



CID : 2218323095
Name : MR.SATISH TIRKEY
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 02-Jul-2022 / 09:46
Reported : 02-Jul-2022 / 17:42

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	14.4	13.0-17.0 g/dL	Spectrophotometric
RBC	6.69	4.5-5.5 mil/cmm	Elect. Impedance
PCV	44.4	40-50 %	Measured
MCV	66	80-100 fl	Calculated
MCH	21.5	27-32 pg	Calculated
MCHC	32.5	31.5-34.5 g/dL	Calculated
RDW	17.4	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	7920	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.1	20-40 %	
Absolute Lymphocytes	2383.9	1000-3000 /cmm	Calculated
Monocytes	8.0	2-10 %	
Absolute Monocytes	633.6	200-1000 /cmm	Calculated
Neutrophils	59.3	40-80 %	
Absolute Neutrophils	4696.6	2000-7000 /cmm	Calculated
Eosinophils	2.2	1-6 %	
Absolute Eosinophils	174.2	20-500 /cmm	Calculated
Basophils	0.4	0.1-2 %	
Absolute Basophils	31.7	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	385000	150000-400000 /cmm	Elect. Impedance
MPV	9.9	6-11 fl	Calculated
PDW	25.4	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	+		
Microcytosis	++		



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Macrocytosis -
Anisocytosis Mild
Poikilocytosis Mild
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Note : Features suggest thalassemia trait.
Advice : Hb electrophoresis & Reticulocyte count.

Specimen: EDTA Whole Blood

ESR, EDTA WB 24 2-15 mm at 1 hr. Westergren

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



MC-2111

Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	100.9	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	101.1	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	1.07	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.35	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.72	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.6	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.6	1 - 2	Calculated
SGOT (AST), Serum	11.5	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	28.1	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	15.4	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	84.3	40-130 U/L	Colorimetric
BLOOD UREA, Serum	13.7	12.8-42.8 mg/dl	Kinetic
BUN, Serum	6.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.89	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	103	>60 ml/min/1.73sqm	Calculated
URIC ACID, Serum	7.1	3.5-7.2 mg/dl	Enzymatic



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Reported : 02-Jul-2022 / 18:52

Urine Sugar (Fasting)	Absent	Absent
Urine Ketones (Fasting)	Absent	Absent
Urine Sugar (PP)	Absent	Absent
Urine Ketones (PP)	Absent	Absent

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
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MC-2111

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

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

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Collected : 02-Jul-2022 / 09:46
Reported : 02-Jul-2022 / 16:26

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.7	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	116.9	mg/dl	Calculated

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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Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab
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Collected : 02-Jul-2022 / 09:46
Reported : 02-Jul-2022 / 14:41

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**AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
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	-	-
<u>CHEMICAL EXAMINATION</u>			
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
<u>MICROSCOPIC EXAMINATION</u>			
Leukocytes(Pus cells)/hpf	18-20	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

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*** End Of Report ***



MC-2111



Bmhaskar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist

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

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	A
Rh TYPING	POSITIVE

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

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

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Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Pathologist

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

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Reg. Location : Kandivali East (Main Centre)

Collected : 02-Jul-2022 / 09:46
Reported : 02-Jul-2022 / 14:59

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	155.9	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	228.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	25.2	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	130.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	102.0	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	28.7	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	6.2	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.1	0-3.5 Ratio	Calculated

Note : LDL test is performed by direct measurement.

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Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist

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Name : MR.SATISH TIRKEY
Age / Gender : 35 Years / Male
Consulting Dr. : -
Reg. Location : Kandivali East (Main Centre)

Collected : 02-Jul-2022 / 09:46
Reported : 02-Jul-2022 / 12:36

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.0	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.8	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	2.55	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 transiently altered because 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	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
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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*** End Of Report ***



Anupa

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

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

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 Age / Gender : 35 Years/Male
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 Reg.Location : Kandivali East (Main Centre)

Collected : 02-Jul-2022 / 09:38
 Reported : 03-Jul-2022 / 08:22

PHYSICAL EXAMINATION REPORT

History and Complaints:

Covid Jan/Feb 2022.

EXAMINATION FINDINGS:

Height (cms):	178 cms	Weight (kg):	83 kg
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	100/80	Nails:	Normal
Pulse:	62/min	Lymph Node:	Not palpable

Systems

Cardiovascular: Normal
 Respiratory: Normal
 Genitourinary: Normal
 GI System: Normal
 CNS: Normal

IMPRESSION:

*uric - 18.20 pus cells /HPF
 Dyslipidemia
 USG - fatty liver*

ADVICE:

*Increase
~~more~~ water intake
 Low fatty diet
 Reg. exercise*

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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 | Appendicectomy |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|-------|
| 1) Alcohol | No |
| 2) Smoking | No |
| 3) Diet | Mixed |
| 4) Medication | No |

*** End Of Report ***

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Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61708000


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

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

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Date:- 2/7/22

CID: —

Name:- MR. Sanish Tiskey.

Sex/Age: M/35

EYE CHECK UP

Chief complaints: Routine eye checkup

Systemic Diseases: Nil.

Past history: Nil.

Unaided Vision: Vn < 6/6, N6
6/6, N6.

Aided Vision: —

Refraction:

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance				6/6				6/6
Near				N6				N6

Colour Vision: Normal / Abnormal

Kajal Nagrecha

Remark: Vn within normal limits.

KAJAL NAGRECHA
OPTOMETRIST

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
Row House No. 3, Aangan,
Thakur Village, Kandivali (east),
Mumbai - 400101.
Tel : 61700000

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DENTAL CHECK - UP

Name:- *Satish Tinkey*

CID : - Sex / Age : *M / 35*

Occupation:-

Date: *02/07/2022*

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: *Normal*
- b) Hard Tissue Examination: *a) Root pieces 6746*
- c) Calculus: *++*
- Stains: *++*

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

<input type="radio"/>	Missing	#	Fractured
<input type="radio"/>	Filled/Restored	RCT	Root Canal Treatment
<input type="radio"/>	Cavity/Caries	RP	Root Piece

Advised: a) *Extraction & replacement of 6746*
 b) *Scaling & Polishing [Clearing].*

Provisional Diagnosis:-

-NIL-

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 Row House No. 3, Aangan,
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 Mumbai - 400101.
 Tel : 61700000

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

DR. Bhumnik Patel

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

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Name : Mr SATISH TIRKEY
Age / Sex : 35 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 02-Jul-2022
Reported : 02-Jul-2022 / 15:22

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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.

Khilji Faizur

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

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, 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 and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

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

KIDNEYS:

Both the kidneys are normal in size shape and echotexture.

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

Right kidney measures 10.0 x 4.0 cm. Left kidney measures 10.5 x 5.0 cm.

SPLEEN:

The spleen is normal in size 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 volume is 24 cc.

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2022070209391382>

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HEALTHLINE - MUMBAI: 022-6170-0000 | OTHER CITIES: 1800-266-4343 Page no 1 of 2

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Use a QR Code Scanner
Application To Scan the Code

CID : 2218323095
Name : Mr SATISH TIRKEY
Age / Sex : 35 Years/Male
Ref. Dr :
Reg. Location : Kandivali East Main Centre

Reg. Date : 02-Jul-2022
Reported : 02-Jul-2022 / 11:29

IMPRESSION:
Grade I fatty liver.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further / Follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Patient was explained in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the centre for rectification. Please interpret accordingly. All safety precautions were taken before, during and after the USG examination in view of the ongoing Covid 19 pandemic.

-----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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• PATIENT NAME : MR SATISH TIRKEY	• SEX : MALE
• REFERRED BY : Arcofemi Healthcare Limited	• AGE : 35 YEARS
• CID NO : 2218323095	• DATE : 02/07/2022

2D & M-MODE ECHOCARDIOGRAM REPORT
COLOR FLOW DOPPLER REPORT

ECHO & DOPPLER FINDINGS :

- No diastolic dysfunction seen at present.
- No regional wall motion abnormality seen at rest at present
- No left ventricular hypertrophy seen.
- All cardiac chambers are normal in size.
- RA and RV are normal in dimensions. LA and LV are normal in dimensions.
- All cardiac valves show normal structure and physiological function.
- No significant stenosis nor regurgitation seen.
- No defect seen in the inter ventricular and inter atrial septums.
- No evidence of aneurysm / clots / vegetations/ effusion.
- TAPSE and MAPSE measured to 25 mm and 22 mm respectively.
- PASP by TR jet measured to 20 mm Hg.
- Visual LVEF of 70 %.

MEASUREMENTS:

IVS d (mm)	09	EDV (ml)	95	Ao (mm)	35
IVS s (mm)	15	ESV (ml)	25	LA (mm)	29
LVIDd (mm)	42	SV (ml)	70	EPSS (mm)	01
LVIDs (mm)	25	FS (mm)	35	EF SLOPE (ml/s)	81
Pwd (mm)	10	EF (%)	70	MV (mm)	20
Pws (mm)	14				

Conti...2

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• PATIENT NAME : MR SATISH TIRKEY	• SEX : MALE
• REFERRED BY :	• AGE : 35 YEARS
• CID NO :	• DATE : 02/07/2022

DOPPLER: Mitral E / A

Mitral (m/s)	0.5	Aortic (m/s)	1.24
Tricuspid (m/s)	0.4	Pulmonary (m/s)	0.8

TDI

Septal e' = 0.06 m/s

Lateral e' = 0.07 m/s

Septal a' = 0.05 m/s

Lateral a' = 0.06 m/s

Septal s' = 0.06 m/s

Lateral s' = 0.07 m/s

Septal E/e'=08



Dr. P. Bhatjiwale, M.D

PG cert in Clinical Cardiology,

Cert in 2 D Echo & Doppler Studies

Reg. No 68857

NOTE :2D ECHO has a poor sensitivity in cases of angina pectoris.

Adv: Please correlate clinically. CAG/ Further cardiac evaluation as clinically indicated.

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

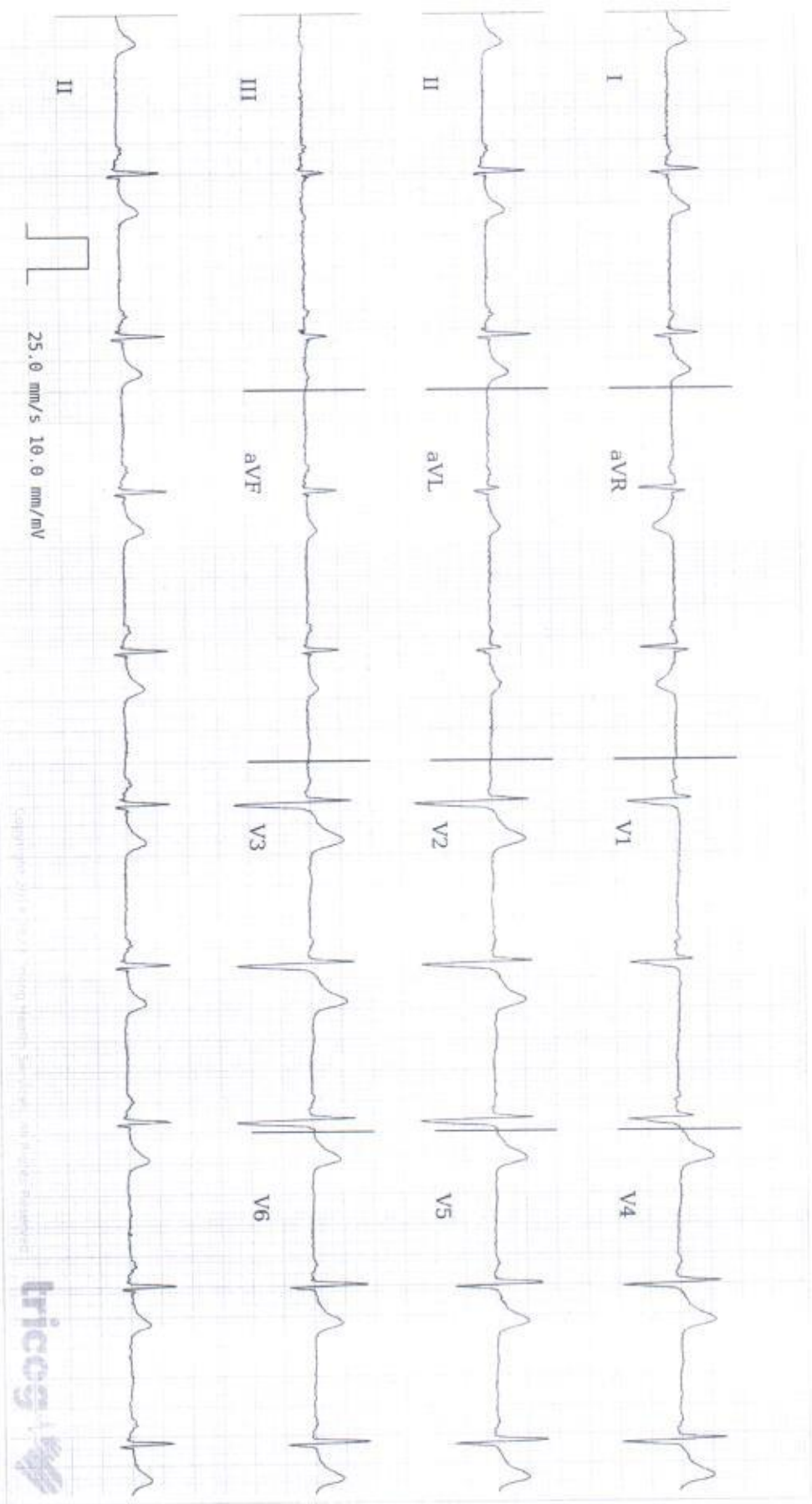
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Patient Name: **SATISH TIRKEY**
Patient ID: **2218323095**

Date and Time: **2nd Jul 22 10:18 AM**



Age **35** **9** **27**
years months days

Gender **Male**

Heart Rate **58bpm**

Patient Vitals

BP: **100/80 mmHg**

Weight: **83 kg**

Height: **178 cm**

Pulse: **NA**

Spo2: **NA**

Resp: **NA**

Others:

Measurements

QRSd: **84ms**
QT: **382ms**
QTc: **37.4ms**
PR: **136ms**
P-R-T: **51° 61° 31°**

ECG Within Normal Limits: Sinus Bradycardia. Please correlate clinically.

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Thakur Village, Kandivalli (east),
Mumbai - 400101.
Tel : 61708000

REPORTED BY

DR AKHIL PARULEKAR
MBBS, MD, MEDICINE, DNB Cardiology
Cardiologist
2012082483

Disclaimer: This analysis or this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. © Patient's rights are as defined by the clinician and not derived from the ECG.

Date: 2/7/22

ENT Examination - 1

Name :- Sankshir Tirkey Age :- 35M

History - NIL

Examination	Right	Left
External Ear	MAD	- MAD
Middle Ears (Tympanic, membrane, Eustachian Tube, mastoid)	MAD	MAD
Rinnes, Webers	-	-
Nose and paranasal Sinuses-(airwy, septum, polyp)		MAD
Thorax	mild cough ⊕	
Speech	Ⓜ	
Audiometry (when done)		

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