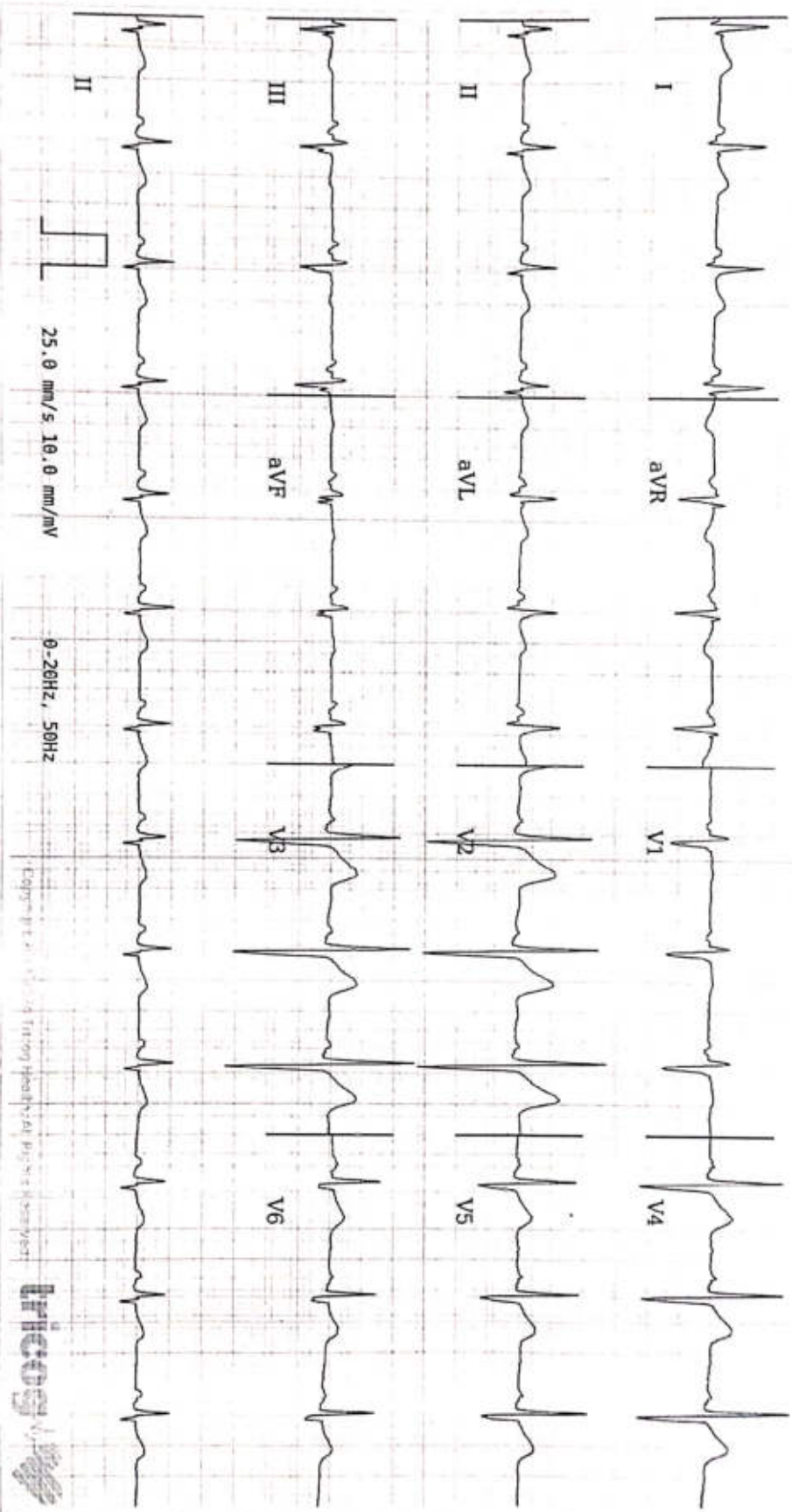


Age / Gender: 31/Male  
Patient ID: 00000000031  
Patient Name: Puspdeep

Date and Time: 6th Nov 24 9:43 AM



AR: 80bpm

VR: 80bpm

QRSD: 98ms

QT: 372ms

QTcB: 429ms

PRI: 126ms

P-R-T: 24° NA 13°

25.0 mm/s, 10.0 mm/mV

0-20Hz, 50Hz

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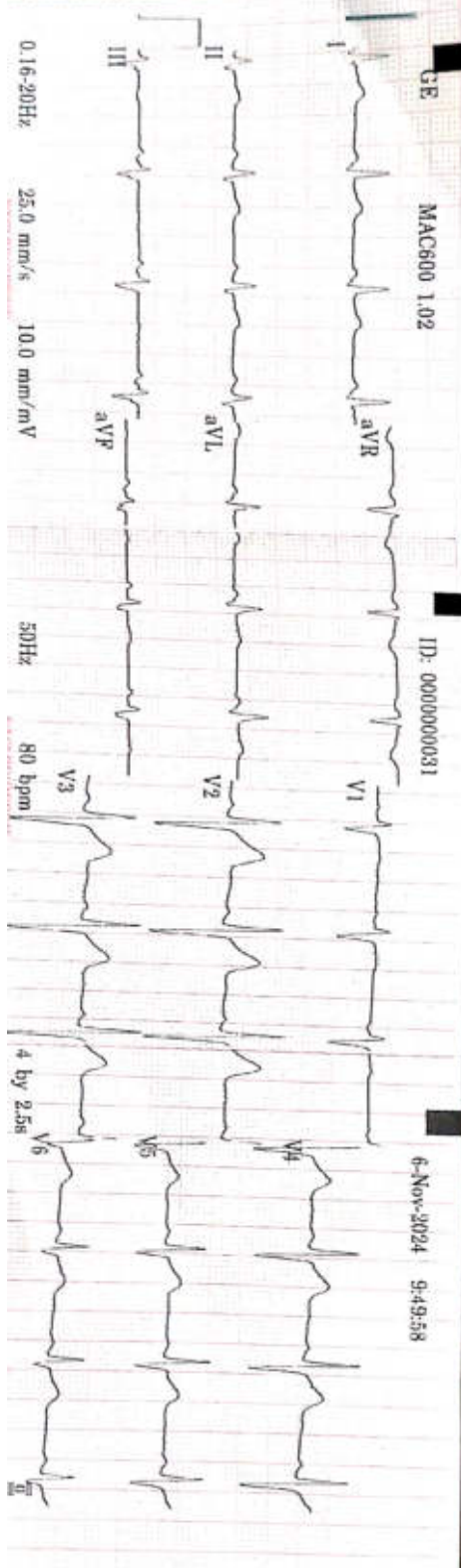


ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

Dr. Kavita Ganti





GE

MAC600 1.02

ID: 0000000031

0.16-20Hz

25.0 mm/s

10.0 mm/mV

50Hz

80 bpm

4 by 2.5s

6-Nov-2024

9:49:58

ID: 0000000031

31years Male

*First patient medicine*

Vent. rate 80 bpm  
 QRS duration 98 ms  
 QT/QTc 372/429 ms  
 PR interval 126 ms  
 P duration 106 ms  
 RR interval 750 ms  
 P-R-T axes 24 0 13

MAC600 1.02

1981™ v2719

# DIWYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report

PATIENT NAME	Mrs. PUSHPEEP	SAMPLE COLLECTED ON	06-11-2024
AGE / SEX	31 Y / Male	REPORT RELEASED ON	06/11/2024
COLLECTED AT	Inside	REPORTING TIME	1:07:31PM
RECEIPT No.	24,506	PATIENT ID	24540
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, LIVER FUNCTION TEST, KIDNEY FUNCTION TEST, Blood Sugar Fasting, Glycosylated Haemoglobin, Blood Group (ABO), Urine Examination Report, Lipid Profile, ESR Wintrobe,,

Tests	Results	Biological Reference Range	Unit
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## HAEMATOLOGY

### COMPLETE BLOOD COUNT

Haemoglobin	12.1	Low (Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%)	G%
Total Leukocyte Count (TLC)	7100	(4000-11000 /cumm)	/cumm
Differential Leukocyte Count (DLC)			
Polymorph	55	(40-80)%	%
Lymphocyte	40	(20-40)%	%
Eosinophil	04	(01-6)%	%
Monocyte	01	Low (02-08)%	%
Basophil	00	(<1%)	%
R. B. C.	3.82	Low (4.2 - 5.5) million/cmm	million/ /Litre
P. C. V. (hemotocrite)	34.4	Low (36-50) Litre/Litre	/Litre
M. C. V.	89.9	(82-98) fl	fl
M. C. H.	31.3	(27Pg - 32Pg)	Pg
M. C. H. C.	34.8	(21g/dl - 36g/dl)	g/dl
Platelete Count	1.62	(1.5-4.0 lacs/cumm)	/cumm
<b>ESR Wintrobe</b>			
Observed	30	High 20mm fall at the end of first hr.	mm

\*esr Is A Non Specific Phenomenon, Clinically Useful In Disorders Associated With An Increased Production Of Acute Phase Proteins.

\*elevated In Acute And Chronic Infections And Malignancies.

\*extremely High ESR Values Are Seen In Multiple Myeloma, Leukemia, Lymphoma, Breast And Lung Carcinomas, Rheumatoid Arthritis, SLE, Pulmonary Infarction.

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For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932

Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.



# YAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mrs. PUSHDEEP	SAMPLE COLLECTED ON	06-11-2024
AGE / SEX	31 Y / Male	REPORT RELEASED ON	06/11/2024
COLLECTED AT	Inside	REPORTING TIME	1:07:31PM
RECEIPT No.	24,506	PATIENT ID	24540
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, LIVER FUNCTION TEST, KIDNEY FUNCTION TEST, Blood Sugar Fasting, Glycosylated Haemoglobin, Blood Group (ABO), Urine Examination Report, Lipid Profile, ESR Wintrobe,.

Tests	Results	Biological Reference Range	Unit
-------	---------	----------------------------	------

## BIOCHEMISTRY

Blood Sugar Fasting	102.6	(70 - 110)mg/dl	
<p>Referance Value :</p> <p>Fasting ( Diabetes 110.0 Mg% Or More ) ( Impaired Glucose Tolerance 110-126 Mg% )</p> <p>After 2hrs. Of 75 Gm Glucose (oral) ( 70-140 Mg% ) ( Impaired Glucose Tolerance 140-200 Mg% )</p> <p>Random/casual (diabetes 200 Mg% Or More, With Presenting Symptoms.)</p>			
<b>Lipid Profile.</b>			
Total Cholestrol	149.5	125-200mg/dl Normal Value	mg/dL
H D L Cholestrol	37.2	(30-70 mg%)	mg%
Triglyceride	136.5	(60-165mg/dL)	mg/dL
V L D L	27.3	(5-40mg%)	mg%
L D L Cholestrol	112.3		mg/dl
		50 Optimal	
		50-100 Near/Above Optimal	
TC/HDL	4.0	(3.0-5.0)	
LDL/HDL	2.1	(1.5-3.5)	

### Comment/interpretation

Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipids, The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

### Note::

1. Measurement In The Same Patient Can Show Physiological & Analytical Variations. Three Serial Samples 1 Week Apart Are Recommended For Total Cholesterol, triglycerides, hdl & ldl cholesterol.
2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholesterol.
3. Friedewald Equation To Calculate Ldl Cholesterol Is Most Accurate When Triglyceride Level Is <400 Mg/dl. Measurement Of Direct Ldl Cholesterol Is Recommended When Triglyceride Level Is >400 Mg/dl.

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For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खर्जाची बरगदवा थाईपास रोड, राजी नगर-1, गोरखपुर - 273 003 मो. : 8173006932

Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.



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PATIENT NAME	Mrs. PUSHPDEEP	SAMPLE COLLECTED ON	06-11-2024
AGE / SEX	31 Y / Male	REPORT RELEASED ON	06/11/2024
COLLECTED AT	Inside	REPORTING TIME	1:07:31PM
RECEIPT No.	24,506	PATIENT ID	24540
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, LIVER FUNCTION TEST, KIDNEY FUNCTION TEST, Blood Sugar Fasting, Glycosylated Haemoglobin, Blood Group (ABO), Urine Examination Report, Lipid Profile, ESR Wintrobe,.

Tests	Results	Biological Reference Range	Unit
<b>LIVER FUNCTION TEST</b>			
Bilirubin (Total)	0.7	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct)	0.3	(0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.4	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	48.6	High 0-40	IU/L
SGPT (ALT)	39.2	0.0-42.0	IU/L
Serum Alkaline Phosphatase	149.5	80.0-290.0	U/L
Serum Total Protein	6.4	6.0-7.8	gm/dl
Serum Albumin	3.9	3.5-5.0	gm/dl
Serum Globulin	2.5	2.3-3.5	gm/dl
A/G Ratio	1.56	High	

Comments/interpretation:  
 -liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes,  
 -the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage.  
 -It Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

<b>KIDNEY FUNCTION TEST</b>			
Blood Urea	37.7	15.0-45.0	mg/dl
Blood Urea Nitrogen (BUN)	17.2	06-21	mg%
Serum Creatinine	1.0	0.7-1.4	mg/dl
Serum Uric Acid	6.7	Male-3.5-7.2 Female-2.5-6.0	mg/dl

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 For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदया थाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932  
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# AMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report

PATIENT NAME Mrs. PUSHPEEP  
AGE / SEX 31 Y / Male  
COLLECTED AT Inside  
RECEIPT No. 24,506  
REFERRED BY Dr. DMH

SAMPLE COLLECTED ON 06-11-2024  
REPORT RELEASED ON 06/11/2024  
REPORTING TIME 1:07:31PM  
PATIENT ID 24540

INVESTIGATION COMPLETE BLOOD COUNT, LIVER FUNCTION TEST, KIDNEY FUNCTION TEST, Blood Sugar Fasting, Glycosylated Haemoglobin, Blood Group (ABO), Urine Examination Report, Lipid Profile, ESR Wintrobe.

Tests	Results	Biological Reference Range	Unit
<b>Glycosylated Haemoglobin</b>			
HBA1c	6.3	(4.3-6.4)	%

Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

Comments/interpretations:

Glycosylated Haemoglobin Is Proportional To Mean Plasma Glucose Level During Previous 6-12 Weeks. For People Without Diabetes, The Normal Range For The Hemoglobin A1c Level Is Between 4% And 5.6%. Hemoglobin A1c Levels Between 5.7% And 6.4% Mean You Have A Higher Chance Of Getting Diabetes. Levels Of 6.5% Or Higher Mean You Have Diabetes. recommended Goal Of Hba1c Is <7%. The Higher The Hemoglobin A1c, The Higher Your Risk Of Having Complications Related To Diabetes. A Combination Of Diet, Exercise, And Medication Can Bring Levels Down. People With Diabetes Should Have An A1c Test Every 3 Months To Make Sure Their Blood Sugar Is In Their Target Range. If Your Diabetes Is Under Good Control, You May Be Able To Wait Longer Between The Blood Tests. But Experts Recommend Checking At Least Two Times A Year. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test.

## SEROLOGY

### Blood Group (ABO)

A.B.O. "B"  
Rh(D) POSITIVE

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For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932

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PATIENT NAME	Mrs. PUSHPDEEP	SAMPLE COLLECTED ON	06-11-2024
AGE / SEX	31 Y / Male	REPORT RELEASED ON	06/11/2024
COLLECTED AT	Inside	REPORTING TIME	1:07:31PM
RECEIPT No.	24,506	PATIENT ID	24540
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, LIVER FUNCTION TEST, KIDNEY FUNCTION TEST, Blood Sugar Fasting, Glycosylated Haemoglobin, Blood Group (ABO), Urine Examination Report, Lipid Profile., ESR Wintrobe.,

Tests	Results	Biological Reference Range	Unit
-------	---------	----------------------------	------

### CLINICAL PATHOLOGY

#### Urine Examination Report

##### PHYSICAL

Volume	25	-	ml
Colour	LIGHT YELLOW	-	-
Appearance	CLEAR	-	-

##### CHEMICAL

Reaction PH	6.0	(4.5-8.0)	-
Specific Gravity	1.020	(1.01-1.025)	-
Proteins	NIL	NIL	-
Sugar	NIL	NIL	-
Blood	NIL	NIL	-
Phosphates/urates	NIL	NIL	-
Ketone Bodies	NIL	NIL	-
Chyle	NIL	-	-
Bile Pigment (Bilirubin)	NIL	NIL	-
Bile Salt	NIL	-	-
Urobilinogen	Normal	-	-

##### MICROSCOPICAL

R B C	Absent	0-2 /hpf	/hpf
Pus Cells	1-2	0-5 /hpf	/hpf
Epithelial Cells	2-3	-	-
Crystals	Nil	-	-
Yeast Cells	Absent	-	-
Casts	Absent	-	-
BACTERIA	Absent	-	-

\*\*\* End of Report \*\*\*

THANKS FOR REFERENCE

Consultant Pathologist  
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN  
24540

Consultant Pathologist  
DR.VASUNDHARA SINGH M.D (PATH)

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PATIENT NAME	Mr. PUSHPEEP	SAMPLE COLLECTED ON	06-11-2024
AGE / SEX	31 Y / Male	REPORT RELEASED ON	06/11/2024
COLLECTED AT	Inside	REPORTING TIME	3:55:29PM
RECEIPT No.	24,519	PATIENT ID	24553
REFERRED BY Dr.	DMH		

INVESTIGATION T3 Triiodo Thyroid, T4 Thyroxine, TSH,,

Tests	Results	Biological Reference Range	Unit
<b>IMMUNOLOGY</b>			
T3 Triiodo Thyroid	1.32	(0.69 - 2.15)	ng/ml
T4 Thyroxine	91.8	(52 - 127) ng/ml	ng/ml
TSH	1.78	(0.3-4.5) uIU/ml	uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.

Remarks:

- Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
- A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
- Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
- A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
- Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
- Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
- A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
- Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Samples Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.

\*\*\* End of Report \*\*\*

THANKS FOR REFERENCE

Consultant Pathologist  
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN  
24553

Consultant Pathologist  
DR.VASUNDHARA SINGH M.D (PATH)

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**REPORT**

I.D. NO 11 : U/06-11-05  
Patient's Name: : MR. PUSHIPDEEP  
Ref by Dr. : DIVYAMAN HOSPITAL  
November 6, 2024  
AGE/SEX :31 YRS / M

**2D- ECHO**

**MITRAL VALVE**

Morphology

AML- Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/Sam/Doming.  
PML- Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.  
Subvalvular deformity Present/Absent

Doppler

Normal/Abnormal E>A Score : A>E  
Mitral Stenosis Present/Absent RR Interval\_ msec  
EDG\_ mmHg MDG\_ mmHg MVA\_ cm2  
Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe.

**TRICUSPID VALVE**

Morphology

Doppler

Normal/Abnormal.  
Tricuspid stenosis Present/Absent RR Interval\_ msec.  
EDG\_ mmHg MDG\_ mmHg  
Tricuspid regurgitation/Absent/Trivial/Mild/Moderate/Severe Fragmented signals.  
Velocity\_ msec. Pred. RVSP=RAP+\_ mmHg

**PULMONARY VALVE**

Morphology

Doppler

Normal/Atresia/Thickening/Doming/Vegetation.  
Normal/Abnormal  
Pulmonary stenosis Present/Absent Level  
PSG\_ mmHg  
Pulmonary regurgitation Present/Absent  
Early diastolic gradient\_ mmHg. End diastolic gradient\_ mmHg  
Pulmonary annulus\_ mm



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Ph. Directors : 9415212566, 9415211286  
E-mail : knspl.gkp@gmail.com

**REPORT**

**AORTIC VALVE**

Morphology Normal/Thickening/Calcification/Restricted opening/Flutter/Vegetation  
No of cusps 1/2/3/4

Doppler Normal/Abnormal  
Aortic stenosis Present/Absent Level  
Aortic regurgitation PSG\_ mmHg Aortic annulus\_mm  
Absent/Trivial/Mild/Moderate/Severe.

Measurements	Values (Cm)
Aorta :	2.44
LVes :	1.16
IVSed :	57%
RVed :	
EF :	

Measurements	Values (Cm)
LACS :	2.44
LVed :	4.76
PW (LV):	
RV Anterior wall	
IVC	

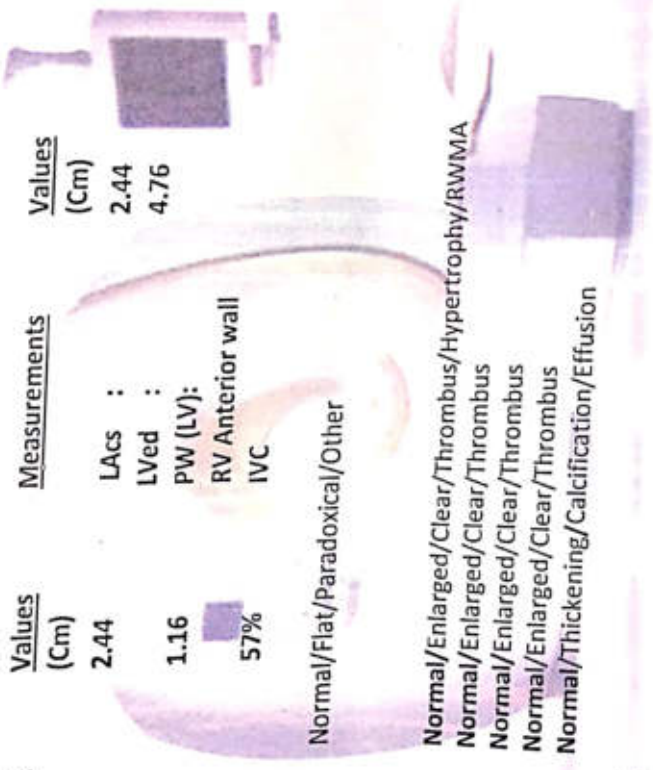
IVSmotion Normal/Flat/Paradoxical/Other

**CHAMBERS**

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy/RWMA  
LA Normal/Enlarged/Clear/Thrombus  
RA Normal/Enlarged/Clear/Thrombus  
RV Normal/Enlarged/Clear/Thrombus  
Pericardium Normal/Thickening/Calcification/Effusion

**IMPRESSION**

- NO RWMA AT REST
- NORMAL LV FUNCTION
- LVEF 57% 2D,
- NORMAL SIZE CARDIAC CHAMBER
- NO I/C CLOT/VEG
- NO PERICARDIAL EFFUSION.



Cardiologist.

उपमंडल सुविधाएँ



CT Scan, सॉल्यूब, डेट, सीमा जाँच  
CT Angiography  
Digital X-ray



MRI Scan  
4D Colour Dopler  
CTUSG Guided Biopsy/FNAC



ECG, ECO Cardiography  
Dr. Lal Path Lab  
24 H Ambulance



THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE





## REPORT

I.D. NO U/06-11-04  
PATIENT NAME MR. PUSHYDEEP  
REF. BY DIVYAMAN HOSPITALNovember 6, 2024  
AGE/SEX 31 Y/M

## USG: WHOLE ABDOMEN (Male)

Liver – Mildly enlarged in size (168.4mm) with grade-I fatty echotexture. No IHBR dilatation / focal SOL are seen.

Gall bladder – is distended. No calculus in lumen. Wall thickness is normal.  
CBD – normal. PV - normal. porta – normal

Pancreas is normal in thickness. Clearly defined margins are seen. Pancreatic duct is not dilated.

Spleen is normal in size (104.9mm) and echotexture. No focal lesion is seen. Diaphragmatic movements are within normal limits on both sides.

Right kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

Left kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder is fully distended. Wall is smooth and regular. Low level echoes noted in lumen.

Prostate: is normal in size 35.3x33.9x25.5mm, volume 16cc. Margins are well-defined. Capsule is normal.

No evidence of Ascites / Retroperitoneal Lymphadenopathy.

## IMPRESSION

- MILD HEPATOMEGALY WITH FATTY LIVER GRADE-I.

## ADV – CLINICAL CORRELATION.

Note : All USG finding are dynamic in nature and are subjected to change with course of disease and time, prescribing clinician are advised to correlate USG finding with clinical findings.

DR. RAHUL NAYAK  
MBBS(MLN),MD(Dr. RMLIMS)  
RADIOLOGIST



- CT Scan सीस्कैन, रे, सीन और
- CT Angiography
- Digital X-ray



- MRI Scan
- 4D Colour Dopler
- CT/USG Guided Biopsy/FNAC



- ECO, ECO Cardiography
- Dr. Lal Path Lab
- 24 H Ambulance









# दिव्यमान हॉस्पिटल

## प्राइवेट लिमिटेड



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I.D. NO	X/06/11/	November 6, 2024
PATIENT NAME	MR. PUSPDEEP	AGE/SEX 31 Y/M
REF. BY	DIVYAMAN HOSPITAL	

### X-RAY CHEST (PA VIEW)

No active pulmonary parenchymal lesion is seen.

B/L c/p angle is clear.

Hilar shadows are normal.

Cardiac shadow is normal.

Trachea and mediastinum are normal in position.

Bones and soft tissues are normal

### IMPRESSION:

➤ **NORMAL SCAN.**

ADV - CLINICAL CORRELATION.

  
DR. RAHUL NAYAK  
MBBS(MLN),MD(Dr. RMLIMS)  
RADIODIAGNOSIS

### -: अन्य विभाग :-

- प्रसूति एवं स्त्री रोग
- मेडिसिन एवं आई.सी.यू.
- न्यूरोलॉजी
- जनरल व लैप्रोस्कोपिक सर्जरी
- शिशु, बाल रोग एवं एन.आई.सी.यू.
- ऑर्थोपेडिक सर्जरी
- यूरोलॉजी
- न्यूरोसर्जरी
- डायलिसिस
- कार्डियोलॉजी
- नाक, कान, गला रोग
- छाती रोग
- फिजियोथेरेपी एवं रिहैबिलिटेशन
- प्राकृतिक उपचार
- रेडियोलॉजी एवं पैथोजॉजी
- माइयुलर ओ.टी., सी.आर्म

### इमरजेन्सी 24 घण्टे

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003  
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