

Patient Name	Rizwan Usman Khan.	Date	10/8/2024
Age	42 yr.	UHID No	
Sex	Male	Ref By	
Occupation	Service.	Phone No	
		Email	

HEALTH ASSESSMENT FORM

A - GENERAL EXAMINATION

CHIEF COMPLAINTS	- No Complaints.				
PAST HISTORY	- No H/O any major illness.				
MEDICAL HISTORY	Hypertension	Asthama	Heart Disease	Thyroid Disorder	Allergy
	No.	No.	No.	No.	No.
	Diabetes	Stroke	Kidney Disorder	Tuberculosis	Liver Disorder
	No.	No.	No.	No.	No.
	Other History				
	H/O Leucocytopenia - 2011.				
SURGICAL HISTORY	Piles	Fissures	Fistula	Hernia	Gall Bladder Stone
	No.	No.	No.	No.	No.
CURRENT MEDICATIONS	Sr. No	Complaints	Dosage	Duration	
		None			

NAME	Rizwan Usman Khan.	Weight	67.3 kg.
BP	130/90 mmHg.	Height	169 cm.
Pulse	73 bpm.	SPO2	99% RA.
Temperature	Afebr.	Peripheral Pulses	Present.
Oedema	None.	Breath Sound	CRBC.
Heart Sound	S1S2.		

B - SYSTEMIC EXAMINATION

FILL YES/NO

CONSTITUTIONAL		GENITOURINARY SYSTEM	
Fever	} NO.	Frequency of urine	} NO.
Chills		Blood in urine	
Recent weight gain		Incomplete empty of bladder	
EYES		OBS/GYNE.	
Eye pain	} Eye lacerations on left.	Nycturia	} NO.
Spots before eyes		Dysuria	
Dry eyes		Urge Incontinence	
Wearing glasses		Abnormal bleed	
Vision changes		Vaginal Discharge	
Itchy eyes		Irregular menses	} NO.
EAR/NOSE/THROAT		Midcycle bleeding	
Earaches	} NO.	MUSCULOSKELETAL	
Nose bleeds		Joint swelling	} NO.
Sore throat		Joint pain	
Loss of hearing		Limb swelling	
Sinus problems		Joint stiffness	
Dental problems		INTEGUMENTARY (SKIN)	
CARDIOVASCULAR		Acne	} NO.
Chest pain	} Chest pain on left.	Breast pain	
Heart rate is fast/slow		Change in mole	
Palpitations		Breast	
Leg swelling		NEUROLOGICAL	
RESPIRATORY		Confused	} NO.
Shortness of breath	} NO.	Sensation in limbs	
Cough		Migraines	
Orthopnoea		Difficulty walking	
Wheezing		PSYCHIATRIC	
Dyspnoea		Suicidal	} NO.
Respiratory distress in sleep		Change in personality	
GASTROINTESTINAL		Anxiety	
Abdominal pain	} NO.	Sleep Disturbances	} NO.
Constipation		Depression	
Heartburn		Emotional	
Vomiting			
Diarrhoea			
Melena			



42/m



माहिती विधिष्ठ ओळख पाधिकरण

भारत सरकार
Unique Identification Authority of India
Government of India

नोंदविण्याचा क्रमांक / Enrollment No.: 0000/00229/29591

To
रिजवान उसमान खान
Rizwan Usman Khan
C/O,
Room No. 406, Building No.4, 4th Floor, Bimbisar Nagar,
Western Express Highway,
Near Mahananda Dairy Goregaon East
Mumbai
Aareymilk Colony
Mumbai
Maharashtra 400065
9892027293

01/04/2013
310419635



MA104196359FT



आपला आधार क्रमांक / Your Aadhaar No. :

6904 1031 9758

आधार - सामान्य माणसाचा अधिकार



भारत सरकार
Government of India



रिजवान उसमान खान
Rizwan Usman Khan
जन्म तारीख / DOB : 20/02/1982
पुरुष / Male

VRX HEALTHCARE PVT. LTD.
Shop No.34-38, Gayatri Satsang Building,
Behind Vishnu Shivam Mall,
Thakur Village, Kandivali East,
Mumbai, Maharashtra - 400 101.
Mobile No.: 7506155999 / 7045955999

Dr. Sandeep Deshpande
MD (CARDIOLOGIST)
REG - 72944

6904 1031 9758



Rizwan

आधार - सामान्य माणसाचा अधिकार

I hereby confirm that I have willingly not
performing stool tests

Alina



Report

VRX HEALTH CARE PVT. LTD.

Name	: MR. RIZWAN KHAN	UHID	: VRX-42952
Age/Gender	: 42 Years 5 Months /M	Registered On	: 10/08/2024 10:17
Referred By	: MEDIWHEEL	Collected On	: 10/08/2024 10:33
		Reported On	: 10/08/2024 17:50

Investigations	Observed Value	Bio. Ref. Interval	METHOD
CBC-COMplete BLOOD COUNT			
HAEMOGLOBIN	13.8	13.0 - 17.0 gm/dl	
RBC COUNT	4.99	4.5 - 5.5 Millions/Cmm	
PACKED CELL VOLUME	40.5	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	81.16	83.0 - 101.0 fL	
MEAN CORP HB (MCH)	27.66	27 - 32 pg	
MEAN CORP HB CONC (MCHC)	34.07	31.5 - 34.5 g/dl	
RDW	13.2	11.6 - 14.0 %	
WBC COUNT	4.5	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	61	40 - 80 %	
LYMPHOCYTES	31	20 - 40 %	
EOSINOPHILS	3	1 - 6 %	
MONOCYTES	5	2 - 10 %	
BASOPHILS	0		
PLATELETS COUNT	208	150 - 410 *1000/Cmm	
PLATELETS ON SMEAR	Adequate		
MPV	10.7	6.78 - 13.46 %	
PDW	16.1	9 - 17 %	
RBC MORPHOLOGY	NORMOCYTIC NORMOCHROMIC		

REMARKS
EDTA Whole Blood - Tests done on Automated NIHON KOHDEN MEK-7300K 5 Part Analyzer. (Haemoglobin by Photometric and WBC, RBC, Platelet count by Impedance method, WBC differential by Floating Discriminator Technology and other parameters are calculated)
All Abnormal Haemograms are reviewed and confirmed microscopically. Differential count is based on approximately 10,000 cells.

INTERPRETATION

--- End of the Report ---

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N. Jain

ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G

Dr. Vipul Jain
M.D.(PATH)

APPROVED BY



Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)



Report

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Name	: MR. RIZWAN KHAN	UHID	: VRX-42952
Age/Gender	: 42 Years 5 Months /M	Registered On	: 10/08/2024 10:17
Referred By	: MEDIWHEEL	Collected On	: 10/08/2024 10:33
		Reported On	: 10/08/2024 17:50

Investigations	Observed Value	Bio. Ref. Interval	METHOD
<u>MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40</u>			
ESR	9	< 20 mm at the end of 1Hr.	WESTERGREN
<i>INTERPRETATION</i> <i>ESR(Erythrocyte Sedimentation Rate)-The ESR measures the time required for erythrocytes from a whole blood sample to settle to the bottom of a vertical tube. Factors influencing the ESR include red cell volume, surface area, density, aggregation, and surface charge. The ESR is a sensitive, but nonspecific test that is frequently the earliest indicator of disease. It often rises significantly in widespread inflammatory disorders due to infection or autoimmune mechanisms. Such elevations may be prolonged in localized inflammation and malignancies.</i> <i>Increased ESR: may indicate pregnancy, acute or chronic inflammation, tuberculosis, rheumatic fever, paraproteinemias, rheumatoid arthritis, some malignancies, or anemia.</i> <i>Decreased ESR: may indicate polycythemia, sickle cell anemia, hyperviscosity, or low plasma protein.</i>			
BLOOD GROUP	B POSITIVE		SLIDE AGGLUTINATION - FORWARD GROUPING

--- End of the Report ---

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Age/Gender	: 42 Years 5 Months /M	Registered On	: 10/08/2024 10:17
Referred By	: MEDIWHEEL	Collected On	: 10/08/2024 12:40
		Reported On	: 10/08/2024 17:50

Investigations	Observed Value	Bio. Ref. Interval	METHOD
FASTING BLOOD SUGAR			
FBS	98.89	< 100 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

INTERPRETATION

SAMPLE : FLUORIDE, PLASMA

Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl

Diabetic : \geq 126 mg/dl

Pre-Diabetic : 100 – 125 mg/dl

Plasma Glucose Post Lunch : Non-Diabetic : < 140

Diabetic : \geq 200 mg/dl

Pre-Diabetic : 140- 199 mg/dl.

Random Blood Glucose : Diabetic : \geq 200 mg/dl

References : ADA(American Diabetic Association Guidelines 2016)

Technique : Fully Automated PENTRA C-200 Clinical Chemistry Analyser .

**All Test Results are subjected to stringent international External and Internal Quality Control Protocols

Investigations	Observed Value	Bio. Ref. Interval	METHOD
PPBS			
PPBS	104.6	< 140 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

INTERPRETATION

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Report

VRX HEALTH CARE PVT. LTD.

UHID : AM10.24000000001
Patient Name : MR. RIZWAN KHAN
Age : 42 Yrs
Gender : MALE
Ref. Doctor : SELF
Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)KANDIVALI

Bill No. : A065776
Registered On : 10/08/2024,05:22 PM
Collected On : 10/08/2024,06:33 PM
Reported On : 10/08/2024,10:52 PM
SampleID : 

REPORT

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycylated Haemoglobin) WB-EDTA			
HbA1c (Glycylated Haemoglobin)	5.4	%	Normal <5.7 % Pre Diabetic 5.7 - 6.4 % Diabetic >6.5 % Target for Diabetes on therapy < 7.0 % Re-evaluation of therapy > 8.0 % Reference ADA Diabetic Guidelines 2013.

Method : HPLC (High Performance Liquid Chromatography)

Mean Blood Glucose 108.3 mg/dL

Method : Calculated

Note

Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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Entered By

Verified By

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Dr Suvarna Deshpande
MD (Path)
Reg.No.83385


Dr Aparna Jairam
MD (Path)
Reg.No.76516

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)





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REPORT

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
Correlation of A1C with average glucose			
A1C (%)	Mean Blood Glucose (mg/dl)		
6	126		
7	154		
8	183		
9	212		
10	240		
11	269		
12	298		

Interpretation :

- The HbA1c levels correlate with the mean glucose concentration prevailing in the course of Pts recent history (apprx 6-8 weeks) & therefore provides much more reliable information for glycemia control than the blood glucose or urinary glucose. This Methodology is better than the routine chromatographic methods & also for the diabetic pts. having HEMOGLBINOPATHIES OR UREMIA as Hb variants and uremia does not INTERFERE with the results in this methodology.
- It is recommended that HbA1c levels be performed at 4 - 8 weeks during therapy in uncontrolled DM pts. & every 3 - 4 months in well controlled diabetics.
- Mean blood glucose (MBG) in first 30 days (0-30) before sampling for HbA1c contributes 50% whereas MBG in 90 - 120 days contribute to 10% in final HbA1c levels

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Report

VRX HEALTH CARE PVT. LTD.

Name : MR. RIZWAN KHAN
Age / Gender : 42 Years 5 Months / M
Referred By : MEDIWHEEL

UHID : VRX-42952
Registered On : 10/08/2024 10:17
Collected On : 10/08/2024 10:33
Reported On : 10/08/2024 17:50

Investigations Observed Value Bio. Ref. Interval METHOD

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40

Lipid Test

Investigations	Observed Value	Bio. Ref. Interval	METHOD
TOTAL CHOLESTEROL	171.3	130 - 200 mg/dl	
TRIGLYCERIDES	170.1	25 - 160 mg/dl	
HDL CHOLESTEROL	51.31	35 - 80 mg/dl	
LDL CHOLESTEROL	85.97	< 100 mg/dl	
VLDL CHOLESTEROL	34.02	7 - 35 mg/dl	
LDL-HDL RATIO	1.68	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	3.34	2.5 - 4.0 mg/dl	

INTERPRETATION

SAMPLE : SERUM, PLAIN

Note : Non HDL is the best risk predictor of all cholesterol measures, both for CAD(Coronary Artery Diseases) events and for strokes. High Risk patients like Diabetics, Hypertension. With family history of IHD, Smokers, the Desirable reference values for cholesterol & Triglyceride are further reduced by 10 mg % each.

*VLDL and LDL Calculated.

(References : Interpretation of Diagnostic Tests by Wallach's)

Technique : Fully Automated Pentra C-200 Biochemistry Analyzer.

**All Test Results are subjected to stringent International External and Internal Quality Control Protocols.

--- End of the Report ---

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N. Jain

Dr. Vipul Jain
M.D.(PATH)



ENTERED BY - SANTOSH M

CHECKED BY - SNEHA G

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		Reported On	: 10/08/2024 17:50

Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40			
BUN			
UREA	18.69	19 - 44 mg/dl	
BLOOD UREA NITROGEN	8.73	9.0 - 20.5 mg/dl	
CREATININE	0.71	0.5 - 1.4 mg/dl	Jaffe/Alkaline Picrate
URIC ACID	6.29	3.5 - 7.2 mg/dl	URICASE
TOTAL PROTEINS			
TOTAL PROTEINS	6.14	6.0 - 7.8 g/dl	BIURET
ALBUMIN	3.61	3.5 - 5.2 g/dl	BIURET
GLOBULIN	2.53	2.0 - 3.5 g/dl	BIURET
AG RATIO	1.43	1.0 - 2.0 g/dl	BIURET
BUN / CREAT RATIO			
BUN (Blood Urea Nitrogen)	8.73	9.0 - 20.5 mg/dL	
Creatinine	0.71	0.5 - 1.4 mg/dL	
BUN/Creatinine Ratio	12.3	5.0 - 23.5	

--- End of the Report ---

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40

LIVER FUNCTION TEST

SGOT	28.8	5 - 40 U/L	
SGPT	39.3	5 - 45 U/L	
TOTAL BILIRUBIN	0.55	0.1 - 1.2 mg/dl	
DIRECT BILIRUBIN	0.15	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.4	0.1 - 1.0 mg/dl	
TOTAL PROTEINS	6.14	6.0 - 8.3 g/dl	
ALBUMIN	3.61	3.5 - 5.2 g/dl	
GLOBULIN	2.53	2.0 - 3.5 g/dl	
A/G RATIO	1.43	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATASE	101.2	53 - 128 U/L	
GGT	24.9	3 - 60 U/L	

REMARKS

SAMPLE : SERUM, PLAIN

PERFORMED ON FULLY AUTOMATED PENTRA C-200 BIOCHEMISTRY ANALYZER.

--- End of the Report ---

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NRJain

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Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40			
URINE ROUTINE			
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.020		
REACTION (PH)	6.0		
PROTEIN	Absent		
SUGAR	Absent		
KETONE	Absent		
BILE SALT	Absent		
BILIRUBIN	Absent		
OCCULT BLOOD	Absent		
PUS CELLS	1-2	< 6 hpf	
EPITHELIAL CELLS	1-2	< 5 hpf	
RBC	NIL	< 2 hpf	
CASTS	NIL		
CRYSTALS	NIL		
AMORPHOUS DEBRIS	Absent		
BACTERIA	NIL		
YEAST CELLS	Absent		
SPERMATOZOA	Absent		

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 SampleID : 

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
Total T3 Method : ECLIA	81.0	ng/dL	58-159
Total T4 Method : ECLIA	7.8	mcg/dl	4.2-11.2
TSH-Ultrasensitive Method : Chemiluminescent Microparticle Immunoassay	2.218	uIU/ml	0.2-5.7
Trimester Ranges	T3- 1st Trimester - 138-278 ng/dl 2nd Trimester- 155-328 ng/dl 3rd Trimester - 137-324 ng/dl T4- 1st Trimester - 7.31-15.0 mcg/dl 2nd Trimester- 8.92-17.38 mcg/dl 3rd Trimester - 7.98-17.7 mcg/dl TSH- 1st Trimester - 0.04-3.77 uIU/ml 2nd Trimester- 0.30-3.21 uIU/ml 3rd Trimester - 0.6-4.5 uIU/ml		

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Immunology

Test Name	Result	Unit	Biological Reference Interval
1.Total T3(Total Tri- ido- thyronine)	<p>is one of the bound form of thyroid hormones produced by thyroid gland.Its production is tightly regulated by TRH(Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland.In euthyroid state,thyroid gland secretes 10- 15% of T3,which in circulation is heavily protein bound and is the principle bioactive form.T4 is converted to T3 by deiodinases in peripherally (Mainly Liver).and in target organs . Total T3 levels are increased in primary and central hyperthyroidism and T3 toxicosis& its levels are decreased in the primary and central hypothyroidism.but its normal in case of subclinical hypothyroidism and hyperthyroidism alterations in Total T 3 levels can also occur in conditions like Non -Thyroidal illness,pregnancy, certain drugs and genetic conditions.</p>		
2.Total T4 (Total tetra- iodo-thyronine or total thyroxin)	<p>is one of the bound form of thyroid hormones produced by thyroid gland .Its production is tightly regulated TRH(Thyrotropin Releasing Hormone) from hypothalamus and TSH (Thyroid stimulating hormone) from anterior pituitary gland .In euthyroid state,thyroid gland secretes 85- 90% of Thyroxine,which is circulated is heavily protein bound and has more half life than T 3 .Total T4 levels are increased in primary and central hyperthyroidism and its levels are decreased in primary and central hypothyroidism but its normal in case of subclinical hypothyroidism and hyper thyrodism and T3 Toxicosis is alterations in Total T4 Levels can also occur in conditions like Non -Thyroidal illness, pregnancy,certain drugs and genetic conditionS.</p>		
3.TSH (Thyroid stimulating hormone or Thyrotropin)	<p>is produced by anterior pituitary in response to its stimulation by TRH (Thyrotropin releasing hormone) released from hypothalamus .TSH and TRH releases are regulated by thyroid hormone through a feedback mechanism. There are several cases causes that can lead to thyroid gland dysfunction or dysregulation which eventually results in hypothyroidism or hypothyroidism based on the thyroid hormones and TSH levels it can be classified as subclinical primary or central apart from this certain other conditions can also lead to diagnostic confusions in the interpretation of a thyroid function test .They are pregnancy, Levothyroxine therapy certain other drug therapy assay interference alterations in the thyroid hormones binding proteins concentration and its binding capacity conditions of non-thyroidal illness and certain genetic conditions . TSH secretions exhibits diurnal pattern, so its advices able to check it during morning. Measurement of TSH alone may be misleading in conditions like recent treatment for thyrotoxicosis, TSH assay interference, central hypothyroidism. TSH Secreting pituitary adenoma,resistantance to thyroid hormone ,and disorders of thyroid hormones transport or metabolism.TSH receptor present in thyroid gland can be stimulated or inhibited by autoantibodies produced during autoimmune thyroid disorders which can lead to functional abnormalities of thyroid gland.The American Thyroid association determined that only TSH assays with third generation functional sensitivity (Sensitivity =0.01 mIU/L) are sufficient for use as screening tests for hypothyroidism their recommendation in consistent with the National Academy of Clinical Biochemistry Laboratory Medicine practice guideline for assessment of thyroid function.</p>		

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Entered By

Verified By

Dr Suvarna Deshpande
 MD (Path)
 Reg.No.83385

Aparna
 Dr Aparna Jairam
 MD (Path)
 Reg.No.76516

"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)





Report

VRX HEALTH CARE PVT. LTD

UHID : AM10.24000000001
 Patient Name : MR. RIZWAN KHAN
 Age : 42 Yrs
 Gender : MALE
 Ref. Doctor : SELF
 Client Name : DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)KANDIVALI

Bill No. : A065776
 Registered On : 10/08/2024,05:22 PM
 Collected On : 10/08/2024,06:33 PM
 Reported On : 10/08/2024,10:52 PM
 SampleID :

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
Total PSA Method : ECLIA	0.639	ng/mL	0.03 - 3.5

Interpretation :

Serum PSA is a useful diagnostic tool for diagnosis of prostatic cancer. PSA levels should always be assessed in conjunction with the patient's medical history, clinical examination, prostatic acid phosphatase and radiological findings. Elevated levels are indicative of pathologic conditions of prostatitis, Benign hyperplasia or Prostatic adenocarcinoma. Rate of the fall of PSA levels to non detectable levels can occur following radiotherapy, hormonal therapy or radical surgical removal of the prostate & provides information of the success of treatment. Inflammation or trauma of prostate can lead to elevated PSA levels of varying magnitude and duration.

----- End of Report -----
Results are to be correlated clinically

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"Sample Processed At Asavlee Dr Aparna's Pathology Laboratory"

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 MD (Path)
 Reg.No.83385

Dr Aparna Jairam
 MD (Path)
 Reg.No.76516

Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)





Patient Name: MR. RIZWAN KHAN

AGE: 42 Yrs/ M

Ref. by: MEDIWHEEL

Date: 10/08/2024

SONOGRAPHY OF ABDOMEN AND PELVIS

TECHNIQUE: Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

LIVER: The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: portal vein appears normal.

GALL BLADDER: The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

COMMON BILE DUCT: The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

PANCREAS: The head and part of body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

SPLEEN: The spleen is normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
11.5 x 5.4 cm	10.4 x 5.4 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

URINARY BLADDER: The urinary bladder is distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus is seen. No evidence of mass or diverticulum is noted. Pre void – 255 cc

.....Continue On Page 2





(MR. RIZWAN KHANPG 2)

PROSTATE: Prostate is enlarged in size, measures 36 cc. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

IMPRESSION:

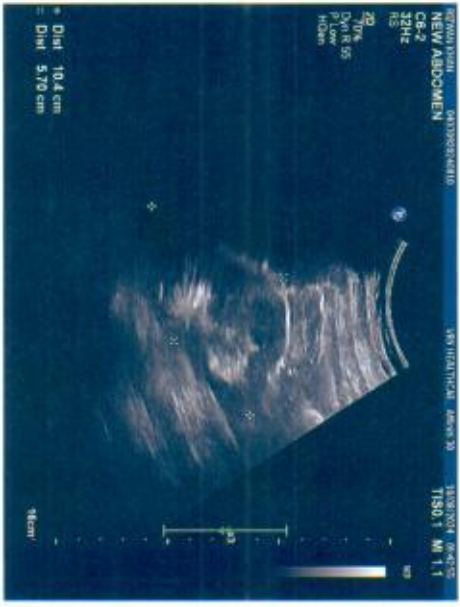
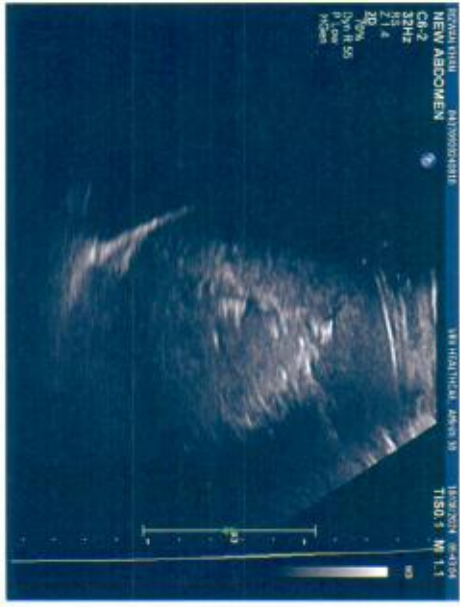
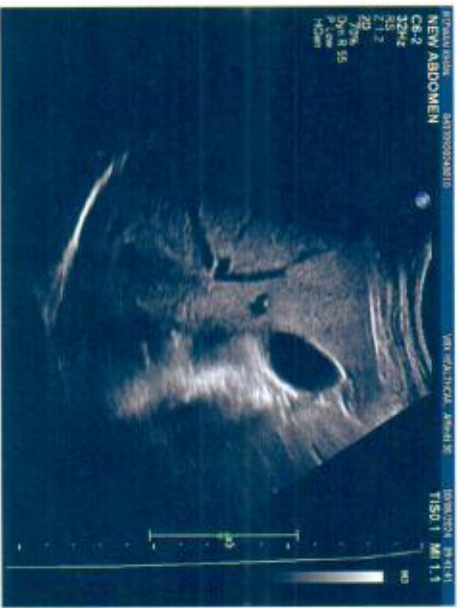
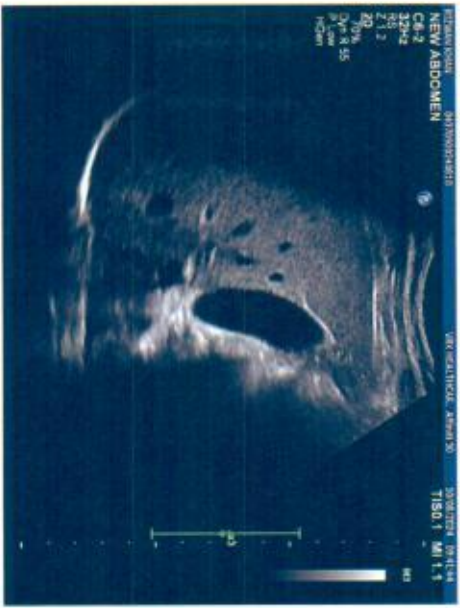
- Grade I prostatomegaly.

Thanks for the reference.

With regards,

**DR.FORAM AJMERA
CONSULTANT RADIOLOGIST.**

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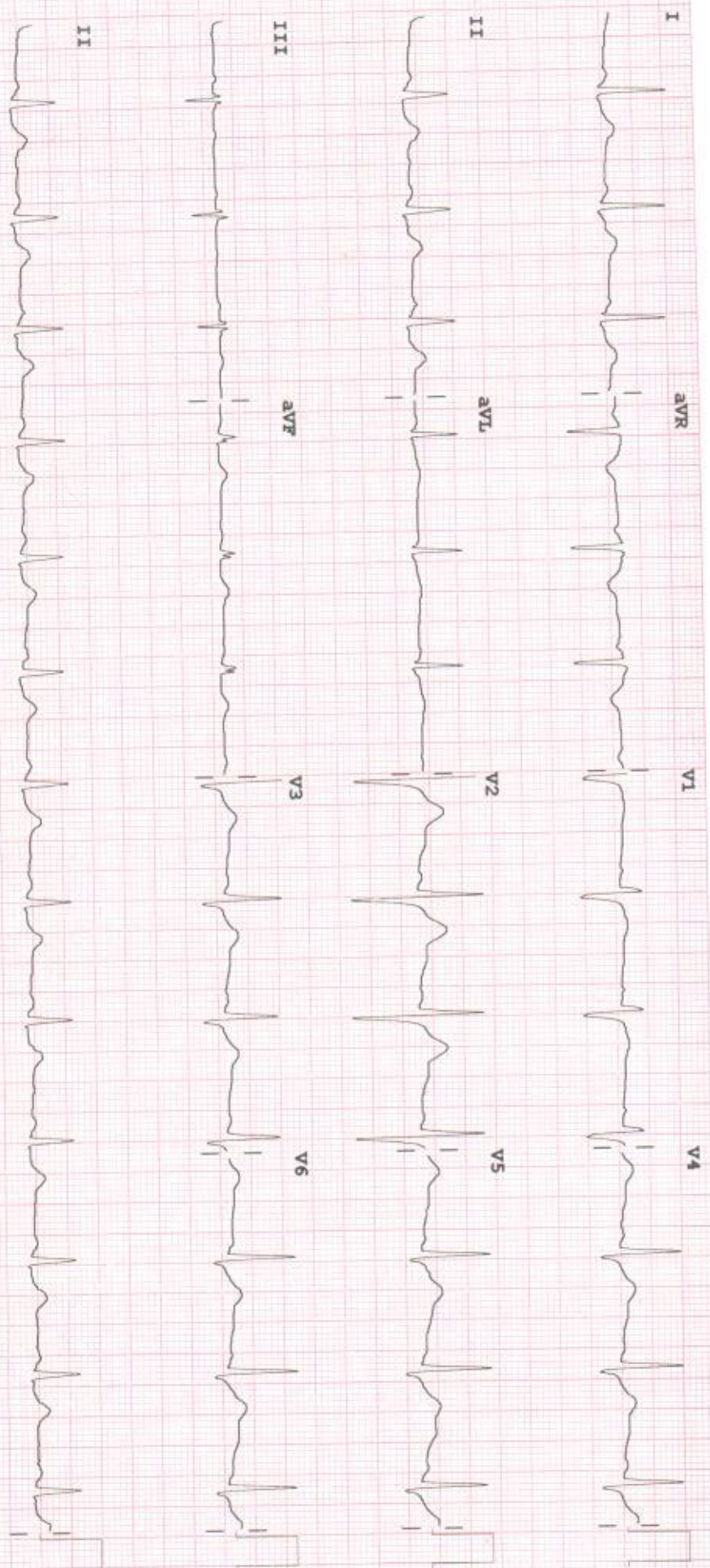
Rate 79 Sinus rhythm

PR 133
QRSD 100
QT 390
QTc 448

--AXIS--
P 45
QRS 30
T 34
12 Lead: Standard Placement

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N. M. M.
Dr Sandeep Deshpande
MD (CARDIOLOGIST)
REG - 72944



Device: Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50 ~ 0.50 - 40 Hz W

100B CL

P?

for PHILIPS

REORDER M23-128



NAME : MR.RIZWAN KHAN

DATE: 10/08/2024

REF. BY : MEDI WHEEL

AGE: 42YRS / MALE

2D-ECHO

- 1) Cardiac contractility LVEF = **65%**
- 2) Doppler across Mitral and Aortic valves shows: **Normal Flow**
- 3) Cardiac chambers are **Normal**
- 4) The Cardiac valves are **Normal**
- 5) Regional wall motion abnormality **Absent**
- 6) IAS / IVS **Intact**
- 7) Intracardiac Thrombus **Absent**

FINDINGS:

LA = **32**

LVID (D) = **48**

AO = **27**

LVID (S) = **28**

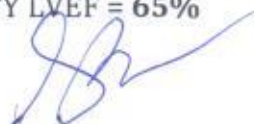
EPSS = **08**

IVS = **11**

IMPRESSION:

LVEF = **65%, Normal**

CARDIAC CONTRACTILITY LVEF = **65%**


Dr. Sandeep Deshpande
M.D Med.
Reg No. 72944

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