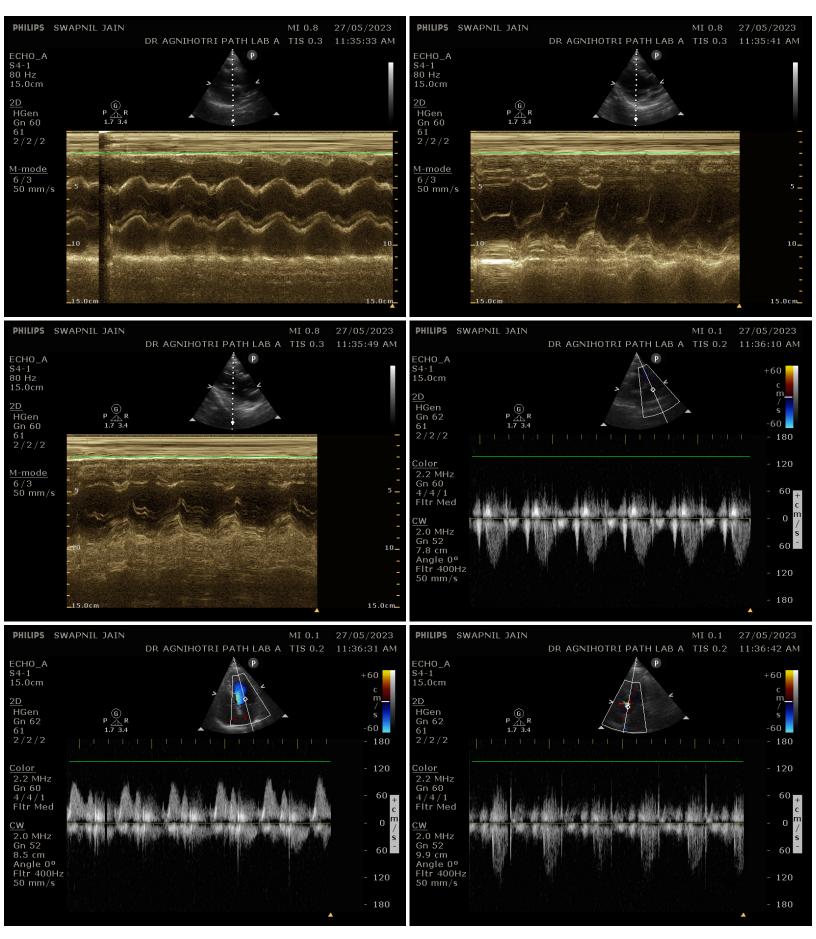
### Dr. AGNIHOTRI'S PATH LAB & DIAGNOSTIC CENTER, INDORE

27 May 2023 Name : SWAPNIL JAIN





Reg. No.: CL/6000/0CT-2017

Patient ID	: 270523042	Sample Collected on	: 27-May-2023	8:30 AM
Patient Name	: MR. SWAPNIL JAIN	Sample Received on	: 27-May-2023	8:30 AM
Age / Gender	: 31 YEARS / MALE	Report Released on	<b>:</b> 27-May-2023	4:34 PM
Ref. By	: ARCOFEMI HEALTHCARE LIMITED			
Center Name	: DR. AGNIHOTRI'S PATH LAB & DIAGNOSTIC CENTER		2 3 0 4 2 *	
	HAEMATOLOGY.			
Investigati	on Result			
PERIPHERIAL SMEAR EXAMINATION				
RBCs SERIES	S shows normocytic n	ormochromic picture	on smear.	

WBCs SERIES

shows normocytic normochromic picture on smear. Total count with in normal range. Differential count with in normal range. adequate on smear

PLATELETS

COMMENTS

Reports relates to the sample submitted.

Note: All pathological tests have technical & 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 purposes.

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Smear study within normal limits.

Page 1 of 11



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Hkarst

Dr.Utkarsha Singh MD Pathology



### Reg. No.: CL/6000/0CT-2017

Patient ID	: 270523042	Sample Collected on	<b>:</b> 27-May-2023	8:30 AM
Patient Name	: MR. SWAPNIL JAIN	Sample Received on	: 27-May-2023	8:30 AM
Age / Gender	: 31 YEARS / MALE	Report Released on	<b>:</b> 27-May-2023	4:34 PM
Ref. By	: ARCOFEMI HEALTHCARE LIMITED			
Center Name	: DR. AGNIHOTRI'S PATH LAB & DIAGNOSTIC CENTER		2 3 0 4 2 ^	

	ΗΑΕΜΑΤΟΙ	LOGY		
Investigation	Result			
BLOOD GROUP				
ABO " Group	"A"			
Rh (D) Factor	Positive			
Method : Slide Agglutination Test.				
Limitations : The test is accurate and will detect t Unusual blood groups or rare sub-ty laboratory will be necessary to identi	pes will not be detected by t			ood transfusion
ESR	12	mm/1hr.	0-15	
(EDTA Whole Blood)				
Westergren's				
Reports relates to the sample submitted. Note: All pathological tests have technical & biological limi should be requested in case of any disparity. THis report is	-	-	findings. A review	
	END OF REPO	ORT		

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Utharel

Dr.Utkarsha Singh MD Pathology



Reg. No.: CL/6000/0CT-2017

Patient ID	: 270523042
Patient Name	: MR. SWAPNIL JAIN
Age / Gender	: 31 YEARS / MALE
Ref. By	: ARCOFEMI HEALTHCARE LIMITED
Center Name	: DR. AGNIHOTRI'S PATH LAB & DIAGNOSTIC CENTER

Sample Collected on	: 27-May-2023	8:30 AM
Sample Received on	: 27-May-2023	8:30 AM
Report Released on	: 27-May-2023	4:39 PM



HBA1c [GLYCOSYLATED HEMOGLOBIN]				
Investigation	Result	Unit	Bio. Ref. Range	
HbA1c Method : TURBIDIMETRY	5.88	%	Reference Range : Below 6.0% - Normal Value 6.0% - 7.0% - Good Control 7.0% - 8.0% - Fair Control 8.0% - 10% - Unsatisfactory Control Above 10% - Poor Control	
Average Blood Glucose (ABG)	122	mg/dL	90 - 120 : Excellent Control 121 - 150 : Good Control 151 - 180 : Average Control 181 - 210 : Action Suggested > 211 : Panic Value	

Method : Derived from HBA1c values

#### **INTERPRETATION:**

1] HbA1c is used for monitoring diabetic control. If reflects the estimated average glucose (eAG).

2] HbA1c has been endorsed by clinical groups & ADA(American Diabetes Association) guidelines 2020, for diagnosis of diabetes using a cut- off point of 6.5%. ADA defined biological reference range for HbA1c is 4% - 6%. Patient with HbA1c value between 6.0% to 6.5% are considered at risk for developing diabetes in the future.

3] Trends in HbA1c are a better indicator of diabetes control than a solitary test.

Limitations:

An increase almost certainly means DM if other factors are absent but a normal value does not rule out impaired glucose tolerance. A value less than the normal mean is not seen in untreated DM.

In hemolytic anemia, iron deficiency anemia, and transfusion, the average age of erythrocytes is altered. Caution should be used when interpreting the HbA1C results from patients with these conditions.

Clinical diagnosis should not be made on the findings of a single test result but should integrate both clinical and laboratory data.

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Reg. No.: CL/6000/0CT-2017

Patient ID	: 270523042	Sample Collected on	:27-May-2023 8	3:30 AM
Patient Name	: MR. SWAPNIL JAIN	Sample Received on	: 27-May-2023 8	8:30 AM
Age / Gender	: 31 YEARS / MALE	Report Released on	<b>:</b> 27-May-2023 4	4:39 PM
Ref. By	: ARCOFEMI HEALTHCARE LIMITED			
Center Name	: DR. AGNIHOTRI'S PATH LAB & DIAGNOSTIC CENTER			

COMPLETE BLOOD COUNT(CBC)					
Investigation	Result	Unit I	Bio. Ref. Range		
RBC					
HAEMOGLOBIN	15.5	g/dl	13.8-17.2		
RBCs Count	4.92	x10^6/cumm	4.5-5.5		
Packed Cell Volume (PCV/HCT)	42.1	%	40-50		
Mean Corpuscular Volume (MCV)	85.6	fl	80-98		
Mean Corpuscular Hemoglobin(MCH)	31.5	pg	27-32		
Mean Corp. Hemo. Conc.(MCHC)	32.3	gm%	31.5-34.5		
Red Cell Distribution Width (RDW-CV)	12.3	%	11.5-14.5		
WBC					
Total WBCs Count	7.22	10^3/ul	4-11		
Neutrophils	60	%	35-80		
Lymphocytes	32	%	18-44		
Monocytes	04	%	2-10		
Eosinophils	04	%	1-6		
Basophils	00	%	0-1		
Absolute Neutrophil Count	4.33	10^3/ul	2-7		
Absolute Lymphocyte Count	2.31	10^3/ul	1-4		
Absolute Eosinophil Count	0.29	10^3/ul	0.02-0.5		
Absolute Monocyte Count	0.29	10^3/ul	0.02-1.0		
Absolute Basophil Count	0.00	10^3/ul	0.02-0.1		
PLATELETS					
Platelet count	275.00	10^3/ul	150-400		

Fully Automated, Bidirectional Interfaced, Differential Auto Hematology Analyzer - "(Mindray BC6000) 6 Part hematology analyzer"

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**Dr.Utkarsha Singh** 

MD Pathology



Reg. No.: CL/6000/0CT-2017

	BIOCHEMISTR	v		
Center Name	: DR. AGNIHOTRI'S PATH LAB & DIAGNOSTIC CENTER	2	_	
Ref. By	: ARCOFEMI HEALTHCARE LIMITED			
Age / Gender	: 31 YEARS / MALE	Report Released on	: 27-May-2023	4:39 PM
Patient Name	: MR. SWAPNIL JAIN	Sample Received on	: 27-May-2023	8:30 AM
Patient ID	: 270523042	Sample Collected on	<b>:</b> 27-May-2023	8:30 AM

BIOCHEMISTRY				
Investigation	Result	Unit	Bio. Ref. Range	
Fasting Plasm a Glucose	85	mg/dL	70-110	
(Plasma-F,GOD-POD)				
Fasting Urine Glucose	Nil			

AS PER AMERICAN DIABETES ASSOCIATION 2020 UPDATE-

FASTING GLUCOSE LEVEL-

- Normal glucose tolerance : 70-110 mg/dl

- Impaired Fasting glucose (IFG) : 110-125 mg/dl

- Diabetes mellitus : >=126 mg/dl

#### CRITERIA FOR DIAGNOSIS OF DIABETES MELLITUS

- Fasting plasma glucose >=126 mg/dl

- Classical symptoms +Random plasma glucose >=200 mg/dl

- Plasma glucose >=200 mg/dl (2 hrs after 75 grams of glucose)

- Glycosylated haemoglobin > 6.5%

\*\*\*Any positive criteria should be tested on subsequent day with same or other criteria.

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

Gamma GT (GGTP)	19.0	U/L	9-36
(Serum, Enzymatic)			
LIVER FUNCTION TEST			
Total Bilirubin	0.56	mg/dL	0.3-1.2
Direct Bilirubin	0.22	mg/dL	0-0.4
Indirect Bilirubin	0.34	mg/dL	0.3-0.8
Aminotransferases - AST/SGOT	25	U/L	10-40
Aminotransferases - ALT/SGPT	32	U/L	10-40
Alkaline Phosphatase	101	IU/L	30-120
Total Protein	7.12	g/dl	6.0-8.5
Albumin	4.22	g/dl	3.4-5.6
Globulin	2.90	g/dl	2.3-3.5
A/G Ratio	1.46		1.2-2.3



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Reg. No.: CL/6000/0CT-2017

Reg. No.: CL/6000/0C	1-2017					
Patient ID	: 270523042		Sample Coll	ected on	<b>:</b> 27-May-2023	8:30 AM
Patient Name	: MR. SWAPNIL JAIN		Sample Rece	eived on	: 27-May-2023	8:30 AM
Age / Gender	: 31 YEARS / MALE		Report Rele	ased on	<b>:</b> 27-May-2023	4:39 PM
Ref. By	: ARCOFEMI HEALTHCARE LIM	IITED				
Center Name	: DR. AGNIHOTRI'S PATH LAB	& DIAGNOSTIC CENT	ER	* 2 7 0 5	2 3 0 4 2 *	
Post Prandi	al Plasma Glucose	101	mg/dL	70-140		
(2 hrs. after Lu (Plasma-PM,G	-					
AS PER AMERI	CAN DIABETES ASSOCIATION 20	20 UPDATE-				
- Normal gluco - Impaired glu	L/POST GLUCOSE (75 grams) ose tolerance : 70-139 mg/dl icose tolerance : 140-199 mg/dl llitus : >=200 mg/dl					
- Fasting plasr - Classical syn - Plasma glucc - Glycosylated	a DIAGNOSIS OF DIABETES MELL na glucose >=126 mg/dl nptoms +Random plasma glucose ose >=200 mg/dl (2 hrs after 75 haemoglobin > 6.5% ve criteria should be tested on sul	e >=200 mg/dl grams of glucose)	ne or other criter	ria		
RENEL FUN	ICTION TEST					
Blood Urea		19	mg/dL	10-50		
Creatinine		0.88	mg/dL	0.8-1.4		
SARCOSINE O	XIDASE METHOD					
Performed on	Fully Automated Biochemistry An	alyser				
Techniques & I	kits used : Fully Automated, Bidir	ectional Interfaced, Ra	andom Access Bi	ochemistry A	Analyser.	
URIC ACID		3.26	mg/dL		5-8.0 mg/dL 1.9-7.5 mg/dL	
ENZYMATIC						
Techniques & I	kits used : Fully Automated, Bidir	ectional Interfaced, Ra	andom Access Bi	ochemistry A	Analyser	
CALCIUM - T	OTAL	9.23	mg/dL	8.5-11.0		
				Critical v	alues<6.6 or >12	2.9
ARSENAZO III	,END POINT					
Limitations : Clinical diagno data.	sis should not be made on the fir	ndings of a single test	result, but shoul	d integrate b	ooth clinical and lat	ooratory
Techniques & I	kits used : Fully Automated, Bidir	ectional Interfaced, Ra	andom Access Bi	ochemistry A	analyser.	
BUN-Blood U		9	mg/dL	8-23	-	
					d	a

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**Dr.Utkarsha Singh** 

MD Pathology



Reg. No.: CL/6000/0CT-2017

Patient ID	: 270523042		Sample Coll	lected on	<b>:</b> 27-May-2023	8:30 AM
Patient Name	: MR. SWAPNIL JAIN		Sample Rec	eived on	: 27-May-2023	8:30 AM
Age / Gender	: 31 YEARS / MALE		Report Rele	eased on	<b>:</b> 27-May-2023	4:39 PM
Ref. By	: ARCOFEMI HEALTHCARE LIN	MITED				
Center Name	: DR. AGNIHOTRI'S PATH LAE	3 & DIAGNOSTIC CENTE	R	* 2 7 0 5 2		
BUN / Sr.Cre	atinine Ratio	10	Ratio	9:1 - 23:1	1	

Reports relates to the sample submitted.

Note: All pathological tests have technical & 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 purposes.

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Reg. No.: CL/6000/0CT-2017

Patient ID	: 270523042	Sample Collected on	: 27-May-2023	8:30 AM
Patient Name	: MR. SWAPNIL JAIN	Sample Received on	: 27-May-2023	8:30 AM
Age / Gender	: 31 YEARS / MALE	Report Released on	<b>:</b> 27-May-2023	4:38 PM
Ref. By	: ARCOFEMI HEALTHCARE LIMITED			
Center Name	: DR. AGNIHOTRI'S PATH LAB & DIAGNOSTIC CENTER	2.000		

### SEROLOGY

Investigation	Result	Unit	Bio. Ref. Range
Rheumatoid Factor - RF, Serum	10.0	IU/ml	0-20

#### NEPHELOMETRY

Techniques & kits used : MispaI-2 Nephelometer.

Principal : Turbidimetric immunoassay for quantitative detection of rheumatoid factors of the IgM class.

Analytical sensitivity range : 10.0 - 100 IU/mL.

Clinical diagnosis should not be made on the findings of a single test results, but should integrate both clinical and laboratory data

Reports relates to the sample submitted.

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Reg. No.: CL/6000/0CT-2017

Patient ID	: 270523042	Sample Collected on	: 27-May-2023	8:30 AM
Patient Name	: MR. SWAPNIL JAIN	Sample Received on	: 27-May-2023	8:30 AM
Age / Gender	: 31 YEARS / MALE	Report Released on	<b>:</b> 27-May-2023	4:39 PM
Ref. By	: ARCOFEMI HEALTHCARE LIMITED			
Center Name	: DR. AGNIHOTRI'S PATH LAB & DIAGNOSTIC CENTER	2		

TFT					
Investigation	Result	Unit	Bio. Ref. Range		
THYROID FUNCTION TEST					
Total Triiodothyronine (T3)	1.38	ng/ml	0.69-2.15		
Total Thyroxine (T4)	6.50	ug/dl	5.2-12.7		
Thyroid Stimulating Hormone (TSH)	3.45	uIU/mL	0.35-5.50		

Method : Competitive Chemi Luminescent Immuno Assay

Limitations:

Interferance may be encountered with certain sera containing antibodies directed against the reagent components. For this reason, assay results should be interpreted taking into consideration the patient's history and the results of any other tests performed.

Reports relates to the sample submitted.

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Page 9 of 11



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Reg. No.: CL/6000/0CT-2017

Patient ID	: 270523042	Sample Collected on	: 27-May-2023 8:30 A	١M
Patient Name	: MR. SWAPNIL JAIN	Sample Received on	: 27-May-2023 8:30 A	١M
Age / Gender	: 31 YEARS / MALE	Report Released on	: 27-May-2023 4:38 P	٩v
Ref. By	: ARCOFEMI HEALTHCARE LIMITED			
Center Name	: DR. AGNIHOTRI'S PATH LAB & DIAGNOSTIC CENTER			

LIPID PROFILE						
Investigation	Result	Unit	Bio. Ref. Range			
Serum Cholesterol -Total	154.0	mg/dL	Desirable <200 Borderline High 200-239 High > 240			
Serum Triglycerides	124	mg/dL	Desirable <150 Borderline High 150-199 High > 200			
HDL Cholesterol	45	mg/dL	30-65			
LDL Cholesterol	84.20	mg/dL	Near to above optimal 100-129 Borderline High 130-159 High 160-189 Very High >190			
VLDL Cholesterol	24.80	mg/dL	6-38			
CHOL/HDL Ratio	3.42	Ratio	3.50-5.00			
LDL / HDL Ratio	1.87	Ratio	0-3.00			

#### **INTERPRETATION:**

Reports relates to the sample submitted.

Note: All pathological tests have technical & 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 purposes.

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Reg. No.: CL/6000/0CT-2017

Patient ID	: 270523042
Patient Name	: MR. SWAPNIL JAIN
Age / Gender	: 31 YEARS / MALE
Ref. By	: ARCOFEMI HEALTHCARE LIMITED
Center Name	: DR. AGNIHOTRI'S PATH LAB & DIAGNOSTIC CENTER

Sample Collected on	: 27-May-2023	8:30 AM
Sample Received on	: 27-May-2023	8:30 AM
Report Released on	: 27-May-2023	4:39 PM



### REPORT ON URINE ROUTINE

	REPORT ON URINE R	DUTINE	
Investigation	Result	Unit	
Specimen Name	Urine		
PHYSICAL EXAMINATION			
QUANTITY	20	ml	
COLOUR	Pale yellow		
APPEARANCE	Clear		
SPECIFIC GRAVITY	1.020		
CHEMICAL EXAMINATION			
REACTION (PH)	Acidic		
URINE GLUCOSE (SUGAR)	Nil		
URINE PROTEIN (ALBUMIN)	Nil		
URINE KETONES (ACETONE)	Negative		
BILE PIGMENTS/ BILE SALT	Negative		
BLOOD	Negative		
MICROSCOPIC EXAMINATION			
EPITHELIAL CELLS	2-3	/ HPF	
PUS CELLS (WBCS)	1-2	/ HPF	
RED BLOOD CELLS	Nil	/ HPF	

Reports relates to the sample submitted.

Note: All pathological tests have technical & 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 purposes.

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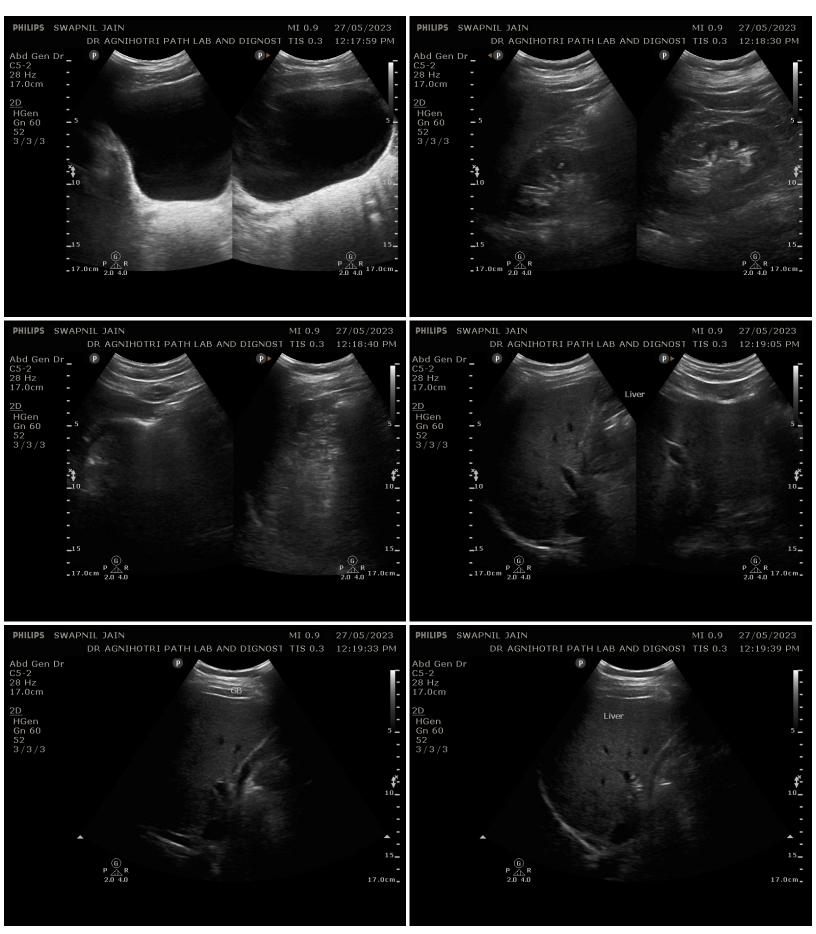
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### Dr. AGNIHOTRI'S PATH LAB & DIAGNOSTIC CENTER, INDORE

27 May 2023 Name : SWAPNIL JAIN



Date of Examination		
NAME	27-05-2023.	
AGE Mr. Swapnil Jakon		
HEICHT	Gender	male.
B.P. 1201	WEIGHT (kg)	8616g.
B.P. 120/77 ECG	P- 79 m/Reg	mlas ~
	Norm	el
X Ray	Nor	
Vision Checkup	Color Vision :	ean.
	Far Vision Ratio : C	
	Near Vision Ratio : 20	20.
Present Ailments	مد	1
Details of Past ailments (If Any)	ien	١
Comments / Advice : She /He is Physically Fit	fit & f	ine.

### MER-MEDICAL EXAMINATION REPORT

Dr. Vivek Agnihotri MBBS Signature with Stapp of MPd 53 Edaminer

### **CERTIFICATE OF MEDICAL FITNESS**

This is to certify that I have conducted the clinical examination

of Mr.	Swapnil	Jaen	on	29-05-2023.
	and the second			

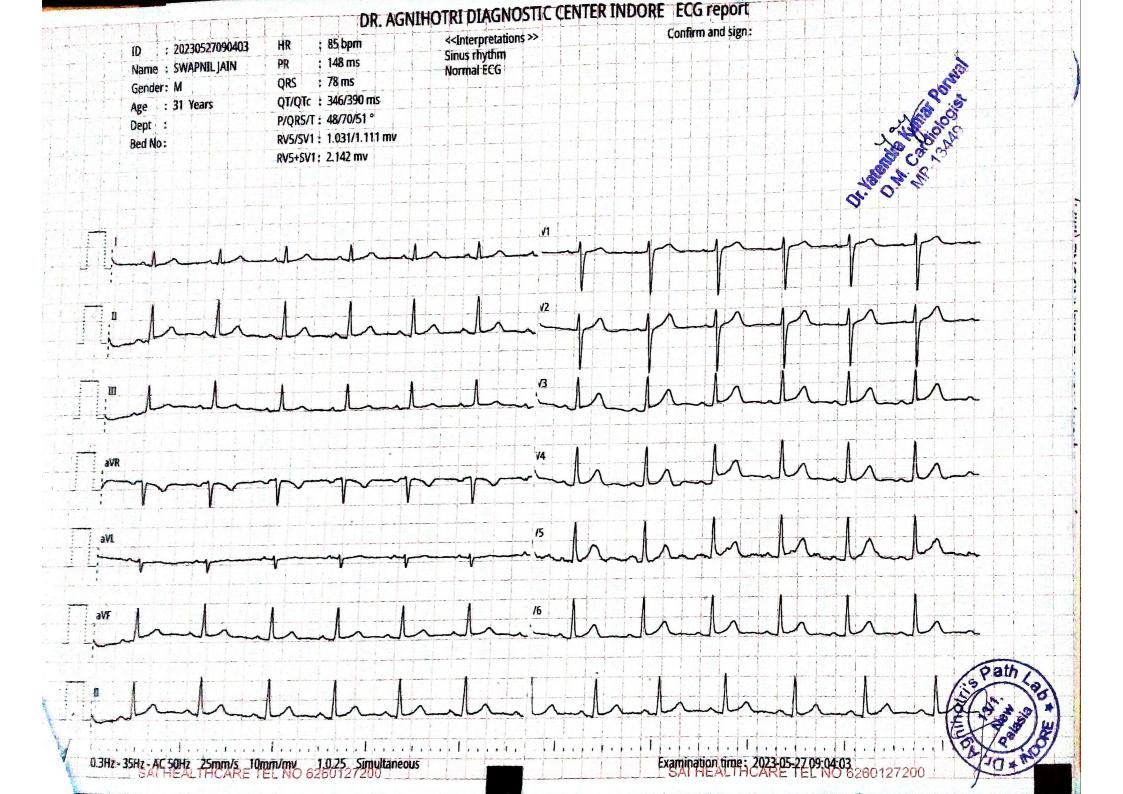
After reviewing the medical history and on clinical examination it has been found that he/she is

	Tick	
Medically Fit		ł
• Fit with restrictions/recommendations		-
Though following restrictions have been revealed, in my opinion, these are not impediments to the job.		
1		
2		
3		and the second se
However the employee should follow the advice/medication that has been communicated to him/her.		
Review after		
Currently Unfit.	+	_
Review afterrecommended	-	
• Unfit -	-	
Dr. Vivek Agnihotri		

Dr. <u>VIVEK</u> AGNIHOMES. Medical Officer.: MP-5834 The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes







## Dr. Agnihotri's 150 9001.2015 Certified Path Lab & Diagnostic Center

(A unit of Virom Healthcare Pvt. Ltd.)

Patient Name	SWAPNIL JAIN	the last second s	and a second second a second second	
	SWAPNIL JAIN	Patient ID	270523053	
Age   Gender	31Y/MALE	Scan Date	27 8442 2025	
Referring Doctor	DR .SELF	Scan Date	27 MAY 2023	
		Report Date	27 MAY 2023	

### CHEST X-RAY PA VIEW

- Soft tissue opacity and thoracic bony cage appears to be normal.
- Bilateral bronchovascular markings are prominent.
- Cardiac shadow is normal.
- Both lungs fields are clear.
- Both domes of diaphragm appear normal.
- Both cardio-phrenic angles appear to be clear.

### IMPRESSION: CHEST XRAY PA VIEW REVEALS: No obvious abnormality noted.

### Suggested clinical correlation.

Good

### DR. PRAMITA KHETI M.B.B.B. M.D. (MID No. 28319)

MBBS, MD REG MP NO - 28319

#### **Consultant Radiologist**

Disclaimer

It is an online interpretation of medical imaging based on the available clinical data. Patient's identification in online reporting is not established, so this report cannot be utilized for any medico legal purpose/ certifications. All modern machines/procedures have their own limitations. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests.



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### Dr. Agnihotri's

### Path Lab & Diagnostic Center

(A unit of Virom Healthcare Pvt. Ltd.)

Patient ID Patient Name Age/ Gender Ref. By Center Name DATE

00000110 MR.SWAPNIL JAIN **31YEAR MALE** DR.SELF Dr. Agnihotri's Path Lab & Diagnostic Center 27/05/2023

### ECHO COLOR DOPPLER REPORT

### **1. INTERPRETATION:**

Normal 2D Echo / Doppler

- Normal sized cardiac chambers.

1

- LVEF:66%.
- Normal cardiac valves.

Normal PAH.

### 2. IMAGING

M Mode examination revealed normal movement of both mitral leafletsduring diastole. No SAM or mitral valve prolapse is seen. Aorticcusps arenot and enclosure line is central. Tricuspidvalveisnormal, pulmonary valve is normal, thickened aortic root is normal in size, dimensionsof leftatriumandleftventriclearenormal.

PLAX, SAX and apical views revealed 2 -D imaging in a normal sized leftventricle. Movement of septum, anterior, posterior, inferior and lateral walls is normal.

Global LVEF is 66%. Mitral valve opening is normal. Noevidence of mitral seen.Aortic valve has three cusps valve prolapse is andits opening is not restricted. atrium&right ventricle normalsized.Tricuspid valveleaflets Right are move normal.Interatrial andinterventricular normally.Pulmonaryvalveis septa are intact.Nointracardiacmassofthrombusisseen.Nopericardialpathologyisobserved.

3.MEASUREMENTS:Normal Head Office : UG-4,5,6, The Magnet Tower, 6/1, Race Course Road, Janjirwala Square, New Palasia, INDORE (M.P.)

> Phone : 0731- 4061771, 4061772, Mobile : 🕥 91099 99009, 91099 99004, 99939 42466 🐹 drvivekagnihotri@gmail.com www.dragnihotripathlab.com | www.dragnihotripathlab in



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Aorticrootdiameter	2.9cms	2.0 - 3.7 cm <2.2cm/M2
Aorticvalveopening	1.8cms	1.5-2.6cm
Rightventriculardimension	2.0cms	0.7-2.5cm<1.4cm/M2
Leftatrialdimension	3.4cms	1.9-4.0cm<2.2cm/M2
LeftventricularEDdimension	4.3cms	3.7-5.6cm<3.2cm/M2
LeftventricularESdimension	2.9cms	2.2-4.0cm
InterventricularEDseptathickne	ess 0.8cms	0.6-1.2cm
LeftventEDPWthickness 0.	8cm0.5-1.0cm	
IVS/LVPW 1 <1	1.3	
IndicesofleftVentriclefuncti	on:	
LVEjectionFraction	66%	60 - 80 %
3. COLOURDOPPLERST	UDY	
PeakVelocity Max.Gra	dient Regurgitation	n(m/sec)(mm/Hg)
M.V 1.1 4.	5 0/0	
A.V 1.3 6.	8 0/0	

P.V 1 4 T.V 0.56 1.25



ourse Road,

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(A unit of Virom Healthcare Pvt. Ltd.)

Patient Name	MR.SWAPNIL JAIN		124.84
Referred by		Age / Sex	31/M
	SELF	Date	27.05.2023
OPD / IPD	OPD	Date	21.03.2023

### USG WHOLE ABDOMEN

<u>Technique</u>: - Real time ultrasound examination of abdomen and pelvis was performed with abdominal probe on ultrasound machine (SAMSUNG HS 70 A / "SIEMENS" ACUSON X 600).

### **Observations:-**

Liver shows mild generalized increased echogenecity of parenchyma.. No focal lesion is seen. No evidence of any IHBR dilatation.

Gall bladder wall is normal. No sludge or calculi. Walls are thin.

The main portal vein is normal. CBD is normal in size.

Pancreas and spleen are normal in size, shape and echotexture.

Right kidney measures 9.5 cms Left kidney measures 9.6 cms Both kidneys show normal size and echotexture. Cortico-medullary differentiation and cortical thickness are maintained. No calculi / hydronephrosis in either side.

Urinary bladder is well distended and is normal in contour and capacity. No calculus or mass is seen.

Prostate is normal in size, shape and echotexture.

No ascites or pleural effusion noted. No significant lymphadenopathy.

### **IMPRESSION:-**

Mild fatty infiltration of liver(grade I)

For clínico-pathological correlation.



" Insportant: Owing to technical and biological limitations in case of any error in any study, the doctor can not be held responsible for claim of damages of any nature and this report is not valid for any medicolegal aspect.

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