



Bank of Baroda

Name ANSUMAN AVINAB PARIDA

E. C. No.

123884

*[Signature]*

Issuing Authority



*[Signature]*

Signature of Holder

*[Handwritten mark]*

**PHYSICAL EXAMINATION REPORT**

Patient Name	Ansuman Parida	Sex/Age	M / 33
Date	26/3/22	Location	Thane

**History and Complaints**

~~None~~ H/o - Covid (JAN. 2022)

**EXAMINATION FINDINGS:**

Height (cms):	177	Temp (0c):	NAD
Weight (kg):	72.5	Skin:	
Blood Pressure	130 / 84	Nails:	
Pulse	76/min	Lymph Node:	

**Systems :**

Cardiovascular:	
Respiratory:	
Genitourinary:	NAD
GI System:	
CNS:	

**Impression:**

Mild spleno-megaly

↑ Uric Acid (7.4)  
High TC's, Low HDL.  
mildly Dilated Fundic Bubble.

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343

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**Advice:** - Low Fat, Low sugar Diet  
- Repeat Lipid Profile, Uric Acid after 6 Months  
- Drink Plenty of Liquids  
- Gc Nil

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

**PERSONAL HISTORY:**

1)	<b>Alcohol</b>	
2)	<b>Smoking</b>	very Rare
3)	<b>Diet</b>	Mixed
4)	<b>Medication</b>	No.

*[Handwritten Signature]*

**D. Manasee Kulkarni**  
M.B.B.S  
2005/09/3439

ADDRESS: 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Authenticity Check



Use a QR Code Scanner  
Application To Scan the Code

CID : 2208524723  
Name : MR.ANSUMAN PARIDA  
Age / Gender : 33 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Mar-2022 / 08:38  
Reported : 26-Mar-2022 / 11:53

**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>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	16.1	13.0-17.0 g/dL	Spectrophotometric
RBC	5.19	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.5	40-50 %	Measured
MCV	91	80-100 fl	Calculated
MCH	31.0	27-32 pg	Calculated
MCHC	33.9	31.5-34.5 g/dL	Calculated
RDW	13.1	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6200	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	38.0	20-40 %	
Absolute Lymphocytes	2356.0	1000-3000 /cmm	Calculated
Monocytes	3.7	2-10 %	
Absolute Monocytes	229.4	200-1000 /cmm	Calculated
Neutrophils	55.8	40-80 %	
Absolute Neutrophils	3459.6	2000-7000 /cmm	Calculated
Eosinophils	2.5	1-6 %	
Absolute Eosinophils	155.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

**PLATELET PARAMETERS**

Platelet Count	116000	150000-400000 /cmm	Elect. Impedance
MPV	11.8	6-11 fl	Calculated
PDW	24.8	11-18 %	Calculated

**RBC MORPHOLOGY**

Hypochromia	-
Microcytosis	-

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Reported : 26-Mar-2022 / 11:27

Macrocytosis -  
Anisocytosis -  
Poikilocytosis -  
Polychromasia -  
Target Cells -  
Basophilic Stippling -  
Normoblasts -  
Others Normocytic, Normochromic  
WBC MORPHOLOGY -  
PLATELET MORPHOLOGY Megaplatelets seen on smear  
COMMENT -

Result rechecked.

Kindly correlate clinically.

Specimen: EDTA Whole Blood

ESR, EDTA WB 3 2-15 mm at 1 hr.

Westergren

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



*Amrit Taori*

Dr. AMIT TAORI  
M.D ( Path )  
Pathologist

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Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

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Reported : 26-Mar-2022 / 12:57

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	88.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	104.4	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.21	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.35	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.86	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.1	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.4	1 - 2	Calculated
SGOT (AST), Serum	25.6	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	45.5	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	18.1	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	62.7	40-130 U/L	PNPP
BLOOD UREA, Serum	16.0	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	7.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.81	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	117	>60 ml/min/1.73sqm	Calculated

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Age / Gender : 33 Years / Male  
Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Mar-2022 / 11:09  
Reported : 26-Mar-2022 / 13:58

URIC ACID, Serum	7.4	3.5-7.2 mg/dl	Uricase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
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*Amit Taori*  
**Dr.AMIT TAORI**  
M.D ( Path )  
Pathologist

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Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Mar-2022 / 08:38  
Reported : 26-Mar-2022 / 16:50

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	4.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	88.2	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.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

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*M. Sharma*  
**Dr. MEGHA SHARMA**  
M.D. (PATH), DNB (PATH)  
Pathologist



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Reg. Location : G B Road, Thane West (Main Centre)

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Reported : 26-Mar-2022 / 13:53

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
<b>CHEMICAL EXAMINATION</b>			
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	Absent	Griess Test
<b>MICROSCOPIC EXAMINATION</b>			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
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OUR PRESENCE



*Amrit Taori*  
**Dr. AMIT TAORI**  
M.D ( Path )  
Pathologist

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Reported : 26-Mar-2022 / 13:53

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**BLOOD GROUPING & Rh TYPING**

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
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.

**Refernces:**

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

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*Amit Taori*

**Dr.AMIT TAORI**  
**M.D ( Path )**  
**Pathologist**

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**

**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	178.8	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	289.4	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	33.7	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	145.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	100.4	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	Homogeneous enzymatic colorimetric assay
VLDL CHOLESTEROL, Serum	44.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	5.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.0	0-3.5 Ratio	Calculated

Note : LDL measured by direct method.

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West  
\*\*\* End Of Report \*\*\*



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Consulting Dr. : -  
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 26-Mar-2022 / 08:38  
Reported : 26-Mar-2022 / 11:45

**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	15.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	3.29	0.35-5.5 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 5.5 to 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 non-thyroidal 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%(with in subject variation)

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

**Limitations:**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.

**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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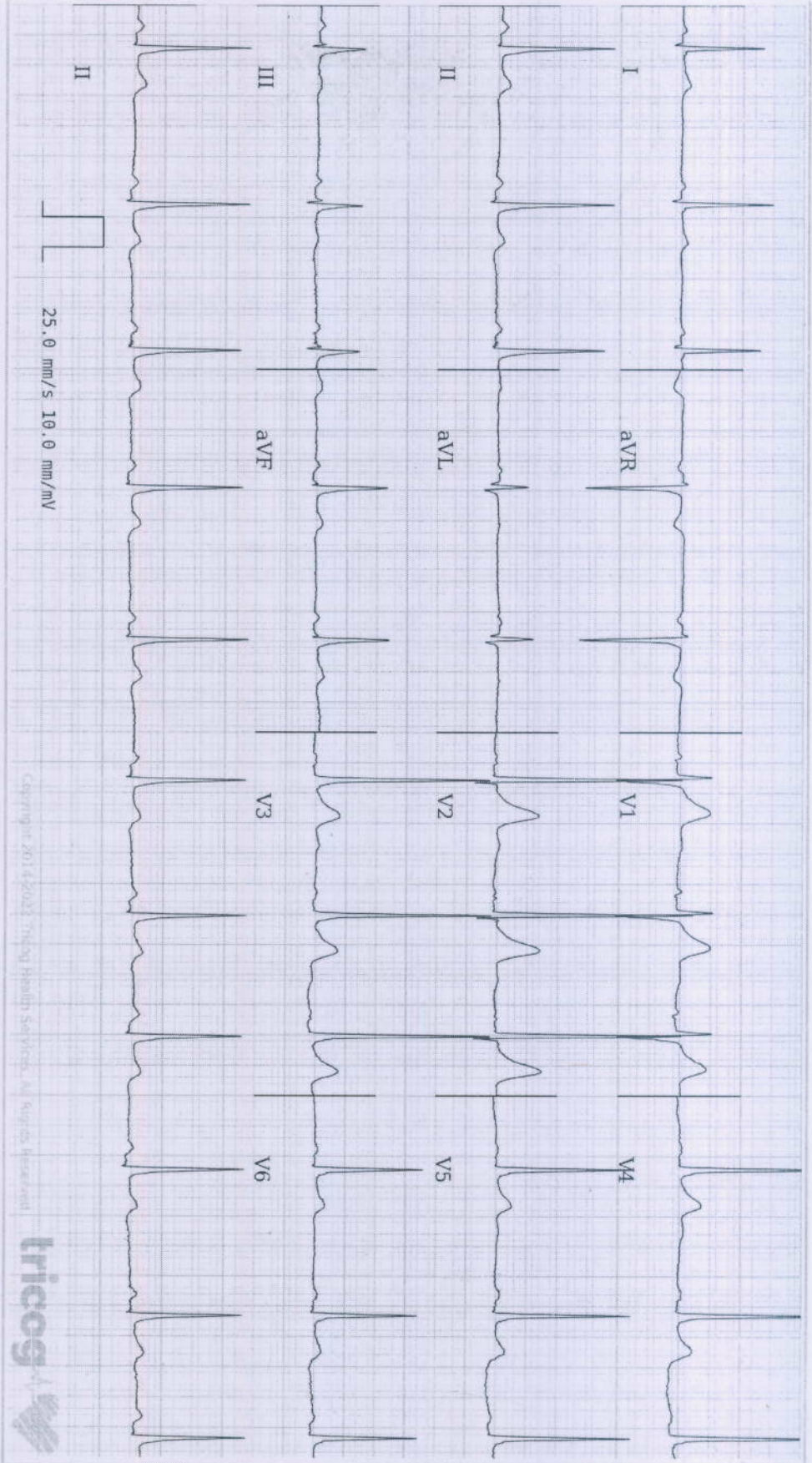


*Amit Taori*

**Dr.AMIT TAORI**  
**M.D ( Path )**  
**Pathologist**

Patient Name: ANSUMAN PARIDA  
Patient ID: 2208524723

Date and Time: 26th Mar 22 9:18 AM



Age **33** 5 4  
years months days

Gender **Male**

Heart Rate **65bpm**

**Patient Vitals**

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

**Measurements**

QSRD: 86ms  
QT: 364ms  
QTc: 378ms  
PR: 146ms  
P-R-T: 59° 49° 49°

REPORTED BY

**DR SHAILAJA PILLAI**  
MBBS, MD Physician  
MD Physician  
49972

**ECG Within Normal Limits: Sinus Rhythm, Normal Axis, with Sinus Arrhythmia. Please correlate clinically.**

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.

CID# : 2208524723  
Name : MR.ANSUMAN PARIDA  
Age / Gender : 33 Years/Male  
Consulting Dr. :-  
Reg.Location : G B Road, Thane West (Main Centre)

SID# : 177805060532  
Registered : 26-Mar-2022 / 08:38  
Collected : 26-Mar-2022 / 08:38  
Reported : 26-Mar-2022 / 13:32  
Printed : 26-Mar-2022 / 14:24

**X-RAY CHEST PA VIEW**

Both lung fields are clear.  
Both costo-phrenic angles are clear.  
No hilar abnormality is seen.  
The cardiac size and shape are within normal limits.  
The aorta shows normal radiological features.  
The trachea is central.  
The domes of diaphragm are normal in position and outlines.  
The skeleton under review appears normal.  
Mildly dilated fundic bubble is seen.

**IMPRESSION:**

**NO SIGNIFICANT PLEURO-PARENCHYMAL ABNORMALITY IS DETECTED.**

***Advice co-relation and further evaluation.***

\*\*\* End Of Report \*\*\*

*Dr. Patil*

**Dr.DEVENDRA PATIL  
M.D(RADIO DIAGNOSIS)  
RADIOLOGIST**

**ADDRESS:** 2<sup>nd</sup> Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400053

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Name	: MR.ANSUMAN PARIDA	Registered	: 26-Mar-2022 / 08:38
Age / Gender	: 33 Years/Male	Collected	: 26-Mar-2022 / 08:38
Consulting Dr.	: -	Reported	: 26-Mar-2022 / 13:32
Reg.Location	: G B Road, Thane West (Main Centre)	Printed	: 26-Mar-2022 / 15:18

### **USG WHOLE ABDOMEN**

**LIVER:** Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Visualised head of pancreas appears normal in size & echotexture. Rest is obscured by excessive bowel gas.

**KIDNEYS:** Right kidney measures 10.6 x 5.3 cm. Left kidney measures 10.9 x 4.6 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** *Spleen is enlarged in size (13.1 cm) and shows normal echotexture. Incidentally, there is evidence of a rounded, well defined non vascular lesion with echotexture similar to spleen, adjacent to it measuring 1.3 x 1.7 cm is s/o accessory spleen/splenule.*

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**PROSTATE:** Prostate is normal in size and echotexture and measures 2.3 x 3.7 x 3.5 cm in dimension and 16.3 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

**Bowel gas++**

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CID#	: 2208524723	SID#	: 177805060532
Name	: MR.ANSUMAN PARIDA	Registered	: 26-Mar-2022 / 08:38
Age / Gender	: 33 Years/Male	Collected	: 26-Mar-2022 / 08:38
Consulting Dr.	: -	Reported	: 26-Mar-2022 / 13:32
Reg.Location	: G B Road, Thane West (Main Centre)	Printed	: 26-Mar-2022 / 15:18

**IMPRESSION:**

- **MILD SPLENOMEGALY WITH ACCESSORY SPLEEN/SPLENULE.**

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

**Advice: Clinical co-relation and further evaluation.**

\*\*\* End Of Report \*\*\*

*Dr. Patil*

**Dr. DEVENDRA PATIL**  
**M.D(RADIO DIAGNOSIS)**  
**RADIOLOGIST**

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REG NO. : 2208524723	SEX : MALE
NAME : MR.ANSUMAN PARIDA	AGE : 33 YRS
REF BY : -----	DATE: 26.03.2022

**2D ECHOCARDIOGRAPHY**

**M - MODE FINDINGS :**

LVIDD	42	mm
LVIDS	21	mm
LVEF	60	%
IVS	11	mm
PW	6	mm
AO	15	mm
LA	29	mm

**2D ECHO:**

- All cardiac chambers are normal in size
- Left ventricular contractility : Normal
- Regional wall motion abnormality : Absent.
- Systolic thickening : Normal. LVEF = 60%
- Mitral, tricuspid , aortic , pulmonary valves are : Normal.
- Great arteries : Aorta and pulmonary artery are : Normal .
- Inter - artrial and inter - ventricular septum are intact .
- Pulmonary veins , IVC , hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

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**PATIENT: MR.ANSUMAN PARIDA**

**COLOR DOPPLER:**

- Mitral valve doppler – E- 0.9m/s, A 0.4 m/s.
- Mild TR.
- No aortic / mitral regurgitation. Aortic velocity 1.4 m/s, PG 8.1 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

**IMPRESSION :**

- **NO REGIONAL WALL MOTION ABNORMALITY AT REST.**
- **NORMAL LV SYSTOLIC FUNCTION.**

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



**DR. YOGESH KHARCHE**  
**DNB(MEDICINE) DNB (CARDIOLOGY)**  
**CONSULTANT INTERVENTIONAL CARDIOLOGIST.**

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Date:- 26/3/22 CID:  
Name:- Anshuman Pawda Sex / Age: M-35

**EYE CHECK UP**

Chief complaints: R-U

Systemic Diseases: NA

Past history: NA

Unaided Vision: RE 6/6 NVR N'6.

Aided Vision:

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark: Good Vision

**MR. PRAKASH KUDVA**  
SR. OPTOMETRIST

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