



CARDIOLOGY

ECHOCARDIOGRAM REPORT

NAME: Mr. HIMANSHU **AGE/SEX:**45/M **DATE:**29/03/2024

REFERRING DIAGNOSIS: To rule out structural heart disease

ECHOGENECITY : Normal

DIMENSIONS	NORMAL	NORMAL
AO (ed)	3.1cm (2.1 - 3.7cm)	IVSs 0.7cm (0.6 - 1.2 cm)
LA (es)	3.0cm (2.1 - 3.7 cm)	LVIDs 1.0cm (0.6 - 1.2 cm)
IVSd	1.1cm (1.5 - 3.0 cm)	LVPWs 1.8 CM (0.6 - 1.2 cm)
LVIDd	4.0cm (3.6 - 5.2 cm)	EF 60% (60% - 85%)
LVPWd	2.8cm (2.3 - 3.9 cm)	FS 18% (30% - 42%)

MORPHOLOGICAL DATA

Mitral Valve: Normal

AML : Normal

Interatrial septum

:Intact

PML : Normal

Interventricular Septum

: Intact

Aortic Valve : Normal

Pulmonary Artery :

Normal

Tricuspid Valve : Normal

Aorta

: Normal

Pulmonary Valve : Normal

Right Atrium

: Normal

Right Ventricle : Normal

Left Atrium

: Normal

Left Ventricle : Normal

----P.T.O



2-D ECHOCARDIOGRAPHY FINDINGS :

LV normal in size with Normal contractions. No LV regional wall motion abnormality in basal state. RV normal in size with adequate contractions. LA and RA normal. Pericardium normal. No intracardiac mass seen on transthoracic echocardiography. Estimated LV ejection fraction is 60%.

COLOR FLOW MAPPING :

No MR. No TR

IMPRESSION :

1. LV Normal in size with Normal LV systolic function. (LVEF = 60%).
2. No LV regional wall motion abnormality in basal state.
3. Normal color flow.
4. Normal Cardiac Chamber Dimension.
5. RV normal in size with adequate systolic function.
6. Normal mitral inflow pattern.
7. No I/C Clot/Veg/PE.

DR. YOGESH NAGENDRA
MBBS, MD, DM (CARDIOLOGY)

NOTE : Echocardiography report given is that of the procedure done on that day and needs to be assessed in conjunction with the clinical findings. This is not for medicolegal purposes. No record of this report is kept in the hospital.



DEPARTMENT OF RADIOLOGY & IMAGING

PT.NAME: MR. HIMANSHU KANDPAL

AGE/SEX-45Y/M

UHID NO- ----

DATE: 29/MAR/2024

REF.BY- DR. (MAJ) SAURABH MAYANK

USG WHOLE ABDOMEN

LIVER: is normal in size, measures approx 12.7 cms with increased echotexture.

PORTAL VEIN: is not dilated. Intrahepatic biliary radicals are not dilated.

GALL BLADDER: is partially distended with normal wall thickness.

CBD: is not dilated with clear lumen. No calculus is seen.

PANCREAS: Visualized part of pancreas is normal in size, shape with normal homogeneous echotexture. **MPD:** is not dilated.

SPLEEN: is normal in size (~9.5 cms) with normal homogeneous echotexture.

RIGHT KIDNEY: is normal in size and echotexture.

- Cortical echogenicity is normal.
- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appears normal.
- Pelvicalyceal system is not dilated.

LEFT KIDNEY: is normal in size and echotexture.

- Cortical echogenicity is normal.
- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appears normal.
- Pelvicalyceal system is not dilated.

-----PTO



URETERS:

- The upper parts of both the ureters are not dilated.
- Bilateral vesico-ureteric junctions are not dilated.

URINARY BLADDER: is partially distended.

PROSTATE: is mildly enlarged in size and volume approx 21.0 cc.

No free fluid is seen in the Morrison's pouch, perihepatic space, perisplenic space, para colic gutter and pelvic cavity.

IMPRESSION: *USG appearances are suggestive of -*

- *Grade I fatty liver.*
- *Grade I prostatomegaly.*

(Adv-Clinico-pathological correlation)

DR. (MAJ) RAVINDER SINGH
MBBS, MD.
Consultant Radiologist

Number of images-04

Note-This is a professional report based on imaging findings only and should always be correlated clinically and with other relevant investigations. This report is not for medico-legal purpose. In case of any discrepancy due to machine error or typing error kindly get it rectified immediately.



www.ujalacygnus.com

Date 29/03/2024 12:39:16 PM
Name Mr. HIMANSHU
Ref. By Dr. SELF

Srl No. 1030
Age 45 Yrs.
Sex M

UHID No. OPD
Printed on 11/04/2024 03:34 PM

Test Name	Value	Unit	Normal Value
<u>COMPLETE HAEMOGRAM</u> Erba Mannheim Elite 580			
HAEMOGLOBIN (Hb)	14.5	gm / dL	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	4,990	cells / cu mm	4000 - 11000
<u>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</u>			
NEUTROPHIL	53	%	40 - 75
LYMPHOCYTE	39	%	20 - 40
EOSINOPHIL	02	%	01 - 06
MONOCYTE	06	%	02 - 10
BASOPHIL	00	%	0 - 0
RBC COUNT	4.74	million / cu mm	4.5 - 5.5
P.C.V / HAEMATOCRIT	43.5	%	40 - 54
M C V	91.772	fl.	80 - 100
M C H	30.591	Picogram	27.0 - 31.0
M C H C	33.33	gm / dL	32 - 36
PLATELET COUNT	1,57,000	Lakh / cu mm	150000 - 400000
ESR	10	mm / 1st hr	0 - 15
VESMATIC EASY - AUTOMATED			

HAEMATOLOGY

LIVER FUNCTION TEST (LFT)

Roche cobas c 311

BILIRUBIN TOTAL	1.64	mg / dL	0 - 1.2
DPD			
CONJUGATED (D. Bilirubin)	0.36	mg / dL	0.00 - 0.30
Jendrassik-Grof			
UNCONJUGATED (I.D. Bilirubin)	1.28	mg / dL	0.00 - 0.70
TOTAL PROTEIN	6.6	gm / dL	6.6 - 8.3
Biuret			
ALBUMIN	4.1	gm / dL	3.5 - 5.5

LAB TECHNICIAN

Contd...2



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Test Name	Value	Unit	Normal Value
<u>PAEDIATRIC AGE GROUP</u>			
0-3 DAYS	1.0 - 20	uIU / mL	
3-30 DAYS	0.5 - 6.5	uIU / mL	
1 MONTH -5 MONTHS	0.5 - 6.0	uIU / mL	
6 MONTHS- 18 YEARS	0.5 - 4.5	uIU / mL	
<u>ADULTS</u>			
	0.35 - 5.50	uIU / mL	

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates $\pm 50\%$, hence time of the day has influence on the measured serum TSH concentration.

Assay performed on enhanced chemi luminescence system (Centaur-Siemens)

Serum T3,T4 & TSH measurements form the three components of Thyroid screening panel, useful in diagnosing various disorders of Thyroid gland function.

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
3. Normal T4 levels are accompanied by increased T3 in patients with T3 thyrotoxicosis.
4. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.

BIOCHEMISTRY

LAB TECHNICIAN

Contd...4



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Test Name

Value

Unit

Normal Value

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

QUANTITY

20 mL

COLOUR

PALE YELLOW

TRANSPARENCY

SLIGHTLY TURBID

SPECIFIC GRAVITY

Q.N.S.

Q.N.S.

PH

6.0

6.0

CHEMICAL EXAMINATION

ALBUMIN

NIL

SUGAR

NIL

MICROSCOPIC EXAMINATION

PUS CELLS

2-3 / HPF

RBCs

NIL / HPF

NIL

CASTS

NIL / HPF

NIL

CRYSTALS

NIL

NIL

EPITHELIAL CELLS

1 - 2 / HPF

BACTERIA

NIL

NIL

OTHERS

NIL

NIL

BIOCHEMISTRY

BLOOD UREA

Urease / GLDH

28.4 mg / dL

15.0 - 40.0

SERUM CREATININE

Jaffe

0.86 mg / dL

0.7 - 1.4

SERUM URIC ACID

Enzymatic

8.1 mg / dL

3.4 - 7.0

LAB TECHNICIAN

Contd...5



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Printed on 11/04/2024 03:34 PM

Test Name

Value

Unit

Normal Value

SEROLOGY

TOTAL PSA

ELFA

0.27

ng / mL

INTERPRETATION :

Expected Values :

Age (years)	PSA concentrations (ng / mL)	
	Low Limit	High Limit
< 40	0.21	1.72
40 - 49	0.27	2.19
50 - 59	0.27	3.42
60 - 69	0.22	6.16
> 69	0.21	6.77

PSA is reliable tumour 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 followed later by serial periodical measurements will predict the outcome of therapy. It also helps in early discovery of recurrences, relapses and metastases.

In general, tumor marker levels are directly proportional to the tumour mass and the stage of the cancer. However, it is the rate of change of the tumor marker level which is more important, rather than its absolute value.

A 50% change may be considered clinically significant. It must be emphasised that PSA may also be elevated in benign prostatic hypertrophy and inflammatory conditions of the surrounding genitourinary tract. Therefore, this parameter should never be used as a screening test for diagnosing prostatic carcinomas but only as an aid in follow up studies.

**** End Of Report ****

LAB TECHNICIAN

DR. ANAMIKA YADAV
MBBS DNB PATHOLOGY

Email:

Report

1385161415 / MR.HIMANSHU / 45 Yrs / M / 0 Cms / 0 Kg
Date: 29 / 03 / 2024 01:34:32 PM



Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:07	0:07	00.0	00.0	01.0	060	34 %	140/90	084	00	
Standing	00:11	0:04	00.0	00.0	01.0	060	34 %	140/90	084	00	
ExStart	00:18	0:07	00.0	00.0	01.0	064	37 %	140/90	089	00	
BRUCE Stage 1	03:18	3:00	01.7	10.0	04.7	123	70 %	150/90	184	00	
BRUCE Stage 2	06:18	3:00	02.5	12.0	07.1	136	78 %	160/90	217	00	
PeakEx	08:03	1:45	03.4	14.0	08.9	153	87 %	170/90	260	00	
Recovery	08:33	0:30	00.0	00.0	04.2	147	84 %	170/90	249	00	
Recovery	09:03	1:00	00.0	00.0	01.2	122	70 %	180/90	219	00	
Recovery	10:03	2:00	00.0	00.0	01.0	112	64 %	170/90	190	00	
Recovery	11:03	3:00	00.0	00.0	01.0	102	58 %	160/90	163	00	
Recovery	11:09	3:06	00.0	00.0	01.0	102	58 %	160/90	163	00	

FINDINGS :

Exercise Time : 07:45
 Initial HR (ExStrt) : 64 bpm 37% of Target 175
 Initial BP (ExStrt) : 140/90 (mm/Hg)
 Max Workload Attained : 8.9 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : III & -1.1 mm in PeakEx
 Duke Treadmill Score : 07.1
 Test End Reasons : Test Complete, Heart Rate Achieved

Max HR Attained 153 bpm 87% of Target 175
 Max BP Attained 180/90 (mm/Hg)
 VO2Max : 31.2 ml/Kg/min (Poor)

REPORT :

1. Stress test is negative for ischemia.
2. Blood pressure response to exercise is normal.

Doctor : DR YOGESH NAGENDRA



1385161415 / MR.HIMANSHU / 45 Yrs / M / 0 Cms / 0 Kg / HR : 80

BRUCE:Supine(0:07)



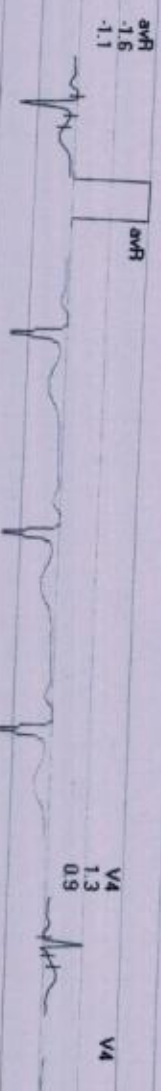
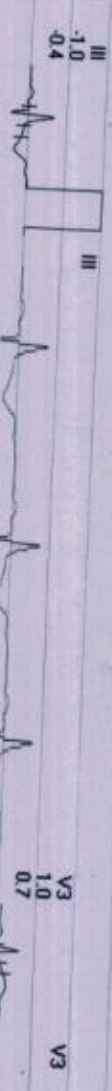
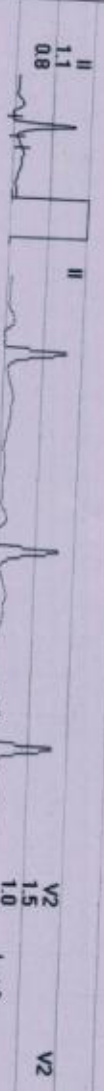
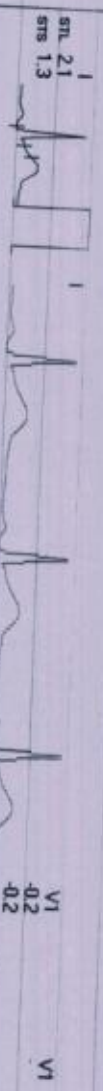
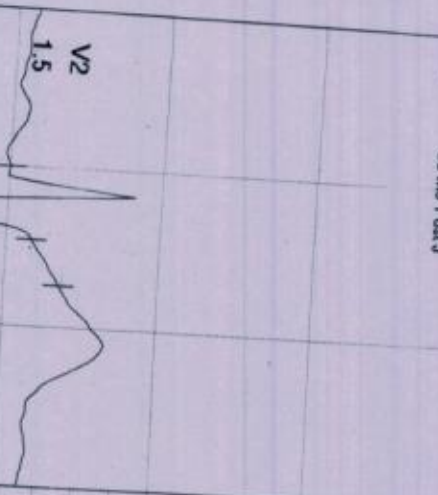
Date: 29/03/2024 01:34:32 PM

METS: 1.0/60 bpm 34% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF: 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%

25 mm/Sec. 1.0 Cm/mV

4X 80 ms Post J



REMARKS:

1385161415 / MR HIMANSHU / 45 Yrs / M / 0 Cms / 0 Kg / HR : 60

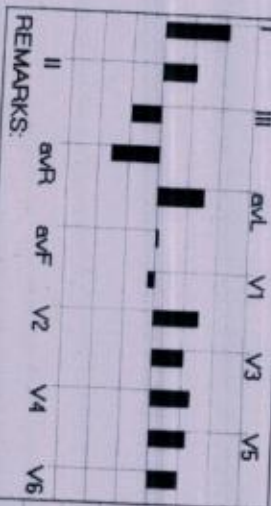
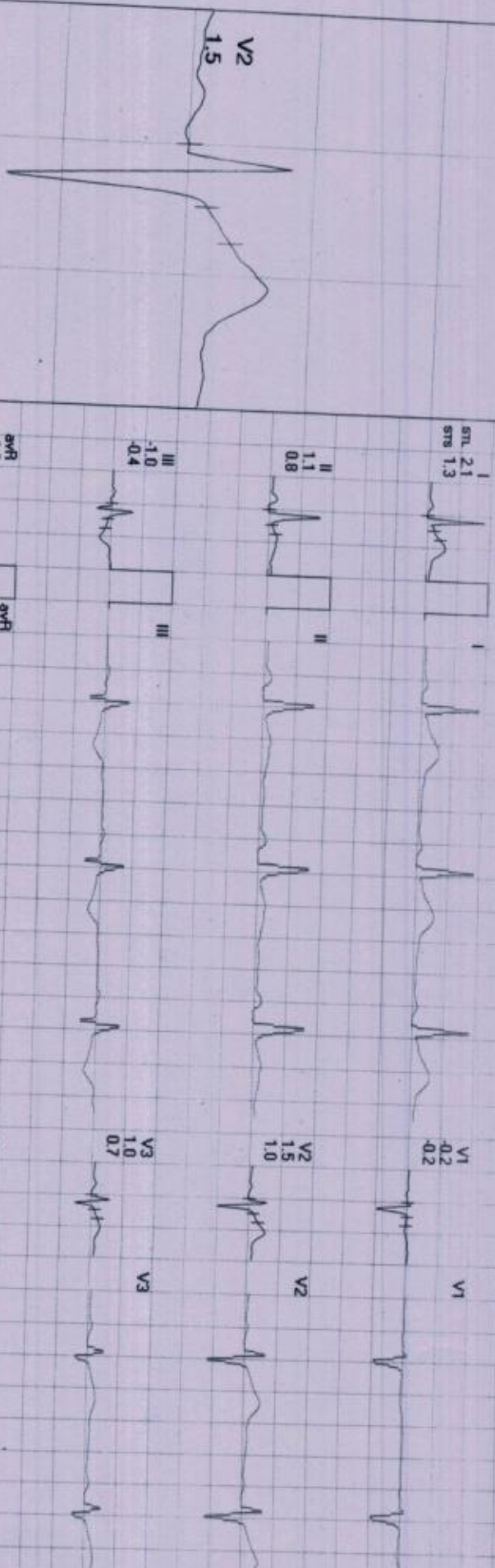
BRUCE: Standing(0:06)

Date: 29 / 03 / 2024 01:34:32 PM METS: 1.0/ 60 bpm 34% of THR BP: 140/90 mmHg Combined Medians/ BLC On/ Natch On/ HF 0.05 H₂L_F 35 Hz

EXTime: 00:00 0.0 mph

25 mm/Sec 1.0 Cm/mV

4X 80 ms Post J



REMARKS:

1385161415 / MR HIMANSHU / 45 Yrs / M / 0 Cms / 0 Kg / HR : 64

Date: 29 / 03 / 2024 01:34:32 PM

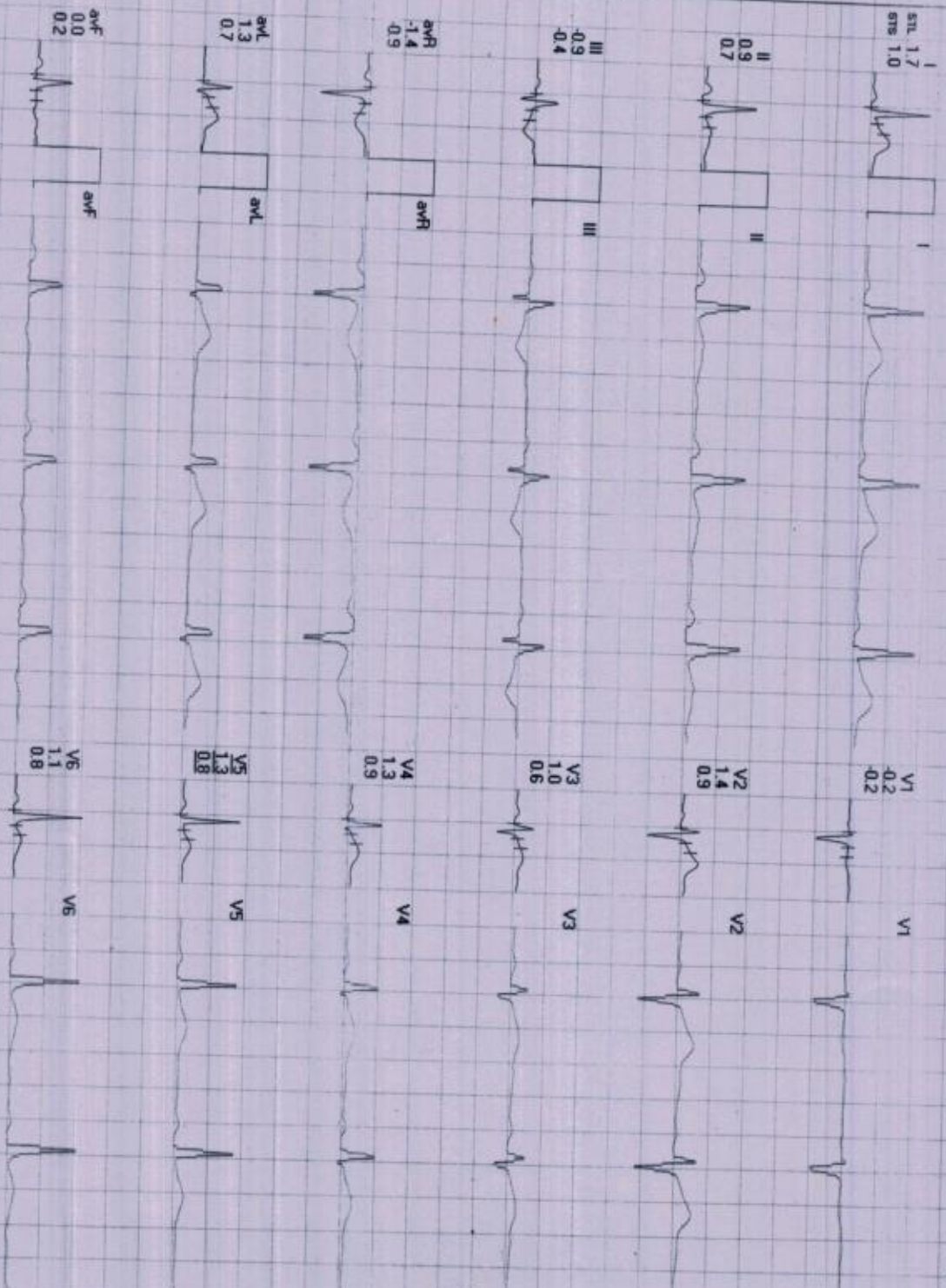
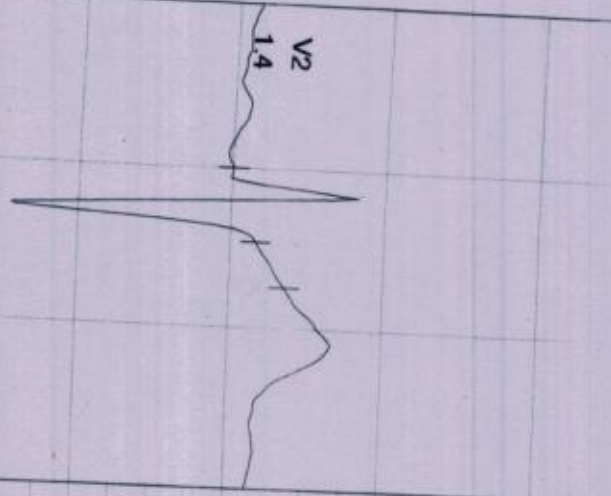
METS: 1.0 / 64 bpm 37% of THR

BP: 140/90 mmHg Combined Medians/ BLC On/ Notch On/ HF: 0.05 Hz/ LF: 35 Hz

ExStart

4X 90 ms Post J

ExTime: 00:00 - 0.0 mps
25 mm/Sec. 1.0 Cm/mV



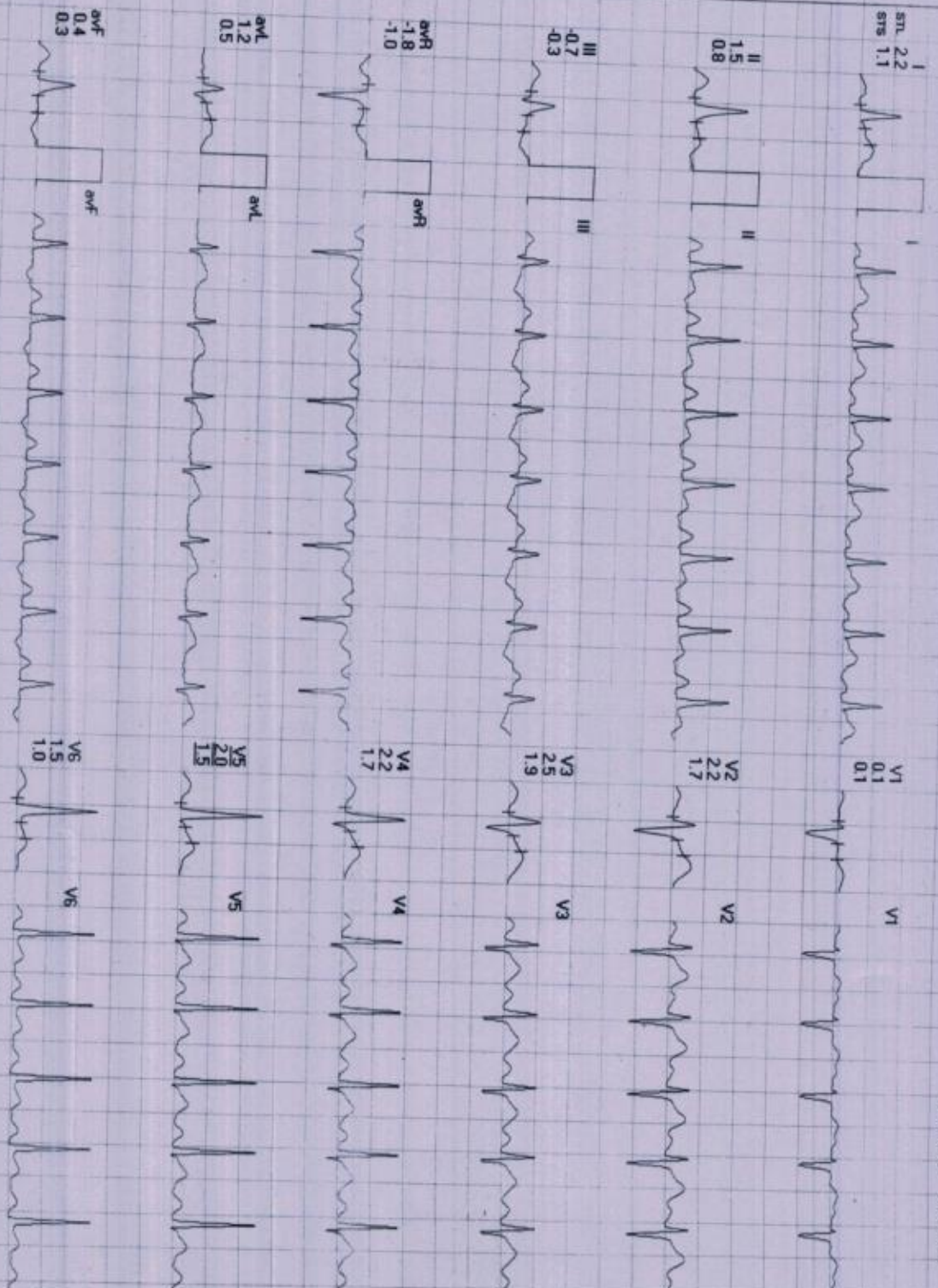
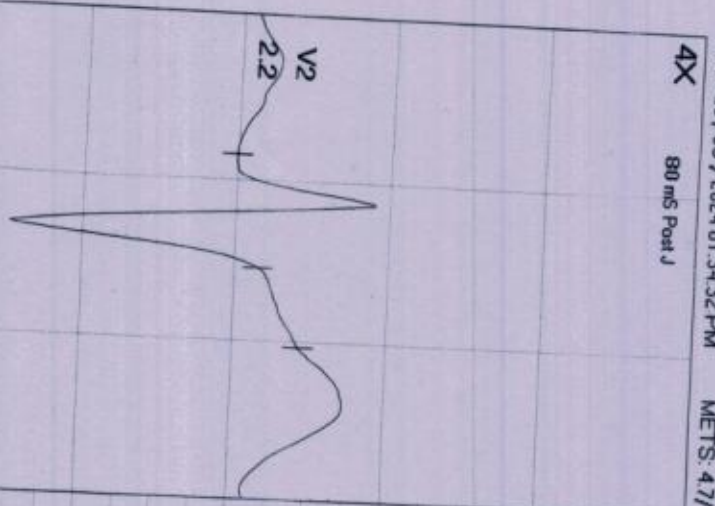
REMARKS:
I III aVL V1 V3 V5
II aVR aVF V2 V4 V6

1385161415 / MR HIMANSHU / 45 Yrs / M / 0 Cms / 0 Kg / HR : 123

BRUCE: Stage 1(3:00)

Date: 29 / 03 / 2024 01:34:32 PM METS: 4.7/123 bpm 70% of THR BP: 150/90 mmHg Combined Medians/ BLC On/ Naich On/ HF 0.05 H₂O₂ 35. Hz

EXTime: 03:00 1.7 mph
25 mm/Sec 1.0 Cm/mV



REMARKS:
II aVR aVF V2 V4 V6

1385167415 / MR HIMANSHU / 45 Yrs / M / 0 Cms / 0 Kg / HR : 136

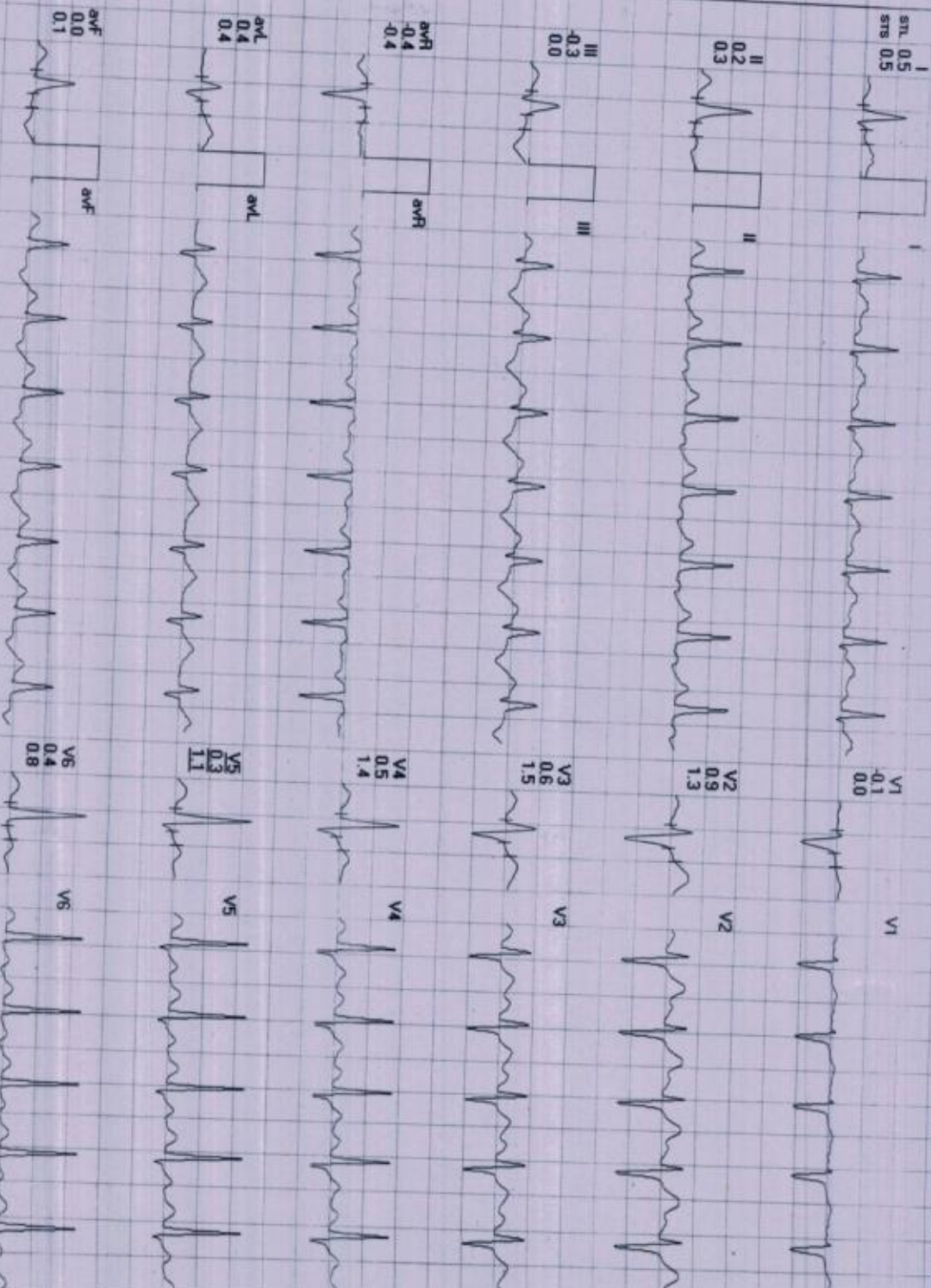
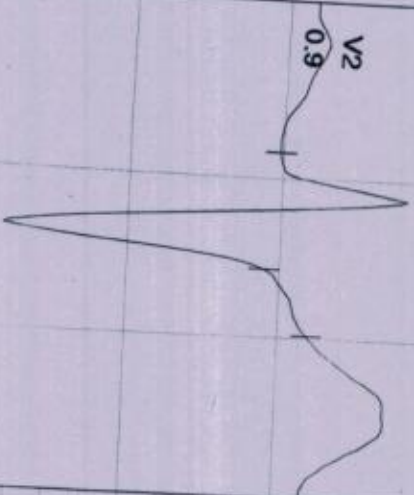
BRUCE: Stage 2(3:00)

Date: 29 / 03 / 2024 01:34:32 PM

METS: 7.1 / 136 bpm 78% of THR BP: 160/90 mmHg Combined Medians/BLC On/Naich On/HF 0.05 Hz/LF 35 Hz

4X 60 ms Post J

ExTime: 06:00 2.5 mp
25 mm/Sec 1.0 Cm/mV



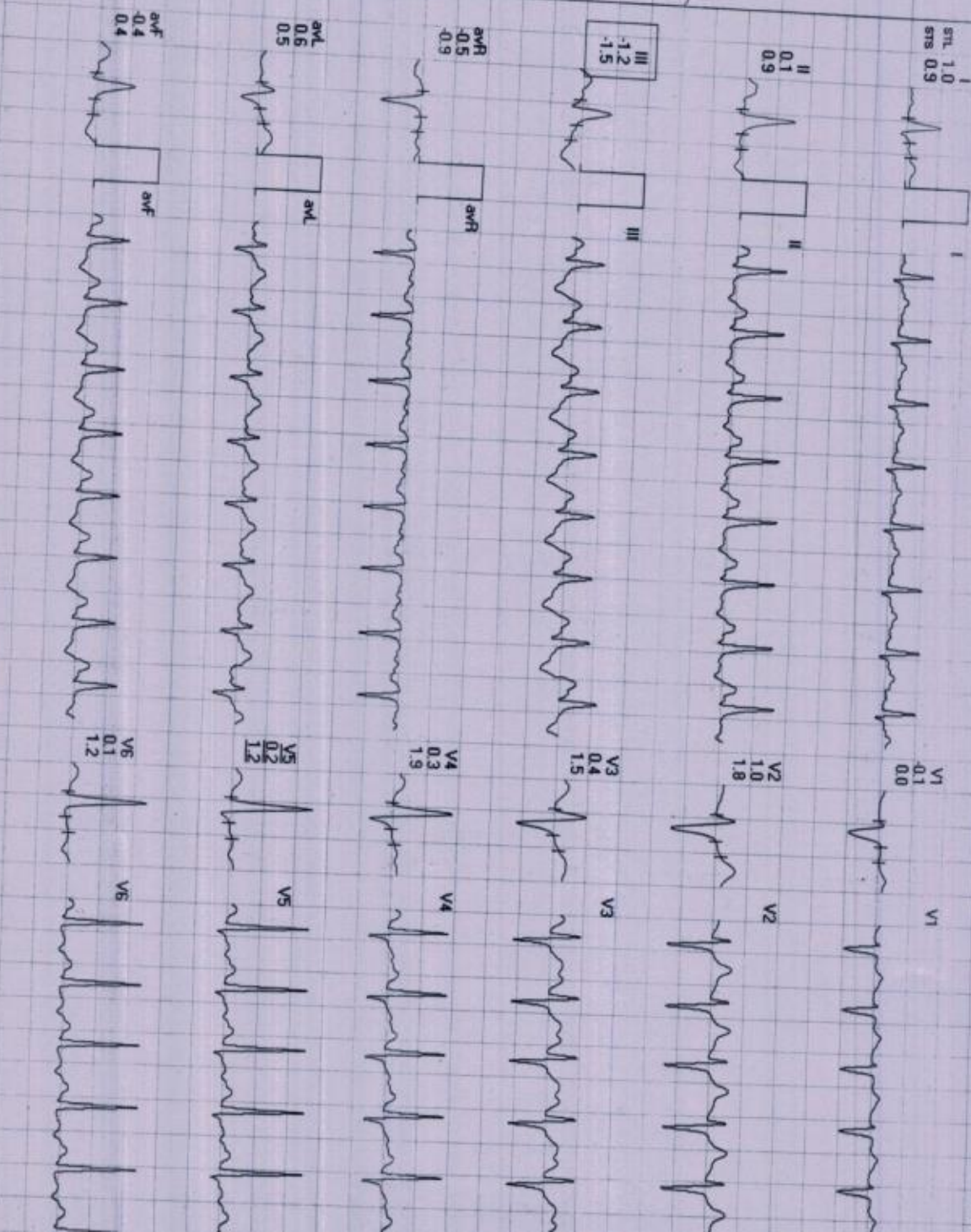
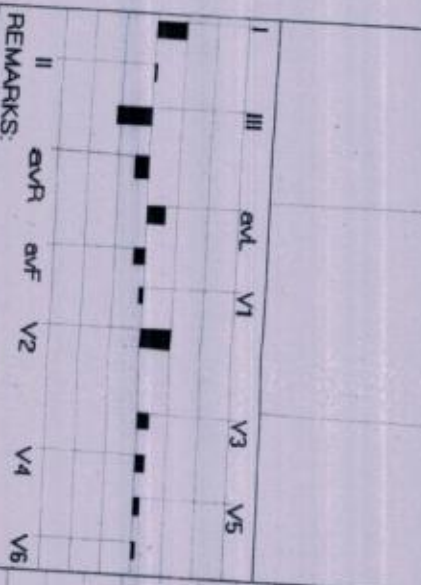
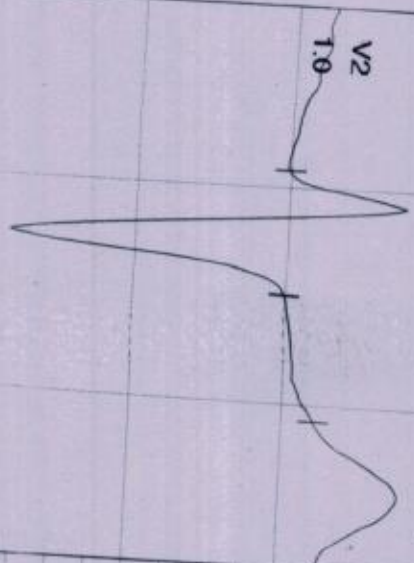
REMARKS:

1385161415 / MRI / MANSHU / 45 Yrs / M / 0 Cms / 0 Kg / HR : 153

PeakEx

Date: 29 / 03 / 2024 01:34 : 32 PM METS: 8.9 / 153 bpm 87% of THR BP: 170/90 mmHg Combined Medians/ BLC On/ Noich On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:45 3
25 mm/Sec 1.0 Cr



REMARKS:

1385161415 / MR HIMANSHU / 45 Yrs / M / 0 Cms / 0 Kg / HR : 147

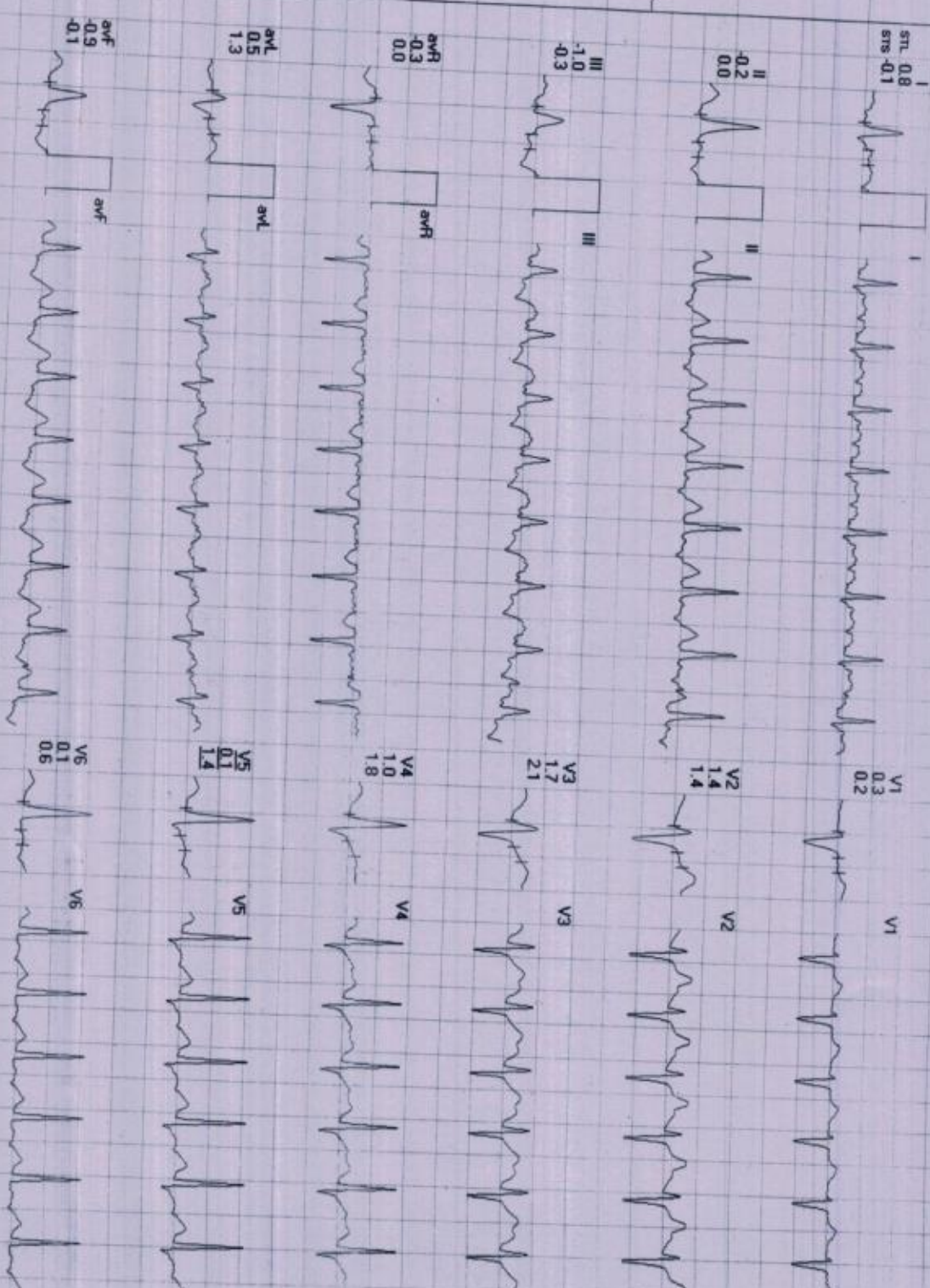
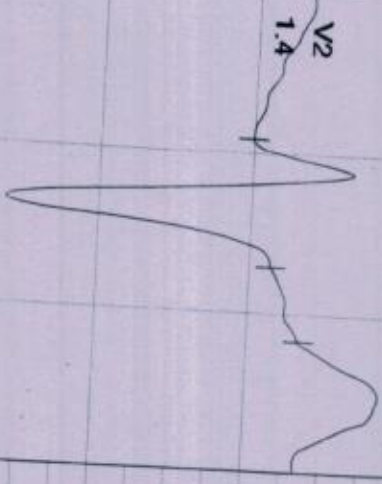
Recovery(0:30)

Date: 29 / 03 / 2024 01:34:32 PM METS: 4.2/1.47 bpm 84% of THR BP-170/90 mmHg Combined Medians/ BLC On/ Notch On/ HF 0.05 Hz/LF 35 Hz

EXTime: 07:45 0.0 mph

25 mm/Sec 1.0 Cm/mV

4X 60 mS Post J



REMARKS: I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

1385161415 / MR. HIMANSHU / 45 Yrs / M / 0 Cms / 0 Kg / HR : 122

Recovery(1:00)

Date: 29 / 03 / 2024 01:34:32 PM

METS: 1.2/122 bpm 70% of THR

BP: 180/90 mmHg Combined Medians/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

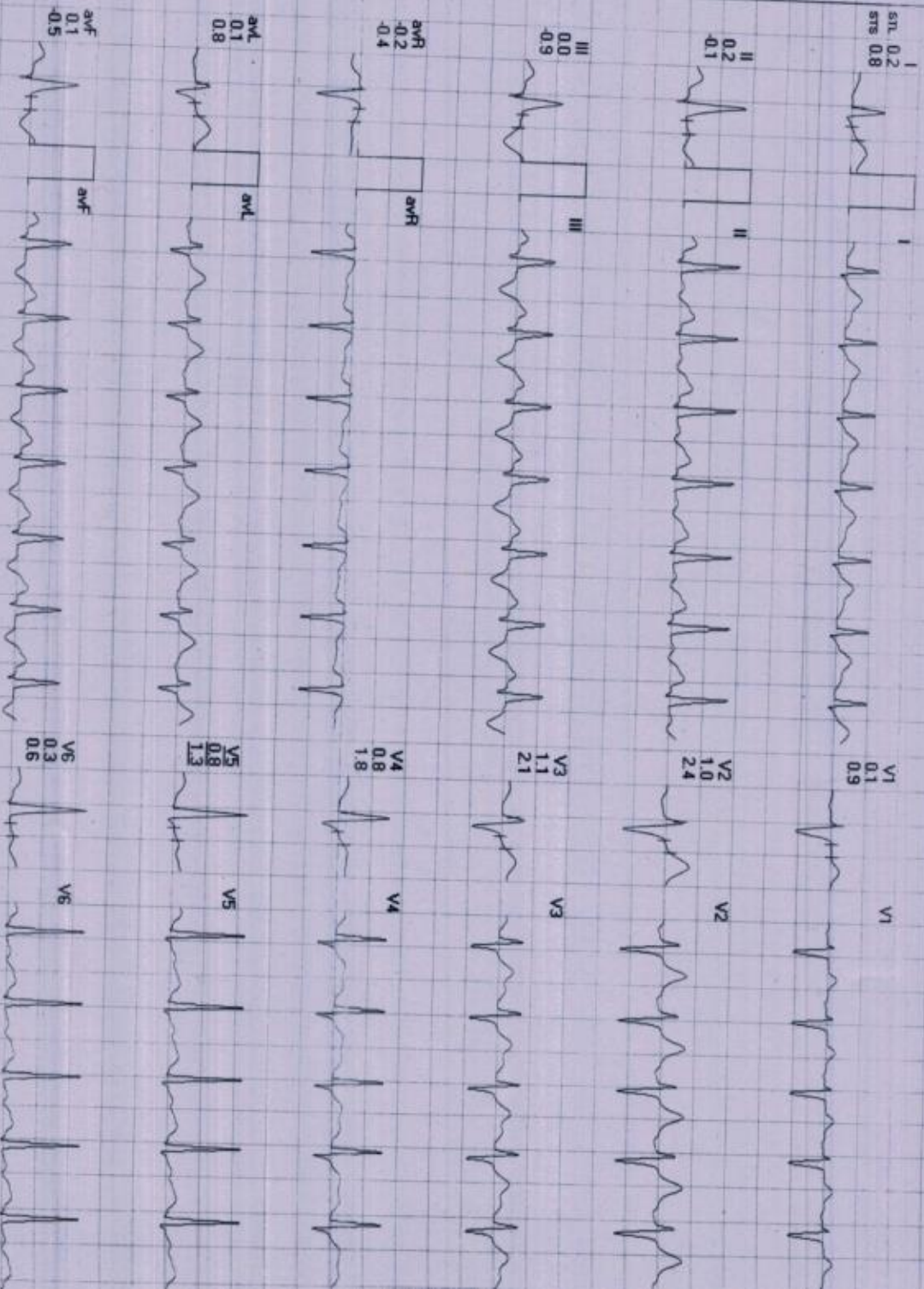
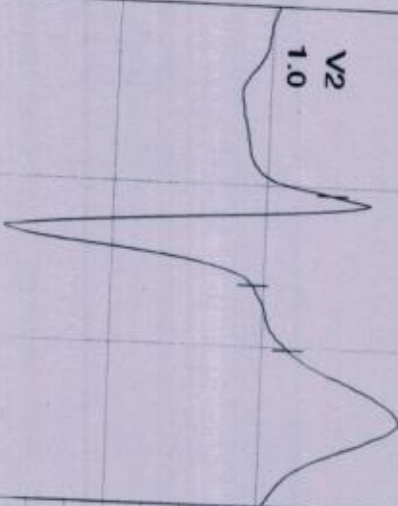
EXTime: 07:45 0.0 mph

25 mm/Sec. 1.0 Cm/mV

4X

60 ms Post J

V2
1.0



REMARKS:

1385161415 / MR. HIMANSHU / 45 Yrs / M / 0 Cms / 0 Kg / HR : 112

Recovery(2:00)

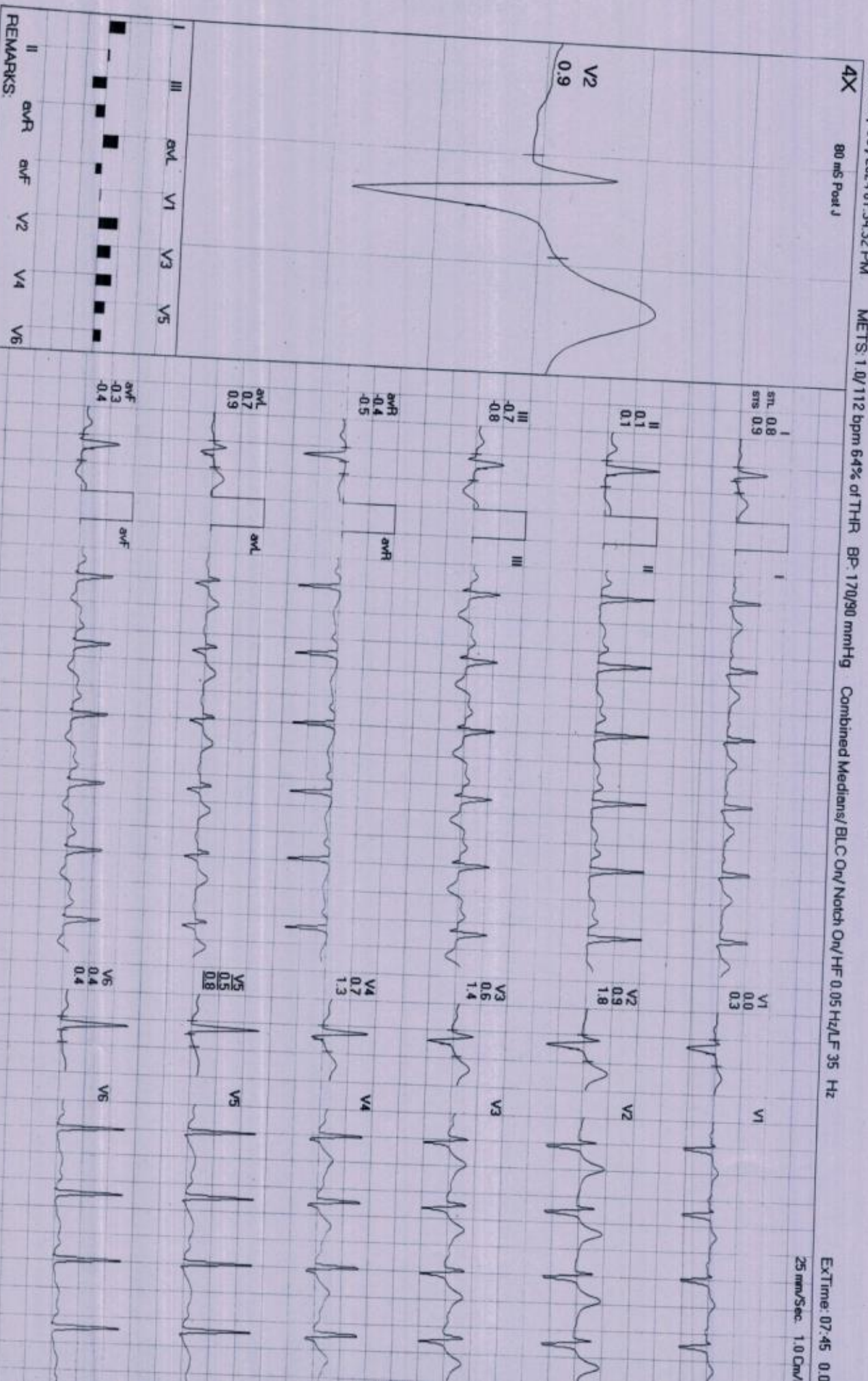
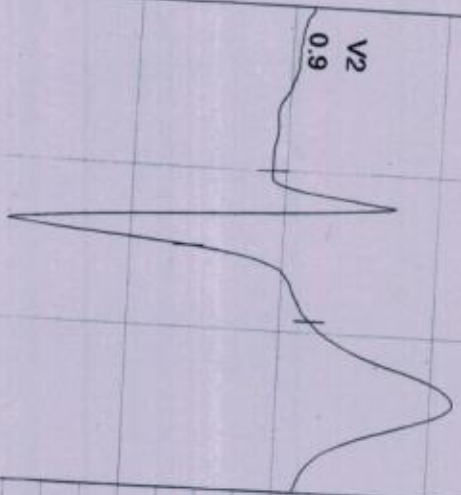
Date: 29 / 03 / 2024 01:34:32 PM METS: 1.0 / 112 bpm 64% of THR BP: 170/90 mmHg Combined Medians/ BLC On/ Notch On/ HF: 0.05 Hz/ LF 35 Hz

EXTime: 07:45 0.0
25 mm/Sec. 1.0 Cm/

4X

80 ms Post J

V2
0.9



REMARKS:

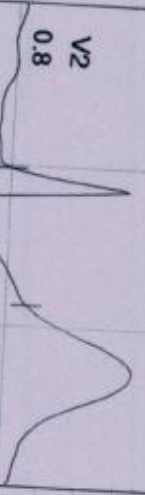
1385161415 / MR HIMANSHU / 45 Yrs / M / 0 Cms / 0 Kg / HR : 102

Recovery(3:00)

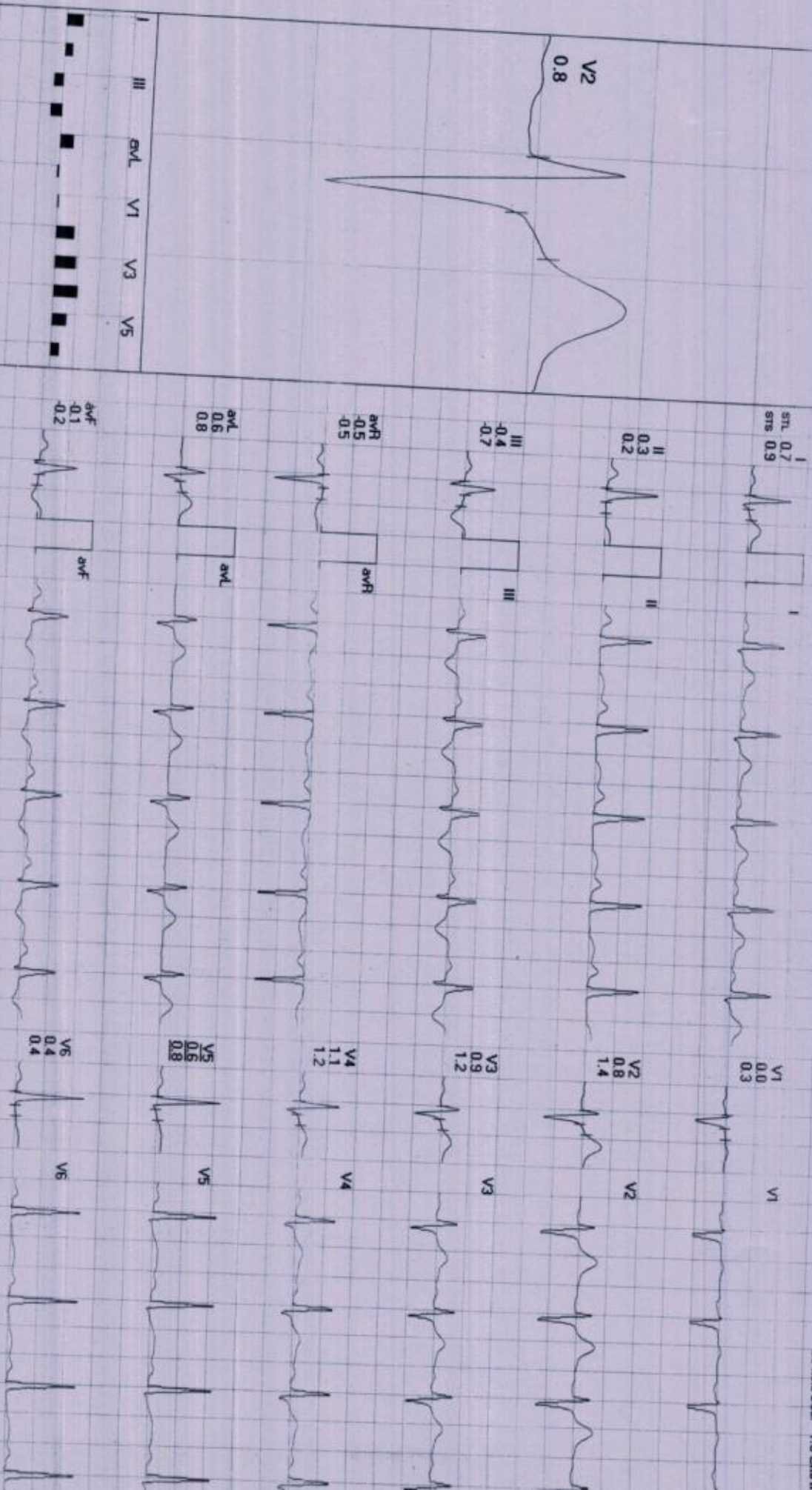
Date: 29/03/2024 01:34:32 PM METS: 1.0/102 bpm 58% of THR BP: 150/90 mmHg Combined Mediens/BLC On/Notch On/HF 0.05 Hz/LF 35 Hz

EXTime: 07:45 0.0
25 mm/Sec 1.0 Cm/r

4X 80 m5 Post J



V2
0.8



REMARKS: