

CID#	: 2129210771	SID#	: 177804357848
Name	: MR.SAMEER DILIP SAKHARKAR	Registered	: 19-Oct-2021 / 10:14
Age / Gender	: 34 Years/Male	Collected	: 19-Oct-2021 / 10:14
Ref. Dr	: -	Reported	: 21-Oct-2021 / 09:06
Reg.Location	: Andheri West (Main Centre)	Printed	: 21-Oct-2021 / 14:09

PHYSICAL EXAMINATION REPORT

History and Complaints:

Asymptomatic

EXAMINATION FINDINGS:

Height (cms):	174 cms	Weight (kg):	93 kgs
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	130/80 mm of Hg	Nails:	Normal
Pulse:	78/mi	Lymph Node:	Not palpable

Systems

Cardiovascular: S1S2 audible
Respiratory: AEBE
Genitourinary: NAD
GI System: Liver & Spleen not palpable
CNS: NAD

IMPRESSION:

Grade 11 Fatty liver on USG

ADVICE:

Daily exercise for 45-60 minutes

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | NO |
| 2) IHD | NO |
| 3) Arrhythmia | NO |
| 4) Diabetes Mellitus | NO |
| 5) Tuberculosis | NO |

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

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

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- | | |
|--|----|
| 6) Asthama | NO |
| 7) Pulmonary Disease | NO |
| 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.Geetanjali Khullar

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Name : MR. SAMEER DILIP SAKHARKAR
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 20-Oct-2021 / 09:29
Reported : 20-Oct-2021 / 11:57

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CBC (Complete Blood Count), Blood			
RBC PARAMETERS			
Haemoglobin	14.8		
RBC	4.66	13.0-17.0 g/dL	Spectrophotometric
PCV	44.5	4.5-5.5 mil/cmm	Elect. Impedance
MCV	95.5	40-50 %	Measured
MCH	31.8	80-100 fl	Calculated
MCHC	33.3	27-32 pg	Calculated
RDW	16.8	31.5-34.5 g/dL	Calculated
WBC PARAMETERS			
WBC Total Count	7900	4000-10000 /cmm	Calculated
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	28.3		Elect. Impedance
Absolute Lymphocytes	2235.7	20-40 %	
Monocytes	7.6	1000-3000 /cmm	Calculated
Absolute Monocytes	600.4	2-10 %	
Neutrophils	60.6	200-1000 /cmm	Calculated
Absolute Neutrophils	4787.4	40-80 %	
Eosinophils	3.2	2000-7000 /cmm	Calculated
Absolute Eosinophils	252.8	1-6 %	
Basophils	0.3	20-500 /cmm	Calculated
Absolute Basophils	23.7	0.1-2 %	
Immature Leukocytes	-	20-100 /cmm	Calculated
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
PLATELET PARAMETERS			
Platelet Count	269000		
MPV	7.9	150000-400000 /cmm	Elect. Impedance
PDW	12.6	6-11 fl	Calculated
RBC MORPHOLOGY			
Hypochromia	-	11-18 %	Calculated
Microcytosis	-		
Macrocytosis	-		



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Anisocytosis	Mild
Poikilocytosis	Mild
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Elliptocytes-occasional
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 13 2-15 mm at 1 hr. Westergren

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



MC-2111

Jagan Kumbhar
Dr. AMAR DASGUPTA, MD, PhD
Consultant Hematopathologist
Director - Medical Services

Trupti Shetty
Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist



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Collected : 20-Oct-2021 / 09:29
Reported : 20-Oct-2021 / 11:30

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	104.8	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	130.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.76	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.27	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.49	0.1-1.0 mg/dl	Calculated
SGOT (AST), Serum	20.1	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	37.8	5-45 U/L	NADH (w/o P-5-P)
ALKALINE PHOSPHATASE, Serum	85.9	40-130 U/L	Colorimetric
BLOOD UREA, Serum	20.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	9.5	6-20 mg/dl	Calculated
CREATININE, Serum	0.85	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	110	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.5	3.5-7.2 mg/dl	Enzymatic

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



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director



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Name : MR. SAMEER DILIP SAKHARKAR
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 20-Oct-2021 / 09:29
Reported : 20-Oct-2021 / 12:16

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	6.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	128.4	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
*** End Of Report ***



MC-2111

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



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Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

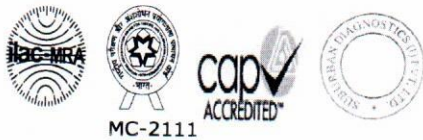
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Reported : 20-Oct-2021 / 15:25

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
CHEMICAL EXAMINATION			
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
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

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



Anupa Dixit
Dr. ANUPA DIXIT
M.D.(PATH)
Pathologist



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Name : MR.SAMEER DILIP SAKHARKAR
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 20-Oct-2021 / 09:29
Reported : 20-Oct-2021 / 12:58

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

PARAMETER	RESULTS
ABO GROUP	O
Rh TYPING	POSITIVE

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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
2. AABB technical manual

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

*** End Of Report ***



MC-2111

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



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Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 20-Oct-2021 / 09:29
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	162.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	139.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	34.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	128.5	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	101.0	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	27.5	< / = 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.9	0-3.5 Ratio	Calculated

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



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



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CID : 2129210771
Name : MR.SAMEER DILIP SAKHARKAR
Age / Gender : 34 Years / Male
Consulting Dr. : -
Reg. Location : Andheri West (Main Centre)

Collected : 20-Oct-2021 / 09:29
Reported : 20-Oct-2021 / 11:30

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.3	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.78	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)

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



MC-2111

Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director



CID : 2129210771
Name : Mr SAMEER DILIP SAKHARKAR
Age / Sex : 34 Years/Male
Ref. Dr :
Reg.Location : Andheri West (Main Center)

Reg. Date : 20-Oct-2021 / 12:16
Report Date : 20-Oct-2021 / 13:05
Printed : 20-Oct-2021 / 13:05

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-----

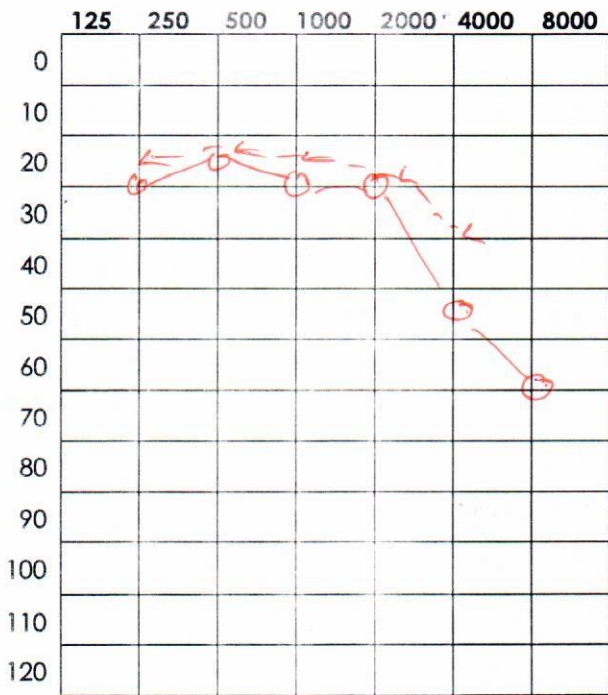
Dr R K Bhandari
M D , DMRE
MMC REG NO. 34078

AUDIOMETRY

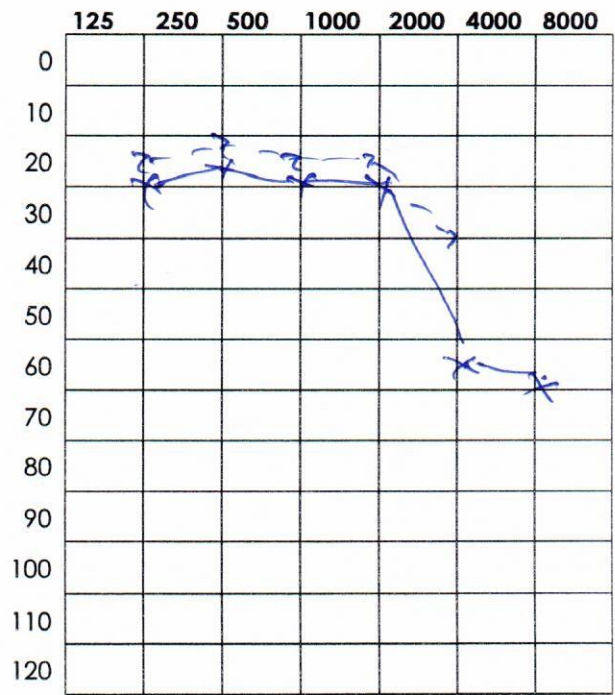
Name: Sameer Sakbarkar CID: 2129210771 Date: 20/10/2024
 Sex / Age: 84/M History: No significant medical history

AUDIOGRAM

Pure Tone Audiogram Right



Pure Tone Audiogram Left



0 -> Right A. C. Threshold

Δ -> Right Masked A. C. Threshold

<-> Right B. C. Threshold

[-> Right Masked B. C. Threshold

X -> Left A. C. Threshold

□ -> Left Masked A. C. Threshold

>-> Left B. C. Threshold

]-> Left Masked B. C. Threshold

Interpretation:

Bilateral hearing sensitivity within normal limits.
 (drop at high frequency)

Dr. [Signature]

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Date:- 20-10-21

CID:

Name:- Sameer Sakhalta

Sex / Age: M / 33

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Distance BE 6/6

Aided Vision:

Near BE-NH

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

BE (N)

Remark:

Saullan

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Patient's Name : SAMEER DILIP SAKHARKAR

Age : 34 YRS /MALE

Requesting Doctor : ---

Date : 20.10.2021

CID. No : 2129320668

2D-ECHO & COLOUR DOPPLER REPORT

Structurally Normal : MV / AV / TV / PV.

No significant valvular stenosis.

Trivial Mitral Regurgitation , Trivial Aortic Regurgitation

Trivial Pulmonary Regurgitation ,

Trivial Tricuspid regurgitation. No Pulmonary arterial hypertension.

PASP by TR jet vel. method = 22 mm Hg.

LV / LA / RA / RV - Normal in dimension.

IAS / IVS is Intact.

No Left Ventricular Diastolic Dysfunction [LVDD].

No doppler evidence of raised LVEDP

No regional wall abnormality. No thinning / scarring / dyskinesia of LV wall noted. Normal LV systolic function. LVEF = 60 % by visual estimation.

No e/o thrombus in LA /LV.

No e/o Pericardial effusion.

IVC normal in dimension with good inspiratory collapse.

Normal RV systolic function (by TAPSE)

Impression:

**NORMAL LV SYSTOLIC FUNCTION, LVEF= 60 % ,
NO RWMA, NO PAH, NO LVDD,
NO LV HYPERTROPHY.**

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M-MODE STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	10	mm	Mitral Valve E velocity	0.8	m/s
LVIDd	46	mm	Mitral Valve A velocity	0.6	m/s
LVPWd	10	mm	E/A Ratio	1.4	-
IVSs	16	mm	Mitral Valve Deceleration Time	162	ms
LVIDs	22	mm	E/E'	5	-
LVPWs	16	mm	TAPSE	22	
			Aortic valve		
IVRT	-	ms	AVmax	0.9	m/s
			AV Peak Gradient	3	mmHg
2D STUDY			LVOT Vmax	0.7	m/s
LVOT	18	mm	LVOT gradient	2	mmHg
LA	36	mm	Pulmonary Valve		
RA	30	mm	PVmax	0.7	m/s
RV [RVID]	24	mm	PV Peak Gradient	2	mmHg
IVC	12	mm	Tricuspid Valve		
			TR jet vel.	2	m/s
			PASP	22	mmHg

*** End of Report ***

DR RAVI CHAVAN

CARDIOLOGIST
REG.NO.2004 /06/2468

Disclaimer: 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.

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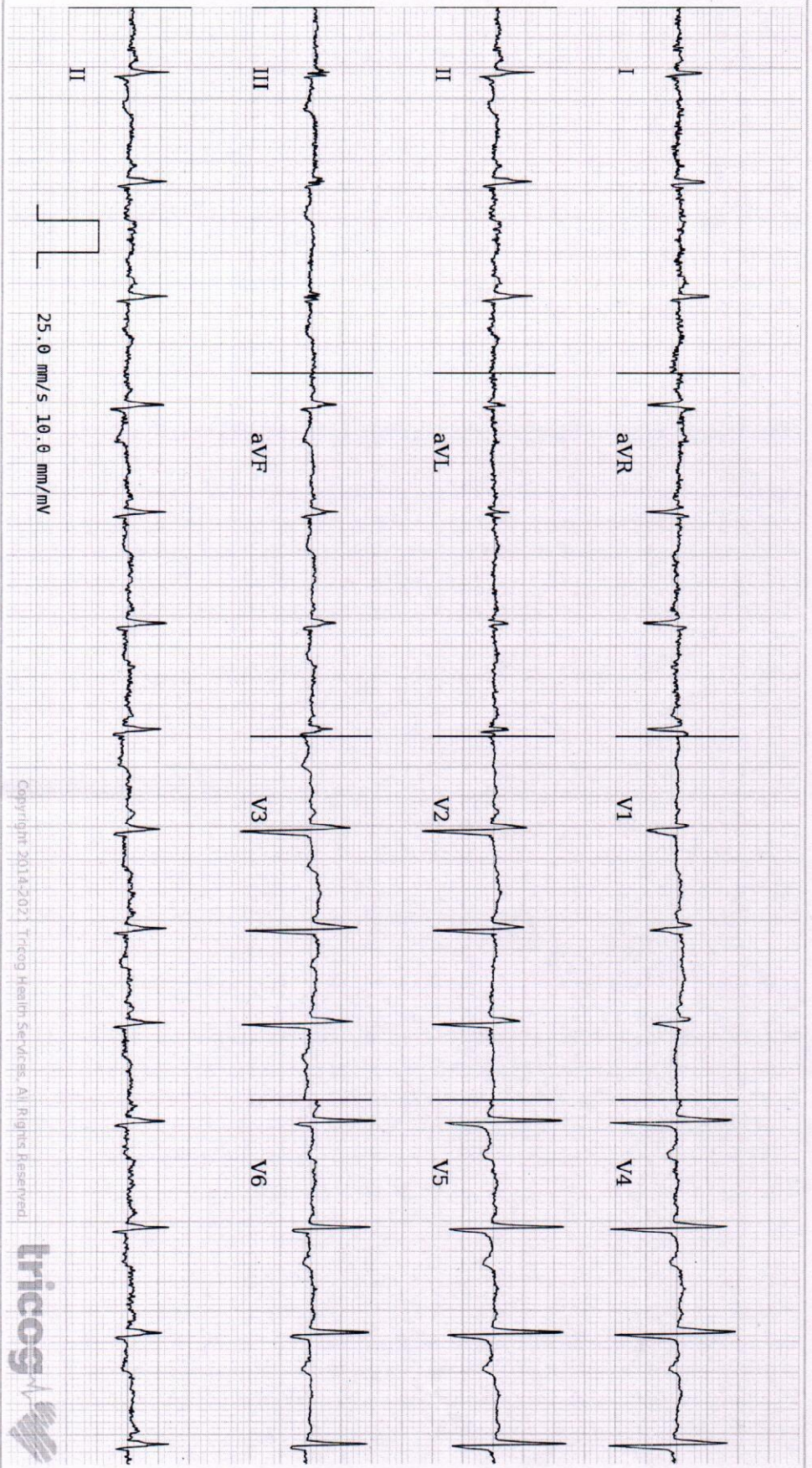
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Patient Name: SAMEER DILIP SAKHARKAR

Date and Time: 20th Oct 21 11:32 AM

Patient ID: 2129210771



Age **34** **7** **4**
 years months days

Gender **Male**

Heart Rate **86 bpm**

Patient Vitals

BP: NA

Weight: NA

Height: NA

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QSRD: 80 ms

QT: 326 ms

QTc: 390 ms

PR: 112 ms

P-R-T: 35° 36° -51°

Sinus Rhythm, Normal Axis, Abnormal T waves in inferior leads & V3 to V6. Please correlate clinically.

DR RAVI CHAVAN

DR RAVI CHAVAN
 MD, D.CARD, D. DIABETES
 Cardiologist & Diabetologist
 2004/06/2468

REPORTED BY

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 : 2129210771
Name : Mr SAMEER DILIP SAKHARKAR
Age / Sex : 34 Years/Male
Ref. Dr :
Reg.Location : Andheri West (Main Center)

Reg. Date : 20-Oct-2021 / 10:42
Report Date : 20-Oct-2021 / 16:45
Printed : 20-Oct-2021 / 16:45

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.4cm) and shows bright echotexture. 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 and appears normal. No evidence of gall stones or mass lesions seen

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 10.2 x 4.5cm. Left kidney measures 11.2 x 5.8cm.

SPLEEN:

The spleen is normal in size (10.1cm) 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 3.5 x 3.4 x 3.1cm and volume is 20.1cc.



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IMPRESSION:

Grade II fatty liver.

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

DR. NIKHIL DEV
M.B.B.S, MD (Radiology)
Reg No – 2014/11/4764
Consultant Radiologist