

DR. MAHENDRA CHOURASIYA

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CONSULTANT CARDIOLOGIST

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ECHOCARDIOGRAPHY REPORT

NAME : **MR. DAROGA PRASAD** **Age** : **45 Yrs./ M**

REFERRED BY : **BOB** **Date** : **11th Mar, 2023**

ECHOCARDIOGRAPHIC OPINION

INTERPRETATION :-

- ** Normal sized cardiac chambers.
- ** Normal biventricular functions. LVEF : 60 %.
- ** Normal cardiac valves.

Dr. Mahendra Chourasiya
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DR. MAHENDRA CHOURASIYA. M.D.,D.M.



TWO DIMENSIONAL ECHOCARDIOGRAPHY

M Mode examination revealed normal movement of both mitral leaflets during diastole.

No SAM or mitral valve prolapse is seen.

Aortic cusps are not thickened and enclosure line is central.

Tricuspid valve is normal, pulmonary valve is normal, aortic root is normal in size, dimensions of left atrium and left ventricle are normal.

2 - D imaging in PLAX, SAX and apical views revealed a normal sized left ventricle.

Movement of septum, anterior, posterior, inferior and lateral walls is normal. Global LVEF is 60 %.

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

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

Right atrium and right ventricle are normal in size.

Tricuspid valve leaflets move normally.

Pulmonary valve is normal.

Interatrial and interventricular septa are intact.

No intracardiac mass or thrombus is seen.

No pericardial pathology is observed.

MEASUREMENTS :

| [C] DIMENSIONS | OBSERVED VALUES | Normal Values (For Adults) |
|--|-----------------|--------------------------------------|
| 1. Aortic Root diameter | : 2.5 cms. | 2.0-3.7 cm < 2.2 cm / M ² |
| 2. Aortic Valve Opening | : 1.8 cms. | 1.5-2.6 cm |
| 3. Right Ventricular Dimension | : -- | |
| 4. Left Atrial Dimension | : 2.0 cms. | 1.9-4.0 cm < 2.2 cm / M ² |
| 5. Left Ventricular ED Dimension | : 4.0 cms. | 3.7-5.6 cm < 3.2 cm / M ² |
| 6. Left Ventricular ES Dimension | : 2.0 cms. | 2.2-4.0 cm |
| 7. Inter Ventricular ED Septal thickness | : 1.2 cms. | 0.6-1.2 cm |
| 8. Left Ventricular ED PW thickness | : 1.2 cms. | 0.5-1.0 cm |
| 9. IVS / LVPW | : 01 | < 1.3 |

| [E] INDICES OF LEFT VENTRICULAR FUNCTION | | |
|--|--------|-----------|
| 1. Mitral E - Septal Separation | : 0.5 | < 0.9- cm |
| 2. Left Ventricular Ejection Fraction | : 60 % | 60 - 80 % |

DOPPLER

| Peak Flow Velocity (M/Sec.) | | Peak Gradient (mmHg.) | Regurgitation |
|------------------------------|--------|------------------------|---------------|
| MV | Normal | -- | Normal |
| TV | Normal | -- | Normal |
| AV | Normal | -- | Normal |
| PV | Normal | -- | Normal |

PASP : Normal

MR. DAROGA PRASAD SINGH
BOB

45 YEARS / MALE
11-03-2023

Height: - 179

Weight: - 97

BP: - 103/64 mmhg

Pulse: -66/- Regular

BMI: - 30.3

EYE -NORMAL

The Medical Examiner should record the findings under one of the following categories:-

1. FIT
2. UNFIT[obese class]

Dr. D. S. Chhabra
M.B.B.S., M.D.
Reg. No.-5007
DR. D.S. CHHABRA
MBBS. MD.



MR. DAROGA PRASAD SINGH**45 Years /M****BANK OF BARODA****11-03-2023****HEAMOGRAM**

| Test Name | Results | Normal Range |
|-------------------------------|----------------|---|
| Haemoglobin (HB) | 13.1 | 13 - 18 gm% |
| R.B.C. Count | 4.33 | 4.5 - 5.5 milli./cu.mm |
| PCV | 39.7 | 40 - 50 % |
| MCV | 91.69 | 80 - 95 fl |
| MCH | 30.25 | 27 - 32 pg |
| MCHC | 33.00 | 31.5 - 34.5 % |
| TOTAL WBC COUNT | 3,400 | 4,000 to 11,000 /cu.mm |
| DIFFERENTIAL WBC COUNT | . | |
| Neutrophils | 57 | 40 - 75 % |
| Lymphocytes | 36 | 20 - 40 % |
| Monocytes | 04 | 02 - 08 % |
| Eosinophils | 03 | 01 - 05 % |
| Basophils | 00 | 00 - 01 % |
| PLATELET COUNT | 1.00 | 1.5 - 4 Lacs/cu.mm. |
| E.S.R | 14 | M- 0-10 at the end of 1 hr. F- 0-20 at the end of 1 hr |

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Note :- All pathological tests have technical and biological limitations. Please correlate clinically as well as with other investigative findings.
A review should be requested in case of any disparity. This report is not valid for medicolegal purpose.

MR. DAROGA PRASAD SINGH**45 Years /M****BANK OF BARODA****11-03-2023****BIOCHEMISTRY**

| Test Name | Results | Normal Range |
|---------------------------|----------------|---|
| SERUM BILIRUBIN | :- | |
| TOTAL BILIRUBIN | 0.92 | 0 - 1 mg/dl |
| DIRECT BILIRUBIN | 0.16 | <0.25 mg/dl |
| INDIRECT BILIRUBIN | 0.76 | < 1.0 mg/dl |
| S.G.O.T | 32.0 | 0 - 45 IU\L |
| S.G.P.T | 26.0 | 0 - 45 IU\L |
| ALKALINE PHOSPHATE | 102.0 | Adult - 42 - 128 IU/L Child - 150 - 630 IU/L |
| TOTAL PROTEIN | 6.87 | 6.0 to 8.0 g/dl |
| ALBUMIN | 4.32 | 3.2 to 5.0 g/dl |
| GLOBULIN | 2.55 | 1.9 to 3.5 |
| A:G RATIO | 1.69 | 1.2 TO 2.3 |
| GAMA GT | 20.0 | 5 - 43 Iu/l |

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M.D.

MR. DAROGA PRASAD SINGH**45 Years /M****BANK OF BARODA****11-03-2023****LIPID PROFILE**

| Test Name | Results | Normal Range |
|-----------------|---------|--|
| TOTAL LIPIDS | 489 | 400 - 700 mg/dl |
| CHOLESTROL | 160.0 | <200 mg/dl- Desirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High |
| HDL CHOLESTROL | 43.0 | 35- 60 mg/dl |
| TRIGLYCERIDE | 119.0 | <150 mg/dl Normal 150 - 199 mg/dl Borderline High 200 - 499 mg/dl High |
| LDL CHOLESTROL | 93.2 | <100 mg/dl Optimal 100- 129 mg/dl Borderline high 160 - 189 mg/dl High |
| VLDL CHOLESTROL | 23.8 | <40 mg/dl |
| RISK RATIO | 3.72 | 3 - 6 |

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MR. DAROGA PRASAD SINGH
BANK OF BARODA45 Years /M
11-03-2023

| Test Name | Results | Normal Range |
|-----------|---------|--------------|
|-----------|---------|--------------|

SEROLOGY PROFILE

HBsAg Non Reactive

* Test done by screening methods.
Requires confirmation at referral
centre.**BIOCHEMISTRY**

| | | |
|---------------------|-------|-----------------|
| FASTING BLOOD SUGAR | 109.0 | 70 - 110 mg/dl |
| URIC ACID | 4.15 | 3.5 - 7 mg/dl |
| BUN | 10.0 | 5 - 21 Mg/dl |
| CREATININE | 0.95 | 0.6 - 1.4 mg/dl |
| P.P. BLOOD SUGAR | 128.0 | upto 140 mg/dl |

Dr. POOJA PRAPANNA
DR. POOJA PRAPANNA MDNote :- All pathological tests have technical and biological limitations. Please correlate clinically as well as with other investigative findings.
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M.D.

MR. DAROGA PRASAD SINGH**45 Years /M****BANK OF BARODA****11-03-2023****BLOOD GROUP**

| Test Name | Results | Normal Range |
|----------------------|-----------------|---------------------|
| BLOOD GROUP | :- | |
| "ABO " GROUP | "O" | |
| Rh (D) Factor | Positive | |

(Cross matching & recheck of Blood Group is mandatory before any transfusion)

Dr. POOJA PRAPANNA
MD

MR. DAROGA PRASAD SINGH
BANK OF BARODA45 Years /M
11-03-2023**URINE EXAMINATION**

| Test Name | Results | Normal Range |
|--------------------------------|-------------|--------------|
| PHYSICAL EXAMINATION | | |
| Quantity | 30 ml | |
| Colour | Pale Yellow | |
| Appearance | Clear | |
| Deposits | Absent | |
| Specific Gravity | 1.015 | |
| Reaction | Acidic | |
| CHEMICAL EXAMINATION | | |
| Albumin | Nil | |
| Sugar | Nil | |
| Ketones | Absent | |
| Bile Pigments | Negative | |
| Bile Salt | Negative | |
| Hematuria | Negative | |
| MICROSCOPIC EXAMINATION | | |
| Pus Cells | 1- 2 /hpf | |
| Red Blood Cells | Nil/hpf | |
| Epithelial Cell | 1 - 2 /hpf | |
| Crystals | Nil | |
| Casts | Absent | |

Note :- All pathological tests have technical and biological limitations. Please correlate clinically as well as with other investigative findings.
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MD

MR. DAROGA PRASAD SINGH
BANK OF BARODA45 Years /M
11-03-2023**STOOL ROUTINE & MICROSCOPIC**

| Test Name | Results | Normal Range |
|--------------------------------|-----------|--------------|
| PHYSICAL EXAMINATION | - | |
| Colour | Brown | |
| Consistency | Semi Sold | |
| Mucus | Present | |
| Blood | Absent | |
| CHEMICAL EXAMINATION | - | |
| Reaction | Acidic | |
| Reducing Sugar | Nil | |
| Occult Blood | Negative | |
| MICROSCOPIC EXAMINATION | - | |
| Pus Cells | 1- 2 /hpf | |
| Red Blood Cells | Nil | |
| Epithilial | 2-4/hpf | |
| Vegetable cells | Present | |
| Macrophages | Absent | |
| Cyst / Parasite | Absent | |
| Fat Globules | Absent | |
| Ova | Nil | |
| Bacterial Flora | Moderate | |

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MPD

**LABORATORY REPORT**

| | | |
|---|---------------------------------------|------------------------------|
| Name : Mr. DAROGA PRASAD SINGH | Sex/Age : Male / 45 Years | Case ID : 30301602610 |
| Ref. By : | Dis. At : | Pt. ID : |
| Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE | | Pt. Loc. : |
| Reg Date and Time : 11-Mar-2023 14:27 | Sample Type : Whole Blood EDTA | Mobile No. : |
| Sample Date and Time : 11-Mar-2023 14:27 | Sample Coll. By : non | Ref Id1 : |
| Report Date and Time : 11-Mar-2023 16:00 | Acc. Remarks : - | Ref Id2 : |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|--|---------------|-------|---------------------------|---------|
| <u>Glycated Haemoglobin Estimation</u> | | | | |
| HbA1C <i>(IT)</i> | 5.20 | | % of total Hb 4.80 - 6.00 | |
| Estimated Avg Glucose (3 Mths) <i>Calculated</i> | 102.54 | mg/dL | | |

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.

In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Priya Bhatt
M.D (Pathology).

Dr. A Mishra
M.D. Microbiology

Dr. Soma Yadav
M.D. (Pathology)

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LABORATORY REPORT



| | | |
|--|---------------------------|-----------------------|
| Name : Mr. DAROGA PRASAD SINGH | Sex/Age : Male / 45 Years | Case ID : 30301602610 |
| Ref. By : | Dis. At : | Pt. ID : |
| Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE | | Pt. Loc. : |
| Reg Date and Time : 11-Mar-2023 14:27 | Sample Type : Serum | Mobile No. : |
| Sample Date and Time : 11-Mar-2023 14:27 | Sample Coll. By : non | Ref Id1 : |
| Report Date and Time : 11-Mar-2023 15:55 | Acc. Remarks : - | Ref Id2 : |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|--------------------------------------|--------------|--------|----------------------|---------|
| Thyroid Function Test | | | | |
| Triiodothyronine (T3) CMIA | 98.83 | ng/dL | 58 - 159 | |
| Thyroxine (T4) CMIA | 6.4 | µg/dL | 4.6 - 10.5 | |
| TSH CMIA | 3.097 | µIU/mL | 0.4 - 4.2 | |

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in Pregnancy

First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Soma Yadav
M.D. (Pathology)

Dr. A Mishra
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4D SONOGRAPHY • COLOR DOPPLER • ECHO • PATHOLOGY • DIGITAL X-RAY & OPG • TMT • ECG • HOLTER

MR. DAROGA PRASAD SINGH

45 Yrs./M.

BOB

11th Mar, 2023

ABDOMINAL SONOGRAPHY

Liver is of normal size, shape, has smooth margins & regular contours and the parenchyma is mildly hyperechoic in echostructure, **fatty changes (Grade I)**. No focal lesion.

Gall bladder is of normal size, shape, has thin walls & the contents are clear fluid. No evidence of any calculus. Biliary tree is undilated.

Pancreas is normal, no focal / diffuse pathology. Spleen is normal. The Portal and splenic veins are normal in calibre.

Both Kidneys are normal in size [Rt.- measures about 9 cms. & Lt.- 11 cms. in length], shape and echostructure. No calculus in both. The collecting system and ureter on both side are undilated.

Urinary bladder is normal in size, shape & has thin walls.

Prostate is of normal size (around 19 gms.) & is normal in echostructure.

There is no ascitis. No obvious abdominal lymphadenopathy. No sub / supra diaphragmatic pathology on either side.

IMPRESSION :

Fatty changes in liver (Grade I).

**DR.D.S.CHHABRA.**

M.D.

4D SONOGRAPHY • COLOR DOPPLER • ECHO • PATHOLOGY • DIGITAL X-RAY & OPG • TMT • ECG • HOLTER

MR. DAROGA PRASAD SINGH

45 Yrs./M.

BOB

11th Mar, 2023

X-RAY CHEST PA VIEW

Bony cage is normal.

Trachea is central.

C.P. angles are clear.

Cardiac contour and cardiothoracic ratio are normal.

Lung fields are clear.

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Reg. No.-5007
DR.D.S.CHHABRA.
M.D.





सत्यमेव जयते
भारत सरकार



भारत सरकार
Government of India

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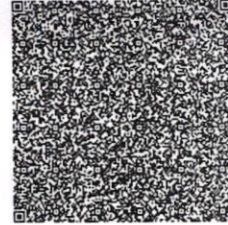
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Dr. D. S. Chhabra
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भारत सरकार
Government of India



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दरोगा प्रसाद सिंह
Daroga Prasad Singh
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