

Name : MR. OTARI VINOD PANDHARINATH

Age / Gender : 49 Years/Male

Consulting Dr. :

Collected : 30-Aug-2024 / 09:02

Reg. Location : Swargate, Pune (Main Centre)

Reported : 30-Aug-2024 / 15:33

**PHYSICAL EXAMINATION REPORT**

**History and Complaints:**

H/O HTN 3yrs

**EXAMINATION FINDINGS:**

Height (cms):	170cm	Weight (kg):	91cm
Temp (0c):	Afebrile	Skin:	Normal
Blood Pressure (mm/hg):	122/82mmHg	Nails:	Healthy
Pulse:	66/min	Lymph Node:	Not Palpable

**Systems**

Cardiovascular: S1 S2 Normal No Murmurs  
 Respiratory: Normal  
 Genitourinary: Normal  
 GI System: Soft non tender no Organomegaly  
 CNS: Normal

**IMPRESSION:** HTN ↑ ↑ HbA1c ↑ ↑ Sr. Bismil  
 ↑ abd. Lipoma (Ant)

**ADVICE:** — Consult family physician  
 — low carb  
 — Ret to Gastro-enternologist

**CHIEF COMPLAINTS:** — Ret to Gen. Surgeon

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

Dr. I. U. BAMB  
 M.B.B.S., M.D. (Medicine)  
 Reg. No. 39452



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- |  |    |
|--|----|
| 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    | Yes   |
| 2) Smoking    | NO    |
| 3) Diet       | Mixed |
| 4) Medication | Yes   |

\*\*\* End Of Report \*\*\*

Dr.I U BAMB

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Age / Gender : 49 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)

Collected : 30-Aug-2024 / 09:05  
Reported : 30-Aug-2024 / 11:37

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

**CBC (Complete Blood Count), Blood**

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<b><u>RBC PARAMETERS</u></b>			
Haemoglobin	13.5	13.0-17.0 g/dL	Spectrophotometric
RBC	5.11	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.9	40-50 %	Calculated
MCV	80	80-100 fl	Calculated
MCH	26.4	27-32 pg	Calculated
MCHC	33.0	31.5-34.5 g/dL	Calculated
RDW	13.3	11.6-14.0 %	Calculated
<b><u>WBC PARAMETERS</u></b>			
WBC Total Count	6900	4000-10000 /cmm	Elect. Impedance
<b><u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u></b>			
Lymphocytes	34.7	20-40 %	
Absolute Lymphocytes	2394.3	1000-3000 /cmm	Calculated
Monocytes	5.5	2-10 %	
Absolute Monocytes	379.5	200-1000 /cmm	Calculated
Neutrophils	55.0	40-80 %	
Absolute Neutrophils	3795.0	2000-7000 /cmm	Calculated
Eosinophils	4.8	1-6 %	
Absolute Eosinophils	331.2	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.			
<b><u>PLATELET PARAMETERS</u></b>			
Platelet Count	265000	150000-400000 /cmm	Elect. Impedance
MPV	8.2	6-11 fl	Calculated
PDW	13.0	11-18 %	Calculated
<b><u>RBC MORPHOLOGY</u></b>			
Hypochromia	Mild		
Microcytosis	-		





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

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 6 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 Pune Lab, Pune Swargate

\*\*\* End Of Report \*\*\*



Dr.KARAN MAURYA  
D.N.B (Path)  
Pathologist



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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 Fasting	99.3	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	114	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase

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*Dr. Chandrakant Pawar*  
Dr.CHANDRAKANT PAWAR  
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	18.8	12.8-42.8 mg/dl	Kinetic
BUN, Serum	8.8	6-20 mg/dl	Calculated
CREATININE, Serum	0.90	0.67-1.17 mg/dl	Enzymatic
eGFR, Serum	105	(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

TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 g/dL	BCG
GLOBULIN, Serum	2.5	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.9	1 - 2	Calculated
URIC ACID, Serum	5.9	3.5-7.2 mg/dl	Enzymatic
PHOSPHORUS, Serum	3.5	2.7-4.5 mg/dl	Molybdate UV
CALCIUM, Serum	9.3	8.6-10.0 mg/dl	N-BAPTA
SODIUM, Serum	138	135-148 mmol/L	ISE
POTASSIUM, Serum	4.5	3.5-5.3 mmol/l	ISE
CHLORIDE, Serum	100.5	98-107 mmol/L	ISE

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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	5.8	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	119.8	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.

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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	0.797	0.03-2.5 ng/ml	ECLIA

**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- $\alpha$ -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.

**Note :** The concentration of PSA in a given specimen, determined with assay from different manufacturers, may not be comparable due to differences in assay methods and reagent specificity.

**Reference:**

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





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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
<b>PHYSICAL EXAMINATION</b>			
Color	Yellow	Pale Yellow	-
Transparency	Clear	Clear	-
<b>CHEMICAL EXAMINATION</b>			
Specific Gravity	1.010	1.001-1.030	Chemical Indicator
Reaction (pH)	Alkaline (8.0)	4.5 - 8.0	Chemical Indicator
Proteins	Absent	Absent	pH Indicator
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
<b>MICROSCOPIC EXAMINATION</b>			
(WBC)Pus cells / hpf	0-1	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1	0-5/hpf	
Hyaline Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	1-2	0-20/hpf	

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

PARAMETER	RESULTS
ABO GROUP	A
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

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**LIPID PROFILE**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	114.0	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	87.7	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	40.1	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Homogeneous enzymatic colorimetric assay
NON HDL CHOLESTEROL, Serum	73.9	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	56.0	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	17.9	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.8	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.4	0-3.5 Ratio	Calculated

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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	5.1	3.10-6.80 pmol/L	ECLIA
Free T4, Serum	16.8	12-22 pmol/L	ECLIA
sensitiveTSH, Serum	3.08	0.270-4.20 mIU/ml microU/ml	ECLIA

Note: TSH values between 5.5 to 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 & heart failure, severe burns, trauma & surgery etc.



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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 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)

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**LIVER FUNCTION TESTS**

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	1.29	0.1-1.2 mg/dl	Colorimetric
BILIRUBIN (DIRECT), Serum	0.66	0-0.3 mg/dl	Diazo
BILIRUBIN (INDIRECT), Serum	0.63	0.1-1.0 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.2	6.4-8.3 g/dL	Biuret
ALBUMIN, Serum	4.7	3.5-5.2 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	19.2	5-40 U/L	NADH (w/o P-5-P)
SGPT (ALT), Serum	20.9	5-45 U/L	NADH (w/o P-5-P)
GAMMA GT, Serum	18.2	3-60 U/L	Enzymatic
ALKALINE PHOSPHATASE, Serum	55.5	40-130 U/L	Colorimetric

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Pathologist

CID : 2424318528  
Name : MR.OTARI VINOD PANDHARINATH  
Age / Gender : 49 Years / Male  
Consulting Dr. : -  
Reg. Location : Swargate, Pune (Main Centre)



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Collected : 30-Aug-2024 / 11:15  
Reported : 30-Aug-2024 / 13:16

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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

\*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Pune Lab, Pune Swargate  
\*\*\* End Of Report \*\*\*



Dr.KARAN MAURYA  
D.N.B (Path)  
Pathologist

Name: Vinod Otani

Sex / Age: 49 Y / M

CID: 2424318528

Date: 30/8/25

**EYE EXAMINATION**

**VISION**

Distance Vision Without Glasses	Right Eye	Left Eye
Distance Vision With Glasses	Right Eye 6/6	Left Eye 6/6
Near Vision Without Glasses	Right Eye	Left Eye
Near Vision With Glasses	Right Eye 2/6	Left Eye 2/6

**GENERAL EXAMINATION:**

LIDS  
CORNEA  
CONJUNCTIVAE  
EYE MOVEMENTS  
COLOUR VISION



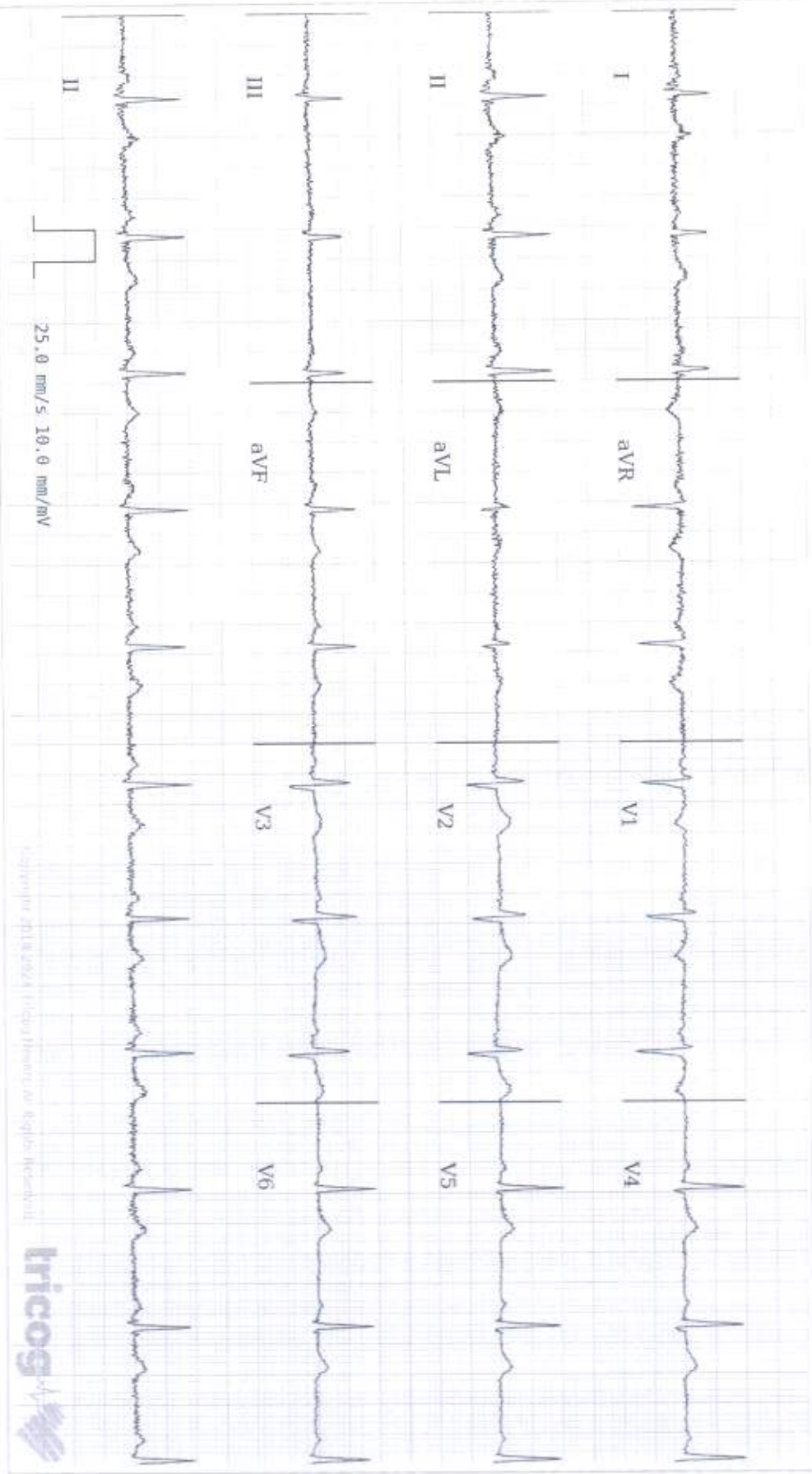
DR L.U. BAMB

M.B.B.S MD (Medicine)

Reg No 39452



Patient Name: **OTARI VINOD PANDHARINATH** Date and Time: **30th Aug 24 10:01 AM**  
 Patient ID: **2424318528**



Age: **49** NA NA  
 years months days

Gender: **Male**

Heart Rate: **66bpm**

Patient Vitals

BP: **122/82 mmHg**

Weight: **91 kg**

Height: **170 cm**

Pulse: **NA**

SpO2: **NA**

Resp: **NA**

Others:

**Measurements**

QRSD: **82ms**

QT: **392ms**

QTcB: **410ms**

PR: **144ms**

P-R-T: **43° 55° 31°**

REPORTED BY

DR. ISHWARLAL BAMB  
 M.D.B.S. MD (MEDICINE)

**Dr. I. U. BAMB**  
 M.B.B.S., M.D. (Medicine)  
 Reg. No. 39452

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

**SUBURBAN DIAGNOSTICS PVT. LTD.**  
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 Near Pancharni Hotel,  
 Shahu College Road, Pune-411 009.  
 Tel: 020-41094509

The history of analysis on this report is based on ECG alone and should be used as an adjunct to clinical history, symptoms, and results of other services.  
 1. This report is for informational purposes only and is not intended to be used for medical diagnosis or treatment.  
 2. This report is not intended to be used for medical diagnosis or treatment.

Patient Name: Mr Vinod Otari

Ref :

Age /Sex: 49/M

Date: 30.08.2024

**2D ECHO REPORT**

**Findings:-**

- Normal chamber dimensions
- No Regional wall motion abnormality.
- No concentric LVH
- Good LV systolic function, LVEF-60%
- Normal cardiac valves
- Intact IAS/IVS.
- No LV Clot /PE/Vegetation.


**DOPPLER:-**

- No LV DD
- No PH, RVSP- 20 mm HG
- No AS/AR/Trivial MR/Grade I TR

Measurements (mm):- AO-31, LA-30 IVS-10, PW-10, LVIDd-41, LVIDs-28, LVEF-60%

Impression:- **NORMAL STUDY WITH GOOD LV FUNCTION (LVEF-60%)**

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

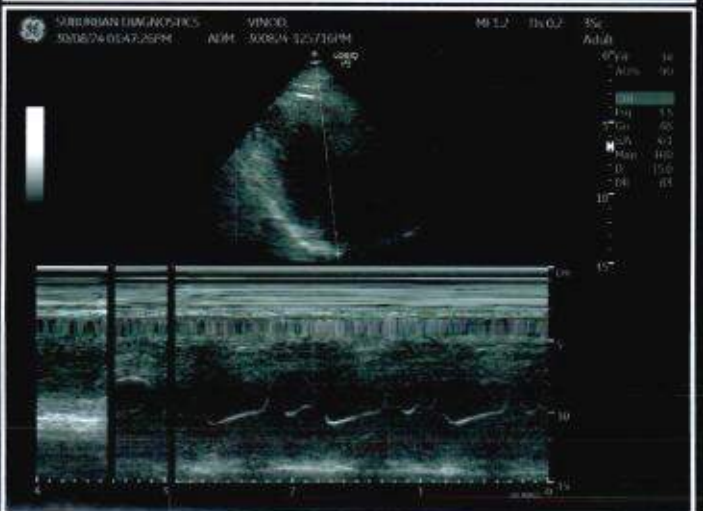
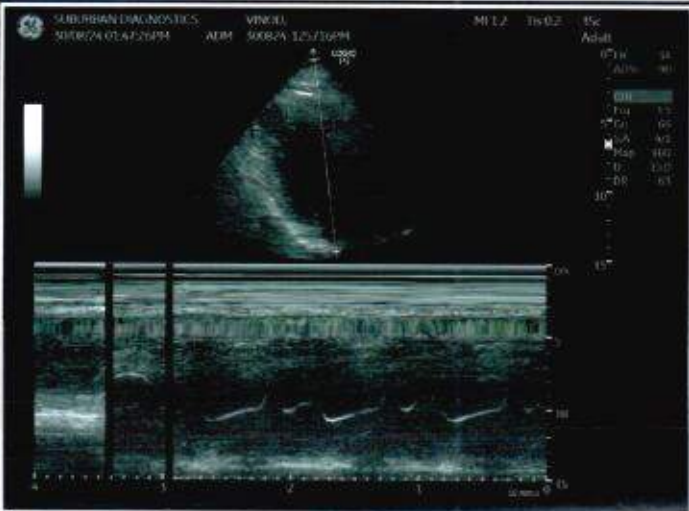
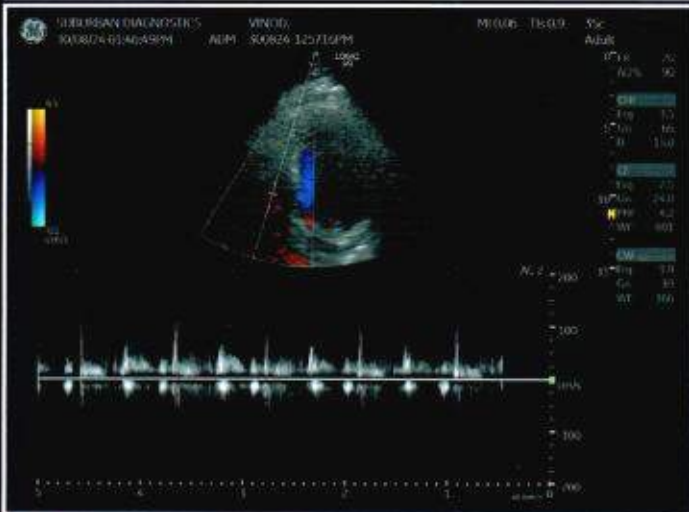
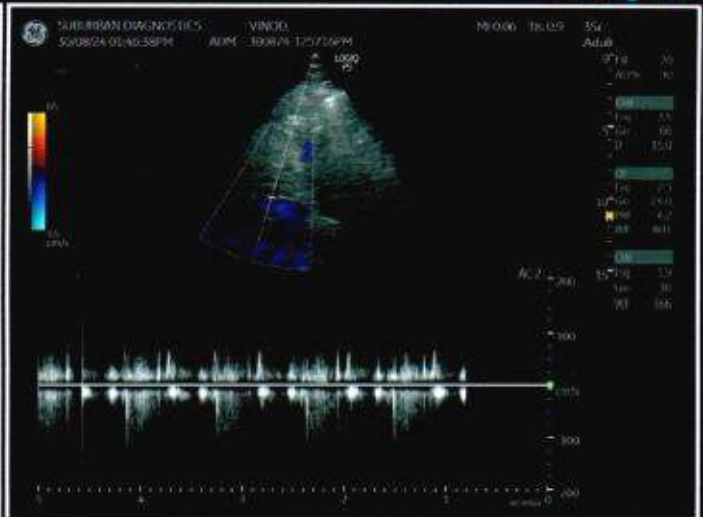
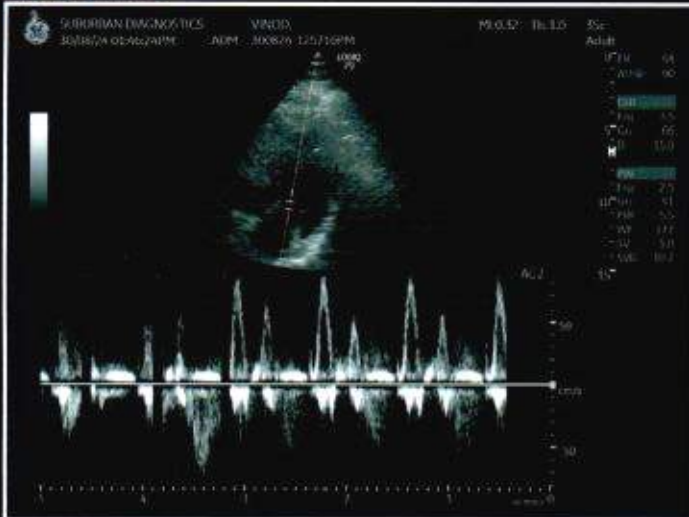
  
Dr RAJESH WAGH  
MD (MEDICINE), DM (CARDIOLOGY).  
Reg.No.2006/03/1928



# SUBURBAN DIAGNOSTICS

Name : VINOD

30 Aug 2024





CID : 2424318528  
Name : Mr OTARI VINOD PANDHARINATH  
Age / Sex : 49 Years/Male  
Ref. Dr :  
Reg. Location : Swargate, Pune Main Centre  
Reg. Date : 30-Aug-2024  
Reported : 30-Aug-2024 / 10:53

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### ULTRASOUND ABDOMEN & PELVIS

**LIVER:** Size, shape and echopattern are normal. No focal lesions noted. No IHBR dilatation. Hepatic veins appear normal. Portal vein and common bile duct show normal caliber.

**GALL BLADDER :** Partially distended. No evidence of any pericholecystic collection.

**PANCREAS :** Normal in size and echotexture. Pancreatic duct is normal.

**SPLEEN :** Normal in size and echopattern. No focal lesion. Splenic vein is normal.

**RIGHT KIDNEY :** Measures 10.2 x 4.4 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

**LEFT KIDNEY :** Measures 10.4 x 4.6 cm. Normal in size and echogenicity. No calculus or hydronephrosis. Corticomedullary differentiation is maintained.

**Retroperitoneum, paraaortic and flanks obscured due to excessive bowel gas.**

**Prominent bowel loops seen in the abdomen.**

Paraaortic and paracaval region appears to be normal.

No evidence of lymphnodes noted.

No free fluid in abdomen.

**Mixed echogenic lesions seen in subcutaneous layer of anterior abdominal wall largest measuring around 1.4 x 0.8 cm.**

**URINARY BLADDER :** Well distended. No calculi. Wall thickness is normal.

**PROSTATE :** Normal in size and shows normal echotexture.

It measures 3.5 x 2.9 x 3.3 cm (volume 17.9 cc)

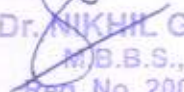
#### IMPRESSION :

**Mixed echogenic lesions in subcutaneous layer of anterior abdominal wall to represent lipoma / lipofibroma.**

**Rest of the USG Abdomen and pelvis study is within normal limits.**

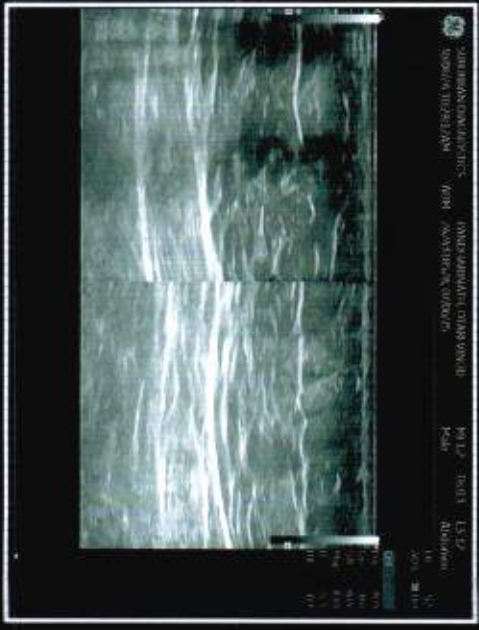
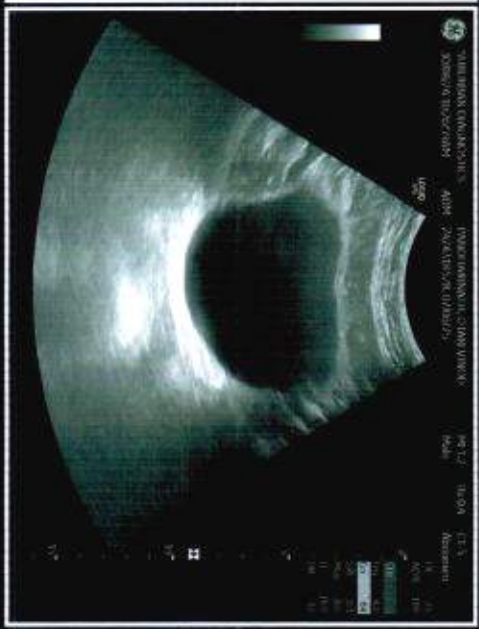
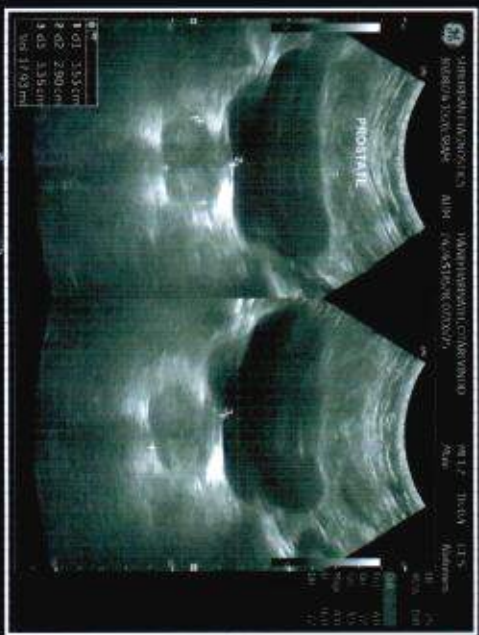
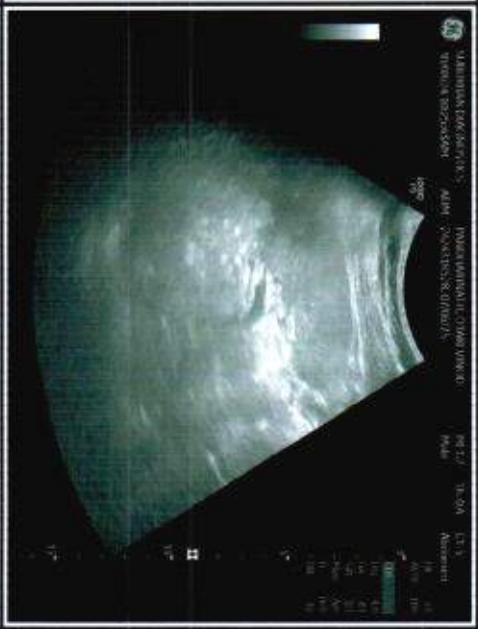
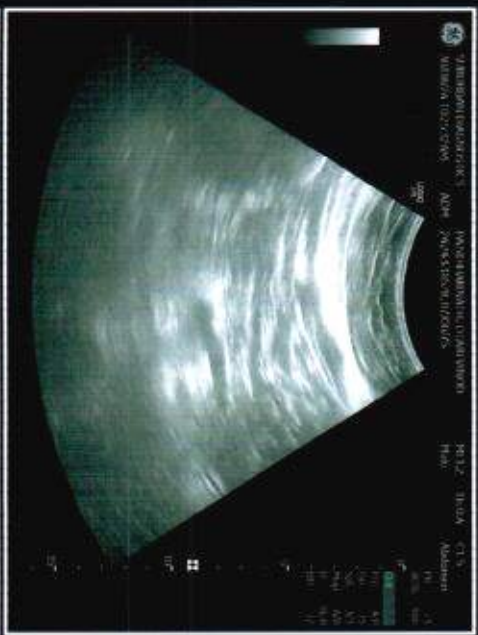
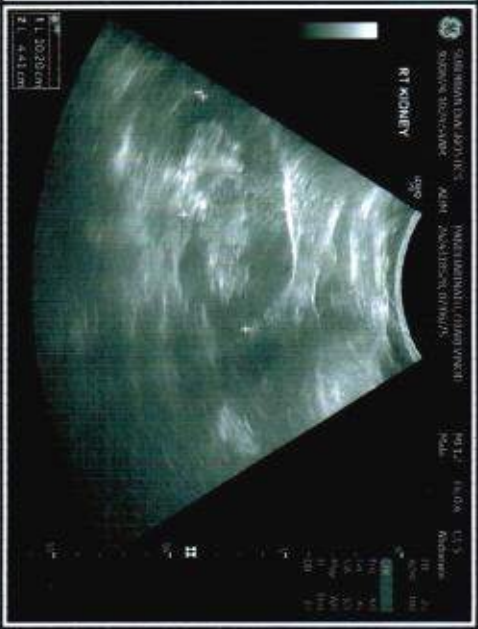
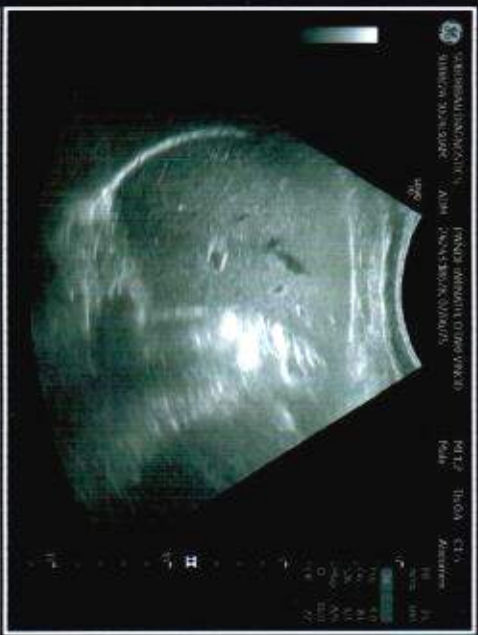
Clinical correlation is indicated.-----End of Report-----

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**Dr. NIKHIL G. JOSHI**  
M.B.B.S., D.M.R.E.  
Reg. No. 2001/02/397  
Page no 1 of 1



SUBURBAN DIAGNOSTICS



CID : 2424318528  
Name : Mr OTARI VINOD PANDHARINATH  
Age / Sex : 49 Years/Male  
Ref. Dr :  
Reg. Location : Swargate, Pune Main Centre

Reg. Date : 30-Aug-2024  
Reported : 30-Aug-2024 / 11:03

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**X-RAY CHEST PA VIEW**

The lung fields are clear with no parenchymal lesion.

The cardiothoracic ratio is maintained and the cardiac outline is normal.

The domes of the diaphragm are normal.

The cardio and costophrenic angles are clear.

Bony thorax is normal.

**IMPRESSION** : Essentially normal X-ray of the chest.

Clinical correlation is indicated.

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



**DR. NIKHIL G. JOSHI**  
M.B.B.S., D.M.R.E.  
REG. NO. 2001/02/397

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बैंक ऑफ़ बड़ौदा  
Bank of Baroda



नाम

Name : **Vinod P Otari**

कर्मचारी कूट क्र.

E.C.No. : **114088**



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Pune Zone

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रक्त समूह / Blood Group : **A+ve**

पहचान चिह्न / Identification Marks : **Mole on left side of chest**

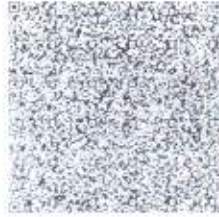
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Permanent Account Number Card

ALDPK9679B



नाम / Name  
VINOD PANDHARINATH OTARI

पिता का नाम / Father's Name  
PANDHARINATH LAXMAN KASAR

10042019

जन्म की तारीख /  
Date of Birth  
07/06/1975

  
हस्ताक्षर / Signature

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