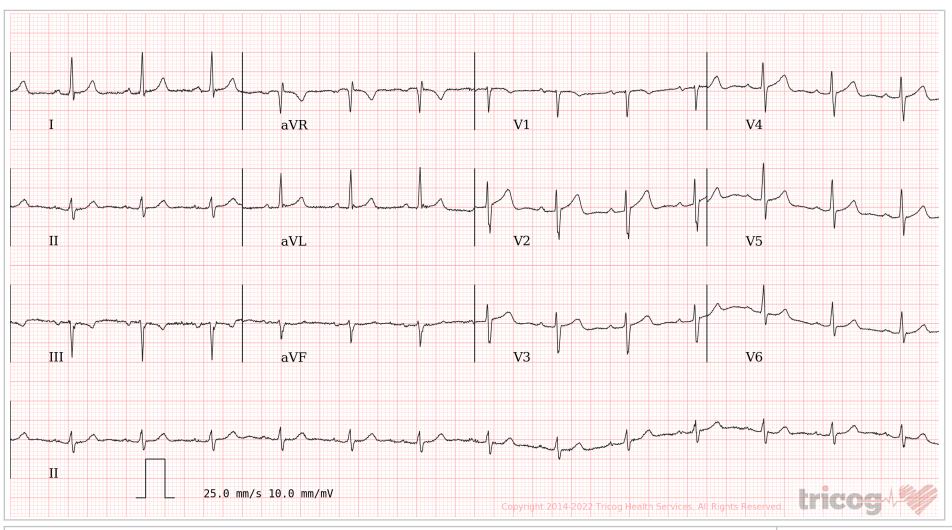
SUBURBAN STICS

SUBURBAN DIAGNOSTICS - SWARGATE, PUNE

Patient Name: RAJENDRA MEHTA Date and Time: 2nd Mar 22 9:19 AM

Patient ID: 2206110755



Age 58 4 25 years months days

Gender Male

Heart Rate 84bpm

Patient Vitals

BP: NA
Weight: NA
Height: NA
Pulse: NA
Spo2: NA
Resp: NA
Others:

Measurements

QSRD: 72ms
QT: 332ms
QTc: 392ms
PR: 164ms

P-R-T: -12° -30° 3°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis, Within Normal Limit. Please correlate clinically.

REPORTED BY

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



: 2206110755 CID

: Mr RAJENDRA MEHTA Name

: 58 Years/Male Age / Sex

Ref. Dr

Reg. Location : Swargate, Pune Main Centre

Authenticity Check

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R

: 02-Mar-2022 / 11:04

Reported : 02-Mar-2022 / 11:13

USG WHOLE ABDOMEN

Reg. Date

LIVER: Normal in size (measures 13.1 cms) and shows generalised increased echogenicity. No IHBR dilatation. Hepatic veins appear normal.Portal vein and common bile duct show normal caliber.

GALL BLADDER: Contracted. 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 9.5 x 4.3 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

LEFT KIDNEY: Measures 10.5 x 4.9 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.

PROSTATE: Normal in size and shows normal echotexture.

It measures 3.0 x 3.1 x 3.4 cm (volume 16.8 cc)

IMPRESSION: Normal size liver with fatty changes.

Clinical correlation is indicated.

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

This report is prepared and physically checked by Dr Nikhil Joshi before dispatch.

DR. NIKHIL G. JOSHI M.B.B.S., D.M.R.E.

REG. NO. 2001/02/397

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http://202.143.96.162/Suburban/Viewer?ViewerType=3&AccessionNo=2022030208191362



: Mr RAJENDRA MEHTA Name

: 58 Years/Male Age / Sex

Ref. Dr

Reg. Location : Swargate, Pune Main Centre

 \mathbf{E}

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: 02-Mar-2022 / 10:40

X-RAY CHEST PA VIEW

Reg. Date

Reported

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

Aortic knuckle calcification is seen.

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

Aortic knuckle calcification.

No active lung lesion.

Clinical corelation is indicated.

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

This report is prepared and physically checked by Dr Nikhil Joshi before dispatch.

DR. NIKHIL G. JOSHI M.B.B.S., D.M.R.E.

REG. NO. 2001/02/397

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: 2206110755 SID# : 177802889918

: 02-Mar-2022 / 08:18 : MR.RAJENDRA MEHTA Registered Name

Age / Gender : 58 Years/Male

Collected

: 02-Mar-2022 / 08:18

Consulting Dr. : -

CID#

Reported

: 02-Mar-2022 / 11:09

Reg.Location : Swargate, Pune (Main Centre) Printed : 02-Mar-2022 / 11:14

USG WHOLE ABDOMEN (SCREENING-Only Corporates)

LIVER: Normal in size (measures 13.1 cms) and shows generalised increased echogenicity. No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

GALL BLADDER: Contracted. No evidence of any pericholecystic collection.

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It measures 3.0 x 3.1 x 3.4 cm (volume 16.8 cc)

IMPRESSION: Normal size liver with fatty changes.

*** End Of Report ***

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



R

CID# : **2206110755** SID# : 177802889918

Name : MR.RAJENDRA MEHTA Registered : 02-Mar-2022 / 08:18

Age / Gender : 58 Years/Male Collected : 02-Mar-2022 / 08:18

Consulting Dr. : - Reported : 02-Mar-2022 / 11:09

Reg.Location : Swargate, Pune (Main Centre) Printed : 02-Mar-2022 / 11:14

Dr.NIKHIL JOSHI MBBS , DMRE CONSULTANT RADIOLOGIST

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CID : 2206110755

Name : MR.RAJENDRA MEHTA

Age / Gender : 58 Years / Male

Consulting Dr. : -

Reg. Location: Swargate, Pune (Main Centre)



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:02-Mar-2022 / 10:54

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood				
<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>	
RBC PARAMETERS				
Haemoglobin	13.7	13.0-17.0 g/dL	Spectrophotometric	
RBC	4.46	4.5-5.5 mil/cmm	Elect. Impedance	
PCV	41.3	40-50 %	Calculated	
MCV	93	80-100 fl	Calculated	
MCH	30.7	27-32 pg	Calculated	
MCHC	33.1	31.5-34.5 g/dL	Calculated	
RDW	14.2	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	5000	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND ABS	OLUTE COUNTS			
Lymphocytes	8.6	20-40 %		
Absolute Lymphocytes	430.0	1000-3000 /cmm	Calculated	
Monocytes	6.0	2-10 %		
Absolute Monocytes	300.0	200-1000 /cmm	Calculated	
Neutrophils	83.6	40-80 %		
Absolute Neutrophils	4180.0	2000-7000 /cmm	Calculated	
Eosinophils	1.8	1-6 %		
Absolute Eosinophils	90.0	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	332000	150000-400000 /cmm	Elect. Impedance
MPV	6.9	6-11 fl	Calculated
PDW	10.0	11-18 %	Calculated

RBC MORPHOLOGY

Hypochromia	-
Microcytosis	_

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Name : MR.RAJENDRA MEHTA

:58 Years / Male Age / Gender

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Macrocytosis

Poikilocytosis

Normoblasts

Anisocytosis Mild

Polychromasia

Target Cells

Basophilic Stippling

Others

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Specimen: EDTA Whole Blood

ESR, EDTA WB 2-20 mm at 1 hr. Westergren

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Age / Gender :58 Years / Male

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Reg. Location

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:02-Mar-2022 / 08:55 :02-Mar-2022 / 10:36

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO **BLOOD SUGAR REPORT**

RESULTS BIOLOGICAL REF RANGE PARAMETER METHOD

GLUCOSE (SUGAR) FASTING, 241.2

Fluoride Plasma

Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose:

Collected

Reported

Hexokinase

100-125 mg/dl Diabetic: >/= 126 mg/dl

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most in the Dr.SHAMLA KULKARNI M.D.(PATH) **Pathologist**

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO **GLYCOSYLATED HEMOGLOBIN (HbA1c)**

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	8.5	Non-Diabetic Level: $< 5.7 \%$ Prediabetic Level: $5.7-6.4 \%$ Diabetic Level: $>/= 6.5 \%$	HPLC
Estimated Average Glucose	197.3	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:

(eAG), EDTA WB - CC

- 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.

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TOTAL PSA, Serum

CID : 2206110755

Name : MR.RAJENDRA MEHTA

Age / Gender :58 Years / Male

Consulting Dr. : -

: Swargate, Pune (Main Centre) Reg. Location



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Collected

0.03-3.5 ng/ml

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO PROSTATE SPECIFIC ANTIGEN (PSA)

RESULTS BIOLOGICAL REF RANGE PARAMETER

0.712

METHOD ECLIA

PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.

- The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with
- 3. Calculation of the ratio of Free to Total PSA (ie. FPSA/TPSA), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

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

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Reported

:02-Mar-2022 / 08:55 :02-Mar-2022 / 12:30

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO **BLOOD GROUPING & Rh TYPING**

RESULTS PARAMETER

ABO GROUP AΒ

Rh TYPING Positive

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

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.

Refernces:

- Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
- AABB technical manual

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CID : 2206110755

Name : MR.RAJENDRA MEHTA

Age / Gender : 58 Years / Male

Consulting Dr. :

Reg. Location

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO LIPID PROFILE

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
CHOLESTEROL, Serum	122.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic
TRIGLYCERIDES, Serum	123.3	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic
HDL CHOLESTEROL, Serum	45.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic
NON HDL CHOLESTEROL, Serum	77	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/d High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated l
LDL CHOLESTEROL, Serum	52.0	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	Colorimetric
VLDL CHOLESTEROL, Serum	25.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.7	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.2	0-3.5 Ratio	Calculated

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









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Name : MR.RAJENDRA MEHTA

Age / Gender :58 Years / Male

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:02-Mar-2022 / 08:55 :02-Mar-2022 / 11:23

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO **KIDNEY FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
BLOOD UREA, Serum	31.2	12.8-42.8 mg/dl	Kinetic
BUN, Serum	14.6	6-20 mg/dl	Calculated
CREATININE, Serum	1.05	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	77	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
URIC ACID, Serum	6.7	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	2.4	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.5	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	133	135-148 mmol/l	ISE
POTASSIUM, Serum	5.3	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	98	98-107 mmol/l	ISE

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









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CID : 2206110755

Name : MR.RAJENDRA MEHTA

Age / Gender : 58 Years / Male

Consulting Dr. : -

Reg. Location: Swargate, Pune (Main Centre)



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Reported :02-Mar-2022 / 11:54

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO THYROID FUNCTION TESTS

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Free T3, Serum 4.9 2.6-5.7 pmol/L CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019

Free T4, Serum 12.4 9-19 pmol/L CMIA

Kindly note change in reference range and method w.e.f. 16/08/2019

sensitiveTSH, Serum 0.78 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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Name : MR.RAJENDRA MEHTA

Age / Gender

Consulting Dr. Collected :02-Mar-2022 / 08:55

:02-Mar-2022 / 11:54 Reg. Location : Swargate, Pune (Main Centre) Reported





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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 trasiently altered becuase 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)







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

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Name : MR.RAJENDRA MEHTA

Age / Gender :58 Years / Male

Consulting Dr.

Reg. Location : Swargate, Pune (Main Centre)



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:02-Mar-2022 / 08:55

:02-Mar-2022 / 11:23

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO **LIVER FUNCTION TESTS**

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.39	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.24	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.15	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.4	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	17.7	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	21.3	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	43.6	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	52.1	40-130 U/L	Colorimetric

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



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

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



CID# : **2206110755** SID# : 177802889918

Name : MR.RAJENDRA MEHTA Registered : 02-Mar-2022 / 08:18

Age / Gender : 58 Years/Male Collected : 02-Mar-2022 / 08:18

Consulting Dr. : - Reported : 02-Mar-2022 / 10:36

Reg.Location : Swargate, Pune (Main Centre) Printed : 02-Mar-2022 / 10:44

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.

Aortic knuckle calcification is seen.

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

Aortic knuckle calcification.

No active lung lesion.

Clinical corelation is indicated.

*** End Of Report ***

Dr.NIKHIL JOSHI MBBS , DMRE CONSULTANT RADIOLOGIST

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CID# : **2206110755** SID# : 177802889918

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Age / Gender : 58 Years/Male Collected : 02-Mar-2022 / 08:18

Consulting Dr. : - Reported : 02-Mar-2022 / 08:39

Reg.Location : Swargate, Pune (Main Centre) Printed : 02-Mar-2022 / 08:45

2D ECHO

FINDINGS-

| Normal chamber dimensions

I No Regional wall motion abnormality.

No concentric LVH

| Good LV systolic function, LVEF-60%

| Normal cardiac valves

Intact IAS/IVS.

No LV Clot /PE/Vegetation.

DOPPLER:-

| Grade | LV DD

I No PH, RVSP-20 mm HG

I No AS/AR/Trivial MR/Grade I TR

Measurements (mm):- AO-35, LA-29, IVS-9, PW-9, LVIDd-44, LVIDs-28, LVEF-60%

Impression:- GRADE I LVDD WITH GOOD LV FUNCTION (LVEF-60%)

*** End Of Report ***



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Dr.Rajesh Wagh MD(MEDICINE), DM(CARDIOLOGY)

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