



: Mr. Dilip Kumar

Indira Health And Lifestyle Private Limited. NABL Accredited Laboratory

Eucharistic Congress Bldg. No. 1, Opp. Café Leopold, Close to Delhi Darbar Hotel, Convent Street, Colaba, Mumbai - 400 001. Tel.: 022-22021122, (Q): 8450982226.

E:apolloclinicmumbai@gmail.com, apollocliniccolaba@gmail.com

: Male

Age

: 40 Years

Gender

UHID : AF-001001489 Bill No Lab No : c-2861-23

Ref. by : Arcofemi Healthcare Sample Col.Dt : 24/03/2023 11:30 Barcode No : 9874 Reported On : 24/03/2023 14:13

> **TEST RESULTS** BIOLOGICAL REFERENCE INTERVAL

URINE REPORT

PHYSICAL EXAMINATION

20 QUANTITY mL

Pale Yellow **COLOUR**

APPEARANCE Clear Clear **SEDIMENT** Absent Absent

CHEMICAL EXAMINATION(Strip Method)

REACTION(PH) 5.0 4.6 - 8.0

1.005 - 1.030 1.010 SPECIFIC GRAVITY

URINE ALBUMIN Absent Absent URINE SUGAR(Qualitative) Absent **Absent KETONES** Absent Absent **BILE SALTS Absent** Absent **BILE PIGMENTS** Absent **Absent UROBILINOGEN** Normal(<1 mg/dl) Normal OCCULT BLOOD Absent Absent **Nitrites** Absent Absent

MICROSCOPIC EXAMINATION

PUS CELLS 1 - 2/hpf 0 - 3/hpfNil /HPF **RED BLOOD CELLS** Absent **EPITHELIAL CELLS** 2 - 3 /hpf 3 - 4/hpf **CASTS** Absent Absent **CRYSTALS** Absent Absent **BACTERIA** Absent Absent

Anushka Chavan Entered By

Ms Kaveri Gaonkar Verified By

End of Report Results are to be correlated clinically

Dr. Milind Patwardhan M.D(Path) **Chief Pathologist**

Page 1 of 10

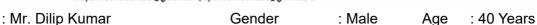




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 Reported On
 : 24/03/2023 17:22

TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Fasting Plasma Glucose: 110 mg/dL Normal < 100 mg/dL

Impaired Fasting glucose: 101 to 125 mg/dL

Diabetes Mellitus : >= 126 mg/dL (on more than one occasion)

(American diabetes association guidlines 2016)

Post Prandial Plasma Glucose: 106 mg/dL Normal < 140 mg/dL

Impaired Post Prandial glucose: 140 to 199 mg/dL

Diabetes Mellitus : >= 200 mg/dL (on more than one occasion)

(American diabetes association guidlines 2016)

Method: Hexokinase

Ms Kaveri Gaonkar Entered By Ms Kaveri Gaonkar Verified By

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HbA1c(Glycosylated Haemoglobin)WB-EDTA

(HbA1C) Glycosylated Haemoglobin: 5.3 % Normal <5.7 %

Pre Diabetic 5.7 - 6.5 % Diabetic >6.5 %

Target for Diabetes on therapy < 7.0 % Re-evalution of therapy > 8.0 %

Mean Blood Glucose: 105.41 mg/dL

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

Method

High Performance Liquid Chromatography (HPLC).

INTERPRETATION

- * 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.
- * 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 .
- 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

Alsaba Shaikh Entered By Ms Kaveri Gaonkar Verified By Dr. Milind Patwardhan M.D(Path) Chief Pathologist

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

PROSTATE SPECIFIC ANTIGEN

Prostate Specific Antigen (ECLIA): 0.435 ng/mL 0.03 - 3.5 ng/ml

INTERPERETATION

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 prostatits ,Benign hyperplasia or Prostatic adenocarcinoma Rate of the fall of PSA levels to non dectectable 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.

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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

LFT(Liver Function Tests)-Serum

S.Total Protein (Biuret method)	7.52	g/dL	6.6 - 8.7
S.Albumin (BCG method)	4.40	g/dL	3.5 - 5.2
S.Globulin (Calculated)	3.12	g/dL	2 - 3.5
S.A/G Ratio:(Calculated)	1.41		0.9 - 2
S.Total Bilirubin (DPD):	0.56	mg/dL	0.1 - 1.2
S.Direct Bilirubin (DPD):	0.20	mg/dL	0.1 - 0.3
S.Indirect Bilirubin (Calculated)	0.36	mg/dL	0.1 - 1.0
S.AST (SGOT)(IFCC Kinetic with P5P):	34	U/L	5 - 40
S.ALT (SGPT) (IFCC Kinetic with P5P):	31	U/L	5 - 41
S.Alk Phosphatase(pNPP-AMP Kinetic):	142	U/L	40 - 129
S.GGT(IFCC Kinetic):	11	U/L	11 - 50

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M.D(Path)
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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

Lipid Profile- Serum

S. Cholesterol(Oxidase)	178	mg/dL	Desirable < 200 Borderline:>200-<240 Undesirable:>240
S. Triglyceride(GPO-POD)	132	mg/dL	Desirable < 150 Borderline:>150-<499 Undesirable:>500
S. VLDL:(Calculated)	26.4	mg/dL	Desirable <30
S. HDL-Cholesterol(Direct)	<u>37.5</u>	mg/dL	Desirable > 60 Borderline:>40-<59 Undesirable:<40
S. LDL:(calculated)	114.1	mg/dL	Desirable < 130 Borderline:>130-<159 Undesirable:>160
Ratio Cholesterol/HDL	4.7		3.5 - 5
Ratio of LDL/HDL	3		2.5 - 3.5

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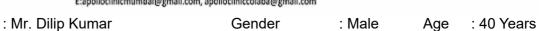




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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

RFT - Renal Profile-serum

S.Urea(Urease-GLDH)	26.6	mg/dL	10.0 - 45.0
S. Urea Nitrogen(Calculated)	12.41	mg/dL	5 - 20
S.Creatinine(Jaffe's Kinetic)	1.22	mg/dL	0.50 - 1.3
S.Uric Acid(Uricase-POD)	6.4	mg/dL	3.4 - 7.0
S.Total Protein(Biuret)	7.52	g/dL	6.6 - 8.7
S.Albumin(BCG)	4.40	g/dL	3.5 - 5.2
S.Globulin(Calculated)	3.12	g/dL	2 - 3.5
A/G Ratio(Calculated)	1.41		0.9 - 2
S.Sodium(Na) (ISE-Direct)	143	mmol/L	135 - 145
S.Potassium(K) (ISE-Direct)	4.7	mmol/L	3.5 - 5.3
S.Chloride(Cl) (ISE-Direct)	106	mmol/L	95 - 106
S.Calcium(NM-BAPTA)	9.48	mg/dL	8.6 - 10.0
S.Phosphorus(UV Phosphomolybdate)	3.64	mg/dL	2.5 - 4.5

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TEST RESULTS

Blood Grouping (ABO & Rh)-WB(EDTA) Serum

ABO Group: :O:

Rh Type: **Positive**

Method: Tube Agglutination (forward and reverse)

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL

HAEMOGRAM(CBC,ESR,P/S)-WB (EDTA)

Haemoglobin(Colorimetric method)	13.2	g/dl	13 - 18
RBC Count (Impedance)	4.94	Millions/cumm.	4 - 6.2
PCV/Haematocrit(Calculated)	40.8	%	35 - 55
MCV:(Calculated)	82.5	fl	78 - 98
MCH:(Calculated)	26.6	pg	26 - 34
MCHC:(Calculated)	32.3	gm/dl	30 - 36
RDW-CV:	15.6	%	11.5 - 16.5
Total Leucocyte count(Impedance)	8000	/cumm.	4000 - 10500
Neutrophils:	56	%	40 - 75
Lymphocytes:	38	%	20 - 40
Eosinophils:	04	%	0 - 6
Monocytes:	02	%	2 - 10
Basophils:	00	%	0 - 2
Platelets Count(Impedance method)	<u>1.23</u>	Lakhs/c.mm	1.5 - 4.5
MPV	<u>13.4</u>	fl	6.0 - 11.0
ESR(Westergren Method)	03	mm/1st hr	0 - 20
Perinheral Smear (Microscopic evamination)			

Peripheral Smear (Microscopic examination)

RBCs:

Normochromic, Normocytic

WBCs: Normal

Platelets <u>Large platelets, Reduced, Manual platelet count = 1.25 Lakhs/c.mm</u>

Note: Test Run on 5 part cell counter. Manual diff performed.

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TEST RESULTS BIOLOGICAL REFERENCE INTERVAL UNITS

Thyroid (T3,T4,TSH)- Serum

1.3 - 3.1 nmol/L Total T3 (Tri-iodo Thyronine) (ECLIA) 2.01 nmol/L

Total T4 (Thyroxine) (ECLIA) 82.43 66 - 181 nmol/L nmol/L

TSH-Ultrasensitive μlU/ml Euthyroid: $0.35 - 5.50 \mu lU/ml$ 1.66

Hyperthyroid : $< 0.35 \mu lU/ml$ (Thyroid-stimulating hormone) Method: ECLIA

Hypothyroid : $> 5.50 \mu IU/mI$

Grey zone values observed in physiological/therapeutic effect.

Note:

T3:

1. Decreased values of T3 (T4 and TSH normal) have minimal Clinical significance and not recommended for diagnosis of hypothyrodism.

- 2. Total T3 and T4 values may also be altered in other conditions due to changes in serum proteins or binding sites ,Pregnancy, Drugs (Androgens,Estrogens,O C pills, Phenytoin) etc. In such cases Free T3 and free T4 give corrected Values.
- 3. Total T3 may decrease by < 25 percent in healthy older individuals

T4:

1. Total T3 and T4 Values may also be altered in other condition due to changes in serum proteins or binding sites, Pregnancy Drugs (Androgens, Estrogens, O C pills, Phenytoin), Nerphrosis etc. In such cases Free T3 and Free T4 give Corrected values.

- 1. TSH Values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart failure. Severe burns, trauma and surgery etc.
- 2. Drugs that decrease TSH values e,g L dopa, Glucocorticoids.
- 3. Drugs that increase TSH values e.g. lodine, Lithium, Amiodarone

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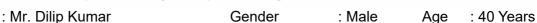




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TEST RESULTS UNITS BIOLOGICAL REFERENCE INTERVAL

PLASMA GLUCOSE

Fasting Plasma Glucose: 110 mg/dL Normal < 100 mg/dL

Impaired Fasting glucose: 101 to 125 mg/dL

Diabetes Mellitus : >= 126 mg/dL (on more than one occasion)

(American diabetes association guidlines 2016)

Post Prandial Plasma Glucose: 106 mg/dL Normal < 140 mg/dL

Impaired Post Prandial glucose: 140 to 199 mg/dL

Diabetes Mellitus : >= 200 mg/dL (on more than one occasion)

(American diabetes association guidlines 2016)

Fasting Urine Glucose : Absent Fasting Urine Acetone : Absent

Post Prandial Urine Glucose : Absent
Post Prandial Urine Acetone : Absent

Method: Hexokinase

Ms Kaveri Gaonkar Entered By Ms Kaveri Gaonkar Verified By

End of Report Results are to be correlated clinically





Mr. D721P NOT

Patient Name : Mr/ Age/Sex : Ye

Referred By:

Mr. DJ/IP KUMAR 40 09:29 M 24-03-2023 AF-001001489 SS669989

MR No:

Date:

Health Check-Up Report

PRESENT COMPLAINTS:

PRESENT MEDICATIONS:

PERSONAL HISTORY

Unmarried /Married

Diet

Tobacco

Alcohol

Bladder

Habits:

Bowels

Sleep

Physical Activity

Drug / Any other allergy

PAST MEDICAL HISTORY

Menstrual History

FAMILY HISTORY

: Eggetarian / Vegetarian / Mixed

: Chews/Smokes

: ...

Normal / Disturbed

: Active/ Moderate / Sedentary

: W,

NA.

AND (TIA)

Physical Examination Findings

General Examination

Height166		cm			
Weight 7	3.2	kg			
вмі	26:5	kg/m2			
Pulse	,56,	/ min			
BP\ 6	0 90.	_ mm of Hg			
RR	16	/min			
Evidence of : pallor/	Icterus/Pedal Oe	dema /Cyanos	is/Clubbing		
8	8	5	- 4		
Abdominal Examination	:	1			
Cardiovascular System:			ſ		
		11	-A		
		11/1/~			
		'			
Respiratory System:					
Musculoskeletal System	:	t			
4		1 1	00	0 1 1/1	1
Advice:	of Set in	let-	Blu	BP Mb	7
· fin	-1 3-11	/	0	1	-

Doctor's Sign & Stamp:

Dr Merchant Adnaan Regn.No I-80064-A

Physician





ENT EVALUATION

Name:	Mr. DILIP KUMAR 40 09:29 M 24-03-2023 AF-001001489	MR NO:
Age/Gender:		Date:
COMPLAINTS, IF ANY:	PLF1083745	
Ear:- Tympanic Membrane: Pre- auricular:- Pina / EAC: Mastoid Tunning Fork tests:-	® wax	
NOSE:- External Nose:- Anterior Rhinoscopy:- Post – Nasal space:-		
THROAT:- Tongue / palate / Teeth:-		
NECK:-	/ LINL	
Nodes:- Thyroid:-	/	
Glands:-		
INVESTIGATIONS:		
IMPRESSION:R	R Wax.	

Dr .MITUL BHATT M.S. (ENT Surgeon), Reg No. 2011051748

colaba@theapolloclinic.com apollocliniccolaba@gmail.com





OPHTHALMIC EVALUATION

Name: Age/Sex:	Mr. DILIP KUMAR 40 09:29 M 24-03-2023 AF-0010014	MR NO: Date:	
Examination	SR01352888 Right Eye		
Visual Acuity Distance Vision	n	6/6	
Near Vision		NE_	
Color Vision		Normal/Defective	
Refraction Pre	escription:		
R	ight Eye	Left Eye	
<u>Sph.</u>	Cyl. Axis	Sph. Cyl. Axis	
+ 1 Ds		10.45 +050 150	
Remarks		+ d 00 bs +0.50 150° Remarks	
SLIT LAMP EX	0	mean Add t	1.2
Anterior Segm			
Posterior Segr	nent: War		
REMARKS:	grasses for	Reading only	
WNL = Within Norm	iai Limits	Dr Zelda V Dodochowii	
NAD = No abnormal	lity detected.	Dr.Zelda V.Dadachanji MBBS, M.S.(Ophthal),DNB FICO(UK),MRCSEd	



Fellow-Cornea & Refractive Surgery (NN)

Consultant Ophthalmologist CORNEA&LASIK Specialist Reg. No.MMC2013/05/1940





DENTAL CHECKUP

	KUMAR		MR NO:	1489
Age/Gender: 40	/ M		Date: 2	4/3/23
		ertension _		
EXAMINATION	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWED DIGITAL
Calculus& Stains	1+		+++	LOWER RIGHT
Mobility	+ +	+ 1	777	++7
Caries (Cavities)				
a)Class 1 (Occlusal)				
b)Class 2 (Proximal)				
c)Class 5 (Cervical)	11-16	21,22		11 11
Faulty Restoration		d.1, L.2		44,-46
Faulty Crown				
Fractured Tooth				
Root Pieces				
Impacted Tooth				
Missing Tooth				
Existing Denture				
TREATMENT	UPPER RIGHT	UPPER LEFT	LOWER LEFT	LOWER RIGHT
Restoration / Filling	UPPER RIGHT		LOWER LEFT	
Restoration / Filling Root Canal Therapy		UPPER LEFT	LOWER LEFT	LOWER RIGHT
Restoration / Filling Root Canal Therapy Crown			LOWER LEFT	LOWER RIGHT
TREATMENT Restoration / Filling Root Canal Therapy Crown Extraction			LOWER LEFT	
Restoration / Filling Root Canal Therapy Crown Extraction Oral Prophylaxis: Orthodontic Advice for Prosthetic Advice to Description	Scaling & polishor Braces: Ye Replace Missing acco Cigarett ice to quit any fo	ning es / No Teeth: Der e Others orm of tobacco	nture Bridge since vea	Hh-t/C

APOLLO CLINIC COLABA

M/s. Indira Health & Lifestyle Pvt. Ltd.
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	Registration Date:		
•	Ht./Wt.:	Cms./	Kgs.

NUTRITION PRESCRIPTION for HTN

Keeping in mind your Medical Reports, health status, food intake, dietary habits, personalized Dietary Instructions are provided here.

DIETARY RECOMMENDATIONS:-Changes with regards to your present Dietary habits,

- Start your day with 1 tbsp of methi seeds soaked overnight. Gulp methi along with water.
- Have roasted snacks like popcorns, channas, rice flakes, puffed rice.
- CEREALS- Include more of whole grain products like wheat, jowar, oats, ragi, soya, and barley and avoid consumption of refined flour and its products.
- MILK- Avoid butter, cream, cheese, whole milk.
- NUTS- Avoid coconut, peanut, cashewnut.
- NON-VEG- Have more of Egg whites, chicken, fish, avoid red meat, shellfish, beef and pork.
- Avoid papad, pickles, oily chutneys, fried foods, creamy foods, mayonnaise, chocolates, icecream, junk foods & fast foods.
- Use oil in rotation: Oil /Ghee consumption 3-4 tsp/day. I.e½ kg/person/ month.
- Salt for entire day should not exceed ½ tsp (3 grams).
- Avoid soda-bi-carb in food preparation.
- Avoid Chinese foods, canned & processed foods, brined foods & salted nuts.
- To enhance flavor add lime, vinegar, tamarind, kokam, herbs and other spices.
- Use Non-stick cookware for cooking your food.
- Avoid vanaspati, margarine, bakery products like cakes, pastries, cream-biscuits.
- Drink plenty of water, atleast 12-15 glasses (2.5 -3 liters) / day.
- Do not smoke, drink, or chew tobacco.
- Exercise daily for 45-60 mins either brisk walking, jogging, swimming. If medical complaint then as per doctor's advise.

Dr. Sabiha Siddiqui BHSc,P.G.Dietetics,CDE,DNYS (Head Clinical Dietician & Nutritionist)







TIME MEAL MENU AMOUNT [HOUSEHOLD MEASUR					
			(5)		
7:30 am	Early morning	Warm Water	1 glass		
 		Aerobic Exercise	45 mins. (minimum)		
9:00am	Breakfast	Tea / coffee/ Milk (skimmed)	50 ml milk		
		Veg poha /Oats Upma / Veg Dahlia Phulka / Methi Khakra / Bhakri	1 vati Medium size -2 nos (no oil / ghee)		
11:00am	Mid – Morning	Fruit	1 Medium size		
1: 00 pm	Lunch	Salad / Thin soup	1 Big Bowl		
		Cucumber ,Tomato, cabbage,			
		onion, sprouted pulses. etc			
		Roti / Phulka	2 small / 1 big		
		Vegetables	1-2 Vati (cook in 1 tsp oil)		
		Rice	1 vati		
		Dal	1 Vati		
		Curd (skimmed)/ Buttermilk	1/2 cup /1 glass		
4:00pm - 6.00pm	Evening	Diet Khakra / digestive oats biscuit	1/2 nos only		
		Roasted chana/Roastedrice flakes /	1 handful		
		sprouts bhel, /sweet corns	1 small katori		
		Tea	1 cup		
	1				

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8:30pm	Dinner	SAME AS LUNCH (except rice)	
	OPTIONS	Veg khichdi + kadhi /curd	2 Vatis / 1 vati
	OPTIONS	Bhakri -Wheat /Bajra/Jowar Vegetable Dal	2 nos 1 vati 1 vati
10:00pm	Bed – Time	Milk (Skimmed)	100 ml milk

Total calories/day	Oil /Ghee /day	Salt/day
1500 Kcals	4 tsps	1/5_ tsp

- Oil intake should be ½ liter per person per month.
- Consume Green tea/ Herbal tea 2-3 cups/ day.
- Take 1 Tsp Flaxseed (Alsi) after lunch and dinner (optional)

Dr. Sabiha Siddiqui BHSc,P.G.Dietetics,CDE,DNYS (Head Clinical Dietitian & Nutritionist)

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GE MAC2000

1.1

12SL TM V241

25 mm/s

10 mm/mV

ADS

0.56-20 Hz

50 Hz

Unconfirmed 4x2.5x3_25_R1

1



Male

QRS QT / QTcBaz PR P

84 ms 388/371 ms 142 ms 90 ms 1084/1090 ms 31/-23/16 degrees

RR/PP P/QRS/T

Sinus bradycardia Otherwise normal ECG

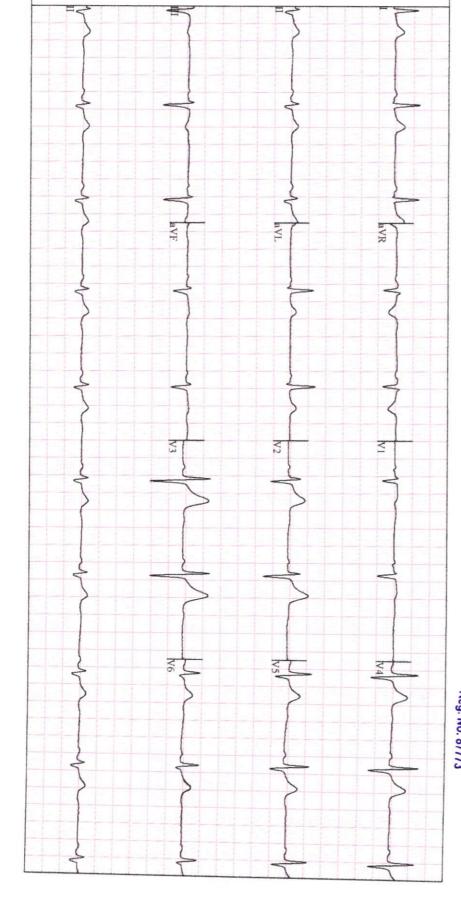
24.03.2023 12:10:03 THE APOLLO CLINIC COLABA MUMBAI-400001

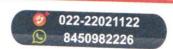
Sins boardends

Dr. SUNDEEP AMBERKAR Consultant Cardiologist Reg. No. 87773 M.D.F.C.P.S DIP, ECHO

-- / -- mmHg

55 bpm









NAME: MR. DILIP KUMAR

AGE/SEX: 40 YEARS / MALE

REF. BY : ARCOFEMI MEDIWHEEL

MR.NO: AF001001489

DATE : 24/03/2023

2D ECHOCARDIOGRAPHY AND COLOR DOPPLER STUDY

2D ECHOCARDIOGRAPHY FINDINGS:

- 1. No LV Dilatation. No LV Wall Hypertrophy.
- 2. No Significant LV RWMA seen at rest.
- 3. Good LV Systolic function. LVEF appears to be 60 %.
- 4. Gr- I LV Diastolic Dysfunction. Normal LVEDP.
- 5. Structurally normal all cardiac valves. No PAH
- 6. Normal sized LA / RA/ RV with good RV contractility. No Hepatic Congestion.
- 7. IAS and IVS appear intact.
- 8. No obvious clot seen.
- 9. No vegetations or pericardial effusion.
- 10. Normal Sinus Rhythm.

IMPRESSION

Normal all Cardiac chambers.
Normal LV systolic function.
Gr- I LV DD. Normal LVEDP.
Normal valves. No PAH.
No Clots / Vegetations/Pericardial effusion.
Normal Sinus Rhythm.

DR SUNDEEP AMBERKAR M.D., F. C. P.S., Dip. Echo.





APOLLO CLINIC (COLABA)

Name: DILIP KUMAR MRN: 23-03-24-113646 Study Date: 24/03/2023 11:36

Gender: Male

Cardiac

Dimension

MMode

IVSd (MM):

1.06 cm

LVIDd (MM): 5.18 cm

LVPWd (MM): 0.935 cm

IVSs (MM):

1.53 cm

LVIDs (MM): 3.44 cm

LVPWs (MM): 1.44 cm

AoR Diam (MM): 3.10 cm

LA Dimen (MM): 3.65 cm

AV Cusp Sep: 1.95 cm

EDV (MM-Teich): 129 ml

ESV (MM-Teich): 48.9 ml

IVS/LVPW (MM): 1.14

LA/Ao (MM): 1.18

LVPW % (MM): 54.5 %

EF (MM-Teich): 62.0 %

FS (MM-Teich): 33.6 %

IVS % (MM): 44.0 %

LV Mass (Cubed): 193 grams

Aortic Valve

Doppler

AV Vmax: AV Max PG: 115 cm/s 5.25 mmHg LVOT VTI:

18.2 cm

LVOT Vmax:

82.5 cm/s

LVOT Max PG:

2.72 mmHg

LVOT Vmean:

61.2 cm/s

LVOT Mean PG: 1.65 mmHg

Mitral Valve

MMode

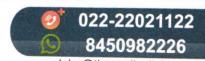
APOLLO CLINIC COLABA

MM. Virte i Fa Steepte: 8619 fe stryles Pvt. Ltd.

EWA Date Spice Transpreggy Edge No. 1, Opp. Café Leopold,

Close to Delhi Darbar Hotel, Convent Street, Colaba, Mumbai - 400 001.

FINABLACCREDITED LABORATORY







Doppler

MV Peak A Vel: 82.5 cm/s MV Peak A PG: 2.72 mmHg MV Peak E Vel:

47.6 cm/s (Avg.)

MV Peak E PG:

0.905 mmHg (Avg.)

MV Dec Slope:

113 cm/s2

MV Dec Slope Time:

0.409 sec

MV DS P1/2t:

121 msec

MV Peak E Vel:

47.6 cm/s (Avg.)

MV Peak E PG:

0.905 mmHg (Avg.)

MV E/A: 0.577

Tricuspid Valve

Doppler

TR Vmax:

204 cm/s (Avg.)

TR Max PG:

16.6 mmHg (Avg.)

Pulm Valve

Doppler

PI End Dias Vel: 157 cm/s

PV Vmax:

PV Max PG:

160 cm/s

J End Dias PG: 9.89 mmHg

10.3 mmHg

Interpretation Summary

Comments

Reading	Physician:	
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APOLLO CLINIC COLABA

M/s. Indira Health & Lifestyle Pvt. Ltd. Eucharistic Congress Bldg. No. 1, Opp. Café Leopold, Close to Delhi Darbar Hotel, Convent Street, Colaba, Mumbai - 400 001. MARE: ACCREDITED LABORATORY







Patient Name : Mr. Dilip Kumar

MR No: AF001001489

Age

: 40 yrs

Sex : Male

Ref. By

: Arcofemi

Date : 24-03-2023

X-RAY CHEST PA VIEW

The lungs are clear.

Heart size is upper limit of normal.

Mild unfolding of aorta.

Pleural spaces are clear.

Bilateral costophrenic angles are clear.

Bony thorax and soft tissues are unremarkable.

Dr. Bushra Rasool Consultant Radiologist

apollocliniccolaba@gmail.com





Patient Name: Mr. Dilip Kumar

MR No: AF001001489

Age

: 40 yrs

: Male Sex

Ref. By

: Arcofemi

: 24-03-2023 Date

ULTRASOUND OF ABDOMEN AND PELVIS

LIVER: It is normal in size and shape. It measures 12.3 cm. The parenchyma shows mildly increased echo-texture. No focal lesion seen. Intra-hepatic biliary and portal radicles are normal. The main portal vein is normal.

GALL BLADDER: is minimally distended. No calculus or mass seen. The wall thickness is normal. No peri-cholic abnormality seen. The common bile duct is normal. No evidence of choledocholithiasis seen.

PANCREAS: It is normal in size and echotexture. No focal lesion seen. No peri-pancreatic collection noted. The main pancreatic duct is normal.

SPLEEN: It is normal in size and echotexture. Splenic vein is normal.

BOTH KIDNEYS: Both kidneys are normal in size, shape and position. The parenchyma shows normal echo-texture. Cortico-medullary differentiation is well maintained.

Right kidney measures 9.0 x 4.7 cm. Mid and lower poles calcification.

Left kidney measures 10.1 x 4.9 cm. Mid and lower poles calcification.

No evidence of calculus or hydronephrosis seen.

URINARY BLADDER: It is adequately distended. The margins are smooth. No vesical mass or calculus seen. Prevoid is 164 cc. Postvoid residue is significant (vol = 29 cc)

PROSTATE: is mildly enlarged in size. It measures 4.0 x 3.4 x 4.5 cm. The weight measures approx 32.0 cc.

No ascitis or lymphadenopathy noted.

IMPRESSION:

- MILD FATTY LIVER.
- GRADE II PROSTATOMEGALY WITH SIGNIFICANT POSTVOID RESIDUE.

Dr. Bushra Rasool

Consultant Radiologist

Note: USG examinations have their limitations due to patient body habitus and bowel gas. Bowel abnormalities may not be detected on sonography. This document is not valid for medico-legal purpose.

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