

<b>Patient Name</b> :	Mr.JADHAV VINAYAK	<b>Bill Date</b> :	14-10-2023 09:35 AM
<b>Age / Gender</b> :	32Y(s) 11M(s) 21D(s)/Male	<b>Collected Date</b> :	14-10-2023 10:04 AM
<b>Lab Ref No/UHID</b> :	PS006578/P00000574743	<b>Received Date</b> :	14-10-2023 10:04 AM
<b>Lab No/Result No</b> :	2300175216/353419	<b>Report Date</b> :	14-10-2023 06:45 PM
<b>Referred By Dr.</b> :	HOSPITAL CASE	<b>Specimen</b> :	SERUM
		<b>Processing Loc</b> :	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>	: 75	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>	: 8.41	mg/dL	6.0 - 20.0
Urea <i>Method : Urease</i>	: 18	mg/dL	12.8-42.8

**CALCIUM**

Calcium <i>Method : Arsenazo</i>	: 9.1	mg/dL	8.6 - 10.2
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**PHOSPHOROUS**

Phosphorus <i>Method : Phospho Molybdate</i>	: 3.9	mg/dL	2.7-4.5
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**URIC ACID**

Uric Acid <i>Method : Uricase</i>	: 4.6	mg/dL	3.5-7.2
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**LFT**

Total Bilirubin <i>Method : Diazo</i>	: 0.5	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>	: 0.3	mg/dL	0.0 - 0.8
Alanine Transaminase (ALT) <i>Method : Kinetic</i>	: 26.0	U/L	<50
Aspartate Transaminase (AST) <i>Method : Kinetic</i>	: 35.0	U/L	10.0 - 40.0

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<b>Lab No/Result No</b> :	2300175216/353419	<b>Report Date</b> :	14-10-2023 07:06 PM
<b>Referred By Dr.</b> :	HOSPITAL CASE	<b>Specimen</b> :	SERUM
		<b>Processing Loc</b> :	RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
<b>LFT</b>			
Alkaline Phosphatase <i>Method : 4NPP/AMP BUFFER</i>	: 78.0	U/L	30.0 - 115.0
Total Protein <i>Method : Biuret</i>	: 6.8	g/dl	6.0 - 8.0
Albumin <i>Method : BCG</i>	: 4.6	g/dl	3.5-4.8
Globulin <i>Method : Calculated</i>	: <b>2.2</b>	gm/dL	2.3-3.5
A/G Ratio <i>Method : Calculated</i>	: 2.09		

**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>	: 8.89	ug/dl	5.53-11.01
Thyroid Stimulating Hormone (Ultra). <i>Method : Enhanced Chemiluminescence</i>	: 0.7961	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

\*\*\* End Of The Report \*\*\*

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<b>Lab Ref No/UHID</b>	: PS006578/P00000574743	<b>Received Date</b>	: 14-10-2023 10:04 AM
<b>Lab No/Result No</b>	: /353419	<b>Report Date</b>	: 14-10-2023 06:48 PM
<b>Referred By Dr.</b>	: HOSPITAL CASE	<b>Specimen</b>	: SERUM
		<b>Processing Loc</b>	: RHC Hinjawadi



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**Verified By**  
Anand

A handwritten signature in blue ink that reads "Pooja Pathak".

**Dr.POOJA PATHAK**  
**Associate Consultant**

**NOTE :**

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**Age / Gender** : 32Y(s) 11M(s) 21D(s)/Male  
**Lab Ref No/UHID** : PS006578/P00000574743  
**Lab No/Result No** : 2300175217/353419  
**Referred By Dr.** : HOSPITAL CASE

**Bill Date** : 14-10-2023 09:35 AM  
**Collected Date** : 14-10-2023 10:04 AM  
**Received Date** : 14-10-2023 10:04 AM  
**Report Date** : 14-10-2023 05:09 PM  
**Specimen** : EDTA WHOLE BLC  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

Investigation	Result	Units	Biological Reference Interval
<b>HAEMOGRAM/CBC/CYTO</b>			
<b>W.B.C.Count</b>	: 7020	/ul	4000-11000
<i>Method : Coulter Principle</i>			
Neutrophils	: 53.5	%	40-75
<i>Method : Derived from WBC Histogram</i>			
Lymphocytes	: 36.2	%	20-40
Monocytes	: 9.3	%	2-10
Eosinophils	: <b>0.7</b>	%	1.0-6.0
Basophils	: 0.3	%	0.0-1.0
%Immature Granulocytes	: 0.1	%	0.00-0.10
Absolute Neutrophil Count	: 3.8	x10 <sup>3</sup> cells/ul	2-7
<i>Method : Calculated</i>			
Absolute Lymphocyte Count	: 2.5	x10 <sup>3</sup> cells/ul	1 - 3
<i>Method : Calculated</i>			
Absolute Monocyte Count	: 0.7	x10 <sup>3</sup> cells/ul	0.2-1.0
<i>Method : Calculated</i>			
Absolute Eosinophil Count	: 0.1	x10 <sup>3</sup> cells/ul	0.02-0.5
<i>Method : Calculated</i>			
Absolute Basophil Count	: <b>0.0</b>	x10 <sup>3</sup> cells/ul	0.02-0.1
<i>Method : Calculated</i>			
R.B.C Count	: 4.64	million/ul	4.5 - 6.5
<i>Method : Coulter Principle</i>			
<b>Haemoglobin</b>	: 14.0	g/dl	13 - 17
<i>Method : Cyanmethemoglobin Photometry</i>			
Haematocrit	: 43.7	%	40-50
<i>Method : Calculated</i>			
MCV	: 94.2	fl	83-99
<i>Method : Coulter Principle</i>			
MCH	: 30.2	pg	27 - 32
<i>Method : Calculated</i>			
MCHC	: 32.0	g/dl	31.5 - 34.5
<i>Method : Calculated</i>			
RDW	: 12.5	%	11.6-14.0
<i>Method : Calculated From RBC Histogram</i>			
<b>Platelet Count</b>	: 270.0	x10 <sup>3</sup> /ul	150 - 450
<i>Method : Coulter Principle</i>			
MPV	: 9.1	fl	7.8-11
<i>Method : Coulter Principle</i>			

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<b>Lab No/Result No</b>	: 2300175217/353419	<b>Report Date</b>	: 14-10-2023 05:09 PM
<b>Referred By Dr.</b>	: HOSPITAL CASE	<b>Specimen</b>	: EDTA WHOLE BLC
		<b>Processing Loc</b>	: RHC Hinjawadi

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RBC Morphology : Normocytic  
normochromic

WBC Morphology : Within normal range  
Platelet : Adequate

\*\*\* End Of The Report \*\*\*

**Verified By**  
RaviN

**Dr.Anjana Sanghavi**  
**Consultant Pathologist**

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**Age / Gender** : 32Y(s) 11M(s) 21D(s)/Male  
**Lab Ref No/UHID** : PS006578/P00000574743  
**Lab No/Result No** : 2300175216-P/353419  
**Referred By Dr.** : HOSPITAL CASE  
**Bill Date** : 14-10-2023 09:35 AM  
**Collected Date** : 14-10-2023 03:18 PM  
**Received Date** : 14-10-2023 10:04 AM  
**Report Date** : 14-10-2023 06:57 PM  
**Specimen** : SERUM  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
<b>PPBS</b> Glucose (Post Prandial) <i>Method : GOD-POD</i>	:100	mg/dL	60-140

\*\*\* End Of The Report \*\*\*

**Verified By**  
Anand

**Dr.POOJA PATHAK**  
Associate Consultant

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**Bill Date** : 14-10-2023 09:35 AM  
**Collected Date** : 14-10-2023 10:04 AM  
**Received Date** : 14-10-2023 10:04 AM  
**Report Date** : 14-10-2023 05:02 PM  
**Specimen** : EDTA WHOLE BLC  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

Investigation	Result	Units	Biological Reference Interval
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**ESR**

ESR At 1 Hour :02 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**  
RaviN

**Dr.Anjana Sanghavi**  
**Consultant Pathologist**

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**Age / Gender** : 32Y(s) 11M(s) 21D(s)/Male  
**Lab Ref No/UHID** : PS006578/P00000574743  
**Lab No/Result No** : 2300175216/353419  
**Referred By Dr.** : HOSPITAL CASE  
**Bill Date** : 14-10-2023 09:35 AM  
**Collected Date** : 14-10-2023 10:04 AM  
**Received Date** : 14-10-2023 10:04 AM  
**Report Date** : 14-10-2023 06:30 PM  
**Specimen** : SERUM  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
<b>ELECTROLYTES (Na &amp; K)</b>			
Sodium <i>Method : Potentiometric</i>	: 139.0	mmol/L	136.0 - 145.0
Potassium <i>Method : Potentiometric</i>	: 4.0	mmol/L	3.5 - 5.1
Chloride <i>Method : Potentiometric</i>	: 101.0	mmol/L	98.0 - 107.0

\*\*\* End Of The Report \*\*\*

**Verified By**  
Anand

**Dr.POOJA PATHAK**  
Associate Consultant

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<b>Age / Gender</b> :	32Y(s) 11M(s) 21D(s)/Male	<b>Collected Date</b> :	14-10-2023 03:18 PM
<b>Lab Ref No/UHID</b> :	PS006578/P00000574743	<b>Received Date</b> :	14-10-2023 10:04 AM
<b>Lab No/Result No</b> :	2300175924/353419	<b>Report Date</b> :	14-10-2023 06:30 PM
<b>Referred By Dr.</b> :	HOSPITAL CASE	<b>Specimen</b> :	URINE
		<b>Processing Loc</b> :	RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-CLINICAL PATHOLOGY**

Investigation	Result	Units	Biological Reference Interval
<b>URINE ROUTINE</b>			
<b><u>PHYSICAL EXAMINATION</u></b>			
Colour	: Pale Yellow		
Appearance	: Clear		
<b><u>CHEMICAL TEST</u></b>			
Ph	: 6.0		5.0-7.0
Specific Gravity	: 1.025		1.015-1.030
Albumin	: Absent		Abset
Urine Sugar	: Absent	mg/dL	
Ketone Bodies	: Absent		Absent
Bile Pigments/ Bilirubin	: Absent		Absent
Urobilinogen	: Normal		Normal
Nitrites	: Absent		Absent
Leucocytes Esterase	: Absent		Absent
<b><u>MICROSCOPIC TEST</u></b>			
Pus Cells.	: 1-2	/hpf	0 - 5
Red Blood Cells.	: Absent	/hpf	0 - 2
Epithelial Cells.	: 1-2	/hpf	0-5
Bacteria	: Absent	/hpf	Absent
Cast	: Absent		Absent
Yeast Cells	: Absent		Absent
Crystals	: Absent		Absent
Others	: Absent		Absent

\*\*\* End Of The Report \*\*\*

**Verified By**  
AKSHAY1

**Dr.Anjana Sanghavi**  
**Consultant Pathologist**

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**Received Date** : 14-10-2023 10:04 AM  
**Report Date** : 14-10-2023 06:48 PM  
**Specimen** : SERUM  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
<b>LIPID PROFILE</b>			
Cholesterol <i>Method : Enzymatic</i>	:167.0	mg/dL	130.0 - 220.0
Triglycerides <i>Method : Enzymatic</i>	:136	mg/dL	35.0 - 180.0
HDL Cholesterol <i>Method : Enzymatic</i>	:43	mg/dL	35-65
LDL Cholesterol <i>Method : Calculated</i>	:96.8	mg/dL	10.0 - 130.0
VLDL Cholesterol <i>Method : Calculated</i>	:27.2	mg/dL	5.0-36.0
Cholestrol/HDL Ratio <i>Method : Calculated</i>	:3.88	--	2.0-6.2

\*\*\* End Of The Report \*\*\*

**Verified By**  
Anand

**Dr.POOJA PATHAK**  
**Associate Consultant**

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**Referred By Dr.** : HOSPITAL CASE  
**Bill Date** : 14-10-2023 09:35 AM  
**Collected Date** : 14-10-2023 10:04 AM  
**Received Date** : 14-10-2023 10:04 AM  
**Report Date** : 15-10-2023 12:25 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 \*\*\*

**Verified By**  
SANDEEP

**Dr.POOJA PATHAK**  
Associate Consultant

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**Lab Ref No/UHID** : PS006578/P00000574743  
**Lab No/Result No** : 2300175218-G/353419  
**Referred By Dr.** : HOSPITAL CASE  
**Bill Date** : 14-10-2023 09:35 AM  
**Collected Date** : 14-10-2023 10:04 AM  
**Received Date** : 14-10-2023 10:04 AM  
**Report Date** : 14-10-2023 11:03 PM  
**Specimen** : WHOLE BLOOD  
**Processing Loc** : RHC Hinjawadi



**DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

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

Glycosylated Haemoglobin : 4.5 % 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 \*\*\*

**Verified By**  
Anand

**Dr. Anjana Sanghavi**  
Consultant Pathologist

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Grant Medical Foundation  
**Ruby Hall Clinic**  
*Pimple Saudagar*

---

<b>Name:</b> JADHAV VINAYAK .	<b>Exam Date :</b> 14-Oct-2023 10:40
<b>Age :</b> 032 Years	<b>Accession:</b> 112423160257
<b>Gender:</b> M	<b>Exam:</b> CHEST X RAY
<b>PID:</b> P00000574743	<b>Physician:</b> HOSPITAL CASE <sup>AAAA</sup>
<b>OPD :</b>	

---

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: 16-Oct-2023 11:08:50

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<b>Name:</b> JADHAV VINAYAK .	<b>Exam Date :</b> 14-Oct-2023 09:56
<b>Age :</b> 032 Years	<b>Accession:</b> 112310094225
<b>Gender:</b> M	<b>Exam:</b> ABDOMEN AND PELVIS
<b>PID:</b> P00000574743	<b>Physician:</b> HOSPITAL CASE <sup>AAAA</sup>
<b>OPD :</b>	

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### 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 right side.

**Left kidney shows non obstructive echoreflexive calculus measures 3.6 mm in lower pole calyx.**

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 :

**Left renal non obstructive echoreflexive calculus.**

**No other significant abnormality noted.**

**Suggest : Clinical correlation.**

---



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

---

Date: 14-Oct-2023 15:55:38



**2DECHO&DOPPLER REPORT**

**NAME: MR. VINAYAK JADHAV    AGE: 32 Yrs/M    DATE: 14 /10 /2023**

MITRAL VALVE: has thin leaflets with normal subvalvar motion.  
No mitral regurgitation .  
AORTIC VALVE : has three thin leaflets with normal opening  
No aortic regurgitation.  
PULMONARY VALVE; NORMAL,  
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.  
TRICUSPID VALVE & PULMONARY VALVES : normal.  
Trivial TR, No PH.  
No pericardial effusion.  
M- MODE :

AORTA	LA	LVI DD	LVIDS	IVS	PW	LVEF
24mm	27mm	48mm	22mm	10mm	10mm	60%

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



**DR. YATIN VISAVE**  
**MBBS,DMRD(RADIOLOGY)**



Grant Medical Foundation  
**Ruby Hall Clinic**  
Pimple Saudagar

19/10/2013

Mr. Vinayak Inolkar

Clorox ADS mouthwash



1-2 x 5 days

Dr. Aniket

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





Grant Medical Foundation

**Ruby Hall Clinic**

Pimple Saudagar

14/10/2023

Mr. Vinayak Jadhav

OIG →

① Stains → ++, Calculus → -

② Caries — 6

③ R.S. — 18

④ Retreated — 1 (without crown)

Adv: -

① Oral prophylaxis

② Resto — 6

③ Crown — 1

Dr. Aniket

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



MR. JADHAV VINAYAK



Ref: PS006578- Reg: OPS00004961  
 32.11.21/M - NH - 14/10/2023  
 P00000574743 -

OPHTHALMOLOGY

NAME :

AGE : 32 year

R

L

1) Vision  $\left\{ \begin{array}{l} \text{unaided} \quad 6/6 \quad \quad \quad 6/6 \\ \text{c glasses} \end{array} \right.$

2) Near Vision  $\left\{ \begin{array}{l} \text{unaided} \quad 6/6 \quad \quad \quad 6/6 \\ \text{c glasses} \end{array} \right.$

3) Binocular Vision \_\_\_\_\_

4) Colour Vision \_\_\_\_\_

5) Tension  $\quad 16 \quad \quad \quad 16$

6) Anterior Segment \_\_\_\_\_

7) Pupils \_\_\_\_\_

8) Lens \_\_\_\_\_ Normal

9) Media & Fundus \_\_\_\_\_

10) Remarks \_\_\_\_\_

Refresh Tear.

Date : 14/10/2023

(Signature)

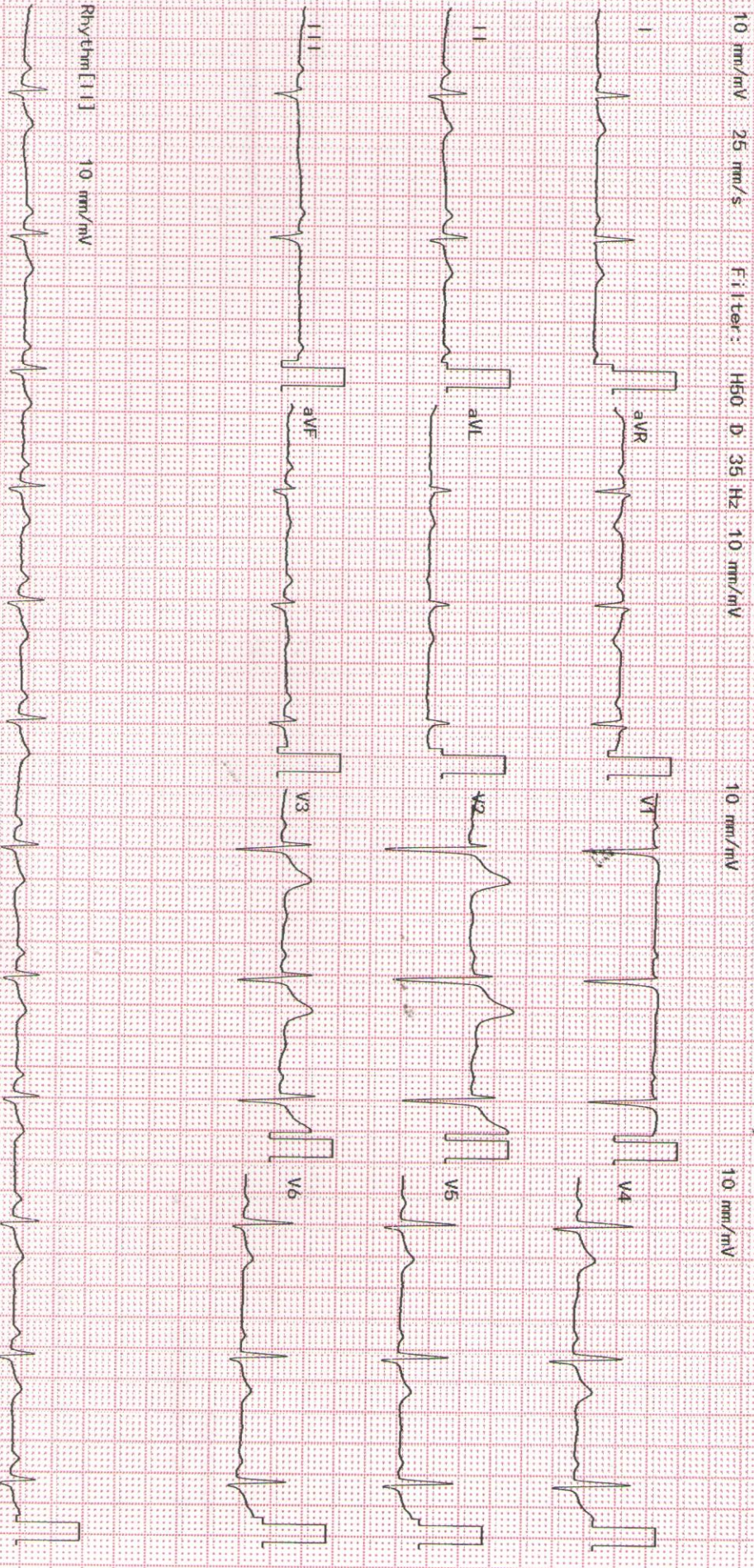


Sex: M      Birth date: / /      32 years  
 cm      kg      mmHg  
 Medication:  
 Symptoms:  
 History:  
 Vent. rate      73 bpm  
 PR int      158 ms  
 QRS dur      80 ms  
 QT/QTc(E) int      342/368 ms  
 P/QRST axis      58/-10/34  
 RV5/SV1 amp      0.98/1.20 mV  
 RV5+SV1 amp      2.18 mV

1100 Sinus rhythm  
 1102 Sinus arrhythmia  
 9110 \*\* normal ECG \*\*

Unconfirmed Report  
 Reviewed by:

MR. JADHAN VINAAYAK  
  
 Ref: P5006578- Reg: OP50004961  
 32.11.21(M) - NH - 14/10/2023  
 P00000574743-



350K      02-03      04-05      Dept:      Exam: RUBY HALL CLINIC HINJEWADI