



MC-4661

Name : Mr. SATISH GAIDHANE Collected On : 21-Jul-2023 10:18 AM
 Lab ID. : 160466 Received On : 21-Jul-2023 10:28 AM
 Age/Sex : 34 Years /Male Reported On : 21-Jul-2023 8:18 PM
 Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS Report Status : FINAL



* 1 6 0 4 6 6 *

***LIPID PROFILE**

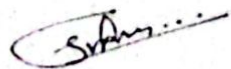
| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
|--|---------|-------|---|
| TOTAL CHOLESTEROL (CHOLESTEROL OXIDASE, ESTERASE, PEROXIDASE) | 166.0 | mg/dL | Desirable blood cholesterol: - <200 mg/dl. Borderline high blood cholesterol: - 200 - 239 mg/dl. High blood cholesterol: - >239 mg/dl. |
| S.HDL CHOLESTEROL (DIRECT MEASURE - PEG) | 37.0 | mg/dL | Major risk factor for heart : <30 mg/dl. Negative risk factor for heart disease: >=80 mg/dl. |
| S. TRIGLYCERIDE (ENZYMATIC, END POINT) | 232.1 | mg/dL | Desirable level : <161 mg/dl. High : >= 161 - 199 mg/dl. Borderline High : 200 - 499 mg/dl. Very high : >499mg/dl. |
| VLDL CHOLESTEROL (CALCULATED VALUE) | 46 | mg/dL | UPTO 40 |
| S.LDL CHOLESTEROL (CALCULATED VALUE) | 83 | mg/dL | Optimal: <100 mg/dl. Near Optimal: 100 - 129 mg/dl. Borderline High: 130 - 159 mg/dl. High : 160 - 189mg/dl. Very high : >= 190 mg/dl. |
| LDL CHOL/HDL RATIO (CALCULATED VALUE) | 2.24 | | UPTO 3.5 |
| CHOL/HDL CHOL RATIO (CALCULATED VALUE) | 4.49 | | <5.0 |

Above reference ranges are as per ADULT TREATMENT PANEL III recommendation by NCEP (May 2015).

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By
SHAISTA Q


DR. SMITA RANVEER,
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytopathologist



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COMPLETE BLOOD COUNT


| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
|----------------------------------|-------------------------|----------------------|-----------------|
| HEMOGLOBIN | 16.2 | gm/dl | 13 - 18 |
| HEMATOCRIT (PCV) | 48.6 | % | 42 - 52 |
| RBC COUNT | 5.00 | x10 ⁶ /uL | 4.70 - 6.50 |
| MCV | 97 | fl | 80 - 96 |
| MCH | 32.4 | pg | 27 - 33 |
| MCHC | 33 | g/dl | 33 - 36 |
| RDW-CV | 11.8 | % | 11.5 - 14.5 |
| TOTAL LEUCOCYTE COUNT | 6890 | /cumm | 4000 - 11000 |
| <u>DIFFERENTIAL COUNT</u> | | | |
| NEUTROPHILS | 67 | % | 40 - 80 |
| LYMPHOCYTES | 27 | % | 20 - 40 |
| EOSINOPHILS | 03 | % | 0 - 6 |
| MONOCYTES | 03 | % | 2 - 10 |
| BASOPHILS | 00 | % | 0 - 1 |
| PLATELET COUNT | 241000 | / cumm | 150000 - 450000 |
| MPV | 11.2 | fl | 6.5 - 11.5 |
| PDW | 16.3 | % | 9.0 - 17.0 |
| PCT | 0.270 | % | 0.200 - 0.500 |
| RBC MORPHOLOGY | Normocytic Normochromic | | |
| WBC MORPHOLOGY | Normal | | |
| PLATELETS ON SMEAR | Adequate | | |

Method : EDTA Whole Blood- Tests done on Automated Six Part Cell Counter.RBC and Platelet count by Electric Impedance ,WBC by SF Cube method and Differential by flow cytometry . Hemoglobin by Cyanide free reagent for hemoglobin test (Colorimetric Method).Rest are calculated parameters.

Result relates to sample tested, Kindly correlate with clinical findings.

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HEMATOLOGY

| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
|------------|---------|---------|-----------------|
| ESR | | | |
| ESR | 25 | mm/1hr. | 0 - 20 |

METHOD - WESTERGREN

Result relates to sample tested, Kindly correlate with clinical findings.

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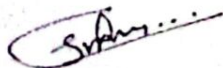
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URINE ROUTINE EXAMINATION

| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
|---|-------------|------|-----------------|
| URINE ROUTINE EXAMINATION | | | |
| PHYSICAL EXAMINATION | | | |
| VOLUME | 30 ml | | |
| COLOUR | Pale Yellow | | |
| APPEARANCE | Clear | | |
| CHEMICAL EXAMINATION | | | |
| REACTION | Acidic | | Acidic |
| (methyl red and Bromothymol blue indicator) | | | |
| SP. GRAVITY | 1.010 | | 1.005 - 1.022 |
| (Bromothymol blue indicator) | | | |
| PROTEIN | Absent | | Absent |
| (Protein error of PH indicator) | | | |
| BLOOD | Absent | | Absent |
| (Peroxidase Method) | | | |
| SUGAR | Absent | | Absent |
| (GOD/POD) | | | |
| KETONES | Absent | | Absent |
| (Acetoacetic acid) | | | |
| BILE SALT & PIGMENT | Absent | | Absent |
| (Diazonium Salt) | | | |
| UROBILINOGEN | Normal | | Normal |
| (Red azodye) | | | |
| LEUKOCYTES | Absent | | |
| (pyrrole amino acid ester diazonium salt) | | | |
| NITRITE | Absent | | |
| (Diazonium compound With tetrahydrobenzo quinolin 3-phenol) | | | |
| MICROSCOPIC EXAMINATION | | | |
| RED BLOOD CELLS | Absent | | |

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URINE ROUTINE EXAMINATION

| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
|--------------------|---|-------|-----------------|
| PUS CELLS | 0-2 | / HPF | 0 - 5 |
| EPITHELIAL | 0-2 | / HPF | 0 - 5 |
| CASTS | Absent | | |
| CRYSTALS | Absent | | |
| BACTERIA | Absent | | Absent |
| YEAST CELLS | Absent | | Absent |
| ANY OTHER FINDINGS | Absent | | |
| REMARK | Result relates to sample tested. Kindly correlate with clinical findings. | | |

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IMMUNO ASSAY

| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
|-------------------------------------|---------|--------|-----------------|
| TFT (THYROID FUNCTION TEST) | | | |
| SPACE | | Space | - |
| SPECIMEN | Serum | | |
| T3 | 127.8 | ng/dl | 84.63 - 201.8 |
| T4 | 8.54 | µg/dl | 5.13 - 14.06 |
| TSH | 2.64 | µIU/ml | 0.270 - 4.20 |

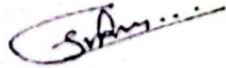
T3 (Triiodo Thyronine)
hormone)

T4 (Thyroxine)

TSH(Thyroid stimulating

| AGE RANGES | RANGES | AGE | RANGES | AGE |
|-------------|---------|--------------|-----------|-------------------|
| 1-30 days | 100-740 | 1-14 Days | 11.8-22.6 | 0-14 Days |
| 1.0-39 | | | | |
| 1-11 months | 105-245 | 1-2 weeks | 9.9-16.6 | 2 wks -5 months |
| 1.7-9.1 | | | | |
| 1-5 yrs | 105-269 | 1-4 months | 7.2-14.4 | 6 months - 20 yrs |
| 0.7-6.4 | | | | |
| 6-10 yrs | 94-241 | 4 -12 months | 7.8-16.5 | Pregnancy |
| 11-15 yrs | 82-213 | 1-5 yrs | 7.3-15.0 | 1st Trimester |
| 0.1-2.5 | | | | |
| 15-20 yrs | 80-210 | 5-10 yrs | 6.4-13.3 | 2nd Trimester |
| 0.20-3.0 | | | | |
| 0.30-3.0 | | 11-15 yrs | 5.6-11.7 | 3rd Trimester |

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IMMUNO ASSAY

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INTERPRETATION :

TSH stimulates the production and secretion of the metabolically active thyroid hormones, thyroxine (T4) and triiodothyronine (T3), by interacting with a specific receptor on the thyroid cell surface. The synthesis and secretion of TSH is stimulated by Thyrotropin releasing hormone (TRH), in response to low levels of circulating thyroid hormones. Elevated levels of T3 and T4 suppress the production of TSH via a classic negative feedback mechanism. Failure at any level of regulation of the hypothalamic-pituitary-thyroid axis will result in either underproduction (hypothyroidism) or overproduction (hyperthyroidism) of T4 and/or T3.

Result relates to sample tested, Kindly correlate with clinical findings.

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HAEMATOLOGY

| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
|-----------|---------|------|-----------------|
|-----------|---------|------|-----------------|

BLOOD GROUP

| | | | |
|-------------|-------------|--|--|
| SPECIMEN | WHOLE BLOOD | | |
| * ABO GROUP | 'O' | | |
| RH FACTOR | POSITIVE | | |

Method: Slide Agglutination and Tube Method (forward grouping)

Result relates to sample tested, Kindly correlate with clinical findings.

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***BIOCHEMISTRY**

| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
|---|---------|-------|-----------------|
| BLOOD UREA (Urease UV GLDH Kinetic) | 23.8 | mg/dL | 19 - 45 |
| BLOOD UREA NITROGEN (Calculated) | 11.12 | mg/dL | 5 - 20 |
| S. CREATININE (Enzymatic) | 0.83 | mg/dL | 0.6 - 1.4 |
| S. URIC ACID (Uricase) | 6.40 | mg/dL | 3.5 - 7.2 |
| S. SODIUM (ISE Direct Method) | 138.3 | mEq/L | 137 - 145 |
| S. POTASSIUM (ISE Direct Method) | 4.15 | mEq/L | 3.5 - 5.1 |
| S. CHLORIDE (ISE Direct Method) | 107.0 | mEq/L | 98 - 110 |
| S. PHOSPHORUS (Ammonium Molybdate) | 4.04 | mg/dL | 2.5 - 4.5 |
| S. CALCIUM (Arsenazo III) | 9.9 | mg/dL | 8.6 - 10.2 |
| PROTEIN (Biuret) | 7.11 | g/dl | 6.4 - 8.3 |
| S. ALBUMIN (BGC) | 4.45 | g/dl | 3.2 - 4.6 |
| S.GLOBULIN (Calculated) | 2.66 | g/dl | 1.9 - 3.5 |
| A/G RATIO (Calculated) | 1.67 | | 0 - 2 |

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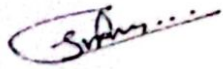
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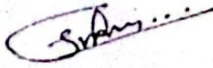


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Peripheral smear examination

| TEST NAME | RESULTS |
|---|---|
| SPECIMEN RECEIVED | Whole Blood EDTA |
| RBC | Normocytic Normochromic |
| WBC | Total leucocyte count is normal on smear. |
| | Neutrophils:66 % |
| | Lymphocytes:28 % |
| | Monocytes:03 % |
| | Eosinophils:03 % |
| | Basophils:00 % |
| PLATELET | Adequate on smear. |
| HEMOPARASITE | No parasite seen. |
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LIVER FUNCTION TEST

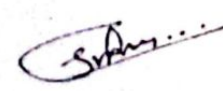
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| TOTAL BILLIRUBIN (Method-Diazo) | 1.37 | mg/dL | 0.0 - 2.0 |
| DIRECT BILLIRUBIN (Method-Diazo) | 0.48 | mg/dL | 0.0 - 0.4 |
| INDIRECT BILLIRUBIN Calculated | 0.89 | mg/dL | 0 - 0.8 |
| SGOT(AST) (UV without PSP) | 12.9 | U/L | 0 - 37 |
| SGPT(ALT) UV Kinetic Without PLP (P-L-P) | 13.1 | U/L | UP to 40 |
| ALKALINE PHOSPHATASE (Method-ALP-AMP) | 54.0 | U/L | 53 - 128 |
| S. PROTIEN (Method-Biuret) | 7.11 | g/dl | 6.4 - 8.3 |
| S. ALBUMIN (Method-BCG) | 4.45 | g/dl | 3.5 - 5.2 |
| S. GLOBULIN Calculated | 2.66 | g/dl | 1.90 - 3.50 |
| A/G RATIO Calculated | 1.67 | | 0 - 2 |

METHOD - EM200 Fully Automatic

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BIOCHEMISTRY

| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
|--|---------|-------|-----------------|
| GAMMA GT | 15.0 | U/L | 13 - 109 |
| <u>BLOOD GLUCOSE FASTING & PP</u> | | | |
| BLOOD GLUCOSE FASTING | 104.2 | mg/dL | 70 - 110 |
| BLOOD GLUCOSE PP | 116.3 | mg/dL | 70 - 140 |

Method (GOD-POD). DONE ON FULLY AUTOMATED ANALYSER (EM200).

1. Fasting is required (Except for water) for 8-10 hours before collection for fasting specimen. Last dinner should consist of bland diet.
2. Don't take insulin or oral hypoglycemic agent until after fasting blood sample has been drawn

INTERPRETATION

- Normal glucose tolerance : 70-110 mg/dl
- Impaired Fasting glucose (IFG) : 110-125 mg/dl
- Diabetes mellitus : ≥ 126 mg/dl

POSTPRANDIAL/POST GLUCOSE (75 grams)

- Normal glucose tolerance : 70-139 mg/dl
- Impaired glucose tolerance : 140-199 mg/dl
- Diabetes mellitus : ≥ 200 mg/dl

CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS


- Fasting plasma glucose ≥ 126 mg/dl
- Classical symptoms + Random plasma glucose ≥ 200 mg/dl
- Plasma glucose ≥ 200 mg/dl (2 hrs after 75 grams of glucose)
- Glycosylated haemoglobin $> 6.5\%$

***Any positive criteria should be tested on subsequent day with same or other criteria.

GLYCOCELATED HEMOGLOBIN (HBA1C)

| | | | |
|----------------------------------|-----|---|--------------------------|
| HBA1C (GLYCOSALATED HAEMOGLOBIN) | 4.0 | % | Hb A1c |
| | | | > 8 Action suggested |
| | | | < 7 Goal |
| | | | < 6 Non - diabetic level |

Checked By
SHAISTA Q


 DR. SMITA RANVEER,
 M.B.B.S.M.D. Pathology(Mum)
 Consultant Histocytopathologist

Page 13 of 14



Main Center :- 2-3, 'Silver Plaza' E.S.I.S. Hospital Road, Opp. Suryadarshan Tower, Thane (W)-400 604. ☎ +91 91363 56284

Collection Center 1 :- Dr. Ajay Vijay Singh, Clinic : Shop No. 19, Jupiter 3, Cosmos Regency CHS Ltd. Waghbil Road, G. B. Road, Thane (W)-400 615.

Collection Center 2 :- Dantazone, Shop No. 6, Wadhawa Elite Platina 19, Kolshet Road, Thane (W) ☎ : +91 91363 56284

E-mail : radiancediagnosticcentre@gmail.com • Web : www.radianceclinicaldiagnostic.com

Name : Mr. SATISH GAIDHANE
Lab ID. : 160466
Age/Sex : 34 Years /Male
Ref By : SIDDHIVINAYAK HOSPITAL CGHS /ESIS

Collected On : 21-Jul-2023 10:18 AM
Received On : 21-Jul-2023 10:28 AM
Reported On : 21-Jul-2023 8:18 PM
Report Status : FINAL



BIOCHEMISTRY

| TEST NAME | RESULTS | UNIT | REFERENCE RANGE |
|-----------------------------------|---------|-------|---|
| AVERAGE BLOOD GLUCOSE (A. B. G.) | 68.0 | mg/dL | NON - DIABETIC : <=5.6 PRE - DIABETIC : 5.7 - 6.4 DIABETIC : >6.5 |

METHOD Particle Enhanced Immunospectrometry
HbA1c : Glycosylated hemoglobin concentration is dependent on the average blood glucose concentration which is formed progressively and irreversibly over a period of time and is stable till the life of the RBC/erythrocytes.Average Blood Glucose (A.B.G) is calculated value from HbA1c : Glycosylated hemoglobin concentration in whole Blood.It indicates average blood sugar level over past three months.

Result relates to sample tested, Kindly correlate with clinical findings.

----- END OF REPORT -----

Checked By
SHAISTA Q

DR. SMITA RANVEER,
M.B.B.S.M.D. Pathology(Mum)
Consultant Histocytologist



Page 14 of 14
Main Center :- 2-3, 'Silver Plaza' E.S.I.S. Hospital Road, Opp. Suryadarshan Tower, Thane (W)-400 604. ☎ +91 91363 56284
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E-mail : radiancediagnosticcentre@gmail.com • Web : www.radianceclinicaldiagnostic.com

| | |
|------------------|----------------|
| COMPANY NAME : - | <u>SR. NO.</u> |
| TYPE OF MEDICAL | 42 |

| | | | |
|-------------------------|-------------------|----------|------------|
| Name Of Employee | SATISH S.GAIDHANE | Exam Dt. | 21.07.2023 |
| Designation :- | - | AGE :- | 34 |
| Department :- | - | | |
| Date Of Birth :- | - | | |
| On Roll / Contractor :- | - | | |

| | | | | | | | |
|---|-----|-----------|--------|--------|-------|-------------------|-----|
| Present Complaint :- | NAD | | | | | | |
| Addiction :- | NIL | | | | | | |
| Employee Family / Past History :- | NAD | | | | | | |
| EMPLOYEE PHYSICAL EXAMINATION :- | | | | | | | |
| Height (cms) : | 170 | Weight : | 77.4 | BMI : | 26.78 | | |
| Skin :- | NAD | Pallor :- | ABSENT | Ear :- | NAD | Nose - Tonsils :- | NAD |

CARDIOVASCULAR SYSTEM

| | | | | | |
|----------|----|-------|--------|---------------|--------|
| Pulse :- | 90 | BP :- | 130/80 | Heart Sound : | Normal |
|----------|----|-------|--------|---------------|--------|

REAPIRATORY SYSTEM

| | | | | | |
|----------|--------|-------|----|-------|-----|
| Trachea: | Normal | RR :- | 19 | RS :- | NAD |
|----------|--------|-------|----|-------|-----|

| | | | |
|--------------------------|-------------------------|------------------------|--------------------------|
| ALIMENTARY SYSTEM | | OPTHAL CHECK UP | |
| Liver - Normal | Kidney - Normal | VISION | RIGHT LEFT |
| Spleen - Normal | Hernia - Hydrocele - NO | NEAR - | N/6 N/6 |
| | | DISTANT- | 6/6 6/6 |
| | | Colour Vision | NORMAL |
| | | Specs | Without Glasses |

Central Nervous System

X-Ray :- NORMAL

ECG :- ABNORMAL Dental Checkup : No obvious problem seen

PFT :- NA

AUDIOMETRY

| | 30 | 100 | 2000 | 4000 | 6000 | 8000 |
|-----------|----|-----|------|------|------|------|
| RT EAR :- | - | - | - | - | - | - |
| LT EAR :- | - | - | - | - | - | - |

Audiometry Remark :- NA

ADVICE : CONSULT PHYSICIAN FOR ECG CHANGES

REMARK Repeat lipid profile test after 1 month

FIT FOR JOB :- Employee is free from any Infectious contagious & communicable diseases



HELPLINE
 022 - 2588 3531
 S-1, Vedant Complex,
 Vartak Nagar, Thane (W) 400 606
www.siddhivinayakhospitals.org



21/7/2023

Mr. Saurish Gaidhane
94/m

No any major illness.

Family H/O - Mother & suffering
father joint on hand.

P-90/min.
S.p-150/80

ECG - ST changes
in inferior leads.
'q' in sup. leads

20ccho - Hypertensive
Heart disease.
mod pul. regurgitant

- Adv
- TMT.
 - Blood imes^m
 - acoited.

CXR - wnl.

pt is fit & he can
resume his
normal activities



HELPLINE

022 - 2588 3531

S-1, Vedant Complex,

Vartak Nagar, Thane (W) 400 606

www.siddhivinayakhospitals.org





ECHOCARDIOGRAM

| | |
|---------------------|--------------------------------|
| NAME | MR. SATISH GAIDHANE |
| AGE/SEX | 34 YRS/M |
| DATE OF EXAMINATION | 21/07/2023 |
| REFERRED BY | SIDDHIVINAYAK HOSPITAL |
| DOCTOR | DR. ANANT MUNDE (CARDIOLOGIST) |

2D/M-MODE ECHOCARDIOGRAPHY

| | |
|--|---|
| VALVES: MITRAL VALVE: <ul style="list-style-type: none"> • AML: Normal • PML: Normal • Sub-valvular deformity: Absent AORTIC VALVE: Normal <ul style="list-style-type: none"> • No. of cusps: 3 PULMONARY VALVE: Normal TRICUSPID VALVE: Normal | CHAMBERS: LEFT ATRIUM: Normal LEFT VENTRICLE: Mild concentric LV hypertrophy <ul style="list-style-type: none"> • RWMA: No • Contraction: Normal RIGHT ATRIUM: Normal RIGHT VENTRICLE: Normal <ul style="list-style-type: none"> • RWMA: No • Contraction: Normal |
| GREAT VESSELS: <ul style="list-style-type: none"> • AORTA: Normal • PULMONARY ARTERY: Normal | SEPTAE: <ul style="list-style-type: none"> • IAS: Intact • IVS: Intact |
| CORONARIES: Proximal coronaries normal CORONARY SINUS: Normal PULMONARY VEINS: Normal | VENACAVAE: <ul style="list-style-type: none"> • SVC: Normal • IVC: Normal and collapsing >20% with respiration PERICARDIUM: Normal |

MEASUREMENTS:

| PARAMETER | OBSERVED VALUE | PARAMETER | OBSERVED VALUE | PARAMETER | OBSERVED VALUE |
|-----------------------|----------------|-------------|----------------|--------------|----------------|
| Aortic annulus | 23 mm | Left atrium | 36 mm | Right atrium | mm |
| Aortic sinus | mm | LVIDd | 54.7 mm | RVd (Base) | mm |
| Sino-tubular junction | mm | LVIDs | 35.8 mm | RVEF | % |
| Ascending aorta | mm | IVSd | 10.5 mm | TAPSE | mm |
| Arch of aorta | mm | LVPWd | 10.9 mm | MPA | 29 mm |
| Desc. thoracic aorta | mm | LVEF | 63 % | RVOT | mm |
| Abdominal aorta | mm | LVOT | mm | IVC | 15 mm |

Dr. Anant Rameshwar Gaikwad
Cardiologist
Reg. No. 20002124



COLOR - FLOW & DOPPLER ECHOCARDIOGRAPHY

| | |
|---------------------|--------------------------------|
| NAME | MR. SATISH GAIDHANE |
| AGE/SEX | 34 YRS/M |
| DATE OF EXAMINATION | 21/07/2023 |
| REFERRED BY | SIDDHIVINAYAK HOSPITAL |
| DOCTOR | DR. ANANT MUNDE (CARDIOLOGIST) |

| | MITRAL | TRICUSPID | AORTIC | PULMONARY |
|---|--------|-------------------------|--------|-----------|
| FLOW VELOCITY (m/s) | | | 1.15 | 1.5 |
| PPG (mmHg) | | | | |
| MPG (mmHg) | | | | |
| VALVE AREA (cm ²) | | | | |
| PR END DIASTOLIC VELOCITY (m/s) | | | | |
| ACCELERATION/ DECELERATION TIME (ms) | | | | |
| PHT (ms) | | | | 155 |
| VENA CONTRACTA (mm) | | | | 5 |
| REGURGITATION | | TRJV= m/s PASP= mmHg | | +++ |
| E/A | E<A | | | |
| E/E' | | | | |

FINAL IMPRESSION: HYPERTENSIVE HEART DISEASE

MODERATE PULMONARY REGURGITATION

- No RWMA
- Mild concentric LV hypertrophy
- Normal LV systolic function (LVEF: 63 %)
- Good RV systolic function
- Grade I diastolic dysfunction
- All cardiac valves are normal
- All cardiac chambers are normal
- IAS/IVS intact
- No pericardial effusion/ clot/vegetations

ADVICE: TMT and repeat ECHO after 1 year

ECHOCARDIOGRAPHER:

Dr. ANANT MUNDE

INTERVENTIONAL CARDIOLOGIST

Dr. Anant Ramkishanrao Munde
MBBS, DNB, DM (Cardiology)
Reg. No. 2005021228

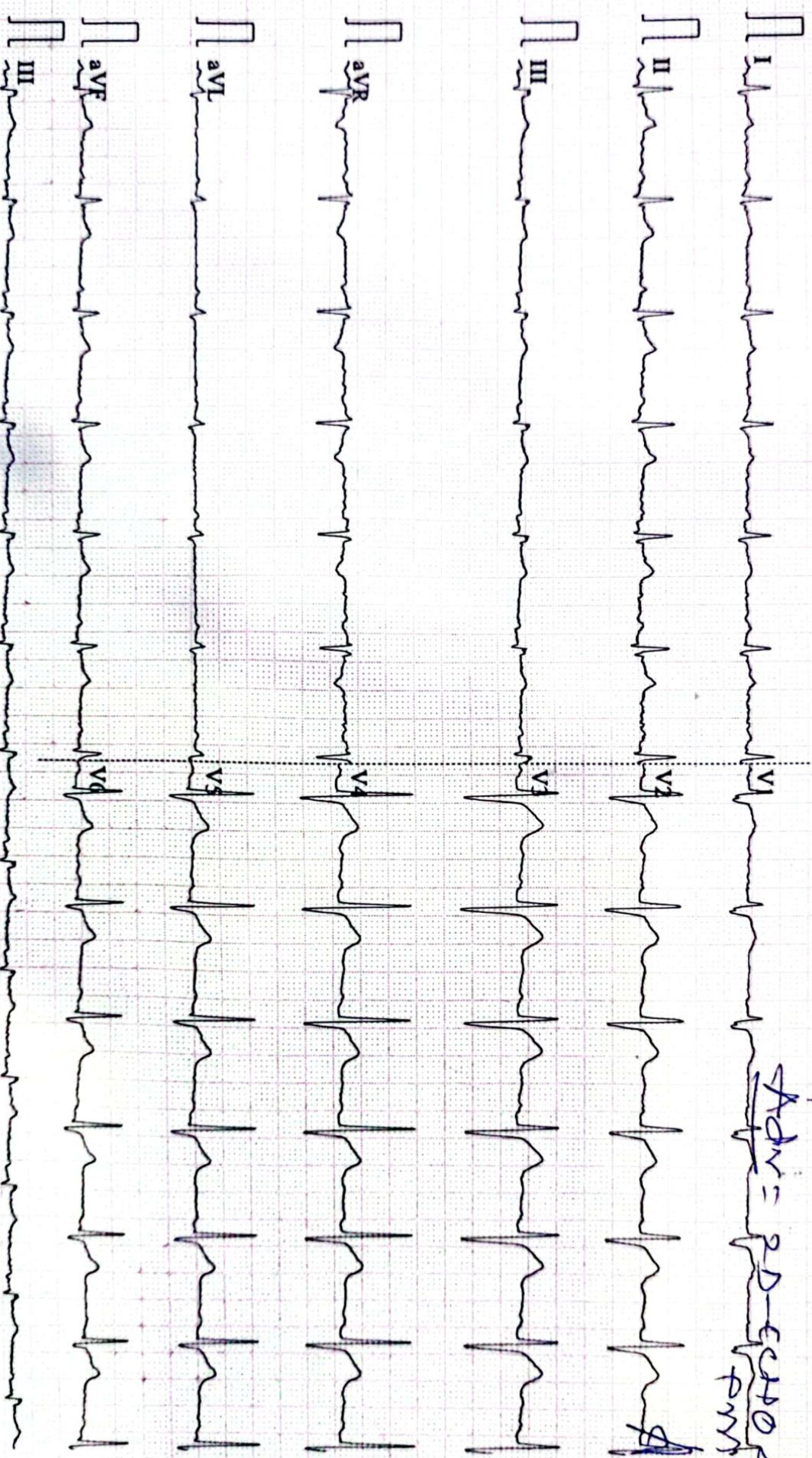
ID: 1561
 Male
 Years 24
 Req. No. : 217123

HR : 76 bpm
 P : 97 ms
 PR : 161 ms
 QRS : 104 ms
 QT/QTcBz : 375/423 ms
 PQRS/T : 25/40/64
 RV5/SV1 : 1.128/0.307 mV

Diagnosis Information:
 Sinus Rhythm
 Normal ECG
 Dr. Anant Ramkishanrao Munde
 MBBS, DNB, DM (Cardiology)
 Reg. No. 2005021228

Report Confirmed by:

NER
 ST segments in inferi
 leads
 'q' in inferior leads
 Adv = PD ECG
 Pmf



0.25-35Hz ACS0 25mm/s 10mm/mV 2*5.0s+1r V2.21 SEMIP V1.92 Siddhivinyak Hospital

Diet Plan

Mr. Salish.

21/07/23.

सकाळी उठल्यावर: १ एक ग्लास कोमट पाणी पिणे नंतर रात्रभर भिजवलेले बदाम २, मनुके
खाणे:

नाश्ता १) उपमा (भाज्या घातलेल्या)

२) नाचणी ची इडली रवा इडली + सांबर

३) अंड + चपाती

४) थालीपीठ + दही १ वाटी

कोणतेही तेलकट : मसालेदार पदार्थ नसावे

२ तासानंतर : लिंबू सरबत (साखर, मीठ न घालता) / दूध - १ कप + प्रोटीन-X

फळ: १ कीवा १/२

१ चमचा .

दुपारचे जेवण: चपाती/भाकरी+उसळ एक वाटी सुखी, वाटी एक भाजी + डाळ एक वाटी + सलाड - १ वाटी.

दुप एक वाटी - भ्रान्त खिचडी.

४ वाजता गाईचे दूध एक कप + प्रोटीन पावडर एक चमचा (साखर घालू नये)

६ वाजता: सूप एक वाटी / उकडलेले कडधान्य/उकडलेली अंडी (सफेद) २

यापैकी एक पदार्थ खाणे

रात्रीचे जेवण: दुपार प्रमाणे असावे+ पालेभाजी आवश्यक किंवा लपसी खिचडी (मुगडाळ भज्या
असाव्या)

सूचना

दररोज ८ ते १० ग्लास पाणी प्यावे

*सलाड, पालेभाजी, ताजे पदार्थ सेवन करावे .

*तेलकट, मसालेदार, तिखट पदार्थ टाळावेत ,

*शक्यतो रात्रीचे जेवण झोपण्यापूर्वी दोन तास आधी असावेत .





| | |
|------------------------------------|-------------------|
| Name - Mr. Satish Gaidhane | Age - 34 Y/M |
| Ref by Dr.- Siddhivinayak Hospital | Date - 21/07/2023 |

X- Ray chest (P A VIEW)

No obvious active parenchymal lesion seen in both lungs.

Cardiac and aortic shadows appear normal.

No evidence of pleural of effusion is seen.

Both domes of diaphragm appear normal.

No obvious bony lesion is seen.

IMPRESSION:

- No significant abnormality seen.

Adv.: Clinical and lab correlation.

DR. MOHAMMAD SOHAIB
MBBS; DMRE
CONSULTANT RADIOLOGIST

Note: The above report represents interpretation of various radiographic / sonographic shadows, and hence has its own limitations. This report has to be co-related clinic-pathologically by the referring / physician and it does NOT represent the sole diagnosis.





| | |
|------------------------------------|------------------|
| Name - Mr. Satish Gaidhane | Age - 33 Y/M |
| Ref by Dr.- Siddhivinayak Hospital | Date -21/07/2023 |

USG ABDOMEN & PELVIS

Clinical details:- Routine

The Liver is normal in size and shows raised echogenicity. There is no obvious abnormal focal lesion seen. There is no IHBR dilatation seen in both the lobes of the liver.

The CBD and the Portal vein appear normal.

The Gall bladder is well distended & appears normal. No calculi or filling defects are seen. No evidence of Pericholecystic collection. The wall thickness is normal.

Right Kidney measures 10.0 x 4.5cm & appears normal in shape and position. There is no evidence of hydronephrosis or any calculi seen. Cortico-medullary differentiation is maintained.

Left Kidney measures 10.5 x 5.0 cm & appears normal in shape and position. There is no evidence of hydronephrosis or any calculi seen. Cortico-medullary differentiation is maintained.

The Pancreas is normal in size & shows homogenous echopattern. It shows no focal lesion. The Spleen is normal in size (10.4 cm) with homogenous echotexture.

The urinary bladder is adequately distended and appears normal. There is no evidence of any obvious calculi or any mass lesion seen. Both Uretero-vesical junctions appear clear. No abnormal intraluminal lesion noted.


Prostate appears mildly enlarged in size measures 38 cc. The echotexture pattern is normal. there is no obvious focal lesion seen.

No free fluid or obvious lymphadenopathy is seen in abdomen and pelvis.

IMPRESSION:

- Fatty liver
- Mild Prostatomegaly

Adv.: Clinical and lab correlation.


DR. MOHAMMAD SOHAIB
MBBS; DMRE
CONSULTANT RADIOLOGIST

Note: The above report represents interpretation of various radiographic / sonographic shadows, and hence has its own limitations. This report has to be co-related clinic-pathologically by the referring / physician and it does NOT represent the sole diagnosis. Second opinion is always advisable.

Dr. Mohm. Sohaib Ansari
MBBS; DMRE
REG. NO. 2010/12/3423
CONSULTANT RADIOLOGIST



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