

**Patient Name :** MR. NAVIT

**Age / Gender :** 23 years / Male

**Endo ID :** 153321

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Oct 22, 2023, 10:15 a.m.

**Reported Date & Time :** Oct 22, 2023, 11:10 a.m.

**Sample ID :**



232950016

Test Description	Value(s)	Unit(s)	Reference Range
<b>HAEMATOLOGY</b>			
Hemoglobin (HB)	15.5	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	5.24	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	45.9	%	42 - 52
Mean Cell Volume (MCV)	87.6	FL	78 - 100
Mean Cell Haemoglobin (MCH)	29.5	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	33.7	g/dl	32 - 36
Red Cell Distribution Width (RDW)	<b>15.7</b>	%	11.5 - 14.0
Total Leucocytes Count (WBC)	7900	Cell/cu.mm	4000 - 10000
Neutrophils	55	%	40 - 80
Lymphocytes	40	%	20 - 40
Monocytes	03	%	2 - 10
Eosinophils	02	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	7.9	fL	7.2 - 11.7
PCT	0.22	%	0.2 - 0.5
Platelet Count	282	10 <sup>3</sup> /ul	150 - 450

\*\*END OF REPORT\*\*

**Dr. Kusum Heda**  
M.D.(Patho.)

**Dr. Nishi Prasad**  
M.D.(Patho.)

Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)

**GOYAL**  
**DIAGNOSTICS**  
4-D ULTRASOUND • COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

**Patient Name :** MR. NAVIT

**Age / Gender :** 23 years / Male

**Endo ID :** 153321

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Oct 22, 2023, 10:15 a.m.

**Reported Date & Time :** Oct 22, 2023, 11:24 a.m.

**Sample ID :**



232950016

Test Description	Value(s)	Unit(s)	Reference Range
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**HAEMATOLOGY**

ESR	10	mm	0 - 20
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\*\*END OF REPORT\*\*

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**Dr. Nishi Prasad**  
M.D.(Patho.)

**Patient Name :** MR. NAVIT

**Age / Gender :** 23 years / Male

**Endo ID :** 153321

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**Collected Date & Time :** Oct 22, 2023, 10:15 a.m.

**Reported Date & Time :** Oct 22, 2023, 11:07 a.m.

**Sample ID :**



232950016

Test Description	Value(s)	Unit(s)	Reference Range
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**CLINICAL PATHOLOGY**

**General Examination**

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	S.Turbid		Clear
Reaction (pH)	Acidic		Acidic / Alkaline
Specific gravity	1.025		1.005-1.030

**Chemical Examination**

Urine Protein (Albumin)	Trace		NIL
Urine Glucose (Sugar)	NIL		NIL

**Microscopic Examination**

Pus cells (WBCs)	4-5	/hpf	0-4
Epithelial cells	2-3	/hpf	0-5
Red blood cells	5-6	/hpf	NIL
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent

\*\*END OF REPORT\*\*

**Dr. Kusum Heda**  
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**GOYAL**  
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4-D ULTRASOUND • COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

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**Endo ID :** 153321

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**Referral :** MEDIWHEEL



**Collected Date & Time :** Oct 22, 2023, 10:15 a.m.

**Reported Date & Time :** Oct 22, 2023, 11:04 a.m.

**Sample ID :**



232950016

Test Description	Value(s)	Unit(s)	Reference Range
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**HAEMATOLOGY**

BLOOD GROUP ABO AND RHTYPE

Method : Gel Technique & Tube Agglutination

Medical Remark :

'O' POSITIVE

The blood group done is forward blood group only. In case of any discrepancy kindly contact the lab

**\*\*END OF REPORT\*\***

**Dr. Kusum Heda**  
M.D.(Patho.)

**Dr. Nishi Prasad**  
M.D.(Patho.)

**Patient Name :** MR. NAVIT

**Age / Gender :** 23 years / Male

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**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Oct 22, 2023, 10:15 a.m.

**Reported Date & Time :** Oct 22, 2023, 11:10 a.m.

**Sample ID :**



232950016

Test Description	Value(s)	Unit(s)	Reference Range
<b>BIOCHEMISTRY</b>			
<b>LIPID PROFILE</b>			
Cholesterol Total Method : ENZYMATIC COLORIMETRIC METHOD CHOD - POD	228.0	mg/dL	130 -250
Triglycerides Method : ENZYMATIC COLORIMETRIC	131.4	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	47.1	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	26.28	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	154.62	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	4.84		2.6-4.9
LDL/HDL Ratio Method : Calculated	3.28		0.5-3.4

\*\*END OF REPORT\*\*

**Dr. Kusum Heda**  
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M.D.(Patho.)

**Patient Name :** MR. NAVIT

**Age / Gender :** 23 years / Male

**Endo ID :** 153321

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**Collected Date & Time :** Oct 22, 2023, 10:15 a.m.

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**Sample ID :**



232950016

Test Description	Value(s)	Unit(s)	Reference Range
<b>BIOCHEMISTRY</b>			
<b>LIVER FUNCTION TEST</b>			
Bilirubin - Total	0.91	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.20	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.71	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	37.8	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	<b>59.2</b>	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	56.2	U/L	<b>MALE &amp; FEMALE</b>
Method : IFCC with Serum			
4-19 YEAR: 54-369 U/L			
20-59 YEAR: 42-98 U/L			
>60 YEAR: 53-141 U/L			
Total Protein	6.72	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.27	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.45	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.74		1.5 - 2.5
Method : Calculated			

\*\*END OF REPORT\*\*

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M.D.(Patho.)

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**Age / Gender :** 23 years / Male

**Endo ID :** 153321

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**Referral :** MEDIWHEEL



**Collected Date & Time :** Oct 22, 2023, 10:15 a.m.

**Reported Date & Time :** Oct 22, 2023, 11:03 a.m.

**Sample ID :**



232950016

Test Description	Value(s)	Unit(s)	Reference Range
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**HAEMATOLOGY**

**HbA1c (GLYCOSYLATED HEMOGLOBIN)**

5.1

%

> 8% Action Suggested

**BLOOD**

7 - 8 % Good Control

**Method : Nephelometry Methodology**

6 - 7 % Near Normal Glycemia

< 6% Normal level

**Instrument: Mispa i2**

**Clinical Information:**

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy and Hb variants viz: HbS, HbC, HbE, HbD, elevated HbF, as well as those that have donated blood recently, are not suitable for this test. Conditions associated with false increased HbA1C values: HbF, Uremia, Lead Poisoning, Hypertriglyceridemia, Alcoholism, Opiate addiction, Iron deficiency state, Postsplenectomy, Hyperbilirubinemia, Chronic aspirin therapy. Conditions associated with false low HbA1C values: HbS, HbC, Hemolytic anemia, Pregnancy, Acute or chronic blood loss

**AVERAGE BLOOD GLUCOSE**

99.67

90 - 120 Very Good Control

121 - 150 Adequate Control

151 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

**\*\*END OF REPORT\*\***

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**Patient Name :** MR. NAVIT

**Age / Gender :** 23 years / Male

**Endo ID :** 153321

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Oct 22, 2023, 10:15 a.m.

**Reported Date & Time :** Oct 22, 2023, 11:11 a.m.

**Sample ID :**



232950016

Test Description	Value(s)	Unit(s)	Reference Range
<b>IMMUNOLOGY</b>			
T3-Triiodothyronine Method : CHEMILUMINOSCECE	1.04	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCECE	8.2	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCECE	3.54	uIU/mL	0.35 - 5.50

**Interpretation:**

TSH measurement is useful in screening and diagnosis for euthyroidism, hyperthyroidism and hypothyroidism. TSH levels may be affected by acute illness and drugs like doapmine and glucocorticoids. Low or undetectable TSH is suggestive of graves disease TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism. TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 FT4 is important. FreeT3 is first hormone to increase in early Hyperthyroidism. Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

\*\*END OF REPORT\*\*

**Dr. Kusum Heda**  
M.D.(Patho.)

**Dr. Nishi Prasad**  
M.D.(Patho.)



Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)

**GOYAL**  
**DIAGNOSTICS**  
4-D ULTRASOUND • COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

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**Referral :** MEDIWHEEL



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**Sample ID :**



232950016

Test Description	Value(s)	Unit(s)	Reference Range
<b>BIOCHEMISTRY</b>			
<b>Urea</b>	25.9	mg/dL	10.0 - 40.0
Method : Uricase			
<b>CREATININE</b>	0.72	mg/dL	0.60 - 1.40
Method : Serum, Jaffe			

\*\*END OF REPORT\*\*

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**Sample ID :**



232950016

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

**Uric Acid**

5.9

mg/dL

3.5-7.0

Method : Uricase, Colorimetric

\*\*END OF REPORT\*\*

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**Sample ID :**



232950016

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

Calcium

9.1

mg/dL

8.50 - 10.20

Method : Arsenazo III

\*\*END OF REPORT\*\*

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232950016

Test Description	Value(s)	Unit(s)	Reference Range
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**IMMUNOLOGY**

**PROSTATE SPECIFIC ANTIGEN (PSA) TOTAL** 0.96 ng/mL 0 - 4.0

Method : Serum, CLIA

**SUMMARY AND EXPLANATION**

Elevated concentrations of PSA in serum are generally indicative of a patho-logic condition of the prostate (prostatitis, benign hyperplasia or carcinoma). As PSA is also present in para-urethral and anal glands, as well as in breast tissue or with breast cancer, low levels of PSA can also be detected in sera from women. The main areas in which PSA determinations are employed are the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy. The steepness of the rate of fall in PSA down to no-longer detectable levels following radiotherapy, hormonal therapy or radical surgical removal of the prostate provides information on the success of therapy. An inflammation or trauma of the prostate (e.g. in cases of urinary retention or following rectal examination, cystoscopy, coloscopy, transurethral biopsy, laser treatment or ergometry) can lead to PSA elevations of varying duration and magnitude.

**\*\*END OF REPORT\*\***

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**DIAGNOSTICS**  
4-D ULTRASOUND • COLOUR DOPPLER

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**Collected Date & Time :** Oct 22, 2023, 11:35 a.m.

**Reported Date & Time :** Oct 22, 2023, 11:59 a.m.

**Sample ID :**



232950044

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

Gamma GT

18.7

U/L

8-61

Method : G-Glutamyl-Carboxy-Nitroanilide

**Interpretation**

A high GGT level can help rule out bone disease as the cause of an increased ALP level, but if GGT is low or normal, then an increased ALP is more likely due to bone disease. Even small amounts of alcohol within 24 hours of a GGT test may cause a temporary increase in the GGT.

**\*\*END OF REPORT\*\***

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4-D ULTRASOUND • COLOUR DOPPLER

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232950016

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

Glucose fasting	75.0	mg/dL	70.0-110.0
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Method : Fluoride Plasma-F, Hexokinase

\*\*END OF REPORT\*\*

**Dr. Kusum Heda**  
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MD (Radio-Diagnosis)

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

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**Endo ID :** 153321

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**Referral :** MEDIWHEEL



**Collected Date & Time :** Oct 22, 2023, 11:37 a.m.

**Reported Date & Time :** Oct 22, 2023, 11:58 a.m.

**Sample ID :**



232950046

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

Blood Glucose-Post Prandial

97.9

mg/dL

70 - 140

Method : Hexokinase

\*\*END OF REPORT\*\*

**Dr. Kusum Heda**  
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Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)

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**DIAGNOSTICS**

4-D ULTRASOUND \* COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

NAME - Mr Navit

AGE- 23 Yrs

DATE - 22-10-2023

REF BY- Mediwheel

### SKIAGRAM CHEST PA VIEW

BOTH CP ANGLES ARE CLEAR

CARDIAC SIZE IS WITHIN NORMAL LIMITS

LUNG FIELDS ARE CLEAR

NAD IN HEART AND LUNGS .

Dr. ROOPA GOYAL - MBBS, MD  
Consultant  
RAC No. 13507/15600

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

HOLTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC  
THE DIAGNOSIS, FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IS NOT MEANT FOR MEDICO-LEGAL PURPOSE.



Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)

**GOYAL**  
**DIAGNOSTICS**

4-D ULTRASOUND • COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

**USG ABDOMEN-PELVIS**

NAME -- Mr . Navit

AGE -- 23 yrs

Date -- 22-10-2023

REF BY -- Mediwheel

**LIVER :** is Enlarged and bright 14.3 cm and shows homogeneous echotexture. No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion. The portal vein and common bile duct show normal caliber.

**GALL BLADDER :** distended and shows smooth walls. Wall thickness appears normal. No evidence of sludge/ calculus . No evidence of pericholecystic collection.

**SPLEEN:** normal in size and shows normal echopattern.

**PANCREAS:** Normal in size , shape and position . Parenchyma is homogenous.

**RT.KIDNEY-** Normal in size, shape and position . Measures :-- 10.3 x 4.8 cm  
Cortex is homogenous. Corticomedullary differentiation is maintained  
pelvicalyceal system is not dilated.  
No evidence of any calculus is Seen

**LT. KIDNEY-** Normal in size, shape and position. Measures :-- 11.4 x 4.4 cm  
Cortex is homogenous. Corticomedullary differentiation is maintained.  
pelvicalyceal system is not dilated.  
No evidence of any calculus is Seen

**URINARY BLADDER :** is distended with smooth walls.  
No evidence of diverticulum or calculus.

**PROSTATE:** is normal in size 13.9 Gms and shows normal homogeneous echotexture

No evidence of ascites / pleural effusion.

**IMPRESSION:-**

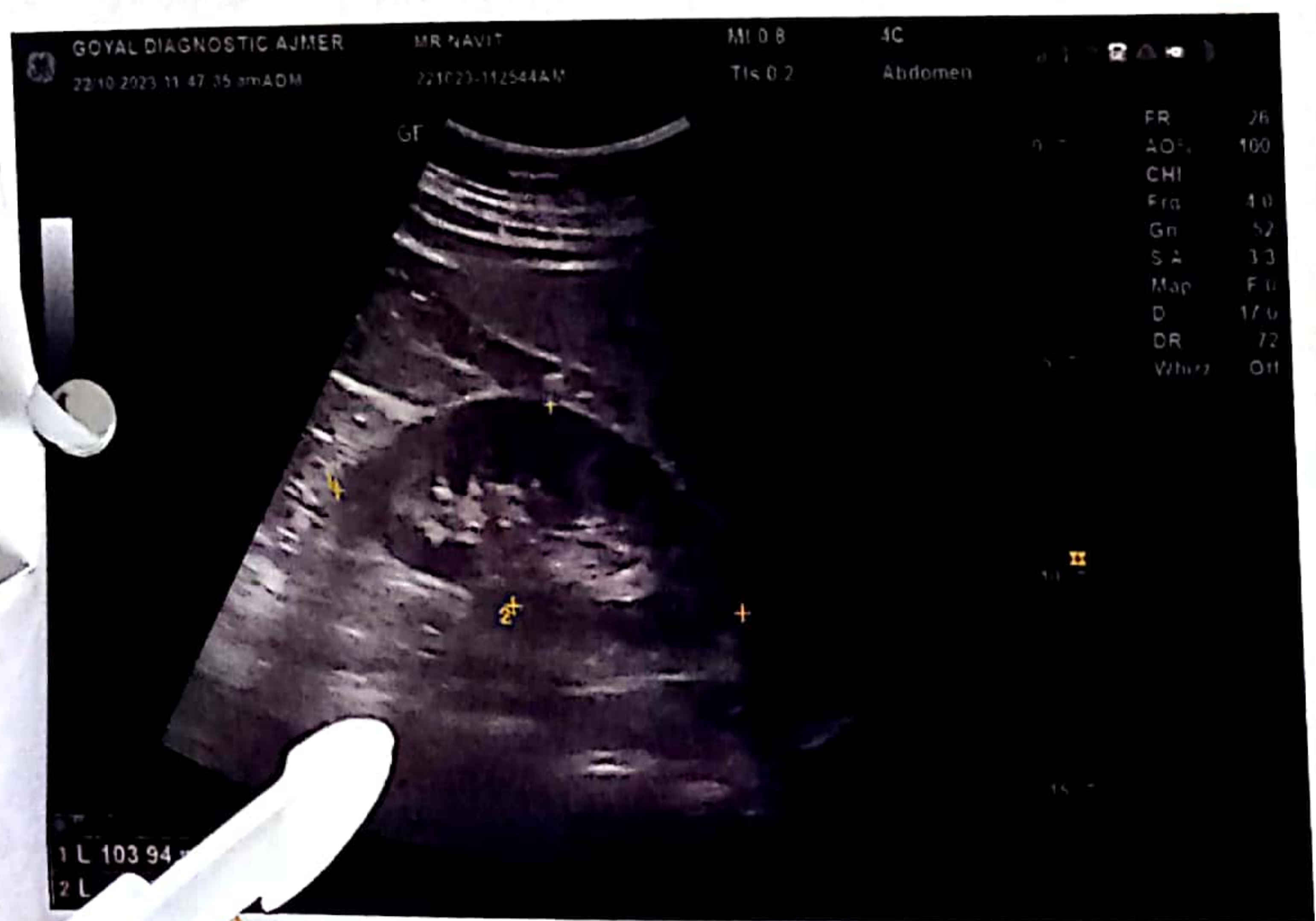
- Enlarged fatty Liver .
- Gas Filled Gut Loops are Seen.

(Adv- clinical correlation , further evaluation)

Dr. ROOPA GOYAL (M.B.B.S., M.D.)  
Consultant Radiologist & Sonologist  
RMC No. - 001507115600

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

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Consultant Radiologist & So

**Dr. Roopa**

MD (Radio-Diagnosis)

**LAL**  
**DIAGNOSTICS**  
ECHOGRAPHY • COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

**NAME** : MR . NAVIT **DATE** : 22-10-2023  
**AGE** : 23 YEARS  
**SEX** : MALE **REF BY** : MEDIWHEEL

**INTERPRETATION SUMMARY**

- . NORMAL CHAMBER DIMENSIONS
- . INTACT IAS/ IVS
- . ALL VALVES ARE NORMAL.
- . MILD TR
- . RVSP 25 MM HG
- . NO RWMA : LVEF 60 %
- . NO CLOT, VEGITATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM.
- . SIZE OF MAIN PULMONARY ARTERY 21 MM

**M.MODE/2D MEASUREMENTS (MM) & CALCULATIONS (ML)**

LVID d	43.1	LVEDV	
LVID s	29.1	LVESV	
RVID(d)	---	SV	-
IVS d	10.9	F.S	32%
IVS S	14.6	EF	60%
LVPW d	10.5	C.O	-
LVPWS	14.3	MITRAL VALVE	-
AORTIC ROOT	27.6	EF SLOPE	-
LEFT ATRIUM	29.8	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	-	E.P.S.S	-

**DOPPLER MEASUREMENTS & CALCULATIONS:**

STRUCTURE	MORPHOLOGY	VELOCITY(cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- 94 A- 66	-	NIL
TRICUSPID VALVE	NORMAL	198	-	MILD
PUL VALVE	NORMAL	136	-	NIL
AORTIC VALVE	NORMAL	108	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE 25 MM HG	MVA

Dr. ROOPA GOYAL (M.B.B.S., M.D.)  
Consultant Radiologist & Sonologist  
RMC No. 004507/15600

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

ALTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC  
DIAGNOSIS, FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IN NOT MEANT FOR MEDICO-LEGAL PURPOSE.

5 Seconds ECG Report

Patient Name Mr. NAVIT 23/M

October 22, 2023

HR : 76 bpm BP : 0/0 mmHg

RR Interval: 0.78 sec

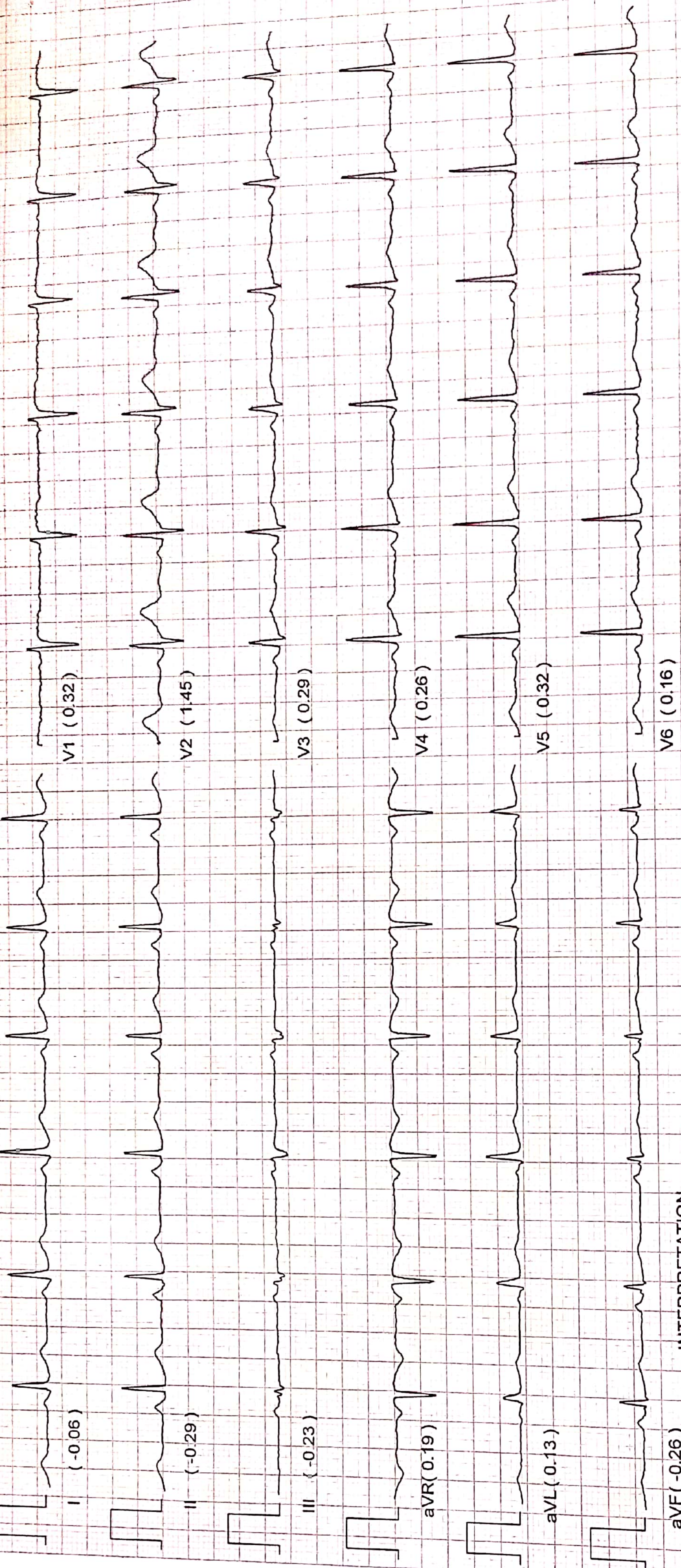
PR Interval: 0.13 sec

P-QRS-T Axis (44)-(16)-(19) deg

Time: 08:56:21

QRS Duration : 0.108 Sec

P-QRS-T Axis (44)-(16)-(19) deg



INTERPRETATION

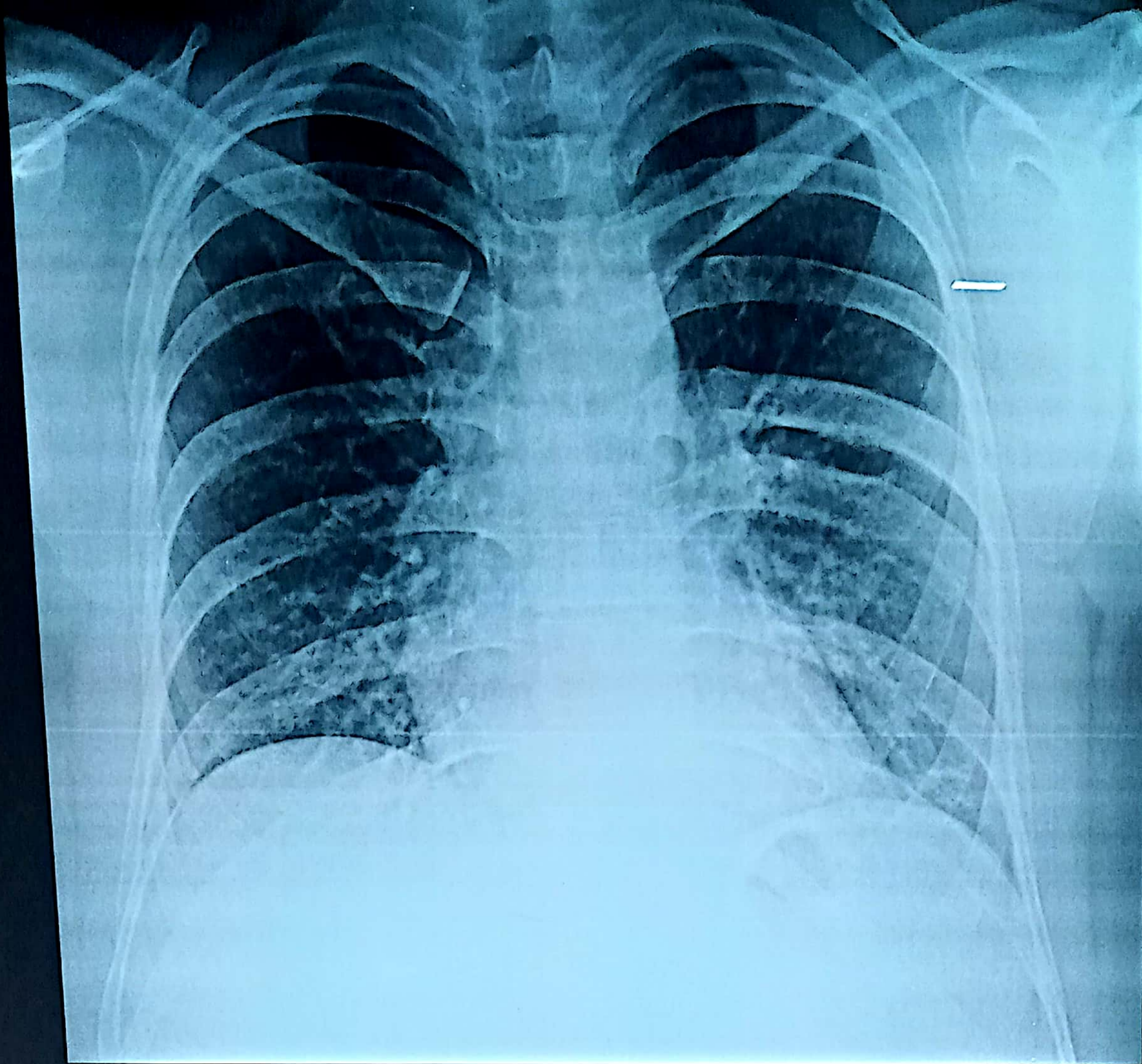
Sinus Rhythm, PR is normal, Normal QT interval, QRS Axis is normal,  
 Wide QRS, T wave inversion in Lead III,  
 ECG not normal

DR MD

DR. ROOP GOYAL (M.B.B.S., M.D.)  
 Consultant Radiologist & Sonologist  
 RMC No. - 004507115600

10mm/mv, 25mm/sec NASAN Simul-G BL U 4-6/1.13

\*Unconfirmed Reporting, Refer to Clinician



MR NAVIT 23 YRS 1 M CHEST PA 22-Oct-23 08:40 AM  
GOYAL DIAGNOSTIC CENTRE, OPP. J.L.N. HOSPITAL, AJMER.



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