



CID : 2427400352  
Name : MR.NARAYAN G NAMBISSAN  
Age / Gender : 58 Years / Male  
Consulting Dr. : -  
Reg. Location : Borivali West (Main Centre)

Collected : 30-Sep-2024 / 08:36  
Reported : 30-Sep-2024 / 12:10

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**

**CBC (Complete Blood Count), Blood**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	14.0	13.0-17.0 g/dL	Spectrophotometric
RBC	4.87	4.5-5.5 mil/cmm	Elect. Impedance
PCV	42.6	40-50 %	Measured
MCV	88	80-100 fl	Calculated
MCH	28.8	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	14.2	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	8200	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	36.6	20-40 %	
Absolute Lymphocytes	3001.2	1000-3000 /cmm	Calculated
Monocytes	4.8	2-10 %	
Absolute Monocytes	393.6	200-1000 /cmm	Calculated
Neutrophils	55.7	40-80 %	
Absolute Neutrophils	4567.4	2000-7000 /cmm	Calculated
Eosinophils	2.3	1-6 %	
Absolute Eosinophils	188.6	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	49.2	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	184000	150000-400000 /cmm	Elect. Impedance
MPV	9.7	6-11 fl	Calculated
PDW	15.5	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	-		
Microcytosis	-		





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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	138.2	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	159.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West  
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*Bmhasakar*

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



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**KIDNEY FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	17.9	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.4	6-20 mg/dl	Calculated
CREATININE, Serum	0.85	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	101	(ml/min/1.73sqm) Normal or High: Above 90 Mild decrease: 60-89 Mild to moderate decrease: 45-59 Moderate to severe decrease: 30-44 Severe decrease: 15-29 Kidney failure: <15	Calculated

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	7.2	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.6	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.6	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	140	135-148 mmol/l	ISE
POTASSIUM, Serum	4.6	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	102	98-107 mmol/l	ISE

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**GLYCOSYLATED HEMOGLOBIN (HbA1c)**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	7.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	165.7	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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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**PROSTATE SPECIFIC ANTIGEN (PSA)**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
TOTAL PSA, Serum	0.426	<4.0 ng/ml	CLIA

**Clinical Significance:**

- PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.
- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- Prostate cancer screening 4. The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer. 5. Calculation of % free PSA (ie. FPSA/TPSA x 100 ), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

**Interpretation:**

**Increased In-** Prostate diseases, Cancer, Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection, Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta, Acute renal failure, Acute myocardial infarction,

**Decreased In-** Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artfactual (e.g., improper specimen collection; very high PSA levels). Finasteride (5- $\alpha$ -reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

**Reflex Tests:** % FREE PSA , USG Prostate

**Limitations:**

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallel measurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays.
- PSA results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

**Note :** The concentration of PSA in a given specimen, determined with assay from different manufacturers, may not be comparable due to differences in assay methods and reagent specificity.

**Reference:**

- Wallach's Interpretation of diagnostic tests
- Total PSA Pack insert



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



**Dr. ANUPA DIXIT**  
**M.D.(PATH)**  
**Consultant - Pathologist**



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO  
URINE EXAMINATION REPORT**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>PHYSICAL EXAMINATION</u></b>			
Color	Pale yellow	Pale Yellow	-
Transparency	Clear	Clear	-
<b><u>CHEMICAL EXAMINATION</u></b>			
Specific Gravity	1.015	1.002-1.035	Chemical Indicator
Reaction (pH)	5.0	5-8	pH Indicator
Proteins	Absent	Absent	Protein error principle
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
<b><u>MICROSCOPIC EXAMINATION</u></b>			
(WBC)Pus cells / hpf	2-3	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	1-2	0-5/hpf	
Hyaline Casts	Absent	Absent	
Pathological cast	Absent	Absent	
Calcium oxalate monohydrate crystals	Absent	Absent	
Calcium oxalate dihydrate crystals	Absent	Absent	
Triple phosphate crystals	Absent	Absent	
Uric acid crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	5-6	0-20/hpf	
Yeast	Absent	Absent	
Others	-		





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



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Reported : 30-Sep-2024 / 15:47

**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO  
BLOOD GROUPING & Rh TYPING**

PARAMETER	RESULTS
ABO GROUP	A
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) 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.

**References:**

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab  
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*Dr. Vrushi Shroff*

**Dr.VRUSHALI SHROFF**  
M.D.(PATH)  
Pathologist



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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	184.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	74.4	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	47.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	137.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	122.0	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	15.0	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	3.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.6	0-3.5 Ratio	Calculated

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**THYROID FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.4	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	13.7	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.65	0.35-5.5 microIU/ml microU/ml	ECLIA





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**Interpretation:**

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

**Clinical Significance:**

- 1)TSH Values between high abnormal upto15 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 trasiently altered becuae 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:**

1. 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.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

**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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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**  
**LIVER FUNCTION TESTS**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.56	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.27	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.29	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.1	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.1	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	3.0	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	29.6	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	34.1	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	24.8	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	81.0	40-130 U/L	Colorimetric

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**MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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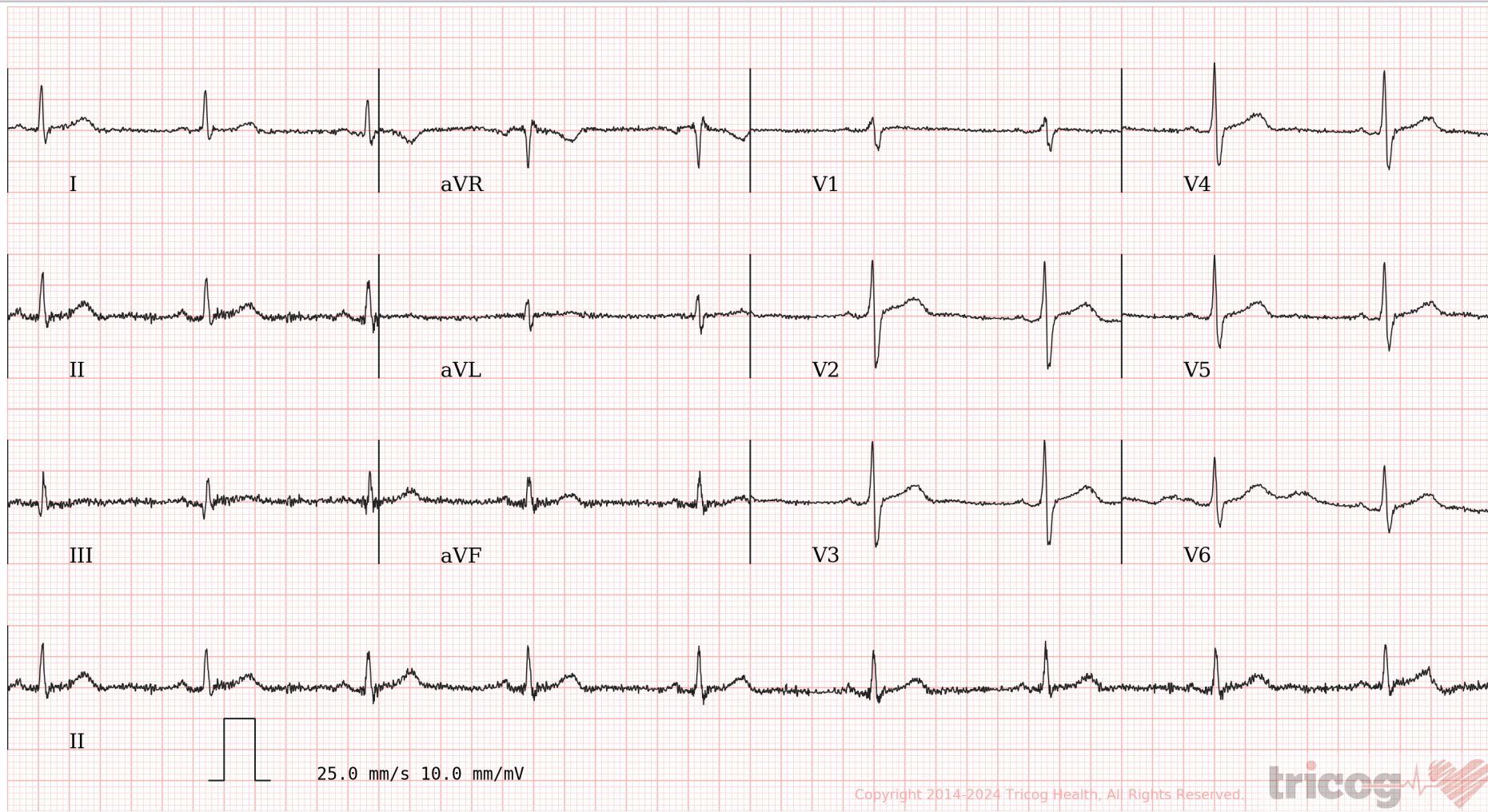
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**Dr.KETAKI MHASKAR**  
M.D. (PATH)  
Pathologist

# SUBURBAN DIAGNOSTICS - BORIVALI WEST

Patient Name: NARAYAN G NAMBISSAN  
Patient ID: 2427400352

Date and Time: 30th Sep 24 10:09 AM



Age **58** **NA** **NA**  
years months days

Gender **Male**

Heart Rate **55bpm**

### Patient Vitals

BP: NA  
Weight: NA  
Height: NA  
Pulse: NA  
Spo2: NA  
Resp: NA  
Others: \_\_\_\_\_

### Measurements

QRSD: 106ms  
QT: 430ms  
QTcB: 411ms  
PR: 132ms  
P-R-T: 52° 51° 48°

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

REPORTED BY

Dr Nitin Sonavane  
M.B.B.S.AFLH, D.DIAB, D.CARD  
Consultant Cardiologist  
87714



GID# : 2427400352  
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Age / Gender : 58 Years/Male

Consulting Dr. :

Reg. Location : Borivali West (Main Centre)

Collected : 30-Sep-2024 / 08:25

Reported : 30-Sep-2024 / 16:57

## PHYSICAL EXAMINATION REPORT

### History and Complaints:

Nil

### EXAMINATION FINDINGS:

Height (cms):	173	Weight (kg):	101
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	140/80	Nails:	NAD
Pulse:	72/min	Lymph Node:	Not Palpable

### Systems

Cardiovascular: S1S2-Normal

Respiratory: Chest-Clear

Genitourinary: NAD

GI System: NAD

CNS: NAD

### IMPRESSION:

obesity -  
Bl- sugd.  
USG

### ADVICE:

physician REF<sup>h</sup>.

### CHIEF COMPLAINTS:

- |                      |                |
|----------------------|----------------|
| 1) Hypertension:     | Yes, 10 Yrs    |
| 2) IHD               | No             |
| 3) Arrhythmia        | No             |
| 4) Diabetes Mellitus | DM Since 2 Yrs |
| 5) Tuberculosis      | No             |
| 6) Asthama           | No             |
| 7) Pulmonary Disease | No             |

CID# : 2427400352  
Name : MR. NARAYAN G NAMBISSAN

Age / Gender : 58 Years/Male

Consulting Dr. :

Reg.Location : Borivali West (Main Centre)

Collected : 30-Sep-2024 / 08:25

Reported : 30-Sep-2024 / 16:57

- 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 No
- 17) Musculoskeletal System No

**PERSONAL HISTORY:**

- 1) Alcohol No
- 2) Smoking No
- 3) Diet Veg
- 4) Medication No

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

**DR. NITIN SONAVANE**  
M.B.B.S.AFLH, D.DIAB, D.CARD.  
CONSULTANT-CARDIOLOGIST  
REGD. NO.: 87714

**Dr.NITIN SONAVANE**  
PHYSICIAN

Suburban Diagnostics (I) Pvt. Ltd.  
301& 302, 3rd Floor, Vini Eleganance  
Above Tanisq Jeweller, L. T. Road,  
Borivali (West), Mumbai - 400 092



Date:-

CID: 2427400352

Name:-

Narayan. Nambissan

Sex / Age: 58 / M

**EYE CHECK UP**

Chief complaints:

Systemic Diseases:

Past history:

RE LE

Unaided Vision:

6/6 6/6

Aided Vision:

14/6 14/6

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

Suburban Diagnostics (i) Pvt. Ltd.  
301 & 302, 3rd Floor, Vini Elegance  
Above Tanisq Jeweller, L. T. Road,  
Borivali (West), Mumbai - 400 092

<b>CID NO: 2427400352</b>	
<b>PATIENT'S NAME: MR.NARAYAN G NAMBISSAN</b>	<b>AGE/SEX: 58Y/M</b>
<b>REF BY: -----</b>	<b>DATE: 30/09/2024</b>

**2-D ECHOCARDIOGRAPHY**

1. RA, LA RV is Normal Size.
2. Moderate concentric LV Hypertrophy.
3. Normal LV systolic function. LVEF 60 % by bi-plane
4. No RWMA at rest.
5. Aortic, Pulmonary, Mitral, Tricuspid valves normal.
6. Great arteries: Aorta: Normal
  - a. No mitral valve prolaps.
7. Inter-ventricular septum is intact and normal.
8. Intra Atrial Septum intact.
9. Pulmonary vein, IVC, hepatic are normal.
- 10.No LV clot.
- 11.No Pericardial Effusion
- 12.Grade 1 Diastolic disfunction. No Doppler evidence of raised LVEDP.





<b>PATIENT'S NAME: MR.NARAYAN G NAMBISSAN</b>	<b>AGE/SEX: 58Y/M</b>
<b>REF BY: -----</b>	<b>DATE: 30/09/2024</b>

1. AO root diameter	3.0 cm
2. IVSd	1.5 cm
3. LVIDd	4.8 cm
4. LVIDs	2.7 cm
5. LVPWd	1.5 cm
6. LA dimension	3.6 cm
7. RA dimension	3.6 cm
8. RV dimension	3.0 cm
9. Pulmonary flow vel:	0.8 m/s
10. Pulmonary Gradient	3.4 m/s
11. Tricuspid flow vel	1.3 m/s
12. Tricuspid Gradient	8 m/s
13. PASP by TR Jet	18 mm Hg
14. TAPSE	2.4 cm
15. Aortic flow vel	1.2 m/s
16. Aortic Gradient	6 m/s
17. MV:E	0.5 m/s
18. A vel	0.7 m/s
19. IVC	17 mm
20. E/E'	10


**Impression:**

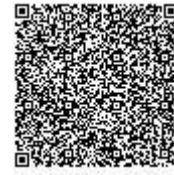
**Moderate concentric LV Hypertrophy.  
Grade 1 Diastolic dysfunction.  
Normal 2d echo study.**

**Disclaimer**

Echo may have inter/intra observer variations in measurements as the study is observer dependent and changes with Pt's hemodynamics. Please co-relate findings with patients clinical status.

\*\*\*End of Report\*\*\*

  
**DR. S. NITIN**  
**Consultant Cardiologist**  
**Reg. No. 87714**



**CID** : 2427400352  
**Name** : Mr NARAYAN G NAMBISSAN  
**Age / Sex** : 58 Years/Male  
**Ref. Dr** :  
**Reg. Location** : Borivali West

**Reg. Date** : 30-Sep-2024  
**Reported** : 30-Sep-2024/09:59

## **USG WHOLE ABDOMEN**

**LIVER:** Liver is enlarged in size 17.1 cm, with mild generalized increase in parenchymal echotexture. There is no intra-hepatic biliary radical dilatation.No evidence of any focal lesion.

**GALL BLADDER:** Gall bladder is Partially distended and appears normal.

(Tiny polyps/calculi may be missed due to technical limitations, sub-optimal distension of GB, adjacent gases and inter-machine variability in resolution settings)

**PORTAL VEIN:** Portal vein is normal. **CBD:** CBD is normal.

**PANCREAS:** Pancreas obscured due to bowel gases.

**KIDNEYS:** Right kidney measures 10.6 x 5.4 cm. Left kidney measures 11.1 x 5.2 cm.

Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

**SPLEEN:** Spleen is normal in size, shape and echotexture. No focal lesion is seen.

**URINARY BLADDER:** Urinary bladder is distended and normal. Wall thickness is within normal limits.

**PROSTATE:** Prostate is normal in size and echotexture. Prostate measures 3.1 x 4.2 x 3.7 cm and prostatic weight is 26 gm. No evidence of any obvious focal lesion.

No free fluid or size significant lymphadenopathy is seen.



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**Reg. Date** : 30-Sep-2024  
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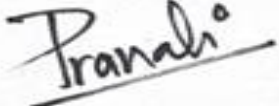
**Opinion:**

- **Grade II fatty infiltration of liver with mild hepatomegaly, Advice LFT & Lipid profile correlation.**

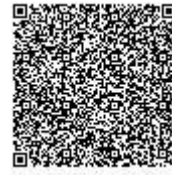
*For clinical correlation and follow up.*

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 center for rectification within 7 days post which the center will not be responsible for any rectification. Please interpret accordingly.

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

  
**Dr. Pranali Mahale**  
**MD, Radiodiagnosis**  
**Consultant Radiologist**  
**Reg no. 2019/07/5682**

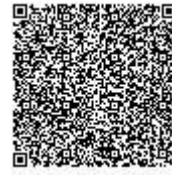




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Application To Scan the Code

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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.**

**Kindly correlate clinically.**

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. X ray is known to have inter-observer variations. Further / follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis. Please interpret accordingly. In case of any typographical error / spelling error in the report, patient is requested to immediately contact the centre within 7 days post which the center will not be responsible for any rectification.

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

  
**Dr. Pranali Mahale**  
**MD, Radiodiagnosis**  
**Consultant Radiologist**  
**Reg no. 2019/07/5682**



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