

Patient Name: Sambhaji Kedari

Age: 54 Yrs/Male

Ref By: -Insurance

Date: 25/03/2023

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**RADIOGRAPH OF CHEST – PA VIEW**

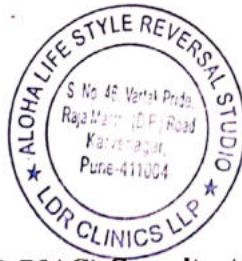
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**Observation** : Both the lungs are clear and the hila appear normal.  
No obvious parenchymal lung lesion seen in either side.  
Both costophrenic angles are clear.  
Cardio-aortic silhouette has normal appearance.  
No obvious bony abnormalities seen.

**Impression** : No significant abnormality noted.



**Dr. Punya J**  
MBBS,MD(RADIO-DIAG) Consultant Radiologist  
Reg No.2022/05/1131



**Patient Name : SAMBHAJI KEDARI**

**Age: 62/MALE**

**Ref.Doctor: RITUPARNA SHINDE**

**Date: 25-03-2023**

**2D ECHOCARDIOGRAPHY / DOPPLER REPORT**

<u>Parameter</u>	<u>Value</u>	<u>Parameter</u>	<u>Value</u>
LA	32 mm	LVPWd	12mm
AO	28 mm	LVIDs	25 mm
IVSd	12mm	LVEF	60%
LVIDd	44mm	IVC	Normal

**LEFT VENTRICLE :**

Mild concentric LVH  
 Normal LV systolic function. LVEF =60%  
 No RWMA.  
 Normal diastolic function.

**AV VALVES:**

Mitral valve normal structure,  
 Acceptable gradients across Mitral valves and Tricuspid Valves.  
 Tricuspid valve regurgitation gradient is normal.  
 Estimated PA pressure is Normal.

**SL VALVES :**

Acceptable gradients across Aortic Valve and pulmonary valves.


No Pericardial effusion, thrombus, Vegetation

**IVC:**

IVC not dialated and shows near total collapse.  
 Normal RA Pressure.

**IMPRESSION :**

**Mild concentric LVH**  
**Normal LV systolic function. LVEF =60%**  
**No RWMA.**  
**Normal diastolic function.**

  
**DR. RITUPARNA S. SHINDE**  
 MD, DNB (Cardiology)  
 Interventional Cardiology  
 Reg.No. 2000/02/0665

**Dr. Rituparna S. Shinde**  
 MD DNB (Cardiology) FACC FSCAI (USA) FESC FISE



Patient Name: Mr. Sambhaji Narayankedari

Age: 62 yrs/ Male.

Ref By: Dr.

Date: 25-Mar-23

**ULTRASOUND EXAMINATION OF ABDOMEN AND PELVIS**

Liver is normal in size and shows normal echotexture. Thin walled anechoic cyst of size 5x 4 mm seen in segment VIII of liver and of size 2x 2 mm seen in segment VII of liver. Thin septations seen within the cysts. No associated features.

Hepatic and portal veins are normal.

Gall Bladder is well distended. Walls are thin. No obvious calculi. CBD is unremarkable. No intrahepatic biliary dilatation

Pancreatic head appears normal. Body and tail of pancreas obscured by gas shadow.

Spleen is normal in size and texture.

Both kidneys are normal in size and texture. Corticomedullary differentiation is intact. No hydronephrosis or calculus seen on either side.

RK: 9.8 cm

LK: 9.9 cm

Visualized bowel loops are normal in calibre and peristalsis.  
No ascites. No obvious enlarged nodes.

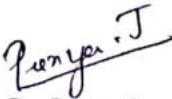
Urinary Bladder is distended. Its walls are thin. No intrinsic pathology seen.

Prostate is mildly enlarged (28 cc). No significant urinary retention.

**Impression:**

**Hepatic cysts as described.**

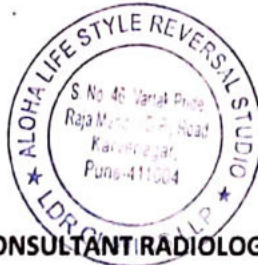
**Mild prostatomegaly.**



**Dr. Punya J**

**MBBS, MD(RADIO-DIAG)CONSULTANT RADIOLOGIST**

**Reg No. 2022/05/1131**



Medical Certificate

1. Name (in Full): *Sambhaji Narayan Kedari.*
2. Age: *62 years.*
3. Is general appearance healthy? *Yes.* *B.P. = 132/80 mmHg; pulse - 75/min*  
*SpO2 = 98%*
4. Are there any symptoms or signs suggesting abnormality? Or disease of the respiratory system? *No.*
5. Any sign of Skin diseases. *No.*
6. Any Sign of infectious diseases. *No.*
7. Observations – Blood Test
  - Urine Test
  - X ray Chest *Normal.*
8. Ophthalmal check up *Normal.*
9. Audiometry *Normal.* *Rinne's and weber's test normal.*
10. Fitness

I declare that the person examined signed in the space marked below is fit.



Signature of the  
person examined



Signature of the  
Medical Examiner

Date: *25/3/2023*

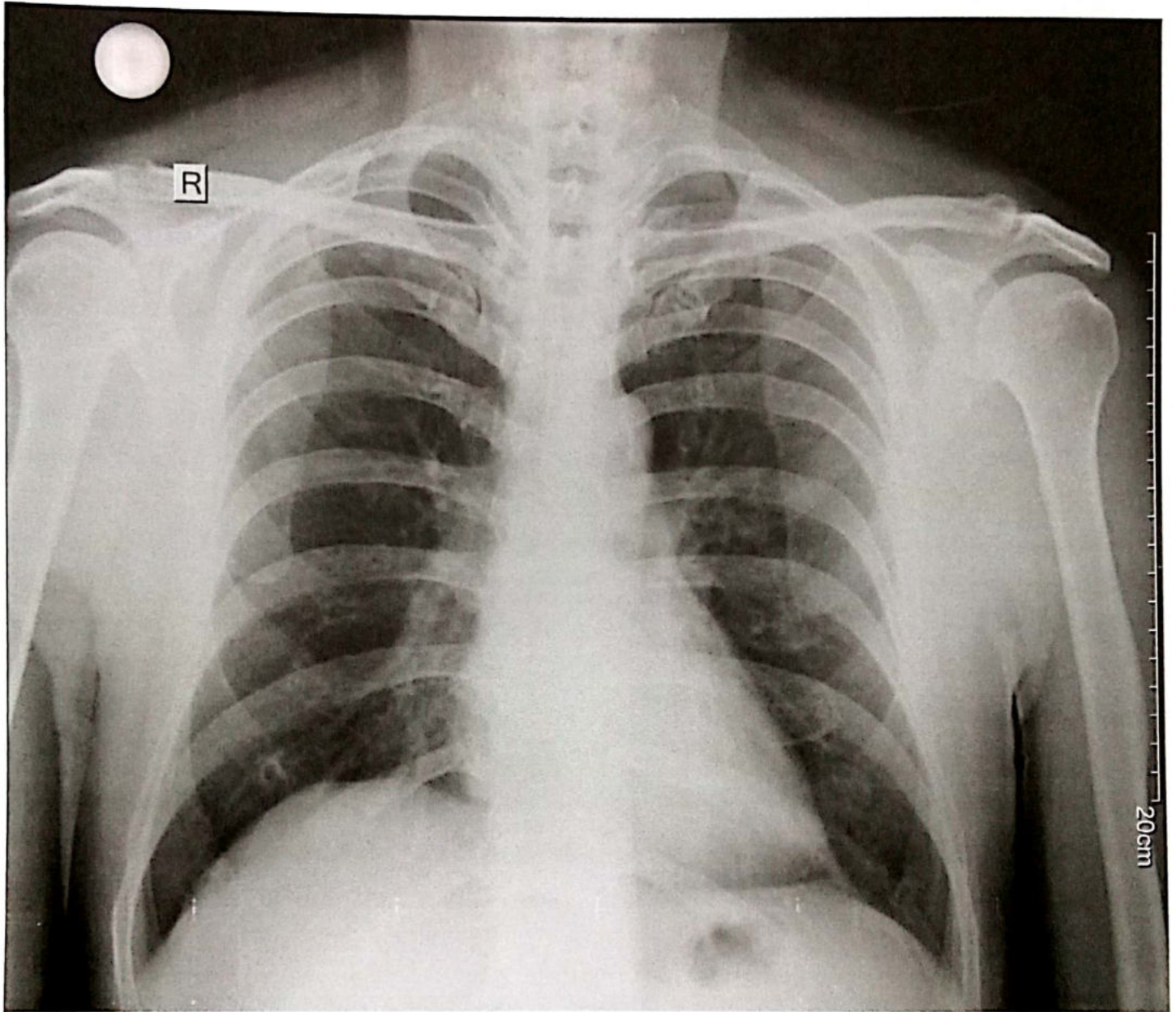
Name of the  
Medical Examiner

*Dr. Ashwini S. Joshi*  
MBBS, DNB (IM),  
CONSULTING PHYSICIAN  
REG. NO. 20017021000



KEDARI, SAMBAJI,  
Sex: Male  
DOB: 01/06/1960  
ID: PAT000283

Acq. Date: 03/25/2023  
Acq. Time: 10:26:31 PM  
Exp. Index: 1761



CHEST  
PA  
W: 4098, L: 2048  
Tech ID: adrnln

Scale: 0.0  
Carestream Health R&D Hospital



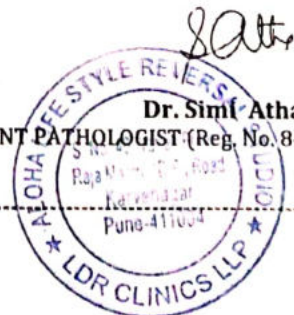
Name Mr. Sambhaji Kedari  
Age/Gender 62 Years / MALE  
PRN ALRS/253/2022-2023/3592  
Lab ID ALRS/D/22-23/3577  
Ref Doctor

Collected Time 25-03-2023 10:36 AM  
Received Time 25-03-2023 10:36 AM  
Reported Time 25-03-2023 03:09 PM

Test Name	Result	Unit	Bio. Ref. Range
<b>Hemogram</b>			
Hemoglobin	14.8	gm%	13.0 - 18.0
<b>WBC Count</b>			
Total WBC Count	5400	/cmm	4000 - 11000
<b>Differential count</b>			
Neutrophil	60	%	40 - 75
Lymphocytes	31	%	20 - 45
Eosinophil	03	%	Below 6
Monocytes	06	%	Below 8
<b>RBC Indices</b>			
Haematocrit	40.0	%	40 - 54
R.B.C Count	4.82	mil./cmm	4.5 - 5.5
M.C.V	83.0	fL	76 - 96
M.C.H	30.7	PG	27 - 32
M.C.H.C	37.0	* A gm/dl	32 - 36
RDW-CV	14.1	%	11.5 - 14.5
Platelet Count	286000	/cmm	150000 - 450000
<b>Comments on P.B.S</b>			
R.B.C Morphology	Normocytic Normochromic		
W.B.C	No abnormal cells seen.		
Platelet	Adequate.		

Dr. Simi Athavale  
MBBS,(DCP) CONSULTANT PATHOLOGIST (Reg. No. 84648)

End Of Report



NOTE : \*A (Abnormal), \*C (Abnormal & Critical)

Report Generated by: Niramay Solutions

1 / 1

25-03-2023



Name Mr. Sambhaji Kedari  
Age/Gender 62 Years / MALE  
PRN ALRS/253/2022-2023/3592  
Lab ID ALRS/D/22-23/3577  
Ref Doctor

Collected Time 25-03-2023 10:36 AM  
Received Time 25-03-2023 10:36 AM  
Reported Time 25-03-2023 04:15 PM

Test Name	Result	Unit	Bio. Ref. Range
Glycosylated Hb / HbA1c			
HbA1c	5.5	%	Below 6 (Normal) 6 - 7 (Good Control) 7 - 8 (Fair Control) 8 - 10 (Unsatisfactory Control) Above 10 (Poor Control)

Method BORONATE AFFINITY  
Instrument Used Abbott-Affinion

#### Blood Sugar F and PP

##### Blood Sugar Fasting and Post Prandial

Blood Sugar Fasting 119.1 \* A mg/dl 70 - 110  
Blood Sugar Post Prandial 233.2 \* A mg/dl 70 - 140

Method GOD-POD  
Instrument Used ERBA EM-200 Fully automatic random access biochemistry analyzer.

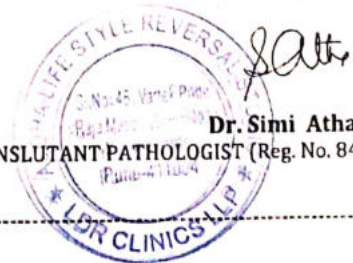
#### Blood Group

ABO Type B  
Rh (D) Type Positive

#### ESR

ESR 06 Below 10  
Unit mm at the end of 1 hour  
Method Modified Westergrens Method

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End Of Report

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25-03-2023

ALOHA LIFESTYLE REVERSAL STUDIO  
S.No.46, Vartak Pride, D.P Road, Karvenagar,  
Pune INDIA 411004.

94 22 33 44 22  
www.alohaclinics.in





Name Mr. Sambhaji Kedari  
Age/Gender 62 Years / MALE  
PRN ALRS/253/2022-2023/3592  
Lab ID ALRS/D/22-23/3577  
Ref Doctor

Collected Time 25-03-2023 10:36 AM  
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Reported Time 25-03-2023 03:14 PM

Test Name	Result	Unit	Bio. Ref. Range
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**Liver Function Test**

Sr Total Bilirubin	1.37	* A	mg/dl	0.1 - 1.2
Sr Direct Bilirubin	0.49	* A	mg/dl	0.0 - 0.4
Sr Indirect Bilirubin	0.88		mg/dl	0.1 - 1.2
Alkaline Phosphatase	121.0		IU/L	50 - 150
S.G.P.T	84.6	* A	IU/L	Below 40
S.G.O.T	27.6		IU/L	Below 40
Sr Total Protein	6.13		mg/dl	6.0 - 8.0
Sr Albumin	4.12		mg/dl	3.7 - 5.3
Sr Globulin	2.01	* A	mg/dl	2.3 - 3.6
A:G ratio	2.05		%	1.2:1 - 2:1

**INTRUMENT USED**

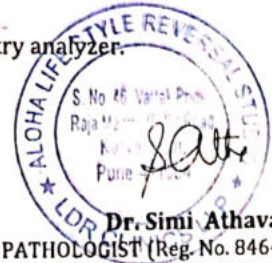
Erba EM 200- Fully Automatic Random Access Chemistry Analyzer

**Lipid Profile**

S.Cholesterol	94.1		mg/dl	Below 200
S.Triglycerides	98.9		mg/dl	40 - 160
HDL Cholesterol	30.2	* A	mg/dl	35.3 - 79.5
VLDL Cholesterol	19.78		mg/dl	Below 41 (Desirable)
LDL Cholesterol Direct	46.9		mg/dl	0.0 - 130
LDLC/HDLC Ratio	1.55			Below 3.4
S.Cholesterol/HDLC Ratio	3.12			Below 4.5

**Instrument Used**

ERBA EM-200 Fully automatic random access biochemistry analyzer.



Dr. Simi Athavale  
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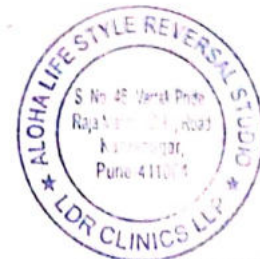
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Test Name	Result	Unit	Bio. Ref. Range
<b>Uric acid</b>			
Serum Uric Acid			
Sr.Uric Acid	6.1	mg/dl	3.5 - 7.2
<b>Creatinine</b>			
Serum Creatinine	0.85	mg/dl	0.7 - 1.3
Method	Enzymatic		
Instrument Used	ERBA EM-200 Fully automatic random access biochemistry analyzer.		
<b>BUN</b>			
Blood Urea Nitrogen			
Blood Urea Nitrogen	15.19	mg/dl	5.0 - 21.0
<b>GGTP</b>			
Gamma GT ( GGTP )	49.9	U/L	10 - 50

Dr. Simi Athavale  
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----- End Of Report -----



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25-03-2023





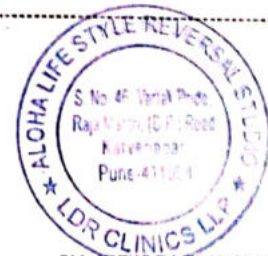
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Reported Time 25-03-2023 04:15 PM

Test Name	Result	Unit	Bio. Ref. Range
<b>Urine Analysis</b>			
<b>Physical Examination</b>			
Quantity	30	ml	
Colour	Pale Yellow		
Appearance	Clear		
Specific gravity	1.015		1 - 1.03
<b>Chemical Examination</b>			
Reaction (pH)	Acidic		
Proteins	Absent		
Glucose	Absent		
Ketone Bodies	Absent		
Bile Salts	Absent		
Bile Pigments	Absent		
Urobilinogen	Normal		
<b>Microscopic Examination</b>			
Pus Cells	Occasional	/hpf	
Epithelial Cells	2 - 3	/hpf	
RBC	Absent	/hpf	
Casts	Absent		
Crystals	Absent		

Dr. Simi Athavale  
MBBS,(DCP) CONSULTANT PATHOLOGIST (Reg. No. 84648)

End Of Report



NOTE : \*A (Abnormal), \*C (Abnormal & Critical)

Report Generated by: Niramay Solutions

1 / 1

25-03-2023



Registration Date : 25/03/2023  
**Patient Name** : MR. KEDARI SAMBHIAJI  
 Age / Gender : 62 Yrs / Male  
 Reference (Dr.) : ALOHA LIFESTYLE REVERSAL STUDIO  
 Sample Collected : From Ldr Clinics Llp (Aloha Lifestyle Reversal Studio)



Patient ID No. : 1079089  
 Reg Date/Time : 25-03-2023 02:34pm  
 Sample Coll Date/Time : 25-03-2023 02:34pm  
 Report Date/Time : 25-03-2023 04:37pm

**T3 (TOTAL), T4 (TOTAL) & TSH**

Investigation	Result	Units	Reference Range
<b>T3 (Total), Serum</b> <i>(Method: CLIA)</i>	: 0.98	ng/mL	0.70 - 2.04
<b>T4 (Total), Serum</b> <i>(Method: CLIA)</i>	: 12.19	ug/dL	5.5 - 12.5
<b>Ultra TSH, Serum</b> <i>(Method: ECLIA/CLIA)</i>	: 1.820	uIU/mL	0.35 - 5.5

**NOTE :**

- 1) The TSH levels are subject to diurnal/circadian variation, reaching to peak levels between 2-4 a.m. and at a minimum between 6-10 p.m. The variation is to the order of 50%, hence the time when sample is collected has influence on the levels of TSH.
- 2) Many substances produced in central nervous system, even in healthy euthyroid individuals, may enhance or suppress TSH production in addition to the feedback effect of thyroid hormone.
- 3) Further more although TSH levels rise and fall in response to changes in the concentration of Free T4, individuals appear to have their own setpoints and factor such as race and age also contribute to variability in TSH levels.
- 4) Alterations of normal pituitary response are also common in patients with a variety of illnesses which can affect the levels of TSH.
- 5) Inter-assay variations are possible on different immunoassay platforms.

**CLINICAL USE:**

- 1) Diagnose Hypothyroidism and Hyperthyroidism.
- 2) Monitor T4 replacement or T4 suppressive therapy.
- 3) Quantify TSH levels in the subnormal range.
- 4) Increased levels of TSH are found in Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyroidism, Thyroid hormone resistance.
- 5) Decreased levels of TSH are found in Grave's disease, Autoimmune thyroid hormone secretion, TSH deficiency.

*(R - Rechecked, H - High, L - Low)*

**-End Of Report-**



**Dr.Saurabh Gujrathi**  
M.D.(Path.)

**Dr.Ashish N. Dhande**  
M.D.(Path.)

**Dr.Nitin L. Dhande**  
M.D.(Path.)

Print Date : 25/03/2023 04:44PM

Test processed at "Dhande Pathlab Diagnostics Pvt.Ltd." Pune



Registration.Date : 25/03/2023  
 Patient Name : MR. KEDARI SAMBHAJI  
 Age / Gender : 62 Yrs / Male  
 Reference (Dr.) : ALOHA LIFESTYLE REVERSAL STUDIO  
 Sample Collected : From Ldr Clinics Lp (Aloha Lifestyle Reversal Studio)



Patient ID No. : 1079089  
 Reg Date/Time : 25-03-2023 02:34pm  
 Sample Coll.Date/Time : 25-03-2023 02:34pm  
 Report Date/Time : 25-03-2023 04:33pm

**PSA (PROSTATE SPECIFIC ANTIGEN)**

**Investigation**

Investigation	Result	Units	Reference Range
PSA - Prostate Sepcific Antigen (Total) (Serum, CLIA)	: 0.812	ng/mL	<40 yrs: <=2.0 40-49 yrs: <=2.50 50-59 yrs: <=3.5 60-69 yrs: <=4.5 70-79 yrs: <=6.5 >=80 yrs: <=7.2 Mayo Clinical Laboratories.

**INTERPRETATION:**

PSA is a glycoprotein produced by prostate gland.

Useful in:

- 1) Assessing risk of prostate cancer.
- 2) Monitoring patients with history of prostate cancer.
- 3) Early indicator of recurrence and response to treatment.

Higher total PSA levels and lower percentage of Free PSA are associated with higher risk of prostate cancer.

The total PSA in the range of 4 to 10 ng/ml has been described as a diagnostic gray zone.

The Free PSA:Total PSA ratio helps to determine the relative risk of prostatic cancer.

**NOTE:**

- 1) Normal PSA values do not eliminate possibility of prostate cancer.
- 2) Benign prostatic hyperplasia(BPH), prostatitis, prostatic infarct may increase circulating PSA levels.
- 3) Specimen drawn from patients undergoing prostate manipulation, biopsy, TURP may show false elevation.
- 4) Patients on treatment for prostatic cancer may exhibit markedly decreased levels.

(R = Rechecked, H = High, L = Low.)

**—End Of Report—**




Dr. Nitin L. Dhande  
M.D.(Path.)

Dr. Saurabh Gujrathi  
M.D.(Path.)

Dr. Ashish N. Dhande  
M.D.(Path.)

Print.Date : 25/03/2023 04:44PM

Test processed at "Dhande Pathlab Diagnostics Pvt.Ltd." Pune



*WNL*  
*Ape*

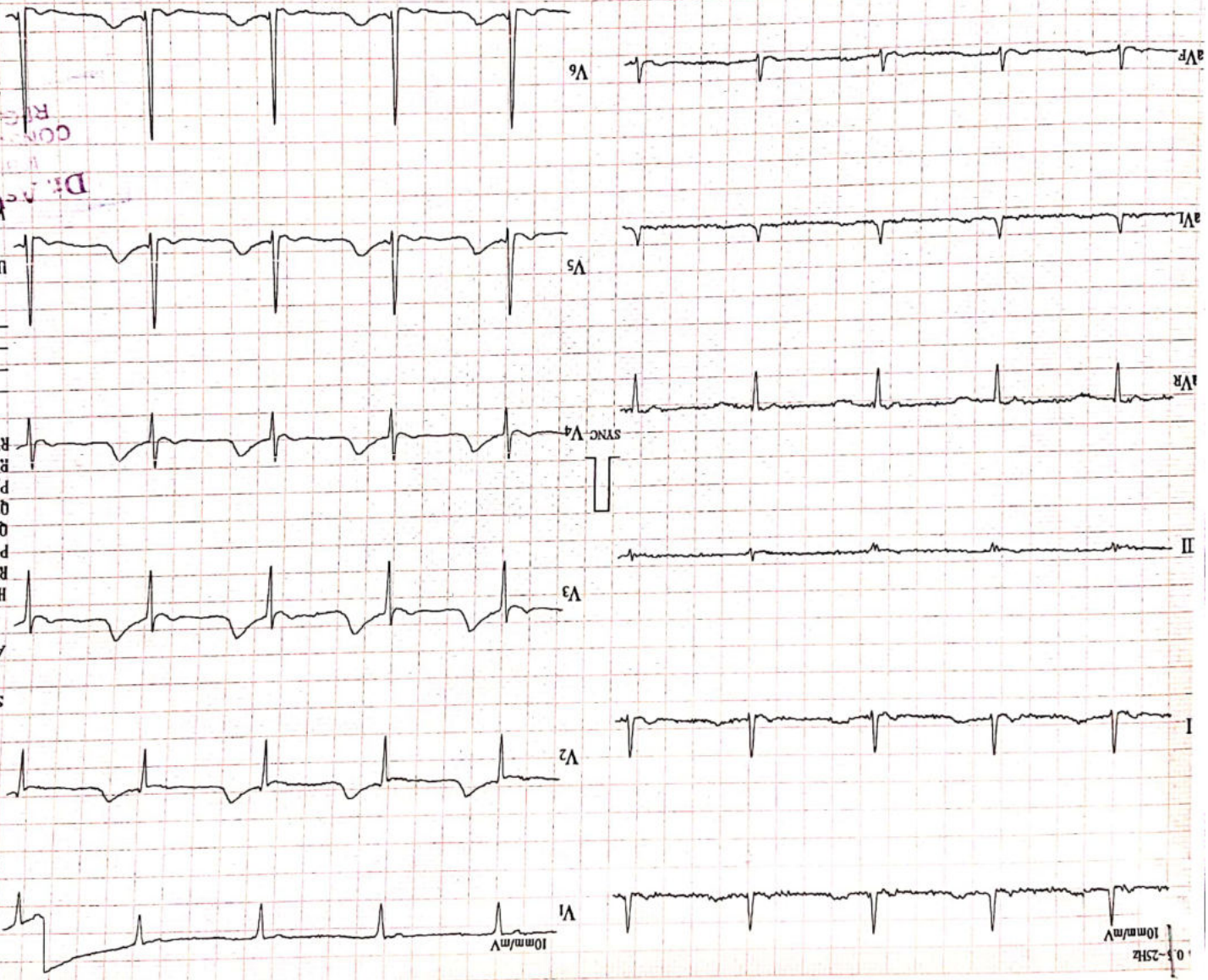
Verified by: *Dr. J. S. Joshi*  
Unconfirmed report

- Sinus Rhythm
- Left Atrial Enlargement
- T Abnormality (Flat T)
- Mid Left Axis Deviation

HR : 65 bpm  
 R-R : 919 ms  
 P-R : 175 ms  
 QRS : 78 ms  
 QT/QTc : 360/375 ms  
 P/QRS/T : 39/29/24 °  
 RV5/SV1 : 1.550/0.580 mV  
 RV5+SV1 : 2.130 mV

Age : \_\_\_\_\_  
 Sex : \_\_\_\_\_

Name: *Sambaji Kodari*  
 ID : 0797





## ALOHA LIFESTYLE REVERSAL STUDIO

S. No. 46, Vartak Pride, Raja Mantri Road, (D. P. Road) Karvenagar, Pune 411004

Contact No. : 9422334422 / 020 25449202

### ELECTROCARDIOGRAM

Date : 25 / 03 / 2023

Name : Sambhaji Kedari

Age : 62 Sex : M B.P. : 140/90

Reg. No. \_\_\_\_\_ P : 70

S : 97

Consultant : Dr. DSS Wt. : 61

*Echo - Mild LVH. EF-60%.*

IMPRESSION : \_\_\_\_\_

NOTE : XEROX ECG FOR LONG TERM RECORD

