सचिन वमृत Sachin Amrit जन्म तिथि / DOB : 07/01/1983

5732 8653 2389



- आम आदमी का अधिकार



PHYSICAL EXAMINATION REPORT

Sex/Age Patient Name Location Date

History and Complaints H do- IHP - Augioplasty (6Mouths) done (6Mouths) - Kidney Stones (142)

EXAMINATION FINDINGS:

Temp (0c): Height (cms): Skin: Weight (kg): Nails: **Blood Pressure** Lymph Node: Pulse

Systems:

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

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



Advi	- low Fat	low sugar Diet. o enty of liquids. R
Advi	ce: - Brule Pl	enty of liquids. R
	- Repeat +	Bilixubia after Davage
	- Repeat	Gr. Date Acrid often (6)
	1 Cf Carl	Silirubin cefter Dweek Sr. Vote Acud after 6 Months.
1)	Hypertension:	J-8 485 1
2)	IHD	6 Months Back.
3)	Arrhythmia	
4)	Diabetes Mellitus	
5)	Tuberculosis	
6)	Asthama	NI
7)	Pulmonary Disease	
8)	Thyroid/ Endocrine disorders	
9)	Nervous disorders	
10)	GI system	
11)	Genital urinary disorder	Kidney Stones (242)
12)	Rheumatic joint diseases or symptoms	3 3000
13)	Blood disease or disorder	
14)	Cancer/lump growth/cyst	
15)	Congenital disease	
16)	Surgeries	Angioplasty (Jau-war)
17)	Musculoskeletal System	Nil
PERS	ONAL HISTORY:	
1)	Alcohol	1 Q(Cassional
2)	Smoking	(No)
3)	Diet	Low Fat.
1)	Medication	Ecospan 75 Rosyvas
Po	Somet X25.	Brenta 90 Pun 40(505)

E

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



: 2220705491

Name

: MR. SACHIN AMRIT

Age / Gender

: 39 Years / Male

Consulting Dr. Reg. Location

Microcytosis

. .

: G B Road, Thane West (Main Centre)

Authenticity Check

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

	CBC (Comple	te Blood Count), Blood	
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			METHOD
Haemoglobin	15.6	13.0-17.0 g/dL	Spectrophotometric
RBC	4.82	4.5-5.5 mil/cmm	Elect. Impedance
PCV	47.1	40-50 %	Measured
MCV	98	80-100 fl	Calculated
MCH	32.4	27-32 pg	Calculated
MCHC	33.1	31.5-34.5 g/dL	Calculated
RDW	12.9	11.6-14.0 %	Calculated
WBC PARAMETERS			Julianica
WBC Total Count	5000	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND	ABSOLUTE COUNTS	10000 / 611111	Liect. Impedance
Lymphocytes	27.3	20-40 %	
Absolute Lymphocytes	1365.0	1000-3000 /cmm	Calculated
Monocytes	3.8	2-10 %	catculated
Absolute Monocytes	190.0	200-1000 /cmm	Calculated
Neutrophils	66.1	40-80 %	catediated
Absolute Neutrophils	3305.0	2000-7000 /cmm	Calculated
Eosinophils	2.8	1-6 %	Catcatated
Absolute Eosinophils	140.0	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	catcatated
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	<u> </u>		Salediated
WBC Differential Count by Abs	orbance & Impedance method	d/Microscopy.	
PLATELET PARAMETERS			
Platelet Count	305000	150000 400000 /	FI

Platelet Count	305000	150000-400000 /cmm	Elect. Impedance
MPV	9.3	6-11 fl	Calculated
PDW	16.5	11-18 %	Calculated
RBC MORPHOLOGY			calculated
Hypochromia	THE RESERVE OF THE PERSON NAMED IN COLUMN 1		

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CID : 2220705491 Name : MR SACHINI

Age / Gender : 39 Years / Male

Consulting Dr. : -

Reg. Location : G B Road, Thane West (Main Centre)

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Macrocytosis

Anisocytosis

Poikilocytosis -

Polychromasia -

Target Cells

Basophilic Stippling -

Normoblasts -

Others Normocytic, Normochromic

WBC MORPHOLOGY -

PLATELET MORPHOLOGY -

COMMENT

Specimen: EDTA Whole Blood

ESR, EDTA WB

5

2-15 mm at 1 hr.

Westergren

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



Donit Taan

Dr.AMIT TAORI M.D (Path) Pathologist

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Name : MR. SACHIN AMRIT Age / Gender : 39 Years / Male

Consulting Dr.

Reg. Location

: G B Road, Thane West (Main Centre)

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AERFO	DCAMI HEALTHCA	RE BELOW 40 MALE/FEMALE	
PARAMETER	RESULTS	BIOLOGICAL REF RANGE	
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	86.4	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	70.7	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	2.23	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.44	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	1.79	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	
ALBUMIN, Serum	4.9	3.5-5.2 g/dL	Biuret BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	
A/G RATIO, Serum	2.1	1 - 2	Calculated Calculated
Kindly correlate clinically.			
SGOT (AST), Serum	21.5	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	21.8	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	16.4	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	41.8	40-130 U/L	PNPP
BLOOD UREA, Serum	14.7	12.8-42.8 mg/dl	Hereas & CLDU
BUN, Serum	6.9	6-20 mg/dl	Urease & GLDH
CREATINIALE COMM		o zo mg/ut	Calculated
CREATININE, Serum	0.98	0.67-1.17 mg/dl	Enzymatic

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: 2220705491

Name

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Age / Gender

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eGFR, Serum

. .

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91 7.5

>60 ml/min/1.73sqm

00 1117 111117 1.7354

3.5-7.2 mg/dl

Calculated Uricase

Urine Sugar (Fasting)

URIC ACID, Serum

Absent

Absent

Urine Ketones (Fasting)

Absent

Absent

Urine Sugar (PP) Urine Ketones (PP)

Absent Absent

Absent Absent

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

Avenue on

Conit Taan

Dr.AMIT TAORI M.D (Path) Pathologist

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER

RESULTS

BIOLOGICAL REF RANGE

METHOD

Glycosylated Hemoglobin (HbA1c), EDTA WB - CC

5.1

99.7

Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 %

HPLC

Diabetic Level: >/= 6.5 %

mg/dl

Calculated

Estimated Average Glucose (eAG), EDTA WB - CC

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 SDRL, Vidyavihar Lab
*** End Of Report ***



Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab
Director

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: 26-Jul-2022 / 09:12 :26-Jul-2022 / 13:31

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE **URINE EXAMINATION REPORT**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	
Reaction (pH)	Neutral (7.0)	4.5 - 8.0	
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	Chemical Indicator
Volume (ml)	30	ctear	-
CHEMICAL EXAMINATION		- 1	
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	
Ketones	Absent	Absent	GOD-POD
Blood	Absent	Absent	Legals Test Peroxidase
Bilirubin	Absent	Absent	
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Diazonium Salt
MICROSCOPIC EXAMINATION		Absent	Griess Test
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2	22.101	
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	Less than 20/hpf	
*Sample processed at SUBURBAN DIA	GNOSTICS (INDIA) PVT I		

t SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West *** End Of Report ***



Donit Taan **Dr.AMIT TAORI** M.D (Path) **Pathologist**

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Name

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Age / Gender

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R

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

PARAMETER

RESULTS

ABO GROUP

0

Rh TYPING

Positive

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

Note: This Sample has also 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.

Refernces:

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

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: 2220705491

Name

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Age / Gender

: 39 Years / Male

Consulting Dr. Reg. Location

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	88.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	57.5	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	40.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic
NON HDL CHOLESTEROL, Serum	48	D : 11	colorimetric assay Calculated
LDL CHOLESTEROL, Serum	36.0	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	12.0	Very High: >/= 190 mg/dl < /= 30 mg/dl	Calaulatad
CHOL / HDL CHOL RATIO, Serum	2.2	0.450.41	Calculated Calculated
LDL CHOL / HDL CHOL RATIO, Serum	0.9	0-3.5 Ratio	Calculated

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
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Dr.AMIT TAORI M.D (Path) Pathologist

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: 2220705491

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Consulting Dr.

. .

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.1	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	22.1	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.75	0.35-5.5 microIU/ml	ECLIA

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 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	
		The state of the s	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-

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
- 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)



Dr.AMIT TAO

Dr.AMIT TAORI M.D (Path) Pathologist

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: 2220705491

Name

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Age / Gender

: 39 Years / Male

Consulting Dr.

Reg. Location

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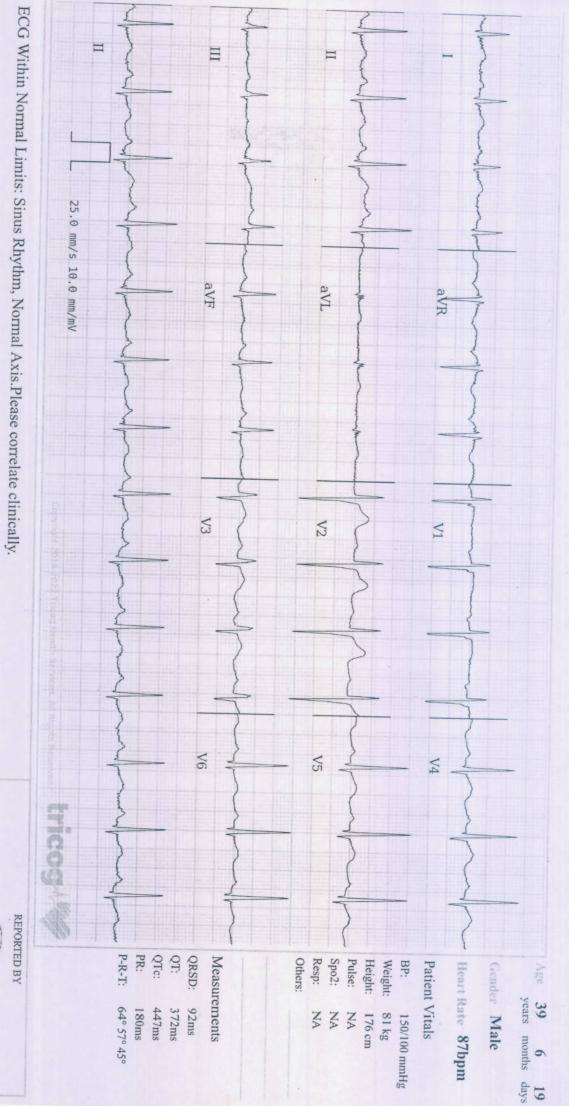
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SUBURBAN DIAGNOSTICS - G B ROAD, THANE WEST

Patient ID: Patient Name: SACHIN AMRIT 2220705491

Date and Time: 26th Jul 22 9:57 AM



81 kg

150/100 mmHg

ZA ZA 176 cm

REPORTED BY

DR SHAILAJA PILLAI MBBS, MD Physican MD Physican 49972



: 2220705491

Name

: Mr SACHIN AMRIT

Age / Sex

Reg. Location

: 39 Years/Male

Ref. Dr

:

: G B Road, Thane West Main Centre

Reg. Date

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: 26-Jul-2022 / 11:03

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

This report is prepared and physically checked by Dr. Devendra Patil before dispatch.

Dr. Devendra Patil

MBBS, MD (Radio-Diagnosis) Consultant Radiologist

MMC - 2013/02/0165

Click here to view images http://3.111.232.119/IRISViewer/Neorad Viewer? Accession No 20220/2609011907

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Name

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Age / Sex

Reg. Location

: 39 Years/Male

Ref. Dr

Reg. Date : G B Road, Thane West Main Centre

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: 26-Jul-2022

: 26-Jul-2022 / 12:47

USG WHOLE ABDOMEN

LIVER: Liver appears normal in size and echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is contracted. (Not evaluated)

PORTAL VEIN: Portal vein is normal. CBD: CBD is normal.

PANCREAS: Visualised head of pancreas appears normal in size & echotexture. Rest is obscured by excessive bowel gas.

KIDNEYS: Right kidney measures 10.6 x 4.8 cm. Two calculi are noted ecah measuring 4.7 mm and 4.4 mm at the mid and lower poles respectively.

Left kidney measures 10.9 x 4.6 cm. (Normal)

Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture and measures 3.2 x 3.3 x 4.1 cm in dimension and 23.5 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

Bowel gas++

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C R T

R

REG NO.: 2220705491	SEX : MALE
NAME : MR.SACHIN AMRIT	AGE: 39 YRS
REF BY:	
	DATE: 26.07.2022

2D ECHOCARDIOGRAPHY

M - MODE FINDINGS:

LVIDD	46	mm
LVIDS	29	mm
LVEF	60	%
IVS	11	mm
PW	6	mm
AO	19	mm
LA	30	mm

2D ECHO:

- All cardiac chambers are normal in size
- Left ventricular contractility: Normal
- Regional wall motion abnormality: Absent.
- Systolic thickening: Normal. LVEF = 60%
- Mitral, tricuspid, aortic, pulmonary valves are: Normal.
- · Great arteries: Aorta and pulmonary artery are: Normal.
- Inter artrial and inter ventricular septum are intact.
- Pulmonary veins, IVC, hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.



PATIENT: MR.SACHIN AMRIT

COLOR DOPPLER:

R

E

- Mitral valve doppler E- 1.1 m/s, A 0.7 m/s.
- Mild TR.
- No aortic / mitral regurgition. Aortic velocity 1.4 m/s, PG 8.9 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

IMPRESSION:

- MILD CONCENTRIC HYPERTROPHY OF LV
- NO REGIONAL WALL MOTION ABNORMALITY AT REST.
- NORMAL LV SYSTOLIC FUNCTION.

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

DR.YOGESH KHARCHE

DNB(MEDICINE) DNB (CARDIOLOGY)

CONSULTANAT INTERVENTIONAL CARDIOLOGIST.



R

CID:

Sex / Age:

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision: BE & XVIDENTE,

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

					,			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

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

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 $\textbf{For Feedback} - customerservice@suburbandiagnostics.com \mid \textbf{www.suburbandiagnostics.com} \mid \textbf{ww$