

Health Check up Booking Confirmed Request(22E53655), Package Code-, Beneficiary Code-280622

From Mediwheel <wellness@mediwheel.in>

Date Wed 19-Feb-25 6:39 PM

To Harinder Pal Singh Kang <HARINDER.KANG@bankofbaroda.com>

Cc customercare@mediwheel.in <customercare@mediwheel.in>

****सावधान: यह मेल बैंक डोमेन के बाहर से आया है. अगर आप प्रेषक को नहीं जानते तो मेल में दी**
****CAUTION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN**



Dear **Harinder Pal Singh Kang**,

We are pleased to confirm your health checkup booking request with the following details.

Hospital Package Name : Mediwheel Full Body Health Checkup Male Below 40
Name of Diagnostic/Hospital : Ivy Hospital
Address of Diagnostic/Hospital- : Sector - 71, Mohali, Mohali, PUNJAB - 160071
City : Mohali
State : PUNJAB
Pincode : 160071
Appointment Date : 22-02-2025
Confirmation Status : Booking Confirmed
Preferred Time : 09:00 AM - 09:30 AM
Booking Status : Booking Confirmed

Member Information		
Booked Member Name	Age	Gender
MR. KANG HARINDER PAL SINGH	39 year	Male

Note - Please note to not pay any amount at the center.

Instructions to undergo Health Check:

id card hpskang



—Attachments:—

IMG-20250222-WA0000.jpg

181 KB

507394


 भारत सरकार
 Government of India


 Harinder Pal Singh Kang
 ਜਨਮ ਮਿਤੀ / DOB : 18/05/1985
 ਮਰਦ / Male

ਆਪਣੇ ਪਛਾਣ ਦਾ ਸਬੂਤ ਦੇ, ਨਾਗਰਿਕਤਾ ਜਾਂ ਜਨਮ ਮਿਤੀ ਦਾ ਨਹੀਂ।
 ਇਸਦੀ ਵਰਤੋਂ ਤਸਦੀਕ (ਔਨਲਾਈਨ ਪ੍ਰਮਾਣਿਕਤਾ ਜਾਂ QR ਕੋਡ ਦੀ ਸਕੈਨਿੰਗ / ਔਫਲਾਈਨ XML) ਦੇ ਨਾਲ ਕੀਤੀ ਜਾਣੀ ਚਾਹੀਦੀ ਹੈ।
 Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication or scanning of QR code / offline XML).

2548 8728 1069
 मेरा आधार, मेरी पहचान


 भारतीय विशिष्ट पहचान प्राधिकरण
 Unique Identification Authority of India

ਪਤਾ: S/O ਸੁਰਿੰਦਰ ਪਾਲ ਸਿੰਘ ਕੰਗ, ਮਕਾਨ ਨੰ 247, ਫੇਜ਼ 4, ਐਸ.ਏ.ਐਸ. ਨਗਰ ਮੋਹਾਲੀ, ਐਸ.ਏ.ਐਸ. ਨਗਰ ਮੋਹਾਲੀ, ਪੰਜਾਬ, 160059
 Address: S/O Surinder Pal Singh Kang, HOUSE NO 247, PHASE 4, S.A.S Nagar (Mohali), PO., DIST: S.A.S Nagar (Mohali), Punjab, 160059

Details as on 06/03/2024



2548 8728 1069

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

Name : MR.Harinder Pal Singh (39y, Male)
Phone : 9464952477
ID : 507394

Date : 22-Feb-2025

Complaints: ROUTINE EYE EXAM

Diagnosis: NORMAL FINDINGS, MGD

VA ← 6/6 (u/a)
6/6

Rx

Medicine	Dosage	Timing - Freq. - Duration
1) ZYQUA CLEANSER Timing : 1 - Before Breakfast Note : both eyes	1 — 0 — 0	Before Breakfast - Weekly Twice - 30 Days
2) REFRESH TEARS EYE 10ML DROPS Composition : SODIUM CARBOXYMETHYL CELLULOSE 5 MG Timing : 1 - After Breakfast, 1 - After Lunch, 1 - After Dinner Note : both eyes	1 — 1 — 1	After Food - Daily - 3 Months


Dr. Mukesh Vats
MBBS,MS,FVRS
Retina Consultant & Phaco Surgeon
PMC: 45034

Name : MR. HARINDER PAL SINGH (39y, Male)
Phone : 9464952477
ID : 507394
Doctor : Dr. G Ranjeeth Kumar

Date & Time : 22-Feb-2025 02:51 PM

Family History: CAD

BP 108/69 mmHg | Pulse 82 bpm | Weight 51 kg

Complaints: REGULAR HEALTH CHECKUP

Lab Tests and Imaging: USG ABD - tiny GB polyp

Rx

Medicine	Dosage	Timing - Freq. - Duration
1) CAP. RABZENAM - L *	1 - 0 - 0 (cap)	30 mins - Before Breakfast - Daily - 20 Days
Timing : 1 (cap) - 30 mins Before breakfast Administration : Oral-To be swallowed		
2) TAB. URSOCOL 300MG *	1 - 0 - 1 (tab)	Daily - 10 Days
Composition : Ursodeoxycholic acid 300 MG Timing : 1 (tab) - Morning, 1 (tab) - Night Administration : Oral-To be swallowed		

Tests Prescribed: USG ABD

Next Visit :6 months

Admission Advice: NO

Dr. G. Ranjeeth Kumar
MBBS, MD Internal Medicine (PGIMER)
Regn No. 88598

Powered by HealthPlix EMR. www.healthplix.com

Disclaimer - This is a computer generated e-prescription. No Signature is required.

Livasa Hospital, Mohali

(A Unit of Ivy Health and Life Sciences Private Limited)

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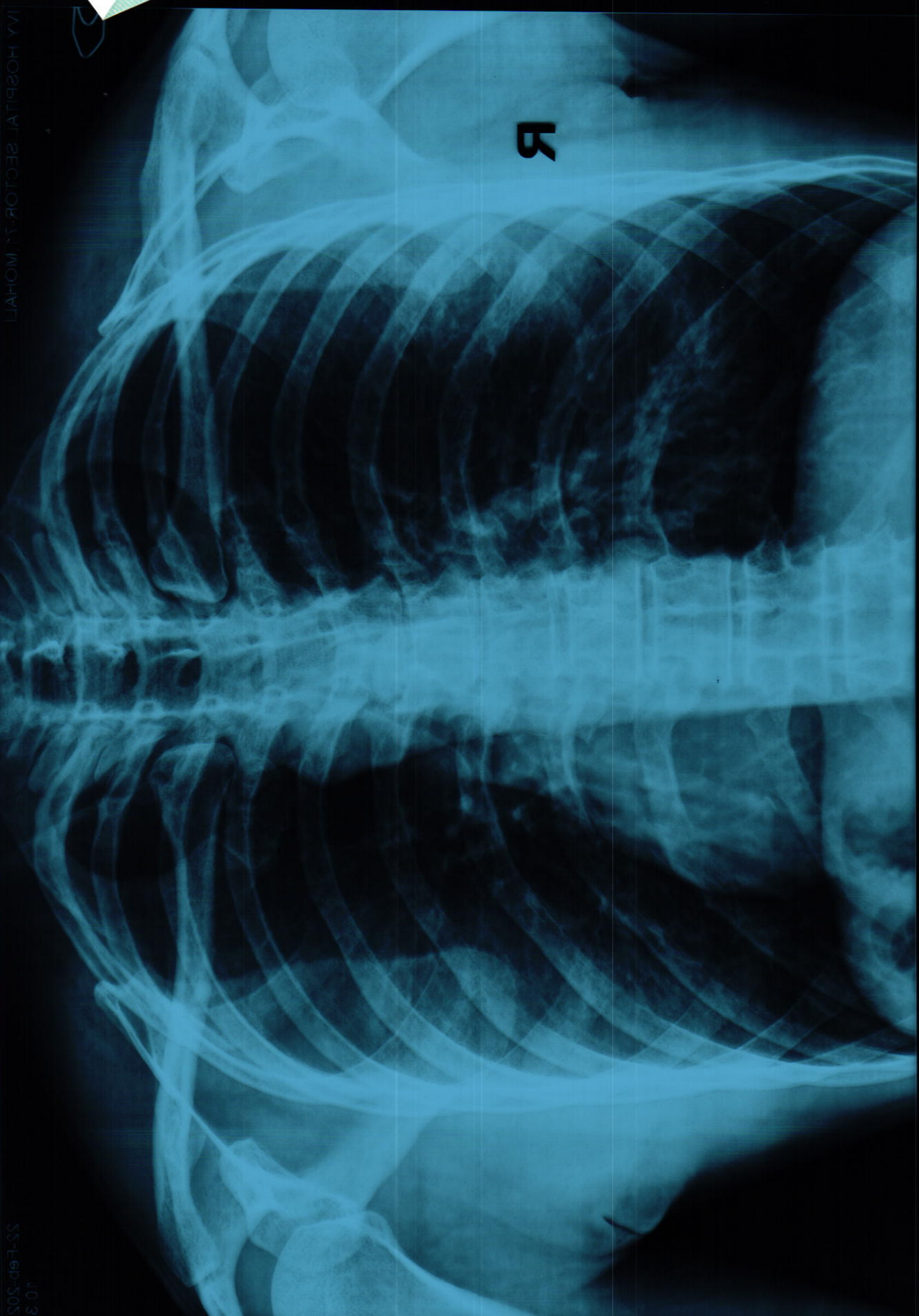
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Website: www.livasahospitals.com

IVY HOSPITAL SECTOR-21, MOHALI

ID507364 HARINDER PAL M 36 years XI 3233 OPD

R



IVY HOSPITAL SECTOR-21, MOHALI

33-Feb-2022 10:38

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Sector 71, Mohali, Punjab, 160071

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NAME	: MR HARINDER PAL SINGH	Requisition Date	: 22/Feb/2025 09:31AM
DOB/Gender	: 18-May-1985/M	Sample Coll Date	: 22/Feb/2025 09:35AM
UHID	: 507394	Sample Rec. Date	: 22/Feb/2025 09:35AM
Inv. No.	: 4971876	Approved Date	: 22/Feb/2025 10:51AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409306		

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 (CLIA/Vitros 5600)	1.10	ng/mL	0.970 - 1.69
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Summary & Interpretation:

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of medications such as propranolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

Serum Total T4 (CLIA/Vitros 5600)	9.20	µg/dL	5.52 - 12.97
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Summary & Interpretation:

The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken into account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

Serum TSH (CLIA/Vitros 5600- TSH 3rd generation)	0.700	mIU/L	0.4001 - 4.049
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Summary & Interpretation:

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The determination of TSH serves as the initial test in thyroid diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

- Note:**
- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
 - Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
 - Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
 - Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic - Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 - 3.70
2nd Trimester	0.31 - 4.35
3rd Trimester	0.41 - 5.18

The highlighted values should be correlated clinically
Result Entered By: Geetika 40845



Livasa Hospital, Mohali

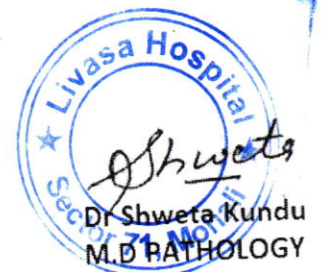
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BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting <small>(VITROS 5600 /Colorimetric - Glucose oxidase, hydrogen peroxide)</small>	90	mg/dL	Normal 70-99 mg/dl Impaired Tolerance 100 - 125mg/dl Diabetic \geq 126 mg/dl
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Interpretation (In accordance with the American diabetes association guidelines):

- A fasting plasma glucose level below 100 mg/dL is considered normal.
- A fasting plasma glucose level between 100-125 mg/dL is considered as glucose intolerant or pre diabetic. A fasting and post-prandial blood sugar test (after consumption of 75 gm of glucose) is recommended for all such patients.
- A fasting plasma glucose level \geq 126 mg/dL is highly suggestive of a diabetic state. A repeat fasting test is strongly recommended for all such patients. A fasting plasma glucose level in excess of 126 mg/dL on both the occasions is confirmatory of a diabetic state.

GLUCOSE PP

Plasma Glucose Post Prandial <small>(VITROS 5600 /Colorimetric - Glucose oxidase, hydrogen peroxide)</small>	142	mg/dL	Normal <140 Impaired Tolerance 140--180 Diabetic >180
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RFT (RENAL FUNCTION TESTS)

Serum Urea <small>(VITROS 5600 /Colorimetric - Urease, UV)</small>	21.00	mg/dl	19.26-42.8
Serum Creatinine <small>(VITROS 5600 /Two-point rate - Enzymatic)</small>	0.80	mg/dL	0.66--1.25mg/dl
Serum Uric acid <small>(VITROS 5600 /Colorimetric - Uricase)</small>	6.40	mg/dL	3.5--8.5 mg/dl

Interpretation:

Renal function tests are used to detect and diagnose diseases of the Kidney.

The highlighted values should be correlated clinically
Result Entered By: Geetika 40845



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Dr Shweta Kundu
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Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409306		

Test Description	Observed Value	Unit	Reference Range
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total (VITROS 5600 /Colorimetric - Diphylline, Diazonium salt)	0.70	mg/dL	0.2-1.3 mg/dl
Bilirubin(Unconjugated) (VITROS 5600 / Colorimetric - Direct measure)	0.60	mg/dL	Adult 0.0 - 1.1 Neonate 0.6 - 10.5
Bilirubin(Conjugated) (VITROS 5600 / Colorimetric - Spectrophotometric)	0.01	mg/dL	Adult 0.0 - 0.3 Neonate 0.0 - 0.6
Serum SGOT(AST) (VITROS 5600 /UV with P5P)	31	U/L	Male 17-59U/L
Serum SGPT(ALT) (VITROS 5600 /Multi-point rate - UV with P5P)	27	U/L	<50
Serum AST/ALT Ratio (Calculated)	1.15		
Serum GGT (VITROS 5600 /Multi-point rate - G-glutamyl-p-nitroanilide)	11	U/L	15 - 73
Serum Alkaline Phosphatase (VITROS 5600 /Multi-point rate - PMPP, AMP Buffer (37°C))	58	U/L	38--126U/L
Serum Protein Total (VITROS 5600 /Colorimetric - Biuret,no serum blank, end point)	7.7	g/dl	6.3--8.2g/dl
Serum Albumin (VITROS 5600 /Colorimetric - Bromcresol Green)	4.8	g/dl	3.5--5.0g/dl
Serum Globulin (Calculated)	2.90	mg/dL	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.66	%	1.0 - 1.8

Interpretation:

Liver blood tests, or liver function tests, are used to detect and diagnose disease or inflammation of the liver. Elevated aminotransferase (ALT, AST) levels are measured as well as alkaline phosphatase, albumin, and bilirubin. Some diseases that cause abnormal levels of ALT and AST include hepatitis A, B, and C, cirrhosis, iron overload, and Tylenol liver damage. Medications also cause elevated liver enzymes. There are less common conditions and diseases that also cause elevated liver enzyme levels.

LIPID PROFILE

Serum Cholesterol (VITROS 5600 /Colorimetric - Cholesterol oxidase, esterase, peroxidase)	191	mg/dL	Desirable <200mg/dl Boredrline High 200-239mg/dl High ≥240mg/dl
Serum Triglycerides (VITROS 5600 /Colorimetric - Enzymatic, end point)	99	mg/dL	Normal < 150mg/dl Boredrline High 150--199mg/dl High 200-499mg/dl Very High ≥500 mg/dl
Serum HDL Cholesterol (VITROS 5600 /Colorimetric - Direct measure, PTA/MgCl2)	72	mg/dL	Low to Average <40 mg/dl High ≥ 60.0mg/dl

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Inv. No. : 4971876 Sample Rec.Date : 22/Feb/2025 09:35AM
Panel Name : Livasa Mohali Approved Date : 22/Feb/2025 10:51AM
Bar Code No : 13409306 Referred Doctor : Self

Test Description	Observed Value	Unit	Reference Range
Serum VLDL cholesterol (Calculated)	20	mg/dL	7-35
Serum LDL cholesterol (Calculated)	99	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	2.65		3-5
Serum LDL-HDL Ratio (Calculated)	1.38		1.5 - 3.5

Interpretation:

As per ATP III Guidelines - National Cholesterol Education Program

Total Cholesterol (mg/dL)	Desirable <200 Borderline High 200 – 239 High >240
Triglyceride	Normal < 150 Borderline High 150 – 199 High 200 – 499 Very High ≥ 500
HDL – Cholesterol	Low < 40 High ≥ 60
LDL- Cholesterol – Primary Target of Therapy	Optimal < 100 Near optimal/ Above optimal 100 – 129 Borderline high 130 – 159 High 160 – 189 Very high ≥ 190

Risk Category LDL	Goal (mg/dL)	Non-HDL Goal (mg/dL)
CHD and CHD Risk Equivalent (10-year risk for CHD>20%)	<100	<130
Multiple (2+) Risk Factors and 10-year risk <20%	<130	<160
0-1 Risk Factor	<160	<190

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Inv. No.	: 4971876	Approved Date	: 22/Feb/2025 12:22PM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409306		

Test Description	Observed Value	Unit	Reference Range
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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	35.00	mL	
Urine Colour	Pale yellow		Light Yellow
Urine Appearance	Clear		Clear

Chemical Examination (Reflectance Photometry)

Urine pH (Double Indicator)	6.00		4.8-7.6
Urine Specific Gravity (Ion Exchange)	1.005		1.010-1.030
Urine Glucose (Oxidase/Peroxidase Reaction)	Negative		Negative
Urine Protein (Acid Base Indicator)	Negative		Negative
Urine Ketones (Legal's Test)	Negative		Negative
Urine Bilirubin (Coupling)	Negative		Normal
Urine for Urobilinogen (Coupling)	Normal		Negative
Urine Nitrite (Griess Test)	Negative		Negative
Urine Blood (Peroxidase Activity)	Negative		Negative

Microscopic Examination

Urine Pus Cells	0-1		Negative
Urine RBC	Absent	/hpf	Negative
Urine Epithelial Cells	Absent	/hpf	0-5
Urine Casts	Absent	/lpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent



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HAEMATOLOGY

Glycosylated HB (HbA1c)

Whole Blood HbA1c	5.4
Estimated Average Glucose (eAG)	108

ADA criteria for correlation between HbA1c & Mean plasma glucose levels:
(Last three month's average).

HbA1c (%)	Mean Plasma Glucose (mg / dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

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HAEMATOLOGY

BLOOD GROUP RH TYPE

ABO & RH Typing

Forward Grouping

Anti A	POSITIVE
Anti B	POSITIVE
Anti D	POSITIVE
Final Blood Group	AB POSITIVE

NOTE :

- * Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- * So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping.
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.



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Result Entered By: Geetika 40845

Livasa Hospital, Mohali

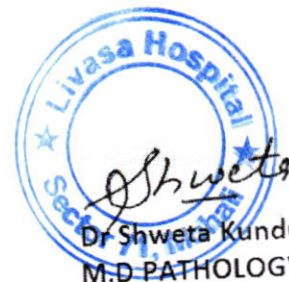
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CIN No.: U85110PB2005PTC027898

GSTIN: 03AABCI4594F1ZQ

LIVASA HOSPITAL

Sector 71, Mohali, Punjab, 160071

Ph: 01727170000, 9115115257

Email: pathreports@livasahospitals.in



Livasa
We care for life



NAME	: MR HARINDER PAL SINGH	Requisition Date	: 22/Feb/2025 09:31AM
DOB/Gender	: 18-May-1985/M	SampleCollDate	: 22/Feb/2025 09:35AM
UHID	: 507394	Sample Rec.Date	: 22/Feb/2025 09:35AM
Inv. No.	: 4971876	Approved Date	: 22/Feb/2025 11:35AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409306		

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR	7	mm/h	0-10
(Automated LSR analyser)			

The highlighted values should be correlated clinically
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Dr Shweta Kundu
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MC-6172

Livasa
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NAME	: MR HARINDER PAL SINGH	Requisition Date	: 22/Feb/2025 09:31 AM
DOB/Gender	: 18-May-1985/M	SampleCollDate	: 22/Feb/2025 09:35 AM
UHID	: 507394	Sample Rec.Date	: 22/Feb/2025 09:35 AM
Inv. No.	: 4971876	Approved Date	: 22/Feb/2025 10:18 AM
Panel Name	: Livasa Mohali	Referred Doctor	: Self
Bar Code No	: 13409306		

Test Description	Observed Value	Unit	Reference Range
------------------	----------------	------	-----------------

HAEMATOLOGY

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin (Noncyanmethaemoglobin)	14.5	g/dl	13.0 - 17.0
Hematocrit(PCV) (Calculated)	46.9	%	36-48
Red Blood Cell (RBC) (Impedence/DC Detection)	5.60	$10^6 / \mu\text{l}$	4.5-5.5
Mean Corp Volume (MCV) (Impedence/DC Detection)	84.4	fL	83-97
Mean Corp HB (MCH) (Calculated)	26.1	pg/mL	27-31
Mean Corp HB Conc (MCHC) (Calculated)	30.9	gm/dl	32-36
Red Cell Distribution Width -CV (Calculated)	12.3	%	11-15
Platelet Count (Impedence/DC Detection/Microscopy)	235	$10^3/\text{ul}$	150-450
Mean Platelet Volume (MPV) (Impedence/DC Detection)	9.0	fL	7.5-10.3
Total Leucocyte Count (TLC) (Impedence/DC Detection)	8.0	$10^3 / \mu\text{l}$	4.0 - 10.0
Differential Leucocyte Count (VCS/ Microscopy)			
Neutrophils	62	%	40-75
Lymphocytes	23	%	20-40
Monocytes	11	%	0-8
Eosinophils	4	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	4,960	μl	2000-7000
Absolute Lymphocyte Count	1,840	uL	1000-3000
Absolute Monocyte Count	880	uL	200-1000
Absolute Eosinophil Count	320	μl	20-500

*** End Of Report ***

The highlighted values should be correlated clinically
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DR BHUMIKA BISHT
M. D. PATHOLOGY

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CIN No.: U85110PB2005PTCO27898
GSTIN: O3AABCI4594F1ZQ



Patient Name HARINDER PAL SINGH Patient ID 507394
 Gender/Age Male / 40 Test Date : 22 Feb 2025

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.1	3.7-5.6 CM
Left Ventricular ES Dimension	2.7	2.2-4.0 CM
IVS (D)	0.8	0.6-1.2 CM
IVS (s)	1.2	0.7-2.6 CM
LVPW (D)	0.9	0.6-1.1 CM
LVPW (S)	1.3	0.8-1.0 CM
Aortic Root	2.9	2.0-3.7 CM
LA Diameter	2.6	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	55%	54-76%

Mitral Valve : Normal movements of all leaflet, No subvalvular pathology, No calcification, no prolapse.

Aortic Valve : Thin Trileaflet open completely with central closure

Tricuspid Valve : Thin, opening well with no prolapse

Pulmonary Valve : Thin, Pulmonary Artery not dilated

Pulse & CW Doppler : **Mitral valve:** E=76 cm/s, A=58 cm/s, E>A

Aortic valve: Vmax =73 cm/s

Pulmonary valve: Vmax =76 cm/s

Chamber Size -

LV - Normal/ Enlarged LA - Normal / Enlarged

RV - Normal/ Enlarged RA - Normal/ Enlarged

RWMA - Nil

Others : Intact IAS, IVS

No LA, LV Clot seen

No vegetation or intracardiac mass present

No Pericardial effusion present

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GSTIN: 03AABCI4594F1ZQ



Remarks -

FINAL IMPRESSION -

No RWMA of LV

Normal LV systolic function (LVEF~55%)



DR. RAKESH BHUTENGRU
Director-Non Invasive Cardiology
MBBS, MD(Medicine), DM(Cardiology)
PMC-42588

(NOT FOR MEDICO-LEGAL PURPOSE)

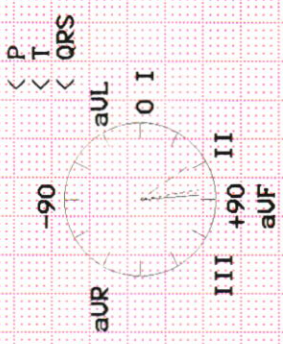
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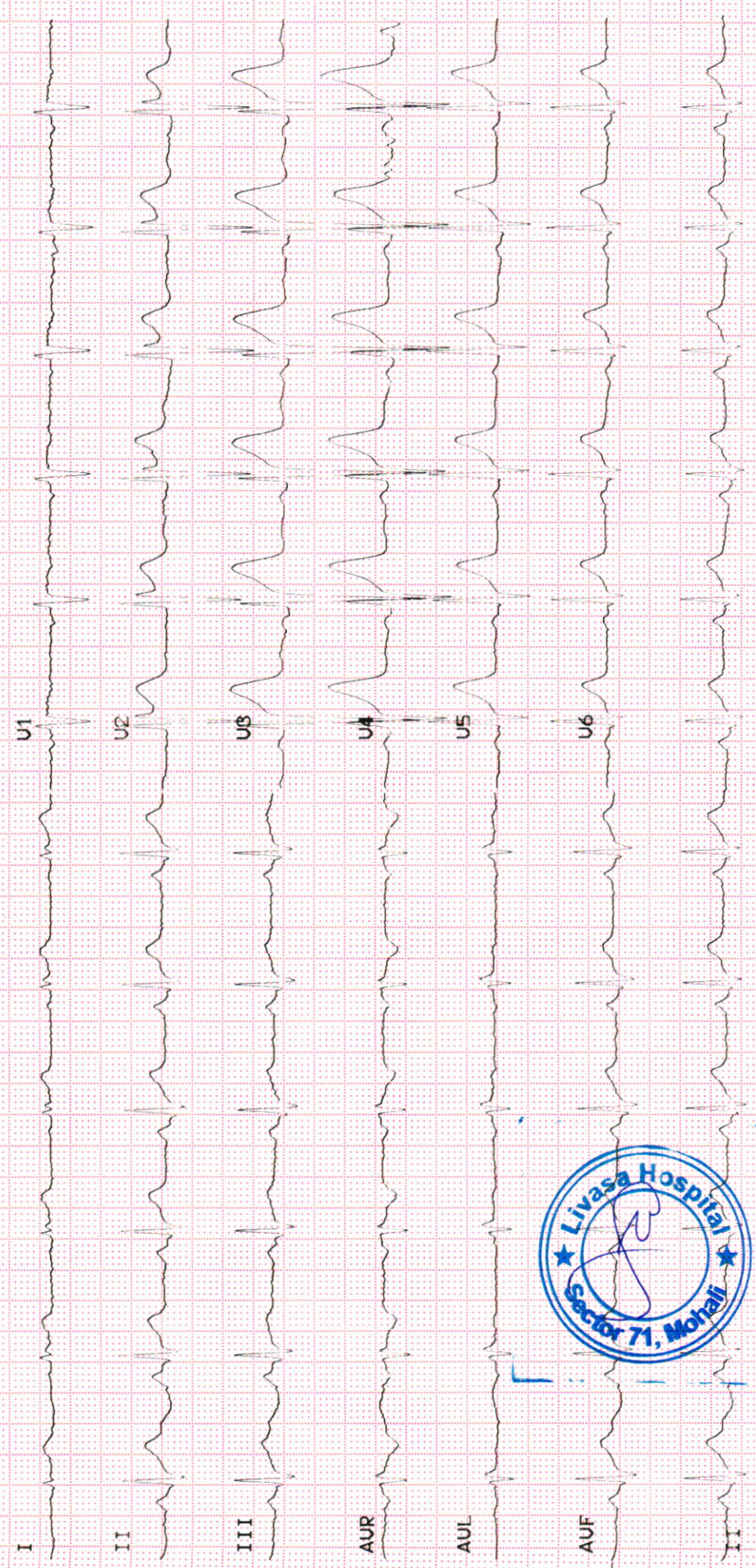
Mr. Harinder Pal
 UHI D-507394
 Age - 39/M

Interpretation:
 Q wave (inferior)
 suspected right ventr. hypertrophy
 RSR' pattern
 ST-segment elevation (anterior)
 probably abnormal ECG

Measurement Results:
 QRS : 110 ms
 QT/QTcB : 372 / 413 ms
 PR : 146 ms
 P : 108 ms
 RR/PP : 810 / 805 ms
 P/QRS/T : 80 / 85 / 55 degrees
 QT/QTcBD : 34 / 38 ms
 Sokolow : 1.7 mV
 NK : 10



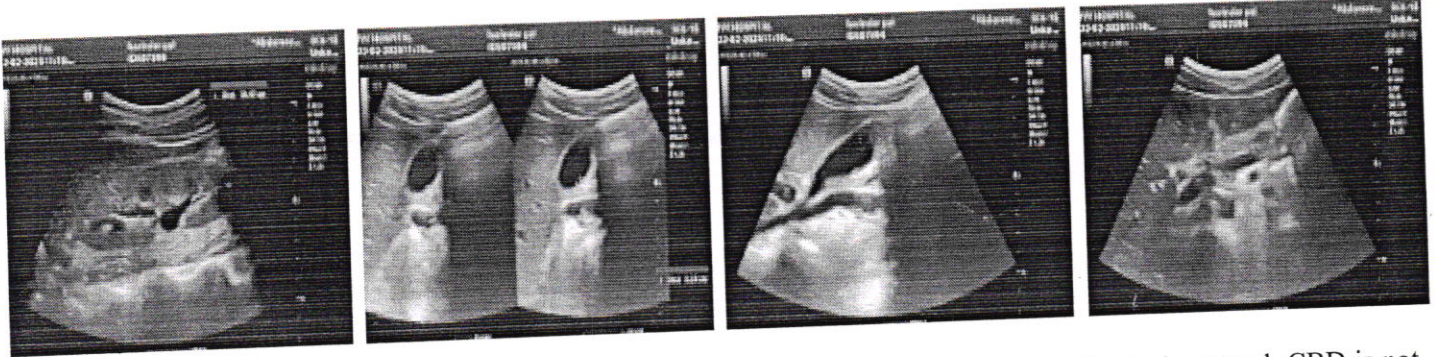
Unconfirmed report.





NAME	., HARINDER PAL SINGH	SEX/AGE	M39Y
PATIENT ID	ID507394	Accession Number	
REF CONSULTANT	PACKAGE	DATE	22/02/2025 11:15

USG WHOLE ABDOMEN



LIVER: is normal in size (~ 13.2cm), outline and echotexture. IHBR are not dilated. Portal vein is normal. CBD is not dilated.

GALL BLADDER: is normally distended. GB wall is normal. **A tiny immobile echogenic focus without posterior acoustic shadowing is seen along the wall of GB - s/o polyp.**

SPLEEN: is normal in size (~ 7.2cm), outline and echotexture.

PANCREAS & UPPER RETROPERITONEUM: Visualised pancreatic head and proximal body are normal in size and echotexture. Tail of pancreas is obscured by bowel gas.

RIGHT KIDNEY: It is normal in size (~ 10.4cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculus is seen. Mild pelvic fullness is seen - likely due to overdistended UB.

LEFT KIDNEY: It is normal in size (~ 10.5cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculus is seen. Mild pelvic fullness is seen - likely due to overdistended UB.

U-BLADDER: is overdistended at the time of examination.

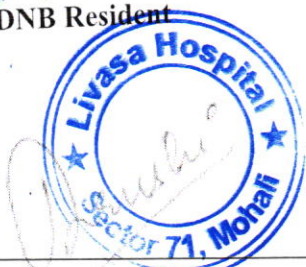
PROSTATE: is normal in size.

No free fluid is seen in peritoneal cavity.

CLINICAL PROFILE: Screening.

IMPRESSION: Tiny GB polyp.

Dr. Shruti
DNB Resident



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NAME	., HARINDER PAL SINGH	SEX/AGE	M39Y
PATIENT ID	ID507394	Accession Number	
REF CONSULTANT	PACKAGE	DATE	22/02/2025 11:15

The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

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