

Patient Name	MR. VIJAY AGARWAL	Requested By	MEDIWHEEL
MRN	BER/2024/OPD20806	Procedure Date	09.03.2024
Age/Sex	42Y/MALE	Hospital	BERLIN DIAGNOSTICS & DAY CARE

USG WHOLE ABDOMEN

Liver : The liver is enlarged in size (16.6 cm) and outline. It reveals diffuse fatty infiltration. No obvious focal lesion is seen. The intra and extra hepatic biliary passage are not dilated. The portal vein is normal in caliber at the porta hepatis.

Gall bladder : The gall bladder is normal in size, has normal wall thickness with no evidence of calculi.

CBD : The CBD is of normal caliber.

Pancreas : The pancreas is normal in size and echogenicity with distinct outline. No obvious focal lesion is seen.

Kidneys : Both kidneys were normal in position:

Right kidney measures 10.3 cm

Left Kidney measures 9.2 cm

The renal cortical thickness and corticomedullary differentiation were adequate on both sides. No evidence of renal calculus or hydronephrosis seen on either sides.

Spleen : The spleen is normal in size and echogenicity.

Urinary Bladder : The urinary bladder is normal in size. Its walls show a smooth outline. There is no evidence of any intraluminal or perivesical abnormality.

Prostate : The prostate is normal in size, measures (22.3 gm) and shows normal parenchymal echogenicity.

No significant probe tenderness in RIF.

No evidence of pleural effusion on either side.

No evidence of ascites or lymphadenopathy seen.

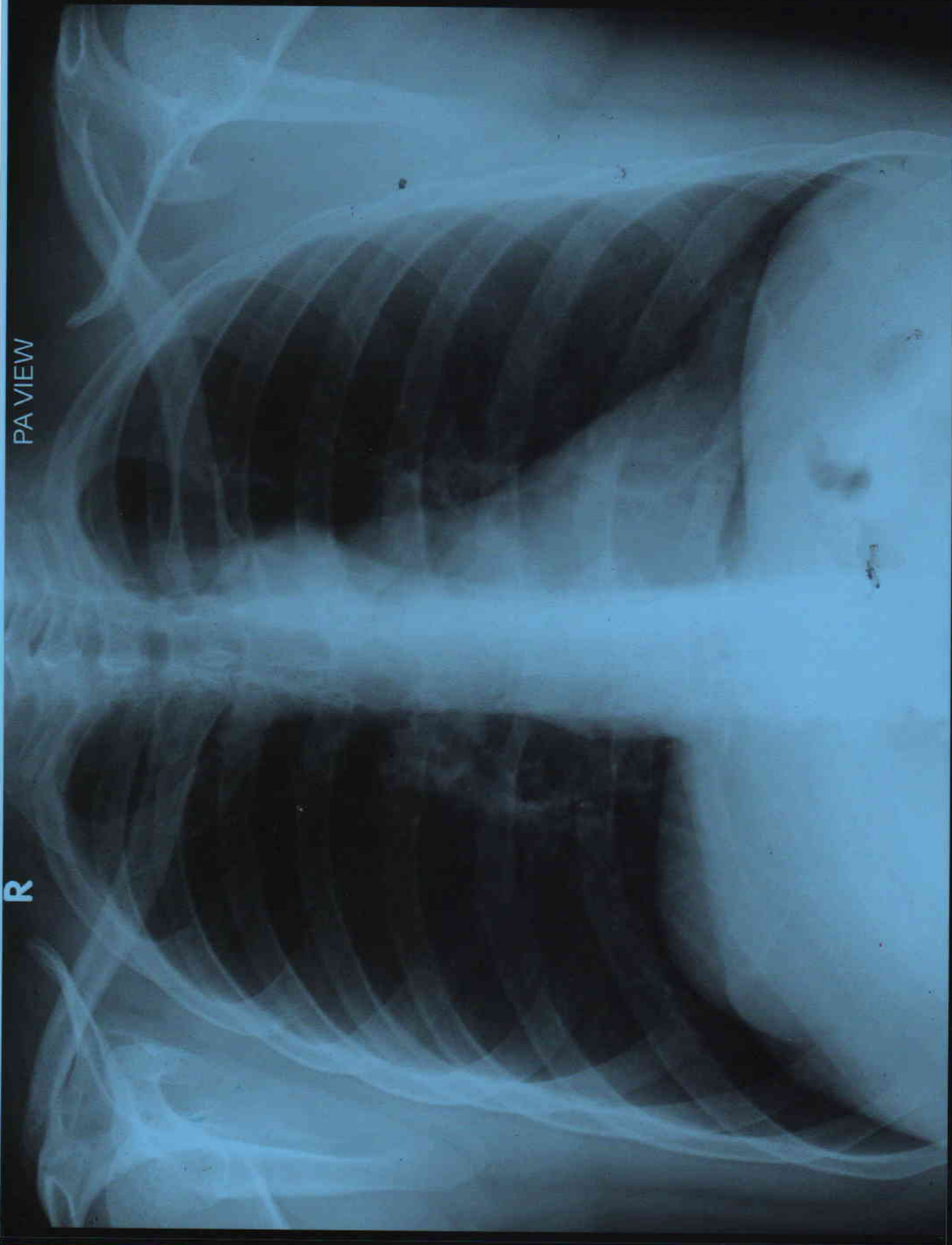
IMPRESSION : ENLARGED GRADE – II FATTY LIVER.

Please correlate clinically.

Dr. Ambuj Srivastav
M.D. Consultant Radiologist.

R

PA VIEW



VIJAY AGARWAL AGE 42Y/M MEDIWHEEL BER/202420806 CHEST PA VIEW 09/03/2024

BERLIN DIAGNOSTICS & DAY CARE, BARIATU ROAD, RANCHI.



Patient Name	VIJAY AGARWAL	Patient ID	BER/202420806
Age/Gender	42Years / M	Study Date	09-Mar-2024
Referred By	MEDIWHEEL	Reported Date	09-Mar-2024

X – RAY CHEST PA VIEW:

FINDINGS :-

Both lung fields under vision appear normal.

Cardiac size appears normal.

Both costophrenic angles are clear.

Hilar regions are normal.

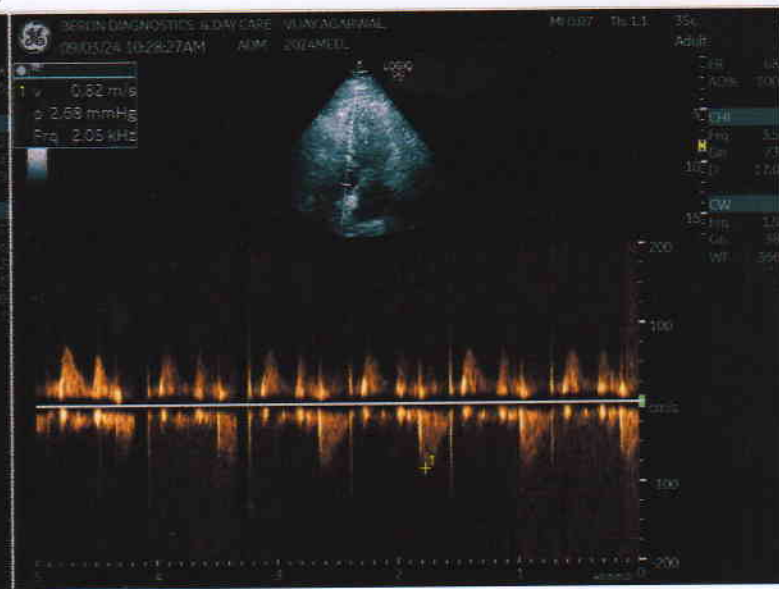
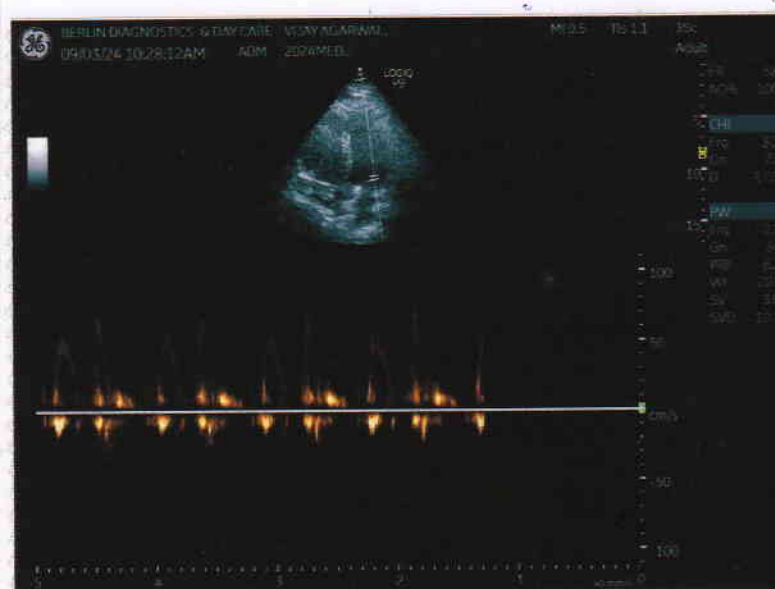
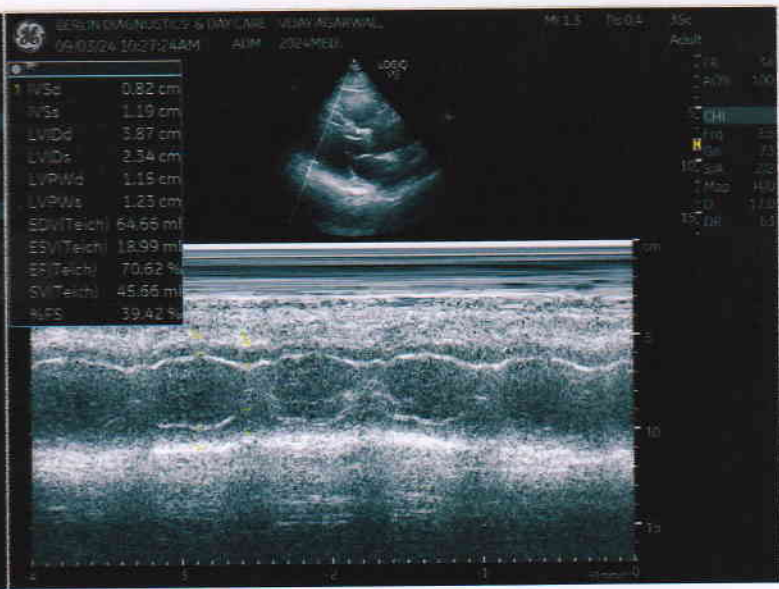
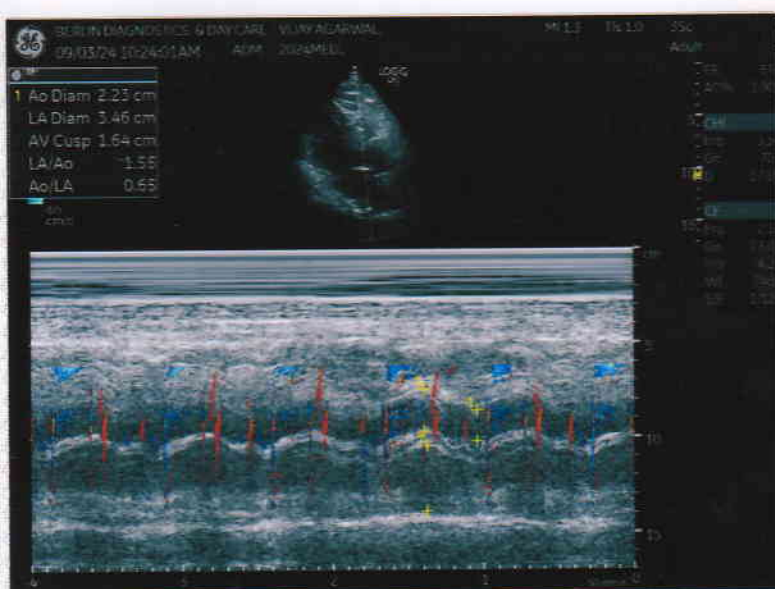
Both domes appear normal in position.

Bony thorax under vision appears normal.

IMPRESSION : NORMAL STUDY

Dr. Anjali Tanna
MD Radiology REG-34614

Date Reported: 09-Mar-2024





BERLIN DIAGNOSTICS & DAY CARE



Name **VJAY AGARWAL**

Age **42**

Date **09/03/2024**

Patient Id **2024MED..**

Sex **Male**

Ref.Physician

Measurements

2D & M-Mode Measurements

IVSd	0.82 cm
LVIDd	3.87 cm
LVPWd	1.15 cm
IVSs	1.19 cm
LVIDs	2.34 cm
LVPWs	1.23 cm
EDV(Teich)	84.66 ml
ESV(Teich)	18.99 ml
EF(Teich)	70.62 %
%FS	39.42 %
SV(Teich)	45.66 ml
Ao Diam	2.23 cm
LA Diam	3.46 cm
AV Cusp	1.64 cm
LA/Ao	1.55
Ao/LA	0.65

PW-Measurements

Comments:

NO RWMA
 LVEF=70%
 NORMAL LA / LV AND RA / RV DIMENSION
 NO MR / NO TR
 NO AR / NO AS
 NO VEG / CLOT/PE/MASS
 IAS AND IVS INTACT
 GRADE I DIASTOLIC DYSFUNCTION
 ALL VALVES AND PERICARDIUM NORMAL


Impression:

NORMAL ECHO STUDY

DR. R.K. CHATURVEDI
 MBBS, MD, N.MED
 DIP. CARDIOLOGY

09/03/2024

Name : VIJAY AGARWAL
Age/Gender : 42 Years/Male
UHID : QL291245579
Refer By :
Wing : BERLIN GENERAL HOSPITAL RANCHI
Client Name : BDDC - CGHS

Reg.No. : 
240309QLBG009
Reg.Date : 09-Mar-24 01:37 PM
Received On : 09-Mar-24 01:37 PM
Reported On : 09-Mar-24 06:00 PM

Test Particular	Result	Unit	Biological Reference Interval
Fasting Plasma Glucose Method: (By GOD-POD Method)	86	mg/dl	(65 - 110)
Post Prandial Plasma Glucose Method: (By GOD-POD Method)	148	mg/dl	(75 - 140)
Fasting Urine Sugar	Nil		
<u>LIPID PROFILE : -</u>			
Serum Triglyceride Method: (By Enzymatic,end point)	187	mg/dl	(< 150)
Serum Cholesterol Method: (By Oxidase, Esterase, Peroxidase)	210	mg/dl	(125 - 200)
Serum HDLc (Direct) Method: (By PTA/MgC12, Reflectance photometry)	41	mg/dl	(30 - 65)
Serum LDLc (Direct) Method: (By Direct Homogeneous, Spectrophotometry)	132	mg/dl	(85 - 150)
VLDL	37	mg/dl	(5 - 40)
LDL & HDL Ratio Method: (By Calculated)	3.22		(1.5 - 3.5)
Total Cholestrol & HDL Ratio Method: (By Calculated)	5.12		Low Risk(0 - 3) High Risk(5 - 10)

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Richa Verma
Dr. Richa Verma
MBBS, MD (Pathology)

P.T.O.

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<u>LFT :-</u>			
Serum Bilirubin (Total) Method: (By Diphylline, Diazonium Salt)	0.4	mg/dl	(0.2 - 1.3)
Serum Bilirubin (Direct) Method: (By Diphylline, Diazonium Salt)	0.2	mg/dl	(0.1 - 0.4)
Serum Bilirubin (Indirect)	0.20000	mg/dl	(0.2-1.1)
S G O T (AST) Method: By IFCC	20.6	u/l	(17 - 59)
S G P T (ALT) Method: By IFCC	22.8	u/l	(21-72)
Serum Alkaline Phosphate (ALP) Method: By IFCC	80.2	u/l	Adult (38 - 126)
Serum Protein Method: By Biuret Method	7.6	gm/dl	Adult(6.2 - 8.2) Children(5.6 - 8.4)
Serum Albumin Method: By BCG, Dye Binding Method	4.4	gm/dl	Newborn Children(2.4 - 4.8) Adult(3.5 - 5.0)
Serum Globulin	3.20		Adult(2.3 - 3.6)
Serum Albumin / Globulin (A / G) Method: By BCG	1.38	gm/dl	(1 - 2.3)
<u>HBA1C (Nephelometry)</u>			
HBA1C Method: HPLC	7.6	%	Non diabetic level(< 6.0) Goal(< 7.0) Action Suggested(> 8.0)
Average Blood Glucose (eAg)	172.13	mg/dl	

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Test Particular	Result	Unit	Biological Reference Interval
KFT			
Serum Urea Method: GLDH,Kinetic Assay	20.8	mg/dl	Adult (17 - 43) New Born (8.4 - 25.8) Infant (10.8 - 38.4)
Serum Creatinine Method: Modified Jaffe, Kinetic	0.8	mg/dl	Male: (0.72-1.18) Neonate : (0.26 - 1.01) Infant { 2months - less than 3 yrs } : (0.15 - 0.37) Children { 3 yrs - less than 15 yrs } : (0.24 - 0.73)
Serum Sodium (Na+) Method: By Indirect ISE	139.3	mmol/L	(136 - 145)
Serum Potassium (K+) Method: By Indirect ISE	4.4	mmol/L	(3.5 - 5.1)
Serum Chloride Method: (By Ion-selective Electrode)	101.1	mmol/L	(98 - 107)
Serum Uric Acid Method: By uricase-Colorimetric	4.5	mg/dl	(3.5 - 8.5)




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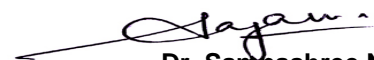
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Test Particular	Result	Unit	Biological Reference Interval
E.S. R. 1st. Hr. E.S. R. Method: WESTERGREN'S METHOD	08	mm	(< 20)
CBC :- Haemoglobin Method: (By Sahli's Method)	14.3	gm%	Adult Men (13 - 18) Adult Women (11.5 - 16.5) Children (11 - 13) Children (1-6) : (12 - 14) Children (6-12) : (12 - 14)
P. C. V.	44.2	%	(35 - 45)
Total Platelet Count	2.0	Lacs Per cmm	(1.5 - 4)
Total R. B. C. Count	4.9	mill./uL	Women (4.2 - 5.4) Male (4.7 - 6.1) Children (4.6 - 4.8)
Total W. B. C. Count Method: Flow Cytometry	6,600	Per cmm	Adult :-Adult :- (4,000 - 11,000) New Born (10,000 - 26,000) (1-4) Years : (6,000 - 18,000) (5-7) Years : (5,000 - 15,000) (8-12) Years : (4,500 - 12,500)
M. C. V.	89.6	fl	(76 - 96)
MCH	29.0	pg	(22 - 32)
MCHC	32.4	g/dl	(30 - 35)
Neutrophils	60	%	(40 - 70)
Eosinophils	04	%	(0.5 - 7)
Basophils	00	%	(0 - 1)
Lymphocytes	35	%	(15 - 40)
Monocytes	01	%	(0 - 6)




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Dr. Sampashree Nayak
M.D. (Path)

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Reported On : 10-Mar-24 12:44 PM

Test Particular	Result	Unit	Biological Reference Interval
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Blood Grouping

Grouping (O)
Rh Typing (D) Positive

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Dr. Suchismita Panda
MD (Biochemistry)

P.T.O.

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Age/Gender : 42 Years/Male
UHID : QL291245579
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Test Particular	Result	Unit	Biological Reference Interval
Thyroid Profile			
Thyroid Function Test [By CLIA] :-			
Tri-iodo Thyronine (T3)	1.27	ng/ml	(0.8 - 2.0) 11-15 Years (0.83 - 2.13) 1-10 Years (0.94 - 2.69) 1-12 Months (1.05 - 2.45) 1-7 Days (0.36 - 3.16) 1-4 Weeks (1.05 - 3.45)
Thyroxine (T4)	7.57	µg/dl	(5.1 - 14.1) 1-12 Months (5.9 - 16) 1-7 Days (11 - 22) 1-4 Weeks (8.2 - 17) 1-10 Years (6.4 - 15) 11-15 Years (5.5 - 12)
Thyroid Stimulating Hormone (T S H)	5.32	µIU/ml	Up to 1 Week (0.7-15.2) 1 week-4 week (0.7- 11.0) 1-12 Months (0.7- 8.4) 1-19 Years (0.6-4.9) 19 Years Above (0.5-5.5) 1st Trimester (0.6 - 3.4) 2nd Trimester (0.37 - 3.6) 3rd Trimester(0.38 - 4.04)

Mild to moderate degree of elevation normal T3&T4 levels indicates impaired thyroid hormone reserves and indicates subclinical hypothyroidism.

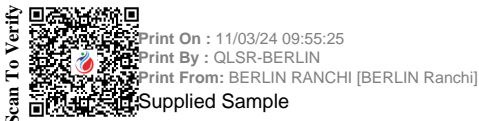
Mild to moderate decrease with normal T3 & T4 indicates subclinical hyperthyroidism.

TSH measurement is used for screening & diagnosis of Euthyroidism, hypothyroidism & hyperthyroidism.

Suppressed TSH (< 0.01 µ IU/ml) suggests diagnosis of hyperthyroidism.

Elevated concentration of TSH (>7 µ IU/ml) suggest diagnosis of hypothyroidism.


Please correlate clinically.




Dr. Suchismita Panda
 MD (Biochemistry)

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Test Particular	Result	Unit	Biological Reference Interval
P. S. A. [By ECLIA] Method: CHEMILUMINESCENCE	0.99	ng/ml	< 4.0 For Healthy Man


PSA :-
 PSA is elevated in benign prostrate hypertrophy. Clinically an elevated PSA value is not of diagnostic value as a specific test for cancer and should only be used in conjunction with other clinical symptom and diagnostic procedure.


VITAMIN B 12 VIT B 12:-	185.9	Pg/ml	(187 - 883)
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VIT B 12 a member of the corrin family, is a cofactor in the synthesis of methionine from Homocysteine is implicated in the formation of myeline and along with folate is for DNA synthesis.
 Deficiency of VIT B12 may cause megaloblastic anemia , nerve damage and degeneration of the spinal cord.
 Low serum B12 levels may be indicated in conditions associated iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy, treated epilepsy and advancing age.
 Normal range:- 187 pg/ml - 883 pg/ml

Vitamin D (25 O-H) Method: By E411 Cobas Chemiluminescence	20.99	ng/ml	Deficient - (0 - 10 ng/ml) Insufficient - (10 - 30 ng/ml) Sufficient - (30 - 100 ng/ml) Toxicity - (>100 ng/ml)
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25-OH VITAMIN D:-
 Vitamin D is a fat soluble steroid hormone mainly produced photo chemically in the skin from 7-dehydrocholesterol.
 Vitamin-D deficiency is a cause of secondary hyperparathyroidism and disease related to impaired bone metabolism like rickets, osteoporosis, osteomalacia.
 Low values are also seen in chronic illness like cancer, auto immune, infectious disease or cardiovascular problem.

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URINE RM

Particular	Findings	Unit	Biological Reference Interval
PHYSICAL			
Colour	Pale Yellow		
Transparency	Clear		
Deposit	Nil		
Sp Gravity	1030		
Reaction	Acidic		
CHEMICAL			
Sugar	Nil	gm%	
Protein	xx		
pH	xx		
Ketone	xx		
Blood	xx		
Albumin	Nil		
Phosphate	Nil		
MICROSCOPIC			
RBC	Nil	/HPF	
Pus Cells	(4-6)	/HPF	
Epith Cells	Few	/HPF	
Bacteria	Nil		
Casts	Nil	/HPF	
Crystals	Nil	/HPF	
Yeast	Nil		
Spermatozoa	Nil	/HPF	



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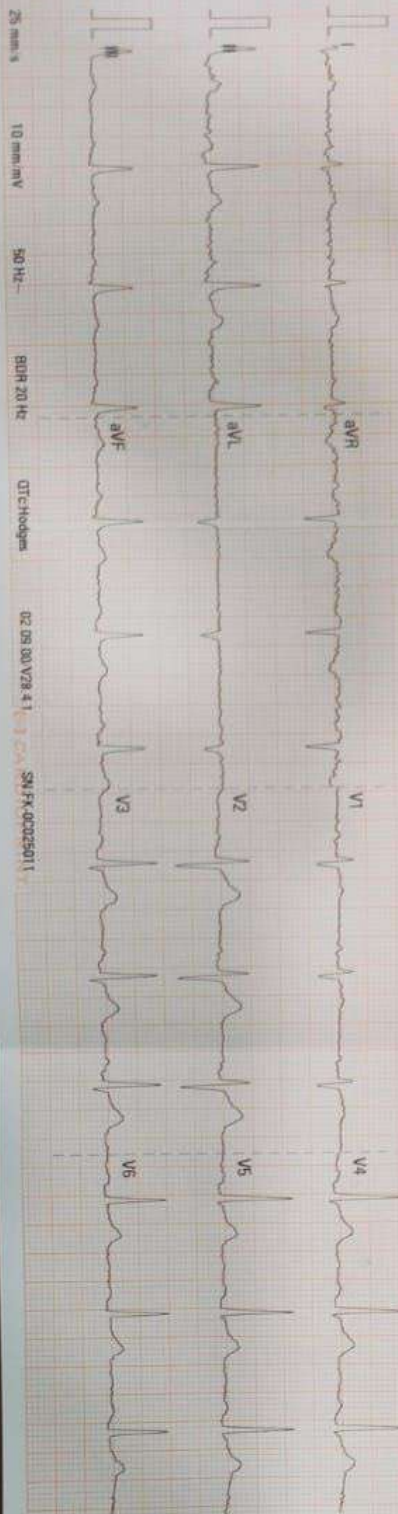
End Of Report

ID: 2024030812023365

Name:

2024-03-08 14:08:56

VISNY AGARWAL, AGE 42Y/M



ID: 2024030812023365
Name:
2024-03-08 14:08:56

Heart Rate (bpm) 77
PR Interval (ms) 156
QRS Duration (ms) 84
QT/QTc Interval (ms) 372/402
P/QRS/T Axes (deg) 56/75/54

Sinus rhythm
--- Interpretation made without knowing patient's gender/age ---

Normal ECG Unconfirmed Diagnosis.

Dr. Krishn Murari Pasad
MBBS, DPM, Cardiology

