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**ATUL KALKUNDRIKAR 38Y M 3/29/2024**  
**OLIVE DIAGNOSTIC, SEAWOOD SEC 40**

NAME- ATUL KALKUNDRIKAR

DATE-29/3/2024

AGE- 38/M

**X-RAY CHEST PA**

The Bony Thorax is Normal.

Both The Costophrenic And Cardiophrenic Angles Are Clear.

Cardiac Shape And Size Appears Normal.

The Lung Field Appears Normal.

Both The Hila Are Normal In Density And Position.

**Impression: - Normal Chest X-Ray.**

For, *Anay*

**DR.MRUDULA BABAR**  
**CONSULTANT RADIOLOGIST**

**DR. MRUDULA BABAR**  
MBBS, MD, DMRE (RADIOLOGY)  
CITY MUMBAI 2009  
REG. NO. 2005/03/2139

29/03/24

Atul Kalkundziker  
38/M

Ophth

	(R)	(L)
K-A	6/6 N6	6/6 N6
mtsep	(N)	(N)
Fundus	(N)	(N)
Color Vn	(N)	(N)
Impn	Both eyes' WNL	

gjn





Male

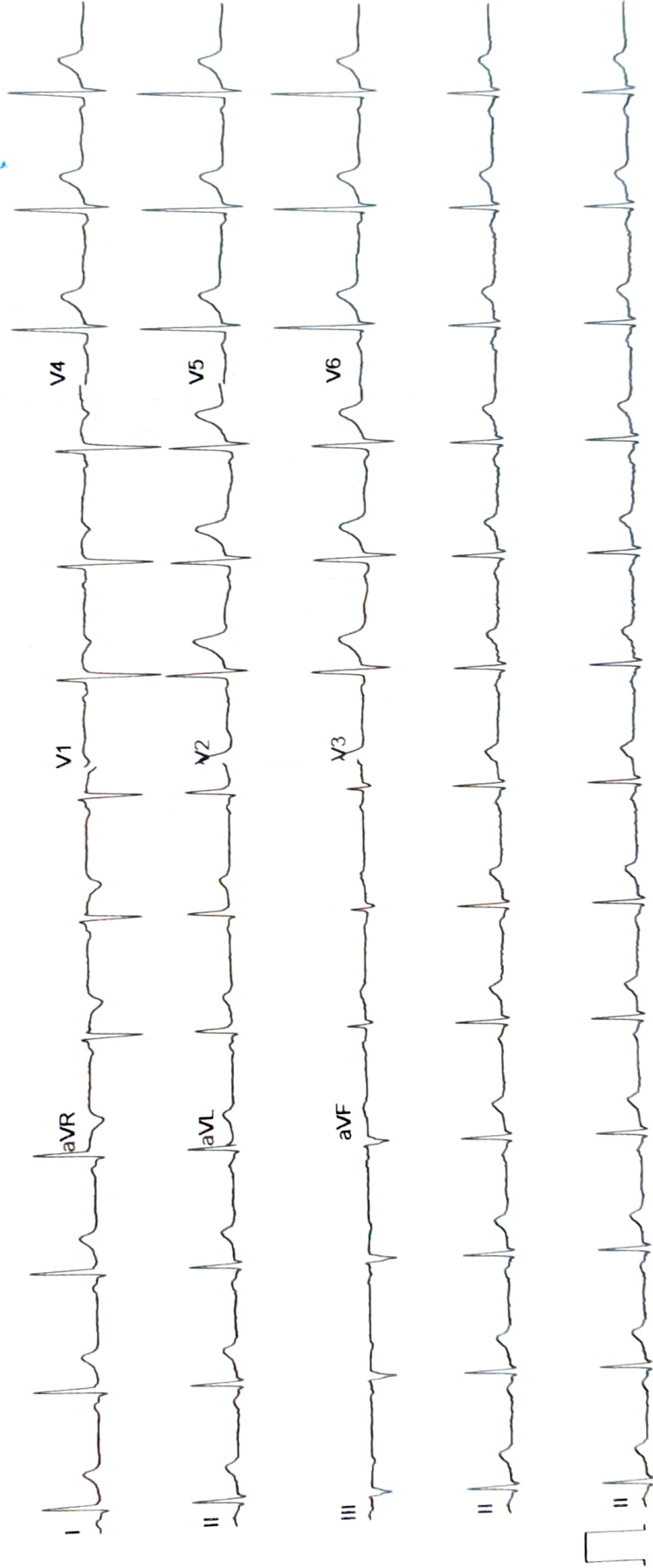
*ECG within normal limits*

Normal sinus rhythm  
Normal ECG

QRS : 74 ms  
QT / QTcBaz : 338 / 385 ms  
PR : 124 ms  
P : 86 ms  
RR / PP : 768 / 769 ms  
P / QRS / T : 31 / 13 / 25 degrees

*ESR*

Dr. Mahesh V. Padsalge  
MD. (Medicine)  
Consultant Physician  
Reg. No. 91424 (MMC)



**ECHO Report**

**Date:29/03/2024**

**Patient Details**

**Patient ID –**

**Name- ATUL KALKUNDRIKAR**  
**Age- 38 YEARS**  
**Gender- MALE**  
**Referral BY - MEDI WHEEL**

**Doctor In charge DR. MAHESH PADSALGE**

**Clinical Status of Patient -**

**Finding description -**

- 1. Tachycardia During Study.**
- 2. Normal LV systolic function.**
- 3. No RWMA.**
- 4. All cardiac valves are structurally normal.**
- 5. Trivial MR, Trivial PR, NO AR.**
- 6. No PAH (PASP -20 mmHg).**
- 7. Normal RV systolic function.**
- 8. No clot/vegetation/pericardial effusion.**
- 9. No coarctation of aorta.**

**Chamber Dimensions-M mode Findings**

LVID (Diastole) 35-56(mm)	- 37.00	LVID (Systole) 24-42(mm)	- 26.00
IVS (Diastole) 8-12(mm)	- 09.00	IVS (Systole) 14-42(mm)	- 23.00
LVPWT (Diastole) 6-11(mm)	- 09.00	EPSS	- 3.00
LVEF (%)	- 60%	LVFS (%)	- 29.00
LV Volume (Diastolic)(mm <sup>3</sup> )		LV Volume (Systolic)(mm <sup>3</sup> )	
Meridional Wall Stress in System		Cubed LV Volume in Diastole (mm <sup>3</sup> )	
Cubed LV+ myocardial volume (mm <sup>3</sup> )		Velocity of circumferential Shortening (mm)	
Aortic root 22-37(mm)	- 26.00	Left Atrium Width (mm)	
Left Atrium Length (mm)	- 30.00	Left Atrium Area (mm <sup>2</sup> )	
Left Atrium Volume (mm <sup>3</sup> )		RV Function	
RV size	Normal	RA Size	
Normal		IVC Size (mm) – 17 mm Collapsible	
RV volume (mm <sup>3</sup> )			
Normal			
Pericardium	Normal		
Effusion	None		
Resp Variation	Present		
Predicted RV Systolic Pressure			

**Doppler Findings- I**

  
Dr. Mahesh Padsalge

*Dr. Mahesh V. Padsalge*  
MD. (Medicine)  
Consultant Physician  
Reg. No. 91424 (MMC)







Patient Name : **MR. KALKUNDRIKAR ATUL RAJARAM**  
Patient ID : 59226  
Age / Sex : 38 years / Male  
Referred by : MEDIWHEEL  
Bill ID : 96745

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Reported : Mar 29, 2024, 03:15 p.m.  
Sample ID :



Test Description	Results	Units	Biological Reference Range
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**TOTAL TRIIODOTHYRONINE (T3)**

Sample Type : Serum

TotalTriiodothyronine (T3) [ CLIA ]	1.20	ng/dL	0.69 - 2.15
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\*\*END OF REPORT\*\*



**Dr. Sudhamani S. MD**  
Consultant Pathologist  
Reg. No. : 90461

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270024

Test Description	Results	Units	Biological Reference Range
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**TOTAL THYROXINE ( T4 )**

Sample Type : Serum

Total Thyroxine ( T4 ) [ CLIA ]	85.3	ng/ml	52 - 127
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**\*\*END OF REPORT\*\***

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**THYROID STIMULATING HORMONE (TSH)**

Sample Type : Serum

<b>Thyroid Stimulative Hormone (TSH)</b> [ CLIA ]	1.60	μIU/mL	0.3 - 4.5 1st trimester - 0.1 - 2.5μIU/mL 2nd trimester - 0.2 - 3μIU/mL 3rd trimester - 0.3 - 3μIU/mL
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**Clinical Significance :-**

1. Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night.
2. Useful for: Screening for thyroid dysfunction and detecting mild (subclinical), as well as overt, primary hypo- or hyperthyroidism in ambulatory patients.
3. Monitoring patients on thyroid replacement therapy.
4. Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine suppression therapy.
5. Prediction of thyrotropin-releasing hormone-stimulated TSH response.

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\*\*END OF REPORT\*\*



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**LIVER FUNCTION TEST**

Sample Type : Serum

TOTAL BILIRUBIN [ DIAZO ]	1.15	mg/dl	0.3-1.3 mg/dl
BILIRUBIN-DIRECT [ DIAZO ]	<b>0.48</b>	mg/dl	0.1-0.4 mg/dl
BILLIRUBIN-INDIRECT [ CALCULATED ]	0.67	mg/dl	0.1-0.9 mg/dl
S.G.O.T. (AST) [ IFCC without Pyridoxal Phosphate ]	21.3	IU/L	5-40 IU/L
S.G.P.T.(ALT) [ IFCC without Pyridoxal Phosphate ]	21.8	IU/L	5-40 IU/L
ALKALINE PHOSPHATASE [ Amino Methyl Propanol (AMP) ]	68	IU/L	44-147 IU/L
TOTAL PROTEINS [ BIURET ]	6.69	IU/L	6.0 - 8.5g/dL
ALBUMIN [ BROMO CRESOL GREEN (BCG) ]	4.32	g/dl	3.5-5.0 g/dl
GLOBULIN [ CALCULATED ]	2.37	gm%	2.3-3.5 gm%
ALBUMIN/GLOBULIN RATIO [ CALCULATED ]	1.82		
GAMMA GT	20.0	U/L	0 - 45

Technique : Fully Automated Biochemistry Analyser ERBA EM-200

\*\*END OF REPORT\*\*



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Test Description	Results	Units	Biological Reference Range
<b><u>FASTING BLOOD SUGAR</u></b>			
Sample Type : Flouride R			
Fasting Blood Sugar [ GOD - POD ]	88.9	mg/dl	Normal : 70 - 99 mg/dl impaired Tolerance : 100 - 125mg/dl Diabetes Mellitus : >126 mg/dl
Technique :-	Fully Automated Biochemistry Analyser ERBA EM-200		

\*\*\*END OF REPORT\*\*\*



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**POST PRANDIAL BLOOD SUGAR**

Sample Type : Flouride PP

Post Prandial Blood Sugar [ GOD - POD ]	<b>106.5</b>	mg/dl	110-180
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Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200

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Test Description	Results	Units	Biological Reference Range
<b><u>GLYCOCYLATED HAEMOGLOBIN</u></b>			
Sample Type : EDTA / Whole Blood			
Glycocyalted Haemoglobin (HbA1c) [ Tosoh HPLC ]	5.0	%	<5.7%NON DIABETIC 5.7-6.4% PRE-DIABETIC >6.5% DIABETIC <7.0% GOAL FOR DIABETIC ON TREATMENT
MEAN BLOOD GLUCOSE	<b>96.80</b>	mg/dL	116.89 - 154.2

\*\*END OF REPORT\*\*



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**COMPLETE BLOOD COUNT**

Sample Type : EDTA / Whole Blood

Hemoglobin	<b>12.2</b>	g/dl	13.0 - 17.0
RBC COUNT	<b>5.93</b>	Millions/c	4.5 - 5.5
PCV(Hematocrit)	<b>38.1</b>	%	40.0 - 50.0
Mean Cell Volume(MCV) [ calculated ]	<b>64.2</b>	fl	80.0 - 100.0
Mean Cell Hemoglobin(MCH) [ calculated ]	<b>20.5</b>	pg	27.0 - 33.0
Mean Cell Hb Conc(MCHC) [ calculated ]	<b>32</b>	g/dl	32 - 36
RDW	<b>15.1</b>	%	11.50 - 14.50
Total Leucocytes (WBC) Count	<b>4170</b>	/cumm	4000-11000

**DIFFERENTIAL COUNT**

Neutrophils	55	%	40 - 70
Lymphocytes	30.5	%	20 - 50
Eosionphils	<b>9.2</b>	%	01 - 06
Monocytes	4.5	%	00 - 08
Basophils [ calculated ]	0.8	%	00-01

**SMEAR STUDY**

RBC Morphology	<b>Hypochromia (+)</b>		
WBC Morphology	<b>Eosinophilia.</b>		
Platelets On Smear	Adequate on Smear		
Platelet Count	169000	/cumm	150000 - 450000
MPV	<b>10.6</b>	fL	6.5 - 10.0

**Comments :-****Method:-**

HB:-Colorimetric, Total WBC:-Impedance/Flow Cytometry, HCT, MCV, MCH, MCHC, RDW-CV:-Calculate, Diff. Count: Flow Cytometry / Manual Stained Smear Microscopy, RBC: Impedance, Platelets : Impedance Method.

**Technique :-**

Fully Automated 5 part Diff. Cell Counter .

All Test Results are subjected to stringent international External and Internal Quality Control Protocols

\*\*END OF REPORT\*\*

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**BLOOD UREA LEVEL ( BUL )**

Sample Type : Serum

<b>Urea</b>	26.7	mg/dl	10 - 40
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[ Urease - GLDH ]

<b>Bun</b>	12.47	mg/dl	6 - 21
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[ Calculated ]

Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200

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Test Description	Results	Units	Biological Reference Range
<b><u>CREATININE</u></b>			
Sample Type : Serum			
<b>Creatinine</b>	1.07	mg/dl	0.40 - 1.40
[ Enzymatic ]			
Estimated GFR	91.09	ml/min/1.73sq m	Normal: >90 Mild Decrease : 60-89 Mild Moderate Decrease : 45-59 Moderate to Severe Decrease : 30-44 Severe Decrease ; 15-29 Kidney Failure : <15
[ Calculated ]			
Formula	Estimated GFR Calculate By CKD-EPI Formula.		
Technique :-	Done On Fully Automated Biochemistry Analyser ERBA EM-200		

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**SR. URIC ACID**

Sample Type : Serum

<b>Uric Acid</b> [ Uricase - POD ]	<b>7.8</b>	mg/dl	3.6 - 7.7
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Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200.

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**LIPID PROFILE**

Sample Type : Serum

TOTAL CHOLESTEROL

[ CHOD-PAP ]

102

mg/dL

Desirable : &lt;200 mg/dl

Borderline : 200 - 239mg/dl

High : &gt;240 mg/dl

TRIGLYCERIDES

[ Glycerol Phosphate Oxidase ]

53.7

mg/dL

Desirable : &lt;150 mg/dl

Borderline : 150 - 199mg/dl

High : &gt;200mg/dl

HDL CHOLESTEROL [ Direct ]

**33.8**

mg/dL

Desirable : &gt;40 mg/dl

Borderline Risk : 35 mg/dl

High Risk : &lt;30 mg/dl

LDL CHOLESTEROL [ Calculated ]

57.46

mg/dL

Desirable : &lt;100 mg/dl

Borderline : 130 - 160mg/dl

High : &gt;160mg/dl

VLDL Cholesterol

[ Calculated ]

10.74

mg/dL

Desirable : &lt;26 mg/dl

Borderline : &gt;30 mg/dl

Total Chol / HDL Chol Ratio

[ Calculated ]

3.02

mg/dL

Desirable : &lt;5 %

LDL / HDL Ratio

[ Calculated ]

1.70

1.00 - 3.55

NON-HDL CHOLESTEROL

[ Calculated ]

68.20

mg/dL

Desirable : &lt;130 mg/dl

Borderline : 160 - 189 mg/dl

High : &gt;220 mg/dl

**Technique:**

Fully Automated Biochemistry Analyser ERBA EM-200.

**\*\*END OF REPORT\*\***

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**BLOOD GROUP**

Sample Type : EDTA / Whole Blood

ABO Grouping

"B"

Rh Grouping

POSITIVE

**Note:**

These report is for information purpose only. Blood group needs to be reconfirmed at the time of cross matching for blood transfusion.

**\*\*END OF REPORT\*\***

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Test Description	Results	Units	Biological Reference Range
	<b><u>ESR</u></b>		
Sample Type : EDTA / Whole Blood			
ESR	10	Mm/hr	0 - 15
Method	Westergren		

\*\*END OF REPORT\*\*



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**URINE ANALYSE REPORT**

Sample Type : Urine

**PHYSICAL EXAMINATION**

COLOUR	Pale Yellow		
APPEARANCE	Clear		
REACTION (PH)	5.0		4.8 - 7.6
SPECIFIC GRAVITY	1.025		1.010 - 1.030
ALBUMIN	Absent		
GLUCOSE	Absent		
BLOOD (U)	Absent		
BILE PIGMENTS	Negative		
BILE SALTS	Absent		
KETONE	Negative		
LEUKOCYTES	Absent		
NITRITE	Absent		
UROBILINOGEN	Negative		

**MICROSCOPY**

PUS CELLS/hpf	1-2
RBCs/hpf	Absent
EPI.CELLS/hpf	1-2
CASTS	Absent
CRYSTALS	Absent
BACTERIA	Absent
Other	Absent

**\*\*END OF REPORT\*\***

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**TOTAL TRIIODOTHYRONINE (T3)**

Sample Type : Serum

TotalTriiodothyronine (T3) [ CLIA ]	1.20	ng/dL	0.69 - 2.15
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**THYROID STIMULATING HORMONE (TSH)**

Sample Type : Serum

<b>Thyroid Stimulative Hormone (TSH)</b> [ CLIA ]	1.60	μIU/mL	0.3 - 4.5 1st trimester - 0.1 - 2.5μIU/mL 2nd trimester - 0.2 - 3μIU/mL 3rd trimester - 0.3 - 3μIU/mL
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**Clinical Significance :-**

1. Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night.
2. Useful for: Screening for thyroid dysfunction and detecting mild (subclinical), as well as overt, primary hypo- or hyperthyroidism in ambulatory patients.
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5. Prediction of thyrotropin-releasing hormone-stimulated TSH response.

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**TOTAL THYROXINE ( T4 )**

Sample Type : Serum

Total Thyroxine ( T4 ) [ CLIA ]	85.3	ng/ml	52 - 127
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