



B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur - 302019 Tele: 0141-2293346, 4049787, 9887049787

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





Date :- 10/12/2021 08:16:14

NAME :- Mr. SHIVANG

Sex / Age :- Male 31 Yrs 3 Mon 11 Days

Company :- MediWheel

Sample Type :- EDTA

Patient ID :-122125607

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Collected Time 10/12/2021 08:22:00

Final Authentication: 10/12/2021 13:22:23

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Scatter trust contract account. Assume	1/		Biological Rei Interval
HAEMOGARAM			
HAEMOGLOBIN (Hb)	16.0	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.17	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			10.00
NEUTROPHIL	57.8	%	40.0 - 80.0
LYMPHOCYTE	38.6	%	20.0 - 40.0
EOSINOPHIL	1.0	%	1.0 - 6.0
MONOCYTE	2.4	%	2.0 - 10.0
BASOPHIL	0.2	%	0.0 - 2.0
NEUT#	3.57	10^3/uL	1.50 - 7.00
LYMPH#	2.38	10^3/uL	1.00 - 3.70
EO#	0.01 -	10^3/uL	0.00 - 0.40
MONO#	0.20	10^3/uL	0.00 - 0.70
BASO#	0.01	10^3/uL	0.00 - 0.10
TOTAL RED BLOOD CELL COUNT (RBC)	5.45	x10^6/uL	4.50 - 5.50
HEMATOCRIT (HCT)	46.50	%	40.00 - 50.00
MEAN CORP'VOLUME (MCV)	85.4	fL	83.0 - 101.0
MEAN CORP HB (MCH)	29.4	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	34.4	g/dL	31.5 - 34.5
PLATELET COUNT	272	x10^3/uL	150 - 410
RDW-CV	14.0	%	11.6 - 14.0
MENTZER INDEX	15.67		1110 - 1410

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.

Technologist

BANWARI

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

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HAEMATOLOGY

		22001	
Test Name	Value	Unit	Biological Ref Interval

Erythrocyte Sedimentation Rate (ESR)

08

mm/hr.

00 - 13

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

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

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

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

Levels are higher in pregnency due to hyperfibrinogenaemia.

The "3-figure ESR " x>100 value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia of Connective 1858; disease. Fluorescent Flow cytometry, HB SLS method, TRBC, PCV, PLT Hydrodynamically focused Impedance and MCH, MCV, MCHC, MENTZER INDEX are calculated. InstrumentName: Sysmex 6 part fully automatic analyzer XN-L, Japan

Technologist

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

"CONDITIONS OF REPORTING SEE OVER LEAF"

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Date :- 10/12/2021 08:16:14

NAME :- Mr. SHIVANG

Sex / Age :- Male

Sample Type :- EDTA

31 Yrs 3 Mon 11 Days

Company :- MediWheel

Patient ID: -122125607 Ref. By Dr:- BOB

Lab/Hosp :-

Sample Collected Time 10/12/2021 08:22:00

Final Authentication: 10/12/2021 13:22:23

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval

BOB PACKAGE BELOW 40MALE

GLYCOSYLATED HEMOGLOBIN (HbA1C)

5.9

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 overthe 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 plasmaglucose concentration in GHb depends on the time interval, with more recent values providing a larger contribution than earlier values. The interpretation of GHbdepends 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 measureof the risk for the development of complications in patients with diabetes mellitus. The absolute risk of retinopathy and nephropathy are directly proportional to themean of HbA1C.Genetic variants (e.g. HbS trait, HbC trait), elevated HbF and chemically modified derivatives of hemoglobin can affect the accuracy of HbA1cmeasurements. The effects vary depending on the specific Hb vatiant or derivative and the specific HbA1c method. Ref by ADA 2020

MEAN PLASMA GLUCOSE Method:- Calculated Parameter

123

mg/dL

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

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Sample Type :- PLAIN/SERUM

Sex / Age :- Male

31 Yrs 3 Mon 11 Days

Company :- MediWheel

Patient ID :-122125607

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Collected Time 10/12/2021 08:22:00

Final Authentication: 10/12/2021 10:40:27

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method	185.26	mg/dl	Desirable <200 Borderline 200-239 High> 240
TRIGLYCERIDES Method:- GPO-PAP	72.41	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
VLDL CHOLESTEROL Method:- Calculated	14.48	mg/dl	0.00 - 80.00

Technologist

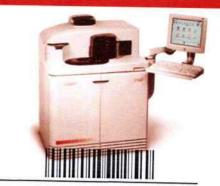
SURENDRAKHANGA

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BIOCHEMISTRY

	DIOCHE	ISINI	
Test Name	Value	Unit	Biological Ref Interval
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	46.77	mg/dl	Low < 40 High > 60
DIRECT LDL CHOLESTEROL Method:- Direct clearance Method	126.42	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.96 ,		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.70		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	510.39	mg/dl	400.00 - 1000.00

TOTAL CHOLESTEROL InstrumentName: Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.

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.

DIRECT HDLCHOLESTERO 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.

DIRECT LDL-CHOLESTEROLInstrumentName: 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.

TOTAL LIPID AND VLDL ARE CALCULATED

Technologist

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Dr. Goyal

Path Lab & Imaging Centre

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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT	0 •		
SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method	1.10	mg/dl	Up to - 1.0 Cord blood <2 mg/dL Premature < 6 days <16mg/dL Full-term < 6 days= 12
			mg/dL 1month - <12 months <2 mg/dL 1-19 years <1.5 mg/dL Adult - Up to - 1.2 Ref-(ACCP 2020)
SGOT Method:- IFCC	28.0	U/L	Men- Up to - 37.0 Women - Up to - 31.0
SGPT Method:- IFCC	32.3	U/L	Men- Up to - 40.0 Women - Up to - 31.0
SERUM ALKALINE PHOSPHATASE Method:-AMP Buffer	43.80	IU/L	30.00 - 120.00
SERUM TOTAL PROTEIN Method:- Biuret Reagent	6.83	g/dl	6.40 - 8.30
SERUM ALBUMIN Method:- Bromocresol Green	4.47 .	g/dl	3.80 - 5.00
SERUM GLOBULIN Method:- CALCULATION	2.36	gm/dl	2.20 - 3.50
A/G RATIO	1.89		1.30 - 2.50

Technologist

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BIOCHEMISTRY

22802 W 2000 CAS
Biological Ref Interval
Adult - Up to 0.25 Newborn - <0.6 mg/dL
>- 1 month - <0.2 mg/dL 0.30-0.70
11.00 - 50.00

Total BillrubinMethodology:Colorimetric method InstrumentName:Randox Rx Imola Interpretation An increase in billrubin 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 rhesus 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 InstrumentName: Randox Rx Imola Interpretation: Elevated levels of AST can signal myocardial infarction, hepatic disease, muscular dystrophy and AST Asparate Aminotransferase Rethodology. FCC InstrumentName: Randox Rx Imola Interpretation: The enzyme ALT has been found to be in highest concentrations in the liver, with decreasing oncentrations 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 InstrumentName: Randox Rx Imola Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobilary disease and in bone disease associated with increased osteoblastic activity. Alkaline phosphatase is also used in the diagnosis of parathyroid and intestinal disease.

TOTAL PROTEIN Methodology Birret Reagent InstrumentName: Randox Rx Imola 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 InstrumentName: Randox Rx Imola 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 Imola Interpretation: Elevations in GGT levels are seen 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 bilitary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.

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Sex / Age :- Male 31 Yrs 3 Mon 11 Days

Company :- MediWheel

Patient ID :-122125607

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Type :- PLAIN/SERUM

Sample Collected Time 10/12/2021 08:22:00

Final Authentication: 10/12/2021 10:51:59

IMMUNOASSAY

Test Name	X7.1	22 010	
rest rume	Value	Unit	Biological Ref Interval
			Diological reci interval

TOTAL THYROID PROFILE

SERUM TSH Method:- Enhanced Chemiluminescence Immunoassay

2.320

µIU/mL

0.465 - 4.680

Technologist

ANANDSHARMA

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Sex / Age :- Male 31 Y

31 Yrs 3 Mon 11 Days

Company :- MediWheel

Patient ID :-122125607

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Type :- PLAIN/SERUM

Sample Collected Time 10/12/2021 08:22:00

Final Authentication: 10/12/2021 10:51:59

IMMUNOASSAY

		ZEDDZE	
Test Name	Value Unit	Biological Ref Interval	
SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay)	1.220	ng/ml	0.970 - 1.690
SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay)	5.670	ug/dl	5.530 - 11.000

InstrumentName: VITROS ECI 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.

InstrumentName: VITROS ECI 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 (FT41) and estimate the concentration of free T4.Some drugs and some nonthyroidal patient conditions are known to alter TT4 concentrations in vivo.

InstrumentName: VITROS ECI 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 ruised 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 uIU/mL (As per American Thyroid Association)
1st Trimester	0.10-2.50
2nd Trimester	0.20-3.00
3rd Trimester	0.30-3.00

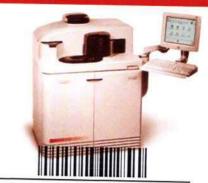
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ANANDSHARMA

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Date :-

:- 10/12/2021 08:16:14

NAME :- Mr. SHIVANG

Sex / Age :- Male

Sample Type :- URINE

Male 31 Yrs 3 Mon 11 Days

Company :- MediWheel

Patient ID :-122125607

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Collected Time 11/12/2021 10:51:33

Final Authentication: 11/12/2021 10:53:21

CLINICAL PATHOLOGY

Test Name	Value . Unit	Biological Ref Interval
PHYSICAL EXAMINATION		
COLOUR	PALE YELLOW	PALE YELLOW
APPEARANCE	Clear	Clear
CHEMICAL EXAMINATION		Credi
REACTION(PH)	5.5	5.0 - 7.5
SPECIFIC GRAVITY	1.025	1.010 - 1.030
PROTEIN	NIL	NIL
SUGAR	NIL	NIL
BILIRUBIN	NEGATIVE	NEGATIVE
UROBILINOGEN	NORMAL	NORMAL
KETONES	NEGATIVE	NEGATIVE
NITRITE	NEGATIVE	NEGATIVE

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AJAYSINGH.

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Date :- 10/12/2021 08:16:14

NAME :- Mr. SHIVANG

Sex / Age :- Male

31 Yrs 3 Mon 11 Days

Company :- MediWheel

Sample Type :- URINE

Patient ID :-122125607

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Collected Time 11/12/2021 10:51:33

Final Authentication: 11/12/2021 10:53:21

CLINICAL PATHOLOGY

- No Sopharation and Committee	CLINICAL PA	THOLOGY	
Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
MICROSCOPY EXAMINATION			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT	(0.000)	
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL			ABSENT
OTHER	ABSENT		ABSENT
JINEK	ABSENT		

Technologist

AJAYSINGH

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Date

Test Name

:- 10/12/2021 08:16:14

NAME :- Mr. SHIVANG

31 Yrs 3 Mon 11 Days

Sex / Age :- Male Company :- MediWheel

Sample Type :- STOOL

Sample Collected Time 11/12/2021 10:39:07

Value

Final Authentication: 11/12/2021 10:48:59

Biological Ref Interval

CLINICAL PATHOLOGY

Patient ID :-122125607

Unit

/HPF

/HPF

Ref. By Dr:- BOB

Lab/Hosp :-

STOOL ANALYSIS

PHYSICAL EXAMINATION

COLOUR

CONSISTENCY

MUCUS

BLOOD

MICROSCOPIC EXAMINATION

RBC's

WBC/HPF

MACROPHAGES

OVA

CYSTS

TROPHOZOITES

CHARCOT LEYDEN CRYSTALS

OTHERS Collected Sample Received

BROWN

SEMI SOLID

ABSENT

ABSENT

NIL

0-1 .

ABSENT

ABSENT

ABSENT

ABSENT

ABSENT

NORMAL BACTERIA FLORA PRESENT

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AJAYSINGH

Page No: 12 of 15

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Company :- MediWheel

Patient ID :-122125607

Ref. By Dr:- BOB

Lab/Hosp :-

Sample Type :- KOx/Na FLUORIDE-F, KOx/Na ShbhokeIDelletteeBLThink/Sterr2/8021 08:22:00

Final Authentication: 10/12/2021 13:31:52

RIOCHEMICTON

TD. A.N.	BIOCHEMISTRY		
Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GOD PAP	102.6	mg/dl	75.0 - 115.0
Impaired glucose tolerance (IGT)	111	- 125 mg/dL	
Diabetes Mellitus (DM)	> 126 mg/dL		

Instrument Name: Randox Rx Imola Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm. hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels(hypoglycemia) may result from excessive insulin therapy or various liver diseases .

BLOOD SUGAR PP (Plasma)

Method:- GOD PAP

105.1

mg/dl

70.0 - 140.0

Instrument Name: Randox Rx Imola Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels(hypoglycemia) may result from excessive insulin therapy or various liver diseases .

0.98	mg/dl	Men - 0.6-1.30
2.55		Women - 0.5-1.20
6.95	mg/dl	Men - 3.4-7.0
		Women - 2.4-5.7
	0.98 6.95	mg di

Technologist

SURENDRAKHANGA

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Lab/Hosp :-

Sample Type :- EDTA, PLAIN/SERUM, URINE, SERMAE-PBIlected Time 11/12/2021 10:51:38

Final Authentication: 11/12/2021 10:53:21

HAEMATOLOGY

Test Name Value

Biological Ref Interval

BLOOD GROUP ABO

"B"POSITIVE

BLOOD GROUP ABO Methodology: Haemagglutination reaction Kit Name: Monoclonal agglutinating antibodies (Span clone).

URINE SUGAR (FASTING)

Nil

Nil

URINE SUGAR PP Collected Sample Received

Nil

Nil

BLOOD UREA NITROGEN (BUN)

10.3

mg/dl

0.0 - 23.0

*** End of Report ***

Technologist

AJAYSINGH, BANWARI, SURENDRAKHANGA

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Date :- 10/12/2021 08:16:14

NAME :- Mr. SHIVANG

Sex / Age :- Male 31 Yrs 3 Mon 11 Days

Company :-MediWheel

Patient ID: -122125607 Ref. By Doctor:-BOB

Lab/Hosp :-



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)

*** End of Report ***

Page No: 1 of 1

Dr. Poonam Gupta MBBS, MD (Radio Diagnosis) RMC No. 32495

Dr. Uma Mathuria MBBS, MD (Radio Diagnosis) RMC No. 22541

Dr. Hitesh Kumar Sharma M.B.B.S., D.M.R.D. RMC Reg No. 27380

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

Transcript by.

BILAL



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Final Authentication: 10/12/2021 11:38:07

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is of normal size. Echo-texture is normal. 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 Great vessels appear normal.

No significant free fluid is seen in peritoneal cavity.

Note is made of incisional hernia of diameter above 34mm

IMPRESSION:

Normal study

Needs clinical correlation for further evaluation

*** End of Report ***

KOMAL

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Final Authentication: 10/12/2021 11:43:12

BOB PACKAGE BELOW 40MALE

ECHOCARDIOGRAPHY 2D (ADULT/CHILD)

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

FAIR TRANSTHORACIC ECHOCARIDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALV	/E	NORMAL		TRICUSPID VALVE			NORMAL	
AORTIC VALV	ORTIC VALVE NORMAL		PULMONARY VALVE			NORMAL		
		M.MODE	EXAMITATION:					
AO	25	mm	LA	28	Mm	IVS-D	7	mm
IVS-S	12	mm	LVID	38	Mm	LVSD	25	mm
LVPW-D	10	mm	LVPW-S	14	Mm	RV		mm
RVWT		mm	EDV		MI	LVVS		ml
LVEF	63%			RWMA		ABSENT		
						Parancia con co		

CHAMBERS:

LA	NORMAL	RA	NORMAL	
LV	NORMAL	RV	NORMAL	
PERICARDI	UM	NORMAL		

COLOUR DOPPLER:

	M	ITRAL VALV	E					
E VELOCITY	0.82	m/sec	PEAK	PEAK GRADIENT		Mm/hg		
A VELOCITY	0.45	m/sec	MEAN	GRADIEN	Т	Mm	Mm/hg	
MVA BY PHT		Cm2	MVA BY PLANIME		IETRY	Cm:	2	
MITRAL REGURGITA	TION				ABSENT			
	AC	ORTIC VALVE						
PEAK VELOCITY	1.09	m/	sec	PEAK GI	PEAK GRADIENT		mm/hg	
AR VMAX		m/	sec MEAN GRA		GRADIENT	m	mm/hg	
AORTIC REGURGITAT	TION			ABSENT				
	TRIC	CUSPID VAL	VE					
PEAK VELOCITY	0.4	7	m/sec	PEAK GRADIENT			mm/hg	
MEAN VELOCITY			m/sec	MEAN GRADIENT			mm/hg	
VMax VELOCITY								
TRICUSPID REGURGI	TATION			ABSENT				
	PU	LMONARY	VALVE					
PEAK VELOCITY		0.98		M/sec.	PEAK GRADIENT		Mm/hg	
MEAN VALOCITY					MEAN GRADIENT		Mm/hg	
PULMONARY REGUE	RGITATION				ABSENT			

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KOMAL

Dr. Piyush Goyal M.B.B.S., D.M.R.D. RMC Reg No. 017996 Dr. Poonam Gupta MBBS, MD (Radio Diagnosis) RMC No. 32495 Dr. Uma Mathuria MBBS, MD (Radio Diagnosis) RMC No. 22541 Dr. Hitesh Kumar Sharma M.B.B.S.,D.M.R.D. RMC Reg No. 27380 Transcript by.

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Impression--

- 1. Normal LV size & contractility
- 2. No RWMA, LVEF 63 %.
- 3. Normal cardiac chamber.
- 4. Normal valve
- 5. No clot, no vegetation, no pericardial effusion. (Cardiologist)

*** End of Report ***

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KOMAL

