Meenakshi Diagnostics

73-C, Garh Road, Near Hotel Harmony Inn, Meerut-250002 (U.P.)
Ph. : 0121-2766666, 9458802222, 9458803333, 9458804444, 9458806666

Centre equipped with M.R.I. with upgraded software of 3T Platform, 500 Slice VHS C.T. Scan, Digital X-Ray, Mammography, O.P.G., 4D / 5D Ultrasound & Colour Doppler, 2-D Echocardiography

Pt. Name	Mr. Harendra Singh	Age/Sex	34 Yrs/M
Ref. By	C/o S. D. A. Diagnostics	Date:	24.02.2024

ECHOCARDIOGRAPHY REPORT

MEASURESMENTS:

DIMENSIONS		NORMAL			NORMAL
AO (ed)	2.6 cm	(2.1 – 3.7 cm)	IVS (ed)	1.1 cm	(0.6 – 1.2 cm)
LA (es)	2.7 cm	(2.1 – 3.7 cm)	LVPW (ed)	1.2 cm	(0.6 – 1.2 cm)
RVID (ed)	2.1 cm	(1.1 – 2.3 cm)	EF	60%	(62% – 85%)
LVID (ed)	5.0 cm	(3.6 – 5.2 cm)	FS	30%	(28% – 42%)

MORPHOLOGICAL DATA:

Mitral	Normal	LA	Normal
Aortic Valve	Normal	RA	Normal
Pulmonary Valve	Normal	IAS	Intact
Tricuspid Valve	Normal	IVS	Intact
LV	Normal	AO	Normal
RV	Normal	Pericardium	Normal

Contd...2

Note : All congenital anomalies may not be diagnosed in routine USG. The USG findings should always be considered in correlation with clinical and other investigations findings to reach the final diagnosis. Kindly intimate us for any typing mistakes and return the report for correction within 7 days. ***Not valid for medico-legal purpose.***

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Pt. Name	Mr. Harendra Singh	Age/Sex	34 Yrs/M
Ref. By	C/o S. D. A. Diagnostics	Date:	24.02.2024

2-D ECHOCARDIOGRAPHY FINDINGS:

LV normal in size with normal LV systolic function. No regional wall motion abnormality. RV normal in size with adequate contractions. LA and RA are normal. All cardiac valves structurally normal. Pericardium normal. No intra-cardiac mass. Estimated LV ejection fraction is approximately 60%.

COLOR FLOW MAPPING:

Normal.

DOPPLER STUDIES:

MVIS E > A

Peak systolic velocity across aortic valve = 1.0m/sec.
Peak systolic velocity across pulmonary valve = 0.9m/sec.

IMPRESSION:

- **NO RWMA**
- **Adequate LV systolic function. LVEF = 60%.**

Dr. Sanjeev Kumar
MD, Dip. Card, FCCS

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Pt. Name	Mr. Harendra Singh	Age/Sex	34 Yrs/M	Film
Ref. By	SDA diagnostic credit Hospital	Date:	24.02.2024	02

Patient identity can't be verified

USG WHOLE ABDOMEN

Liver: is normal in size (12.7cm) **shows mildly increased parenchymal echogenicity**. No focal mass lesion is seen. IHBRs are normal. Liver margins are smooth and regular.

Gall Bladder: is well distended. Walls are normal. No calculus/focal mass is seen.

CBD is normal in calibre.

Portal vein is normal in calibre.

Pancreas: is normal in size and echotexture. No peripancreatic collection is seen. Pancreatic duct is not dilated.

Spleen: is normal in size measuring ~12.4 cm with normal echotexture.

Right kidney: measures ~ 10.4x4.6 cm. It is normal in size, shape, position and contour. Cortical echotexture is uniform. No calculus/hydronephrosis is seen. Corticomedullary differentiation is maintained. Renal margins are regular. Renal cortical thickness is normal.

Left kidney: measures ~11x5.5 cm. It is normal in size, shape, position and contour. Cortical echotexture is uniform. No hydronephrosis is seen. Corticomedullary differentiation is maintained. **Renal margins are mildly lobulated**. Renal cortical thickness is normal. **Few concretions of 2-3 mm are seen.** *Simple cortical cyst of size ~23x13 mm seen in lower part of left kidney.*

Urinary bladder: is partially distended.

Prostate appears normal.

IMPRESSION – USG findings are suggestive of :-

- **Mild grade fatty infiltration of liver. Adv- Liver function test.**
- **Left renal concretion with mildly lobulated renal margins. Adv: Renal function tests.**

ADV: Clinical correlation & Follow up.

Dr. Mohd. Saalim
MD

Dr. Sandeep Sirohi DMRD	Dr. Mohd. Saalim MD	Dr. Sandeep Singh Soam MD	Dr. Mohd. Qasim DMRD

seema

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SDA DIAGNOSTICS
A Quality Controlled Pathology Lab
ISO 9001:2015

Branch-1: I Block, 114/1, Shastri Nagar, Near Kuti Chowraha, PVS Road, Meerut
Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut

Helpline No. : +91 95481 32613

PT. NAME	MR. HARENDRA SINGH	AGE/SEX	36 Y/M	FILM
REF. BY	DR. SELF	DATE:	24/02/2024	01

X-RAY CHEST PA VIEW

- Both CP angles are normal.
- Trachea is normal in position.
- Cardiac size is within normal limits.
- Both hila are normal.
- Heart, aorta & mediastinum are normal
- Bony thoracic cage appears normal.

NORMAL STUDY

DR. MOHIT SHARMA
(MBBS)(DMRD) Chief consultant
Interventional Radiologist

Dr. Shivangi Singhal
M.D. Pathology

Dr. Sonal Dhingra Anand
M.D. Pathology

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Reg. No. : RMEE2229839 | Certificate No. : CMEE2369518 | Dr. Regn. No. : SMC/11566

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SANJAY EYE NURSING HOME

Regd No 01647
Dt. 30-04-2004

डॉ० संजय गुप्ता
Dr. Sanjay Gupta

संजय आई नर्सिंग होम

के– 1252, निकट पी.वी.एस. मॉल
शास्त्री नगर, मेरठ ।

MBBS, DO(GNEC, MAMC, N. Delhi)
नेत्र रोग विशेषज्ञ / EYE SURGEON

आई. ओ. एल. भैंगापन, कॉन्टैक्ट लैन्स एवं फेको द्वारा मोतियाबिन्द ऑपरेशन विशेषज्ञ

भूतपूर्व रेजीडैन्ट सर्जन –
- गुरू तेगबहादुर अस्पताल, दिल्ली
- गुरूनानक आई सैन्टर, नई दिल्ली
- मोहन आई इन्स्टीटयूट, नई दिल्ली

पूर्व मुख्य चिकित्साधिकारी एवं कन्सलटेन्ट
नेहरू नेत्र चिकित्सालय, मुज़फ्फरनगर

समय :
प्रात : 8 बजे से रात्रि 8:00 बजे तक

फोन : 0121–2760991
मोबाईल : 9412115353
E-mail : sanjayeyehospital@gmail.com

दिनांक 26/2/26

सुविधाएँ उपलब्ध :-

* कम्प्यूटर द्वारा चश्मे एवं काला मोतियाबिन्द की जाँच
* फेको द्वारा बिना इन्जेक्शन, बिना टाँके का मोतियाबिन्द ऑपरेशन
* येग लेज़र
* ए–स्कैन
* आँखो के घाव का इलाज
* भैंगापन, नासूर, पलकबन्दी, नाखूना एवं अन्य ऑपरेशन
* सभी ऑपरेशन दूरबीन द्वारा किये जाते है ।

नि :शुल्क आँखों की जांच
नि :शुल्क आँखों का ऑप्रेशन
आयुष्मान भारत के मरीजों के लिए
फोलडेबल लैन्स बिना टांके, फेको एवं दूरबीन द्वारा
नि :शुल्क सुविधा रात्रि ठहरने की
बाकी मरीजों के लिए न्यूनतम खर्च में

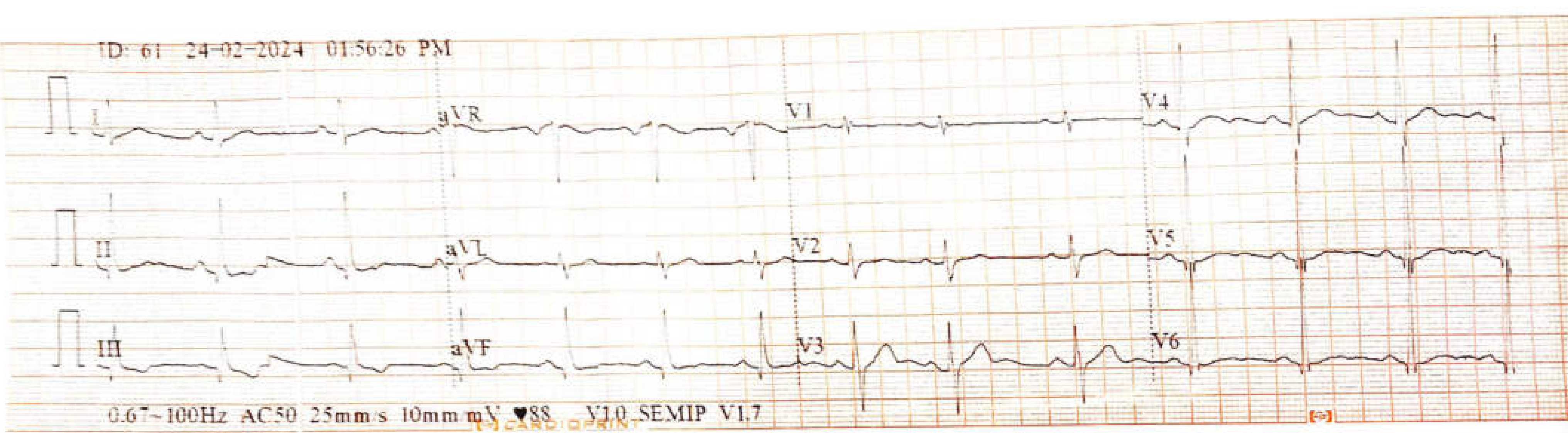
R) -0.75/-1.0 × 108° 6/9
L) -1.25 × 51° 6/9

Mr. Hareendra Singh
36/M

Vn R 6/36
L 6/36

for checkup.

Sanjay



ID: 61

Male / mmHg
36Years
cm kg

Diagnosis Information:
Sinus Arrhythmia
Normal ECG

HR	: 80	bpm
P	: 113	ms
PR	: 153	ms
QRS	: 91	ms
QT/QTc	: 351/407	ms
P/QRS/T	: 51/65/15	°
RV5/SV1	: 1.891/0.153	mV

Report Confirmed by:

Dr. SONAL DHINGRA
M.B.B.S., M.D.

CARDIOPRINT

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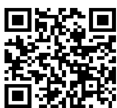
Lab Ref. No.	: 234028181 C. NO: 20	Centre Name	: SDA Diagnostics
Name	: Mr. HARENDRA SINGH	Collection Time	: 24-Feb-2024 11:33AM
Age/ Gender	: 36Y / Male	Receiving Time	: 24-Feb-2024 11:33AM
Referred By	: Dr. SELF	Reporting Time	: 24-Feb-2024 12:21PM
Sample By	:		

Test Name	Results	Units	Biological Ref-Interval
HAEMATOLOGY			
COMPLETE BLOOD COUNT			
HAEMOGLOBIN (Colorimetry)	12.50	g/dl	12-16.5
TOTAL LEUCOCYTE COUNT (Electric Impedence)	6600.00	/Cum m	4000-11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	62.00	%	44-68
Lymphocytes	34.00	%	25- 44
Eosinophils	2.00	%	0.0- 4.0
Monocytes	2.00	%	0.0-7.0
Basophils	0.00	%	0.0-1.0
Immature Cells	00	%	
Absolute Count			
Neutrophils Count (calculated)	4092.00	/cumm	2000-7000
Lymphocytes Count (calculated)	2244.00	/cumm	1000-3000
Eosinophils Count (calculated)	132.00	/cumm	40-440
Monocytes Count (calculated)	**132.00**	/cumm	200-1000
Basophils Count (calculated)l	0.00	/cumm	0-30
TOTAL R.B.C. COUNT (Electric Impedence)	**6.10**	10^6/uL	3.50-5.50
Haematocrit Value (P.C.V.) (Calculated)	40.50	%	37.0-54.0
MCV (Calculated)	**66.00**	fL	76-98
MCH	**20.50**	pg	27-32



Sonal Dhingra

Dr. Bhavna Sharma, M.D. Pathology
Dr. Swati Tiwari, M.D. Microbiology
Dr. Sonal Dhingra Anand, M.D. Pathology

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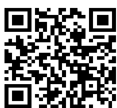
Test Name	Results	Units	Biological Ref-Interval
(Calculated)			
MCHC (Calculated)	**30.90**	g/dl	31-35
RDW-CV (Calculated)	**16.90**	%	11.5 - 14.5
Platelet Count (Electric Impedence)	212	Thousand/cumm	150-450
MPV (Calculated)	**10.10**	fL	11.5-14.5
PDW (Calculated)	14.40	fL	9.0-17.0
Peripheral Smear	..		
Erythrocyte Sedimentation Rate (Modified Westergren)			
At the end of 1st hour	16	mm	0-20
BLOOD GROUP			
Blood Group	B		
Rh Status	POSITIVE .		
GLYCATED HAEMOGLOBIN (HbA1c	5.40	%	4.5-6.0
ESTIMATED AVERAGE GLUCOSE	108.28	mg/dl	

EXPECTED RESULTS :

Non diabetic patients & Stabilized diabetics	:	4.5 % to 6.0 %
Good Control of diabetes	:	6.1 % to 7.0 %
Fair Control of diabetes	:	7.1 % to 8.0 %
Poor Control od diabetes	:	8 % and above

The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination.ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.



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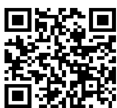
Sample By	:		

Test Name	Results	Units	Biological Ref-Interval
BIOCHEMISTRY			
BLOOD GLUCOSE FASTING (GOD/POD method)	107.00	mg/dl	70 - 110
BLOOD GLUCOSE P.P. (GOD/POD method)	129.00	mg/dl	70-140

After 2.0 hrs of meal



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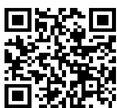
Test Name	Results	Units	Biological Ref-Interval
LIVER PROFILE			
SERUM BILIRUBIN			
TOTAL (Diazo)	0.42	mg/dl	0.30-1.20
DIRECT (Diazo)	0.18	mg/dl	0.00-0.20
INDIRECT (Calculated)	0.24	mg/dl	0.20-1.00
S.G.P.T. (IFCC method)	**57.00**	U/L	0-45
S.G.O.T. (IFCC method)	45.00	U/L	0-45
SERUM ALKALINE PHOSPHATASE (4-nitrphenylphosphate to 2-amino-2-methyl-1propan	104.00	IU/L.	35-145
SERUM PROTEINS			
TOTAL PROTEINS (Biuret)	6.40	Gm/dL.	6.0-8.0
ALBUMIN (Bromocresol green Dye)	3.70	Gm/dL.	3.5-5.2
GLOBULIN (Calculated)	2.70	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	**1.37**		1.5-2.5

LIVER FUNCTION TESTS CHECK THE LEVEL OF CERTAIN ENZYMES AND PROTEINS IN BLOOD

Levels that are higher or lower than normal can indicate liver problems. Some common liver function tests include :
Alanine transaminase (ALT). ALT is an enzyme found in the liver and When the liver is damaged, ALT is released into the bloodstream and levels increase.
Aspartate transaminase (AST). AST is an enzyme that helps metabolize alanine,an amino acid. AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.
Alkaline phosphatase (ALP). ALP is an enzyme in the liver, bile ducts and bone.



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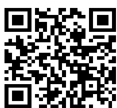
Test Name	Results	Units	Biological Ref-Interval
RENAL PROFILE			
BLOOD UREA (Urease Glutamate dehydrogenase)	31.0	mg/dl	10-50
SERUM CREATININE (Jaffe`s)	0.90	mg/dL.	0.6-1.2
SERUM URIC ACID (Urecase method)	5.9	mg/dL.	3.5-7.5
SERUM SODIUM (Na) (ISE Direct)	140.0	mmol/l	135 - 155
SERUM POTASSIUM (K) (ISE Direct)	3.90	mmol/l	3.5 - 5.5
SERUM CALCIUM (Arsenazo)	8.9	mg/dl	8.5-10.1
SERUM PROTEIN			
TOTAL PROTEINS (Biuret)	6.40	Gm/dL.	6.0-8.0
SERUM ALBUMIN (Bromocresol green Dye)	3.70	Gm/dL.	3.5-5.2
GLOBULIN (Calculated)	2.70	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	**1.37**	Gm/dL.	1.5-2.5

INTERPRETATION:

Urea is the end product of protein metabolism. It reflects on funcioning of the kidney in the body. Creatinine is the end product of creatine metabolism. It is a measure of renal function and eleveted levels are observed in patients typically with 50% or greater impairment of renal function. Sodium is critical in maintaining water & osmotic equilibrium in extracellular fluids. Disturbances in acid base and water balance are typically reflected in the sodium concentrations . Potassium is an essential element involved in critical cell functions. Potassium levels are influenced by electrolyte intake ,excretion and other means of elemination, exercise, hydration and medications. Calcium imbalance my cause a spectrum of disease . High concentrations are seen in Hyperparathyroidism, Malignancy & Sarcoidosis. Low levels may be due to protein deficiency, renal insufficiency and Hypoparathyroidism. Repeat measurement is recommended if the values are outside the reference range.



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C. NO: 20

Test Name	**Results**	**Units**	**Biological Ref-Interval**
LIPID PROFILE			
SERUM CHOLESTEROL (CHOD - PAP)	194.0	mg/dl	125-200
SERUM TRIGLYCERIDE (GPO-PAP)	107.0	mg/dl	50-150
HDL CHOLESTEROL (Direct Method)	42.0	mg/dl	30-80
VLDL CHOLESTEROL (Calculated)	21.4	mg/dl	5-35
LDL CHOLESTEROL (Calculated)	**130.6**	mg/dL.	70-130
LDL/HDL RATIO (Calculated)	3.1		0.0-4.9
CHOL/HDL CHOLESTROL RATIO (Calculated)	**4.6**		1.5-3.0

INTERPRETATION

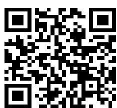
TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus,and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids indefining cardiovascular risk factors and in the managment of cardiovascular disease.Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/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.



Sonal Dhingra

Dr. Bhavna Sharma	Dr. Swati Tiwari	Dr. Sonal Dhingra Anand
M.D. Pathology	M.D. Microbiology	M.D. Pathology

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Developed by: www.saralpath.com

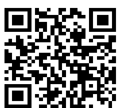
Lab Ref. No.	: 234028181	C. NO: 20	Centre Name	: SDA Diagnostics
Name	: Mr. HARENDRA SINGH		Collection Time	: 24-Feb-2024 11:33AM
Age/ Gender	: 36Y / Male		Receiving Time	: 24-Feb-2024 11:33AM
Referred By	: Dr. SELF		Reporting Time	: 25-Feb-2024 10:31AM
Sample By	:			

Test Name	Results	Units	Biological Ref-Interval
HORMONE			
THYRIOD PROFILE			
Triiodothyronine (T3) (FIA)	0.83	ng/dl	0.52-1.85
Thyroxine (T4) (FIA)	9.05	ug/dl	4.8-11.6
THYROID STIMULATING HORMONE (TSH) (FIA)	3.52	mIU/L	0.50-5.50

Interpretation Note:
Thyroid Stimulating Hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitarythyroid axis, TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone.Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.
Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormons vary according trimesper in pregnancy.

TSH ref range in Pregnacy	**Reference range (microIU/ml)**
First triemester	0.24 - 2.00
Second triemester	0.43-2.2
Third triemester	0.8-2.5



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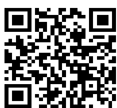
CLINICAL PATHOLOGY

Test Name	Results	Units	Biological Ref-Interval
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
VOLUME (visual)	15	ml	
COLOUR (visual)	PALE YELLOW		
APPEARENCE (visual)	CLEAR		
pH	6.00		4.6 - 8.0
SPECIFIC GRAVITY (pKa Change)	1.010		1.010-1.030
BIOCHEMICAL EXAMINATION			
UROBILINOGEN (Erlichs)	NIL		NIL
BILIRUBIN (Azo-coupling reaction)	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
SUGAR (Glucose Oxidase Peroxidase)	NIL		Nil
ALBUMIN (Protein-Error-of-Indicator))	NIL		Nil
PHOSPHATE	NIL		Nil
MICROSCOPIC EXAMINATION (Microscopy)			
RED BLOOD CELLS	NIL	/H.P.F.	0-2
PUS CELLS	0-1	/H.P.F.	0-5
EPITHELIAL CELLS	1-2	/H.P.F.	0-5
CRYSTALS	NIL	/H.P.F.	NIL
CASTS	NIL	/L.P.F.	
OTHER			



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SDA DIAGNOSTICS
A Quality Controlled Pathology Lab

Branch-1: I Block, 114/1, Shastri Nagar, Near Kuti Chowraha, PVS Road, Meerut
Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut

Helpline No. : +91 95481 32613

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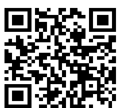

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