



Department of Lab Medicine



TEST REPORT

UHID: IH/312975/23

Patient Name : **Mr. Ahmed Javed** Mobile No : **904111996**
 ID No , Age : IH/312975/23 , 46 Yr M Address : Mediwheel Derabassi
 Booking No. : 729596 Doc No. : 25 Sample Receiving Date & Time : 02/12/2023 1:32:00PM
 Date # SNo : 02-12-2023 # 94
 Referred by : INDUS
 Category : Mediwheel (Arcofemi Healthcare Limited)

Investigation	Value	Units	Ref. Value	Report Date & Time	Prev. Report on
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HAEMATOLOGY

COMPLETE BLOOD COUNTS

Specimen:EDTA Whole Blood

HAEMOGLOBIN (HB) Non Cyanide Method	: 17.5	g/dL	13.0 - 17.0	02/12/2023 13:51	
TOTAL LEUCOCYTE COUNT (TLC)	: 5310	/cmm	4000 - 10000	02/12/2023 13:51	
DIFFERENTIAL LEUCOCYTE COUNT				02/12/2023 13:51	
NEUTROPHIL	: 65	%	40 - 80	02/12/2023 13:51	
LYMPHOCYTE	: 22	%	20 - 40	02/12/2023 13:51	
EOSINOPHIL	: 06	%	01 - 06	02/12/2023 13:51	
MONOCYTE	: 07	%	02 - 10	02/12/2023 13:51	
BASOPHIL	: 00	%	00 - 02	02/12/2023 13:51	
R B C (Red Blood Cells)	: 6.09	Millions/cmm	4.5 - 5.5	02/12/2023 13:51	
PLATELET COUNT	: 2.51	Lakh/cmm	1.5 - 4.1	02/12/2023 13:51	
P.C.V / HAEMATOCRIT	: 52.0	%	40 - 50	02/12/2023 13:51	
M C V	: 85.4	fL	83 - 101	02/12/2023 13:51	
M C H	: 28.7	picogram	27 - 32	02/12/2023 13:51	
M C H C	: 33.7	%	31.5 - 34.5	02/12/2023 13:51	
R D W	: 12.9	%	11.6 - 14.0	02/12/2023 13:51	

Tests Performed on Automated Five Part Cell Counter. (WBC by Flow cytometry, RBC & Platelet count by Electrical Impedance and other parameters calculated.) All Abnormal Haemograms are reviewed & confirmed.

Specimen:CITRATE WHOLE BLOOD

ERYTHROCYTE SEDIMENTATION RATE Westergren method	: 05	mm/hrs.	00 - 14	02/12/2023 14:44	
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Comments:

A. Nayyar

Navjot Kaur

INDUS INTERNATIONAL HOSPITAL

(A unit of Indus Super Speciality Healthcare Pvt. Ltd.)
 Chandigarh-Ambala Road, National Highway - 22, Derabassi (MOHALI) Punjab (India)-140507
 Dr. Ankush Nayyar (PMC No. 31407) Consultant Pathologist
 Dr. Navjot Kaur (PMC No. 45298) Consultant Pathologist
 24x7 Indus Information Centre +91 1762 512666 | contact@indushospital.in | www.indushospital.in
 MBBS, MD (Pathology)
 NOT VALID FOR MEDICO-LEGAL PURPOSES



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MC-3266

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Erythrocyte sedimentation rate (ESR) is a non - specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0 -1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

A normal ESR cannot be taken to exclude organic diseases, but nevertheless in the majority of acute and chronic infections, the ESR is raised. ESR increases with age and in men and women over the age of 60 years. An ESR of 30 mm at the end of first hour or more may be present without any obvious causes.

LIPID PROFILE

Specimen:SERUM

TOTAL CHOLESTEROL (CHOD-PAP)	: 220	mg/dL	< 200	02/12/2023 14:13
TRIGLYCERIDES (GPO METHOD)	: 114.4	mg/dL	< 161	02/12/2023 14:13
H D L CHOLESTEROL (PEGME)	: 53.4	mg %	30 - 65	02/12/2023 14:13
L D L CHOLESTEROL Calculated	: 143.7	mg %	74 - 130	02/12/2023 14:13
V L D L Calculated	: 22.9	mg %	10 - 32	02/12/2023 14:13
TOTAL CHO / HDL RATIO Calculated	: 4.1			02/12/2023 14:13
LDL / HDL CHOLESTEROL RATIO Calculated	: 2.7		0.00 - 3.55	02/12/2023 14:13

INTERPRETATION:

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 12hrs., alcohol intake, diabetes mellitus, and pancreatitis.

Normal : < 161 mg/dl

High : 161 - 400 mg/dl

Navjot Kaur
INDUS INTERNATIONAL HOSPITAL

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Dr. Ankush Nayyar (PMC No. 31407) Consultant Pathologist
 Dr. Navjot Kaur (PMC No. 45298) Consultant Pathologist
 Mandigarh-Ambala Road, National Highway - 22, Derabassi (MOHALI) Punjab (India)-140507
 24x7 Indus Information Centre +91 1762 512666 | contact@indushospital.in | www.indushospital.in
 MBBS, MD (Pathology) MBBS, MD (Pathology)

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High : 161 - 199 mg/dl
 Hypertriglyceridemic : 200 - 499 mg/dl
 Very high : > 499 mg/dl

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 mg/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.

HORMONE ASSAYS

Specimen:SERUM

T3, Total Tri Iodothyronine (CLIA)	: 164.6	ng/dL	69 - 215	02/12/2023 18:16
T4, Total Thyroxine (CLIA)	: 10.64	ug/dl	5.2 - 12.7	02/12/2023 18:16
TSH Ultrasensitive CLIA	: 5.313	uIU/ML	0.3 - 4.5	02/12/2023 18:16

Interpretation:

1. An abnormal TSH result should be followed by additional tests to investigate the cause of increase or decrease.
2. Many medications like aspirin and thyroid replacement therapy may affect the thyroid gland function results.
3. Extreme stress and acute illness may affect TSH results. Results may be low in first trimester of pregnancy.
4. The following table summarises test results and their potential meaning:

TSH	T4	T3	Interpretation
High	Normal	Normal	Mild (subclinical) hypothyroidism.
High	Low	Low or Normal	Hypothyroidism.
Low	Normal	Normal	Mild (subclinical) hyperthyroidism.
Low	High or Normal	High or Normal	Hyperthyroidism.
Low	Low or Normal	Low or Normal	Non-thyroidal illness.; rare pituitary (secondary) hypothyroidism.

Specimen:SERUM

TOTAL BILIRUBIN (DIAZO)	: 0.99	mg/L	0.01 - 1.2	02/12/2023 14:13
CONJUGATED (D. Bilirubin) (DIAZO)	: 0.49	mg %	0.0 - 0.4	02/12/2023 14:13
UNCONJUGATED (I.D. Bilirubin) (CALCULATED)	: 0.5	mg %	0.0 - 0.9	02/12/2023 14:13
AST / SGOT (IFCC, Without pyridoxal phosphate)	: 34.5	IU/L	0 - 35	02/12/2023 14:13

A. Navar

Navjot Kaur

INDUS INTERNATIONAL HOSPITAL

(A unit of Indus Super Speciality Healthcare Pvt. Ltd.)

Dr. Ankush Navar (PMC No. 31407) Consultant Pathologist
 Chandigarh - Ambala Road, National Highway - 22, Derabassi (MOHAW) Punjab (India)-140507
 24x7 Indus Information Centre +91-9762-512666 | Contact@indushospital.in | www.indushospital.in
 Dr. Navjot Kaur (PMC No. 45298) Consultant Pathologist
 MBBS, MD (Pathology) MBBS, MD (Biochemistry)

IH/Admin/001

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ALT / SGPT (IFCC, Without pyridoxal phosphate)	: 38.9	IU/L	0 - 45	02/12/2023 14:13	
ALKALINE PHOSPHATASE (Serum, AMP)	: 102	U/L	53 - 128	02/12/2023 14:13	
TOTAL PROTEIN (BIURET)	: 7.40	gm/dl	6.4 - 8.3	02/12/2023 14:13	
SERUM ALBUMIN (BCG)	: 4.55	gm/dl	3.50 - 5.2	02/12/2023 14:13	
GLOBULIN (CALCULATED)	: 2.85	gm/dl	1.5 - 3.0	02/12/2023 14:13	
A/G RATIO	: 1.6			02/12/2023 14:13	

Comments :

Liver function tests (LFT) are used to diagnose and monitor liver disease or damage. Levels that are higher or lower than normal can indicate liver problems. These are a group of tests which are helpful to screen for liver infections; determine how well a treatment is working or measure the severity of a disease or monitor possible side effects of medications.

RENAL FUNCTION TEST

Specimen:SERUM

BLOOD UREA (UREASE-GLDH)	: 19.9	mg /dl	19 - 55	02/12/2023 14:13
SERUM CREATININE Modified Jaffes Method	: 0.98	mg/dL	0.7 - 1.3	02/12/2023 14:13
SERUM URIC ACID (URICASE-POD)	: 7.0	mg/dL	3.5 - 7.2	02/12/2023 14:13

Comments:

Kidney function tests (KFT) are used when a patient has risk factors for kidney dysfunction such as hypertension, diabetes, cardiovascular disease, obesity, elevated cholesterol or a family history of kidney disease. It can also be

A. Nayyar

Navjot Kaur

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 Chandigarh-Ambala Road, National Highway - 22, Derabassi (MOHALI) Punjab (India)-140507
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done when someone has signs and symptoms of kidney disease, though in early stage often no noticeable symptoms are observed. Kidney function test is also useful for general health screening, screening patients at risk of developing kidney disease and management of patients with known kidney disease.

BIOCHEMISTRY

Specimen: Fluoride Plasma

BLOOD GLUCOSE - FASTING : 85.7 mg/dL 74 - 100 02/12/2023 14:13
 (GOD-POD)

Interpretation :

American Diabetes Association Guideline(Criteria for the diagnosis of Diabetes)

FPG >= 126mg/dL (7.0 mmol/L). Fasting is defined as no caloric intake for at least 8 hrs.

OR

2-h PG >= 200 mg/dL (11.1 mmol/L) during OGTT. The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75 g anhydrous glucose dissolved in water.

OR

A1C >=6.5% (48 mmol/mol). The test should be performed in a laboratory using a method that is NGSP certified and standardized to the DCCT assay.

OR

In a patient with classic symptoms of hyperglycemia or hyperglycemia crisis, a random plasma glucose >=200 mg/dL (11.1 mmol/L).

DCCT, Diabetes Control and Complications Trial; FPG fasting plasma glucose; OGTT, oral glucose tolerance test; WHO, World Health Organization; 2-h PG, 2-h plasma glucose.

In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results from the same sample or in two separate test samples.

BLOOD GLUCOSE - PP : 99.6 mg/dL 70 - 140 02/12/2023 15:58
 (GOD-POD)

BLOOD UREA : 19.9 mg/dl 19 - 55 02/12/2023 14:13
 (UREASE-GLDH)

BLOOD UREA NITROGEN (BUN) : 9.3 mg/dl 5.0 - 20.0 02/12/2023 14:13
 ERBA EM-200

A. Nayyar

Navjot Kaur

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Dr. Ankush Nayyar (PMC No. 31407) Dr. Navjot Kaur (PMC No. 45298)
Chandigarh-Ambala Road, National Highway - 22, Derabassi (MOHALI) Punjab (India)-140507

Consultant Pathologist 24x7 Indus Information Centre +91 1782 512666 | contact@indushospital.in | www.indushospital.in

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CLINICAL PATHOLOGY

URINE ANALYSIS

Specimen:URINE

VISUAL EXAMINATION

02/12/2023 15:49

COLOUR/APPEARANCE : PALE
YELLOW/CLEAR

02/12/2023 15:49

CHEMICAL EXAMINATION

02/12/2023 15:49

PROTEIN : NIL NIL
Error of indicators

02/12/2023 15:49

SUGAR : NIL NIL
Double sequential enzyme reaction

02/12/2023 15:49

REACTION (PH) : ACIDIC
Indicator Principle

02/12/2023 15:49

MICROSCOPIC EXAMINATION

02/12/2023 15:49

PUS CELLS : 1-2 /HPF 0 - 1

02/12/2023 15:49

EPITHELIAL CELLS : 0-1 /HPF 0 - 2

02/12/2023 15:49

RBC : NIL /HPF 0 - 0

02/12/2023 15:49

CRYSTALS : NIL NIL

02/12/2023 15:49

CASTS : NIL NIL

02/12/2023 15:49

AMORPHOUS DEPOSIT : NIL NIL

02/12/2023 15:49

BLOOD GROUP(ABO & RH TYPING)

Specimen:EDTA Whole Blood

BLOOD GROUP ABO : B
(Erythrocyte Magnetized Technology)

02/12/2023 18:51

BLOOD GROUP "RH" : POSITIVE
(Erythrocyte Magnetized Technology)

02/12/2023 18:51

IMMUNO CHEMISTRY

A. Nayar

Navjot Kaur

INDUS INTERNATIONAL HOSPITAL

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Dr. Ankush Nayar (PMC No. 31407) Consultant Pathologist
Dr. Navjot Kaur (PMC No. 45298) Consultant Pathologist

Chandigarh-Ambala Road, National Highway - 22, Derabassi (MOHAI) Punjab (India)-140507
24x7 Indus Information Centre +91-1762-512666 Contact@indushospital.in | www.indushospital.in

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Specimen:SERUM					
PROSTATE SPECIFIC ANTIGEN, PSA-TOTAL	: 1.021	ng/mL	0.0 - 4.0	02/12/2023 18:16	

REFARNCE RANGE:-
 NEGATIVE : < 4.0 ng/ml
 POSITIVE : >4.0 ng/ml

Clinical Significance:-
 Prostate-specific antigen (PSA), also known as gamma-seminoprotein or kallikrein-3, is a glycoprotein encoded in humans by the KLK3 gene. PSA is produced in the epithelial cells of the prostate, and can be demonstrated in biopsy samples or other histological specimens using immunohistochemistry. Disruption of this epithelium, for example in inflammation or benign prostatic hyperplasia, may lead to some diffusion of the antigen into the tissue may suggest the presence of prostate cancer. However, prostate cancer can also be present in the complete absence of an elevated PSA level, in which case the test result would be a false negative. PSA levels can be also increased by prostatitis, irritation, benign prostatic hyperplasia (BPH), and recent ejaculation, producing a false positive result. Digital rectal examination (DRE) has been shown in several studies to Produce an increase in PSA.

ENDOCRINOLOGY

Specimen:EDTA Whole Blood

GLYCOSYLATED Hb (HbA1C) HPLC	: 5.2	%		02/12/2023 14:44
Estimated Average Glucose (eAG)	: 102.54	mg/dL		02/12/2023 14:44

Comments:-

Haemoglobin A1c (HbA1c) correlates with a time weighted average of plasma glucose values over the previous 3 to 10 weeks. The measurement of HbA1c is therefore a reflection of glucose control over a far longer period than a blood glucose value and it remains unaffected by the short term fluctuation in blood sugar levels.

EXPECTED VALUES:

Non Diabetic	4.5% - 5.9%
Good control	6.0% - 6.8%
Fair control	6.9% - 7.6%
Poor control	7.7% and above

A. Nayyar

Navjot Kaur

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End of Report***
 For Home Blood Collection Services Call 01762-512600 or 8437721021.
 Timings for Home Care Department : 06:00 - 18:00 hours.
 The results are released by technical staff under the supervision of authorised person

A. Nayyar

Navjot Kaur

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 24x7 Indus Information Centre +91 1762 512600 | contact@indushospital.in | www.indushospital.in
 Dr. Ankush Nayyar (PMC No. 31407) Consultant Pathologist MBBS, MD (Pathology)
 Dr. Navjot Kaur (PMC No. 45298) Consultant Pathologist MBBS, MD (Pathology)

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Name : JAVED AHMED	Pat ID : 23-12-02-115436
Age : 46/M	Sex : M
Modality : US	Date : 02/12/2023
Time : 11:56:04	Radiologist : Dr Bhavneet Singh
Ref. Doctor : INDUS	Imaging Center : INDUS HOSPITAL,DERABASSI

USG ABDOMEN

LIVER: On real time B – mode sonography liver is of normal size, shape and homogenous echotexture. Intrahepatic biliary radicles & hepatic veins are normal. No focal sonographically appreciable lesion of altered echogenicity is detected in the hepatic parenchyma. Portal vein is normal at porta.

GALL BLADDER: Gall bladder is partially distended (Adv: Follow up). Proximal CBD is normal at porta. Distal CBD is obscured due to bowel gases.

SPLEEN: is normal in size, shape and echotexture. No sonographically appreciable S.O.L. is seen in its parenchyma. Splenic vein is normal in caliber.

PANCREAS: Pancreatic head appears normal. Rest of the pancreas obscured due to bowel gases. (Adv: Serum amylase/lipase correlation if clinically indicated)

RIGHT KIDNEY: Right kidney is normal in size, shape and echotexture. Its corticomedullary differentiation is well maintained. Parenchyma and cortical thickness is normal. Renal sinus echoes are normal. No sonographically appreciable calculus/ hydronephrotic changes / mass are seen in relation to the kidney.

LEFT KIDNEY: Left kidney is normal in size, shape and echotexture. Its corticomedullary differentiation is well maintained. Parenchyma and cortical thickness is normal. Renal sinus echoes are normal. No sonographically appreciable calculus/ hydronephrotic changes / mass are seen in relation to the kidney.

URINARY BLADDER: Urinary bladder is partially distended.

PROSTATE : is enlarged in size having a volume of 30 cc.

No free fluid seen.

IMPRESSION:

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24x7 Indus Information Centre +91 1762 512666 | contact@indushospital.in | www.indushospital.in

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- *Grade I prostatomegaly.*

Adv: Clinical correlation & follow up/further evaluation if clinically indicated



Dr Bhavneet Singh
MBBS MD & DNB (Radiodiagnosis)
Consultant Radiologist

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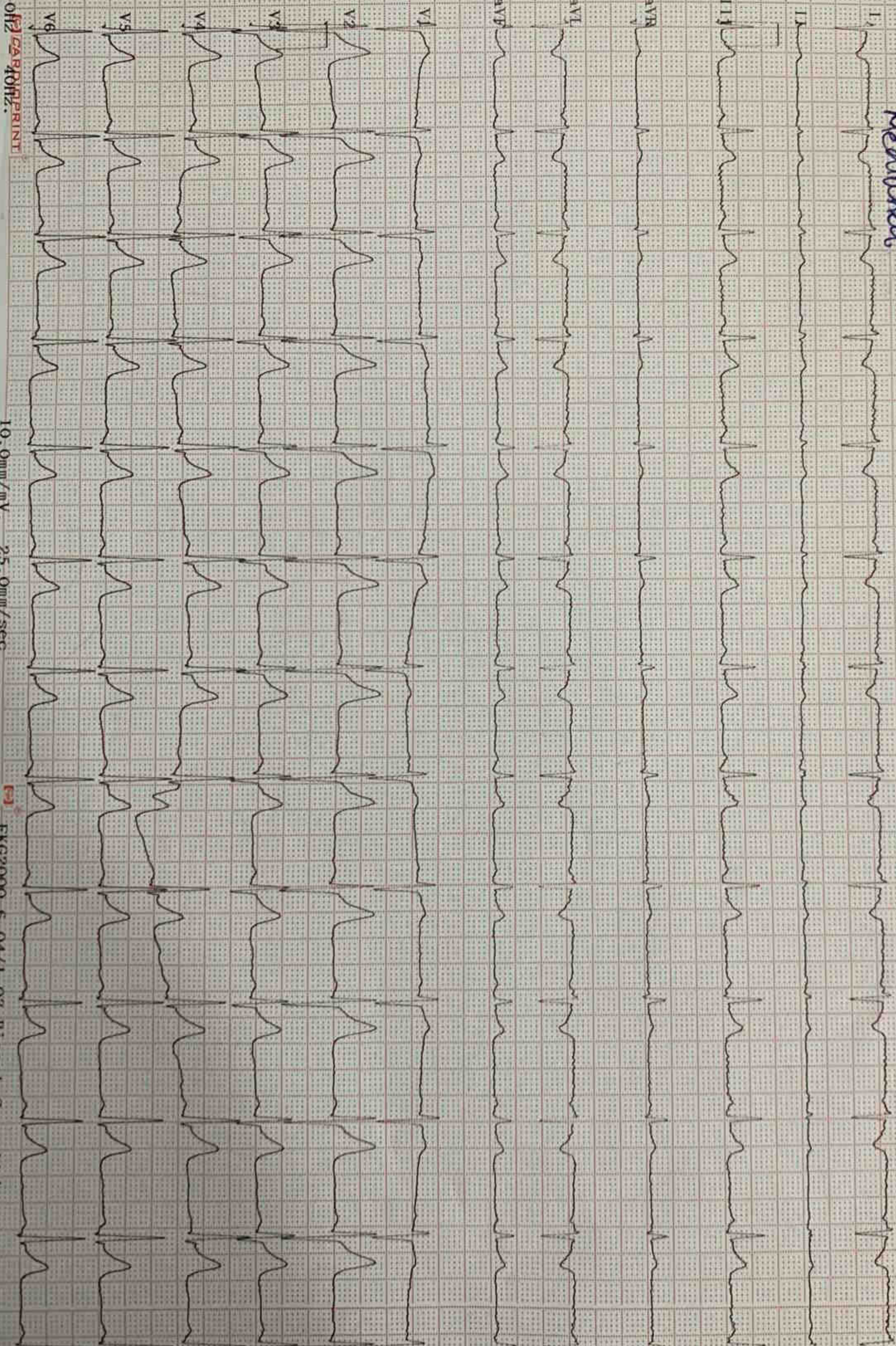
2023-12-02 09:54:56

Heart Rate: 68 bpm

12 Channel Rhythm Report

Hosp: Prescribed by:

ID :
Name: *Javed*
Age :
Sex :
H : / W :
Medisheel



OHZ CARP/PRINT

10.0mm/mV. 25.0mm/sec

EKG2000 6.04/1.03 Bionet Co., Ltd.



HIGH RESOLUTION HARMONIC ECHOCARDIOGRAPHY

NAME: AHMED JAVED	AGE/SEX: 46YEAR/MALE
UHID NO : IH/31975/23	DATE :02/12/23

M - MODE PARAMETERS

(Based On Guidelines Of American Society Of Echocardiography)

(NORMAL VALUES)

Left Ventricular ED Dimension	4.0cm (3.7- 5.6cm)
Left Ventricular ES Dimension	3.0cm (2.2 - 4.0cm)
Right Ventricular ED Dimension	1.8cm (0.7 - 2.6cm)
Inter Vent. septum thickness (D)	1.0cm (0.6 - 1.1cm)
LV posterior wall thickness (D)	1.1cm (0.6-1.1cm)
Aortic root diameter	2.8cm (2.0-3.7cm)
Left atrial diameter	3.0cm (1.9-4.0cm)

INDICES OF LV SYSTOLIC FUNCTIONS

(NORMAL VALUES)

Ejection Fraction	58% (54-76%)
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MITRAL VALVE: Thin, Posterior mitral leaflet moves posteriorly during diastole, no sub-valvular pathology, no calcification, no anterior mitral leaflet flutter, no B- bump, no prolapse.

TRICUSPID VALVE: Thin, opening well, no prolapse.

AORTIC VALVE: Thin, Trileaflet, opens fully, central closure, no systolic flutter.calcification

PULMONARY VALVE: Thin, opens well, Normal 'ef slope, Normal 'a' wave, no mid-systolic notch. Pulmonary Artery not dilated.

LEFT VENTRICLE -No hypertrophy, visual LVEF:58%

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COLOUR FLOW, PULSE & CONTINUOUS WAVE DOPPLER

Trivial mitral regurgitation.

No aortic regurgitation.

Trivial tricuspid regurgitation.

Mitral diastolic flow shows E wave smaller than A wave

Aortic forward velocity 121 cm/sec.

Pulmonary forward velocity 75 cm/sec.

COMMENTS

No LA, LAA, LV CLOT seen.

No vegetation on any valve.

No intra cardiac mass.

No pericardial effusion.

IAS IVS intact.

IMPRESSION: - Findings suggestive of

NORMAL SIZE CARDIAC CHAMBERS

NO LV RWMA

GOOD BIVENTRICULAR SYSTOLIC FUNCTION

NORMAL LV FILLING PATTERN

TRIVIAL MR

TRIVIAL TR

DR. S. PAREKH
MBBS, MD, DNB
Consultant
Reg No.: 176
Mobile: 98151
REKH
RADIOLOGIST
JGIST
3
311

Dr Sandeep Parekh
MBBS, MD (Medicine), DNB (Cardiology) MNAMS, FESC, FAPSIC, FSCAI
Consultant Interventional Cardiologist

Impression is not the diagnosis but report of the investigation, hence should be correlated clinically. Interpretation of Echocardiography is based on images acquired by the equipment and therefore has technical limitations as well as inaccuracies inherent in the laboratory.

INDUS INTERNATIONAL HOSPITAL

(A unit of Indus Super Speciality Healthcare Pvt. Ltd.)

Chandigarh-Ambala Road, National Highway - 22, Derabassi (MOHALI) Punjab (India)-140507
24x7 Indus Information Centre +91 1762 512666 | contact@indushospital.in | www.indushospital.in

NOT VALID FOR MEDICO-LEGAL PURPOSES

D AHMED / 46 YRS / M / 164 Cms / 81 Kg / HR : 73

Dec-2023 11:33:08 AM METS: 1.0 / 73 bpm 42% of THR BP: 132/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

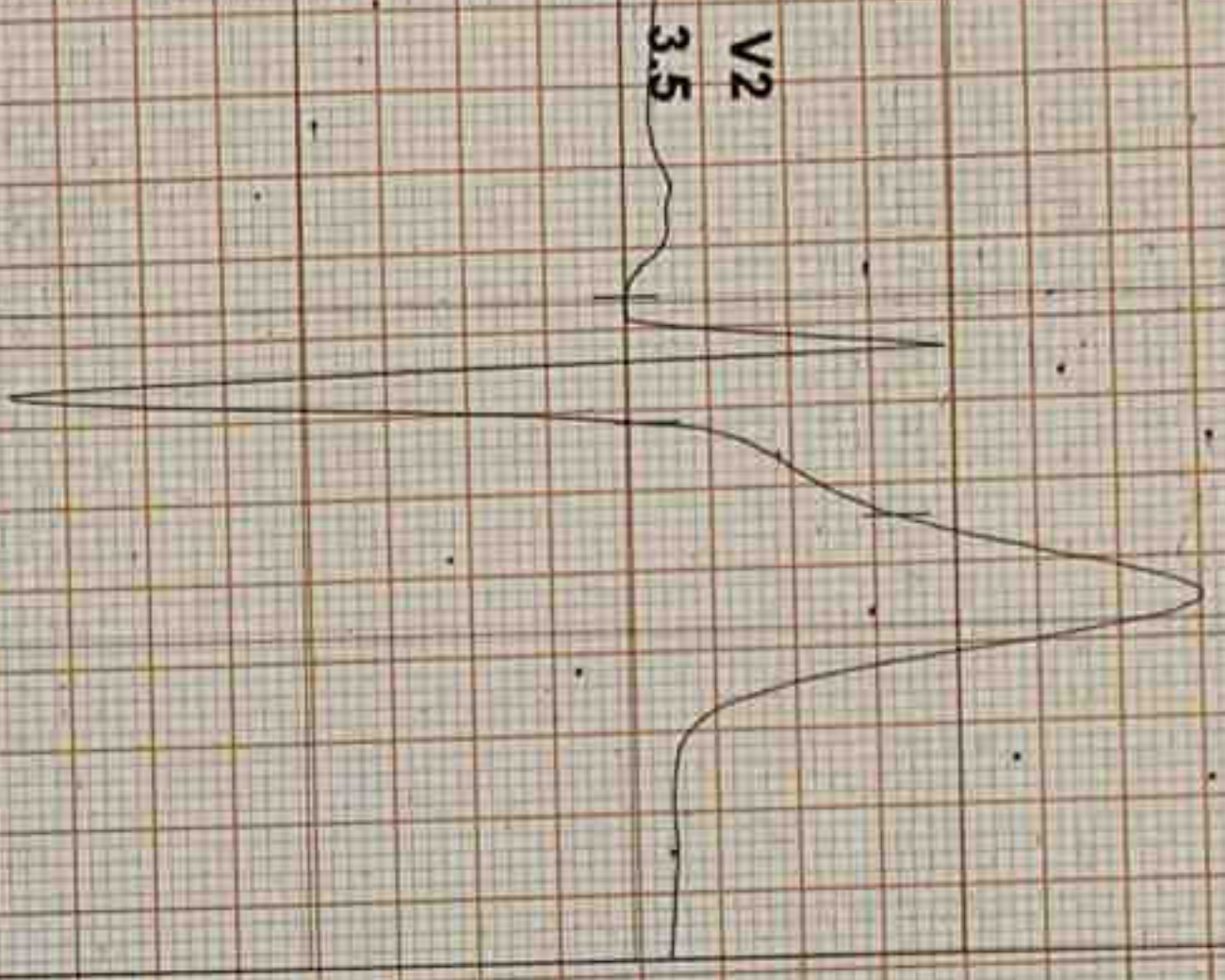
80 mS Post J

ExStit



ExTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV



V2 3.5

I
STL 1.1
STS 0.8

II
2.8
1.6

III
1.7
0.9

aVR
-2.0
-1.2

aVL
-0.3
-0.1

aVF
2.2
1.3

V1
0.5
1.0

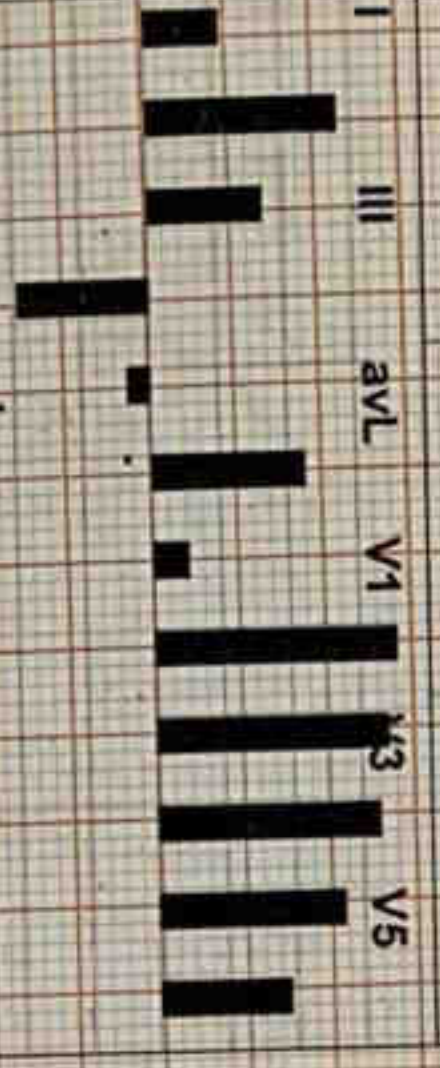
V2
3.5
3.3

V3
3.4
3.0

V4
3.2
2.5

V5
2.7
1.8

V6
1.9
1.1



REMARKS:

(ADX_GEM216201125)(A)Allengers

DAHMED / 46 Yrs / M / 164 Cms / 81 Kg / HR : 115

BRUCE : Stage 1 (03:00)

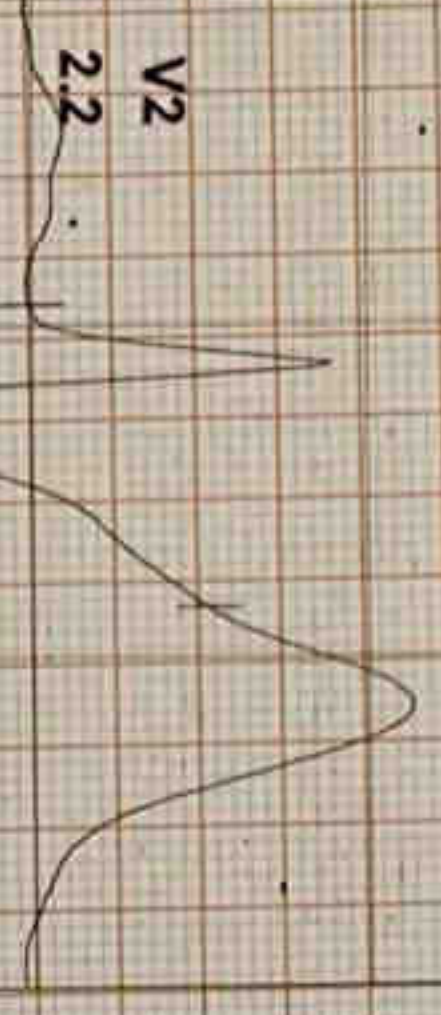


Dec-2023 11:33:08 AM METS: 4.7 / 115 bpm 66% of THR BP: 132/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 03:00 1.7 mph .10.0%

80 mS Post J

25 mm/Sec. 1.0 Cm/mV



I
STL 0.7
STS 0.8

II
3.1
1.6

III
2.3
0.8

aVR
-1.9
-1.3

aVL
-0.7
0.0

V1
0.1
2.0

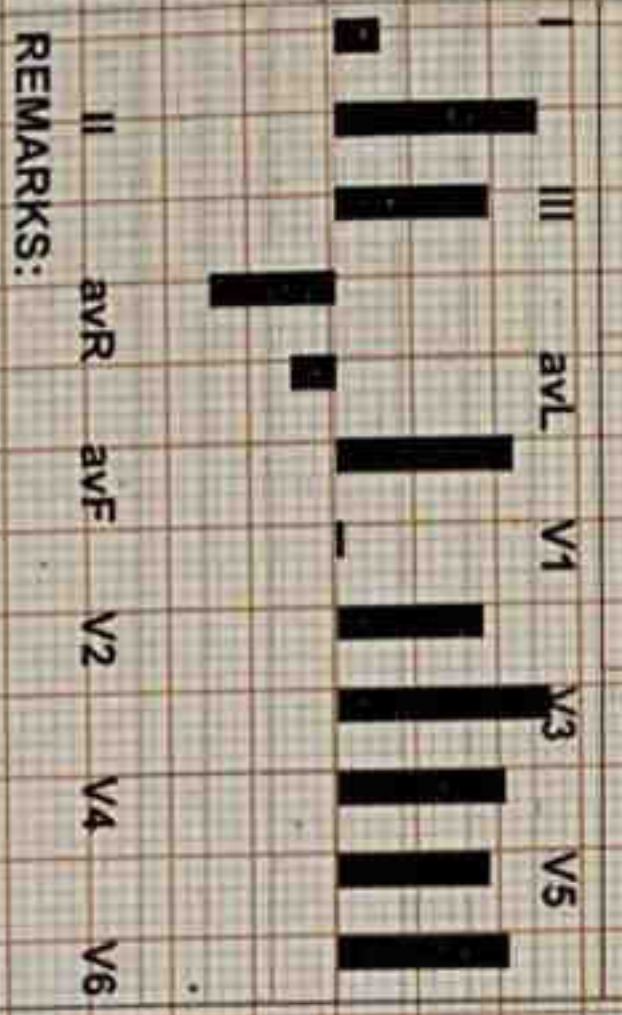
V2
2.2
4.0

V3
3.2
5.0

V4
2.5
3.3

V5
2.3
2.4

V6
2.6
1.7



REMARKS:

(ADX_GEM216201125)(A)Allengers

DAHMED / 46 Yrs / M / 164 Cms / 81 Kg / HR : 142

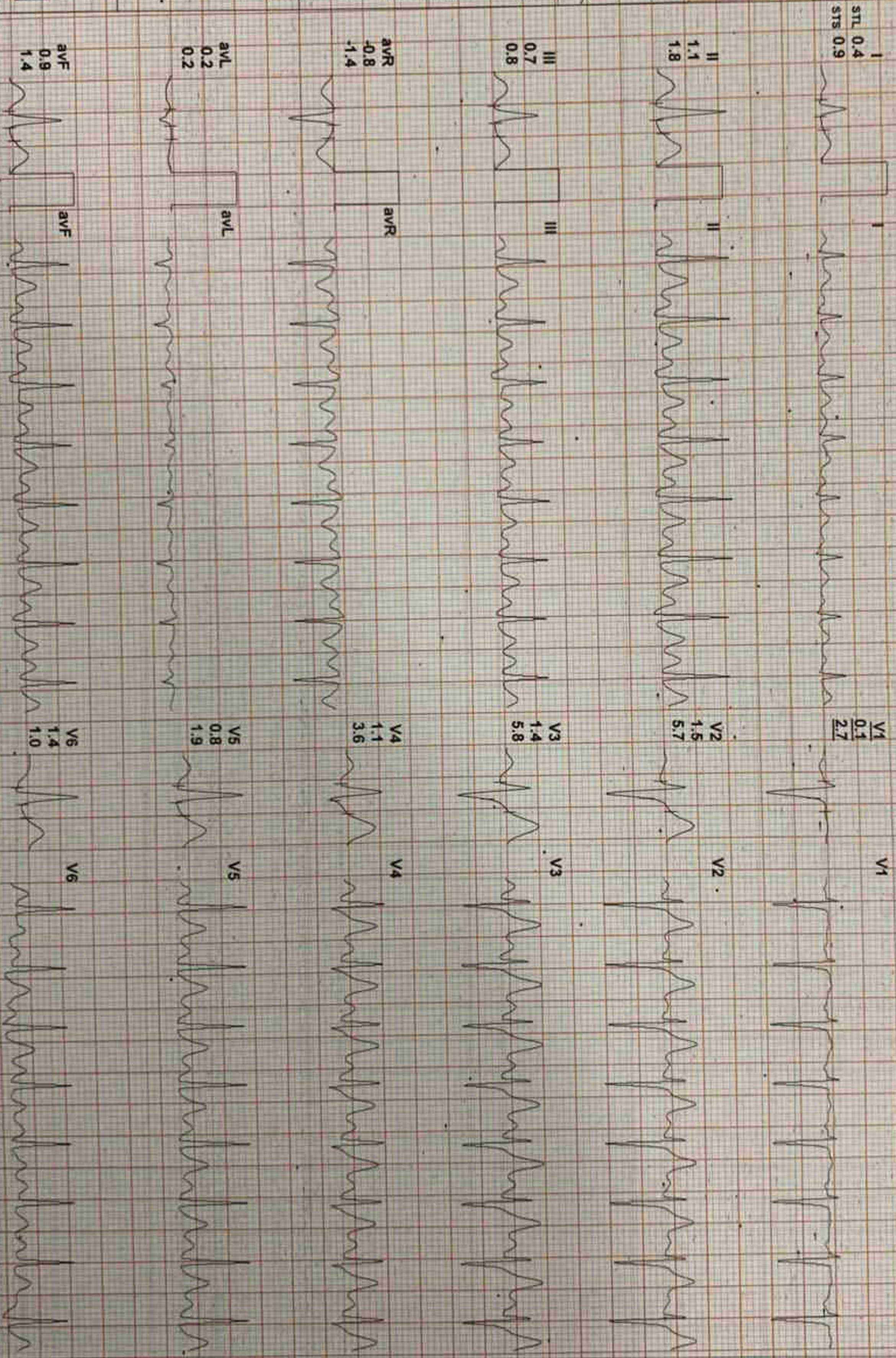
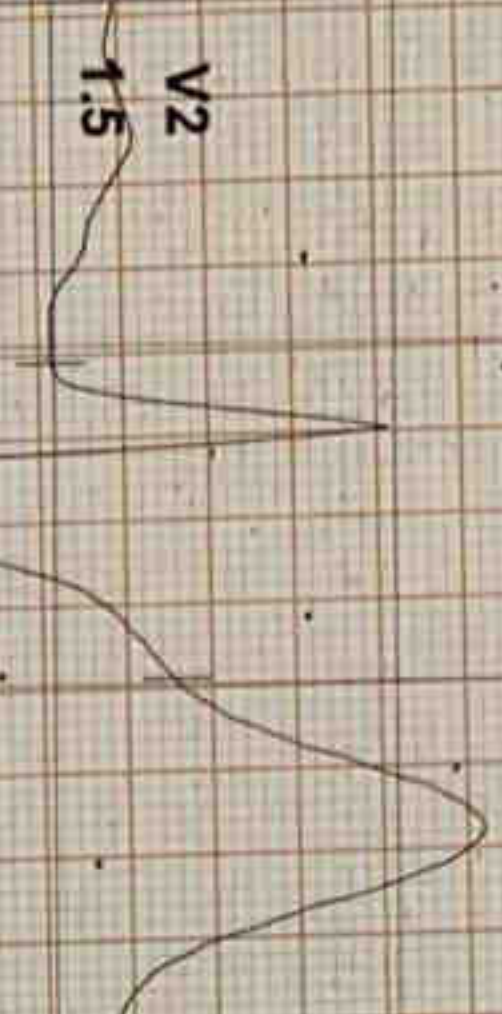
Dec-2023 11:33:08 AM : METS: 7.1 / 142 bpm 82% of THR BP: 132/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 06:00 2.5 mph, 12.0%

BRUCE : Stage 2 (03:00)



60 mS Post J



I III aVL V1 V3 V5
II aVR aVF V2 V4 V6

REMARKS:

(ADX_GEM216201125)(A)Allengers

D AHMED / 46 Yrs / M / 164 Cms / 81 Kg / HR : 156

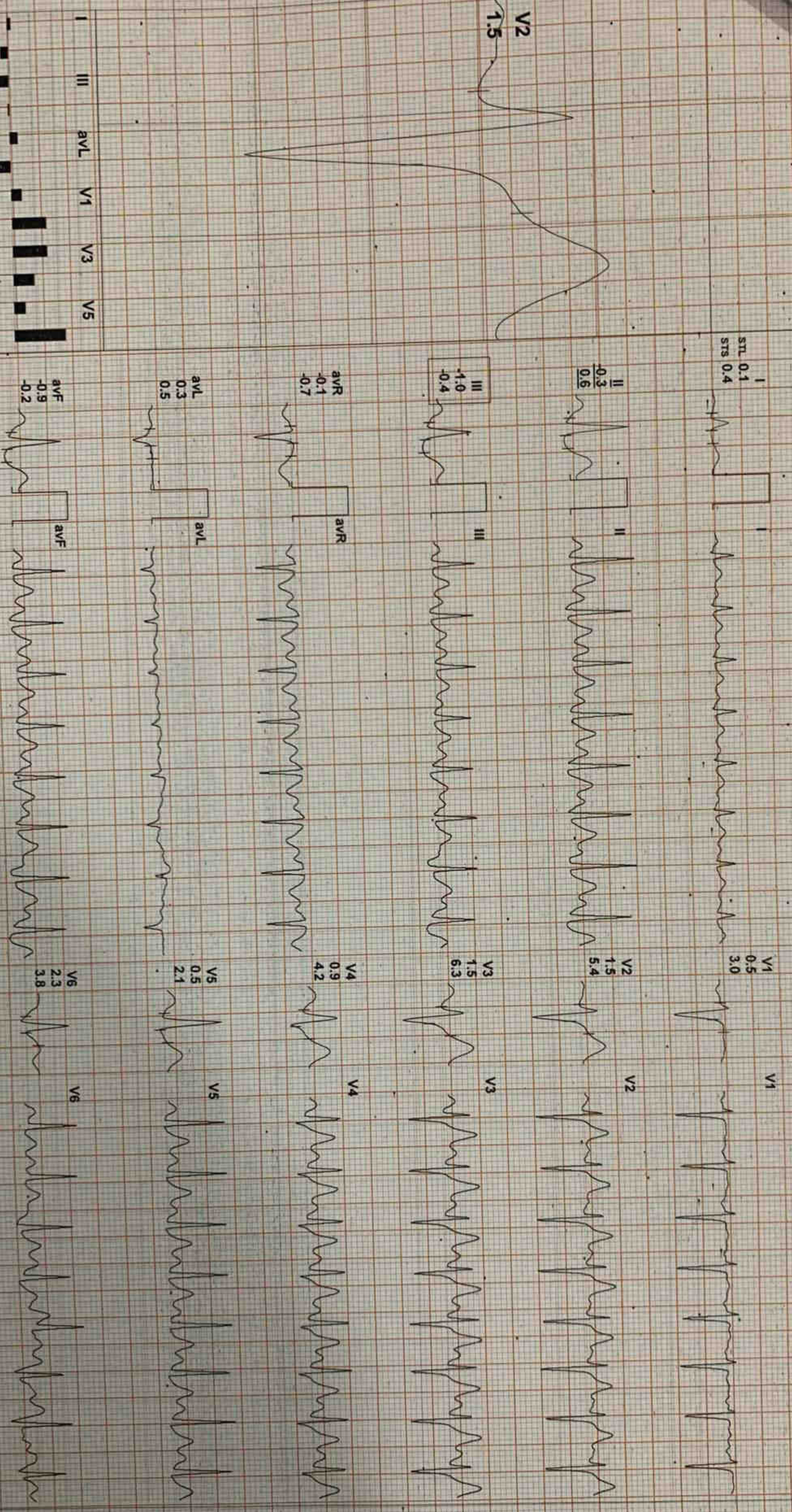
Dec-2023.11:33:08 AM METS: 8.0 / 156 bpm 90% of THR BP: 132/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

60 mS Post J

PeakEx



EXTime: 06:50 3.4 mph. 14.0%
25 mm/Sec. 1.0 Cm/mV



REMARKS:

(ADX_GEM216201125)(A)Allengers

ED AHMED / 46 Yrs / M / 164 Cms / 81 Kg / HR : 155

02-Dec-2023 11:33:08 AM METS: 4.1 / 155 bpm 89% of THR BP: 132/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 -Hz

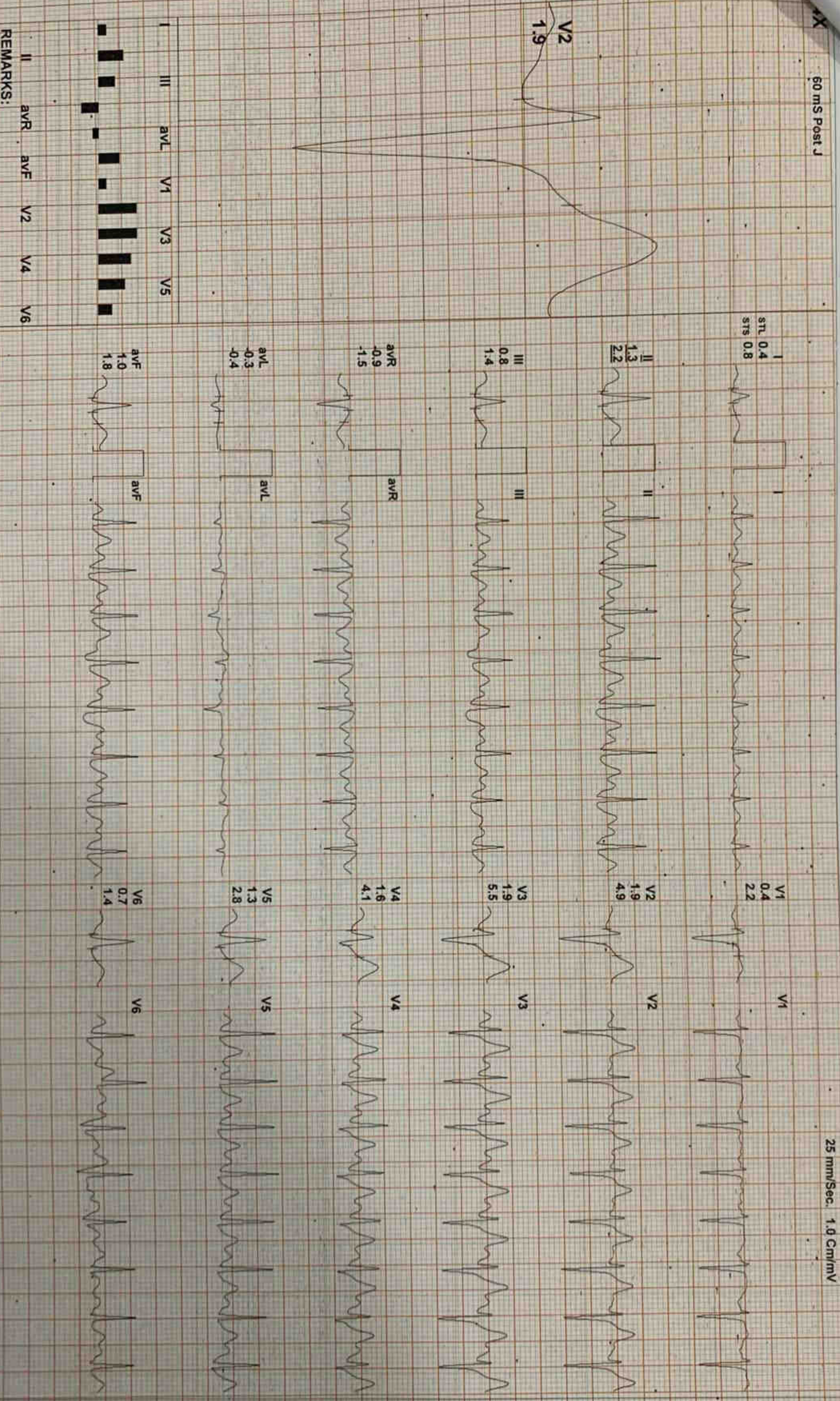
Recovery : (00:30)



ExTime: 06:50 1.1 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

60 mS Post J



REMARKS:
I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

DAHMED / 46 Yrs / M / 164 Cms / 81 Kg / HR : 143

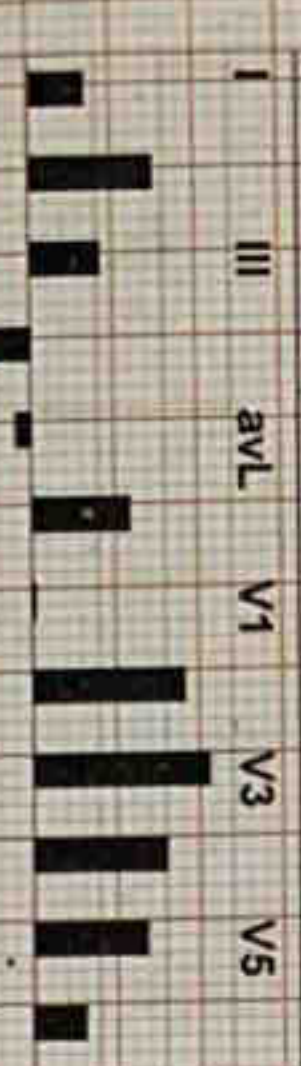
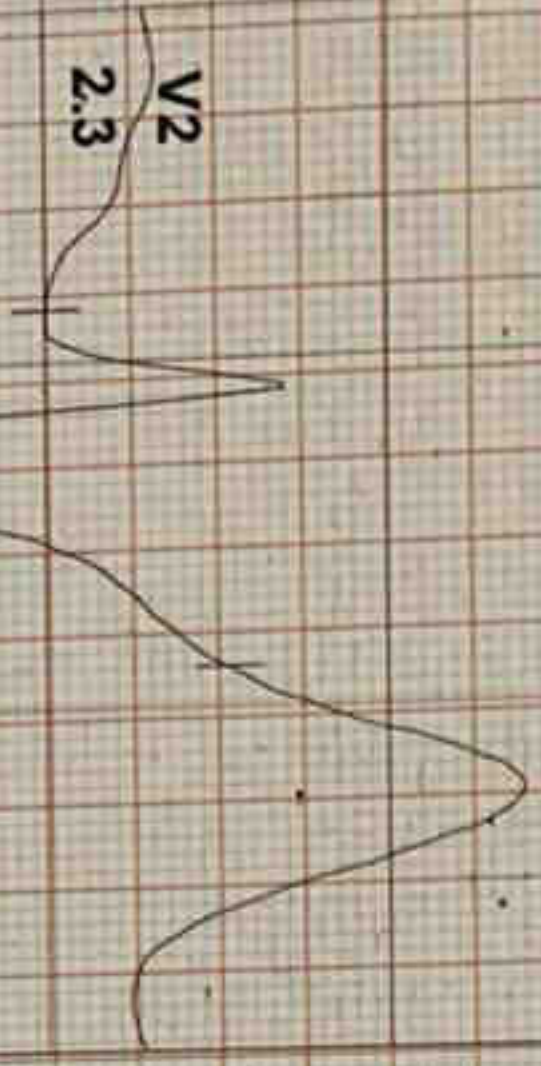
Dec-2023 11:33:08 AM METS: 1.1 / 143 bpm 82% of THR BR: 132/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

60 mS Post J

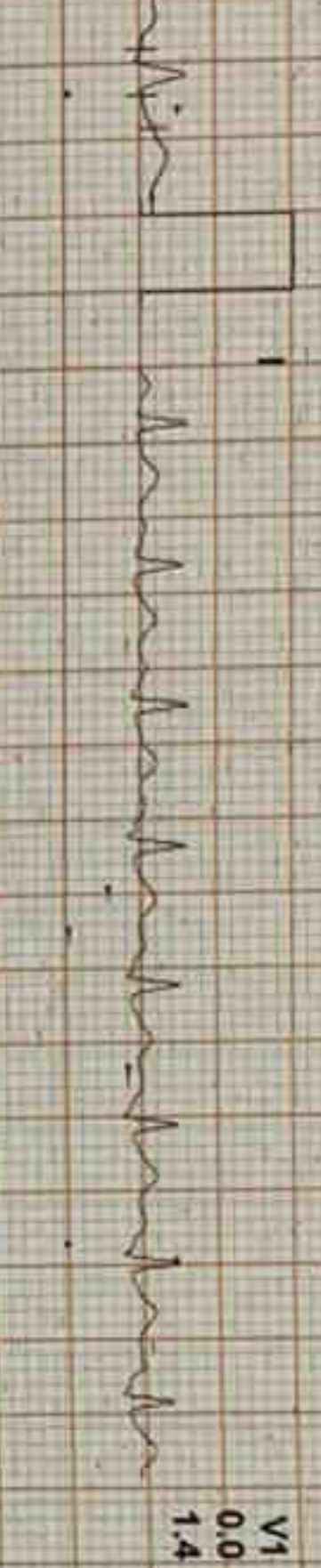
Recovery : (01:00)



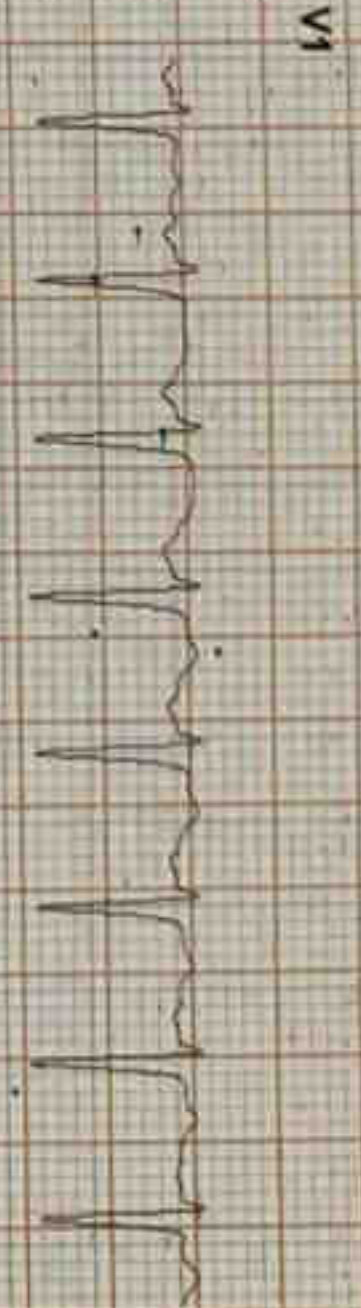
ExTime: 06:50 1.1.mph, 0.0%
25 mm/Sec. 1.0 Cm/mV



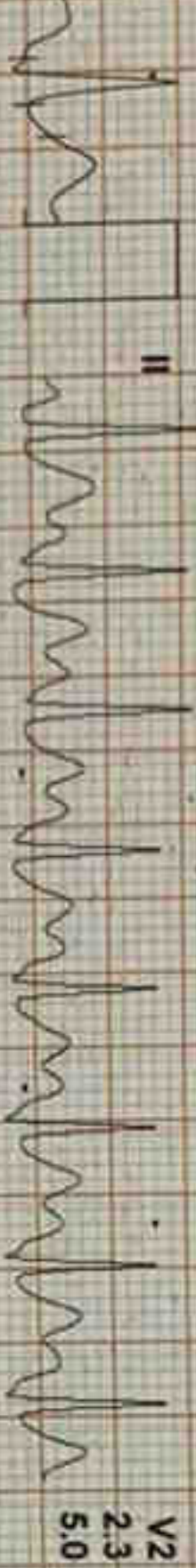
I
STL 0.8
STs 1.3



V1
0.0
1.4



II
1.8
2.5



V2
2.3
5.0



III
1.0
1.4



V3
2.6
5.7



aVR
-1.4
-2.0



V4
2.0
4.3



aVL
-0.2
-0.2



V5
1.7
3.2



aVF
1.5
2.1



V6
0.8
1.4



REMARKS:

(ADX_GEM216201125(A)Allengers

ADAHMED / 46 Yrs / M / 164 Cms / 81 Kg / HR : 111

2-Dec-2023 11:33:08 AM MEIS: 1.0/ 111 bpm 64% of THR BP: 132/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

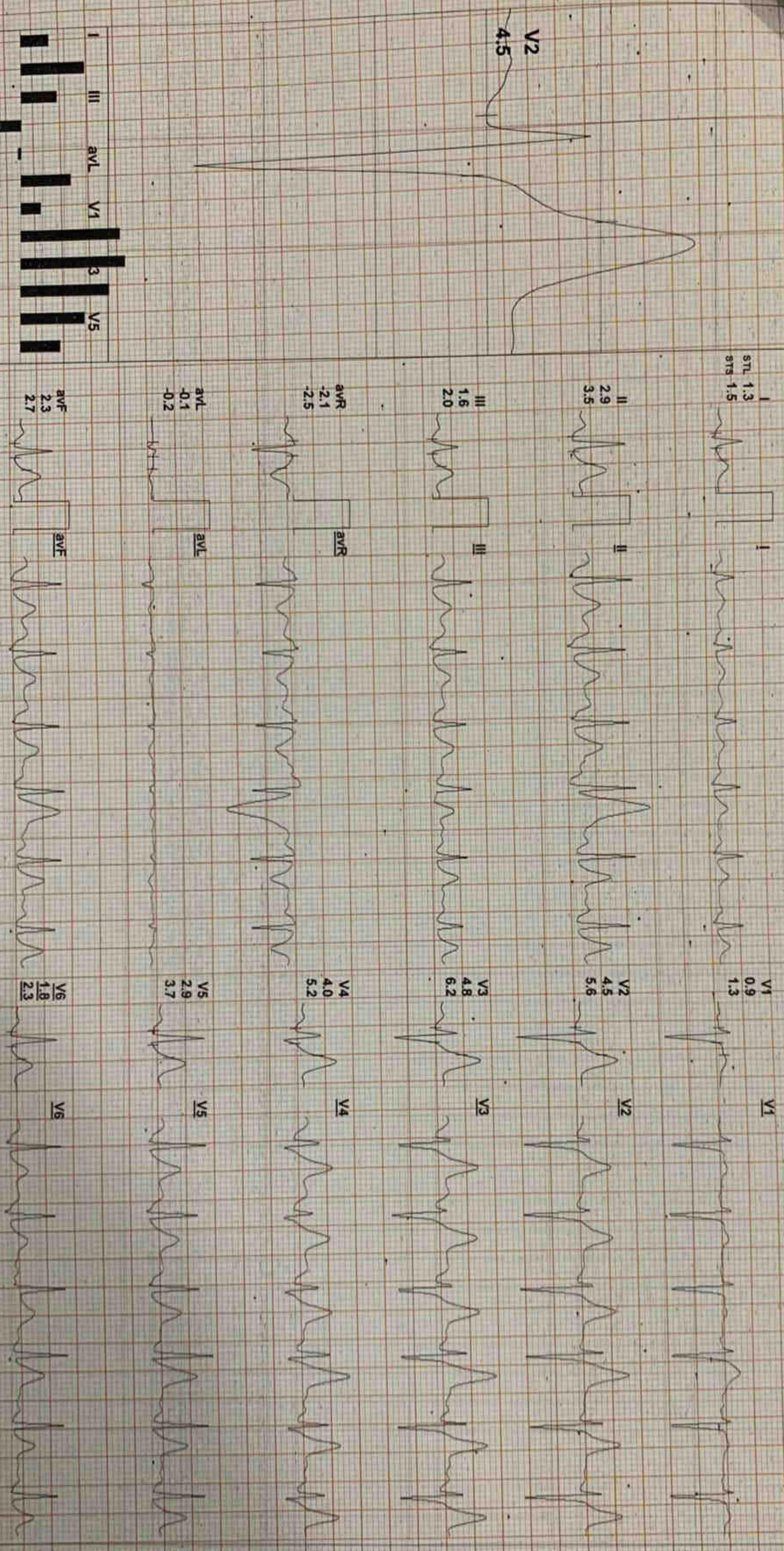
Recovery : (02:00)



ExTime: 06:50 0.0 mph, 0.0%

25 mm/Sec 1.0 Cm/mV

80 mS Post J



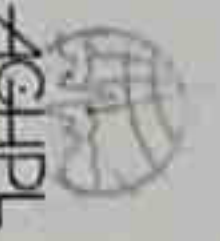
REMARKS:

(ADX_GEM216201125)(A)Allengers

ADAHMED / 46 Yrs / M / 164 Cms / 81 Kg / HR : 98

Dec-2023 11:33:08 AM METS: 1.0/ 98 bpm 56% of THR. BP: 132/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

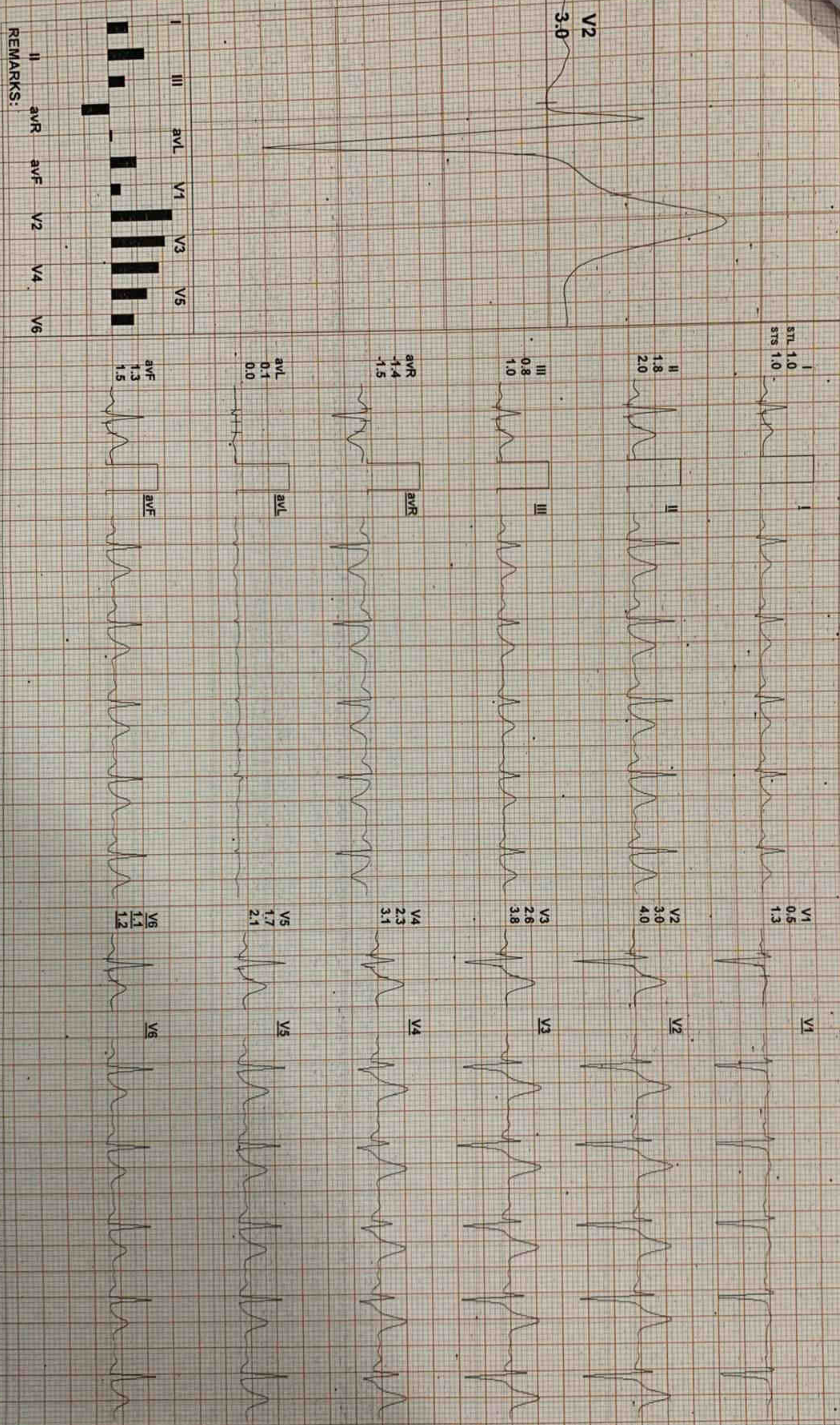
Recovery : (03:00)



ExtTime: 06:50 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

80 mS Post J



REMARKS:
I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

EDAHMED / 46 Yrs / M / 164 Cms / 81 Kg / HR 93

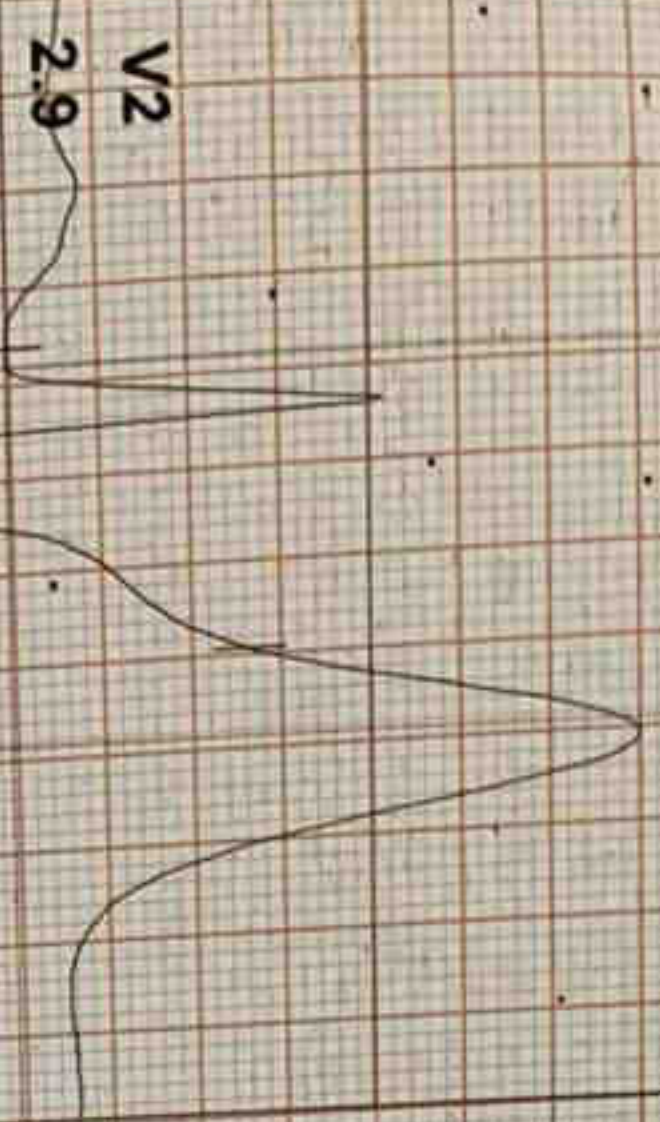
Dec-2023 11:33:08 AM . METS: 1.0/ 93 bpm 53% of THR BP: 132/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05-Hz/LF 35 Hz.

Recovery : (03:10)

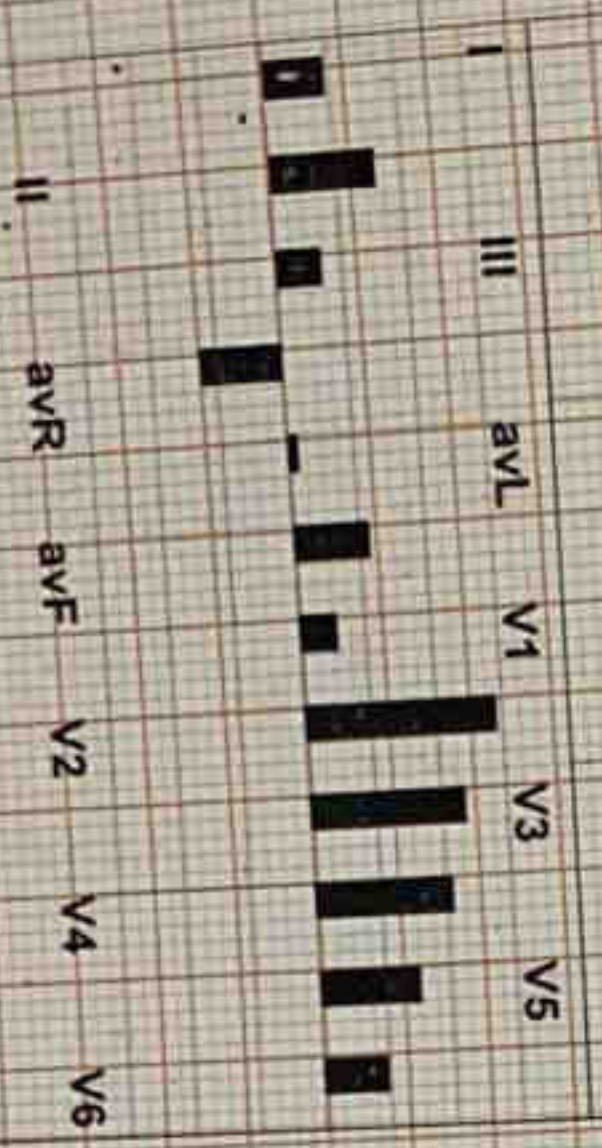


80 ms Post J

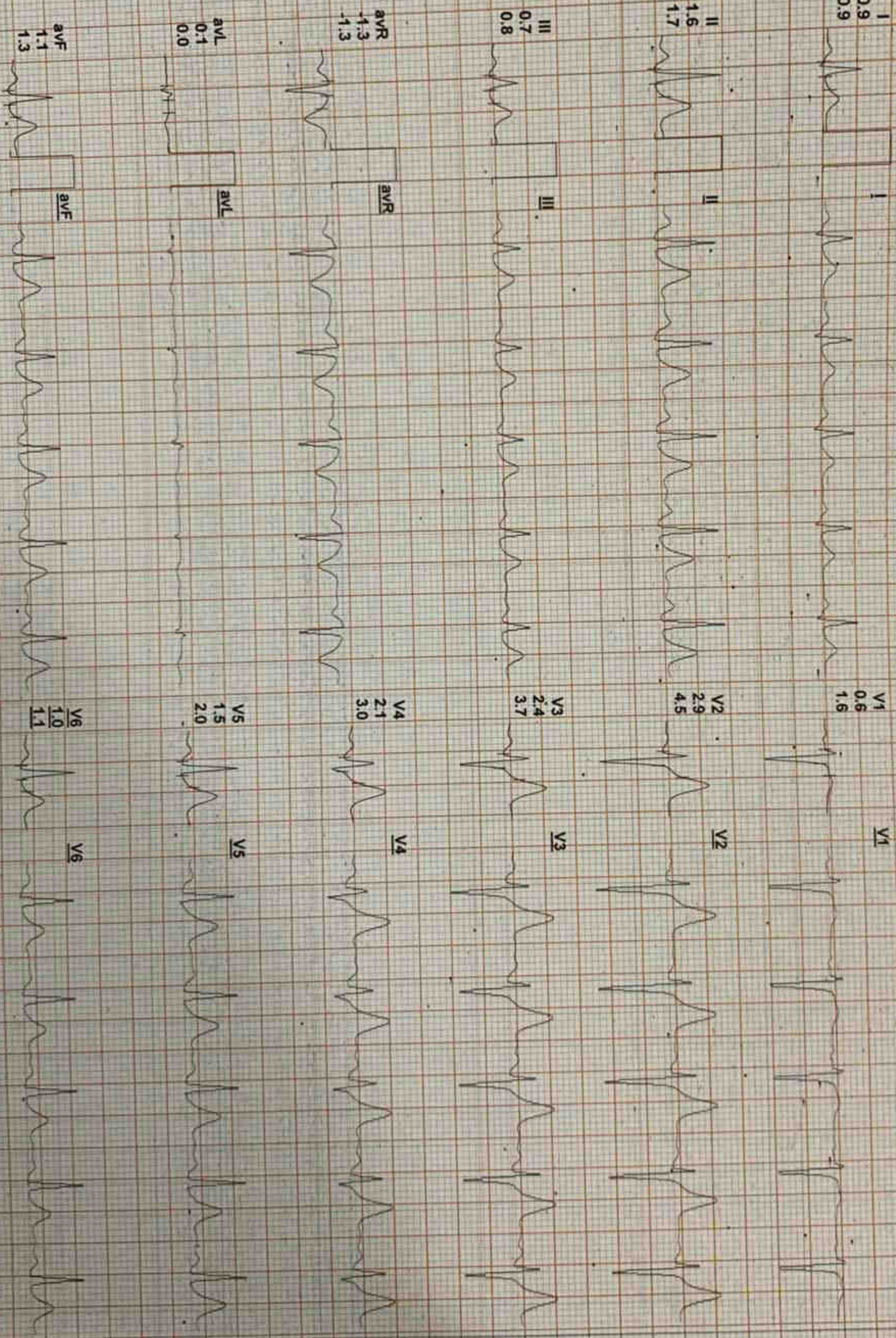
ExTime: 06:50 0.0 mph, -0.0%
25 mm/Sec. 1.0 Cm/mV



STL 0.9
STS 0.9



REMARKS:



(ADX_GEM216201125)(A)Allengers



INDUS HEALTHCARE



Name : AHMED JAVED

Pat ID : IH/312975/23

Age : 046Y

Sex : M

Modality : DX

Date : 02/12/2023

Time : 15:23:07

Radiologist : Dr Bhavneet Singh

Ref. Doctor : MEDICAL OPD/AHL

Imaging Center : INDUS INTERNATIONAL HOSPITAL, DERABASSI (PUNJAB)

X-RAY CHEST PA

Inspiratory radiograph.

Rotation-nil

Trachea- central

Both lungs fields: **B/L prominent bronchovascular markings seen**

Mediastinum and both hila appear normal.

Cardia is normal.

Both domes of diaphragm and CP angles appear normal.

Soft tissue and bony cage appear normal.

Suggest clinical correlation and follow up.

Dr Bhavneet Singh
MBBS MD & DNB (Radiodiagnosis)
Consultant Radiologist

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Chandigarh-Ambala Road, National Highway - 22, Derabassi (MOHALI) Punjab (India)-140507

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