



CID : 2222521807
Name : MR.SANTOSH LAXMAN MORE
Age / Gender : 44 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 13-Aug-2022 / 08:48
Reported : 13-Aug-2022 / 13:36

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	14.6	13.0-17.0 g/dL	Spectrophotometric
RBC	4.53	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.5	40-50 %	Measured
MCV	96	80-100 fl	Calculated
MCH	32.3	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	13.5	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5850	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	46.6	20-40 %	
Absolute Lymphocytes	2726.1	1000-3000 /cmm	Calculated
Monocytes	6.6	2-10 %	
Absolute Monocytes	386.1	200-1000 /cmm	Calculated
Neutrophils	42.7	40-80 %	
Absolute Neutrophils	2498.0	2000-7000 /cmm	Calculated
Eosinophils	3.4	1-6 %	
Absolute Eosinophils	198.9	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	41.0	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS



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Platelet Count	330000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	13.3	11-18 %	Calculated

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 15 2-15 mm at 1 hr. Westergren

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



Bmhasakar
Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Reported : 13-Aug-2022 / 19:26

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	105.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	88.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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



Anupa

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



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Reported : 13-Aug-2022 / 15:36

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BLOOD UREA, Serum	15.4	12.8-42.8 mg/dl	Kinetic
BUN, Serum	7.2	6-20 mg/dl	Calculated
CREATININE, Serum	0.81	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	110	>60 ml/min/1.73sqm	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
URIC ACID, Serum	6.6	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	4.0	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	10.1	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	142	135-148 mmol/l	ISE
POTASSIUM, Serum	4.8	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	104	98-107 mmol/l	ISE

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



MC-2111

Bmhaskar

Dr.KETAKI MHASKAR
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>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	mg/dl	Calculated



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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 CPL, Andheri West

*** End Of Report ***



MC-2111

Dr. Leena Salunkhe
Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



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 Name : MR.SANTOSH LAXMAN MORE
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 Consulting Dr. : -
 Reg. Location : Bhayander East (Main Centre)

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 Reported : 13-Aug-2022 / 22:09

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.714	0.03-2.5 ng/ml	ECLIA



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Reported : 13-Aug-2022 / 22:09

Clinical Significance:

- PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.
- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- Prostate cancer screening 4.The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer. 5.Calculation of % free PSA (ie. FPSA/TPSA x 100), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

Interpretation:

Increased In- Prostate diseases,Cancer,Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection,Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta ,Acute renal failure, Acute myocardial infarction,

Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artfactual (e.g., improper specimen collection; very high PSA levels).Finasteride (5- α -reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallelmeasurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays.
- PSA results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

Reference:

- Wallach's Interpretation of diagnostic tests
- Total PSA Pack insert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***



Anupa

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



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Collected : 13-Aug-2022 / 08:48
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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	5.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	20	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	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	1-2	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	2-3	Less than 20/hpf	
Others	-		

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



MC-2111

Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Collected : 13-Aug-2022 / 08:48
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
BLOOD GROUPING & Rh TYPING

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

NOTE: Test performed by automated column agglutination technology (CAT) which is more sensitive than conventional methods.

Note: This sample is not tested for Bombay blood group.

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
2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West

*** End Of Report ***



M Jain

Dr.MILLU JAIN
M.D.(PATH)
Pathologist



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
CHOLESTEROL, Serum	195.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	496.7	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	32.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	162.4	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	81.6	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	80.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.0	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.5	0-3.5 Ratio	Calculated



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Note : LDL test is performed by direct measurement.

Result rechecked.

Kindly correlate clinically.

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*** End Of Report ***



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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.7	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.93	0.35-5.5 microIU/ml	ECLIA



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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 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:

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 Borivali Lab, Borivali West
*** End Of Report ***



Anupa

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

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.57	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.19	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.38	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.4	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	5.0	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.4	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.1	1 - 2	Calculated
SGOT (AST), Serum	21.8	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	31.5	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	28.8	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	76.9	40-130 U/L	Colorimetric

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*** End Of Report ***



MC-2111

Bmhaskar
Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist

Age **44** **0** **26**
years months days

Gender **Male**

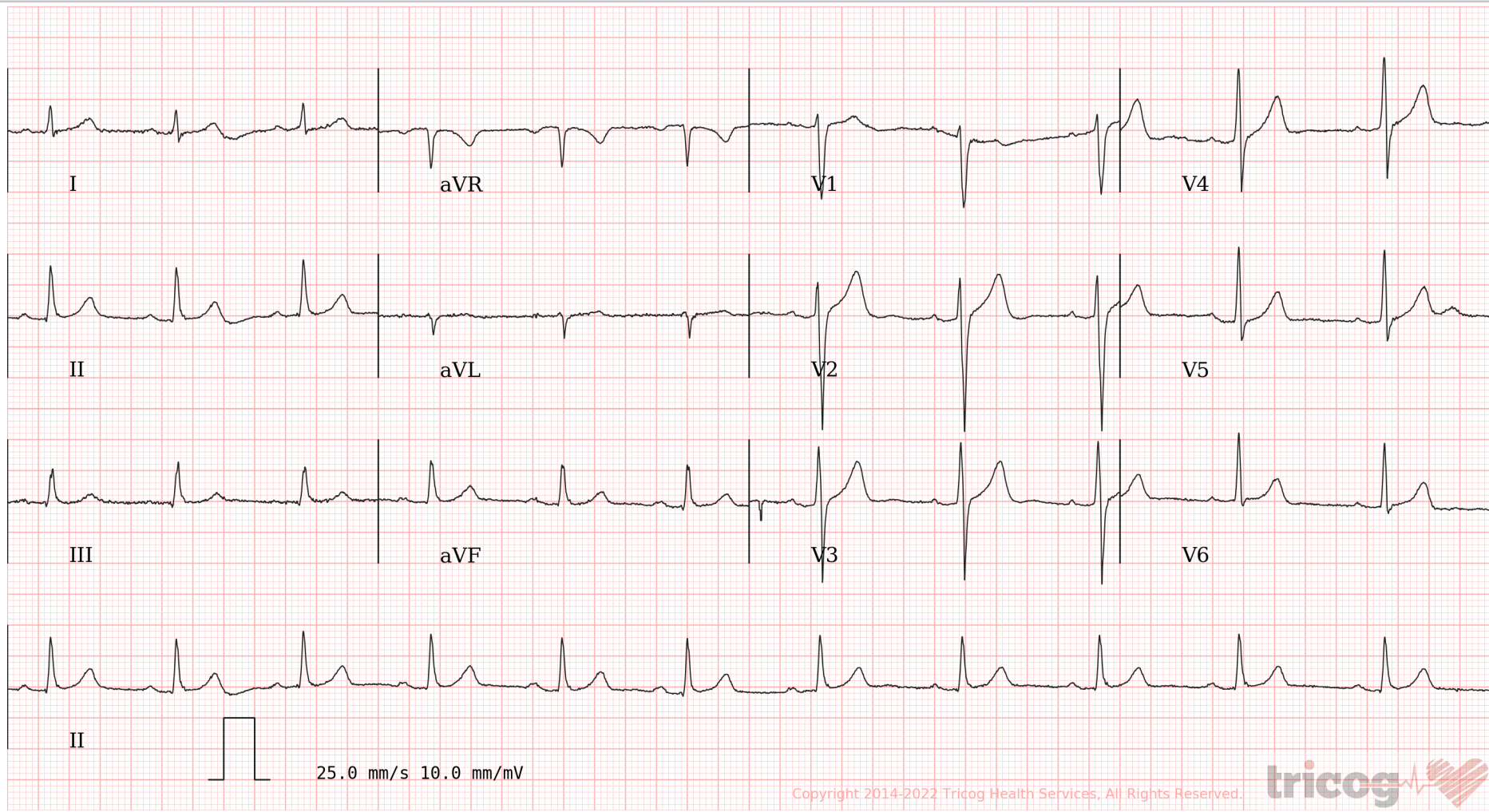
Heart Rate **69bpm**

Patient Vitals

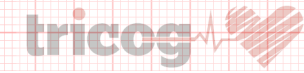
BP: 120/80 mmHg
Weight: 70 kg
Height: 169 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 100ms
QT: 378ms
QTc: 405ms
PR: 174ms
P-R-T: 40° 68° 52°



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ECG Within Normal Limits: Sinus Rhythm, Normal Axis. No significant ST-T changes. Please correlate clinically.

REPORTED BY

Smita Valani

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587

CID# : 2222521807
 Name : MR.SANTOSH LAXMAN MORE
 Age / Gender : 44 Years/Male
 Consulting Dr. : -
 Reg.Location : Bhayander East (Main Centre)

Collected : 13-Aug-2022 / 08:38
 Reported : 13-Aug-2022 / 16:06

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms)	169 cms	Weight (kg):	70 kg
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	120/80 mmHg	Nails:	NAD
Pulse:	72/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1S2-Normal
 Respiratory: Chest-Clear
 Genitourinary: NAD
 GI System: NAD
 CNS: NAD

(+ve)

IMPRESSION: ECG, CXR, CBC, Biochemistry are normal.
 Very high serum Triglycerides → 496.7 mg/dl,
 and abnormal Lipid Profile.

ADVICE: Expert consultation.

CHIEF COMPLAINTS:

- 1) Hypertension: No
- 2) IHD: No
- 3) Arrhythmia: No

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CID# : 2222521807
Name : MR.SANTOSH LAXMAN MORE
Age / Gender : 44 Years/Male
Consulting Dr. : -
Reg.Location : Bhayander East (Main Centre)

Collected : 13-Aug-2022 / 08:38
Reported : 13-Aug-2022 / 16:06

- | | |
|--|----|
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 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 | Yes,Occasionally |
| 2) Smoking | No |
| 3) Diet | Mixed |
| 4) Medication | No |

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Above Raymond, Near Thunga Hospital,
Mira - Bhayander Road, Bhaynader (E)
Dist. Thane-401105.
Phone No : 022 - 61700000

*** End Of Report ***

Anita
DR. ANITA SINDHARY

CONSULTANT PHYSICIAN
Reg. No. 2017/12/5553



बँक ऑफ बड़ोदा
Bank of Baroda



नाम संतोष लक्ष्मण मोरे
Name Santosh Laxman More
कार्यकारी कूट क्र.
E.C. No. 165112

जारीकर्ता प्राधिकारी
Issuing Author

धारक के हस्ताक्षर
Signature of Holder

Anita
13/08/2022

DR. ANITA CHOUDHARY
M.B.B.S.
CONSULTANT PHYSICIAN
Reg. No. 2017/12/5553

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भारत सरकार



आधार

भारतीय विजिष्ट ओकस प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India

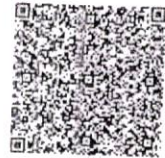
नोंदविण्याचा क्रमांक / Enrollment No 1207/00096/00926

To,
संतोष लक्ष्मण मोरे
Santosh Laxman More
S/O Laxman Ramchandra More
102, Gaurav Darshan,
Tirupati Complex
Near Abhinav College Goddev Gaon
Bhayandar East
Thane
Maharashtra 401105
9004827875

Ref: 315 / 01C / 571483 / 573266 / P



UE118851981IN



आपला आधार क्रमांक / Your Aadhaar No. :

6875 5224 5526

आधार — सामान्य माणसाचा अधिकार



भारत सरकार
GOVERNMENT OF INDIA



संतोष लक्ष्मण मोरे
Santosh Laxman More
जन्म वर्ष / Year of Birth : 1978
पुरुष / Male



6875 5224 5526

Date:- 13/8/22
 Name:- Santosh more

CID: 2222521807
 Sex / Age: 44/m

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

RE LE
 6/6 6/6
 N/6 M/6

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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 Road, Bhaynander (E)

ADDRESS: 2nd Floor, Aston, Sundervan Complex, Above Mercedes Showroom, Andheri West - 400013

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

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

CID: 2222521807	Age/Gender : 44 Years/Male
Name : Mr. Santosh Laxman More	Registered : 13/08/2022
Ref. By : -----	Reported : 13/08/2022
Reg.Location : Bhayander	Printed : 13/08/2022

2D-Echocardiogram & Doppler Report

Cardiac Evaluation:

DIMENSIONS:

IVSd	9.0	mm
IVSs	12.7	mm
LVIDd	46.5	mm
LVIDs	30.6	mm
LVPWd	8.6	mm
LVPWS	13.1	mm
LVEF	60	%
AO	29.4	mm
LA	33.9	mm
AVC	15.1	mm

MORPHOLOGICAL DATA

Mitral Valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
IAS / IVS	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
Pericardium	Normal
LV Studies	Normal

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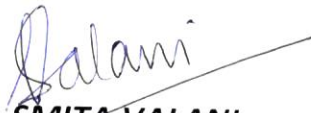
DOPPLER DATA:

Mitral E velocity	0.93	cm/s	
Mitral A velocity	0.57	cm/s	
Mitral E/A	1.63		
AV max	0.99	cm/s	PG 3.9 mmhg
PV max	1.07	cm/s	PG 4.6 mmhg
TR max	1.68	cm/s	PG 25 mmhg

IMPRESSION:

- Normal dimensions of all cardiac chambers.
- No RWMA. Trivial MR.
- Good LV systolic Function. LVEF = 60 %.
- No clot/vegetation/effusion.
- No PH. (PASP by TR jet 25 mm Hg).

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


DR. SMITA VALANI
M.B.B.S., D. Cardiology
Reg. No. 2011/03/0587
CONSULTANT CARDIOLOGIST

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

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

For Feedback - customerservice@suburbandiagnosics.com | www.suburbandiagnosics.com

DENTAL CHECK - UP

Name:- Santosh More

CID :

Sex / Age : M / 44

Occupation:-

Date: 13/08/22

Chief complaints:-

Medical / dental history:- No medical history reported by patient

GENERAL EXAMINATION:

1) Extra Oral Examination:

- a) TMJ: No clicking sound present, TMS sounds normal
- b) Facial Symmetry: Bilateral facial symmetrical

2) Intra Oral Examination:

- a) Soft Tissue Examination:
- b) Hard Tissue Examination:
- c) Calculus: ++
- Stains: ++

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
car	car		Root piece	car										car	
	car														
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

<input type="radio"/>	Missing	#	Fractured
<input type="radio"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="radio"/>	Cavity/Caries	RP	Root Piece

Advised: Advised Scaling, Filling 7/7
RCT 874

Provisional Diagnosis:-

[Signature]
Dr. Vikas V. Sinha
Dental Surgeon (B.)
Reg No. 14557

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CID : 2222521807
Name : Mr SANTOSH LAXMAN MORE
Age / Sex : 44 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 13-Aug-2022
Reported : 13-Aug-2022/11:06

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.2 cm), shape and shows smooth margins. It shows increased parenchymal echotexture. No evidence of any intra hepatic cystic or solid lesion seen. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion seen.

KIDNEYS:

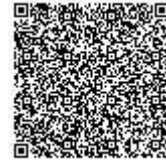
Right kidney measures 10.4 x 4.5 cm. Left kidney measures 10.1 x 4.8 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (8.9 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.



Use a QR Code Scanner
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PROSTATE:

The prostate is normal in size, measures 3.3 x 2.7 x 3.0 cms and weighs 14.7 gms. Parenchymal echotexture is normal. No obvious mass or calcification made out.

There is no evidence of any lymphadenopathy or ascites.

IMPRESSION:

- **Grade I fatty infiltration of liver.**
- **No other significant abnormality made out.**

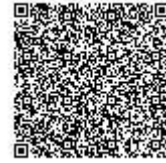
Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

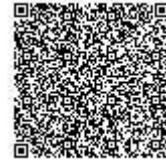
DR.VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



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Age / Sex : 44 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 13-Aug-2022
Reported : 13-Aug-2022/11:33

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 and hila are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

IMPRESSION:

- **No significant abnormality detected.**

Kindly correlate clinically.

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

This report is prepared and physically checked by DR VIBHA S KAMBLE before dispatch.

DR. VIBHA S KAMBLE
MBBS ,DMRD
Reg No -65470
Consultant Radiologist



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