

Name: Mr ANIL BHISE	Age : 40Y	Sex : Male
Date :19/10/2024	Ref Dr : APOLLO	

USG ABDOMEN AND PELVIS

LIVER: Liver appears normal in size 12.8cm and **shows diffuse increased echotexture.** 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 is normal. CBD is normal.

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

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

KIDNEYS: Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.

Right kidney measures 10.0 x 4.8cm. Left kidney measure 10.5 x 5.5cm

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

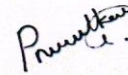
PROSTATE: Prostate is normal in size measuring 3.5 x 2.6 x 3.1cm vol- 15.6gms and echotexture. No evidence of any focal lesion.

No free fluid or significant lymphadenopathy is seen.

Incidentally detected a partially reducible non obstructive umbilical hernia seen through defect measuring 12mm and herniated sac measuring 25 x 17mm. It contains mainly omentum.

IMPRESSION: Fatty liver grade I-II.
Non obstructive umbilical hernia

Advice: Clinical co-relation and further evaluation.



DR. PRIYANKA NERULKAR
CONSULTANT RADIOLOGIST

Thanks For Reference: Note the above report represents interpretation of various radiographic shadows, and has its own limitations. This report has to be co-related clinico-pathologically by the referring physician and it does not represent the sole diagnosis.

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SEA BIRD MEDICARE CENTRE

MER- MEDICAL EXAMINATION REPORT

DATE OF EXAMINATION	19-10-2024		
NAME	Anil Ashish Bhatnagar		
AGE	40	GENDER	Male
HEIGHT (CM)	182	WEIGHT (KG)	113.7
B.P.	130/80 mm/Hg		
ECG	Sinos arrhythmia rwt in infero left leads.		
X Ray	Normal		
Vision Checkup	Color Vision: N Far Vision Ratio: 6/6 @ Near Vision Ratio: N15 @ (L334)		
Present Ailments	-		
Details of Past ailments (If Any)	RTA in 2021. @ Headel # @ Leg #, optd in 2017 (Sports injury).		
Comments / Advice:			

Signature with Stamp of Medical Examiner

Dr. Minakshi Singh
Consultant Physician
MBBS, DNB, M.PCP (UK), EDIC
Reg. No. 2019/02/0392

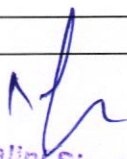


CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination of
Amil Bhise on 19-10-2024

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none">Medically Fit	
<ul style="list-style-type: none">Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <ol style="list-style-type: none"><u>Newly detected Diabetes Mellitus.</u><u>Dyslipidemia</u><u>ECG s/t wave in inferolateral leads.</u> <p>However, the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none">Currently Unfit. <p>Review after _____ recommended</p>	
<ul style="list-style-type: none">Unfit	


Dr. Mrinalini Singh
Consultant Physician
MBBS, DNB, MRCP (UK), EDIC
Reg. No. 2019/02/0392

Dr. _____

Medical Officer

This certificate is not meant for medico-legal purposes



SEA BIRD MEDICARE CENTRE

Report ID : **ABM1910124647** Reg. : **19-Oct-2024**
Patient Name : **Mr. ANIL BHISE** Report Date : **19-Oct-2024**
Rank : Company Name : **M/S. APOLLO HEALTH AND LIFESTYLE**
Ref By : **DR.PARAG ARVIND PRADHAN** Age/Sex : **40 Year / Male**

CHEST X RAY REPORT

X-Ray No : 6068

Investigation : Chest PA View.

Bony thoracic cage is normal.

Cardiac silhouette appears normal in size and configuration.


Both lungs shows equal translucency and normal vasculature.

Both Hemidiaphragm visualised normal.

No evidence of any active parenchymal lesion seen.

Impression :

Normal Chest X-Ray.


Dr. Jacob
Mathew MD

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HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704

Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022

Website: www.seabirdhf.com | Email: seabird@seabirdhf.com

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

ANIL ASHOK BHISE

ASHOK MARUTI BHISE

08/11/1983

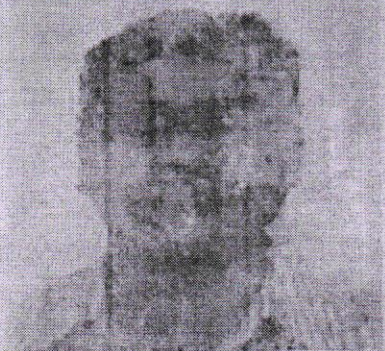
Permanent Account Number

ANOPB4032A

Signature



भारत सरकार
GOVERNMENT OF INDIA



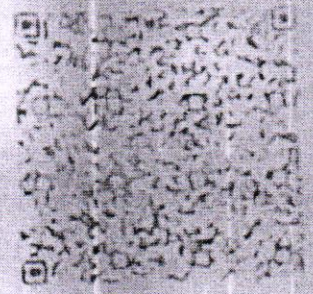
अनिल अशोक भिसे

Anil Ashok Bhise

जन्म तारीख/ DOB:

08/11/1983

पुरुष / MALE



6300 5595 0869

भारत सरकार

ID: 14244

19-10-2024 10:58:44

ANIL
40 Years (/ /)

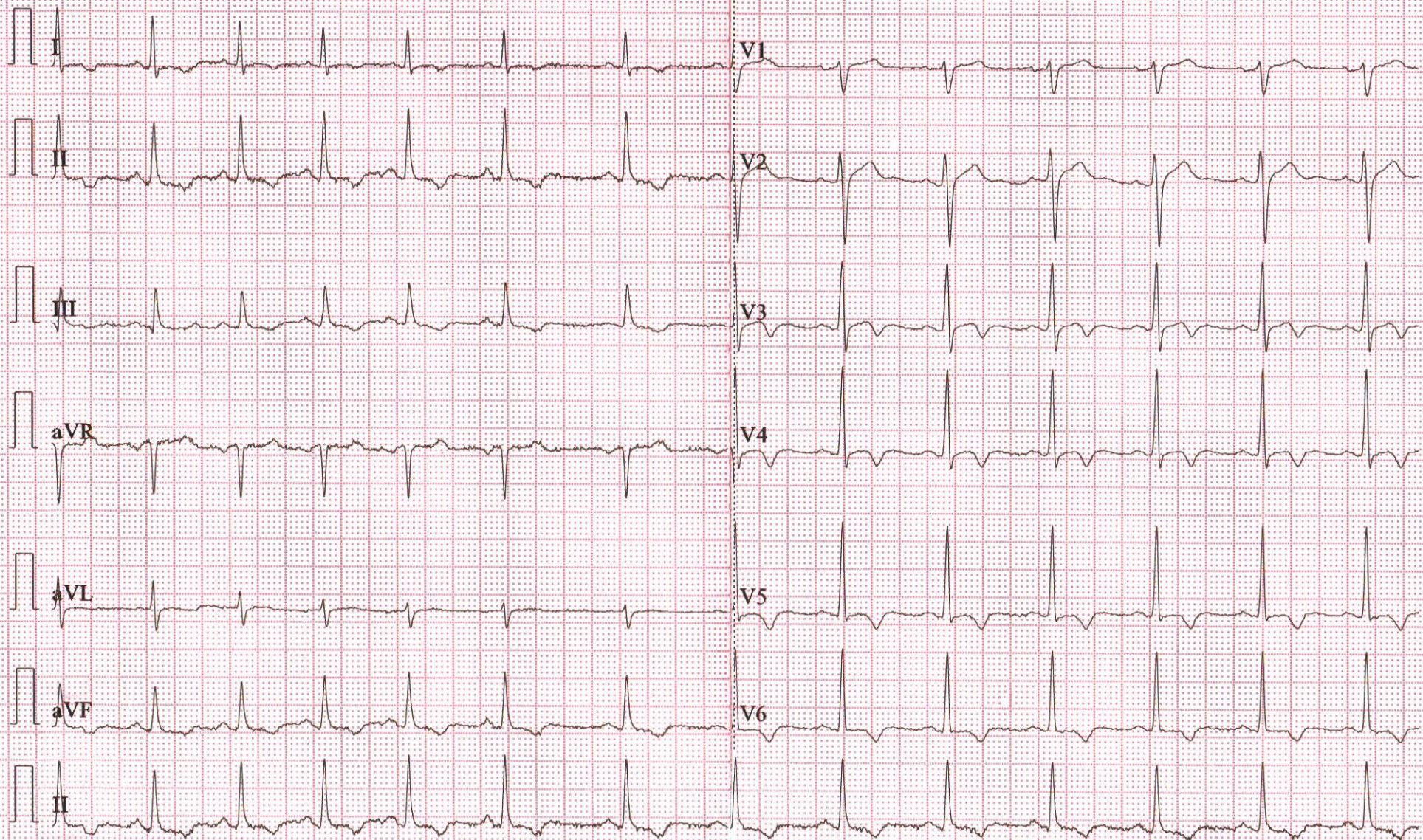
HR	: 81	bpm
P	: 122	ms
PR	: 144	ms
QRS	: 102	ms
QT/QTcBz	: 340/395	ms
P/QRS/T	: 57/64/-113	°
RV5/SV1	: 1.638/0.436	mV

Diagnosis Information:

Sinus arrhythmia
TWT for tuberculat. leads
Suggest: 2D Echo

Dr. Prabhakar Singh
Cardiologist
MC (UK) (RCPSC) EDIC
Reg. No. 2019/0210392

Unconfirmed Report





PID NO. : CIA1248

Name : ANIL ASHOK BHISE

Sex / Age : Male / 40 Years

Ref By : APOLLO HEALTH AND LIFESTYLE
LIMITED

Reference :

Sample Collected At :

Sea Bird Medicare

102-103-104, Gateway Plaza, Central Avenue Road,
Hiranandani Gardens, Powai.

Processing Location: - Seabird Medicare Pvt Ltd

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Station, Near Madhavbag Bldg, Andheri (East).

Mumbai - 400069

Reg. Date

19-Oct-2024 / 9:29 am

Coll Date

19-Oct-2024 / 9:34 am

Report Date

19-Oct-2024 / 2:49 pm

REPORT

BLOOD GLUCOSE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Blood Glucose (Fasting), plasma (Plasma, Method- Hexokinase) Interpretation: NORMAL : 70 - 100 mg/dl Pre-Diabetic : 100 - 125 mg/dl Diabetic : >125 mg/dl (ON MORE THAN ONE OCCASION) Reference : American diabetes association guidelines 2022	175	mg/dl	70.00 - 100.00 mg/dl
Urine Glucose (Fasting)	Absent		Absent
Urine Ketones (Fasting)	Absent		Absent
Blood Glucose (PP) plasma (Plasma, Method- Hexokinase) Interpretation: Non-Diabetic : 70 - 140 mg/dl Pre-Diabetic : 140 - 199 mg/dl Diabetic : >200 mg/dl (ON MORE THAN ONE OCCASION) Reference : American diabetes association guidelines 2022	248.89	mg/dl	70.00 - 140.00
Urine Glucose (PP)	Present (+ +)		Absent
Urine Ketones (PP)	Absent		Absent

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

Pritam Dhanawade
Lab Technician

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No.2006031680



PID NO. : CJA1248

Name : ANIL ASHOK BHISE

Sex / Age : Male / 40 Years

Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

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19-Oct-2024 / 9:29 am

Coll Date

19-Oct-2024 / 9:34 am

Report Date

19-Oct-2024 / 3:40 pm

REPORT

BLOOD GLUCOSE

Test

Result

Units

BIOLOGICAL REFERENCE INTERVAL

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

Pritam Dhanawade

Lab Technician

DR. RITESH KHARCHE

MBBS, MD PATHOLOGY

Pathologist

MMC Reg No.2006031680



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REPORT

Blood Group

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
<u>BLOOD GROUP</u>			
ABO Group	"O"		
RH (D)	Positive		

Method : Cell (Forward) grouping by Manual Slide Method.
Sample: Whole Blood (EDTA)

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

PRIYA PANDEY
Lab Technician

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No.2006031680



PID NO. : CIA1248

Name : ANIL ASHOK BHISE

Sex / Age : Male / 40 Years

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REPORT

Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Hemoglobin	13.7	gm/dl	13.0 -17.0
<u>RED BLOOD CELLS</u>			
R.B.C. Count	6.6	million / cumm	4.5- 5.5
HCT	44.6	%	40- 50
MCV	67.6	fL	83 - 101
MCH	20.7	pg	27 - 32
MCHC	30.7	gm / dl	31.5 - 34.5
RDW (CV)	14	%	11.6- 14.0
Total W.B.C. Count	8040	/cu.mm.	4000 - 10000
<u>DIFFERENTIAL COUNT</u>			
Neutrophils	59	%	40 - 80
Lymphocytes	32	%	20 - 40
Eosinophils	05	%	1 - 6

LATHA SONAWANE
Lab Technician

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No.2006031680



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REPORT

Complete Blood Count

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Monocytes	04	%	2 - 10
Basophils	00	%	0 - 1
Platelet Count	324000	/cumm	150000 - 410000

MORPHOLOGY

RBC Morphology Predominantly Normocytic and Normochromic.

WBC Morphology Normal Morphology.

Platelets on Smear Adequate on smear

(EDTA Whole Blood - Tests done Automated Three part cell counter (RBC, WBC, Platelets count by impedance, Haemoglobin by colorimetric Cyanmeth free method. Rest are calculated parameters. Microscopy and DLC is done manually by the Pathologist.)

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

LATHA SONAWANE

Lab Technician

DR. RITESH KHARCHE

MBBS, MD PATHOLOGY

Pathologist

MMC Reg No.2006031680



PID NO. : CIA1248

Name : ANIL ASHOK BHISE

Sex / Age : Male / 40 Years

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REPORT

Erythrocyte Sedimentation Rate (ESR)

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
E.S.R	5	mm at 1hr	0 - 15

Method: Westergren.

Sample: Whole Blood (EDTA)

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

PRIYA PANDEY

Lab Technician

DR. RITESH KHARCHE

MBBS, MD PATHOLOGY

Pathologist

MMC Reg No.2006031680



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19-Oct-2024 / 2:49 pm

REPORT

Glycosylated Haemoglobin (HbA1c)

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
HbA1c Pre-Diabetic : 5.7 - 6.4 % Diabetic : > = 6.5 (EDTA Whole Blood, Turbidimetric)	9.39	%	4 - 5.69
Mean Blood Glucose (MBG)	256.98	mg/dl	

Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association guideline 2022, for diagnosis of diabetes using a cut-off points of 6.5 %.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used : $eAG(mg/dl) = 28.7 * A1c - 46.7$.
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status.
 - Heterozygous state detected.
- In known diabetic patients, following values can be considered as a guide for monitoring the glycemic control.
 - Excellent Control - 6 to 7 %
 - Fair to Good Control - 7 to 8 %
 - Unsatisfactory Control - 8 to 10 %
 - and Poor Control - More than 10 %
- Test done on Mispia i3 Automated Cartridge Based Specific Protein Analyser.

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

LATHA SONAWANE
Lab Technician

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Pathologist
MMC Reg No.2006031680



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19-Oct-2024 / 9:29 am

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19-Oct-2024 / 9:34 am

Report Date

19-Oct-2024 / 2:50 pm

REPORT

LIPID PROFILE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Total Cholesterol Serum, Method: CHOD-PAP	255.42	mg/dl	CHILD Desirable - Less than : 170 CHILD Borderline High : 170 - 199 CHILD High - More than : 200 ADULT Desirable - Less than : 200 ADULT Borderline High : 200 - 239 ADULT High - More than : 240
Triglycerides Serum, Method: GPO-PAP	210.61	mg/dl	NORMAL : <150 Borderline High : 150 - 199 High : 200 - 499 Very High : >500
HDL Cholesterol-Direct Serum, Method: Cholesterol-esterase-Direct	55.74	mg/dl	Desirable - Above : 60 Borderline Risk : 40 - 59 Undesirable - Below : 40
LDL Cholesterol Calculated	157.56	mg/dl	Desirable - Below : 130 Borderline Risk : 130 - 159 Undesirable - Above : 160
VLDL-Cholesterol Calculated	42.12	mg/dl	5 - 51
T.CHOL/HDLC Ratio Calculated	4.58		Acceptable for Male : < 5.00 Acceptable for Female : <4.50

LATHA SONAWANE
Lab Technician

DR. RITESH KHARCHE
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19-Oct-2024 / 2:50 pm

REPORT

LIPID PROFILE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
LDLC/HDLC Ratio Calculated	2.83		Acceptable for Males : < 3.60 Acceptable for Females : < 3.20

NOTE:

- 1) Biological Reference Intervals are as per ATP III, NCEP Guidelines and National Lipid Association (NLA) 2014 Recommendations.
- 2) Tests done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.
- 3) The LDL-Cholesterol is calculated by the Friedewald equation which provides a reliable LDL-Cholesterol value estimate when triglyceride levels are below 400 mg/dL. A direct measurement is advised if the triglyceride levels are >400mg/dL.

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

LATHA SONAWANE
Lab Technician

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
Pathologist
MMC Reg No.2006031680

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HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704

Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022



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Name : ANIL ASHOK BHISE

Sex / Age : Male / 40 Years

Ref By : APOLLO HEALTH AND LIFESTYLE
LIMITED

Reference :

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Mumbai - 400069

Reg. Date

19-Oct-2024 / 9:29 am

Coll Date

19-Oct-2024 / 9:34 am

Report Date

19-Oct-2024 / 2:50 pm

REPORT

LIVER FUNCTION TEST

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
S.G.O.T. (Serum ,Method-IFCC / UV without P5P)	23.45	U/L	0 - 40
Sr. Alkaline Phosphatase (Serum, Kinetic Method by IFCC)	126.63	U/L	40 - 129
S.G.P.T. (Serum,Method- IFCC / UV without P5P)	55.17	U/L	0 - 41
GGT (Serum ,Method- IFCC Method)	118.07	U/L	8 - 61
Bilirubin (Total) (Serum ,Method-Diazo- End point)	0.42	mg/dl	0.0 - 1.20
Bilirubin (Direct) (Serum,Method-Diazo-End point)	0.14	mg/dl	0.0 - 0.40
Bilirubin (Indirect) Calculated	0.28	mg/dl	0.0 - 0.90
Total Proteins (serum,Method-Biuret)	6.72	g/dl	6.6 - 8.7
Albumin (Serum,Method-Bromocresol Green)	4.06	g/dl	3.5 - 5.2
Globulin Calculated	2.66	g/dl	1.90 - 3.70
A/G ratio Calculated	1.53		

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

LATHA SONAWANE

Lab Technician

DR. RITESH KHARCHE

MBBS, MD PATHOLOGY

Pathologist

MMC Reg No.2006031680



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REPORT

LIVER FUNCTION TEST

Test

Result

Units

BIOLOGICAL REFERENCE INTERVAL

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

LATHA SONAWANE

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REPORT

Prostate-Specific Antigen Test

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
TOTAL PSA Serum, Method-ELFA	1.00	ng/ml	Please refer to 'NOTES' below.

METHOD: Two-step enzyme immunoassay sandwich method with a final fluorescent detection (ELFA) on MINI VIDAS automated immunoassay system.

NOTES:

REFERENCE RANGE AS PER AGE:

Age PSA Concentration

<40 Years 0.21 to 1.72 ng/ml

40-49 0.27 to 2.19 ng/ml

50-59 0.27 to 3.42 ng/ml

60-69 0.22 to 6.16 ng/ml

>60 0.21 to 6.77 ng/ml

INTERPRETATION: PSA is used as a tumor marker to screen for and to monitor prostate cancer. Elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia. PSA levels tend to increase in all men as they age. If prostate cancer is diagnosed, the total PSA test may be used as a monitoring tool to help determine the effectiveness of treatment. It may also be ordered at regular intervals after treatment to detect recurrence of the cancer. Concentrations of total PSA between 4.0 ng/ml and 10.0 ng/ml are often referred to as the gray zone. It is in this range that the free PSA is the most useful. When men in the gray zone have decreased levels of free PSA, they have a higher probability of prostate cancer; when they have elevated levels of free PSA, the risk is diminished. The ratio of free to total PSA can help the doctor decide whether or not a prostate biopsy should be performed.

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

Pritam Dhanawade

Lab Technician

DR. RITESH KHARCHE

MBBS, MD PATHOLOGY

Pathologist

MMC Reg No.2006031680



PID NO. : CIA1248

Name : ANIL ASHOK BHISE

Sex / Age : Male / 40 Years

Ref By : APOLLO HEALTH AND LIFESTYLE LIMITED

Reference :

Sample Collected At :

Sea Bird Medicare

102-103-104, Gateway Plaza, Central Avenue Road,
Hiranandani Gardens, Powai.

Processing Location: - Seabird Medicare Pvt Ltd

Office no A/302, Vertex Vikas, Opposite Andheri
Station, Near Madhavbag Bldg, Andheri (East).

Mumbai - 400069

Reg. Date

19-Oct-2024 / 9:29 am

Coll Date

19-Oct-2024 / 9:34 am

Report Date

19-Oct-2024 / 2:50 pm

REPORT

RENAL PROFILE

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Blood Urea Serum, Method-Urease	22.7	mg/dl	16.6- 48.5 mg/dl
Blood Urea Nitrogen Serum, Method-Urease	10.60	mg/dl	06 - 20 mg/dl
Creatinine Serum, Method-Kinetic Jaffes	0.8	mg/dL	0.62 - 1.17 mg/dl
Uric Acid Serum, Method: Uricase-POD	6.35	mg/dl	3.4 - 7.0

Test Done on Fully Automated Mispa CXL PRO PLUS Biochemistry Analyser.

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

LATHA SONAWANE

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THYROID FUNCTION TEST

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
TSH	1.4	µIU/ml	0.25-5 µIU/ml
T3	1.45	nmol/l	0.92-2.33 nmol/l
T4	70.07	nmol/l	60-120 nmol/l

The assay principle combines an enzyme immunoassay competition method with a final fluorescent detection (ELFA).

INTERPRETATION

TSH : A high TSH result often means an under active thyroid gland that is not responding adequately to the stimulation of TSH due to some type of acute or chronic thyroid dysfunction. A high TSH value can also occur when someone with a known thyroid disorder or who has had their thyroid gland removed is receiving too little thyroid hormone medication. A low TSH result can indicate an over active thyroid gland (hyperthyroidism) or excessive amounts of thyroid hormone medication in those who are being treated for an under active (or removed) thyroid gland. An abnormal TSH test result is usually followed by additional testing to investigate the cause of the increase or decrease.

T3: Triiodothyronine T3 contributes significantly to the maintenance of the euthyroid state, and the total T3 concentration has a role in screening for thyroid disease in conjunction with other tests. T3 alone cannot diagnose hypothyroidism, but it may be more sensitive than thyroxine (T4) for hyperthyroidism.

T4 :Thyroxine accounts for at least 90% of circulating protein-bound iodine. While >99.9% of T4 is protein-bound, primarily to thyroglobulin (TBG), it is the free fraction that is biologically active. In most patients the total T4 level is a good indicator of thyroid status, however it can sometimes be inadequate, and diagnostic efficiency may be improved by use of a total T4 test in conjunction with other tests.

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

Pritam Dhanawade
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REPORT

URINE ANALYSIS

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Pale Yellow		Pale Yellow
Quantity	30 ml	ml	20 - 50
Appearance	Clear		Clear
Reaction (pH)	5.0		5.0 - 9.0
Specific Gravity	1.010		1.000 - 1.030
<u>CHEMICAL EXAMINATION</u>			
Proteins	Absent		Absent
Sugar	Absent		Absent
Ketone Bodies	Absent		Absent
Bilirubin	Absent		Absent
Nitrite	Absent		Absent
Urobilinogen	Normal	mg/dl	Normal (0.1 - 1.0 mg/dl)

PRIYA PANDEY
Lab Technician

DR. RITESH KHARCHE
MBBS, MD PATHOLOGY
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REPORT

URINE ANALYSIS

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>BIOLOGICAL REFERENCE INTERVAL</u>
Ocult Blood	Absent		Absent
<u>MICROSCOPIC EXAMINATION</u>			
Pus Cells	1 - 2 / hpf		2 - 3 / hpf
Red Blood Cells	Absent		Absent
Epithelial cells	1 - 2 / hpf		2 - 3 / hpf
Casts	Absent		Absent
Crystals	Absent		Absent
Other Findings	Absent		

METHOD:

Physical Examination : Visual Strip Method.

Chemical Examination : Bilirubin(Azo-coupling), Blood(Peroxidase), Glucose(Specific glucose-oxidase/oxidase reaction), Ketone(Rothera's test), Leukocytes(Reflectance Photometer(Leucocyte esterase)), Nitrite(Diazotization), pH(Double Indicator), Protein(Protein Error of Indicators), Specific Gravity(Refractometric method), Urobilinogen(Ehrlich).

Microscopy Examination : Automation/Manual Microscopy.

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

PRIYA PANDEY

Lab Technician

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MBBS, MD PATHOLOGY

Pathologist

MMC Reg No.2006031680

2D ECHO AND COLOR DOPPLER

Name: Mr ANIL BHISE	Age : 40Y	Sex :MALE
Date:19/10/2024	ECHOCARDIOGRAM DONE BY:DR NADEEM Ref Dr : APOLLO MOTLEKAR	

POOR ACOUSTIC WINDOW

INDICATION: Annual Medical Health check-up package to assess Cardiac function

ATTENDING STAFF: SUSHMITA

INTERPRETING PHYSICIAN: DR NADEEM MOTLEKAR

MACHINE: GE Ultrasound Machine LOGIQ F6 Images saved: Server

IMAGE QUALITY: OPTIMAL

DESCRIPTIONS

1. Left ventricle: normal cavity size, normal wall thickness, normal systolic and diastolic function
2. Right ventricle: normal size, normal wall thickness, normal systolic function
3. Ventricular septum: normal
4. Left atrium: normal size
5. Right atrium: normal size
6. Atrial septum: normal
7. Inferior vena cava: normal diameter, normal response during respiration
8. Aortic valve: normal structure and function
9. Mitral valve: normal structure and function
10. Tricuspid valve: normal structure and function
11. Pulmonary valve: normal structure and function
12. Pulmonary artery: normal diameter
13. Pericardium: no thickening, no effusion
14. Aorta: normal diameter of root and ascending aorta

MEASUREMENTS

1. Left ventricle LVIDd-4.4cm, LVIDs-2.4cm, IVS-0.93cm LVEF at rest visually 55-60%
2. Right ventricle RVIDd – cm
3. Left atrium LA diameter -2.4cm
4. Right atrium —
5. Inferior vena cava —
6. Aortic valve peak velocity -0.97m/s
7. Mitral valve E: A ratio -1.4 D-E Excursion-1.2cm MV Dec T-208m/sec EF- Slope- 7cm/s

Proudly... Caring For You



SEA BIRD MEDICARE CENTRE

Name: Mr ANIL BHISE

Age : 40Y

Sex :MALE

Date:19/10/2024

ECHOCARDIOGRAM DONE BY:DR NADEEM
MOTLEKAR Ref Dr : APOLLO

8. Tricuspid valve TR maximum velocity – 1m/s
9. Pulmonary valve PW peak velocity –0.7m/s
10. Pulmonary artery Root diameter – cm PASP-
11. Pericardium- Normal, no pericardial effusion.
12. Aorta Root diameter -2.4cm

CONCLUSIONS

Normal echocardiogram. Normal left ventricle size. Normal left ventricle systolic and diastolic function.

DISCLAIMER

This diagnostic test has its limitations, correlate clinically & interpret accordingly.

DR Nadeem Motlekar

Consulting Physician and Echocardiographer

Proudly... Caring For You

HO- Sea Bird Medicare Centre (ISO 9001:2015): A-101-102, Heritage Plaza, Teli Cross Lane, Andheri East (Nr. Station), Mumbai- 69. Tel: 022- 46032704

Powai: 022-25701053 / 25704157

Kochi: 0484- 2322022 / 4032022

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