



CID : 2401321630
Name : MR.MOHD SHABBIR YUSUF CUTLERIWALA
Age / Gender : 48 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<u>RBC PARAMETERS</u>			
Haemoglobin	14.6	13.0-17.0 g/dL	Spectrophotometric
RBC	4.58	4.5-5.5 mil/cmm	Elect. Impedance
PCV	43.1	40-50 %	Measured
MCV	94	80-100 fl	Calculated
MCH	31.9	27-32 pg	Calculated
MCHC	33.9	31.5-34.5 g/dL	Calculated
RDW	13.1	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	4010	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	40.9	20-40 %	
Absolute Lymphocytes	1640.1	1000-3000 /cmm	Calculated
Monocytes	13.4	2-10 %	
Absolute Monocytes	537.3	200-1000 /cmm	Calculated
Neutrophils	39.4	40-80 %	
Absolute Neutrophils	1579.9	2000-7000 /cmm	Calculated
Eosinophils	5.0	1-6 %	
Absolute Eosinophils	200.5	20-500 /cmm	Calculated
Basophils	1.3	0.1-2 %	
Absolute Basophils	52.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	325000	150000-400000 /cmm	Elect. Impedance
MPV	7.2	6-11 fl	Calculated
PDW	11.1	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 10 2-15 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***



J Thakker

Dr. JYOT THAKKER..
M.D. (PATH), DPB
Pathologist & AVP(Medical Services)



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	86.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	86.2	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

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*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



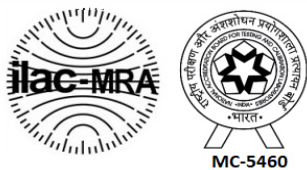
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	26.6	19.29-49.28 mg/dl	Calculated
BUN, Serum	12.4	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.89	0.73-1.18 mg/dl	Enzymatic
Note: Kindly note in change in reference range w.e.f. 07-09-2023			
eGFR, Serum	106	(ml/min/1.73sqm) 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	Calculated
Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023			
TOTAL PROTEINS, Serum	6.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	3.6	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
URIC ACID, Serum	4.6	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	3.1	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	8.6	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	139	136-145 mmol/l	IMT
POTASSIUM, Serum	5.0	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	109	98-107 mmol/l	IMT

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.4	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	108.3	mg/dl	Calculated

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 Borivali Lab, Borivali West

*** End Of Report ***

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
PROSTATE SPECIFIC ANTIGEN (PSA)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.638	<4.0 ng/ml	CLIA

Clinical Significance:

- PSA is detected in the serum of males with normal, benign hyper-plastic, and malignant prostate tissue.
- Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment.
- Prostate cancer screening 4. The percentage of Free PSA (FPSA) in serum is described as being significantly higher in patients with BPH than in patients with prostate cancer. 5. Calculation of % free PSA (ie. FPSA/TPSA x 100), has been suggested as way of improving the differentiation of BPH and Prostate cancer.

Interpretation:

Increased In- Prostate diseases, Cancer, Prostatitis, Benign prostatic hyperplasia, Prostatic ischemia, Acute urinary retention, Manipulations like Prostatic massage, Cystoscopy, Needle biopsy, Transurethral resection, Digital rectal examination, Radiation therapy, Indwelling catheter, Vigorous bicycle exercise, Drugs (e.g., testosterone), Physiologic fluctuations. Also found in small amounts in other cancers (sweat and salivary glands, breast, colon, lung, ovary) and in Skene glands of female urethra and in term placenta, Acute renal failure, Acute myocardial infarction,

Decreased In- Ejaculation within 24-48 hours, Castration, Antiandrogen drugs (e.g., finasteride), Radiation therapy, Prostatectomy, PSA falls 17% in 3 days after lying in hospital, Artfactual (e.g., improper specimen collection; very high PSA levels). Finasteride (5- α -reductase inhibitor) reduces PSA by 50% after 6 months in men without cancer.

Reflex Tests: % FREE PSA , USG Prostate

Limitations:

- tPSA values determined on patient samples by different testing procedures cannot be directly compared with one another and could be the cause of erroneous medical interpretations. If there is a change in the tPSA assay procedure used while monitoring therapy, then the tPSA values obtained upon changing over to the new procedure must be confirmed by parallel measurements with both methods. Immediate PSA testing following digital rectal examination, ejaculation, prostatic massage, indwelling catheterization, ultrasonography and needle biopsy of prostate is not recommended as they falsely elevate levels.
- Patients who have been regularly exposed to animals or have received immunotherapy or diagnostic procedures utilizing immunoglobulins or immunoglobulin fragments may produce antibodies, e.g. HAMA, that interferes with immunoassays.
- PSA results should be interpreted in light of the total clinical presentation of the patient, including: symptoms, clinical history, data from additional tests, and other appropriate information.
- Serum PSA concentrations should not be interpreted as absolute evidence for the presence or absence of prostate cancer.

Reference:

- Wallach's Interpretation of diagnostic tests
- Total PSA Pack insert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director



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Collected : 13-Jan-2024 / 08:57
Reported : 13-Jan-2024 / 14:26

MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	6.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.015	1.001-1.030	Chemical Indicator
Transparency	Clear	Clear	-
Volume (ml)	10	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Trace	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	Occasional	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	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

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*** End Of Report ***



Dr. Leena Salunkhe

Dr.LEENA SALUNKHE
M.B.B.S, DPB (PATH)
Pathologist



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
BLOOD GROUPING & Rh TYPING

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

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

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

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*** End Of Report ***



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	150.6	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	82.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	32.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	118.2	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	101.8	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	16.4	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.6	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.1	0-3.5 Ratio	Calculated

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*** End Of Report ***



J. Thakker

Dr. JYOT THAKKER
M.D. (PATH), DPB



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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.6	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.2	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	16.535	0.55-4.78 microIU/ml mIU/ml	CLIA



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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 upto15 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 trasiently altered becuae 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)

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO
LIVER FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
BILIRUBIN (TOTAL), Serum	0.41	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.16	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.25	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	3.6	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.6	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.4	1 - 2	Calculated
SGOT (AST), Serum	27.9	<34 U/L	Modified IFCC
SGPT (ALT), Serum	73.9	10-49 U/L	Modified IFCC
GAMMA GT, Serum	41.9	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	84.6	46-116 U/L	Modified IFCC

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*** End Of Report ***



J. Thakker

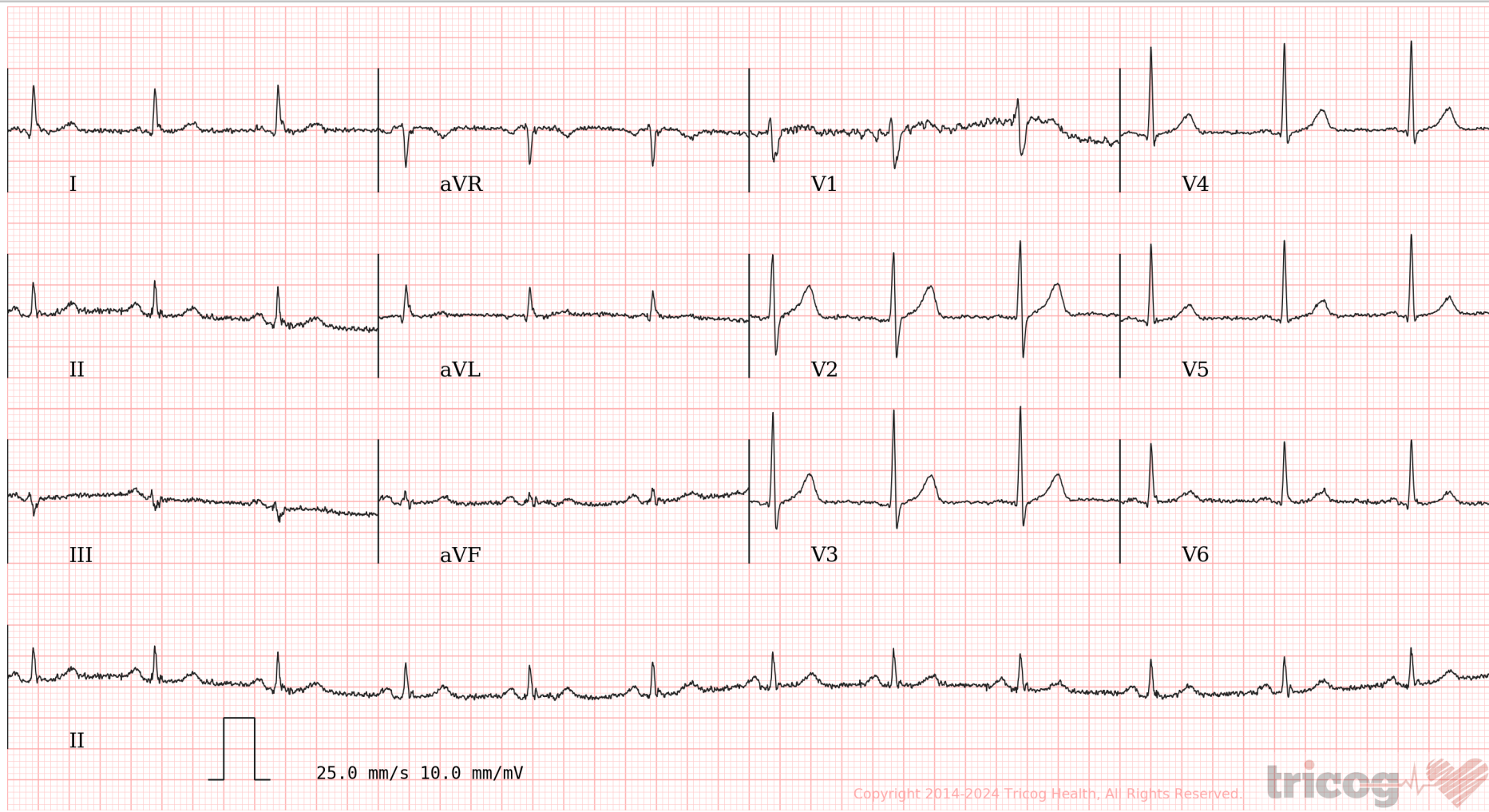
Dr. JYOT THAKKER
M.D. (PATH), DPB

SUBURBAN DIAGNOSTICS - BHAYANDER EAST



Patient Name: MOHD SHABBIR YUSUF CUTLERIWALA
Patient ID: 2401321630

Date and Time: 13th Jan 24 9:35 AM



Age **48** NA NA
years months days

Gender **Male**

Heart Rate **74bpm**

Patient Vitals

BP: 140/80 mmHg
Weight: 93 kg
Height: 169 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 80ms
QT: 372ms
QTcB: 412ms
PR: 148ms
P-R-T: 67° 20° 33°

ECG Within Normal Limits: Sinus Rhythm, Normal axis No significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587

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 entered by the clinician and not derived from the ECG.

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Consulting Dr. :
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Collected : 13-Jan-2024 / 08:45
Reported : 13-Jan-2024 / 15:59

PHYSICAL EXAMINATION REPORT

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms):	169	Weight (kg):	93
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	140/80	Nails:	NAD
Pulse:	74/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1S2-Normal
Respiratory: Chest-Clear
Genitourinary: NAD
GI System: NAD
CNS: NAD

(O+ve)

IMPRESSION: CxR, ECG, EBC all normal
USG USG. Fatty Liver.

ADVICE: weight Reduction
Expert consultation.

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |

Name : MR. MOHD SHABBIR YUSUF CULERIWALA
Age / Gender : 48 Years/Male
Consulting Dr. :
Reg. Location : Bhayander East (Main Centre)

Collected : 13-Jan-2024 / 08:45
Reported : 13-Jan-2024 / 15:59

- 8) Thyroid/ Endocrine disorders No
- 9) Nervous disorders No
- 10) GI system No
- 11) Genital urinary disorder No
- 12) Rheumatic joint diseases or symptoms No
- 13) Blood disease or disorder No
- 14) Cancer/lump growth/cyst No
- 15) Congenital disease No
- 16) Surgeries No
- 17) Musculoskeletal System No

PERSONAL HISTORY:

- 1) Alcohol No
- 2) Smoking No
- 3) Diet Mixed
- 4) Medication No

*** End Of Report ***

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Mira Road, Phone : 022 - 61700000

DR. ANITA SHONBHARY
CONSULTANT PHYSICIAN
Reg. No. 101112/5553

<ul style="list-style-type: none"> PATIENT NAME : MR.MOHD SHABBIR YUSUF CUTLERIWALA 	<ul style="list-style-type: none"> SEX : MALE
<ul style="list-style-type: none"> REFERRED BY : DR. ----- 	<ul style="list-style-type: none"> AGE : 48 YEARS
<ul style="list-style-type: none"> CID NO : 2401321630 	<ul style="list-style-type: none"> DATE :13/01/2024

2D-Echocardiogram & Doppler Report

Cardiac Evaluation:

DIMENSIONS:

IVSd	11.4	mm
IVSs	16.7	mm
LVIDd	42.4	mm
LVIDs	31.0	mm
LVPWd	13.5	mm
LVPWS	14.7	mm
LVEF	55-60	%
AO	37.2	mm
LA	37.2	mm
AVC	14.9	mm

MORPHOLOGICAL DATA

Mitral Valve	Normal
Aortic Valve	Normal
Tricuspid Valve	Normal
Pulmonary Valve	Normal
Right Ventricle	Normal
IAS / IVS	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
Pericardium	Normal
LV Studies	Normal

DOPPLER DATA:

Mitral E velocity	0.98	cm/s	
Mitral A velocity	0.57	cm/s	
Mitral E/A	1.72		
AV max	0.94	cm/s	PG 3.5 mmhg
PV max	0.83	cm/s	PG 2.8 mmhg
TR max	1.85	cm/s	PG 30 mmhg

IMPRESSION:

- Normal dimensions of all cardiac chambers.
- Good LV systolic Function. LVEF = 55-60%.
- No RWMA.
- Trivial MR.
- No clot/vegetation/effusion.
- No PH. (PASP by TR jet 30 mm Hg).

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

Salami

DR. SMITA VALANI
M.B.B.S., D. Cardiology
Reg. No. 2011/03/0587
CONSULTANT CARDIOLOGIST

CID : 2401321630
Name : Mr Mohd Shabbir Yusuf Cutleriwala
Age / Sex : 48 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

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USG WHOLE ABDOMEN

LIVER:

The liver is normal in size (13.7 cm), normal in shape and shows smooth margins. It shows **bright** parenchymal echotexture. No obvious cystic or solid lesion made out in the parenchyma. The intra hepatic biliary and portal radicals appear normal. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas appears normal. No evidence of solid or cystic mass lesion seen.

KIDNEYS:

Right kidney measures 10.4 x 5.0 cm. Left kidney measures 11.0 x 5.5 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (11.0 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

Prevoid vol :- 180.0 cc

Postvoid vol :- Nil

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Page no 1 of 2

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PROSTATE:

The prostate is normal in size, measures 3.6 x 2.9 x 2.5 cms and weighs 14.0 gms. Parenchymal echotexture is normal. No obvious mass or calcification made out.

There is no evidence of any lymphadenopathy or ascites.

IMPRESSION:

- **Fatty liver.**
- **No significant abnormality made out.**

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

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

Khilji Faizur

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

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CID : 2401321630
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-----End of Report-----

Khilji Faizur

Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

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Page no 2 of 2

Date:- 13/11/24
 Name:- mohd shabbir yusuf
 CID: 2401321638
 Sex / Age: M / 48

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:

NO
 RE
 6/12
 N18
 LE
 6/12
 N18

	(Right Eye)				(Left Eye)			
	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

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भारत सरकार
Government of India

शब्दुर युसुफ कुल्लेरवाला
Shabbir Yusuf Cullenwala
जन्म तिथि/DOB: 15/09/1975
लिंग/ GENDER: MALE

9136 4062 3656

VID: 9136 4062 3656

भारत सरकार, नवी दिल्ली



DR. ANITA CHOUDHARY
CONSULTANT PHYSICIAN
Reg. No. 2014/12/5553

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Age / Sex : 48 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Reg. Date : 13-Jan-2024
Reported : 13-Jan-2024/17:57

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.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist



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