

2DECHO&DOPPLER REPORT

NAME: MR. BIRADAR JAGDISH AGE: 47Yrs/M DATE: 18/11/2023

MITRAL VALVE: has thin leaflets with normal subvalvar motion.
 No mitral regurgitation .E= 0.76 & A=0.96 m/sec, E/A ratio- 0.80, E/E' ratio- 6.16
 AORTIC VALVE : has three thin leaflets with normal opening
 No aortic regurgitation.AVPG= 3.93 mmHg
 PULMONARY VALVE; NORMAL,PVPG= 1.85 mmHg
 LEFT VENTRICLE : is normal , has normal wall thickness, No RWMA at rest .
 Normal LV systolic function. EF - 60%.
 LEFT ATRIUM: is normal.
 RIGHT ATRIUM & RIGHT VENTRICLE: normal in size. TAPSE = 20 mm.
 TRICUSPID VALVE & PULMONARY VALVES : normal.
 No PH.
 No pericardial effusion.
 M- MODE :

AORTA	LA	LVI DD	LVIDS	IVS	PW	LVEF
36mm	36mm	46mm	24mm	10mm	10mm	60%

IMP : **Normal LV Systolic function. EF-60%.**
Grade I diastolic dysfunction
No RWMA at rest
Normal Valves and Chambers
IAS & IVS Intact
No clot / vegetation / thrombus / pericardial effusion.

DR. KEDAR KULKARNI
DNB(MEDICINE), DNB(CARDIOLOGY)
CONSULTANT INTERVENTIONAL CARDIOLOGIST

Name: BIRADAR JAGDISH .
Age : 047 Years
Gender: M
PID: P00000574738
OPD :

Exam Date : 18-Nov-2023 10:07
Accession: 115342155341
Exam: CHEST X RAY
Physician: HOSPITAL CASE^{AAAA}

Health Check

Radiograph Chest PA View :

Both lung fields normal.

Both costo-phrenic angles are clear.

Cardiac silhouette and aortic knuckle are normal.

Both hilar shadows and the diaphragmatic contours are normal.

Thoracic soft tissues and the rib cage normal.

Impression :

No significant abnormality noted.



DR. YATIN R. VISAVE
CONSULTANT RADIOLOGIST
MBBS, DMRD
Regd. No. 090812

Date: 18-Nov-2023 17:52:36



Name: BIRADAR JAGDISH .	Exam Date : 18-Nov-2023 10:14
Age : 047 Years	Accession: 115315145755
Gender: M	Exam: ABDOMEN AND PELVIS
PID: P00000574738	Physician: HOSPITAL CASE ^{****}
OPD :	

ULTRASOUND OF ABDOMEN AND PELVIS

Liver appears normal in size, shape and echotexture. No focal lesion is seen. No intrahepatic biliary radicle dilatation seen. The portal vein and CBD appear normal.

Gall bladder is well distended with normal wall thickness. No calculus or sludge is seen.

Pancreas appears normal in size and echotexture. No focal lesion is seen.

Spleen appears normal in size and echotexture. No focal lesion is seen.

Both kidneys appear normal in size, shape & echotexture. They show good cortico-medullary differentiation. There is no hydronephrosis, hydroureter or calculus seen on either side.

The urinary bladder is well distended. Wall thickness is normal. No mass lesion or calculus is seen.

Prostate is normal in size, shape and echotexture. No obvious focal lesion is seen on present transabdominal study.

Visualised bowel loops are non-dilated and show normal peristalsis.

There is no ascites or significant lymphadenopathy seen.

IMPRESSION : No significant abnormality noted.

Suggest : Clinical Correlation.

DR. YATIN R. VISAVE
CONSULTANT RADIOLOGIST
MBBS, DMRD
Regd. No. 090812

Date: 18-Nov-2023 14:55:33



Grant Medical Foundation

Ruby Hall Clinic

Pimple Saudagar

18/11/2023

Mr. Jagdish Bimbar

OIG →

* $\frac{Caemc}{87} \quad | \quad 23$

* $\frac{Re\text{ treated } c}{6} \quad | \quad 8$

Adv: -

① $\frac{DOPNc}{123}$

② $\frac{PORc}{876} \quad | \quad 8$

Dr. Aniket

Dr. Aniket Malabadi
B.D.S; M.D.S. (Dentist)
Ruby Hall Clinic
Pimple Saudagar
Mob: 9980283499
www.aniket32.com



Patient Name :	Mr.BIRADAR JAGDISH	Bill Date :	18-11-2023 09:25 AM
Age / Gender :	47Y(s) 1M(s) 7D(s)/Male	Collected Date :	18-11-2023 09:29 AM
Lab Ref No/UHID :	PS006851/P00000574738	Received Date :	18-11-2023 09:29 AM
Lab No/Result No :	2300219308/444891	Report Date :	18-11-2023 03:36 PM
Referred By Dr. :	HOSPITAL CASE	Specimen :	SERUM
		Processing Loc :	RHC HInjawadi



DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY

Investigation	Result	Units	Biological Reference Interval
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FBS

Glucose (Fasting). <i>Method : GOD-POD</i>	: 100	mg/dL	Prediabetic : 100 - 125 Diabetic : >= 126 Normal : < 100.0
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REFERENCE : ADA 2015 GUIDELINES

CREATININE

Creatinine <i>Method : Enzymatic</i>	: 0.9	mg/dL	0.6 - 1.3
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BUN

Urea Nitrogen(BUN) <i>Method : Calculated</i>	: 6.54	mg/dL	6.0 - 20.0
Urea <i>Method : Urease</i>	: 14	mg/dL	12.8-42.8

CALCIUM

Calcium <i>Method : Arsenazo</i>	: 9.6	mg/dL	8.6 - 10.2
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PHOSPHOROUS

Phosphorus <i>Method : Phospho Molybdate</i>	: 4.4	mg/dL	2.8-4.7
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URIC ACID

Uric Acid <i>Method : Uricase</i>	: 5.9	mg/dL	3.5-7.2
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LFT

Total Bilirubin <i>Method : Diazo</i>	: 0.7	mg/dL	0.3 - 1.2
Direct Bilirubin <i>Method : Diazo</i>	: 0.2	mg/dL	0-0.4
Indirect Bilirubin <i>Method : Diazo</i>	: 0.5	mg/dL	0.0 - 0.8
Alanine Transaminase (ALT) <i>Method : Kinetic</i>	: 36.0	U/L	<50
Aspartate Transaminase (AST) <i>Method : Kinetic</i>	: 34.0	U/L	10.0 - 40.0

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Bill Date : 18-11-2023 09:25 AM
Collected Date : 18-11-2023 09:29 AM
Received Date : 18-11-2023 09:29 AM
Report Date : 18-11-2023 03:54 PM
Specimen : SERUM
Processing Loc : RHC Hinjawadi



DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY

Investigation	Result	Units	Biological Reference Interval
LFT			
Alkaline Phosphatase <i>Method : 4NPP/AMP BUFFER</i>	: 109.0	U/L	30.0 - 115.0
Total Protein <i>Method : Biuret</i>	: 7.5	g/dl	6.0 - 8.0
Albumin <i>Method : BCG</i>	: 4.1	g/dl	3.5-4.8
Globulin <i>Method : Calculated</i>	: 3.4	gm/dL	2.3-3.5
A/G Ratio <i>Method : Calculated</i>	: 1.21		

T3-T4-TSH -

Tri-Iodothyronine, (Total T3) <i>Method : Enhanced Chemiluminescence</i>	: 1.67	ng/ml	0.97-1.69
Thyroxine (T4), Total <i>Method : Enhanced Chemiluminescence</i>	: 11.5	ug/dl	5.53-11.01
Thyroid Stimulating Hormone (Ultra). <i>Method : Enhanced Chemiluminescence</i>	: 2.005	uIU/mL	0.40-4.04

1.The TSH levels are subject to diurnal/circadian variation. reaching to peak level between 2 to 4 am. and at a minimum between 6 to 10 pm. 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 T4, individuals appear to have their own setpoints and factors such as race and age also contribute to variability in TSH levels. Alterations of normal pituitary response are also common in patients with a variety of illnesses which can affect the levels of TSH. 4.Interassay variations are possible on different Immunoassay platforms.

TSH - For pregnancy the reference range is as follows -
1st trimester : 0.6 - 3.4 uIU/mL
2nd trimester : 0.37 - 3.6 uIU/mL
3rd trimester : 0.38 - 4.04 uIU/mL

PSA BLOOD

Prostate Specific Antigen (PSA) <i>Method : Enhanced Chemiluminescence</i>	: 0.965	ng/ml	00-4.0
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*** End Of The Report ***

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Lab Ref No/UHID	: PS006851/P00000574738	Received Date	: 18-11-2023 09:29 AM
Lab No/Result No	: /444891	Report Date	: 18-11-2023 03:39 PM
Referred By Dr.	: HOSPITAL CASE	Specimen	: SERUM
		Processing Loc	: RHC Hinjawadi



Verified By
AKSHAY1

Dr.POOJA PATHAK
Associate Consultant

NOTE :

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Lab No/Result No :	2300219309/444891	Report Date :	18-11-2023 00:59 AM
Referred By Dr. :	HOSPITAL CASE	Specimen :	EDTA WHOLE BLC
		Processing Loc :	RHC HInjawadi



DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY

Investigation	Result	Units	Biological Reference Interval
HAEMOGRAM/CBC/CYTO			
W.B.C.Count	: 6830	/ul	4000-11000
<i>Method : Coulter Principle</i>			
Neutrophils	: 54.9	%	40-75
<i>Method : Derived from WBC Histogram</i>			
Lymphocytes	: 30.9	%	20-40
Monocytes	: 9.4	%	2-10
Eosinophils	: 4.4	%	1.0-6.0
Basophils	: 0.4	%	0.0-1.0
%Immature Granulocytes	: 0.3	%	0.00-0.10
Absolute Neutrophil Count	: 3.8	x10 ³ cells/ul	2-7
<i>Method : Calculated</i>			
Absolute Lymphocyte Count	: 2.1	x10 ³ cells/ul	1 - 3
<i>Method : Calculated</i>			
Absolute Monocyte Count	: 0.6	x10 ³ cells/ul	0.2-1.0
<i>Method : Calculated</i>			
Absolute Eosinophil Count	: 0.3	x10 ³ cells/ul	0.02-0.5
<i>Method : Calculated</i>			
Absolute Basophil Count	: 0.0	x10 ³ cells/ul	0.02-0.1
<i>Method : Calculated</i>			
R.B.C Count	: 4.53	million/ul	4.5 - 6.5
<i>Method : Coulter Principle</i>			
Haemoglobin	: 15.1	g/dl	13 - 17
<i>Method : Cyanmethemoglobin Photometry</i>			
Haematocrit	: 44.8	%	40-50
<i>Method : Calculated</i>			
MCV	: 98.9	fl	83-99
<i>Method : Coulter Principle</i>			
MCH	: 33.3	pg	27 - 32
<i>Method : Calculated</i>			
MCHC	: 33.7	g/dl	31.5 - 34.5
<i>Method : Calculated</i>			
RDW	: 12.6	%	11.6-14.0
<i>Method : Calculated From RBC Histogram</i>			
Platelet Count	: 197.0	x10 ³ /ul	150 - 450
<i>Method : Coulter Principle</i>			
MPV	: 10.6	fl	7.8-11
<i>Method : Coulter Principle</i>			

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Lab Ref No/UHID	: PS006851/P00000574738	Received Date	: 18-11-2023 09:29 AM
Lab No/Result No	: 2300219309/444891	Report Date	: 18-11-2023 10:57 AM
Referred By Dr.	: HOSPITAL CASE	Specimen	: EDTA WHOLE BLC
		Processing Loc	: RHC Hinjawadi



RBC Morphology : Normocytic
normochromic

WBC Morphology : Within normal range
Platelet : Adequate

*** End Of The Report ***

Verified By
Snehal

Dr.Anjana Sanghavi
Consultant Pathologist

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Lab No/Result No : 2300219308-P/444891
Referred By Dr. : HOSPITAL CASE
Bill Date : 18-11-2023 09:25 AM
Collected Date : 18-11-2023 01:15 PM
Received Date : 18-11-2023 09:29 AM
Report Date : 18-11-2023 04:12 PM
Specimen : SERUM
Processing Loc : RHC Hinjawadi



DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY

Investigation	Result	Units	Biological Reference Interval
PPBS Glucose (Post Prandial) <i>Method : GOD-POD</i>	: 115	mg/dL	60-140

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DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY

Investigation	Result	Units	Biological Reference Interval
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ESR

ESR At 1 Hour : 13 mm/hr 0 - 15

Method : Modified Westergren Method

INTERPRETATION :

ESR is a screening test to detect presence of systemic disease; however a normal result does not rule out a systemic disease.

ESR is also used to monitor course of disease or response to therapy if initially elevated.

*** End Of The Report ***

Verified By
AMOL

Dr.POOJA PATHAK
Associate Consultant

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DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY

Investigation	Result	Units	Biological Reference Interval
ELECTROLYTES (Na & K)			
Sodium <i>Method : Potentiometric</i>	:142	mmol/L	136.0 - 145.0
Potassium <i>Method : Potentiometric</i>	:4.3	mmol/L	3.5 - 5.1
Chloride <i>Method : Potentiometric</i>	:103	mmol/L	98.0 - 107.0

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DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY

Investigation	Result	Units	Biological Reference Interval
LIPID PROFILE			
Cholesterol <i>Method : Enzymatic</i>	:160.0	mg/dL	130.0 - 220.0
Triglycerides <i>Method : Enzymatic</i>	:67	mg/dL	35.0 - 180.0
HDL Cholesterol <i>Method : Enzymatic</i>	:50	mg/dL	35-65
LDL Cholesterol <i>Method : Calculated</i>	:96.6	mg/dL	10.0 - 130.0
VLDL Cholesterol <i>Method : Calculated</i>	:13.4	mg/dL	5.0-36.0
Cholestrol/HDL Ratio <i>Method : Calculated</i>	:3.2	--	2.0-6.2

*** End Of The Report ***

Verified By
Ruhi S

Dr.POOJA PATHAK
Associate Consultant

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Received Date : 18-11-2023 09:29 AM
Report Date : 18-11-2023 02:56 PM
Specimen : EDTA WHOLE BLC
Processing Loc : RHC Hinjawadi



DEPARTMENT OF LABORATORY MEDICINE-BLOOD BANK

Investigation	Result	Units	Biological Reference Interval
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BLOOD GROUP

Blood Group : O RH POSITIVE

*** End Of The Report ***

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Report Date : 18-11-2023 10:57 AM
Specimen : WHOLE BLOOD
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DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY

Investigation	Result	Units	Biological Reference Interval
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GLYCOCYLATED HB% (HbA1C)

Glycosylated Haemoglobin : 5.8 % 4-6.5
(HbA1C)

Method : Turbidometric Inhibition
Immunoassay

Prediabetic : 5.7 - 6.4 %
Diabetic : \geq 6.5 %
Therapeutic Target : $<$ 7.0 %

REFERENCE : ADA 2015 GUIDELINES

*** End Of The Report ***

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