

NAME: Ganesh Bharat Jalvi

AGE / SEX: 34 / M.

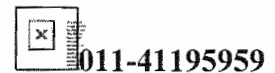
PACKAGE NAME: Annual Health checkup Male 30-34

SR NO	TEST INCLUSION	SIGNATURE OF TEST CONDUCTING EMPLOYEE
✓	FASTING BLOOD	mayh
✓	POST PRANDIAL BLOOD	Paree
✓	URINE	mayh
4	PAP SMEAR	
5	CHEST XRAY	Pritosp
6	ECG	hw
7	TMT 2 DECHO	ans hlu
8	ULTRASOUND ABDOMEN	SN
9	GENERAL CONSULTATION ( PHYSICIAN , DENTAL, EYE, ENT)	JSR
10	DIETICIAN CONSULTATION Sakshi	ly
11	POST CONSULTATION WITH ALL REPORTS WITH MD DOCTOR	
12	COMPLIMENTARY BREAKFAST INCLUDED	

11:30 Am.

## Ganesh Jalvi

**From:** Mediwheel <wellness@mediwheel.in>  
**Sent:** 30 April 2024 15:58  
**To:** Ganesh Jalvi  
**Cc:** customercare@mediwheel.in  
**Subject:** Health Check up Booking Request(36E1150)



Dear Ganesh Bharat Jalvi,

We have received your booking request for the following health checkup

**User Package Name** : Annual Health Checkup Male 30-34  
**Name of Diagnostic/Hospital** : Apex Hospital - Borivali west  
**Address of Diagnostic/Hospital-** : Behind Punjab and Sindh Bank, LT Road, Babhai naka, Borivali West Mumbai - 400092  
**Appointment Date** : 01-05-2024  
**Preferred Time** : *Annual Full Body Annual Plus*

Member Information		
Booked Member Name	Age	Gender
Ganesh Bharat Jalvi	34 year	Male

### Tests included in this Package

- Bmi Check
- Ent Consultation
- Dietician Consultation
- Thyroid Profile
- ESR
- Blood Glucose (Fasting)
- General Physician Consultation
- TMT OR 2D ECHO
- Blood Group
- Blood Glucose (Post Prandial)
- Chest X-ray
- ECG
- USG Whole Abdomen
- Eye Check-up consultation
- Urine Sugar Fasting
- Urine Sugar PP

- Dental Consultation
- Urine analysis
- CBC
- HbA1c
- Lipid Profile
- Kidney Profile
- Liver profile

Thanks,  
Mediwheel Team

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गणेश भरत जळवी  
 Ganesh Bharat Jalvi  
 जन्म तारीख/DOB: 16/10/1989  
 पुरुष/ MALE  
 Mobile No: 9892751179

**4835 4123 1082**  
 VID : 9182 1461 2071 0948

**मेरा आधार, मेरी पहचान**

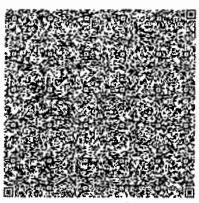
1947 | help@uidai.gov.in | www.uidai.gov.in

VID : 9182 1461 2071 0948

**4835 4123 1082**

Address:  
 H/D-304, GORAI ROAD, NEAR SAI LEE  
 HOSPITAL, NEW M.H.B COLONY, Borivali  
 West, Mumbai,  
 Maharashtra - 400091

पत्ता:  
 एच/डी-३०४, गोरई रोड, साई ली हॉस्पिटल जवळ, नई  
 हॉस्पिटल, न्यू एम.ए.बी कॉलनी, बोरीवली परिसर, मुंबई,  
 महाराष्ट्र - ४०००९१

  
 Unique Identification Authority of India  
 सार्वजनिक पहचान प्राधिकरण



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**Arcofemi Healthcare Pvt Ltd**

(Formerly known as Arcofemi Healthcare Ltd)

F-701A, Lado Sarai, Mehrauli, New Delhi - 110030

Email: [wellness@mediwheel.in](mailto:wellness@mediwheel.in), Website: [www.mediwheel.in](http://www.mediwheel.in)

Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

## **MEDICAL FITNESS CERTIFICATE**

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that **Mr. Ganesh Bharat Jalvi** aged, **34yr**. Based on the examination, I certify that he is in good mental and physical health and it is free from any physical defects such as deafness, colour blindness, and any chronic or contagious diseases.

Place: **Mumbai**

Date: 01/05P/2024

*Dr. Nitesh Kumar*

MBBS

*M. Kumar* 47093

Name & Signature of

Medical officer



# APEX SUPERSPECIALITY HOSPITALS



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## PHYSICIAN CONSULTATION

PRESENT COMPLAINT :

Op - Acidity (on & off)

PAST MEDICAL / SURGICAL HISTORY: Nil

### GENERAL EXAMINATION:

PULSE - 80/min  
 BP: 120/80 mmHg  
 BMI 25.2  
 APETITE: - Good  
 THIRST: - Thirsty  
 STOOL: - Satisfactory  
 URINE: - No any complaint  
 SLEEP: - Sound  
 SKIN: - NAD  
 NAILS: - Normal  
 HABITAT: - NO

SYSTEMIC EXAMINATION: S/S

RESPIRATORY EXAMINATION: AERB

CARDIOVASCULAR EXAMINATION: S1 S2 are @

ABDOMINAL EXAMINATION: soft / non tender

GYNACOLOGY / OBST HISTORY ( FOR FEMALE): -



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Tele.: 022 - 2898 6677 / 46 / 47 / 4

Sr B Dr. Talim (Mrs - Ophthalm.),

### OPHTHAL EXAMINATION:

FAR VISION:  $\bar{c}$  glasses  $\leftarrow$  6/6  
 NEAR VISION:  $\leftarrow$  M16  
 COLOUR VISION:  $\leftarrow$  M16  
 - Eld Refresh tears 1-1-1-1 x 1 month.  
 B

### ENT EXAMINATION:

EAR: MASTOID TUNNIG FORK TEST: NAD  
 NOSE: EXT NOSE/ POST NASAL SPACE: NAD  
 THROAT: TOUNGE/ PALATE/ TEETH: Normal  
 NECK: NODES/ THYROID/TEETH: Normal

### DENTAL EXAMINATION:

DECAY/ CARIES IF ANY: No  
 PLAQUE IF ANY: No  
 GUMS: Normal

**Dr. CHIRAG V. SHAH**  
 D.N.B. (M.D.)  
 CONSULTING PHYSICIAN CARDIOLOGIST  
 Reg. No. 2003 / 04 / 1849

PHYSICIAN NAME  
 PHYSICIAN SIGNATURE



**Diet Chart**

**Name :- GANESH JALAVI**

**DIET :- FULL DIET HIGH PROTEIN , LOW FAT, BLAND , HIGH FIBER**

**Early morning:** 1 cup tea/ coffee (**preferable avoid**) + 4 almonds, 2 walnut halves (**Soaked**)

**Breakfast:** 1 Bowl upma/ poha/ daliya upma **OR** 2 small idli/ 1 dosa with vegetable sambar  
**OR** 1 roti with bhaji **OR** 1 bowl Museli/ oats in water

**Mid-morning:** 1 Fruit - **Include Whole fruits - Papaya , Pear, Banana ,Orange, Muskmelon & Watermelon** (No Fruit juices)

**Supplement :- Truhand HP - 1 scoop with 100ml water (optional)**

**Lunch:** 1 bowl raw vegetable salad (**Cucumber ,carrot, tomato, beetroot**)  
2 medium whole wheat roti/ 1 bowl rice  
1 bowl bhaji (**Avoid Potato , Yam, Raw banana, ladyfinger,brinjal**)  
1 bowl dal (**yellow moong dal, masoor dal, matki, green moong dal**)  
1 bowl curd/ 1 glass buttermilk

**Evening snack:** 1 cup tea/ coffee /Green Tea / Black Coffee / **Truhand HP - 1 scoop in 100ml water** 1 handful of roasted yellow chana **OR** 1 besan chilla **OR** 1 bowl sprouts chat

**Mid-evening:** 1 bowl dal and vegetable soup + ½ teaspoon dry roasted flax seed powder

**Dinner:** 1 bowl raw vegetable salad (**Cucumber ,carrot, tomato, beetroot**)  
2 medium whole wheat roti/1 bowl rice  
1 bowl bhaji  
1 bowl dal  
**OR** 1 bowl dal khichadi/ daliya  
1 bowl curd/ 1 glass buttermilk

**Bedtime :-** 1tsp Sesame seed

**Pre workout meals :-** 1 Fruit(Apple/ Banana/ papaya)/ Black Tea or Coffee - Nosugar/ Peanut butter bread/ Handul of Dryfruits.

**Post workout meal :-** Protein supplement (**within 30 mins of post workout**) / Plain Curd/ 30gm Paneer/ 1glass plain Milk.

**Remarks: Drink ample of fluids, upto 3 litres of water daily. Can add sabja seeds to it.**

Include more of whole pulses, green leafy vegetables and fruits in the diet

Restrict consumption of non-vegetarian foods and alcohol for about a month.

Avoid all sources of extra salt, spices and oils like sauces, pickles, papads, chutneys, chips, etc.

Avoid all sources of simple sugars like white sugar, brown sugar honey, jaggery.

Avoid processed foods and fried food.

**Avoid all spicy, oily and refined flour products. Restrict bakery products.**

**Consulting Dietician Sakshi Gupta in OPD with prior appointment.**





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Reception No. 9326787557

## DEPARTMENT OF LABORATORY SCIENCES


<b>Patient Name</b>	Mr. GANESH BHARAT JALVI	<b>LabNo</b>	2186
<b>UHID/IP No</b>	140022992 / 523	<b>Sample Date</b>	01/05/2024 9:38AM
<b>Age/Gender</b>	34 Yrs/Male	<b>Receiving Date</b>	01/05/2024 11:02AM
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	01/05/2024 4:37PM
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final



## HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>COMPLETE BLOOD COUNT(CBC) EDTA WHOLE BLOOD</b>				
Sample: W. B. EDTA				
Haemoglobin Estimation (Hb)	15.8	gm/dl	13.5 - 18.0	SLS- Hb Method
RBC Count (Red Blood Cell)	5.26	10 <sup>6</sup> /uL	4.70 - 6.00	
PCV (Haematocrit)	43.9	%	40.0 - 50.0	
MCV	83.46	fl	78 - 100	Calculated
MCH	30.04	pg	27 - 31	Calculated
MCHC	35.99	gm/dl	30 - 36	Calculated
RDW	12.8	%	11.0 - 16.0	Calculated
Total Leukocyte Count (TLC)	7000	cells/cu.mm	4000.0 - 10500.0	
Neutrophil %	55	%	40 - 80	
Lymphocyte %	37	%	20 - 40	
Eosinophil %	03	%	0 - 6	
Monocytes %	05	%	1 - 12	
Basophil %	00	%	0 - 2	
Band Cells	00	%		
Absolute Neutrophil Count (ANC)	3850	/cu.mm	2000 - 7000	Calculated
Absolute Lymphocyte Count	2590	/cu.mm	1000 - 3000	Calculated
Absolute Eosinophil Count (AEC)	210	/cu.mm	20 - 500	Calculated
Absolute Monocyte Count	350	/cu.mm	200 - 1000	Calculated
Absolute Basophil Count	0.00	/cu.mm		CALCULATED
Absolute Basophil Count(Not in use)	<b>3850 H</b>	/cu.mm	0 - 100	Calculated
WBCs Morphology	Within normal limits.			
RBCs Morphology	Normocytic Normochromic.			
Platelet Count	284	10 <sup>3</sup> /uL	150 - 400	DC Detection
Platelets Morphology	Adequate on smear			
MPV	9.6	fl	7 - 12	

--End Of Report--

  
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## HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>				
Sample: W. B. EDTA				
ESR (Erythrocyte Sed.Rate)	04	mm/hr	0 * 20	Westergren

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## IMMUNO-HAEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>BLOOD GROUPING</b>				
Sample: W. B. EDTA				
Blood Group (ABO and Rh)	"B" Rh Negative			SLIDE METHOD

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>GLUCOSE (PP)</b> Sample: Fl. Plasma				
Blood Sugar(2 Hours PP)	108.2	mg/dl	70 - 140	Glucose Oxidase,Hydrogen Peroxide
Urine PP Sugar	SNR			
Urine PP Ketone	SNR			

Note: An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons :  
The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.

### GLUCOSE (FASTING)

Sample: Fl. Plasma

Glucose (Fasting Blood Sugar / FBS)	83.72	mg/dl	70 - 110	Glucose Oxidase,Hydrogen Peroxide
Urine Fasting Sugar	Absent		Absent	
Urine Fasting Ketone	Absent		Absent	

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>BUN (BLOOD UREA NITROGEN)</b>				
BUN - Blood Urea Nitrogen		mg/dl		
BUN - Blood Urea Nitrogen (SINGLE)	17.0	mg/dl	7 - 20	
<b>SERUM CREATININE</b>				
Sample: Serum				
Creatinine	1.21	mg/dl	0.80 - 1.50	Jaffes
<b>URIC ACID (SERUM)</b>				
Sample: Serum				
Uric Acid	5.84	mm/hr	3.5 - 8.5	URICASE- PEROXIDASE

--End Of Report--

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>LIPID PROFILE SERUM</b>				
Sample: Serum				
Cholesterol-Total	169.7	mg/dl	< 200.00	Cholesterol Oxidase,Esterase, Peroxidase
Triglycerides	<b>159.9 H</b>	mg/dl	< 150	Enzymatic End point
HDL Cholesterol	42.63	mg/dl	40.00 - 60.00	Phosphotungstat
VLDL Cholesterol	31.98	mg/dl	6.00 - 38.00	Calculated Value
LDL Cholesterol	95.09	mg/dl	< 100.00	Calculated Value
Cholesterol Total : HDL Cholesterol Ratio	3.98		3.50 - 5.00	Calculated Value
LDL Cholesterol : HDL Cholesterol Ratio	<b>2.23 L</b>		2.50 - 3.50	Calculated Value

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## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) SERUM</b>				
Sample: Serum				
Bilirubin Total (TBil)		mg/dl		Diphyline Diazonium Salt
Bilirubin Total (TBil)	0.79	mg/dl	0.30 - 1.30	Diphyline Diazonium Salt
Bilirubin Direct (Dbil)	0.21	mg/dl	0.00 - 0.50	
Bilirubin indirect	0.58	mg/dl	1 - 1	
SGPT (ALT)	27.92	U/L	5 - 40	IFCC modified
SGOT (AST)	22.69	U/L	5 - 40	IFCC modified
Protein Total	6.60	gm/dl	6.00 - 8.00	Biuret
Albumin	4.09	gm/dl	3.20 - 5.00	Bromocresol Green (BCG)
Globulin	2.51	gm/dl	1.80 - 3.50	Calculated Value
A/G Ratio (Albumin/Globulin Ratio)	1.63		1.00 - 2.50	Calculated Value
Alkaline Phosphatase	58.75	IU/L	42 - 140	
GGTP (GAMMA GT)	26.63	IU/L	15.0 - 72.0	UV Kinetic IFCC

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<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

## CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
<b>URINE ROUTINE</b>				
Sample: Urine				
<b>PHYSICAL EXAMINATION</b>				
Quantity	20	ml		
Color	Pale Yellow			
Appearance	Clear		Clear	Clear
Specific Gravity	1.015		1.010 - 1.025	
<b>CHEMICAL EXAMINATION</b>				
pH	5.5		4.5 - 8.5	
Protein	Absent			
Glucose	Absent			
Ketone	Absent			
Occult Blood	ABSENT			
Bile Salt	Absent			Absent
Bile Pigment	Absent			Absent
<b>MICROSCOPIC EXAMINATION</b>				
Pus Cells	1-2			
RBCs	ABSENT			
Epithelial Cells	OCCASIONAL			
Crystals	Absent			Absent
Casts	Absent			Absent
Bacteria	Absent			Absent
Yeast Cells	Normal		Normal	
Amorphous Deposit	Absent			
Others	ABSENT			

--End Of Report--

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MD PATHOLOGY



Patient Id : PVD04224-25/6260      Sample ID : 2405072  
 Patient : MR GANESH BHARAT JALVI      Reg. Date : 01/05/2024  
 Age/sex : 34 Yrs/ Male      Report Date : 01/05/2024  
 Center : APEX SUPERSPECIALITY HOSPITALS      Case No. :  
 Ref. By : Self



**HBA1C-GLYCOSYLATED HAEMOGLOBIN**

Test Description	Result	Unit	Biological Reference Range
HbA1c- (EDTA WB)	5.3	%	< 5.6 Non-diabetic 5.7-6.4 Pre-diabetic > 6.5 Diabetic
Estimated Average Glucose (eAG)	105.41	mg/dL	
Method : HPLC-Biorad D10-USA			


**INTERPRETATION**

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycosylated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 \times A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
  - A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - C. Heterozygous state detected (D10/ Tosho G8 is corrected for HbS and HbC trait).
7. In known diabetic patients, following values can be considered as a tool for monitoring the glycaemic control.
  - Excellent Control - 6 to 7 %,
  - Fair to Good Control - 7 to 8 %,
  - Unsatisfactory Control - 8 to 10 %
  - and Poor Control - More than 10 %.

**Note** : Haemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy

-----End Of Report-----

**Term & Conditions\*** Test processed at Pathvision Central Processing Laboratory- Dahisar west Mumbai-68 Individual laboratory investigations are never conclusive but should be used along with other relevant clinical examinations to achieve final diagnosis. Any discrepancy with clinical condition the referring doctor or patient must report in 24hr of sample collection and get test redone. Partial reproduction of this report is not permitted The test report is not valid for Medico-legal purpose.

  
**DR. SANDEEP B. PORWAL**  
 MBBS MD (Path) Mumbai  
 MMC Reg no 2001031640

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**IMMUNOASSAY**

Test Description	Result	Unit	Biological Reference Range
<b>TOTAL T3 T4 TSH (TFT)</b>			
T3 (Triiodothyronine)	104.0	ng/dl	83-200  For Pregnant females: First Trim: 104.8 - 229.8 2nd Trim: 128.9 - 262.3 Third trim : 135.4 - 261.7
T4 (Thyroxine)	8.12	ug/dL	5.13 - 14.10  For Pregnant females: First Trim : 7.33 - 14.8 Second Trim : 7.93 - 16.1 Third Trim : 6.95 - 15.7
TSH(Thyroid Stimulating Hormone)	3.69	uIU/ml	0.27 - 4.20


Method : ECLIA

**INTERPRETATION**

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness

-----End Of Report-----

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# APEX SUPERSPECIALITY HOSPITALS DIAGNOSTICS



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Land Line No. 022 - 42457040  
Reception No. 9326787557

NAME : GANESH JALVI	DATE : 01/05/2024
REF : DR. CHIRAG SHAH	AGE/SEX : 34Y/M

## 2D ECHO & COLOR DOPPLER REPORT

Cardiac history:

Imaging window:

### 2D Findings:

Chamber dimensions: Normal

RWMA- Normal

Valve Anatomy-- Normal

Interventricular & Interatrial septum:- Normal

No intracardiac mass

Pericardium-Normal

IVC & Hepatic veins - Normal

### Doppler Findings:

LV diastolic Dysfunction :- No

Color flow across valves :-- Normal



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M-Mode	
AO diam	: 2.9 cm
LA diam	: 3.2 cm
ACS	: 1.6 cm
DE excursion	: 1.0 cm
EF Slope	: 0.08cm
EPSS	: 1.1cm
IVSd	: 1.0 cm
IVSS	: 0.7 cm
LVIDd	: 4.3 cm
LVIDS	: 3.0 cm
LVPWd	: 1.0 cm
LVPWS	: 0.9 cm
LVEF	: 55 - 60%

## Conclusions:

Normal Cardiac Dimensions

No RWMA

Normal LV systolic function with EF 55 -60 %

No LV diastolic Dysfunction.

No pulmonary hypertension.

Normal Pericardium.

**Dr. CHIRAG V. SHAH**  
D.N.B. (M.D.)  
CONSULTING PHYSICIAN / CARDIOLOGIST  
Reg. No. 2003/04/1043

DR. SHAH CHIRAG  
D.N.B. (M.D.)  
GENERAL PHYSICIAN

ASH/QA/FORM/NUR/04/MAR22/V1



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2898 6677  
2898 6646

CASHLESS FACILITY

L. T. Road, Besides Punjab & Sind Bank, Babhai Naka, Borivali (W), Mumbai - 400 092.

**ई. सी. जी.**

Name Manish Java Jalei Date 01/05/24

Age 34y Gender: M  F  UHID NO \_\_\_\_\_ B.P 120/80 mmHg

### ELECTROCARDIOGRAPHIC OBSERVATIONS

Rate \_\_\_\_\_ Axis \_\_\_\_\_ Q.R.S. Complex \_\_\_\_\_

Rhythm \_\_\_\_\_ P. Wave \_\_\_\_\_ S.T. Segment \_\_\_\_\_

Standardisation : \_\_\_\_\_ P.R. Interval \_\_\_\_\_ T. Wave \_\_\_\_\_

Voltage : \_\_\_\_\_ Q. Wave : \_\_\_\_\_ Q. T. Interval \_\_\_\_\_

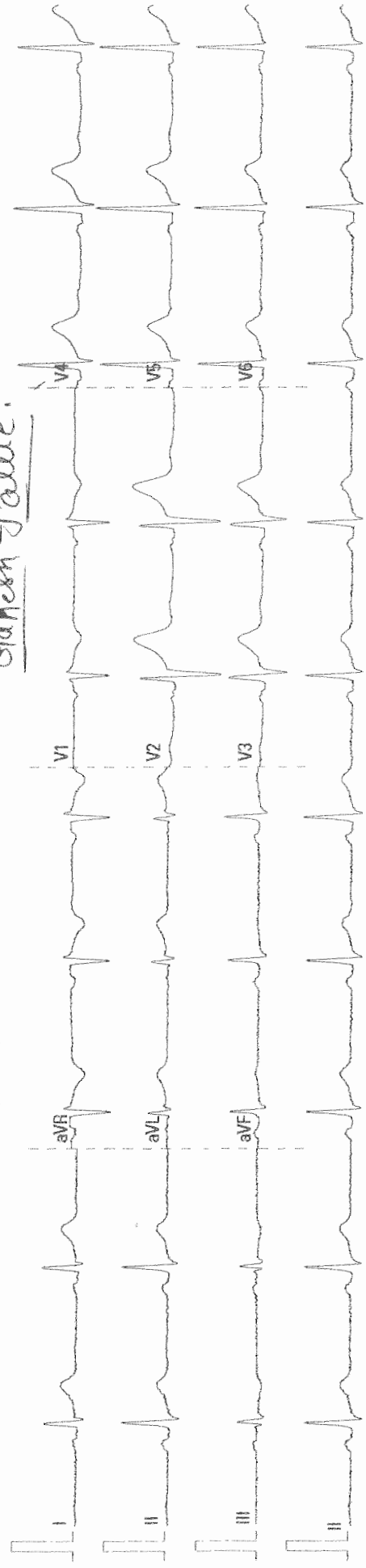
Impression : with Chd

**Dr. CHINSA V. SHAH**  
(M.D.)  
CONSULTING CARDIOLOGIST  
Reg. No. 20007 011 0049

ID:2024050108554628

Name: 01-05-2024 08:55:36 AM

Ganesh Jale



ID:2024050108554628  
Name:  
01-05-2024 08:55:36 A  
Sinus Rhythm  
Unconfirmed Diagnosis

25 mm/s

10 mm/mV

50 Hz

BDR 35 Hz

QTc: Bazett


APEX SUPERSPECIALITY HOSPITAL

02.07.00.V04.00.00

SN:FK-83014036



## DEPARTMENT OF RADIOLOGY

<b>Patient Name</b>	Mr. GANESH BHARAT JALVI	<b>LabNo</b>	2186	
<b>UHID/IP No</b>	140022992 / 523	<b>Order Date</b>	01/05/2024 9:38AM	
<b>Age/Gender</b>	34 Yrs/Male	<b>Receiving Date</b>	01/05/2024 11:07AM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	01/05/2024 7:21PM	
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

### SONOGRAPHY OF ABDOMEN AND PELVIS MALE

**TECHNIQUE:** Real time, B mode, gray scale sonography of the abdominal and pelvic organs was performed with convex transducer.

**LIVER:** The liver is normal in size, shape and has smooth margins. The hepatic parenchyma shows homogeneous normal echotexture without solid or cystic mass lesion or calcification. No evidence of intrahepatic biliary radical dilatation.

**PORTAL VEIN:** It is normal in transverse diameter.

**GALL BLADDER:** The gall bladder is well distended. There is no evidence of calculus, wall thickening or pericholecystic collection.

**COMMON BILE DUCT:** The visualised common bile duct is normal in caliber. No evidence of calculus is seen in the common bile duct. Terminal common bile duct is obscured due to bowel gas artifacts.

**PANCREAS:** The head and body of pancreas is normal in size, shape, contours and echo texture. Rest of the pancreas is obscured due to bowel gas artifacts.

**SPLEEN:** The spleen measures 10.8 cm normal in size and shape. Its echotexture is homogeneous.

#### KIDNEYS:

Right kidney = 9.5x4.5cm

Left kidney = 9.7x4.9 cm

The kidneys are normal in size and have smooth renal margins. Cortical echotexture is normal. The central echo complex does not show evidence of hydronephrosis. No evidence of hydroureter or calculi, bilaterally.

**URINARY BLADDER:** The urinary bladder is well distended. It shows uniformly thin walls and sharp mucosa. No evidence of calculus seen. No evidence of mass or diverticulum is noted.

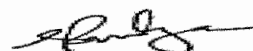
**PROSTATE:** It measures about 3.3 x 3.1 x 2.8 cms; volume is 15 gm. The prostate gland shows well defined and smooth margins. The prostatic echotexture is normal and homogeneous.

There is no ascites. There is no obvious evidence of significant lymphadenopathy.

#### IMPRESSION:

Ø No significant abnormality noted.

--End Of Report--



**Dr. SAUMIL PANDYA**  
MD, D.N.B, RADIOLOGIST



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<b>UHID/IP No</b>	140022992 / 523	<b>Order Date</b>	01/05/2024 9:38AM	
<b>Age/Gender</b>	34 Yrs/Male	<b>Receiving Date</b>	01/05/2024 10:40AM	
<b>Bed No/Ward</b>	OPD	<b>Report Date</b>	02/05/2024 12:53PM	
<b>Prescribed By</b>	Dr. CHIRAG SHAH	<b>Report Status</b>	Final	

### DIGITAL X-RAY CHEST <PA> VIEW

The lung on either side shows adequate translucency and exhibit normal vasculature.

Bilateral hila are symmetrical in size, outline and density

Trachea is central in position and no mediastinal abnormality is visible.

Cardiac shadow is unremarkable.

Bilateral costophrenic angles are clear.

Bone thorax appears unremarkable.

--End Of Report--

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