - J B NAGAR, ANDHERI EAST



Patient Name: NISHCHAY GUPTA
Patient ID: 393818463

Date and Time: 8th Mar 25 10:49 AM



Age **33** **4** **1**
years months days

Gender **Male**

Heart Rate **52bpm**

Patient Vitals

BP: 110/70 mmHg
Weight: 106 kg
Height: 178 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 92ms
QT: 446ms
QTcB: 414ms
PR: 120ms
P-R-T: 28° 36° 46°

Significant Sinus Bradycardia. Please correlate clinically. Please correlate clinically.

REPORTED BY

Dr Ashish Deshmukh
M.B.B.S., MD (Medicine)
59997

Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG.

भारत सरकार
Government of India

निश्चय गुप्ता
Nishchay Gupta
जन्म तिथि / DOB: 07/11/1991
पुरुष / Male

Issue Date: 01/08/2011

5209 7812 7809

मेरा आधार, मेरी पहचान

9039308674

Nishchay
Gupta

PHYSICAL EXAMINATION FORM

Patient Name: Mr. Nischay

CID:

Sex/Age: 33yr M.

Date: 8/3/25. Gupta

History and Complaints:

EXAMINATION FINDINGS:

Height: 178 cm

Weight: 106 cm

Blood Pressure: 110/70 mm.

Pulse: 74/min

Temp: (N)

Skin: Rashes on both feet
(allergy ??)

Nails:

Lymph Node:  mm.

since 2 hours

Systems

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD.

IMPRESSION:

SGOT- 91.60 U/L SGPT 162.10 U/L S-GAMMA GT- 95.30 U/L
Dyslipidemia

USS- mild hepatomegaly, Grade II fatty liver
Cholelithiasis

ADVICE:

Consult to physician

CHIEF COMPLAINTS:

- 1) Hypertension:
- 2) IHD
- 3) Arrhythmia
- 4) Diabetes Mellitus
- 5) Tuberculosis
- 6) Asthama
- 7) Pulmonary Disease
- 8) Thyroid/ Endocrine disorders
- 9) Nervous disorders
- 10) GI system
- 11) Genital urinary disorder
- 12) Rheumatic joint diseases or symptoms
- 13) Blood disease or disorder
- 14) Cancer/lump growth/cyst
- 15) Congenital disease
- 16) Surgeries

ms


of Back pain since 10 days.

ms

PERSONAL HISTORY:

- 1) Alcohol — No
- 2) Smoking — No
- 3) Diet — Veg
- 4) Medication — No

DR. ANJANA MAHESHWARI
MBBS
MMC NO-79947


10/3/25

Date:-

CID: 393818463

Name:- *Nishahary Gupta*

Sex / Age: *M / 33 y*

EYE CHECK UP

Chief complaints: *Using screen glasses since 2 years*

Systemic Diseases: *Nil*

Past history: *Nil*

Unaided Vision: Distance *RT 6/6* *LT 6/6* Near *RT N/5* *LT N/5*

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics India Pvt Ltd
Shop No. 19/20, Wing -A, Bonanza Building,
Saber Plaza, Near Kohinoor Hotel,
Below J B Nagar Metro Station,
Andheri-Kurla Road, Andheri East, Mumbai - 400059



393818463

Name : Mr. NISHCHAY GUPTA
Age / Sex : 33 Years/Male
Ref. Dr : self
Reg. Location : J B Nagar, Andheri East Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 13:52

2 D ECHO DOPPLER

Summary:

1. Normal LV size with normal LV systolic function(LVEF 60%)
2. No diastolic dysfunction.
3. No RWMA
4. No obvious valvular pathology.
5. IVC normal.
6. No pericardial effusion.
7. No pulmonary hypertension. PASP= 24 mm HG

Left Ventricular assessment:

Size and thickness: normal
RWMA: None obvious
Function: Normal systolic function, No diastolic dysfunction.
LVEF (Estimated): 60%
Mass/Thrombus: Nil.

Right Ventricular assessment:

Size and thickness: Normal.
Systolic function: Normal.
Mass/Thrombus: Nil.

Atria:

Size: Appears normal.
Mass/Thrombus: Nil.

Mitral Valve:

Structure: Normal.
Cusp separation: Normal.
Regurgitation: Trivial

Tricuspid Valve:

Structure: Normal.
Cusp separation: Normal.
Regurgitation: trivial

Click here to view images <<ImageLink>>

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Aortic Valve:

Structure: Normal.
 Cusp separation: Normal.
 Regurgitation: Nil.
 Aortic root: Normal.

Pulmonary Valve:

Structure: Normal.
 Cusp separation: Normal.
 Regurgitation: Nil.

Sub costal view:

IVC - Normal.

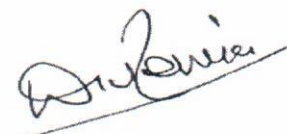
Supra sternal view: Aortic arch: Normal. **Pericardium:** No obvious pericardial effusion.

Dimensions & Doppler measurements:

LA	28	mm	E's		cm/s	E'L	--	cm/s	E'TV	--	cm/s
AoA	22	mm	E/E's	4		E/E'L	--		E/E'TV	--	cm/s
IVSd	10	mm	Ss		cm/s	SL	--	cm/s	STV	--	cm/s
LVIDd	40	mm	Evel	0.7	m/s	RV EDA	--	cm ²	SPAP	24	mmHg
PWd	10	mm	Avel	0.5	m/s	RV ESA	--	cm ²	DPAP	--	mmHg
LVIDs	24	mm	MVDT		ms	RV FAC	--	%	MPAP	--	mmHg
LA vol		ml	E/A	>1		LVOTd		cm	ATPV	--	ms
RA vol		ml	MAPSE	N	cm	RVOTd	--	cm	PH _{A/D}	--	Wu
IVC	10	mm	TAPSE	N	cm	ARPHT	--	ms	LVEDP	--	mmHg

	Max Vel m/s	Max PG mmHg	Mean PGmmHg	VTI	Valve area cm ²
AV	1.3	6			N
PV					N
MV					N
LVOT	1.2	4			N
RVOT					N

-----End of Report-----



DR. DINESH ROHIRA
 DNB MEDICINE
 ECHO CARDIOLOGIST
 REG. No. 2008/04/0837

Click here to view images <<ImageLink>>

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Age / Sex : 33 Years/Male
Ref. Dr : self
Reg. Location : J B Nagar, Andheri East Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 11:03

USG WHOLE ABDOMEN

LIVER:

The liver is **mildly enlarged** in size (16.5 cm), shape and smooth margins. It shows **raised** parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended. No evidence of mass lesions seen.
Evidence of an echogenic calculus measuring 7.7 mm is noted in gall bladder.

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 11.3 x 4.0 cm.
Left kidney measures 11.3 x 4.8 cm.

SPLEEN:

The spleen is normal in size (12.7 cm) and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

PROSTATE:

The prostate is normal in size, measures 3.0 x 3.4 x 3.0 cm and volume is 16.9 cc.

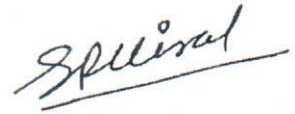
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IMPRESSION:

- Mild hepatomegaly with Grade II fatty liver.
- Cholelithiasis without cholecystitis.

-----End of Report-----



Dr. Swapnil Nisal
MBBS, DMRE
MMC Reg. No.2015/06/3297

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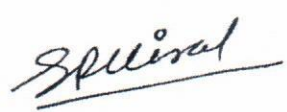
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Reported : 10-Mar-2025 / 11:23

X-RAY CHEST PA VIEW

Both lung fields are clear.
Both costo-phrenic angles are clear.
The cardiac size and shape are within normal limits.
The domes of diaphragm are normal in position and outlines.
The skeleton under review appears normal.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY IS DETECTED.

-----End of Report-----



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