

SHOBHIT AGARWAL

43Y/

Male DMH

23/03/2024 09:11:56

Chest PA

DIVYAMAN HOSPITAL PRIVATE LIMITED X-RAY DEPARTMENT

OPP. VEER BAHADUR SINGH SPORT COLLEGE, RAPTINAGAR PHASE-1, GORAKHPUR MOB. 7525969999



**REPORT**

I.D. NO	U/23-03-04	March 23, 2024
PATIENT NAME	Mr. SHOBHIT AGRAWAL	AGE/SEX 43 Y/M
REF. BY	DIVYAMAN HOSPITAL	

**USG: WHOLE ABDOMEN (Male)**

Liver – Normal in size (143.8mm) with grade –I fatty echotexture. No IHBR dilatation / focal SOL are seen.

Gall bladder – is distended. No calculus in lumen. Wall thickness is normal.  
CBD – normal. PV - normal. porta – normal

Pancreas is normal in thickness. Clearly defined margins are seen. Pancreatic duct is not dilated.

Spleen is normal in size (83.5mm) and echotexture. No focal lesion is seen. Diaphragmatic movements are within normal limits on both sides.

Both kidney - normal in size , outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder is fully distended. Wall is smooth and regular. Lumen is echofree.

Prostate: is normal in size 49.4x33.2x27.5 mm, volume 23.5 cc. Margins are well-defined. Capsule is normal.  
Two well-defined mildly hypoechoic nodules measuring 13.5x8.5 mm & 12.7x11.3 mm noted in left peripheral and transitional zone.  
No evidence of Ascites / Retroperitoneal Lymphadenopathy.

**IMPRESSION**

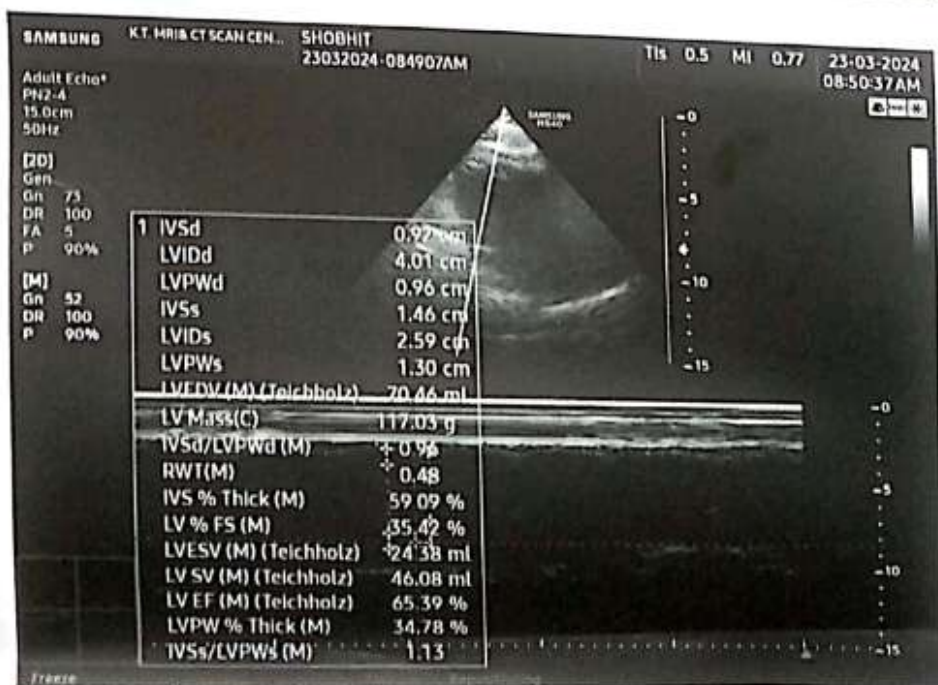
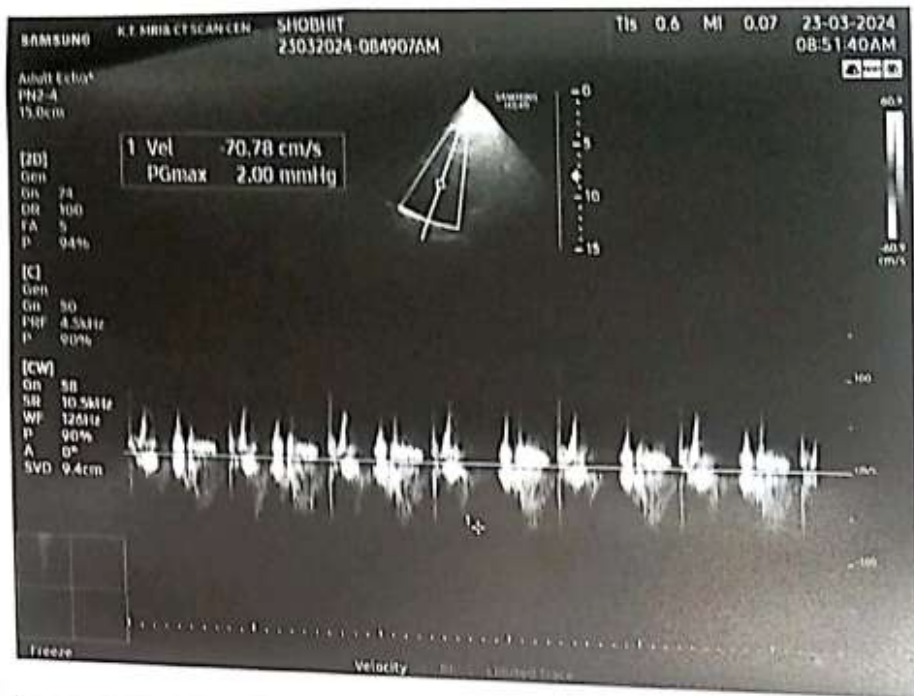
- **FATTY LIVER GRADE- I.**
- **TWO WELL-DEFINED MILDLY HYPOECHOIC NODULES IN LEFT PERIPHERAL AND TRANSITIONAL ZONE OF PROSTAATE.....? NATURE.**

**ADV – CLINICAL CORRELATION/ SERUM PSA & MRI PROSTATE FOR BETTER EVALUATION.**

Note : All USG finding are dynamic in nature and are subjected to change with course of disease and time, prescribing clinician are advised to correlate USG finding with clinical findings.

(Consultant Radiologist)





**REPORT**

**AORTIC VALVE**

Morphology Normal/Thickening/Calcification/Restricted opening/Flutter/Vegetation  
No of cusps 1/2/3/4

Doppler Normal/Abnormal  
Aortic stenosis Present/Absent Level  
PSG\_ mmHg Aortic annulus\_ mm  
Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe.

Measurements	Values (Cm)	Measurements	Values (Cm)
Aorta :	3.45	LAcS :	3.34
Lves :		Lved :	4.01
IVSed :	0.92	PW (LV):	
RVed :		RV Anterior wall	
EF :	65%	IVC	

IVSmotion Normal/Flat/Paradoxical/Other

**CHAMBERS**

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy/RWMA  
LA Normal/Enlarged/Clear/Thrombus  
RA Normal/Enlarged/Clear/Thrombus  
RV Normal/Enlarged/Clear/Thrombus  
Pericardium Normal/Thickening/Calcification/Effusion

**IMPRESSION**

- NO RWMA AT REST
- NORMAL LV FUNCTION
- LVEF 65% 2D
- NORMAL SIZE CARDIAC CHAMBER
- NO I/C CLOT/VEG
- NO PERICARDIAL EFFUSION.

Cardiologist.



CT Scan पीलिया, वेर, सीक जॉर्ज  
CT Angiography



MRI Scan  
4D Colour Dopler



ECG, ECO Cartiography  
Dr. Lal Path Lab





**REPORT**

I.D. NO 11	: U/23-03-03	March 23, 2024
Patient's Name:	: MR. SHOBHIT AGRAWAL	AGE/SEX :43 YRS / M
Ref by Dr.	: DIVYAMAN HOSPITAL	

**2D- ECHO**

**MITRAL VALVE**

Morphology

AML- Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/Sam/Doming.  
PML- Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.

Doppler

Subvalvular deformity Present/Absent Score :  
Normal/Abnormal E>A A>E  
Mitral Stenosis Present/Absent RR Interval\_ msec  
EDG\_ mmHg MDG\_ mmHg MVA\_ cm2  
Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe.

**TRICUSPID VALVE**

Morphology

Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.

Doppler

Normal/Abnormal.  
Tricuspid stenosis Present/Absent RR Interval\_ msec.  
EDG\_ mmHg MDG\_ mmHg  
Tricuspid regurgitation/Absent/Trivial/Mild/Moderate/Severe Frangmemed signals.  
Velocity\_ msec. Pred. RVSP=RAP+\_ mmHg

**PULMONARY VALVE**

Morphology

Normal/Atresia/Thickening/Doming/Vegetation.

Doppler

Normal/Abnormal  
Pulmonary stenosis Present/Absent Level  
PSG\_ mmHg Pulmonary annulus\_ mm  
Pulmonary regurgitation Present/Absent  
Early diastolic gradient\_ mmHg. End diastolic gradient\_ mmHg

**उपलब्ध सुविधाएँ**



- CT Scan बीएम, पैर, सींग जॉईंट
- CT Angiography
- Digital X-ray



- MRI Scan
- 4D Colour Dopler
- CTA/USG Guided Biopsy/PHAC



- ECG, ECG Cardiography
- Dr. Lal Path Lab
- 24 H Ambulance



THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE

# DIIVAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mr. SHOBHIT AGRAWAL	SAMPLE COLLECTED ON	23-03-2024
AGE / SEX	43 Y / Male	REPORT RELEASED ON	23/03/2024
COLLECTED AT	Inside	REPORTING TIME	1:10:05PM
RECEIPT No.	17,259	PATIENT ID	17289
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, LIVER FUNCTION TEST, KIDNEY FUNCTION TEST, Blood Sugar Fasting, Urine Examination Report, Blood Group (ABO), Lipid Profile., ESR Wintrobe, PSA Total, Glycosylated Haemoglobin..

Tests	Results	Biological Reference Range	Unit
-------	---------	----------------------------	------

## CLINICAL PATHOLOGY

### Urine Examination Report

#### PHYSICAL

Volume	25	-	ml
Colour	LIGHT YELLOW	-	-
Appearance	CLEAR	-	-

#### CHEMICAL

Reaction PH	6.0	(4.5-8.0)	-
Specific Gravity	1.015	(1.01-1.025)	-
Proteins	NIL	NIL	-
Sugar	NIL	NIL	-
Blood	NIL	NIL	-
Phosphates/urates	NIL	NIL	-
Ketone Bodies	NIL	NIL	-
Chyle	NIL	-	-
Bile Pigment (Bilirubin)	NIL	NIL	-
Bile Salt	NIL	-	-
Urobilinogen	Normal	-	-

#### MICROSCOPICAL

R B C	Absent	0-2 /hpf	/hpf
Pus Cells	OCC	0-5 /hpf	/hpf
Epithelial Cells	1-2	-	-
Crystals	Nil	-	-
Yeast Cells	Absent	-	-
Casts	Absent	-	-
BACTERIA	Absent	-	-

THANKS FOR REFERENCE

\*\*\* End of Report \*\*\*

Consultant Pathologist  
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN  
17289

Consultant Pathologist  
DR.VASUNDHARA SINGH M.D (PATH)



# AMMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mr. SHOBHIT AGRAWAL	SAMPLE COLLECTED ON	23-03-2024
AGE / SEX	43 Y / Male	REPORT RELEASED ON	23/03/2024
COLLECTED AT	Inside	REPORTING TIME	1:10:05PM
RECEIPT No.	17,259	PATIENT ID	17289
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, LIVER FUNCTION TEST, KIDNEY FUNCTION TEST, Blood Sugar Fasting, Urine Examination Report, Blood Group (ABO), Lipid Profile, ESR Wintrobe, PSA Total, Glycosylated Haemoglobin,.

Tests	Results	Biological Reference Range	Unit
<b>Glycosylated Haemoglobin</b>			
HBA1c	6.2	(4.3-6.4)	%

Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

Comments/interpretations:

Glycosylated Haemoglobin Is Proportional To Mean Plasma Glucose Level During Previous 6-12 Weeks. For People Without Diabetes, The Normal Range For The Hemoglobin A1c Level Is Between 4% And 5.6%. Hemoglobin A1c Levels Between 5.7% And 6.4% Mean You Have A Higher Chance Of Getting Diabetes. Levels Of 6.5% Or Higher Mean You Have Diabetes. recommended Goal Of Hba1c Is <7%. The Higher The Hemoglobin A1c, The Higher Your Risk Of Having Complications Related To Diabetes. A Combination Of Diet, Exercise, And Medication Can Bring Levels Down. People With Diabetes Should Have An A1c Test Every 3 Months To Make Sure Their Blood Sugar Is In Their Target Range. If Your Diabetes Is Under Good Control, You May Be Able To Wait Longer Between The Blood Tests. But Experts Recommend Checking At Least Two Times A Year. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test.

## SEROLOGY

### Blood Group (ABO)

A.B.O.	"O"
Rh(D)	POSITIVE

Fully Computerised Lab Equipped with Modern Technologies

सुविधाएँ : • सभी प्रकार की पैथोलॉजिकल जांचें • बायोप्सी • एफ.एन.ए.सी. • पैप Smear • हॉर्मोन्स ( प्रतिदिन रिपोर्ट ) • साइटोलॉजी • बोन मैरो • HbA1c • स्पेशल टेस्ट ( 24 घंटे )  
For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पेटर्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932

Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.



# AMAN HOSPITAL Pvt. Ltd.

ology Division



पैथोलॉजी संकाय

Pathological Examination Report



PATIENT NAME	Mr. SHOBHIT AGRAWAL	SAMPLE COLLECTED ON	23-03-2024
AGE / SEX	43 Y / Male	REPORT RELEASED ON	23/03/2024
COLLECTED AT	Inside	REPORTING TIME	1:10:05PM
RECEIPT No.	17,259	PATIENT ID	17289
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, LIVER FUNCTION TEST, KIDNEY FUNCTION TEST, Blood Sugar Fasting, Urine Examination Report, Blood Group (ABO), Lipid Profile, ESR Wintrobe, PSA Total, Glycosylated Haemoglobin,

Tests	Results	Biological Reference Range	Unit
<b><u>LIVER FUNCTION TEST</u></b>			
Bilirubin (Total)	0.7	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct )	0.3	(0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.4	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	26.1	0-40	IU/L
SGPT (ALT)	31.4	0.0-42.0	IU/L
Serum Alkaline Phosphatase	180.9	80.0-290.0	U/L
Serum Total Protein	6.7	6.0-7.8	gm/dl
Serum Albumin	4.3	3.5-5.0	gm/dl
Serum Globulin	2.4	2.3-3.5	gm/dl
A/G Ratio	1.79	High	

**Comments/interpretation:**

- liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes.
- the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage.
- It Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

**KIDNEY FUNCTION TEST**

Blood Urea	39.1	15.0-45.0	mg/dl
Serum Creatinine	0.9	0.7-1.4	mg/dl
Serum Uric Acid	6.6	Male-3.5-7.2 Female-2.5-6.0	mg/dl
Serum Sodium	141.3	136.0-149.0	mmol/L
Serum Potassium	4.2	3.5-5.5	mmol/L
Serum Calcium	8.7	8.0-10.5	mg/dl

# DIVYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mr. SHOBHIT AGRAWAL	SAMPLE COLLECTED ON	23-03-2024
AGE / SEX	43 Y / Male	REPORT RELEASED ON	23/03/2024
COLLECTED AT	Inside	REPORTING TIME	1:10:05PM
RECEIPT No.	17,259	PATIENT ID	17289
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, LIVER FUNCTION TEST, KIDNEY FUNCTION TEST, Blood Sugar Fasting, Urine Examination Report, Blood Group (ABO), Lipid Profile, ESR Wintrobe, PSA Total, Glycosylated Haemoglobin,,

Tests	Results	Biological Reference Range	Unit
-------	---------	----------------------------	------

## BIOCHEMISTRY

Blood Sugar Fasting	109.1	(70 - 110)mg/dl	
Reference Value : Fasting ( Diabetes 110.0 Mg% Or More ) ( Impaired Glucose Tolerance 110-126 Mg% ) After 2hrs. Of 75 Gm Glucose (oral) ( 70-140 Mg% ) ( Impaired Glucose Tolerance 140-200 Mg% ) Random/casual (diabetes 200 Mg% Or More, With Presenting Symptoms.)			
<b><u>Lipid Profile.</u></b>			
Total Cholesterol	160.2	125-200mg/dl Normal Value	mg/dL
H D L Cholesterol	40.1	(30-70 mg%)	mg%
Triglyceride	148.2	(60-165mg/dL)	mg/dL
V L D L	29.64	(5-40mg%)	mg%
L D L Cholesterol	90.46		mg/dl
		50 Optimal	
		50-100 Near/Above Optimal	
TC/HDL	4.0	(3.0-5.0)	
LDL/HDL	2.2	(1.5-3.5)	

### Comment/interpretation

Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipids, The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

### Note::

1. Measurement In The Same Patient Can Show Physiological & Analytical Variations. Three Serial Samples 1 Week Apart Are Recommended For Total Cholesterol ,triglycerides,hdl& Ldl Cholesterol.
2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholesterol.
3. Friedewald Equation To Calculate Ldl Cholesterol Is Most Accurate When Triglyceride Level Is <400 Mg/dl. Measurement Of Direct Ldl Cholesterol Is Recommended When Triglyceride Level Is >400 Mg/dl.



# YAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mr. SHOBHIT AGRAWAL	SAMPLE COLLECTED ON	23-03-2024
AGE / SEX	43 Y / Male	REPORT RELEASED ON	23/03/2024
COLLECTED AT	Inside	REPORTING TIME	1:10:05PM
RECEIPT No.	17,259	PATIENT ID	17289
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, LIVER FUNCTION TEST, KIDNEY FUNCTION TEST, Blood Sugar Fasting, Urine Examination Report, Blood Group (ABO), Lipid Profile, ESR Wintrobe, PSA Total, Glycosylated Haemoglobin.

Tests	Results	Biological Reference Range	Unit
-------	---------	----------------------------	------

## HAEMATOLOGY

### COMPLETE BLOOD COUNT

Haemoglobin	14.4	(Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%)	G%
Total Leukocyte Count (TLC)	5700	(4000-11000 /cumm)	/cumm
Differential Leukocyte Count (DLC)			
Polymorph	69	(40-80 )%	%
Lymphocyte	26	(20-40 %)	%
Eosinophil	05	(01-6 )%	%
Monocyte	00	Low (02-08 )%	%
Basophil	00	(<1 %)	%
R. B. C.	4.49	(4.2 - 5.5 )million/cmm	million/ /Litre
P. C. V. (hematocrite)	39.4	(36-50) Litre/Litre	/Litre
M. C. V.	87.6	(82-98) fl	fl
M. C. H.	32.1	High (27Pg - 32Pg)	Pg
M. C. H. C.	36.5	High (21g/dl - 36g/dl)	g/dl
Platelete Count	2.03	(1.5-4.0 lacs/cumm)	/cumm
<b>ESR Wintrobe</b>			
Observed	25	High 20mm fall at the end of first hr.	mm

\* esr is A Non Specific Phenomenon, Clinically Useful In Disorders Associated With An Increased Production Of Acute Phase Proteins.

\* elevated In Acute And Chronic Infections And Malignancies.

\* extremely High Ear Values Are Seen In Multiple Myeloma, Leukemia, Lymphoma, Breast And Lung Carcinomas, Rheumatoid Arthritis, Sic, Pulmonary Infarction.

Page 2 of 6

Fully Computerized Lab Equipped with Modern Technologies

• सभी प्रकार की पैथोलॉजिकल टेस्ट • इलैक्ट्रोलाइट • एच.एच.ए.सी. • फेरिटिन • इंसुलिन (फास्टिंग रिपोर्ट) • प्रोथ्रोम्बिन • कोर गैंग • HbA1c • स्पेशल टेस्ट (24 घंटे)

For Home Collection Dial : 9076655547

पता : पीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खालापी बंगलावा कॉम्प्लेक्स रोड, राजी नगर-1, गोरखपुर - 273 003 यो. : 8173006932

Clinical correlation is essential for final diagnosis. In case of discrepancy test must be repeated. This report is not valid for medicolegal purpose.

# YAMAN HOSPITAL Pvt. Ltd.

Pathology Division



पैथोलॉजी संकाय

Pathological Examination Report

PATIENT NAME	Mr. SHOBHIT AGRAWAL	SAMPLE COLLECTED ON	23-03-2024
AGE / SEX	43 Y / Male	REPORT RELEASED ON	23/03/2024
COLLECTED AT	Inside	REPORTING TIME	1:10:05PM
RECEIPT No.	17,259	PATIENT ID	17289
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT,LIVER FUNCTION TEST,KIDNEY FUNCTION TEST,Blood Sugar Fasting,Urine Examination Report,Blood Group (ABO),Lipid Profile.,ESR Wintrobe,PSA Total,Glycosylated Haemoglobin.,

Tests	Results	Biological Reference Range	Unit
-------	---------	----------------------------	------

PSA Total	0.52	<b>CANCER MARKER</b> (0.0-4.0)ng/ml	ng/ml
-----------	------	--	-------

EXPECTED VALUES :

99% OF HEALTHY MALES	0.0 - 4.0 ng / ml
80% OF BENIGN PROSTATIC HYPERTROPHY	4.0 - 10.0 ng / ml
81% OF PROSTITIC CARCINOMAS	10 - 20.0 ng / ml
PROSTATIC METASTASIS	Above 20.0 ng / ml

INTERPRETATION:- PSA is reliable tumor marker for already diagnosed prostatic carcinomas . It is uniquely associated only with prostatic tissue and therefore , is specific for it. Baseline levels measured prior to therapeutic intervention , and follows later by serial , periodical measurements will predict the outcome of the therapy . It also helps in early discovery of recurrences , relapses and metastases.

RECOMMENDED TESTING INTERVALS:-

First Datermination	:	Preoperatively ( Baseline )
Second determination	:	2-4 Days postoperatively
Third determination	:	Before discharge from hospital

FOLLOW - UP DATERMINATION :-

F Levels are high / show rising trend	:	Monthly
F Levels are normal	:	Every 3 monthly initially , later annually.

\* In general tumor marker levels are directly related to the tumor mass and the stage of the cancer . However , if is the rate of change in the tumor marker level , which is more important , rather than its absolute value . A 50% change may be considered clinically significant.

\* It must empha sized that PSA may be also elevated in benign prostatic hypertrophy and inflammatory condition of sure surroundings genitor-urinary tract . Therefore , this parameter should never be used as a screening test for diagnosing prostatic carcinomas , but only as aid in follow up studies.



# DIVYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mr. SHOBHIT AGRAWAL	SAMPLE COLLECTED ON	23-03-2024
AGE / SEX	43 Y / Male	REPORT RELEASED ON	23/03/2024
COLLECTED AT	Inside	REPORTING TIME	1:33:02PM
RECEIPT No.	17,264	PATIENT ID	17294
REFERRED BY Dr.	DMH		

INVESTIGATION T3 Triiodo Thyroid, T4 Thyroxine, TSH,,

Tests	Results	Biological Reference Range	Unit
<b>IMMUNOLOGY</b>			
T3 Triiodo Thyroid	1.20	(0.69 - 2.15)	ng/ml
T4 Thyroxine	103.4	(52 - 127) ng/ml	ng/ml
TSH	1.51	(0.3-4.5) uIU/ml	uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.

Remarks:

1. Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
2. A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
3. Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
4. A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
5. Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
6. Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
7. A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
8. Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Samps Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.

\*\*\* End of Report \*\*\*

THANKS FOR REFERENCE

Consultant Pathologist  
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN  
17284

Consultant Pathologist  
DR.VASUNDHARA SINGH M.D (PATH)

Page 1 of 1

Fully Computerised Lab Equipped with Modern Technologies

सुविधाएँ : सभी प्रकार की पैथोलॉजिकल जांचें • बायोप्सी • एन.एन.ए.सी. • पैर Smear • हार्मोन्स ( प्रतिदिन रिपोर्ट ) • साइटोलॉजी • बोन मैरो • HbA1c • स्पेशल टेस्ट  
( 24 घंटे )  
For Home Collection Dial : 9076655547

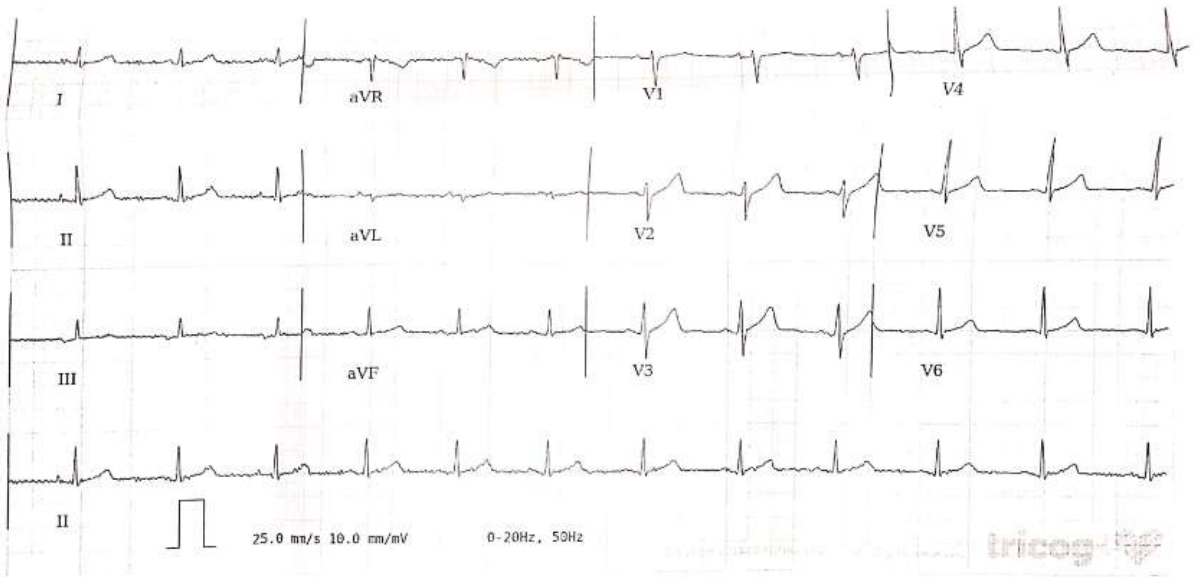
पता : डॉ. बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजंची बरगदवा काँचवास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932  
Clinical correlation is essential for final diagnosis. In case of discrepancy test must be repeated. This report is not valid for medicolegal purpose.

Divyaman Hospital Pvt Ltd I



Age & Gender: 43 Male  
Patient ID: 000000033  
Patient Name: MR SHOBHIT AGRAWAL

Date and Time: 23rd Mar 20 9:50 AM



AR: 74bpm VR: 74bpm QRSD: 84ms QT: 372ms QTcB: 412ms PRI: 120ms P-R-T: -6° 65° 46°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

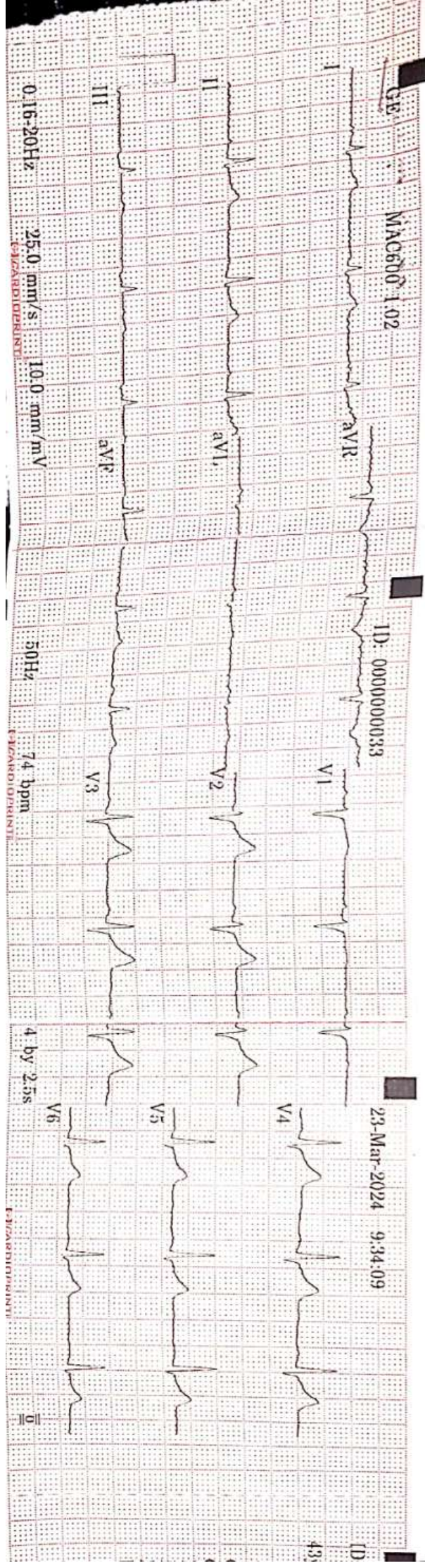
REPORTED BY

*Aishwarya Yadav Venugopal*  
Dr. Aishwarya Yadav Venugopal

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

KMC 129058





GE MAC600 1.02

ID: 0000000033

23-Mar-2024 9:34:09

0.16-20Hz  
25.0 mm/s  
10.0 mm/mV

50Hz  
74 bpm

4 by 2.5s

ECG CARDIOPRINT

ID: 43





# दिव्यमान हॉस्पिटल

## प्राइवेट लिमिटेड



• ईमेल : dmhgkp@gmail.com • फोन नं० : 0551-2506300 • मो० : 7525969999, 8173006932

Name. : SHOBHIT AGRAWAL	Age. : 43	Gender.: Male
PD No. : 1218	UHID . : UHID1093	Guardian.: SHREE RAMESH CHANDRA
Under Dr.: DRASHOK KUMAR RIVASTAVA	Department. : GENERAL MEDICINE	Qualification. : MBBS, MD - Gen Dip. Cand.
Date. : 23-03-2024	Address.: RAILWAY COLONY, GORAKPUR	Contact : 7018498044

P  
Weight  
By 190/100  
eyes are  
my ✓  
for 110/80  
110/80/120

weight 65 kg

Hb 14.4 g% T3/T4 normal  
case of  
Bicuspid Aortic Valve  
Left Pulm. Artery  
LFT (M)  
KFT (M) Hb 11.2 g%  
Pulm. Hypertension (M)  
Murmur - Aortic  
BSA (M)

Dr

Advise Consult Surgeon for  
Expert Adv  
for Hypochromic Red cells  
in peripheral zone.

*[Signature]*

ECC - normal  
USG Abdomen  
Grade I calcification  
2 hypochromic Red cells  
in left peripheral zone  
Refer Surgeon for  
Echocardiogram  
EF 65%. aortic (M)

**:- अन्य विभाग :-**

- प्रसूति एवं स्त्री रोग
- शिशु, बाल रोग एवं एन.आई.सी.यू.
- डायलिसिस
- फिजियोथेरेपी एवं रिहैबिलिटेशन
- मेडिसिन एवं आई.सी.यू.
- ऑर्थोपेडिक सर्जरी
- कार्डियोलॉजी
- प्राकृतिक उपचार
- न्यूरोलॉजी
- यूरोलॉजी
- नाक, कान, गला रोग
- रेडियोलॉजी एवं पैथोलॉजी
- जनरल व लैंग्वेजिक सर्जरी
- न्यूरोसर्जरी
- छाती रोग
- माइव्हाल ओ.टी., सी.आर्म

**इमरजेन्सी 24 घण्टे**

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, अजाची बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर - 273003  
 रजि. आफिस : 731-एच, शारदा शिवालय, आनन्द बिहार कॉलोनी, राप्ती नगर फेज-1, पोस्ट आफिस-आरोग्य मन्दिर, गोरखपुर-273003