SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

R E P O R T

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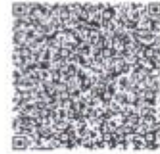

Use a QR Code Scanner Application To Scan the Code

CID	: 2408321874		
Name	: Mr JANARDHAN NARAYAN SALIAN		
Age / Sex	: 57 Years/Male		
Ref. Dr	:	Reg. Date	: 23-Mar-2024
Reg. Location	: Khar West Main Centre	Reported	: 29-Mar-2024 / 16:10

2D-ECHOCARDIOGRAPHY REPORT

No thinning / scarring / dyskinesia of LV wall noted.
Normal LV systolic function. LVEF = 55-60 %.
Good RV function.

Structurally Normal MV/ TV / PV./AV

LV / LA / RA / RV Normal in dimension.
IAS / IVS is Intact.

No Left Ventricular Diastolic Dysfunction [LVDD].

No e/o thrombus in LA /LV.
No e/o Pericardial effusion.

IVC normal in dimension and good inspiratory collapse.

IMPRESSION:

NORMAL LV SYSTOLIC FUNCTION, LVEF= 55-60 %
NO RWMA, ALL VALVES NORMAL
NO PAH, NO LVDD.
IVC NORMAL

Click here to view images http://3.111.232.119/iRISViewer/NeoradViewer?AccessionNo=2024032310105906

REGD. OFFICE: Dr. Lal PathLabs Ltd., Block E, Sector-18, Rohini, New Delhi - 110085. | CIN No.: L74899DL1995PLC065388
MUMBAI OFFICE: Suburban Diagnostics (India) Pvt. Ltd., Aston, 2nd Floor, Sundervan Complex, Above Mercedes Showroom, Andheri West, Mumbai - 400053.
WEST REFERENCE LABORATORY: Shop No. 9, 101 to 105, Skyline Wealth Space Building, Near Dmart, Premier Road, Vidyavihar West, Mumbai - 400086.
HEALTHLINE: 022-6170-0000 | E-MAIL: customerservice@suburbandiagnostics.com | WEBSITE: www.suburbandiagnostics.com

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LV STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	10	mm	Mitral Valve E velocity	0.80	cm/s
LVIDd	46	mm	Mitral Valve A velocity	0.5	cm/s
LVPWd	10	mm	E/A Ratio	>1	-
IVSs	18	mm	Mitral Valve Deceleration Time	120	ms
LVIDs	26	mm	Med E' vel	--	cm/s
LVPWs	16	mm	E/E'	4	-
LA /AO	N	--	Aortic valve		
			AVmax	1.4	cm/s
			AV Peak Gradient	6	mmHg
2D STUDY			*LVOT* Vmax	1.2	cm/s
LVOT	20	mm	*LVOT* gradient	4	mmHg
LA	26	mm	Pulmonary Valve		
RA	28	mm	PVmax	--	cm/s
RV [RVID]	24	mm	PV Peak Gradient	--	mmHg
IVC	10	mm	Tricuspid Valve		
			TR jet vel.	2.6	cm/s
			PASP	28	mmHg

Disclaimer: 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.

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

DR. DINESH ROHIRA
DNB MEDICINE
ECHO CARDIOLOGIST
REG. No. 2008/04/0837

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Age / Gender	: 57 Years / Male
Consulting Dr.	: -
Reg. Location	: Khar West (Main Centre)
Collected	: 23-Mar-2024 / 10:26
Reported	: 23-Mar-2024 / 12:58

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

CBC (Complete Blood Count), Blood

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
RBC PARAMETERS			
Haemoglobin	13.4	13.0-17.0 g/dL	Spectrophotometric
RBC	4.76	4.5-5.5 mil/cmm	Elect. Impedance
PCV	40.1	40-50 %	Calculated
MCV	84.2	81-101 fl	Measured
MCH	28.2	27-32 pg	Calculated
MCHC	33.5	31.5-34.5 g/dL	Calculated
RDW	13.4	11.6-14.0 %	Calculated
WBC PARAMETERS			
WBC Total Count	7080	4000-10000 /cmm	Elect. Impedance
WBC DIFFERENTIAL AND ABSOLUTE COUNTS			
Lymphocytes	23.6	20-40 %	
Absolute Lymphocytes	1670	1000-3000 /cmm	Calculated
Monocytes	7.7	2-10 %	
Absolute Monocytes	540	200-1000 /cmm	Calculated
Neutrophils	64.7	40-80 %	
Absolute Neutrophils	4570	2000-7000 /cmm	Calculated
Eosinophils	3.7	1-6 %	
Absolute Eosinophils	260	20-500 /cmm	Calculated
Basophils	0.3	0.1-2 %	
Absolute Basophils	20	20-100 /cmm	Calculated
Immature Leukocytes	-		

WBC Differential Count by Absorbance & Impedance method/Microscopy.

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PLATELET PARAMETERS			
Platelet Count	232000	150000-410000 /cmm	Elect. Impedance
MPV	8.8	6-11 fl	Measured
PDW	16.2	11-18 %	Calculated
RBC MORPHOLOGY			
Hypochromia	-		
Microcytosis	-		

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	4	2-20 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

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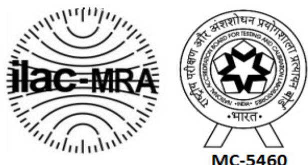

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director

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Reported : 23-Mar-2024 / 13:00

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

BLOOD SUGAR REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	88.7	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase

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*** End Of Report ***

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Consultant Pathologist & Lab Director

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Reg. Location	: Khar West (Main Centre)		**Reported**	: 23-Mar-2024 / 15:20

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

KIDNEY FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BLOOD UREA, Serum	38.6	19.29-49.28 mg/dl	Calculated
BUN, Serum	18.0	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	1.02	0.73-1.18 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
eGFR, Serum	86	(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

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
URIC ACID, Serum	6.0	3.7-9.2 mg/dl	Uricase/ Peroxidase
PHOSPHORUS, Serum	4.0	2.4-5.1 mg/dl	Phosphomolybdate
CALCIUM, Serum	9.6	8.7-10.4 mg/dl	Arsenazo
SODIUM, Serum	141	136-145 mmol/l	IMT
POTASSIUM, Serum	**5.2**	3.5-5.1 mmol/l	IMT
CHLORIDE, Serum	107	98-107 mmol/l	IMT

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

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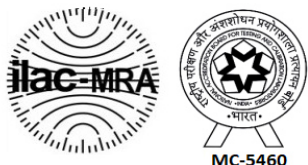

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.9	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >/= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	122.6	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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*** End Of Report ***

MC-5460

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist

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Reg. Location : Khar West (Main Centre)

Collected : 23-Mar-2024 / 10:26
Reported : 23-Mar-2024 / 14:04

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

PROSTATE SPECIFIC ANTIGEN (PSA)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
TOTAL PSA, Serum	0.330	<4.0 ng/ml	CLIA

Kindly note change in platform w.e.f. 24-01-2024

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Reg. Location	: Khar West (Main Centre)	**Reported**	: 23-Mar-2024 / 14:04

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, Artifactual (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 parallelmeasurements 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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*** End Of Report ***

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

BLOOD GROUPING & Rh TYPING

PARAMETER	RESULTS
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.

Refernces:

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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Dr.VRUSHALI SHROFF
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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	**243.5**	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	76.0	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	53.6	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	**189.9**	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	**174.7**	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	15.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	4.5	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	3.3	0-3.5 Ratio	Calculated

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

THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	4.7	3.5-6.5 pmol/L	CLIA
Free T4, Serum	**11.4**	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	**6.352**	0.55-4.78 microIU/ml	CLIA

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 becuase 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

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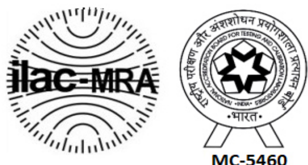

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MEDIWHEEL FULL BODY HEALTH CHECKUP MALE ABOVE 40/2D ECHO

LIVER FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
BILIRUBIN (TOTAL), Serum	0.59	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.18	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.41	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.3	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.4	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.9	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.5	1 - 2	Calculated
SGOT (AST), Serum	**34.9**	<34 U/L	Modified IFCC
SGPT (ALT), Serum	39.0	10-49 U/L	Modified IFCC
GAMMA GT, Serum	23.5	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	64.4	46-116 U/L	Modified IFCC

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

*** End Of Report ***

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

भारत सरकार
GOVERNMENT OF INDIA

जनार्दन नारायन सालियन
Janardhan Narayan Salian
DOB: 13-06-1966
Gender:Male

4389 5198 1847

आधार - आम आदमी का अधिकार

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

Suburban Diagnostics (I) Pvt. Ltd.
6th Floor, Gupte House,
81, S.V. Road, Khar (W), Mumbai - 400 052.
Tel.: 26484850 / 26484807

SUBURBAN DIAGNOSTICS - KHAR WEST

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Patient Name: JANARDHAN NARAYAN SALIAN Date and Time: 23rd Mar 24 12:25 PM
Patient ID: 2408321874

I aVR V1 V4

II aVL V2 V5

III aVF V3 V6

II

25.0 mm/s 10.0 mm/mV

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Age **57** years **NA** months **NA** days

Gender **Male**

Heart Rate **52bpm**

Patient Vitals

BP:	150/94 mmHg
Weight:	74 kg
Height:	173 cm
Pulse:	NA
Spo2:	NA
Resp:	NA
Others:	

Measurements

QRSD:	92ms
QT:	442ms
QTcB:	411ms
PR:	152ms
P-R-T:	41° NA -1°

Sinus Bradycardia Left Ventricular Hypertrophy. Please correlate clinically.

REPORTED BY

Dr. Girish Agarwal
MD Medicine
2002/02/478

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.

CID# : 2408321874
Name : MR.JANARDHAN NARAYAN SALIAN
Age / Gender : 57 Years/Male

PHYSICAL EXAMINATION REPORT

History and Complaints:Nil

EXAMINATION FINDINGS:

Height (cms):	173 cms	**Weight (kg):**	74 kg
Temp (0c):	Afeberile	**Skin:**	Normal
Blood Pressure (mm/hg):	150/94 mmHg	**Nails:**	Normal
Pulse:	52/ min	**Lymph Node:**	Not Palpable

Systems

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

IMPRESSION: ECG - LEFT VENTRICULAR , X-RAY CHEST - FEW CALCIFIC FOCI ARE NOTED IN RT UPPER ZONE , HBA1C - 5.9 , CHOL- 243.5 , NHDLC - 189.9 , LDLC - 174.7 , FT4 - 11.4 , TSH - 6.352 , URINE , STOOL , PPBS AND 2D ECHO PENDING , ALL OTHER ATTACHED REPORTS ARE WNL.

ADVICE: CONSULT MD. PHYSICIAN IN VIEW OF ABOVE FINDINGS.

CHIEF COMPLAINTS:

1)	**Hypertension:**	No
2)	**IHD**	No
3)	**Arrhythmia**	No
4)	**Diabetes Mellitus**	No

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Corporate Identity Number (CIN): U85110MH2002PTC136144

CID# : 2408321874
Name : MR.JANARDHAN NARAYAN SALIAN
Age / Gender : 57 Years/Male

5) **Tuberculosis**	No
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**	No
17) **Musculoskeletal System**	No

PERSONAL HISTORY:

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

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

Dr.RAFAT PARKAR
MBBS
CONSULTANT PHYSICIAN

SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

Authenticity Check
<<QRCode>>

Use a QR Code Scanner Application To Scan the Code

REPORT

CID	: 2408321874		
Name	: Mr JANARDHAN NARAYAN SALIAN		
Age / Sex	: 57 Years/Male		
Ref. Dr	:	Reg. Date	: 23-Mar-2024
Reg. Location	: Khar West Main Centre	Reported	: 23-Mar-2024 / 15:04

X-RAY CHEST PA VIEW

Few small calcific foci are noted in right upper zone.

Rest of the visualized lung fields appears clear.

Both costo-phrenic angles are clear.

The cardiac size is within normal limits.

Unfolding of aorta. Aortic knuckle calcification is noted.

The domes of diaphragm are normal in position and outlines.

The visualized bony thorax appears normal.

Suggest clinicopathological correlation.

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

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

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REPORT

CID	**: 2408321874**		
Name	**: Mr JANARDHAN NARAYAN SALIAN**		
Age / Sex	**: 57 Years/Male**		
Ref. Dr	**:**	**Reg. Date**	**: 23-Mar-2024**
Reg. Location	**: Khar West Main Centre**	**Reported**	**: 26-Mar-2024 / 2:54**

USG WHOLE ABDOMEN

LIVER: Liver is normal in size (measures 13.6 cm). **Liver shows bright echotexture suggestive of grade I fatty infiltration.** There is no intra-hepatic biliary radical dilatation. **Approx. 14 mm hyperechoic area with posterior shadowing is noted in right lobe of liver suggestive of possibility of ?old calcified granuloma.**

GALL BLADDER: Gall bladder is partially distended. **Minimal sludge is noted within gallbladder lumen.** Wall thickness is 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.

Right kidney measures 9.9 x 5.1 cm. **Small concretion is noted at mid pole of right kidney.**

Left kidney measures 10.9 x 5.1 cm. **Small concretion is noted at mid pole of left kidney.**

SPLEEN: Spleen is normal in size (measures 9.1 cm) and echotexture. No focal lesion is seen.

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

PROSTATE: Prostate is normal in size and measures 4.5 x 3.1 x 2.4 cm and prostatic volume is 17.7 cc.

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

IMPRESSION:

- **Fatty liver(grade I).**
- **Minimal sludge is noted within gallbladder lumen.**

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.

Dr. Vishal Kumar Mulchandani
MD DMRE
REG No : 2006/03/1660
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SUBURBAN DIAGNOSTICS
PRECISE TESTING · HEALTHIER LIVING

REPORT

DENTAL CHECK - UP

Name:- Mr. Janardhan. CID : 2408321874 Sex / Age : M/ 57y

Occupation:- service Date: 23/03/2024.

Chief complaints:- Nil

Medical / dental history:- # 1 implant

GENERAL EXAMINATION:

1) Extra Oral Examination:

a) TMJ: (N)

b) Facial Symmetry: (N)

2) Intra Oral Examination:

a) Soft Tissue Examination: (N)

b) Hard Tissue Examination: (N)

c) Calculus: No

Stains: yes

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
Absent															Absent
extracted	caries	extracted	caries												
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

	Missing	#	Fractured
O	Filled/Restored	RCT	Root CanalTreatment
O	Cavity/Caries	RP	Root Piece

Advised: consult dentist in view of caries & extracted teeth.

Provisional Diagnosis:-

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