

UNION OF INDIA **Driving Licence** (RJ) (V)

RJ14 20100878879

जारी करने की तिथि / Date of Issue: 02/11/2018

वैधता / Validity: 01/11/2030

जन्म तिथि / Date of Birth: 05/09/1992

Blood Group: Unknown

नाम / Name: **ANIL JANGID**

पिता/पति का नाम / Son/Daughter/Wife of: **BAJRANG LAL JANGID**



Upaid

Dr. PIYUSH GOYAL
 MBBS, DMRD (Radiologist)
 RMC No.-037041

RJ14 20100878879

DC2819872M

MVWG 02/11/2010

LMV 28/05/2018

Form 7 (Rule 16(2))

पता / Permanent Address: 23 NEW COLONY MURLI PURA SIKAR ROAD JAIPUR, Jaipur (M Corp.) (Part) Jaipur, RJ - 302039

जारीकर्ता / Issuing Authority Sign: **[Signature]** DTO Vidhyadhar Nagar

Holder's Signature: **[Signature]**



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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Central Spine, Vidhyadhar Nagar, Jaipur - 302023
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General Physical Examination

Date of Examination: 13/04/24

Name: ANIL JANGID Age: 31 YRS DOB: 05/09/1993 Sex: Male

Referred By: DANK & BARADA

Photo ID: DRIVNCLTC ID #: R71400100878879

Ht: 169 (cm)

Wt: 81 (Kg)

Chest (Expiration): 105 (cm)

Abdomen Circumference: 95 (cm)

Blood Pressure: 100/80 mm Hg

PR: 78 / min

RR: 18 / min

Temp: Aleberle

BMI 28.4

Eye Examination: R/E - GIG, NIG, NCB
L/E - GIG, NIG, NCB

Other: No

On examination he/she appears physically and mentally fit: Yes/No

Signature Of Examinee: [Signature]

Name of Examinee: ANIL JANGID

Signature Medical Examiner: [Signature]
DR. PIYUSH GOYAL
MBBS, DMRE (Radiologist)
RMC No.-037041

Name Medical Examiner: DR. PIYUSH GOYAL



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Patient ID 122474 Patient Mob No.9714105992

Registered On 13/04/2024 08:44:29

NAME Mr. ANIL JANGID

Collected On 13/04/2024 10:18:30

Age 31 Yrs Sex M on 8 Days

Authorized On 13/04/2024 17:09:30

Ref. By BANK OF BARODA

Printed On 13/04/2024 17:09:38

Lab/Hosp Mr.MEDIWHEEL

HAEMOGARAM

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP BELOW 40 MALE			
HAEMOGLOBIN (Hb)	14.5	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.60	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	58.0	%	40.0 - 80.0
LYMPHOCYTE	36.0	%	20.0 - 40.0
EOSINOPHIL	2.0	%	1.0 - 6.0
MONOCYTE	4.0	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	4.82	$\times 10^6/uL$	4.50 - 5.50
HEMATOCRIT (HCT)	43.40	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	90.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	30.1	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	33.4	g/dL	31.5 - 34.5
PLATELET COUNT	160	$\times 10^3/uL$	150 - 410
RDW-CV	13.7	%	11.6 - 14.0

DR.TANU RUNGTA
MD (Pathology)
RMC No. 17226

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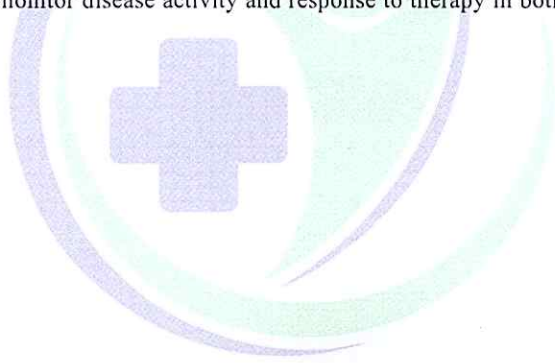
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HAEMATOLOGY

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR) Method:- Westergreen	13	mm in 1st hr	00 - 15

The erythrocyte sedimentation rate (ESR or sed rate) is a relatively simple, inexpensive, non-specific test that has been used for many years to help detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases. ESR is said to be a non-specific test because an elevated result often indicates the presence of inflammation but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other tests, such as C-reactive protein. ESR is used to help diagnose certain specific inflammatory diseases, including temporal arteritis, systemic vasculitis and polymyalgia rheumatica. (For more on these, read the article on Vasculitis.) A significantly elevated ESR is one of the main test results used to support the diagnosis. This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as



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(CBC): Methodology: TLC,DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance. and MCH,MCV,MCHC,MENTZER INDEX are calculated. InstrumentName: Sysmex 6 part fully automatic analyzer XN-L,Japan





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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
FASTING BLOOD SUGAR (Plasma) Method:- GLUCOSE OXIDASE/PEROXIDASE	82.9	mg/dl	70.0 - 115.0
Impaired glucose tolerance (IGT)		111 - 125 mg/dL	
Diabetes Mellitus (DM)		> 126 mg/dL	

Instrument Name: HORIBA CA60 Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

BLOOD SUGAR PP (Plasma) Method:- GLUCOSE OXIDASE/PEROXIDASE	91.1	mg/dl	70.0 - 140.0
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Instrument Name: HORIBA Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
GLYCOSYLATED HEMOGLOBIN (HbA1C) Method:- CAPILLARY with EDTA	5.4	mg%	Non-Diabetic < 6.0 Good Control 6.0-7.0 Weak Control 7.0-8.0 Poor control > 8.0
MEAN PLASMA GLUCOSE Method:- Calculated Parameter	106	mg/dL	68 - 125

INTERPRETATION

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

Reference Group HbA1c in %

Non diabetic adults >=18 years < 5.7

At risk (Prediabetes) 5.7 - 6.4

Diagnosing Diabetes >= 6.5

CLINICAL NOTES

In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy. Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

Some of the factors that influence HbA1c and its measurement [Adapted from Gallagher et al]

- Erythropoiesis**
 - Increased HbA1c: iron, vitamin B12 deficiency, decreased erythropoiesis.
 - Decreased HbA1c: administration of erythropoietin, iron, vitamin B12, reticulocytosis, chronic liver disease.
- Altered Haemoglobin-Genetic or chemical alterations in hemoglobin: hemoglobinopathies, HbF, methemoglobin, may increase or decrease HbA1c.**
- Glycation**
 - Increased HbA1c: alcoholism, chronic renal failure, decreased intraerythrocytic pH.
 - Decreased HbA1c: certain hemoglobinopathies, increased intra-erythrocyte pH
- Erythrocyte destruction**
 - Increased HbA1c: increased erythrocyte life span: Splenectomy.
 - Decreased A1c: decreased RBC life span: hemoglobinopathies, splenomegaly, rheumatoid arthritis or drugs such as antiretrovirals, ribavirin & dapsone.
- Others**
 - Increased HbA1c: hyperbilirubinemia, carbamylated hemoglobin, alcoholism, large doses of aspirin, chronic opiate use, chronic renal failure
 - Decreased HbA1c: hypertriglyceridemia, reticulocytosis, chronic liver disease, aspirin, vitamin C and E, splenomegaly, rheumatoid arthritis or drugs

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HAEMATOLOGY

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO
 Method:- Haemagglutination reaction

"A" POSITIVE



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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIPID PROFILE			
SERUM TOTAL CHOLESTEROL Method:- CHOLESTEROL OXIDASE/PEROXIDASE	159.00	mg/dl	Desirable <200 Borderline 200-239 High > 240
InstrumentName: HORIBA Interpretation: Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.			
SERUM TRIGLYCERIDES Method:- GLYCEROL PHOSPHATE OXIDASE/PREOXIDASE	130.00	mg/dl	Normal <150 Borderline high 150-199 High 200-499 Very high >500
InstrumentName: Ranox Rx Imola Interpretation : Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.			
DIRECT HDL CHOLESTEROL Method:- Direct clearance Method	42.30	mg/dl	MALE- 30-70 FEMALE - 30-85
Instrument Name: Rx Daytona plus Interpretation: An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.			
LDL CHOLESTEROL Method:- Calculated Method	95.03	mg/dl	Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190
VLDL CHOLESTEROL Method:- Calculated	26.00	mg/dl	0.00 - 80.00
T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated	3.76		0.00 - 4.90
LDL / HDL CHOLESTEROL RATIO Method:- Calculated	2.25		0.00 - 3.50
TOTAL LIPID Method:- CALCULATED	508.37	mg/dl	400.00 - 1000.00

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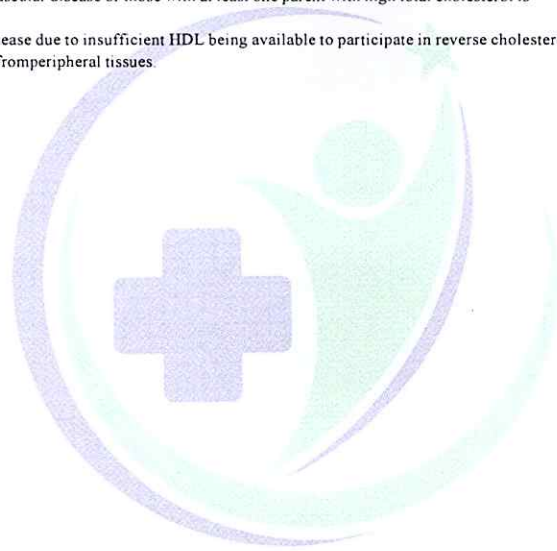
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BIOCHEMISTRY

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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1. Measurements 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. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
3. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.



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BIOCHEMISTRY

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- DIAZOTIZED SULFANILIC	0.98	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method:- DIAZOTIZED SULFANILIC	0.24	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.74	mg/dl	0.30-0.70
SGOT Method:- IFCC	27.6	U/L	0.0 - 40.0
SGPT Method:- IFCC	38.6	U/L	0.0 - 40.0
SERUM ALKALINE PHOSPHATASE Method:- DGKC - SCE	84.50	U/L	53.00 - 141.00
SERUM GAMMA GT Method:- Szasz methodology Instrument Name Randox Rx Imola Interpretation Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra-or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.	30.20	U/L	10.00 - 45.00
SERUM TOTAL PROTEIN Method:- BIURET	6.45	g/dl	6.00 - 8.40
SERUM ALBUMIN Method:- BROMOCRESOL GREEN	4.21	g/dl	3.50 - 5.50
SERUM GLOBULIN Method:- CALCULATION	2.24	gm/dl	2.20 - 3.50
A/G RATIO	1.88		1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

Note :- These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Some tests are associated with functionality (e.g.,

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BIOCHEMISTRY

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract (gamma-glutamyl transferase and alkaline phosphatase). Conditions with elevated levels of ALT and AST include hepatitis A,B ,C ,paracetamol toxicity etc. Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are also carried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medications are not adversely impacting the person's liver.



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BIOCHEMISTRY

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
RFT / KFT WITH ELECTROLYTES			
SERUM UREA Method:- UREASE / GLUTAMATE DEHYDROGENASE	29.60	mg/dl	10.00 - 50.00
InstrumentName: HORIBA CA 60 Interpretation : Urea measurements are used in the diagnosis and treatment of certain renal and metabolic diseases.			
SERUM CREATININE Method:- JAFFE	1.11	mg/dl	Males : 0.6-1.50 mg/dl Females : 0.6 -1.40 mg/dl
Interpretation : Creatinine is measured primarily to assess kidney function and has certain advantages over the measurement of urea. The plasma level of creatinine is relatively independent of protein ingestion, water intake, rate of urine production and exercise. Depressed levels of plasma creatinine are rare and not clinically significant.			
SERUM URIC ACID Method:- URICASE/PEROXIDASE	5.66	mg/dl	2.40 - 7.00
InstrumentName: HORIBA YUMIZEN CA60 Daytona plus Interpretation: Elevated Urate: High purine diet,Alcohol• Renal insufficiency,Drugs , Polycythaemia vera, Malignancies,Hypothyroidism,Rare enzyme defects ,Downs syndrome,Metabolic syndrome, Pregnancy,Gout.			
SODIUM Method:- ISE	143.5	mmol/L	135.0 - 150.0
POTASSIUM Method:- ISE	4.69	mmol/L	3.50 - 5.50
CHLORIDE Method:- ISE	102.5	mmol/L	94.0 - 110.0
SERUM CALCIUM Method:- Arsenazo III Method	9.65	mg/dL	8.80 - 10.20
InstrumentName: MISPA PLUS Interpretation: Serum calcium levels are believed to be controlled by parathyroid hormone and vitamin D. Increases in serum PTH or vitamin D are usually associated with hypercalcemia .Hypocalcemia may be observed in hypoparathyroidism, nephrosis and pancreatitis.			
SERUM TOTAL PROTEIN Method:- BIURET	6.45	g/dl	6.00 - 8.40
SERUM ALBUMIN Method:- BROMOCRESOL GREEN	4.21	g/dl	3.50 - 5.50

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Test Name	Value	Unit	Biological Ref Interval
SERUM GLOBULIN Method:- CALCULATION	2.24	gm/dl	2.20 - 3.50
A/G RATIO	1.88		1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

INTERPRETATION

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is a waste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. In blood, it is a marker of GFR. In urine, it can remove the need for 24-hour collections for many analytes or be used as a quality assurance tool to assess the accuracy of a 24-hour collection. Higher levels may be a sign that the kidneys are not working properly. As kidney disease progresses, the level of creatinine and urea in the blood increases. Certain drugs are nephrotoxic hence KFT is done before and after initiation of treatment with these drugs.

Low serum creatinine values are rare; they almost always reflect low muscle mass.

Apart from renal failure Blood Urea can increase in dehydration and GI bleed

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Collected On 13/04/2024 10:18:30

Age 31 Yrs 7 Mon 8 Days

Authorized On 13/04/2024 17:09:30

Ref. By BANK OF BARODA

Printed On 13/04/2024 17:09:38

Lab/Hosp Mr.MEDIWHEEL

CLINICAL PATHOLOGY

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil



Technologist
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DR. TANU RUNGTA
MD (Pathology)
RMC No. 17226



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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Central Spine, Vidhyadhar Nagar, Jaipur - 302023
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Patient ID 122474	Patient Mob No.9714105992	Registered On	13/04/2024 08:44:29
NAME Mr. ANIL JANGID		Collected On	13/04/2024 10:18:30
Age 31 Yrs Sex Age 8 Days		Authorized On	13/04/2024 17:09:30
Ref. By BANK OF BARODA		Printed On	13/04/2024 17:09:38
Lab/Hosp Mr.MEDIWHEEL			

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

THYROID-TRIIODOTHYRONINE T3
Method:- ECLIA

1.32 ng/mL

0.70 - 2.04

THYROID - THYROXINE (T4)
Method:- ECLIA

7.69 ug/dl

5.10 - 14.10

TSH
Method:- ECLIA

1.668 μ IU/mL

0.350 - 5.500

4th Generation Assay,Reference ranges vary between laboratories

PREGNANCY - REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)

1st Trimester : 0.10-2.50 uIU/mL

2nd Trimester : 0.20-3.00 uIU/mL

3rd Trimester : 0.30-3.00 uIU/mL

The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

NOTE-TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and min between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration. Dose and time of drug intake also influence the test result.

INTERPRETATION

- 1.Primary hyperthyroidism is accompanied by \uparrow serum T3 & T4 values along with \downarrow TSH level.
- 2.Primary hypothyroidism is accompanied by \downarrow serum T3 and T4 values & \uparrow serum TSH levels
- 3.Normal T4 levels accompanied by \uparrow T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis
- 4.Normal or \downarrow T3 & \uparrow T4 levels indicate T4 Thyrotoxicosis (problem is conversion of T4 to T3)
- 5.Normal T3 & T4 along with \downarrow TSH indicate mild / Subclinical Hyperthyroidism

COMMENTS: Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test.

Disclaimer-TSH is an important marker for the diagnosis of thyroid dysfunction.Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age ,and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly

Reference ranges are from Teltz fundamental of clinical chemistry 8th ed (2018)

Test performed by Instrument : Beckman coulter Dxi 800

Note: The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlated with

*** End of Report ***

Technologist
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Patient ID 122474 Patient Mob No.9714105992
NAME Mr. ANIL JANGID
 Age 31 Yrs Sex M on 8 Days
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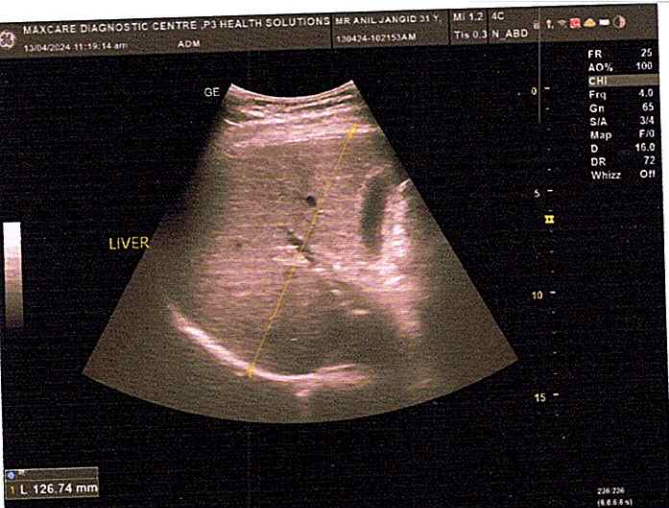
CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	5.5		5.0 - 7.5
SPECIFIC GRAVITY	1.025		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

Technologist

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MR. ANIL JANGID	31 Y/M
Registration Date: 13/04/2024	Ref. by: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (12.6 cm) **with increased echotexture**. No focal space occupying lesion is seen within liver parenchyma. Intrahepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is well distended. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape (10.6 cm). Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. Collecting system does not show any calculus or dilatation.

Right kidney is measuring approx. 10.4 x 4.8 cm.

Left kidney is measuring approx. 10.6 x 4.6 cm.

Urinary bladder is well distended and does not show any calculus or mass lesion.

Prostate is normal in size with normal echotexture and outline.

No enlarged nodes are visualized. No retro-peritoneal lesion is identified.

No significant free fluid is seen in pelvis.

IMPRESSION:

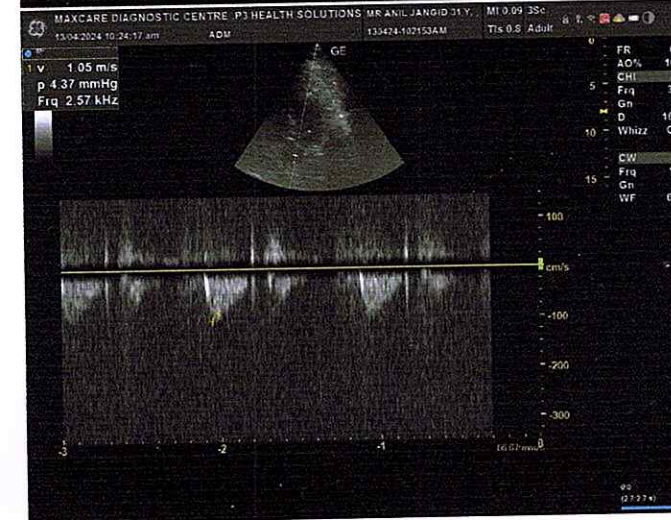
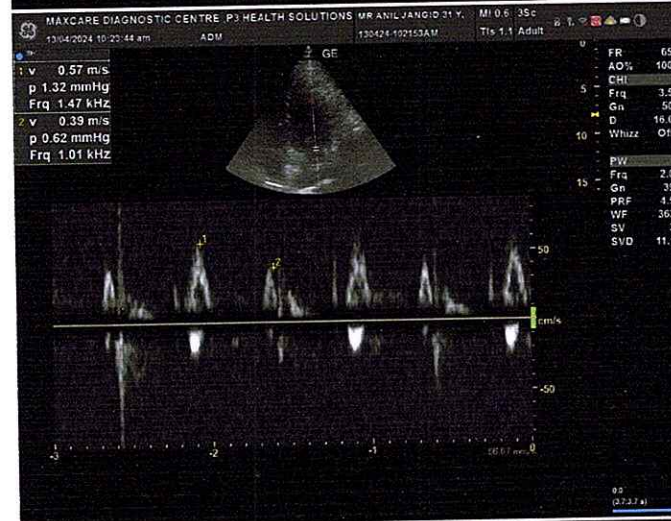
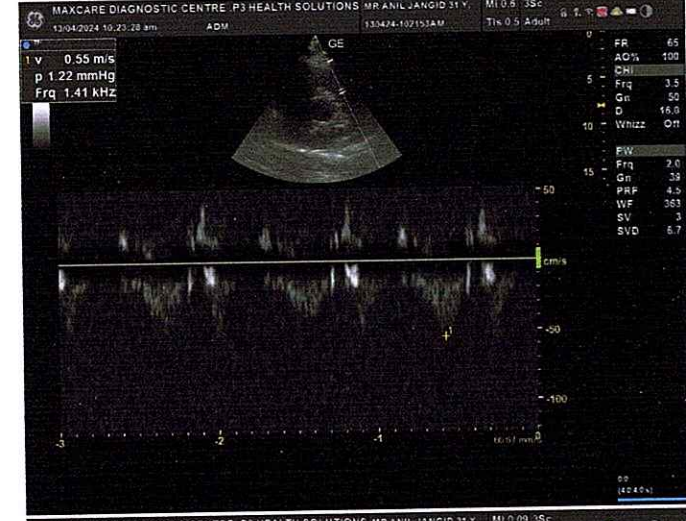
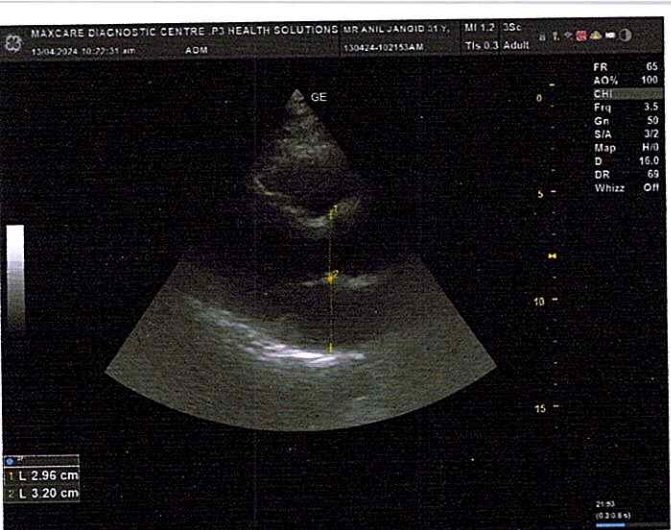
- Grade I fatty liver.
- Rest no significant abnormality is detected.

DR. SHALINI GOEL

M.B.B.S, D.N.B (Radiodiagnosis)

RMC no.: 21954

Dr. SHALINI GOEL
MBBS, DNB (Radiologist)
RMC No. 21954
P-3 Health Solutions LLP





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MR. ANIL JANGID	31 Y/M
Registration Date: 13/04/2024	Ref. by: BANK OF BARODA

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:
FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

M.MODE EXAMINATION:

AO	2.9	Cm	LA	3.2	cm	IVS-D	1.0	cm
IVS-S	1.2	cm	LVID	3.7	cm	LVSD	3.1	cm
LVPW-D	0.8	cm	LVPW-S	1.2	cm	RV		cm
RVWT		cm	EDV		ml	LVVS		ml
LVEF	55-60%		RWMA			ABSENT		

CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM	NORMAL		

COLOUR DOPPLER:

MITRAL VALVE				
E VELOCITY	0.57	m/sec	PEAK GRADIENT	Mm/hg
A VELOCITY	0.39	m/sec	MEAN GRADIENT	Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY	Cm2
MITRAL REGURGITATION			ABSENT	
AORTIC VALVE				
PEAK VELOCITY	1.05	m/sec	PEAK GRADIENT	mm/hg
AR VMAX		m/sec	MEAN GRADIENT	mm/hg
AORTIC REGURGITATION			ABSENT	
TRICUSPID VALVE				
PEAK VELOCITY		m/sec	PEAK GRADIENT	mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT	mm/hg
VMax VELOCITY				
TRICUSPID REGURGITATION			ABSENT	
PULMONARY VALVE				
PEAK VELOCITY	0.55	M/sec.	PEAK GRADIENT	Mm/hg
MEAN VELOCITY			MEAN GRADIENT	Mm/hg
PULMONARY REGURGITATION			ABSENT	

Impression—

- NORMAL LV SIZE & CONTRACTILITY.
- NO RWMA, LVEF 55-60%.
- ALL CARDIAC VALVES ARE NORMAL.
- NORMAL DIASTOLIC FUNCTION.
- NO CLOT, NO VEGETATION, NO PERICARDIAL EFFUSION.

Dr. SYOTI KARWAL
(Cardiologist)
M.B.B.S, PGDCC (Cardiologist)
RMC No.- 27255



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NAME:	MR. ANIL JANGID	AGE	31 YRS/M
REF.BY	BANK OF BARODA	DATE	13/04/2024

CHEST X-RAY (PA VIEW)

Bilateral lung fields appear clear.

Bilateral costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

Thoracic soft tissue and skeletal system appear unremarkable.

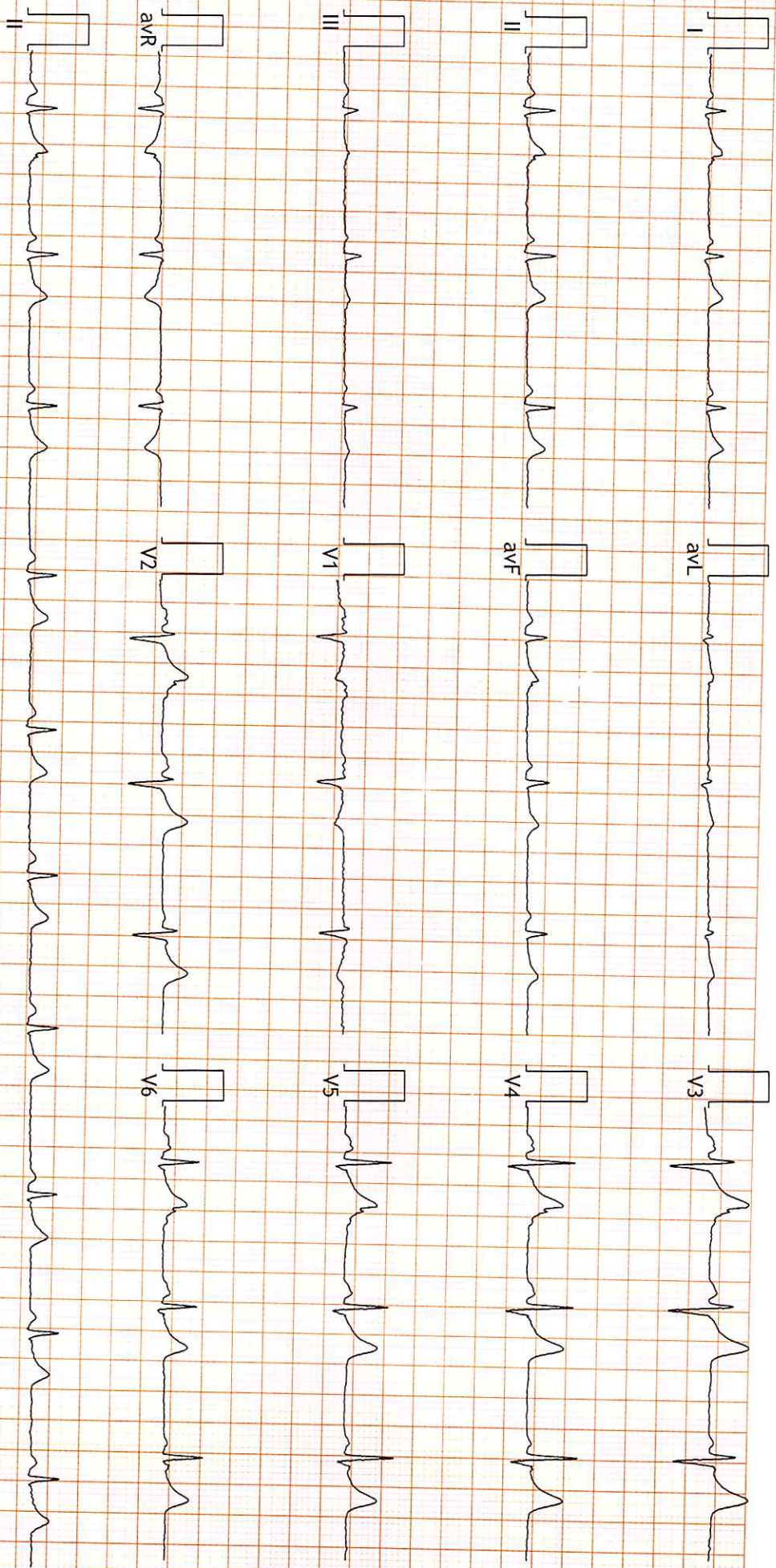
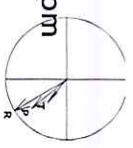
Soft tissue shadows appear normal.

IMPRESSION: *No significant abnormality is detected*

DR.SHALINI GOEL

M.B.B.S, D.N.B (Radiodiagnosis)

RMC No.: 21954



INDICATIONS: (Normal)
 Vent Rate : 59 bpm; PR Interval : 138 ms; QRS Duration: 90 ms; QT/QTc Int : 391/390 ms
 P-QRS-T axis: 50 • 59 • 39 • (Deg)
 Comments :

Dr. Naresh Kumar Mohanka

RMZ

Dr. Naresh Kumar Mohanka
 RMC No.: 35703
 MBBS, DIP. CARDIO (ESCORTS)
 D.E.M. (RCGP-UK)

R

122474 ANIL JANGID 31 YRS , BOB M
13.APR.2024
MAXCARE DIAGNOSTIC (ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)

