



33904 090325

Registration ID : 33904 Sample Collection : 09/03/2025 08:54:07
Name : MR. RAHUL SHARMA Sample Received : 09/03/2025 08:54:07
Age/Sex : 35 Yrs. / M Printed : 12/03/2025 16:33:48 Report Released : 12/03/2025 15:47:21
Ref. By : BANK OF BARODA Sent By : Arcofemi Healthcare Pvt Ltd

2D Echo Color Doppler

REASON FOR STUDY: AHC

CONCLUSION:

- NORMAL SIZE LA, LV, RA AND RV_
- **GOOD LV SYSTOLIC FUNCTION AT REST. L.V.E.F:55% WITH NO RWMA._**
- GOOD RV FUNCTION. TAPSE: 20MM_
- STRUCTURALLY NORMAL MITRAL,TRICUSPID, AORTIC AND PULMONARY LEAFLETS._
- NO CLOTS IN LA AND LV._
- NO EVIDENCE OF LEFT VENTRICULAR HYPERTROPHY_
- NO EVIDENCE OF PERICARDIAL EFFUSION._
- NO EVIDENCE OF PULMONARY HYPERTENSION._

CONVENTIONAL DOPPLER:

-
- **NORMAL E TO A RATIO IN LV INFLOW.**

COLOUR DOPPLER: SHOWS NO EVIDENCE OF MR,AR,TR OR PR.

GRADE 0/III MR GRADE 0/III TR
GRADE 0/IV AR GRADE 0/IV PR

IMPRESSION:

GOOD LV SYSTOLIC FUNCTION AT REST
NO DD



Dr. Yogesh Solanki
DrNB Interventional
Cardiology
Reg.No -2015/05/3063



Dr. Santosh Khairnar
M.D. (Pathologist)

Reg. No.-
2000/08/2926





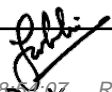
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	OBSERVED
MITRAL VALVE:	
ANTERIOR LEAFLETS EXCURSION	NORMAL
POSTERIOR LEAFLETS EXCURSION	NORMAL
E.P.S.S	----
TRICUSPID VALVE:	
EXCURSION	NORMAL
OTHER FINDINGS	----
AORTIC VALVE:	
CUSPS OPENING	NORMAL
PULMONARY VALVE:	
EXCURSION	NORMAL
DIMENSIONS	
AORTIC ROOT	34
LEFT ATRIUM	38
LVID (D)	48
LVID (S)	24
IVST (D)	09
PWT (D)	09
RVID (D)	----

	VELOCITY(M/SEC)	STENOSIS GRADIENT PEAK/MEAN (MMHG)	REGURGITATION GRADING
MITRAL	----	----	0/III
TRICUSPID	----	----	0/III
AORTIC	1	4	0/IV
PULMONARY	----	----	0/IV

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Blood Sugar Fasting (FBS) & Post Prandial Blood Sugar (PPBS)

Test	Result	Unit	Biological Ref. Range
GLUCOSE (SUGAR) FASTING, (Fluoride Plasma Used)	: 95	mg/dL	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl
<i>Method: GOD-POD</i>			
GLUCOSE (SUGAR) PP, (Fluoride Plasma Used)	: 88	mg/dl	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl

*Test Done on - Automated Biochemistry Analyzer (EM 200)****All Samples Processed At Excellas Clinics Mulund Centre .***(Collected At: 09/03/2025 08:54:07, Received At: 09/03/2025 08:54:07, Reported At: 10/03/2025 14:52:01)*

Signature
Dr. Santosh Khairnar
M.D. (Pathologist)
Reg. No.-
2000/08/2926





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USG ABDOMEN & PELVIS - MALE

Liver:- is normal in size **and shows raised parenchymal echogenicity.** No focal or diffuse lesion is seen. The portal and hepatic veins are normal. No IHBR dilatation seen.

Gall Bladder:- is well distended. No calculus or mass lesion is seen.
No GB wall thickening or pericholecystic fluid is seen.

CBD :- is normal.

Pancreas:-is normal in size and reflectivity. No focal lesion seen.

Spleen:- is normal in size (8.0 cms) and reflectivity. No focal lesion is seen.

Kidneys:- Both Kidneys are normal in size, shape, position. They show normal reflectivity. CMD is maintained. No calculi or hydronephrosis seen on either side.

Right kidney – 10.7 x 5.0 cms

Left kidney – 11.2 x 5.4 cms

Urinary Bladder:- is well distended and shows normal wall thickness.
No intraluminal lesion seen.

Prostate:- is normal in size, reflectivity and measures 2.5 x 3.0 x 2.9 cms
(Volume – 11.8 cc). No focal lesions.

No ascites is seen. No significant lymphadenopathy is seen.


IMPRESSION:

- **Grade I fatty liver.**

Thanks for the Referral

(Collected At: 09/03/2025 08:54:07, Received At: 09/03/2025 08:54:07, Reported At: 12/03/2025 15:44:45)




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OPHTHALMIC EVALUATION

Examination	Right Eye	Left Eye
Distance Vision	6/9	6/6
Near Vision	N/6	N/6
Color Vision	Normal	
Remarks	-	

(Collected At: 09/03/2025 08:54:07, Received At: 09/03/2025 08:54:07, Reported At: 12/03/2025 15:45:30)



NABL MELT-00683


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LIVER FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total) <i>Serum, Method: Diazo (walter & Gerarde)</i>	: 0.48	mg/dl	0-2.0 mg/dl
S. Bilirubin (Direct) <i>Serum, Method: Diazo (walter & Gerarde)</i>	: 0.19	mg/dl	0-0.4 mg/dl
S. Bilirubin (Indirect) <i>Serum, Method: Calculated</i>	: 0.29	mg/dl	0.10-1.0 mg/dl
Aspartate Transaminase (AST/SGOT) <i>Serum, Method: UV Kinetic with P5P</i>	: 31	IU/L	0-35 IU/L
Alanine Transaminase (ALT/SGPT) <i>Serum, Method: UV Kinetic with P5P</i>	: 51	IU/L	0-45 IU/L
S. Alkaline Phosphatase <i>Serum, Method: IFCC with AMP buffer</i>	: 89	IU/L	53-128 IU/L
Total Proteins <i>Serum, Method: Biuret</i>	: 7.6	gm/dl	6.4-8.3 gm/dl
S. Albumin <i>Serum, Method: BCG</i>	: 5.1	gm/dl	3.5-5.2 gm/dl
S. Globulin <i>Serum, Method: Calculated</i>	: 2.5	gm/dl	2.3-3.5 gm/dl
A/G Ratio <i>Serum, Method: Calculated</i>	: 2.04		0.90-2.00
Gamma GT <i>Serum, Method: G glutamyl carboxy nitroanilide</i> <i>Test Done on - Automated Biochemistry Analyzer (EM 200).</i>	: 102	U/L	0-55 U/L

*All Samples Processed At Excellas Clinics Mulund Centre .

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SERUM CREATININE


Test	Result	Unit	Biological Ref. Range
S. Creatinine <i>Serum, Method: Enzymatic</i>	: 0.92	mg/dl	0.7-1.3 mg/dl

Test Done on - Automated Biochemistry Analyzer (EM 200).

*All Samples Processed At Excellas Clinics Mulund Centre

(Collected At: 09/03/2025 08:54:07, Received At: 09/03/2025 08:54:07, Reported At: 10/03/2025 14:52:58)




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33904 090325

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Sent By : Arcofemi Healthcare Pvt Ltd

BLOOD UREA NITROGEN (BUN)

Test	Result	Unit	Biological Ref. Range
Urea	: 44.94	mg/dl	19-45 mg/dl

Serum, Method: Urease - GLDH

Blood Urea Nitrogen : **21.00** mg/dl 5-18 mg/dl

*Test Done on - Automated Biochemistry Analyzer (EM 200)***All Samples Processed At Excellas Clinics Mulund Centre**(Collected At: 09/03/2025 08:54:07, Received At: 09/03/2025 08:54:07, Reported At: 10/03/2025 14:52:54)***SERUM URIC ACID**

Test	Result	Unit	Biological Ref. Range
S. Uric Acid	: 8.80	mg/dl	3.5-7.2 mg/dl

*Serum, Method: Uricase - POD**Test Done on - Automated Biochemistry Analyzer (EM 200).**(Collected At: 09/03/2025 08:54:07, Received At: 09/03/2025 08:54:07, Reported At: 10/03/2025 14:52:41)*

Dr. Santosh Khairnar
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2000/08/2926





33904 090325

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Ref. By	: BANK OF BARODA	Sent By	: Arcofemi Healthcare Pvt Ltd	Report Released	: 12/03/2025 15:47:21

LIPID PROFILE

Test	Result	Unit	Biological Ref. Range
Total Cholesterol	: 224	mg/dl	Desirable: <200 Borderline high = 200-239 High: > 239
<i>Serum, Method: CHOD-PAP</i>			
S. Triglyceride	: 204	mg/dl	Desirable: <161 Borderline High: 161 - 199 High: > 200 - 499/ Very High:>499
<i>Serum, Method: GPO-Trinder</i>			
HDL Cholesterol	: 38	mg/dl	35.3-79.5 mg/dl
<i>serum,Direct method</i>			
LDL Cholesterol	: 145.20	mg/dl	Optimal: <100; Near Optimal: 100-129; Borderline High: 130-159; High: 160-189; Very high: >190
<i>Serum, (Calculated)</i>			
VLDL Cholesterol	: 40.8	mg/dl	5-30 mg/dl
<i>Serum, Method: Calculated</i>			
LDL/HDL Ratio	: 3.8		Optimal: <2.5 Near Optimal: 2.5-3.5 High >3.5
<i>Serum, Method: Calculated</i>			
TC/HDL Ratio	: 5.9		Optimal: <3.5 Near Optimal: 3.5 - 5.0 High >5.0
<i>Serum, Method: Calculated</i>			

Test Done on - Automated Biochemistry Analyzer (EM 200).

Interpretation

1. Triglycerides: When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal.

2. HDL-Cholesterol: HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal.

3. LDL-Cholesterol: Desired goals for LDL-C levels change based on individual risk factors.

**All Samples Processed At Excellas Clinics Mulund Centre*

(Collected At: 09/03/2025 08:54:07, Received At: 09/03/2025 08:54:07, Reported At: 10/03/2025 14:52:31)



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COMPLETE BLOOD COUNT *

Test	Result	Unit	Biological Ref Range
Hemoglobin (SLS) Photometric	: 14.8	g/dL	13-18 g/dL
Total RBC (Electrical Impedance)	: 4.76	10 ⁶ /μL	3.0-6.0 10 ⁶ /μL
Hematocrit (PCV) (Calculated)	: 44.4	%	36-54 %
Mean Corpuscular Volume (MCV) (calculated)	: 93.3	fL	78-101 fL
Mean Corpuscular Hemoglobin (MCH) (Calculated)	: 31.1	pg	27-32 pg
Mean Corpuscular Hemoglobin Concentration (MCHC) (Calculated)	: 33.3	g/dL	31.5-34.5 g/dL
Red Cell Distribution Width (RDW- CV) (Electrical Impedance)	: 12.60	%	12-15 %
Total Leucocytes Count (Light Scattering)	: 6600	/cumm	4000-11000 /cumm
Neutrophils (Calculated)	: 54	%	40-75 %
Eosinophils Percentage (Calculated)	: 01	%	1-6 %
Lymphocyte Percentage (Calculated)	: 40	%	20-45 %
Basophils Percentage (Calculated)	: 0	%	0-1 %
Monocytes Percentage (Calculated)	: 05	%	1-10 %
RBC Morphology	: Normocytic, Normochromic		
WBC Morphology	: Normal Morphology		
Platelet Count (Electrical Impedance)	: 132000	/ul	150000-450000 /ul
Platelets on Smear	: Reduced on smear		Adequate
E.S.R	: 05	mm at 1hr	0-20 mm at 1hr

Sample Type: EDTA whole blood (Westergren)

Sample Type : EDTA Whole Blood

Test done with THREE PART CELL COUNTER (Sysmex KX-21)


Note: Tests marked with * are included in NABL scope.

*All Samples Processed At Excellas Clinics Mulund Centre .

*ESR NOT IN NABL scope.

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THYROID FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
Total T3	: 1.3	ng/dl	0.70-2.04 ng/dl
<i>Serum, Method: CLIA</i>			
Total T4	: 10.80	µg/dl	5.1-14.1 µg/dl
<i>Serum, Method: CLIA</i>			
TSH (Thyroid Stimulating Hormone)	: 1.73	µIU/ml	0.27-5.3 µIU/ml
<i>Serum, Method: CLIA</i>			

Interpretation Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyperthyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis ,estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age ,marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and Ft4 is to be done to determine hyper or hypothyroidism.

*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

(Collected At: 09/03/2025 08:54:07, Received At: 09/03/2025 08:54:07, Reported At: 10/03/2025 14:52:14)

HbA1c (Whole Blood)

Test	Result	Unit	Reference Range
HbA1C-Glycosylated Haemoglobin	: 5.80	%	Non-diabetic: 4-6 Excellent Control: 6-7 Fair to good control: 7-8 Unsatisfactory control: 8-10 Poor Control: >10
<i>EDTA Whole Blood, Method: HPLC</i>			
Estimated Average Glucose (eAG)	: 119.76	mg/dl	65.1-136.3 mg/dL mg/dl
<i>EDTA Whole Blood, Method: Calculated</i>			

Interpretation:

- The term HbA1c refers to Glycated Haemoglobin. Measuring HbA1c gives an overall picture of what the average blood sugar levels have been over a period of weeks/month. Higher the HbA1c, the greater the risk of developing diabetes-related complications.
- HbA1c has been endorsed by clinical groups and ADA (American Diabetes Association) guidelines 2012, for the diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is between 4-6%. Patients with HbA1c value between 6.0-6.5% are considered at risk for developing diabetes in the future. Trends in HbA1c area a better indicator of glucose control than standalone test.
- To estimate the eAG from the HbA1c value, the following equation is used: eAG(mg/dl) =28.7*A1c-46.7.
- Diabetic must aspire to keep values under 7% to avoid the various complications resulting from diabetes.

*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

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X RAY CHEST PA VIEW

Both the lung fields appear normal.

Cardiac silhouette is within normal limits.

Bilateral hilar shadows appear normal.

Bilateral costophrenic angles appear normal.

Bony thorax appears normal.

Soft tissues appear normal.


IMPRESSION:

No significant abnormality detected.

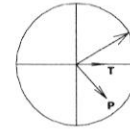
(Collected At: 09/03/2025 08:54:07, Received At: 09/03/2025 08:54:07, Reported At: 12/03/2025 15:43:47)

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




Dr. Santosh Khairnar
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2000/08/2926





DR. MANSI SOLANKI
MBBS M.D GENERAL MEDICINE
REG. NO. MWC 2024042065

- CAD corre teste clinica!
Meu

MEDICAL EXAMINATION REPORT

Name <u>Mr./ Mrs./ Miss</u>	Reehul	
Sex	<u>Male / Female</u>	
Age (yrs.) <u>26</u>	UHID :	
Date	<u>09 / 03 / 20 25</u>	Bill No :
Marital Status	Single / <u>Married</u> / Widow / Widower : No. of Children : <u>(2)</u>	
Present Complaints	<u>NO</u>	
Past Medical History :	<u>HT DM since 6 mon (T. Telma Cle (rare)</u>	
Surgical History :	<u>PHLO Covid-19 in 2019 (Hospitalized</u>	
Personal History	Diet : Veg <input type="checkbox"/> / Mixed <input checked="" type="checkbox"/> : <u>NO OR support giver</u> Addiction : Smoking <input type="checkbox"/> / Tobacco Chewing <input type="checkbox"/> / Alcohol <input type="checkbox"/> : Any Other : <u>NO</u>	
Family History	Father = <u>HT</u> / DM / IHD / Stroke / Any Other } <u>on Rx</u> Mother = <u>HT</u> / DM / IHD / Stroke / Any Other } Siblings = HT / DM / IHD / Stroke / Any Other → <u>NO</u>	
History of Allergies	Drug Allergy } <u>NO</u> Any Other }	
History of Medication	For HT / DM / HD / Hypothyroidism } <u>NO</u> Any Other }	
On Examination (O/E)	G. E. : <u>NAD</u> R. S. : <u>Clear</u> C. V. S. : <u>112 @</u> C. N. S. : <u>conscious , Alert</u> P/A : <u>soft , NT</u> Any Other Positive Findings : <u>NAD</u>	

Height <u>152</u> / cms	Weight <u>108</u> Kgs	BMI <u>32.6</u>
Pulse (per min.) <u>70/min</u>	Blood Pressure (mm of Hg) <u>120/80</u>	
Gynaecology		
Examined by	Dr. _____	
Complaint & Duration	_____	
Other Symptoms (Mict, bowels etc)	_____	
Menstrual History	Menarche _____ Cycle _____ Loss _____ Pain _____ I.M.B. _____ P.C.B. _____ L.M.P. _____ Vaginal Discharge _____ Cx. Smear _____ Contraception _____	
Obstetric History	_____	
Examination :	_____	
Breast	_____	
Abdomen	_____	
P.S.	_____	
P.V.	_____	
Gynaecology Impression & Recommendation	_____	
Recommendation	<p style="text-align: center;">EXCELLAS CLINICS PVT. LTD., B-1, Vikas Paradise Commercial, Below Axis Bank, LBS Marg, Near Santoshi Mata Mandir, Mulund (West), Mumbai - 400080.</p>	
Physician Impression	_____	
Examined By :	- Overweight = To Reduce Weight - Underweight = To Increase Weight	