

Radiology No.	: 4727/OPDPB22DL	Date	: 23-Oct-2022
Patient Name	: Mr. PRAWER KUMAR CHOUDHARY	Age/Sex	: 53Y
Guardian Name	:	UHID No.	: 4279/UHID22DL
Consultant	: Dr. INSURANCE	Mobile No.	: 8010126957

X-RAY CHEST

Indication: Routine checkup.

Image quality:-

No evidence of rotation.

PA view. Normal penetration.

Airway:- Trachea central.

Carina & bronchi are normal.

No hilar abnormality.

Lung fields:- Clear.

Cardiac:- Cardiac borders are visible.

Normal heart size.

Diaphragm:- Right costophrenic angle is mildly blunted ? thickening ? effusion.

Left Costophrenic angle is normal.

Cardiophrenic angles on right & left are normal.

Diaphragm portion are normal.

Bony cage:- No evidence of bony lesion/fracture seen.

No evidence of cervical ribs seen.

Please correlate clinically.



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NAME	MR. PRAWEEER KUMAR CHAUDHARY	AGE/SEX	53/M
REF. BY	SELF	DATE	25/10/2022
IPD/OPD		ROOM NO.	

Final Interpretation

1. No RWMA, LVEF-55%
2. Normal chamber dimensions
MIP= GRADE I diastolic dysfunction
3. Trace TR (RVSP-27 mm Hg)
4. IVC Normal in size and normal respiratory variation
5. No CLOT/ VEG/PE

M-Mode/2-D Description

- Left Atrium: Normal
- Right Atrium: Normal
- Right Ventricle: Normal
- Aortic Valve: Normal
- Mitral Valve: Normal
- Tricuspid valve: Normal
- Pulmonary Valve: Normal
- Main Pulmonary artery & its branches: Appear normal in size.
- Pericardium: Normal

Cont...

(2)



BOOK APPOINTMENT



	Observed Values	Normal Values	
Aortic root diameter	27	20-36 (22mm/M ²)	
Aortic Valve Opening		15-26	
Left Atrium size	38	19-40	
	End Diastole	End Systole	Normal Values
Left Ventricle size	48	27	(ED= 37-56)
Inter ventricular Septum	10	12	(ED= 6-12)
Posterior Wall Thickness	9	11	(ED= 5-10)
LV Ejection Fraction (%)	55%		55%-80%

Doppler velocities (cm/sec)

Pulmonary valve			Aortic valve		
Max velocity	80		PG/MG	127	
Mitral valve			Tricuspid valve		
E	65	Max PG =	Max Velocity		
A	72		Mean Velocity		
DT		Mean PG =	Mean PG		
P/G					

Regurgitation

MR		TR	
Severity	nil	Severity	trace
Max Velocity		PASP	27 mm Hg
AR		PR	
Severity	nil	Severity	nil

*Prabhu
8mcrb-42285*



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ULTRASOUND OF WHOLE ABDOMAN

The liver is normal in size (13cm in RML) contour and echotexture. Intrahepatic bile ducts and CBD are not dilated. Hepatic portal veins and the IVC appear normal in caliber.

Gall bladder is adequately distended with normal intraluminal fluid contents. No evidence of calculus / wall thickness noted.

Pancreas is of normal size and contour with normal echotexture.

Right kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Right kidney measures-102 x 39mm.

Renal artery pulsation appear normal.

Left kidney is normal in size and position .It shows normal movements with respiration. Cortical thickness is normal .

No calculus, mass or hydronephrotic changes seen.

Left kidney measures-99 x 47mm.

Renal artery pulsation appear normal.



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

No evidence of retro-peritoneal lymphadenopathy/ ascites/ pleural effusion noted.

Urinary bladder does not show any calculus or mass lesion. No significant wall thickening noted.

Prostate is of normal size for age with regular contours and normal echo-texture.

Impression : Normal sonogram.

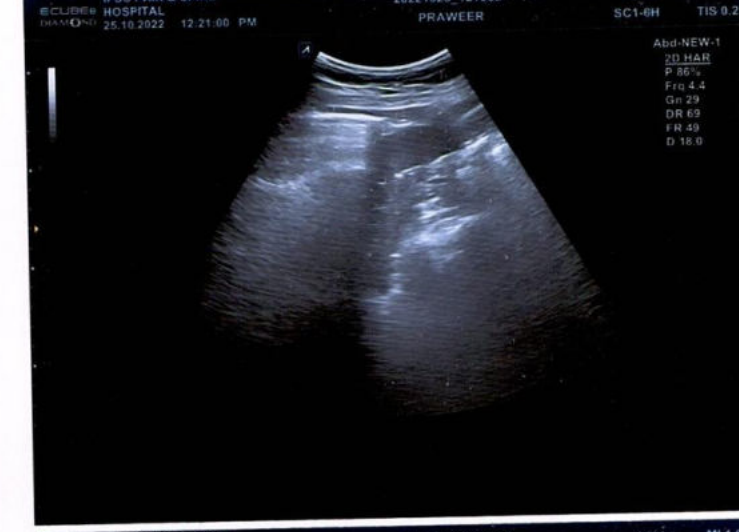
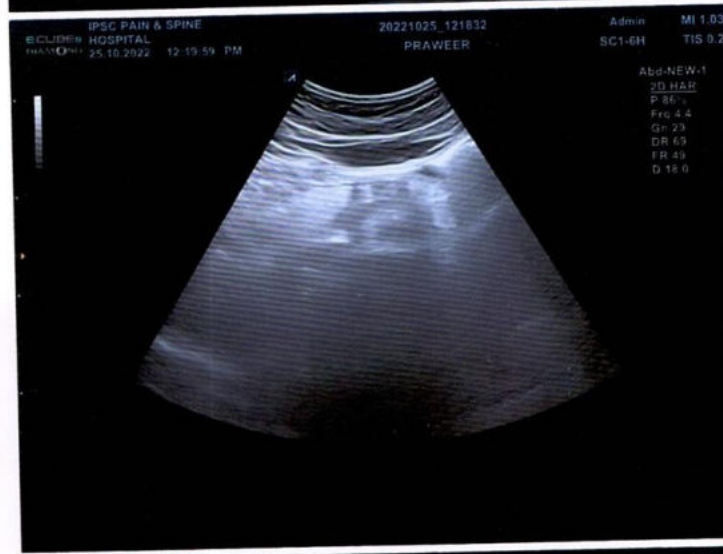
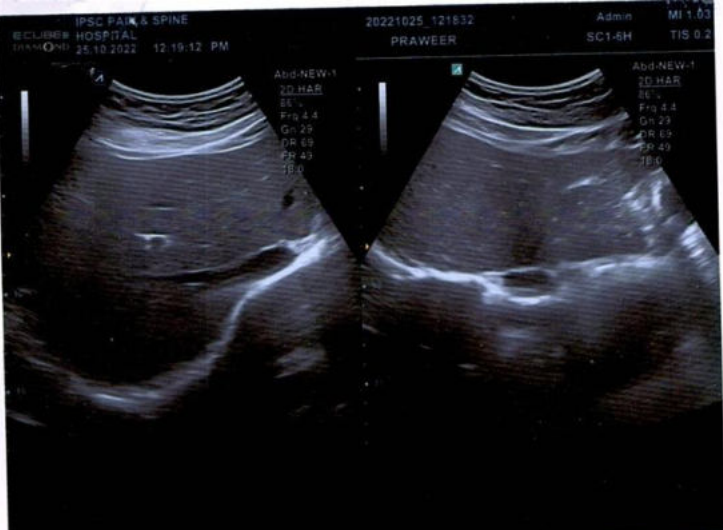



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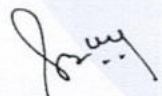




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Refd. By : Dr. INSURANCE	Sample ID : 221535	Received : 23-Oct-2022 09.57
Sample Type : EDTA whole blood		Report : 23-Oct-2022 14.34

TEST NAME	RESULT	UNIT	RANGE	METHOD
HEAMOTOLOGY				
COMPLETE BLOOD COUNT				
HEMOGLOBIN	14.6	g/dl	12.5-16.5	Colorimetric
TOTAL LEUCOCYTE COUNT	5.9	10 ³ /uL	4.0-11.0	Electrical impedance
DIFFERENTIAL LEUCOCYTE COUNT(DLC)				
Neutrophil	66	%	40-75	Electrical impedance
Lymphocyte	27	%	20-45	Electrical impedance
Eosinophil	04	%	01-06	Microscopy
Monocyte	03	%	2-10	Microscopy
Basophil	00	%	0-2	Microscopy
ESR	10	mm/1sthr	0-20	Westergren's
RBC COUNT	4.91	mili/cmm	3.8-5.5	Electrical impedance
PCV	42	%	35-45	Calculated
MCV	84.50	Fl	80-100	Calculated
MCH	29.8	Picogram	27.5-33.2	Calculated
MCHC	35.30	gm/dl	32-36	Calculated
PLATELET COUNT	315	10 ³ /uL	150-450	Electrical impedance

-----End of Report-----



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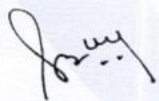
HEAMOTOLOGY

BLOOD GROUPING(A,B,O)&Rh
FACTOR
BLOOD GROUP ABO
RH TYPING

"B"
"POSITIVE"

Manual
Manual

-----End of Report-----



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Sample Type : Plasma(Sodium fluoride)		Report : 23-Oct-2022 14.34

TEST NAME	RESULT	UNIT	RANGE	METHOD
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BIOCHEMISTRY

BLOOD SUGAR FASTING	100.0	mg/dl	74-100	GOD-POD
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INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)

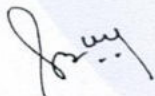
2-hr PG > 200 mg/dl during OGTT(75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

-----End of Report-----



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HEAMATOLOGY

HBA1C (GLYCOSYLATED HB)	5.9	%	4-6	PEIT
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Metabolically healthy patients 4.5 - 6.0 %
6.1 - 6.5 %


Good control :

Fair control : 6.6 - 7.0 %

Poor control : Above - >7.0 %

COMMENTS: 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 within 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. Estimated Average 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.

-----End of Report-----



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HbsAg	NEGATIVE	<u>Serology</u>		Immunochromatography
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Interpretation:-

<1 Negative
>5 Positive

1-5 IU is determined and need to be repeated

Clinical Significance:-Hepatitis B surface antigen (HBsAg) is a test to determine if some one is infected with hepatitis B virus .A' Positive or reactive HBsAg test result means that the person is infected and further testing is needed to determine . if this is a new " acute " infection or "chronic" infection.

HBsAg usually appearance 4 weeks after exposure but can be detected any time after 1st week .

-----End of Report-----



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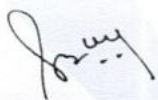
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TEST NAME	RESULT	UNIT	RANGE	METHOD
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HIV 1 & II	NEGATIVE	<u>Serology</u>	Immunochromatography
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Clinical Significance : HIV tests look for antibodies to HIV (Immunodeficient virus) in blood or all fluid approx 97% people develop detectable antibodies within 3-12 weeks(921 -84 days) of infection immunoassay are rapid tests used for screening positive rapid tests need a follow up confirm and includes western blot test.Rapid test performed during window period may give and thus detect HIV at about 10 days after infection even before antibodies develop but these are not used as a screening test.

-----End of Report-----



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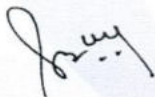
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BIOCHEMISTRY

KIDNEY FUNCTION TEST

Blood Urea	22.8	mg/dl	15.0-45.0	urease
Serum Creatinine	0.8	mg/dl	0.7-1.3	Jaffes Kinetic
Serum Uric Acid	6.50	mg/dl	2.5-7.2	Uricase
Total Protein				
PROTEN	6.77	g/dl	6.4-8.3	Biuret
ALBUMIN	4.2	g/dl	3.4-4.8	Bcg
GLOBULIN	2.57	g/dl	2.3-3.5	
A/G RATIO	1.63	g/dl		
Calcium	10.3	mg/dl	8.6-10.2	Arsenazo
Sodium	140.4	mmol/L	136.0-149.0	ISE Indirect
Potasium	4.1	mmol/L	3.5-5.5	ISE Indirect
Chloride	105.0	mmol/L	98.0-109.0	ISE Indirect

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BIOCHEMISTRY

LIPID PROFILE

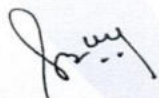
Total Cholesterol	196.00	mg/dl	123-199	CHOD-PAP
Triglycerides	110.0	mg/dl	40-160	Gpo
HDL Cholesterol Direct	47.9	mg/dl	35.3-79.5	Direct
Vldl	22	mg/dl	4.7-22.1	
LDL Cholesterol Direct	126.1	mg/dl	63-129	
Total Cholesterol/HDL Ratio	4.1		0.0-4.97	
LDL/HDL Ratio	2.6		0.0-3.55	

INTERPRETATION:-

Acceptable/Low Risk	: < 200 mg/dL	: <130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery.

COMMENTS:-



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TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus, and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management of cardiovascular disease. Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

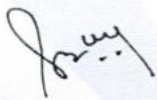
HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL & TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors. Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories :-

CHOLESTEROL LDL-CHOLESTEROL CHO/HDL RATIO

Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

-----End of Report-----



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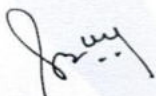
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BIOCHEMISTRY

LIVER FUNCTION TEST

Serum Bilirubin				
Total Bilirubin	0.72	mg/dl	0.0-2.0	Diazo
Direct Bilirubin	0.30	mg/dl	0-0.4	Diazo
Indirect Bilirubin	0.42	mg/dl	0-0.8	Calculated
Total Protein				
PROTEN	6.77	g/dl	6.4-8.3	Biuret
ALBUMIN	4.2	g/dl	3.4-4.8	Bcg
GLOBULIN	2.57	g/dl	2.3-3.5	
A/G RATIO	1.63	g/dl		
SGOT	26	U/L	0-35	IFCC
SGPT	19	U/L	0.0-45	IFCC
Gamma GT	33.6	U/L	0-55	Glupa-c
Alkaline Phosphatase	105	U/L	53-128	Amp

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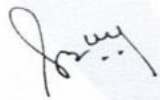
📞 Contact Us : +91-7028207222
✉ bengaluru@ipscindia.com

Patient Name : Mr. PRAWEEER KUMAR	Reg No. : 4279/UHID22DL	Lab ID. : 4727/OPDPB22DL
Age / Gender : CHOUHDARY	Date : 23-Oct-2022	
Mobile No. : 53Y / Male 8010126957	Manual No.	Collected : 23-Oct-2022 09.42
Refd. By : Dr. INSURANCE		Received : 23-Oct-2022 09.57
Sample Type : Serum	Sample ID : 221535	Report : 23-Oct-2022 14.34

TEST NAME	RESULT	UNIT	RANGE	METHOD
HORMONES				
TSH	3.55	uIU/ml		CLIA
Adults				
21-100 yrs 0.35 - 5.50				
Pediatric				
0-12 Months 0.98-5.63				
1-5 years 0.64-5.76				
6-10 Years 0.51-4.82				
11-14 Years 0.53-5.27				
15-20 years 0.43-4.20				
Pregnancy				
First trimester	0.1 - 2.5*			
Second trimester	0.2 - 3*			
Third trimester	0.3 - 3*			

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy

-----End of Report-----



Dr. Sangeeta B
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DMC/25252
Lab Technician : ramshankar



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BOOK DIAGNOSTICS

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Patient Name : Mr. PRAWEEER KUMAR	Reg No. : 4279/UHID22DL	Lab ID. : 4727/OPDPB22DL
Age / Gender : CHOUDHARY	Date : 23-Oct-2022	
Mobile No. : 53Y / Male : 8010126957	Manual No.	Collected : 23-Oct-2022 09.42
Refd. By : Dr. INSURANCE		Received : 23-Oct-2022 10.14
Sample Type : URINE	Sample ID : 221535	Report : 23-Oct-2022 14.34

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

URINE ROUTINE

MICROSCOPY

PHYSICAL EXAMINATION

QUANTITY

30.00 ml 10-30

COLOUR

PALE YELLOW

TRANSPARENCY

CLEAR

SPECIFIC GRAVITY

1.020 1.015-1.025

PH

6.5 5.5 - 7

CHEMICAL EXAMINATION

ALBUMIN

NIL

SUGAR

NIL

MICROSCOPIC EXAMINATION

PUS CELLS

1-2 /hpf

MICROSCOPIC

RBC'S

NIL

NIL

CASTS

NIL

CRYSTALS

NIL

EPITHELIAL CELLS

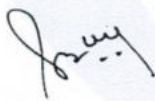
1-2

BACTERIA

NIL

OTHERS

NIL



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Patient Name : Mr. PRAWEER KUMAR	Reg No. : 4279/UHID22DL	Lab ID. : 4727/OPDPB22DL
Age / Gender : CHOUDHARY	Date : 23-Oct-2022	
Mobile No. : 53Y / Male 8010126957	Manual No.	Collected :25-Oct-2022 11.28
Refd. By : Dr. INSURANCE	Sample ID : 221535	Received :25-Oct-2022 11.28
Sample Type : Plasma(Sodium fluoride)		Report :25-Oct-2022 13.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
BIOCHEMISTRY				
Blood Sugar PP	95.0	mg/dl	70-150	GOD-POD

INTERPRETATION:

2018 American Diabetes Association (ADA) Diabetes Guidelines

Criteria for Diabetes Diagnosis:

FPG > 126.0 mg/dl (Fasting is defined as no caloric intake for >8 hours)


2-hr PG > 200 mg/dl during OGTT(75-G)*

Using a glucose load containing the equivalent of 75g anhydrous glucose dissolved in water

Random PG < 200 mg/dl

in individuals with symptoms of hyperglycemia or hyperglycemic crisis

-----End of Report-----



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Patient Name : Mr. PRAWEEER KUMAR	Reg No. : 4279/UHID22DL	Lab ID. : 4727/OPDPB22DL
Age / Gender : CHOUDHARY	Date : 23-Oct-2022	
Mobile No. : 53Y / Male 8010126957	Manual No.	Collected : 23-Oct-2022 09.42
Refd. By : Dr. INSURANCE	Sample ID : 221535	Received : 25-Oct-2022 11.22
Sample Type : STOOL		Report : 25-Oct-2022 13.26

TEST NAME	RESULT	UNIT	RANGE	METHOD
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CLINICAL PATHOLOGY

STOOL R/M

PHYSICAL EXAMINATION

COLOUR/ APPEARANCE	BROWNISH
CONSISTENCY	SEMI-FORMED
PUS	NIL
MUCUS	NIL
BLOOD	NIL

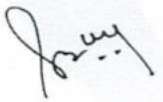
CHEMICAL REACTION

REACTION	ACIDIC
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MICROSCOPY EXAMINATION

PUS CELLS	2-3
RBC'S	NIL
OVA	NIL
CYST	NIL
BACTERIA	NIL
OTHERS	NIL

-----End of Report-----



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बैंक अण्ड बसोदा
Bank of Baroda

नाम
Name : **PRAWEEER KUMAR CHOUDHARY**

ए.स.नं.
E.C. No. : **156313**

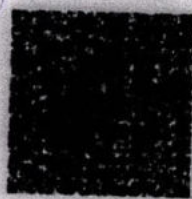
प्र.अ.सं. ११ नं., काठमाडौं
DGM, RO, Calicut



हस्ताक्षर
Signature of Holder

Praveer Kumar Choudhary
22/10/20


भारत सरकार
 Government of India
प्रति कुमार चौधरी
Praweer Kumar Choudhary
 लिंग: पुरुष / DOB: 02/01/1969
 लिंग / MALE
2219 8597 1778
 VID: 9111 3877 3438 1747
 सेवा अधिकारी, सेवा पर्यवेक्षण

भारतीय पहचान प्राधिकरण
 Unique Identification Authority of India

2219 8597 1778
 VID: 9111 3877 3438 1747
 Address:
 C/O B N Choudhary, House No E-05/07,
 Second Floor, Rohini, Sector - 16, Rohini
 Delhi - 110089

Handwritten signatures and text:
 1. *Praveer Kumar Choudhary* (written vertically)
 2. *Praveer Kumar Choudhary* (written horizontally)
 3. *Praveer Kumar Choudhary* (written horizontally)

23-10-2022 09:53:58 AM

mr praveer kumar
Male 53Years
Req. No. :

Diagnosis Information:
Sinus rhythm
Leftward axis
Borderline ECG

HR : 84 bpm
P : 104 ms
PR : 178 ms
QRS : 92 ms
QT/QTcBz : 352/416 ms
P/QRS/T : 67/-26/55 °
RV5/SV1 : 1.105/0.561 mV

Report Confirmed by:

