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Bharti Hospital

An ISO 9001: 2008 (QMS) Certified Hospital

Date	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

REG...NO: 2023-202404

NAME: MR. ANKIT KUMAR

REF...BY: BOB

DATE: 24/02/2023 AGE: 32 Y/M

ECHO CARDIOGRAPHY REPORT

Measurements

Aortic root diameter:		29 mm	(20-37mm)
Aortic valve diameter:		20 mm	(15-26mm)
LV dimension:			(19-40mm)
LVD(systolic):		19 mm	(22-40mm)
LVD(diastolic):		32 mm	(37-56mm)
RVD(diastolic):		16 mm	(7-23mm)
IVST	ES: 14.1	ED: 10.9	(6-12mm)
LVPWT	ES: 13.6	ED: 9.9	(5-10mm)
LA(diastolic):		27.2mm	(19-40mm)

INDICES OF LV FUNCTION:

EPSS		(<9mm)
Fractional shortening	30%	(24-42%)
Ejection fraction	60%	(50-70%)

IMAGING:

M mode examination revealed normal movements of both mitral leaflets during diastole(DE-18mm,EF-130mm/sec). No mitral valve prolapse is seen. Aortic cusps are not thickened and closure line is central, tricuspid and pulmonary valves are normal. Aortic root is normal in size. Dimension of left atrium and left ventricle are normal.

2D imaging in PLAX, SAX and apical view revealed a normal size left ventricle.

No regional wall motion abnormality present.

Global LVEF is 60%.

Mitral valve opening is normal. No mitral valve prolapse is seen.

Aortic valve has three cusps and its opening is not restricted.

Tricuspid valve leaflets move normally. Pulmonary valve is normal.

Interatrial and interventricular septa are intact.

No intra cardiac mass or thrombus is seen. No pericardial effusion is seen.



ICU, Facility for Medical & Cardiac Emergency, ECG, Nebulizer, Centralized Oxygen, Monitor BIPAP, Defibrillator, Echo Cardiography, TMT, X-ray, PFT, Computerised Pathology

यहाँ पूक्त लिए परिस्ता पति किया आजा है। यह एक दण्डनीय अपराध है।

This Report is only A Professional Opinion & Should Be Clinically Co-related

Max vel. (TR) = 1.28 m/s



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DOPPLER:

MV

0.96/0.62m/sec.

MR: nil

AV

0.79 m/sec.

AR : nil

TV

0.59 m/sec.

TR : Trace

PR: nil

PV 0.71 m/sec

COLOUR FLOW

Normal flow signals are seen across all cardiac valves. Trace TR. No flow signals are seen across IAS and IVS.

FINAL DIAGNOSIS:

Normal cardiac chamber dimension

No regional wall motion abnormality is present.

Systolic left ventricle function is normal with EF 60%.

Diastolic left ventricle function is normal.

Colour flow through all the valves is normal with no structural abnormality. Trace TR.

No intracardiac thrombus or mass is seen.

No pericardial effusion is present.

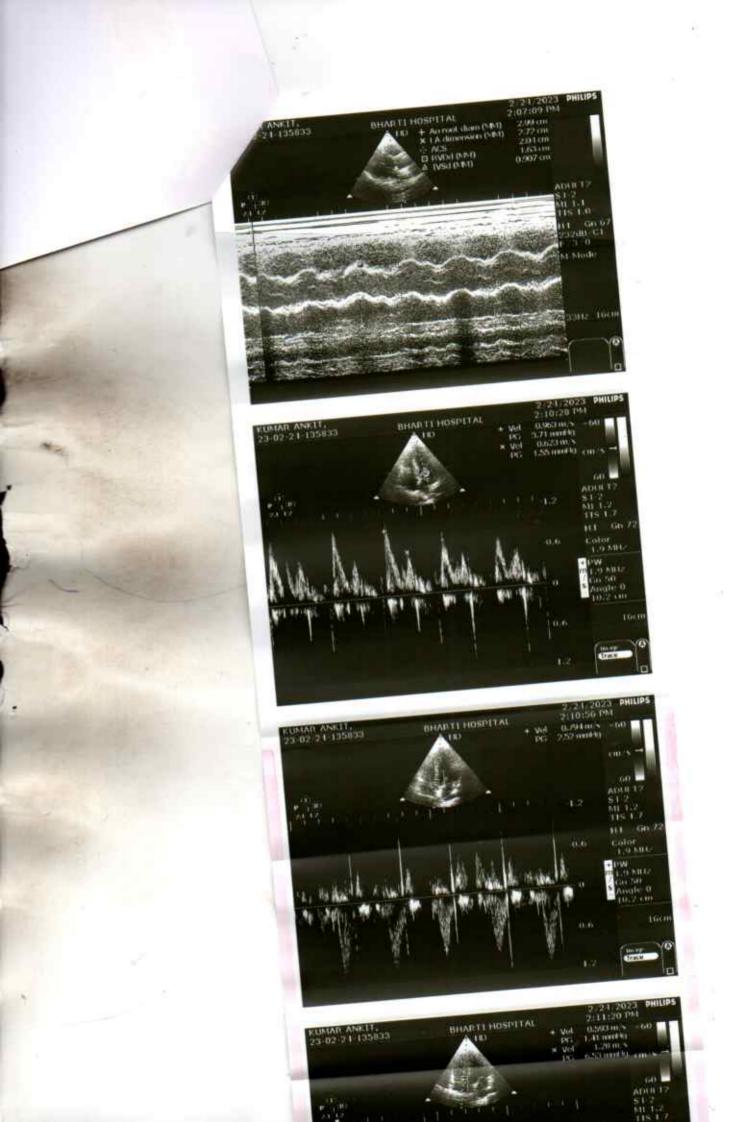
DR. BHARTI GUPTA (M.D)

All congenital heart defect can not be detected by transthoracic echocardiography. In case of disparity test should be repeated at higher cardiac centre. Not valid for medico-legal purpose.



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पहुँ भूक लिय प्रतिक्षण मही किया जाता है। यह एक हयडमीय अध्यक्ष है। This Report is only A Professional Opinion & Should Be Clinically Co-related





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Date	:	

REG...NO: 2023-202407

NAME : MR. ANKIT KUMAR

REF...BY: BOB

DATE: 24/02/2023

AGE /SEX: 32 Y/M

2D REAL TIME GENERAL SONOLOGICAL STUDY OF WHOLE ABDOMEN

LIVER: Is normal in size with mildly increased parenchymal echogencity. Margins are regular. Intra hepatic bile ducts (IHD) are not dilated. No focal mass seen. Portal Vein & C.B.D. is normal in caliber.

GALL BLADDER: No calculi/mass lesion is seen in its lumen. No pericholicystic collection is

SPLEEN: is normal in size and shape. Echotexture appears normal.

PANCREAS: Shows normal size and echotexture. No focal mass / peripancreatic collection is

RIGHT KIDNEY: Shows normal position, size, shape and contour. Cortical echotexture is normal. CMD is maintained. No calculus /hydronephrosis is seen.

LEFT KIDNEY: Shows normal position, size, shape and contour. Cortical echotexture is normal. CMD is maintained. No hydronephrosis.

No free fluid/ retroperitoneal adenopathy is seen.

U.BLADDER: is normal in distension and in wall thickness. Lumen is clear. No calculus or mass lesion is seen.

PROSTATE: is normal in size (24.7x29.7x30.5mm), shape and echotexture. Weight 11.7 cm³.

NOTE- Excessive Gas is Present in Abdomen.

IMPRESSION: Grade = I Fatty Liver.

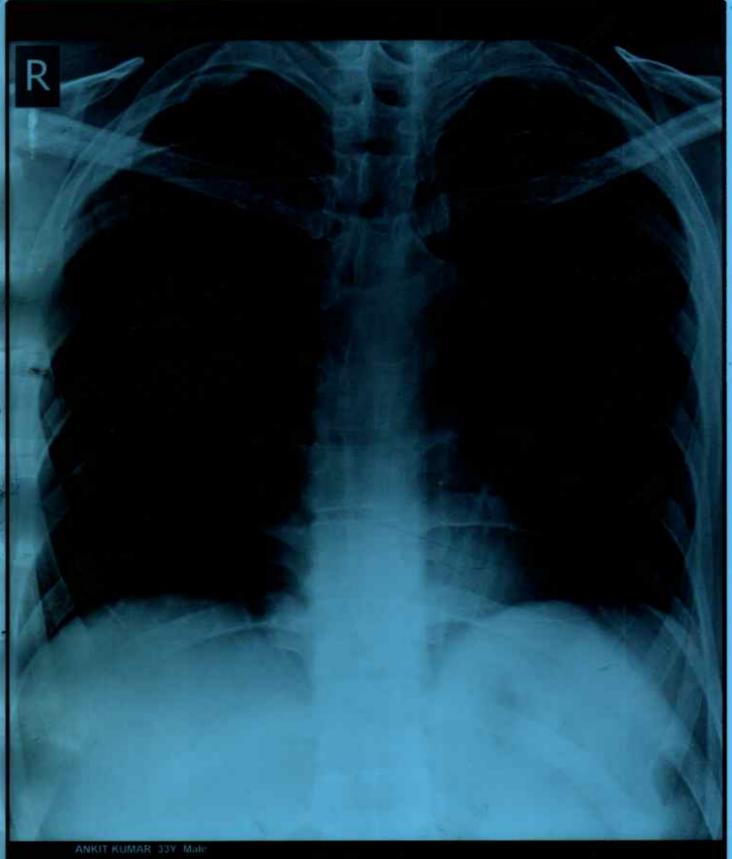
ADVICE: Clinical Correlation.

Best efforts were made during investigation, however in case of any Confusion/ Confirmation review can be done, free of cost. Not valid for medico-legal purpose.



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Chest PA

BHARTI HOSPITAL SONKH ROAD, KRISHNA NAGAR MATHURA

24/02/2023 15:32:09



DR. SHIKHA VYAS

D.C.P. (PATH.) R.NO. 52957/ 17.08.2006

Bharti Hospital

Bal. 3460 SONKH ROAD, KRISHNA NAGAR, MATHURA

Date

24/02/2023

MRS. ANKIT KUMAR

122

Srl No.

Age

Sex

F

Name Ref. By

BOB

32 Yrs.

OUT SIDE SAMPLE

Investigation Name

Result Value

Unit

Biomedical Ref Range

HAEMATOLOGY - TEST REPORT

1	HAEMATOLOGY - TEST REPORT		
HAEMOGLOBIN (HB)	14.8	gm/dl	11.5 - 16.0
TOTAL LEUCOCYTIC COUNT (TLC)	9,400	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	68	%	40 - 80
LYMPHOCYTE	26	%	20 - 40
EOSINOPHIL	04	%	1 - 6
MONOCYTE	02	%	2 - 10
RBC	5.05	millions/cmm	3.8 - 4.8
P.C.V / HAEMATOCRIT	46.1	%	36.0 - 46.0
MCV	91.3	fl.	82.0 - 101.0
MCH	29.3	picogram	27.0 - 32.0
MCHC	32.1	gm/dl	31.5 - 34.5
PLATELET COUNT	184	×10³/μL	150 - 450
MEAN PLATELET VOLUME	7.65	fl	7.5 - 11.5
RDW-CV	16.3	%	11.5 - 14.5
ERYTHROCYTE SED.RATE(WGN) Automated Mini ESR	09	mm/lst hr.	0.00 - 20.0
BLOOD GROUP ABO	"AB "		
RH TYPING	POSITIVE		

The upper agglutination test for grouping has some limitations.

For further confirmation Reverse typing card (Dia clon ABO / D) Method is suggested.

HbA1C (GLYCOSYLATED Hb)

5.40

%

METHOD:

HIGH PERFORMANCE LIQUID CHROMATOGRAPHY. (HPLC)

(BIO-RAD DIASTAT)



Contd...2

All Tests have Technical Limitations. Colloborative clinicopathological interpretation is mandatory. In Case of disparity Test may be repeated immediately. Test marked with an (*) are not accredited by NABL.

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Website: www.svscientificalpathology.com

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S.V. SCIENTIFICAL PATHOLOGY

D.C.P. (PATH.) R.NO. 52957/17.08.2006

DR. SHIKHA VYAS

Bharti Hospital

SONKH ROAD, KRISHNA NAGAR, MATHURA

Date

3460

24/02/2023

MRS. ANKIT KUMAR

Srl No. Age

122

Sex

Name Ref. By

BOB

32 Yrs.

OUT SIDE SAMPLE

Investigation Name

Result Value

Unit

Biomedical Ref Range

EXPECTED VALUES :-

Metabolicaly healthy patients =

Good Control

Fair Control

Poor Control

4.8 - 6.0 % HbAIC

5.5 - 6.8 % HbAIC 6.8-8.2 % HbAIC % HhAIC

HBA1C ESTIMATED AVERAGE GLUCOSE (eAG) 107.74

65.00 - 135.00

In vitro quantitative determination of HbAIC in whole blood is utilized in long term monitoring of glycemia. The HbAIC level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose

It is recommended that the determination of HbAIC be performed at intervals of 4-6 weeks during diabetes mellitus therapy. Results of HbAIC should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

Estimated average glucuse (eAG) - There is a predictable relationship between HhAIc and eAG. It helps people with diabetes to correlate their A1c to daily glucuse monitoring levels. It reflects the average glucose levels in the past 2-3 months. The eAG calculation converts the A1c percentage to the same units used by glucometers-mg/dl. The following table shows the relationship of eAG and A1c.

HhAIc (%)	eAG (mg/dL)		
5	97		
6	126		
7	154		
8	183		
9	212		
10	240		
11	269		
12	298		



Contd...3

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D.C.P. (PATH.) R.NO. 52957/17.08.2006

Bharti Hospital

SONKH ROAD, KRISHNA NAGAR, MATHURA

Date

Name

Bal

24/02/2023

MRS. ANKIT KUMAR

Srl No.

122

Age

32 Yrs.

Sex

Ref. By

Investigation Name

BOB

OUT SIDE SAMPLE **Biomedical Ref Range**

BIOCHEMISTRY - TEST REPORT

Result Value

BLOOD SUGAR FASTING

93.8

mg/dl

Unit

REFERENCE RANGE :

Diabetes Mellitus

Normal

Impaired Glucose Tolerence

< 110 110 - 125

≥126

CREATININE

0.94

mg/dl

0.50 - 1.30

2.4 - 5.70

Neonates(premature): 0.29 - 1.04 Neonates(Full term): 0.24 - 0.85 2 - 12 Months: 0.17 - 0.42 1 - <3 Yrs: 0.24 - 0.41 3 - <5 Yrs: 0.31 - 0.47 5 - <7 Yrs: 0.32 - 0.59

7 - <9 Yrs : 0.40 - 0.60 9 - <11 Yrs: 0.39 - 0.73 11 - <13 Yrs: 0.53 - 0.79 13 - <15 Yrs: 0.57 - 0.87

mg/dl

mg/dl

URIC ACID 6.20 LIPID PROFILE SERUM CHOLESTEROL 197.8 Optimal mg/di Border Line High Risk 200 - 239 mg/dl High Risk > 240 mg/dl TRIGLYCERIDES 185.2 < 150 Optimal

Contd...4

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D.C.P. (PATH.) R.NO. 52957/17.08.2006

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Bharti Hospital

SONKH ROAD, KRISHNA NAGAR, MATHURA

Date Name

Ref. By

Bal.

24/02/2023

MRS. ANKIT KUMAR

BOB

Srl No.

Age

122 32 Yrs.

Sex

F

OUT SIDE SAMPLE

Investigation Name

Result Value

Unit

Biomedical Ref Range

BIOCHEMISTRY - TEST REPORT

L.F.T / LIVER FUNCTION TEST

TOTAL BILIRUBIN

0.57

mg/dl

0.20 - 1.00

Reference range

Reference range according to Thomas Total bilirubin : up tp 1.1 mg/dl

Reference range according to Sherlock and Meites

Adults and children ; up to 1.0 mg/dl

New born

Age of new born 24 hours

48 hours 3 - 5 days Age of new born Premature 1.0 - 6.0 mg/dl 6.0 - 8.0 mg/dl

10.0 - 15.0 mg/dl Full term

24 hours 48 hours 3-5 days 2.0 - 6.0 mg/dl 6.0 - 7.0 mg/dl 4.0 - 12.0 mg/dl

CONJUGATED (D. Bilirubin)	0.35	mg/dl	0.1 - 0.4
UNCONJUGATED (I.D.Bilirubin)	0.22	mg/dl	0.2 - 0.7
TOTAL PROTEINS	7.52	gm/dl	6.0 - 8.2
ALBUMIN	4.63	gm/dl	3.5 - 5.2
GLOBULIN	2.89	gm/dl	2.3 - 3.5
A/G RATIO	1.602	gm/dl	0.8 - 2.0
S.G.O.T (AST)	37.8	U/L	0.0 - 35.0
S G.P.T (ALT)	62.5	U/L	0.0 - 45.0
ALKALINE PHOSPHATASE OPTIMIZED	99.8	U/L	0-0

Expected Values:



Contd...6

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SONKH ROAD, KRISHNA NAGAR, MATHURA

Result Value

Bal. Date Name

Ref. By

24/02/2023

Srl No.

MRS. ANKIT KUMAR

32 Yrs. Age

Unit

122

Sex

OUT SIDE SAMPLE

Biomedical Ref Range

Investigation Name

< 250 U/L < 231 U/L

Aged 2 to 5 Days Aged 6 Days to 6 Months < 449 U/L Aged 7 Months to 1 Year < 426 U/L

Aged 1 - 3 Yrs < 281 U/L Aged 4 - 6 Yrs

< 269 U/L Aged 7 - 12 Yrs < 300 U/L Aged 13 - 17 Yrs (Male) < 390 U/L Aged 13 - 17 Yrs (Female)

Men (Adult) Women (Adult)

Aged 1 Day

< 187 11/1 40 - 129 U/L 35 - 104 U/L

GGTP

120.00

U/L

0.80 - 55.0

IMMUNOLOGY - SEROLOGY TEST REPORT

HUMAN IMMUNO DEFICIENCY VIRUS (HIV)

NON REACTIVE

HBsAg

NON REACTIVE

Method :- 3rd Generation sandwich immunoassay LIMITATIONS

As with all diagnostic tests all results must be considered with other clinical information available. A definite clinical diagnosis should only be made afther all clinical and laboratory findings have been

This test kit cannot detect less than 1 ng/mL of HBsAg in specimens. If the test result is negative and clinical symptons persist additional follow -up testing using other clinical methods is suggested. A negative results at any time does not preclude the possibility of Hepatitis B infetion.

*** Report Completed****



DR. SHIKHA VYAS D.C.P (Path.) R.NO 52957 / 17.08.2006

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R.NO. 52957/17.08.2006

Bharti Hospital

SONKH ROAD, KRISHNA NAGAR, MATHURA

BILLNO 5735

MR. ANKIT KUMAR PATIENT NAME

> REGNo Mo NO

SEX M

REF. DOCTOR C/O BOB

AGE 32 Year 0 Month PRINT DATE: 24/02/2023

4:20:24PM

TEST

VALUE

UNIT

NORMAL VALUE

URINE ROUTINE MICROSCOPIC

PHYSICAL EXAMINATION

OUANTITY

20

mi

COLOUR

PALE YELLOW

TRANSPARENCY

SLIGHT TURBID

SPECIFIC GRAVITY pH

1.015 6.0

CHEMICAL EXAMINATION

ALBUMIN

NIL

REDUCING SUGAR

NIL

BILE SALTS

NIL

BILE PIGMENT

NIL

KETONE

NII.

MICROSCOPIC EXAMINATION

PUS CELLS

5-6

/HPF

2-3

EPITHELIAL CELLS

3-4

/HPF

2-3

RBCs

1-2

HPF

2 - 3

CRYSTALS

NIL

CASTS

NIL

BACTERIA

NIL

OTHERS

NIL



DR. SHIKHA VYAS DCP(PATH) R.No.52957/17.08.2006

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