



CID : 2413219108
Name : MR.NIKHIL PANJWANI
Age / Gender : 38 Years / Male
Consulting Dr. : -
Reg. Location : Khar West (Main Centre)

Collected : 11-May-2024 / 09:41
Reported : 11-May-2024 / 15:40

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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	13.7	13.0-17.0 g/dL	Spectrophotometric
RBC	4.80	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.5	40-50 %	Calculated
MCV	84.3	81-101 fl	Measured
MCH	28.6	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	5940	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.2	20-40 %	
Absolute Lymphocytes	1615.7	1000-3000 /cmm	Calculated
Monocytes	7.3	2-10 %	
Absolute Monocytes	433.6	200-1000 /cmm	Calculated
Neutrophils	54.4	40-80 %	
Absolute Neutrophils	3231.4	2000-7000 /cmm	Calculated
Eosinophils	10.3	1-6 %	
Absolute Eosinophils	611.8	20-500 /cmm	Calculated
Basophils	0.8	0.1-2 %	
Absolute Basophils	47.5	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	306000	150000-410000 /cmm	Elect. Impedance
MPV	8.5	6-11 fl	Measured
PDW	14.7	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	Eosinophilia

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 5 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 SDRL, Vidyavihar Lab

*** End Of Report ***



J Thakker

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



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<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	88.0	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	91.8	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.66	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.22	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.44	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.7	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
SGOT (AST), Serum	26.2	<34 U/L	Modified IFCC
SGPT (ALT), Serum	47.8	10-49 U/L	Modified IFCC
GAMMA GT, Serum	127.7	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	115.8	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	18.2	19.29-49.28 mg/dl	Calculated
BUN, Serum	8.5	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.67	0.73-1.18 mg/dl	Enzymatic



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eGFR, Serum	123	(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

URIC ACID, Serum	7.3	3.7-9.2 mg/dl	Uricase/ Peroxidase
------------------	-----	---------------	---------------------

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



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



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.5	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	111.1	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 SDRL, Vidyavihar Lab

*** End Of Report ***



Namrata Raul

Dr.NAMRATA RAUL
M.D (Biochem)
Biochemist



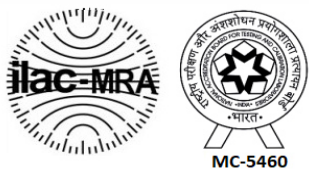
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Acidic (6.5)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiaac
<u>MICROSCOPIC EXAMINATION</u>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present ++	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

*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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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	yellow	Pale Yellow	-
Reaction (pH)	6.0	5-8	pH Indicator
Specific Gravity	1.015	1.002-1.035	Chemical Indicator
Transparency	clear	Clear	-
Volume (ml)	30	-	-
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent	Absent	Protein error principle
Glucose	Absent	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
<u>MICROSCOPIC EXAMINATION</u>			
Pus cells / hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1	0-5/hpf	
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	2-3	0-20/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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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 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

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



Anupa

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	211.1	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	114	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	49.0	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	162.1	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	139.3	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	22.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.3	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	2.8	0-3.5 Ratio	Calculated

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



Anupa

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Collected : 11-May-2024 / 09:41
Reported : 11-May-2024 / 13:56

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	5.3	3.5-6.5 pmol/L	CLIA
Free T4, Serum	15.9	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	1.071	0.55-4.78 microIU/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 becuaese 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

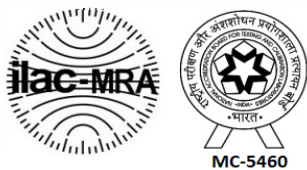
Limitations:

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)

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



Anupa

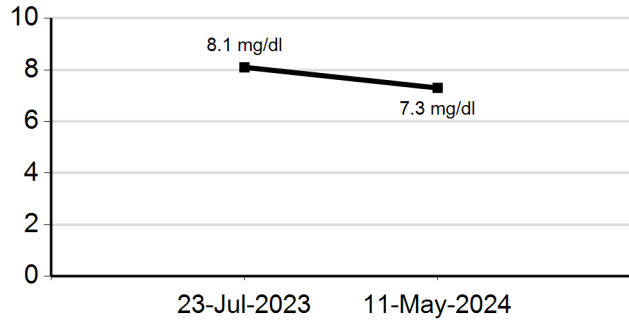
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URIC ACID



Name : MR. NIKHIL PANJWANI

Age / Gender : 38 Years/Male

Consulting Dr. :

Reg. Location : Khar West (Main Centre)

Collected : 11-May-2024 / 09:35

Reported : 14-May-2024 / 09:30

PHYSICAL EXAMINATION REPORT

History and Complaints: Nil

EXAMINATION FINDINGS:

Height (cms): 177 cms
Temp (0c): Afeberile
Blood Pressure (mm/hg): 120/80 mmHg
Pulse: 62/min

Weight (kg): 83 kg
Skin: Normal
Nails: Normal
Lymph Node: Not palpable

Systems

Cardiovascular: S1S2 Audible , No Murmurs
Respiratory: Lungs Clear , AEBE
Genitourinary: Normal
GI System: Normal
CNS: Normal

IMPRESSION: EOSINOPHILS - 10.3 , SR. CHOL - 211.1 , NHDLC - 162.1 , LDLC - 139.3 , USG ABD - ABNORMAL FINDINGS ARE NOTED (REPORT ATTACHED) , TMT NOT DONE , ALL OTHER ATTACHED REPORTS ARE WNL.

ADVICE: CONSULT FAMILY PHYSICIAN IN VIEW OF ABOVE FINDINGS.

CHIEF COMPLAINTS:

- | | |
|----------------------|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |

PRECISE TESTING - HEALTH CARE
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- | | |
|--|--------------------------------------|
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 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 | Right Hip Injury Operated 2 Yrs Back |
| 17) Musculoskeletal System | No |

PERSONAL HISTORY:

- | | |
|---------------|--------------|
| 1) Alcohol | Occasionally |
| 2) Smoking | No |
| 3) Diet | mixed |
| 4) Medication | No |

*** End Of Report ***


Dr. RAFAT PARKAR
MBBS
CONSULTANT PHYSICIAN

भारत सरकार
Government of India

निखील अशोक पांजवणी
Nikhil Ashok Panjwani
जन्म तारीख / DOB: 25/11/1985
पुरुष / MALE

5610 1609 1406

मेरा आधार, मेरी पहचान



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Rafat
Dr. Rafat M. Parkar
M.B.B.S.
Regn. No. 072366

Panjwani

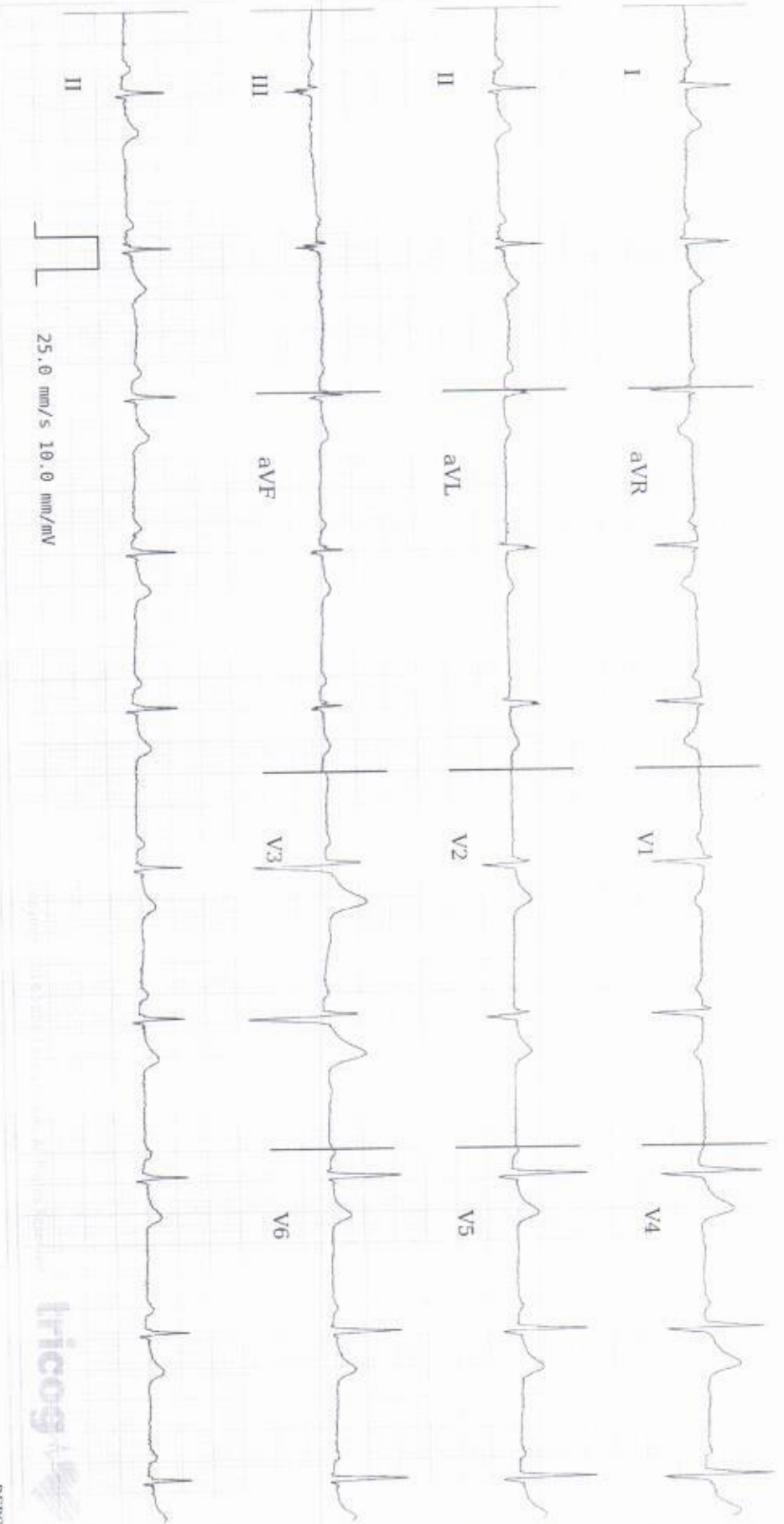
Patient Name: NIKHIL PANJWANI
Patient ID: 2413219108

SUBURBAN DIAGNOSTICS - KHAR WEST
Date and Time: 11th May 24 9:52 AM

Age: 38 years
Sex: Male
Heart Rate: 61bpm

Patient Vitals

BP: 120/80 mmHg
Weight: 83 kg
Height: 177 cm
Pulse: NA
Spo2: NA
Resp: NA
Others:



Measurements
QRSD: 86ms
QT: 384ms
QTcB: 386ms
PR: 168ms
P-R-T: 54° 20° 41°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

[Signature]

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882

Disclaimer: This report is based on ECG alone and should be read in conjunction with the clinical history. The physician's interpretation and results of other tests and procedures are not included in this report.

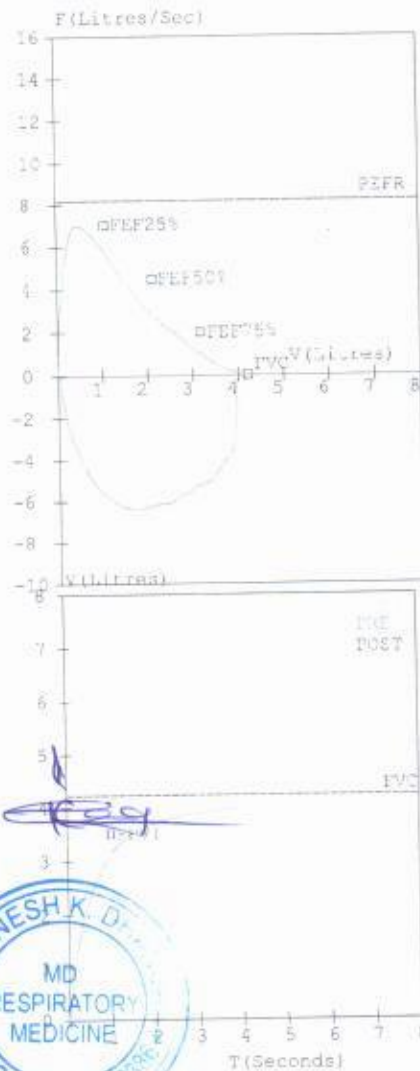
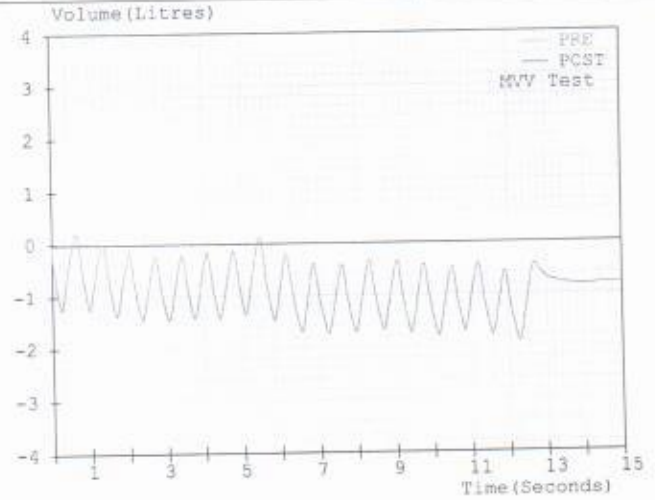
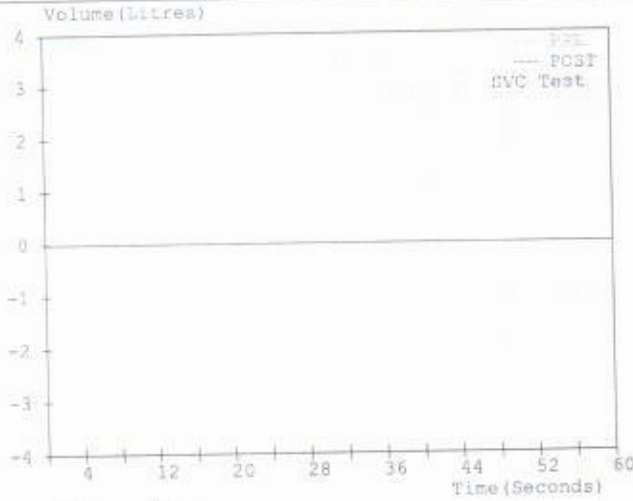


SUBURBAN DIAGNOSTICS CENTRE

Patient: MR NIKHIL PANJWANI
Refd. By:
Pred. Eqns: ERS 93
Date : 11-May-2024 12:36 PM

Age : 38 Yrs
Height : 177 Cms
Weight : 83 Kgs
ID : 410130142

Gender : Male
Smoker : No
Eth. Corr: 87
Temp :



Spirometry Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC (L)	04.23	04.00	095	-----	---	---
FEV1 (L)	03.50	03.13	089	-----	---	---
FEV1/FVC (%)	82.74	78.25	095	-----	---	---
FEF25-75 (L/s)	03.91	02.70	069	-----	---	---
PEFR (L/s)	08.16	06.94	085	-----	---	---
FIVC (L)	04.42	03.98	090	-----	---	---
FEV.5 (L)	-----	02.31	---	-----	---	---
FEV3 (L)	-----	01.83	---	-----	---	---
PIFR (L/s)	-----	09.34	---	-----	---	---
FEF75-85 (L/s)	-----	00.92	---	-----	---	---
FEF.2-1.2 (L/s)	-----	03.27	---	-----	---	---
FEF 25% (L/s)	07.04	05.88	084	-----	---	---
FEF 50% (L/s)	04.51	03.03	067	-----	---	---
FEF 75% (L/s)	01.99	01.25	063	-----	---	---
FEV.5/FVC (%)	-----	67.75	---	-----	---	---
FEV3/FVC (%)	-----	57.25	---	-----	---	---
FET (Sec)	-----	04.12	---	-----	---	---
ExptTime (Sec)	-----	00.06	---	-----	---	---
Lung Age (Yrs)	038	042	111	-----	---	---
FEV6 (L)	04.23	-----	---	-----	---	---
FIF 25% (L/s)	-----	05.24	---	-----	---	---
FIF 50% (L/s)	-----	06.18	---	-----	---	---
FIF 75% (L/s)	-----	05.72	---	-----	---	---
SVC (L)	-----	-----	---	-----	---	---
ERV (L)	01.28	-----	---	-----	---	---
IRV (L)	-----	-----	---	-----	---	---
VE (L/min)	-----	-----	---	-----	---	---
Rf (l/min)	-----	-----	---	-----	---	---
Ti (sec)	-----	-----	---	-----	---	---
Te (sec)	-----	-----	---	-----	---	---
VT (L)	-----	-----	---	-----	---	---
VT/Ti	-----	-----	---	-----	---	---
Ti/Ttot	-----	-----	---	-----	---	---
IC (L)	-----	-----	---	-----	---	---
MVV (L/min)	123	077	079	-----	---	---
MRI (l/min)	-----	06.13	---	-----	---	---
MVT (L)	-----	01.78	---	-----	---	---

Doctor's Notes

SPIROMETRY TEST IS WITHIN NORMAL LIMITS.

KIRAN GHAG
(Pulmonologist Technician)
Indian Chest Society (WHP)



Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2413219108
Name : Mr NIKHIL PANJWANI
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Khar West Main Centre

Reg. Date : 11-May-2024
Reported : 11-May-2024 / 14:28

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size is within normal limits.

The domes of diaphragm are normal in position and outlines.

The visualized bony thorax appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

SUGGEST CLINICAL CORRELATION.

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

Vishal K. M.

Dr. Vishal Kumar Mulchandani
MD DMRE
REG No : 2006/03/1660
Consultant Radiologist

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2413219108
Name : Mr NIKHIL PANJWANI
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Khar West Main Centre
Reg. Date : 11-May-2024
Reported : 13-May-2024 / 7:17

USG WHOLE ABDOMEN

LIVER: Liver is normal in size (measures 13.5 cm). Liver appears minimally bright in echotexture. There is no intra-hepatic biliary radical dilatation. No evidence of focal lesion in liver at present scan.

GALL BLADDER: Gall bladder is distended. Two small hyperechoic area with no obvious posterior shadowing are noted along anterior wall and posterior wall of gallbladder measuring approx. 3 mm and 4 mm suggestive of two small gallbladder polyps. Minimal sludge is noted within gallbladder lumen. Wall thickness is otherwise within normal limits.

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

PANCREAS: Part of body of pancreas is visualized, appears normal in echotexture. Rest of pancreas is obscured by bowel gases.

KIDNEYS: Both kidneys are normal in size and echotexture. Corticomedullary differentiation is maintained. No obvious mass lesion is noted at present scan.

Minimal fullness of right pelvicalyceal system (Right ureter is obscured by bowel gases).

Right kidney measures 11.1 x 4.7 cm.

Left kidney measures 11.9 x 5.1 cm.

SPLEEN: Spleen is normal in size (measures 10 cm) and echotexture. No focal lesion is seen.

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

Prevoid volume measures - 181 cc, Postvoid residue measures - 9 cc (insignificant)

PROSTATE: Prostate is normal in size and measures 5.0 x 3.3 x 2.9 cm and prostatic volume is 24.9 cc.

No free fluid or significant abdominal lymphadenopathy is noted at present scan.

Click here to view images <http://3.111.232.119/IRISViewer/NormalViewer?AccessionNo=2024051109364716>

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CID : 2413219108
Name : Mr NIKHIL PANJWANI
Age / Sex : 38 Years/Male
Ref. Dr :
Reg. Location : Khar West Main Centre

Reg. Date : 11-May-2024
Reported : 13-May-2024 / 7:17

IMPRESSION:

- Early fatty changes in liver parenchyma.
- Two small gallbladder polyps.
- Minimal sludge is noted within gallbladder lumen.
- Minimal fullness of right pelvicalyceal system(Right ureter is obscured by bowel gases).
- Insignificant postvoid residue.

Suggest clinicopathological correlation.

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. Patient was explain in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification. Please interpret accordingly. of diagnosis. Patient was explain in detail verbally about the USG findings, USG measurements and its limitations. In case of any typographical error in the report, patient is requested to immediately contact the center for rectification. Please interpret accordingly.

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

Vishal K. M.

Dr. Vishal Kumar Mulchandani
MD DMRE
REG No : 2006/03/1660
Consultant Radiologist

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