

# PRIYA HOSPITA

SAMRAT PALACE, GARH ROAD, MEERUT - 250003



# DEPARTMENT OF NON-INVASIVE CARDIOLOGY

DATE

: 4.12.2021

REFERENCE NO.: 2735

PATIENT NAME

: RAVI PAL

AGE/SEX

: 36 YRS/M

REFERRED BY

: DR. MONIKA GARG

ECHOGENECITY: NORMAL

REFERRING DIAGNOSIS: To rule out structural heart disease.

### ECHOCARDIOGRAPHY REPORT

DIMENSIONS NORMAL

A0 (ed) 2.3 cm (2.1 - 3.7 cm)

LA (es) 2.4 cm

(2.1 - 3.7 cm) RVID (ed) 1.3 cm (1.1 - 2.5 cm)

LVID (ed) 4.0 cm (3.6 - 5.2 cm)LVID (es) 2.7 cm

(2.3 - 3.9 cm)

NORMAL.

IVS (ed) 0.9 cm LVPW (ed) 0.9 cm

(0.6 - 1.2 cm)(0.6 - 1.2 cm)

EF

60%

(62% - 85%)

FS

30%

(28% - 42%)

### MORPHOLOGICAL DATA:

Mitral Valve: AML: Normal

Interatrial septum

: Intact

PML: Normal

Interventricular Septum : Intact

Aortic Valve

: Thickened

Pulmonary Artery

: Normal

Tricuspid Valve

: Normal +

Aorta

: Normal

Pulmonary Valve : Normal

Right Atrium

: Normal

Right Ventricle

: Normal

Left Atrium

: Normal

Left Ventricle

: Normal

Cont. Page No. 2

24 घण्टे इमरजेन्सी सेवा



# LOKPRIVA HOSPITAL

SAMRAT PALACE, GARH ROAD, MEERUT - 250003



:: 2 ::

# 2-D ECHOCARDIOGRAPHY FINDINGS:

LV normal in size with normal contractions. No LV regional wall motion abnormality seen. RV normal in size with adequate contractions. LA and RA normal. Aortic valve is thickened and rest other cardiac valves are structurally normal. No intracardiac mass. Estimated LV ejection fraction is 60%.

### DOPPLER STUDIES:

Valve	Regurgitation	Velocity m/sec	C
Mitral Valve		refocity m/sec	Gradient mmHg
	No	0.84	2.8
Tricuspid Valve	No	0.00	2.0
Pulmonowy		0.90	3.0
Pulmonary Valve	No	0.77	2.2
Aortic Valve	No		6d x 6d
	INO	1.2	4.8

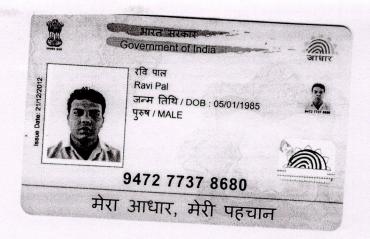
### IMPRESSION:

- No RWMA.
- Normal LV Systolic Function (LVEF = 60%).

DR. HARIOM TYAGI MD, DM (CARDIOLOGY) (Interventional Cardiologist)

Director, Lokpriya Heart Centre

**NOTE:** Echocardiography report given is that of the procedure done on that day and needs to be correlated clinically. This is not for medico legal purpose, as patient's identity is not confirmed. No record of this report is kept in the Hospital.



Se (12) 2021





**NABH ACCREDITED** 

OSPITAL & LASER CENTRE

Dr. AMIT GAR

M.B.B.S., D.N.B. (Opth.)

I-Lasik (Femto) Bladefree Topical Micro Phaco & Medical Retina Specialist

Ex. Micro phaco Surgeon

Venu Eye Institute & Research Centre, New Delhi

Rowi Pal

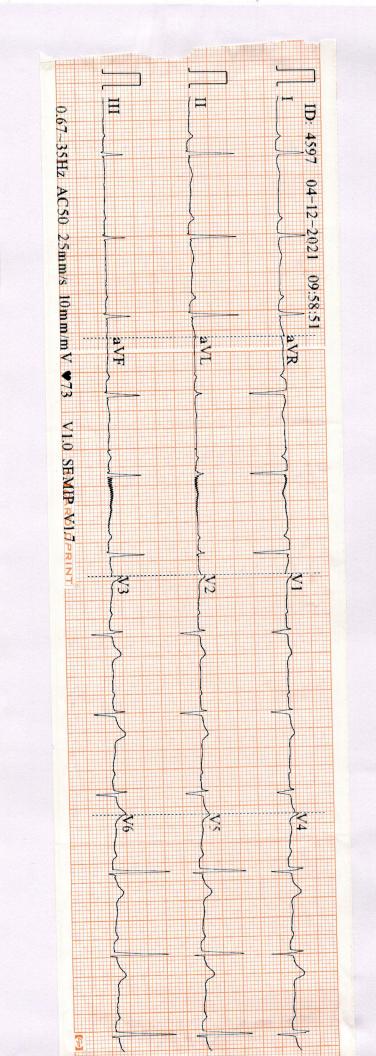
Age/Sex 36 / Marko/o Date 04/Dex 12021

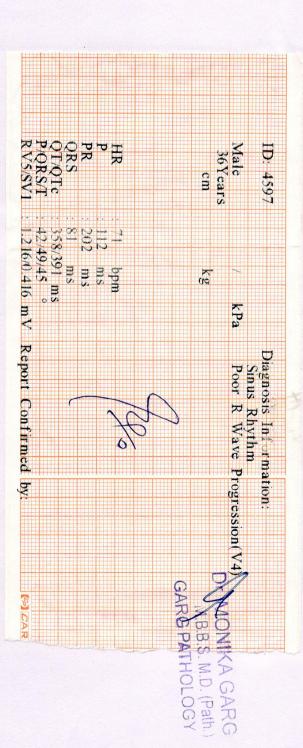
Accredited Eye Hospital in Western U.P.

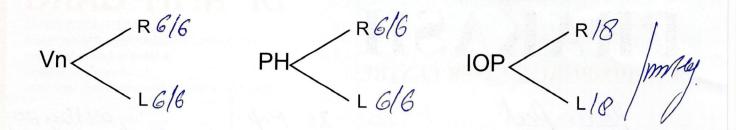




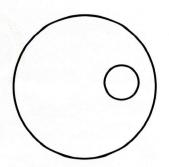
First NABH ECO

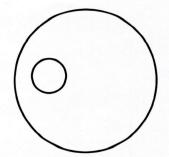






		RIGHT	EYE			LEFT	EYE	
	Sph.	Cyl.	Axis	Vision	Sph.	Cyl.	Axis	Vision
Distance								
Near								





Dr. MAR GARG M.B.B.S., D.N.B. Garg Pathology, Meerut



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National Accreditation Board For Testing & Calibration Laboratories

Former Pathologist : St. Stephan's Hospital, Delhi

M.D. (Path) Gold Medalist

Garden House Colony, Near Nai Sarak, Garh Road, Meerut Ph.: 0121-2600454, 8979608687, 9837772828

601

PUID : 211204/601

: Mr. RAVI PAL 36Y / Male

**Referred By** Sample By Organization

**Patient Name** 

Dr. BANK OF BARODA

C. NO:

**Collection Time Receiving Time**  : 04-Dec-2021 9:47AM <sup>1</sup> 04-Dec-2021 9:49AM

<sup>:</sup> 04-Dec-2021 1:49PM **Reporting Time** : Garg Pathology Lab - TPA **Centre Name** 

Units Investigation **Biological Ref-Interval** Results

#### **HAEMATOLOGY (EDTA WHOLE BLOOD)**

COMPLETE BLOOD COUNT			
HAEMOGLOBIN	15.0	gm/dl	13.0-17.0
(Colorimetry)			
TOTAL LEUCOCYTE COUNT	9660	*10^6/L	4000 - 11000
(Electric Impedence)			
DIFFERENTIAL LEUCOCYTE COUNT			
(Microscopy)			
Neutrophils	50	%.	40-80
Lymphocytes	45	%.	20-40
Eosinophils	03	%.	1-6
Monocytes	02	%.	2-10
Basophils	00	%.	<1-2
Band cells	00	%	0-5
Absolute neutrophil count	4.83	x 10^9/L	2.0-7.0(40-80%
Absolute lymphocyte count	4.35	x 10^9/L	1.0-3.0(20-40%)
Absolute eosinophil count	0.29	x 10^9/L	0.02-0.5(1-6%)
Method:-((EDTA Whole blood,Automated /			
RBC Indices			
TOTAL R.B.C. COUNT	4.85	Million/Cumm	4.5 - 6.5
(Electric Impedence)			
Haematocrit Value (P.C.V.)	45.3	%	26-50
MCV	93.4	fL	80-94
(Calculated)			
MCH	30.9	pg	27-32
(Calculated)			
MCHC	33.1	g/dl	30-35
(Calculated)			



\*THIS TEST IS NOT UNDER NABL SCOPE

**Checked By Technician:** 

Dr. Monika Garg MBBS, MD(Path) (Consultant Pathologist)

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: Mr. RAVI PAL 36Y / Male Dr. BANK OF BARODA

Referred By Sample By

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<sup>1</sup> 04-Dec-2021 1:49PM : Garg Pathology Lab - TPA **Centre Name** 

Organization :			
Investigation	Results	Units	Biological Ref-Interval
RDW-SD	48.3	fL	37-54
(Calculated)			
RDW-CV	12.6	%	11.5 - 14.5
(Calculated)			
Platelet Count	2.31	/Cumm	1.50-4.50
(Electric Impedence)			
MPV	10.8	%	7.5-11.5
(Calculated)			
GENERAL BLOOD PICTURE			
NLR	1.11		1-3
6-9 Mild stres			

7-9 Pathological cause

- -NLR is a reflection of physiologic stress, perhaps tied most directly to cortisol and catecholamine levels.
- -NLR can be a useful tool to sort out patients who are sicker, compared to those who are less sick (its not specific to infection).
- -NLR has proven more useful than white blood cell count (WBC) when the two are directly compared. Ultimately, NLR may be a logical replacement for the WBC. In some situations, NLR is competitive with more expensive biomarkers (e.g. procalcitonin, lactate).
- -With specific clinical contexts (e.g. pancreatitis, pulmonary embolism), NLR may have surprisingly good prognostic value.

0-10 Erythrocyte Sedimentation Rate end of 1st mm **BLOOD GROUP \*** "AB" POSITIVE \$ \$



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Sample By

**Patient Name** 

Organization

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**Reporting Time** 

**Centre Name** 

<sup>1</sup> 04-Dec-2021 1:49PM

: Garg Pathology Lab - TPA

Investigation	Results	Units	<b>Biological Ref-Interval</b>

**GLYCATED HAEMOGLOBIN (HbA1c)\*** 

5.1

%

4.3-6.3

ESTIMATED AVERAGE GLUCOSE

99.7

ma/dl

**EXPECTED RESULTS:** 

Non diabetic patients & Stabilized diabetics : 4.3% to 6.30%

> Good Control of diabetes : 6.4% to 7.5% Fair Control of diabetes : 7.5% to 9.0% Poor Control of diabetes 9.0 % and above

- -Next due date for HBA1C test: After 3 months
- -High HbF & Trig.level, iron def.anaemia result in high GHb
- -Haemolyic anemia, presence of HbS, HbC and other Haemoglobinopathies may produce low values. three months.

INTERPRETATION: HbA1c is an indicator of glycemic control. HbA1c represents average glycemia over the past six to eight weeks. Glycation of hemoglobin occurs over the entire 120 day life span of the red blood cell, but with in this 120 days. Recent glycemia has the largest influence on the HbA1c value. Clinical studies suggest that a patient in stable control will have 50% of their HbA1c formed in the month before sampling, 25% in the month before that, and the remaining 25% in months two to four. Mean Plasma Glucose mg/dl = (HbA1c x 35.6) - 77.3) Correlation between HbA1c and Mean Plasma Glucose (MPG) is not "perfect" but rather only this means that to predict or estimate average glucose from Hb-A1c or vice-versa is not "perfect" but gives a good working ballpark estimate. Afternoon and evening results correlate more closely to HbA1c than morning results, perhaps because morning fasting glucose levels vary much more than daytime glucose levels, which are easier to predict and control. As per IFCC recommendations 2007, HbA1c being reported as above maintaining traceability to both IFCC (mmol/mol) & NGSP (%) units.

#### **BIOCHEMISTRY (SERUM)**

BLOOD UREA	26.8	mg/dl	10 - 50
(Urease method)			
BLOOD UREA NITROGEN*	12.52	mg/dl	8-23
SERUM CREATININE	0.7	mg/dl	0.6-1.4
(Enzymatic)			

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**Patient Name** : Mr. RAVI PAL 36Y / Male Dr. BANK OF BARODA Referred By

:

Sample By

Organization

**Reporting Time** 

<sup>:</sup> 04-Dec-2021 11:58AM

C. NO:

**Centre Name** 

: Garg Pathology Lab - TPA

• · gaa			
Investigation	Results	Units	Biological Ref-Interval
LIPID PROFILE			
SERUM CHOLESTEROL	169.0	mg/dl	150-250
(CHOD - PAP)			
SERUM TRIGYCERIDE	126.8	mg/dl	10-190
(GPO-PAP)			
HDL CHOLESTEROL *	42.6	mg/dl	30-60
(PRECIPITATION METHOD)			
VLDL CHOLESTEROL *	25.4	mg/dl	10-30
(Calculated)			
LDL CHOLESTEROL *	101.0	mg/dL.	0-100
(Calculated)			
LDL/HDL RATIO *	02.4	ratio	<3.55
(Calculated)			
CHOL/HDL CHOLESTROL RATIO*	4.0	ratio	3.8-5.9
(Calculated)			

(Calculated)

Interpretation:

#### NOTE:

Lipid Profile Ranges As PER NCEP-ATP III:

SERUM CHOESTEROL : Desirable : < 200 Borderline : 200 - 239 Elevated :> 240 mg/dl HDLCHOLESTEROL Desirable : > 60 Borderline : 40- 60 Decreased :< 40 mg/dl LDL CHOLESTEROL Desirable: 100 mg/dl, Borderline: 100-159 Elevated: >160 mg/dl : Desirable: 150 Borderline: 150-199 High: 200 - 499 Very High: >500 Triglycerides

Friedwald Equation, VLDL & LDL values are not applicable for triglyceride > 400 mg/dl.

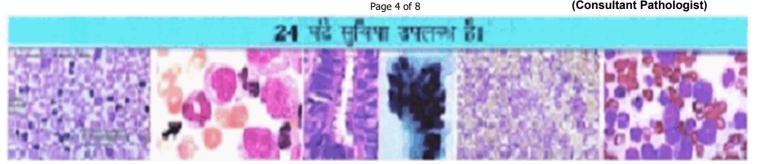


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MBBS, MD(Path) (Consultant Pathologist)



<sup>\*</sup>Paitient Should be Fast overnight For Minimum 12 hours and normal diet for one week\*



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**Reporting Time** 

<sup>:</sup> 04-Dec-2021 11:58AM

Sample By

**Centre Name** 

: Garg Pathology Lab - TPA

Organization :

Investigation	Results	Units	Biological Ref-Interval
THYRIOD PROFILE*			
Triiodothyronine (T3) *	1.051	ng/dl	0.79-1.58
(ECLIA)			
Thyroxine (T4) *	8.640	ug/dl	4.9-11.0
(ECLIA)			
THYROID STIMULATING HORMONE (TSH) *	3.221	uIU/ml	0.38-5.30
(ECLIA)			

Hyperthyroid patient have suppressed TSH values, with the exception of those few individuals whos have hyperthyroidism caused by TSH producing pituitary tumor or other rare disordes such as pituitary resistance to thyroid hormones. Subclinical hyperthyroidism is defined as low TSH with levels of T4 and T3 within the reference interval. In most patients with hypothyroidism, serum TSH results are markedly elevated, but results are low in individuals with hypothyroidism caused by pituitary or hypothalamic disorders. An important cause of both incresed and decreased TSH results is NTI. Patients with NTI tend to have low TSH results during their acute illness ,then TSH rises to within or above the reference range with resolution of the underlying illness, and finally returns to within the reference range. The situation is complicated because drugs, including glucagon and dopamine, suppress TSH. Sensitive TSH assays are helpful in evaluation of treatment with thyroid hormone both for replacement therapy and suppressive doses for malignant thyroid disease.

#### **BIOCHEMICAL EXAMINATION**

3.6-7.7 **URIC ACID** mg/dL. 4.3

MEDICAL EXAMINATION ok

**EEG** 

**ECHO** ok



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**Reporting Time Centre Name** 

<sup>:</sup> 04-Dec-2021 11:54AM : Garg Pathology Lab - TPA

Units Investigation **Biological Ref-Interval** Results

ok

#### **ELECTROCARDIOGRAM (E.C.G)**

**OBSERVATION:** 

Heart Rate: 75/ Min.

No evidence of enlargedment seen.

Sinus rhythum

\*OPINION:

\*IMPRESSION:



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**Checked By Technician:** 

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<sup>:</sup> 04-Dec-2021 11:54AM : Garg Pathology Lab - TPA

**Biological Ref-Interval** 

Units Investigation Results

X-RAY

X-RAY CHEST P.A (VIEW)

ok

ok

**ULTRA SOUND** 

**USG Whole Abdomen (M)** 

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C. NO:

St. Stephan's Hospital, Delhi

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Sample By

**Patient Name** 

Referred By

Organization

**Centre Name** 

<sup>:</sup> 04-Dec-2021 11:55AM : Garg Pathology Lab - TPA

Investigation Results Units Biological Ref-Interval	Investigation	Results	Units	Biological Ref-Interval

#### **URINE**

Volume 20 ml

Colour P.Yellow

Clear **Appearance** Clear Specific Gravity 1.015 1.000-1.030

PH ( Reaction ) Acidic

**BIOCHEMICAL EXAMINATION** 

Nil Protein Nil Nil Sugar Nil

MICROSCOPIC EXAMINATION

Red Blood Cells /HPF Nil Nil Pus cells /HPF 0-2 2-3 /HPF **Epithilial Cells** 1-3

1-2 Crystals Nil Casts Nil

@ Special Examination

**Bile Pigments** Absent Blood Nil Bile Salts Absent

-----{END OF REPORT }-----



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**Checked By Technician:** 

Dr. Monika Garg MBBS, MD(Path) (Consultant Pathologist)

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# LUKPRIYA HOSPITAL

### **LOKPRIYA RADIOLOGY CENTRE**

SAMRAT PALACE, GARH ROAD, MEERUT - 250003



AGE	36YRS	SEX:	1.0
		SEA:	M
REF. BY	GARG (PATHOLOGY)		)
	REF. BY	REF. BY GARG (PA	REF. BY GARG (PATHOLOGY)

#### REPORT

Liver - appears normal in size and echotexture. No mass lesion seen. Portal vein is normal.

Gall bladder - Wall thickness is normal. No calculus / mass lesion seen. CBD is normal.

Pancreas - appears normal in size and echotexture. No mass lesion seen.

**Spleen**- is normal in size and echotexture.

Right Kidney - Normal in size and echotexture. Show well maintained corticomedullary differentiation. No calculus / hydronephrosis is noted.

**<u>Left Kidney</u>** - Normal in size and echotexture. Show well maintained corticomedullary differentiation. No calculus / hydronephrosis is noted.

Urinary bladder - appears distended. Wall thickness is normal. No calculus / mass seen.

Prostate - Normal in size (15g) & echotexture.

#### **IMPRESSION**

Essentially normal study

Dr. P.D. Shar M.B.B.S., D.M.R.D. (VIMS & RC) Consultant Radiologist and Head

1.5 Tesla MRI
64 Slice CT
Ultrasound

Doppler → Dexa Scan / BMD → Digital X-ray

Impression is a professional opinion & not a diagnosis
All modern machines & procedures have their limitations. if there is variance clinically this examination may be repeated or reevaluated by other investigations Ps. All congenital anomalies are not picked upon ultrasounds.
Suspected typing errors should be informed back for correction immediately.
Not for medico-legal purpose. Identity of the patient cannot be verified.



# LOKPRIYA HOSPIT

### **LOKPRIYA RADIOLOGY CENTRE**





DATE	04.12.2021	REF. NO.	9928		
PATIENT NAME	RAVI PAL	AGE	36 YRS	SEX	M
INVESTIGATION	X-RAY CHEST PA VIEW	REF. BY	GARG (P	ATHOL	OGY)

#### REPORT

- > Trachea is central in position.
- Both lung show mildly prominent broncho vascular marking.
- Cardiac size is within normal limits.
- Both costophrenic angles are clear.
- Both domes of diaphragm are normal in contour and position.

#### **IMPRESSION**

Both lung show mildly prominent broncho vascular marking.

M.B.B.S., D.M.R.D. (VIMS & RC) Consultant Radiologist and Head

∘ 1.5 Tesla MRI → 64 Slice CT → Ultrasound

Doppler Dexa Scan / BMD Digital X-ray

Helpline Numbers : 0121-2792500, 2601901

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