

Name : NIKHIL ATMANDE

Age / Gender : 31 Years / Male

Consulting Dr. :

Collected : 08/03/2025

Reg. Location : Swargate, Pune (Main Centre)

Reported : 08/03/2025

PHYSICAL EXAMINATION REPORT

History and Complaints:

NO

EXAMINATION FINDINGS:

Height (cms):	170 cm	Weight (kg):	63 kg
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	120 /80mmHg	Nails:	Healthy
Pulse:	104 /min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1 S2 Normal NO Murmurs
 Respiratory: Normal
 Genitourinary: Normal
 GI System: Soft non tender no Organomegaly
 CNS: Normal

IMPRESSION:

HbA1c ↑ E Echo-cygs

ADVICE:

— Consult family physical
 — low carb diet

CHIEF COMPLAINTS:

- 1) Hypertension: NO
- 2) IHD NO
- 3) Arrhythmia NO
- 4) Diabetes Mellitus NO
- 5) Tuberculosis NO
- 6) Asthama NO
- 7) Pulmonary Disease NO

Dr. I. U. BAMB
 M.B.B.S., M.D. (Medicine)
 Reg. No. 39452

- | | |
|--|----|
| 8) Thyroid/ Endocrine disorders | NO |
| 9) Nervous disorders | NO |
| 10) GI system | NO |
| 11) Genital urinary disorder | NO |
| 12) Rheumatic joint diseases or symptoms | NO |
| 13) Blood disease or disorder | NO |
| 14) Cancer/lump growth/cyst | NO |
| 15) Congenital disease | NO |
| 16) Surgeries | NO |
| 17) Musculoskeletal System | NO |

PERSONAL HISTORY:

- | | |
|---------------|-------|
| 1) Alcohol | NO |
| 2) Smoking | NO |
| 3) Diet | Mixed |
| 4) Medication | NO |

*** End Of Report ***

Dr.I U BAMB

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Lab No. : 393834970
Ref By : SELF
Collected : 8/3/2025 8:17:00AM
A/c Status : P
Collected at : WALKIN - PUNE LAB, PUNE SATARA ROAD
Seraph Centre, Opp. BSNL Exchange, Shahu
College Road, Off, Pune - Satara Rd, behind
Panchami Hotel, Pune 411009

Age : 31 Years
Gender : Male
Reported : 8/3/2025 1:51:55PM
Report Status : Final
Processed at : PUNE LAB, PUNE SATARA ROAD



**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	14.4	13.0 - 17.0 g/dL	Spectrophotometric
RBC	5.7	4.5 - 5.5 mil/cmm	Elect. Impedance
PCV	47.0	40.0 - 50.0 %	Calculated
MCV	83.0	81.0 - 101.0 fL	Measured
MCH	25.4	27.0 - 32.0 pg	Calculated
MCHC	30.6	31.5 - 34.5 g/dL	Calculated
RDW	16.4	11.6 - 14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4100	4000 - 10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	42.1	20.0 - 40.0 %	
Absolute Lymphocytes	1726.1	1000.0 - 3000.0 /cmm	Calculated
Monocytes	9.6	2.0 - 10.0 %	
Absolute Monocytes	393.6	200.0 - 1000.0 /cmm	Calculated
Neutrophils	46.2	40.0 - 80.0 %	
Absolute Neutrophils	1894.2	2000.0 - 7000.0 /cmm	Calculated
Eosinophils	1.9	1.0 - 6.0 %	
Absolute Eosinophils	77.9	20.0 - 500.0 /cmm	Calculated
Basophils	0.2	0.1 - 2.0 %	
Absolute Basophils	8.2	20.0 - 100.0 /cmm	Calculated

PLATELET PARAMETERS





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**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>
Platelet Count	200000	150000 - 410000 /cmm	Elect. Impedance
MPV	9.5	6.0 - 11.0 fL	Measured
PDW	21.3	11.0 - 18.0 %	Calculated

RBC MORPHOLOGY

Hypochromia	Mild
Microcytosis	--
Macrocytosis	--
Anisocytosis	Mild
Poikilocytosis	--
Polychromasia	--
Target Cells	--

Specimen: EDTA whole blood



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Aerocami 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	6.00	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- Sickle 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) FASTING, Fluoride Plasma Fasting	96.10	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase

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

GLUCOSE (SUGAR) PP, Fluoride Plasma PP	99.70	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
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Note : ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition

CREATININE, Serum	0.76	0.67 - 1.17 mg/dL	Enzymatic
eGFR, Serum	122.80	(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



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<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.53	0.10 - 1.20 mg/dL	Colorimetric
BILIRUBIN (DIRECT), Serum	0.27	<0.30 mg/dL	Diazo
BILIRUBIN (INDIRECT), Serum	0.25	0.10 - 1.00 mg/dL	Calculated
TOTAL PROTEINS, Serum	7.09	6.40 - 8.30 g/dL	Biuret
Albumin Serum	4.97	3.50 - 5.20 g/dL	BCG
GLOBULIN Serum	2.12	2.30 - 3.50 g/dL	Calculated
A/G RATIO Serum	2.34	1.00 - 2.00	Calculated
SGOT (AST), Serum	74.90	5.00 - 40.00 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	173.00	5.00 - 45.00 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	40.20	3.00 - 60.00 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	82.50	40.00 - 130.00 U/L	Colorimetric
BLOOD UREA, Serum	10.50	12.80 - 42.80 mg/dL	Urease GLDH
BUN, Serum	4.90	6.00 - 20.00 mg/dL	Calculated
URIC ACID, Serum	4.82	3.50 - 7.20 mg/dL	Enzymatic





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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	6.2	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB	131.2	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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Aerfocami Healthcare Below 40 Male/Female
Glucose & Ketones, Urine

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



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Aerfocami Healthcare Below 40 Male/Female

LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
CHOLESTEROL, Serum	162	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	137	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>=500 mg/dl	GPO-POD
HDL CHOLESTEROL Serum	36	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	126	Desirable: <130 mg/dl Borderline-high: 130 - 159 mg/dl High: 160 - 189 mg/dl Very high: >=190 mg/dl	Calculated
LDL CHOLESTEROL Serum	99	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	27	< /= 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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Aerfocami Healthcare Below 40 Male/Female

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGES	METHOD
Free T3, Serum	6.79	3.50 - 6.50 pmol/L	ECLIA
Free T4 Serum	16.20	11.50 - 22.70 pmol/L	ECLIA
sensitiveTSH Serum	1.42	0.35 - 5.50 microIU/ml	ECLIA

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.

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%





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Aerfocami Healthcare Below 40 Male/Female
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGES</u>	<u>METHOD</u>
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(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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Aerfocami Healthcare Below 40 Male/Female
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)	6.00	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<u>MICROSCOPIC EXAMINATION</u>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Present	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Occasional	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	AB
Rh Typing	Positive

NOTE: Test performed by Semi-automated column agglutination technology (CAT).
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	Pale Yellow	Pale Yellow	-
Transparency	Clear	Clear	-
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.01	1.002-1.035	Chemical Indicator
Reaction (pH)	6.5	5-8	Chemical Indicator
Proteins	Absent	Absent	pH Indicator
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	Absent	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple Phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	0-1	0-20/hpf	
OTHERS	Leucocyte esterase : Absent		





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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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Dr. Aliya Shaikh
MD Pathology
Consultant Pathologist

Dr. Chandrakant Nanasahab Pawar
MD Pathology
Chief of Lab

-----End of report-----



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.



Name: Nikhil Atmande

Sex / Age: 3M 1M

CID: 393831970

Date: 8/3/25

EYE EXAMINATION

VISION

Distance Vision Without Glasses	Right Eye	Left Eye
Distance Vision With Glasses	Right Eye 6/6	Left Eye 6/6
Near Vision Without Glasses	Right Eye 27/6	Left Eye 27/6
Near Vision With Glasses	Right Eye	Left Eye

GENERAL EXAMINATION:

LIDS
CORNEA
CONJUNCTIVAE
EYE MOVEMENTS
COLOUR VISION

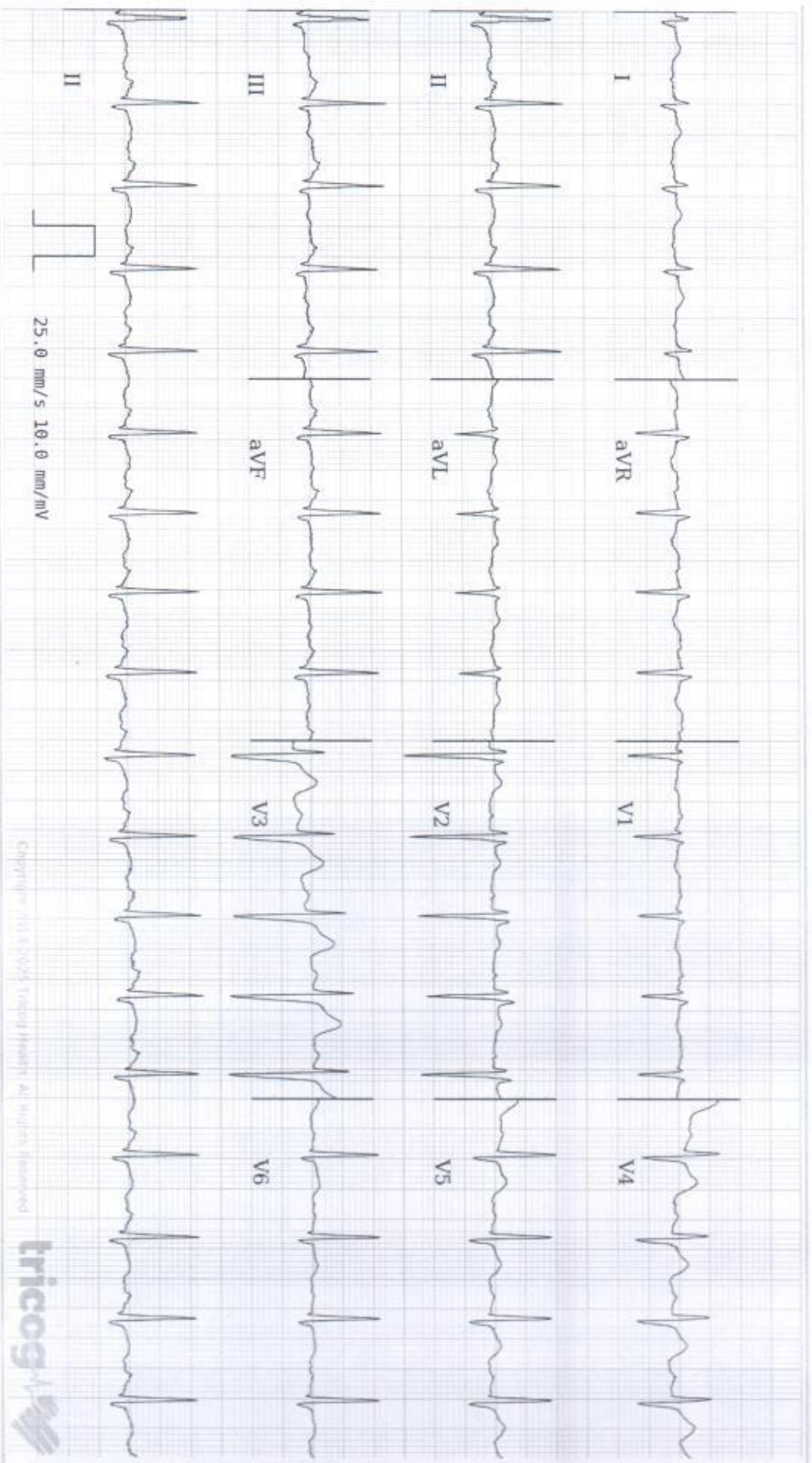


DR L.U. BAMB

M.B.B.S MD (Medicine)

Reg No 39452

SUBURBAN DIAGNOSTICS - SWARGATE, PUNE
Patient Name: NIKHIL BABURAO ATMANDE Date and Time: 8th Mar 25 9:14 AM
Patient ID: 393834970



Right Axis Deviation Incomplete Right Bundle Branch Block with Sinus Tachycardia. Please correlate clinically.

Age **31** NA NA
years months days

Gender **Male**

Heart Rate **111bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 63 kg

Height: 170 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 104ms

QT: 334ms

QTcB: 454ms

PR: 126ms

P-R-T: 76° 89° 40°

REPORTED BY

Dr. I. U. BAMB

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Reg. No. 39452

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DR. ISHWARLAL BAMB
M.B.B.S. MD (MEDICINE)
Cardiologist
39452

CID : 393834970
Name : Mr. NIKHIL BABURAO ATMANDE
Age / Sex : 31 Years/Male
Ref. Dr : self
Reg. Location : Swargate, Pune Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 10:33

ULTRASOUND ABDOMEN & PELVIS

LIVER: Size, shape and echopattern are normal. No focal lesions noted. No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

GALL BLADDER : Well distended. No calculi. Wall thickness is normal. No evidence of any pericholecystic collection.

PANCREAS : Normal in size and echotexture. Pancreatic duct is normal.

SPLEEN : Normal in size and echopattern. No focal lesion. Splenic vein is normal.

RIGHT KIDNEY : Measures 9.9 x 4.5 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

LEFT KIDNEY : Measures 11.0 x 5.2 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

Retroperitonium,paraaortic and flanks obscured due to excessive bowel gas.

Prominent bowel loops seen in the abdomen.

Paraaortic and paracaval region appears to be normal.

No evidence of lymphnodes noted.

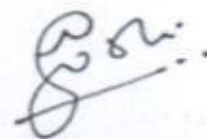
No free fluid in abdomen.

URINARY BLADDER : Well distended. No calculi. Wall thickness is normal.

PROSTATE : Normal in size and shows normal echotexture.

IMPRESSION : USG Abdomen and pelvis study is within normal limits.

Clinical correlation is indicated.-----End of Report-----

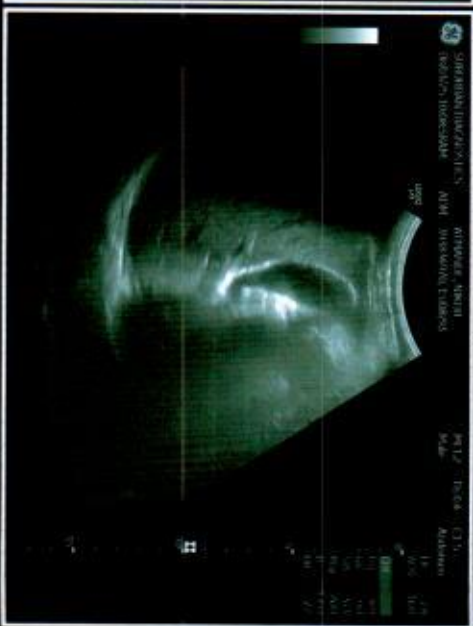
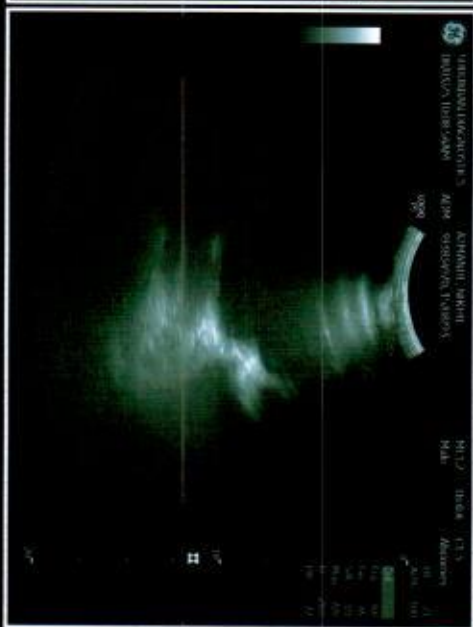
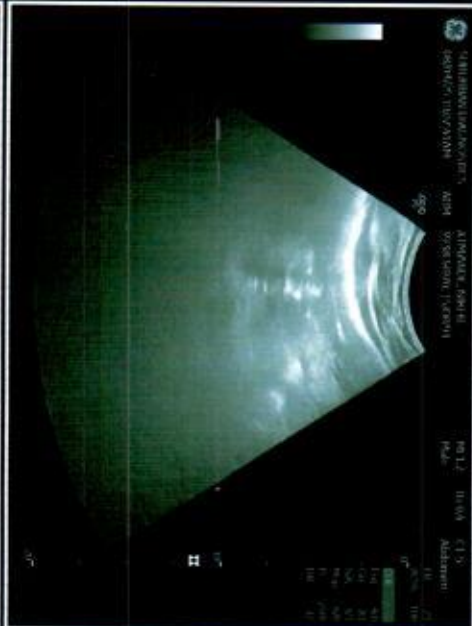
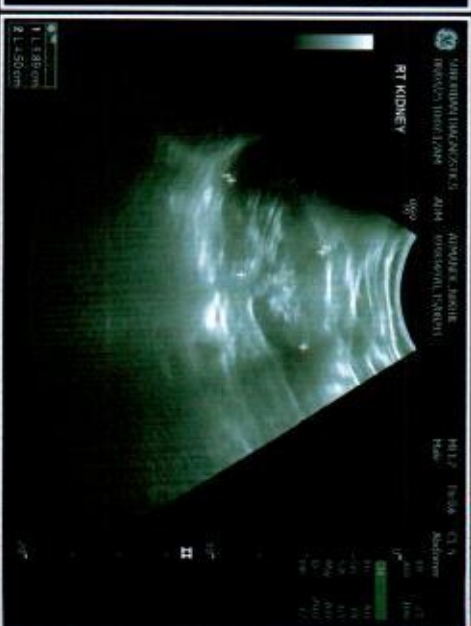
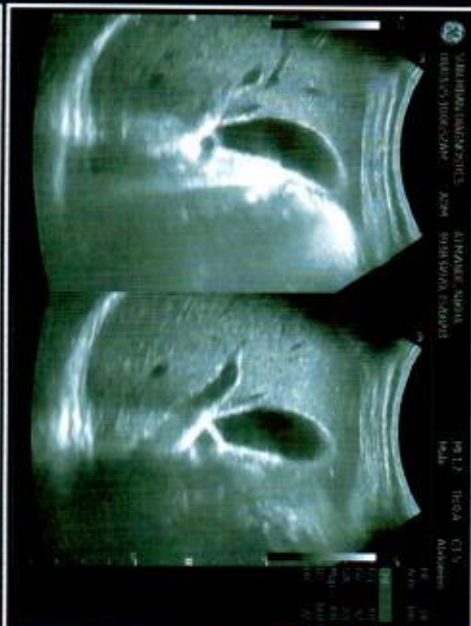


DR. NIKHIL G. JOSHI
M.B.B.S., D.M.R.E.
REG. NO. 2001/02/397

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CID : 393834970
Name : Mr. NIKHIL BABURAO ATMANDE
Age / Sex : 31 Years/Male
Ref. Dr : self
Reg. Location : Swargate, Pune Main Centre
Reg. Date : 08-Mar-2025
Reported : 08-Mar-2025 / 11:13

X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm are normal.

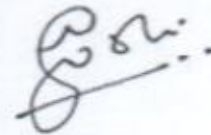
The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION: Essentially normal X-ray of the chest.

Clinical correlation is indicated.

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



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REG. NO. 2001/02/397

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भारत सरकार
Government of India

निखिल बाबुराव आटमांडे
Nikhil Baburao Atmande
जन्म तारीख / DOB: 15/08/1993
पुरुष / Male

Issue Date: 08/04/2013



3599 9356 7745

माझे आधार, माझी ओळख

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Name : Mr. NIKHIL BABURAO ATMANDE
Age / Sex : 31 Years/Male
Ref. Dr : self
Reg. Location : Swargate, Pune Main Centre
Reg. Date : 08-Mar-2025
Reported : 12-Mar-2025 / 11:30

2D ECHO REPORT

Findings:-

- Normal chamber dimensions
- |
- No Regional wall motion abnormality.
- |
- No concentric LVH
- |
- Good LV systolic function, LVEF-60%
- |
- Normal cardiac valves
- |
- Intact IAS/IVS.
- |
- No LV Clot /PE/Vegetation

DOPPLER:-

- 1
- No LV DD
- |
- No PH,RVSP- 20 mm HG
- |
- No AS/AR/Trivial MR/Grade I TR

Measurements (mm):-AO-27, LA-31, IVS-09, PW-09, LVIDd-42, LVIDs-28, LVEF-60%

Impression:- NORMAL STUDYWITH GOOD LV FUNCTION (LVEF-60%)

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



DR. RAJESH WAGH
MD (MEDICINE), DM (CARDIOLOGY).
Reg.No.2006/03/1928

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SUBURBAN DIAGNOSTICS

Name : NIKHIL

12 Mar 2025

