



KALRA HOSPITAL SRCNC PVT. LTD.

"Tulsi Dass Kalra Marg", Kirti Nagar, New Delhi-110015

Tel : 91+11-4500 5600, 4500 5700 (60 Lines)

www.kalrahospital.net

CIN : U85100DL2011PTC216737



Dept. Ref. No. : 1442730	Age / Sex : 29 Y/ 3 M/ 23 D/M
UHID : 157257	Referred by : Dr. R.N. KALRA
Name : Mr. PRASHANT AGGARWAL	Bill No . : 3924
Patient Type : O	Date : 13/08/2022

2D Echo with Colour Doppler M-MODE STUDY

Left Ventricle:

ESD: 2.3 cm (3.5 - 4.4 cm)	Aortic Valve Root : 2.7cm (2.0-3.5 cm)
EED: 3.3 cm (3.5 - 5.7 cm)	Left Atrium : 2.9cm (1.9-4.0 cm)
	Aortic valve opening : cm (2.0-3.7 cm)

Right ventricle: N (0.9-1.1 cm)

Wall Thickness:

Septum: 0.9 cm (0.6-1.1 cm)	Pericardial effusion: Nil
Posterior wall: 1.2 cm (0.6-1.1 cm)	

LV WALL MOTION

	Ant.	Inferior	Posterior	Ant. Septal	Septal	Lat.
Apical	N	N	-	-	N	N
Mid	N	N	N	N	N	N
Basal	N		N	N	N	N
Apex	Normal. No LV clot					

LV FUNCTION INDICES

EF: 60%(By volume method)

TWO DIMENSIONAL STUDY

COLOR DOPPLER/DOPPLER STUDIES

Valves	TWO DIMENSIONAL STUDY	COLOR DOPPLER/DOPPLER STUDIES
Mitral	Normal	Normal/(E)-0.80m/sec, A-0.64m/sec (DT=msec)
Aortic	Normal	Normal/1.4 m/sec
Tricuspid	Normal	Normal
Pulmonic	Normal	Normal/m/sec

INTERPRETATION & CONCLUSION:

LA/AO is ratio is normal.

No thrombus /vegetation

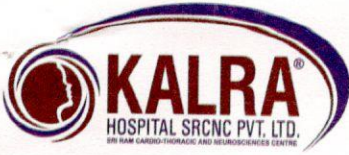
LV is of normal size with normal systolic function (EF= 60%) Normal LV diastolic function.

LV shows no regional wall motion abnormality

25/08, 2022 04:59PM

Printed By

ROHIT JHINHOTAD



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2D Echo with Colour Doppler

LV shows no regional wall motion abnormality

RV is of normal size and has normal function

Pericardium is normal. There is no pericardial effusion.

No SAM/MVP

IAS and IVS are intact

Doppler flow velocities are normal across mitral, aortic, pulmonary and tricuspid valves.

Color Doppler flow study shows normal pattern across valves and chambers. No regurgitation.

FINAL IMPRESSION:

Normal LV systolic function

Normal LV diastolic function.

No RWMA.

LVEF- 60%

End Of Report

Dr.VIKAS THAKRAN.

MBBS,MD,DM

INTERVENTIONAL CARDIOLOGIST

Dr.ANKIT KALRA.

MBBS,MD(MED),DNB(CARDIO

INTERVENTIONAL CARDIOLOGIST

Dr.RAMESH RAIKAR

MBBS,MD,DNB (CARDIOLOGY)

INTERVENTIONAL CARDIOLOGIST



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Patient Name	PRASHANT AGGARWAL 29Y M	Patient Id	13/8/22/
Ref.Doctor		Reported Date and Time	Aug 13, 2022 01:49 pm

X-RAY Radiograph Chest

View: PA VIEWS

Observations

Visualized lung fields Appear normal. Both hila are normal.

Cardiophrenic and costophrenic angles are normal.

The trachea is central.

The mediastinal and cardiac silhouette are normal.

Cardiothoracic ratio is normal.

Bones of the thoracic cage are normal.

Soft tissues of the chest wall are normal.

Impression

No significant abnormality seen.

Advice

Please correlate clinically.

Dr. Sandhiya R

MBBS, MD

Consultant Radiologist

TNMC - 117762



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Age/Sex : 29 Y/ 3 M/ 23 D/M	Sample Collection Date/Time : 13/08/2022 11:56AM
Referred By : Dr. R.N. KALRA	Result Date/Time : 13/08/2022 03:01PM
Patient Type : O	Bed No. :

Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
HB, TLC, DLC, ESR				
Haemoglobin (HB) (Colorimetric)	EDTA	14.0	gm/dL	13 - 17
Total Leucocytic Count (TLC) (Laser Based Flow Cytometry)	EDTA	6020	/μL	4000 - 10000
Differential Leucocyte Count(DLC)				
Neutrophils (Laser Based Flow Cytometry)	EDTA	63	%	40 - 80
Lymphocytes (Laser Based Flow Cytometry)	EDTA	29	%	20 - 40
Eosinophils (Laser Based Flow Cytometry)	EDTA	04	%	1 - 6
Monocytes (Laser Based Flow Cytometry)	EDTA	04	%	2 - 10
ESR (Westergrens Method)	EDTA	10	mm/ 1st hr	0 - 15
Haemoglobin (HB) (Colorimetric)	EDTA	14.0	gm/dL	13 - 17
Total Leucocytic Count (TLC) (Laser Based Flow Cytometry)	EDTA	6020	/μL	4000 - 10000

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Patient Type	: O	Result Date/Time	: 13/08/2022 03:01PM
		Bed No.	:

Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
Lipid Profile(Total cholesterol,LDL,HDL,Triglycerides)				
Serum Cholesterol (Cholesterol Oxidase)	Serum	123.1	mg/dL	
Serum Triglyceride (Enzymatic)	Serum	107.7	mg/dL	
Serum HDL Cholesterol (Direct Cholesterol)	Serum	34.8	mg/dL	
LDL (Enzymatic)	Serum	79.8	mg/dL	

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Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
* VLDL (Calculated)	Serum	21.5	mg/dL	
* LDL/HDL	Serum	2.3:1	Ratio	
* T.Chol / HDL	Serum	3.6:1	Ratio	

As per National Lipid Association Recommendations (NLA - 2014)	Total Cholesterol in mg/dL	Triglyceride in mg/dL	LDL Cholesterol in mg/dL	HDL Cholesterol in mg/dL	Non HDL Cholesterol in mg/dL
Optimal	<200	<150	<100	0 - 40	<130
Above Optimal	-	-	100-129	-	130-159
Borderline High	200-239	150-199	130-159	-	160-189
High	>=240	200-499	160-189	> 59	190-219
Very High	-	>=500	>=190	-	>=220

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Above Optimal	-	-	100-129	-	130-159
Borderline High	200-239	150-199	130-159	-	160-189
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Referred By	: Dr. R.N. KALRA	Date/Time	: 13/08/2022 02:39PM
Patient Type	: O	Result Date/Time	: 13/08/2022 05:27PM
		Bed No.	:

Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
Blood Sugar PP (Hexokinase)	Plasma	105.0	mg/dL	80 - 140

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Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
Liver Function Test(LFT)				
Serum Bilirubin Total (Diazo Method)	Serum	0.9	mg/dL	0 - 2
Serum Bilirubin Direct	Serum	0.4	mg/dL	0 - 0.5
SGOT (UV Without P5P)	Serum	19.5	U/L	0 - 35
SGPT (UV Without P5P)	Serum	25.7	U/L	0 - 45
Alkaline Phosphatase (PNPP AMP Buffer)	Serum	74.3	U/L	40 - 129
Protein (Biuret End Point)	Serum	7.4	g/dL	6.4 - 8.3
Albumin (Bromocresol Green)	Serum	5.0	g/dL	3.5 - 5.2
GGTP (Gamma Glutamyl-Carboxy-Nitroanilide)	Serum	12.0	U/L	0 - 55



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Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
* Serum Bilirubin Indirect	Serum	0.5		-
* Globulin	Serum	2.4	gm/dL	2 - 3.3
* A:G Ratio	Serum	2.0:1	Ratio	0.9 - 2

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Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
Blood Sugar Fasting (Hexokinase)	Plasma	97.3	mg/dL	74 - 100
Blood Urea (Urease GLDH)	Serum	34.5	mg/dL	15 - 50
Serum Creatinine (Alkaline Picrate Kinetic I DMS Standardized)	Serum	0.7	mg/dL	0.9 - 1.3
Serum Uric Acid (Uricase)	Serum	5.6	mg/dL	4.4 - 7.6

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Glycosylated Haemoglobin (HbA1C)

Type of Sample: EDTA

Investigation Name	Type of Sample	Result	Units	Biological Reference Interval
Glycosylated Haemoglobin (HbA1C) (Gen-3)	EDTA	5.50	%	4.8 - 5.7

Interpretation:-

According to the recommendations of the American Diabetes Association,

Values within 5.7 - 6.4% - may be at risk of developing diabetes.

HbA1C (DCCT/NGSP)

Values above 6.5% - are suitable for the diagnosis of diabetes mellitus.

HbA1C (DCCT/NGSP)

Diabetic patients with HbA1C levels below 7% (DCCT/NGSP) meet the goal of the American Diabetes Association.

Therapeutic action is suggested at levels above 8% HbA1C (DCCT/NGSP).

HbA1C levels may reach 20% (DCCT/NGSP) or more in poorly controlled diabetes.

HbA1C levels below the established reference range may indicate recent episodes of hypoglycaemia, the presence of Hb variants, or shortened lifetime of erythrocytes.

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T3, T4, TSH

Type of Sample: Serum

Investigation Name	Result	Unit	Reference Interval
T3	1.33	ng/mL	0.55 - 1.95
T4	7.85	µg/dL	4.66 - 9.33
TSH	3.29	µIU/mL	

CLASSIFICATION	TSH
Cord Blood	1.0 - 39.0
1 - 4 weeks	1.7 - 9.1
1-12 months	0.8 - 8.2
1-20 years	0.7 - 5.7
21 - 80 years	0.25 - 5.5
>80 years	0.25 - 5.5

T3 - Triiodothyronine (T3) is a hormone produced by thyroidal secretion (20%) and from the peripheral deiodination mechanism which converts T4 to T3 (80%). As T3 is physiologically much more active than T4, it plays an important part in maintaining euthyroidism. T3 circulates as a free hormone (0.3%) or bound to carrier proteins (> 99.7%) such as TBG (thyroxine binding globulin), albumin or prealbumin. The free form is the physiologically active fraction which appears to have the most effect on metabolism control. T3 determination must be associated with other tests such as TSH and T4 assay, as well as with the clinical examination of the patient.

T4 - Thyroxine (T4) is a hormone secreted by the thyroid gland. It is predominantly bound to carrier proteins (99.9%), principally TBG (thyroxine binding globulin). The fraction that remains free is considered as the active part of the hormone.

The VIDAS T4 assay aids in assessing thyroid function, which is characterized by a decrease in thyroxine levels in patients with hypothyroidism and an increase in patients with hyperthyroidism. Since the T4 test depends on the concentration in carrier proteins, it is necessary to check the binding capacity of the thyroid hormones. This titer must also be associated with the other titers of the thyroid assessment, such as TSH and T3, as well as with the clinical examination of the patient.

TSH - TSH is produced by thyrotropic cells in the anterior pituitary gland. It is secreted into the bloodstream according to a circadian rhythm, peaking at between 1 and 2 a.m. TSH stimulates the thyroid gland to produce the main thyroid hormones T3 and T4. In return, these thyroid hormones exert a negative-feedback effect on the pituitary gland, reducing TSH secretion. TSH secretion is also influenced by the central nervous system, via a hypothalamic neuropeptide, TRH, and neuromediators such as somatostatin or dopamine.

In cases of hyperthyroidism (Basedow's disease, thyroid adenoma, and inflammatory thyroiditis), TSH level is severely inhibited and may even be undetectable. In rare forms of high-origin hyperthyroidism, the TSH level is not reduced, since the negative-feedback control of the thyroid hormones has no effect. In cases of clear-cut primary hypothyroidism, TSH levels are always much higher than normal and thyroid hormone levels are low. In partial or mild hypothyroidism, a moderate increase in the TSH level enables normal thyroid production to be maintained for many years without any apparent clinical symptoms

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25/08/2022 05:15PM

Checked By

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MediWheel Full Body Health Checkup Male Below 40 Yrs (2D echo)

Investigation Name	Result
--------------------	--------

Stool Routine Examination

Macroscopic Examination:

Colour	Brownish
Consistency	Semi Solid
Blood	Nil
Mucus	Nil
Reaction	Alkaline

Microscopic Examination:

Pus - Cells	2-3
Red Blood Cells	Nil
Ova	Nil
Cyst	Nil
Others	Bacteria

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- * Test results are not valid for medico legal purposes.

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 Consultant Biochemist

Dr. MONIKA KOHLI
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CIN : U85100DL2011PTC216737



UHID	: 157257	Bill No.	: 3924
Name	: Mr. PRASHANT AGGARWAL	Dept. Ref. No.	: 1442730
Age / Sex	: 29 Y/ 3 M/ 11 D/M	Sample Collection	: 13/08/22 11:56AM
Referred by	: Dr. R.N. KALRA	Date/Time	
Patient type	: O	Result Date/Time	: 13/08/22 03:01PM

MediWheel Full Body Health Checkup Male Below 40 Yrs (2D echo)

Urine Routine Examination

Investigation Name	Result	Unit	Biological Reference Interval
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Physical Examination:

Colour	Pale Yellow		
Transparency	Clear		
Specific Gravity	1.015		1.005 - 1.030

Chemical Examination:

PH	7.5		5.0 - 8.5
Protein	Nil		Negative
Glucose	Nil		Negative

Microscopic Examination:

Pus-Cells	1-2	/HPF	2 - 3
Red Blood Cells	Nil	/HPF	Nil
Epithelial Cells	1-2	/HPF	2 - 3 (M) 2 - 5 (F)

Cast	Nil		Nil
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Crystals	Nil		Nil
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Remarks: Microscopic examination of urine is performed on centrifuged urinary sediment.

-----End of the report -----

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Cast	Nil		Nil
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Crystals	Nil		Nil
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