UTKARSH
DIAGNOSTIC CENTRE

1.5 Tesla MRI, 16 Slice CT Scan,
Sonography, X-Ray, Mammography,
2D-echo, Pathology, ECG,
EEG, EMG, NCV

DATE	:	25.04.2023
PATIENT'S NAME	:	MR. TANAJI GHOLAP
AGE	:	62 YRS
SEX	:	MALE
REF. DOCTOR	:	HARDEV HOSPITAL

CONCLUSION:

Normal LV size ***and good LV function.***

Borderline concentric ***LV hypertrophy.***

Restricted ***septum.***

Diastolic ***dysfunction.***

Thanks for the referral,

With regards,

DR. NIKHIL BHAKARE

MD. MEDICINE.

hk

DOPPLER STUDY

Mitral valve flow: E: A ratio is suggestive of Diastolic dysfunction.

No mitral regurgitation.

Aortic valve flow: No aortic regurgitation.

LVOT gradient is not significant.

Tricuspid valve flow= No tricuspid regurgitation.

Pulmonary valve flow= No pulmonary regurgitation.

(Please note: This scan does not rule out congenital anomalies and coronary artery disease. Interpretation of report requires clinical correlation. Advanced test required if clinical suspicion of CHD. This report is not for medico legal purpose)

REGN.NO.	: 10956	REGN. DATE	: 24-Apr-2023
PATIENT NAME	: Mr. Tanaji Gholap	CENTER	: Hardev Health Care
AGE/SEX	: 62 Years / Male	BARCODE	
REFERRED BY	: Hardev Hospital (Diva)		

Lipid Profile

PARAMETER	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
Cholesterol	: 176.2	mg/dL	Desirable: <200 Borderline high: 200-239 High: > or =240
Triglycerides	: **153.2**	mg/dL	Normal: <150 Borderline: 150-199 High: 200-499 Very high: > or =500
HDL Cholesterol	: 48	mg/dL	35-60
LDL Cholesterol	: 97.56	mg/dL	Desirable: <100 Above Desirable: 100-129 Borderline high: 130-159 High: 160-189 Very high: > or =190
VLDL Cholesterol	: 30.64	mg/dL	7 - 35
Triglycerides/HDL Ratio	: **3.19**		Less than 3
Cholesterol/HDL Ratio	: 3.67		Less than 5
LDL/HDL Ratio	: 2.03		Less than 3.6

INTERPRETATION:
Lipids are most commonly measured to assess cardiovascular risk. Maintaining desirable concentrations of lipids lowers the risk of heart attacks or strokes. Establishing appropriate treatment strategies and lipid goals require the results for each component of a lipid profile be consider in context with other risk factors including, age, sex, smoking status, family and personal history of heart disease.

CAUTIONS:
Cholesterol levels fluctuate over time. The American Heart Association recommends a minimum of 2 measures at least 2 weeks apart before beginning a new treatment plan.

REFERENCE:
Jacobson TA, Ito MK, Maki KC, et al: National Lipid Association recommendations for patient-centered management of dyslipidemia: part 1 - executive summary. J Clin Lipidol 2014 Sep-Oct;8(5):473-488

---------- END OF REPORT ----------

S. N. Tripathi

Dr Surya N. Tripathi
Reg No- 2000/04/1994

HHC™

Hardev Health Care

Care Beyond Imagination...

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COMPLETE BLOOD COUNT

PARAMETER	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
HAEMOGLOBIN	: **11.8**	gm/dl	13.0-17.0
TOTAL RBC COUNT	: 4.71	mill/cumm	4.5-5.5
HAEMATOCRIT	: **36.7**	%	40-50
MCV	: **77.9**	fl	83.0-101.0
MCH	: **25.1**	pg	27.0-32.0
MCHC	: 32.2	g/dl	31.5-34.5
RDW-CV	: 14.0	%	11.6 to 14.0
RDW - SD	: 42.5	fl	
TOTAL WBC COUNT	: **13,000**	/cumm	4000-11000
NEUTROPHILS	: 74	%	40-77
LYMPHOCYTES	: **21**	%	24-44
MONOCYTES	: 04	%	3 to 6
EOSINOPHILS	: 01	%	0 to 6
BASOPHILS	: 00	%	0 to 1
PLATELET COUNT	: 306000	/cumm	150000-450000

SMEAR EXAMINATION

RBC MORPHOLOGY	: Normocytic Normochromic
WBC MORPHOLOGY	: Leucocytosis
PLATELETS	: Adequate on smear

CBC Done On 3-Part Sysmex XP-100

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BIOCHEMISTRY

PARAMETER	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
ELECTROLYTE, SERUM			
S. Sodium	: 137	mEq/L	135-150
S. Potassium	: 4.47	mEq/L	3.5-5.0
S. Chloride	: 102	mEq/L	94-110

(Method:-ISE)

Test Done On Fully Automated ERBA EM200 Biochemistry Analyser

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TROPONIN I

PARAMETER	RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
TROPONIN I	: NEGATIVE	Text	0.0-0.3
METHOD	: Immunofluorescence assay (IFA)		
REMARK	: Kindly co relate with ECG and clinical history		

INTERPRETATION:
Troponin I is the only troponin isotope present in the myocardium and is not expressed during any developmental stage in skeletal muscle. Troponin I is released into the bloodstream within hours of the onset of symptoms of myocardial infarction or ischemic damage. It can be detected at 3 to 6 hours following onset of chest pain with peak concentrations at 12 to 16 hours, and remains elevated for 5 to 9 days.
A cut off of 0.3 ng/ml is recommended for diagnosis of AMI, as this yeilds optimal performance of 91% of sensitivity and 92.1% of specificity

CAUTIONS:
A positive troponin result is not always indicative of myocardial infarction. Other conditions resulting in myocardial cell damage can contribute to elevated cardiac troponin I levels. These conditions include, but are not limited to, myocarditis, cardiac surgery, angina, unstable angina, congestive heart failure, and noncardiac-related causes, such as, renal failure and pulmonary embolism.

REFERENCE:
Adams JE 3rd, Bodor GS, Davila-Romain VG, et al: Cardiac troponin I: A marker for cardiac injury. Circulation 1993;88:101 -106

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CPK-MB

PARAMETER	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
CPKMB	: 6.67	U/L	Upto 25

INTERPRETATION:
Creatine kinase (CK)-MB appears in serum 4 to 6 hours after the onset of pain in a myocardial infarction, peaks at 18 to 24 hours, and may persist for 72 hours.
CK-MB may also be elevated in cases of carbon monoxide poisoning, pulmonary embolism, hypothyroidism, crush injuries , and muscular dystrophy.
Extreme elevations of CK-MB can be associated with skeletal muscle cell turnover as in polymyositis, and to a lesser degree in rhabdomyolysis, as seen in strenuous exercise, particularly in the conditioned athlete.

REFERENCE:
1. Apple FS, Quist HE, Doyle PJ, et al: Plasma 99th percentile reference limits for cardiac troponin and creatine kinase MB mass for use with European Society of Cardiology/American College of Cardiology consensus recommendations. Clin Chem 2003 Aug;49(8):1331-1336
2. Danese E, Montagnana M: An historical approach to the diagnostic biomarkers of acute coronary syndrome. Ann Transl Med 2016;4(10):194 doi:10.21037/atm.2016.05.19

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HBSAg

PARAMETER	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
Hepatitis B Surface Antigen	: Negative		NEGATIVE

INTERPRETATION
Hepatitis B surface antigen (HBsAg) is the first serologic marker appearing in the serum at 6 to 16 weeks following exposure to HBV. In acute infection, HBsAg usually disappears in 1 to 2 months after the onset of symptoms.A reactive test result is indicative of acute or chronic hepatitis B virus (HBV) infection, or chronic HBV carrier state.

CAUTION:
Not useful during the "window period" of acute hepatitis B virus (HBV) infection (ie, after disappearance of hepatitis B surface antigen [HBsAg] and prior to appearance of hepatitis B surface antibody [anti-HBs]).

REFERENCE:
Servoss JC, Friedman LS: Serologic and molecular diagnosis of hepatitis B virus. Clin Liver Dis 2004;8:267-281

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BLOOD GROUP

PARAMETER	RESULTS	UNITS	BIOLOGICAL REFERENCE INTERVAL
ABO Group	: B		
Rh Factor	: POSITIVE		

INTERPRETATION
This ABO and Rh blood typing test identifies the presence of specific red cell antigens.
Bombay blood group cannot be excluded by the slide method.
Standard ABO/Rh type will be reported. Routine types include: O pos, O neg, A pos, A neg, B pos, B neg, AB pos and AB neg.

---------- END OF REPORT ----------

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DIVA DIAGNOSTIC CENTRE

Sonography, Digital Xray, 2D Echo, 3D/4D Sonography,
Colour Doppler & Fetal Anomaly
Preventive Health Checks & Industrial Health Checkups

Dr. Chhallani N.P.
M.B.B.S., D.M.R.E, A.F.I.H.

NAME : MR. TANAJI GHOLAP. **Date: 24 Apr 2023**

REF. BY : HARDEV HOSPITAL. **62 YEARS/M**

X-ray No. : R- 08

X-RAY OF THE CHEST A.P VIEW (PORTABLE)

There is no mediastinal shift.

Heart size is borderline enlarged

Bilateral hilar prominence

No pleural abnormality is noted.

The bony thorax is normal.

IMPRESSION : Borderline cardiomegaly with bilateral hilar prominence.
Suggest- Cardiac evaluation and f/u.

Please note that imaging conclusions need to be correlated with clinical findings & other investigations for final diagnosis

Diva Diagnostic Centre
DR. N. P. CHHALLANI.
MBBS., DMRE., AFIH
TMC/MOH/PNDT/234

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