



- ▶ Advanced 1.5T & 3T Wide Bore MRI ▶ Whole Body Cardiac 128 Slice CT
- ▶ PET CT Scan ▶ MRI Elastography ▶ MRI Cardiac ▶ MRI Breast
- ▶ Digital Mammography ▶ USG, Color Doppler, 3D-4D Sonography ▶ 2D-Echo, Stress test
- ▶ ECG ▶ B.M.D. ▶ EMG ▶ NCV ▶ EEG ▶ Digital X-Ray ▶ OPG ▶ Cephalogram
- ▶ PFT ▶ Pathology ▶ Urodynamic Study ▶ Uroflowmetry ▶ Full body Health Check-up

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2D-Echocardiogram & Doppler Report

Patient's Name Mr Raman Kumar **47 Y/ M Date: 15-04-2023**
Referred By: MediWheel Health Checkup Plan **Cardiac Evaluation**

Visceroatrial situs solitus
Normal systemic and pulmonary venous drainage
Normally related great arteries
AV and VA concordance

DIMENSIONS:

Chamber Size	: Normal chamber size
RWMA	: No RWMA at rest
LV Systolic Function	: Adequate LV systolic function
RV Systolic Function	: Adequate RV systolic function
IAS / IVS are intact	: Intact
Valves Structure	: Normal
Clot, vegetation or pericardial effusion	: Nil

DOPPLER DATA:

E > A	: No diastolic function
Flow across valves	: Normal
Pulmonary Hypertension	: Trivial TR. PASP by TR jet is 26 mm Hg

MEASUREMENT:

VISUAL LVEF	: 60%		
AO	: 3.4cm	LA	: 3.8cm
LVID (d)	: 4.5cm	LVPWD	: 09mm
IVS (d)	: 09 mm		
LVID (s)	: 2.8cm		

IMPRESSION:

- **Normal chamber dimensions.**
- **Normal valves.**
- **No RWMA at rest.**
- **Good LV systolic function.**
- **No pulmonary hypertension.**
- **No LV diastolic dysfunction.**
- **LVEF = 60%**

Dr. Priyam Bhatjiwale, M.D.
Cert in 2 D Echo & Doppler Studies

Advice: Please correlate clinically. CAG/ Further cardiac evaluation as indicated.



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Patient's name:	Mr Raman Kumar	M / 47 Y
Referred By:	MediWheel Health Checkup Plan	Date: 15-04-2023

X-RAY CHEST PA VIEW

The lungs show normal translucency and exhibit normal vasculature.

The pleural spaces are normal.

Both hila are normal in size, have equal density and bear normal relationship.

Trachea is central in position.

The cardiac size is normal.

The domes of diaphragm are normal in position and shows smooth outline.

Bony thorax is normal.

IMPRESSION:

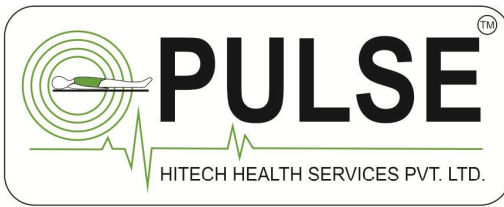
- No significant abnormality is seen in the lung fields.

Thanks for the reference,

Dr. Alok Singhai
Consultant Radiologist

Dr. Tilak Dedhia
Consultant Radiologist

Dr. Ravi Kumar
Consultant Radiologist



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SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

Note: Suboptimal scan due to excessive bowel gas.

LIVER: The liver is normal in size {11.6 cm}, shape and has smooth margins. The hepatic parenchyma shows bright echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: it is normal in caliber.

GALL BLADDER: The gall bladder is well distended and shows few echogenic lesions within of average size 1-2 mm. Few sludge components are also seen within. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and part of body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen measures 10.1 cm and is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
10.8 x 4.2 cm	11.0 x 5.3 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydronephrosis or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted.



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PROSTATE: It measures about 3.4 x 4.0 x 3.9 cm; volume is 28 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

- Grade I fatty infiltration of liver.
- Few tiny gall bladder polyps with sludge material within.

Thanks for the reference.

With regards,

Dr. Alok Singhai
Consultant Radiologist

Dr. Bhavesh Gori
Consultant Radiologist

Dr. Akhil Sardesai
Consultant Radiologist



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BLOOD GROUP

Test

Value

Normal Range

BLOOD GROUP

"B"Rh Factor: Positive.



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COMPLETE BLOOD COUNT

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>
HAEMOGLOBIN	12.5	13 - 18 g/dl
R.B.C. COUNT	4.50	4.0-6.5 millions / cu-mm
PCV	38.7	35-54 percent
MCV	86.0	82-98 fL
MCH	27.8	27-32 pico-grams
MCHC	32.3	30-35 percent
RDW	13.0	10-16 percent
W.B.C. COUNT	6,300	4000-11000 cells/cu.mm
<u>DIFFERENTIAL COUNT</u>		
NEUTROPHILS	66	40-75 percent
LYMPHOCYTES	30	20-45 percent
EOSINOPHILS	02	0-6 percent
BASOPHILS	00	0-1 percent
MONOCYTES	02	0-8 percent
PLATELET COUNT	207,000	150000-450000 cells/cu.mm
PLATELETS ON SMEAR	Adequate	
R.B.C. MORPHOLOGY	Normocytic Normochromic	
W.B.C. MORPHOLOGY	Normal	

PERFORMED ON FULLY AUTOMATED ERBA H 360



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ESR

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>
E.S.R (Westergren)	45	0-15 mm/hr



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BIOCHEMISTRY

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>
Blood Sugar Fasting	159	70 - 110 mg/dl
Urine Sugar	Absent	
Urine Ketones	Absent	
Blood Sugar After Meals	271	70-140 mg/dl
Urine Sugar (2 hrs)	Trace	
Urine Ketones (2 Hrs)	Absent	

Urine sugar interpretation :

Trace	: 0.1 g/dl
+	: 0.25 g/dl
++	: 0.5 g/dl
+++	: 1.0 g/dl
++++	: 2.0 g/dl



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GLYCOSYLATED HAEMOGLOBIN (HbA1c)

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>
Glycosylated Haemoglobin (HbA1c)	7.4	Non - Diabetic: ≤ 5.6 Pre-Diabetic : 5.7 - 6.4 Diabetic ≥ 6.5 . %
Mean Blood Glucose (M.B.G.)	165.6	mg/dl

Method : Performed on MISPA -i2 (Nephelometry)

- 1) HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over three months.
- 2) HbA1c is falsely low in diabetic with hemolytic disease in these individuals a plasma fructosmine level may be used which evaluates diabetic over 25 day.
- 3) Trends in HbA1c are a better indicator of diabetic control than a soliditary test.
- 4) HbA1c value is used to estimate the mean blood glucose (MBG) level the 60 days.
- 5) HbA1c should not be used to diagnose diabetic mellitus
- 6) In known Diabetic patients, following values can be considered as a tool for monitoring the glycemic control .
Excellent Control : 6 - 7 %
Fair To Good Control : 7 - 8 %
Unsatisfactory Control : 8 - 10%
Poor Control Control : More than 10%



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LIVER FUNCTION TEST

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>
S.G.O.T	14	5-40 U/L
S.G.P.T	20	5-40 U/L
Bilirubin (Total)	0.5	0-1.2 mg/dl
Bilirubin (Direct)	0.2	0-0.6 mg/dl
Bilirubin (Indirect)	0.3	0-0.7 mg/dl
Alkaline Phosphatase	79	40 - 140 U / L
Total Proteins	6.6	6-8.3 g/dl
Albumin	4.7	2.5-6.0 g/dl
Globulin	1.9	1.5-3.8 g/dl
A/G Ratio	2.5	
GAMMA GT	39	5-55 U/L



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LIPID PROFILE

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>
Total Cholesterol	232	130-200 mg/dl
Triglycerides	152	25-160 mg/dl
HDL Cholesterol	43	35-80 mg/dl
VLDL Cholesterol	30.4	7-35 mg/dl
LDL Cholesterol	158.6	85 - 150 mg/dl
LDLC/HDLC Ratio	3.69	0-3.5 mg/dl
TC/HDLC Ratio	5.40	3.5-5.5 mg/dl



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RENAL FUNCTION TEST

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>
Blood Urea Nitrogen	11	5-25 mg/dl
Creatinine	0.81	0.6-1.4 mg/dl
Uric Acid	3.8	2.5 - 7.0 mg/dl
Calcium	9.5	8.5-10.5 mg/dl
Total Proteins	6.6	6-8.3 g/dl
Albumin	4.7	2.5-6.0 g/dl
Globulin	1.9	1.5-3.8 g/dl
A/G Ratio	2.5	
Sodium	142	135-155 mEq/L
Potassium	4.4	3.5-5.5 mEq/L
Chlorides	102	99-107 mEq/L



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Stool Routine

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>
Colour	Brown	
Consistency	Semi Solid	
Mucus	Absent	
Frank Blood	Absent	
Parasites	Absent	

CHEMICAL EXAMINATION

Reaction (pH)	Acidic
Occult Blood	Negative
Reducing Substances	Absent

MICROSCOPIC EXAMINATION

Red Blood Cells	Absent	
Pus Cells	1 - 2 / hpf	
Epithelial Cells	Absent	
Flagellates	Absent	
Crystals	Absent	Absent .
Macrophages	Absent	
Cysts	Absent	
Starch	Absent	
Fat globules	Absent	

CONCENTRATION METHOD

OVA	Absent	
Yeast Cells	Absent	Absent .

STOOL: Occult blood in stool can be false positive due to a non-veg. diet or green vegetables. To avoid this the patient should avoid these foods for 2 days before performing this test. A false negative occurs when large quantity of Vitamin C is consumed.



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Centre : MediWheel Health Checkup Plan		

Urine Routine

<u>Test</u>	<u>Value</u>	<u>Normal Range</u>
<u>PHYSICAL EXAMINATION</u>		
Quantity	20 ml	30 ml
Colour	Pale Yellow	Pale Yellow .
Appearance	Slightly Hazy	Clear .
Reaction (pH)	Acidic (5.0)	5.0 - 6.5 (Acidic) .
Specific Gravity	1.020	1.010 - 1.030 .
<u>CHEMICAL EXAMINATION</u>		
Proteins	Absent	Absent .
Occult Blood	Negative	Absent .
Glucose	Absent	Absent .
Ketone Bodies	Absent	Absent .
Bile Salts	Absent	Absent .
Bile Pigments	Absent	Absent .
<u>MICROSCOPIC EXAMINATION</u>		
Pus Cells	3 - 4 / hpf	0 - 4 /hpf
Epithelial Cells	4 - 6 / hpf	0 - 4 /hpf
Red Blood Cells	Absent	Absent /hpf
Crystals	Absent	Absent .
Casts	Absent	Absent .
Amorphous Deposits	Absent	Absent .
Spermatozoa	Absent	Absent .
Yeast Cells	Absent	Absent .
Bacteria	Absent	Absent .



RAMAN KUMAR

PID NO: P832300165742
Age: 47.0 Year(s) Sex: Male



Reference:

Sample Collected At:
Pulse Hitech Health Service Pvt Ltd
Shop No 1-7 Ground Floor Ghokarna Chs
Rm Battard Road Near Kora Kendra Off
Sv Road Borivali West 92 Zone: W-20b
(16)
Processing Location:-
Metropolis, Ganjawalla Elega. Ganjawalla
Lane, Borivali W

VID: 230083000183194

Registered On:
15/04/2023 12:26 PM
Collected On:
15/04/2023 12:26PM
Reported On:
15/04/2023 01:49 PM

Investigation

PSA- Prostate Specific Antigen
(Serum, ECLIA)

Observed Value

1.27

Unit

ng/mL

Biological Reference Interval

Conventional for all ages: <=4
40 - 49 yrs: 0 - 2.5

INTERPRETATION :

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

-- End of Report --



Bhavna

Dr. Bhavna Vora
MD Pathology