

CID# : 2228823072
 Name : MR.SANDEEP SABALE
 Age / Gender : 38 Years/Male
 Consulting Dr. :-
 Reg.Location : Swargate, Pune (Main Centre)
 Collected : 15-Oct-2022 / 09:32
 Reported : 15-Oct-2022 / 15:19

PHYSICAL EXAMINATION REPORT

History and Complaints:

H/O DM 3yrs

EXAMINATION FINDINGS:

Height (cms):	173cm	Weight (kg):	85kg
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	138/86mmHg	Nails:	Healthy
Pulse:	74/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1 S2 Normal no Murmurs
 Respiratory: Normal
 Genitourinary: Normal
 GI System: Soft non tender no Organomegaly
 CNS: Normal

IMPRESSION:

D.M. c Dyslipidemia - c about 200 c fatty liver

ADVICE:

*consult family physician -
 Ref to Diabetologist -
 low fat diet
 2D Echo
 Ref to cardiologist (SOS)
 fatty liver*

CHIEF COMPLAINTS:

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

Dr. I. U. BAMB
 M.B.B.S., M.D. (Medicine)
 Reg. No. 39452

CID# : 2228823072

Name : MR.SANDEEP SABALE

Age / Gender : 38 Years/Male

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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	for DM

*** End Of Report ***

Dr.I U BAMB



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Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

Collected : 15-Oct-2022 / 09:38
Reported : 15-Oct-2022 / 12:35

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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>
<u>RBC PARAMETERS</u>			
Haemoglobin	14.2	13.0-17.0 g/dL	Spectrophotometric
RBC	4.62	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.5	40-50 %	Calculated
MCV	90	80-100 fl	Calculated
MCH	30.7	27-32 pg	Calculated
MCHC	34.1	31.5-34.5 g/dL	Calculated
RDW	14.0	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	6900	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	36.3	20-40 %	
Absolute Lymphocytes	2504.7	1000-3000 /cmm	Calculated
Monocytes	4.6	2-10 %	
Absolute Monocytes	317.4	200-1000 /cmm	Calculated
Neutrophils	57.2	40-80 %	
Absolute Neutrophils	3946.8	2000-7000 /cmm	Calculated
Eosinophils	1.9	1-6 %	
Absolute Eosinophils	131.1	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	339000	150000-400000 /cmm	Elect. Impedance
MPV	7.9	6-11 fl	Calculated
PDW	13.5	11-18 %	Calculated



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RBC MORPHOLOGY

Hypochromia -
Microcytosis -
Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB 8 2-15 mm at 1 hr. Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



MC-2463

Dr.SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



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Name : MR.SANDEEP SABALE
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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	168.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	250.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.51	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.29	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	30.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	54.0	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	38.3	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	91.6	40-130 U/L	Colorimetric
BLOOD UREA, Serum	14.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.0	6-20 mg/dl	Calculated
CREATININE, Serum	0.53	0.67-1.17 mg/dl	Enzymatic



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eGFR, Serum	185	>60 ml/min/1.73sqm	Calculated by MDRD equation (Modification of Diet
URIC ACID, Serum	5.4	3.5-7.2 mg/dl	Enzymatic

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



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Dr.SHAMLA KULKARNI
M.D.(PATH)
Pathologist



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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	8.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	182.9	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 Pune Lab, Pune Swargate

*** End Of Report ***



Shruti Ramteke
Dr.SHRUTI RAMTEKE
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	-
Reaction (pH)	Acidic (5.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	40	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	+++	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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	0-1	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	

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*** End Of Report ***



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

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

This sample has been tested for Bombay group/Bombay phenotype/OH using anti-H Lectin.

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 Pune Lab, Pune Swargate

*** End Of Report ***



Shruti Ramteke

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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	208.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	161.7	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	34.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	174.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	142.0	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	32.1	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.1	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.2	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



Shruti Ramteke
Dr.SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



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Consulting Dr. : -
Reg. Location : Swargate, Pune (Main Centre)

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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	3.6	2.6-5.7 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
Free T4, Serum	11.6	9-19 pmol/L	CMIA
Kindly note change in reference range and method w.e.f. 16/08/2019			
sensitiveTSH, Serum	2.01	0.35-4.94 microIU/ml	CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019. NOTE: 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 & heart failure, severe burns, trauma & surgery etc.



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 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:

1. 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.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

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)

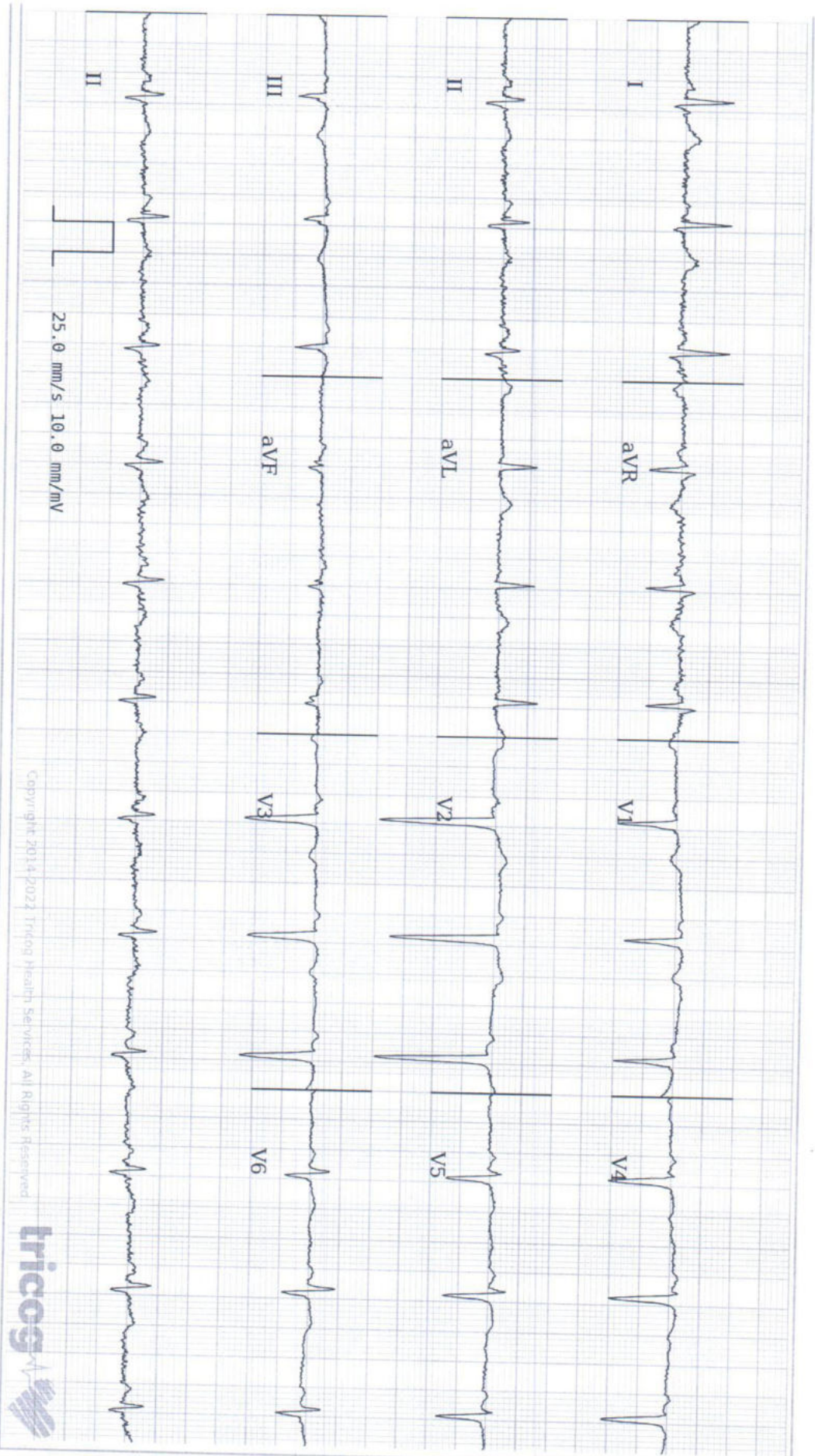
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate
*** End Of Report ***



MC-2463

Signature

Dr.SHRUTI RAMTEKE
M.B.B.S, DCP (PATH)
Pathologist



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Age **38** **11** **2**
years months days

Gender **Male**

Heart Rate **75bpm**

Patient Vitals

BP: 138/86 mmHg

Weight: 85 kg

Height: 173 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 92ms

QT: 368ms

QTc: 410ms

PR: 126ms

P-R-T: 36° -21° -7°

Sinus Rhythm, Poor Progression of R wave in V1 V2 with q in III AVF R/O Inferior Septal Wall Infarction. Please correlate clinically.

REPORTED BY

VP

DR ISHWARLAL BAMB
M.B.B.S MD (MEDICINE)
cardiologist
39452

SUBURBAN DIAGNOSTICS PVT. LTD.
Seraph Centre, Opp. Pentagon Mall,
Near Panchami Hotel,
Dr. I. U. BAMB
M.B.B.S., M.D. (Medicine)
Reg. No. 39452

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 diagnostic tests performed by a qualified physician. 2) Patient vitals are as entered by the clinician and not derived from the ECG. Tel: 020-41094509

Name: Sandeep Sabale

Date: 22/8/2022

Age/sex: 38 M Male

EYE EXAMINATION

VISION

Distance Vision Without Glasses	Right Eye	Left Eye
Distance Vision With Glasses	Right Eye 6/6	Left Eye 6/6
Near Vision Without Glasses	Right Eye N/G	Left Eye N/G
Near Vision With Glasses	Right Eye	Left Eye

GENERAL EXAMINATION:

LIDS
CORNEA
CONJUNCTIVAE
EYE MOVEMENTS
COLOUR VISION

W

Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo
Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

CID : 2228824045
Name : MRS.SUDESHNA BARUAH
Age / Gender : 33 Years/Female
Ref. Dr : -
Reg.Location : Swargate, Pune (Main Centre)

SID : 177805556694
Registered : 15-Oct-2022 / 11:18
Collected : 15-Oct-2022 / 11:18
Reported : 15-Oct-2022 / 12:39
Printed : 15-Oct-2022 / 12:39

P
O
R
T

USG WHOLE ABDOMEN (SCREENING-Only Corporates)

LIVER: Normal in size (measures 13.5 cms) and **shows generalised increased echogenicity**. No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

GALL BLADDER : Well distended. No calculi. Wall thickness is normal. No evidence of any pericholecystic collection.

PANCREAS : Normal in size and echotexture. Pancreatic duct is normal.

SPLEEN : Normal in size and echopattern. No focal lesion. Splenic vein is normal.

RIGHT KIDNEY : Measures 9.1 x 3.8 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

LEFT KIDNEY : Measures 10.0 x 4.3 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

Retroperitonium, paraaortic and flanks obscured due to excessive bowel gas.
Paraaortic and paracaval region appears to be normal.
No evidence of lymphnodes noted.
No free fluid in abdomen.

URINARY BLADDER : Well distended. No calculi. Wall thickness is normal.

UTERUS : Retroverted normal in size, measures 8.2 x 3.8 x 3.5 cm. No area of increased or decreased echogenicity.
Endometrial echoes are normal. Endometrial thickness is 8.8 mm.

Both the ovaries are normal in size shape and echotexture.
No obvious abnormal ovarian or adnexal mass lesion.
No free fluid noted in the POD.

IMPRESSION : Normal size liver with grade I fatty changes.

Clinical correlation is indicated.

*** End Of Report ***

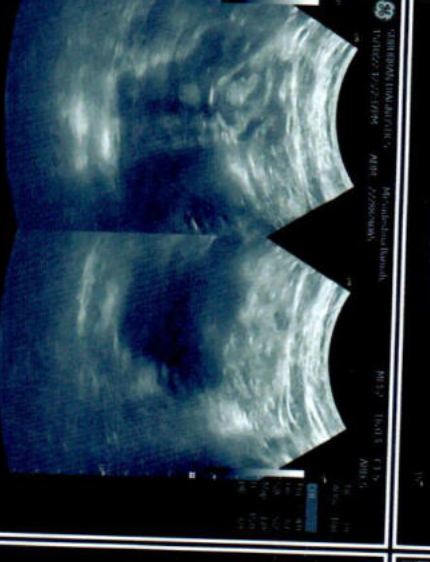
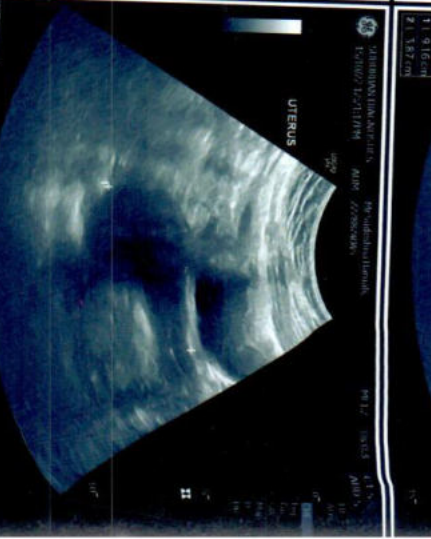
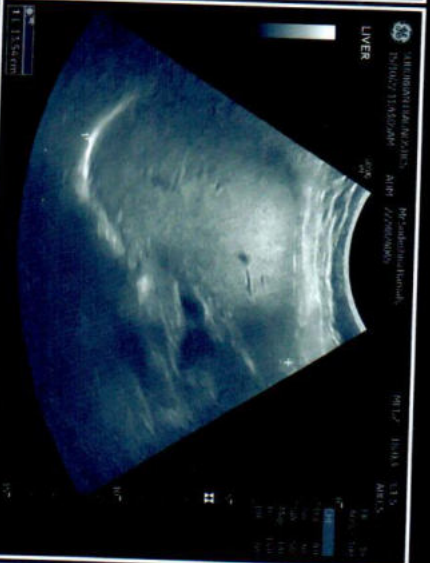


(Signature)
Dr. NIKHIL JOSHI
MBBS, DMRE
CONSULTANT RADIOLOGIST

PUNE LAB ADDRESS: Seraph Centre, Opp. BSNL Exchange, Shahu College Road, Off Pune-Satara Road, Behind Panchami Hotel, Pune - 411009

CENTRAL PROCESSING LAB: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053

HEALTHLINE - MUMBAI: 022-6170-0000 | **OTHER CITIES:** 1800-266-4343 | **For Feedback -** customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com



Preventive Health Check-up | Pathology | Digital X-Ray | Sonography | Colour Doppler | Mammography | BMD (DXA Scan) | OPG | ECG | 2D Echo
Stress Test/TMT | Spirometry | Eye Examination | Dental Examination | Diet Consultation | Audiometry | OT Sterility | Water Sterility | Clinical Research

CID	: 2228823072	SID	: 177805551899
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Ref. Dr	: -	Reported	: 15-Oct-2022 / 11:00
Reg.Location	: Swargate, Pune (Main Centre)	Printed	: 15-Oct-2022 / 11:00

X-RAY CHEST PA VIEW

The lung fields are clear with no parenchymal lesion.
The cardiothoracic ratio is maintained and the cardiac outline is normal.
The domes of the diaphragm are normal.
The cardio and costophrenic angles are clear.
Bony thorax is normal.

IMPRESSION : Essentially normal X-ray of the chest.

Clinical corelation is indicated.

*** End Of Report ***



(Signature)
Dr.NIKHIL JOSHI
MBBS, DMRE
CONSULTANT RADIOLOGIST

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