

①

NAME: Monteziro Savio

AGE / SEX: 38 / m

PACKAGE NAME: Annual plus Above 50 yrs.

SR NO	TEST INCLUSION	SIGNATURE OF TEST CONDUCTING EMPLOYEE
1	FASTING BLOOD ✓	<i>[Signature]</i>
2	POST PRANDIAL BLOOD 11.10 ✓	<i>[Signature]</i>
3	URINE ✓	<i>[Signature]</i>
4	PAP SMEAR PSA. ✓	<i>[Signature]</i>
5	CHEST XRAY ✓	<i>[Signature]</i>
6	ECG	<i>[Signature]</i>
7	TMT 2D Echo.	<i>[Signature]</i>
8	ULTRASOUND ABDOMEN	<i>[Signature]</i>
9	GENERAL CONSULTATION (PHYSICIAN , DENTAL, EYE, ENT)	
10	DIETICIAN CONSULTATION ✓	<i>[Signature]</i>
11	POST CONSULTATION WITH ALL REPORTS WITH MD DOCTOR	
12	COMPLIMENTARY BREAKFAST INCLUDED	

9.10
11.10



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24/2/24

INTERVENTIONAL CARDIOLOGIST

Dr. Hemant Khemani
Mon to Fri: 16:00 am to 11:00 am
Dr. Rajiv Sharma
Mon to Fri: on appointment

CARDIAC SURGEON

Dr. Shridhar Padagati
Mon to Sat: 08:00 pm to 09:00 pm
Dr. Sagar Kedare
Mon to Sat: 08:00 pm to 09:00 pm

GENERAL PHYSICIAN

Dr. Chirag Shah
Mon to Sat: 11:30 am to 01:00 pm
Dr. Shreya Mehta
Mon to Sat: 01:00 pm to 03:00 pm
Dr. Priyank Jain
Mon to Sat: 01:00 pm to 03:00 pm

CHEST PHYSICIAN

Dr. Parthiv Shah
Wed & Sat: 09:00 am to 10:30 am
Dr. Anjal Modi
Mon to Sat: 01:00 pm to 03:00 pm

JOINT REPLACEMENT SURGEON AND SPORT INJURIES

Dr. Amit Munde
Mon to Sun: 05:00 pm to 07:00 pm
Dr. Vividh Makwana
Mon to Sat: 11:00 am to 12:00 pm
Dr. Bhavin Doshi
Mon to Sat: 09:00 pm to 10:00 pm
Dr. Arpit Dave
Mon to Sat: 05:00 pm to 07:00 pm
Dr. Deepak Bhaskar
Mon to Sat: on appointment
Dr. Raunak Shah
Mon to Sat: on appointment
Dr. Sandip Vyas
Mon to Sat: 05:30 pm to 07:30 pm

MEDICAL GASTROENTEROLOGIST, HEPATOLOGIST, ENDOSCOPIST

Dr. Darshil Shah
Mon to Fri: 09:00 am to 10:00 am
06:00 pm to 07:00 pm
Dr. Siddhesh Rane
Mon to Sat: on appointment

LAPROSCOPIC SURGEON

Dr. Aditi Agarwal
Mon to Sat: 05:00 pm to 07:00 pm
Dr. Amol Patil
Mon to Sat: 05:00 pm to 07:00 pm
Dr. Beta Ghag
Mon to Sat: 06:00 pm to 07:00 pm

DIABETIC FOOT SURGEON

Dr. Shrikant Bhojar
Mon to Sat: 02:00 pm to 04:00 pm

LAPROSCOPIC GYNAECOLOGIST

Dr. Hemashri Patel
Mon to Sat: 05:00 pm to 07:00 pm
Dr. Rashmi Padwalkar
Mon, Wed: on appointment

NEPHROLOGIST

Dr. Amit Jain
Mon to Sat: 10:00 am to 11:00 am
Dr. Ankit Mody
Mon, Wed & Fri: 05:00 pm to 07:00 pm
Dr. Umesh Khanna
Mon to Sat: 08:00 pm to 09:00 pm
Dr. Akash Shingada
Mon to Sat: 08:00 pm to 09:00 pm
Dr. Paras Deshiya
Mon to Sat: on appointment

URO SURGEON

Dr. Saket Sathe
Mon to Sat: on appointment
Dr. Rushabh Daga
Mon to Sat: on appointment
Dr. Aniket Shirke
Mon to Sat: on appointment

NEUROLOGIST

Dr. Mehoob Basale
Saturday: 02:00 pm to 04:00 pm
Mon to Fri: on appointment
Dr. Gaurav Kusundara
Mon to Wed: 08:30 am to 09:30 pm

Mr: Savio Montezes
Age: 58yrs/M

BP - 140/80 mmHg

SPO₂ - 98%

pulse - 90/m

KICLO - DM, HYP on Rx.

S/E -

CVS }
CNS } NAD
RS }

PIA - SOFT

Eyes General examination

- Appetite - Spicy food

- Urine - (N)

- Bowel - (B)

- Stool - (N)

ENT examination

- Ear - (N)

- Nose - Only morning runny

- Throat - (N)
→ Opthal examination

- Far vision - Clear

- Near vision - mild blurring

- Colour vision - (N)

NEUROSURGEON

Dr. Darpan Thakare
Tues & Thurs: 03:00 pm to 04:00 pm
Dr. Sameer Parikh
Tues & Thurs: 03:00 pm to 04:00 pm
Dr. Vivek Patel
Mon, Wed & Fri: 07:00 pm to 08:00 pm

Ht: 178cm

Wt: 77.7cm

HAEMATOLOGIST

Dr. Shraddha Thakkar
Tue, Wed & Fri: 03:00 pm to 04:00 pm

MEDICAL ONCOLOGIST

Dr. Ashish Joshi
Thurs: 09:00 am to 10:00 am
Dr. Pradip Kendre
Tues: 09:00 am to 10:00 am

ONCOSURGEON

Dr. Praveen Kammar
Tues & Thru: 04:00 pm to 05:00 pm
Dr. Yogen Chheda
Mon, Wed & Sat: 05:00 pm to 07:00 pm

OPHTHALMOLOGIST

Dr. Anurag Agarwal
Mon to Sat: 09:00 am to 10:00 am
Dr. Kishor Khade
Mon to Sat: on appointment
Dr. Prasan Mahajan
Mon to Sat: on appointment

PAEDIATRICIAN

Dr. Sunila Nagvekar
Fri: 02:00 pm to 03:00 pm

PAEDIATRIC SURGEON

Dr. Yogendra Sanghavi
Mon to Sat: 11:00 am to 12:00 pm

INTERVENTIONAL VASCULAR SURGEON

Dr. Simit Vora
Tues, Thurs & Sat: 06:00 pm to 08:00 pm
Dr. Virendra Yadav
Mon to Sat: 09:00 pm to 10:00 pm
Dr. Maunil Bhuta
Wed to Fri: 05:00 pm to 07:00 pm
Dr. Kunal Arora
Mon, Wed & Fri: 07:00 pm to 08:00 pm

ENT SPECIALIST

Dr. Sneha Mahajan
Mon to Fri: on appointment
Dr. Rachana Mehta Shroff
Mon to Sat 03:00 pm to 04:00 pm (on appointment)
Dr. Sonal Devangan
Mon to Fri: on appointment

PSYCHIATRIST

Dr. Pratik Surandash
Mon to Sat: 06:00 pm to 07:00 pm
Dr. Payal Sharma Kamat
Tue, Thru & Fri: 09:00 am to 11:00 am

CLINICAL PSYCHOLOGIST

Hemangi Mhapolkar
Sun: 01:00 pm to 04:00 pm

COSMETOLOGIST

Dr. Vikas Verma
Mon to Sat: 06:00 pm to 08:00 pm
Dr. Leena Jain
Tues: 06:00 pm to 08:00 pm
Dr. Sushil Nehete
Wed: 06:00 pm to 08:00 pm
Dr. Pratap Nadar
Thurs: 06:00 pm to 08:00 pm

ANETHESIST

Dr. Sagar Yesale
Mon to Sat: 08:00 am to 04:00 pm

RADIOLOGIST

Dr. Soumil Pandya
Mon to Sat: 08:00 pm to 09:00 pm
Dr. Forum Kothari
Mon to Sat: 06:00 pm to 08:00 pm
Dr. Deep Vora
Mon to Sat: 09:00 pm to 09:30 pm

DIETICIAN

Ms. Sakshi Gupta
Mon to Sat: 08:00 am to 04:00 pm

PHYSIOTHERAPIST

Dr. Manal Arvi
Mon to Sat: 05:00 am to 04:00 pm



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Beside Punjab & Sind Bank, Bhubar, Dornakal (W), Mumbai-400091
Ph: 022-26060077, 42477888. Web: apexsuperhospitals.com
E-mail: medical.admin@apexhospitals.in

UHID Patient Address Date Dietician
: ASH232404346
: Monteiro Savio
: Vasal West
: 24-Feb-2024
: GUPTA SAKSHI SATISH

Diet Chart

ID Age/Sex Department Diet Chart
: HC232400005
: 59/Male
: Rmo
: Diabetic Salt Restricted Diet

Height	: 178 Cms	Weight	: 77 Kgs	BMI	: 24.30
BMI Category	: Normal Weight	IBW	: 78	Diagnosis	: K/c/o- DM, HTN, Renal Calculi.
MNT	: SALT RESTRICTED : DIABETIC DIET, HIGH PROTEIN				

- Early Morning:** 1 cup tea/ coffee/ toned milk/ 4Almonds + 1 half Almonds (soaked)
- Breakfast:** 1 bowl upma/ poha/ daliya upma **OR** 2 small idli/ 1 dosa with vegetable sambar **OR** 1 bowl Muesli / oats in milk (1 boiled egg white)
- Mid-morning:** 1 fruit/ Celnutra DM1.5 - 1 scoop in 100ml water
(Avoid fruit juices and fruits like banana, chickoo, custard apple, jackfruit, mango, coconut water and sugarcane juice)
- Lunch:** 1 bowl raw vegetable salad
2 small roti/ 1 bhakri (jowar/bajra/ragi)
1 bowl bhaji(Avoid Potato, Sweet potato, Yam, Beetroot, Arbi, Raw banana)
1 bowl thick dal/ 1 medium piece of chicken or fish or egg preparation in curry
1 bowl brown rice
OR 1 bowl vegetable dailya khichdi with vegetables
1 bowl curd
- Evening snack:** 1 cup tea/ coffee/ toned milk
1 besan chilla **OR** 1 bowl boiled sprouts **OR** 1 vegetable egg omelette with chapatti **OR** 1 rava chilla with curd
- Mid-evening:** 1 bowl dal and vegetable soup/Celnutra DM1.5 - 1scoop in 100ml water
- Dinner:** 1 bowl raw vegetable salad
2 small roti/ 1 bhakri (jowar/bajra/ragi)
1 bowl bhaji (Avoid Potato, Sweet potato, Yam, Beetroot, Arbi, Raw banana)
1 bowl thick dal
OR 1 bowl vegetable dailya khichdi with vegetables
- Bed time:** 200ml toned milk/ 1tsp sesame seed

Remarks: Have ample of fluids, upto 2L of water daily.

Follow small frequent and regular meal pattern. Do not miss meals.

Oil usage ½ litre per month, i.e. 3 teaspoon a day. Preferably mustard oil, sesame oil or rice bran oil.

Salt usage to 3gm. i.e. ½ teaspoon a day. Avoid red meats like mutton, pork and beef.

Include more green leafy vegetables, fruits and pulses in the diet.

Include **calcium** rich foods like milk and milk product, nuts, seeds, etc.

Make sure you get ample of exposure to sunlight for **Vitamin D**.

Avoid processed foods, refined flour products and fried food. Restrict bakery products.

Avoid all sources of extra salt like sauces, pickles, papads, chutneys, chips, etc.

Avoid all sources of simple sugars like white sugar, brown sugar honey, jaggery.

For detailed diet counselling: Consult Dietician Sakshi Gupta in OPD with prior appointment.



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Tele.:
022 - 2898 6677 / 46 / 47 / 48

Patient	: Monteiro Savio	UHID	: ASH232404346
Age/Sex	: 59/Male	ID	: HC232400005
Consultant Dr	: GUJAR NEERAJ	Registered On	:
Referring Dr	:	Reported On	: 24-Feb-2024
Collection Centre	: Apex Hospital		

COMPLETE BLOOD COUNT

Test	Result	Normal Value
HAEMOGLOBIN	16.1 Gm%	13.5-18.0 Gm%
RBC Count	5.06 Millions/cumm	4.0-6.0 Millions/cumm
PCV	44.1 %	37-47 %
MCV	87.15 Fl	78-100 Fl
MCH	H 31.82 Pg	27-31 Pg
MCHC	H 36.51 %	32-35 %
RDW	12.3 %	11-15 %
Total WBC Count	5600 /C.MM	4000-11000 /C.MM
Differential Count		
Neutrophils	73 %	40-75 %
Eosinophils	03 %	01-06 %
Basophils	00 %	00-01 %
Lymphocytes	20 %	20-45 %
Monocytes	04 %	01-10 %
BANDCELLS	00 %	00-03 %
Abnormalities Of WBC	NORMAL	
Abnormalities Of RBC	NORMOCYTIC NORMOCHROMIC	
PLATELET COUNT	245 X 10 ³ /cumm	150-450 X 10 ³ /cumm
PLATELET ON SMEAR	ADEQUATE ON SMEAR	
MPV	10.2 Fl	7.0-11.0 Fl

HEMATOLOGY

Test	Result	Normal Value
ESR	H 15 mm/hr	0 - 10 mm/hr

Remarks : **

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.

Run By
Lab Technician

Checked By
Biochemist

Pathologist
DR.GUJAR NEERAJ VILAS
MD PATHOLOGY



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HEMATOLOGY

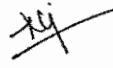
Test	Result	Normal Value
BLOOD GROUP	" B "	
Rh FACTOR	POSITIVE	

Remarks : *

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FASTING BLOOD SUGAR

Test	Result	Normal Value
FBS	H 117.8 Mg/dl	70-110 Mg/dl
URINE SUGAR	PRESENT(TRACE)	
URINE KETONES	ABSENT	

POST LUNCH BLOOD SUGAR

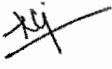
Test	Result	Normal Value
PLBL (2 HOUR AFTER FOOD)	H 193.7 Mg/dl	70-140 Mg/dl
URINE SUGAR (PP)	SNR	-
URINE KETONE (PP)	SNR	

Remarks : **

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LIPID PROFILE

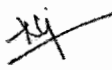
Test	Result	Normal Value
TOTAL CHOLESTEROL	158.6 Mg%	150-250 Mg%
TRIGLYCERIDES	H <u>201.3 Mg%</u>	35-160 Mg%
HDL CHOLESTEROL	34.41 Mg%	30-70 Mg%
LDL CHOLESTEROL	H <u>40.26</u>	7-35
LDL CHOLESTEROL	L <u>83.93 Mg%</u>	108-145 Mg%
TC/HDL CHOL RATIO	4.61	3.5-5.0
LDL/HDL RATIO	2.44	1.1-3.9

Remarks : *

Note:- The test result are subject to variations due to technical limitations hence co-relation with clinical findings & other investigations should be done.


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RENAL FUNCTION TEST

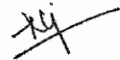
Test	Result	Normal Value
SERUM CREATININE	0.79 Mg/dl	0.6-1.6 Mg/dl
URIC ACID	5.43 Mg/dl	2.5-7.7 Mg/dl
BLOOD UREA NITROGEN / BUN	12.33 Mg/dl	0-23 Mg/dl

Remarks : *

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Age/Sex	: 59/Male	ID	: HC232400005
Consultant Dr	: GUJAR NEERAJ	Registered On	:
Referring Dr	:	Reported On	: 24-Feb-2024
Collection Centre	: Apex Hospital		


LIVER FUNCTION TEST

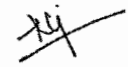
Test	Result	Normal Value
TOTAL BILIRUBIN	0.68 Mg/dl	0.1-1.2 Mg/dl
DIRECT BILIRUBIN	0.19 Mg/dl	0.0-0.3 Mg/dl
INDIRECT BILIRUBIN	0.49 Mg/dl	0.1-1.0 Mg/dl
GOT	22.69 Iu/l	5-40 Iu/l
SGPT	28.14 Iu/l	5-40 Iu/l
SERUM ALKALINE PHOSPHATES	58.24 U/l	25-147 U/l
SERUM PROTEINS TOTAL	6.24 Gm%	6.0-8.2 Gm%
SERUM ALBUMIN	3.42 Gm%	3.0-5.0 Gm%
SERUM GLOBULIN	2.82 Gm%	1.9-3.5 Gm%
ALBUMIN : GLOBULIN RATIO	1.21 Mg/dl	0.9-2.0 Mg/dl
GAMMA GT	20.84 Iu/l	5-45 Iu/l

Remarks : *

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Referring Dr	:	Reported On	: 24-Feb-2024
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URINE ROUTINE

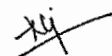
Test	Result	Normal Value
PHYSICAL EXAMINATION		
QUANTITY	25 MI	MI
COLOUR	YELLOW	
APPEARANCE	SLIGHTLY HAZY	
DEPOSIT	PRESENT	
REACTION [PH]	ACIDIC	
SPECIFIC GRAVITY	1.015	
CHEMICAL EXAMINATION		
URINE ALBUMIN	ABSENT	
SUGAR	PRESENT(TRACE)	
KETONE BODIES	ABSENT	
OCCULT BLOOD	ABSENT	
BILE PIGMENT	ABSENT	
BILE SALT	ABSENT	
MICROSCOPIC EXAMINATION OF CENTRE		
RED BLOOD CELLS	ABSENT /hpf	/hpf
PUS CELLS	1-2 /hpf	/hpf
EPITHELIAL CELLS	4-5 /hpf	/hpf
CASTS	ABSENT	
CRYSTALS	ABSENT	
SPERMATOZOA	ABSENT	
TRICHOMONAS VAGINALIS	ABSENT	
YEAST CELLS	ABSENT	
AMORPHOS DEPOSITS	ABSENT	
BACTERIA	ABSENT	

Remarks : *

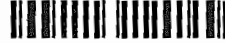
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Patient Id : **PVD04223-24/68191** Sample ID : 24026701
 Patient : MR SAVIO MONTEIRO Reg. Date : 24/02/2024
 Age/sex : 59 Yrs/ Male Report Date : 24/02/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



HBA1C-GLYCOSYLATED HAEMOGLOBIN

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	6.8	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	148.46	mg/dL	
Method : HPLC-Biorad D10-USA			


INTERPRETATION

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 \times A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
 - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - C. Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control.
 - Excellent Control - 6 to 7 %,
 - Fair to Good Control - 7 to 8 %,
 - Unsatisfactory Control - 8 to 10 %
 - and Poor Control - More than 10 %.

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

-----End Of Report-----

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DR. SANDEEP B. PORWAL
 MBBS MD (Path) Mumbai
 MMC Reg no 2001031640

Patient Id : PVD04223-24/68191 Sample ID : 24026701
 Patient : MR SAVIO MONTEIRO Reg. Date : 24/02/2024
 Age/sex : 59 Yrs/ Male Report Date : 24/02/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
 Ref. By : Self



IMMUNOASSAY

Test Description	Result	Unit	Biological Reference Range
TOTAL T3 T4 TSH (TFT)			
T3 (Triiodothyronine)	124.62	ng/dl	83-200 For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	7.84	ug/dL	5.13 - 14.10 For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	3.12	uIU/ml	0.27 - 4.20


Method : ECLIA

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	•Isolated High TSHespecially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. •Subclinical Autoimmune Hypothyroidism •Intermittent T4 therapy for hypothyroidism •Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	•Chronic Autoimmune Thyroiditis •Post thyroidectomy,Post radioiodine •Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	•Interfering antibodies to thyroid hormones (anti-TPO antibodies) •Intermittent T4 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers,steroids,anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	•Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness •Subclinical Hyperthyroidism •Thyroxine ingestion"
Decreased	Decreased	Decreased	•Central Hypothyroidism •Non-Thyroidal illness •Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	•Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule •Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	•T3 toxicosis •Non-Thyroidal illness

-----End Of Report-----

Term & Conditions* Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone.Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.


DR. SANDEEP B. PORWAL
 MBBS MD (Path) Mumbai
 MMC Reg no 2001031640

Patient Id : **PVD04223-24/68191** Sample ID : 24026701
 Patient : MR SAVIO MONTEIRO Reg. Date : 24/02/2024
 Age/sex : 59 Yrs/ Male Report Date : 24/02/2024
 Center : APEX SUPERSPECIALITY HOSPITALS Case No. :
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PROSTATE SPECIFIC ANTIGEN

Test Description	Result	Unit	Biological Reference Range
PSA (Prostate Specific Antigen)-Serum Total	0.88	ng/ml	Conventional for all ages: 0 - 4 69- 80 Years : 0 - 6.5 Above 80 yrs: 0 - 7.2

Method : ECLIA

INTERPRETATION :

Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. PSA exists in serum mainly in two forms, complexed to alpha-1-anti chymotrypsin (PSA-ACT complex) and unbound (free PSA). Increases in prostatic glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. Transient increase in PSA can also be seen following per rectal digital or sonological examinations.

-----End Of Report-----

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 MMC Reg no 2001031640



APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



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visit website
googlemap



Tele.:
022 - 2898 6677 / 46 / 47 / 48

NAME : SAVIO MONTEIRO	DATE : 24/02/2024
REF: MEDIWHEEL	AGE /SEX 59 Y/ M

2D ECHO & COLOR DOPPLER REPORT

Cardiac history :

Imaging window:

2D Findings :

Chamber dimensions: Mild concentric LVH

RWMA -- Normal

Valve Anatomy-- Normal

Interventricular & Interatrial septum:-- Normal

No intracardiac mass.

No Pericardium effusion

IVC & Hepatic veins -- Normal

Doppler Findings:

LV diastolic Dysfunction :-- Type - I

Color flow across valves :-- Normal



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M-Mode	
AO diam : 3.9 cm	
LA diam : 2.7 cm	
ACS : 1.4 cm	
DE excursion : 1.5 cm	
EF Slope : 1.2 m/s	
EPSS : 0.5 Cm	
IVSd : 1.1 cm	IVSs : 0.8 cm
LVIDd : 4.9 cm	LVIDs : 4.2 cm
LVPWd : 1.5 cm	LVPWs : 1.3 cm
LVEF : 60 - 65 %	

Conclusions:

Mild concentric LVH

RWMA Normal

Normal LV systolic function with EF 60 - 65 %

Type - I diastolic Dysfunction.

NO pulmonary hypertension

Normal Pericardium .

DR. SHAH CHIRAG
D.N.B, (M.D.)
GENERAL PHYSICIAN



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Tele.:

022 - 2898 6677 / 46 / 47 / 48

UHID : ASH232404346 ID : HC232400005 Date : 24-Feb-2024
Patient : Monteiro Savio Age/Sex : 59/Male Referred By : Rmo
Company :

DIGITAL X-RAY CHEST <PA> VIEW

The lung on either side shows equal translucency and exhibit normal vasculature

The pleural spaces are normal.

Both hila are normal in size, have equal density and bear normal relationship.

The cardiac size is normal.

Trachea is central in position and no mediastinal abnormality is visible.

Bony thorax is normal.

IMPRESSION:

- o No significant abnormality.

DR. PANDYA SAUMIL
MD,D.N.B
RADIOLOGIST



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UHID : ASH232404346 ID : HC232400005 Date : 24-Feb-2024
Patient : Monteiro Savio Age/Sex : 59/Male Referred By : Rmo
Company :

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 normal echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

PORTAL VEIN: It is normal in transverse diameter.

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 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 measures 8 cm normal in size and shape. Its echotexture is homogeneous.

KIDNEYS:

Right kidney	Left kidney
12 x 3.8 cm	11.1 x 4.8 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. Left renal upper pole exophytic cortical cyst of 18x18mm is seen. Left renal lower exophytic cortical cyst of 13x12mm. Left renal upper pole calculi of 2mm and 2.3 mm are seen.

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

Prostate measures 3.2 X 4.7 X 3.2 x cm, Vol 25.2 gm

There is no ascites.

Umbilical hernia is seen with omentum as content (16x14mm).

IMPRESSION:

- Left renal non obstructing calculi.
- Left renal lower pole exophytic cortical simple cyst.
- Small umbilical hernia with omentum as content.

DR. PANDYA SAUMIL
MD,D.N.B
RADIOLOGIST

savio mor

ID:2024022409534169

24-02-2024 09:53:31 AM

Name:

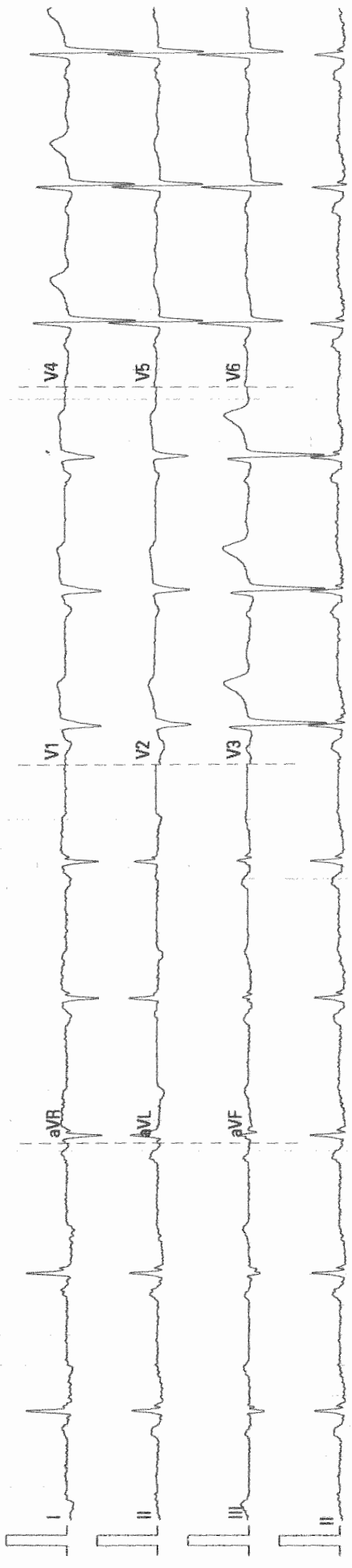
ID:2024022409534169

Name:

24-02-2024 09:53:31

Sinus Rhythm

Unconfirmed Diagn



25 mm/s

10 mm/mV

50 Hz

BDR 35 Hz

QTc: Bazett

02.07.00/V04.00.00

SN:FK-83014036

APEX SUPERSPECIALITY HOSPITAL