

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

VIBHUTI RAMAN

ASHOK KUMAR SINGH

04/05/1988

Permanent Account Number

BACPH9100L

Vibhuti Raman

Signature



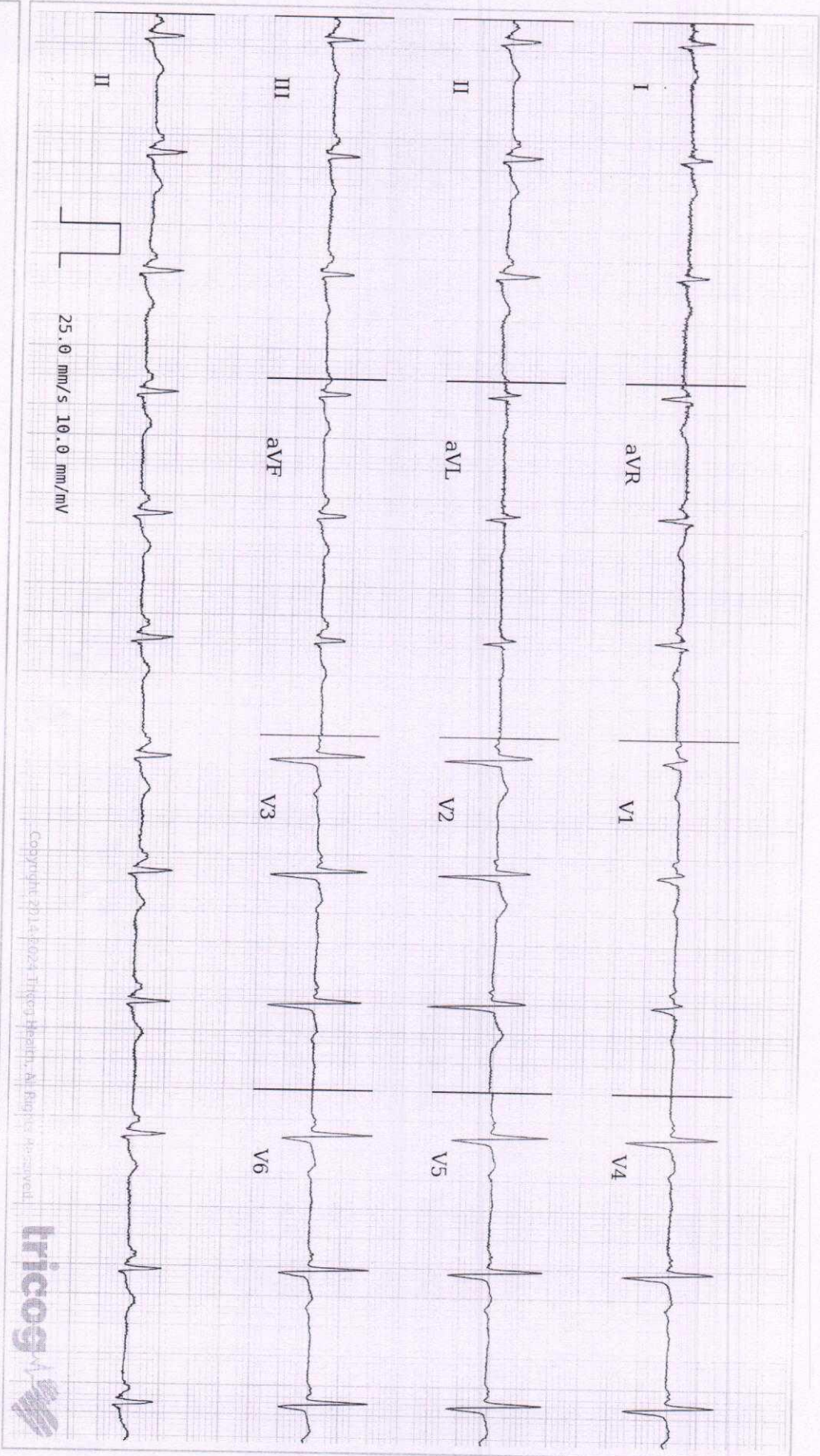
10032011

Vibhuti Raman

Patient Name: RAMAN VIBHUTI
Patient ID: 2408913486

SUBURBAN DIAGNOSTICS - MALAD WEST

Date and Time: 29th Mar 24 12:44 PM



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Age **35** NA
years months

Gender **Male**

Heart Rate **72bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 71 kg

Height: 173 cm

Pulse: NA

Spo2: NA

Resp: NA

Others:

Measurements

QRSD: 84ms

QT: 342ms

QTcB: 374ms

PR: 116ms

P-R-T: 63° 69° 58°

ECG Within Normal Limits: Normal sinus rhythm Nonspecific T wave abnormality. Please correlate clinically.

REPORTED BY

Sonali Honrao

DR SONALI HONRAO
MD (General Medicine)
Physician
2001/04/1882

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.

Date:- 29/3/24

CID: 2408913486

Name:- Raman Vibhuti

Sex / Age: M / 35

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

DV
 RE - 6/6
 LE - 6/6

NV
 RE - N16
 LE - N16

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	_____			_____	_____			_____
Near	_____			_____	_____			_____

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (PVT) LTD.
 11/2, Ghoomi Col.
 Opp. G. K. Soni Sports
 Link Road, Ghoomi (M), Mumbai - 400 004.

Authenticity Check



Use a QR Code Scanner
Application To Scan the Code

CID : 2408913486
Name : Mr RAMAN VIBHUTI
Age / Sex : 35 Years/Male
Ref. Dr :
Reg. Location : Malad West Main Centre

Reg. Date : 29-Mar-2024
Reported : 29-Mar-2024 / 17:03

X-RAY CHEST PA VIEW

Both lung fields are clear.

Both costo-phrenic angles are clear.

The cardiac size and shape are within normal limits.

The domes of diaphragm are normal in position and outlines.

The skeleton under review appears normal.

IMPRESSION:

NO SIGNIFICANT ABNORMALITY IS DETECTED.

Kindly correlate clinically.

Note: Investigations have their limitations. Solitary radiological investigations never confirm the final diagnosis. X- ray is known to have inter-observer variations. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests further / follow-up imaging may be needed in some case for confirmation of findings. Please interpret accordingly.

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

DR. Akash Chhari
MBBS. MD. Radio-Diagnosis Mumbai
MMC REG NO - 2011/08/2862



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Name : Mr RAMAN VIBHUTI
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Reg. Location : Malad West Main Centre

Reg. Date : 29-Mar-2024
Reported : 29-Mar-2024 / 11:13

USG WHOLE ABDOMEN

LIVER:

The liver is normal in size, shape and smooth margins. It shows normal parenchymal echo pattern. The intra hepatic biliary and portal radical appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein and CBD appears normal.

GALL BLADDER:

The gall bladder is physiologically distended and appears normal. No evidence of gall stones or mass lesions seen.

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Both the kidneys are normal in size, shape and echotexture.
No evidence of any calculus, hydronephrosis or mass lesion seen.
Right kidney measures 9.9 x 4.1 cm.
Left kidney measures 8.9 x 4.5 cm.

SPLEEN:

The spleen is normal in size and echotexture. No evidence of focal lesion is noted.
There is no evidence of any lymphadenopathy or ascites.

URINARY BLADDER:

The urinary bladder is well distended and reveal no intraluminal abnormality.

PROSTATE:

The prostate is normal in size and echotexture.

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IMPRESSION:

No significant abnormality is seen.

Suggestion: 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 case for confirmation of findings. Patient has been explained in detail about the USG findings including its limitations and need for further imaging if clinically indicated. Please interpret accordingly. All the possible precaution have been taken under covid-19 pandemic.

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

Dr. Sunil Bhutka
DMRD DNB
MMC REG NO:2011051101

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