



Name - Dikshit
 age - 32/M
 UHID - 334729
 Date - 28/01/23

Ivy Hospital
 SUPER-SPECIALITY HEALTHCARE
 SECTOR 71, MOHALI
 Tel: 0172-7170000
 CIN No. : U85110PB2005PTC027898

Dr. G. Ranjeeth Kumar
 MBBS, MD Medicine (PGIMER, Chandigarh)
 Consultant- Internal Medicine
 Mobile :7087221001

Bp 125/90 mmHg
 Pp 96 bpm

Regular Health checkup

R/O T1DM -> presently on
 Insulin for last 2 yrs.

Dyslipidemia

Plan

1) Tab. Rosuvastatin (30/30).

100 S/L B/BF

80 S/L B/DN.

2) Tab. Vltape 50/500 { B/BF
 B/DN

3) Tab. Dapaflex 10mg OD B/BF

4) Tab. Amlip F 20/145 mg OD

HS

2D ECHO ->
 EF 60%
 No RWMA.

(M)

TSW. 1-1.
 HSAIC - 10.0

FBS - 229
 RF1 - 32/0.8
 Chol/TG/HDL/LDL.

261/249/50/161.

US abd - Gr II fatty liver.
 ? focal nodular hyperplasia.



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Patient Name DIKSHIT
 Gender/Age Male / 32

Patient ID 334729
 Test Date : 28 Jan 2023

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	4.5	3.7-5.6 CM
Left Ventricular ES Dimension	3.1	2.2-4.0 CM
IVS (D)	0.8	0.6-1.2 CM
IVS (s)	1.3	0.7-2.6 CM
LVPW (D)	0.9	0.6-1.1 CM
LVPW (S)	1.3	0.8-1.0 CM
Aortic Root	2.7	2.0-3.7 CM
LA Diameter	3.5	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	61%	54-76%
Fractional Shortening	33%	25-46%

Mitral Valve : Normal movements of all leaflet, No subvalvular pathology, No calcification, no prolapse.

Aortic Valve : Thin Trileaflet open completely with central closure

Tricuspid Valve : Thin, opening well with no prolapse

Pulmonary Valve : Thin, Pulmonary Artery not dilated

Pulse & CW Doppler : **Mitral valve:** **E= 67cm/s, A= 50cm/s**

Aortic valve: Vmax = 116cm/s

Pulmonary valve: Vmax = 89cm/s

Chamber Size -

LV - **Normal/ Enlarged** **LA -** **Normal / Enlarged**

RV - **Normal/ Enlarged** **RA -** **Normal/ Enlarged**

RWMA - Nil

Others : IVC~1.5cm, Intact IAS, IVS

No LA, LV Clot seen

No vegetation or intracardiac mass present

No Pericardial effusion present

(NOT FOR MEDICO-LEGAL PURPOSE)

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 Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339

All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

IVY HELPLINE : +91 99888-23456



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Remarks -

FINAL IMPRESSION -

Normal study

A circular purple stamp with a signature in the center. The text around the stamp reads "Sector 71, Mohali" and "Ivy Hospital".

DR. SANJEEV SROA
MD Medicine, DM Cardiology

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R
PA

DIKSHIT Male 31 years)

Chest PA

ID334729

IVY HOSPITAL SEC 71, MOHALLI

XN03328-CFD

28/01/2023 10:45:57



Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

NAME	DIKSHIT	SEX/AGE	M31Y
PATIENT ID	ID334729	Accession Number	XNO1328-OPD
REF CONSULTANT	DR	DATE	28/01/2023 10:15

X-RAY CHEST PA VIEW

Rotation is present.

Cardiac shadow is normal.

No focal lung parenchymal lesion is seen.

Both hila are normal.

Both CP angle and domes of diaphragm are normal.

Dr Arushi Yadav
MD Radiodiagnosis

The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

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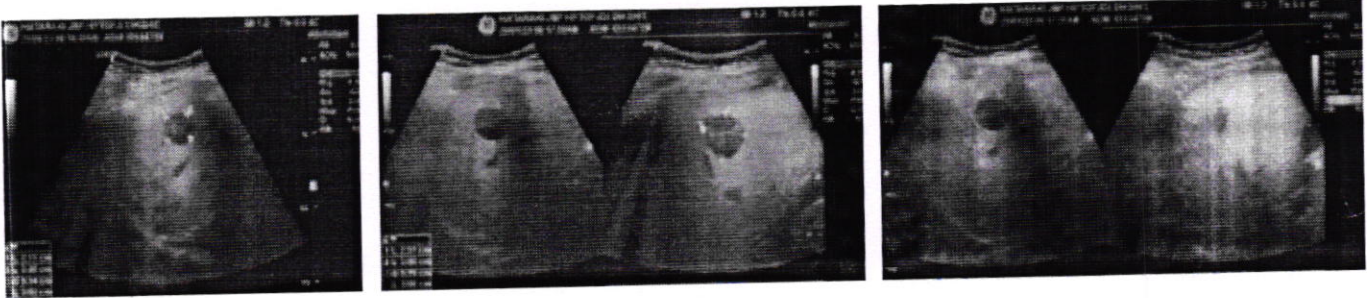
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NAME	DIKSHIT	SEX/AGE	M31Y
PATIENT ID	ID334729	Accession Number	
REF CONSULTANT	PACKAGE	DATE	28/01/2023 09:15

USG WHOLE ABDOMEN



LIVER: is normal in size (~ 12 cm), outline and bright in echotexture. There is a hypochoic lesion measuring ~2.3 x 2.5cm is seen in segment VII/VIII in right lobe of liver. Linear peripheral vascularity is noted which on spectral assessment appear venous at places. Subtle arterial wave form are seen. The margins appear well defined with thin internal echogenic septations. IHBR are not dilated. Portal vein is normal. CBD is not dilated.

GALL BLADDER: is mildly distended. GB wall is normal. No echoes are seen in GB.

SPLEEN: is normal in size (~8 cm), outline and echotexture. No focal lesion is seen.

PANCREAS & UPPER RETROPERITONEUM: Visualised pancreatic head and proximal body are normal in size and echotexture. Tail of pancreas is obscured by bowel gas.

RIGHT KIDNEY: It is normal in size (~9.6 cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~9.6cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

U-BLADDER: is mildly distended at the time of examination.

PROSTATE: is normal in size, outline and echotexture.
No free fluid is seen in peritoneal cavity.

IMPRESSION:

Grade II fatty liver.

Hepatic lesion with vascularity and thin septations as described above.

Likely benign in etiology

? Focal nodular hyperplasia.

Other possibility include hemangioma and other benign vascular etiologies.

Triphasic CECT abdomen is advised for characterization of the same.

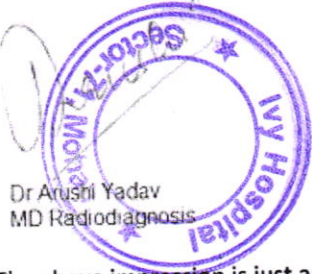
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PATIENT ID	ID334729	Accession Number	
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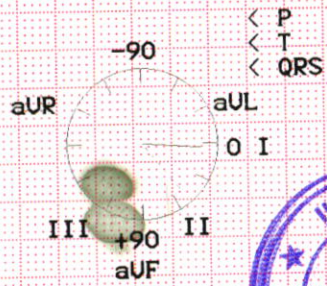
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Measurement Results:

QRS : 100 ms
 QT/QTcB : 378 / 396 ms
 PR : 128 ms
 P : 102 ms
 RR/PP : 910 / 910 ms
 P/QRS/T : 50/ 5/ 5 degrees
 QTd/QTcBD : 74 / 78 ms
 Sokolow : 1.0 mV
 NK : 9

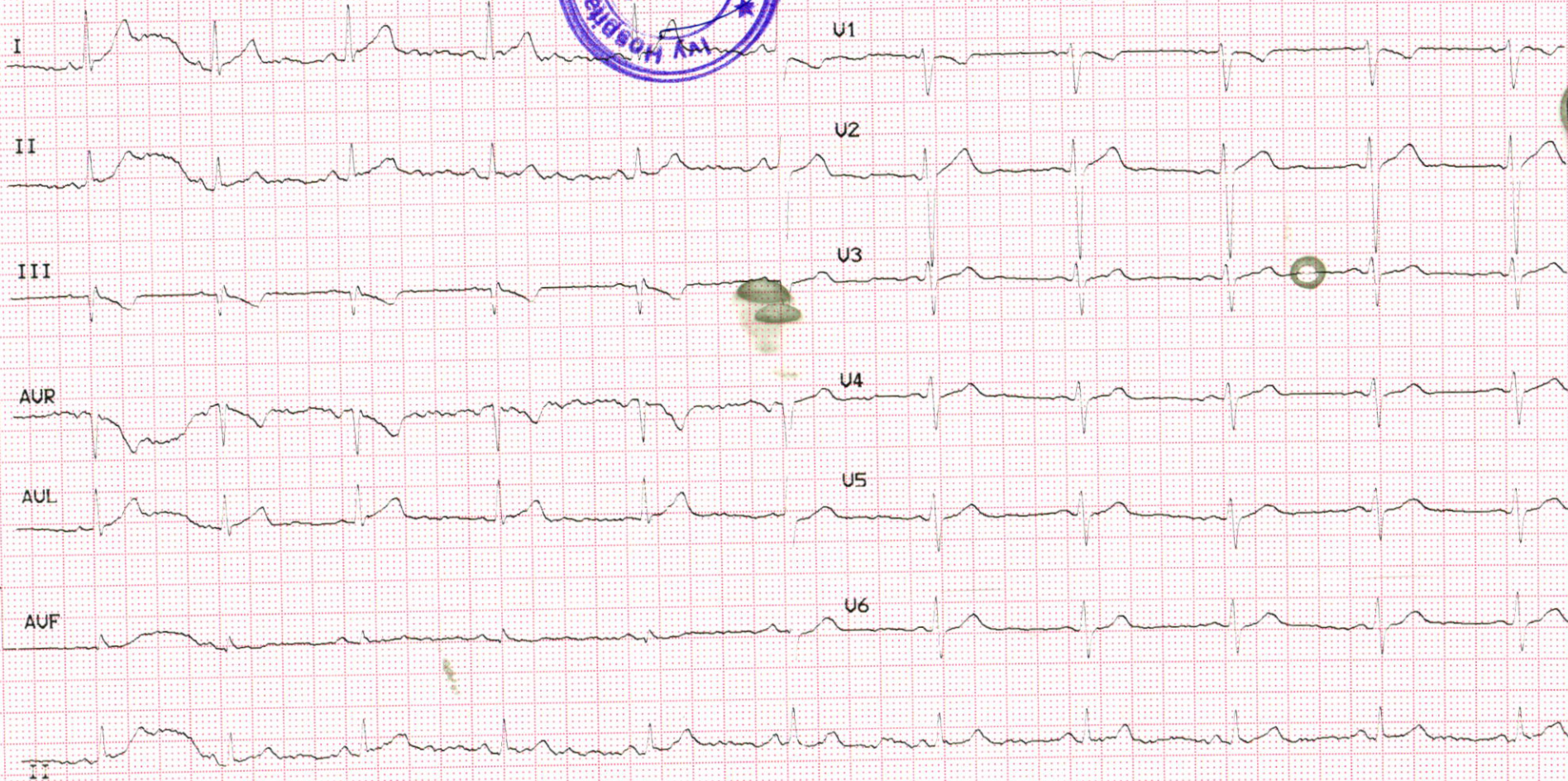


Interpretation:

probably MI (inferior)
 R/S inversion area between U5 and U6
 probably abnormal ECG

Mr. Dikshit
 31/01/23
 334729

Unconfirmed report.





NAME	:MR. DIKSHIT	Requisition Date	:28/Jan/2023 09:18AM
DOB/Gender	:16-Dec-1991/M	Sample CollDate	:28/Jan/2023 09:25AM
UHID	:334729	Sample Rec.Date	:28/Jan/2023 09:25AM
Inv. No.	:3086035	Approved Date	:28/Jan/2023 12:09PM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12634284		

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 (CLIA/Vitros 3600)	1.73	ng/mL	0.970 – 1.69
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Summary & Interpretation:

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of medicaments such as propranolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

Serum Total T4 (CLIA/Vitros 3600)	10.80	µg/dL	5.53 – 11.0
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Summary & Interpretation:

The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken into account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

Serum TSH (CLIA/Vitros 3600)	1.100	mIU/L	0.4001 – 4.049
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Summary & Interpretation

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The determination of TSH serves as the initial test in thyroid diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

Note:

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
4. Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic - Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 – 3.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41 – 5.18

The highlighted values should be correlated clinically





NAME	:MR. DIKSHIT	Requisition Date	:28/Jan/2023 09:18AM
DOB/Gender	:16-Dec-1991/M	Sample CollDate	:28/Jan/2023 10:07AM
UHID	:334729	Sample Rec.Date	:28/Jan/2023 10:07AM
Inv. No.	:3086035	Approved Date	:28/Jan/2023 10:50AM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12634284		

Test Description	Observed Value	Unit	Reference Range
HAEMATOLOGY			
Glycosylated HB (HbA1c)			
Whole Blood HbA1c <small>(Boronate Affinity HPLC/Trinity)</small>	10.0	%	Non diabetic:4.0-6.0 Target of therapy:<7.0 Change of therapy:>8.0
Estimated Average Glucose (eAG) <small>(Calculated)</small>	240	mg/dL	

ADA criteria for correlation between HbA1c & Mean plasma glucose levels:
(Last three month's average).

HbA1c (%)	Mean Plasma Glucose (mg / dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298



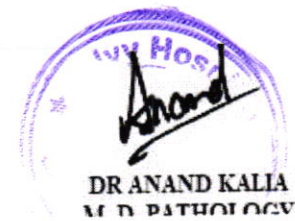


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Inv. No.	:3086035	Approved Date	:28/Jan/2023 10:50AM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12634284		

Test Description	Observed Value	Unit	Reference Range
BLOOD GROUP RH TYPE			
<u>ABO & RH Typing</u>			
<u>Forward Grouping</u>			
Anti A	Negative		
Anti B	POSITIVE		
Anti AB	POSITIVE		
Anti D	POSITIVE		
Reverse Grouping A Cells	POSITIVE		
Reverse Grouping B Cells	Negative		
Reverse Grouping O Cells	Negative		
Final Blood Group	B POSITIVE		

NOTE :

- * Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- * So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping.
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.





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Inv. No.	:3086035	Approved Date	:28/Jan/2023 11:30AM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12634284		

Test Description	Observed Value	Unit	Reference Range
BIOCHEMISTRY			
GLUCOSE FASTING			
Primary Sample Type: Fluoride Plasma			
Plasma Glucose Fasting (Hexokinase/ AU480)	229	mg/dL	< 106 Normal 107 - 125 Impaired Tolerance >126 Diabetic
RFT (RENAL FUNCTION TESTS)			
Serum Urea (Urease GLDH/AU480)	32.00	mg/dl	17-43
Serum Creatinine (JAFKE KINETIC/ AU480)	0.80	mg/dl	0.67-1.17
Serum Uric acid (Uricase/AU480)	7.00	mg/dl	3.5-7.2
LIVER FUNCTION TEST WITH GGT			
Serum Bilirubin Total (DPD/AU 480)	1.00	mg/dL	0.3-1.2
Serum Bilirubin Direct (DPD/AU 480)	0.10	mg/dl	<0.3
Serum Bilirubin Indirect (Calculated)	0.90	mg/dl	0.1-1.0
Serum SGOT(AST) (IFCC Without PSP/ AU 480)	29	U/L	<35
Serum SGPT(ALT) (IFCC Without PSP/ AU 480)	35	U/L	<50
Serum AST/ALT Ratio (Calculated)	0.83		
Serum GGT (IFCC/AU 480)	33	IU/L	9-52
Serum Alkaline Phosphatase (IFCC PNPAMPKinetic/AU 480)	110	U/L	30-120
Serum Protein Total (Biuret)	7.5	gm/dl	6.40 - 8.20
Serum Albumin (BCG/AU 480)	4.4	g/dL	3.5-5.2
Serum Globulin (Calculated)	3.10	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.42	%	1.0 - 1.8

The highlighted values should be correlated clinically



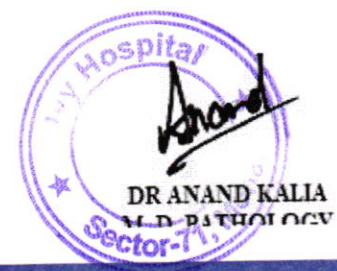


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Test Description	Observed Value	Unit	Reference Range
LIPID PROFILE			
Serum Cholesterol (CHO POD/AU 480)	261	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides (Lipase GPO-PAP/ AU480)	249	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol (Immunoenzymatic/AU 480)	50	mg/dL	<40 Major risk factor for CHD >60 Negative risk factor for CHD
Serum VLDL cholesterol (Calculated)	50	mg/dL	7-35
Serum LDL cholesterol (Calculated)	161	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	5.22		3-5
Serum LDL-HDL Ratio (Calculated)	3.22		1.5 - 3.5



The highlighted values should be correlated clinically





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Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12634284		

Test Description

Observed Value

Unit

Reference Range

CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	40.00	mL	
Urine Colour	Pale yellow		Light Yellow
Urine Appearance	Clear		Clear

Chemical Examination (Reflectance Photometry)

Urine pH	6.00		4.8-7.6
Urine Specific Gravity	1.030		1.010-1.030
Urine Glucose	++		Absent
Urine Protein (Protein Ionization)	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		
Urine Nitrite	Absent		Absent

Microscopic Examination

Urine Pus Cells	1-2		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	Absent	/hpf	0-5
Urine Casts	Absent	/lpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent

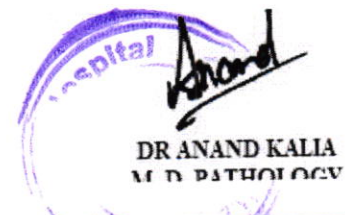
HAEMATOLOGY

ESR

Primary Sample Type:EDTA Blood

ESR (Automated ESR analyser)	9	mm/h	0-10
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DR ANAND KALIA
M D PATHOLOGY



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UHID	:334729	Sample Rec.Date	:28/Jan/2023 09:25AM
Inv. No.	:3086035	Approved Date	:28/Jan/2023 10:49AM
Panel Name	:Ivy Mohali	Referred Doctor	: Self
Bar Code No	:12634284		

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin <small>(Noncyanmethihaemoglobin)</small>	14.9	g/dl	13.0 - 17.0
Hematocrit(PCV) <small>(Calculated)</small>	44.1	%	36-48
Red Blood Cell (RBC) <small>(Impedence/DC Detection)</small>	5.20	10 ⁶ / μl	4.5-5.5
Mean Corp Volume (MCV) <small>(Impedence/DC Detection)</small>	84.0	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	28.4	pg/mL	27-31
Mean Corp HB Conc (MCHC) <small>(Calculated)</small>	33.8	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	13.1	%	11-15
Platelet Count <small>(Impedence/DC Detection/Microscopy)</small>	231	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedence/DC Detection)</small>	12.9	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedence/DC Detection)</small>	5.7	10 ³ /μl	4.0 - 10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	57	%	40-75
Lymphocytes	35	%	20-40
Monocytes	6	%	0-8
Eosinophils	2	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count <small>(VCS/Microscopy)</small>	3,249	μl	2000-7000
Absolute Lymphocyte Count	1,995	uL	1000-3000
Absolute Monocyte Count	342	uL	200-1000
Absolute Eosinophil Count <small>(VCS/Microscopy)</small>	114	μl	20-500

*** End Of Report ***

The highlighted values should be correlated clinically .

