



Barcode No. : M388799
 Patient NAME : Mr. ABHINAV KUMAR SINGH
 Sample Coll. DATE : 26-Oct-2024 10:00 AM
 UHID : 302584
 Referring Doctor : Dr. Rakesh Malhotra (H)
 IPD No. / Ward : /
 Reporting DATE : 26-Oct-2024 12:07 PM
 Sample Receiving DATE : 26-Oct-2024 11:55 AM
 Approved DATE : 26-Oct-2024 03:37 PM
 Passport No. :

DEPARTMENT OF HAEMATOLOGY

Complete Haemogram* (Specimen : EDTA)

Date	Status	26/Oct/24	05:19PM	Unit	Bio Ref Interval
Haemoglobin		15.2		g/dl	13.0-17
Total Leucocyte Count (TLC)		7900		cells/c.mm	4000-10000
Neutrophil	L	41.2		%	45-70
Lymphocyte	H	44.5		%	20-40
Eosinophils	H	6.4		%	1.0-5.0
Monocytes		7.8		%	2.0-10.0
Basophils		0.1		%	0.0-1.0
Packed Cell Volume (PCV)		45.4		%	40.0-50.0
Red Blood Cell Count		5.2		million/c.mm	4.5-5.5
Mean Cell Volume (MCV)		87.3		f	83.0-101.0
Mean Cell Haemoglobin (MCH)		29.3		pg	27.0-32.0
MCHC		33.6		g/dl	31.0-34.5
RDW - CV		12.5		%	11.0-16.0
Platelet Count		2.10		lak/c.mm	1.5-4.0
MPV (Mean Platelet Volume)		10.6		fL	6.5-12.0
ESR	H	11		mm/Hr	0-10

Interpretation :
 Complete Haemogram* : EDTA Whole Blood-Tests done on Automated Five Part Cell Counter. (Hb is performed by photometric method,WBC,RBC,Platelet Count by Impedance method,WBC differential by Flow Cytometry technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.

Prepared By : Miss. POOJA VERMA
 Printed By : Mr. KAMAL VERMA

The new health care destination
 These values are only indicative not confirmatory of diagnosis. Kindly correlate clinically.
 A unit of Muskan Medical Centre Pvt. Ltd.
 MULTISPECIALITY
 Neo Hospital Laboratory, Noida.
 MC-3302



Barcode No. : M388799
 Patient NAME : Mr. ABHINAV KUMAR SINGH
 Sample Coll. DATE : 26-Oct-2024 02:37 PM
 UHID : 302584
 IPD No. / Ward : /
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :
 Sample Receiving DATE : 26-Oct-2024 02:53 PM
 Reporting DATE : 26-Oct-2024 05:19 PM
 Approved DATE : 26-Oct-2024 05:57 PM
 Age / Sex : 33.7 YRS / Male
 Certificate No. : H-2018-0543
 Certificate No. : MC-3302

DEPARTMENT OF BIOCHEMISTRY

Blood Sugar Fasting* (Specimen : FLUORIDE)
 Date 26/Oct/24 Status 05:19PM
 Blood Sugar Fasting 93.0
Blood Sugar Post Prandia* (Specimen : FLUORIDE)
 Date 26/Oct/24 Status 05:57PM
 Blood Sugar Post Prandia 110.0

Unit mg/dl
 Bio Ref Interval 70-100
 Unit mg/dl
 Bio Ref Interval 70.0-140.0

Prepared By : Miss. POOJA VERMA
 Printed By : Mr. KAMAL VERMA

MULTISPECIALITY
 A unit of Muskan Medical Centre Pvt. Ltd.
 The new health care destination
 These values are only indicative not confirmatory of diagnosis; kindly correlate clinically.
 (*) Test conducted under NABL scope MC-3302, Neo Hospital Laboratory, Noida.



Certificate No. H-2018-9549
 Certificate No.: MC-3302

Age / Sex : 33.7 YRS / Male

Sample Receiving DATE : 26-Oct-2024 11:55 AM

Reporting DATE : 26-Oct-2024 12:18 PM

Approved DATE : 26-Oct-2024 03:52 PM

Barcode No. : M388799

Patient NAME : Mr. ABHINAV KUMAR SINGH

Sample Coll. DATE : 26-Oct-2024 10:00 AM

UHID : 302584

IPD No. / Ward : /

Referring Doctor : Dr. Rakesh Malhotra (H)

Passport No. :

DEPARTMENT OF BIOCHEMISTRY

KFT (Kidney Function Test) (Specimen : SERUM)**

Date	Status	26/Oct/24	05:19PM
Blood Urea		23.0	
(urease with indicator dye)			
Serum Creatinine	L	0.6	
(enzymatic(creatinine amidohydrolase))			
Uric Acid		7.1	
(uricase/eroxidase)			
Sodium (Na+)		139.0	
(direct ion selective mode)			
Potassium (K+)		4.2	
(direct ion selective mode)			
Chloride (Cl-)		105.0	
(direct ion selective mode)			
Serum Calcium		9.0	
(arsenazo dye)			
Phosphorus Serum		4.3	
(phosphomolybdate reduction)			
Alkaline Phosphatase (ALP)		97.0	
(4-nitrophenyl phosphate(pnp)/amp)			
Total protein		7.4	
(biuret(alkaline cupric sulphate))			
Albumin		4.6	
(bromocresol green dye binding)			
Albumin/Globulin Ratio (Calculated)	H	1.6	
(calculated)			
eGFR		154.5	
(calculated)			
Lipid Profile** (Specimen : SERUM)			

Date	Status	26/Oct/24	05:19PM
Total Cholesterol		147.0	
(serum/enzymatic(che,cho/pod))			
Triglyceride		106.0	
(serum/enzymatic(lipase/gk/gpo/pod)without correction for free glycerol)			
HDL Cholesterol	L	32.0	
(serum/phosphotungstic acid/mgcl2+enzymatic)			
LDL		93.8	

Unit	Bio Ref Interval
mg/dl	<200
mg/dl	<150.0
mg/dl	>40.0
mg/dl	<100

Prepared By : Miss. POOJA VERMA

Printed By : Mr. KAMAL VERMA

These values are only indicative not confirmatory of diagnosis. Kindly correlate clinically.
 The new health care destination
 MULTISPECIALITY
 A unit of Muskan Medical Centre Pvt. Ltd.
 MC-3302, Neo Hospital Laboratory, Noida.



Certificate No. : MC-3302
 Certificate No. H-2018-0548
 33.7 YRS / Male

Barcode No. : M388799
 Patient NAME : Mr. ABHINAV KUMAR SINGH
 Sample Coll. DATE : 26-Oct-2024 10:00 AM
 UHID : 302584
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :
 IPD No. / Ward : /
 Reporting DATE : 26-Oct-2024 12:18 PM
 Sample Receiving DATE : 26-Oct-2024 11:55 AM
 Approved DATE : 26-Oct-2024 03:52 PM

DEPARTMENT OF BIOCHEMISTRY

Lipid Profile :

(calculation)	VLDL	21.2	<30
(calculation)	LDL/HDL Ratio	2.93	<3.6
(calculation)	Total Cholesterol : HDL Ratio	4.59	<5.0

Interpretation :

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dl	TRIGLYCERIDE in mg/dl	LDL CHOLESTEROL in mg/dl	NON HDL CHOLESTEROL in mg/dl
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High		>=500	>=190	>=220

Note: 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 NLA-2014 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 increased risk for atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
 4. NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.

Prepared By : Miss. POOJA VERMA
 Printed By : Mr. KAMAL VERMA

The new health care destination. These values are only indicative not confirmatory of diagnosis. Kindly correlate clinically.
 A unit of Muskan Medical Centre Pvt. Ltd. MULTISPECIALITY
 Neo Hospital Laboratory, Noida. MC-3302



Barcode No. : M388799
 Patient NAME : Mr. ABHINAV KUMAR SINGH
 Sample Coll. DATE : 26-Oct-2024 12:10 PM
 UHID : 302584
 IPD No. / Ward : /
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :

Age / Sex : 33.7 YRS / Male
 Certificate No. H-2018-0549
 Certificate No. : MC-3302

Sample Receiving DATE : 26-Oct-2024 12:29 PM
 Reporting DATE : 26-Oct-2024 05:02 PM
 Approved DATE : 26-Oct-2024 05:43 PM

DEPARTMENT OF CLINICAL PATHOLOGY

Urine for Sugar Fasting* (Specimen : URINE)

Date : 26/Oct/24
 Status : 05:43PM
 Urine for Sugar Fasting : NIL

Unit : Bio Ref Interval

Prepared By : Miss. POOJA VERMA

Printed By : Mr. KAMAL VERMA

The new health care destination
 (*) Test conducted under NABL scope MC-3302, Neo Hospital Laboratory, Noida.

A unit of Muskan Medical Centre Pvt. Ltd.



Barcode No. : M388799
 Patient NAME : Mr. ABHINAV KUMAR SINGH
 Sample Coll. DATE : 26-Oct-2024 10:00 AM
 UHID : 302584
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :
 Sample Receiving DATE : 26-Oct-2024 11:55 AM
 Reporting DATE : 26-Oct-2024 12:18 PM
 Approved DATE : 26-Oct-2024 03:52 PM
 Age / Sex : 33.7 YRS / Male
 Certificate No. : MC-3302

DEPARTMENT OF BIOCHEMISTRY

LFT PANEL (LIVER FUNCTION TEST) (Specimen : SERUM)

Date	Status	26/Oct/24 05:19PM	Unit	Bio Ref Interval
Bilirubin Total	H	1.8	mg/dl	0.2-1.3
Bilirubin Direct	H	0.8	mg/dl	0.0-0.3
Bilirubin Indirect		1.0	mg/dl	0.0-1.1
Aspartate Transaminase (SGOT, AST)		27.0	U/l	17.0-59.0
SGPT, ALT (Alanine Transaminase)		38.0	U/L	<50.0
Alkaline Phosphatase (ALP)		97.0	U/L	38.0-126.0
Total protein		7.4	gm/dl	6.3-8.2
Albumin		4.6	gm/dl	3.5-5.0
Albumin/Globulin Ratio (Calculated)	H	1.6		0.8-1.1
GGT (Gamma Glutamyl Transpeptidase)		19.0	U/L	15.0-73.0

*** End Of Report ***

Dr. Khushboo Sareen
 M.B.B.S, M.D.
 (Consultant Microbiologist)

Dr. Israr Ahmad
 M.B.B.S, M.D.
 (Consultant Pathologist)

Dr. Manju Bhanu
 M.B.B.S, D.M.B.
 (Consultant Pathologist)

Dr. Anilata Singhal
 M.B.B.S, MD
 (Consultant Microbiology)

Prepared By : Miss. POOJA VERMA

Printed By : Mr. KAMAL VERMA

These values are only indicative not confirmatory of diagnosis, kindly correlate clinically.
 (*) Test conducted under NABL scope MC-3302, Neo Hospital Laboratory, Noida.

MULTISPECIALITY

A unit of Muskan Medical Centre Pvt. Ltd.



Age / Sex : 33.7 YRS / Male



Barcode No. : M388799

Patient NAME : Mr. ABHINAV KUMAR SINGH

Sample Coll. DATE : 26-Oct-2024 10:00 AM

Sample Receiving DATE : 26-Oct-2024 11:55 AM

UHID : 302584

Reporting DATE : 26-Oct-2024 01:12 PM

IPD No. / Ward : /

Approved DATE : 26-Oct-2024 03:43 PM

Referring Doctor : Dr. Rakesh Malhotra (H)

Passport No. :

DEPARTMENT OF IMMUNOLOGY

Free Thyroid Profile (FT3, FT4, TSH) (Specimen : SERUM)

Date	Status	Unit	Bio Ref Interval
26/Oct/24 05:19PM		pg/ml	1.4-5.6
		ng/dL	0.67-1.71
		µIU/ml	0.25-5.0

Free Thyroid Profile (FT3, FT4, TSH) :

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 µIU/ml is commonly associated with Physiological & Biological TSH Variability.
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 Hypothyroidism .Thyroxine ingestion
Decreased	Decreased	Decreased	.Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hypothyroidism (TSH remains suppressed)
Decreased	Raised	Raised	.Primary Hyperthyroidism (Graves disease), Multinodular goitre, Toxic nodule .Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervains), Gestational .thyrotoxicosis with hyperemesis gravidarum

Prepared By : Mrs. Anita

Printed By : Mr. KAMAL VERMA

The new health care destination
 These values are only indicative not confirmatory of diagnosis, kind of consultation.
 (*) Test conducted under NABL scope MC-3302, Neo Hospital Laboratory, Noida.

MULTISPECIALITY



Certificate No. H-2018-0549

Barcode No.	: M388799	Age / Sex	: 33.7 YRS / Male
Patient NAME	: Mr. ABHINAY KUMAR SINGH	Sample Receiving DATE	: 26-Oct-2024 11:55 AM
UHD	: 302584	Reporting DATE	: 26-Oct-2024 01:12 PM
IPD No. / Ward	: /	Approved DATE	: 26-Oct-2024 03:43 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)		
Passport No.	:		

DEPARTMENT OF IMMUNOLOGY

Decreased or Within Range	Raised	Within Range	.T3 toxicosis Non-Thyroidal illness
---------------------------	--------	--------------	--

Prepared By : Mrs. Anita

Printed By : Mr. KAMAL VERMA

The new health care destination
 These values are only indicative not confirmatory of diagnosis, and to correlate clinically.
 (*) Test conducted under NABL scope MG-3302, Neo Hospital Laboratory, Noida.

MULTISPECIALITY

A unit of Muskan Medical Centre Pvt. Ltd.



Barcode No. : M388799

Age / Sex : 33.7 YRS / Male
 Certificate No. H-2018-0548
 Patient NAME : Mr. ABHINAV KUMAR SINGH
 Sample Coll. DATE : 26-Oct-2024 10:00 AM
 UHID : 302584
 Referring Doctor : Dr. Rakesh Malhotra (H)
 IPD No. / Ward : /
 Passport No. :

Sample Receiving DATE : 26-Oct-2024 11:55 AM
 Reporting DATE : 26-Oct-2024 01:12 PM
 Approved DATE : 26-Oct-2024 03:51 PM

DEPARTMENT OF BIOCHEMISTRY

HbA1c (Specimen : EDTA)

Date	Status	Unit	Bio Ref Interval
26/Oct/24	05:19PM	%	<5.7
	4.8	MG/DL	<116

Interpretation :

HbA1c:

Reference Group
 Non-diabetic adults
 Pre-diabetic
 Diabetic
 ADA Target
 Action suggested

As per American Diabetes Association (ADA)
 HbA1c in %
 <5.7%
 5.7-6.4%
 >or = 6.5%
 >7.0
 >8.0

Glycation is nonenzymatic addition of sugar residue to amino groups of proteins. HbA1c is formed by condensation of glucose with n-terminal valine residue of each beta chain of hb a to form an unstable Schiff base. It is the major fraction, constituting approximately 80% of HbA1. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of red blood cells (120 days) and the blood glucose concentration. the GHb concentration represents the integrated values for glucose over a period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with the most recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb is been reported in iron deficiency anaemia. Though HbA1c is a direct measure of long term sugar levels, diabetes is not the only cause of high value. Sleep disorders, gum disease, H.Pylori infection, chronic inflammation, and anemia can also increase HbA1c. Iron deficiency anemia as well as B12 or folate deficiency anemia may cause A1c to be falsely elevated. Several medical and substance have also been reported to falsely elevated A1c including lead poisoning, chronic ingestion of alcohol, salicylates and opioids. Ingestion of vitamin C may increase A1c when measured by electrophoresis.

*** End Of Report ***

Dr. Khushboo Sareen
 M.B.B.S., M.D.
 (Consultant Microbiologist)

Dr. Israat Ahmad
 M.B.B.S., M.D.
 (Consultant Pathologist)

Dr. Manju Bhamu
 M.B.B.S., D.N.B.
 (Consultant Pathologist)

Dr. Ankita Singhal
 M.B.B.S., MD
 (Consultant Microbiology)

Prepared By : Mrs. Anita

Printed By : Mr. KAMAL VERMA

The new health care destination. These values are only indicative not confirmatory of diagnosis, kindly correlate clinically.

(*) Test conducted under NABL scope MC-3302, Neo Hospital Laboratory, Noida.



Age / Sex



Barcode No. : M388799

Patent NAME : Mr. ABHINAV KUMAR SINGH

Sample Coll. DATE : 26-Oct-2024 12:10 PM

UHID : 302584

IPD No. / Ward : /

Referring Doctor : Dr. Rakesh Malhotra (H)

Passport No. :

Sample Receiving DATE : 26-Oct-2024 12:29 PM

Reporting DATE : 26-Oct-2024 05:04 PM

Approved DATE : 26-Oct-2024 05:44 PM

DEPARTMENT OF CLINICAL PATHOLOGY

URINE ROUTINE

SAMPLE: URINE

PHYSICAL EXAMINATION	OBSERVED VALUE	UNIT	REFERENCE RANGE
VOLUME (visual observation)	20	ml	N/A
COLOR (visual observation)	PALE YELLOW		PALE YELLOW
TRANSPARENCY (APPEARANCE) (visual observation)	S TURBID		CLEAR
SPECIFIC GRAVITY (automated)	1.015		1.005 TO 1.030
pH (automated multistrips double indicator method)	6.0		5-7
CHEMICAL EXAMINATION			
PROTEIN (ALBUMIN) (automated multistrips) protein error of pH, sulphosalicylic acid method	NIL		NIL
GLUCOSE (automated multistrips, enzyme reaction) benedicts method	NIL		NIL
KETONE BODIES (automated multistrips, rothemas method)	NEGATIVE		NEGATIVE
BILIRUBIN (automated multistrips, touchets method)	NEGATIVE		NEGATIVE
UROBILINOGEN (automated multistrips, ehrlichs aldehyde method)	NORMAL		NORMAL (mg/dL)
BLOOD (automated multistrips, benedine method)	ABSENT		ABSENT
MICROSCOPIC EXAMINATION			
PUS CELLS (light microscopy)	FULL FIELD	/hpf	0-5
RED BLOOD CELLS (light microscopy)	0	/hpf	0-3
EPITHELIAL CELLS (light microscopy)	1-2	/hpf	0-5
CASTS (light microscopy)	ABSENT		ABSENT

Prepared By : Mr. ASLAM AHMAD KHAN

Printed By : Mr. KAMAL VERMA

The new health care destination
 These values are only indicative not confirmatory of diagnosis. Kindly correlate clinically.
 (*) Test conducted under NABL scope MC-3302, Neo Hospital Laboratory, Noida.

(*) Test conducted under NABL scope MC-3302, Neo Hospital Laboratory, Noida. These values are only indicative not confirmatory of diagnosis, kindly correlate clinically.

Prepared By : Mr. ASLAM AHMAD KHAN

Printed By : Mr. KAMAL VERMA

Dr. Khushboo Sareen
M.B.B.S, MD
(Consultant Microbiologist)

Dr. Israr Ahmad
M.B.B.S, M.D.
(Consultant Pathologist)

Dr. Manju Bhamu
M.B.B.S, D.N.B
(Consultant Pathologist)

Dr. Ankita Singhal
M.B.B.S, MD
(Consultant Microbiology)

*** End Of Report ***

4. All urine samples are checked for adequacy and suitability before examination.
3. During interpretation, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose can be caused by peroxidase like activity by disinfectants, therapeutic dyes, ascorbic acid and certain drugs.
2. Pre-test conditions to be observed while submitting the sample-First void, mid-stream urine, collect 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.
1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (GOD-POD), Ketone (Legals Test), Bilirubin (Azo-Diazo reaction), Urobilinogen (Diazonium ion Reaction). All abnormal results of chemical examination are confirmed by manual methods.



CRYSTALS (light microscopy)	ABSENT
OTHERS (light microscopy)	ABSENT

DEPARTMENT OF CLINICAL PATHOLOGY

Barcode No. : M388799
 Patient NAME : Mr. ABHINAV KUMAR SINGH
 Sample Coll. DATE : 26-Oct-2024 12:10 PM
 UHID : 302584
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :
 IPD No. / Ward : /
 Reporting DATE : 26-Oct-2024 05:04 PM
 Sample Receiving DATE : 26-Oct-2024 12:29 PM
 Approved DATE : 26-Oct-2024 05:44 PM

Age / Sex : 33.7 YRS / Male
 Certificate No. H-2018-0549
 NABL
 33.7 YRS / Male
 Certificate No. : MC-3302

Phones : 0120 - 4880000, 3120000
 email : info@neohospital.com
 website : www.neohospital.com

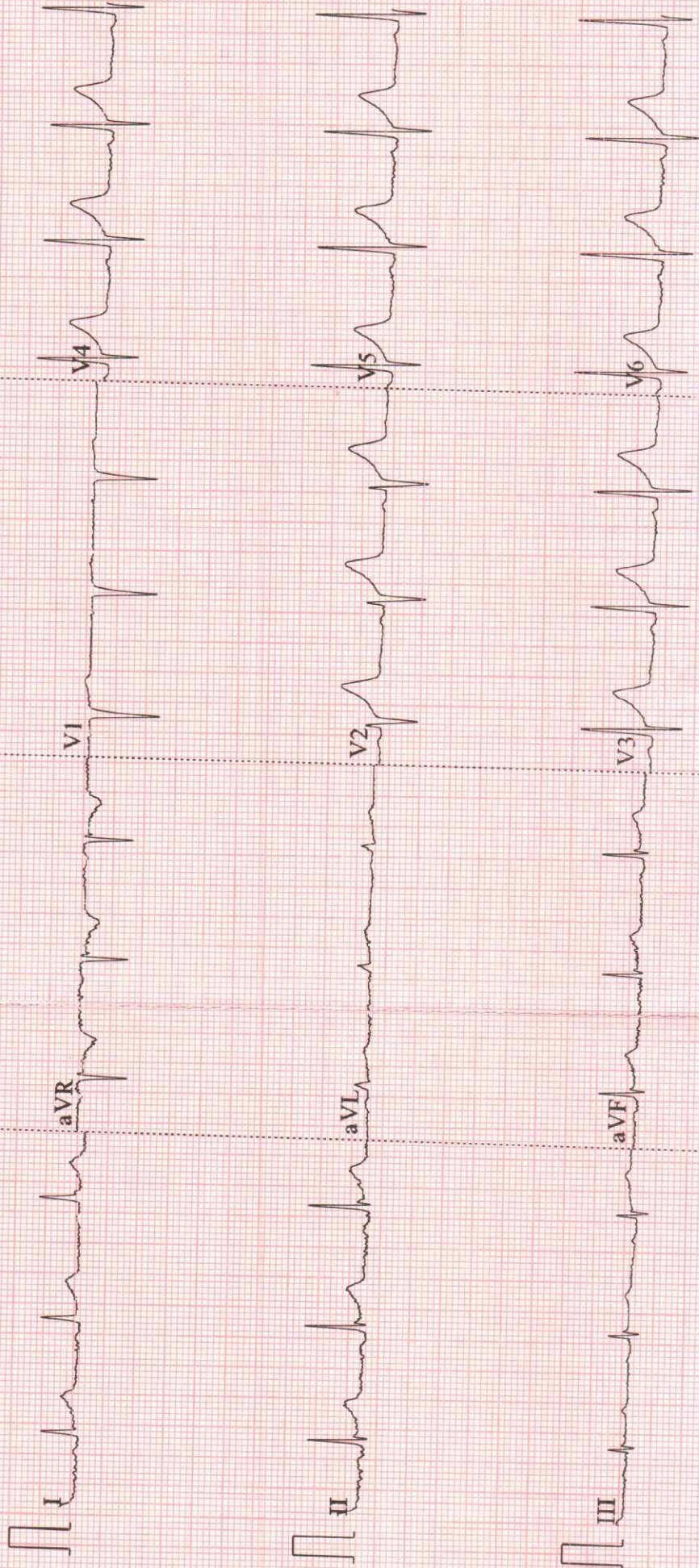
male Years

HR 76 bpm
 P 97 ms
 PR 152 ms
 QRS 80 ms
 QT/QTc 369/415 ms
 P/QRS/T 46/49/47 °
 RV5/SV1 1.262/1.073 mV

Diagnosis Information:
 Sinus Rhythm
 QS Wave in lead V1

MR. Abhinav KR. Stry

Report Confirmed by:



Barcode No. : M388799
 Patient Name : Mr. ABHINAY KUMAR SINGH
 IPD No. :
 UHID : 302584
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :
 Registration Date : 26-Oct-2024 09:57 AM
 Reporting Date : 26-Oct-2024 12:37 PM
 Approved Date : 26-Oct-2024 02:43 PM
 Age / Sex :
 Certificate No. : 3377/KS/MAIE / 2019 / MC-3302

DEPARTMENT OF CARDIOLOGY

ECHOCARDIOGRAPHY REPORT

MITRAL VALVE
 Morphology AML-Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming. PML-Normal/Thickening/Calcification/Paradoxical motion/Fixed. Subvalvular deformity Present/Absent. Score: A>E _____ S>D _____ Mitral Stenosis Present/Absent MDG _____ mmHg MVA _____ cm² Mitral Regurgitation _____ mmHg
 Doppler Normal/Abnormal E/A84/74, E>A
TRICUSPID VALVE
 Morphology Normal/Abnormal TRICUSPID VALVE= 152cm/s. Present/Absent MDG _____ mmHg Tricuspid regurgitation Absent/Trivial/Mild/Moderate/Severe Fragmented Signals Velocity _____ msec Pred.RVSP =mmHg
 Doppler Normal/Abnormal TRICUSPID VALVE= 152cm/s. Present/Absent MDG _____ mmHg Tricuspid Stenosis Present/Absent RR Interval _____ msec. EDG _____ mmHg
PULMONARY VALVE
 Morphology Normal/Abnormal Normal/Atrisia/Thickening/Doming/Vegetation Pulmonary regurgitation Present/Absent End diastolic gradient _____ mmHg
 Doppler Normal/Abnormal PULMONARY VALVE= 65cm/s. Present/Absent PSG _____ mmHg Pulmonary annulus _____ mm
AORTIC VALVE
 Morphology Normal/Thickening/Calcification/Restricted opening/Flutter/Vegetation No. of cusps 1/2/3/4 AORTIC VALVE= 122cm/s. Present/Absent Level _____ mm
 Doppler Normal/Abnormal Aortic Stenosis Present/Absent Aortic annulus _____ mm Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe.



Phones : 0120 - 4880000, 3120000
 website : www.neohospital.com
 email : info@neohospital.com



Barcode No. : M388799

Patient Name : Mr. ABHINAV KUMAR SINGH

IPD No. :
 UHID : 302584

Referring Doctor : Dr. Rakesh Malhotra (H)

Passport No. :

Registration Date : 26-Oct-2024 09:57 AM
 Reporting Date : 26-Oct-2024 12:37 PM
 Approved Date : 26-Oct-2024 02:43 PM

Age / Sex :

Certificate No. : 337 YRS / Male
 Certificate No. : MC-3302



DEPARTMENT OF CARDIOLOGY

Measurements		Normal Valves	
Aorta	3.4	(2.0-3.7 cm)	Normal Valves
LV es	2.0	(2.2-4.0 cm)	
IVSed	1.2/1.8	(0.6-1.1 cm)	
RVed		(0.7-2.6 cm)	
LVvd (ml)		(54%-76%)	
EF	60%		
IVS			

Measurements		Normal Valves	
LA es	3.3	(1.9-4.0 cm)	Normal Valves
LV ed	3.6	(3.7-5.6 cm)	
PW (LV)	1.2/1.9	(0.6-1.1 cm)	
RV Anterior Wall		(upto 5 cm)	
LVVs (ml)			
IVS motion			
Any Other			

CHAMBERS

LV
 Normal/Enlarged/Clear/Thrombus/Hypertrophy, Contraction,
 Normal/Reduced/Regional wall motion abnormality: nil,
 LA
 Normal/Enlarged/Clear/Thrombus
 RA
 Normal/Enlarged/Clear/Thrombus
 RV
 Normal/Enlarged/Clear/Thrombus
 PERICARDIUM
 Normal/Thickening/Calcification/Effusion

COMMENTS & SUMMARY

No RWMA, LVEF-60%
 Normal LV systolic function
 Mild concentric LVH
 No MR/TR
 MIP=Normal
 Intact IAS/IVS
 No LA/LV clot
 No pericardial effusion.
 IMPRESSION
 Normal LV/RV systolic function
 Mild concentric LVH

*** End Of Report ***



DR. SANJAY KR. SHARMA
 MD, DM (Cardiology)

FIMSA, FESC, FSCAI (USA)
 Consultant Clinical & Interventional

MULTISPECIALITY

A unit of Muskan Medical Centre Pvt. Ltd.

NAME:	ABHINAY KUMAR SINGH	AGE/SEX:	33.7 YRS / M
UHDID:	302584	DATE	26-Oct-24
REF. BY:	DR. RAKESH MALHOTRA		

USG WHOLE ABDOMEN

Liver is normal in size and shows **generalized increased echogenicity**. No focal SOL noted. Vascular channels are clear. No evidence of IHBR dilatation.

Gall Bladder is well distended and reveals normal walls. No evidence of calculus or mass lesion. CBD & PV are normal.

Spleen is normal in size, shape and echotexture.

Pancreas is normal in size, shape & echotexture.

Both Kidneys are normal in size, shape, position & echogenicity. CMD is maintained. No evidence of calculus or hydronephrosis.

Right kidney - 11.3 x 5.1 cm

Left kidney - 11.2 x 5.8 cm

Urinary Bladder is well distended with normal wall thickness. No calculi / mass lesion noted. No diverticulum noted.

Prostate is normal in size, shape and echogenicity, volume ~15.0 cc. No focal lesion noted.

No free fluid seen in the peritoneal cavity.

IMPRESSION:

- **GRADE I FATTY LIVER.**

Please correlate clinically

DR. VIJAY SINGH RAYAT
 DR. SASAR TOJAN
 DR. SHAM LAKSHMI
 DR. RAKESH MALHOTRA
 DR. SHANU
 DR. ROHIT KUNDA
 DR. RASHMI
 DR. SHAM LAKSHMI
 DR. SHANU
 DR. RAKESH MALHOTRA
 DR. ROHIT KUNDA

This is a professional opinion based on imaging findings and not the diagnosis. It should be correlated clinically and with other relevant investigations to arrive at a proper conclusion. Not valid for medico-legal purpose.

Barcode No.	: M388799
Patient Name	: Mr. ABHINAV KUMAR SINGH
IPD No.	:
UHID	:
Referring Doctor	: Dr. Rakesh Malhotra (H)
Passport No.	:
Age / Sex	: 33.7 YRS / Male
Registration Date	: 26-Oct-2024 09:57 AM
Reporting Date	: 28-Oct-2024 11:04 AM
Approved Date	: 28-Oct-2024 11:04 AM

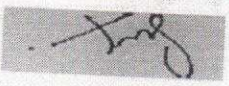
DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA VIEW

Both lung fields are clear.
 Hilar shadows are normal.
 Both costophrenic angles are clear.
 Cardiac silhouette is normal.
 Bony thorax is normal.

Please correlate clinically

*** End Of Report ***



Dr. Vijay Singh Rawat
 (Consultant Radiologist)
 DMRD, MD Radiodiagnosis

Dr. Sagar Tomar
 MD Radiodiagnosis, Fellow MSK MRI
 (Consultant Radiologist)

Dr. Rohit Kundra
 MD Radiodiagnosis
 (Consultant Radiologist)

Dr. Harshita Tripathi
 MD Radiodiagnosis
 (Consultant Radiologist)