



24598 140924

Registration ID : 24598

Sample Collection : 14/09/2024 09:36:16

Name : MR. SHAILENDRA AHIRE

Sample Received : 14/09/2024 09:36:16

Age/Sex : 55 Yrs. / M

Printed : 16/09/2024 16:13:49

Report Released : 14/09/2024 13:39:55

Ref. By : BANK OF BARODA

Sent By : Arcofemi Healthcare Pvt Ltd

2D Echo Color Doppler

REASON FOR STUDY: AHC

CONCLUSION:

- NORMAL SIZE LA, LV, RA AND RV_
- **GOOD LV FUNCTION. L.V.E.F:55% WITH NO RWMA._**
- GOOD RV FUNCTION. TAPSE: 23 MM_
- STRUCTURALLY NORMAL MITRAL,TRICUSPID, AORTIC AND PULMONARY LEAFLETS._
- NO CLOTS IN LA AND LV._
- NO EVIDENCE OF LEFT VENTRICULAR HYPERTROPHY_
- NO EVIDENCE OF PERICARDIAL EFFUSION._
- NO EVIDENCE OF PULMONARY HYPERTENSION._

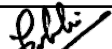
CONVENTIONAL DOPPLER:

- **E TO A RATIO OF LESS THAN ONE IN LV.**
- **INFLOW SUGGESTIVE OF ABNORMAL RELAXATION OF LV.**

COLOUR DOPPLER: SHOWS NO EVIDENCE OF MR,AR,TR OR PR.

IMPRESSION:

GOOD LV SYSTOLIC FUNCTION.
TYPE I DD

	OBSERVED
---	-----------------



Dr. Yogesh Solanki
DrNB Interventional
Cardiology
Reg.No -2015/05/3063





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MITRAL VALVE:	
ANTERIOR LEAFLETS EXCURSION	NORMAL
POSTERIOR LEAFLETS EXCURSION	NORMAL
E.P.S.S	----
TRICUSPID VALVE:	
EXCURSION	NORMAL
OTHER FINDINGS	----
AORTIC VALVE:	
CUSPS OPENING	NORMAL
PULMONARY VALVE:	
EXCURSION	NORMAL
DIMENSIONS	
AORTIC ROOT	30
LEFT ATRIUM	36
LVID (D)	48
LVID (S)	31
IVST (D)	09
PWT (D)	10
RVID (D)	----

	VELOCITY(M/SEC)	STENOSIS GRADIENT PEAK/MEAN (MMHG)	REGURGITATION GRADING
MITRAL	----	----	0/III
TRICUSPID	----	----	0/III
AORTIC	1.1	5	0/IV
PULMONARY	----	----	0/IV

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Santosh Khairnar
Dr. Santosh Khairnar
 M.D. (Pathologist)
 Reg. No.-2000/08/2926





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COMPLETE BLOOD COUNT

Test	Result	Unit	Biological Ref Range
Hemoglobin (SLS) Photometric	: 15.0	g/dL	13-18 g/dL
Total RBC (Electrical Impedence)	: 5.30	10 ⁶ /μL	3.0-6.0 10 ⁶ /μL
Hematocrit (PCV) (Calculated)	: 46.4	%	36-54 %
Mean Corpuscular Volume (MCV) (calulated)	: 87.5	fL	78-101 fL
Mean Corpuscular Hemoglobin (MCH) (Calculated)	: 28.3	pg	27-32 pg
Mean Corpuscular Hemoglobin Concentration (MCHC) (Calculated)	: 32.3	g/dL	31.5-34.5 g/dL
Red Cell Distribution Width (RDW- CV) (Electrical Impedence)	: 15.50	%	12-15 %
Total Leucocytes Count (Light Scattering)	: 10000	/cumm	4000-11000 /cumm
Neutrophils (Calculated)	: 55	%	40-75 %
Eosinophils Percentage (Calculated)	: 04	%	1-6 %
Lymphocyte Percentage (Calculated)	: 34	%	20-45 %
Basophils Percentage (Calculated)	: 0	%	0-1 %
Monocytes Percentage (Calculated)	: 07	%	1-10 %
RBC Morphology	: Normocytic, Normochromic		
WBC Morphology	: Normal Morphology		
Platelet Count (Electrical Impedence)	: 247000	/ul	150000-450000 /ul
Platelets on Smear	: Adequate		Adequate
E.S.R	: 07	mm at 1hr	0-20 mm at 1hr

Sample Type: EDTA whole blood (Westergren)

Sample Type : EDTA Whole Blood

Test done with THREE PART CELL COUNTER (Sysmex KX-21)

*All Samples Processed At Excellas Clinics Mulund Centre .

*ESR NOT IN NABL scope.

(Collected At: 14/09/2024 09:36:16, Received At: 14/09/2024 09:36:16, Reported At: 16/09/2024 10:29:07)



Signature
Dr. Santosh Khairnar
 M.D. (Pathologist)
 Reg. No.-2000/08/2926





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----- End Of Report -----



Santosh Khairnar
Dr. Santosh Khairnar
M.D. (Pathologist)
Reg. No.-2000/08/2926





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Age/Sex	: 55 Yrs. / M	Printed	: 16/09/2024 16:13:49
Ref. By	: BANK OF BARODA	Report Released	: 16/09/2024 10:29:43
	Sent By	: Arcofemi Healthcare Pvt Ltd	

Blood Sugar Fasting (FBS) & Post Prandial Blood Sugar (PPBS)

Test	Result	Unit	Biological Ref. Range
GLUCOSE (SUGAR) FASTING, (Fluoride Plasma Used)	: 80	mg/dL	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: \geq 126 mg/dl
<i>Method: GOD-POD</i>			
Fasting Urine Glucose	: Absent		Absent
GLUCOSE (SUGAR) PP, (Fluoride Plasma Used)	: 70	mg/dl	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: \geq 200 mg/dl
PP Urine Glucose	: Absent		Absent

Test Done on - Automated Biochemistry Analyzer (EM 200)

*All Samples Processed At Excellas Clinics Mulund Centre .

(Collected At: 14/09/2024 09:36:16, Received At: 14/09/2024 09:36:16, Reported At: 16/09/2024 10:29:43)

HbA1c (Whole Blood)

Test	Result	Unit	Reference Range
HbA1C-Glycosylated Haemoglobin	: 5.40	%	Non-diabetic: 4-6 Excellent Control: 6-7 Fair to good control: 7-8 Unsatisfactory control: 8-10 Poor Control: >10

EDTA Whole Blood, Method: HPLC

Estimated Average Glucose (eAG)	: 108.28	mg/dl	65.1-136.3 mg/dL mg/dl
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EDTA Whole Blood, Method: Calculated

Interpretation:

- 1.The term HbA1c refers to Glycated Haemoglobin. Measuring HbA1c gives an overall picture of what the average blood sugar levels have been over a period of weeks/month. Higher the HbA1c, the greater the risk of developing diabetes-related complications.
- 2.HbA1c has been endorsed by clinical groups and ADA (American Diabetes Association) guidelines 2012, for the diagnosis of diabetes using a cut-off point of 6.5%. ADA defined biological reference range for HbA1c is between 4-6%. Patients with HbA1c value between 6.0-6.5% are considered at risk for developing diabetes in the future. Trends in HbA1c area a better indicator of glucose control than standalone test.
- 3.To estimate the eAG from the HbA1c value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$.
- 4.Diabetic must aspire to keep values under 7% to avoid the various complications resulting from diabetes.

*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

(Collected At: 14/09/2024 09:36:16, Received At: 14/09/2024 09:36:16, Reported At: 16/09/2024 10:30:04)



Dr. Santosh Khairnar
Dr. Santosh Khairnar
 M.D. (Pathologist)
 Reg. No.-2000/08/2926





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BLOOD GROUP

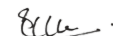
Test	Result	Unit	Biological Ref. Range
Blood Group	: 'B' Rh POSITIVE		

Slide and Tube Agglutination Test

(Collected At: 14/09/2024 09:36:16, Received At: 14/09/2024 09:36:16, Reported At: 16/09/2024 10:30:15)

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Dr. Santosh Khairnar
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Ref. By : BANK OF BARODA

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LIPID PROFILE

Test	Result	Unit	Biological Ref. Range
Total Cholesterol	: 179	mg/dl	Desirable: <200 Borderline high = 200-239 High: > 239
<i>Serum, Method: CHOD-PAP</i>			
S. Triglyceride	: 174	mg/dl	Desirable: <161 Borderline High: 161 - 199 High: > 200 - 499/ Very High:>499
<i>Serum, Method: GPO-Trinder</i>			
HDL Cholesterol	: 36	mg/dl	35.3-79.5 mg/dl
<i>serum,Direct method</i>			
LDL Cholesterol	: 108.20	mg/dl	Optimal: <100; Near Optimal: 100-129; Borderline High: 130-159; High: 160-189; Very high: >190
<i>Serum, (Calculated)</i>			
VLDL Cholesterol	: 34.8	mg/dl	5-30 mg/dl
<i>Serum, Method: Calculated</i>			
LDL/HDL Ratio	: 3.0		Optimal: <2.5 Near Optimal: 2.5-3.5 High >3.5
<i>Serum, Method: Calculated</i>			
TC/HDL Ratio	: 5.0		Optimal: <3.5 Near Optimal: 3.5 - 5.0 High >5.0
<i>Serum, Method: Calculated</i>			

Test Done on - Automated Biochemistry Analyzer (EM 200).

Interpretation

1. Triglycerides: When triglycerides are very high greater than 1000 mg/dL, there is a risk of developing pancreatitis in children and adults. Triglycerides change dramatically in response to meals, increasing as much as 5 to 10 times higher than fasting levels just a few hours after eating. Even fasting levels vary considerably day to day. Therefore, modest changes in fasting triglycerides measured on different days are not considered to be abnormal.


2. HDL-Cholesterol: HDL- C is considered to be beneficial, the so-called "good" cholesterol, because it removes excess cholesterol from tissues and carries it to the liver for disposal.

3. LDL-Cholesterol: Desired goals for LDL-C levels change based on individual risk factors.

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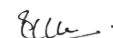
LIVER FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
S. Bilirubin (Total) <i>Serum, Method: Diazo (walter & Gerarde)</i>	: 0.35	mg/dl	0-2.0 mg/dl
S. Bilirubin (Direct) <i>Serum, Method: Diazo (walter & Gerarde)</i>	: 0.07	mg/dl	0-0.4 mg/dl
S. Bilirubin (Indirect) <i>Serum, Method: Calculated</i>	: 0.28	mg/dl	0.10-1.0 mg/dl
Aspartate Transaminase (AST/SGOT) <i>Serum, Method: UV Kinetic with P5P</i>	: 18.9	IU/L	0-35 IU/L
Alanine Transaminase (ALT/SGPT) <i>Serum, Method: UV Kinetic with P5P</i>	: 28	IU/L	0-45 IU/L
S. Alkaline Phosphatase <i>Serum, Method: IFCC with AMP buffer</i>	: 86	IU/L	53-128 IU/L
Total Proteins <i>Serum, Method: Biuret</i>	: 7.7	gm/dl	6.4-8.3 gm/dl
S. Albumin <i>Serum, Method: BCG</i>	: 4.2	gm/dl	3.5-5.2 gm/dl
S. Globulin <i>Serum, Method: Calculated</i>	: 3.5	gm/dl	2.3-3.5 gm/dl
A/G Ratio <i>Serum, Method: Calculated</i>	: 1.20		0.90-2.00
Gamma GT <i>Serum, Method: G glutamyl carboxy nitroanilide</i> <i>Test Done on - Automated Biochemistry Analyzer (EM 200).</i>	: 34	U/L	0-55 U/L

*All Samples Processed At Excellas Clinics Mulund Centre .

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Report Released : 16/09/2024 10:44:20

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BLOOD UREA NITROGEN (BUN)

Test	Result	Unit	Biological Ref. Range
Urea	: 27.43	mg/dl	18-55 mg/dl

Serum, Method: Urease - GLDH

Blood Urea Nitrogen : 12.82 mg/dl 5-18 mg/dl

Test Done on - Automated Biochemistry Analyzer (EM 200)

*All Samples Processed At Excellas Clinics Mulund Centre

(Collected At: 14/09/2024 09:36:16, Received At: 14/09/2024 09:36:16, Reported At: 16/09/2024 10:44:20)

SERUM CREATININE

Test	Result	Unit	Biological Ref. Range
S. Creatinine	: 0.81	mg/dl	0.7-1.3 mg/dl

Serum, Method: Enzymatic

Test Done on - Automated Biochemistry Analyzer (EM 200).

*All Samples Processed At Excellas Clinics Mulund Centre

(Collected At: 14/09/2024 09:36:16, Received At: 14/09/2024 09:36:16, Reported At: 16/09/2024 10:33:29)

SERUM URIC ACID


Test	Result	Unit	Biological Ref. Range
S. Uric Acid	: 4.80	mg/dl	3.5-7.2 mg/dl

Serum, Method: Uricase - POD

Test Done on - Automated Biochemistry Analyzer (EM 200).

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Dr. Santosh Khairnar
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Ref. By : BANK OF BARODA

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BUN CREAT RATIO (BCR)

Test	Result	Unit	Biological Ref. Range
BUN/Creatinine ratio	: 15.82		5-20

Serum, Method: Calculated


NOTE:

A blood urea nitrogen (BUN)/creatinine ratio (BCR) >20 is used to distinguish pre-renal azotemia (PRA) and acute tubular necrosis (ATN)

(Collected At: 14/09/2024 09:36:16, Received At: 14/09/2024 09:36:16, Reported At: 16/09/2024 10:45:14)

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Report Released : 16/09/2024 10:45:39	
Ref. By : BANK OF BARODA	Sent By : Arcofemi Healthcare Pvt Ltd

THYROID FUNCTION TEST

Test	Result	Unit	Biological Ref. Range
Total T3	: 1.1	ng/dl	0.70-2.04 ng/dl
<i>Serum, Method: CLIA</i>			
Total T4	: 11.97	µg/dl	5.1-14.1 µg/dl
<i>Serum, Method: CLIA</i>			
TSH (Thyroid Stimulating Hormone)	: 1.08	µIU/ml	0.5-8.9 µIU/ml
<i>Serum, Method: CLIA</i>			

Interpretation Decreased TSH with raised or within range T3 and T4 is seen in primary hyperthyroidism, toxic thyroid nodule, sub-clinical hyperthyroidism, on thyroxine ingestion, post-partum and gestational thyrotoxicosis Raised TSH with decreased T3 and T4 is seen in hypothyroidism and with intermittent T4 therapy. Alterations in TSH are also seen in non-thyroidal illnesses like HIV infection, chronic active hepatitis, estrogen producing tumors, pregnancy, new-born, steroids, glucocorticoids and may cause false thyroid levels for thyroid function tests as with increased age, marked variations in thyroid hormones are seen. In pregnancy T3 and T4 levels are raised, hence FT3 and Ft4 is to be done to determine hyper or hypothyroidism.

*Note - This test is outsourced and processed at Millenium Special Labs Pvt Ltd.

(Collected At: 14/09/2024 09:36:16, Received At: 14/09/2024 09:36:16, Reported At: 16/09/2024 10:45:39)

PROSTATE SPECIFIC ANTIGEN

Test	Result	Unit	Biological Ref. Range
PSA - TOTAL	: 1.94	ng/ml	0- 4 ng/ml
Serum, Method: CLIA			

NOTE :

Prostate specific antigen is a seminal fluid protein produced by normal and malignant epithelial cells of prostate gland and is recognized as a tumour marker for evaluation of prostate cancer activity.

In normal individuals, S.PSA levels do not exceed 4.0 ng/ml.

S.PSA level is useful in detection of cancer of prostate gland and in detection of recurrence of prostate cancer after radical prostatectomy. Serum PSA levels may also be elevated in conditions like BPH, UTI, Digital rectal examination, Transurethral ultrasonography. Confirmation of prostate cancer can be done by transrectal ultrasonography and prostate biopsy.

(Collected At: 14/09/2024 09:36:16, Received At: 14/09/2024 09:36:16, Reported At: 16/09/2024 10:46:24)

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[Signature]
Dr. Santosh Khairnar
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EXAMINATION OF URINE


Test	Result	Unit	Biological Ref. Range
<u>PHYSICAL EXAMINATION</u>			
Quantity	20	ml	
Colour	Pale yellow		
Appearance	Clear		
Reaction (pH)	5.0		4.5 - 8.0
Specific Gravity	1.010		1.010 - 1.030
<u>CHEMICAL EXAMINATION</u>			
Protein	Absent		Absent
Glucose	Absent		Absent
Ketones Bodies	Absent		Absent
Occult Blood	Absent		Absent
Bilirubin	Absent		Absent
Urobilinogen	Absent		Normal
<u>MICROSCOPIC EXAMINATION</u>			
Epithelial Cells	2 - 3	/ hpf	
Pus cells	1 - 2	/ hpf	
Red Blood Cells	Absent	/ hpf	
Casts	Absent	/ lpf	Absent / lpf
Crystals	Absent		Absent
<u>OTHER FINDINGS</u>			
Yeast Cells	Absent		Absent
Bacteria	Absent		Absent
Mucus Threads	Absent		
Spermatozoa	Absent		
Deposit	Absent		Absent
Amorphous Deposits	Absent		Absent

sample type:Urine

Method:Visual and Microscopic

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X RAY CHEST PA VIEW

Both the lung fields appear normal.

Cardiac silhouette is within normal limits.

Bilateral hilar shadows appear normal.

Bilateral costophrenic angles appear normal.

Bony thorax appears normal.

Soft tissues appear normal.

IMPRESSION:

No significant abnormality detected.



Dr. Reshma Gokran
MD (Radiologist)
Reg. No-2009/09/3296





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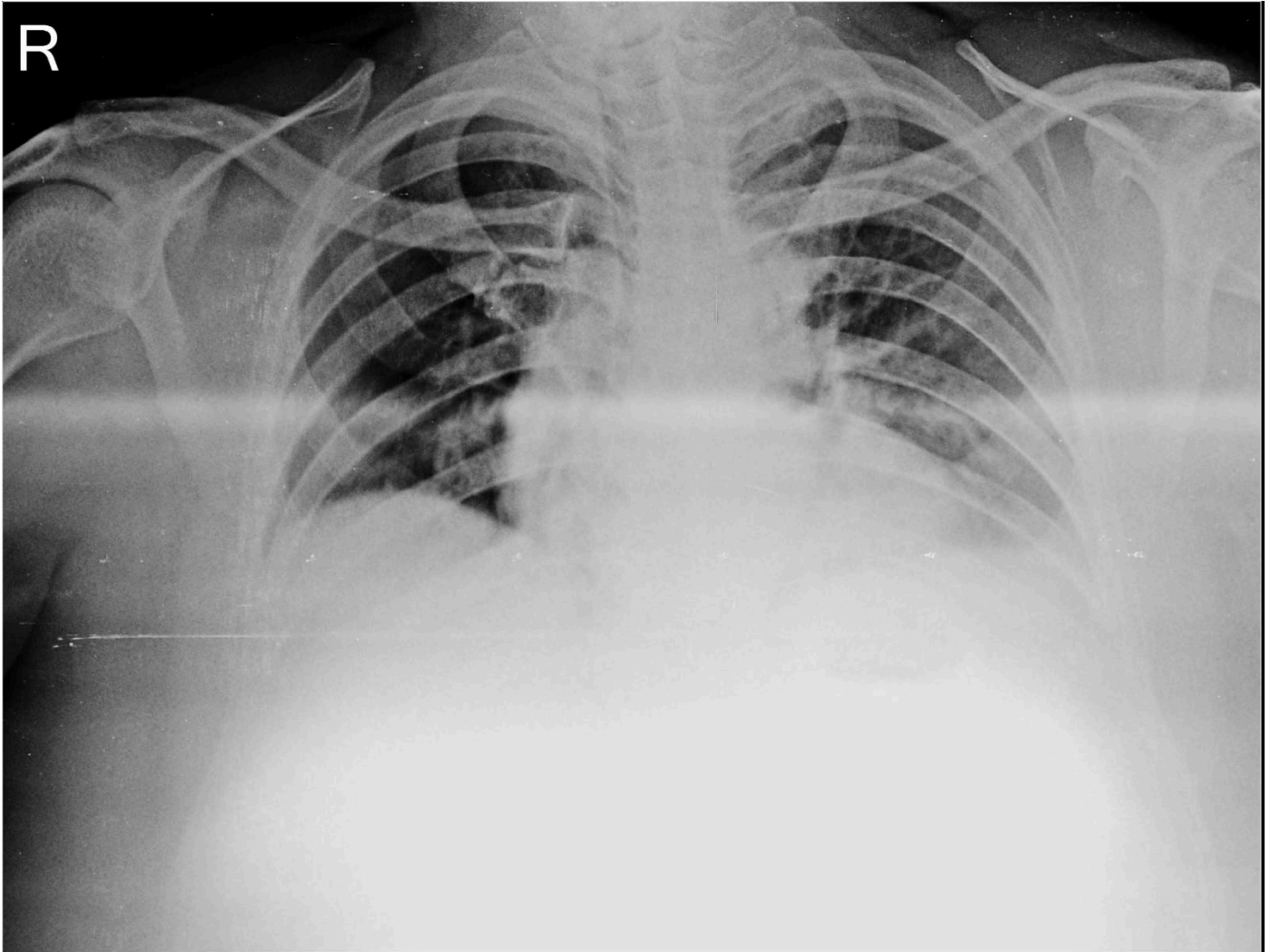
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Report Released : 14/09/2024 17:06:09

Ref. By : BANK OF BARODA

Sent By : Arcofemi Healthcare Pvt Ltd



MR. SHAILENDRA AHIRE AGE:-54YRS/MALE. R25 CHEST PA 14-Sep-24 11:59 AM
EXCELLAS CLINICS PVT LTD TEL:-022-25695661/71

(Collected At: 14/09/2024 09:36:16, Received At: 14/09/2024 09:36:16, Reported At: 14/09/2024 17:06:09)

----- End Of Report -----



Dr. Reshma Gokran
MD (Radiologist)
Reg. No-2009/09/3296





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USG ABDOMEN & PELVIS - MALE

Liver:- is normal in size **and shows raised parenchymal echogenicity**. No focal or diffuse lesion is seen. The portal and hepatic veins are normal. No IHBR dilatation seen.

Gall Bladder:- Post cholecystectomy status.

CBD :- is normal.

Pancreas:-is normal in size and reflectivity. No focal lesion seen.

Spleen:- is normal in size (7.1 cms) and reflectivity. No focal lesion is seen.

Kidneys:- Both Kidneys are normal in size, shape, position. They show normal reflectivity. CMD is maintained. No calculi or hydronephrosis seen on either side.

Right kidney – 9.6 x 4.0 cms

Left kidney – 9.3 x 4.7 cms

Urinary Bladder:- is well distended and shows normal wall thickness.

No intraluminal lesion seen.

Prostate:- is mildly enlarged in size, normal reflectivity and measures 3.1 x 3.5 x 4.1 cms (Volume – 25 cc). No focal lesions.

No ascites is seen. No significant lymphadenopathy is seen.

IMPRESSION:

- **Grade I fatty liver.**
- **Mild prostatomegaly.**

Thanks for the Referral

(Collected At: 14/09/2024 09:36:16, Received At: 14/09/2024 09:36:16, Reported At: 16/09/2024 13:13:40)

----- End Of Report -----



Dr. Reshma Gokran
MD (Radiologist)
Reg. No-2009/09/3296





24598 140924

Registration ID : 24598

Sample Collection : 14/09/2024 09:36:16

Name : MR. SHAILENDRA AHIRE

Sample Received : 14/09/2024 09:36:16

Age/Sex : 55 Yrs. / M

Printed : 16/09/2024 16:13:49

Report Released : 16/09/2024 16:13:36

Ref. By : BANK OF BARODA

Sent By : Arcofemi Healthcare Pvt Ltd

OPHTHALMIC EVALUATION

Examination	Right Eye	Left Eye
Distance Vision	6/6	6/6
Near Vision	N/6	N/6
Color Vision	Normal	
Remarks	Normal	

(Collected At: 14/09/2024 09:36:16, Received At: 14/09/2024 09:36:16, Reported At: 16/09/2024 16:13:36)

----- End Of Report -----



MEDICAL EXAMINATION REPORT

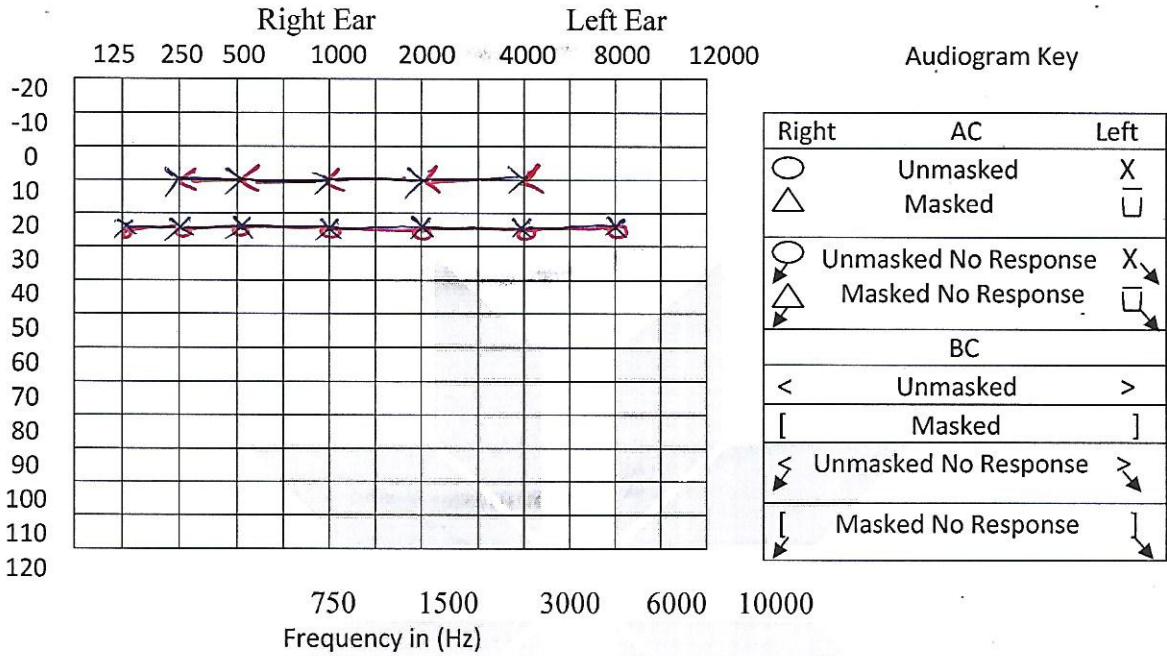
Name Mr./Mrs./ Miss	SHALLENRA AHJAE.	
Sex	Male/ Female	
Age (yrs.)	54.	UHID :
Date	14/09/2024	Bill No. :
Marital Status	Married/ No. of Children / Unmarried/ Widow : /	
Present Complaints	No	
Past Medical : History Surgical :	CHOLELITHIASIS IN 2014.	
Personal History	Diet : Veg <input checked="" type="checkbox"/> / Mixed <input type="checkbox"/> : Addiction : Smoking <input type="checkbox"/> / Tobacco Chewing <input type="checkbox"/> / Alcohol <input type="checkbox"/> / Any Other No	
Family History	Father = Mother = Siblings =	HT / DM / IHD / Stroke / Any Other Mother = HT / DM / IHD / Stroke / Any Other Siblings = HT / DM / IHD / Stroke / Any Other Hearing
History of Allergies	Drug Allergy Any Other No	
History of Medication	For HT / DM / IHD / Hypothyroidism Any Other No	
On Examination (O/E)	G. E. : Good R. S. : C. V. S. : C. N. S. : NAP P/A : Any Other Positive Findings : No	

Height	177. cms	Weight	108.2 Kgs
BMI	34.5		
Pulse (per min.)	82/min	Blood Pressure (mm of Hg)	130/90 mm of Hg
Gynaecology			
Examined by	Dr.		
Complaint & Duration			
Other symptoms (Mict, bowels etc)			
Menstrual History	Menarche _____ Cycle _____ Loss _____ Pain _____ I.M.B. _____ P.C.B. _____ L.M.P. _____ Vaginal Discharge _____ Cx. Smear _____ Contraception _____		
Obstetric History			
Examination :			
Breast			
Abdomen			
P.S.			
P.V.			
Gynaecology Impression & Recommendation			
Recommendation	EXCELLAS CLINICS PVT. LTD. B-1, Vikas Paradise Commercial, Below Axis Bank, LBS Marg, Near Santosh Mata Mandir, Mulund (West), Mumbai - 400080		
Physician Impression			
Examined by :	- Overweight = To Reduce Weight - Underweight = To Increase Weight		



NAME : MR. SHAILENDRA AHIRE	AGE/SEX: 55 YRS/MALE
REF BY : BANK OF BARODA	DATE: 14/09/2024

AUDIOGRAM



Responses : Reliable / Fairly Reliable / Not Reliable

Speech Audiometry

Test Conduction : Satisfactory / Not Satisfactory

If any other specify

Procedure : Standard / Play

Audiological Interpretations :

Test Ear	P.T.A. dBHL
Right	25
Left	25

BILATERAL HEARING CONDUCTION SENSITIVITY WITHIN NORMAL LIMITS

EXCELLAS CLINICS PVT. LTD

B-1, Vikas Paradise Commercial,
Below Axis Bank LBS Marg,
Near Santosh Mata Mandir,
Mulund (West) - 400080

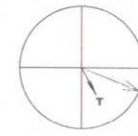
Excellas Clinics Private Ltd

B1, Vikas Paradise Commercial, Below Axis Bank, LBS Marg, Mulund (W),

9454/Shailendra ahire 54Yrs/Male Kgs/ Cms BP: ___/___ mmHg

Ref.: Test Date: 14-Sep-2024(10:53:28) Notch: 50Hz 0.05Hz - 100Hz 10mm/mV 25mm/Sec

HR: 81 bpm

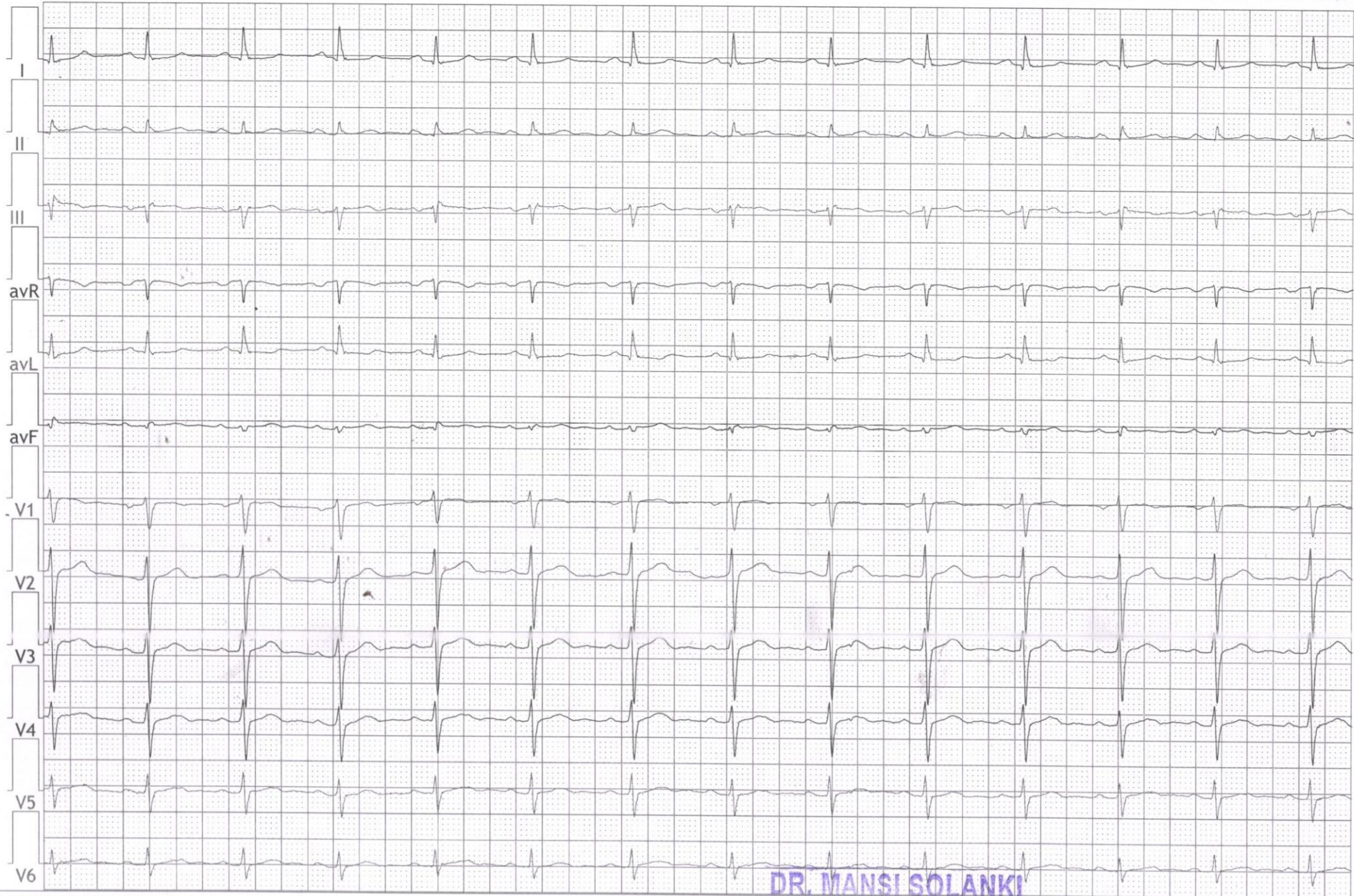


PR Interval: 156 ms

QRS Duration: 144 ms

QT/QTc: 375/436ms

P-QRS-T Axis: 20 - 22 - 61 (Deg)



DR. MANSI SOLANKI
MBBS MD GENERAL MEDICINE
REG. NO. MMC 2024042065

NSRUPU Man
correlate clinically