



भारत सरकार

Government of India



मु. शहबाज खान

Mh. Shahbaaj Khan

जन्म तिथि / DOB : 24/04/1988

पुरुष / Male



9661 2644 3832

मेरा आधार, मेरी पहचान





भारतीय विशिष्ट पहचान आधिकारण

Unique Identification Authority of India

पता:

S/O: मु. जलील खान, वॉर्ड न. 14,
रंगरेज मुहल्ला, शाहगढ़, शाहगढ़,
बंडा, शाहगढ़, सागर, मध्य प्रदेश,
470339

Address:

S/O: Mh. Jaleel Khan, ward no.
14, rangrej muhalla, shahgarh,
shahgarh, Banda, Shahgarh,
Sagar, Madhya Pradesh, 470339

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1947



help@uidai.gov.in



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Laboratory Report

Patient Name : MR KHAN MH SHAHBAAJ



CPL24/19810

Age/Gender : 36 Yrs/Male

Registration Date : 07/08/2024 01:13 PM

Ref. Dr. : Dr. APOLLO CLINIC

Collection Date : 07/08/2024 01:15 PM

Center : CMH OPD

Report Date : 07/08/2024 04:26 PM



HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
HbA1c Glycosilated Haemoglobin	5.7	%	Non-diabetic: <= 6.0 Pre-diabetic: 6.0-7.0 Diabetic: >= 7.0
Estimated Average Glucose :	117	mg/dL	
Reference Range (Average Blood Sugar):			
Excellent control	: 90 - 120 mg/dl		
Good control	: 121 - 150 mg/dl		
Average control	: 151 - 180 mg/dl		
Action suggested	: 181 - 210 mg/dl		
Panic value	: > 211 mg/dl		

Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
 - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
 - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
 - Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .




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M.D (Pathology)
Consultant Pathologist

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HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
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BLOOD GROUP AND RH FACTOR

ABO Type	B		
Rh Factor	POSITIVE(+VE)		

BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
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RENAL FUNCTION TEST (RFT)

Blood Urea	21.8	mg/dl	15 - 50
Serum Creatinine	0.91	mg/dl	0.7 - 1.5
eGFR	108	ml/min	
Blood Urea Nitrogen-BUN	10.19	mg/dl	7 - 20
Serum Sodium	144.5	mmol/L	135 - 150
Serum Potassium	4.17	mmol/L	3.5 - 5.0
Chloride	96.2	mmol/L	94.0 - 110.0
Ionic Calcium	1.24	mmol/L	1.10 - 1.35
Uric Acid	3.9	mg/dl	3.2 - 7.0

NOTE : Please correlate with clinical conditions.



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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN	0.76	mg/dl	0 - 1.2
DIRECT BILIRUBIN	0.13	mg/dL	0 - 0.3
INDIRECT BILIRUBIN	0.63	mg/dl	0.1 - 0.8
SGOT (AST)	51.0	U/L	0 - 35
SGPT (ALT)	63.6	U/L	0 - 45
ALKALINE PHOSPHATASE	129.0	U/L	40 - 140
TOTAL PROTEIN	6.86	g/dl	6.4 - 8.3
SERUM ALBUMIN	4.18	g/dl	3.5 - 5.2
SERUM GLOBULIN	2.68	g/dl	1.8 - 3.6
A/G RATIO	1.56		1.2 - 2.2

NOTE : Please correlate with clinical conditions.



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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
LIPID PROFILE			
Cholesterol-Total	132.0	mg/dL	< 200 Desirable 200-239 Borderline High > 240 High
Triglycerides level	119.2	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High > 500 Very High
HDL Cholesterol	42.1	mg/dL	< 40 Major Risk for Heart > 40 Normal
LDL Cholesterol	66.06	mg/dL	< 100 Optimal 100-129 Near/Above Optimal 130-159 Borderline high 160-189 High > 190 Very High
VLDL Cholesterol	23.84	mg/dL	6 - 38
CHOL/HDL RATIO	3.14		3.5 - 5.0
LDL/HDL RATIO	1.57		2.5 - 3.5

NOTE

8-10 hours fasting sample is required




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BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Post-Prandial Blood Sugar <i>Method: Hexokinase</i>	91.2	mg/dl	70 - 140
Interpretation:- Normal: 70-140 Impaired Glucose Tolerance:140-200 Diabetes mellitus: >= 200 (on more than one occassion)			
Gamma Glutamyl Transferase (GGT)-Serum	32.0	IU/L	15 - 45

CLINICAL BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Fasting Blood Sugar <i>Method: GOD-POD</i>	87.0	mg/dl	Normal: 70-110 Impaired Fasting Glucose(IFG): 100-125

Diabetes mellitus: >= 126

Note:- An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons. The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.




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IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Ranges
TRI-IODOTHYRONIN, (T3)	1.37	ng/mL	0.69 - 2.15
THYROXIN, (T4)	99.0	ng/mL	52 - 127
Thyroid Stimulating Hormone(TSH)- Serum	1.05	μIU/mL	0.3-4.5 Pregnancy (As per American Thyroid Association)

First Trimester : 0.1-2.5
Second Trimester : 0.2-3.0
Third trimester : 0.3-3.0

Method: CLIA

INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness




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URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges
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URINE ROUTINE

General Examination

Colour	Pale Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.025		-1.005-1.030

Chemical Examination

Urine Protein	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Urine Glucose	Absent		Absent
Bile pigments	Absent		Absent
Bile salts	NIL		NIL
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative

Microscopic Examination

RBC's	NIL	/hpf	NIL
Leukocyte (Pus cells)	1-2	/hpf	0-5/hpf
Epithelial Cells	2-4	/hpf	0-4/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous deposits	Absent		Absent
Bacteria	Not seen		Not seen
Yeast Cells	Not seen		Not seen

Note : 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,



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Test Description	Result	Unit	Biological Reference Ranges
COMPLETE BLOOD COUNT			
Haemoglobin	13.9	gm/dL	12.0 - 16.0
RBC Count	5.21	mil/cu.mm	4.00 - 5.50
Hematocrit HCT	41.5	%	40.0 - 54.0
Mean Corp Volume MCV	79.7	fL	80.0 - 100.0
Mean Corp Hb MCH	26.7	pg	27.0 - 34.0
Mean Corp Hb Conc MCHC	33.5	gm/dL	32.0 - 36.0
Platelet Count	2.10	lac/cmm	1.50 - 4.50
Total WBC Count /TLC	7.4	10 ³ /cu.mm	4.0 - 11.0
DIFFERENTIAL LEUCOCYTE COUNT			
Neutrophils	54	%	40 - 70
Lymphocytes	40	%	20 - 40
Monocytes	04	%	02 - 10
Eosinophils	02	%	01 - 06
Basophils	00	%	00 - 01
Absolute Differential Count			
Absolute Neutrophils Count	4.0	thou/mm ³	2.00 - 7.00
Absolute Lymphocyte Count	3.0	thou/mm ³	1.00 - 3.00
Absolute Monocytes Count	0.3	thou/mm ³	0.20 - 1.00
Absolute Eosinophils Count	0.1	thou/mm ³	0.02 - 0.50

EDTA Whole Blood - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.



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Test Description	Result	Unit	Biological Reference Ranges
ESR - ERYTHROCYTE SEDIMENTATION RATE	08	mm/hr	0 - 09

Method: Wintrob's

INTERPRETATION :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

**** End of the report****

This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.




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HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
Peripheral Blood Smear			
RBC Morphology	Normocytic Normochromic		
WBC Morphology	Within normal limits		
Platelets	Platelets are adequate.		
Parasites	No Parasite Seen.		

**** End of the report****

This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.

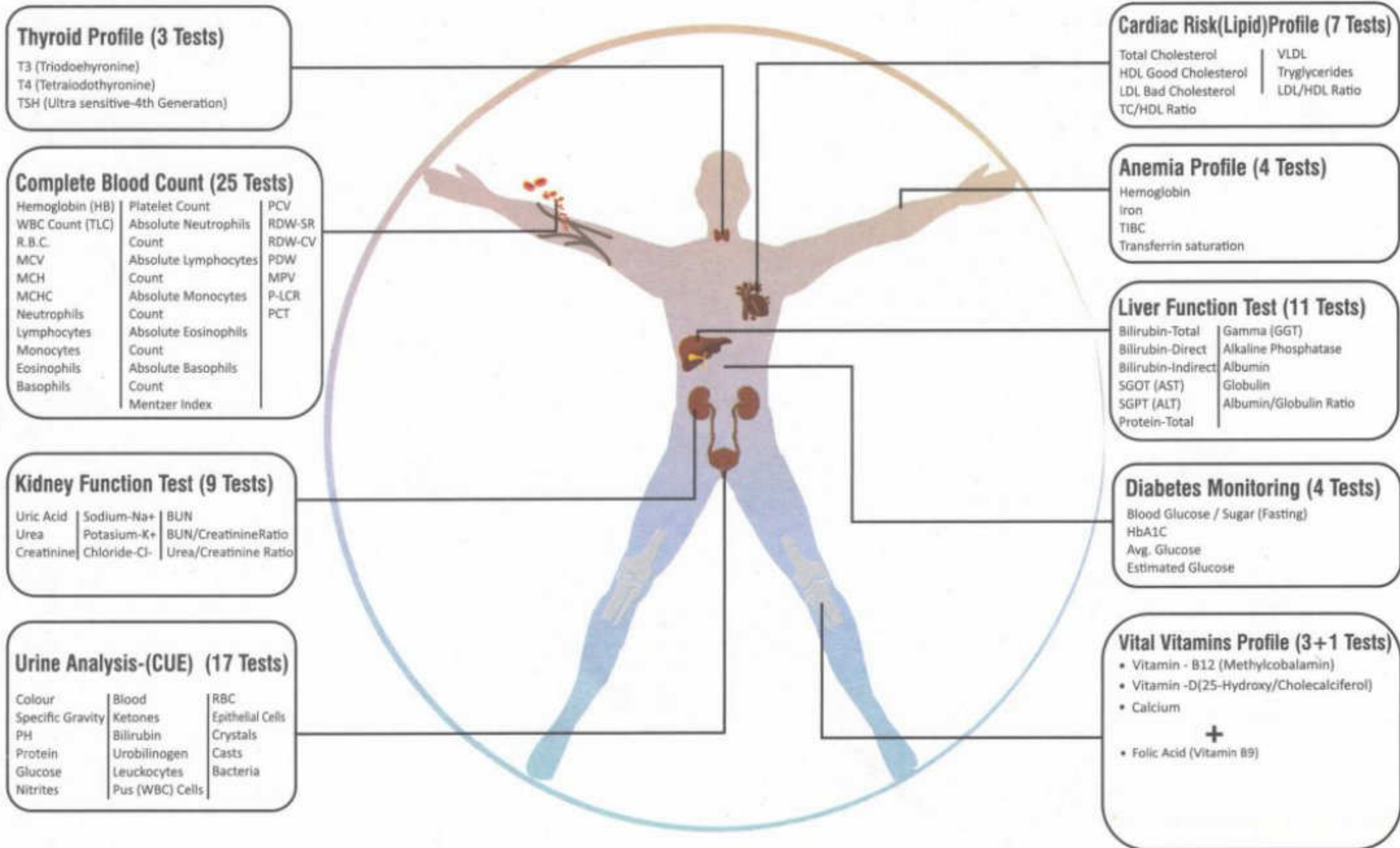


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BODY CARE



CONDITIONS OF REPORTING

- Individual laboratory investigations should not be considered as conclusive and should be used along with other relevant clinical examinations to achieve the final diagnosis. Therefore these reported results are for the information of referring clinician only
- The values of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used. Further all samples collected outside Citi Pathlabs labs / patient centers are required to be prepared, stored, labelled and brought as per the guidelines of Citi Pathlabs. Citi Pathlabs cannot be held liable for incorrect results of any samples which are not as per the guidelines issued
- Electronic images in the report are created by electronic processing . Citi Pathlabs makes no expressed or implied warranties or representations with respect to it and takes no responsibility for the authenticity , quality and size of the image , affected possibly due to a computer virus or other contamination
- Citi Pathlabs confirms that all tests have been carried out with reasonable care, clinical safety & technical integrity
A. However due to certain factors such as reagent inconsistency , machine breakdown etc. beyond its control which could affect the testing , it does not make any representation or give any warranty about the accuracy of the reported results
B. The test results are to be used for help in diagnosing / treating medical diseases & not for forensic applications. Hence these results cannot be used for medico - legal purposes
- Partial representation of report is not allowed.
- All dispute / claims concerning to this report are subject to Bhopal jurisdiction only.

For Any Enquiry

Citi Pathlabs

Flat No. 004, Shivaay South City Complex,

Phase-2, G-3 Gulmohar Colony, Bhopal (M.P.)

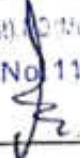
citipathlabs@gmailcom

9454786340, 9407658222

MER- MEDICAL EXAMINATION REPORT

Date of Examination	07-08-2024		
NAME	MR. SHAHBAJ KHAN		
AGE	36	Gender	M
HEIGHT(cm)	177	WEIGHT (kg)	87 kg.
B.P.	120/70		
ECCG	WNL		
X Ray	NORMAL		
Vision Checkup	Color Vision : NORMAL		
	Far Vision Ratio : No		
	Near Vision Ratio : No		
Present Ailments	No. Any present ailments.		
Details of Past ailments (If Any)	No. Any past ailments.		
Comments / Advice : She /He is Physically Fit	He is physically fit.		

Dr. SABYASACHI GUPTA
 MBBS (Gold Medalist) MD (Med) LRCP (UK)
 Reg. No. 11671



 Signature with Stamp of Medical Examiner

CERTIFICATE OF MEDICAL FITNESS

This is to certify that I have conducted the clinical examination

of MR. SHAHBAJ KHAN on 07-08-24

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

	Tick
<ul style="list-style-type: none">• Medically Fit	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Fit with restrictions/recommendations <p>Though following restrictions have been revealed, in my opinion, these are not impediments to the job.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p> <p>However the employee should follow the advice/medication that has been communicated to him/her.</p> <p>Review after _____</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Currently Unfit. <p>Review after _____ recommended</p>	<input checked="" type="checkbox"/>
<ul style="list-style-type: none">• Unfit	<input checked="" type="checkbox"/>

Dr. SABYASACHI GUPTA
MBBS (Gold Medalist), MD (Med.), RCGP (U.K.)
Reg No. 11671

Dr. [Signature]
Medical Officer
The Apollo Clinic, (Location)

This certificate is not meant for medico-legal purposes

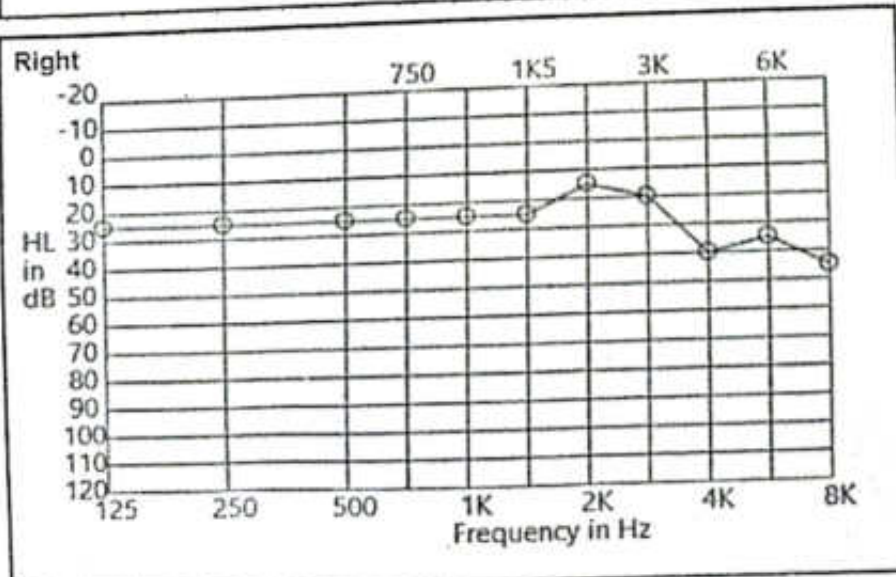
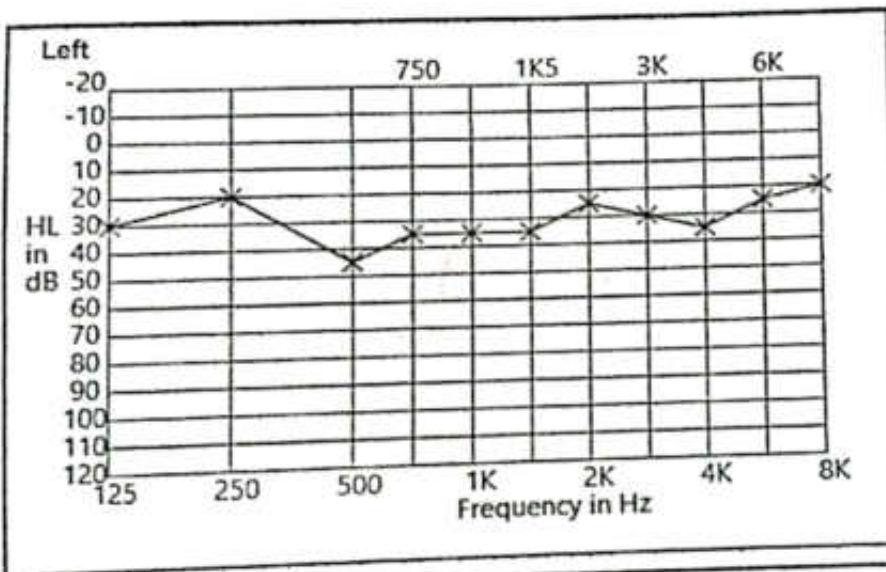
CITI MULTISPECIALITY HOSPITAL

MIG 216. Gautam Nagar

BHOPAL

462023

Name	Case No.	Age	Sex	Phone No.
MR SHAHBAAJ KHAN	103	36	Male	8519091790
Address		Referred By	Date & Time	
TIKAMGARH			07/08/24	



Interpretation

NORMAL HEARING

Dr. S. VASACHI GUPTA
MBBS (Gold Medalist), MD (Med), DCOG (D.K.)
Reg. No. 11671
Doctor/Audiologist





CITI MULTI SPECIALITY HOSPITAL

MH-245 276, Gaudan Nagar, Gwalshywar, Bhopal-462023 (M.P.)
Phone No. 2755-4230134
Mobile No. 9771005962, 9319214064, 9303130719



DIET CHART FOR PATIENTS/ अहार तालिका

Date: 07.08.24

Dietician Name: DR. OM. PRAKASH VERMA Email: citimultispecialityhospital@gmail.com
 Patient Name: MR. SHAHSADJ KHAN Diagnosis: _____ Age/Sex: 36
 Height (cm): 177 Weight (Kg) 87Kg BMI 27.8 Kg/m²
 Type of Diet: High protein, Low salt
 Total Kcal: _____ Kcal day Total Protein: _____ g/day
 Total Fat: _____ g/day Total Fluids: _____ Liter

8 AM.	Tea चाय/ Milk दूध / coffee काफी / Biscuit बिस्किट/ Toast टोस्ट / Bread ब्रेड (गेहूं वाली)	
10 AM	Milk दूध/ Soup सूप/ Poha पोहा/ Dahiya दहीया/ bread ब्रेड + Egg अंडा / Idli इडली / Upma उप्पमा / आलू पराठा/ पनीर	
12 PM	Roti रोटी / Rice चावल (माइ रहित) / Khichri खिचड़ी / Sabji सब्जी / Dal दाल / Curd दही (ताजा) / Salad सलाद	
3 PM	Fruit फल / अंकुरित अनाज (मूंग/चना/मोड) / Sattu सतू / Fruit Chaat फ्रूट चाट / Coconut Water नारियल पानी / Butter Milk छांद	
6 PM	Tea चाय/ Milk दूध / coffee काफी / Chana + Puffed Rice चना + मुरमुरा / Dhokla डोकला / Uttapam उत्तपम / Cheela चीला/ Green Chutney हरी चटनी/ मधाने	
8 PM	Roti रोटी / Rice चावल / Khichri खिचड़ी / Sabji सब्जी / Dal दाल / Curd दही (ताजा) / Salad सलाद/ Dahiya दहीया	
11 PM.	Milk दूध/ Butter Milk छांद / Dry fruit / Milk Shake मिल्क शेक / Fruit फल / बादाम + अखरोट	
Only Oil : _____ gm/day Salt नमक: 2-3 gm/day Ghee : _____ gm/day 5 gm = 1 चम्मच (छोटा)		

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank Food Corporation of India, Ayushman Bharat

संतुलित आहार व नियम

- आहार 2 बार के स्थान पर 4 से 6 भाग में विभाजित करके खाएँ, पेट भर न खाएँ तथा बहुत भूख लगाने की राह माँ देखें।
 - भोजन हमेशा सीधे बैठकर धीरे – धीरे अच्छे से चबाकर खाएँ तथा भोजन के समय टी.वी. न देखें।
 - रात का भोजन सोने से लगभग 1 से 2 घंटे पहले कर लें तथा भोजन के बाद न तो आराम करें और न ही सीधे झुकेँ।
 - यथा संभव सुबह एवं शाम दोनों समय कम से कम आधा घंटा पैदल चलें या हल्का व्यायाम करें।
 - अपना वजन नियंत्रित रखें एवं मोटापे से बचें, फास्ट फूड के स्थान पर संतुलित आहार लें।
-

लिवर के स्वास्थ्य हेतु भोजन का चयन :

- गेहूँ के आटे में 1:3 के अनुपात में सोयाबीन आटा व चना आटा मिलाकर उपयोग करें।
 - खाने के ऊपर से नमक का उपयोग न करें, चिप्स, प्रोसेस्ड चीज, कड़क चाय, काफी, आचार, पापड़, टमेटो केचप, कोक, कार्बोनेटेड ड्रिंक्स का सेवन कम करें एवं अल्कोहल, तम्बाकू का सेवन न करें।
 - आहार में अंकुरित अनाज का उपयोग करें, सोया मिल्क तथा नारियल तेल को भोजन में शामिल करें।
-

नोट :

1. किसी भी चीज में ऊपर से नमक न डालें।
2. अत्यधिक तेज मसालों का उपयोग न करें।
3. अत्यधिक तली हुई चीजें जैसे समोसा, कचोरी, सेव, पपड़, भजिया, आदि का उपयोग न करें।
4. खाने में अंकुरित अनाज, सोयाबिन, पनीर, दालें, दूध व दूध से बने पदार्थ, सत्तू पाउडर, सिके चने आदि का उपयोग करें।



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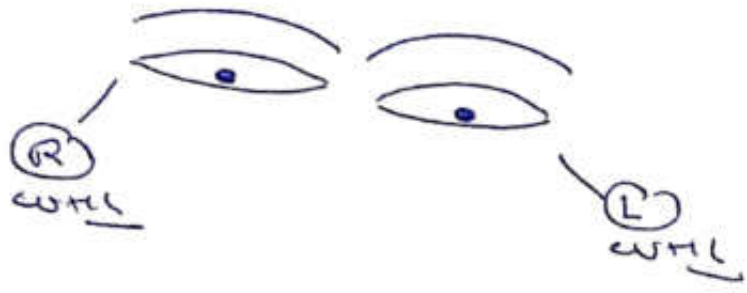
MIG -215 216, Gautam Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 0755 - 4250134
Mobile No. : 7771008660, 8319214664, 9303135719



SHANBAJID-KHAN
36/m

07.8.24

cl
no, complaining
in eye.



o/c
VA { R.E. = MA }
 { L.E. = MA }

- = NO, ANY FRESH COMPLAINT IN R.E. & L.E.
- = distance vision & near vision clear in both eye.
- = no, water-discharge in both eye.

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Phone No. : 0755 - 4250134
Mobile No. : 7771008660, 8319214664, 9303135719



Patient Name :	MR KHAN MH SHAHBAAJ	Age /sex :	36 Y/M
Referred .By:	INS	Date	07.08.2024

X-RAY CHEST PA VIEW

WORD REMEMBERS WHERE YOU LEFT OFF - EVEN ON ANOTHER DEVICE.

- Bilateral Lungs Fields Appear Clear .
- Bilateral Hilar Shadows Appear Clear .
- Bilateral CP Angles Appear Clear .
- Both The Domes of Diaphragm Appear normal in Shape and position
- Visualized bony cage and soft tissue appear normal .

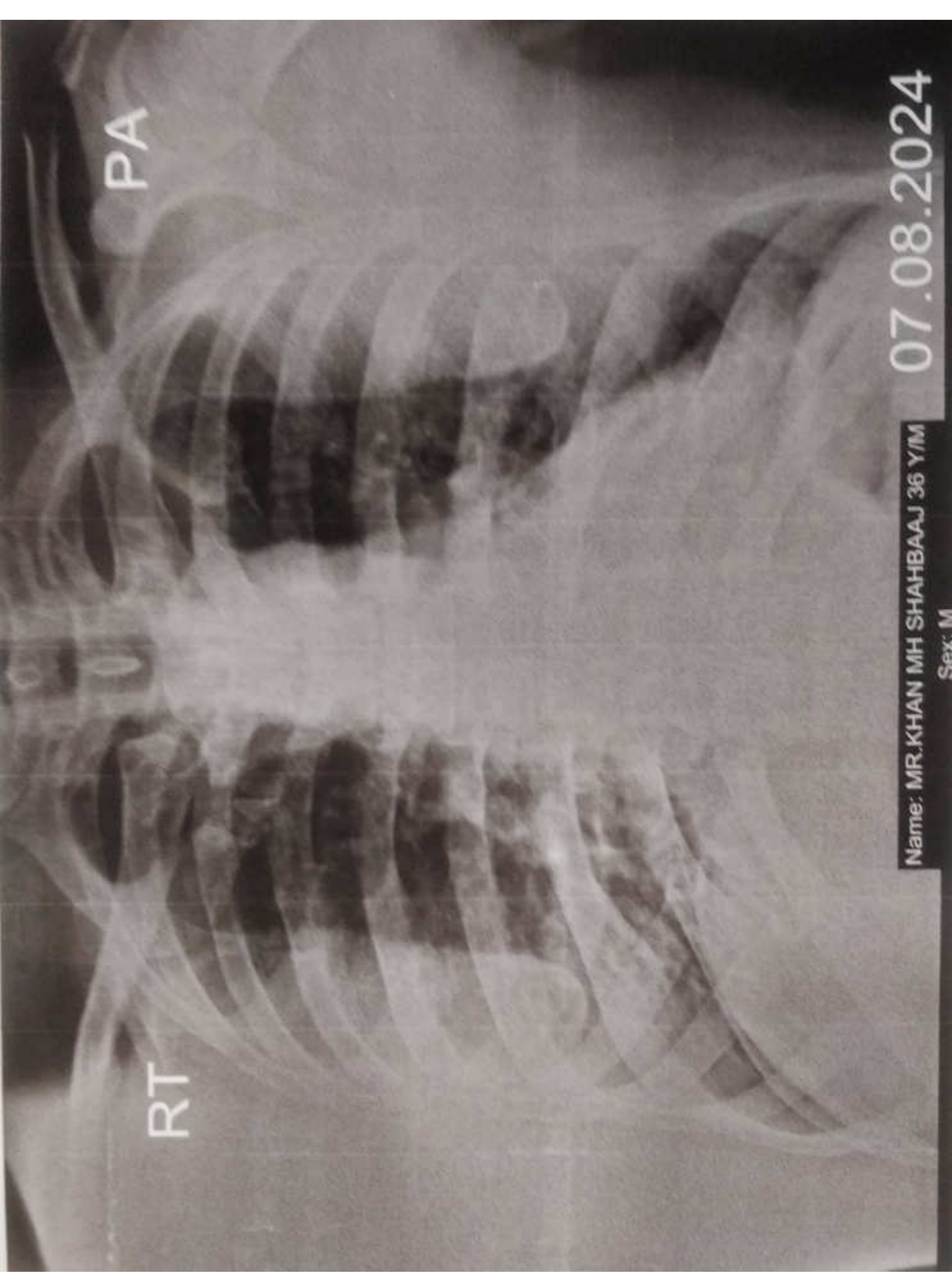
IMPRESSION

NO Significant Abnormality Seen.

Prinal

DR. DADHANIA PRINAL BEN
MD RADIOLOGIST
CONSULTANT RADIOLOGIST

Empanelled with : State Government, M.P.Police, ESIC, HPCL, Punjab National Bank, Indian Bank
Food Corporation of India, Ayushman Bharat



PA

RT

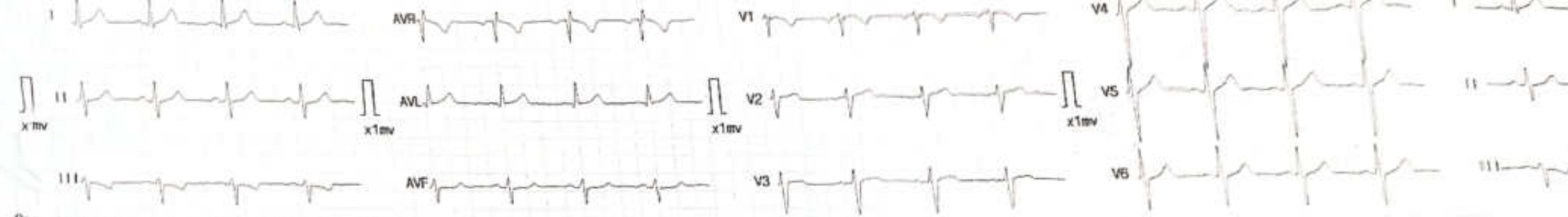
07.08.2024

Name: MR.KHAN MH SHAHBAAJ 36 Y/M

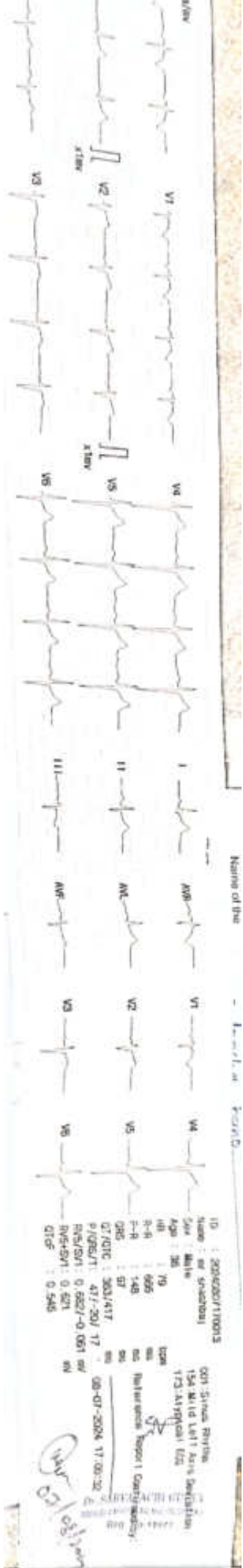
Sex: M



ID: 20240807170013 Name: mr shashba 25mm/s 0.5-35Hz AC: off 10mm/mv



Organization:cmh Doctor:DR s s




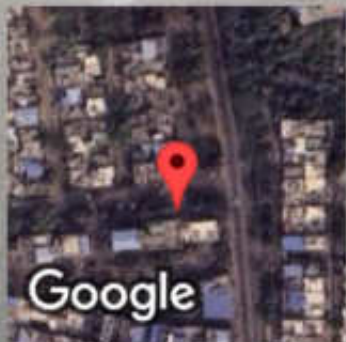
ID : 20240207110013
 Name : Mr. Srinivas
 Sex : Male
 Age : 36
 HR : 79
 PR : 695
 P-R : 148
 QRS : 57
 QT/QTc : 363/417
 P/QRS/T1 : 417-207 17
 P/S/T2/T1 : 0.582/-0.061 w/
 P/S/T2/T1 : 0.521
 QTc : 0.545

001 Sinus Rhythm
 154 Mill Left Axis Deviation
 173 Atypical Q2
 00-01-2024 17:00:32 4
 00-01-2024 17:00:32 4
 00-01-2024 17:00:32 4

Handwritten signature



 **GPS Map Camera**



Bhopal, Madhya Pradesh, India

M216, Gautam Nagar, Housing Board Colony, Bhopal, Madhya Pradesh
462024, India

Lat 23.235055°

Long 77.441164°

07/08/24 01:54 PM GMT +05:30



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NAME – MR. SHAHBAAJ KHAN

AGE – 36Y/M

REF: BY- DR. S. S. GUPTA (M.D.)

DATE- 07/08/2024

2D- ECHO COLOUR DOPPLER EVALUATION:-

- ❖ Normal great vessel relationship
- ❖ ALL cardiac valve are normal
- ❖ Normal Four chambered heart
- ❖ No intracardiac shunt

- ❖ Septal movement less compared to posterior wall Normal LV function LVEF-67%
- ❖ No LV thrombus or clot seen
- ❖ No Pericardium effusion
- ❖ FINAL IMPRESSION
- ❖ Septal movement less compared to posterior wall Normal LV function LVEF-67%

Dr. S. S. GUPTA
MBBS (Gold Medalist) MD (Med) DNB (C) (M) (M)
Reg. No. 11371
DR. S. S. GUPTA (M.D.)

CONSULTANT ECHOCARDIOLOGIST

Disclaimer:-The science of radiology is based upon interpretation of shadows of normal and abnormal tissue. This is neither complete nor accurate, hence, findings should always be interpreted in to the light of clinic-pathological correlation. This is a professional opinion, not a diagnosis. In case of any discrepancy a review can be asked

For Emergency Contact: 7771008660

Sister Concern: Citi Hospital, 115 Zone II MP Nagar, Bhopal 462011, Ph: 0765-487732, 78

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CITI MULTI SPECIALITY HOSPITAL
MIG-215-216 GAUTAM NAGAR GOVINDPURA, BHOPAL
MOB-7987913713

Name: MR SHAHBAAJ KHAN 36Y
 Birthdate:
 Perf.Physician:

Patient Id: 070824-125642
 Sex: Male
 Ref.Physician:

Date: 07/08/2024
 Accession #:
 Operator: ADM

M-MODE & PW	
D-E Excursion	1.66 cm
E-F Slope	0.06 m/s
EPSS	0.48 cm
Ao Diam	3.05 cm
LA Diam	2.57 cm
AV Cusp	1.55 cm
LA/Ao	0.84
Ao/LA	1.19
RVIDd	2.89 cm
IVSd	0.64 cm
LVIDd	4.07 cm
LVPWd	1.07 cm
IVSs	1.34 cm
LVIDs	2.57 cm
LVPWs	1.07 cm
EDV(Teich)	72.81 ml
ESV(Teich)	23.87 ml
EF(Teich)	67.21 %
%FS	36.84 %
SV(Teich)	48.94 ml
Time	783.92 ms
HR	77 BPM
CO(Teich)	0.00 l/min



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MIG -215 218 Gayam Nagar, Govindpura, Bhopal-462023 (M.P.)
Phone No. : 0755 - 4269124
Mobile No. : 7771008660, 8319214884, 9303128710



Name of Patient : MR. SHAHBAAJ KHAN
Age/SeX : 36Y/M
Date : 07/08/2024

USG ABDOMEN & PELVIS

Liver : Liver is normal in size, shape and have smooth contour. Hepatic parenchyma is homogenous in echotexture. Intra and extra hepatic biliary and vascular channels are normal. No gross or diffuse mass lesions seen.

Gall Bladder : : Gall bladder Normal in size, shape and echotexture.

Spleen : Normal in size, shape and echotexture.

Pancreas : Normal in size, shape and echotexture.

Kidneys : Both the kidney are normal in size, shape, axis and position. Cortico medullary differentiation are normal. No caliceal dilatation seen on either side.


Urinary bladder : Urinary bladder is normal in size, shape, weight and echotexture.

Prostate : : Normal in size, shape and echotexture.

Retroperitoneum: No lymphadenopathy seen. No free fluid or ascites seen.

IVC & ABDOMINAL AORTA: -IVC and abdominal aorta are normal.

IMPRESSION ; Normal study.


CONSULTANT SONOLOGIST

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Food Corporation of India, Ayushman Bharat

NAME
AGE
HEIC
B.P.
ECG
X Ra
Visi



Pre
Det
Cer

