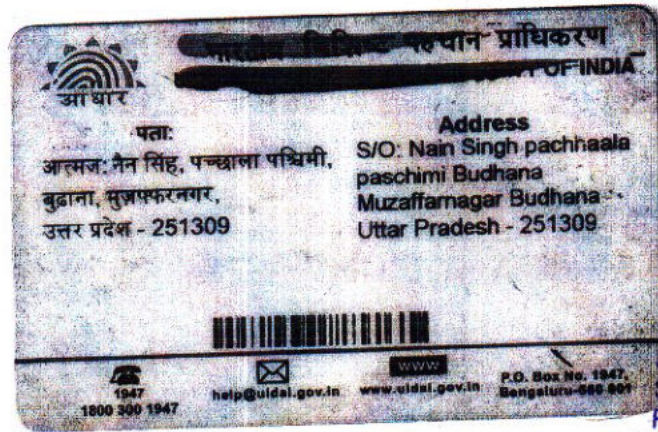




Height - 168 cm
Weight - 77.6 kg
B.P. - 150/110
PIR - 82/bpm
SpO2 - 99%



SJM SUPER SPECIALITY HOSPITAL
Dr. Vinod Kumar Bhat
M.B.B.S. M.D (Medicine)
Sr. Consultant Physician
Reg. No. 30989 (DMC)

Atul Kumar
9716550030



SJM SUPER SPECIALITY HOSPITAL, & IVF CENTRE



100 Bedded Super Speciality Hospital

Sector-63, Noida, NH-9, Near Hindon Bridge

Ph.: 0120-6530900 / 10, Mob.: +91 9599259072

E-mail: sjmhospital@yahoo.com / Website: sjmhospital.com

(24 Hours Emergency, NICU/ICU, Pharmacy & Ambulance Available)

23.11.2022

40 BOP

(IVF SPECIALIST)

Dr. Pushpa Kaul (IVF)
M.B.B.S, MD(Obst. & Gynae)
Dr. Neha Zutshi (Embryologist)

OTHER SPECIALIST

Dr. Pushpa Kaul (IVF)
M.B.B.S, MD(Obst. & Gynae)
Dr. Smritee Virmani (Endoscopy)
MBBS, DGO, DNB, ICOG (Obst. & Gynae)
Dr. Vinod Bhat
M.B.B.S, MD (General Medicine)
Dr. Vineet Gupta, MS (ENT)
Dr. Naveen Gupta, MS (EYE)
Dr. Ashutosh Singh, MS (Urology)
Dr. Rahul Kaul (Spine Surgeon)
MBBS, MS, (Orthopaedic)
Dr. Raj Ganjoo MD (Psychiatric)
Dr. Akash Mishra (Neuro Surgeon)
Dr. Sanjay Sharma (Cardiologist)
Dr. S.K. Pandita, MS (Surgeon)
Dr. B.P. Gupta, MS (Surgeon)
Dr. Jaisika Rajpal
(MDS), (Periodontist & Implantologist)
Dr. Akash Arora
(MDS), Maxillofacial Surgeon
Dr. Deepa Maheshwari
M.B.B.S., MD, FRM, (IVF Specialist)
Dr. Vivek Kumar Gupta
MBBS, MS (General Surgeon)
M.Ch. (Plastic Surgery)
Dr. Anand Kumar
MBBS, MD (Paediatrics)
Dr. Amit kumar Kothari
MBBS, MD (Medicine)
Dr. Amit Aggarwal
M.B.B.S., M.S. Ortho.

Facilities:

100 Beds. Private & Public wards
Inpatient & Outpatient - (OPD)Facilities
24-Hour ambulance and emergency
3 Operation theatres
Laposcopic & Conventional Surgery
In vitro fertilization centre (IVF)
Intensive Care Unit. (ICU)
Neonatal ICUs (NICU)
Dental Clinic
Computerized pathology lab
Digital X-ray and ultrasound
Physiotherapy facilities
24-Hour Pharmacy
Cafeteria & Kitchen

Mr Atul Kumar

Asymptomatic

150/104

Stando D

Melhearn

at 18 B Foot

at 18 Den

x 7 days

Q

hold TMT till BP settles down

Detected HT on
routine check-up

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Reg. No. 30989 (DMC)

CGHS & AYUSHMAN BHARAT

+ Not for medico legal purpose + No substitution of drugs allowed

Panels: Raksha TPA Pvt Ltd., Vipul Med Corp TPA Pvt Ltd., E-Meditek (TPA) Services Ltd., Medi-Assit India TPA Pvt Ltd., Park Mediclaim, Genins India TPA Pvt Ltd., Family Healthcare TPA Pvt Ltd., Medsave Healthcare TPA Pvt Ltd., Vidal Health Care TPA Pvt Ltd., MD India Healthcare, DHS TPA (India) Private Ltd., Medicate TPA Service (I) Pvt. Ltd., East West Assist TPA Pvt Ltd., United Healthcare Parekh TPA Pvt Ltd., Good Health TPA Services Ltd., Bajaj Allianz General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., TATA AIG General Insurance Co. Ltd., Cholamandalam General Insurance Co. Ltd., Liberty Videocon General Insurance Ltd., SBI General Insurance Co. Ltd., Kotak Mahindra General Insurance Co. Ltd., HDFC Standard Life Insurance Co. Ltd., The Oriental Insurance Co. Ltd.(Corporate), National Insurance Co. Ltd.(Corporate), The New India Insurance Co. Ltd. (Corporate), United India Insurance Co Ltd. (Corporate)

Mr. atul kumar
ID: 96868

16.01.1986 168 cm Male
36 Years 77.6 kg
Phone Number: 9716550030

23.11.2022 10:56:21
SJM Super Speciality Hospital
Sector-63, Chhijars, Noida
Gautam Budhha Nagar, UP-201307

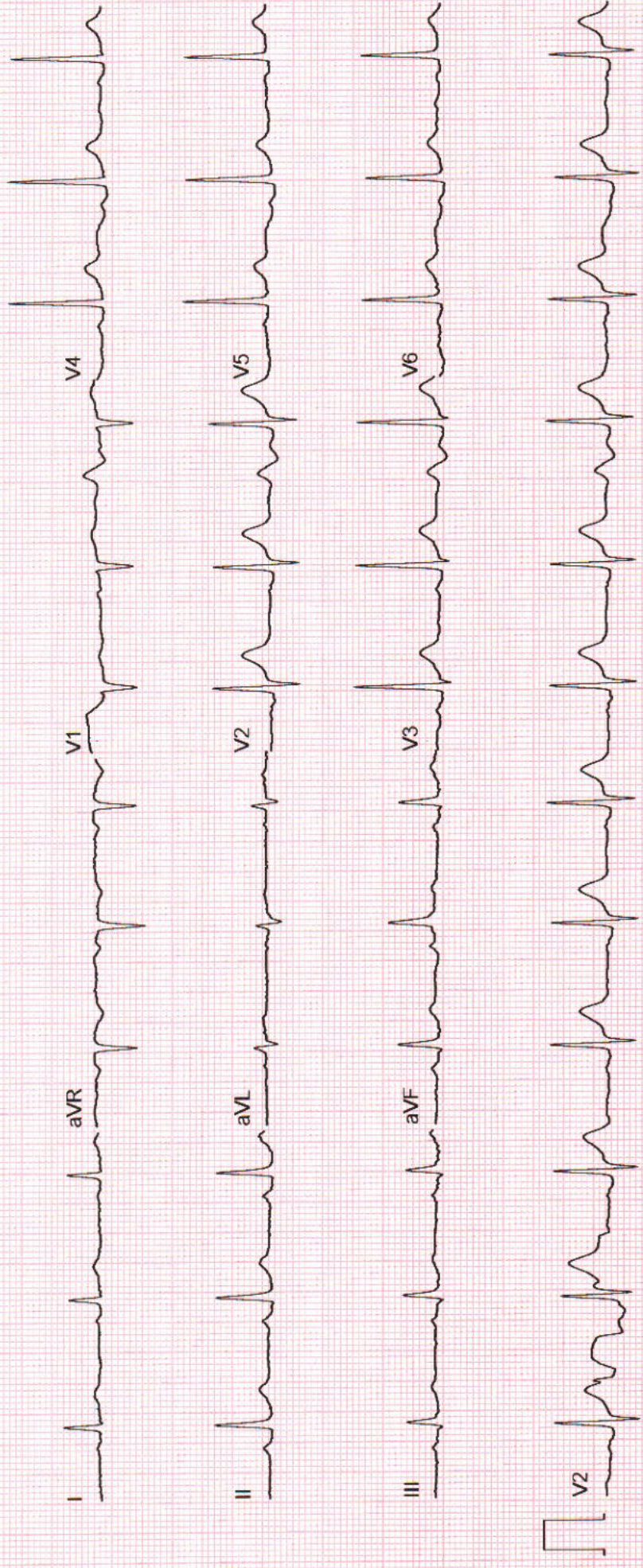
Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

*** Poor data quality, interpretation may be adversely affected
Normal sinus rhythm with sinus arrhythmia
Normal ECG

QRS : 82 ms
QT / QTcBaz : 370 / 405 ms
PR : 162 ms
P : 100 ms
RR / PP : 832 / 833 ms
P / QRS / T : 62 / 56 / 57 degrees

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:
Dr. G. B. S. M.D. (Medicine)
S. Consultant Physician
Reg. No. 30989 (DWC)
SJM SPECIALITY HOSPITAL

72 bpm
- / - mmHg





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Laboratory Report

Lab Serial no.	: LSHHI235116	Mr. No	: 96868
Patient Name	: Mr. ATUL KUMAR	Reg. Date & Time	: 23-Nov-2022 10:21 AM
Age / Sex	: 36 Yrs / M	Sample Receive Date	: 23-Nov-2022 10:25 AM
Referred by	: Dr. SELF	Result Entry Date	: 23-Nov-2022 01:27PM
Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 23-Nov-2022 01:27 PM
OPD	: OPD		

HAEMATOLOGY

	results	unit	reference
CBC / COMPLETE BLOOD COUNT			
HB (Haemoglobin)	14.4	gm/dl	12.5 - 16.0
TLC	8.1	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	53	%	40 - 70
Lymphocyte	40	%	20 - 40
Eosinophil	05	%	01 - 06
Monocyte	02	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	5.23	Thousand / UI	3.8 - 5.10
P.C.V	43.0	million/UI	00 - 40
M.C.V.	82.2	fL	78 - 100
M.C.H.	27.5	pg	27 - 31
M.C.H.C.	33.5	g/dl	32 - 36
Platelet Count	2.01	Lacs/cumm	1.5 - 4.5

INTERPRETATION:

To determine your general health status; to screen for, diagnose, or monitor any one of a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer

technician :
Typed By : Mr. BIRJESH

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Page 1

Swati
Dr. Swati Chandel
Consultant Pathologist
39292 (MCI)

Dr. Bupinder Zutshi
(M.B.B.S., MD)
Pathologist & Microbiologist



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HAEMATOLOGY

results	unit	reference
---------	------	-----------

ESR / ERYTHROCYTE SEDIMENTATION RATE

ESR (Erythrocyte Sedimentation Rate)	08	mm/1hr	00 - 22
--------------------------------------	----	--------	---------

Comments

The ESR is a simple non-specific screening test that indirectly measures the presence of inflammation in the body. It reflects the tendency of red blood cells to settle more rapidly in the face of some disease states, usually because of increases in plasma fibrinogen, immunoglobulins, and other acute-phase reaction proteins. Changes in red cell shape or numbers may also affect the ESR.

BIOCHEMISTRY

results	unit	reference
---------	------	-----------

BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	107.6	mg/dl	70 - 110
-----------------	-------	-------	----------

Comments:

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions.

High levels of serum glucose may be seen in case of Diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents.

Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

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technician :

Typed By : Mr. BIRJESH

Page 1

Swati
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Dr. Bupinder Zutshi
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BIOCHEMISTRY

	results	unit	reference
LIPID PROFILE, Serum			
S. Cholesterol	279.0	mg/dl	< - 200
HDL Cholesterol	52.0	mg/dl	35.3 - 79.5
LDL Cholesterol	158.1	mg/dl	50 - 150
VLDL Cholesterol	68.9	mg/dl	00 - 40
Triglyceride	344.5	mg/dl	00 - 170
Cholesterol/HDL RATIO	5.3	%	

INTERPRETATION:

Lipid profile OR lipid panel IS a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

BLOOD SUGAR (PP), Serum

SUGAR PP	161.0	mg/dl	80 - 140
----------	--------------	-------	----------

Comments:

Accurate measurement of glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions. High levels of serum glucose may be seen in case of diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents. Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

METHOD:- GOD-POD METHOD, END POINT

technician :

Typed By : Mr. BIRJESH

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Page 1

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BIOCHEMISTRY

	results	unit	reference
LIVER FUNCTION TEST, Serum			
Bilirubin- Total	0.65	mg/dL	0.1 - 2.0
Bilirubin- Direct	0.19	mg/dL	0.0 - 0.20
Bilirubin- Indirect	0.46	mg/dL	0.2 - 1.2
SGOT/AST	39.4	IU/L	00 - 35
SGPT/ALT	45.5	IU/L	00 - 45
Alkaline Phosphate	158.0	U/L	53 - 128
Total Protein	7.36	g/dL	6.4 - 8.3
Serum Albumin	4.72	gm%	3.50 - 5.20
Globulin	2.64	gm/dl	1.8 - 3.6
Albumin/Globulin Ratio	1.79	%	

INTERPRETATION

A Liver Function test or one or more of its component tests may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments.

technician :
Typed By : Mr. BIRJESH

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BIOCHEMISTRY

	results	unit	reference
KFT,Serum			
Blood Urea	19.6	mg/dL	18 - 55
Serum Creatinine	0.85	mg/dl	0.7 - 1.3
Uric Acid	6.8	mg/dl	3.5 - 7.2
Calcium	10.0	mg/dL	8.8 - 10.2
Sodium (Na+)	141.7	mEq/L	135 - 150
Potassium (K+)	4.18	mEq/L	3.5 - 5.0
Chloride (Cl)	105.1	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	9.15	mg/dL	7 - 18
PHOSPHORUS-Serum	3.31	mg/dl	2.5 - 4.5

Comment:-

Kidneys play an important role in the removal of waste products and maintenance of water and electrolyte balance in the body. Kidney Function Test (KFT) includes a group of blood tests to determine how well the kidneys are working.

Centre for Excellent Patient Care

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Reg. No. 31589 (9A12)

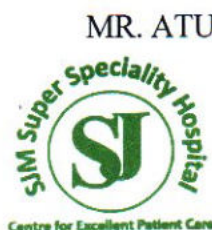
technician :

Typed By : Mr. BIRJESH

Page 1

Swati
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Pathologist & Microbiologist



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Laboratory Report

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Age/Sex : 36 Yrs /M	Sample Collection Date : 23-Nov-2022 10:25 AM
Referred By : SELF	Sample Receiving Date : 23-Nov-2022 10:25 AM
Doctor Name : Dr. Vinod Bhat	Reporting Time : 23-Nov-2022 01:27 PM
OPD/IPD : OPD	:

TEST NAME

VALUE

ABO

"B"

Rh

POSITIVE

Comments:

Human red blood cell antigens can be divided into four groups A, B, AB AND O depending on the presence or absence of the corresponding antigens on the red blood cells. There are two glycoprotein A and B on the cell s surface that are responsible for the ABO types. Blood group is further classified as RH positive an RH negative.

URINE SUGAR (Fasting)

CHEMICAL EXAMINATION

Glucose : Nil

URINE SUGAR (PP)

CHEMICAL EXAMINATION

Glucose : Nil

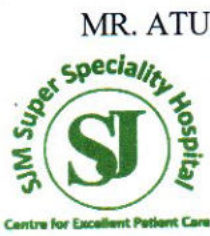
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Mr. BIRJESH

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ReportingTime : 23-Nov-2022 01:27 PM

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

Quantity: 20 ml
Color: Straw
Transparency: clear

CHEMICAL EXAMINATION

Albumin: nil
PH: Acidic

MICROSCOPIC EXAMINATION

Pus cells: 1-2 /HPF
RBC's: nil
Crystals: nil
Epithelial cells: 0-1 /HPF
Others: nil

Note:-

A urinalysis is a test of your urine. It's used to detect and manage a wide range of disorders, such as urinary tract infections, kidney disease and diabetes. A urinalysis involves checking the appearance, concentration and content of urine.

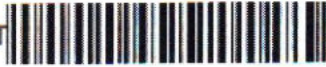
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Mr. BIRJESH

<http://rgcipac3/SJM/Design/Finanace/LabTextReport.aspx>

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23-11-2022
Dr. Bupinder Zutshi
(M.B.B.S., MD)
Pathologist & Micrbiologist



Patient Name : Mr. ATUL KUMAR	Registration No
Age/Sex	Registered
Patient ID	Collection
Barcode	Received
Ref. By	Reported
SRF No.	Panel
Aadhar-Nation	Passport No.

Test Name	Value	Unit	Bio Ref.Interval
THYROID PROFILE.(TFT)SERUM*			
T3 ,Serum	112.00	ng/dl	69-215
T4 ,Serum	8.30	ug/dL	5.2-12.7
ECLIA TSH(ultrasensitive) ECLIA	5.1	uIU/mL	0.3-4.5

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated non-thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within range	Within Range	Isolated high TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with physiological & biological TSH variability.
			Subclinical Autoimmune Hypothyroidism
			Intermittent T4 therapy for hypothyroidism
			Recovery phase after non-thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis
			Post thyroidectomy, post radioiodine
			Hypothyroid phase of transient thyroiditis"
			Interfering antibodies to thyroid hormones (anti-TPO antibodies)
Raised or within range	Raised	Raised / Normal	Intermittent T4 therapy or T4 overdose Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics

Jhatia
Dr. Jatinder Bhatia
MD Pathology
Director

Madhusmita Das
Dr. Madhusmita Das
MD MICROBIOLOGY

Priyanka Rana
Dr. Priyanka Rana
MD Pathology

SJM SUPER SPECIALITY HOSPITAL
Dr. Vinod Kumar Bhat
M.B.B.S., M.D (Medicine)
Dr. Consultant Physician
Reg. No. 30565 (DMC)



Patient Name : Mr. ATUL KUMAR
Age/Sex : 36 Y/Male
Patient ID : 012211230022
Barcode : 10126142
Ref. By : DR VINOD BHAT
SRF No. :
Aadhar-Nation : - Indian

Registration No : 118310
Registered : 23/Nov/2022
Collection : 23/Nov/2022 02:15PM
Received : 23/Nov/2022 02:26PM
Reported : 23/Nov/2022 04:02PM
Panel : SJM Hospital
Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
Decreased	Raised / Normal	Raised / Normal	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness
			Subclinical Hyperthyroidism
			Thyroxine ingestion"
Decreased	Decreased	Decreased	Central Hypothyroidism
			Non-Thyroidal illness
			Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease),Multinodular goitre, Toxic nodule
			Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervain's),Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or Within range	Raised	Within range	T3 toxicosis
			Non-Thyroidal illness

TSH(µIU/ml) for pregnant females (As per American Thyroid Association)

First Trimester	0.10-2.5
Second Trimester	0.20-3.00
Third Trimester	0.30-3.00

*** End Of Report ***

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 Director

Madhusmita Das
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Priyanka
Dr. Priyanka Rana
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360 Diagnostics & Health Services Pvt. Ltd.

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 E-mail: admin@360healthservices.com | Website : www.360healthservice.com





DIAGNOSTICS

Patient Name : Mr. ATUL KUMAR	Registration No
Age/Sex : 36 Y/Male	Registered : 23/Nov/2022
Patient ID : 012211230022	Collection : 23/Nov/2022 02:15PM
Barcode : 10126142	Received : 23/Nov/2022 02:26PM
Ref. By : DR VINOD BHAT	Reported : 23/Nov/2022 04:54PM
SRF No. :	Panel : SJM Hospital
Aadhar-Nation : - Indian	Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
HbA1c(Glycosylated Hemoglobin):EDTA			
Hb A1c, GLYCOSYLATED Hb ,EDTA HPLC	5.70	%	
Average Glucose Calculated	116.89	mg/dL	<125.0

Interpretation:

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

REFERENCE GROUP	HbA1c IN %
NON DIABETIC	< 6.0 %
GOOD CONTROL	6 - 7 %
FAIR CONTROL	7 - 8 %
ACTION SUGGESTED	FOR MORE THAN 8 %

Result done on : Tosoh Automated Glycohemoglobin Analyzer.

Comment :

Glycosylated Hb is a normal adult Hb which is covalently bounded to a glucose molecule. Glycosylated Hb concentration is dependent on the average blood glucose concentration and is stable for the life of the RBC (120 days). Glycohaemoglobin serves as suitable marker of metabolic control of diabetics. Its estimation is unaffected by diet, insulin, exercise on day of testing and thus reflects average blood glucose levels over a period of last several weeks /months. There is a 3 - 4 week time before percent Glycohaemoglobin reflects changes in blood glucose levels.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

1. Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliance with therapeutic regimen in diabetic patients.
2. Since Hb1c reflects long term fluctuations in blood glucose concentration, a diabetic patient who has recently under good control may still have high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.

Jhatia
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 Director

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DIAGNOSTICS

Patient Name : Mr. ATUL KUMAR	Registration No
Age/Sex : 36 Y/Male	Registered : 23/Nov/2022
Patient ID : 012211230022	Collection : 23/Nov/2022 02:15PM
Barcode : 10126142	Received : 23/Nov/2022 02:26PM
Ref. By : DR VINOD BHAT	Reported : 23/Nov/2022 04:54PM
SRF No. :	Panel : SJM Hospital
Aadhar-Nation : - Indian	Passport No. :

Test Name	Value	Unit	Bio Ref.Interval
<p>3.Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targetting a goal of < 7.0% may not be appropriate.</p> <p>4.High HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications</p> <p>5.Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.</p> <p>6.HbA1c results from patients with HbSS,HbSC and HbD must be interpreted with caution , given the pathological processes including anemia,increased red cell turnover, and transfusion requirement that adversely impact HbA1c as a marker of long-term glycemc control.</p> <p>7.Specimens from patients with polycythemia or post-splenctomy may exhibit increase in HbA1c values due to a somewhat longer life span of the red cells.</p>			

*** End Of Report ***

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(125 Bedded Fully Equipped With Modern Facilities)

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Tel.: 0120-6530900 / 10, Mob.:9599259072



Ultrasound Report

Name :Mr.Atul Kumar

Age/Sex:36Yrs./M

Date:23/11/2022

Ultrasound - Male Abdomen

Liver: Liver appears normal in size. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicles appear normal. Portal vein and common bile duct are normal.

GALL BLADDER: Gall bladder is physiologically distended. The wall thickness is normal. There is no evidence of any intraluminal mass lesion or calculi seen.

PANCREAS: Pancreas is normal in size, shape and echo pattern. No focal mass lesion seen. Pancreatic duct is not dilated.

SPLEEN: Spleen shows normal in size, shape and homogeneous echopattern. No focal mass lesion is seen in parenchyma.

KIDNEYS: Left kidney shows mild hydronephrosis. Right kidney is normal in size, shape, position and axis. Parenchymal echopattern is normal bilaterally. No focal solid or cystic lesion is seen. Right kidney shows renal calculus meas. 4mm. Left kidney shows renal calculus meas. 9.6mm. in mid pole.

PARAAORTIC REGIONS: Any mass/ lymph nodes:-- no mass or lymph nodes seen.

URINARY BLADDER: Adequately distended. Wall is regular and thin. Contents are normal. No stone formation seen.

PROSTATE: Normal in shape and position. Parenchymal echotexture is normal. No free ascitic fluid or pleural effusion seen.

IMPRESSION: -B/I Renal Calculus
Left Hydronephrosis

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For SJM Super Speciality Hospital

DR. PUSHPA KAUL

DR. P.K GUPTA



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Ultrasound Report

TRANSTHORASCIC ECHO-DOPPLER REPORT

Name: **MR. Atul Kumar** Age /sex: **36Yrs/Male** Date: **29/11/2022**

ECHO WINDOW: FAIR

	Observed values (mm)		Normal values (mm)
Aortic root diameter	2.4		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.7		19 - 40
	Endi Diastole (mm)	End Systole (mm)	Normal Values (mm)
Left Ventricle size	4.6	2.7	(ED =39 -58)
Interventricular Septum	1.0		(ED = 6 -11)
Posterior Wall thickened	1.0		(ED = 6- 10)
LV Ejection Fraction (%)	60 %		55% -65 %

Doppler Velocities (cm / sec)

Pulmonary valve = Normal		Aortic valve = Normal	
Max velocity		Max velocity	
Mean PG		Max PG	
Pressure ½ time		Mean velocity	
Acceleration Time		Mean PG	
RVET		LVET	
Mitral valve = Normal		Tricuspid valve = Normal	
E	E>A	Max Velocity	
A		Mean Velocity	
DT		Mean PG	
E/E		TAPSE	



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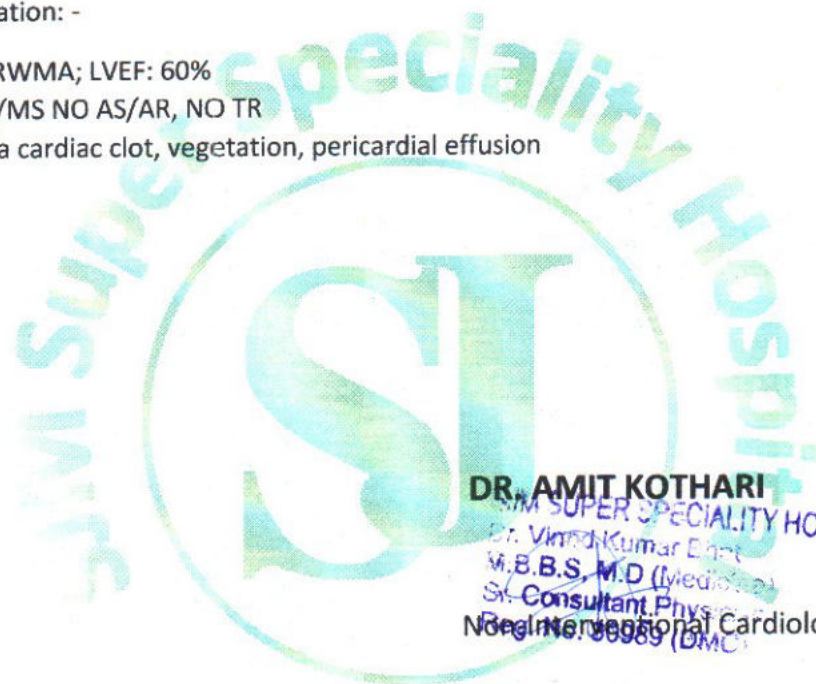
Ultrasound Report

Regurgitation: -

MR = NIL		TR = NIL	
Severity		Severity	
Max Velocity		RVSP	
AR		PR	
Severity	NIL	Severity	NIL
Jet width /LVOT ratio		Mean PAP	

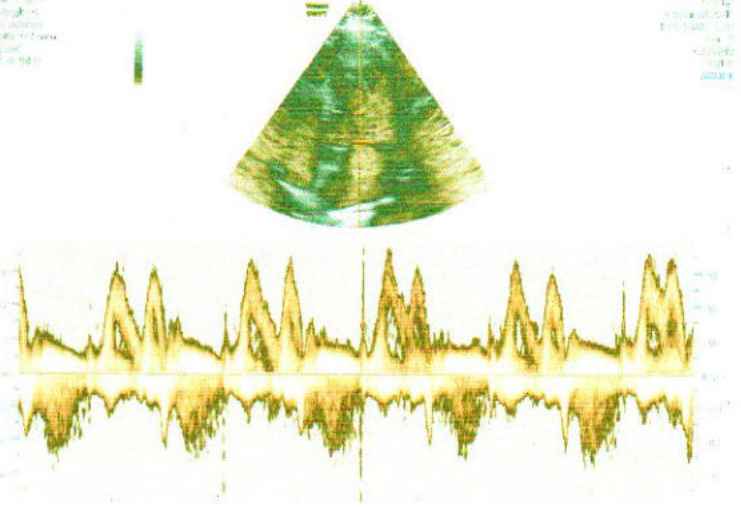
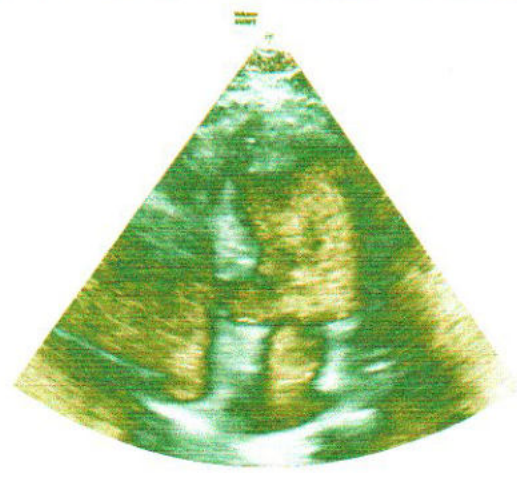
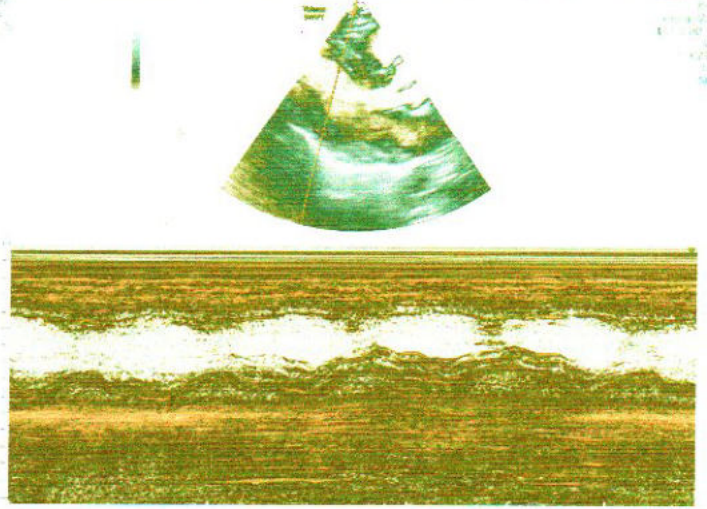
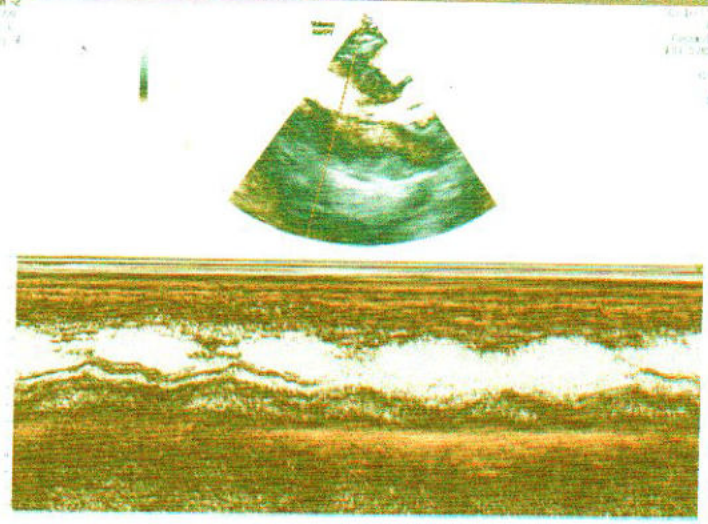
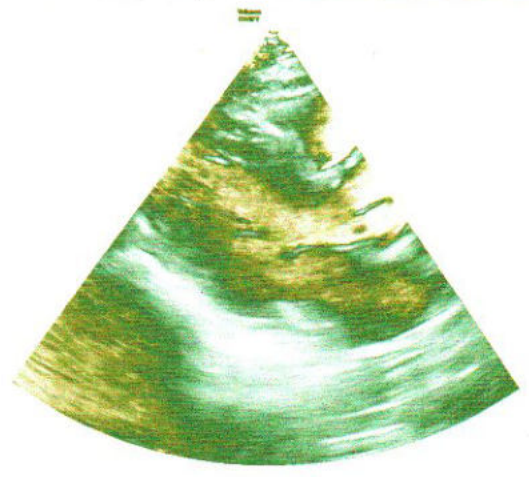
Final Interpretation: -

- 1.) No LV RWMA; LVEF: 60%
- 2.) No MR/MS NO AS/AR, NO TR
- 3.) No Intra cardiac clot, vegetation, pericardial effusion



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