

Patient Name: Mr. Ranjeet Nirmal

Age: 35 yrs/ Male.

Ref By:

Date: 27-Dec-22

**ULTRASOUND EXAMINATION OF ABDOMEN AND PELVIS**

Liver is normal in size and shows normal echotexture. No focal mass. 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: 10.6 cm

LK: 10.8 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 normal in size and texture.

**Impression:**

**No significant abnormality in abdomen and pelvis.**

  
Dr. Punya J

MBBS, MD(RADIO-DIAG)CONSULTANT RADIOLOGIST

Reg No. 2022/05/1131



Patient Name: Mr Ranjeet Nirmal

Referred Doctor : Insurance

Age: 35/M

Date: 26/12/2022

**2D ECHOCARDIOGRAPHY / DOPPLER REPORT**

Parameter	Value	Parameter	Value
LA	32mm	LVPWd	10mm
AO	28mm	LVIDs	25mm
IVSd	9mm	LVEF	60%
LVIDd	44mm	IVC	Normal

**LEFT VENTRICLE :**

Normal LV dimension  
Normal LV systolic function. LVEF = 60%  
No RWMA.  
Normal diastolic function.

**RIGHT VENTRICLE:**

Normal in size and function.  
Left atrium and right atrium is normal.

**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.

**IVS & IAS :**

Intact

**IVC:**

No Pericardial effusion, thrombus, Vegetation  
IVC not dilated and shows near total collapse.  
Normal RA Pressure.

**IMPRESSION :**

Normal LV dimension  
Normal LV systolic and diastolic function. LVEF = 60%  
No RWMA.  
Normal PA & RA pressure.

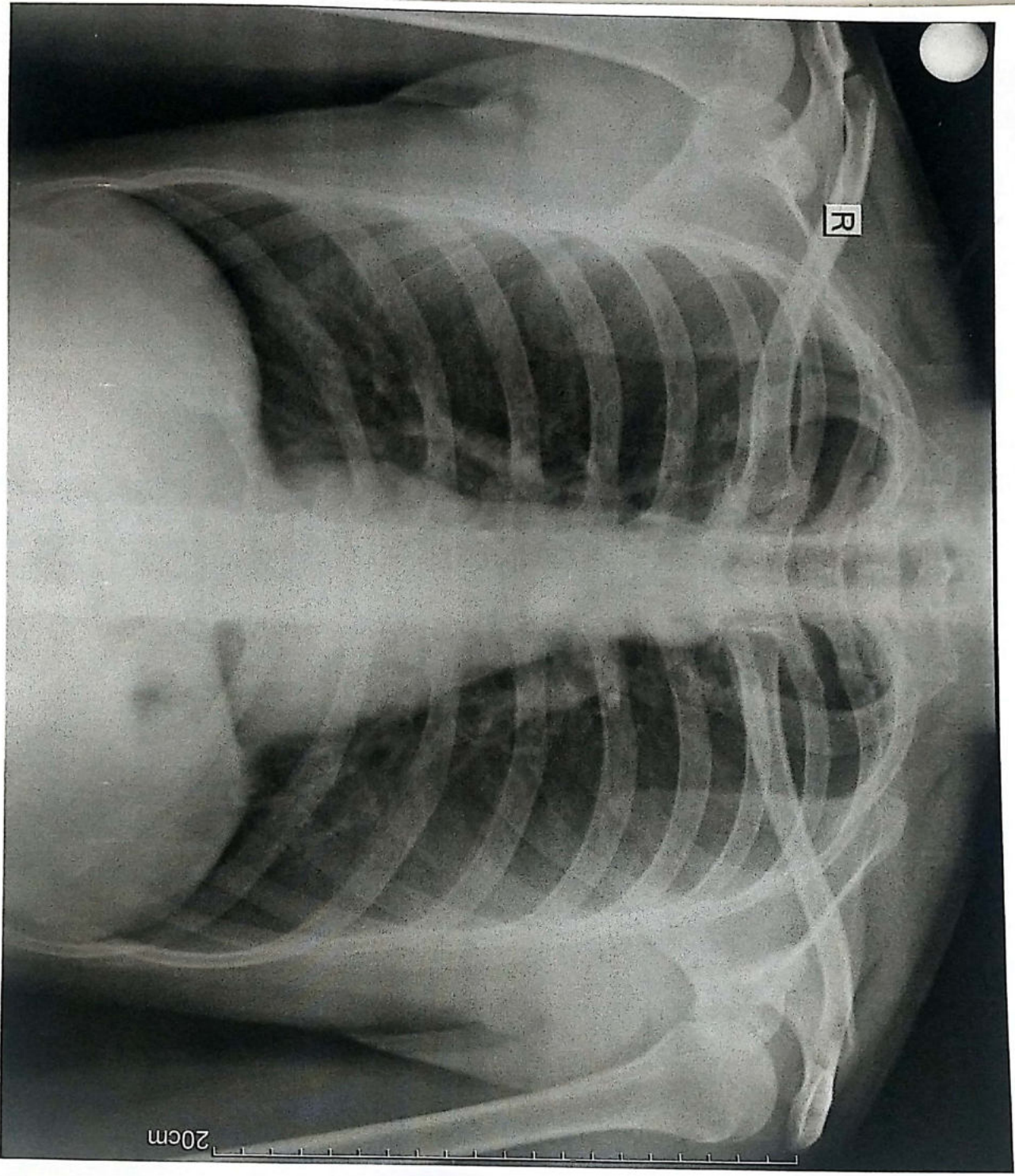
  
**Dr. Rituparna Shinde**  
MD, DNB (Cardiology)

**DR. RITUPARNA S. SHINDE**  
MD, DNB (Cardiology)  
Interventional Cardiology



Farjibet, nirnal,  
Sex:  
DOB: 06/09/1987  
ID: PAT000077

Acq. Date: 12/24/2022  
Acq. Time: 9:13:51 PM  
Exp. Index: 2180



CHEST  
PA  
W: 4096, L: 2048  
Tech ID: adrnln

Scale: 0.0  
Cherestream Health R&D Hospital

Patient Name: Mr.Ranjeet Nirral

Age: 35Yrs/male

Ref By: -

Date: 24/12/2022

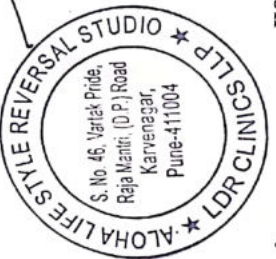
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**RADIOGRAPH OF CHEST – PA VIEW**

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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





**Name** Mr. Ranjeet Nirmal  
**Age/Gender** 33 Years / MALE  
**PRN** ALRS/2412/2022-2023/2641  
**Lab ID** ALRS/D/22-23/2629  
**Ref Doctor**

**Collected Time** 24-12-2022 11:00 AM  
**Received Time** 24-12-2022 11:00 AM  
**Reported Time** 24-12-2022 03:58 PM

Test Name	Result	Unit	Bio. Ref. Range
<b>Hemogram</b>			
Hemoglobin	16.1	gm%	13.0 - 18.0
<b>WBC Count</b>			
Total WBC Count	4900	/cmm	4000 - 11000
<b>Differential count</b>			
Neutrophil	59	%	40 - 75
Lymphocytes	37	%	20 - 45
Eosinophil	01	%	Below 6
Monocytes	03	%	Below 8
<b>RBC Indices</b>			
Haematocrit	45.0	%	40 - 54
R.B.C Count	5.18	mil./cmm	4.5 - 5.5
M.C.V	86.9	fL	76 - 96
M.C.H	31.1	PG	27 - 32
M.C.H.C	35.8	gm/dl	32 - 36
RDW-CV	12.9	%	11.5 - 14.5
Platelet Count	217000	/cmm	150000 - 450000

**Comments on P.B.S**  
 R.B.C Morphology Normocytic Normochromic  
 W.B.C No abnormal cells seen.  
 Platelet Adequate.

End Of Report

  
 S. No. 46, Vartak Pride,  
 Raja Wanki (D.P.) Road  
 Karvenagar,  
 Pune-411004  
**DR. SIMI ATHAVALE**  
 M.B.B.S (D.C.R.) CONSULTANT PATHOLOGIST (Reg. No. 84648)  


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

Report Generated by: Niramay Solutions

1 / 1

24-12-2022





Name Mr. Ranjeet Nirmal  
Age/Gender 33 Years / MALE  
PRN ALRS/2412/2022-2023/2641  
Lab ID ALRS/D/22-23/2629  
Ref Doctor

Collected Time 24-12-2022 11:00 AM  
Received Time 24-12-2022 11:00 AM  
Reported Time 24-12-2022 03:58 PM

Test Name	Result	Unit	Bio. Ref. Range
Blood Group			
ABO Type	0		
Rh (D) Type	Negative		

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

24-12-2022



**Name:** Mr. Suresh Kumar  
**Age / Gender:** 32 Years / Male  
**Specimen:** Urine / Mid Stream Specimen  
**Lab ID:** ALHS/15/15-29/1501  
**Ref Doctor:**

**Reference Range:**  
 Red blood cells: 0-10 /HPF  
 White blood cells: 0-10 /HPF  
 Squamous cells: 0-10 /HPF

Test Name	Result	Unit	Ref. Range
<b>Urine Parameters Total</b>			
U-Temp (Microbial)	+	mg/dl	0.1 - 0.2
U-Protein (Microbial)	+	mg/dl	0.07 - 0.14
U-Haemoglobin (Microbial)	+	mg/dl	0.1 - 0.2
U-Bilirubin (Microbial)		11/x	0.0 - 0.09
U-Bilirubin (Chemical)		11/x	Below 50
U-Bilirubin (Microbial)		11/x	Below 50
U-Bilirubin (Chemical)		mg/dl	0.07 - 0.14
U-Bilirubin (Microbial)		mg/dl	0.1 - 0.2
U-Bilirubin (Chemical)		mg/dl	0.1 - 0.2
U-Bilirubin (Microbial)		%	1.21 - 2.1

**Urine Profile**

S.G. (Microbial)	2.00	mg/dl	Below 200
S.1 (Microbial)	91.8	mg/dl	60 - 100
S.2 (Microbial)	64.5	mg/dl	15.5 - 70.5
S.3 (Microbial)	18.28	mg/dl	Below 61 (Microbial)
S.4 (Microbial) (Temp)	88.9	mg/dl	0.0 - 1.00
S.5 (Microbial) (Keto)	2.95		Below 1.4
S.6 (Microbial) (Microbial) (Keto)	3.90		Below 0.5

**Notes:** 200 Fully automatic random screen Microbial (Temp)



DR. SURESH KUMAR  
 Laboratory In-Charge (Temp. Microbial)

ALHS/15/15-29/1501



Report generated by: Shreeya, Kollam

Page 1

09/10/2015





Name Mr. Ranjeet Nirmal  
Age/Gender 33 Years / MALE  
PRN ALRS/2412/2022-2023/2641  
Lab ID ALRS/D/22-23/2629  
Ref Doctor

Collected Time 24-12-2022 11:00 AM  
Received Time 24-12-2022 11:00 AM  
Reported Time 24-12-2022 03:59 PM

Test Name	Result	Unit	Bio. Ref. Range
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Uric acid			
Serum Uric Acid	7.1	mg/dl	3.5 - 7.2
Sr.Uric Acid			

**Creatinine**  
Serum Creatinine 0.76 mg/dl 0.7 - 1.3  
Method Enzymatic  
Instrument Used ERBA EM-200 Fully automatic random access biochemistry analyzer.

**BUN**  
Blood Urea Nitrogen 11.31 mg/dl 5.0 - 21.0  
Blood Urea Nitrogen  
**GGTP**  
Gamma GT ( GGTP ) 44.3 U/L 10 - 50

*SOH*

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

24-12-2022







Registration.Date : 24/12/2022  
 Patient Name : MR. NIRMAL RANJEET  
 Age / Gender : 33 Yrs / Male  
 Reference (Dr.) : ALOHA LIFESTYLE REVERSAL STUDIO  
 Sample Collected : From Ldr Clinics Llp (Aloha Lifestyle Reversal Studio)

**Thyroid Stimulating Hormone (TSH)**

Investigation	Result	Units	Reference Range
Ultra TSH, Serum <i>(Method: ECLIA/CLIA)</i>	1.39	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) Furthermore, although TSH levels rise and fall in response to changes in the concentration of Free T<sub>4</sub>, individuals appear to have their own setpoints and factors 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 T<sub>4</sub> replacement or T<sub>4</sub> suppressive therapy.
- 3) Quantity 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 Gajrathi      Dr.Ashish N. Dhande  
 M.D.(Path.)                      M.D.(Path.)  
 Dr.Nitin L. Dhande  
 M.D.(Path.)

Print.Date : 24/12/2022    03:11PM    Test processed at "Dhande Pathlab Diagnostics Pvt.Ltd." Pune



  
Aloha  
Health Matters!



Registration Date : 24/12/2022  
Patient Name : MR. NIRMAL RANJEET  
Age / Gender : 33 Yrs / Male  
Reference (Dr.) : ALOHA LIFESTYLE REVERSAL STUDIO  
Sample Collected : From Ldr Clinics Llp (Aloha Lifestyle Reversal Studio)

Patient ID No. : 1062911  
Reg Date/Time : 24-12-2022 02:09pm  
Sample Coll.Date/Time : 24-12-2022 02:09pm  
Report Date/Time : 24-12-2022 03:06pm

**Thyroid Stimulating Hormone (TSH)**

Investigation	Result	Units	Reference Range
Ultra TSH, Serum <i>(Method: ECLIA/CLIA)</i>	1.39	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) Furthermore, although TSH levels rise and fall in response to changes in the concentration of Free T<sub>4</sub>, individuals appear to have their own setpoints and factors 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 T<sub>4</sub> replacement or T<sub>4</sub> suppressive therapy.
- 3) Quantify TSH levels in the subnormal range.
- 4) Increased levels of TSH are found in Primary hypothyroidism, Subclinical hypothyroidism, TSH dependent Hyperthyro. 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)

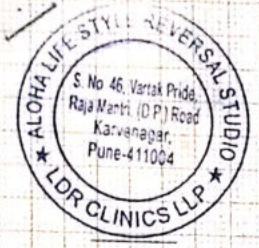
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


Dr.Saurabh Gujrathi M.D.(Path)  
Dr.Ashish N. Dhande M.D.(Path)  
Dr.Nitin L. Dhande M.D.(Path)

Print Date : 24/12/2022 03:11PM  
Test processed at "Dhande Pathlab Diagnostics Pvt.Ltd." Pune





Verified by:   
Unconfirmed report

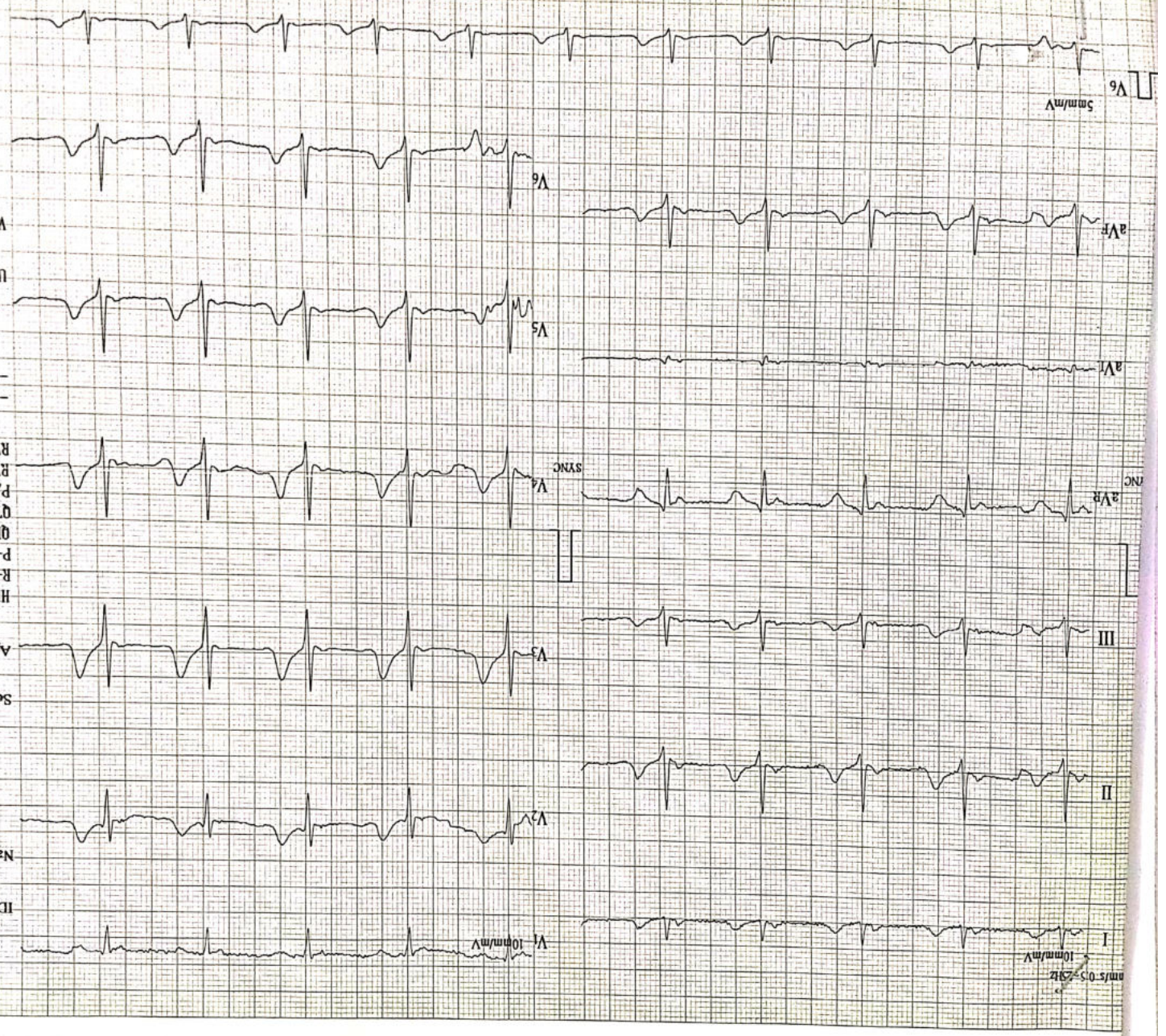
— Sinus Rhythm  
— Short P-R Interval

HR : 78 bpm  
P-R : 765 ms  
P-R : 117 ms  
QRS : 99 ms  
QT/QTc : 343/392 ms  
P/QRS/T : 43/62/56  
RV5/SV1 : 1.07/0.460 mV  
RV6/SV1 : 1.530 mV

Sex : 36/male

Name: Kunte  
Normal

ID : 8969



20 = N = 70%



# 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: 24/12/2022

Name: Ranjeet Nirmal

Age: 35 Sex: m

Reg. No. \_\_\_\_\_

Consultant: am dsg

B.P.: 110/70

P: 79

S: 86

WT: 59

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

NOTE : XEROX ECG FOR LONG TERM RECORD





भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

Address: S/O Ramdasrao Nirmal,  
HANUMAN CHAUK, Walgaon,  
Amravati, Maharashtra, 444801



3200 3643 7660



1947



help@uidai.gov.in



www.uidai.gov.in



भारत सरकार  
Government of India

Ranjeet Ramdas Nirmal

DOB : 09/06/1987

Male

3200 3643 7660



मेरा आधार, मेरी पहचान