

Patient Name : Mr. SANJEEV KUMAR
 Age / Gender : 33 / Male
 Referred By : Dr. Varun Gupta
 Req.No : 2433842
 Patient Type : OPD

UHID : 41785
 IPNO :
 Requisitions : 14/03/2024
 Reported on : 15/03/2024

HAEMATOLOGY

COMPLETE HAEMOGRAM (CBC ESR)

Specimen Type : Whole Blood (EDTA)

TEST NAME	RESULT	UNITS	BIOLOGICAL	
			REF. INTERVAL	METHOD
Haemoglobin	14.8	g/dl	13.0 - 17.5	Cyanide-Free Colorimetry
Total Leucocyte Count	5400	cells/cu.mm	4000 - 10000	Impedance Variation
DIFFERENTIAL COUNT				
Neutrophils.	50	%	40.0 - 80.0	Flow Cytometry
Lymphocytes.	40	%	20.0 - 40.0	Flow Cytometry
Monocytes	07	%	2.0 - 10.0	Flow Cytometry
Eosinophils.	03	%	1.0 - 6.0	Flow Cytometry
Basophils	00	%	0.0 - 1.0	Flow Cytometry
Platelet Count	131	1000/cumm	150 - 450	Electrical Impedance
RED BLOOD CELL COUNT	4.81	millions/cum m	4.5 - 5.5	Electrical Impedance
PACKED CELL VOLUME	44.5	%	40 - 50	Calculated
MEAN CORPUSCULAR VOLUME	92.5	fL	76 - 100	Measured
MEAN CORPUSCULAR HAEMOGLOBIN	30.8	pg	27 - 32	Calculated
MEAN CORPUSCULAR Hb CONC	33.3	g/dl	32 - 36	Calculated
E.S.R.	14mm	mm at the end of 1st hr	0 - 15	Westergren

**** End of Report ****

Please Correlate With Clinical Findings

Lab Technician

Dr SEEMILY KAHMEI
 MD PATHOLOGY
 Dr. SEEMILY KAHMEI
 MD (Pathology)

Salhotra
 Dr. VISHAL SALHOTRA
 MD (Pathology)

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Reported on : 15/03/2024 / 10.38 AM

SEROLOGY

BLOOD GROUP and RH TYPE

Specimen Type TEST NAME	WHOLE BLOOD	BIOLOGICAL		METHOD
	RESULT	UNITS	REFERENCE INTERVAL	
Blood Group	" B " RH NEGATIVE			Hemagglutination

Internal Autocontrols are satisfactory.

-**** End of Report ****

Please Correlate With Clinical Findings

Dr SEEMILY KAHMEI

Lab Technician

Dr. SEEMILY KAHMEI
MD (Pathology)
23609

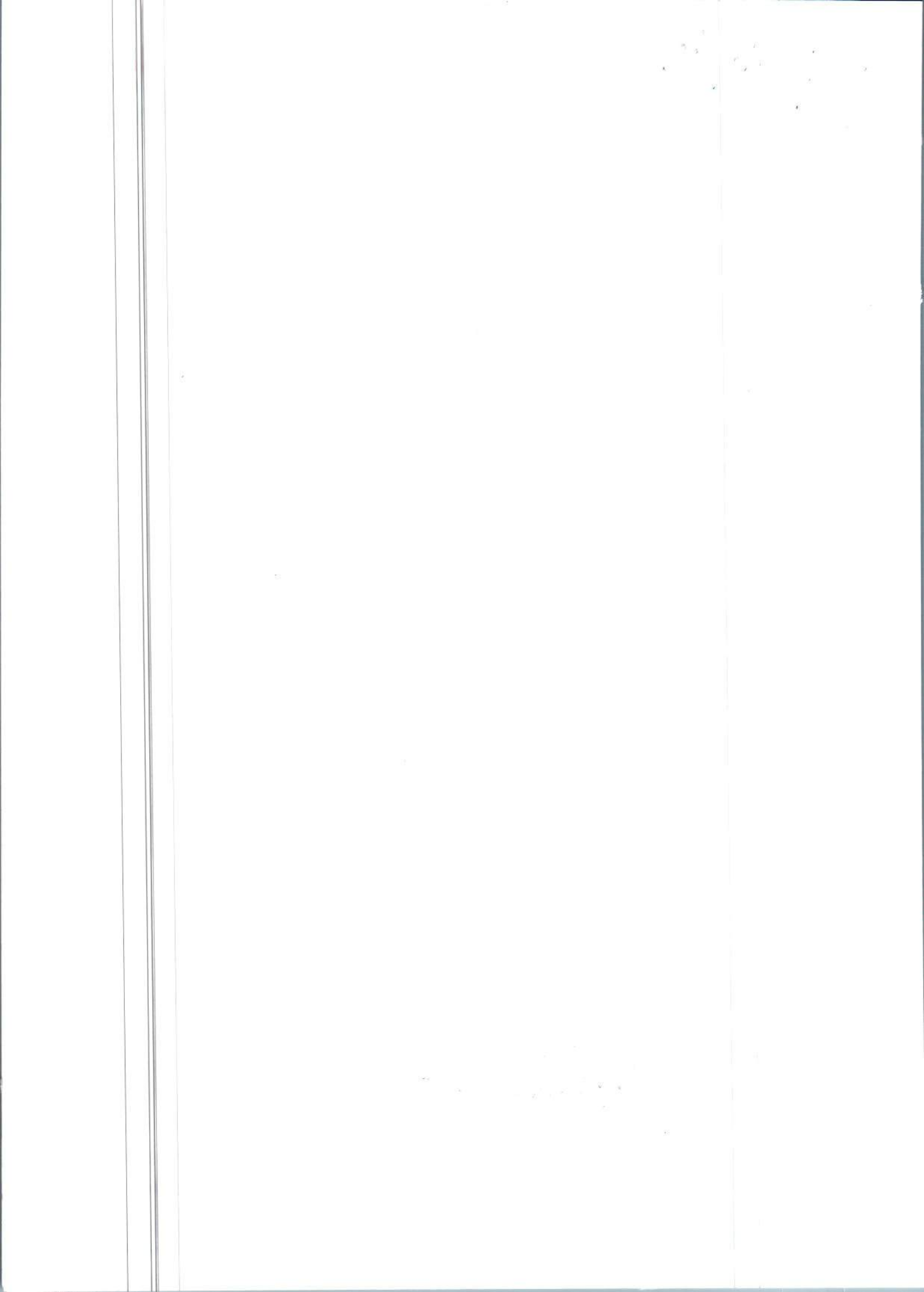
Dr. VISHAL SALHOTRA
MD (Pathology)

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Sultanpur Chowk, Nr. Dhulkot Barrier, Ambala Chandigarh Expy, Ambala, Haryana 134003 Ph. : 74320 00000, 74969 79727
Ph.: 171 - 2500000, 74320 00000, 74969 79727 Toll free No.: 1800 180 1234 E-mail : healingtouchhospital2012@gmail.com,

the health care providers the health care providers





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BIOCHEMISTRY

BLOOD SUGAR FASTING AND PP

Specimen Type : Serum

TEST NAME	RESULT	UNITS	BIOLOGICAL REF. INTERVAL	METHOD
FASTING PP				
Plasma glucose (Fasting)	91.42	mg/dl	70 - 110	GOD-POD Hexokinase
Plasma Glucose(POST Prandial)	106.9	mg/dl	90 - 140	GOD-POD Hexokinase

**** End of Report ****

Please Correlate With Clinical Findings

Lab Technician

Dr. SEEMILY KAHMEI
 MD (Pathology)

Dr. VISHAL SALHOTRA
 MD (Pathology)

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ECHO
PRAY

COLOR DOPPLER ECHO CARDIOGRAPHY REPORT

NAME:MR.SANJEEV KUMAR	AGE:33Y/M	MR.NO.41785
REFD.BY:DR.ANIKET	DATED:14/03/2024	

On 2D examination
MITRAL VALVE

AML- Thin, no anterior mitral leaflet Flutter, There is no prolapse of AML
PML – Thin, no prolapse moves posteriorly during Diastole
No Mitral Annular Calcification,
No Subvalvular Pathology.

TRICUSPID VALVE

Thin. Opening well, no prolapse

AORTIC VALVE

Normal, Opening well
Morphology - Tricuspid

PULMONARY VALVE

Thin. Opens well. Pulmonary Artery not dilated.

LEFT VENTRICLE

There is no left ventricular hypertrophy.
There is no regional wall motion abnormality.

LEFT ATRIUM

Normal in size

RIGHT ATRIUM

Normal in size

RIGHT VENTRICLE

Normal in size

PERICARDIUM

Normal

MEASUREMENTS

(NORMAL VALUES)

M-MODE

Inter Vent. Septum Thickness (D)	11mm	[0.6 – 1.2cm]
INTER VENT. SEPTUM THICKNESS (S)	15mm	[0.9 – 1.8cm]
Left Ventricular ED Dimension	50mm	[3.7 – 5.6cm]
Left Ventricular ES Dimension	30mm	[2.2 – 4.0cm]
LV Posterior Wall Thickness (D)	11mm	[0.6 – 1.2cm]
LV Posterior Wall Thickness (S)	16 mm	[0.9 – 1.8cm]
Aortic Root Diameter	26mm	[2.0 – 3.7cm]
Left Atrial Diameter	30mm	[1.9 – 4.0cm]
Ejection Fraction	62%	[54 – 76%]
Visual LVEF	62%	

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ON INTERROGATING WITH PULSE & CONTINUOUS WAVE DOPPLER IT WAS FOUND THAT THERE IS

MITRAL DIASTOLIC FLOW: E Vel. 0.8m/sec , A Vel. 0.5m/sec	
E>A	
Aortic Forward Velocity:	1.20 m/sec
Pulmonary Forward velocity :	0.70 m/sec

TRACE MITRAL REGURGITATION.
NO AORTIC REGURGITATION.
TRACE TRICUSPID REGURGITATION
NO PULMONARY REGURGITATION PRESENT

ON COLOR FLOW IMAGING THERE WAS →

TRACE MITRAL REGURGITATION.
NO AORTIC REGURGITATION.
TRACE TRICUSPID REGURGITATION
NO PULMONARY REGURGITATION PRESENT

COMMENTS

No clot seen.
No vegetation on any valve.
No intra cardiac mass.
IAS IVS intact
NO Pericardial Effusion

FINAL IMPRESSION: -

- NO LVH.
- NO RWMA.
- NORMAL LV SYSTOLIC FUNCTION.
- EJECTION FRACTION =62%.
- NO AORTIC REGURGITATION
- TRACE MITRAL REGURGITATION
- TRACE TRICUSPID REGURGITATION.
- NORMAL LV DIASTOLIC FUNCTION

DR. DINESH JOSHI
MD PHYSICIAN, PG DCC
NON-INVASIVE CARDIOLOGIST
Ex Max Hospital Mohali
Ex Paras Hospital Panchkula
REGD NO-013983

DR. SHWETA VOHRA
MD DM FACC FAPSC ESCAI(USA)
Interventional Cardiologist
Ex Asst Professor PGIMS
Ex SR KGMU Lucknow
REGD NO.-18541

Sultanpur Chowk, Nr. Dhulkot Barrier, Ambala Chandigarh Expy, Ambala, Haryana 134003 Ph. :74320 0000, 74969 79727

the health care providers the health care providers

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Patient Name : SANJEEV KUMAR 33Y	Gender : Male
Age : 33 Y	Date : Mar 14, 2024
Referring Doctor :	Patient ID : 41785

X-RAY CHEST

VIEWS

PA View of Chest

CLINICAL HISTORY

FINDINGS

- Left hila appear prominent?lymphadenopathy
- The heart is normal in size and contour.
- The aorta is normal.
- The mediastinum, pulmonary vasculature are also normal.
- Trachea is central. Tracheo-bronchial tree is normal.
- No focal lung lesion is seen.
- No pneumothorax is seen.
- The costophrenic sulci and hemidiaphragms are preserved.
- Bony thoracic cage is normal. Both domes of diaphragm are normally placed. No soft tissue abnormality seen.

IMPRESSION

- Left hila appear prominent?lymphadenopathy

RECOMMENDATION

Kindly correlate with other clinical parameters.

Prabhpreet
Dr. Prabhpreet R. Singh
MD (Radiodiagnosis)
Reg - 98579





5mm/mV

2024-31 10:01

Ventricular Rate	72 bpm
PR Interval	131 ms
QRS Duration	85 ms
QT/QTc Interval	322 / 353 ms
RV5+SV1 Amplitude	2.04 mV
RV5+SV1 Amplitude	1.01 mV
RV5+SV1 Amplitude	3.05 mV

Auto ID:07035

Read Report Reviewed 1

Sex: M Age: 41
 1111 Anal
 8110 Sinus
 942 Short
 1012 == A

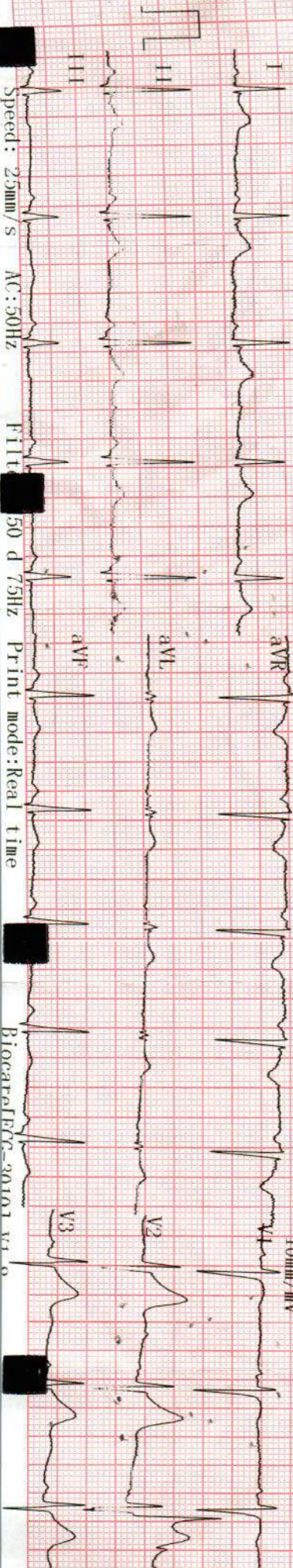
Hospit

10mm/mV

10mm/mV

10mm/mV

10mm/mV



Speed: 25mm/s

AC: 50Hz

Filt

50 d 75Hz

Print mode: Real time

Biocare ECG-30101 v1.0