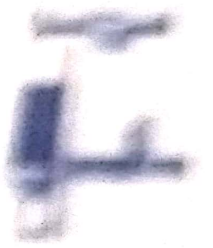


ID: 650400 1025
 Name: V2 77
 Age: 36 y
 Sex: M
 BP: mmHg
 Height: cm
 Weight: kg
 HR: 66 bpm
 PR: 160 ms
 QR: 127 ms
 QRS: 107 ms
 QT/QTc: 354/371 ms
 QTc/QTc1: 43/19 °
 CV5/AV1 amp: 1.406/0.765 mV
 CV5/AV1 amp: 2.171 mV
 CV6/AV2 amp: 1.520/1.182 mV

Administrative Code: 9-4-1003
 Physician: *Dr. [Signature]*
 Diagnostic Information:
 Sinus Rhythm
 Normal ECG
 Report Confirmed by:



Raj Digital X-Ray

RAJ DIGITAL X-RAY



MR. _____ Date _____

Particulars Name: _____

Part No. Request: _____

Requested by Dr. _____

Sl. No.	Particulars	Rate	Total
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
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99	_____	_____	_____
100	_____	_____	_____

(NOT VALID FOR MEDICO LEGAL PURPOSE)
Facilities Available : 300 MA X-Ray Machine Digital CR / Computerised ECG



URMILA HEART & MULTI SPECIALITY HOSPITAL

Address

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9471013402

ECHOCARDIOGRAPHY REPORT

Name	: Mr. Raghunath Sharma	Age/Sex	: 32/M
Date	: 27/05/2023	ECHO No.	:
IPID No.	:	UHID No.	:
Ref. By	: Self	Done By	: Dr. Anil Kr. Singh

MITRAL VALVE

Morphology **AML-Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming**
PML-Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.

	Subvalvular deformity Present/Absent.	Score: _____
Doppler	Normal/Abnormal	E>A A>E
	Mitral Stenosis	Present/Absent
	EDG _____ mmHg	RRInterval _____ msec
	Mitral Regurgitation	MVAcm2 _____
		Absent/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology **Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.**

Doppler	Normal/Abnormal		RR interval _____ msec.
	Tricuspid stenosis	Present/Absent	
	EDG _____ mmHg	MDG _____ mmHg	
	Tricuspid regurgitation:	Absent/Trivial/Mild/Moderate/Severe Fragmented signals	
	Velocity _____ msec.	Pred. RVSP=RAP+ _____ mmHg	

PULMONARY VALVE

Morphology **Normal/Atresia/Thickening/Doming/Vegetation.**

Doppler	Normal/Abnormal.		
	Pulmonary stenosis	Present/Absent	Level
		PSG _____ mmHg	Pulmonary annulus _____ mm
	Pulmonary regurgitation	Present/Absent	
	Early diastolic gradient	_____ mmHg.	End diastolic gradient _____ mmHg

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
		PSG mmHg	Aortic annulus _____ mm
	Aortic regurgitation	Absent/Trivial/Mild/Moderate/Severe.	

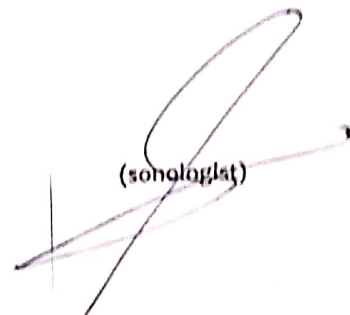
NAME :- RAGHUNATH SHARMA .
REFD.BY:- DR./SELF.

DATE :- 27/05/2023
SEX:- M

Thanks for the kind referral.
USG of Whole Abdomen

Liver:- Liver is enlarged in size [15.99 cm] and shows normal echotexture. No focal lesion is seen. I.H.B.R. are not dilated.
GB:- Normal distention. Walls are not thickened (3.0 mm) . No evidence of calculus ,sludge ,or mass lesion seen.
C.B.D:- C.B.D. is normal in caliber.
Pancreas:- Pancreas normal in size and shape.
Spleen:- Normal in shape, size & contour . (bipolar length is 9.15 cm).
Kidneys:- Both kidneys are normal in shape, size, contour, cortical echo texture, and sinus echoes. No evidence of calculus, calcification, hydronephrotic changes or mass lesion seen.
UB:- Urinary bladder is smoothly outlined. There is no calculus within.
Prostate :- The prostate is normal in shape and size.
Free fluid:- No free fluid is noted in the peritoneal cavity.

Impression :- Hepatomegaly.


(sonolagat)

PATHOLOGY REPORT

Name:- Mr. Rashunath Sharma

Age :32Y/M

Date :-27/05/2023

Ref. By :- Dr. Bank Of Barauda

(E.C.No106S12)

Serial Number :- 0274

CBC (Complete Blood Count)

<u>IESI</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
Hb (Haemoglobin)	14.2	gm/dl	12 - 17
Total Leukocyte Count	6,200	/Cumm.	4000 - 11000
RSC Count	4.99	Million/Cumm.	3.8 - 5.8
PCV / Haematocrit	43.8	%	30 - 50
Platelet Count	1.05	Lakhs/c.mm	1.5 - 4.5
MCV	86.3	fl	80 - 100
MCH	26.8	pg	26 - 34
MCHC	31.6	gm/dl	31.5 - 35
Differential Leukocyte Count			
Neutrophil	44	%	40 - 70
Lymphocyte	48	%	20 - 40
Monocyte	02	%	02 - 10
Eosinophi	06	%	01 - 06
Basophil	00	%	< 1 - 2 %
ESR	10	mm/1 st hr.	00 - 20

end of report

Signature

PATHOLOGY REPORT

Name:- Mr. Raghunath Sharma	Age :32Y/M	Date :-27/05/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No106812)	Serial Number :- 0274

KFT (KIDNEY Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Urea	28.0	mg/dl	13 - 45
S. Creatinine	1.06	mg/dl	Male 0.7 - 1.4 Female 0.6 - 1.2
S. BUN	13.07	mg/dl	6.0 - 21
S. Sodium (Na ⁺)	144.2	mmol/ltr	135 - 150
S. Potassium(K ⁺)	4.56	mmol/ltr	3.5 - 5.5
S. Chloride(Cl ⁻)	103.9	mmol/ltr	94 - 110
S. Calcium	9.32	mg/dl	8.7 - 11.0
S. Uric Acid	6.23	mg/dl	Male 3.5 - 7.2 Female 2.5 - 6.2

BLOOD GROUPING

Grouping (ABO)	:	"B" Group
Rh Typing	:	Positive.

end of report

Signature

PATHOLOGY REPORT

Name:- Mr. Raghunath Sharma	Age :32Y/M	Date :-27/05/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No106812)	Serial Number :- 0274

LFT (Liver Function Test) – serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Total Bilirubin	0.84	mg/dl	Adults: 0.1 - 1.2 Infants: 1.2 - 12
S. SGPT (ALT)	31.0	U/L	05 - 40
S. SGOT (AST)	38.0	U/L	05 - 40
S.GGT	34.0	U/L	05 - 45
S. Alkaline Phosphatase	90.6	U/L	Adult – 25 - 140 Children (1 – 12 yrs.) – 104 - 390
S. Total Protein	7.22	g/dl	6.0 - 8.3
S. Albumin	4.06	g/dl	3.2 - 5.0
S. Globulin	3.16	g/dl	2.8 - 4.5
S. A/G Ratio	1.28		

end of report

Signature



PATHOLOGY REPORT

Name: Mr. Raghunath Sharma	Age :32Y/M	Date :-27/05/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No106812)	Serial Number :- 0274

Lipid Profile - serum

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
S. Cholesterol	235.0	mg/dl	130 - 200
S. Triglycerides	125.0	mg/dl	Fasting: 25 - 160
S. VLDL-Cholesterol	25.0	mg/dl	10 - 40
S. HDL-Cholesterol	56.0	mg/dl	Male: 30 - 65 Female: 35 - 80
S. LDL-Cholesterol	154.0	mg/dl	60 - 150
Ratio of Cholesterol/HDL	4.19		Low Risk: <3.0 Average Risk: 03 - 5.0 High Risk: >5.0
LDL/HDL Ratio	2.75		1.5 - 3.5

BIOCHEMISTRY

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>	<u>Reference Values</u>
P. Glucose Fasting	84.0	mg/dl	70 - 110
P. Glucose-Post Prandial (after 1.30hrs meal)	125.0	mg/dl	80 - 160

end of report

Signature

PATHOLOGY REPORT

Name:- Mr. Raghunath Sharma	Age 32Y/M	Date : 27/05/2022
Ref. By :- Dr. Bank Of Barauda	(E.C.No106812)	Serial Number - 9276

GLYCOSYLATED HEMOGLOBIN

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
HbA1c	5.20	%

Mean Blood Glucose level (MBG) – 106.5 mg/dl

Normal Reference Values

Normal	:	< 8.0 %
Good Control	:	8.0 - 9.0 %
Fair Control	:	9.0 - 10.0 %
Poor Control	:	> 10.0 %

Summary :- Glycosylated hemoglobin (GHb) reflects the average blood glucose concentration over the preceding several weeks & a sudden fall from high to low glucose concentration will not produce a correspondingly rapid fall in glycosylated hemoglobin. Thus GHb reflects the metabolic control of glucose level over a period of time, unaffected by diet, insulin, other drugs or exercise on the day of testing. GHb is now widely recognized as an important test for the diagnosis of diabetes mellitus and is a good indicator of the efficacy of therapy.

end of report

Signature

PATHOLOGY REPORT

Name:- Mr. Raghunath Sharma	Age :32Y/M	Date :-27/05/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No106812)	Serial Number :- 0274

Urine Routine And Microscopy

<u>TEST</u>	<u>RESULTS</u>
Physical Examination	
Volume	20 ml
Colour	Light Yellow
Specific Gravity	1.020
Appearance	Clear
pH	6.0
(Acidic)	
Chemical Examination	
Protein	Nil
Sugar	Nil
Bile Salts	N/D
Bile Pigments	N/D
Microscopic Examination	
Pus Cells	2-3 /hpf
Red Blood Cells	Nil /hpf
Epithelial Cells	Present (+)
Crystal/Cast	Nil
Other	Nil
end of report	

Signature



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PATHOLOGY REPORT

Name:- Mr. Raghunath Sharma	Age :32Y/M	Date :-27/05/2023
Ref. By :- Dr. Bank Of Barauda	(E.C.No106812)	Serial Number :- 0274

TEST NAME	METHOD	VALUE	UNITS	NORMAL RANGE
TOTAL TRIIODOTHYRONINE (T3)	C.L.I.A	130.8	ng/dL	(60 - 200)
TOTAL THYROXINE (T4)	C.L.I.A	5.20	µg/dL	(4.5 - 12.0)
THYROID STIMULATING HORMONE (TSH)	C.L.I.A	3.98	µIU/mL	(0.3 - 5.5)

Technology :

T3 - Competitive Chemi Luminescent Immuno Assay

T4 - Competitive Chemi Luminescent Immuno Assay

TSH - Ultra Sensitive Sandwich Competitive Chemi Luminescent Immuno Assay

REMARK :

THYROID HORMONES -Serum TSH is primarily responsible for the synthesis and release of Thyroid hormones is an early and sensitive indicator of decrease in thyroid reserve is the diagnostic of primary hypothyroidism.The expected increase in TSH demonstrate the classical feedback mechanism between pituitary and thyroid gland.Additionally TSH measurement is equally important in differentiating secondary and tertiary(hypothalamic) hypothyroidism.The increase in total T4 and T3 is associated with pregnancy,oral contraceptive and estrogen therapy results into masking of abnormal thyroid function only because of alteration of TBG concentration,which can be monitored by calculating Free Thyroxine Index(FTI) or Thyroid Hormone Binding Ratio(THBR).a
end of report

Signature

