


Report

Patient Name : MR. NILESH RAMESH BANGALI	Reference : MEDIWHEEL	Registered On : Nov 25, 2023, 09:11 a.m.
Age / Sex : 38 years / Male	Organization : Mediwheel	Collected On : Nov 25, 2023, 09:32 a.m.
LCID No : 323111454	Org ID : NA	Reported On : Nov 25, 2023, 01:20 p.m.
UID No : 98386		

BLOOD GROUP LC

Specimen Type : EDTA

Test Description	Value(s)	Unit(s)	Reference Range
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SEROLOGY

ABO Group

BySLIDE/TUBE Method

"O"

Rh (Factor)

BySLIDE/TUBE Method

Positive

Remark


Test done by : Agglutination Forward & Reverse Method (Whole Blood & Serum)

* : *Rechecked*

END OF REPORT



Dr. Vijay Varde
M.D.(Path) D.P.B
Consultant Pathologist

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T3 T4 TSH

Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOASSAY			
T3	85.75	ng/dl	60 - 181
T4	8.4	ug/dl	3.2 - 12.6
T.S.H (ULTRA SENSITIVE)	0.48	uIU/ml	0.55 - 4.78

Method : By CLIA

Sample Type: Serum

Remark :

1. Decreased value of T3(T4 and TSH normal) have minimal clinical significance and not recommended for diagnosis of hypothyroidism
2. Total T3 and T4 value may also be altered in other condition due to change in serum proteins or binding sites pregnancy,Drugs (Androgens,Estrogens,O C pills,■ Phenytoin),Nephrosis etc. In such cases free T3 and free T4 give corrected values.
3. Total T3 may decrease by <25percent in healthy older individual.

Remark:

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 Drugs that increase TSH values e.g. Iodine, Lithium, Amiodaron


Test done on ADVIA Centaur XP.

****END OF REPORT****




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Consultant Pathologist



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LCID No : 323111454	Org ID : NA	Reported On : Nov 25, 2023, 12:19 p.m.
UID No : 98386		

COMPLETE BLOOD COUNT (CBC) LC


Specimen Type : EDTA

Test Description	Value(s)	Unit(s)	Reference Range
<u>HEMATOLOGY</u>			
Haemoglobin (Mod.Cyanmethemoglobin)	13.8	gms%	13 - 17
R.B.C Count (Impedence)	5.19	x10 ⁶ /cmm	4.5 - 5.5
PCV (Conductivity)	42.0	%	40 - 50
MCV (Calculated)	80.92	fL	83 - 101
MCH(Calculated)	26.59	Pg	27 - 32
MCHC(Calculated)	32.86	gms%	31.5 - 34.5
W.B.C. Count(Impedence)	6.43	x10 ³ /cmm	4 - 10
RDW(Calculated)	14.3	%	11.6 - 14.0
MPV(Calculated)	9.8	fL	6 - 11
Platelet Count(Impedence)	2.87	x10 ⁵ /cmm	1.50 - 4.10
<u>DIFFERENTIAL COUNT (Impedence,Light Absorbance)</u>			
Neutrophils	50	%	40 - 80
Lymphocytes	39	%	20 - 40
Eosinophils	05	%	1 - 6
Monocytes	06	%	2 - 10
Basophils	0	%	0 - 2
RBC Morphology <i>Staining & Microscopy</i>	Hypochromasia Mild, Microcytosis +, Anisocytosis Mild		
WBC Morphology <i>Staining & Microscopy</i>	Normal		
PLATELETS <i>Staining & Microscopy</i>	Adequate on smear.		
Other	-		

CBC done on fully Automated Yumizen H550

END OF REPORT




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ERYTHROCYTE SEDIMENTATION RATE (E.S.R) LC

Specimen Type : EDTA

Test Description	Value(s)	Unit(s)	Reference Range
<u>HEMATOLOGY</u>			
E.S.R.	10	mm	0 - 15

By Whole Blood Modified Westergren Method

ESR done on fully automated Easyrate analyzer.


END OF REPORT



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Blood sugar post prandial

Specimen Type : Plasma

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Blood sugar post prandial <i>By Hexokinase method</i>	97	mg/dl	70 - 140
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Remark

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : ≥ 126 mg/dl

OR

2 Hr Post Glucose : ≥ 200 mg/dl

OR

HbA1c ≥ 6.5 %


OR

Random Blood Glucose : ≥ 200 mg/dl

END OF REPORT



Dr. Vijay Varde
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Glycosylated HB A1c

Specimen Type : EDTA

Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
Glycosylated HBA1C	5.6	%	
AVERAGE BLOOD GLUCOSE LEVEL	114.02	mg/dl	

Reference Values : Glyco HB A1c

Non Diabetic : 4.0 - 6.0

Good Diabetic Control : 6.0 - 7.0

Fair Diabetic Control : 7.0 - 8.0

Poor Diabetic Control : > 8.0

Maintaining HbA1c levels to less than 7% will reduce risk of long term complications of Diabetes.

Method : Ion Exchange HIGH Pressure Liquid Chromatography (HPLC), on Fully Automated Biorad D10 analyser.

INFORMATION : Glycosylated Haemoglobin accumulates within the red blood cells & exists in this form throughout the lifespan of red cells. Thus a single HbA1c value taken every 2 - 3 months

serves over those months. The measurement of HbA1c has been used as an index of metabolic control of diabetes during the preceding 2 - 3 months providing physician with an objective look at patient-s diabetes control. HbA1c is not affected by factors like intake of carbohydrates, timing of antidiabetes drugs, daily activities.

Test done on BIORAD D10.

This test has been performed at Lifecare Diagnostics & Research Centre Pvt. Ltd.

Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : \geq 126 mg/dl

OR

2 Hr Post Glucose : \geq 200 mg/dl

OR

HbA1c \geq 6.5 %

OR

Random Blood Glucose : \geq 200 mg/dl

****END OF REPORT****

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Urine Routine LC

Specimen Type : Urine

Test Description	Value(s)	Unit(s)	Reference Range
<u>CLINICAL PATHOLOGY</u>			
<u>Physical Examination</u>			
Quantity	20	ml	-
Colour <i>By Visual Examination</i>	Pale yellow		
Appearance	Slightly Hazy		
Specific Gravity <i>By Ion Concentration / Color Indicator</i>	1.015		1.000 - 1.035
Reaction (pH) <i>By Color Indicator</i>	5.5		5.0 - 8.0
<u>Chemical Examination</u>			
Proteins <i>By Turbidometric Method</i>	Absent		Absent
Bile salts	Absent		Absent
Bile Pigments <i>By Diazo / Fouchets</i>	Absent		
Occult Blood <i>By Oxidation / Microscopy</i>	Absent		Absent
Glucose <i>By Enzymatic, GOD, POD & Benedicts Test</i>	Absent		Absent
Ketones	Absent		Absent
Urobilinogen <i>By Diazo/p-amino Benzaldehyde react</i>	Normal		Normal
<u>Microscopic Examination (per H.P.F.)</u>			
Epithelial Cells	1 - 2	/hpf	3 - 5
Leucocytes	0 - 2	/hpf	0 - 5
Red Blood Cells	Absent	/hpf	0 - 2
Casts	Absent		
Crystals	Absent		
Trichomonas vaginalis	Absent		
Yeast	Absent		

CHEMICAL EXAMINATION DONE BY MULTISTIX-SG (SIEMENS)

END OF REPORT

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Fasting urine sugar

Specimen Type : Blood

Test Description	Value(s)	Unit(s)	Reference Range
<u>CLINICAL PATHOLOGY</u>			
Fasting urine sugar <i>Urine dipstik method</i>	Absent		Absent

END OF REPORT



A handwritten signature in black ink, appearing to read "Vijay Varde".

Dr. Vijay Varde
M.D.(Path) D.P.B
Consultant Pathologist

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Post Prandial Urine Sugar

Specimen Type : Blood

Test Description	Value(s)	Unit(s)	Reference Range
<u>CLINICAL PATHOLOGY</u>			
Post Prandial Urine Sugar <i>Urine dipstick method</i>	Absent		Absent


END OF REPORT



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Blood sugar fasting LC

Specimen Type : Plasma

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Blood Sugar Fasting

Glucose value <i>By Hexokinase method</i>	88	mg/dl	70 - 110
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Diagnostic criteria of Diabetes Mellitus (ADA guidelines 2021)

Fasting Blood Glucose : \geq 126 mg/dl

OR

2 Hr Post Glucose : \geq 200 mg/dl

OR

HbA1c \geq 6.5 %


OR

Random Blood Glucose : \geq 200 mg/dl

END OF REPORT



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LIPID PROFILE LC

Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Triglycerides <i>By Enzymatic GPO/PAP Method</i>	222	mg/dl	Less than 150
Total Cholesterol <i>By CHOD-PAP Method</i>	198	mg/dl	UPTO 200
HDL Cholesterol <i>By Enzymatic Method</i>	35	mg/dl	40 - 60
VLDL Cholesterol	44.40	mg/dl	6 - 38
LDL Cholesterol	118.60	mg/dl	Upto 100
Cholesterol : HDL Cholesterol Ratio	5.66		Upto - 5
LDL Cholesterol/HDL Cholesterol Ratio	3.39		Upto 4

Total Cholesterol :	HDL-Cholesterol:
<i>Desirable : Less than 200 mg%</i>	<i>Desirable : More than 40 mg%</i>
<i>Borderline High : 200 - 239 mg% High : More than 239 mg%</i>	<i>Low : Less than 40 mg%</i>
LDL-Cholesterol (Non-protective cholesterol) :	Triglycerides :
<i>Optimal : Less than 100 mg% NearOptimal : 100 - 129 mg%</i>	<i>Normal : Less than 150 mg%</i>
<i>Borderline High : 130 - 159 mg%</i>	<i>Borderline : 150 - 199 mg%</i>
<i>High : 160 - 189 mg%</i>	<i>High : 200 - 499 mg%</i>
<i>Very High : More than 189 mg%</i>	<i>Very High : More than 499 mg%</i>

END OF REPORT



Dr. Vijay Varde
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Renal Function Test


Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
Urea <i>ByUrease Method</i>	18.83	mg/dl	10 - 38.5
BUN <i>BySerum By Urease with GLDH</i>	8.8	mg/dl	5 - 18
Creatinine <i>ByAlkaline Picrate-Kinetic</i>	1.13	mg/dl	0.7 - 1.3
Uric Acid <i>BySerum by Uricase Method</i>	7.4	mg/dl	2.6 - 6.0
Calcium <i>BySerum Cresolphthaleine complexona Method</i>	9.5	mg/dl	8.5 - 10.1
Phosphorus <i>ByPhosphomolybdate - UV Method</i>	3.2	mg/dl	2.5 - 4.9
Sodium <i>BySerum By ISE Method</i>	143	mEq/L	135 - 145
Potassium <i>BySerum by ISE Method</i>	4.4	mEq/l	3.5 - 5.5
Chloride <i>BySerum by ISE Method</i>	97	mEq/L	96 - 109
Proteins <i>ByBiuret Method</i>	8.1	g/dl	6.4 - 8.2
Albumin <i>ByBromocresol purple Method</i>	3.8	g/dl	3.4 - 5
Globulin	4.30	g/dl	1.8 - 3.6
A/G Ratio	0.88		1.5 - 3.5

END OF REPORT



Dr. Vijay Varde
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LIVER FUNCTION TEST (LFT) LC

Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Serum Bilirubin (Total) <i>ByDiazo Method</i>	0.57	mg/dl	0.2 - 1.0
Serum Bilirubin (Direct) <i>ByDiazo Method</i>	0.12	mg/dl	0.0 - 0.2
Serum Bilirubin (Indirect) <i>Calculated</i>	0.45	mg/dl	upto 0.90
S.G.O.T (AST) <i>BySerum By Enzymatic Method IFCC</i>	28	U/L	15 - 37
S.G.P.T <i>BySerum by Enzymatic Method</i>	56	U/L	16 - 63
Serum GGTP <i>ByEnzymatic Method</i>	57	U/L	15 - 85
Alkaline Phosphatase	84	U/L	46-116
Serum Proteins <i>ByBiuret Method</i>	8.1	g/dl	6.4 - 8.2
S. Albumin <i>ByBromocresol purple Method</i>	3.8	g/dl	3.4 - 5.0
Serum Globulin	4.30	gm/dl	1.8 - 3.6
A/G Ratio	0.88		1.5 - 3.5
Remark			

END OF REPORT




Dr. Vijay Varde
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Blood Urea/BUN

Specimen Type : Serum

Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
Serum Urea <i>By Urease Method</i>	18.83	mg/dl	10 - 38.5
BUN <i>By Serum By Urease with GLDH</i>	8.8	mg/dl	5 - 18

Remark :

END OF REPORT



Dr. Vijay Varde
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BUN / Creatinine Ratio

Specimen Type : Blood

Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio <i>Calculation</i>	7.7		10:1 - 20:1

END OF REPORT



A handwritten signature in black ink, appearing to read "Vijay Varde".

Dr. Vijay Varde
M.D.(Path) D.P.B
Consultant Pathologist



LETTER OF APPROVAL / RECOMMENDATION

To,

The Coordinator,
Mediwheel (Arcofemi Healthcare Limited)
Helpline number: 011- 41195959

Dear Sir / Madam,

Sub: Annual Health Checkup for the employees of Bank of Baroda

This is to inform you that the following employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS	EMPLOYEE DETAILS
NAME	MR. BANGALI NILESH RAMESH
EC NO.	95480
DESIGNATION	HEAD CASHIER "E" _II
PLACE OF WORK	MUMBAI,AMBOLI
BIRTHDATE	09-02-1985
PROPOSED DATE OF HEALTH CHECKUP	25-11-2023
BOOKING REFERENCE NO.	23D95480100075930E

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **21-11-2023** till **31-03-2024** The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

Chief General Manager
HRM Department
Bank of Baroda

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))

आयकर विभाग

INCOME TAX DEPARTMENT

NILESH RAMESH BANGALI

RAMESH GOVIND BANGALI

09/02/1985

Permanent Account Number

AMZPB2855R



Signature



भारत सरकार

GOVT. OF INDIA



Ramesh

Dr. Ramesh



EQAS
BIORAD

26
Years of Service

24/7
Path



Lifecare

diagnostics

MEDICAL EXAMINATION REPORT

Name : Mr. Nilesh Bangali Date : 21/11/23
 Date of Birth : 9/2/1985 Age : 38 Sex : Male
 Referred by : Medi wheel Proof of Identification : pancard

PLEASE TICK THE RELEVANT BOXES	Yes	No	PLEASE TICK THE RELEVANT BOXES	Yes	No
1) GENERAL APPEARANCE : Is there any abnormalities in general appearance & built up of the Examinee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7) RESPIRATORY SYSTEM: a. Are there any abnormality in air entry and breath sounds? b. Are there any abnormalities in the chest wall? b. is there any evidence/ history of abnormality or disease of the respiratory system like breathlessness, wheezing, persistent cough, chronic bronchitis, emphysema, asthma, TB, Pneumonia?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1) DETAILS OF PHYSICAL EXAMINATION : a. Height <u>167</u> cm b. Weight <u>89.5</u> kg. c. Blood Pressure : <u>120/80</u> mm Hg. d. Pulse Rate <u>84</u> /min			8) CARDIO VASCULAR SYSTEM: a. History of chest pain, palpitation, breathlessness esp. on mild-moderate exertion, night sleep. b. History of any peripheral vascular disorder? c. Is there any abnormality in heart sound? If a murmur is present, give the extent, grade point of maximum intensity and conduction and the probable diagnosis. d. Any history of CABG, Open Heart [Surgery, Angiography PTCA, other intervention.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) WHETHER IN THE PAST THE EXAMINEE a. Has been hospitalized? (If YES, please give details) b. Was involved in any accident? c. Underwent Surgery? d. Is the examinee currently under any medication? e. Has there been any recent weight gain or weight loss?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9) SKIN: a. Any evidence of psoriasis, eczema, burn marks, rashes and varicose veins or xanthelasma? b. Any history of allergy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) FAMILY HISTORY: Has any of the examinee's immediate family members (natural only) ever suffered or is suffering from heart disease kidney disease, stroke, hypertension, diabetes, cancer, mental illness or any hereditary disease? (please specify)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10) GI SYSTEM: a. Is there any evidence/histroy disease of liver, gall blader pancreas, stomach, intestines? b. is there any evidence of enlargement of liver or spleen or any other organ in abdomen & pelvis? c. Any history of plies or fistula? d. Any history of Jaundice	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5) ENT. EYE & ORAL CAVITY: a. Are there any abnormalities in oral cavity? b. Are there any tobacco stains? c. Is there any history or evidence of abnormality in eyes error of refraction etc.? d. Is there any abnormality found on history/examination on ears? (Ear discharge, perforation, impaired hearing) e. Is there any abnormality found on examination of nose and throat? Active nose bleed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11) GU SYSTEM: Has the examinee suffered from or is suffering from Kidney/ Ureter / Bladder disease / Stones or any other urinary disease?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) NERVOUS SYSTEM: a. Is there any evidence/histroy of disease of Central or Peripheral Nervous Systems (including cranial nerves)? b. Is there any evidence or history of paralysis, seizures (focal or generalized), peripheral neuritis, fainting, frequent headaches, wasting, tremors, involuntary movement etc? c. Are there any abnormality in gait and speech? d. Is there any history of sleep apnea syndrome?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12) MUSCULOSKELETAL SYSTEM: a. Is there any back, spine, joint muscle or bone disorder? b. Any history of bone fracture or joint replacement or gout? if yes, give details?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

PLEASE TICK THE RELEVANT BOXES	Yes	No	PLEASE TICK THE RELEVANT BOXES	Yes	No
13) OTHERS			15) Has the examinee or his/her spouse received medical advice counseling or treatment in connection with HIV-AIDS or STD (eg. syphilis, gonorrhoea)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Is the examinee on treatment for Hypertension/diabetes? If yes, mention medication and duration of P?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
b. Is there any enlargement of Thyroid?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
c. Is there any suspicion of any other Endocrine disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
d. Is hernia present? If yes, give details.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16) FEMALE APPLICANTS ONLY:		
e. Are there any abnormalities in testes? If yes, give details.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Have you suffered from or any you aware of any breast lumps or any other disorder of your breasts?	<input type="checkbox"/>	<input type="checkbox"/>
f. Is there any history or evidence suggestive of cancer, tumor growth or cyst?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Have you suffered from irregular or painful or unusually heavy menstruation, fibroids, cysts or any other disorder of the female organs?	<input type="checkbox"/>	<input type="checkbox"/>
g. Was the examinee treated for any psychiatric ailment? If so, give details about medication given.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. For females who have conceived, were there any complications during pregnancy such as gestational diabetes, hypertension etc?	<input type="checkbox"/>	<input type="checkbox"/>
h. History of anxiety / stress / depression / sleep disorder.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Are you now pregnant? If yes, how many months?	<input type="checkbox"/>	<input type="checkbox"/>
14) HABITS & ADDICTIONS					
Does the examinee consume tobacco/alcohol/drugs/narcotics in any form? If yes, please ascertain the type, quantity, duration and frequency of consumption.	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Please mention details:

Q. NO.	Please provide details of all answers marked as 'yes'
	Parents DM / HTN.
	So piles 5-10 yrs ago.
	acc abstinence smoking

Remarks on present health status : _____

Recommendations (if any): _____

[Signature]
 Lifecare Diagnostics & Research Center Pvt. Ltd.
 1st Floor, Sunshine Opp. Shastri Nagar,
 Andheri (W), Mumbai - 400053

Name & Signature of Doctor

The above statements and answers made to the medical examiner(s) are complete and true.

[Signature]

Signature of Examinee

Date *25/11/23* Place *Mumbai*

NOTES:



Main Centre : 1st Floor, Sunshine, Opp. Shastri Nagar, Lokhandwala, Andheri (W), Mumbai. Tel.: 2633 2527-32
Central Laboratory : 206, Cosmos Plaza, Opp. Indian Oil Nagar, J P Road, Andheri (W), Mumbai. Tel.: 26372527
Versova Branch : 10, 11, First Floor, Silver Streak, Near Bus Depot, Yari Road, Versova, Andheri (W), Mumbai. Tel.: 26399210
Worli Branch : B-101, Trade World, Kamala Mills, Senapati Bapat Marg, Lower Parel West, Lower Parel, Mumbai- 400013. Tel: 9167223844
Mumbai : Versova | Lokhandwala | Goregaon | Kandivali | Dahisar | Worli | Pune : Aundh | Chinchwad | Gujrat : Vadodra
 E-mail : admin@lifecarediagnostics.com | feedback@lifecarediagnostics.com | Website : www.lifecarediagnostics.com

NOTE : General physical examination & investigation included in the health checkup have certain limitations and may not be able to detect any latent or asymptomatic disease. Hence any new symptoms arising after the medical checkup should be notified to attending physician.



OPHTHALMIC REPORT

NAME: *M. Nisha Begde*
AGE: *38/*

DATE: *25/11/23*

Distance Vision	Right Eye	Left Eye	Both Eyes
Without Glasses	<i>6/6</i>	<i>6/6</i>	<i>6/6</i>
With Glasses			

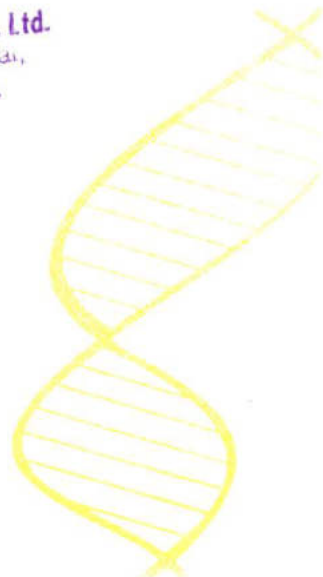
Near Vision	Right Eye	Left Eye	Both Eyes
Without Glasses	<i>Ng</i>	<i>Ng</i>	<i>Ng</i>
With Glasses			

	Right Eye	Left Eye
Colour Vision	<i>(N)</i>	<i>(N)</i>
Anterio Segment		
External Eye Exam		
Intra ocular tension	<i>(N)</i>	<i>(N)</i>
Fundus		

Advise:

Lifecare Diagnostics & Research Center Pvt. Ltd.
1st Floor, Sunshine Opp. Shashtri Nagar,
Lokhandwale Complex, Andheri (W).
Mumbai-400053.

[Signature]
OPTOMETRIST



Report

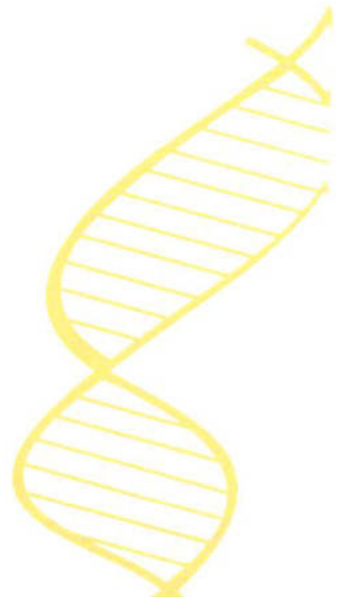
To,

25/11/2023

Lifecare Diagnostics,
Lokhandwala Complex,
Andheri West,
Mumbai

I am keeping my stool routine test.


Dr.



Patient Name : MR. NILESH RAMESH
BANGALI
Age / Sex : 38 years / Male
LCID No : 323111454
UID No : 98386

Reference : MEDIWHEEL
Organization : Mediwheel
Org ID : NA

Registered On : Nov 25, 2023, 09:11 a.m.
Collected On : Nov 25, 2023, 09:11 a.m.
Reported On : Nov 25, 2023, 10:55 a.m.



X-RAY CHEST PA

The visualised lung fields appear clear.

Both costo-phrenic angles appear clear.

Both hila appear normal.

Cardiac shadow appears normal.

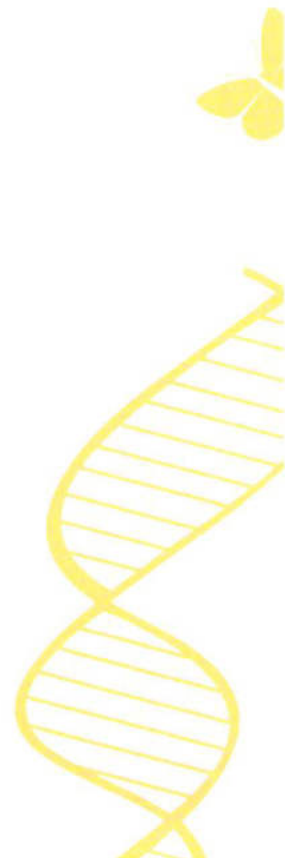
Mildly elevated right dome of diaphragm is noted. Left dome of diaphragm appears normal.

Visualised bones appear normal.

****END OF REPORT****



Dr Smrita Dudhal
DNB DMRD MBBS
Consultant Radiologist



Patient Name : MR. NILESH RAMESH
BANGALI
Age / Sex : 38 years / Male
LCID No : 323111454
UID No : 98386

Reference : MEDIWHEEL
Organization : Mediwheel
Org ID : NA

Registered On : Nov 25, 2023, 09:11 a.m.
Collected On : 25/11/2023
Reported On : Nov 27, 2023, 01:46 p.m.



SONOGRAPHY OF FULL ABDOMEN & PELVIS

LIVER: Liver appears moderately in size (19.1 cm) and shows moderately increased parenchymal echotexture. No abnormal focal lesion is seen. Intra-hepatic biliary radicals and portal venous system appears normal.

COMMON BILE DUCT & PORTAL VEIN: CBD and Portal vein appear normal in caliber. Aorta and IVC are normal.

GALL BLADDER: Gall bladder is physiologically distended with no evidence of abnormal intra-luminal contents. The wall thickness is normal. No pericholecystic fluid collection is noted.

SPLEEN & PANCREAS: Visualized spleen (10.1 cm) and pancreas appear normal in size, position and echotexture.

KIDNEYS: Right and Left kidneys measure 11.2 x 4.7 cm and 12.2 x 5.8 cm respectively. Both kidneys appear normal in size, shape, position and echotexture. Pelvicalyceal system appears normal. Normal cortico-medullary differentiation is seen. No intra-renal calculus or abnormal focal lesion is seen.

URINARY BLADDER: Urinary Bladder is well distended and shows no abnormal intraluminal contents. Bladder wall thickness appears normal.


PROSTATE: Prostate is normal in size, shape and echotexture. It measures 3.2 x 3.1 x 3.1 cm, volume - 16 cc. No focal lesion is seen.

No evidence of lymphadenopathy or ascites is noted.
Visualized bowel loops are normal in caliber and show normal peristalsis.

IMPRESSION :

- Moderate hepatomegaly with grade II fatty liver.
- No other significant abnormality detected.

END OF REPORT



Dr Smita Dudhal
DNB DMRD MBBS
Consultant Radiologist



NAME:MR NILESH BANGALI

AGE: 38Yr / M

REQUESTING DOCTOR :MEDIWHEEL

DATE : 25-11-2023

2D-ECHO & COLOUR DOPPLER STUDIES REPORT

IMPRESSION: Normal LV & RV Systolic Function,
LVEF- 55-60 %(Modified Simpson)
No LVDD . LV Filling Pressure not raised
No Suggestion of PAH.

Clinical Symptoms: No H/O HTN,DM,IHD.

2D ECHO & CFL,

LV - Normal Chamber Size. Normal LV systolic function.
No RWMA. Preserved LV thickness
No LVH /BSH.

RV- Normal chamber size. Normal RV systolic function

LA Normal size. And function.

RA Normal size. And function.

Valves, - Mitral Valve - Normal size, thickness, mobility.
Normal MV annulus.

No evidence of calcium Or MAC.

No evidence of Significant MR. No MS

Aortic Valve - Normal structure, mobility, opening Av Tricuspid.

No Evidence of AR/AS

No significant calcium

Tricuspid Valve - Normal size, structure , mobility, thickness. Trivial TR

Pulmonary Valve- Normal size and function

IAS- Intact. No Shunt.

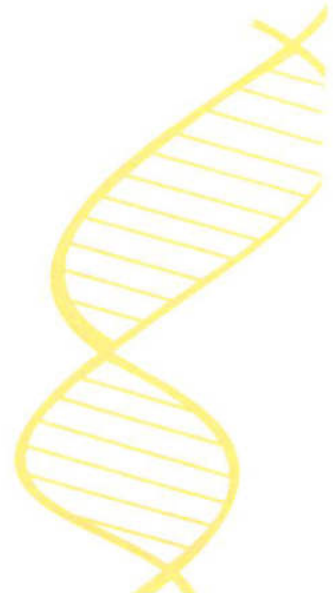
IVS - Intact. No Shunt.

Grate Arteries - Aorta & Pulmonary Arteries Normal.

LA/LAA/LV Valves. -No Clot, Or Vegetation or mass.

IVC- Normal Size 20 mm. Collapsing > 50% .

Pericardium - Normal. No Effusion

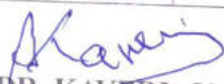


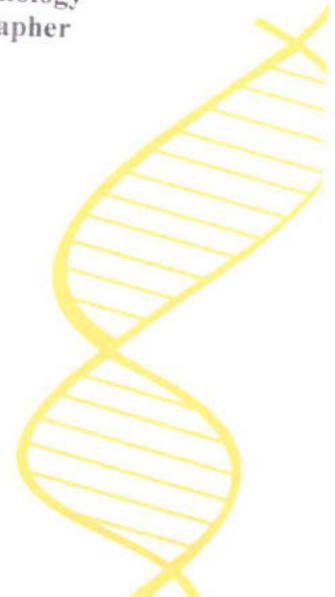


Name: MR NILESH BANGALI

2D Echo, M Mode & Doppler Measurements

LA	37	mm	MVA		
AO	31		AVA	5.4	Planimetry Sqcm
IVSD	9.6	mm	RVIDD	24.7	mm
LVIDD	46.6		Mid RV		
LVPWD	9.5		MID RA		
LVIDS	31				
EPSS		mm	LVEDVol.		ml
LVOT			LVESVol.		ml
TAPSE	33.6	mm	LAESVol 4CH		ml
MAPSE			LAESVol 2CH		ml
			LA(ESVIndex)(BP)		ml/sq.m
Doppler Studies					
Mitral Valve					
E velocity	.84	m/sec	A Velocity		m/sec
DCT	183	ms	MV PG/MG		mmhg
E/A	1.4		MVA(PHT)		sqcm
E' (Medial)	6.9	cm/sec			
E/E'	12				
e'	9.3	cm/sec			
E/e'	9				
Average E/e'					
Aortic Valve					
AV Velocity	1.24	m/sec	AVA(VTI)		sqcm
AV PG	6	m/sec	AIPHT		msec
AV VTI					
LVOT Velocity	1	mmhg			
LVOT PG	4	mmhg			
LVOT VTI		sqcm			
Tricuspid Valve					
			Pulmonary	Valve	
TR Velocity		m/sec	PV Velocity		m/sec
TRPG	19	mmhg	PV PG	2	mmhg
PASP		mmhg	PV PAT		msec


DR. KAVERI. V
 M.B.B.S. D.N.B Medicine
 Consultant Non Invasive Cardiology
 IAE Accredited Echocardiographer
 Life Member IAE-L 1373
 MMC Reg No- 65845



Adult Echo
 TISO 6 MI 1.3



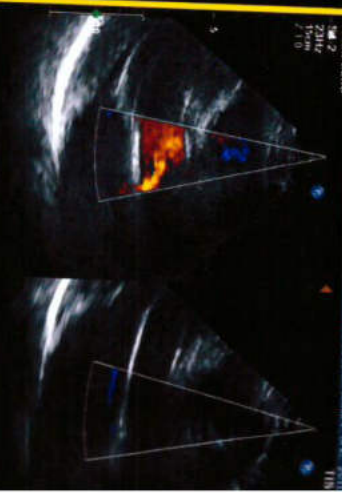
Adult Echo
 TISO 6 MI 1.3



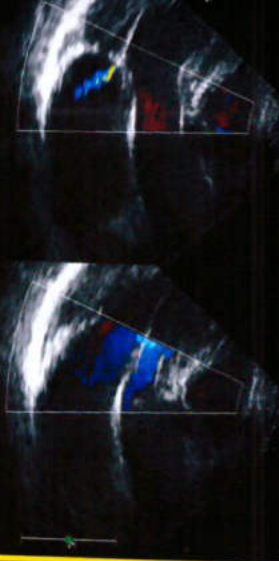
Adult Echo
 TISO 6 MI 1.3



Adult Echo
 TISO 6 MI 1.3



Adult Echo
 TISO 0 MI 1.3



Adult Echo
 TISO 6 MI 1.3



Adult Echo
 TISO 6 MI 1.3



Adult Echo
 TISO 0 MI 1.3



Adult Echo
 TISO 4 MI 0.1



Adult Echo
 TISO 7 MI 1.3

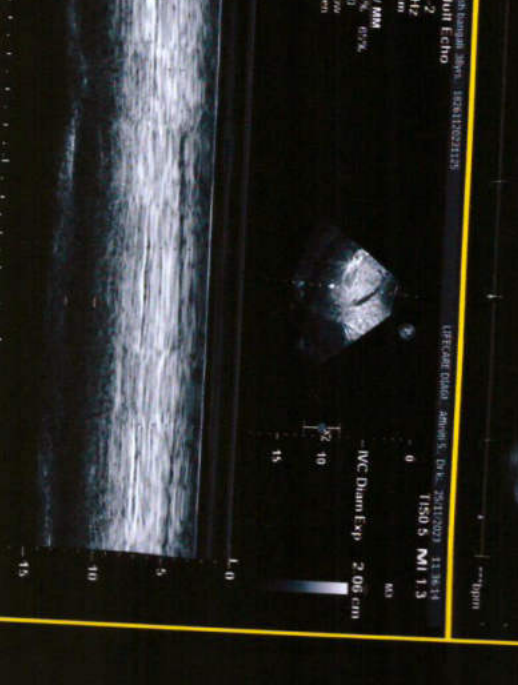
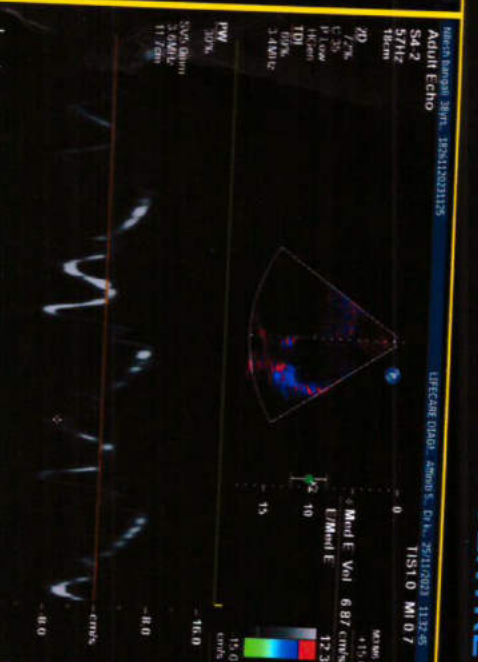


Adult Echo
 TISO 5 MI 0.1



Adult Echo
 TISO 0 MI 1.3





Report



Lifecare
diagnostics

Patient Name : MR. NILESH RAMESH
BANGALI
Age / Sex : 38 years / Male
LCID No : 323111454
UID No : 98386

Reference : MEDIWHEEL
Organization : Mediwheel
Org ID : NA

Registered On : Nov 25, 2023, 09:11 a.m.

Collected On : Nov 25, 2023, 09:11 a.m.

Reported On : Nov 26, 2023, 10:37 a.m.



COMMENT :

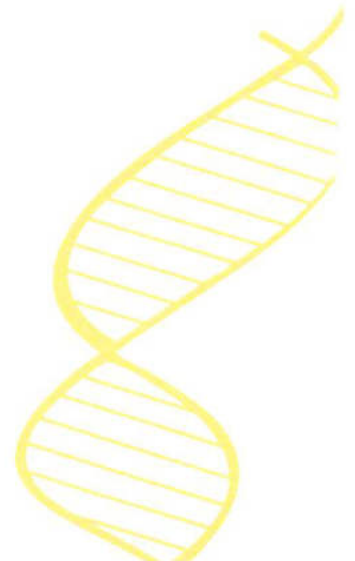
ECG

- SINUS RHYTHM
- WITHIN NORMAL LIMITS

END OF REPORT

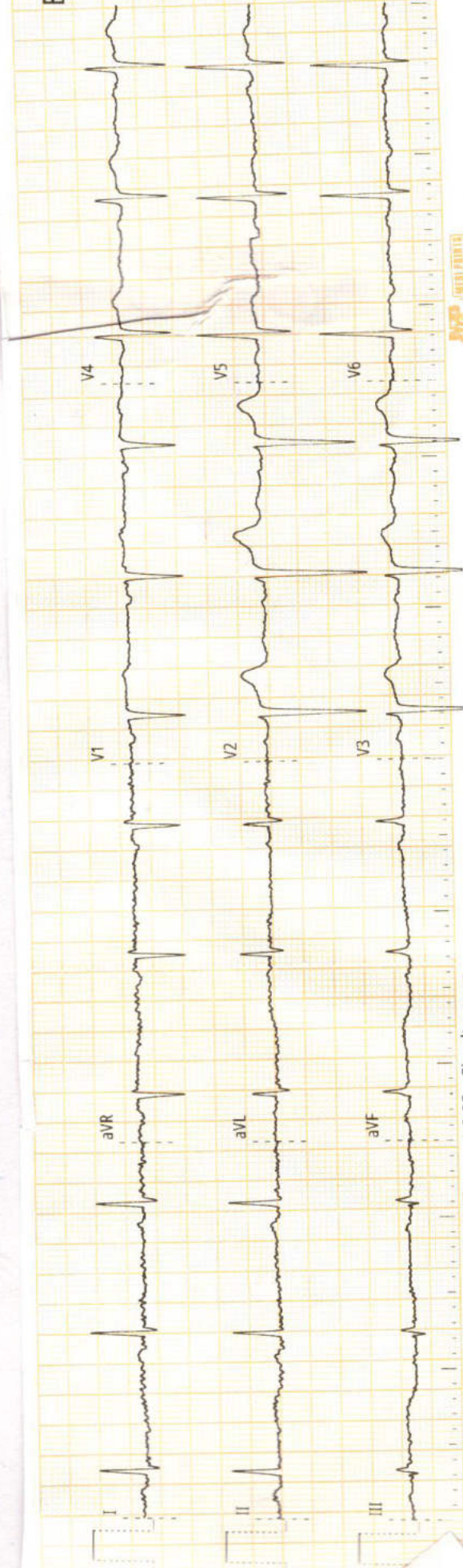


Anirban
Dr. Anirban Chowdhury
M.B.B.S
Reg.No.2015/149/526



ECG report

ID : 20231125122
Name : MR NILESH B
Gender: M
Age : 38 Years
Dept :
Bed No:



MRP

0.6Hz - 35Hz - AC 50Hz 25mm/s 10mm/mv 1.025 Simultaneous

ECG report

ID : 20231125122153
Name : MR NILESH BANGALI
Gender: M
Age : 38 Years
Dept :
Bed No:

HR : 66 bpm
PR : 170 ms
QRS : 88 ms
QT/QTc : 398/409 ms
P/QRS/T : 41/40/-6°
RV5/SV1 : 1.010/0.889 mv
RV5+SV1 : 1.899 mv



[Handwritten signature]

MRP