

Patient Name : Mr.SHRIKANT BORADE	Collected : 26/Oct/2024 12:14PM
Age/Gender : 33 Y 8 M 5 D/M	Received : 26/Oct/2024 03:28PM
UHID/MR No : CKHA.0000077148	Reported : 26/Oct/2024 05:38PM
Visit ID : CKHAOPV122871	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30496	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, FASTING , NAF PLASMA	82	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- 1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
2. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Interval	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	86	mg/dL	70-140	HEXOKINASE

Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.



DR.Sanjay Ingle
M.B.B.S,M.D(Pathology)
Consultant Pathologist

SIN No:KHA241004085

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mr.SHRIKANT BORADE	Collected : 26/Oct/2024 09:03AM
Age/Gender : 33 Y 8 M 5 D/M	Received : 26/Oct/2024 01:46PM
UHID/MR No : CKHA.0000077148	Reported : 26/Oct/2024 03:54PM
Visit ID : CKHAOPV122871	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30496	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HBA1C, GLYCATED HEMOGLOBIN	5.3	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	105	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

1. HbA1c is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.

2. Trends in HbA1c values is a better indicator of Glycemic control than a single test.

3. Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.

4. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.

5. In cases of Interference of Hemoglobin variants in HbA1c, alternative methods (Fructosamine) estimation is recommended for Glycemic Control

A: HbF >25%

B: Homozygous Hemoglobinopathy.

(Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



Sneha Shah
 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:KHA241003895

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name : Mr.SHRIKANT BORADE	Collected : 26/Oct/2024 09:03AM
Age/Gender : 33 Y 8 M 5 D/M	Received : 26/Oct/2024 01:07PM
UHID/MR No : CKHA.0000077148	Reported : 26/Oct/2024 02:09PM
Visit ID : CKHAOPV122871	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30496	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	186	mg/dL	<200	CHO-POD
TRIGLYCERIDES	193	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	32	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	154	mg/dL	<130	Calculated
LDL CHOLESTEROL	115.06	mg/dL	<100	Calculated
VLDL CHOLESTEROL	38.61	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.75		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.42		<0.11	Calculated

Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:KHA241003892

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mr.SHRIKANT BORADE	Collected : 26/Oct/2024 09:03AM
Age/Gender : 33 Y 8 M 5 D/M	Received : 26/Oct/2024 01:07PM
UHID/MR No : CKHA.0000077148	Reported : 26/Oct/2024 02:09PM
Visit ID : CKHAOPV122871	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30496	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	0.75	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.15	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.60	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	15.66	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	17.3	U/L	<50	IFCC
AST (SGOT) / ALT (SGPT) RATIO (DE RITIS)	1.1		<1.15	Calculated
ALKALINE PHOSPHATASE	52.62	U/L	30-120	IFCC
PROTEIN, TOTAL	7.54	g/dL	6.6-8.3	Biuret
ALBUMIN	4.76	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.78	g/dL	2.0-3.5	Calculated
A/G RATIO	1.71		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin) Common patterns seen:

1. Hepatocellular Injury:

*AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.*ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI. Disproportionate increase in AST, ALT compared with ALP. AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson’s diseases, Cirrhosis, but the increase is usually not >2.

2. Cholestatic Patten:*ALP – Disproportionate increase in ALP compared with AST, ALT. ALP elevation also seen in pregnancy, impacted by age and sex.*Bilirubin elevated- predominantly direct , To establish the hepatic origin correlation with elevated GGT helps.

3. Synthetic function impairment:*Albumin- Liver disease reduces albumin levels, Correlation with PT (Prothrombin Time) helps.

4. Associated tests for assessment of liver fibrosis - Fibrosis-4 and APRI Index.

Sneha Shah

 Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:KHA241003892

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mr.SHRIKANT BORADE	Collected : 26/Oct/2024 09:03AM
Age/Gender : 33 Y 8 M 5 D/M	Received : 26/Oct/2024 01:46PM
UHID/MR No : CKHA.0000077148	Reported : 26/Oct/2024 02:35PM
Visit ID : CKHAOPV122871	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30496	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-iodothyronine (T3, TOTAL)	1.04	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.84	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	0.491	µIU/mL	0.34-5.60	CLIA

Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:KHA241003890

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name	: Mr.SHRIKANT BORADE	Collected	: 26/Oct/2024 09:03AM
Age/Gender	: 33 Y 8 M 5 D/M	Received	: 26/Oct/2024 03:11PM
UHID/MR No	: CKHA.0000077148	Reported	: 26/Oct/2024 03:52PM
Visit ID	: CKHAOPV122871	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E30496		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Scattering of light
TRANSPARENCY	CLEAR		CLEAR	Scattering of light
pH	5.5		5-7.5	Bromothymol Blue
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NORMAL		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Diazonium Salt
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	Sodium nitro prusside
UROBILINOGEN	NORMAL		NORMAL (0.1-1.8mg/dl)	Diazonium salt
NITRITE	NEGATIVE		NEGATIVE	Sulfanilic acid
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	Diazonium salt
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2 - 3	/hpf	0-5	Automated Image based microscopy
EPITHELIAL CELLS	1 - 2	/hpf	< 10	Automated Image based microscopy
RBC	0	/hpf	0-2	Automated Image based microscopy
CASTS	NEGATIVE	/lpf	0-2 Hyaline Cast	Automated Image based microscopy
CRYSTALS	NEGATIVE	/hpf	Occasional-Few	Automated Image based microscopy

Comment:

All urine samples are checked for adequacy and suitability before examination. All abnormal chemical examination are rechecked and verified by manual methods. Microscopy findings are reported as an average of 10 high power fields.

Sneha Shah

Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:KHA241003894

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mr.SHRIKANT BORADE	Collected : 26/Oct/2024 09:03AM
Age/Gender : 33 Y 8 M 5 D/M	Received : 26/Oct/2024 03:11PM
UHID/MR No : CKHA.0000077148	Reported : 26/Oct/2024 03:52PM
Visit ID : CKHAOPV122871	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30496	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Sneha Shah

Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:KHA241003894

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab



Patient Name : Mr.SHRIKANT BORADE	Collected : 26/Oct/2024 09:03AM
Age/Gender : 33 Y 8 M 5 D/M	Received : 26/Oct/2024 04:21PM
UHID/MR No : CKHA.0000077148	Reported : 26/Oct/2024 05:19PM
Visit ID : CKHAOPV122871	Status : Final Report
Ref Doctor : Self	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 22E30496	

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	GOD-POD

Test Name	Result	Unit	Bio. Ref. Interval	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	GOD-POD

*** End Of Report ***



Sneha Shah
Dr Sneha Shah
 MBBS, MD (Pathology)
 Consultant Pathologist

SIN No:KHA241003893

This test has been performed at Apollo Health and Lifestyle Ltd- Sadashiv Peth Pune, Diagnostics Lab

Patient Name	: Mr.SHRIKANT BORADE	Collected	: 26/Oct/2024 09:03AM
Age/Gender	: 33 Y 8 M 5 D/M	Received	: 26/Oct/2024 04:21PM
UHID/MR No	: CKHA.0000077148	Reported	: 26/Oct/2024 05:19PM
Visit ID	: CKHAOPV122871	Status	: Final Report
Ref Doctor	: Self	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 22E30496		

TERMS AND CONDITIONS GOVERNING THIS REPORT

1. Reported results are for information and interpretation of the referring doctor or such other medical professionals, who understand reporting units, reference ranges and limitation of technologies. Laboratories not be responsible for any interpretation whatsoever.
2. It is presumed that the tests performed are, on the specimen / sample being to the patient named or identified and the verifications of particulars have been confirmed by the patient or his / her representative at the point of generation of said specimen.
3. The reported results are restricted to the given specimen only. Results may vary from lab to lab and from time to time for the same parameter for the same patient (within subject biological variation).
4. The patient details along with their results in certain cases like notifiable diseases and as per local regulatory requirements will be communicated to the assigned regulatory bodies.
5. The patient samples can be used as part of internal quality control, test verification, data analysis purposes within the testing scope of the laboratory.
6. This report is not valid for medico legal purposes. It is performed to facilitate medical diagnosis only.


Dr Sneha Shah
MBBS, MD (Pathology)
Consultant Pathologist

SIN No:KHA241003893

This test has been performed at Apollo Health and Lifestyle ltd- Sadashiv Peth Pune, Diagnostics Lab



CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of Shrikant B Grade on 28/10/24

After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick
<ul style="list-style-type: none"> • Medically Fit 	✓
<ul style="list-style-type: none"> • Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	
<ul style="list-style-type: none"> • Currently Unfit. Review after _____ recommended 	
<ul style="list-style-type: none"> • Unfit 	

Dr. [Signature]
Medical Officer
Apollo Clinic, Kharadi

This certificate is not meant for medico-legal purposes

Shrikant Borade

97

Height : 171	Weight : 66.9	BMI : 22	Waist Circum : 93
Temp : 97.1	Pulse : 83	Resp : 20	B.P : 118/92

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Adm
→
Vit-B12

Present complains - NO

Comorbidity -

NO

Allergies -

Surgical H/O

Family H/O

Addiction - NO

OE

CVS-

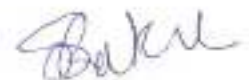
CNS-

P/A-

Chest-

NO

Follow up date:



Doctor Signature

ID: 17

26-10-2024 13:37:14

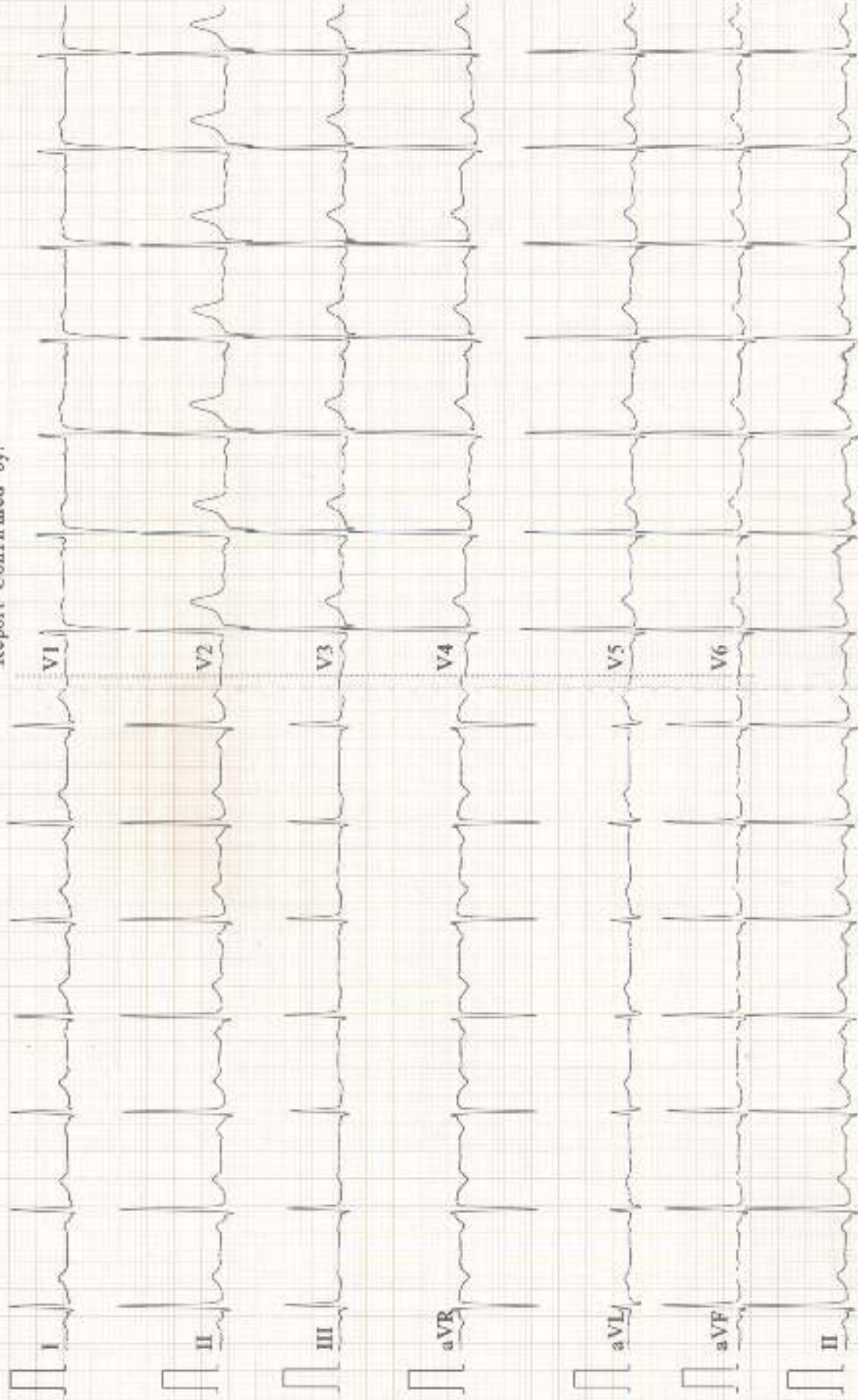
shrikant borade
Male 33Years
kg / mmHg
Req. No. :

HR : 83 bpm
P : 120 ms
PR : 136 ms
QRS : 86 ms
QT/QTcBz : 346/407 ms
PQRST : 48/58/31 °
RV5/SV1 : 2.024/1.193 mV

Diagnosis Information:
Sinus rhythm
Normal ECG

(M)

Report Confirmed by:



POWER PRESCRIPTION

NAME: *Sheikant Borade*

GENDER: *M/F*

DATE: *26/10/24*

AGE: *33y*

UHID:

RIGHT EYE

LEFT EYE

	SPH	CYL	AXIS	VISION
DISTANCE	<i>Plano</i>			<i>6/6</i>
NEAR				<i>N.G.</i>

	SPH	CYL	AXIS	VISION
DISTANCE	<i>Plano</i>			<i>6/6</i>
NEAR				<i>N.G.</i>

INSTRUCTIONS:

Colour vision test.



SIGNATURE

Apollo Health and Lifestyle Limited

[CIN - U85110TG2900PLC115819]

Regd. Office: 1-10-66/62, Ashoka Raghupathi Chambers, 5th Floor, Begumpet, Hyderabad, Telangana - 500 016.


Ph No: 040-4904 7777, Fax No: 4904 7744 | Email: inquiry@apollohl.com | www.apolohl.com

APOLLO CLINICS NETWORK MAHARASHTRA

Pune | Aundh | Kharadi | Nigdi | Pradhikaran | Viman Nagar | Wanowrie

Online appointments: www.apolloclinic.com

TO BOOK AN APPOINTMENT

 **1860 500 7788**

Patient Name	: Mr. SHRIKANT BORADE	Age	: 33Yrs 8Mths 5Days
UHID	: CKHA.0000077148	OP Visit No.	: CKHAOPV122871
Printed On	: 26-10-2024 04:10 PM	Advised/Pres Doctor	: --
Department	: Cardiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employer Id	: 22E30498		

DEPARTMENT OF CARDIOLOGY

2D ECHO/COLOUR DOPPLER

M - Mode values		Doppler Values	
AORTIC ROOT (mm)	22	PULMONARY VE(m/sec)	1.1
LEFT ATRIUM (mm)	24	PG (mmHg)	4.4
		AORTIC VEL (m/sec)	1.4
IVS - D (mm)	9	PG (mmHg)	8.9
LVIDD - D (mm)	43	MITRAL E WAVE(m/sec)	0.9
		A WAVE (m/sec)	0.6
LVPW - D (mm)	9		
EJECTION FRACTION (%)	60%		

REPORT:

Normal sized all cardiac chambers.
 No regional wall motion abnormality.
 Normal LV systolic function.
 Mitral valve Normal, No mitral regurgitation/ No Mitral stenosis.
 Aortic valve normal. No aortic regurgitation/No Aortic stenosis.
 Normal Tricuspid & pulmonary valve.
 No tricuspid regurgitation.. No pulmonary hypertension.
 Intact IAS and IVS.
 No clots, vegetations, pericardial effusion noted.
 Aortic arch appears normal

IMPRESSION:

Normal PA pressures.
 Normal LV systolic function, No RWMA. LVEF 60%.

---End Of The Report---

Vikrant

Dr. VIKRANT KHESE
MBBS, MD Medicine, DNB Medicine, DM Cardiology
2015/02/0627
Cardiology

Patient Name	: Mr. SHRIKANT BORADE	Age	: 33Yrs 8Mths 5Days
UHID	: CKHA.0000077148	OP Visit No.	: CKHAOPV122871
Printed On	: 26-10-2024 04:43 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E30496		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

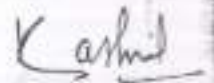
Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen

For clinical correlation.

---End Of The Report---



Dr.SANKET KASLIWAL
MBBS DMRE
2014/01/0200
Radiology

Patient Name	: Mr. SHRIKANT BORADE	Age	: 33Yrs 8Mths 5Days
UHID	: CKHA.0000077148	OP Visit No.	: CKHAOPV122871
Printed On	: 26-10-2024 02:18 PM	Advised/Pres Doctor	: --
Department	: Radiology	Qualification	: --
Referred By	: Self	Registration No.	: --
Employee Id	: 22E30496		

DEPARTMENT OF RADIOLOGY

ULTRASONOGRAPHY OF ABDOMEN AND PELVIS

Liver: appears normal in size, shape and shows **raised echotexture**. No focal lesion is noted. No e/o IHBR dilatation is seen.

Portal vein and CBD appear normal in dimensions at porta hepatis.

Ga' bladder: is well distended with normal wall thickness. No echoreflexive calculus or soft tissue mass noted.

Spleen: appears normal in size, shape and echotexture. No focal lesion is noted.

Pancreas: appears normal in size, shape and echotexture. No focal lesion / pancreatic ductal dilatation / calcification noted.

Right kidney : normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen.

Left kidney : normal in size, shape, location with smooth outlines and normal echotexture. CM differentiation is well maintained. No calculus or hydronephrosis seen. No retroperitoneal lymphadenopathy is seen. Aorta and I.V.C. appear normal.

Urinary bladder: is partially distended and appears normal. No echoreflexive calculus or soft tissue mass noted. Both U-V junction appear normal.

Prostate: appears normal in size and echotexture ...

Visualised bowel loops appear normal. No wall edema or mass noted.

IMPRESSION :

Grade I fatty changes in liver.

Clinical correlation suggested....

---End Of The Report---

Kasliwal

Dr.SANKET KASLIWAL

MBBS DMRE

2014/01/0200

Radiology

