

# Dr. Goyal's

## Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Jaipath Corner, New Sanganer Road, Jaipur-302019

Tele: 0141-2293346, 4049787, 9887049787

Website: www.drgoyaispathlab.com | E-mail: drgoyal@pathlab.com

### General Physical Examination

Date of Examination: 17.09.2022

Name: Jitenbera Singh Rajawat Age: 33 Sex: Male

DOB: 29-09-1990

Referred By: BOB

Photo ID: Aadhar ID #: attached

Ht: 174 (cm)

Wt: 82 (Kg)

Chest (Expiration): 100 (cm)

Abdomen Circumference: 101 (cm)

Blood Pressure: 40/90 mm Hg PR: 78 / min

BMI 27.1

Eye Examination: DIS vision 6/6, Near vision N/6

No colour blindness

Other: Not significant

On examination he/she appears physically and mentally fit  Yes / No

Signature Of Examinee : [Signature] Name of Examinee: \_\_\_\_\_

Signature Medical Examiner : [Signature] Name Medical Examiner \_\_\_\_\_

**Dr. Piyush Goyal**  
**M.B.B.S., D.M.R.D.**  
**RMC Reg. No.-017996**



*J. Singh*



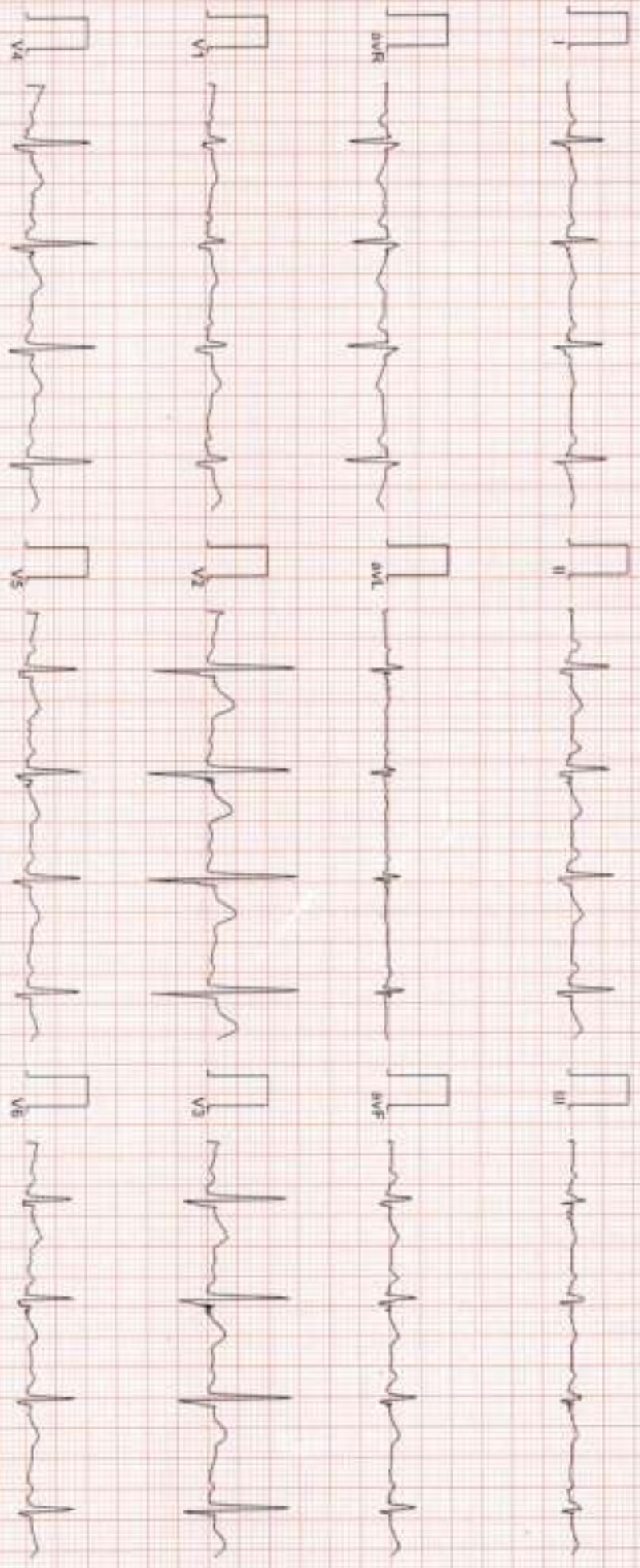
**Dr. Piyush Goyal**  
**M.B.B.S., D.M.R.D.**  
**IC Reg. No.-017995**

**DR. GOYALS PATH LAB & IMAGING CENTER**

102223223 / MR JITENDRA SINGH RAJAWAT / 33 Yrs / M/ Non Smoker

Heart Rate : 80 bpm / Tested On : 17-Sep-23 10:01:59 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s  
/ Refd By: BOB

**ECG**



Y-axis scale : 30 mm  
PR Interval : 146 ms  
QRS Duration : 84 ms  
QT/QTc Int : 314/409 ms  
P-QRS-T AXES : 19.00° 48.00° 63.00°

180°  
-30°  
90° R Axis  
AB 00° T 53.00°  
50 mm

**Dr. Nagesh Kumar Mohankar**  
MBBS, D.P. CARDIO (ESCORTS)  
DE M (RCGP-UK)  
Reported By:

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Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com

Date :- 17/09/2023 09:34:50  
**NAME :- Mr. JITENDRA SINGH RAJAWAT**  
Sex / Age :- Male 33 Yrs  
Company :- MediWheel

Patient ID :-12233015  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 17/09/2023 09:36:45

Final Authentication : 17/09/2023 12:01:23

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BOB PACKAGE BELOW 40MALE

**GLYCOSYLATED HEMOGLOBIN (HbA1C)**  
Method:- HPLC

6.0 %

Non-diabetic: < 5.7  
Pre-diabetics: 5.7-6.4  
Diabetics: = 6.5 or higher  
ADA Target: 7.0  
Action suggested: > 6.5

Instrument name: ARKRAY's ADAMS Lite HA 8380V, JAPAN.

#### Test Interpretation:

HbA1C is formed by the condensation of glucose with n-terminal valine residue of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1c. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of the red blood cells (RBC) (120 days) and the blood glucose concentration. The GHb concentration represents the integrated values for glucose over the period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having a normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb have been reported in iron deficiency anemia. GHb has been firmly established as an index of long term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to the mean of HbA1C. Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1c measurements. The effects vary depending on the specific Hb variant or derivative and the specific HbA1c method.

Ref by ADA 2020

**MEAN PLASMA GLUCOSE**  
Method:- Calculated Parameter

126 mg/dL

Non Diabetic < 100 mg/dL  
Prediabetic 100- 125 mg/dL  
Diabetic 126 mg/dL or Higher

AJAYSINGH  
Technologist

Page No: 1 of 12



**Dr. Chandrika Gupta**  
MBBS.MD ( Path )  
RMC NO. 21021/008037



Date :- 17/09/2023 09:34:50  
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Lab/Hosp :-



Sample Type :- EDTA

Sample Collected Time 17/09/2023 09:38:45

Final Authentication : 17/09/2023 12:01:23

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>HAEMOGARAM</b>			
<b>HAEMOGLOBIN (Hb)</b>	15.2	g/dL	13.0 - 17.0
<b>TOTAL LEUCOCYTE COUNT</b>	5.29	/cumm	4.00 - 10.00
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHIL	42.9	%	40.0 - 80.0
LYMPHOCYTE	<b>47.0 H</b>	%	20.0 - 40.0
EOSINOPHIL	4.3	%	1.0 - 6.0
MONOCYTE	5.5	%	2.0 - 10.0
BASOPHIL	0.3	%	0.0 - 2.0
NEUT#	2.27	10 <sup>3</sup> /uL	1.50 - 7.00
LYMPH#	2.49	10 <sup>3</sup> /uL	1.00 - 3.70
EO#	0.22	10 <sup>3</sup> /uL	0.00 - 0.40
MONO#	0.29	10 <sup>3</sup> /uL	0.00 - 0.70
BASO#	0.02	10 <sup>3</sup> /uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.23	x10 <sup>6</sup> /uL	4.50 - 5.50
HEMATOCRIT (HCT)	45.70	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	87.4	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.1	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.3	g/dL	31.5 - 34.5
<b>PLATELET COUNT</b>	260	x10 <sup>3</sup> /uL	150 - 410
RDW-CV	13.6	%	11.6 - 14.0
MENTZER INDEX	16.71		

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them.

If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

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Sample Type :- EDTA

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### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Erythrocyte Sedimentation Rate (ESR)</b>	11	mm/hr.	00 - 13

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form Hematocrit value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction)

Levels are higher in pregnancy due to hyperfibrinogenaemia.

The "3-figure ESR"  $>100$  value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC), Methodology: FLC, DLC Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance, and MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Sysmex 6 part fully automatic analyzer XN-L, Japan

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Sample Type :- PLAIN/SERUM

Sample Collected Time 17/09/2023 09:36:45

Final Authentication : 17/09/2023 11:42:29

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIPID PROFILE</b>			
<b>TOTAL CHOLESTEROL</b> Method:- Enzymatic Endpoint Method	198.68	mg/dl	Desirable <200 Borderline 200-239 High > 240
<b>TRIGLYCERIDES</b> Method:- GPO-PAP	116.15	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
<b>DIRECT HDL CHOLESTEROL</b> Method:- Direct clearance Method	28.19	mg/dl	Low < 40 High > 60
<b>DIRECT LDL CHOLESTEROL</b> Method:- Direct clearance Method	<b>151.13 H</b>	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
<b>VLDL CHOLESTEROL</b> Method:- Calculated	23.23	mg/dl	0.00 - 80.00
<b>T.CHOLESTEROL/HDL CHOLESTEROL RATIO</b> Method:- Calculated	<b>7.05 H</b>		0.00 - 4.90
<b>LDL / HDL CHOLESTEROL RATIO</b> Method:- Calculated	<b>5.36 H</b>		0.00 - 3.50
<b>TOTAL LIPID</b> Method:- CALCULATED	584.60	mg/dl	400.00 - 1000.00
<small>TOTAL CHOLESTEROL InstrumentName Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid lipoprotein metabolism disorders.</small>			
<small>TRIGLYCERIDES InstrumentName: Randox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.</small>			
<small>DIRECT HDL CHOLESTEROL InstrumentName: Randox Rx Imola Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.</small>			
<small>DIRECT LDL CHOLESTEROL InstrumentName: Randox Rx Imola Interpretation: Accurate measurement of LDL-Cholesterol is of vital importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progress and to avoid plaque rupture.</small>			
<small>TOTAL LIPID AND VLDL ARE CALCULATED</small>			

SURENDRAKHANGA

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 Lab/Hosp :-



Sample Type :- PLAIN/SERUM

Sample Collected Time 17/09/2023 09:36:45

Final Authentication : 17/09/2023 11:42:29

### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
<b>LIVER PROFILE WITH GGT</b>			
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	0.67	mg/dl	Up to - 1.0 Cord blood <2 Premature < 6 days <16 Full-term < 6 days= 12 1month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020)
SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method	0.16	mg/dL	Adult - Up to 0.25 Newborn - <0.6 >- 1 month - <0.2
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.51	mg/dl	0.30-0.70
SGOT Method:- IFCC	<b>146.9 H</b>	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	<b>243.7 H</b>	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer	102.50	IU/L	30.00 - 120.00
SERUM GAMMA GT Method:- IFCC	<b>132.40 H</b>	U/L	11.00 - 50.00
SERUM TOTAL PROTEIN Method:- Biorot Reagent	8.21	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.21	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	<b>4.00 H</b>	gm/dl	2.20 - 3.50
A/G RATIO	<b>1.05 L</b>		1.30 - 2.50

**Total Bilirubin** Methodology: Colorimetric method Instrument Name: Randox Rx Inova Interpretation: An increase in bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in these incompatible babies. High levels of unconjugated bilirubin indicate that too much haemoglobin is being destroyed or that the liver is not actively treating the haemoglobin it is receiving.

**AST Aspartate Aminotransferase** Methodology: IFCC Instrument Name: Randox Rx Inova Interpretation: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and organ damage. Although heart muscle is found to have the most activity of the enzyme, significant activity has also been seen in the brain, liver, gastric mucosa, adipose tissue and kidneys of humans.

**ALT Alanine Aminotransferase** Methodology: IFCC Instrument Name: Randox Rx Inova Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing concentrations found in kidney, heart, skeletal muscle, pancreas, spleen and lung tissue respectively. Elevated levels of the transaminases can indicate myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

**Alkaline Phosphatase** Methodology: AMP Buffer Instrument Name: Randox Rx Inova Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary disease and in bone disease associated with increased metabolic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

**TOTAL PROTEIN** Methodology: Biorot Reagent Instrument Name: Randox Rx Inova Interpretation: Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

**ALBUMIN (ALB)** Methodology: Bromocresol Green Instrument Name: Randox Rx Inova Interpretation: Albumin measurements are used in the diagnosis and treatment of numerous diseases involving primarily the liver or kidneys. Globulin & A/G ratio is calculated.

**Instrument Name: Randox Rx Inova Interpretation:** Elevation in GGT levels occurs earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal).

SURENDRAKHANGA

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Sample Type -> PLAIN/SERUM

Sample Collected Time 17/09/2023 09:36:46

Final Authentication : 17/09/2023 12:02:42

### IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
<b>TOTAL THYROID PROFILE</b>			
SERUM TOTAL T3 <i>Method:- Chemiluminescence(Competitive immunoassay)</i>	1.180	ng/ml	0.970 - 1.690
SERUM TOTAL T4 <i>Method:- Chemiluminescence(Competitive immunoassay)</i>	6.940	ug/dl	5.530 - 11.000
SERUM TSH ULTRA <i>Method:- Enhanced Chemiluminescence Immunoassay</i>	4.620	μIU/mL	0.350 - 5.500

**Interpretation:** Triiodothyronine (T3) contributes to the maintenance of the euthyroid state. A decrease in T3 concentration of up to 50% occurs in a variety of clinical situations, including acute and chronic disease. Although T3 results alone cannot be used to diagnose hypothyroidism, T3 concentration may be more sensitive than thyroxine (T4) for hyperthyroidism. Consequently, the total T3 assay can be used in conjunction with other assays to aid in the differential diagnosis of thyroid disease. T3 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, Free T3 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake, or T4 uptake can be used with the total T3 result to calculate the free T3 index and estimate the concentration of free T3.

**Interpretation:** The measurement of Total T4 aids in the differential diagnosis of thyroid disease. While >99.9% of T4 is protein-bound, primarily to thyroxine-binding globulin (TBG), it is the free fraction that is biologically active. In most patients, the total T4 concentration is a good indicator of thyroid status. T4 concentrations may be altered in some conditions, such as pregnancy, that affect the capacity of the thyroid hormone-binding proteins. Under such conditions, free T4 can provide the best estimate of the metabolically active hormone concentration. Alternatively, T3 uptake may be used with the total T4 result to calculate the free T4 index (FT4I) and estimate the concentration of free T4. Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

**Interpretation:** TSH stimulates the production of thyroxine (T4) and triiodothyronine (T3) by the thyroid gland. The diagnosis of overt hypothyroidism by the finding of a low total T4 or free T4 concentration is readily confirmed by a raised TSH concentration. Measurement of low or undetectable TSH concentrations may assist the diagnosis of hyperthyroidism, where concentrations of T4 and T3 are elevated and TSH secretion is suppressed. These have the advantage of discriminating between the concentrations of TSH observed in thyrotoxicosis, compared with the low, but detectable, concentrations that occur in subclinical hyperthyroidism. The performance of this assay has not been established for neonatal specimens. Some drugs and some nonthyroidal patient conditions are known to alter TSH concentrations in vivo.

### INTERPRETATION

PREGNANCY	REFERENCE RANGE FOR TSH IN μIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

AJAYKUMAR  
Technologist

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Sex / Age :- Male 33 Yrs  
Company :- Medi/Wheel

Patient ID :- 12233015  
Ref. By Dr:- BOB  
Lab/Hosp :-



Sample Type :- URINE

Sample Collected Time 17/09/2023 09:36:45

Final Authentication : 17/09/2023 14:18:26

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
<b>Urine Routine</b>			
<b>PHYSICAL EXAMINATION</b>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<b>CHEMICAL EXAMINATION</b>			
REACTION(PH) Method:- Reagent Strip(Double indicator blue reaction)	5.5		5.0 - 7.5
SPECIFIC GRAVITY Method:- Reagent Strip(bromthymol blue)	1.025		1.010 - 1.030
PROTEIN Method:- Reagent Strip (Sulphosalicylic acid test)	NIL		NIL
GLUCOSE Method:- Reagent Strip (Glu.Oxidase Peroxidase Benedict)	NIL		NIL
BILIRUBIN Method:- Reagent Strip (Azo-coupling reaction)	NEGATIVE		NEGATIVE
UROBILINOGEN Method:- Reagent Strip (Modified ehlich reaction)	NORMAL		NORMAL
KETONES Method:- Reagent Strip (Sodium Nitroprusside) Rothera's	NEGATIVE		NEGATIVE
NITRITE Method:- Reagent Strip (Diazotization reaction)	NEGATIVE		NEGATIVE
<b>MICROSCOPY EXAMINATION</b>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

VIJENDRAMEENA  
Technologist

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Lab/Hosp :-



Sample Type :- STOOL

Sample Collected Time 17/09/2023 09:36:45

Final Authentication : 17/09/2023 14:18:26

### CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
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#### STOOL ANALYSIS

##### PHYSICAL EXAMINATION

MUCUS

BLOOD

##### MICROSCOPIC EXAMINATION

RBC's

/HPF

WBC/HPF

/HPF

OVA

CYSTS

OTHERS

Collected Sample Received

VIJENDRAMEENA  
Technologist

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Ref. By Dr:- BOB

Sex / Age :- Male 33 Yrs

Lab/Hosp :-

Company :- MediWheel

Sample Type :- EDTA, URINE, URINE-PP

Sample Collected Time 17/09/2023 09:36:45

Final Authentication : 17/09/2023 15:16:54

### HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
BLOOD GROUP ABO	*A* POSITIVE		
BLOOD GROUP ABO Methodology : Haemagglutination reaction Kit Name : Monoclonal agglutinating antibodies (Span clone)			
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil
URINE SUGAR PP Collected Sample Received	Nil		Nil

AJAYSINGH, VIJENDRAMEENA  
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### BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
BLOOD UREA NITROGEN (BUN)	9.4	mg/dl	0.0 - 23.0

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

SURENDRAKHANGA

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BOB PACKAGE BELOW 40MALE

**X RAY CHEST PA VIEW:**

Both lung fields appears clear.  
Bronchovascular markings appear normal.  
Trachea is in midline.  
Both the hilar shadows are normal.  
Both the C.P.angles is clear.  
Both the domes of diaphragm are normally placed.  
Bony cage and soft tissue shadows are normal.  
Heart shadows appear normal.

**Impression :- Normal Study**

(Please correlate clinically and with relevant further investigations)



**DR ABHISHEK JAIN**  
MBBS, DNB, (RADIO DIAGNOSIS)  
RMC NO. 21687

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

**Dr. Piyush Goyal**  
( D.M.R.D.) BILAL

Page No: 1 of 1

# Dr. Goyal's

## Path Lab & Imaging Centre

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Date :- 17/09/2023 09:34:50  
**NAME :- Mr. JITENDRA SINGH RAJAWAT**  
 Sex / Age :- Male 33 Yrs  
 Company :- MediWheel

Patient ID :- 12233015  
 Ref. By Doctor:-BOB  
 Lab/Hosp :-

Final Authentication : 17/09/2023 12:32:59

BOB PACKAGE BELOW 40MALE  
 2D ECHO OPTION TMT (ADULT/CHILD)

### 2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

### M.MODE EXAMINATION:

AO	26	mm	LA	29	Mm	IVS-D	7	mm
IVS-S	14	mm	LVID	43	Mm	LVSD	29	mm
LVPW-D	6	mm	LVPW-S	16	Mm	RV		mm
RVWT		mm	EDV		ml	LVVS		ml
LVEF	61%		RWMA			ABSENT		

### CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM		NORMAL	

### COLOUR DOPPLER:

MITRAL VALVE					
E VELOCITY	0.78	m/sec	PEAK GRADIENT		Mm/hg
A VELOCITY	0.47	m/sec	MEAN GRADIENT		Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY		Cm2
MITRAL REGURGITATION		ABSENT			
AORTIC VALVE					
PEAK VELOCITY	0.91	m/sec	PEAK GRADIENT		mm/hg
AR VMAX		m/sec	MEAN GRADIENT		mm/hg
AORTIC REGURGITATION		ABSENT			
TRICUSPID VALVE					
PEAK VELOCITY	0.61	m/sec	PEAK GRADIENT		mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT		mm/hg
VMax VELOCITY					
TRICUSPID REGURGITATION		ABSENT			
PULMONARY VALVE					
PEAK VELOCITY	0.99	M/sec.	PEAK GRADIENT		Mm/hg
MEAN VELOCITY			MEAN GRADIENT		Mm/hg
PULMONARY REGURGITATION		ABSENT			



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Final Authentication : 17/09/2023 12:32:59

### Impression--

1. Normal LV size & contractility
2. No RWMA, LVEF 61 %.
3. Normal cardiac chamber.
4. Normal valve
5. No clot, no vegetation, no pericardial effusion.

  
(Cardiologist)

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



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Sex / Age :- Male 33 Yrs	Lab/Hosp :-
Company :- MediWheel	

Final Authentication : 17/09/2023 11:49:02

BOB PACKAGE BELOW 40MALE

### USG WHOLE ABDOMEN

**Liver** is enlarged in size (~15.5cm) and shows mildly raised parenchymal echogenicity. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

**Gall bladder** is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

**Pancreas** is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

**Spleen** is of normal size and shape. Echotexture is normal. No focal lesion is seen.

**Kidneys** are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

**Urinary bladder** is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

**Prostate** is normal in size with normal echo-texture and outline. No enlarged nodes are visualised. No retro-peritoneal lesion is identified. No significant free fluid is seen in peritoneal cavity.

#### IMPRESSION:

- \* Mild hepatomegaly with Grade I fatty changes.
- Needs clinical correlation for further evaluation

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

