

**Patient Details**

UHID : AFD000016376 Bill Date : 12-11-2022 09:43:48  
Patient Name : MR. CHANDRA SHEKHAR Bill No. : AFDHC22000659  
Age / Gender : 45 Yrs 10 Mth / MALE / 17-12-1976 Receipt No. : AFDPRT220030375  
Company : Acrofemi Healthcare Ltd  
Address : FLAT NO-1102, T-4, SPR IMPERIAL, SEC-82, FARIDABAD, HARYANA, INDIA

**Service Details**

S. No.	Investigation	Rooms	Remarks
1	MEDIWHEEL PKG FOR MALE ABOVE 40YRS SELF		
2	CBC-1( COMPLETE BLOOD COUNT )		
3	ESR		
4	URINE, ROUTINE EXAMINATION		
5	STOOL ROUTINE EXAMINATION		<i>input</i>
6	* BLOOD GROUP (ABO & RH)		
7	GLUCOSE PLASMA (FASTING)		
8	GLUCOSE PLASMA (PP) POST PRANDIAL	12.30	
9	GLYCATED HAEMOGLOBIN (HBA1C)		
10	THYROID PROFILE (FT3+FT4+TSH)		
11	LIPID PROFILE		
12	KFT/RFT-KIDNEY/RENAL PANEL 1		
13	LIVER FUNCTION TESTS (LFT)		
14	ECG		
15	2D ECHO DR. MITHILESH KUMAR		
16	TMT DR. MITHILESH KUMAR		<i>Pending/hold</i>
17	XRAY-CHEST P.A.		
18	USG-FOR WHOLE ABDOMEN		
19	OPD Consultation-Internal Medicine DR. MUKUND SINGH		
20	OPD Consultation-Dental DR. RAVJOT AHUJA		
21	OPD Consultation-Opthal DR. UPASANA		

Prepared By : MR. KAILASH SHARMA

  
Employee ID  
Signature

**FINAL REPORT**

Bill No.	: AFBCB220003786	Bill Date	: 12-11-2022 11:57
Patient Name	: MR. CHANDRA SHEKHAR	UHID	: AFD000016376
Age / Gender	: 45 Yrs 10 Mth / MALE	Patient Type	: <input type="checkbox"/> If PHC : <input type="checkbox"/>
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFB22369504	Current Ward / Bed	: /
		Receiving Date & Time	: 12-11-2022 14:16
		Reporting Date & Time	: 12-11-2022 14:54

**HAEMATOLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: EDTA Whole Blood

**CBC -1 (COMPLETE BLOOD COUNT)**

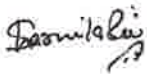
TOTAL LEUCOCYTE COUNT (Flow Cytometry)		6.4	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		5.1	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		14.6	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		44.6	%	40 - 50
MEAN CORPUSCULAR VOLUME		88.0	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN		28.8	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION		32.7	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)		289	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)	H	49.2	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)	H	15.4	%	11.6 - 14

**DIFFERENTIAL LEUCOCYTE COUNT**

NEUTROPHILS		57	%	40 - 80
LYMPHOCYTES		32	%	20 - 40
MONOCYTES		9	%	2 - 10
EOSINOPHILS		2	%	1 - 5
BASOPHILS		0	%	0 - 1

**\*\* End of Report \*\***
**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low


**DR. SHARMILA RAI**  
 MD, PATHOLOGY  
 Consultant


**FINAL REPORT**

Bill No.	: AFDHC220000659	Bill Date	: 12-11-2022 09:43
Patient Name	: MR. CHANDRA SHEKHAR	UHID	: AFD000016376
Age / Gender	: 45 Yrs 10 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22020934	Current Ward / Bed	: /
		Receiving Date & Time	: 12-11-2022 10:44
		Reporting Date & Time	: 12-11-2022 12:50

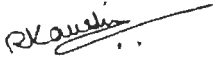
**HAEMATOLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
<i>Sample Type: EDTA Whole Blood</i>				
<b>MEDIWHEEL PKG FOR MALE ABOVE 40YRS</b>				
ESR (Westergren)	H	12	mm 1st hr	0 - 10

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

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low



**DR. RICHA KAUSHIK MISHRA**  
 MBBS, DNB  
 CONSULTANT


**FINAL REPORT**

Bill No.	: AFDHC220000659	Bill Date	: 12-11-2022 09:43
Patient Name	: MR. CHANDRA SHEKHAR	UHID	: AFD000016376
Age / Gender	: 45 Yrs 10 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC : </span>
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22020965	Current Ward / Bed	: /
		Receiving Date & Time	: 12-11-2022 13:12
		Reporting Date & Time	: 12-11-2022 14:51

**CLINICAL PATH REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: Urine

**MEDIWHEEL PKG FOR MALE ABOVE 40YRS**
**URINE, ROUTINE EXAMINATION**
**PHYSICAL EXAMINATION**

QUANTITY		40 mL		
COLOUR		Pale yellow		Pale Yellow
TURBIDITY		Clear		

**CHEMICAL EXAMINATION**

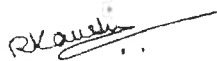
PH		6.0		5.0 - 8.5
PROTEINS		Negative		Negative
SUGAR		Negative		Negative
SPECIFIC GRAVITY, URINE		1.010		1.005 - 1.030

**MICROSCOPIC EXAMINATION**

LEUCOCYTES		2-3	/HPF	0 - 5
RBC's		2-4		
EPITHELIAL CELLS		1-2		
CASTS		Nil		
CRYSTALS		Nil		

**\*\* End of Report \*\***
**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low


**DR. RICHA KAUSHIK MISHRA**

 MBBS, DNB  
 CONSULTANT


**FINAL REPORT**

Bill No.	: AFDHC220000659	Bill Date	: 12-11-2022 09:43
Patient Name	: MR. CHANDRA SHEKHAR	UHID	: AFD000016376
Age / Gender	: 45 Yrs 10 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22020935	Current Ward / Bed	: /
		Receiving Date & Time	: 12-11-2022 10:44
		Reporting Date & Time	: 12-11-2022 12:58

**BLOOD BANK REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: EDTA Whole Blood

MEDIWHEEL PKG FOR MALE ABOVE 40YRS


BLOOD GROUP (ABO & RH)

ABO GROUP	"A"
RH TYPE	POSITIVE

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

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low



**DR. RICHA KAUSHIK MISHRA**  
 MBBS, DNB  
 CONSULTANT



**FINAL REPORT**

Bill No.	: AFDHC220000659	Bill Date	: 12-11-2022 09:43
Patient Name	: MR. CHANDRA SHEKHAR	UHID	: AFD000016376
Age / Gender	: 45 Yrs 10 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC : <input type="checkbox"/></span>
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22020936	Current Ward / Bed	: /
		Receiving Date & Time	: 12-11-2022 10:44
		Reporting Date & Time	: 12-11-2022 11:18

Sample Type: Serum

**MEDIWHEEL PKG FOR MALE ABOVE 40YRS**
**KFT/RFT- KIDNEY/RENAL PANEL 1**

BLOOD UREA <small>Urease-GLDH;Kinetic</small>	26	mg/dL	15 - 45
CREATININE-SERUM <small>(Modified Jaffe s Kinetic)</small>	1.1	mg/dL	0.9 - 1.3
SODIUM-SERUM <small>(Indirect Ion-Selective Electrode)</small>	137	m.mol/L	135 - 145
POTASSIUM-SERUM <small>(Indirect Ion-Selective Electrode)</small>	4.6	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM <small>(Indirect Ion-Selective Electrode)</small>	98	m.mol/L	98 - 107
GLUCOSE-PLASMA (FASTING) <small>(UV Hexokinase)</small>	98.7	mg/dL	70 - 100

Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.  
 (As per American Diabetes Association recommendation)

**\*\* End of Report \*\***
**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low



DR. RICHA KAUSHIK MISHRA  
 MBBS, DNB  
 CONSULTANT


**FINAL REPORT**

Bill No.	: AFDHC220000659	Bill Date	: 12-11-2022 09:43
Patient Name	: MR. CHANDRA SHEKHAR	UHID	: AFD000016376
Age / Gender	: 45 Yrs 10 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC : </span>
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22020971	Current Ward / Bed	: /
		Receiving Date & Time	: 12-11-2022 14:37
		Reporting Date & Time	: 12-11-2022 15:57

**BIOCHEMISTRY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

*Sample Type: Plasma*
**MEDIWHEEL PKG FOR MALE ABOVE 40YRS**

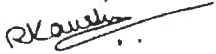
GLUCOSE-PLASMA (POST PRANDIAL) (UV Hexokinase)		96.3	mg/dL	70 - 140
--	--	------	-------	----------

Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.  
 (As per American Diabetes Association recommendation)

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

**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low



**DR. RICHA KAUSHIK MISHRA**  
 MBBS, DNB  
 CONSULTANT

### FINAL REPORT

Bill No.	: AFBCB220003786	Bill Date	: 12-11-2022 11:57
Patient Name	: MR. CHANDRA SHEKHAR	UHID	: AFD000016376
Age / Gender	: 45 Yrs 10 Mth / MALE	Patient Type	: <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFB22369504	Current Ward / Bed	: /
		Receiving Date & Time	: 12-11-2022 14:16
		Reporting Date & Time	: 14-11-2022 09:51

### HAEMATOLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: EDTA Whole Blood

#### \*GLYCATED HAEMOGLOBIN (HBA1C)

HBA1C (HPLC)		5.8	%	4.27 - 6.07
--------------	--	-----	---	-------------

#### INTERPRETATION:

HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

- Note:
- 1.A three monthly monitoring is recommended in diabetics.
  - 2.Since HbA1c concentration represents the integrated values for blood glucose over the preceding 6 - 10 weeks and is not affected by daily glucose fluctuation, exercise and recent food intake, it is a more useful tool for monitoring diabetics.

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

#### IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



**DR. SHILPA G**  
MD, PATHOLOGY  
Sr Consultant



### FINAL REPORT

Bill No.	: AFBCB220003786	Bill Date	: 12-11-2022 11:57
Patient Name	: MR. CHANDRA SHEKHAR	UHID	: AFD000016376
Age / Gender	: 45 Yrs 10 Mth / MALE	Patient Type	: If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFB22369505	Current Ward / Bed	: /
		Receiving Date & Time	: 12-11-2022 14:16
		Reporting Date & Time	: 12-11-2022 16:34

### SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: Serum

#### \*THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.40	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.14	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		2.02	mIU/L	0.27-4.20

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

#### IMPORTANT INSTRUCTIONS

CL - Critical Low, CH - Critical High, H - High, L - Low



**DR. SHILPA G**  
MD, PATHOLOGY  
Sr Consultant


**FINAL REPORT**

Bill No.	: AFDHC220000659	Bill Date	: 12-11-2022 09:43
Patient Name	: MR. CHANDRA SHEKHAR	UHID	: AFD000016376
Age / Gender	: 45 Yrs 10 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22020936	Current Ward / Bed	: /
		Receiving Date & Time	: 12-11-2022 10:44
		Reporting Date & Time	: 12-11-2022 11:18

**BIOCHEMISTRY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: Serum

**MEDIWHEEL PKG FOR MALE ABOVE 40YRS**

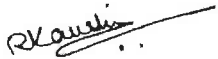
CHOLESTROL-TOTAL (CHO-POD)		158	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition		51	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection		96	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - POD)		67	mg/dL	0 - 160
NON-HDL CHOLESTROL		107.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.1		½Average Risk <3.3 Average Risk 3.3-4.4 2 Times Average Risk 4.5-7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		1.9		½Average Risk <1.0 Average Risk 1.0-3.6 2 Times Average Risk 3.7-6.3 3 Times Average Risk 6.4-8.0
CHOLESTROL-VLDL		13	mg/dL	10 - 35

Comments:

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
  - Cigarette smoking.
  - Hypertension.
  - Family history of premature coronary heart disease.
  - Pre-existing coronary heart disease.

**\*\* End of Report \*\***
**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low


**DR. RICHA KAUSHIK MISHRA**  
 MBBS, DNB  
 CONSULTANT


**FINAL REPORT**

Bill No.	: AFDHC220000659	Bill Date	: 12-11-2022 09:43
Patient Name	: MR. CHANDRA SHEKHAR	UHID	: AFD000016376
Age / Gender	: 45 Yrs 10 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: SELF	Ward / Bed	: /
Sample ID	: AFD22020938	Current Ward / Bed	: /
		Receiving Date & Time	: 12-11-2022 10:50
		Reporting Date & Time	: 12-11-2022 11:36

**BIOCHEMISTRY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
--------------------	------	--------	-----	-------------------------------

Sample Type: Serum

**MEDIWHEEL PKG FOR MALE ABOVE 40YRS**
**LIVER FUNCTION TESTS (LFT)**

BILIRUBIN-TOTAL (DPD)		0.73	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPD)		0.18	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT		0.55	mg/dL	0.2 - 0.8
S.PROTEIN-TOTAL (Biuret)		6.9	g/dL	6 - 8.1
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.2	g/dL	
S.GLOBULIN	L	2.7	g/dL	2.8-3.8
A/G RATIO		1.56		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)	L	48.7	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (IFCC)		26.7	IU/L	10 - 42
ALANINE AMINO TRANSFERASE (IFCC)		22.4	IU/L	10 - 40
GAMMA-GLUTAMYLTRANSPEPTID (IFCC)		23.7	IU/L	11 - 50
LACTATE DEHYDROGENASE (IFCC; L-P)		177.4	IU/L	0 - 248
CHOLESTROL-TOTAL (CHO-POD)		158	mg/dL	0 - 160
HDL CHOLESTROL (Enzymatic Inhibition)		51	mg/dL	>40
CHOLESTROL-LDL DIRECT (Enzymatic Selective Protection)		96	mg/dL	0 - 100
S.TRYGLYCERIDES (GPO - POD)		67	mg/dL	0 - 160
NON-HDL CHOLESTROL		107.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL		3.1		1/2 Average Risk <3.3 Average Risk 3.3-4.4 2 Times Average Risk 4.5-7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL		1.9		1/2 Average Risk <1.0 Average Risk 1.0-3.6 2 Times Average Risk 3.7-6.3 3 Times Average Risk 6.4-8.0
CHOLESTROL-VLDL		13	mg/dL	10 - 35

**Comments:**

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
  - Cigarette smoking.
  - Hypertension.
  - Family history of premature coronary heart disease.
  - Pre-existing coronary heart disease.

**\*\* End of Report \*\***
**IMPORTANT INSTRUCTIONS**

CL - Critical Low, CH - Critical High, H - High, L - Low



10.11.2022 11.22.32  
ASIAN FIDELIS HOSPITAL  
SEC- 88 FARIDABAD HARYANA  
RPS CITY

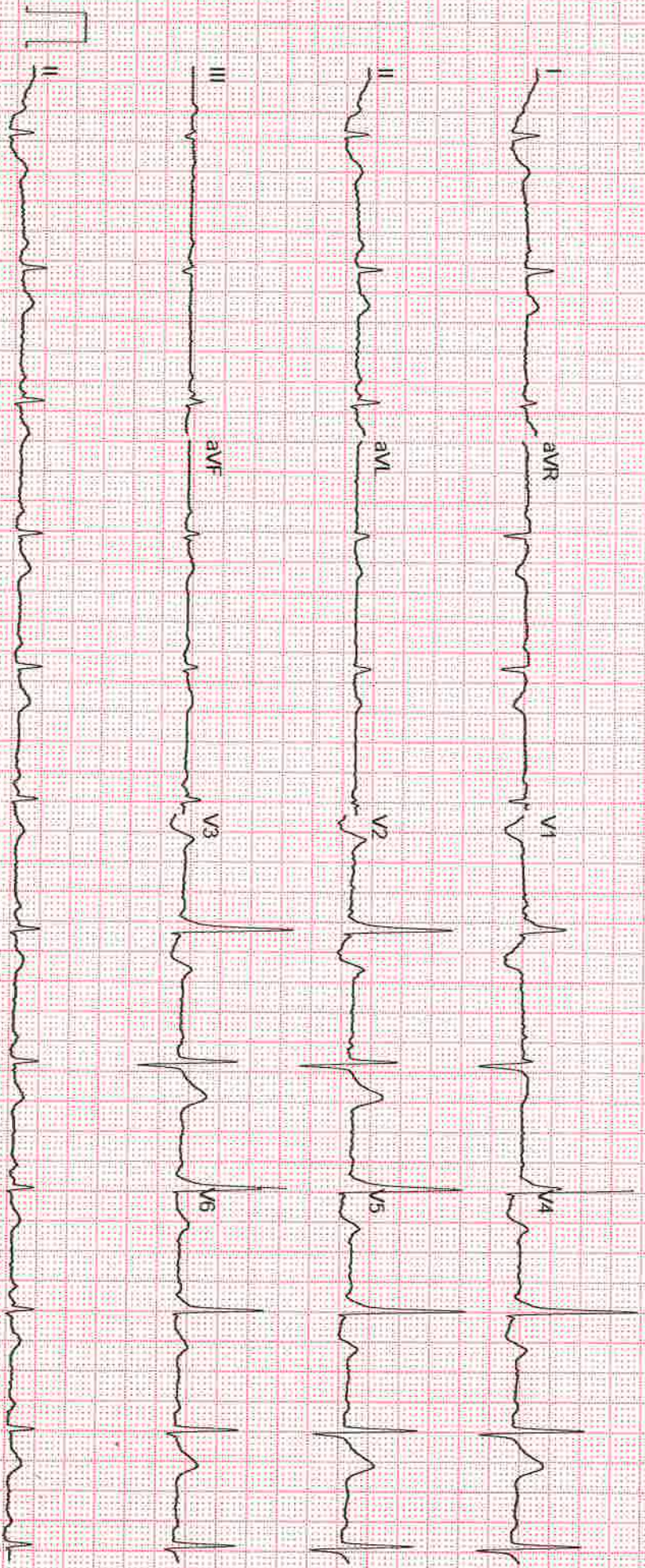
Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

70 bpm  
— / — mmHg

QRS 78 ms  
QT / QTcBz 372 / 401 ms  
PR 138 ms  
P 98 ms  
RR / PP 858 / 869 ms  
P / QRS / T 20 / 28 / 31 degrees

Undetermined rhythm,  
Otherwise normal ECG





## NON INVASIVE CARDIOLOGY

Patient Name	: MR. CHANDRA SHEKHAR	IPD No.	:
Age	: 45 Yrs 10 Mth	UHID	: AFD000016376
Gender	: MALE	Bill No.	: AFDHC220000659
Ref. Doctor	: SELF	Bill Date	: 12-11-2022 09:43:48
Ward	:	Room No.	:
		Procedure Date	: 12-11-2022 11:53:13

### ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

MEASUREMENTS	ABSOLUTE VALUE		NORMAL VALUE
Aortic Root Diameter	2.8		2.0-3.7cm < 2.2cm/M2
Aortic Valve Opening	N		1.5-2.6cm
Left Atrial Dimension	3.7		1.9-4.0cm < 2.2cm/M2
RV Dimensions	N		0.7-2.6cm
RV thickness	N		0.3-0.9cm
LV ED Dimension	4.3		3.7-5.6 cm < 3.2cm /M2
LV ES Dimension	3.1		2.2-4.0 cm
IVS thickness	ED – 1.1	ES-1.3	0.6-1.2cm
LVPW Thickness	ED – 1.0	ES-1.2	0.5-1.1cm
IVS/ LVPW Ratio	N		
Mitral Valve	DE-N	EF -N	

INDICES OF LV FUNCTION		
EPSS		<9mm
FS%		24-42%
LV Ejection Fraction	60 %	60+/-6%



## NON INVASIVE CARDIOLOGY

Patient Name	: MR. CHANDRA SHEKHAR	IPD No.	:
Age	: 45 Yrs 10 Mth	UHID	: AFD000016376
Gender	: MALE	Bill No.	: AFDHC220000659
Ref. Doctor	: SELF	Bill Date	: 12-11-2022 09:43:48
Ward	:	Room No.	:
		Procedure Date	: 12-11-2022 11:53:13

### IMAGING:

2D- imaging in PLAX.SAX and apical views revealed normal left ventricle. Movement of septum, posterior and lateral walls are normal. Global LVEF is 60%. Mitral valve opening is normal. No evidence of mitral valve prolapse is seen. Aortic valve has three cusps and its opening is not restricted. Tricuspid valve leaflets move normally, Pulmonary valve is normal. Interatrial and Interventricular septal are intact, No intracardiac mass or thrombus is seen. No pericardial pathology is observed.

### MORPHOLOGICAL DATA

Mitral Valve : AML PML	Normal	Interatrial Septum	Intact
Aortic Valve	Normal	Interventricular Septum	Intact
Tricuspid Valve	Normal	Pulmonary Artery	Normal
Pulmonary Valve	Normal	Aorta	Normal
Right Ventricle	Normal	Right Atrium	Normal
Left Ventricle	Normal	Left Atrium	Normal

### DOPPLER STUDY

	m/s	m/s	
MITRAL VELOCITY	E-0.8	A-0.6	MR 1/4
TRICUSPID VELOCITY	1.9 m/s		TR 1/4
AORTIC VELOCITY	1.3 m/s		AR 0/4
PULMONARY VELOCITY	0.9 m/s		PR 0/4
PA Pressure	17+RAP		

## NON INVASIVE CARDIOLOGY

Patient Name	: MR. CHANDRA SHEKHAR	IPD No.	:	
Age	: 45 Yrs 10 Mth	UHID	:	AFD000016376
Gender	: MALE	Bill No.	:	AFDHC220000659
Ref. Doctor	: SELF	Bill Date	:	12-11-2022 09:43:48
Ward	:	Room No.	:	
		Procedure Date	:	12-11-2022 11:53:13

### **COLOUR FLOW MAPPING**

Trace mitral regurgitation.

Trace tricuspid regurgitation.

### **FINAL IMPRESSION**

1. No RWMA, LVEF-60%.
2. Borderline LVH seen.
3. Trace mitral regurgitation.
4. Trace tricuspid regurgitation (17+RAP).
5. Normal mitral inflow pattern.
6. No clot/mass/vegetation/PE

DR. MADHVI SHARMA  
MD, (DNB Cardiology)  
Consultant Cardiologist

HMC-HN 10723

For The perusal of a medical professional only

The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.  
It is not the diagnosis & must be correlated clinically.

NOT FOR MEDICOLEGAL PURPOSES

.....End of Report.....

Prepare By.  
MADHVI.S

## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MR. CHANDRA SHEKHAR	IPD No.	:	
Age	: 45 Yrs 10 Mth	UHID	:	AFD000016376
Gender	: MALE	Bill No.	:	AFDHC220000659
Ref. Doctor	: SELF	Bill Date	:	12-11-2022 09:43:48
Ward	:	Room No.	:	
		Print Date	:	12-11-2022 11:59:36

### CHEST PA VIEW:

Cardiac shadow appears normal.

**Both lung fields show prominent bronchovascular markings.**

Both domes of diaphragm and both CP angles are clear.

Both hila appear normal.

Soft tissues and bony cage appear normal.

**Please correlate clinically.**

.....End of Report.....



Prepare By.  
BHANOO

DR. BHANOO CHAUDHARY, MBBS,MD  
CONSULTANT

**Note :** The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MR. CHANDRA SHEKHAR	IPD No.	:	
Age	: 45 Yrs 10 Mth	UHID	:	AFD000016376
Gender	: MALE	Bill No.	:	AFDHC220000659
Ref. Doctor	: SELF	Bill Date	:	12-11-2022 09:43:48
Ward	:	Room No.	:	
		Print Date	:	12-11-2022 12:21:46

### USG WHOLE ABDOMEN

#### FINDINGS:

- Liver is normal in size (longitudinal span 12.9 cm) and shows **mild to moderate fatty infiltration (s/o grade I/II fatty liver)**. No evidence of any focal lesion is seen. No dilated intrahepatic biliary radicles are seen. Common duct and portal vein are normal in course and caliber.
- The gall bladder is well distended with normal wall thickness. No intraluminal calculi focal lesion seen. No pericholecystic pathology seen.
- *Visualized Pancreas is normal in size and parenchymal echogenicity. Rest of the pancreas and retroperitoneal structures are obscured by overlying bowel gas shadows.*
- Spleen is normal in size and echo pattern with no focal lesion.
- Both the kidneys are normal in size, shape and position. No evidence of any hydronephrosis is noted on either side. Normal corticomedullary differentiation is maintained bilaterally. The cortical thickness is within normal limits. The right kidney measures 9.6 x 4.7 cm. The left kidney measures 10.6 x 5.3 cm. No focal lesion/calculus noted in either kidney.
- The Urinary Bladder is well distended and shows anechoic contents. No focal lesion/calculus seen. There is no evidence of any obvious intraluminal or perivesical pathology.
- Prostate is normal in size (19.0 cc) and echotexture.
- No ascites/retroperitoneal lymphadenopathy/pleural effusion.

#### IMPRESSION:

- **Grade I/II fatty liver changes.**

*Please correlate clinically.*

.....End of Report.....



Prepare By.  
BHANOO

DR. BHANOO CHAUDHARY, MBBS, MD  
CONSULTANT

**Note :** The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.

OPD Assessment Form (First visit/Follow-up)



Name : MR. CHANDRA SHEKHAR UHID No. : AFD000016376  
FATHER : GOPAL SHARMA SINGH Date : 12-11-2022 09:38:55  
Age / Gender : 45 Yrs 10 Mth / MALE Doctor / Unit : DR. RAVJOT AHUJA /  
CPG : CORPORATE CASHVAIMS2122\_FD Department : DENTAL  
Inst. Name : Acrofemi Healthcare Ltd  
Address : FLAT NO-1102, T-4, SPR IMPERIAL, SEC-82, FARIDABAD, HARYANA, INDIA

Present Complaints:

General body a/c.

BP (mm Hg) 110/70 mmHg  
Pulse 64 bpm  
RR SpO2 - 98%  
Ht/Length 182 cm  
Wt- 122 kg  
Pain Score (1-10)

Past/Family History:

H/o hpt + for some other chis.

Any known Allergies

History Given By :

Clinical Findings :

No significant findings

- Fluoride

Provisional Diagnosis :

DR. RAVJOT AHUJA, DENTAL,

Asian Fidelis Multispeciality Hospital OPD Timings: Mon - Sat: 10:00am to 04:00pm.

Note :

Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.

**WHEN TO OBTAIN URGENT CARE** : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom



Investigations Advised :

*[Faint handwritten notes]*

Plan Of Care :

Treatment Advice:

① Warm Saline Enema

Additional Screening : Required  (If required, please contact, the dietician)  
Not Required

Signature of Doctor / Consultant:  Date: 12/11/22 Time: .....



OPD Assessment Form (First visit/Follow-up)



Name : MR. CHANDRA SHEKHAR  
 FATHER : GOPAL SHARMA SINGH  
 Age / Gender : 45 Yrs 10 Mth / MALE  
 CPG : CORPORATE CASHVAIMS2122\_FD  
 Inst. Name : Acrofemi Healthcare Ltd  
 Address : FLAT NO-1102, T-4, SPR IMPERIAL, SEC-82, FARIDABAD, HARYANA, INDIA

UHID No. : AFD000016376  
 Date : 12-11-2022 09:38:55  
 Doctor / Unit : DR. UPASANA /  
 Department : OPHTHALMOLOGY

Present Complaints:

40 itching B/E

5-6 Hours  
Screen time

Past/Family History:

H/O HTN & Treatment since last 10 years.

BP (mm Hg) 110/70 mmHg  
 Pulse 64 bpm  
 RR SpO2 99.1  
 Ht/Length 182 cm  
 Wt- 122 kg  
 Pain Score (1-10)

Any known Allergies

None

History Given By :

Clinical Findings :

g/vu ← 6/6(B) us  
 6/6(B) us

Als @ @  
 upf @ @

Provisional Diagnosis :

Presbyopia

+1.00 sp - 6/6  
 Acc ← +0.75 / +0.50 × 5°  
 Add +1.50 sp (BB) - 6/6

DR. UPASANA, MBBS, DOMS, FAEH, Consultant-OPHTHALMOLOGY, Reg. No: MCI 09/35142

Note :

Nature of illness, prognosis, potential side effects of medication used, risk of allergic reaction, need for follow-up & monitoring has been explained to the Patient/attendants in their own language.

**WHEN TO OBTAIN URGENT CARE** : In case high grade fever, recurrent vomiting, profuse diarrhea, severe oral ulcers, skin rash breathlessness, dizziness, loss of consciousness, bleeding from any site or new relevant/ alarming symptom

Investigations Advised :

POGI  $\left\{ \begin{array}{l} +0.75 \text{ sp} \\ +1.00 \text{ sp} \end{array} \right.$

Plan Of Care :

Treatment Advice:

glasses [Progressive]  
(BC) Refresh team [get eye drops  
4 to 6 times a day]  
bein for Dilate pupils

Nutritional Screening : Required  (If required, please contact, the dietician)  
Not Required

Signature of Doctor / Consultant:  Date: 12/10/22 Time: 12:50 pm