

Name : MR. JAI PRATAP PANDYA

Age / Gender : 44 Years / Male

Consulting Dr. : -

Reg. Location : Kandivali East (Main Centre)

Authenticity Check

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Collected : 18-Sep-2021 / 09:28

Reported :18-Sep-2021 / 13:30

MEDI ASSIST - BOB HC PACKAGE MALE

CBC (Complete Blood Count), Blood				
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
RBC PARAMETERS				
Haemoglobin	16.8	13.0-17.0 g/dL	Spectrophotometric	
RBC	5.56	4.5-5.5 mil/cmm	Elect. Impedance	
PCV	50.2	40-50 %	Measured	
MCV	90	80-100 fl	Calculated	
MCH	30.2	27-32 pg	Calculated	
MCHC	33.5	31.5-34.5 g/dL	Calculated	
RDW	15.2	11.6-14.0 %	Calculated	
WBC PARAMETERS				
WBC Total Count	6660	4000-10000 /cmm	Elect. Impedance	
WBC DIFFERENTIAL AND AB	SOLUTE COUNTS			
Lymphocytes	33.9	20-40 %		
Absolute Lymphocytes	2257.7	1000-3000 /cmm	Calculated	
Monocytes	6.7	2-10 %		
Absolute Monocytes	446.2	200-1000 /cmm	Calculated	
Neutrophils	57.5	40-80 %		
Absolute Neutrophils	3829.5	2000-7000 /cmm	Calculated	
Eosinophils	1.4	1-6 %		
Absolute Eosinophils	93.2	20-500 /cmm	Calculated	
Basophils	0.5	0.1-2 %		
Absolute Basophils	33.3	20-100 /cmm	Calculated	

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PLATELET PARAMETERS

Platelet Count	252000	150000-400000 /cmm	Elect. Impedance
MPV	7.6	6-11 fl	Calculated
PDW	12.5	11-18 %	Calculated

RBC MORPHOLOGY

Immature Leukocytes

Hypochromia	-
Microcytosis	-
Macrocytosis	-

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

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



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Anisocytosis

Poikilocytosis

Polychromasia

Target Cells

Basophilic Stippling

Normoblasts

Others Normocytic, Normochromic

WBC MORPHOLOGY

PLATELET MORPHOLOGY

COMMENT

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-15 mm at 1 hr. Westergren

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







N.D. Shak Dr.NAMI SHAH M.B.B.S, DCP (PATHOLOGY) Manager - Medical Services(Pathology)

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:18-Sep-2021 / 09:28

Reported :18-Sep-2021 / 14:15

Collected

MEDI ASSIST - BOB HC PACKAGE MALE

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	106.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma - PP/R	123.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BLOOD UREA, Serum	17.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.3	6-20 mg/dl	Calculated
CREATININE, Serum	0.83	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	107	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	6.4	3.5-7.2 mg/dl	Enzymatic

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







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

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

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Age / Gender : 44 Years / Male

Consulting Dr. : - Collected : 18-Sep-2021 / 09:28

Reg. Location : Kandivali East (Main Centre) Reported :18-Sep-2021 / 15:37

MEDI ASSIST - BOB HC PACKAGE MALE GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER RESULTS BIOLOGICAL REF RANGE METHOD

Glycosylated Hemoglobin 5.8 Non-Diabetic Level: < 5.7 % HPLC (HbA1c), EDTA WB - CC Prediabetic Level: 5.7-6.4 %

Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %

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Estimated Average Glucose 119.8 mg/dl Calculated

(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.

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*** End Of Report ***







Dr.SHASHIKANT DIGHADE M.D. (PATH) Pathologist

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

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Collected

Reported

0.03-2.5 ng/ml

:18-Sep-2021 / 09:28 :18-Sep-2021 / 14:15

ECLIA

MEDI ASSIST - BOB HC PACKAGE MALE PROSTATE SPECIFIC ANTIGEN (PSA)

RESULTS BIOLOGICAL REF RANGE PARAMETER METHOD TOTAL PSA, Serum

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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0.264







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

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MEDI ASSIST - BOB HC PACKAGE MALE LIDINE EYAMINATION DEDODT

URINE EXAMINATION REPORT						
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>			
PHYSICAL EXAMINATION	PHYSICAL EXAMINATION					
Color	Pale yellow	Pale Yellow	-			
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator			
Specific Gravity	1.005	1.001-1.030	Chemical Indicator			
Transparency	Clear	Clear	-			
Volume (ml)	40	-	-			
CHEMICAL EXAMINATION						
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			
MICROSCOPIC EXAMINATION						
Leukocytes(Pus cells)/hpf	3-4	0-5/hpf				

Red Blood Cells / hpf 0-2/hpf Absent

Epithelial Cells / hpf 2-3

Casts Absent Absent Crystals **Absent Absent** Amorphous debris Absent Absent

Bacteria / hpf 4-5 Less than 20/hpf

Others







N.D. Shak Dr.NAMI SHAH M.B.B.S, DCP (PATHOLOGY) Manager - Medical Services(Pathology)

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:18-Sep-2021 / 15:46

MEDI ASSIST - BOB HC PACKAGE MALE BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u> <u>RESULTS</u>

ABO GROUP 0

Rh TYPING POSITIVE

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

Advice: Repeat test after six months for confirmation.

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 ***







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MEDI ASSIST - BOD HE PACKAGE MALE LIPID PROFILE				
<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>	
CHOLESTEROL, Serum	201.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	Enzymatic	
TRIGLYCERIDES, Serum	170.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic	
HDL CHOLESTEROL, Serum	41.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Enzymatic	
NON HDL CHOLESTEROL, Serum	160.2	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	126.0	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	Calculated	
VLDL CHOLESTEROL, Serum	34.2	< /= 30 mg/dl	Calculated	
CHOL / HDL CHOL RATIO, Serum	4.9	0-4.5 Ratio	Calculated	
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated	

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West *** End Of Report ***







1 C. Salmin **Dr.LEENA SALUNKHE** M.B.B.S, DPB (PATH) **Pathologist**

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MEDI ASSIST - BOB HC PACKAGE MALE THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	BIOLOGICAL REF RANGE	<u>METHOD</u>
Free T3, Serum	5.3	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.6	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.98	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 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	dubclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal liness.	
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)

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MEDI ASSIST - BOB HC PACKAGE MALE LIVER FUNCTION TESTS

<u>PARAMETER</u>	RESULTS	BIOLOGICAL REF RANGE	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.93	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.29	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.64	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.8	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.7	1 - 2	Calculated
SGOT (AST), Serum	17.4	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	34.2	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	67.8	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	83.8	40-130 U/L	Colorimetric

^{*}Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD CPL, Andheri West *** End Of Report ***







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CID#

: 2225321699

Name

: MR.JAI PRATAP PANDYA

Age / Gender : 45 Years/Male

Consulting Dr. : -

Collected

: 10-Sep-2022 / 08:38

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E

Reg.Location : Kandivali East (Main Centre)

Reported

: 10-Sep-2022 / 17:29

PHYSICAL EXAMINATION REPORT

History and Complaints:

No

EXAMINATION FINDINGS:

Height (cms):

173 cms

Weight (kg):

65 kgs

Temp (0c):

Afebrile

Skin:

Normal

Blood Pressure (mm/hg): 120/80

Nails:

Normal

Pulse:

72/min

Lymph Node:

Not palpable

Systems

Cardiovascular: Normal

Respiratory:

Normal

Genitourinary:

Normal

GI System:

Normal

CNS:

Normal

IMPRESSION:

Model S. 9 y.

Pushipidemia

Use fathy levers

(Ando) - chorelithiasis

(Ando) - chorelithiasis

- Use - Scrotum - RW epididymal Lydwoode

- Use - Scrotum - Rt nummal Lydwoode

ADVICE:

· law fatty dict · Courso dict · Sugral opinion

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Age / Gender

: 45 Years/Male

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Collected

: 10-Sep-2022 / 08:38

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P

Reported

: 10-Sep-2022 / 17:29

CHIEF COMPLAINTS:

1)	Hypertension:	No
2)	IHD	No
3)	Arrhythmia	No
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	No
2)	Smoking	No
3)	Diet	Veg
4)	Medication	No

*** End Of Report ***

Dr. Jagruti Dhale MBD6 Consultant Physician Reg. No. 69548

SUBURBAN D'AGNOSTICS (INDIA) PVT. LTD.

Row House No. 3, Aangan,

Thakur Arrage, Kandivali (east),

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Page:2 of 2



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DENTAL CHECK - UP

	Tai	Pratap	Pandya
Name:-	Jul	nwag	, waya

CID: 2225321699 Sex/Age: M/45

Occupation:-

Date: 10 /09 / 2022

Chief complaints: No Complaints

Medical / dental history: No relevant history.

GENERAL EXAMINATION:

1) Extra Oral Examination:

a) TMJ: Normal movements

b) Facial Symmetry: Bilateral Symmetrical

2) Intra Oral Examination:

a) Soft Tissue Examination: Numa I

b) Hard Tissue Examination: Numa

c) Calculus: +

Stains. 4

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
						0		ng /Restore //Caries	d		# CT P	Fracture Root Ca Root Pie	nalTreati	ment	

Advised: a) Scaling & Polishing Teleaning]

Provisional Diagnosis:-

- NIL-

SUBBREAM DIACHOSTICS (PADIA) PVT. LTD. Row House No. 3, Ashgan, Thakur Village, Kandivali (east), Numbai - 400101. Tel: 61700000

DR. BHUMIK PATEL (B.D.S) A - 23378

MR. Bhunik Patel

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

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



Date:-10/9/22

Name: 1 7 Jai Pratap Pandy9

CID:

222532 1699

Hoge not brought

Sex/Age: Mluf

EYE CHECK UP

Chief complaints: & Ch.up blu v~

Systemic Diseases: 100 No 3/7

Past history: por telo Order sx linjury

Unaided Vision:

6/9,1109

6/9/10

Aided Vision:

Refraction:

Eoms! Dos ma

(Right Eye) (Left Eve) Axis Axis Distance 616 616 pla Near

Colour Vision: Normal / Abnormal

Remark: un within normal limit

Dr. Akhil P. Paruprometrist

MBBS. MD. Medicine DNB Cardiology Reg. No. 2012082483

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SUBURBAN DIAGNOSTICS - KANDIVALI EAST

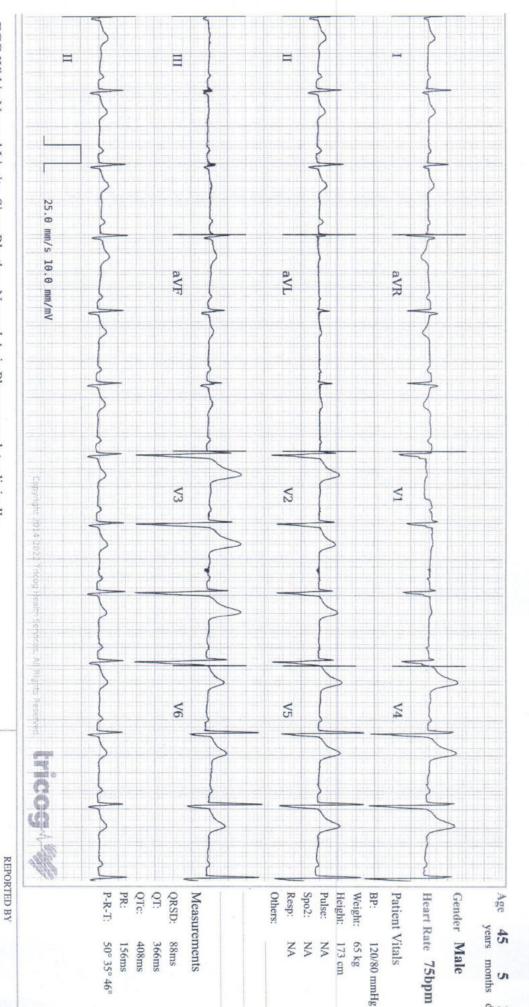
PRECISE TESTING . HEALTHIER LIVING

Patient Name: Patient ID: JAI PRATAP PANDYA 2225321699

Date and Time: 10th Sep 22 12:55 PM

months S

25 days



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

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD. Thakur Village, Kandivali (east), Row House No. 3, Aangan, Mumbai - 400101.

50° 35° 46°

366ms





CID

: 2225321699

Name

: Mr JAI PRATAP PANDYA

Age / Sex

: 45 Years/Male

Ref. Dr

Reg. Location

: Kandivali East Main Centre

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: 10-Sep-2022

: 10-Sept-2022 / 14:51

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. FAIZUR KHILJI before dispatch.

Dr.FAIZUR KHILJI MBBS, RADIO DIAGNOSIS Reg No-74850 Consultant Radiologist

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HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343 Page no 1 of 1 For Feedback - customerservice@suburbandiagnostics.com | www.suburbandiagnostics.com



PATIENT NAME	:	MR. JAI PRATAP PANDYA	SEX : MALE
REFERRED BY	:	Arcofemi Healthcare Limited	AGE: 45 YEARS
CID NO	:	2225321699	DATE: 10/09/2022

2D & M-MODE ECHOCARDIOGRAM REPORT

MITRAL VALVE: has thin leaflets with normal subvalvar motion. No mitral regurgitation .

AORTIC VALVE: has three thin leaflets with normal opening No aortic regurgitation.

LEFT VENTRICLE : is normal , has normal wall thickness , No regional wall motion abnormality . Normal LV systolic contractions. EF - 60%.

LEFT ATRIUM: is normal.

RIGHT ATRIUM & RIGHT VENTRICLE: normal in size.

TRICUSPID VALVE & PULMONARY VALVES : normal. NO TR / PH.

No pericardial effusion.

IMP: Normal LV systolic function. EF-60%.

Normal other chambers and valves.

No regional wall motion abnormality/ scar.

No clot / vegetation / thrombus / pericardial effusion.

M- MODE:

24			
20			
46			
28			
10			
08			
60%			
1.2			

DR AKHIL PARULEKAR DNB CARDIOLOGIST REG. NO 2012082483

----End of Report----

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CID

: 2225321699

Name

: Mr JAI PRATAP PANDYA

Age / Sex

Reg. Location

: 45 Years/Male

Ref. Dr

: Kandivali East Main Centre

Authenticity Check

E

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (14.2 cm) shape and smooth margins. It shows bright parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein measures 10 mm and CBD measures 3.3 mm. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and shows a solitary calculus within gallbladder neck with size 5 mm. no signs of cholecystitis noted.

PANCREAS:

The pancreas is well visualized and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Right kidney measures 9.6 x 5.7 cm. Left kidney measures 9.7 x 4.8 cm.

Both the kidneys are normal in size shape and echotexture.

No evidence of any calculus, hydronephrosis or mass lesion seen.

SPLEEN:

The spleen is normal in size (9.4 cm) and echotexture. No evidence of focal lesion is noted. There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

PROSTATE:

The prostate is normal in size and measures 3.1 x 2.8 x 2.7 cm and volume is 12.7 cc.

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CID

: 2225321699

Name : Mr JAI PRATAP PANDYA

Age / Sex

Ref. Dr

Reg. Location : Kandivali East Main Centre

: 45 Years/Male

Reg. Date

: 10-Sep-2022

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IMPRESSION:

GRADE I FATTY LIVER.

CHOLELITHIASIS.

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

This report is prepared and physically checked by Dr Akash Chhari before dispatch.

DR. Akash Chhari

MBBS. MD. Radio-Diagnosis Mumbai MMC REG NO - 2011/08/2862

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