

DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40007546 (14684)	RISNo./Status :	4015091/
Patient Name :	Mr. ROOP SINGH MEENA	Age/Gender :	52 Y/M
Referred By :	Dr. ROOPAM SHARMA/ DIWANSHU KHATANA	Ward/Bed No :	OPD
Bill Date/No :	17/11/2023 9:40AM/ OPSCR23-24/7842	Scan Date :	
Report Date :	17/11/2023 10:51AM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

ULTRASOUND STUDY OF WHOLE ABDOMEN

Liver: Normal in size & shows increased in parenchymal echotexture. No obvious significant focal parenchymal mass lesion noted. Intrahepatic biliary radicals are not dilated. Portal vein is normal.

Gall Bladder: Lumen is clear. Wall thickness is normal. CBD is normal.

Pancreas: Normal in size & echotexture.

Spleen: Normal in size & echotexture. No focal lesion seen.

Right Kidney: Normal in shape, size & location. Echotexture is normal. Corticomedullary differentiation is maintained. No evidence of significant hydronephrosis or obstructive calculus noted.

Left Kidney: Normal in shape, size & location. Echotexture is normal. Corticomedullary differentiation is maintained. No evidence of significant hydronephrosis or obstructive calculus noted.

Urinary Bladder: Normal in size, shape & volume. No obvious calculus or mass lesion is seen. Wall thickness is normal.

Prostate: Is enlarged in size, measuring approx. 32cc in volume.

Others: No significant free fluid is seen in pelvic peritoneal cavity.

IMPRESSION: USG findings are suggestive of

- Mild fatty liver.
- Prostatomegaly.

Correlate clinically & with other related investigations.



DR. APOORVA JETWANI
Incharge & Senior Consultant Radiology
MBBS, DMRD, DNB
Reg. No. 26466, 16307

DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40007546 (14684)	RISNo./Status :	4015091/
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Bill Date/No :	17/11/2023 9:40AM/ OPSCR23-24/7842	Scan Date :	
Report Date :	17/11/2023 2:11PM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal		Normal
IVSD	12.2	6-12mm	LVIDS	30.8
LVIDD	45.8	32-57mm	LVPWS	18.6
LVPWD	12.2	6-12mm	AO	36.7
IVSS	17.2	mm	LA	33.1
LVEF	60-62	>55%	RA	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
		E	0.51	e'	-		
MITRAL VALVE	NORMAL	A	0.71	E/e'	-	-	NIL
		E	0.56				
TRICUSPID VALVE	NORMAL	A	0.68		-	NIL	
		E	1.09				
AORTIC VALVE	NORMAL	1.09				-	NIL
PULMONARY VALVE	NORMAL	0.88				-	NIL

COMMENTS & CONCLUSION: -

- MILD CONCENTRIC LVH, OTHER CARDIAC CHAMBERS ARE NORMAL
- NO RWMA, LVEF 60-62%
- NORMAL LV SYSTOLIC FUNCTION
- GRADE I LV DIASTOLIC DYSFUNCTION
- ALL CARDIAC VALVES ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

IMPRESSION: - MILD CONCENTRIC LVH, GRADE I LV DIASTOLIC DYSFUNCTION, NORMAL BI VENTRICULAR SYSTOLIC FUNCTION

DR SUPRIY JAIN
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INCHARGE & SR. CONSULTANT
INTERVENTIONAL CARDIOLOGY

DR ROOPAM SHARMA
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CONSULTANT & INCHARGE
EMERGENCY, PREVENTIVE CARDIOLOGY
AND WELLNESS CENTRE

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name Mr. ROOP SINGH MEENA
UHID 327952
Age/Gender 52 Yrs/Male
IP/OP Location O-OPD
Referred By Dr. EHCC Consultant
Mobile No. 9773349797

Lab No 569676
Collection Date 17/11/2023 12:45PM
Receiving Date 17/11/2023 12:54PM
Report Date 17/11/2023 1:18PM
Report Status Final



MC-2561

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
HBA1C	6.1	%	< 5.7% Nondiabetic 5.7-6.4% Pre-diabetic > 6.4% Indicate Diabetes
			Known Diabetic Patients < 7 % Excellent Control 7 - 8 % Good Control > 8 % Poor Control

Sample: WHOLE BLOOD EDTA

Method : - High - performance liquid chromatography HPLC

Interpretation:-Monitoring long term glycemic control, testing every 3 to 4 months is generally sufficient.
The approximate relationship between HbA1C and mean blood glucose values during the preceding 2 to 3 months.

****End Of Report****

RESULT ENTERED BY : Mr. Ravi

Dr. SURENDRA SINGH
CONSULTANT & HOD
MBBS|MD| PATHOLOGY

Dr. ASHISH SHARMA
CONSULTANT & INCHARGE PATHOLOGY
MBBS|MD| PATHOLOGY

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. ROOP SINGH MEENA	Lab No	569676
UHID	327952	Collection Date	17/11/2023 12:45PM
Age/Gender	52 Yrs/Male	Receiving Date	17/11/2023 12:54PM
IP/OP Location	O-OPD	Report Date	17/11/2023 2:32PM
Referred By	Dr. EHCC Consultant	Report Status	Final
Mobile No.	9773349797		



MC-2561

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
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Sample: Serum

PSA (TOTAL)	1.51	ng/mL	0.00 - 4.00
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Total (Free + complexed) PSA - Prostate specific antigen (tPSA)

Method : ElectroChemiluminescence ImmunoAssay - ECLIA

Interpretation:-PSA determinations are employed are the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy.

****End Of Report****

RESULT ENTERED BY : Mr. PANKAJ SHUKLA

Dr. SURENDRA SINGH
CONSULTANT & HOD
MBBS|MD| PATHOLOGY

Dr. ASHISH SHARMA
CONSULTANT & INCHARGE PATHOLOGY
MBBS|MD| PATHOLOGY

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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Age/Gender	52 Yrs/Male	Receiving Date	17/11/2023 10:31AM
IP/OP Location	O-OPD	Report Date	17/11/2023 5:46PM
Referred By	Dr. ROOPAM SHARMA/ DIWANSHU KHATANA	Report Status	Final
Mobile No.	7891408194		

BIOCHEMISTRY

Test Name **Result** **Unit** **Biological Ref. Range** **Sample: Fl. Plasma**

BLOOD GLUCOSE (FASTING)

BLOOD GLUCOSE (FASTING) **127.4 H** mg/dl 74 - 106

Method: Hexokinase assay.

Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

BLOOD GLUCOSE (PP)

BLOOD GLUCOSE (PP) 261.8 mg/dl
Non - Diabetic: - < 140 mg/dl
Pre - Diabetic: - 140-199 mg/dl
Diabetic: - >=200 mg/dl

Sample: PLASMA

Method: Hexokinase assay.

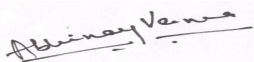
Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

THYROID T3 T4 TSH

T3 1.610 ng/mL 0.970 - 1.690
T4 8.19 ug/dl 5.53 - 11.00
TSH 1.48 µIU/mL 0.40 - 4.05

Sample: Serum

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

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BIOCHEMISTRY

T3:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T4 assay employs a competitive test principle with an antibody specifically directed against T4.

TSH - THYROID STIMULATING HORMONE :- ElectroChemiLuminescenceImmunoAssay - ECLIA

Interpretation:-The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH levels.

LFT (LIVER FUNCTION TEST)

Sample: Serum

BILIRUBIN TOTAL	0.77	mg/dl	0.00 - 1.20
BILIRUBIN INDIRECT	0.60	mg/dl	0.20 - 1.00
BILIRUBIN DIRECT	0.17	mg/dl	0.00 - 0.40
SGOT	69.7 H	U/L	0.0 - 40.0
SGPT	95.0 H	U/L	0.0 - 40.0
TOTAL PROTEIN	8.0	g/dl	6.6 - 8.7
ALBUMIN	4.9	g/dl	3.5 - 5.2
GLOBULIN	3.1		1.8 - 3.6
ALKALINE PHOSPHATASE	58.1	U/L	41 - 137
A/G RATIO	1.6	Ratio	1.5 - 2.5
GGTP	55.2 H	U/L	10.0 - 55.0

RESULT ENTERED BY : SUNIL EHS

Abhinay Verma

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BIOCHEMISTRY

BILIRUBIN TOTAL :- Method: DPD assay. Interpretation:-Total Bilirubin measurements are used in the diagnosis and treatment of various liver diseases, and of haemolytic and metabolic disorders in adults and newborns. Both obstruction damage to hepatocellular structure.

BILIRUBIN DIRECT :- Method: Diazo method Interpretation:-Determinations of direct bilirubin measure mainly conjugated, water soluble bilirubin.

SGOT - AST :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGOT (AST) measurements are used in the diagnosis and treatment of certain types of liver and heart disease.

SGPT - ALT :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGPT (ALT) Ratio Is Used For Differential Diagnosis In Liver Diseases.

TOTAL PROTEINS :- Method: Biuret colorimetric assay. Interpretation:-Total protein measurements are used in the diagnosis and treatment of a variety of liver and kidney diseases and bone marrow as well as metabolic and nutritional disorder.

ALBUMIN :- Method: Colorimetric (BCP) assay. Interpretation:-For Diagnosis and monitoring of liver diseases, e.g. liver cirrhosis, nutritional status.

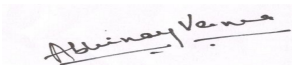
ALKALINE PHOSPHATASE :- Method: Colorimetric assay according to IFCC. Interpretation:-Elevated serum ALT is found in hepatitis, cirrhosis, obstructive jaundice, carcinoma of the liver, and chronic alcohol abuse. ALT is only slightly elevated in patients who have an uncomplicated myocardial infarction. **GGTP-GAMMA GLUTAMYL TRANSPEPTIDASE** :- Method:

Enzymatic colorimetric assay. Interpretation:- γ -glutamyltransferase is used in the diagnosis and monitoring of hepatobiliary disease. Enzymatic activity of GGT is often the only parameter with increased values when testing for such diseases and is one of the most sensitive indicator known.

LIPID PROFILE

TOTAL CHOLESTEROL	211		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	43.2		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	77.1		Optimal :- <100 mg/dl Near or Above Optimal :- 100-129 mg/dl Borderline :- 130-159 mg/dl High :- 160-189 mg/dl Very High :- >190 mg/dl
CHOLESTERO VLDL	91 H	mg/dl	10 - 50
TRIGLYCERIDES	456.1		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	4.9	%	

RESULT ENTERED BY : SUNIL EHS



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BIOCHEMISTRY

CHOLESTEROL TOTAL :- Method: CHOD-PAP enzymatic colorimetric assay.
interpretation:-The determination of the individual total cholesterol (TC) level is used for screening purposes while for a better risk assessment it is necessary to measure additionally lipid & lipoprotein metabolic disorders.

HDL CHOLESTEROL :- Method:-Homogenous enzymatic colorimetric method.
Interpretation:-HDL-cholesterol has a protective against coronary heart disease, while reduced HDL-cholesterol concentrations, particularly in conjunction with elevated triglycerides, increase the cardiovascular disease.

LDL CHOLESTEROL :- Method: Homogenous enzymatic colorimetric assay.
Interpretation:-LDL play a key role in causing and influencing the progression of atherosclerosis and in particular coronary sclerosis. The LDL are derived from VLDL rich in TG by the action of various lipolytic enzymes and are synthesized in the liver.

CHOLESTEROL VLDL :- Method: VLDL Calculative

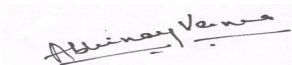
TRIGLYCERIDES :- Method: GPO-PAP enzymatic colorimetric assay.
Interpretation:-High triglyceride levels also occur in various diseases of liver, kidneys and pancreas. DM, nephrosis, liver obstruction.

CHOLESTEROL/HDL RATIO :- Method: Cholesterol/HDL Ratio Calculative

Sample: Serum

UREA	15.10 L	mg/dl	16.60 - 48.50
BUN	7.1	mg/dl	6 - 20
CREATININE	0.80	mg/dl	0.60 - 1.10
SODIUM	140.7	mmol/L	136 - 145
POTASSIUM	4.22	mmol/L	3.50 - 5.50
CHLORIDE	105.3	mmol/L	98 - 107
URIC ACID	3.0 L	mg/dl	3.5 - 7.2
CALCIUM	9.83	mg/dl	8.60 - 10.30

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CREATININE - SERUM :- Method:-Jaffe method, Interpretation:-To differentiate acute and chronic kidney disease.

URIC ACID :- Method: Enzymatic colorimetric assay. Interpretation:- Elevated blood concentrations of uric acid are renal diseases with decreased excretion of waste products, starvation, drug abuse and increased alcohol consume.

SODIUM:- Method: ISE electrode. Interpretation:-Decrease: Prolonged vomiting or diarrhea, diminished reabsorption in the kidney and excessive fluid retention. Increase: excessive fluid loss, high salt intake and kidney reabsorption.

POTASSIUM :- Method: ISE electrode. Interpretation:-Low level: Intake excessive loss from body due to diarrhea, vomiting renal failure, High level: Dehydration, shock severe burns, DKA, renal failure.

CHLORIDE - SERUM :- Method: ISE electrode. Interpretation:-Decrease: reduced dietary intake, prolonged vomiting and reduced renal reabsorption as well as forms of acidosis and alkalosis.

Increase: dehydration, kidney failure, some form of acidosis, high dietary or parenteral chloride intake, and salicylate poisoning.

UREA:- Method: Urease/GLDH kinetic assay. Interpretation:-Elevations in blood urea nitrogen concentration are seen in inadequate renal perfusion, shock, diminished blood volume, chronic nephritis, nephrosclerosis, tubular necrosis, glomerular nephritis and UTI.

CALCIUM TOTAL :- Method: O-Cresolphthaleine complexone. Interpretation:-Increase in serum PTH or vit-D are usually associated with hypercalcemia. Increased serum calcium levels may also be observed in multiple myeloma and other neoplastic diseases. Hypocalcemia may be observed in hypoparathyroidism, nephrosis, and pancreatitis.

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BLOOD BANK INVESTIGATION

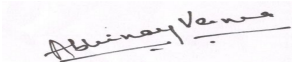
Test Name	Result	Unit	Biological Ref. Range
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BLOOD GROUPING	"A" Rh Positive		
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Note :

1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

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CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	
<u>URINE SUGAR (RANDOM)</u>				Sample: Urine
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE	
<u>STOOL ROUTINE</u>				Sample: Urine
COLOUR	BROWNISH		P YELLOW	
MUCUS	NIL		NIL	
CONSISTENCY AND FORM	SEMI-SOLID		SEMI-SOLID	
BLOOD.	NIL			
WBCS/HPF.	1-2			
RBCS/HPF.	0-0			
OVA & CYST	ABSENT		ABSENT	
OHTERS	NIL		NIL	
<u>PHYSICAL EXAMINATION</u>				Sample: Urine
VOLUME	20	ml		
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	CLEAR		CLEAR	
<u>CHEMICAL EXAMINATION</u>				
PH	6.5		5.5 - 7.0	
SPECIFIC GRAVITY	1.015		1.016-1.022	
PROTEIN	NEGATIVE		NEGATIVE	
SUGAR	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
BLOOD	NEGATIVE			
KETONES	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
UROBILINOGEN	NEGATIVE		NEGATIVE	

RESULT ENTERED BY : SUNIL EHS

Abhinay Verma

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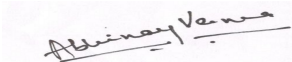
CLINICAL PATHOLOGY

LEUCOCYTE	NEGATIVE		NEGATIVE
MICROSCOPIC EXAMINATION			
WBCS/HPF	0-2	/hpf	0 - 3
RBCS/HPF	0-0	/hpf	0 - 2
EPITHELIAL CELLS/HPF	0-2	/hpf	0 - 1
CASTS	NIL		NIL
CRYSTALS	NIL		NIL
BACTERIA	NIL		NIL
OHTERS	NIL		NIL

Methodology:-

Glucose: GOD-POD, Bilirubin: Diazo-Azo-coupling reaction with a diazonium, Ketone: Nitro Pruside reaction, Specific Gravity: Proton release from ions, Blood: Pseudo-Peroxidase activity of Haem moiety, pH: Methylene Red-Bromothymol Blue (Double indicator system), Protein: H+ Release by buffer, microscopic & chemical method. Interpretation: Diagnosis of Kidney function, UTI, Presence of Protein, Glucoses, Blood. Vocabulary syntax: Kit insert

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HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range	Sample: WHOLE BLOOD EDTA
<u>CBC (COMPLETE BLOOD COUNT)</u>				
HAEMOGLOBIN	15.3	g/dl	13.0 - 17.0	
PACKED CELL VOLUME(PCV)	48.3	%	40.0 - 50.0	
MCV	87.8	fl	82 - 92	
MCH	27.8	pg	27 - 32	
MCHC	31.7 L	g/dl	32 - 36	
RBC COUNT	5.50	millions/cu.mm	4.50 - 5.50	
TLC (TOTAL WBC COUNT)	4.05	10 ³ / uL	4 - 10	
<u>DIFFERENTIAL LEUCOCYTE COUNT</u>				
NEUTROPHILS	58.8	%	40 - 80	
LYMPHOCYTE	32.1	%	20 - 40	
EOSINOPHILS	2.2	%	1 - 6	
MONOCYTES	6.4	%	2 - 10	
BASOPHIL	0.5 L	%	1 - 2	
PLATELET COUNT	2.03	lakh/cumm	1.500 - 4.500	

HAEMOGLOBIN :- Method:-SLS HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.
MCV :- Method:- Calculation bysystemex.
MCH :- Method:- Calculation bysystemex.
MCHC :- Method:- Calculation bysystemex.
RBC COUNT :- Method:-Hydrodynamicfocusing.Interpretation:-Low-Anemia,High-Polycythemia.
TLC (TOTAL WBC COUNT) :- Method:-Optical Detectorblock based on Flowcytometry.Interpretation:-High-Leucocytosis, Low-Leucopenia.
NEUTROPHILS :- Method: Optical detectorblock based on Flowcytometry
LYMPHOCYTS :- Method: Optical detectorblock based on Flowcytometry
EOSINOPHILS :- Method: Optical detectorblock based on Flowcytometry
MONOCYTES :- Method: Optical detectorblock based on Flowcytometry
BASOPHIL :- Method: Optical detectorblock based on Flowcytometry
PLATELET COUNT :- Method:-Hydrodynamicfocusing method.Interpretation:-Low-Thrombocytopenia, High-Thrombocytosis.
HCT: Method:- Pulse Height Detection. Interpretation:-Low-Anemia, High-Polycythemia.
NOTE: CH- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

ESR (ERYTHROCYTE SEDIMENTATION RATE) **20 H** mm/1st hr 0 - 15

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Method:-Modified Westergrens.

Interpretation:-Increased in infections, sepsis, and malignancy.

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IP/OP Location	O-OPD	Report Date	17/11/2023 5:46PM
Referred By	Dr. ROOPAM SHARMA/ DIWANSHU KHATANA	Report Status	Final
Mobile No.	7891408194		

X Ray

Test Name	Result	Unit	Biological Ref. Range
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X-RAY CHEST P. A. VIEW

Rotation noted.

Both lung fields are clear.

Both CP angles are clear.

Both hemi-diaphragms arenormal in shape and outlines.

Cardiac shadow is withinnormal limits.

Visualized bony thorax isunremarkable.

Correlate clinically& with other related investigations.

****End Of Report****

RESULT ENTERED BY : SUNIL EHS



APOORVA JETWANI

Select