

MEDICAL SUMMARY

NAME: <u>Mr. Siddhanta Khute</u>	UHID:	
AGE: <u>54</u>	DATE OF HEALTHCHECK:	<u>12-10-2024</u>
GENDER: <u>M.</u>		

HEIGHT: <u>176</u>	MARITAL STATUS: <u>M</u>
WEIGHT: <u>88.2</u>	NO OF CHILDREN: <u>6</u>
BMI: <u>28.5</u>	

C/O:

K/C/O: HTN 2+ yrs
PRESENT MEDICATION: Tab - Captopril 20mg 2-0-0

P/M/H: - No

P/S/H: - No 1-0-0.

ALLERGY: - NO

PHYSICAL ACTIVITY: Active/ Moderate/ Sedentary

H/A: SMOKING:

FAMILY HISTORY FATHER: - (NO)

ALCOHOL:

MOTHER: - (NO)

TOBACCO/PAN: (NO)

O/E:

LYMPHADENOPATHY:

BP: 110/80 PULSE: 68/min

PALLOR/ICTERUS/CYNOSIS/CLUBBING: (NO)

TEMPERATURE: ✓ SCARS:

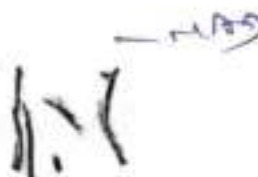
OEDEMA:

S/E:

RS:



P/A:



CVS: Sit +

Extremities & Spine: - (NO)

CNS: Conscious, oriented

ENT: - (NO)

Skin: - (NO)

Vision:

	Without Glass		With Glass	
	Right Eye	Left Eye	Right Eye	Left Eye
FAR :				
NEAR :				
COLOUR VISION:				

• ANDHERI • COLABA • NASHIK • VASHI

Name: Mr. Dhandaram Khutekan Age: 54 Date of Health check-up: 13/01/2024

Findings and Recommendation:

Findings:-

HbA1c - 5.9% (Prediabetes)
* STRESS TEST - Positive
Rest reports come

Recommendation:-

Consult Cardiologist
for TMT report

DR. PRADNYA P. DANI
(M.B.B.S)
Reg. No. 87541



Signature:

Consultant -

OPHTHALMIC EVALUATION

UHID No.: _____

Date: 13/1/24

Name: M. Dhondiram Age: 54 Gender: Male Male/Female Female

Without Correction :

Distance: Right Eye _____ Left Eye _____

Near : Right Eye _____ Left Eye _____

With Correction :

Distance: Right Eye 6/9 CD Left Eye 6/9 CD

Near : Right Eye N3 Left Eye N3

	RIGHT					LEFT				
	SPH	CYL	AXIS	PRISM	VA	SPH	CYL	AXIS	PRISM	VA
Distance	+2.0					+2.0				
Near	+4.5					+4.5				

P. myop P. myop

Colour Vision : N10 (B)

Anterior Segment Examination : early cat a.

Pupils : _____

Fundus : hypertensive

Intraocular Pressure : 14 mm Hg (B)

Diagnosis : cat a.

Advice : _____

Re-Check on 6/1/24 (This Prescription needs verification every year)

Dr. [Signature]
 (Consultant Ophthalmologist)
DR. RUCHIRA SHARMA
 M. S. (OPHTH)
 CONSULTING OPHTHALMOLOGIST
 & MICRO SURGEON
 REG. No.: 3262 / 09 / 02

■ Consultation ■ Diagnostics ■ Health Check-Ups ■ Dermatology

DENTAL CHECKUP

Name: Dhondiram Khudekar	MR NO:
Age/Gender: 54/M	Date: 13/1/24

Medical history: Diabetes Hypertension

EXAMINATION	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Calculus & Stains	/	/	/	/
Mobility				
Caries (Cavities)				
a) Class 1 (Occlusal)				
b) Class 2 (Proximal)				
c) Class 5 (Cervical)				
Faulty Restoration				
Faulty Crown				
Fractured Tooth				
Root Pieces				
Impacted Tooth				
Missing Tooth				
Existing Denture				

TREATMENT ADVISED:

TREATMENT	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Restoration / Filling				
Root Canal Therapy				
Crown				
Extraction				

Oral Prophylaxis: Scaling & polishing
 Orthodontic Advice for Braces: Yes / No
 Prosthetic Advice to Replace Missing Teeth: Denture Bridge Implant
 Oral Habits: Tobacco Cigarette Others since ___ years
 Advice to quit any form of tobacco as it can cause cancer.
 Other Findings: _____

Treatment Adv:-
 - Scaling and polishing - 1200.

• ANDHERI • COLABA • NASHIK • VASHI






Name : Mr. Dhondiram Balu Khutekar Gender : Male Age : 54 Years
UHID : FVAH 10230. Bill No : Lab No : V-1689-23
Ref. by : SELF Sample Col.Dt : 13/01/2024 08:35
Barcode No : 3959 Reported On : 13/01/2024 15:10

TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HAEMOGRAM(CBC,ESR,P/S)-WB (EDTA)			
Haemoglobin(Colorimetric method)	13.7	g/dl	13 - 18
RBC Count (Impedance)	4.74	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	41.4	%	35 - 55
MCV:(Calculated)	87.3	fl	78 - 98
MCH:(Calculated)	26.9	pg	26 - 34
MCHC:(Calculated)	33.1	gm/dl	30 - 36
RDW-CV:	13.1	%	11.5 - 16.5
Total Leucocyte count(Impedance)	5590	/cumm.	4000 - 10500
Neutrophils:	58	%	40 - 75
Lymphocytes:	34	%	20 - 40
Eosinophils:	05	%	0 - 6
Monocytes:	03	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	1.99	Lakhs/c.mm	1.5 - 4.5
MPV	9.1	fl	6.0 - 11.0
ESR(Westergren Method)	06	mm/1st hr	0 - 20
Peripheral Smear (Microscopic examination)			
RBCs:	Normochromic, Normocytic		
WBCs:	Normal		
Platelets	Adequate		
Note:	Test Run on 5 part cell counter. Manual diff performed.		

Pooja Surve
Entered By

Ms Kaveri Gaonkar
Verified By

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Dr. Milind Patwardhan
M.D(Path)
Chief Pathologist

End of Report
Results are to be correlated clinically

Name : Mr. Dhondiram Balu Khutekar Gender : Male Age : 54 Years
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TEST

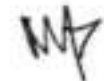
RESULTS

Blood Grouping (ABO & Rh)-WB(EDTA) Serum

ABO Group: :O:
Rh Type: **Positive**
Method : Matrix gel card method (forward and reverse)

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TEST	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
PLASMA GLUCOSE			
Fasting Plasma Glucose :	100	mg/dL	Normal < 100 mg/dL Impaired Fasting glucose : 101 to 125 mg/dL Diabetes Mellitus : \geq 126 mg/dL (on more than one occasion) (American diabetes association guidelines 2016)
Post Prandial Plasma Glucose :	113	mg/dL	Normal < 140 mg/dL Impaired Post Prandial glucose : 140 to 199 mg/dL Diabetes Mellitus : \geq 200 mg/dL (on more than one occasion) (American diabetes association guidelines 2016)

Method : Hexokinase

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin : 5.9 % Normal <5.7 %
Pre Diabetic 5.7 - 6.5 %
Diabetic >6.5 %
Target for Diabetes on therapy < 7.0 %
Re-evaluation of therapy > 8.0 %

Mean Blood Glucose : 122.63 mg/dL

Correlation of A1C with average glucose

A1C (%)	Mean Blood Glucose (mg/dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298


Method High Performance Liquid Chromatography (HPLC).

INTERPRETATION

- The HbA1c levels correlate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose.
- This Methodology is better than the routine chromatographic methods & also for the diabetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb variants and uremia does not INTERFERE with the results in this methodology.
- It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts.& every 3 - 4 months in well controlled diabetics .
- Mean blood glucose (MBG) in first 30 days (0-30)before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

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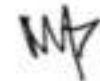
TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LIPID PROFILE - Serum

S. Cholesterol(Oxidase)	165	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	166	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	33.2	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	30.8	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	101	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	5.4		3.5 - 5
Ratio of LDL/HDL	3.3		2.5 - 3.5

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
LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	7.12	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.43	g/dL	3.5 - 5.2
S.Globulin (Calculated)	2.69	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.65		0.9 - 2
S.Total Bilirubin (DPD):	0.58	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.18	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.4	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	20	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	24	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	70	U/L	40 - 129
S.GGT(IFCC Kinetic):	39	U/L	11 - 50

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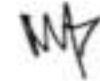
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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
BIOCHEMISTRY		
S.Urea(Urease Method)	30.8 mg/dl	10.0 - 45.0
BUN (Calculated)	14.37 mg/dL	5 - 20
S.Creatinine(Jaffe's Method)	0.91 mg/dl	0.50 - 1.3
BUN / Creatinine Ratio	15.79	9:1 - 23:1
S.Uric Acid(Uricase Method)	6.1 mg/dl	3.4 - 7.0

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

Thyroid (T3,T4,TSH)- Serum

Total T3 (Tri-iodo Thyronine) (ECLIA)	1.83	nmol/L	1.3 - 3.1 nmol/L
Total T4 (Thyroxine) (ECLIA)	99.62	nmol/L	66 - 181 nmol/L
TSH-Ultrasensitive (Thyroid-stimulating hormone) Method : ECLIA	2.99	□IU/ml	Euthyroid : 0.35 - 5.50 □IU/ml Hyperthyroid : < 0.35 □IU/ml Hypothyroid : > 5.50 □IU/ml

Grey zone values observed in physiological/therapeutic effect.

Note:

T3 :

1. Decreased values of T3 (T4 and TSH normal) have minimal Clinical significance and not recommended for diagnosis of hypothyroidism.
2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites ,Pregnancy, Drugs (Androgens,Estrogens,O C pills, Phenytoin) etc. In such cases Free T3 and free T4 give corrected Values.
3. Total T3 may decrease by < 25 percent in healthy older individuals

T4 :

1. Total T3 and T4 Values may also be altered in other condition due to changes in serum proteins or binding sites, Pregnancy Drugs (Androgens,Estrogens,O C pills, Phenytoin), Nerphrosis etc. In such cases Free T3 and Free T4 give Corrected values.

TSH :

1. TSH Values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart failure. Severe burns, trauma and surgery etc.
2. Drugs that decrease TSH values e,g L dopa, Glucocorticoids.
3. Drugs that increase TSH values e.g. Iodine,Lithium, Amiodarone

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TEST	RESULTS	BIOLOGICAL REFERENCE INTERVAL
PROSTATE SPECIFIC ANTIGEN		
Prostate Specific Antigen (ECLIA):	0.559ng/mL	0.03 - 3.5 ng/ml

INTERPERETATION

Serum PSA is a useful diagnostic tool for diagnosis of prostatic cancer. PSA levels should always be assessed in conjunction with the patient's medical history, clinical examination, prostatic acid phosphatase and radiological findings
Elevated levels are indicative of pathologic conditions of prostatitis, Benign hyperplasia or Prostatic adenocarcinoma
Rate of the fall of PSA levels to non detectable levels can occur following radiotherapy, hormonal therapy or radical surgical removal of the prostate & provides information of the success of treatment.
Inflammation or trauma of prostate can lead to elevated PSA levels of varying magnitude and duration.

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

URINE REPORT

PHYSICAL EXAMINATION

QUANTITY	15	mL	
COLOUR	Pale Yellow		
APPEARANCE	Clear		Clear
SEDIMENT	Absent		Absent

CHEMICAL EXAMINATION(Strip Method)


REACTION(PH)	5.0		4.6 - 8.0
SPECIFIC GRAVITY	1.010		1.005 - 1.030
URINE ALBUMIN	Absent		Absent
URINE SUGAR(Qualitative)	Absent		Absent
KETONES	Absent		Absent
BILE SALTS	Absent		Absent
BILE PIGMENTS	Absent		Absent
UROBILINOGEN	Normal(< 1 mg/dl)		Normal
OCCULT BLOOD	Absent		Absent
Nitrites	Absent		Absent

MICROSCOPIC EXAMINATION

PUS CELLS	Occasional		0 - 3/hpf
RED BLOOD CELLS	Nil /HPF		Absent
EPITHELIAL CELLS	Occasional		3 - 4/hpf
CASTS	Absent		Absent
CRYSTALS	Absent		Absent
BACTERIA	Absent		Absent

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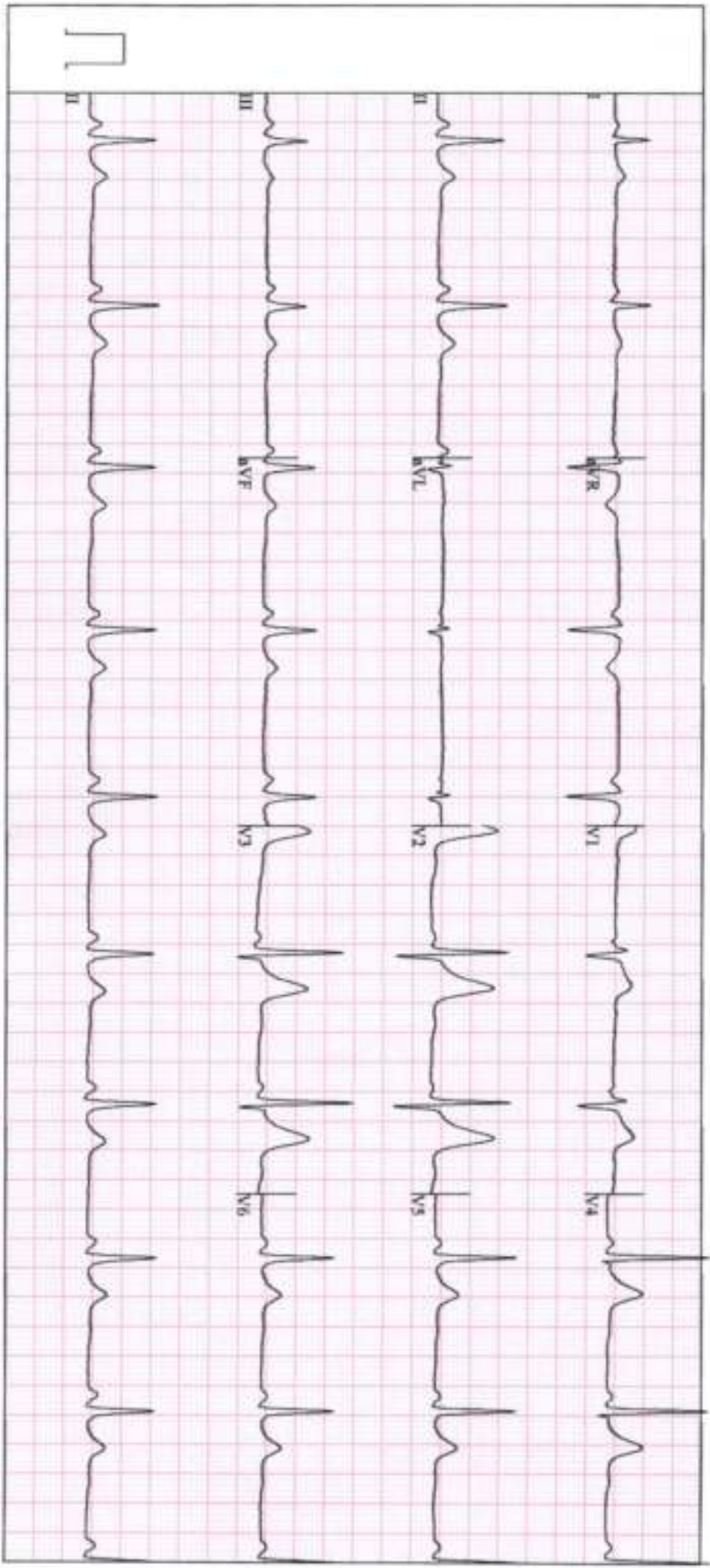
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QRS : 90 ms
QT / QTcBar : 388 / 371 ms
PR : 122 ms
P : 108 ms
RR / PP : 1080 / 1090 ms
P / QRS / T : 69 / 65 / 54 degrees

Sinus bradycardia
Otherwise normal ECG

Sin Bradycardia

Dr. ANIRBAN DASGUPTA
M.B., B.S., D.N.B. Medicine
Diploma Cardiology
MMC - 2005/02/10920



Apollo Clinic
The Emerald, Plot No-195/B, Sector-12,
Neel Siddhi Towers, Vashi-400703

Station
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: DHONDIRAM, KHUTEKAR
Patient ID: 10230
Height:
Weight:

DOB: 06.06.1969
Age: 54yrs
Gender: Male
Race: Asian

Study Date: 13.01.2024
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: --
Attending Physician: DR.ANIRBAN DASGUPTA
Technician: Anita Gaikwad

Medications:
AHA

Medical History:
HTN

Reason for Exercise Test:
Screening for CAD

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	00:14	0.00	0.00	67	110/80	
	STANDING	00:05	0.00	0.00	65		
	HYPERV.	00:15	0.00	0.00	63		
	WARM-UP	00:07	0.10	0.00	65		
EXERCISE	STAGE 1	03:00	1.70	10.00	134	130/80	
	STAGE 2	02:02	2.50	12.00	155	150/90	
RECOVERY		01:03	0.00	0.00	113	180/90	

The patient exercised according to the BRUCE for 5:01 min:s, achieving a work level of Max. METS: 7.00. The resting heart rate of 67 bpm rose to a maximal heart rate of 155 bpm. This value represents 93 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/80 mmHg, rose to a maximum blood pressure of 180/90 mmHg. The exercise test was stopped due to Target heart rate achieved.

Interpretation

Summary: Resting ECG: normal.
Functional Capacity: normal.
HR Response to Exercise: appropriate.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: ST DEPRESSION.
Overall impression: positive stress test.

Conclusions

TMT IS POSITIVE FOR INDUCIBLE MYOCARDIAL ISCHAEMIA AT THE WORKLOAD ACHIEVED.

Physician-DR.ANIRBAN DASGUPTA

Dasgupta

Dr. ANIRBAN DASGUPTA
M.B., B.S., D.N.B. Medicine
Diploma Cardiology
MMC-2005/02/0920

12-LEAD REPORT

67 bpm
110/80 mmHg

PRETEST
SUPINE
00:03

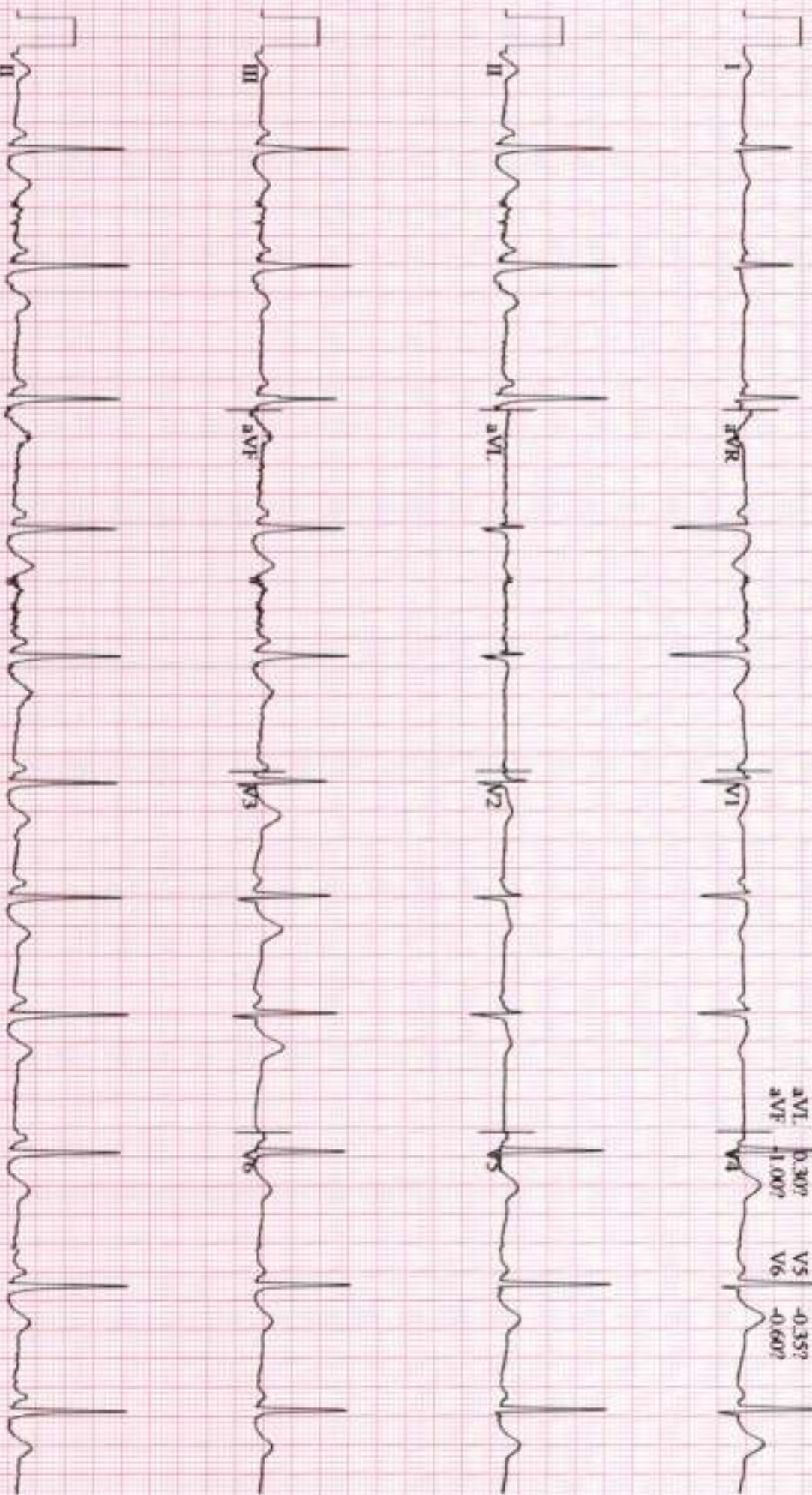
BRUCE
0.0 mph
0.0 %

Apollo Clinic

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.20?	V1	0.70?
II	-1.15?	V2	0.55?
III	-0.90?	V3	0.40?
aVR	0.65?	V4	0.15?
aVL	0.30?	V5	-0.35?
aVF	-1.00?	V6	-0.60?



DHONDIRAM KHUTEKAR

Patient ID: 10230

13.01.2024

11:28:21

12-LEAD REPORT

65 bpm
110/80 mmHg

PRETEST
STANDING
00:17

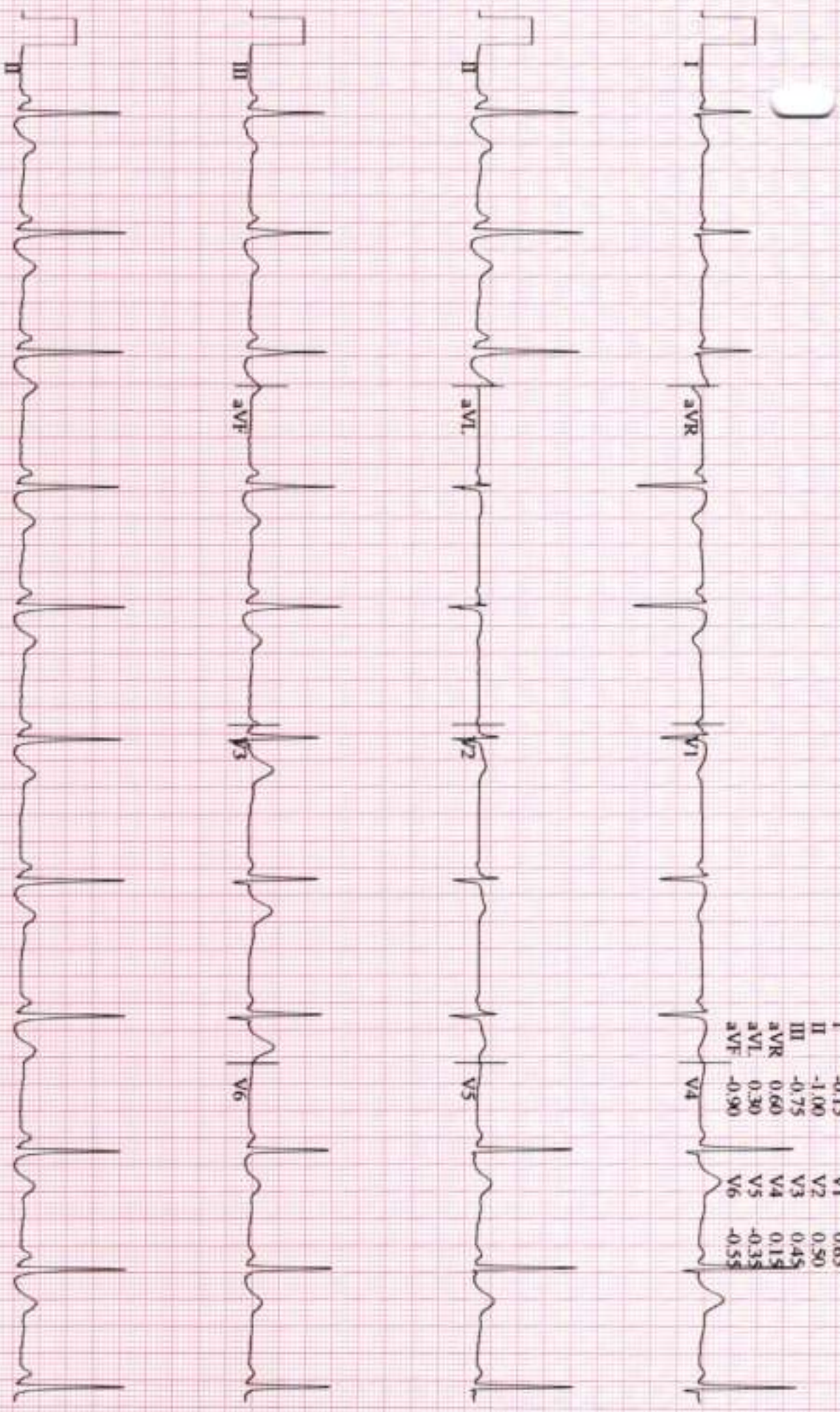
BRUCE
0.0 mph
0.0 %

Apollo Clinic

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.15	V1	0.65
II	-1.00	V2	0.50
III	-0.75	V3	0.45
aVR	0.60	V4	0.15
aVL	0.30	V5	-0.35
aVF	-0.90	V6	-0.55



GE

CASE V673

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF + HR(V5, V4)

Start of Test: 11:28:03

12-LEAD REPORT

63 bpm
110/80 mmHg

PRETEST
HYPERTV
00:32

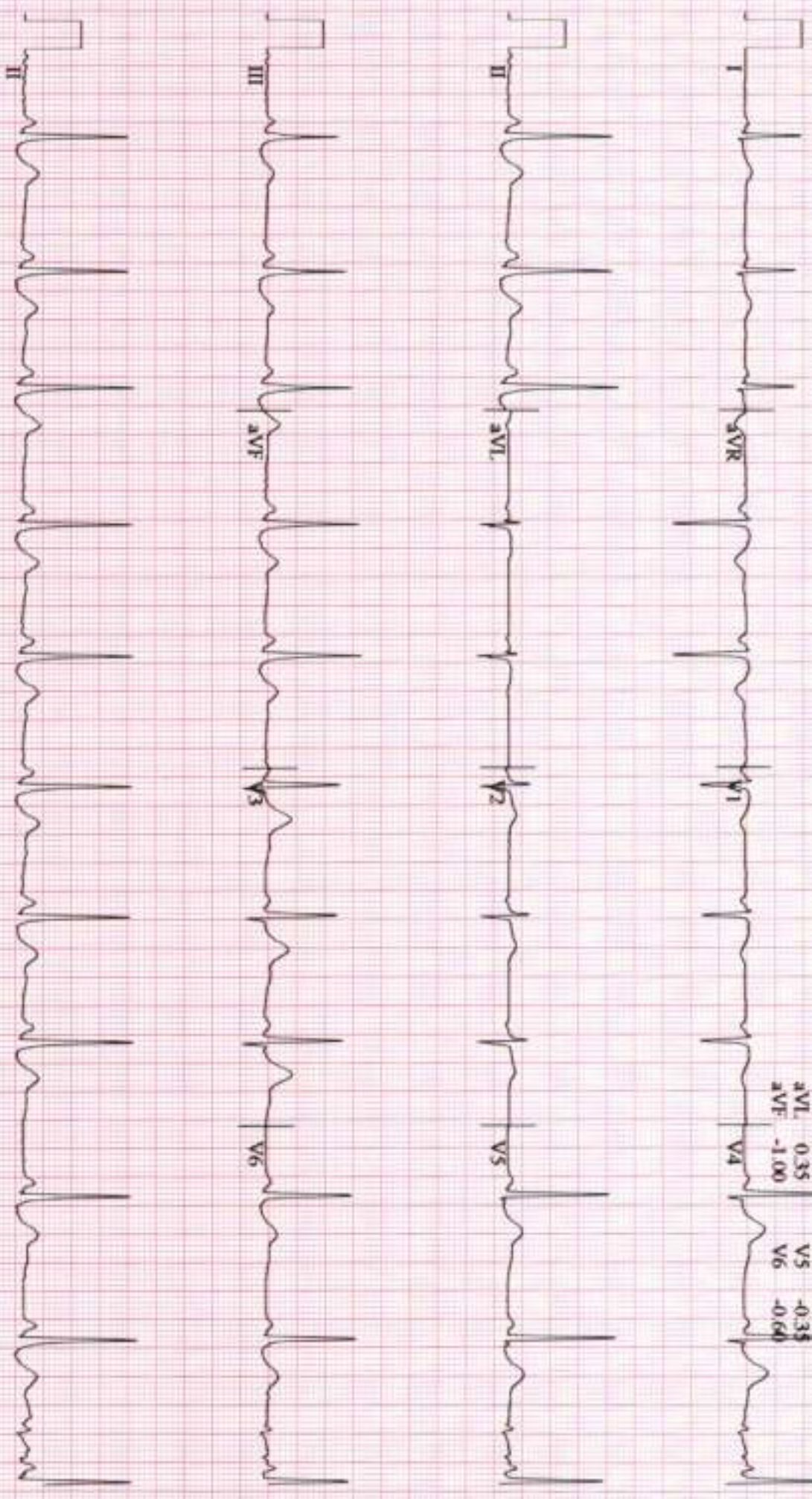
BRUCE
0.0 mph
0.0 %

Apollo Clinic

Measured at 60ms Post J (10mm mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.20	V1	0.70
II	-1.10	V2	0.50
III	-0.85	V3	0.50
aVR	0.65	V4	0.10
aVL	0.35	V5	-0.35
aVF	-1.00	V6	-0.60



DHONDIRAM KHUTEKAR

Patient ID: 10230

13.01.2024

11:31:34

12-LEAD REPORT

134 bpm
130/80 mmHg

EXERCISE
STAGE 1
02:50

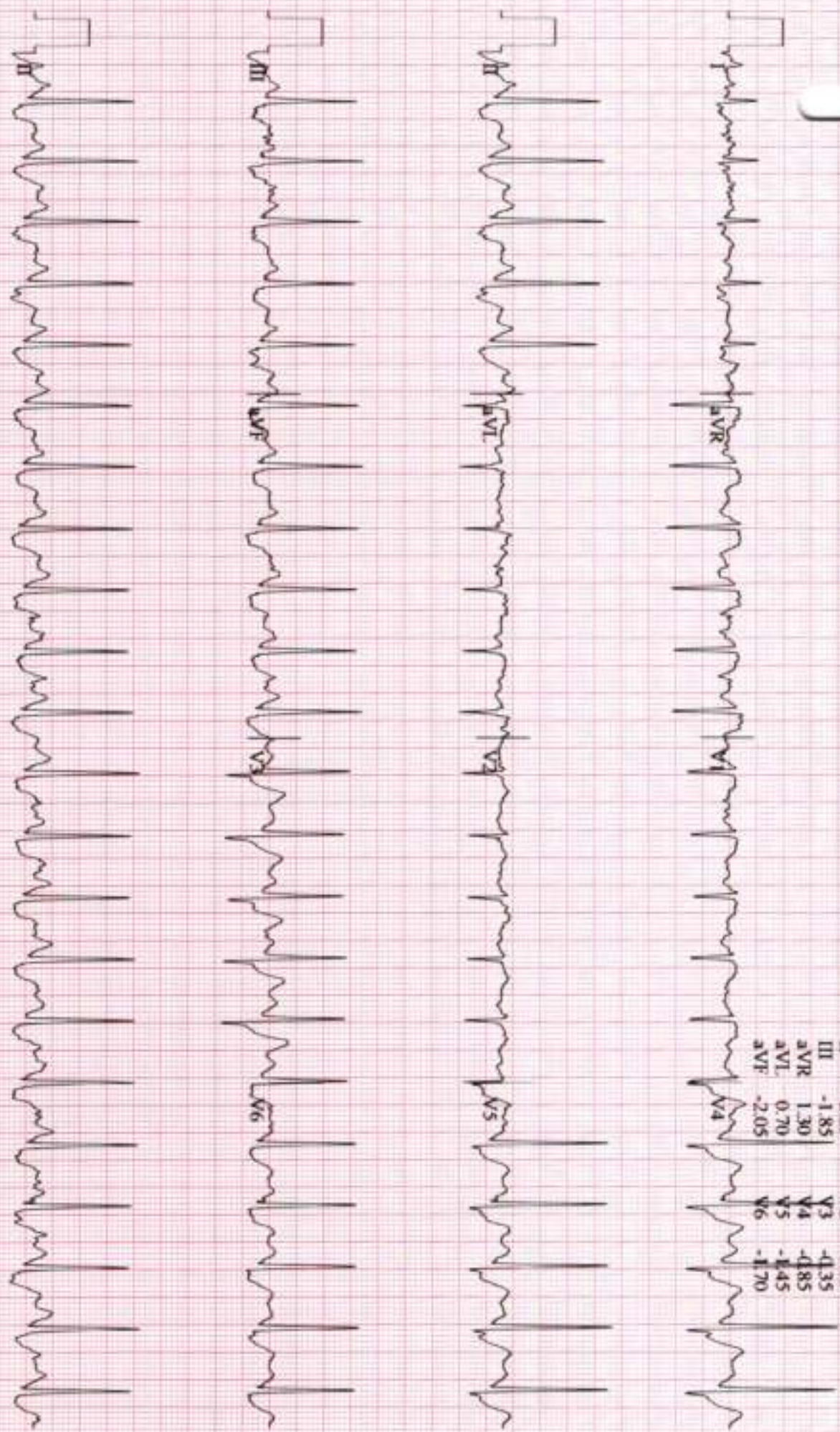
BRUCE
1.7 mph
10.0 %

Apollo Clinic

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.40	V1	1.05
II	-2.25	V2	0.65
III	-1.85	V3	-1.35
aVR	1.30	V4	-1.85
aVL	0.70	V5	-1.45
aVF	-2.05	V6	-1.70



GE

CASE V673

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF + HR(V5,V4)

Start of Test: 11:28:03

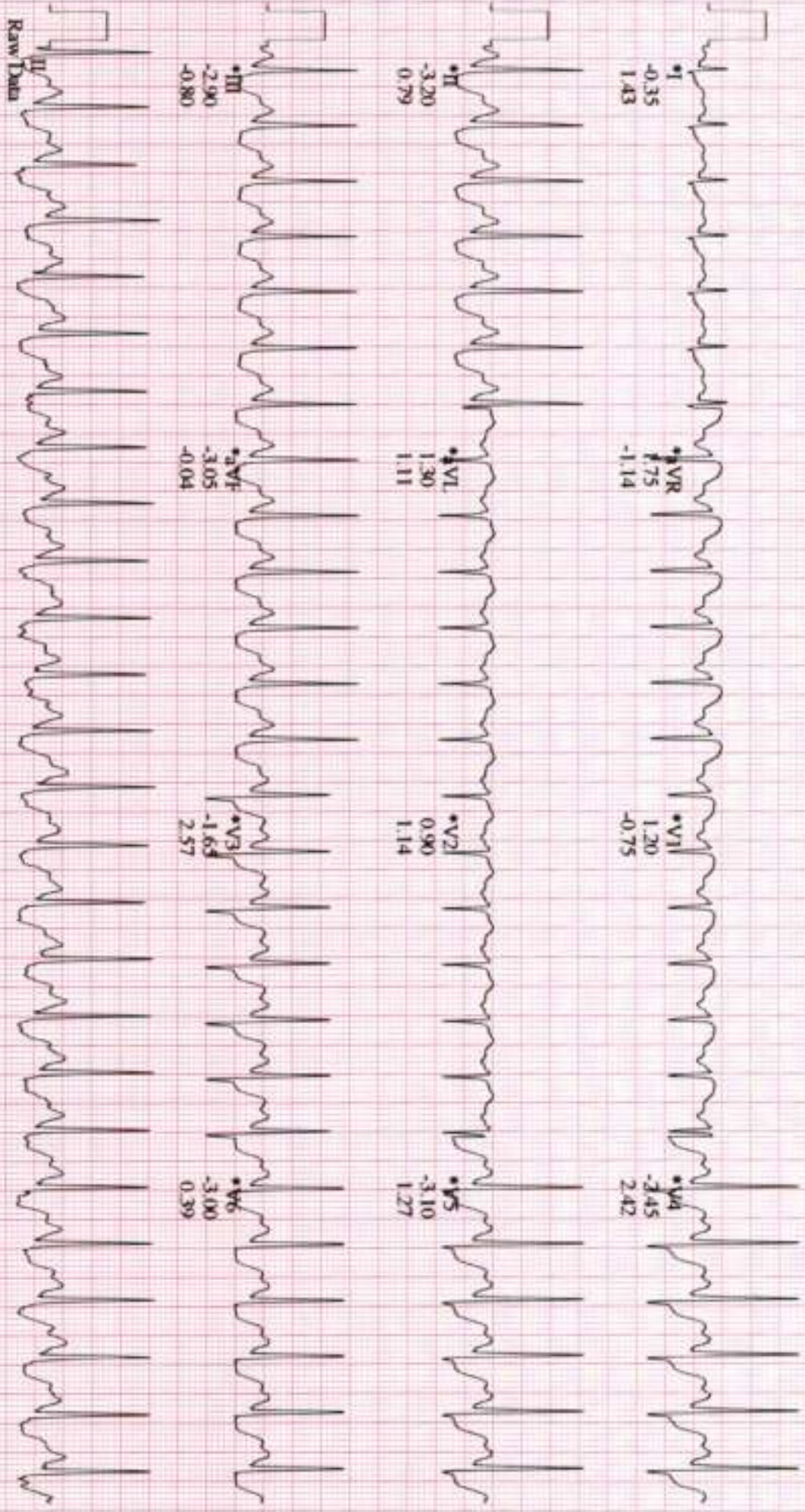
155 bpm
150-90 mmHg

EXERCISE
STAGE 2
05:02

BRUCE
2.5 mph
12.0 %

ST @ 10mm/mV
60 ms post J

Lead
ST Level (mm)
ST Slope (mV/s)



Raw Data

*Computer Synthesized Rhythms

DHONDIRAM KHUTEKAR

Patient ID: 10230

13.01.2024

11:34:01

12-LEAD REPORT

153 bpm
150/90 mmHg

RECOVERY #1
00:16

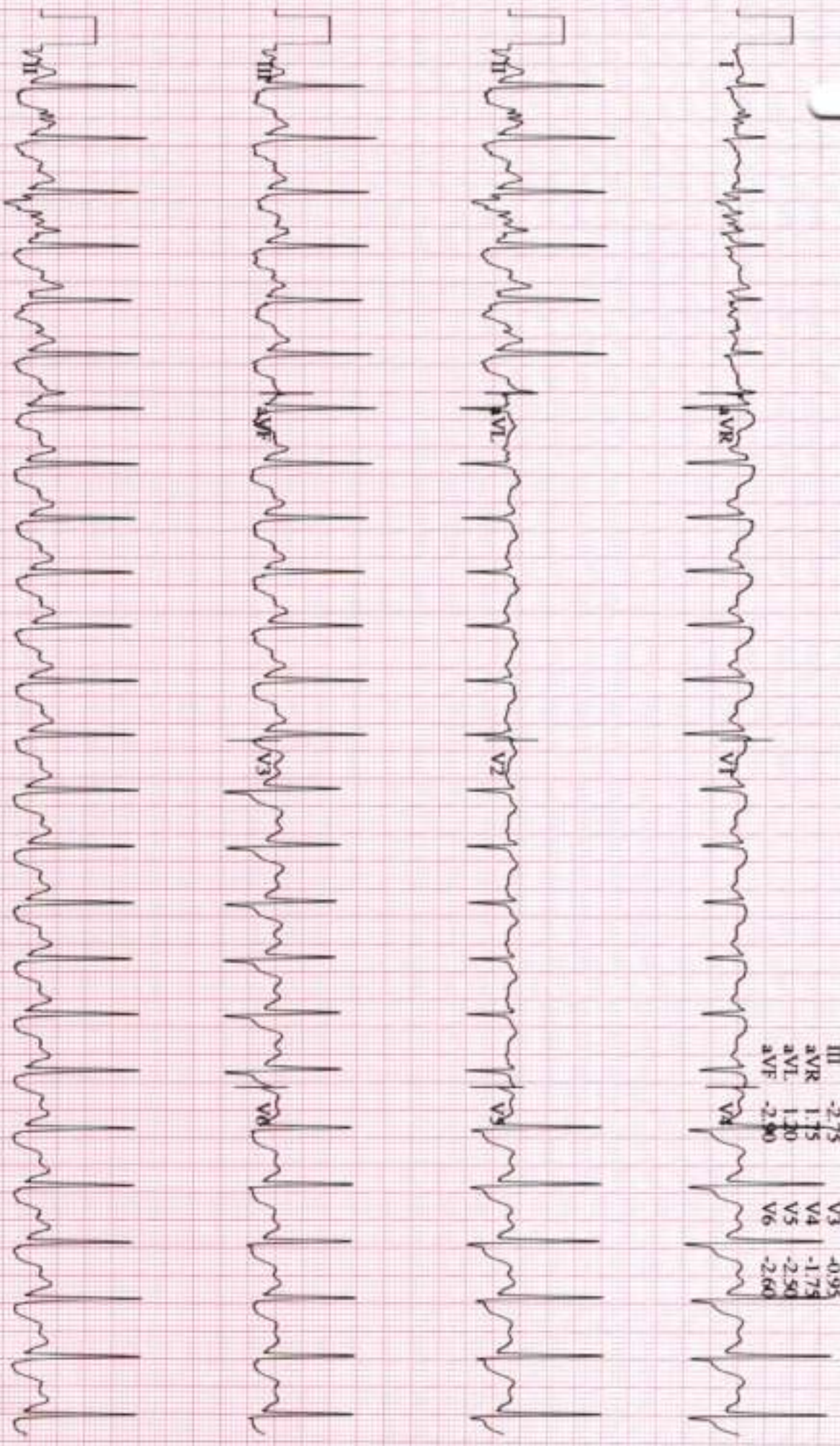
IBRUCE
0.0 mph
0.0 %

Apollo Clinic

Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.35	V1	1.20
II	-3.05	V2	1.05
III	-2.75	V3	-0.95
aVR	1.75	V4	-1.75
aVL	1.20	V5	-2.50
aVF	-2.90	V6	-2.60



GE

CASE V6-73

25 mm/s 10 mm/mV 50Hz 0.01Hz FRF+ HR(V5-V4)

Start of Test: 11:28:03

12-LEAD REPORT

120 bpm
180/90 mmHg

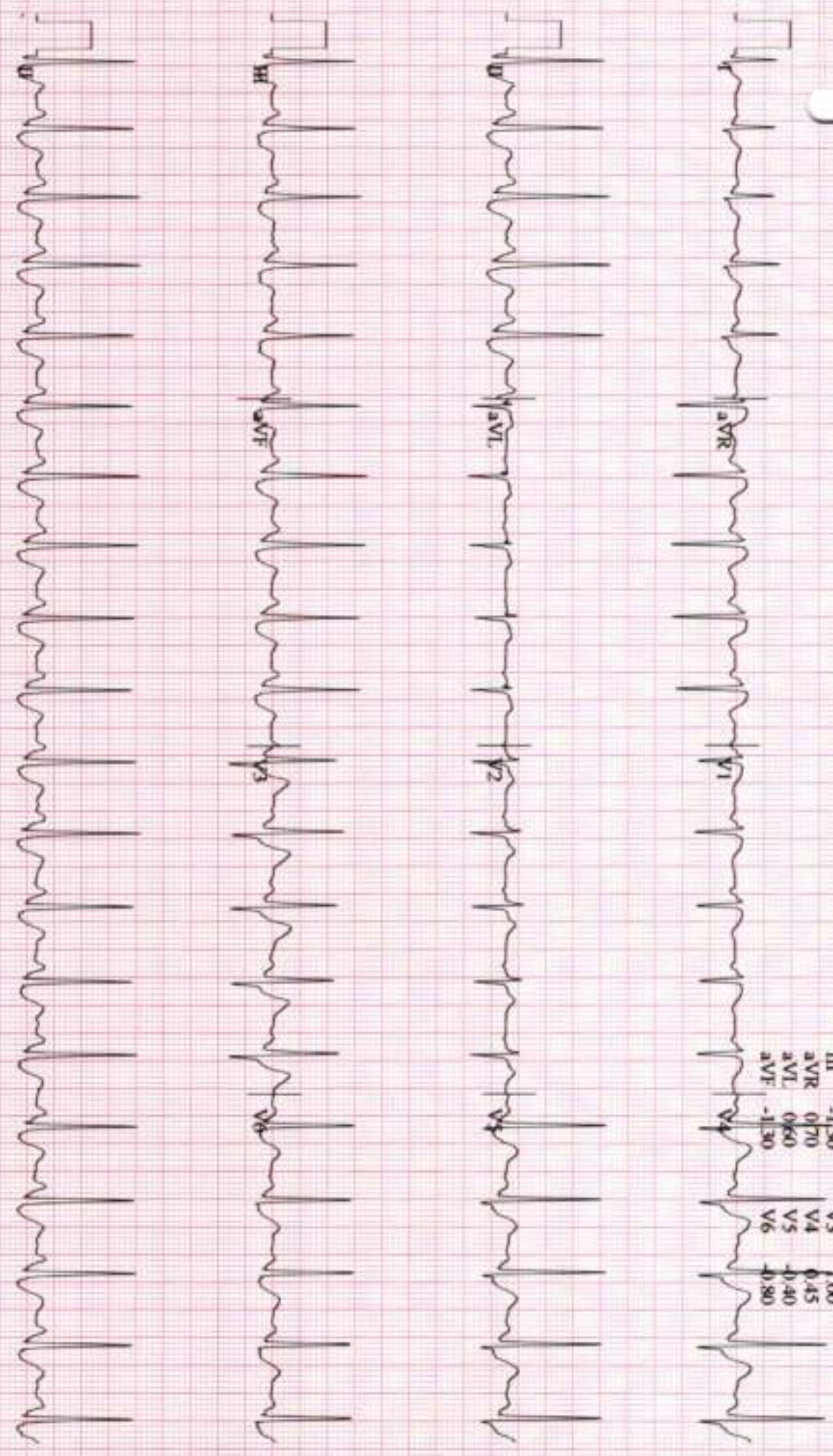
RECOVERY #1
00:50

BRUCE
0.0 mph
0.0 %

Apollo Clinic
Measured at 60ms Post J (10mm/mV)

Auto Points

Lead	ST(mm)	Lead	ST(mm)
I	-0.05	V1	0.70
II	-1.40	V2	0.90
III	-1.30	V3	1.00
aVR	0.70	V4	0.45
aVL	0.60	V5	-0.40
aVF	-1.30	V6	-0.80

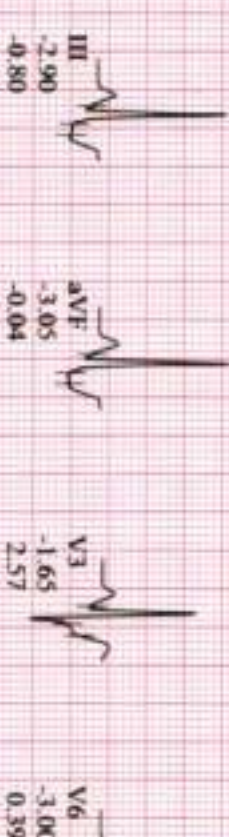
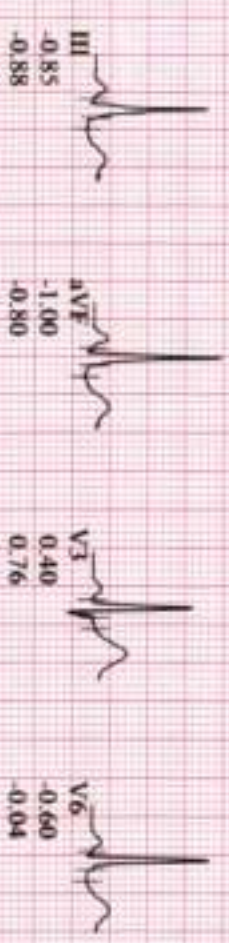
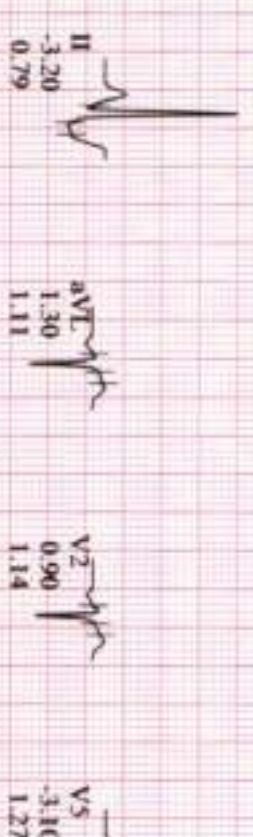
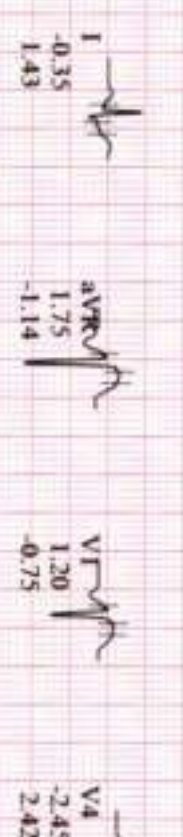
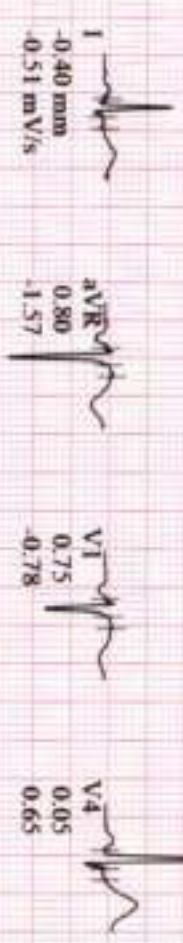


BASELINE

PEAK EXERCISE

EXERCISE STAGE 1 67 bpm
1.0 METS 110/80 mmHg
ST @ 10mm/mV
60ms post J

EXERCISE STAGE 2 155 bpm
7.0 METS 150/90 mmHg
ST @ 10mm/mV
60ms post J



GE CASE V6.73 (2)
25mm/s 10mm/mV 50Hz 0.01Hz PRF+ HEART VS.4

Line Armed

Attending MD: DR. ANIRBAN DASGUPTA

DHONDIRAM, KIRUTEKAR

Patient ID 10230

13.01.2024 Male

11:28:03 54yrs Asian

Med: AHA

Test Reason: Screening for CAD
Medical History: HTN

Ref. MD: Ordering MD:
Technician: Anita Gaiikwad Test Type: Treadmill Stress Test
Comment:

BRLUCE: Total Exercise Time: 05:01
Max HR: 155 bpm 93% of max predicted 166 bpm HR at rest: 67
Max BP: 180/90 mmHg BP at rest: 110/80 Max RPP: 23250 mmHg*bpm
Maximum Workload: 7.00 METS
Max ST: -3.40 mm, 0.00 mV/s in II; EXERCISE STAGE 2 04:59
Arrhythmia: PVC:1, PSVC:3
ST/HR index: 3.12 μ V/bpm
Reasons for Termination: Target heart rate achieved
Summary: Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: ST DEPRESSION.
Overall impression: positive stress test.
Conclusion: TMT IS POSITIVE FOR INDUCIBLE MYOCARDIAL ISCHAEMIA AT THE WORKLOAD ACHIEVED.

Prognosis:
Duke Treadmill Score: -5
Risk Category: moderate
5 Year Survival: 88.0%
Average Annual Mortality: 2.4%
Location Number: * 0 *

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm (/min))	VE	ST Level (II mm)	Comment
PRETEST	SUPINE	00:14	0.00	0.00	1.0	67	110/80	7370	0	-1.00	
	STANDING	00:05	0.00	0.00	1.0	65			0	-0.95	
	HYPERV.	00:15	0.00	0.00	1.0	63			0	-1.10	
EXERCISE	WARM-UP	00:07	0.10	0.00	1.0	65			0	-1.20	
	STAGE 1	03:00	1.70	10.00	4.6	134	130/80	17420	0	-2.30	
RECOVERY	STAGE 2	02:02	2.50	12.00	7.0	155	150/90	23250	0	-3.20	
		01:03	0.00	0.00	1.0	113	180/90	20340	0	-1.25	

PATIENT'S NAME	DHAONDIRAM B KHUTEKAR	AGE :- 54 y/M
UHID NO	10230	13 Jan 2024

X-RAY CHEST PA VIEW

OBSERVATION:

Bilateral lung fields are clear.
Both hila are normal.
Bilateral cardiophrenic and costophrenic angles are normal.
The trachea is central.
Aorta appears normal.
The mediastinal and cardiac silhouette are normal.
Soft tissues of the chest wall are normal.
Bony thorax is normal.

IMPRESSION:

- No significant abnormality seen.



DR. DISHA MINOCHA
DMRE (RADIOLOGIST)

PATIENT'S NAME	DHONDIRAM B KHUTEKAR	AGE :- 54y/M
UHID NO	10230	13 Jan 2024

USG WHOLE ABDOMEN

LIVER is normal in size, shape and echotexture .No evidence of any focal lesion. The portal vein appears normal & shows normal hepatopetal flow. No evidence of intra-hepatic biliary duct dilatation.

Gall Bladder appears well distended with normal wall thickness. There is no calculus or pericholecystic collection or free fluid noted. CBD appears normal.

Visualised parts of head & body of pancreas appear normal. PD is not dilated.

SPLEEN is normal in size and echotexture. No focal lesion seen. SV is normal.

Both kidneys are normal in size, shape and echotexture with normal parenchymal reflectivity and maintained cortico-medullary differentiation. No hydronephrosis or calculi or mass seen.

RIGHT KIDNEY measures 10.1 x 3.9 cm. **LEFT KIDNEY** measures 10.8 x 5.3 cm.

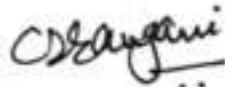
Urinary Bladder is adequately distended; no e/o any obvious wall thickening or mass or calculi seen.

PROSTATE is normal in size, shape & echotexture.
It measures approximately 12 gms.

Visualised bowel loops appear normal. There is no free fluid seen.

IMPRESSION -

- No significant abnormality detected.



DR.CHHAYA S. SANGANI
CONSULTANT SONOLOGIST
Reg: No. 073826