

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganeer Road, Jaipur-302019

Tele: 0141-2293346, 4049787, 9887049787

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



General Physical Examination

Date of Examination: 06. NOV. 22,

Name: Surendra Singh Bhalot Age: 38. Sex: Male.

DOB: 10-02-1984.

Referred By: BOB (Medibuddy)

Photo ID: Aadhar ID #: attached.

Ht: 172 (cm)

Wt: 87 (Kg)

Chest (Expiration): 108 (cm)

Abdomen Circumference: 108. (cm)

Blood Pressure: 140/90 mm Hg PR: 82 / min RR: 18 / min Temp: Afebrile.

BMI 29.4

Eye Examination: Dis vision 6/6 near vision N/6 B/L
with spec. x57em No Colour blindness.

Other: not significant

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

Signature Of Examinee : _____


Name of Examinee: _____

Signature Medical Examiner : _____


Name Medical Examiner _____

Dr. Piyush Goyal
M.B.B.S., D.M.R.C.
MC Reg. No. -017916

भारत सरकार
Government of India




Surendra Singh Bhalot
Date of Birth/DOB: 10/02/1984
Male/ MALE



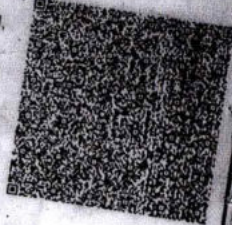
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मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Address:
S/O Jawan Lal Gurjar, 118, noar waliya hospital,
brij lai nagar, Malpura, Tonk,
Rajasthan - 304502



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www.aadhaar.gov.in

Piyush Goyal
M.B.B.S., D.M.R.D.
MC Rec. No. -017936

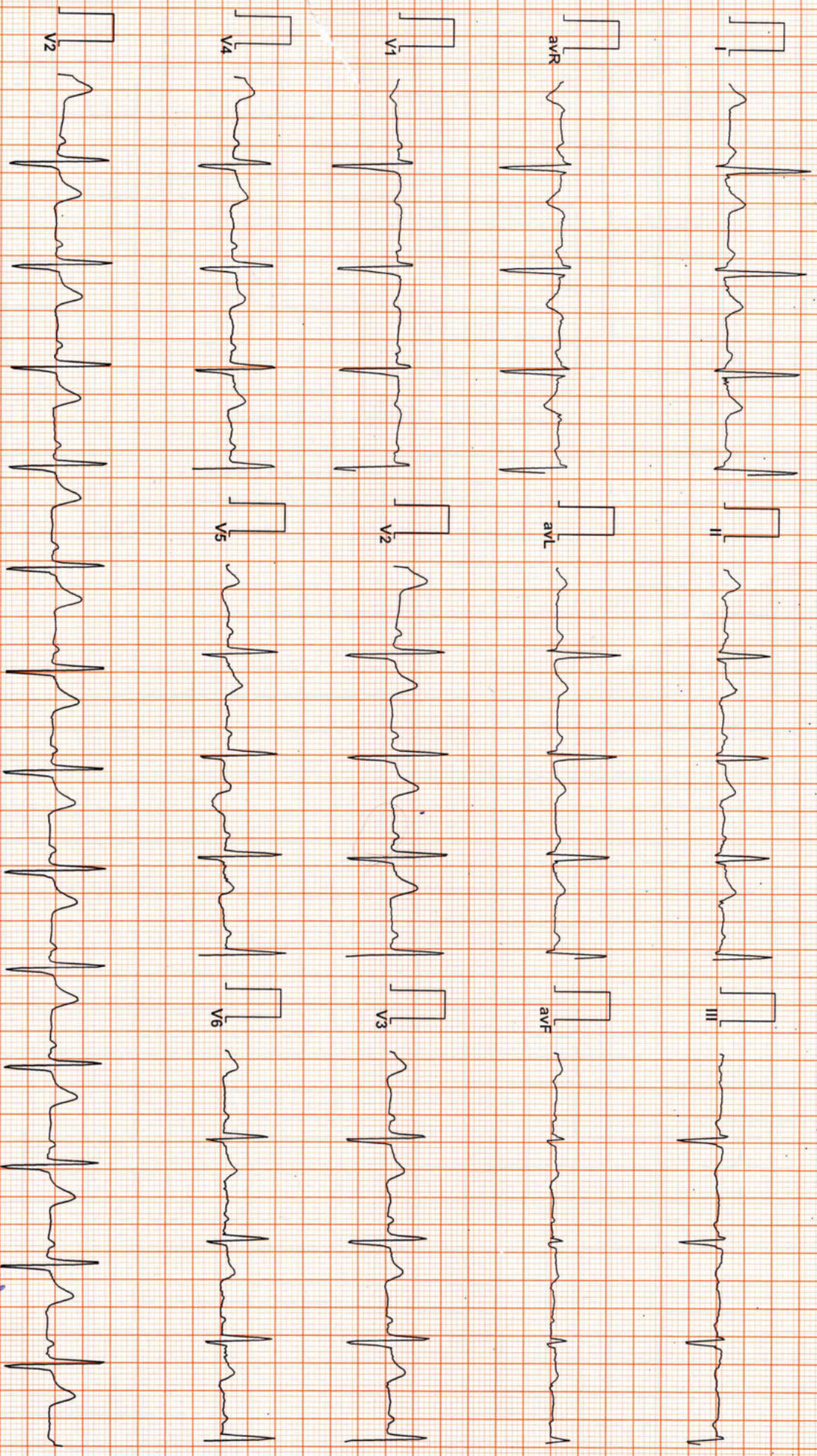
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DR. GOYALS PATH LAB & IMAGING CENTER

102220795 / MR SURENDRA SINGH BHALOT / 38 Yrs / M/ Non Smoker

Heart Rate : 83 bpm / Tested On : 06-Nov-22 13:39:53 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By.: BOB

ECG



Allengers ECG (P/Secs)(P/SS218210312)

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Reported By:

Dr. Nareskumar Molhanka
MBBS, D.P.M., CA, D.LCCORTS
D.E.M. (KCGP-UK)

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



Date :- 06/11/2022 09:32:55 Patient ID :- 12223074
NAME :- Mr. SURENDRA SINGH BHALOT Ref. By Dr:- BOB
Sex / Age :- Male 38 Yrs 8 Mon 27 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 06/11/2022 09:41:46

Final Authentication : 06/11/2022 12:00:11

HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|-------------------------------------|---------|------------------|-------------------------|
| BOB PACKAGE BELOW 40MALE | | | |
| HAEMOGARAM | | | |
| HAEMOGLOBIN (Hb) | 13.3 | g/dL | 13.0 - 17.0 |
| TOTAL LEUCOCYTE COUNT | 8.50 | /cumm | 4.00 - 10.00 |
| DIFFERENTIAL LEUCOCYTE COUNT | | | |
| NEUTROPHIL | 55.0 | % | 40.0 - 80.0 |
| LYMPHOCYTE | 40.0 | % | 20.0 - 40.0 |
| EOSINOPHIL | 2.0 | % | 1.0 - 6.0 |
| MONOCYTE | 2.8 | % | 2.0 - 10.0 |
| BASOPHIL | 0.2 | % | 0.0 - 2.0 |
| NEUT# | 4.68 | $10^3/uL$ | 1.50 - 7.00 |
| LYMPH# | 3.48 | $10^3/uL$ | 1.00 - 3.70 |
| EO# | 0.09 | $10^3/uL$ | 0.00 - 0.40 |
| MONO# | 0.23 | $10^3/uL$ | 0.00 - 0.70 |
| BASO# | 0.02 | $10^3/uL$ | 0.00 - 0.10 |
| TOTAL RED BLOOD CELL COUNT (RBC) | 4.35 L | $\times 10^6/uL$ | 4.50 - 5.50 |
| HEMATOCRIT (HCT) | 38.50 L | % | 40.00 - 50.00 |
| MEAN CORP VOLUME (MCV) | 88.4 | fL | 83.0 - 101.0 |
| MEAN CORP HB (MCH) | 30.5 | pg | 27.0 - 32.0 |
| MEAN CORP HB CONC (MCHC) | 34.5 | g/dL | 31.5 - 34.5 |
| PLATELET COUNT | 339 | $\times 10^3/uL$ | 150 - 410 |
| RDW-CV | 14.0 | % | 11.6 - 14.0 |
| MENTZER INDEX | 20.32 | | |

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.

AJAYSINGH
Technologist

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HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|--------------------------------------|-------|--------|-------------------------|
| Erythrocyte Sedimentation Rate (ESR) | 22 H | 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." $x > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia or connective tissue disease.

(CBC): Methodology: TLC, 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 :- EDTA, KOx/Na FLUORIDE-F, K₂EDTA, COBALT, URINE 06/11/2022 09:41:46

Final Authentication : 06/11/2022 14:45:58

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).

FASTING BLOOD SUGAR (Plasma) **116.0** H mg/dl 75.0 - 115.0
 Method:- GOD PAP

| | |
|----------------------------------|-----------------|
| 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) 123.8 mg/dl 70.0 - 140.0
 Method:- GOD PAP

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.

URINE SUGAR (FASTING) Nil Nil
 Collected Sample Received

AJAYSINGH, C.L.SAINI, VIJENDRAMEENA
Technologist
DR.HANSA
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Sample Type :- PLAIN/SERUM

Sample Collected Time 06/11/2022 09:41:46

Final Authentication : 06/11/2022 11:15:31

BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|---|-----------------|-------|--|
| LIPID PROFILE | | | |
| TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method | 185.29 | mg/dl | Desirable <200 Borderline 200-239 High > 240 |
| TRIGLYCERIDES Method:- GPO-PAP | 172.98 H | mg/dl | Normal <150 Borderline high 150-199 High 200-499 Very high >500 |
| DIRECT HDL CHOLESTEROL Method:- Direct clearance Method | 34.76 | mg/dl | Low < 40 High > 60 |
| DIRECT LDL CHOLESTEROL Method:- Direct clearance Method | 121.70 | mg/dl | Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190 |
| VLDL CHOLESTEROL Method:- Calculated | 34.60 | mg/dl | 0.00 - 80.00 |
| T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated | 5.33 H | | 0.00 - 4.90 |
| LDL / HDL CHOLESTEROL RATIO Method:- Calculated | 3.50 | | 0.00 - 3.50 |
| TOTAL LIPID Method:- CALCULATED | 611.03 | mg/dl | 400.00 - 1000.00 |
| TOTAL CHOLESTEROL InstrumentName:Radox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders. | | | |
| TRIGLYCERIDES InstrumentName:Radox 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:Radox 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-CHOLESTEROL InstrumentName:Radox 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 | | | |

C.L.SAINI

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BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|--|--------|-------|---|
| LIVER PROFILE WITH GGT | | | |
| SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method | 0.55 | 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) |
| SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method | 0.16 | mg/dL | Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL |
| SERUM BILIRUBIN (INDIRECT) Method:- Calculated | 0.39 | mg/dl | 0.30-0.70 |
| SGOT Method:- IFCC | 22.9 | U/L | Men- Up to - 37.0 Women - Up to - 31.0 |
| SGPT Method:- IFCC | 49.2 H | U/L | Men- Up to - 40.0 Women - Up to - 31.0 |
| SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer | 60.90 | IU/L | 30.00 - 120.00 |
| SERUM GAMMA GT Method:- IFCC | 40.40 | U/L | 11.00 - 50.00 |
| SERUM TOTAL PROTEIN Method:- Biuret Reagent | 7.36 | g/dl | 6.40 - 8.30 |
| SERUM ALBUMIN Method:- Bromocresol Green | 4.70 | g/dl | 3.80 - 5.00 |
| SERUM GLOBULIN Method:- CALCULATION | 2.66 | gm/dl | 2.20 - 3.50 |
| A/G RATIO | 1.77 | | 1.30 - 2.50 |

Total Bilirubin Methodology: Colorimetric method InstrumentName: Randox Rx Imola 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 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 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 InstrumentName: Randox Rx Imola 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 InstrumentName: Randox Rx Imola Interpretation: Measurements of alkaline phosphatase are of use in the diagnosis, treatment and investigation of hepatobiliary 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: Biuret 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

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BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|--|-------|-------|------------------------------------|
| SERUM CREATININE Method:- Colorimetric Method | 0.98 | mg/dl | Men - 0.6-1.30 Women - 0.5-1.20 |
| SERUM URIC ACID Method:- Enzymatic colorimetric | 5.94 | mg/dl | Men - 3.4-7.0 Women - 2.4-5.7 |

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BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|---------------------------|-------|-------|-------------------------|
| BLOOD UREA NITROGEN (BUN) | 14.6 | mg/dl | 0.0 - 23.0 |

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HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|---|-------|------|---|
| GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- HPLC | 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 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 | 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 :- URINE

Sample Collected Time 06/11/2022 09:41:46

Final Authentication : 06/11/2022 11:26:16

CLINICAL PATHOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|--------------------------------------|-------------|------|-------------------------|
| Urine Routine | | | |
| <u>PHYSICAL EXAMINATION</u> | | | |
| COLOUR | PALE YELLOW | | PALE YELLOW |
| APPEARANCE | Clear | | Clear |
| <u>CHEMICAL EXAMINATION</u> | | | |
| REACTION(PH) | 6.0 | | 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 |
| <u>MICROSCOPY EXAMINATION</u> | | | |
| RBC/HPF | NIL | /HPF | NIL |
| WBC/HPF | 2-3 | /HPF | 2-3 |
| EPITHELIAL CELLS | 1-2 | /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
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DR.HANSA
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Sample Type :- PLAIN/SERUM Sample Collected Time 06/11/2022 09:41:46 Final Authentication : 06/11/2022 11:45:17

IMMUNOASSAY

| Test Name | Value | Unit | Biological Ref Interval |
|---|-------|--------|-------------------------|
| TOTAL THYROID PROFILE | | | |
| SERUM TOTAL T3 Method:- Chemiluminescence(Competitive immunoassay) | 1.370 | ng/ml | 0.600 - 1.810 |
| SERUM TOTAL T4 Method:- Chemiluminescence(Competitive immunoassay) | 9.980 | ug/dl | 4.500 - 10.900 |
| SERUM TSH ULTRA Method:- Enhanced Chemiluminescence Immunoassay | 2.760 | μIU/mL | 0.550 - 4.780 |

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 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 |

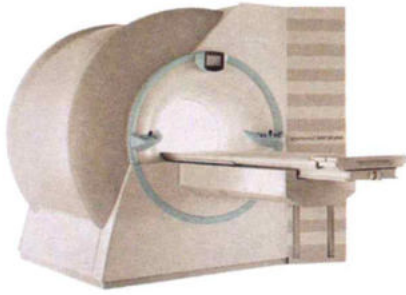
*** End of Report ***

SURESHSAINI
 Technologist

Page No: 12 of 12



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



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Date :- 06/11/2022 09:32:55

Patient ID :- 12223074

NAME :- Mr. SURENDRA SINGH BHALOT

Ref. By Doctor:-BOB

Sex / Age :- Male 38 Yrs 8 Mon 27 Days

Lab/Hosp :-

Company :- MediWHEEL

Final Authentication : 06/11/2022 14:15:06

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:

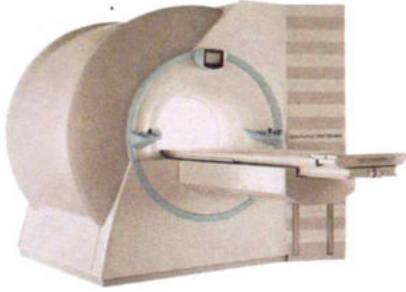
| | | | | | | | | |
|--------|-----|----|--------|----|----|--------|----|----|
| AO | 29 | mm | LA | 34 | Mm | IVS-D | 07 | mm |
| IVS-S | 06 | mm | LVID | 42 | Mm | LVSD | 27 | mm |
| LVPW-D | 13 | mm | LVPW-S | 14 | Mm | RV | | mm |
| RVWT | | mm | EDV | | MI | LVVS | | ml |
| LVEF | 65% | | RWMA | | | ABSENT | | |

CHAMBERS:

| | | | |
|-------------|--------|--------|--------|
| LA | NORMAL | RA | NORMAL |
| LV | NORMAL | RV | NORMAL |
| PERICARDIUM | | NORMAL | |

COLOUR DOPPLER:

| MITRAL VALVE | | | | | |
|-------------------------|------|--------|-------------------|--|-------|
| E VELOCITY | 1.08 | m/sec | PEAK GRADIENT | | Mm/hg |
| A VELOCITY | 0.79 | m/sec | MEAN GRADIENT | | Mm/hg |
| MVA BY PHT | | Cm2 | MVA BY PLANIMETRY | | Cm2 |
| MITRAL REGURGITATION | | | ABSENT | | |
| AORTIC VALVE | | | | | |
| PEAK VELOCITY | 1.5 | m/sec | PEAK GRADIENT | | mm/hg |
| AR VMAX | | m/sec | MEAN GRADIENT | | mm/hg |
| AORTIC REGURGITATION | | | ABSENT | | |
| TRICUSPID VALVE | | | | | |
| PEAK VELOCITY | 0.81 | m/sec | PEAK GRADIENT | | mm/hg |
| MEAN VELOCITY | | m/sec | MEAN GRADIENT | | mm/hg |
| VMax VELOCITY | | | | | |
| TRICUSPID REGURGITATION | | | ABSENT | | |
| PULMONARY VALVE | | | | | |
| PEAK VELOCITY | 1.2 | M/sec. | PEAK GRADIENT | | Mm/hg |
| MEAN VELOCITY | | | MEAN GRADIENT | | Mm/hg |
| PULMONARY REGURGITATION | | | ABSENT | | |



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Patient ID :- 12223074
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 Lab/Hosp :-

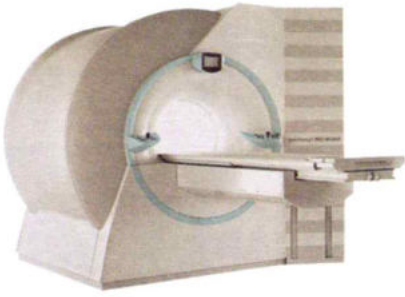
Final Authentication : 06/11/2022 14:15:06

Impression--

1. Normal LV size & contractility
2. No RWMA, LVEF -65 %.
3. Normal cardiac chamber.
4. Normal valve
5. No clot, no vegetation, no pericardial effusion. (Cardiologist)

Dr. Nareesh Kumar Mollanka
 MBBS, D.P., D.M.D. (ESCORTS)
 D.E.M (RCGP-UK)

*** End of Report ***



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NAME :- Mr. SURENDRA SINGH BHALOT
Sex / Age :- Male 38 Yrs 8 Mon 27 Days
Company :- MediWheel

Patient ID :- 12223074
Ref. By Doctor :- BOB
Lab/Hosp :-

Final Authentication : 06/11/2022 11:15:51

BOB PACKAGE BELOW 40MALE

X RAY CHEST PA VIEW:

Expiratory film.

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.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)

*** End of Report ***

Page No: 1 of 1

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(D.M.R.D.) BILAL

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

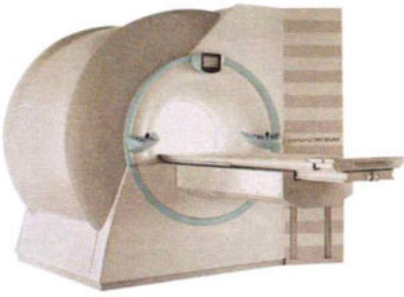
Dr. Poonam Gupta
MBBS, MD (Radio Diagnosis)
RMC No. 32495

Dr. Ashish Choudhary
MBBS, MD (Radio Diagnosis)
Fetal Medicine Consultant
FMF ID - 260517 | RMC No 22430

Dr. Rathod Hetali Amrutlal
MBBS, M.D. (Radio-Diagnosis)
RMC No. 17163

Transcript by:

Print Copy



Dr. Goyal's

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Sex / Age :- Male 38 Yrs 8 Mon 27 Days
Company :- MediWheel

Patient ID :- 12223074
Ref. By Doctor:-BOB
Lab/Hosp :-

Final Authentication : 06/11/2022 10:18:02

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is enlarged in size (~15.3cm). Echo-texture is bright. 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. **A non mobile, non shadowing echogenic focus of size ~4 mm seen attached to GB wall.** 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 (~23cc) 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.

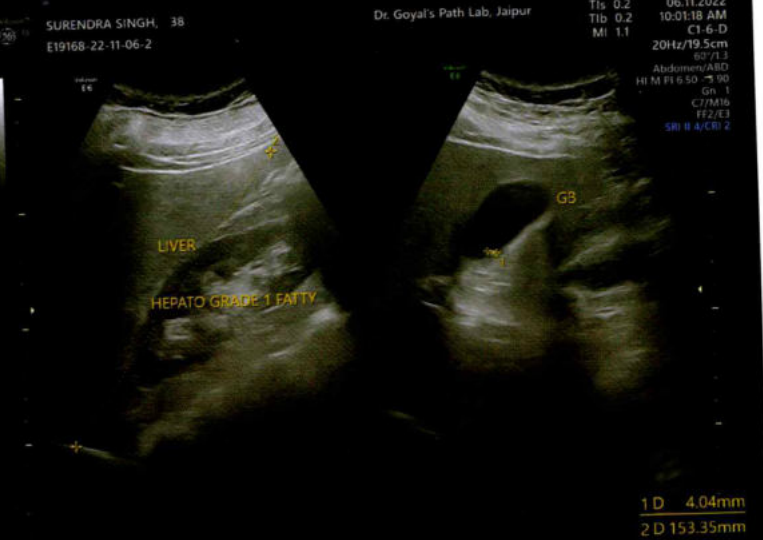
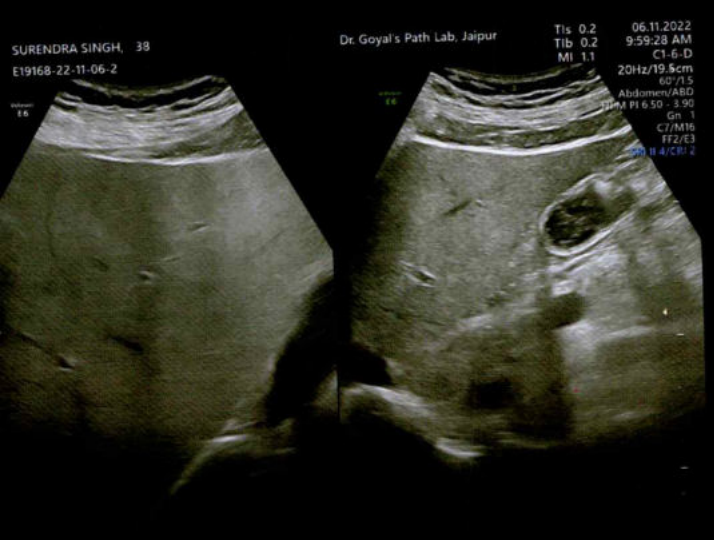
IMPRESSION:

- * Mild hepatomegaly with Grade I fatty changes.
- * GB polyp.

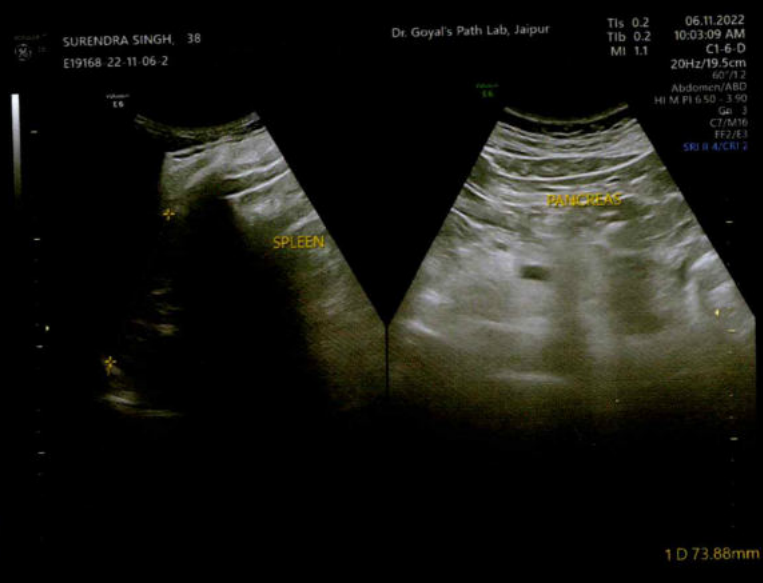
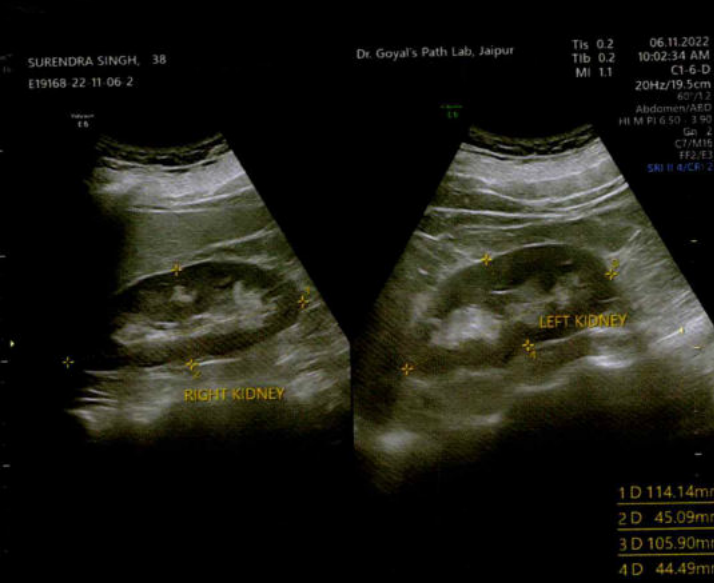
Needs clinical correlation for further evaluation

*** End of Report ***

SURENDRA SINGH

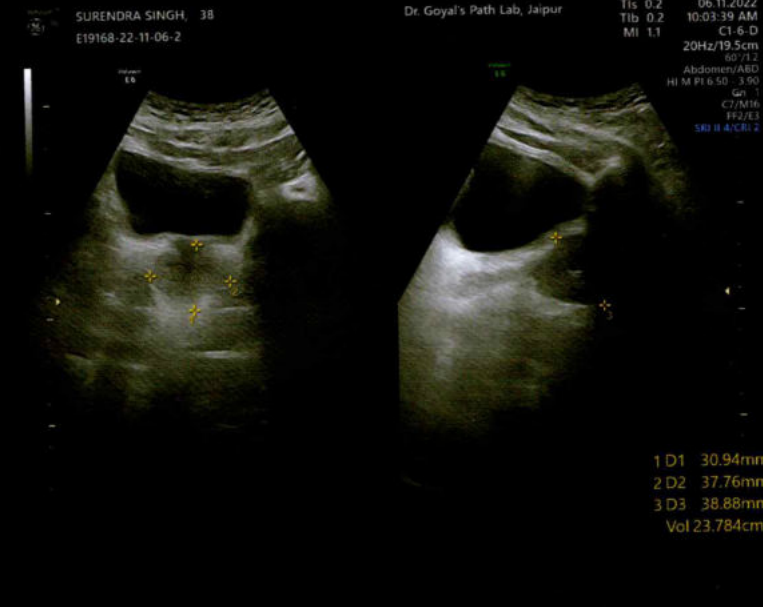
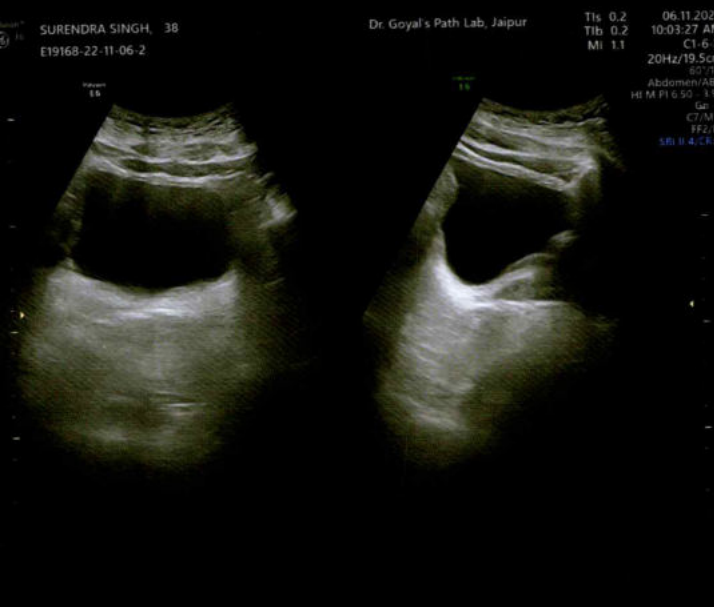


1 D 4.04mm
2 D 153.35mm



1 D 114.14mm
2 D 45.09mm
3 D 105.90mm
4 D 44.49mm

1 D 73.88mm



1 D1 30.94mm
2 D2 37.76mm
3 D3 38.88mm
Vol 23.784cm³

