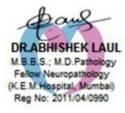
Name	: Mr. NANDU SUBHASH PATIL				
PID No.	: MED110960679	Register On : 19/02/2022 9:07 AM	\mathbf{M}		
SID No.	: 79133908	Collection On : 19/02/2022 10:06 AM			
Age / Sex	: 44 Year(s) / Male	Report On : 19/02/2022 2:10 PM	MEDALL		
Туре	: OP	Printed On : 23/02/2022 11:53 AM			
Ref. Dr	: MediWheel				

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (Blood/Spectrophotometry)	17.2	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	51.7	%	42 - 52
RBC Count (Blood/Impedance Variation)	6.33	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/Derived from Impedance)	82	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	26.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	32.8	g/dL	32 - 36
RDW-CV (Derived from Impedance)	14.3	%	11.5 - 16.0
RDW-SD (Derived from Impedance)	41.04	fL	39 - 46
Total Leukocyte Count (TC) (Blood/Impedance Variation)	6400	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	47	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	48	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	02	%	01 - 06



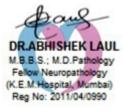
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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Monocytes (Blood/Impedance Variation & Flow Cytometry)	03	%	01 - 10
(Blood/Impedance Variation & Flow Cytometry) Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
INTERPRETATION: Tests done on Automated Three	Part cell counter. Al	l abnormal results are rev	iewed and confirmed microscopically.
Absolute Neutrophil count (Blood/Impedance Variation & Flow Cytometry)	3.01	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/Impedance Variation & Flow Cytometry)	3.07	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/Impedance Variation & Flow Cytometry)	0.13	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (Blood/Impedance Variation & Flow Cytometry)	0.19	10^3 / µl	< 1.0
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.00	10^3 / µl	< 0.2
Platelet Count (Blood/Impedance Variation)	1.52	lakh/cu.mm	1.4 - 4.5
MPV (Blood/Derived from Impedance)	7.0	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.11	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	04	mm/hr	< 15



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	1.06	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.20	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.86	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/ <i>Modified IFCC</i>)	30	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/ <i>Modified IFCC</i>)	63 (Rechecked)	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/ <i>Modified IFCC</i>)	87	U/L	53 - 128
Total Protein (Serum/Biuret)	7.6	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.0	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.60	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.11		1.1 - 2.2

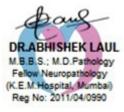


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Туре	: OP	Printed On : 23/02/2022 11:53 AM	
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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	232 (Rechecked)	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/ <i>GPO-PAP with ATCS</i>)	318 (Rechecked)	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the õusualö"circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	41.8	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	126.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/Calculated)	63.6	mg/dL	< 30
Non HDL Cholesterol (Serum/ <i>Calculated</i>)	190.2	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



Nomo				
Name	: Mr. NANDU SUBHASH	PATIL		
PID No.	: MED110960679	Register On : 1	9/02/2022 9:07 AM	m
SID No.	: 79133908	Collection On :	19/02/2022 10:06 AM	
Age / Sex	: 44 Year(s) / Male	Report On :	19/02/2022 2:10 PM	MEDALL
Туре	: OP	Printed On :	23/02/2022 11:53 AM	
Ref. Dr	: MediWheel			
Investiga	ation	<u>Observe</u>	ed <u>Unit</u>	<u>Biological</u>
Investiga	ation	<u>Observe</u> Value		<u>Biological</u> <u>Reference Interval</u>
INTERPI 2.It is the	RETATION: 1.Non-HDL Chol	Esterol is now proven to be a contract of the state of th	better cardiovascular risk	Reference Interval marker than LDL Cholesterol.
INTERPI 2.It is the co-primary	RETATION: 1.Non-HDL Chol sum of all potentially atherogen	Value esterol is now proven to be a ic proteins including LDL, 1 therapy.	better cardiovascular risk	Reference Interval marker than LDL Cholesterol.
INTERPI 2.It is the co-primary	RETATION: 1.Non-HDL Chol sum of all potentially atherogen y target for cholesterol lowering olesterol/HDL Cholesterol	Value esterol is now proven to be a ic proteins including LDL, 1 therapy.	better cardiovascular risk	Reference Interval marker than LDL Cholesterol. ons and it is the "new bad cholesterol" and is a
INTERPI 2.It is the co-primary Total Ch	RETATION: 1.Non-HDL Chol sum of all potentially atherogen y target for cholesterol lowering olesterol/HDL Cholesterol	Value esterol is now proven to be a ic proteins including LDL, 1 therapy.	better cardiovascular risk	Reference Interval marker than LDL Cholesterol. ons and it is the "new bad cholesterol" and is a Optimal: < 3.3

co-primary target for cholesterol lowering therapy.		a chyronnerons and it is the new bad choresteror and
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.6	Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/ <i>Calculated</i>)	7.6	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

0 DR.ABHISHEK LAUL M.B.B.S.; M.D.Pathology Fellow Neuropathology (K.E.M.Hospital, Mumbai) Reg No: 2011/04/0990

Name	: Mr. NANDU SUBHASH PA	TIL		
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SID No.	: 79133908	Collection On : 19/02	2/2022 10:06 AM	
Age / Sex	: 44 Year(s) / Male	Report On : 19/0	2/2022 2:10 PM	MEDALL
Туре	: OP	Printed On : 23/02	2/2022 11:53 AM	
Ref. Dr	: MediWheel			
<u>Investiga</u> <u>Glycosyl</u>	auon ated Haemoglobin (HbA1c)	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
HbA1C (Whole Ble	ood/Ion exchange HPLC)	5.9	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7- 6.4 Diabetic: >= 6.5
INTERPI	RETATION: If Diabetes - Good co	ntrol : 6.1 - 7.0 % , Fair contr	rol : 7.1 - 8.0 % , Poo	or control ≥ 8.1 %
Mean Bl (Whole Bl	ood Glucose ood)	123	mg/dL	
INTERPI	RFTATION · Comments			

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia,hyperbilirubinemia,Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values. Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly,Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

Remark: * Test outsourced to metropolis

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval		
IMMUNOASSAY					
<u>THYROID PROFILE / TFT</u>					
T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA)) INTERPRETATION:	0.63	ng/ml	0.7 - 2.04		
Comment : Total T3 variation can be seen in other condition like preg Metabolically active.	gnancy, drugs, neph	rosis etc. In such case	s, Free T3 is recommended as it is		
T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	5.68	µg/dl	4.2 - 12.0		
INTERPRETATION: Comment : Total T4 variation can be seen in other condition like preg Metabolically active.	gnancy, drugs, neph	rosis etc. In such case	s, Free T4 is recommended as it is		
TSH (Thyroid Stimulating Hormone)- Ultrasensitive (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.2422	µIU/mL	0.35 - 5.50		
 (CLIA)) INTERPRETATION: Reference range for cord blood - upto 20 1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0 3 rd trimester : 0.3-3.0 (Indian Thyroid Society Guidelines) Comment : 1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI. 2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations. 3.Values&amplt0.03 μIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals. 					

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Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
CLINICAL PATHOLOGY			
Urine Analysis - Routine			
Physical Examination			
Colour (Urine)	Pale Yellow		Yellow to Amber
Appearance (Urine)	Clear		
Chemical Examination			
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Microscopic Examination			
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	Nil
RBCs (Urine)	Nil	/hpf	Nil
Others (Urine)	Nil		Nil

INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy

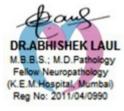
DR.ABHISHEK LAUL M.B.B.S.; M.D.Pathology Fellow Neuropathology (K.E.M.Hospital, Mumbai) Reg No: 2011/04/0990

APPROVED BY

The results pertain to sample tested.

Name	: Mr. NANDU SUBHASH PAT	1L	
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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Stool Analysis - ROUTINE</u>			
Colour (Stool)	Yellow		Brown
Blood (Stool)	Not present		Not present
Mucus (Stool)	Not present		Not present
Reaction (Stool)	Acidic		Acidic
Consistency (Stool)	Semi solid		Semi solid
Ova (Stool)	Nil		Nil
Others (Stool)	Nil		Nil
Cysts (Stool)	Nil		Nil
Trophozoites (Stool)	Nil		Nil
RBCs (Stool)	Nil	/hpf	Nil
Pus Cells (Stool)	2-3	/hpf	Nil
Macrophages (Stool)	Nil		Nil
Epithelial Cells (Stool)	3-4	/hpf	Nil



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Investigation

Observed Value Biological Reference Interval

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HAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (Blood/Agglutination)

'O' 'Positive'

DRABHISHEK LAUL M.B.B.S.; M.D.Pathology Fellow Neuropathology (K.E.M.Hospital, Mumbai) Reg No: 2011/04/0990

APPROVED BY

<u>Unit</u>

The results pertain to sample tested.

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
BIOCHEMISTRY			
BUN / Creatinine Ratio	10.78		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	91	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine)	Negative		Negative
(Urine - F)			
Glucose Postprandial (PPBS)	98	mg/dL	70 - 140
(Plasma - PP/GOD-PAP)			

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV/derived)	12.61	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.17	mg/dL	0.9 - 1.3
Uric Acid (Serum/ <i>Enzymatic</i>)	3.73	mg/dL	3.5 - 7.2

DR.ABHISHEK LAUL M.B.B.S.; M.D.Pathology

Fellow Neuropathology (K.E.M.Hospital, Mumbai) Reg No: 2011/04/0990

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
IMMUNOASSAY			
Prostate specific antigen - Total(PSA) (Serum/ <i>Manometric method</i>)	0.429	ng/mL	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0

INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL

PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH). Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.

PSA levels tend to increase in all men as they age.

Clinical Utility of PSA:

ÉIn the early detection of Prostate cancer.

ÉAs an aid in discriminating between Prostate cancer and Benign Prostatic disease.

ÉTo detect cancer recurrence or disease progression.



APPROVED BY

-- End of Report --

Name	MR.NANDU SUBHASH PATIL	ID	MED110960679
Age & Gender	44Y/MALE	Visit Date	19 Feb 2022
Ref Doctor Name	MediWheel		

HEALTH CHECKUP

CHIEF COMPLAINTS: NII

PAST HISTORY:

Medical: Nil

Surgical: No

PERSONAL HISTORY:

Marital Status: Married

No. of Children:-02

Alcohol: No.

Habits: No. Tobacco & snuff: No. Smoking: No.

Physical Activity: Walking.

Drug Allergies: Nil.

FAMILY HISTORY:

Father: Age 65 yrs - Healthy.

Mother: Age 60 yrs - Healthy.

Siblings: Brother-01 -Healthy, Sister-01 -Healthy

PHYSICAL EXAMINATION:

HEIGHT: 174 Cms.		WEIGHT: 86 Kgs.
BLOOD PRESSURE:	150 /100 mmHg.	PULSE: 90 /Min.

SKIN: Free From Contagious Diseases.

Name	MR.NANDU SUBHASH PATIL	ID	MED110960679
Age & Gender	44Y/MALE	Visit Date	19 Feb 2022
Ref Doctor Name	MediWheel	-	

	With Spec	tacles		
EYES EXAMINATION:	RIGHT	LEFT		
NEAR VISION:	N/6	N/6		
DISTANCE VISION:	6/6	6/6		
COLOR BLANDNESS: - WN	JL			
SYSTEMIC REVIEW				
Pallor: No	Icterus:-No		Cyanosis: No	
Clubbing: No	Oedema: No			
Lymphadenopathy : NO				
Cardiovascular System: WNL				
Respiratory System: WNL				
Gastro Intestinal System: WNL				
Central Nervous System: WNL				
Genito Urinary System: \	WNL			
Extremities & Spine: WN	L			
Final Impression:				
Recommendation :				

Name	MR.NANDU SUBHASH PATIL	ID	MED110960679
Age & Gender	44Y/MALE	Visit Date	19 Feb 2022
Ref Doctor Name	MediWheel	-	

Signature

Consultant Physician

Name	MR.NANDU SUBHASH PATIL	ID	MED110960679
Age & Gender	44Y/MALE	Visit Date	19 Feb 2022
Ref Doctor Name	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

<u>**IMPRESSION**</u> : Chest radiograph reveals no evidence of any Pleuro- pulmonary abnormality

an

Dr. Rohan Kashyape MD, DNB

Dr. Parimal Sonawane DMRD, DNB

Name	MR.NANDU SUBHASH PATIL	ID	MED110960679
Age & Gender	44Y/MALE	Visit Date	19 Feb 2022
Ref Doctor Name	MediWheel		

ECHOCARDIOGRAPHY AND COLOR DOPPLER REPORT

OBSERVATION:

- NORMAL LV SIZE WITH NORMAL SYSTOLIC FUNCTION, LVEF 60%
- NO LVH, LV DIASTOLIC DYSFUNCTION+
- NO REGIONAL WALL MOTION ABNORMALITY AT REST
- MITRAL VALVE: NORMAL
 - o NO MR, NO MS
- AORTIC VALVE: NORMAL
 - o NO AS, NO AR
- NO TR, NO PAH
- NORMAL LA, RA, RV, IVC WITH GOOD RV FUNCTIONS
- INTACT IAS/IVS
- NO INTRA-CARDIAC CLOT/VEGETATION
- PERICARDIUM NORMAL

AO= 30 mm LA=35 mm IVS=11/16 mm LVPW=11/16 mm LVID= 48/30 mm

FINAL IMPRESSION: LV DIASTOLIC DYSFUNCTION

NORMAL LV AND RV SYSTOLIC FUNCTIONS

DR. NIRMAL R. KOLTE M.D (MED), D.M. (CARDIOLOGY) CONSULTANT CARDIOLOGIST

Name	MR.NANDU SUBHASH PATIL	ID	MED110960679
Age & Gender	44Y/MALE	Visit Date	19 Feb 2022
Ref Doctor Name	MediWheel	-	