

Weight (kg):

Skin:

Blood Pressure

5'2
180/100

Nails:

NAD.

Pulse

76/min

Lymph Node:

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

NAD

Impression:

Trace-
costue
sugar
(+) - PP

- High B.P.
- Mild Hypochromia
- occ. microcytosis
- ↑↑ SGOT, SGPT, GammaGT

BSL / F (A₂b)
PA
(↑)
↑↑h
AC

PHYSICAL EXAMINATION REPORT

Patient Name	Bhaskar Agulothu	Sex/Age	M / 38 yrs
Date	27/11/23	Location	Thane

History and Complaints

H/O - Malaria
(1 Month Back)

EXAMINATION FINDINGS:

Height (cms):	158	Temp (0c):	Ⓜ
Weight (kg):	65.2	Skin:	NAD.
Blood Pressure	180/100	Nails:	
Pulse	76/44	Lymph Node:	

Systems :

Cardiovascular:

Respiratory:

Genitourinary:

GI System:

CNS:

Impression:

- High B.P.
 - Mild Hypochromia
 - occ. microcytosis
 - ↑↑ SGOT, SGPT, Gamma GT
- BSL / F (A&B) PR
(↑) ↑↑ TAC

Trace -
urine
sugar
(+) - PP

- Dyslipidemia, Fatty Liver
- LVH, ECG-tall T waves

Advice:

Physician's cons. for ↑BP;
DM, Dyslipidemia.

1)	Hypertension:	Nil	
2)	IHD		
3)	Arrhythmia		
4)	Diabetes Mellitus		
5)	Tuberculosis		
6)	Asthama		
7)	Pulmonary Disease		
8)	Thyroid/ Endocrine disorders		
9)	Nervous disorders		
10)	GI system		
11)	Genital urinary disorder		
12)	Rheumatic joint diseases or symptoms		
13)	Blood disease or disorder		Nil
14)	Cancer/lump growth/cyst		
15)	Congenital disease		
16)	Surgeries		
17)	Musculoskeletal System		

PERSONAL HISTORY:

1)	Alcohol	occ. Yes (2-3/day) mixed: (etc)	
2)	Smoking		(cig.)
3)	Diet		
4)	Medication	No	

[Handwritten signature]

28/11/20

Dr. Manasee Kulkarni
M.B.B.S
2005/09/3439

Date:- 27/11/23 CID: 2333100681
 Name:- Bhaskar Gargolkar Age: 38

EYE CHECK UP

Chief complaints: RCU

Systemic Diseases: Nil

Past history: Nil

Unaided Vision: 33/24 20/20 20/20

Aided Vision: 33/24 20/20 20/20

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / ~~Abnormal~~

Remark: use own Specty.

MR. PRAKASH KUDVA
Prakash Kudva
SR. OPTOMETRIST



CID : 2333100681
Name : MR.GUGULOTHU BHASKAR
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Nov-2023 / 09:51
Reported : 27-Nov-2023 / 11:39

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	16.8	13.0-17.0 g/dL	Spectrophotometric
RBC	6.25	4.5-5.5 mil/cmm	Elect. Impedance
PCV	51.3	40-50 %	Measured
MCV	82.1	80-100 fl	Calculated
MCH	26.8	27-32 pg	Calculated
MCHC	32.7	31.5-34.5 g/dL	Calculated
RDW	13.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5890	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	30.2	20-40 %	
Absolute Lymphocytes	1778.8	1000-3000 /cmm	Calculated
Monocytes	5.5	2-10 %	
Absolute Monocytes	323.9	200-1000 /cmm	Calculated
Neutrophils	59.7	40-80 %	
Absolute Neutrophils	3516.3	2000-7000 /cmm	Calculated
Eosinophils	4.6	1-6 %	
Absolute Eosinophils	270.9	20-500 /cmm	Calculated
Basophils	0.0	0.1-2 %	
Absolute Basophils	0.0	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	223000	150000-400000 /cmm	Elect. Impedance
MPV	9.0	6-11 fl	Calculated
PDW	10.9	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	Mild		
Microcytosis	Occasional		



CID : 2333100681
Name : MR.GUGULOTHU BHASKAR
Age / Gender : 38 Years / Male
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Collected : 27-Nov-2023 / 09:51
Reported : 27-Nov-2023 / 11:34

Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others -
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 2-15 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2333100681
Name : MR.GUGULOTHU BHASKAR
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Nov-2023 / 09:51
Reported : 27-Nov-2023 / 13:19

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	162.1	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	222.3	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.68	0.1-1.2 mg/dl	Diazo
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.46	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.0	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2.0	1 - 2	Calculated
SGOT (AST), Serum	40.8	5-40 U/L	IFCC without pyridoxal phosphate activation
SGPT (ALT), Serum	65.3	5-45 U/L	IFCC without pyridoxal phosphate activation
GAMMA GT, Serum	416.6	3-60 U/L	IFCC
ALKALINE PHOSPHATASE, Serum	107.0	40-130 U/L	PNPP
BLOOD UREA, Serum	21.3	12.8-42.8 mg/dl	Urease & GLDH
BUN, Serum	9.9	6-20 mg/dl	Calculated
CREATININE, Serum	0.90	0.67-1.17 mg/dl	Enzymatic



CID : 2333100681
Name : MR.GUGULOTHU BHASKAR
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Nov-2023 / 15:35
Reported : 27-Nov-2023 / 17:58

eGFR, Serum	112	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	4.3	3.5-7.2 mg/dl	Uricase
Urine Sugar (Fasting)	Trace	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	++	Absent	
Urine Ketones (PP)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2333100681
Name : MR.GUGULOTHU BHASKAR
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Nov-2023 / 09:51
Reported : 27-Nov-2023 / 12:07

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	7.1	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	157.1	mg/dl	Calculated

Kindly correlate clinically.

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



J. Mujawar

Dr.IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2333100681
Name : MR.GUGULOTHU BHASKAR
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Nov-2023 / 09:51
Reported : 27-Nov-2023 / 15:02

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale yellow	Pale Yellow	-
Reaction (pH)	Acidic (6.0)	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.010	1.010-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	50	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Trace	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	2-3		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	3-4	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+ = 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***



Vandana Kulkarni
Dr.VANDANA KULKARNI
M.D (Path)
Pathologist



CID : 2333100681
Name : MR.GUGULOTHU BHASKAR
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Nov-2023 / 09:51
Reported : 27-Nov-2023 / 13:40

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	B
Rh TYPING	Positive

NOTE: Test performed by Semi- automated column agglutination technology (CAT)

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



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CID : 2333100681
Name : MR.GUGULOTHU BHASKAR
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Nov-2023 / 09:51
Reported : 27-Nov-2023 / 13:19

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	307.3	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	765.7	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	GPO-POD
HDL CHOLESTEROL, Serum	39.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	267.7	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	184.9	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	82.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	7.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	4.7	0-3.5 Ratio	Calculated

Result rechecked.
Kindly correlate clinically.
Note : LDL test is performed by direct measurement.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD G B Road Lab, Thane West
*** End Of Report ***

J. Mujawar
Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist



CID : 2333100681
Name : MR.GUGULOTHU BHASKAR
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Nov-2023 / 09:51
Reported : 27-Nov-2023 / 12:22

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.8	3.5-6.5 pmol/L	ECLIA
Free T4, Serum	16.0	11.5-22.7 pmol/L	ECLIA
sensitiveTSH, Serum	1.89	0.35-5.5 microIU/ml	ECLIA

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto 15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections, liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation: TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation: 19.7% (with in subject variation)

Reflex Tests: Anti thyroid Antibodies, USG Thyroid , TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

1. O. koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
2. Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
3. Tietz , Text Book of Clinical Chemistry and Molecular Biology -5th Edition
4. Biological Variation: From principles to Practice-Callum G Fraser (AACC Press)

J. Mujawar

Dr. IMRAN MUJAWAR
M.D (Path)
Pathologist

Authenticity Check



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CID : 2333100681
Name : MR.GUGULOTHU BHASKAR
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : G B Road, Thane West (Main Centre)

Collected : 27-Nov-2023 / 09:51
Reported : 27-Nov-2023 / 12:22

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*** End Of Report ***



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CID : 2333100681
Name : Mr GUGULOTHU BHASKAR
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 27-Nov-2023
Reported : 27-Nov-2023 / 14:27

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

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

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023112709192303>

Page no 1 of 1



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CID : 2333100681
Name : Mr GUGULOTHU BHASKAR
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre
Reg. Date : 27-Nov-2023
Reported : 27-Nov-2023 / 10:03

USG WHOLE ABDOMEN

LIVER: Liver appears normal in size (14.8 cm) and *shows increased echoreflexivity*. There is no intra-hepatic biliary radical dilatation. No evidence of any focal lesion.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. There is no evidence of any calculus.

PORTAL VEIN: Portal vein is normal. **CBD:** CBD is normal.

PANCREAS: Pancreas appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Right kidney measures 9.4 x 4.0 cm. Left kidney measures 11.3 x 5.1 cm. Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

SPLEEN: Spleen is normal in size, shape and echotexture. No focal lesion is seen.

URINARY BLADDER: Urinary bladder is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and echotexture and measures 3.2 x 2.5 x 4.4 cm in dimension and 18 cc in volume. No evidence of any focal lesion. Median lobe does not show significant hypertrophy.

No free fluid or significant lymphadenopathy is seen.

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CID : 2333100681
Name : Mr GUGULOTHU BHASKAR
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : G B Road, Thane West Main Centre

Reg. Date : 27-Nov-2023
Reported : 27-Nov-2023 / 10:03

IMPRESSION:

- **GRADE I FATTY INFILTRATION OF LIVER.**

Advice: Clinical co-relation sos further evaluation and follow up.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. USG is known to have inter-observer variations. Further/follow-up imaging may be needed in some cases for confirmation / exclusion of diagnosis.

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

Dr Gauri Varma
Consultant Radiologist
MBBS / DMRE
MMC- 2007/12/4113

Click here to view images <http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2023112709192291>

REG NO : 2333100681	SEX : MALE
NAME : MR. GUGULOTHU BHASKAR	AGE : 38 YRS
REF BY : -----	DATE : 27.11.2023

2D ECHOCARDIOGRAPHY

M - MODE FINDINGS:

LVIDD	48	mm
LVIDS	27	mm
LVEF	60	%
IVS	12	mm
PW	7	mm
AO	18	mm
LA	27	mm

2D ECHO:

- All cardiac chambers are normal in size
- Left ventricular contractility : Normal
- Regional wall motion abnormality : Absent.
- Systolic thickening : Normal. LVEF = 60%
- Mitral, tricuspid , aortic , pulmonary valves are : Normal.
- Great arteries : Aorta and pulmonary artery are : Normal .
- Inter - atrial and inter - ventricular septum are intact .
- Pulmonary veins , IVC , hepatic veins are normal.
- No pericardial effusion . No intracardiac clots or vegetation.

PATIENT NAME : MR. GUGULOTHU BHASKAR

COLOR DOPPLER:

- Mitral valve doppler – E- 0.8 m/s, A- 0.4 m/s.
- Mild TR.
- No aortic / mitral regurgitation. Aortic velocity 1.2 m/s, PG 6.1 mmHg
- No significant gradient across aortic valve.
- No diastolic dysfunction.

IMPRESSION:

- **MILD CONCENTRIC HYPERTROPHY OF LV**
- **NO REGIONAL WALL MOTION ABNORMALITY AT REST.**
- **NORMAL LV SYSTOLIC FUNCTION.**

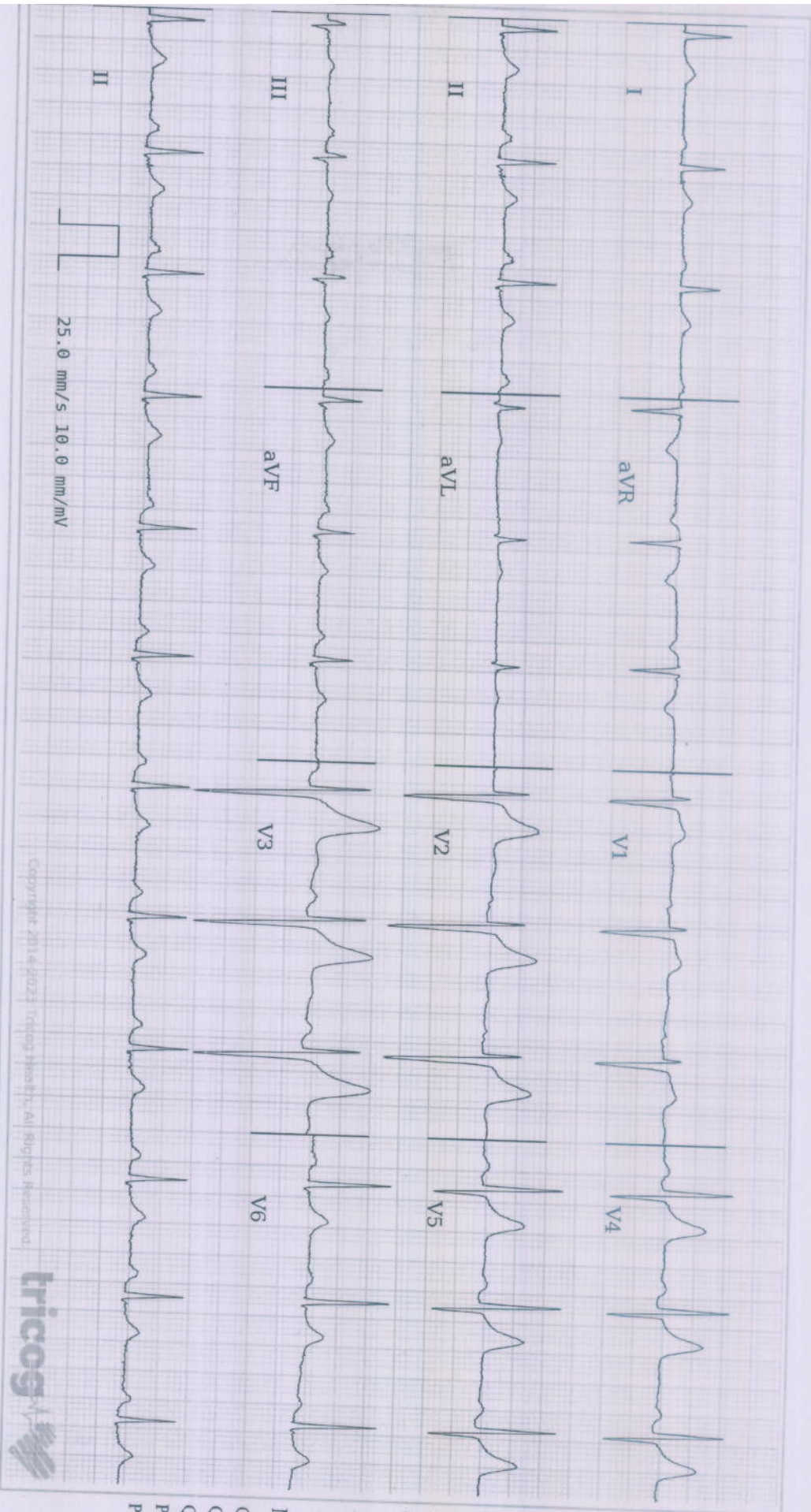
-----End of the Report-----



DR. YOGESH KHARCHE
DNB(MEDICINE) DNB (CARDIOLOGY)
CONSULTANT INTERVENTIONAL CARDIOLOGIST.

Patient Name: GUGULOTHU BHASKAR
Patient ID: 2333100681

Date and Time: 27th Nov 23 10:23 AM



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Age **38** NA NA
years months days

Gender **Male**

Heart Rate **73bpm**

Patient Vitals

BP: 180/100 mmHg

Weight: 65 kg

Height: 158 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 90ms

QT: 362ms

QTcB: 398ms

PR: 178ms

P-R-T: 67° 37° 49°

ECG Within Normal Limits: Sinus Rhythm. ST elevation with Tall T waves in leads V2 & V3. Otherwise. Please correlate clinically.

REPORTED BY

Arumana

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Disclaimer: 1) Analysis in this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other invasive and non-invasive tests and must be interpreted by a qualified physician. 2) Patient vitals are as covered by the clinician and not derived from the ECG.