

Date	24/08/2024	Srl No.	1	Sex	M
Name	Mr. SIDDHARTHA SHARMA	Age	33 Yrs.		
Ref. By					

Test Name	Value	Unit	Normal Value
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RH TYPING	POSITIVE		
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HB A1C- HemoCue 501 Fully Automated

HbA1C (GLYCOSYLATED HAEMOGLOBIN)

PATIENT'S VALUE % HbA1C = 5.9 %

EXPECTED VALUES :-

%HbA1c	Approx. mean blood glucose(mg/dl)	Interpretation
4	65	
5	100	Non-diabetic range
6	135	
7	170	ADA target
8	205	
9	240	
10	275	Action suggested
11	310	
12	345	

REMARKS:-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.

BIOCHEMISTRY

BLOOD SUGAR FASTING	79.1	mg/dl	60 - 110
URINE SUGAR FASTING	NIL		NIL
BLOOD UREA	22.7	mg /dl	15.0 - 45.0

Date	24/08/2024	Srl No.	1	Sex	M
Name	Mr. SIDDHARTHA SHARMA	Age	33 Yrs.		
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Test Name	Value	Unit	Normal Value
SERUM CREATININE	0.96	mg%	0.7 - 1.4
SERUM URIC ACID	4.0	mg%	3.4 - 7.0
GAMMA GT			
γ GLUTAMYL TRANSFERASE (GGT):-	30.0	U/L at 37°C	

EXPECTED VALUES

Serum (Males) : 10 - 50 U/L at 37°C
(Femalels) : 07 - 35 U/L at 37°C

COMMENT

- **γ** Glutamyl Transferase (GGT) is an enzyme found mainly in serum from hepatic origin, though the highest levels are in kidneys.
- Elevated levels are found in hepatobiliary and pancreatic diseases, chronic alcoholism, myocardial infraction with secondary liver damage and diabetics.

BILIRUBIN TOTAL	0.79	mg/dl	0 - 1.2
CONJUGATED (D. Bilirubin)	0.28	mg/dl	0 - 0.25
UNCONJUGATED (I.D.Bilirubin)	0.51	mg/dl	0 - 1.2
TOTAL PROTEIN	6.9	gm/dl	6.6 - 8.3
ALBUMIN	4.0	gm/dl	3.4 - 4.8
GLOBULIN	2.9	gm/dl	2.3 - 3.5
A/G RATIO	1.379		
SGOT	36.0	IU/L	0 - 40
SGPT	32.6	IU/L	0.0 - 41.0
ALKALINE PHOSPHATASE IFCC Method	68.4	U/L	37.0 - 147.0

Date	24/08/2024	Srl No.	1	Sex	M
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URINE EXAMINATION TEST

PHYSICAL EXAMINATION

QUANTITY	15	ml.	
COLOUR	PALE YELLOW		Yellow
TRANSPARENCY/ CLARITY	CLEAR		Clear
SPECIFIC GRAVITY	Q.N.S.		1.005 to 1.025
PH	6.0		4.5 to 8.0

CHEMICAL EXAMINATION

PROTEIN	NIL	mg/dl	< 150 mg/dl
REDUCING SUGAR/ GLUCOSE	NIL	mg/dl	<130 mg/dl

MICROSCOPIC EXAMINATION

PUS CELLS	0-1		<2-5 /hpf
RBC'S	NIL		<2 RBCs/hpf
CASTS	NIL		0-5 hyaline casts/lpf
CRYSTALS	NIL		Occasionally
SQUAMOUS EPITHELIAL CELLS	OCCASIONAL		<15-20 /hpf
BACTERIA	NIL		None
OTHERS	-		NIL

Date	24/08/2024	Srl No.	1	Sex	M
Name	Mr. SIDDHARTHA SHARMA	Age	33 Yrs.		
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Test Name	Value	Unit	Normal Value
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IMMUNOLOGY

THYROID PROFILE

THYROID PROFILE

Method: - Immunoassay CLIA

PATIENT VALUE

T3

1.10 ng/ml

Adult: 0.50-2.0 ng/ml

- Cord Blood : 0.4 - 1.3
- 1-2 days : 0.8 - 2.6
- 3-30 days : 0.7 - 2.0
- 1-12 months: 1.1-2.3
- 1-7 years : 1.2 - 2.0
- 7-13 years : 1.1 - 2.0
- 13-18 years : 1.0 - 1.8

T4

5.01 µg/dl

Male - 4.4 to 10.8 µg/dl

Female - 4.8 to 11.6 µg/dl

- Cord Blood : 6.0 - 13.1
- 1-2 days : 10.7 - 25.8
- 3-30 days : 7.8 - 19.7
- 1-12 months: 5.4 - 13.8
- 1-7 years : 5.3 - 12.3
- 7-13 years : 6.0 -11.1
- 13-18 years : 4.9 - 10.7

Date	24/08/2024	Srl No.	1	Sex	M
Name	Mr. SIDDHARTHA SHARMA	Age	33 Yrs.		
Ref. By					

Test Name	Value	Unit	Normal Value
TSH (3 rd Generation)	2.50	µIU/ml	Adult: 0.28 to 6.82 µIU/ml <ul style="list-style-type: none"> · Premature Infant : 0.8 - 5.2 · Cord Blood : 1.0 - 17.4 · 1-3 days : 1.0 - 17.4 · 1-2 Weeks : 1.7 - 9.1 · 4-12 months: 0.8-8.2 · 1-5 years : 0.8-8.2 · 5-10 years : 0.7 -7.0 · 10-15 years : 0.7 - 5.7

INTERPRETATION:

TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. suppressed tsh (<0.01µiu/ml) suggest a diagnosis of hyperthyroidism and elevated concentration (< 7µiu/ml) suggest hypothyroidism. tsh levels may be affected by acute illness & several medication including dopamine and glucocorticoides. decreased (low or undetectable) in graves disease. increased in tsh secreting pituitary adenoma (secondary hyperthyroidism) prth and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). elevated in hypothyroidism (along with decreased) except for pituitary and hypothalamic disease.

- mild to modest elevations in patients with normal t3 & t4 level indicate impaired thyroid hormone reserves and incipient hypothyroidism (subclinical hypothyroidism).
- mild to modest decreased with normal t3 and t4 indicates subclinical hyperthyroidism.
- degree of tsh suppression does not reflect the severity of hyperthyroidism; therefore, measurement of free thyroid hormone levels is required patient with a suppressed TSH level.



PRASAD HOSPITAL

ADVANCED BRAIN AND SPINE SURGERY CENTRE & MULTI SPECIALITY HOSPITAL

Patient Name	: SIDDHARTHA SHARMA	24-AUG-2024
Ref. By.	: SELF	Age /Sex 33Y/ M
Investigation	: X-Ray Chest PA View	

OBSERVATION

Bilateral lung fields are clear.

Trachea is central.

Both hila are normal.

Cardiac shape, size and silhouette are normal.

No mediastinal widening or mediastinal shift noted.

Both domes of diaphragm are normal in height and silhouette.

Bilateral C.P. angles are clear.

Bony rib cage is normal.

IMPRESSION

NO SIGNIFICANT ABNORMALITY DETECTED IN THE SCAN.

To correlate clinico-pathologically

↑

DR O.P PRASAD
MS.MCH (NEUROSURGERY)

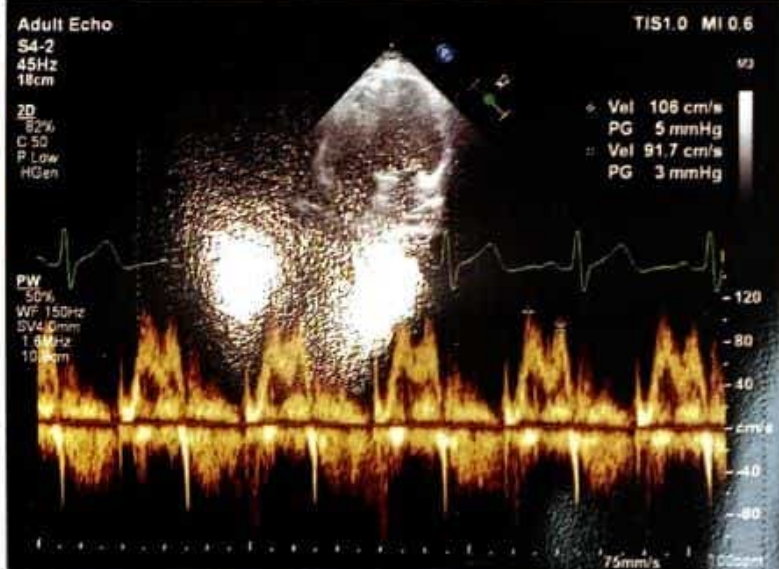
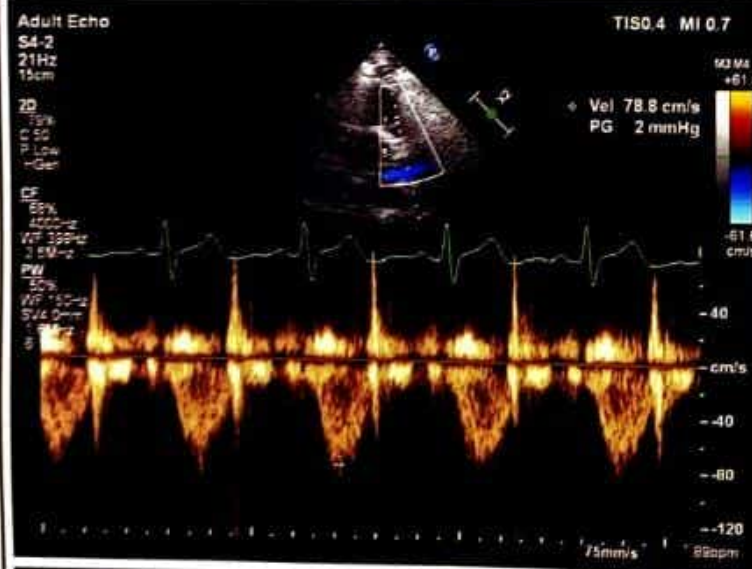
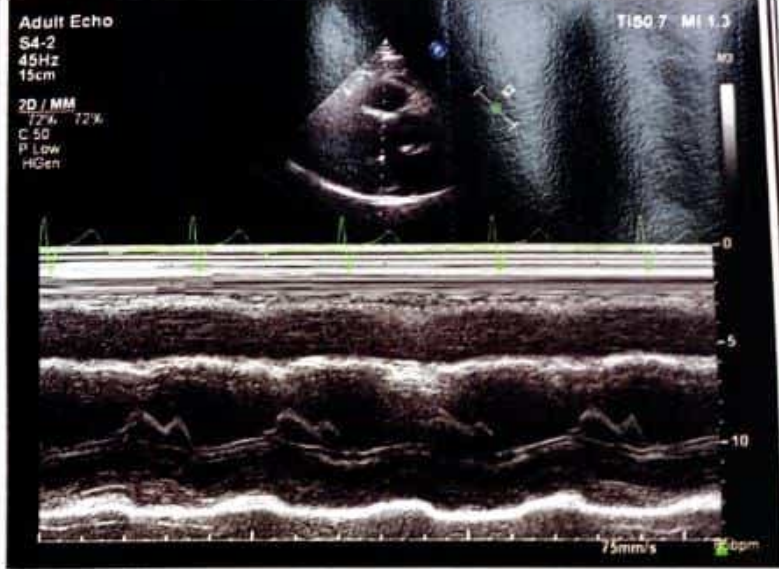
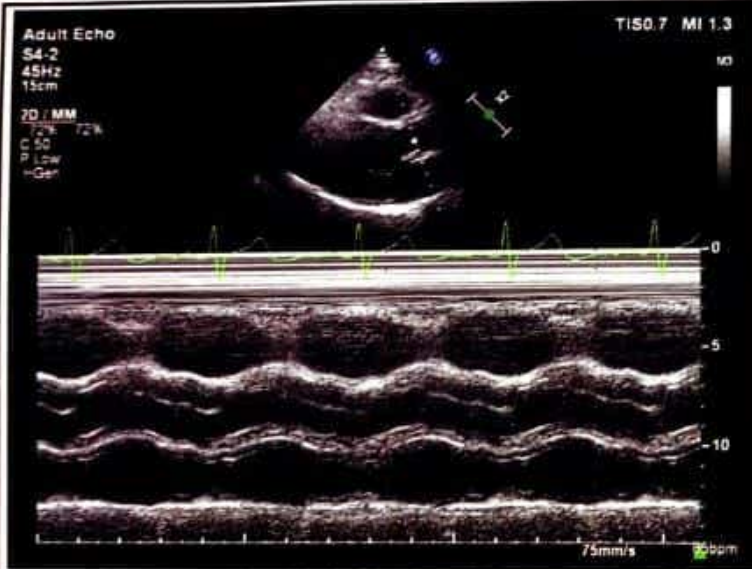
100 FUTA ROAD, PILIBHIT BYPASS, BAREILLY - 243122

Helpline : 6398593918, 0581-4001349



Note: Impression is a professional opinion & not a diagnosis. All modern machines/procedures have their limitations, if there is a variance clinically this examination may be repeated or rechecked by other investigations. If test results are alarming or find any typographical error then contact the laboratory immediately for possible remedial action. Not valid for medico legal purpose.

Images





Heart Care & Medical Centre

Transthoracic Echo-Doppler Report

Name : Mr.Siddharth Sharma Age/Sex : 33Y/M Date : 24.08.2024
UHID : 68508 Indication: R/O CAD Ref by: Pulkit Diag.

Measurements (mm):

	Observed Values (mm)		Normal Values
Aortic root diameter	31		20-36 mm/ M
Aortic Valve Opening	23		15-26
Left Atrium Size	34		19-40
	End Diastole (mm)	End Systole (mm)	Normal Values
Left Ventricle Size	46	35	(ED=37-56)
Interventricular Septum	10	15	(ED=6-12)
Posterior Wall Thickness	09	14	(ED=5-6)
FS	30%		25%- 40%
LV Ejection Fraction (%)	60%		55%-80%

Regurgitation

Mitral Regurgitation (MR)		Tricuspid Regurgitation (TR)	
Severity	Nil	Severity	Nil
Max Velocity		Max Velocity	
Aortic Regurgitation (AR)		Pulmonary Regurgitation (PR)	
Severity	Mild to Moderate	Severity	Nil
PHT		Mean PAP	

Final Interpretation

- ❖ LV is normal. The wall does not show hypertrophy or thinning.
No Regional wall Motion Abnormality Present. Global LVEF= 60%
 - ❖ LA , LV, RV, RA Chamber dimensions are normal .
 - ❖ Mild to Moderate AR, No TR, No PR, No MR.
 - ❖ Normal LV diastolic function.
 - ❖ No Intracardiac clot/mass/ pericardial effusion.
 - ❖ Normal IVC, Collapsing >50%.
- Advice : - TEE

Dr. Rakesh K. Mishra
MD, Dip Card

Life Member – Indian Academy of Echocardiography

♀ Opp. Bhasin Patakha Shop, Near Sai Dharam Kanta, Mini Bypass Road, Bareilly
♂ (M) 7088003322, 7017682707

This Report is Not Valid for Medico Legal Purpose

Timing : 10 A.M. to 01 P.M. & 06 P.M to 09 P.M.

Sunday : 10 A.M. to 12 Noon



Heart Care & Medical Centre

Transthoracic Echo-Doppler Report

Name : Mr.Siddharth Sharma Age/Sex : 33Y/M Date : 24.08.2024
UHID : 68508 Indication: R/O CAD Ref by: Pulkit Diag.

M-Mode/2-D Description:

Left Ventricle: it is normal. The wall does not show hypertrophy or thinning.

No Regional wall Motion Abnormality Present. **Global LVEF=60%**

- **Left Atrium:** it is normal.
- **Right Ventricle:** it is normal, RV systolic function is normal.
- **Aortic Valve:** Aortic cusps are normal with opening normal. **Mild to Moderate AR**
- **Mitral Valve:** it opens normally. Subvalvular apparatus appears normal.
- **Tricuspid Valve:** it appears normal with opening normal.
- **Main Pulmonary artery & its branches:** Appear normal.
- **pulmonic Valve:** it appears normal with opening normal.
- **Pericardium:** There is no Pericardial effusion.

Doppler Velocities

Pulmonary Valve (cm/sec)		Aortic Valve (cm/sec)	
Max Velocity	79	Max Velocity	215
Max PG		Mean Velocity	
Mean PG		Max PG	
		Mean PG	
Mitral Valve (cm/sec)		Tricuspid Valve (cm/sec)	
E	106	Max Velocity	69
A	99	Mean Velocity	
DT		Max PG	
PHT		Mean PG	

📍 Opp. Bhasin Patakha Shop, Near Sai Dharam Kanta, Mini Bypass Road, Bareilly

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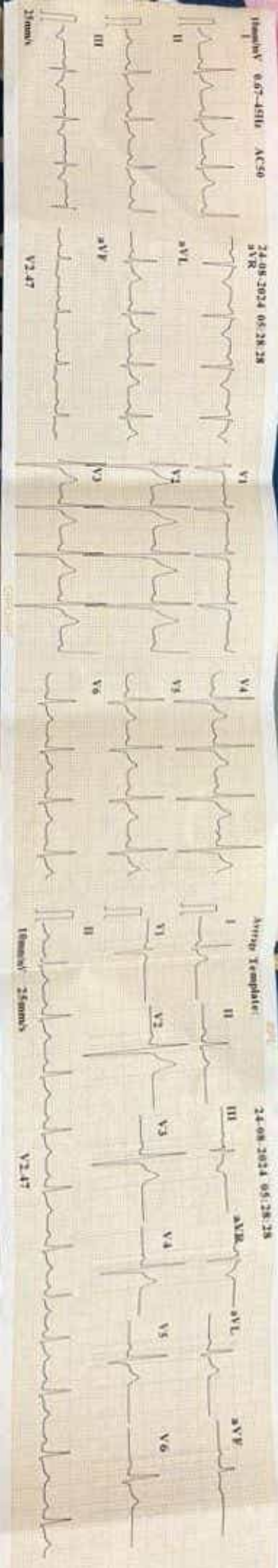
ID : 240824-0541
Name :
Age : 34 yr
Sex : Male
BP : mmHg
Height : cm
Weight : kg

MR Siddharth Sharma
Minnesota Code:
Age - 33 yr. 1M

HR : 97 bpm
P Dur : 94 ms
PR int : 144 ms
QRS Dur : 94 ms
QT/QTc int : 315/401 ms
P/QRS/T axis : 31/30/-1 °
RV5/SV1 amp : 1.118/0.859 mV
RV5+SV1 amp : 1.977 mV
RV6/SV2 amp : 0.834/1.892 mV

Diagnosis Information:
800: Sinus Rhythm
Normal ECG

Report Confirmed by:



Date	24/08/2024	Srl No.	1	Sex	M
Name	Mr. SIDDHARTHA SHARMA	Age	33 Yrs.		
Ref. By					

Test Name	Value	Unit	Normal Value
TSH (3 rd Generation)	2.50	µIU/ml	Adult: 0.28 to 6.82 µIU/ml · Premature Infant : 0.8 - 5.2 · Cord Blood : 1.0 - 17.4 · 1-3 days : 1.0 - 17.4 · 1-2 Weeks : 1.7 - 9.1 · 4-12 months: 0.8-8.2 · 1-5 years : 0.8-8.2 · 5-10 years : 0.7 -7.0 · 10-15 years : 0.7 - 5.7

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TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. suppressed tsh (<0.01µiu/ml) suggest a diagnosis of hyperthyroidism and elevated concentration (< 7µiu/ml) suggest hypothyroidism. tsh levels may be affected by acute illness & several medication including dopamine and glucocorticoides. decreased (low or undetectable) in graves disease. increased in tsh secreting pituitary adenoma (secondary hyperthyroidism) prth and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). elevated in hypothyroidism (along with decreased) except for pituitary and hypothalamic disease.

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IMMUNOLOGY

THYROID PROFILE

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Method: - Immunoassay CLIA

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T3

1.10 ng/ml

Adult: 0.50-2.0 ng/ml

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T4

5.01 µg/dl

Male - 4.4 to 10.8 µg/dl

Female - 4.8 to 11.6 µg/dl

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Name	Mr. SIDDHARTHA SHARMA	Age	33 Yrs.		
Ref. By					

Test Name	Value	Unit	Normal Value
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URINE EXAMINATION TEST

PHYSICAL EXAMINATION

QUANTITY	15	ml.	
COLOUR	PALE YELLOW		Yellow
TRANSPARENCY/ CLARITY	CLEAR		Clear
SPECIFIC GRAVITY	Q.N.S.		1.005 to 1.025
PH	6.0		4.5 to 8.0

CHEMICAL EXAMINATION

PROTEIN	NIL	mg/dl	< 150 mg/dl
REDUCING SUGAR/ GLUCOSE	NIL	mg/dl	<130 mg/dl

MICROSCOPIC EXAMINATION

PUS CELLS	0-1		<2-5 /hpf
RBC'S	NIL		<2 RBCs/hpf
CASTS	NIL		0-5 hyaline casts/lpf
CRYSTALS	NIL		Occasionally
SQUAMOUS EPITHELIAL CELLS	OCCASIONAL		<15-20 /hpf
BACTERIA	NIL		None
OTHERS	-		NIL

Date	24/08/2024	Srl No.	1	Sex	M
Name	Mr. SIDDHARTHA SHARMA	Age	33 Yrs.		
Ref. By					

Test Name	Value	Unit	Normal Value
SERUM CREATININE	0.96	mg%	0.7 - 1.4
SERUM URIC ACID	4.0	mg%	3.4 - 7.0
GAMMA GT			
γ GLUTAMYL TRANSFERASE (GGT):-	30.0	U/L at 37°C	

EXPECTED VALUES

Serum (Males) : 10 - 50 U/L at 37°C
(Femalels) : 07 - 35 U/L at 37°C

COMMENT

- **γ** Glutamyl Transferase (GGT) is an enzyme found mainly in serum from hepatic origin, though the highest levels are in kidneys.
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A/G RATIO	1.379		
SGOT	36.0	IU/L	0 - 40
SGPT	32.6	IU/L	0.0 - 41.0
ALKALINE PHOSPHATASE IFCC Method	68.4	U/L	37.0 - 147.0

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RH TYPING	POSITIVE
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HB A1C- HemoCue 501 Fully Automated

HbA1C (GLYCOSYLATED HAEMOGLOBIN)

PATIENT'S VALUE % HbA1C = 5.9 %

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12	345	

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Results of **HbA1C** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

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BLOOD UREA	22.7	mg /dl	15.0 - 45.0

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Name	Mr. SIDDHARTHA SHARMA	Age	33 Yrs.		
Ref. By					

Test Name	Value	Unit	Normal Value
H D L CHOLESTEROL DIRECT	44.5	mg/dL	35.3 - 79.5
V L D L	23.72	mg/dL	10.0 - 40.0
L D L CHOLESTEROL	68.22	mg/dL	50.0 - 190.0
TOTAL CHOLESTEROL/HDL RATIO	3.279		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.533		0.00 - 3.55

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 12hrs., alcohol intake, diabetes melitus, and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management 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 :-

	<u>CHOLESTEROL</u>	<u>LDL-CHOLESTEROL</u>	<u>CHO/HDL RATIO</u>
Acceptable/Low Risk	: < 200 mg/dL	: <130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

HAEMATOLOGY

ERYTHROCYTE SED.RATE (WIN)	30	0 - 10
BLOOD GROUP ABO	"A"	

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Name	Mr. SIDDHARTHA SHARMA	Age	33 Yrs.		
Ref. By					

Test Name	Value	Unit	Normal Value
<u>COMPLETE HAEMOGRAM</u>			
By Sysmex XP-100			
HAEMOGLOBIN (Hb)	12.8	gm/dl	13.0 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	5,100	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	46	%	40 - 75
LYMPHOCYTE	43	%	20 - 45
EOSINOPHIL	09	%	01 - 06
MONOCYTE	02	%	02 - 10
R B C COUNT	4.52	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	42.6	%	40 - 54
M C V	94.2	fl.	83 - 101
M C H	28.3	Picogram	27.0 - 32.0
M C H C	30.00	gm/dl	31.5 - 34.5
PLATELET COUNT	3.02	Lakh/cmm	1.50 - 4.50
By automated cell counter			
RDW - SD	46.5	fl.	37.0 - 49.0
RDW - CV	12.7	%	11.0 - 16.0
PDW	9.8	fl.	11.0 - 22.0
MPV	8.6	fl.	8.60 - 15.50
P- LCR	14.1	%	15.0 - 35.0
PCT	0.26	%	0.15 - 0.62
<u>LIPID PROFILE</u>			
TRIGLYCERIDES	118.6	mg/dL	40.0 - 165.0
TOTAL CHOLESTEROL	145.9	mg/dL	140.0 - 250.0

11000000 067-4500 ACSO

24-08-2024 05:28:28
AVR

Average Template

24-08-2024 05:28:28



25.000000

V2,47

100mm/s 25.000000

V2,47

ID : 240824-0541
Name :
Age : 34 yr
Sex : Male
BP : mmHg
Height : cm
Weight : kg

MR

Siddharth Sharma

Minnesota Code:

Age - 33y - IM

HR : 97 bpm
P Dur : 94 ms
PR int : 144 ms
QRS Dur : 94 ms
QT/QTC int : 315/401 ms
P/QRS/T axis : 31/30/-1 °
RV5/SV1 amp : 1.118/0.859 mV
RV5+SV1 amp : 1.977 mV
RV6/SV2 amp : 0.834/1.892 mV

Diagnosis Information:
800: Sinus Rhythm
Normal ECG

Report Confirmed by:



Heart Care & Medical Centre

Transthoracic Echo-Doppler Report

Name : Mr.Siddharth Sharma Age/Sex : 33Y/M Date : 24.08.2024

UHID : 68508

Indication: R/O CAD

Ref by: Pulkit Diag.

M-Mode/2-D Description:

Left Ventricle: it is normal. The wall does not show hypertrophy or thinning.

No Regional wall Motion Abnormality Present. Global LVEF=60%

- **Left Atrium:** it is normal.
- **Right Ventricle:** it is normal, RV systolic function is normal.
- **Aortic Valve:** Aortic cusps are normal with opening normal. **Mild to Moderate AR**
- **Mitral Valve:** it opens normally. Subvalvular apparatus appears normal.
- **Tricuspid Valve:** it appears normal with opening normal.
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Doppler Velocities

Pulmonary Valve (cm/sec)		Aortic Valve (cm/sec)	
Max Velocity	79	Max Velocity	215
Max PG		Mean Velocity	
Mean PG		Max PG	
		Mean PG	
Mitral Valve (cm/sec)		Tricuspid Valve (cm/sec)	
E	106	Max Velocity	69
A	99	Mean Velocity	
DT		Max PG	
PHT		Mean PG	



Heart Care & Medical Centre

Transthoracic Echo-Doppler Report

Name : Mr. Siddharth Sharma Age/Sex : 33Y/M Date : 24.08.2024
UHID : 68508 Indication: R/O CAD Ref by: Pulkit Diag.

Measurements (mm):

	Observed Values (mm)		Normal Values
Aortic root diameter	31		20-36 mm/ M
Aortic Valve Opening	23		15-26
Left Atrium Size	34		19-40
	End Diastole (mm)	End Systole (mm)	Normal Values
Left Ventricle Size	46	35	(ED=37-56)
Interventricular Septum	10	15	(ED=6-12)
Posterior Wall Thickness	09	14	(ED=5-6)
FS	30%		25%- 40%
LV Ejection Fraction (%)	60%		55%-80%

Regurgitation

Mitral Regurgitation (MR)		Tricuspid Regurgitation (TR)	
Severity	Nil	Severity	Nil
Max Velocity		Max Velocity	
Aortic Regurgitation (AR)		Pulmonary Regurgitation (PR)	
Severity	Mild to Moderate	Severity	Nil
PHT		Mean PAP	

Final Interpretation

- ❖ LV is normal. The wall does not show hypertrophy or thinning.
No Regional wall Motion Abnormality Present. Global LVEF= 60%
 - ❖ LA, LV, RV, RA Chamber dimensions are normal.
 - ❖ Mild to Moderate AR, No TR, No PR, No MR.
 - ❖ Normal LV diastolic function.
 - ❖ No Intracardiac clot/mass/ pericardial effusion.
 - ❖ Normal IVC, Collapsing >50%.
- Advice : - TEE

Dr. Rakesh K. Mishra
MD, Dip Card

Life Member – Indian Academy of Echocardiography

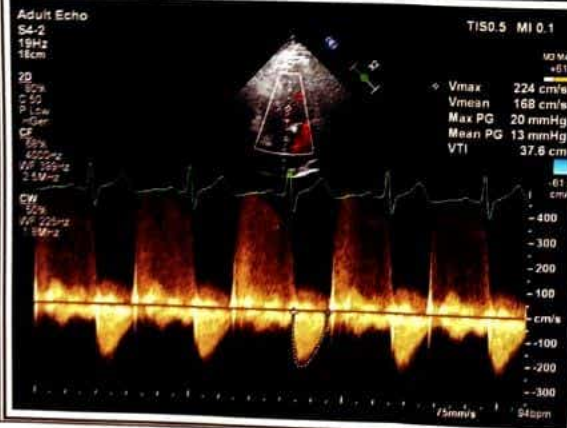
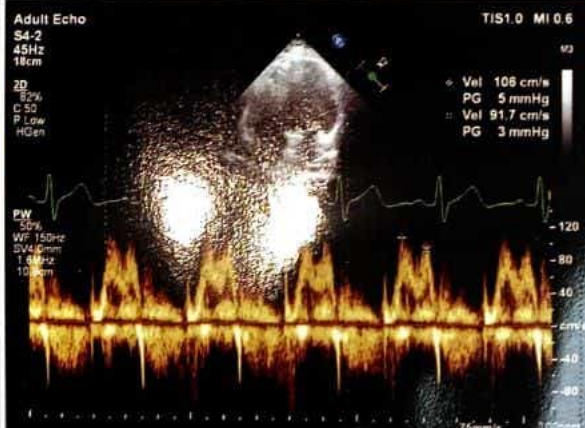
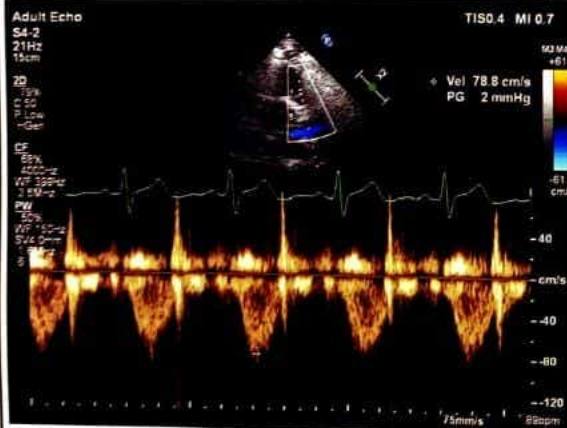
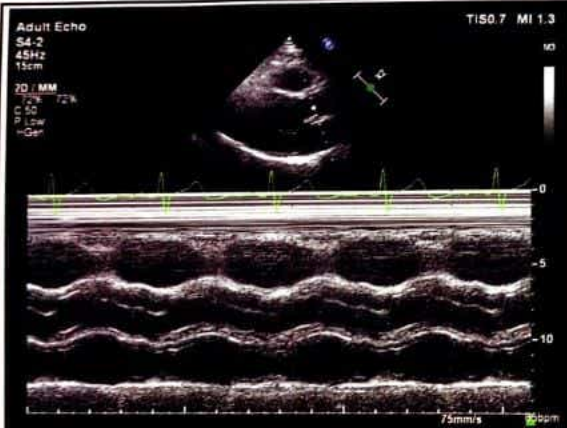
📍 Opp. Bhasin Patakha Shop, Near Sai Dharam Kanta, Mini Bypass Road, Bareilly
📞 (M) 7088003322, 7017682707

This Report is Not Valid for Medico Legal Purpose

Timing : 10 A.M. to 01 P.M. & 06 P.M. to 09 P.M.

Sunday : 10 A.M. to 12 Noon

Images



Date	24/08/2024	Srl No.	1	Sex	M
Name	Mr. SIDDHARTHA SHARMA	Age	33 Yrs.		
Ref. By					

Test Name	Value	Unit	Normal Value
<u>COMPLETE HAEMOGRAM</u>			
By Sysmex XP-100			
HAEMOGLOBIN (Hb)	12.8	gm/dl	13.0 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	5,100	/cumm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	46	%	40 - 75
LYMPHOCYTE	43	%	20 - 45
EOSINOPHIL	09	%	01 - 06
MONOCYTE	02	%	02 - 10
R B C COUNT	4.52	Millions/cmm	4.5 - 5.5
P.C.V / HAEMATOCRIT	42.6	%	40 - 54
M C V	94.2	fl.	83 - 101
M C H	28.3	Picogram	27.0 - 32.0
M C H C	30.00	gm/dl	31.5 - 34.5
PLATELET COUNT	3.02	Lakh/cmm	1.50 - 4.50
By automated cell counter			
RDW - SD	46.5	fl.	37.0 - 49.0
RDW - CV	12.7	%	11.0 - 16.0
PDW	9.8	fl.	11.0 - 22.0
MPV	8.6	fl.	8.60 - 15.50
P- LCR	14.1	%	15.0 - 35.0
PCT	0.26	%	0.15 - 0.62
<u>LIPID PROFILE</u>			
TRIGLYCERIDES	118.6	mg/dL	40.0 - 165.0
TOTAL CHOLESTEROL	145.9	mg/dL	140.0 - 250.0

Date	24/08/2024	Srl No.	1	Sex	M
Name	Mr. SIDDHARTHA SHARMA	Age	33 Yrs.		
Ref. By					

Test Name	Value	Unit	Normal Value
H D L CHOLESTEROL DIRECT	44.5	mg/dL	35.3 - 79.5
V L D L	23.72	mg/dL	10.0 - 40.0
L D L CHOLESTEROL	68.22	mg/dL	50.0 - 190.0
TOTAL CHOLESTEROL/HDL RATIO	3.279		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	1.533		0.00 - 3.55

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 12hrs., alcohol intake, diabetes melitus, and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids in defining cardiovascular risk factors and in the management 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 :-

	<u>CHOLESTEROL</u>	<u>LDL-CHOLESTEROL</u>	<u>CHO/HDL RATIO</u>
Acceptable/Low Risk	: < 200 mg/dL	: <130 mg/dL	: < 4.5
Borderline High Risk	: 200-239 mg/dL	: 130-159 mg/dl	: 4.5 - 6.0
High Risk	: > 240 mg /dL	: > 160 mg/dL	: > 6.0

APO A1 & APO B: Recent studies have shown that Apolipoproteins A1 & B might be the best indicators of Coronary Artery Disease risk in an individual. Patients who have normal lipid profile may have abnormal Apo A1 & Apo B values. Ratio of Apo B : Apo A1 is >1 in cases of increased CHD risk.

HAEMATOLOGY

ERYTHROCYTE SED.RATE (WIN)	30	0 - 10
BLOOD GROUP ABO	"A"	