



KALRA HOSPITAL SRCNC PVT. LTD.

"Tulsi Dass Kalra Marg", Kirti Nagar, New Delhi-110015

Tel : 91+11-4500 5600, 4500 5700 (60 Lines)

www.kalrahospital.net

CIN : U85100DL2011PTC216737



Dept. Ref. No. : 1413101
 UHID : 154495
 Name : Mr. GEEGRAJ PRAJAPAT
 Patient Type : O

Age / Sex : 29 Y/ 3 M/ 22 D/M
 Referred by : Dr. R.N. KALRA
 Bill No. : 2210
 Date : 22/06/2022

2D Echo with Colour Doppler

M-MODE STUDY

Left Ventricle:

ESD: 3.0 cm	(3.5 - 4.4 cm)	Aortic Valve Root	: 2.7cm	(2.0-3.5 cm)
EED: 4.5 cm	(3.5 - 5.7 cm)	Left Atrium	: 2.9cm	(1.9-4.0 cm)
		Aortic valve opening	: cm	(2.0-3.7 cm)

Right ventricle: N (0.9-1.1 cm)

Wall Thickness:

Septum: 1.0 cm (0.6-1.1 cm) Pericardial effusion: Nil
 Posterior wall: 0.9 cm (0.6-1.1 cm)

LV WALL MOTION

	Ant.	Inferior	Posterior	Ant. Septal	Septal	Lat.
Apical	N	N	-	-	N	N
Mid	N	N	N	N	N	N
Basal	N		N	N	N	N

Apex Normal: No LV clot.

LV FUNCTION INDICES

EF: 60%(By volume method)

Valves	TWO DIMENSIONAL STUDY	COLOR DOPPLER/DOPPLER STUDIES
Mitral	Normal	Normal/(E)-0.53m/sec, A-0.67m/sec (DT=msec)
Aortic	Normal	Normal/1.4 m/sec
Tricuspid	Normal	Normal
Pulmonic	Normal	Normal/m/sec

INTERPRETATION & CONCLUSION:

LA/AO is ratio is normal.

No thrombus /vegetation

LV is of normal size with normal systolic function (EF= 60%) Normal LV diastolic function.

LV shows no regional wall motion abnormality



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Patient Type	: O	Date	: 22/06/2022

2D Echo with Colour Doppler

LV shows no regional wall motion abnormality

RV is of normal size and has normal function

Pericardium is normal. There is no pericardial effusion.

No SAM/MVP

IAS and IVS are intact

Doppler flow velocities are normal across mitral, aortic, pulmonary and tricuspid valves.

Color Doppler flow study shows normal pattern across valves and chambers. No regurgitation.

FINAL IMPRESSION:

Normal LV systolic function

Normal LV diastolic function.

No RWMA.

LVEF- 60%

No MR

No Pe, veg clot seen.

End Of Report

Dr. VIKAS THAKRAN,

MBBS, MD, DM

INTERVENTIONAL CARDIOLOGIST

Dr. ANKIT KALRA,

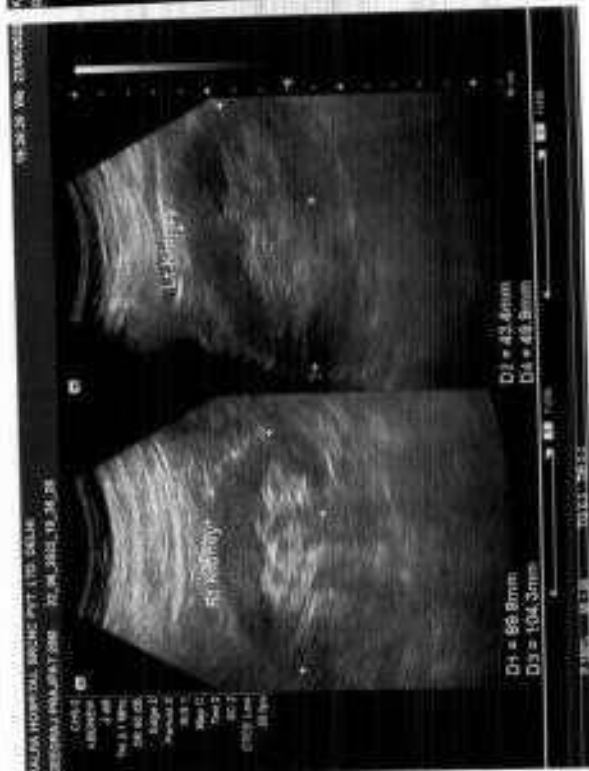
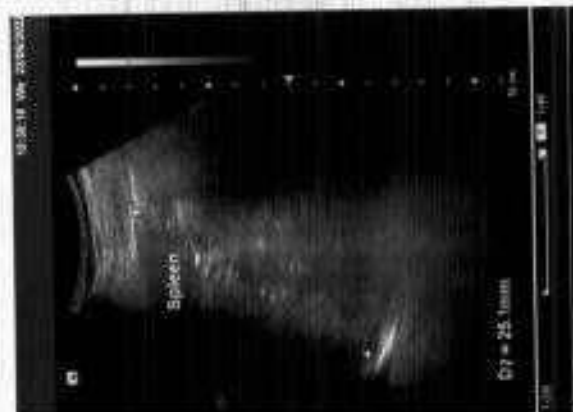
MBBS, MD (MED), DNB (CARDIO

INTERVENTIONAL CARDIOLOGIST

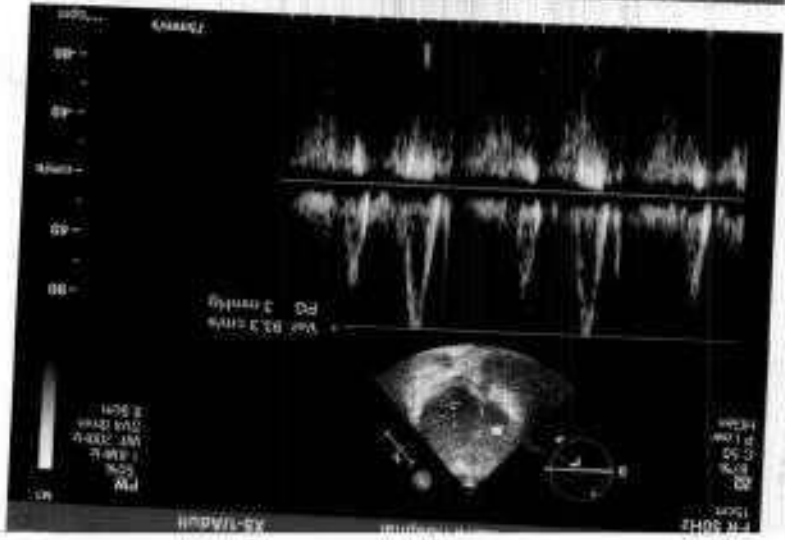
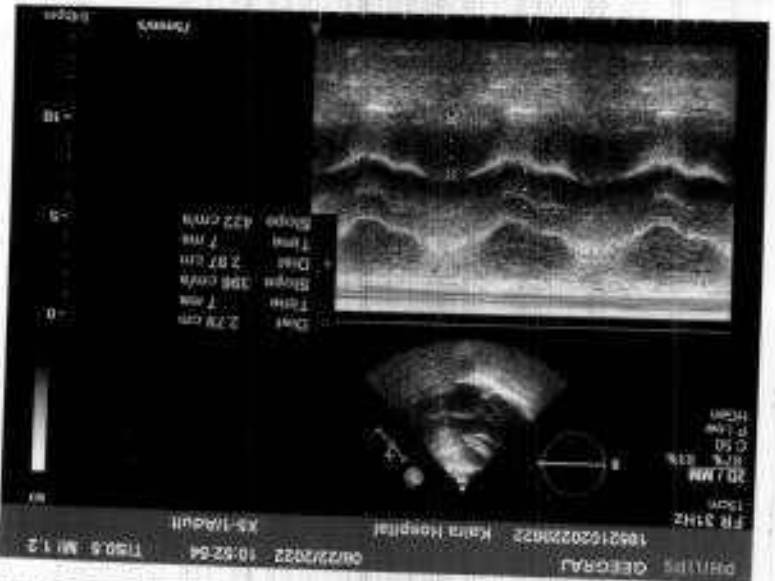
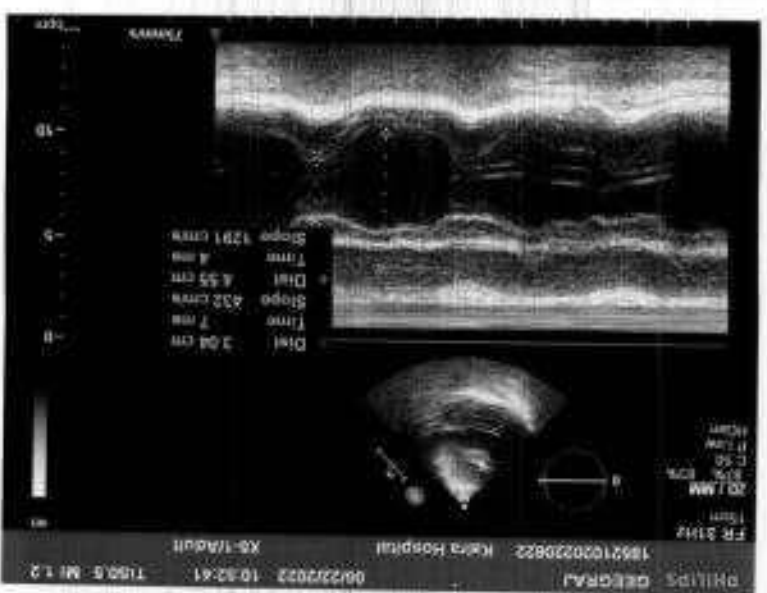
Dr. RAMESH RAIKAR

MBBS, MD, DNB (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST



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 FR 30HZ 48481020220822 Kaira Hospital





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Name :	Mr. GEEGRAJ PRAJAPAT	Bill No. :	2210
Patient Type :	0	Date :	22/06/2022

Ultrasound Whole Abdomen

The diaphragm is normal in contour and respiratory excursion.
There is no pleural, subphrenic, abdominal or pelvic fluid collection seen.
There is no enlarged celiac, mesenteric or para aortic lymph nodes.

The liver is normal in size & echotexture. No echo rich or poor lesion is present in lobes of liver. Intrahepatic biliary radicles are not dilated. IVC, hepatic vein and portal vein are normal.

The gall bladder is normal. Its wall is not thickened.
The common bile duct is normal. There are no biliary calculi.
The pancreas and spleen are normal.

Right kidney measures 89.8 x 43.4mm in size, shape, position and echotexture. Renal outline is smooth with normal parenchymal thickness seen in right kidney. C.M differentiation is maintained. Pelvicalyceal system is not dilated. No calculus or perinephric collection is seen.

Left kidney measures 104.3 x 49.9mm in size, shape, position and echotexture. Renal outline is smooth with normal parenchymal thickness seen in left kidney. C.M differentiation is maintained. Pelvicalyceal system is not dilated. No calculus or perinephric collection is seen.

The urinary bladder is normal.

Prostate is normal in size, shape and echotexture. Capsule is intact.

End Of Report

Dr. SHYAM BIHARI
MBBS, DMRD, MD
RADIOLOGIST



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Patient type : O

Bill No. : 2210
Dept. Ref. No. : 1413101
Sample Collection : 22/06/22 09:08AM
Date/Time :
Result Date/Time : 22/06/22 01:10PM

MediWheel Full Body Health Checkup Male Below 40 Yrs (2D echo)

Investigation Name

Result

Stool Routine Examination

Macroscopic Examination:

Colour	Brownish
Consistency	Semi Solid
Blood	Nil
Mucus	Nil
Reaction	Acidic

Microscopic Examination:

Pus - Cells	1-2	/HPF
Red Blood Cells	Nil	/HPF
Ova	Nil	
Cyst	Nil	
Others	Bacteria	

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

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MD (Biochemistry)
Consultant Biochemist

Dr. MONIKA KOHLI
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Dr. NISHA TIWARI
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Age / Sex : 29 Y/ 3 M/ 22 D/M	Sample Collection : 22/06/22 09:08AM
Referred by : Dr. R.N. KALRA	Date/Time
Patient type : 0	Result Date/Time : 22/06/22 01:10PM

MediWheel Full Body Health Checkup Male Below 40 Yrs (2D echo)

Urine Routine Examination

<u>Investigation Name</u>	<u>Result</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Physical Examination:			
Colour	Yellow		
Transparency	Clear		
Specific Gravity	1.010		1.005 - 1.030
Chemical Examination:			
PH	6.0		5.0 - 8.5
Protein	Nil		Negative
Glucose	Nil		Negative
Microscopic Examination:			
Pus-Cells	1-2	/HPF	2 - 3
Red Blood Cells	Nil	/HPF	Nil
Epithelial Cells	0-1	/HPF	2 - 3 (M) 2 - 5 (F)
Cast	Nil		Nil
Crystals	Nil		Nil
Others	Nil		Nil

Remarks: Microscopic examination of urine is performed on centrifuged urinary sediment.

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Age/Sex	: 29 Y/ 3 M/ 23 D/M	Sample Collection Date/Time	: 22/06/2022 11:21AM
Referred By	: Dr. R.N. KALRA	Result Date/Time	: 22/06/2022 12:01PM
Patient Type	: O	Bed No.	: 1

Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
Blood Sugar PP (Hexokinase)	Plasma	100.4	mg/dL	80 - 140

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Patient Type	: O	Bed No.	:

Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
HB, TLC, DLC, ESR				
Haemoglobin (HB) (Non-Cyanide HB Method)	EDTA	14.9	gm/dL	13 - 17
Total Leucocytic Count (TLC) (DC Detection/Sysmex)	EDTA	7980	/ μ L	4000 - 10000
Differential Leucocyte Count(DLC)				
Neutrophils (DC Detection/Sysmex, Microscopy)	EDTA	61	%	40 - 80
Lymphocytes (DC Detection/Sysmex, Microscopy)	EDTA	35	%	20 - 40
Eosinophils (DC Detection/Sysmex, Microscopy)	EDTA	02	%	1 - 6
Monocytes (DC Detection/Sysmex, Microscopy)	EDTA	02	%	2 - 10

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
Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
Liver Function Test(LFT)				
Serum Bilirubin Total (Diazo Method)	Serum	0.6	mg/dL	0 - 2
Serum Bilirubin Direct	Serum	0.2	mg/dL	0 - 0.5
* Serum Bilirubin Indirect	Serum	0.4	-	-
SGOT (UV Without PSP)	Serum	31.4	U/L	0 - 35
SGPT (UV Without PSP)	Serum	56.4	U/L	0 - 45
Alkaline Phosphatase (PNPP AMP Buffer)	Serum	86.8	U/L	40 - 129
Protein (Biuret End Point)	Serum	7.0	g/dL	6.4 - 8.3
Albumin (Bromocresol Green)	Serum	4.5	g/dL	3.5 - 5.2
* Globulin	Serum	2.5	gm/dL	2 - 3.3
* A : G Ratio	Serum	1.8:1	Ratio	0.9 - 2
GGTP (Gamma Glutamyl-Carboxy-Nitroanilide)	Serum	50.0	U/L	0 - 55

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Patient Type	: O	Result Date/Time	: 22/06/2022 12:01PM
		Bed No.	:

Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
Blood Sugar Fasting (Hexokinase)	Plasma	90.7	mg/dL	74 - 100
Blood Urea (Urease GLDH)	Serum	24.0	mg/dL	15 - 50
Serum Creatinine (Alkaline Picrate Kinetic I DMS Standardized)	Serum	0.8	mg/dL	0.9 - 1.3
Serum Uric Acid (Uricase)	Serum	7.1	mg/dL	4.4 - 7.6

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Referred by	: Dr. R.N. KALRA	Result Date/Time	: 22/06/2022 12:01PM
Patient Type	: O		

Glycosylated Haemoglobin (HbA1C)

Type of Sample: EDTA

Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
Glycosylated Haemoglobin (HbA1C) (Gen-3)	EDTA	5.19	%	4.8 - 5.7

Interpretation:-

According to the recommendations of the American Diabetes Association,

Values within 5.7 - 6.4% - may be at risk of developing diabetes.

HbA1C (DCCT/NGSP)

Values above 6.5% - are suitable for the diagnosis of diabetes mellitus.

HbA1C (DCCT/NGSP)

Diabetic patients with HbA1C levels below 7% (DCCT/NGSP) meet the goal of the American Diabetes Association.

Therapeutic action is suggested at levels above 8% HbA1C (DCCT/NGSP).

HbA1C levels may reach 20% (DCCT/NGSP) or more in poorly controlled diabetes.


HbA1C levels below the established reference range may indicate recent episodes of hypoglycaemia, the presence of Hb variants, or shortened lifetime of erythrocytes.

End Of Report

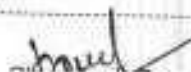
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Patient Type	: O	Bed No.	:


Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
BLOOD GROUP, ABO & RH TYPING				
ABO GROUP	EDTA	"A"		
Rh D	EDTA	POSITIVE		
Tube Agglutination (Forward and Reverse Method)				

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Patient Type	: O	Result Date/Time	: 22/06/2022 12:01PM

T3, T4, TSH

Type of Sample: Serum

Investigation Name	Result	Unit	Reference Interval
T3	1.15	ng/mL	0.55 - 1.95
T4	7.63	µg/dL	4.66 - 9.33
TSH	2.02	µIU/mL	

CLASSIFICATION	TSH
Cord Blood	1.0 - 39.0
1 - 4 weeks	1.7 - 9.1
1-12 months	0.8 - 8.2
1-20 years	0.7 - 5.7
21 - 80 years	0.25 - 5.5
>80 years	0.25 - 5.5

T3 - Triiodothyronine (T3) is a hormone produced by thyroidal secretion (20%) and from the peripheral deiodination mechanism which converts T4 to T3 (80%). As T3 is physiologically much more active than T4, it plays an important part in maintaining euthyroidism. T3 circulates as a free hormone (0.3%) or bound to carrier proteins (>99.7%) such as TBG (thyroxine binding globulin), albumin or prealbumin.

The free form is the physiologically active fraction which appears to have the most effect on metabolism control. T3 determination must be associated with other tests such as TSH and T4 assay, as well as with the clinical examination of the patient.

T4 - Thyroxine (T4) is a hormone secreted by the thyroid gland. It is predominantly bound to carrier proteins (99.9%), principally TBG (thyroxine binding globulin). The fraction that remains free is considered as the active part of the hormone.

The VIDAS T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism. Since the T4 test depends on the concentration in carrier proteins, it is necessary to check the binding capacity of the thyroid hormones. This test must also be associated with the other titers of the thyroid assessment, such as TSH and T3, as well as with the clinical examination of the patient.

TSH - TSH is produced by thyrotropic cells in the anterior pituitary gland. It is secreted into the bloodstream according to a circadian rhythm, peaking at between 1 and 2 a.m. TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In return, these thyroid hormones exert a negative-feedback effect on the pituitary gland, reducing TSH secretion. TSH secretion is also influenced by the central nervous system, via a hypothalamic neuropeptide, TRH, and neuromodulators such as somatostatin or dopamine.

In cases of hyperthyroidism (Basedow's disease, thyroid adenoma, and inflammatory thyroiditis), TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect. In cases of clear-cut primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low. In partial or mild hypothyroidism, a moderate increase in the TSH level enables normal thyroid production to be maintained for many years without any apparent clinical symptoms.

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Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
Lipid Profile(Total cholesterol,LDL,HDL,Triglycerides)				
Serum Cholesterol (Cholesterol Oxidase)	Serum	214.7	mg/dL	
Serum Triglyceride (Enzymatic)	Serum	134.4	mg/dL	
Serum HDL Cholesterol (Direct Cholesterol)	Serum	45.7	mg/dL	
LDL (Enzymatic)	Serum	163.8	mg/dL	
* VLDL (Calculated)	Serum	27.5	mg/dL	
* LDL/HDL	Serum	3.5:1	Ratio	
* T.Chol / HDL	Serum	4.6:1	Ratio	

As per National Lipid Association Recommendations (NLA - 2014)	Total Cholesterol in mg/dL	Triglyceride in mg/dL	LDL Cholesterol in mg/dL	HDL Cholesterol in mg/dL	Non HDL Cholesterol in mg/dL
Optimal	<200	<150	<100	0 - 40	<130
Above Optimal	-	-	100-129	-	130-159
Borderline High	200-239	150-199	130-159	-	160-189
High	>=240	200-499	160-189	> 59	190-219
Very High	-	>=500	>=190	-	>=220

End of the report

Disclaimer

- * If test results are unexpected, Please contact the Laboratory immediately.
- * Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician
- * Test results are not valid for medico legal purposes.

Dr.ASHOK MALHOTRA
MD (Biochemistry)
Consultant Biochemist

Dr.MONIKA KOHLI
MBBS,D.C.P.(Pathology)
Consultant Pathologist

Dr.NISHA TIWARI
MD (Microbiologist)
Consultant Microbiologist

Note:-(*)Marked Investigations are NON NABL Accredited.



KALRA HOSPITAL SRCNC PVT. LTD.

"Tulsi Dass Kalra Marg", Kirti Nagar, New Delhi-110015

Tel : 91+11-4500 5600, 4500 5700 (60 Lines)

www.kalrahospital.net

CIN : U85100DL2011PTC216737

22/6/22

Mr. / Mrs. Prakash

→ NO PAST HISTORY
→ ADMITTED 6-7 MONTHS BACK FOR SICK BILIRUBIN

→ REPORTS ARE OK.

→ PT. HAS NO COMPLAINTS

→ NO PHYSICAL ABNORMALITY



KALRA HOSPITAL & SRCNC
A-586, KIRTI NAGAR,
NEW DELHI-110015.