

# 2DECHO&DOPPLER REPORT

NAME: MR. .NISHANT KUMAR AGE: 36 Yrs/M DATE:16 /08 /2023

MITRAL VALVE: has thin leaflets with normal subvalvar motion.

No mitral regurgitation.

AORTIC VALVE: has three thin leaflets with normal opening

No aortic regurgitation.

PULMONARY VALVE; NORMAL,

LEFT VENTRICLE: is normal, has normal wall thickness, No RWMA at rest.

Normal LV systolic function. EF - 60%.

LEFT ATRIUM: is normal.

RIGHT ATRIUM & RIGHT VENTRICLE: normal in size. TRICUSPID VALVE & PULMONARY VALVES: normal.

Trivial TR, No PH.
No pericardial effusion.

M- MODE:

AORTA	LA	LVI DD	LVIDS	IVS	PW	LVEF
22mm	24mm	48mm	24mm	10mm	10mm	60%

IMP:

Normal LV Systolic function. EF-60%.

No diastolic dysfunction

No RWMA at rest

**Normal Valves and Chambers** 

IAS & IVS Intact

No clot / vegetation / thrombus / pericardial effusion.

DR. YATIN VISAVE MBBS,DMRD(RADIOLOGY)



Name:

0

.NISHANT KUMAR .

Age : Gender: 036 Years M

PID:

P00000473544

OPD :

Exam Date :

16-Aug-2023 08:33

Accession:

106440091943

su's

Exam:

CHEST X RAY

Physician:

HOSPITAL CASE^^^^

Health Check

## Radiograph Chest PA View:

Both lung fields normal.

Both costo-phrenic angles are clear.

Cardiac silhouette and aortic knuckle are normal.

Both hilar shadows and the diaphragmatic contours are normal.

Thoracic soft tissues and the rib cage normal.

## Impression:

No significant abnormality noted.

DR. YATIN R. VISAVE CONSULTANT RADIOLOGIST MBBS, DMRD Regd. No. 090812

Date: 16-Aug-2023 10:57:13



Name:

.NISHANT KUMAR.

Age:

036Y

Gender: PID:

P00000473544

OPD :

Exam Date :

16-Aug-2023 09:12

Accession: Exam: 106441091943 ABDOMEN AND PELVIS

Physician:

HOSPITAL CASE^^^^

## ULTRASOUND OF ABDOMEN AND PELVIS

Liver appears normal in size, shape and echotexture. No focal lesion is seen. No intrahepatic biliary radicle dilatation seen. The portal vein and CBD appear normal.

Gall bladder is well distended with normal wall thickness. No calculus or sludge is seen. Pancreas appears normal in size and echotexture. No focal lesion is seen. Spleen appears normal in size and echotexture. No focal lesion is seen.

Right kidney measures 12 x 6.0 cms. Left kidney measures 12.9 x 6.2 cms. Both kidneys appear normal in size, shape & echotexture. They show good cortico-medullary differentiation. There is no hydronephrosis, hydroureter or calculus seen on either side.

The urinary bladder is partially distended.

Prostate is grossly normal.

Visualised bowel loops are non-dilated and show normal peristalsis.

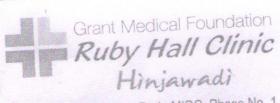
There is no ascites or significant lymphadenopathy seen.

IMPRESSION: No significant abnormality noted.

Suggest: Clinical Correlation.

DR. YATIN R. VISAVE CONSULTANT RADIOLOGIST MBBS, DMRD Regd. No. 090812

Date: 16-Aug-2023 10:58:53



Rajeev Gandhi Infotech Park, MIDC, Phase No. 1, Plot No P-33, Hinjawadi, Pune - 411057.

Ph: 020 66999999 Email: hinjawadi@rubyhall.com 24 hrs Helpline - 8554802253 Website: www.rubyhall.com

APHTHALMOLOGY

NAME : Ref: PS005952- Reg: OPS00002891 36.7.10/M - NH - 16/08/2023 P00000473544 -K

AGE:

unaided 616	619.
1). Vision c glassesunaidedM 6	N6,
2) Near Vision Cglasses	(a) .
3) Binocular Vision	Mormal.
5) Tension  6) Anterior Segment	CNC.
7) Pupils will	clear.
8) Lens	
10) Remarks	
Wnli	
	-1100

Date:

PS-35-340



Mr. Nishant Kernan

16/08/2000

\* Carrier= 8

\* Ofaver el, Caluly - + &

O Restoration & 81 O Oval prophylass.

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 Lab Ref No/UHID
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 Received Date
 : 16-08-2023 12:25 PM

 Lab No/Result No
 : 2300090338/175719
 Report Date
 : 16-08-2023 01:27 PM

Referred By Dr. : HOSPITAL CASE Specimen : SERUM

Processing Loc : RHC Hinjawadi

## **DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	<b>Biological Reference Interval</b>
FBS			
Glucose (Fasting).  Method: GOD-POD	<b>:</b> 94	mg/dL	Prediabetic: 100 - 125 Diabetic: >= 126 Normal: < 100.0
REFERENCE : ADA 2015 GUIDELINES	S		
CREATININE			
Creatinine Method : Enzymatic	:0.8	mg/dL	0.6 - 1.3
BUN			
Urea Nitrogen(BUN)  Method: Calculated	<b>:</b> 13.55	mg/dL	6.0 - 20.0
Urea Method : Urease	:29	mg/dL	12.8-42.8
CALCIUM			
Calcium Method : Arsenazo	<b>:</b> 9.0	mg/dL	8.6 - 10.2
PHOSPHOROUS			
Phosphorus Method : Phospho Molybdate	<b>:</b> 4.1	mg/dL	2.7-4.5
URIC ACID			
Uric Acid Method : Uricase	<b>:</b> 6.2	mg/dL	3.5-7.2
LFT			
Total Bilirubin  Method: Diazo	:0.6	mg/dL	0.3 - 1.2
Direct Bilirubin  Method: Diazo	:0.2	mg/dL	0-0.4
Indirect Bilirubin  Method : Diazo	:0.4	mg/dL	0.0 - 0.8
Alanine Transaminase (ALT)  Method: Kinetic	<b>:</b> 44.0	U/L	<50
Aspartate Transaminase (AST)	<b>:</b> 29.0	U/L	10.0 - 40.0

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Method : Kinetic

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Referred By Dr. : HOSPITAL CASE Specimen : SERUM

Processing Loc : RHC Hinjawadi

### **DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
LFT			
Alkaline Phosphatase	<b>:</b> 85.0	U/L	30.0 - 115.0
Method: 4NPP/AMP BUFFER			
Total Protein	<b>:</b> 7.9	g/dl	6.0 - 8.0
Method : Biuret			
Albumin	<b>:</b> 4.6	g/dl	3.5-4.8
Method : BCG			
Globulin	:3.3	gm/dL	2.3-3.5
Method : Calculated			
A/G Ratio	<b>:</b> 1.39		
Method : Calculated			
T3-T4-TSH -			
Tri-Iodothyronine, (Total T3)	<b>:</b> 1.60	ng/ml	0.97-1.69
Method : Enhanced Chemiluminiscence			
Thyroxine (T4), Total	:8.14	ug/dl	5.53-11.01
Method : Enhanced Chemiluminiscence			
Thyroid Stimulating Hormone (Ultra).	<b>:</b> 3.088	uIU/mL	0.40-4.04

Method : Enhanced Chemiluminiscence

1.The TSH levels are subject io diurnal/circadian variation. reaching to peak leve between 2 to 4 am. and at a minimum between 6 to 10 pm. The variation is to the order of 50%, hence the time when sample is collected has influence on the levels of TSH 2.Many substances produced in central nervous system, even in healthy euthyroid individuals, may enhance or suppress TSH production in addition to the feedback effect of thyroid hormone . 3.Furthermore, although TSH levels rise and fall in response to changes in the concentration of Free T4, individuals appear to have their own setpoints and factors such as race and age also contribute to variability in TSH levels Alterations of normal pituitary response are also common in patients with a variety of illnesses which can affect the levels of TSH. 4.Interassay variations are possible on different Immunoassay platforms.

TSH - For pregnancy the referance range is as follows -

1st -trimester : 0.6 - 3.4 uIU/mL 2nd trimester : 0.37 - 3.6 uIU/mL 3rd trimester : 0.38 - 4.04 uIU/mL

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

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Specimen : SERUM

Processing Loc : RHC Hinjawadi

**Verified By** SOPAN

Referred By Dr.

Dr.POOJA PATHAK Associate Consultant

#### NOTE:

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: HOSPITAL CASE

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 : 16-08-2023 11:20 AM

 Lab Ref No/UHID
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 Received Date
 : 16-08-2023 12:26 AM

 Lab No/Result No
 : 2300090194/175719
 Report Date
 : 16-08-2023 01:30 AM

Referred By Dr. : HOSPITAL CASE Specimen : EDTA WHOLE BLC

Processing Loc : RHC Hinjawadi

### **DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

Investigation	Result	Units	Biological Reference Interval
HAEMOGRAM/CBC/CYTO			
W.B.C.Count	:4700	/ul	4000-11000
Method : Coulter Principle			
Neutrophils	:49.1	%	40-75
Method : Derived from WBC Histogram			
Lymphocytes	:34.6	%	20-40
Monocytes	: 11.5	%	2-10
Eosinophils	:3.8	%	1.0-6.0
Basophils	:1.0	%	0.0-1.0
%Immature Granulocytes	:0.6	%	0.00-0.10
Absolute Neutrophil Count	:2.3	x10³cells/ul	2-7
Method : Calculated		, , ,	
Absolute Lymphocyte Count	:1.6	x10³cells/ul	1 - 3
Method : Calculated			
Absolute Monocyte Count	:0.5	x10³cells/ul	0.2-1.0
Method : Calculated			
Absolute Eosinophil Count	:0.2	x103cells/ul	0.02-0.5
Method : Calculated			
Absolute Basophil Count	:0.1	x10³cells/ul	0.02-0.1
Method : Calculated			
R.B.C Count	:4.81	million/ul	4.5 - 6.5
Method : Coulter Principle	-142	- / - /	12 17
Haemoglobin	:14.2	g/dl	13 - 17
Method: Cyanmethemoglobin Photometry Haematocrit	∕ :44.4	%	40-50
Method : Calculated	• 44.4	70	40-30
MCV	: 92.3	fl	83-99
Method : Coulter Principle	. 72.3	"	03 93
MCH	: 29.5	pg	27 - 32
Method : Calculated		1.3	
MCHC	:32.0	g/dl	31.5 - 34.5
Method : Calculated		<u>-</u> .	
RDW	:12.7	%	11.6-14.0
Method : Calculated From RBC Histogram			
Platelet Count	: 225.0	x10³/ul	150 - 450
Method : Coulter Principle			
MPV	: 14.1	fl	7.8-11

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Method : Coulter Principle

**Patient Name** : Mr..NISHANT KUMAR : 16-08-2023 08:35 AM **Bill Date** Age / Gender : 36Y(s) 7M(s) 10D(s)/Male **Collected Date** : 16-08-2023 11:20 AM : 16-08-2023 12:25 PM Lab Ref No/UHID **Received Date** : PS005952/P00000473544 Lab No/Result No : 16-08-2023 11:36 AM : 2300090194/175719 Report Date

> : EDTA WHOLE BLC **Specimen**

> > **Processing Loc** : RHC Hinjawadi

**RBC Morphology** 

Referred By Dr.

: Normocytic normochromic

**WBC Morphology** 

: Within normal range

Platelet

: Adequate

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

**Verified By** Shrikant.A

> **Dr.POOJA PATHAK Associate Consultant**

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 Lab No/Result No
 : 2300090338-P/175719
 Report Date
 : 16-08-2023 06:21 PM

Specimen : SERUM

Processing Loc : RHC Hinjawadi

## **DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
PPBS			
Glucose (Post Prandial)	:108	mg/dL	60-140
Method : GOD-POD			

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

**Verified By** Anand

Referred By Dr.

Dr.POOJA PATHAK Associate Consultant

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: Mr..NISHANT KUMAR **Patient Name** : 16-08-2023 08:35 AM **Bill Date** Age / Gender : 36Y(s) 7M(s) 10D(s)/Male **Collected Date** : 16-08-2023 11:20 AM : 16-08-2023 12:25 PM **Received Date** Lab Ref No/UHID : PS005952/P00000473544 Lab No/Result No : 16-08-2023 05:15 PM : 2300090194/175719 Report Date

Referred By Dr. : HOSPITAL CASE Specimen : EDTA WHOLE BLC

Processing Loc : RHC Hinjawadi



## **DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

Investigation	Result	Units	Biological Reference Interval
ESR			

ESR At 1 Hour :18 mm/hr 0 - 15

Method : Modified Westergren Method

#### INTERPRETATION:

ESR is a screening test to detect presence of systemic disease; however a normal result does not rule out a systemic disease.

ESR is also used to moniter course of disease or response to therapy if initially elevated.

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

**Verified By** AMOL

Dr.POOJA PATHAK Associate Consultant

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**Patient Name** : Mr..NISHANT KUMAR : 16-08-2023 08:35 AM **Bill Date** Age / Gender : 36Y(s) 7M(s) 10D(s)/Male Collected Date : 16-08-2023 12:25 PM : 16-08-2023 12:25 PM Lab Ref No/UHID **Received Date** : PS005952/P00000473544 Lab No/Result No : 16-08-2023 03:06 PM : 2300090338/175719 Report Date

Referred By Dr. : HOSPITAL CASE Specimen : SERUM

Processing Loc : RHC Hinjawadi



## **DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
ELECTROLYTES (Na & K)			
Sodium	<b>:</b> 141.0	mmol/L	136.0 - 145.0
Method : Potentiometric			
Potassium	:3.9	mmol/L	3.5 - 5.1
Method : Potentiometric			
Chloride	:100	mmol/L	98.0 - 107.0
Method : Potentiometric			

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

**Verified By** SOPAN

Coma

Dr.POOJA PATHAK Associate Consultant

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**Patient Name** : Mr..NISHANT KUMAR : 16-08-2023 08:35 AM **Bill Date** Age / Gender : 36Y(s) 7M(s) 10D(s)/Male **Collected Date** : 16-08-2023 02:02 PM : 16-08-2023 12:25 PM **Received Date** Lab Ref No/UHID : PS005952/P00000473544 Lab No/Result No : 16-08-2023 02:21 PM : 2300090532/175719 **Report Date** 

Referred By Dr. : HOSPITAL CASE Specimen : URINE

Processing Loc : RHC Hinjawadi



## **DEPARTMENT OF LABORATORY MEDICINE-CLINICAL PATHOLOGY**

Investigation	Result	Units	Biological Reference Interval
URINE ROUTINE			
PHYSICAL EXAMINATION	<u>N</u>		
Colour	: Pale Yellow		
Appearance	: Clear		
CHEMICAL TEST			
Ph	<b>:</b> 5.5		5.0-7.0
Specific Gravity	:1.020		1.015-1.030
Albumin	: Absent		Abset
Urine Sugar	: Absent	mg/dL	
Ketone Bodies	: Absent		Absent
Bile Pigments/ Bilirubin	: Absent		Absent
Urobilinogen	: Normal		Normal
Nitrites	: Absent		Absent
Leucocytes Esterase	: Absent		Absent
MICROSCOPIC TEST			
Pus Cells.	:2-3	/hpf	0 - 5
Red Blood Cells.	: Absent	/hpf	0 - 2
Epithelial Cells.	:1-2	/hpf	0-5
Bacteria	: Absent	/hpf	Absent
Cast	: Absent		Absent
Yeast Cells	: Absent		Absent
Crystals	: Absent		Absent
Others	: Absent		Absent

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

**Verified By** Anand

> Dr.POOJA PATHAK Associate Consultant

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> **Specimen** : SERUM

**Processing Loc** : RHC Hinjawadi



## **DEPARTMENT OF LABORATORY MEDICINE-BIOCHEMISTRY**

Investigation	Result	Units	Biological Reference Interval
LIPID PROFILE			
Cholesterol	<b>:</b> 165.0	mg/dL	130.0 - 220.0
Method : Enzymatic			
Triglycerides	<b>:</b> 92	mg/dL	35.0 - 180.0
Method : Enzymatic			
HDL Cholesterol	<b>:</b> 46	mg/dL	35-65
Method : Enzymatic			
LDL Cholesterol	:100.6	mg/dL	10.0 - 130.0
Method : Calculated			
VLDL Cholesterol	:18.4	mg/dL	5.0-36.0
Method : Calculated			
Cholestrol/HDL Ratio	<b>:</b> 3.59		2.0-6.2
Method : Calculated			

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

**Verified By** SANDEEP

Referred By Dr.

**Dr.POOJA PATHAK Associate Consultant** 

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 : 16-08-2023 02:21 PM

Referred By Dr. : HOSPITAL CASE Specimen : EDTA WHOLE BLC

Processing Loc : RHC Hinjawadi



## **DEPARTMENT OF LABORATORY MEDICINE-BLOOD BANK**

Investigation	Result	Units	<b>Biological Reference Interval</b>
Blood Group	: AB RH POSITIVE		

\*\*\*

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

**Verified By** SOPAN

Dr.POOJA PATHAK Associate Consultant

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 : 2300090195-G/175719
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 : 16-08-2023 11:51 AM

Referred By Dr. : HOSPITAL CASE Specimen : WHOLE BLOOD

Processing Loc : RHC Hinjawadi



## **DEPARTMENT OF LABORATORY MEDICINE-HAEMATOLOGY**

# Investigation Result Units Biological Reference Interval

## **GLYCOCYLATED HB% (HbAIC)**

Glycosylated Haemoglobin :5.6 % 4-6.5

(HbA1C)

Method: Turbidometric Inhibition

Immunoassay

Prediabetic : 5.7 - 6.4 % Diabetic : >= 6.5 %

Therapeutic Target: <7.0 %

**REFERENCE: ADA 2015 GUIDELINES** 

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