

DIYAMAN HOSPITAL Pvt. Ltd.

Pathology Division



पैथोलॉजी संकाय

Pathological Examination Report

PATIENT NAME	Mr. KUNWARJEET CHAUHAN	SAMPLE COLLECTED ON	23-03-2024
AGE / SEX	35 Y / Male	REPORT RELEASED ON	23/03/2024
COLLECTED AT	Inside	REPORTING TIME	1:21:59PM
RECEIPT No.	17,262	PATIENT ID	17292
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile, Blood Group (ABO), Blood Sugar Fasting, Glycosylated Haemoglobin, Urine Examination Report, PSA Total, ESR Wintrobe,,

Tests	Results	Biological Reference Range	Unit
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Glycosylated Haemoglobin

HBA1c	6.4	(4.3-6.4)	%
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Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

Comments/Interpretations:

Glycosylated Haemoglobin is Proportional To Mean Plasma Glucose Level During Previous 6-12 Weeks. For People Without Diabetes, The Normal Range For The Hemoglobin A1c Level is Between 4% And 5.6%. Hemoglobin A1c Levels Between 5.7% And 6.4% Mean You Have A Higher Chance Of Getting Diabetes. Levels Of 6.5% Or Higher Mean You Have Diabetes. recommended Goal Of Hba1c is <7%. The Higher The Hemoglobin A1c, The Higher Your Risk Of Having Complications Related To Diabetes. A Combination Of Diet, Exercise, And Medication Can Bring Levels Down. People With Diabetes Should Have An A1c Test Every 3 Months To Make Sure Their Blood Sugar is In Their Target Range. If Your Diabetes is Under Good Control, You May Be Able To Wait Longer Between The Blood Tests. But Experts Recommend Checking At Least Two Times A Year. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test.

SEROLOGY

Blood Group (ABO)

A.B.O.	"AB"
Rh(D)	POSITIVE

Page 5 of 6

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For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932

Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.

REPORT

I.D. NO	U/23/03/02	March 23, 2024
PATIENT NAME	Mr. KUNWARJEET CHAUHAN	AGE/SEX 35 Y/M
REF. BY	DIVYAMAN HOSPITAL	

USG: WHOLE ABDOMEN (Male)

Liver – Enlarged in size (164.1 mm) with grade-I fatty echotexture. No IHBR dilatation / focal SOL are seen.

Gall bladder – is distended. No calculus in lumen. Wall thickness is normal.
CBD – normal. PV - normal. porta – normal

Pancreas is normal in thickness. Clearly defined margins are seen. Pancreatic duct is not dilated.

Spleen is normal in size (96.9 mm) and echotexture. No focal lesion is seen. Diaphragmatic movements are within normal limits on both sides.

Right kidney - normal in size ,outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

Left kidney - normal in size , outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder is fully distended. Wall is smooth and regular. Lumen is echofree.

Prostate: is normal in size 26.2x36.3x34.0mm volume 16.9cc. Margins are well-defined. Capsule is normal.

No evidence of Ascites / Retroperitoneal Lymphadenopathy.

IMPRESSION

- **HEPATOMEGALY WITH FATTY LIVER GRADE-I.**

ADV – CLINICAL CORRELATION.

Note : All USG finding are dynamic in nature and are subjected to change with course of disease and time, prescribing clinician are advised to correlate USG finding with clinical findings.

(Consultant radiologist)

उपलब्ध सुविधाएं

Siemens CT Scan

- CT Scan मरिस्क, गेट, सीन आदि
- CT Angiography
- Digital X-ray



Philips 1.5T MRI

- MRI Scan
- 4D Colour Dopler
- CT/USG Guided Biopsy/FNAC



Siemens Accuson S 52000

- ECG, ECO Cardiography
- Dr. Lal Path Lab
- 24 H Ambulance



Siemens X-Ray

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YAMAN HOSPITAL Pvt. Ltd.

Pathology Division



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RECEIPT No.	17,267	PATIENT ID	17297
REFERRED BY Dr.	DMH		
INVESTIGATION	T3 Triiodo Thyroid, T4 Thyroxine, TSH,,		

Tests	Results	Biological Reference Range	Unit
IMMUNOLOGY			
T3 Triiodo Thyroid	1.12	(0.69 - 2.15)	ng/ml
T4 Thyroxine	89.7	(52 - 127) ng/ml	ng/ml
TSH	6.97	High (0.3-4.5) uIU/ml	uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.

Remarks:

1. Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
2. A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
3. Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
4. A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
5. Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
6. Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
7. A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
8. Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Sampes Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.

THANKS FOR REFERENCE

*** End of Report ***

Consultant Pathologist
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN
17297

Consultant Pathologist
DR.VASUNDHARA SINGH M.D (PATH)

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Tests	Results	Biological Reference Range	Unit
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CLINICAL PATHOLOGY

Urine Examination Report

PHYSICAL

Volume	25	-	ml
Colour	LIGHT YELLOW	-	-
Appearance	CLEAR	-	-

CHEMICAL

Reaction PH	6.0	(4.5-8.0)	-
Specific Gravity	1.030	High (1.01-1.025)	-
Proteins	NIL	NIL	-
Sugar	NIL	NIL	-
Blood	NIL	NIL	-
Phosphates/urates	NIL	NIL	-
Ketone Bodies	NIL	NIL	-
Chyle	NIL	-	-
Bile Pigment (Bilirubin)	NIL	NIL	-
Bile Salt	NIL	-	-
Urobilinogen	Normal	-	-

MICROSCOPICAL

R B C	Absent	0-2 /hpf	/hpf
Pus Cells	1-2	0-5 /hpf	/hpf
Epithelial Cells	1-2	-	-
Crystals	Nil	-	-
Yeast Cells	Absent	-	-
Casts	Absent	-	-
BACTERIA	Absent	-	-

THANKS FOR REFERENCE

*** End of Report ***

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REPORT

AORTIC VALVE

Morphology **Normal/Thickening/Calcification/Restricted opening/ Flutter/Vegetation**
 No of cusps 1/2/3/4

Doppler **Normal/Abnormal**
 Aortic stenosis Present/Absent Level
 PSG_ mmHg Aortic annulus_ mm
 Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe.

Measurements	Values (Cm)	Measurements	Values (Cm)
Aorta :	3.51	LAcS :	3.56
Lves :		Lved :	4.26
IVSed :	1.25	PW (LV):	
RVed :		RV Anterior wall	
EF :	61%	IVC	

IVSmotion Normal/Flat/Paradoxical/Other

CHAMBERS

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy/RWMA
 LA Normal/Enlarged/Clear/Thrombus
 RA Normal/Enlarged/Clear/Thrombus
 RV Normal/Enlarged/Clear/Thrombus
 Pericardium Normal/Thickening/Calcification/Effusion

IMPRESSION

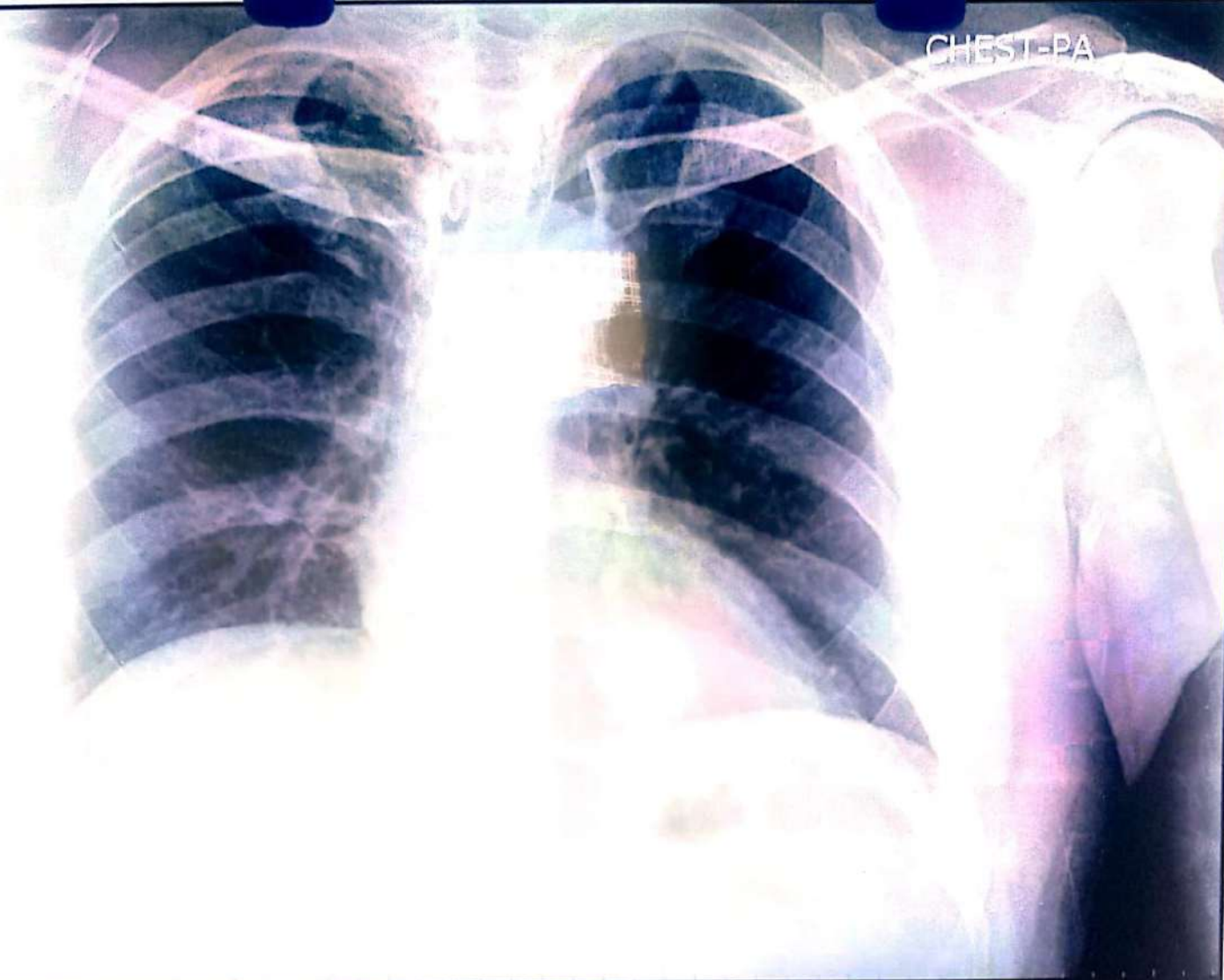
- NO RWMA AT REST
- MILD LVH PRESENT
- LVEF 61% 2D
- NO I/C CLOT/VEG
- NO PERICARDIAL EFFUSION.

Cardiologist.



R

CHEST-PA



KUNWARJEET CHAUHAN

35Y

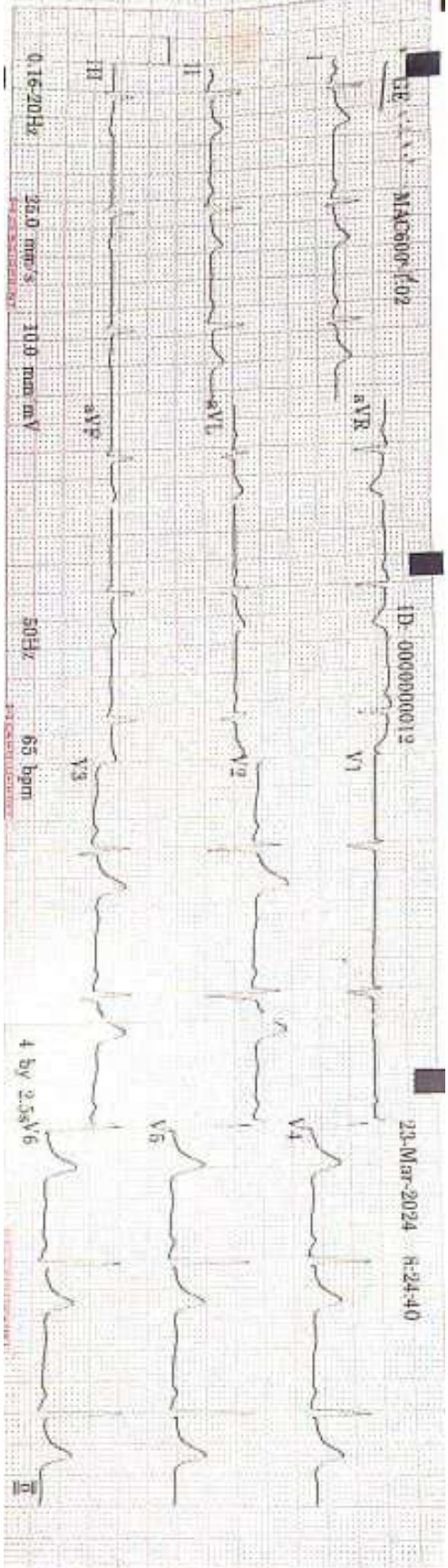
Male DMH

23/03/2024 09:28:25

Chest PA

DIVYAMAN HOSPITAL PRIVATE LIMITED X-RAY DEPARTMENT

OPP. VEER BAHADUR SINGH SPORT COLLEGE . RAPTINAGAR PHASE-1. GORAKHPUR MOB. 7525969999



MAC6000 f402 ID: 0000000012 23-Mar-2024 R-24-40

0.16-20Hz 25.0 mm/s 100 mm mV 50Hz 65 bpm 4 by 2.5V6

Mr. KUNAWARJED

35years Male

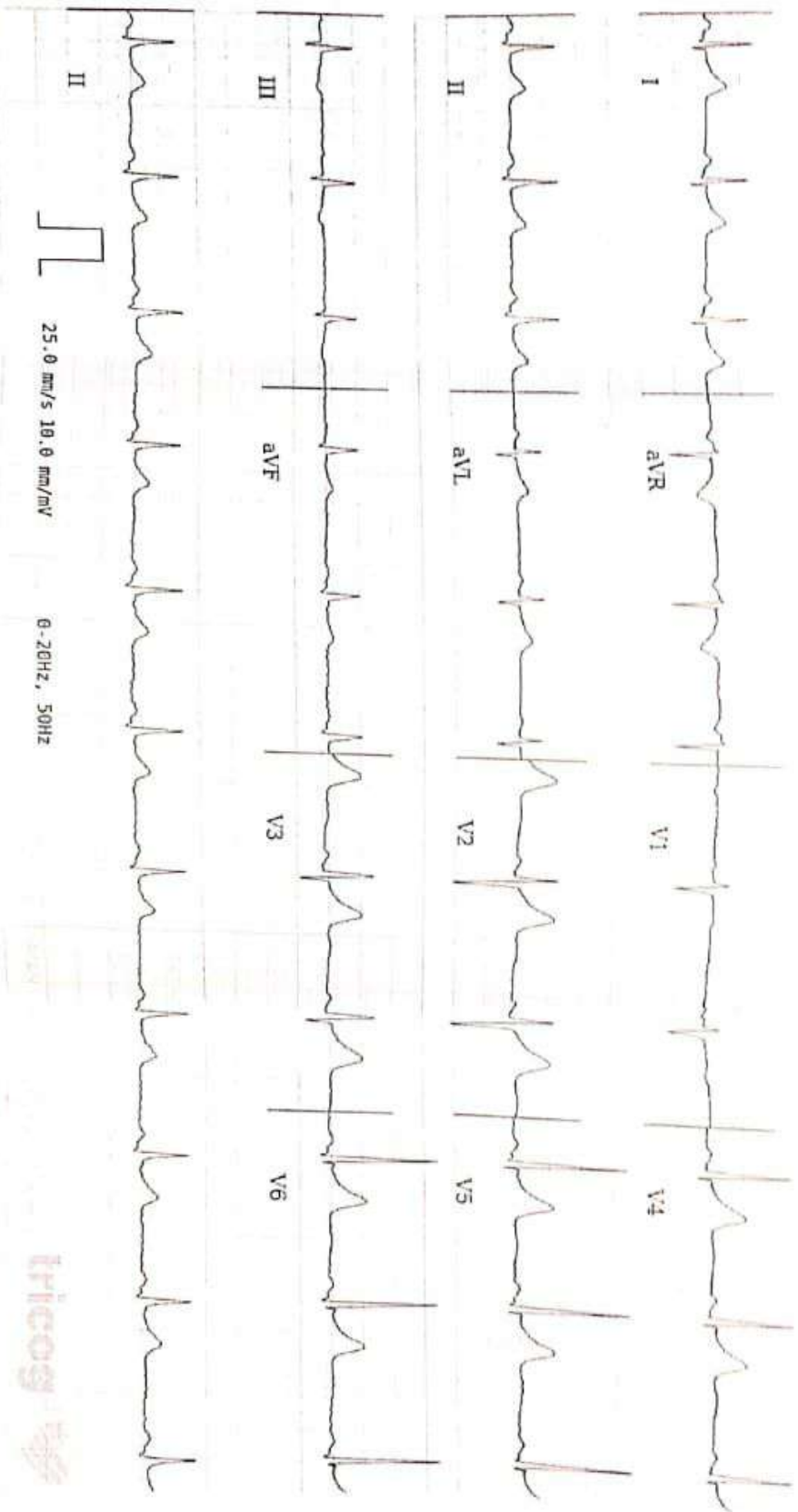
Vent. rate	65 bpm
QRS duration	80 ms
QTc	398/413 ms
PR interval	126 ms
Q duration	104 ms
RR interval	920 ms
P-R-T axes	21 51 74

MAC6000 1302 1981 9299



Age: 35 Year
Patient ID: 000000012
Patient Name: MR KUNAVARJEET

Date and Time: 20/04/2024 11:41



AR: 65bpm

VR: 65bpm

QRSD: 80ms

QT: 398ms

QTcB: 413ms

PRI: 138ms

P-R-T: 21° 51° 22°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

Prashant SR

Dr Prashant S R

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

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Tests	Results	Biological Reference Range	Unit
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BIOCHEMISTRY

Blood Sugar Fasting **110.9** High (70 - 110)mg/dl

Reference Value :

Fasting (Diabetics 110.0 Mg% Or More) (Impaired Glucose Tolerance 110-126 Mg%)
After 2hrs. Of 75 Gm Glucose (oral) (70-140 Mg%) (Impaired Glucose Tolerance 140-200 Mg%)
Random/casual (diabetics 200 Mg% Or More, With Presenting Symptoms.)

Lipid Profile.

Total Cholestrol	179.1	125-200mg/dl Normal Value	mg/dL
H D L Cholestrol	44.7	(30-70 mg%)	mg%
Triglyceride	148.2	(60-165mg/dL)	mg/dL
V L D L	29.64	(5-40mg%)	mg%
L D L Cholestrol	104.76		mg/dl
		50 Optimal 50-100 Near/Above Optimal	
TC/HDL	4.0	(3.0-5.0)	
LDL/HDL	2.2	(1.5-3.5)	

Comment/interpretation

Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipids, The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

Note: :

1. Measurement 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. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholesterol.
3. Friedewald Equation To Calculate Ldl Cholesterol Is Most Accurate When Triglyceride Level Is <400 Mg/dl. Measurement Of Direct Ldl Cholesterol Is Recommended When Triglyceride Level Is >400 Mg/dl.

Page 3 of 6

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CANCER MARKER

PSA Total 0.36 (0.0-4.0)ng/ml ng/ml

EXPECTED VALUES :

99% OF HEALTHY MALES	0.0 - 4.0 ng / ml
80% OF BENIGN PROSTATIC HYPERTROPHY	4.0 - 10.0 ng / ml
81% OF PROSTITIC CARCINOMAS	10 - 20.0 ng / ml
PROSTATIC METASTASIS	Above 20.0 ng / ml

INTERPRETATION:- PSA is reliable tumor marker for already diagnosed prostatic carcinomas . It is uniquely associated only with prostatic tissue and therefore , is specific for it. Baseline levels measured prior to therapeutic intervention , and follows later by serial , periodical measurements will predict the outcome of the therapy . It also helps in early discovery of recurrences , relapses and metastases.

RECOMMENDED TESTING INTERVALS:-

First Datermination	:	Preoperatively (Baseline)
Second determination	:	2-4 Days postoperatively
Third determination	:	Before discharge from hospital

FOLLOW - UP DATERMINATION :-

F Levels are high / show rising trend	:	Monthly
F Levels are normal	:	Every 3 monthly initially , later annually.

* In general tumor marker levels are directly related to the tumor mass and the stage of the cancer . However , if is the rate of change in the tumor marker level , which is more important , rather than its absolute value . A 50% change may be considered clinically significant.

* It must empha sized that PSA may be also elevated in benign prostatic hypertrophy and inflammatory condition of sure surroundings genitor-urinary tract . Therefore , this parameter should never be used as a screening test for diagnosing prostatic carcinomas , but only as aid in follow up studies.

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HAEMATOLOGY

COMPLETE BLOOD COUNT

Haemoglobin	12.6	Low (Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%)	G%
Total Leukocyte Count (TLC)	9100	(4000-11000 /cumm)	/cumm
Differential Leukocyte Count.(DLC)			
Polymorph	60	(40-80)%	%
Lymphocyte	36	(20-40)%	%
Eosinophil	04	(01-6)%	%
Monocyte	00	Low (02-08)%	%
Basophil	00	(<1%)	%
R. B. C.	4.99	(4.2 - 5.5) million/cmm	million/
P. C. V. (hemotocrite)	36.9	(36-50) Litre/Litre	/Litre
M. C. V.	73.3	Low (82-98) fl	fl
M. C. H.	25.5	Low (27Pg - 32Pg)	Pg
M. C. H. C.	34.4	(21g/dl - 36g/dl)	g/dl
Platelete Count	2.57	(1.5-4.0 lacs/cumm)	/cumm

ESR Wintrobe

Observed	30	High 20mm fall at the end of first hr.	mm
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* esr Is A Non Specific Phenomenon, Clinically Useful In Disorders Associated With An Increased Production Of Acute Phase Proteins.

* elevated In Acute And Chronic Infections And Malignancies.

* extremely High Esr Values Are Seen In Multiple Myeloma, Leukemia, Lymphoma, Breast And Lung Carcinomas, Rheumatoid Arthritis, Sle, Pulmonary Infarction.

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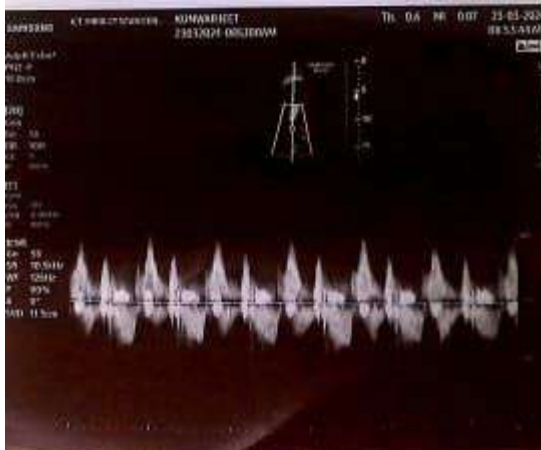
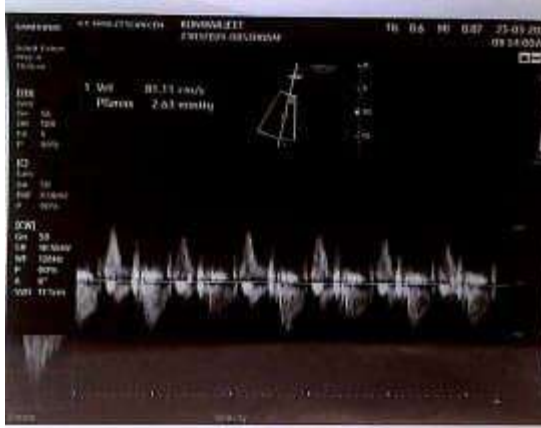


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REPORT

I.D. NO 11	: U/23-03-01	March 23, 2024
Patient's Name:	: MR. KUNWARJEET CHAUHAN	AGE/SEX :35 YRS / M
Ref by Dr.	: DIVYAMAN HOSPITAL	

2D- ECHO

MITRAL VALVE

Morphology **AML- Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/Sam/Doming.**
PML- Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.

Subvalvular deformity Present/Absent Score :

Doppler **Normal/Abnormal** E>A A>E

Mitral Stenosis Present/Absent RR Interval_ msec

EDG_ mmHg MDG_ mmHg MVA_ cm2

Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology **Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.**

Doppler **Normal/Abnormal.**

Tricuspid stenosis Present/Absent RR Interval_ msec.

EDG_ mmHg MDG_ mmHg

Tricuspid regurgitation/Absent/Trivial/Mild/Moderate/Severe Frangmemed signals.

Velocity_ msec. Pred. RVSP=RAP+_ mmHg

PULMONARY VALVE

Morphology **Normal/Atresis/Thickening/Doming/Vegetation.**

Doppler **Normal/Abnormal**

Pulmonary stenosis Present/Absent Level

PSG_ mmHg Pulmonary annulus_ mm

Pulmonary regurgitation Present/Absent

Early diastolic gradient_ mmHg. End diastolic gradient_ mmHg

