HEALTH ASSESSMENT FORM

A - GENERAL EXAMINATION

Patient Name	Govind Sharma	Date	24/08/2024
Age	35	UHID No	
Sex	m	Ref By	
Occupation		Phone No	
		Email	

CHIEF COMPLAINTS: C/O Heaviness on chest occ

PAST HISTORY: C/O Tail bone pain since 2mths

MEDICAL HISTORY

Hypertension	Asthama	Heart Disease	Thyroid Disorder	Allergy
NO	NO	NO	NO	NO.
Diabetes	**Stroke**	**Kidney Disorder**	**Tuberculosis**	**Liver Disorder**
NO	NO.	Yes c/o	NO	NO
Other History	Burning micturition			

SURGICAL HISTORY

Piles	Fissures	Fistula	Hernia	Gall Bladder Stone
	NO.			

CURRENT MEDICATIONS

Sr. No	Complaints	Dosage	Duration
	NO		
	Scar x 7		

NAME	Arvind Sharma	**Weight**	91.3 kg
BP	120/80 mmHg	**Height**	175 cm
Pulse	77 bpm	**SPO2**	
Temperature	Afeb	**Peripheral Pulses**	+
Oedema	−	**Breath Sound**	
Heart Sound			

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		Nycturia	no
Eye pain		Dysuria	Yes burning micturition
Spots before eyes		Urge Incontinence	
Dry eyes		**OBS/GYNE.**	
Wearing glasses	Yes Distance	Abnormal bleed	no
Vision changes	Yes	Vaginal Discharge	
Itchy eyes	Yes (Rt) eye ↓ vision	Irregular menses	
EAR/NOSE/THROAT		Midcycle bleeding	
Earaches	(Lt) ear tympanic membrane perforation	**MUSCULOSKELETAL**	
Nose bleeds		Joint swelling	
Sore throat	∞ childhood	Joint pain	C/O lower back pain
Loss of hearing		Limb swelling	no
Sinus problems	Yes congestion [illegible]	Joint stiffness	(Lt) shoulder pain
Dental problems		**INTEGUMENTARY(SKIN)**	
CARDIOVASCULAR		Acne	no; H/O Fall from bike 2-2.5 mo
Chest pain	Yes heaviness	Breast pain	
Heart rate is fast/slow	no	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		Sleep Disturbances	
Constipation	Yes	Depression	
Heartburn	Yes	Emotional	
Vomiting	no		
Diarrhoea			
Melena			

Gastritic

भारत सरकार
Government of India

Issue Date: 13/06/2013

अरविंद कुमार शर्मा
Aravind Kumar Sharma
जन्म तिथि / DOB : 05/11/1988
पुरुष / Male

आधार पहचान का प्रमाण है, नागरिकता का नहीं।
Aadhaar is a proof of identity, not of citizenship.

6549 0936 0948

मेरा आधार, मेरी पहचान

DR. SHILPA SINGH
MD (Physician) Russia D. Card
Reg No.: MMC 2013/12/3680

VRX HEALTHCARE PVT. LTD.
(Physio Lounge & Diagnolounge)
104-105, 1st Floor, Asmi Dreamz,
At Junction Of S.V. Road, & M. G. Road,
Goregaon (West), Mumbai- 400104.

, Mr Aravind Sharma

Male

24.08.2024 10:54:11 AM
VRX HEALTHCARE PVT LTD
MG road
Mumbai

Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

77 bpm
-- / -- mmHg

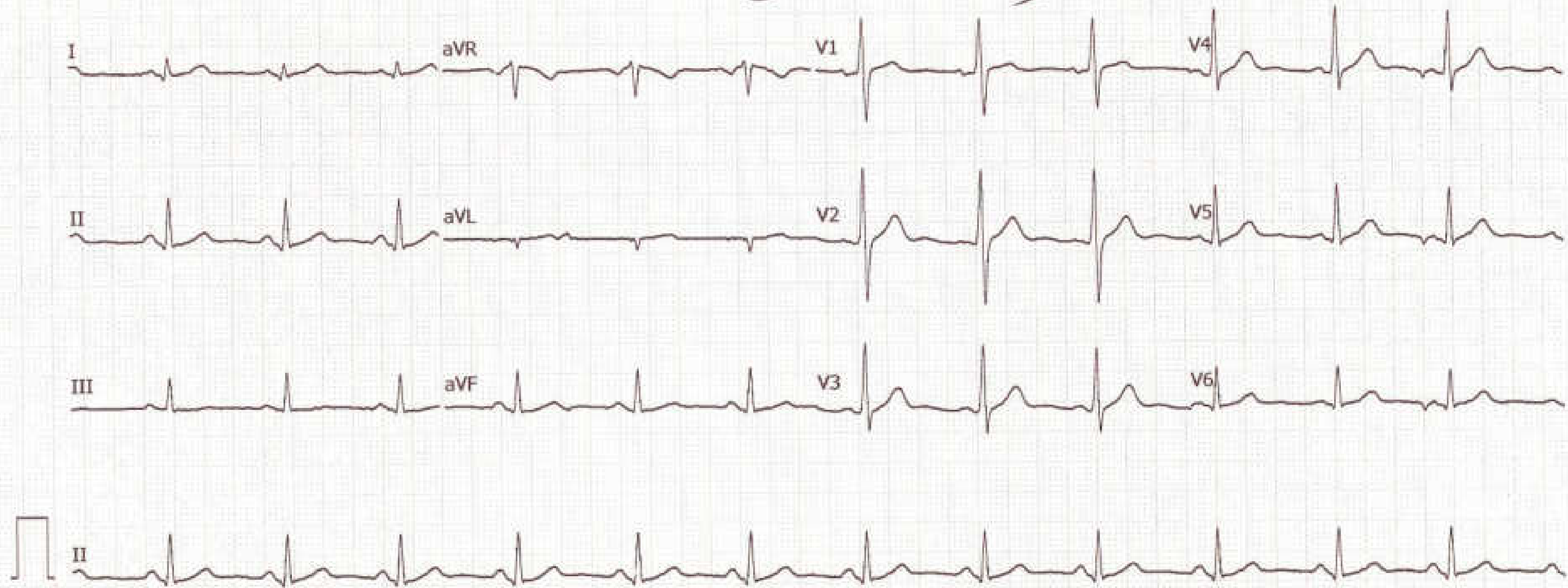
QRS :	84 ms
QT / QTcBaz :	366 / 414 ms
PR :	130 ms
P :	108 ms
RR / PP :	780 / 779 ms
P / QRS / T :	65 / 77 / 40 degrees

Normal sinus rhythm
Possible Right ventricular hypertrophy
Abnormal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

Sinus Rhythm
Q in aVR
[illegible]
[illegible]

DR. SHILPA SINGH
MB (Physician) Russia D. Card
Reg No.: MMC 2013/12/3680



Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

Report

VRX HEALTH CARE PVT. LTD.

Name	: MR. ARAVIND SHARMA		UHID	:	VRX-43364
Age / Gender	: 35 Years 9 Months /M		Registered On	:	24/08/2024 08:57
Referred By	: MEDIWHEEL		Collected On	:	24/08/2024 09:06
			Reported On	:	24/08/2024 18:42

Investigations	Observed Value	Bio. Ref. Interval	METHOD
CBC-COMPLETE BLOOD COUNT			
HAEMOGLOBIN	13.6	13.0 - 17.0 gm/dl	
RBC COUNT	4.88	4.5 - 5.5 Millions/Cmm	
PACKED CELL VOLUME	40.6	40.0 - 50.0 %	
MEAN CORP VOL (MCV)	83.2	83.0 - 101.0 fL	
MEAN CORP HB (MCH)	27.87	27 - 32 pg	
MEAN CORP HB CONC (MCHC)	33.5	31.5 - 34.5 g/dl	
RDW	13.6	11.6 - 14.0 %	
WBC COUNT	5.8	4.0 - 10.0 *1000/cmm	
NEUTROPHILS	***37.8***	40 - 80 %	
LYMPHOCYTES	***49.1***	20 - 40 %	
EOSINOPHILS	4.8	1 - 6 %	
MONOCYTES	7.8	2 - 10 %	
BASOPHILS	0.5		
PLATELETS COUNT	186	150 - 410 *1000/Cmm	
PLATELETS ON SMEAR	Adequate		
MPV	9.6	6.78 - 13.46 %	
PDW	16.2	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 ---

Dr. Vipul Jain
M.D.(PATH)

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Report

VRX HEALTH CARE PVT. LTD.

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Referred By	: MEDIWHEEL		Collected On	: 24/08/2024 09:06
			Reported On	: 24/08/2024 18:42

Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40			
BLOOD GROUP	B NEGATIVE		SLIDE AGGLUTINATION - FORWARD GROUPING
ESR	5	< 20 mm at the end of 1Hr.	WESTERGREN

INTERPRETATION

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.*

Increased ESR: may indicate pregnancy, acute or chronic inflammation, tuberculosis, rheumatic fever, paraproteinemias, rheumatoid arthritis, some malignancies, or anemia.

Decreased ESR: may indicate polycythemia, sickle cell anemia, hyperviscosity, or low plasma protein.

--- End of the Report ---

Dr. Vipul Jain
M.D.(PATH)
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Physio Lounge & Diagno Lounge (VRX Health Care Pvt. Ltd.)

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Report

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Age / Gender	: 35 Years 9 Months /M	Registered On	: 24/08/2024 08:57
Referred By	: MEDIWHEEL	Collected On	: 24/08/2024 11:18
		Reported On	: 24/08/2024 18:42

Investigations	Observed Value	Bio. Ref. Interval	METHOD
PPBS			
PPBS	82.7	< 140 mg/dl	GODPOD
URINE SUGAR	ABSENT		GODPOD
URINE KETONE	ABSENT		GODPOD

INTERPRETATION

SAMPLE : FLUORIDE,PLASMA

Plasma Glucose Fasting : Non-Diabetic : < 100 mg/dl
Diabetic : >/= 126 mg/dl
Pre-Diabetic : 100 – 125 mg/dl

Plasma Glucose Post Lunch : Non-Diabetic : < 140
Diabetic : >/= 200 mg/dl
Pre-Diabetic : 140- 199 mg/dl.

Random Blood Glucose : Diabetic : >/= 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
FASTING BLOOD SUGAR			
FBS	96.3	< 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 : >/= 126 mg/dl
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--- End of the Report ---

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Report

VRX HEALTH CARE PVT. LTD.

UHID	: AM10.24000000001	Bill No.	: A069039
Patient Name	: **MR. ARAVIND SHARMA**	Registered On	: 24/08/2024,01:33 PM
Age	: 35 Yrs	Collected On	: 24/08/2024,02:00 PM
Gender	: MALE	Reported On	: 24/08/2024,08:31 PM
Ref. Doctor	: SELF	SampleID	:
Client Name	: DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON		

REPORT

Biochemistry

Test Name	Result	Unit	Biological Reference Interval
HbA1c (Glycocylated Haemoglobin) WB-EDTA			
HbA1c (Glycocylated Haemoglobin)	5.3	%	Normal <5.7 % Pre Diabetic 5.7 - 6.4 % Diabetic >6.5 % Target for Diabetes on therapy < 7.0 % Re-evalution of therapy > 8.0 % Reference ADA Diabetic Guidelines 2013.
Method : HPLC (High Performance Liquid Chromatography)			
Mean Blood Glucose	105.4	mg/dL	
Method : Calculated			

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

Scan to Validate

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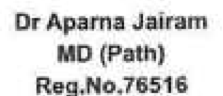

Dr Suvarna Deshpande
MD (Path)
Reg.No.83385

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

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

Report

VRX HEALTH CARE PVT. LTD.

UHID	: AM10.24000000001	Bill No.	: A069039
Patient Name	: **MR. ARAVIND SHARMA**	Registered On	: 24/08/2024,01:33 PM
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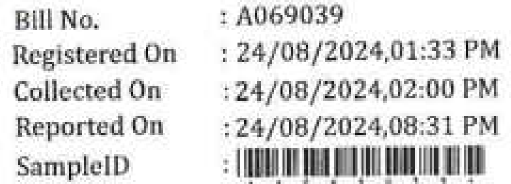

REPORT

Biochemistry

Test Name	Result	Unit	Biological Reference Interval

Corelation 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 :

1.The HbA1c levels corelate 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 then the routine chromatographic methods & also for the daibetic pts.having HEMOGLBINOPATHIES OR UREMIA as Hb varaints and uremia does not INTERFERE with the results in this methodology.

2.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 daibetics.

3.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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Referred By	: MEDIWHEEL		Collected On	: 24/08/2024 09:06
			Reported On	: 24/08/2024 18:42

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40

Lipid Test

Investigations	Observed Value	Bio. Ref. Interval	METHOD
TOTAL CHOLESTEROL	172.5	130 - 200 mg/dl	
TRIGLYCERIDES	104.7	25 - 160 mg/dl	
HDL CHOLESTEROL	***31.5***	35 - 80 mg/dl	
LDL CHOLESTEROL	***120.06***	< 100 mg/dl	
VLDL CHOLESTEROL	20.94	7 - 35 mg/dl	
LDL-HDL RATIO	***3.81***	< 3.5 mg/dl	
TC-HDL CHOLESTEROL RATIO	***5.48***	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 ---

Dr. Vipul Jain
M.D.(PATH)

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CHECKED BY - SNEHA G

APPROVED BY

Report

VRX HEALTH CARE PVT. LTD.

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Referred By	: MEDIWHEEL		Collected On	:	24/08/2024 09:06
			Reported On	:	24/08/2024 18:42

Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40			
LIVER FUNCTION TEST			
SGOT	***47.1***	5 - 40 U/L	
SGPT	***103.2***	5 - 45 U/L	
TOTAL BILIRUBIN	0.53	0.1 - 1.2 mg/dl	
DIRECT BILIRUBIN	0.15	Adult: < 0.2 mg/dl Infant: 0.2 - 8 mg/dl	
INDIRECT BILIRUBIN	0.38	0.1 - 1.0 mg/dl	
TOTAL PROTEINS	6.81	6.0 - 8.3 g/dl	
ALBUMIN	4.23	3.5 - 5.2 g/dl	
GLOBULIN	2.58	2.0 - 3.5 g/dl	
A/G RATIO	1.64	1.0 - 2.0 mg/dl	
ALKALINE PHOSPHATASE	77.3	53 - 128 U/L	
GGT	***67.2***	3 - 60 U/L	

REMARKS

Result Rechecked.

Kindly Correlate Clinically.

SAMPLE : SERUM,PLAIN

*PERFORMED ON FULLY AUTOMATED **PENTRA C-200** BIOCHEMISTRY ANALYZER.*

--- End of the Report ---

Dr. Vipul Jain
M.D.(PATH)

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Report

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Referred By	: MEDIWHEEL		Collected On	: 24/08/2024 09:06
			Reported On	: 24/08/2024 18:42

Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40			
BUN			
UREA	24.2	19 - 44 mg/dl	
BLOOD UREA NITROGEN	11.3	9.0 - 20.5 mg/dl	
CREATININE	0.94	0.5 - 1.4 mg/dl	Jaffe/Alkaline Picrate
URIC ACID	7.10	3.5 - 7.2 mg/dl	URICASE
BUN / CREAT RATIO			
BUN (Blood Urea Nitrogen)	11.3	9.0 - 20.5 mg/dL	
Creatinine	0.94	0.5 - 1.4 mg/dL	
BUN/Creatinine Ratio	12.02	5.0 - 23.5	

--- End of the Report ---

Dr. Vipul Jain
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Report

VRX HEALTH CARE PVT. LTD.

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Referred By	:	MEDIWHEEL	Collected On	:	24/08/2024 09:06
			Reported On	:	24/08/2024 18:42

Investigations	Observed Value	Bio. Ref. Interval	METHOD

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40

URINE ROUTINE

Investigations	Observed Value	Bio. Ref. Interval	METHOD
COLOUR	PALE YELLOW		
APPEARANCE	CLEAR		
SPECIFIC GRAVITY	1.015		
REACTION (PH)	5.0		
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		

--- End of the Report ---

Dr. Vipul Jain
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Investigations	Observed Value	Bio. Ref. Interval	METHOD
MEDIWHEEL FULL BODY HEALTH CHECKUP MALE BELOW 40			
STOOL ROUTINE			
COLOUR	BROWNISH		
FORM AND CONSISTENCY	SEMI-SOLID		
MUCUS	ABSENT		
FRANK BLOOD	ABSENT		
WORMS	ABSENT		
REACTION	5.5		
OCCULT BLOOD	NEGATIVE		
PUS CELLS	1-2		
EPITHELIAL CELLS	1-2		
RBCS	NIL		
OVA	ABSENT		
TROPHOZOITES	NIL		
CYST	ABSENT		
FAT BODIES	ABSENT		
MACROPHAGES	ABSENT		
VEGETABLE FIBRES	ABSENT		
YEAST CELLS	ABSENT		

--- End of the Report ---

Dr. Vipul Jain
M.D.(PATH)

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

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Report

VRX HEALTH CARE PVT. LTD.

UHID	: AM10.24000000001	Bill No.	: A069039
Patient Name	: **MR. ARAVIND SHARMA**	Registered On	: 24/08/2024,01:33 PM
Age	: 35 Yrs	Collected On	: 24/08/2024,02:00 PM
Gender	: MALE	Reported On	: 24/08/2024,08:31 PM
Ref. Doctor	: SELF	SampleID	:
Client Name	: DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON		

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval
Total T3 Method : ECLIA	119.0	ng/dL	58-159
Total T4 Method : ECLIA	8.9	mcg/dl	4.2-11.2
TSH-Ultrasensitive Method : Chemiluminescent Microparticle Immunoassay	2.558	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

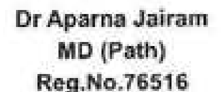
Scan to Validate

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

UHID	: AM10.24000000001	Bill No.	: A069039
Patient Name	: **MR. ARAVIND SHARMA**	Registered On	: 24/08/2024,01:33 PM
Age	: 35 Yrs	Collected On	: 24/08/2024,02:00 PM
Gender	: MALE	Reported On	: 24/08/2024,08:31 PM
Ref. Doctor	: SELF	SampleID	:
Client Name	: DIAGNO LOUNGE(ADVANCED DIAGNOSTIC CENTRE)-GOREGAON		

REPORT

Immunology

Test Name	Result	Unit	Biological Reference Interval

1.Total T3(Total Tri- ido- thyronine)is one of the bound form of thyroid hormones produced by thyroid gland.Its production is tightlyregulated 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.

2.Total T4 (Total tetra- iodo-thyronine or total thyroxin)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 hyperthyrrodism 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.

3.TSH (Thyroid stimulating hormone or Thyrotropin)is produced by anterior pituitary in response to its stimulation by TRH (Thyrotrpin 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.

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

Results are to be correlated clinically

Scan to Validate

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

Report

VRX HEALTH CARE PVT. LTD.

PATIENT NAME : MR. ARAVIND SHARMA	AGE : 35 YEARS
LAB NO :	SEX : MALE
REF DR NAME : MEDIWHEEL	DATE : 24 /08/2024

USG WHOLE ABDOMEN

LIVER:
The liver is normal in size, shape and smooth margins. It shows normal 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 partially distended and normal. No gall stones or mass lesions seen.

PANCREAS:
The pancreas is well visualized and 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 or hydronephrosis is seen.
Right kidney measures 105 x 43 mm. Left kidney measures 113 x 51 mm.

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 distended and reveal no intraluminal abnormality.

PROSTATE:
The prostate is normal in size and echotexture.

IMPRESSION:
No significant abnormality is seen.

DR. CHETAN SHETH
(CONSULTANT RADIOLOGIST)

ARVIND SHARMA

DIAGNOLOUNGE

LT KIDNEY

Report

VRX HEALTH CARE PVT. LTD.

Patient Name: MR. ARAVIND SHARMA **Date: - 24/08/2024**
Ref.:- MEDIWHEEL **Age: - 35YRS/M**

ECHO CARDIOGRAM AND COLOUR DOPPLER REPORT.

SUMMARY:

* Normal LV systolic and diastolic function. LVEF = 0.55-0.60.

* Normal cardiac valves.

* Trivial MR and TR.

* No regional wall motion abnormality at rest.

* No PH.

* Intact septae.

* Normal aortic arch.

* IVC collapsing and non-dilated

COMMENTS

* The LV size, wall thickness and contractility are normal.

* There is no regional wall motion abnormality at rest.

* The LV systolic function is normal. LVEF = 0.55-0.60.

* There is no LV diastolic dysfunction.

* The cardiac valves are structurally and functionally normal.

* Trivial mitral and tricuspid regurgitation

* PAP as estimated by the TR jet is 25mmHg. There is no PH.

* There are no clots, vegetation's or pericardial effusion.

P.T.O

...PAGE 2.... MR.ARAVIND SHARMA

* The cardiac septae are intact.

* The aortic arch is normal. There is no coarctation.

* IVC collapsing and non-dilated

MEASUREMENTS

Dimensions :

LA	: 3.5 cm
AO	: 2.3 cm
AO (Sep)	: 15 mm
EF Slope	: 100 mm/sec
EPPS	: 5 cm
LVID(s)	: 2.8 cm
LVID(d)	: 4.4 cm
IVS(d)	: 0.9 cm
PW(d)	: 0.9 cm
RVID(d)	: 1.2 cm
LVEF	: 0.55-0.60.

DOPPLER

	MITRAL	AORTIC	TRICUSPID	PULMONARY
GRADE of regurgitation	TRIVIAL	NIL	TRIVIAL	TRIVIAL

DR. SHILPA SINGH
D. CARD
MD PHYSICIAN (Russia)

Disclaimer- 2 D Echo is a machine dependent and observer dependent study. Inter observer and inter machine variations can occur. It shows the condition of the heart at the given time only. It should not be the sole investigation to make clinical decision.

ARVIND SHARMA 35Y/M,
VS8202582-24-08-24-2
DIAGNOLOUNGE
TIs 0.6
TIb 0.6
MI 1.3

ARVIND SHARMA 35Y/M,
VS8202582-24-08-24-2
DIAGNOLOUNGE
TIs 1.0
TIb 1.0
MI 1.2

ARVIND SHARMA 35Y/M,
VS8202582-24-08-24-2
DIAGNOLOUNGE
TIs 0.5
TIb 1.1
MI 1.3
MV-EPSS 0.55c
MV-EF Slope -0.100m

ARVIND SHARMA 35Y/M,
VS8202582-24-08-24-2
DIAGNOLOUNGE
TIs 0.6
TIb 0.6
MI 1.3

ARVIND SHARMA 35Y/M,
VS8202582-24-08-24-2
DIAGNOLOUNGE
TIs 0.6
TIb 0.6
MI 1.3

ARVIND SHARMA 35Y/M,
VS8202582-24-08-24-2
DIAGNOLOUNGE
TIs 0.5
TIb 1.1
MI 1.3

IVSd	0.87c
LVDd	4.37c
LVPWd	0.87c
IVSs	1.30c
LVDs	2.83c
LVPWs	1.77c
EDV (Teich)	86.28m
EDV (Cubed)	83.45m
ESV (Teich)	30.33m
ESV (Cubed)	22.665m
SV (Teich)	55.95m
SV (Cube)	60.788m
EF (Teich)	64.84
EF (Cube)	72.84
FS	35.24
LVMass	136.8
1.D	1.16c

ARVIND SHARMA 35Y/M,
VS8202582-24-08-24-2
DIAGNOLOUNGE
TIs 0.6
TIb 0.6
MI 1.3
1 D 2.32c
2 D 3.51c
3 D 1.55c

ARVIND SHARMA 35Y/M,
VS8202582-24-08-24-2
DIAGNOLOUNGE
TIs 1.0
TIb 1.0
MI 1.2

ARVIND SHARMA 35Y/M,
VS8202582-24-08-24-2
DIAGNOLOUNGE
TIs 0.6
TIb 2.5
MI 0.5
PV-Acc Time 224m

Report

VRX HEALTH CARE PVT. LTD.

NAME	**: MR. ARAVIND KUMAR SHARMA**	**DATE: 24/08/2024**
REF. BY	**: DR. MEDIWHEEL**	**AGE: 35YRS/M**
EXAMINATION	**: X-RAY CHEST PA VIEW**	

Both the lungs are essentially clear and show normal bronchial and vascular pattern.

Pleural spaces appear clear.

Both domes of diaphragm are in normal position.

Bony thorax appears normal.

Cardiac size is within normal limits.

Remark:
No pleuro parenchymal abnormality noted.

DR. SHRIKANT BODKE
(CONSULTANT RADIOLOGIST).

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 case for confirmation of findings Please interpret accordingly. 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.