



CID : 2428904740
Name : MR.JAISINH SUCHAK
Age / Gender : 46 Years / Male
Consulting Dr. : -
Reg. Location : Juhu, Vile Parle West (Main Centre)

Collected : 15-Oct-2024 / 08:12
Reported : 15-Oct-2024 / 12:53

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	15.0	13.0-17.0 g/dL	Spectrophotometric
RBC	5.41	4.5-5.5 mil/cmm	Elect. Impedance
PCV	45.5	40-50 %	Calculated
MCV	84.1	81-101 fl	Measured
MCH	27.7	27-32 pg	Calculated
MCHC	32.9	31.5-34.5 g/dL	Calculated
RDW	15.9	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5010	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	27.9	20-40 %	
Absolute Lymphocytes	1397.8	1000-3000 /cmm	Calculated
Monocytes	7.0	2-10 %	
Absolute Monocytes	350.7	200-1000 /cmm	Calculated
Neutrophils	57.9	40-80 %	
Absolute Neutrophils	2900.8	2000-7000 /cmm	Calculated
Eosinophils	6.6	1-6 %	
Absolute Eosinophils	330.7	20-500 /cmm	Calculated
Basophils	0.6	0.1-2 %	
Absolute Basophils	30.1	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	134000	150000-410000 /cmm	Elect. Impedance
MPV	9.1	6-11 fl	Measured
PDW	19.4	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis	-
Anisocytosis	-
Poikilocytosis	-
Polychromasia	-
Target Cells	-
Basophilic Stippling	-
Normoblasts	-
Others	Normocytic, Normochromic
WBC MORPHOLOGY	-
PLATELET MORPHOLOGY	-
COMMENT	-

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR **23** 2-15 mm at 1 hr. Sedimentation

Clinical Significance: The erythrocyte sedimentation rate (ESR), also called a sedimentation rate is the rate red blood cells sediment in a period of time.

Interpretation:

Factors that increase ESR: Old age, Pregnancy, Anemia

Factors that decrease ESR: Extreme leukocytosis, Polycythemia, Red cell abnormalities- Sickle cell disease

Limitations:

- It is a non-specific measure of inflammation.
- The use of the ESR as a screening test in asymptomatic persons is limited by its low sensitivity and specificity.

Reflex Test: C-Reactive Protein (CRP) is the recommended test in acute inflammatory conditions.

Reference:

- Pack Insert
- Brigden ML. Clinical utility of the erythrocyte sedimentation rate. American family physician. 1999 Oct 1;60(5):1443-50.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab

*** End Of Report ***



Dr. TRUPTI SHETTY
M. D. (PATH)
Pathologist



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<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma Fasting	162.5	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP	126.6	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.70	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.23	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.47	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	7.7	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.9	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.8	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	1.8	1 - 2	Calculated
SGOT (AST), Serum	27.0	<34 U/L	Modified IFCC
SGPT (ALT), Serum	29.5	10-49 U/L	Modified IFCC
GAMMA GT, Serum	27.7	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	82.3	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	28.1	19.29-49.28 mg/dl	Calculated
BUN, Serum	13.1	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.65	0.73-1.18 mg/dl	Enzymatic



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eGFR, Serum	118	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation

URIC ACID, Serum	5.5	3.7-9.2 mg/dl	Uricase/ Peroxidase
------------------	-----	---------------	---------------------

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*** End Of Report ***



Anupa

Dr. ANUPA DIXIT
M.D.(PATH)
Consultant - Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	9.0	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	211.6	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

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*** End Of Report ***



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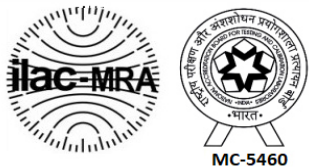
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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
EXAMINATION OF FAECES

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
<u>CHEMICAL EXAMINATION</u>			
Reaction (pH)	Acidic (6.5)	-	pH Indicator
Occult Blood	Trace	Absent	Guaiaac
<u>MICROSCOPIC EXAMINATION</u>			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	Absent	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present ++	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>PHYSICAL EXAMINATION</u>			
Color	Yellow	Pale Yellow	Light scattering
Transparency	Clear	Clear	Light scattering
<u>CHEMICAL EXAMINATION</u>			
Specific Gravity	1.025	1.002-1.035	Refractive index
Reaction (pH)	5	5-8	pH Indicator
Proteins	Present + (30 mg/dl)	Absent	Protein error principle
Glucose	Present +++++ (1000 mg/dl)	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Present (+)	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Negative	Negative	Griess Test
<u>MICROSCOPIC EXAMINATION</u>			
(WBC)Pus cells / hpf	0.3	0-5/hpf	
Red Blood Cells / hpf	2.2	0-2 /hpf	
Epithelial Cells / hpf	0.8	0-5/hpf	
Hyaline Casts	0.2	0-1/hpf	
Pathological cast	0.2	0-0.3/hpf	
Calcium oxalate monohydrate crystals	0.0	0-1.4/hpf	
Calcium oxalate dihydrate crystals	0.0	0-1.4/hpf	
Triple phosphate crystals	0.0	0-1.4/hpf	
Uric acid crystals	0.0	0-1.4/hpf	
Amorphous debris	Absent	Absent	
Bacteria / hpf	14.9	0-29.5/hpf	
Yeast	Absent	Absent	



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Note: Microscopic examination performed by Automated Cuvette based technology. All the Abnormal results are confirmed by reagent strips and Manual method. The Microscopic examination findings are mentioned in decimal numbers as the arithmetic mean of the multiple fields scanned using microscopy. Reference: Pack Insert.

Others -

Note : Kindly correlate clinically & with blood glucose levels.

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*** End Of Report ***

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:

ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

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*** End Of Report ***



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	130.5	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	139	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	53.5	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	77.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	49.2	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	27.8	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.4	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	0.9	0-3.5 Ratio	Calculated

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Free T3, Serum	4.9	3.5-6.5 pmol/L	CLIA
Free T4, Serum	16.2	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.344	0.55-4.78 microU/ml	CLIA



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Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be trasiently altered becuae of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)

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<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
Urine Sugar (Fasting)	++++	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	+++	Absent	
Urine Ketones (PP)	Absent	Absent	

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M. D. (PATH)
Pathologist

CID :- 24289047 40

DATE :- 15.01.24

NAME: Jou eish Suchak
AGE/Gender :- 46 Yrs / m

PHYSICAL EXAMINATION

History and Complaints: p/c/o diabetes on treatment since 3yrs

EXAMINATION FINDINGS:

Height (cms):	<u>180 cms</u>	Weight (kg):	<u>98 kgs</u>
Temp (0c):	<u>Afebrile</u>	Skin:	<u>N</u>
Blood Pressure (mm/hg):	<u>120/80 mmHg</u>	Nails:	<u>N</u>
Pulse:	<u>72b</u>	Lymph Node:	<u>NP</u>

Systems

Cardiovascular:	<u>S1 S2 audible</u>
Respiratory:	<u>RERF, clear</u>
Genitourinary:	<u>NAD</u>
GI System:	<u>NAD</u>
CNS:	<u>NAD</u>

IMPRESSION:

E-6.6, Platelet - 134000, ESD-23, Glyco/Hb-9.0
Urine - glucose - + + + +, proteins +, blood +
USG abdomen - mild hepatomegaly, splenomegaly.

ADVICE: ECG - upright T wave in VI with T
inversions in anterolateral leads.
Kindly visit family physician with reports for follow up.

CHIEF COMPLAINTS:

1	Hypertension:	<u>No</u>
2	IHD:	<u>No</u>
3	Arrhythmia:	<u>No</u>
4	Diabetes Mellitus:	<u>Yes - 3yrs on Nymbesid 14yrs</u>
5	Tuberculosis:	<u>No</u>
6	Asthama:	<u>No</u>
7	Pulmonary Disease:	<u>No</u>
8	Thyroid/ Endocrine disorders:	<u>No</u>
9	Nervous disorders:	<u>No</u>
10	GI system:	<u>No</u>
11	Genital urinary disorder:	<u>No</u>
12	Rheumatic joint diseases or symptoms:	<u>No</u>
13	Blood disease or disorder:	<u>No</u>
14	Cancer/lump growth/cyst:	<u>No</u>
15	Congenital disease:	<u>No</u>
16	Surgeries:	<u>No</u>
17	Musculoskeletal System:	<u>No</u>

Metformin 500mg DS

SU
"A"
V

Date:- 15 Oct 24

CID: 2428904740

Name:- JAISINH SUTHAK

Sex / Age: 46 / MALE

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Nil

Past history:

Unaided Vision:

Aided Vision:

Refraction:

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance	—	—	—	6/6	—	—	—	6/6
Near	—	—	—	NG	—	—	—	NG

Colour Vision: Normal / Abnormal

Remark: Contact same specs

PRIYA M...
Reg No 62607

Suburban Diagnostics (I) Pvt. Ltd.
"Aarbika" Plot No. 54, 1st Flnd CHS,
NS Road, Vile Parle (W), Mumbai - 400 049.
Tel.: 26705076 / 26705015

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USG ABDOMEN AND PELVIS

LIVER: appears mildly enlarged in size(16.8cms) & shows heterogeneous echotexture . Hyperechoic area seen in right lobe of liver-may suggest old calcified granuloma .Portal vein appears normal (10mm). Cbd - could not be visualized completely due to overlying bowel gas.

GALL BLADDER: Gall bladder is distended and appears normal. Wall thickness is within normal limits. No pericholecystic free fluid is seen. There is no evidence of any obvious calculus.

PANCREAS: Pancreas head and part of body is seen, appears normal in echotexture. There is no evidence of any focal lesion or calcification. Pancreatic duct is not dilated.

KIDNEYS: Both kidneys are normal in shape and echotexture. Corticomedullary differentiation is maintained. There is no evidence of any hydronephrosis, hydroureter or calculus.
Right kidney measures 12.0 x 4.0 cm.
Left kidney measures 10.5 x 3.9 cm.

SPLEEN: is enlarged in size(14cms) but shows normal echotexture.
Splenic vein appears normal(9mm).
No focal lesion is seen.
No free fluid or significant lymphadenopathy is seen.
Bowel loops are grossly normal.

URINARY BLADDER: is distended and normal. Wall thickness is within normal limits.

PROSTATE: Prostate is normal in size and measures 3.9 x 3.8 x 3.2 cm - volume is 25.9 g.

SEMINAL VESICLES: Seminal vesicles are normal.

IMPRESSION:

- MILD HEPATOMEGALY WITH HETEROGENOUS ECHOTEXTURE.
- SPLENOMEGALY

CLINICAL CORRELATION IS SUGGESTED.

PLEASE BRING ALL THE PREVIOUS REPORTS FOR COMPARISON.

(Please note that the imaging conclusions need to be correlated with clinical findings and other investigations for a final diagnosis.)

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


DR. ZARNA SHAH
M.B.B.S. D.M.D.
CONSULTANT RADIOLOGIST
REG. NO. 90539

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Patient's Name : MR.JAISINH SUCHAK

Requesting Doctor :

Indication : Routine check up.

Age : 46 Yrs/ MALE

DATE: 15-Oct-2024

CID No :2428904740

2D-ECHOCARDIOGRAPHY REPORT

No thinning / scarring / dyskinesia of LV wall noted.

Normal LV systolic function. LVEF = 55-60 %.

Good RV function.

Structurally Normal MV/ AV / TV / PV.

No valvular pathology.

LV / LA / RA / RV Normal in dimension.

IAS / IVS is Intact.

No Left Ventricular Diastolic Dysfunction [LVDD].

No e/o thrombus in LA /LV.

No e/o Pericardial effusion.

IVC normal in dimension and good inspiratory collapse.

IMPRESSION:

NORMAL LV SYSTOLIC FUNCTION, LVEF= 55-60 %

NO RWMA, ALL VALVES NORMAL

TRIVIAL MR, TR+

NO PAH, PASP=28mmHg.

NO LVDD.

IVC NORMAL

LV STUDY	Value	Unit	COLOUR DOPPLER STUDY	Value	Unit
IVSd	10	mm	Mitral Valve E velocity	0.85	cm/s
LVIDd	46	mm	Mitral Valve A velocity	0.5	cm/s
LVPWd	10	mm	E/A Ratio	>1	-
IVSs	16	mm	Mitral Valve Deceleration Time	120	ms
LVIDs	26	mm	Med E' vel	--	cm/s
LVPWs	16	mm	E/E'	4	-
AO	24	--	Aortic valve		
			AVmax	1.2	cm/s
			AV Peak Gradient	8	mmHg
2D STUDY			LVOT Vmax	1.1	cm/s
LVOT	20	mm	LVOT gradient	6	mmHg
LA	32	mm	Pulmonary Valve		
RA	28	mm	PVmax	--	cm/s
RV [RVID]	24	mm	PV Peak Gradient	--	mmHg
IVC	10	mm	Tricuspid Valve		
			TR jet vel.	2.4	cm/s
			PASP	28	mmHg

End Of Report

DR. DINESH ROHIRA
M.D.B.S. (E.C.G.)
Cons. Cardiologist
REG. NO. 2003/04/0837
DR. DINESH ROHIRA
ECHOCARDIOLOGIST

Disclaimer: 2D echocardiography is an observer dependent investigation. Minor variations in report are possible when done by two different examiners or even by same examiner on two different occasions. These variations may not necessarily indicate a change in the underlying cardiac condition. In the event of previous reports being available, these must be provided to improve clinical correlation.



Use a QR Code Scanner
Application To Scan the Code

CID : 2428904740
Name : Mr JAISINH SUCHAK
Age / Sex : 46 Years/Male
Ref. Dr :
Reg. Location : Juhu, Vile Parle West Main Centre

Reg. Date : 15-Oct-2024
Reported : 15-Oct-2024 / 13:18

R
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P
O
R
T

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.

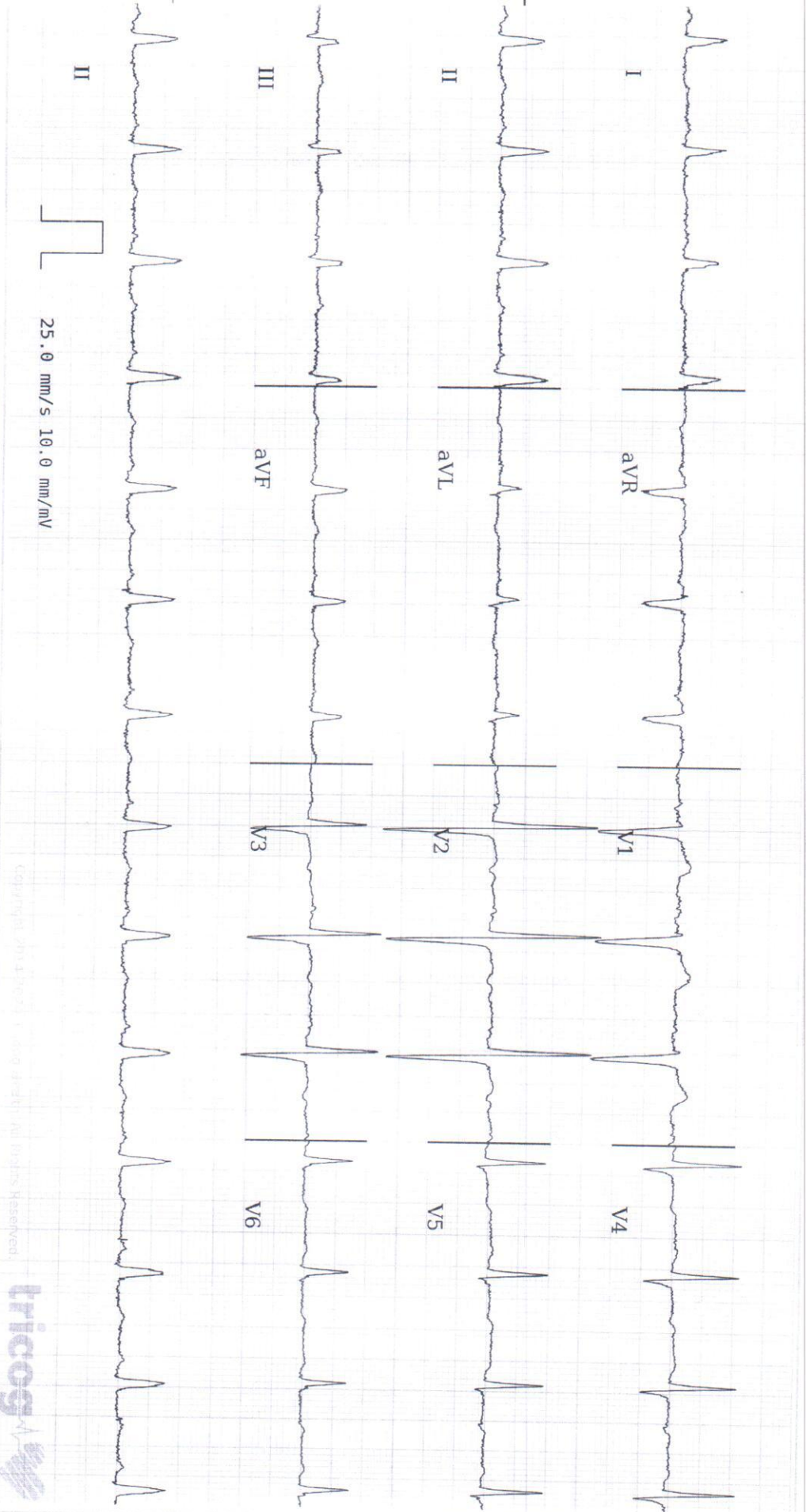
Clinical correlation is suggested.

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

DR. ZARNA SHAH
M.B.B.S DMRE
CONSULTANT RADIOLOGIST
REG NO. 90639

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SUBURBAN DIAGNOSTICS - JUHU, VILE PARLE WEST
 Patient Name: JAISINH SUCHAK
 Patient ID: 2428904740
 Date and Time: 15th Oct 24 8:38 AM



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Age **45** NA NA
 years months days

Gender **Male**

Heart Rate **84bpm**

Patient Vitals

BP: 120/80 mmHg

Weight: 98 kg

Height: 180 cm

Pulse: NA

SpO2: NA

Resp: NA

Others:

Measurements

QRSD: 106ms

QT: 410ms

QTcB: 484ms

PR: 150ms

P-R-T: 35° 41° 85°

Sinus Rhythm, Upright T wave in V1 with T inversions in anterolateral leads. Please correlate clinically.

REPORTED BY

[Signature]

Dr. Makhdoob Ali Aghara
 MBBS, DNB MEDICINE
 Reg. No. 2011/06/2016

Disclaimer: The analysis in this report is based on ECG alone and should be used as an adjunct to clinical judgment. Symptoms and results of other invasive and non-invasive tests and must be correlated for a qualified diagnosis. Perform studies as directed by the physician and in a level of from the ECG.

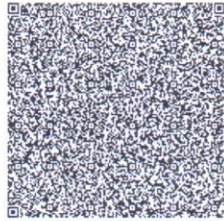


भारत सरकार
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Unique Identification Authority of India

नोंदणी क्रमांक:/ Enrolment No.: 0000/00521/76634

To
जयसिंह विक्रम सूचक
Jaisinh Vikram Suchak
1502 G, Rustomjee Elements
Off Juhu circle, New Link Road
Opp. The Club
New D.N. Nagar
Mumbai
Mumbai Suburban Maharashtra - 400053
9821212654



आपला आधार क्रमांक / Your Aadhaar No. :

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माझे आधार, माझी ओळख



भारत सरकार
Government of India



जयसिंह विक्रम सूचक
Jaisinh Vikram Suchak
जन्म तारीख/DOB: 23/06/1978
पुरुष/ MALE

Issue Date: 28/02/2015

6715 4293 4319

VID : 9187 0351 5402 5931

माझे आधार, माझी ओळख



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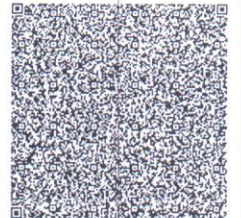
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पत्ता:
१५०२ ग, रुस्तोमजी एलेमेंट्स, ऑफ जुहू सारकली, नव
लिक रोड, ओप. थे क्लब, नव द.न. नगर, मुंबई, मुंबई
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Download Date: 22/07/2012

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1502 G, Rustomjee Elements, Off Juhu circle,
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Nagar, Mumbai, Mumbai Suburban,
Maharashtra - 400053



6715 4293 4319

VID : 9187 0351 5402 5931

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Tel.: 26705078 / 26705015

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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. Jaisinh Suchak** aged, **46yr**. Based on the examination, I certify that he is in good dental and physical health and it is free from any physical defects such as deafness, color blindness, and any chronic or contagious diseases.

Place: **Mumbai**

Date: **15/10/2024**

Dr. Anish Kumar
[Handwritten Signature]
BCMR 47093

Name & Signature of

Medical officer