



DEPARTMENT OF LABORATORY

Patient Name : Mr. VIJAY SOMNATH MORE Age /Gender : 50 Y(s)/Male
Bill No/ UMR No : NSB277289/NSU135159 Referred By : Dr. ER PHYSICIAN
Received Dt : 23-Mar-24 10:24 am Report Date : 23-Mar-24 01:57 pm

FINAL REPORT

Parameters	Specimen	Result	Biological Reference Intervals	Method
COMPLETE URINE TEST				
PHYSICAL EXAMINATION				
COLOUR	Urine	Pale yellow		
APEARANCE		Clear		
PH		6.0	4.6 - 8.0	Dipstick
SP. GRAVITY		1.025	1.005 - 1.030	Dipstick
CHEMICAL EXAMINATION				
PROTEIN	Urine	Absent		Dipstick
SUGAR		Absent		Dipstick
KETONE BODIES		Absent		Dipstick
BILE SALTS		Absent		
BILE PIGMENTS		Absent		Dipstick
BLOOD		Absent		Dipstick
NITRITE		Absent		
MICROSCOPIC EXAMINATION				
WBC CELLS	Urine	0-1		Microscopy
EPITHELIAL CELLS		0-1		Microscopy
RC		Absent		
CASTS		Absent		
CRYSTALS		Absent		
BACTERIA		Absent		

*** End Of Report ***



DEPARTMENT OF HAEMATOLOGY

Patient Name : Mr. VIJAY SOMNATH MORE	Age / Gender : 50 Y(s)/Male
Bill No/ UMR No : NSB277289/NSU135159	Referred By : Dr. ER PHYSICIAN
Received Dt : 23-Mar-24 10:06 am	Report Date : 23-Mar-24 01:27 pm

FINAL REPORT

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference Intervals</u>	<u>Method</u>
COMPLETE BLOOD COUNT				
HAEMOGLOBIN	Blood	14.5	13.1 - 17.2 g/dL	Automated Cell Counter cyanmethemoglobin
RED BLOOD CELLS		5.28	4.5 - 6 mill/cumm.	Automated Cell Counter Electrical Impedance
PCV (PACKED CELL VOLUME)		43.2	39 - 50 % 35 - 47 %	Automated Cell Counter Calculated
MCV (MEAN CORPUSCULAR VOLUME)		82	82 - 95 fl	Automated Cell Counter Calculated
MCH (Mean Corpuscular Hemoglobin)		27.5	27 - 31 pg	Automated cell counter calculated
MCHC (Mean Corpuscular Hemoglobin Concentration)		33.6	32 - 36 g/dL	Automated cell counter calculated
RDW (Red cell Distribution Width)		12.2	11.5 - 14.0 %	Automated Cell Counter Calculated
WHITE BLOOD CELLS (WBC)				
		6100	4000 - 11000 Cells/cumm.	Automated Cell Counter Electrical Impedance
NEUTROPHILS		56	50 - 75 %	Microscopy
LYMPHOCYTES		38	20 - 40 %	Microscopy
MONOCYTES		04	0 - 10 %	Microscopy
EOSINOPHILS		02	0 - 6 %	Microscopy
BASOPHILS		00	0 - 1 %	Microscopy
PLATELET COUNT				
		199000	150000 - 450000 /cumm.	Automated Cell Counter Electrical Impedance
MPV (Mean Platelet Volume)		9.0	6 - 9.5 fL	Automated cell counte calculated
BLOOD GROUPING RH TYPING				
BLOOD GROUP		A		
RH (D) TYPING		Positive		
Erythrocyte Sedimentation Rate (ESR)		05	0 - 20 mm at 1 hr	westergren's

*** End Of Report ***



DEPARTMENT OF BIOCHEMISTRY

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Received Dt : 23-Mar-24 10:06 am	Report Date : 23-Mar-24 01:21 pm

FINAL REPORT

<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference Intervals</u>	<u>Method</u>
PROSTATE SPECIFIC ANTIGEN (PSA)		0.401	0.0 - 4.0 ng/mL	Chemiluminescent Microparticle Immunoassay
T3 T4 TSH				
TRI IODO THYRONINE (T3)		1.36	0.8 - 2.0 ng/mL	ECLIA
THYROXINE (T4)		8.34	5.1 - 14.1 µg/dL	ECLIA
THYROID STIMULATING HORMONE (TSH)		2.07	0.27 - 4.2 µIU/mL	ECLIA
SERUM CREATININE				
SERUM CREATININE		0.89	0.70 - 1.20 mg/dL	Kinetic Jaffe's reaction (Roche)
BLOOD UREA NITROGEN (BUN)		7.57	6.0 - 20.0 mg/dL	Calculated
LIVER FUNCTION TEST (LFT)				
TOTAL SERUM PROTEINS		6.95	6.4 - 8.3 g/dL	Biuret reaction
SERUM ALBUMIN		4.11	3.5 - 5.2 g/dL	Colorimetric (BCG)
GLOBULINS		2.84	1.8 - 3.6 g/dl	Calculated
A/G RATIO		1.45	0.8 - 2.0	Calculated
SGPT (ALT)		18.20	0 - 41 U/L	Kinetic (IFCC)
SGOT (AST)		19.90	0 - 48 U/L	Kinetic (IFCC)
TOTAL BILIRUBIN		1.12	0.1 - 1.2 mg/dL	Colorimetric (Diazo)
DIRECT BILIRUEIN		0.26	0.0 - 0.4 mg/dL	Colorimetric (Diazo)
INDIRECT BILIRUBIN		0.86	0.2 - 1.5 mg/dL	Calculated
ALKALINE PHOSPHATASE(ALP)		105.00	40 - 129 U/L	Colorimetric (IFCC)
LIPID PROFILE				
TOTAL CHOLESTEROL		209.70	Desirable : < 200 mg/dL Borderline high : 200 - 239 mg/dL High : >= 240 mg/dL 0 - 200 mg/dL	CHOD-PAP
SERUM TRYGLYCERIDES		118.10	Desirable : < 200 mg/dL High : > 400 mg/dL Border line : 200 - 240 mg/dL 0 - 200 mg/dL	Lipoprotein Lipase
HDL CHOLESTEROL		43.50	40 - 60 mg/dL Desirable : >= 40 mg/dL	Direct Measure - PEG



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<u>Parameters</u>	<u>Specimen</u>	<u>Result</u>	<u>Biological Reference In</u>	<u>Method</u>
LDL CHOLESTEROL		140.60	Border line : 100 - 130 mg/dL High : > 130 mg/dL Desirable : < 100 mg/dL	Direct Estimation
VLDL		23.62	0 - 40 mg/dL	Calculated
LDL/HDL RATIO		3.23	2.5 - 3.5	
CHOL/HDL RATIO		4.82	3.5 - 5	
SERUM URIC ACID		5.80	3.4 - 7.0 mg/dL	Enzymatic Ccolorimetric Assay (Uricase)
GAMMA GT				
GAMMA GLUTAMYL TRANSFERASE (GGT)		30.00	< 55 U/L	Enzymatic IFCC
GLYCOSYLATED HEMOGLOBIN (HbA1c)		6.52	NORMAL : 4.0 - 6.0 % increased risk of diabetes : 6.0 - 6.4 % indicate diabetes : > 6.5 %	Enzymatic
FASTING PLASMA /SERUM GLUCOSE (FBS)		108.4	70 - 110 mg/dL	
POST PRANDIAL PLASMA /SERUM GLUCOSE (PP3S)		88.6	80 - 140 mg/dL	Hexokinase

*** End Of Report ***

Lab Incharge

Dr. PRATIKSHA JOSHI, MBBS, DIPLOMA IN CLINICAL PATHOLOGY





Patient ID:	NSU135159	Patient Name:	VIJAY SOMNATH MORE
Age:	50 Years	Sex:	M
Accession Number:	NSB277289	Modality:	US
Referring Physician:	DR.ER PHYSICIAN	Study:	USG ABDOMEN WITH PELVIS
Study Date:	23-Mar-2024		

ULTRASOUND REPORT – ABDOMEN & PELVIS

LIVER: Is normal in size with mildly increased parenchymal echotexture. No mass lesion. No IHBRD. Portal vein s normal. CBD is normal.

GALL BLADDER: Is distended. Luminal surface is regular. No gall stones. No pericholecystic collection. Wall thickness is normal.

SPLEEN: Is normal in size and shows normal echotexture. No focal lesion.

PANCREAS: Head and body appear normal. Tail is obscured by bowel gases. Para aortic region appears normal.

KIDNEYS:

Both kidneys are normal in size & show normal parenchymal echogenicity with maintained CMD.

Right kidney measures 10.8x5.6 cm. No calculus identified. No hydronephrosis. Ureter is not dilated.

Left kidney measures 10.1x4.7 cm. No calculus identified. No hydronephrosis. Ureter is not dilated.

URINARY BLADDER: Is partially distended.

PROSTATE : Is normal (~volume 20cc).

Bowel loops not dilated.

No ascites.

IMPRESSION:

- Grade I fatty liver.
- No other significant abnormality.

Clinical correlation is suggested.

DR. KUNAL KALYANRAO PATIL
MBBS, M.D. (RADIO DIAGNOSIS)
Consultant Radiologist.

Date: 23-Mar-2024 10:43:00



Hospital /Clinic/Doctor's Letterhead

ASHOKA MEDICOVER HOSPITALS

A Unit of Sahrudaya Health Care Private Limited

DATE: - 23/03/24.

NAME: -

Vijay mok.

AGE/SEX: - 50y/m.

OPHTHALMIC CHECK UP

VISION	NEAR RIGHT EYE:	H6
	NEAR LEFT EYE:	H6
	FAR RIGHT EYE:	6/6
	FAR LEFT EYE:	6/6.
	WITH SPECT:	6/6
	WITHOUT SPECT:	6/12 -
COLOUR VISION:	NORMAL	

Name & Signature of Ophthalmologist.

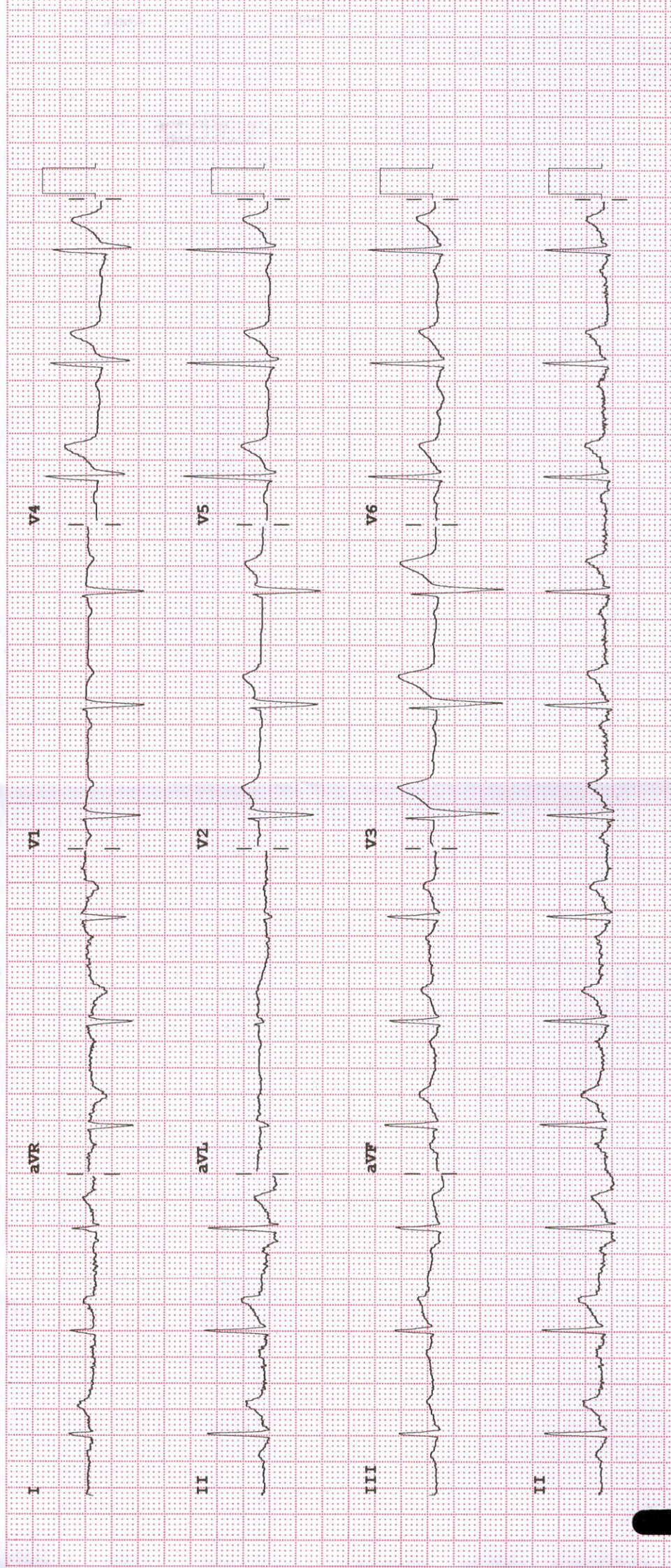
Stamp with registration Number.

Rate 73 . Age noL entered, assumed to be 50 years old for purpose of ECG interpretation
 . Sinus rhythm.....normal P axis, V-rate 50- 99
 PR 176 . Probable left atrial enlargement.....P >50msD, <-0.10mV V1
 QRED 97 RSK' in V1 or V2, probably normal variant.....small R' only
 QT 3/3 . ST elev, probable normal early repol pattern.....ST elevation, age<55
 QTc 411

--AXIS--
 P 72
 QRS 67
 T 58
 12 Lead; Standard Placement

Unconfirmed Diagnosis

- BORDERLINE ECG -



Device:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60- 0.15-100 Hz

100B CL

P?





Transthoracic Echocardiography Report

Name: Mr. Vijay More

Age / Sex: 50year / M

UMR No: 135159

Date: 23/03/2024

Comments on Echo Doppler evaluation

DIMENSIONS			
	In mm		In mm
Left Ventricle (ED)	42	Left Ventricle (ES)	25
Aorta	26	Left Atrium	26
IVS Thickness (ED)	08	LVPW Thickness (ED)	08
Right Ventricular (ED)			
LV EF	60-65%.		

- All valves are structurally normal.
- Normal dimensions of all cardiac chambers. LV is of normal shape, with normal cavity size & normal wall thickness
- No regional wall motion abnormalities at rest.
- Normal left ventricular systolic function. The LVEF is 60-65 %.
- No Diastolic Dysfunction.
- No PH.
- There are no intracardiac clots or vegetation. No pericardial effusion.
- IVC collapsing with inspiration. Normal Arch.

Summary :

- Normal dimensions of all cardiac chambers.
- Normal biventricular systolic function, LVEF = 60-65%

Dr. Sudhir S Shetkar
MD, DM (AIIMS, New Delhi), FESC, FSCAI
Reg. No. : 2004/05/2257
Sr Consultant Interventional Cardiology

Dr. Girish V Bachhav
MBBS, DNB (Medicine), DNB (Cardiology)
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Consultant Interventional Cardiology

Note: A Normal echo does not rule out CAD. To correlate clinically.