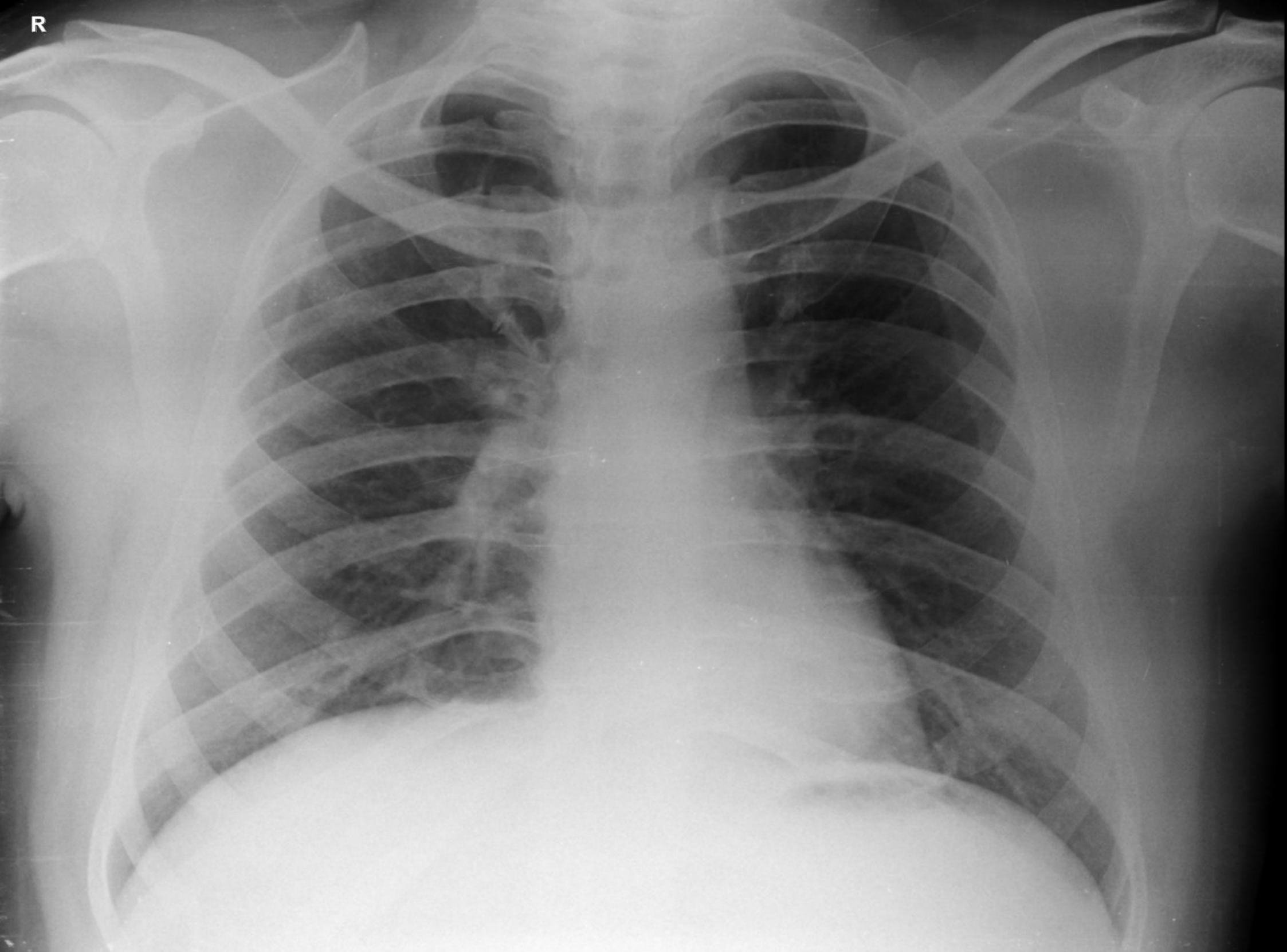


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PRASHANS JAIN 37YRS 9/10/2022
OLIVE DIAGNOSTIC, SEAWOOD SEC40

Name- PRASHANS JAIN

Date-10/9/2022

Age-37/M

X-Ray Chest PA

The Soft Tissues And Bony Thorax Are Normal.

Both The Costoprehnic And Cardiophrenic Angles Are Clear.

The Lung Field Appears Normal.

The Cardiac Shape And Size Are Normal.

Both The Hila Are Normal In Density And Position.

Both The Domes Of Diaphragm And Mediastinum Are Normal.

Impression: Normal Chest X-Ray.

For, 

DR. MRUDULA BABAR
CONSULTANT RADIOLOGIST**Dr MRUDULA BABAR**
DMRE.CPS Mumbai 2009
(RADIOLOGIST)
Reg. No. 2005/03/2139

ECHO Report

Date-10/09/2022

Patient Details

Patient ID –

Name- MR PRASHANS JAIN
Age- 37 YEARS
Gender- MALE
Blood Group NOT DETERMINED
Referral Doctor MEDI WHEEL

ECHO Identification Detail

Doctor Incharge DR MAHESH PADSALGE

Clinical Status of Patient

ECHO Code

Finding description-

1. Normal cardiac chambers dimensions. Tacycardia During Study.
2. Normal LV systolic function .
3. No RWMA.
4. All cardiac valves are structurally normal.
5. Trivial MR, Trivial PR,NO AR.
6. No PAH.
7. Normal RV systolic function.
8. No clot/vegetation/pericardial effusion.
9. No coarctation of aorta.



Chamber Dimensions-M mode Findings

Lvid (Diastole) 35-56(mm)	-	39.00	Lvid (Systole) 24-42 (mm)	-	24.00
IVS (Diastole) 8-12(mm)	-	09.00	IVS (Systole) 14-42 (mm)	-	10.00
LVPWT (Diastole) 6-11(mm)	-	09.00	EPSS	-	2.00
LVEF (%)	-	68%	LVFS (%)	-	37.00

LV Volume (Diastolic)(mm³)
Meridional Wall Stress in System

LV Volume (Systolic)(mm³)
Cubbed LV Volume in Diastole (mm³)

Cubed LV+ myocardial volume (mm³)

Velocity of circumferential
Shortening (mm)

Aortic root 22-37(mm)	-	28.00
Left Atrium Length (mm)	-	25.00
Left Atrium Volume (mm ³)		
RV size		Normal
RV volume (mm ³)		
Pericardium		Normal
Effusion		None
Resp Variation		Present
Predicted RV Systolic Pressure		

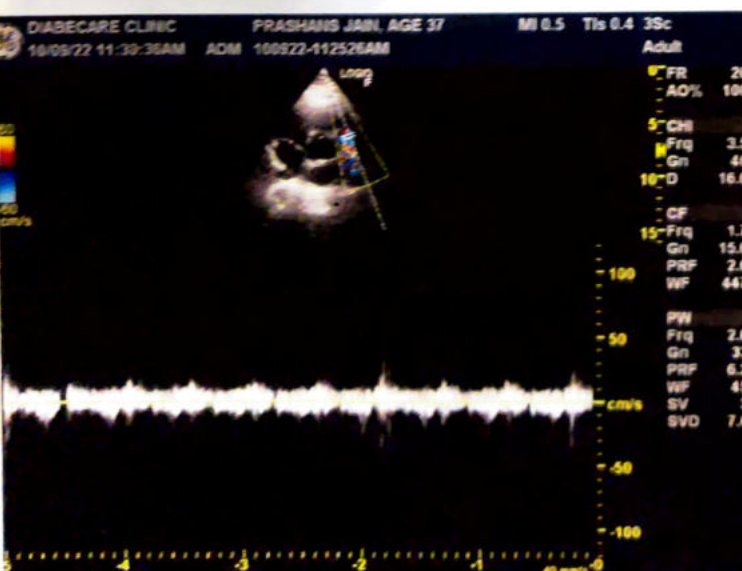
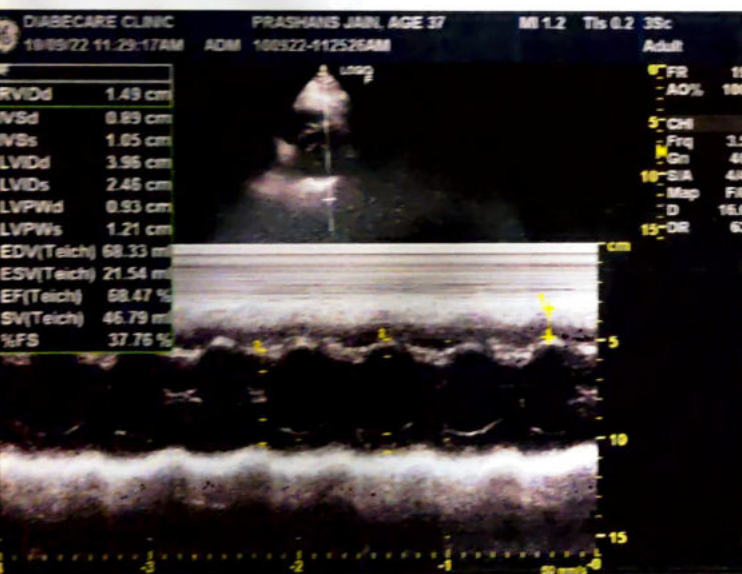
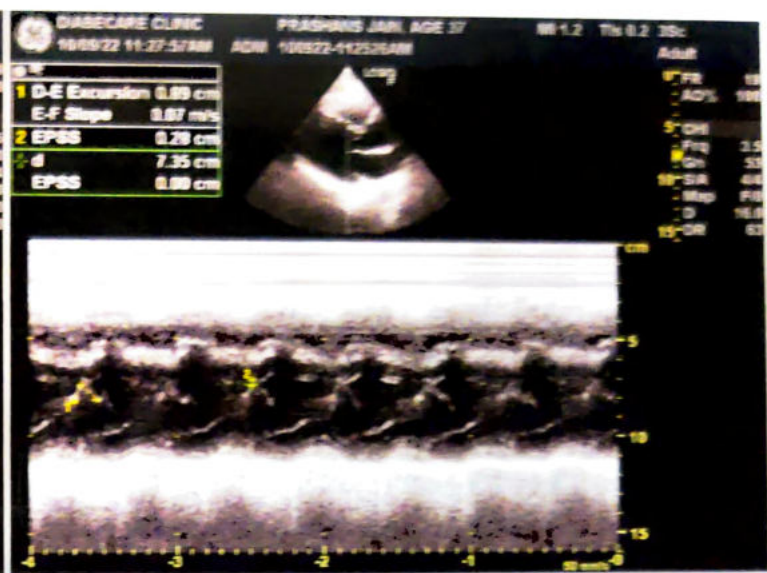
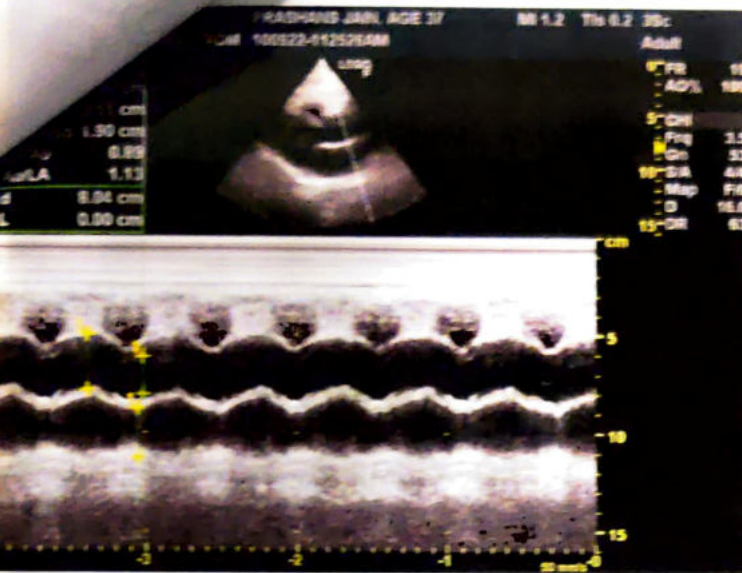
Left Atrium Width (mm)		
Left Atrium Area (mm ²)		
RV Function		Normal
RA Size		Normal
IVC Size (mm) 11 COLLAPSIBLE		



Dr. Mahesh Padsalge

Dr. Mahesh V. Padsalge
MD. (Medicine)
Consultant Physician
Reg. No. 91424 (MMC)





Dr Prashant Jain

37/M

10/9/22

ophth

(R)

(L)

VA (A)

6/6

(A) 6/6

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N₆

Anteg

(A)

(A)

Fundus

(A)

(A)

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Muhar

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(A)

(B)

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भारत सरकार
GOVERNMENT OF INDIA




प्रशंस जैन
Prashans Jain
जन्म तिथि/ DOB: 30/05/1985
पुरुष / MALE



3908 7686 4718

आधार-आम आदमी का अधिकार

Prashans Jain

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



पता:
S/O: नरेन्द्र जैन, 2, प्रताप
मार्ग, जैन मंदिर के सामने,
धार, धार, धार,
मध्य प्रदेश - 454001

Address:
S/O: Narendra Jain, 2, pratap marg,
opp jan mandir, dhar, Dhar, Dhar,
Madhya Pradesh - 454001

3908 7686 4718

1947 1800 300 1947 help@uidai.gov.in www.uidai.gov.in P.O. Box No. 1947, Bengaluru-560 001

Dr. Mahesh V. Padsalge
Dr. Mahesh V. Padsalge
MD (Medicine)
Consultant Physician
Reg. No. 91424 (MMC)



Male

QRS : 72 ms
QT / QTcBaz : 298 / 423 ms
PR : 156 ms
P : 112 ms
RR / PP : 496 / 495 ms
P / QRS / T : 60 / 34 / 26 degrees

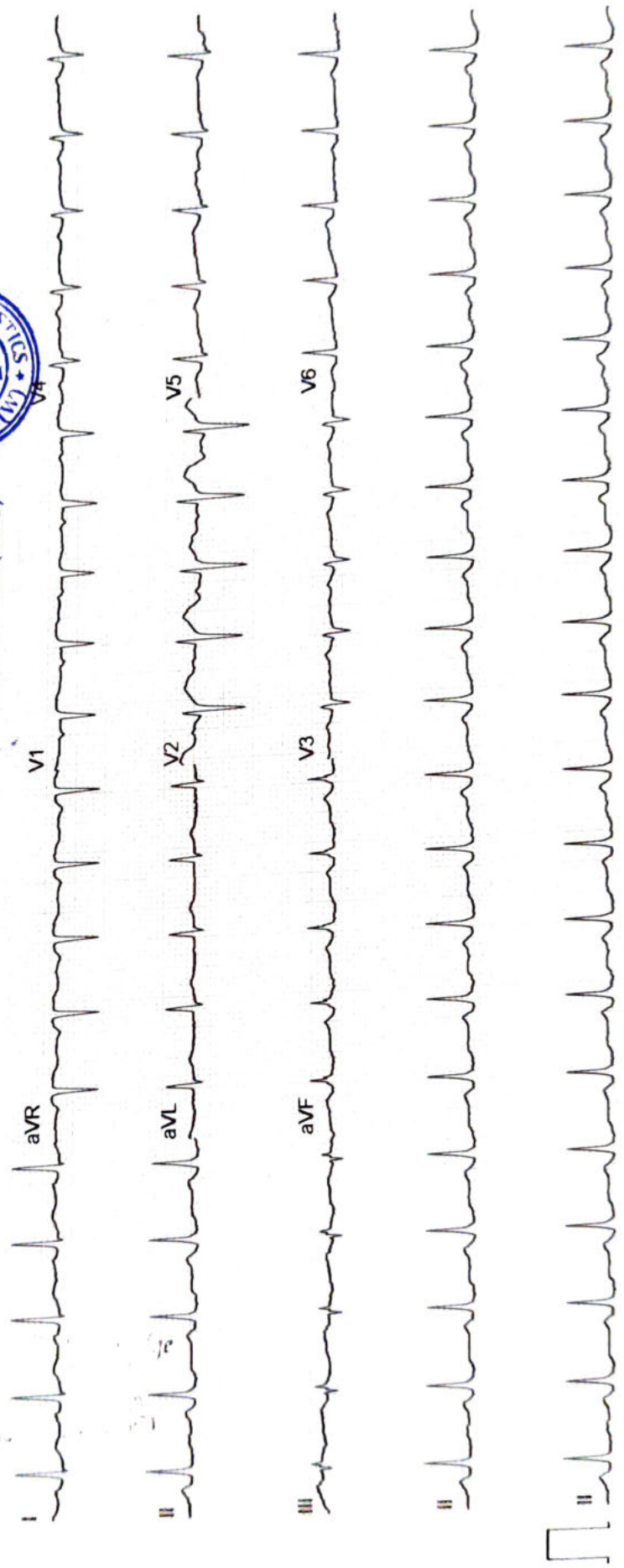
Sinus tachycardia
Nonspecific T wave abnormality
Abnormal ECG

Sym Tachycardia
bc T wave abnormality

Dr. Mafesh V. Padsaige



Dr. Mafesh V. Padsaige
MD. (Medicine)
Consultant Physician
Reg. No. 91424 (MMC)



Name : MR PRASHANS JAIN	Age/sex: 37Yrs. /MALE
Ref by: MEDIWHEEL	Date: 10/09/2022

ULTRASOUND EXAMINATION OF ABDOMEN & PELVIS

Findings-

The Liver is normal in size, shape and raised echogenicity. No focal lesion is seen. The Hepatic veins appear normal. There is no IHBR dilatation. The portal vein appears normal.

The gall bladder is distended. The proximal C.B.D. is normal caliber

Visualized head of Pancreas appears normal in size and reflectivity. The pancreatic duct is not dilated. Rest of the pancreas and retro peritoneum is obscured by bowel gases

The spleen is normal in size, No focal lesion is seen. Splenic vein is normal at hilum,

Both kidneys are normal in position and size. They show normal cortical reflectivity and cortico-medullary differentiation. There is no evidence of renal calculus, hydronephrosis or mass.

Right kidney measures 9.8 x 3.7 cm

Left kidney measures 10.4 x 4.6 cm

The Urinary bladder is well distended. No evidence of any intraluminal mass or calculi.

The visualized Prostate appears normal in size, shape and homogenous echotexture.

There is no free fluid is seen in the pelvis. No probe tenderness in present study.

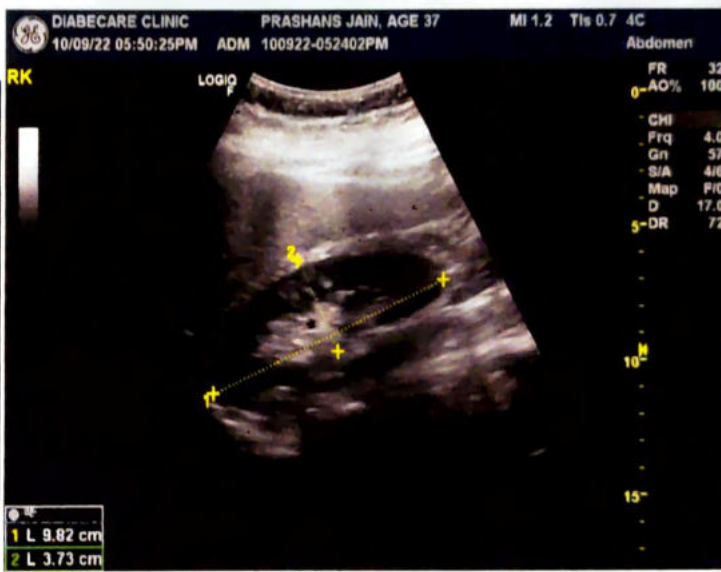
IMPRESSION:-

- **Grade 1 - 2 fatty infiltration of liver.**
- **Adv: clinical correlation.**



Dr. MRUDULA BABAR
CONSULTANT RADIOLOGIST

Dr. MRUDULA BABAR
DMRE, CPS Mumbai 2009
(RADIOLOGIST)
Reg. No. 2005/03/2139



Patient Name : **MR. PRASHANS NARENDRA JAIN**
Patient ID : 41231
Age / Sex : 37 years / Male
Referred by : MEDIWHEEL
Bill ID : 68274

Collected : Sep 10, 2022, 10:06 a.m.
Reported : Sep 10, 2022, 04:11 p.m.
Sample ID :



191213

Test Description	Results	Units	Biological Reference Range
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TOTAL TRIIODOTHYRONINE (T3)

Sample Type : Serum

TotalTriiodothyronine (T3) [CLIA]	1.85	ng/dL	0.69 - 2.15
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****END OF REPORT****

Dr. Sudhamani S. MD
Consultant Pathologist
Reg. No. : 90461

Patient Name : **MR. PRASHANS NARENDRA JAIN**
Patient ID : 41231
Age / Sex : 37 years / Male
Referred by : MEDIWHEEL
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Test Description	Results	Units	Biological Reference Range
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TOTAL THYROXINE (T4)

Sample Type : Serum

Total Thyroxine (T4) [CLIA]	96.35	ng/ml	52 - 127
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****END OF REPORT****

Dr. Sudhamani S. MD
Consultant Pathologist
Reg. No. : 90461

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Test Description	Results	Units	Biological Reference Range
	<u>ESR</u>		
Sample Type : EDTA / Whole Blood			
ESR	05	Mm/hr	0 - 15
Method	Westergren		

END OF REPORT



Dr. Sudhamani S. MD
Consultant Pathologist
Reg. No. : 90461

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Test Description	Results	Units	Biological Reference Range
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COMPLETE BLOOD COUNT

Sample Type : EDTA / Whole Blood

Hemoglobin	15.0	g/dl	13.0 - 17.0
RBC COUNT	5.16	Millions/c	4.5 - 5.5
PCV(Hematocrit)	44.9	%	40.0 - 50.0
Mean Cell Volume(MCV)	87.02	fl	80.0 - 100.0
Mean Cell Hemoglobin(MCH)	29.07	pg	27.0 - 33.0
Mean Cell Hb Conc(MCHC)	33.41	g/dl	32 - 36
RDW	13.1	%	11.50 - 14.50
Total Leucocytes (WBC) Count	7670	/cumm	4000-11000

DIFFERENTIAL COUNT

Neutrophils	61.2	%	40 - 70
Lymphocytes	28.1	%	20 - 50
Eosionphils	6.0	%	01 - 06
Monocytes	4.0	%	00 - 08
Basophils	0.70	%	00-01

SMEAR STUDY

RBC Morphology	Normocytic Normocromic.		
WBC Morphology	No E/o Toxic granules seen		
Platelets On Smear	Adequate on Smear		
Platelet Count	343000	/cumm	150000 - 450000
MPV	8.1	fL	6.5 - 10.0

Comments :-

Method:-

HB:-Colorimetric, Total WBC:-Impedance/Flow Cytometry, HCT, MCV, MCH, MCHC, RDW-CV:-Calculate, Diff. Count: Flow Cytometry / Manual Stained Smear Microscopy, RBC: Impedance, Platelets : Impedance Method.

Technique :-

Fully Automated 5 part Diff. Cell Counter .

All Test Results are subjected to stringent international External and Internal Quality Control Protocols

****END OF REPORT****

Dr. Sudhamani S. MD
Consultant Pathologist
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Test Description	Results	Units	Biological Reference Range
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BLOOD UREA LEVEL (BUL)

Sample Type : Serum

Urea	21.70	mg/dl	10 - 40
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[Urease - GLDH]

Bun	10.13	mg/dl	6 - 21
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[Calculated]

Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200

****END OF REPORT****

Dr. Sudhamani S. MD
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Test Description	Results	Units	Biological Reference Range
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CREATININE

Sample Type : Serum

Creatinine	0.99	mg/dl	0.40 - 1.40
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[Enzymatic]

Formula

Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200

END OF REPORT



Dr. Sudhamani S. MD
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Test Description	Results	Units	Biological Reference Range
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SR. URIC ACID

Sample Type : Serum

Uric Acid [Uricase - POD]	6.10	mg/dl	3.6 - 7.7
---------------------------------------	------	-------	-----------

Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200.

****END OF REPORT****

Dr. Sudhamani S. MD
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Test Description	Results	Units	Biological Reference Range
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LIVER FUNCTION TEST

Sample Type : Serum

TOTAL BILIRUBIN [DIAZO]	0.79	mg/dl	0.3-1.3 mg/dl
BILIRUBIN-DIRECT [DIAZO]	0.33	mg/dl	0.1-0.4 mg/dl
BILLIRUBIN-INDIRECT [CALCULATED]	0.46	mg/dl	0.1-0.9 mg/dl
S.G.O.T. (AST) [IFCC without Pyridoxal Phosphate]	21.20	IU/L	5-40 IU/L
S.G.P.T.(ALT) [IFCC without Pyridoxal Phosphate]	21.00	IU/L	5-40 IU/L
ALKALINE PHOSPHATASE [Amino Methyl Propanol (AMP)]	71.00	IU/L	44-147 IU/L
TOTAL PROTEINS [BIURET]	7.80	IU/L	6.0 - 8.5g/dL
ALBUMIN [BROMO CRESOL GREEN (BCG)]	4.27	g/dl	3.5-5.0 g/dl
GLOBULIN [CALCULATED]	3.53	gm%	2.3-3.5 gm%
ALBUMIN/GLOBULIN RATIO [CALCULATED]	1.21		
GAMMA GT	10.30	U/L	0 - 45

Technique : Fully Automated Biochemistry Analyser ERBA EM-200

****END OF REPORT****

Dr. Sudhamani S. MD
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Patient Name : **MR. PRASHANS NARENDRA JAIN**
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Test Description	Results	Units	Biological Reference Range
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URINE ANALYSE REPORT

Sample Type : Urine

PHYSICAL EXAMINATION

COLOUR	Pale Yellow		
APPEARANCE	Clear		
REACTION (PH)	5.0		4.8 - 7.6
SPECIFIC GRAVITY	1.020		1.010 - 1.030
ALBUMIN	Absent		
GLUCOSE	Absent		
BLOOD (U)	Absent		
BILE PIGMENTS	Negative		
BILE SALTS	Absent		
KETONE	Negative		
LEUKOCYTES	Absent		
NITRITE	Absent		
UROBILINOGEN	Negative		

MICROSCOPY

PUS CELLS/hpf	1-2
RBCs/hpf	Absent
EPI.CELLS/hpf	1-2
CASTS	Absent
CRYSTALS	Absent
BACTERIA	Absent
Other	Absent

END OF REPORT

Dr. Sudhamani S. MD
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Test Description	Results	Units	Biological Reference Range
<u>GLYCOCYLATED HAEMOGLOBIN</u>			
Sample Type : EDTA / Whole Blood			
Glycocyalted Haemoglobin (HbA1c) [Tosoh HPLC]	5.5	%	<5.7%NON DIABETIC 5.7-6.4% PRE-DIABETIC >6.5% DIABETIC <7.0% GOAL FOR DIABETIC ON TREATMENT
MEAN BLOOD GLUCOSE	111.15	mg/dL	116.89 - 154.2

END OF REPORT



Dr. Sudhamani S. MD
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Test Description	Results	Units	Biological Reference Range
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LIPID PROFILE

Sample Type : Serum

TOTAL CHOLESTEROL

[CHOD-PAP]

234.20

mg/dL

Desirable : <200 mg/dl

Borderline : 200 - 239mg/dl

High : >240 mg/dl

TRIGLYCERIDES

[Glycerol Phosphate Oxidase]

157.70

mg/dL

Desirable : <150 mg/dl

Borderline : 150 - 199mg/dl

High : >200mg/dl

HDL CHOLESTEROL [Direct]

42.00

mg/dL

Desirable : >40 mg/dl

Borderline Risk : 35 mg/dl

High Risk : <30 mg/dl

LDL CHOLESTEROL [Calculated]

160.66

mg/dL

Desirable : <100 mg/dl

Borderline : 130 - 160mg/dl

High : >160mg/dl

VLDL Cholesterol

[Calculated]

31.54

mg/dL

Desirable : <26 mg/dl

Borderline : >30 mg/dl

Total Chol / HDL Chol Ratio

[Calculated]

5.58

mg/dL

Desirable : <5 %

LDL / HDL Ratio

[Calculated]

3.83

1.00 - 3.55

NON-HDL CHOLESTEROL

[Calculated]

192.20

mg/dL

Desirable : <130 mg/dl

Borderline : 160 - 189 mg/dl

High : >220 mg/dl

Technique:

Fully Automated Biochemistry Analyser ERBA EM-200.

****END OF REPORT****

Dr. Sudhamani S. MD
Consultant Pathologist
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Patient Name : **MR. PRASHANS NARENDRA JAIN**
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Test Description	Results	Units	Biological Reference Range
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BLOOD GROUP

Sample Type : EDTA / Whole Blood

ABO Grouping

"O"

Rh Grouping

POSITIVE

Note:

These report is for information purpose only. Blood group needs to be reconfirmed at the time of cross matching for blood transfusion.

END OF REPORT



Dr. Sudhamani S. MD
Consultant Pathologist
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Patient Name : **MR. PRASHANS NARENDRA JAIN**
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Test Description	Results	Units	Biological Reference Range
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POST PRANDIAL BLOOD SUGAR

Sample Type : Flouride PP

Post Prandial Blood Sugar [GOD - POD]	141.80	mg/dl	110-180
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Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200

****END OF REPORT****



Dr. Sudhamani S. MD
Consultant Pathologist
Reg. No. : 90461

Patient Name : **MR. PRASHANS NARENDRA JAIN**
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Test Description	Results	Units	Biological Reference Range
<u>FASTING BLOOD SUGAR</u>			
Sample Type : Flouride R			
Fasting Blood Sugar [GOD - POD]	107.70	mg/dl	Normal : 70 - 99 mg/dl impaired Tolerance : 100 - 125mg/dl Diabetes Mellitus : >126 mg/dl
Technique :-	Fully Automated Biochemistry Analyser ERBA EM-200		

END OF REPORT

Dr. Sudhamani S. MD
Consultant Pathologist
Reg. No. : 90461

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Test Description	Results	Units	Biological Reference Range
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ULTRASENSITIVE THYROID STIMULATING HORMONE (TSH)

Sample Type : Serum

Ultrasensitive Thyroid Stimulative Hormone (TSH) [CLIA]	1.50	μ IU/mL	0.3 - 4.5 1st trimester - 0.1 - 2.5 μ IU/mL 2nd trimester - 0.2 - 3 μ IU/mL 3rd trimester - 0.3 - 3 μ IU/mL
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Clinical Significance :-

1. Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night.
2. Useful for: Screening for thyroid dysfunction and detecting mild (subclinical), as well as overt, primary hypo- or hyperthyroidism in ambulatory patients.
3. Monitoring patients on thyroid replacement therapy.
4. Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine suppression therapy.
5. Prediction of thyrotropin-releasing hormone-stimulated TSH response.

END OF REPORT

Dr. Sudhamani S. MD
Consultant Pathologist
Reg. No. : 90461