

SIGNATURE HOSPITAL

SEC. 370 GURUGRAM

PATIENT INFORMATION

ID: 17278 CASE: -

NAME: MR SINIL KUMAR

AGE: 37 GENDER: M SMOKER: No

HEIGHT: cms WEIGHT: 89

DOCTOR: DR. CMO

REF: -

DATE/TIME: 10/12/2022 09:40:36

ECG SETTINGS

PRINTING MODE: AUTO 3*1

GAIN (mm/mV): 10

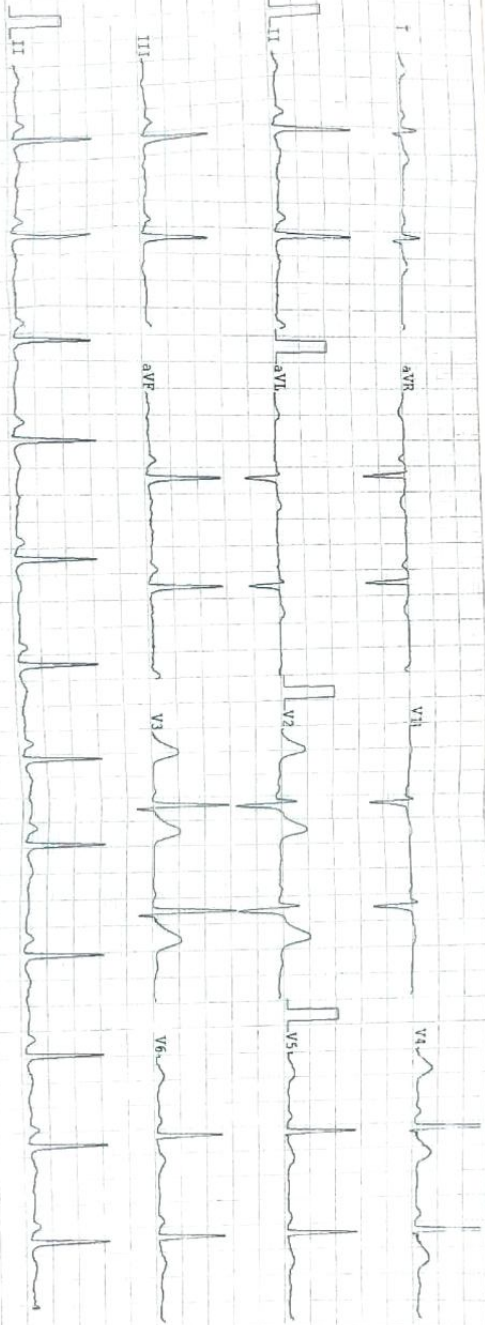
SPEED (mm/Sec): 25

FILTER (Hz): 0.05 - 35

NOTCH/BTC: ON/ON

RHYTHM LEAD: II

...mode OTHERS ... (VER-5.02)



OBSERVATIONS:

HEART RATE: 74 bpm

R-R: 801 ms

P-R: 138 ms

P-DUR: 106 ms

QRS: 90 ms

T-DUR: 252 ms

ST-DUR: 22 ms

QT: 364 ms

QTc: 389 ms

P-AXIS: 74°

R-AXIS: 83°

T-AXIS: 34°

ST-AXIS: 95°

REMARKS: -

INT

SINUS



Patient Name : Mr. SUNIL KUMAR	UHID : 17278
Age / Gender : 37 Years 3 Months 16Days / Male	IPNO :
Referred By : Dr. CMO	Registered : 10/12/2022/ 9.37 AM
Req.No : 22243577	Sample Collection Dt & Tm : 10/12/2022/ 10.12 AM
Sample ID : 2246796	Sample Receiving Dt & Tm : 10/12/2022/ 10:13 AM
Patient Type : OPD	Report Released on : 10/12/2022/ 12.07 PM
Bed No :	

CLINICAL PATHOLOGY

Urine Routine And Microscopy.


TEST NAME	RESULT	UNITS	BIOLOGICAL
TEST METHOD			REFERENCE INTERVAL SPECIMEN TYPE
QUANTITY	30 ML		
COLOUR	PALE YELLOW		
TURBIDITY	CLEAR		
SPECIFIC GRAVITY (Bromthymol Blue)	1.005		1.003-1.030 Urine
PH (Chromatography)	6.0		4.7-7.0 Urine

-**** End of Report ****-

Lab Technician

Dr.NishaTiwari
(MD.Microbiology)


The Signature
 ADVANCED SUPER SPECIALITY
Dr.Nisha Gupta
 MBBS,MD(Pathology)
 (Consultant Pathologist)


Dr. Shreya Pradhan
 MBBS,MD(Microbiology)
 (Consultant Microbiologist)

(This is only professional opinion and not the diagnosis. Please correlate clinically)

Sector 37-D, BPTP, Dwarka Express Way, Gurugram, Hry.,

Ph.: 0124-6034444, 8526000000, E-mail : signaturehospital@gmail.com, Web.: www.thesignaturehealthcare.com

PARK GROUP OF HOSPITAL : ★ West Delhi ★ South Delhi ★ Gurugram ★ Faridabad ★ Panipat ★ Karnal

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CLINICAL PATHOLOGY

CHEMICAL EXAMINATION

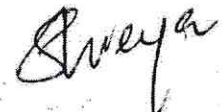
UROBILINOGEN (Ehrlich's Aldehyde Reaction)	NORMAL	NORMAL	Urine
PROTEIN	NIL	NIL	
BLOOD	NIL	NIL	
KETONE (Sodium Nitroprusside)	NIL	NIL	Urine
BILIRUBIN (Diazonium Salt)	NIL	NIL	SERUM
GLUCOSE (Benedict's Test)	NIL	NIL	Urine
NITRITE	NEGATIVE		

-**** End of Report ****-

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CLINICAL PATHOLOGY

MICROSCOPIC EXAMINATION - URINE

PUS CELLS (Microscopic)	1-2	/HPF	0 - 3	Urine
RBC- Urine (Per Oxidase Reaction)	NIL	/HPF	NIL	Urine
EPITHELIAL CELLS	0-1	/HPF	0 - 5	
CAST	NIL		NIL	
CRYSTALS	NIL		NIL	
BACTERIA	NIL			
OTHERS	NIL			

COMMENTS: Actual numerical values for WBCs, RBCs and Epithelial cells are not defined and must be correlated clinically.

Test Methods: Reagent strip analysis and urine sediment microscopy.


Reagent strip / chemical analysis are based on: pH-Double Indicator principle; Specific gravity Ion exchange method; Glucose Glucose oxidase-peroxidase/Benedicts; Protein Acid-base indicator/Sulfosalicylic acid; Urobilinogen Coupling reaction/Ehrlich's reaction, Bilirubin Coupling reaction, Ketones Nitroprusside method/Rother's test.

-**** End of Report ****-

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HEMATOLOGY

Complete Blood Count -CBC(HB\TLC\PCV\RBC\Platelet)


TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	SPECIMEN TYPE
TEST METHOD				
Hemoglobin (Hb) (Colorimetry)	15.0	gm/dl	13.5 - 18.0	WHOLE BLOOD
TLC (Electrical Impedence)	4730	cell/cumm	4500 - 11000	EDTA WHOLE
<u>DIFFERENTIAL COUNT</u>				
Neutrophils (Flow Cytometry)	44	%	40 - 75	EDTA WHOLE
Lymphocytes (Flow Cytometry)	43	%	20 - 45	EDTA WHOLE
Monocytes (Flow Cytometry)	08	%	1 - 10	EDTA WHOLE
Eosinophil (Flow Cytometry)	05	%	1 - 6	EDTA WHOLE
Basophil	00	%	0 - 1	
RBC (Electrical Impedence)	5.3	millions/cumm	4.7 - 6.1	EDTA WHOLE

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HEMATOLOGY


PCV (Electrical Impedence Calculation)	48.4	%	40 - 50	EDTA WHOLE
MCV (Electrical Impedence Calculation)	90.9	fl	76 - 96	EDTA WHOLE
MCH (Electrical Impedence Calculation)	28.1	pg	27 - 34	EDTA WHOLE
MCHC (Electrical Impedence Calculation)	31.0	gm/dl	30 - 36	EDTA WHOLE
RDW	13.0	%	11 - 16	
PLATELETE COUNT (Electrical Impedence)	237	1000/microLit	150 - 450	EDTA WHOLE

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Bed No :	

SEROLOGY/IMMUNOLOGY

Thyroid Profile

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	SPECIMEN TYPE
TEST METHOD				
Triiodothyronine (T3)	1.07	ng/ml	0.60 - 1.81	SERUM
Thyroxine (T4) CLIA	8.8	ug/dL	5.01 - 12.45	
TSH (Thyroid Stimulating Hormone) CLIA	1.14	uIU/ml	0.55 - 5.55	

Remarks :


(1) 4.2 to 15 IU/mL - Correlate clinically as physiological and other factors may falsely elevate TSH level. (2) TSH Values may be transiently altered because of non thyroidal illness. (3) Some drugs may decrease TSH values, e.g., L-dopa, Glucocorticoids. (4) Some drugs may increase TSH values, e.g., Iodine, Lithium, Amiodarone. Abbreviations.

-**** End of Report ****

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BIOCHEMISTRY

Blood Sugar Fasting

TEST NAME	RESULT	UNITS	BIOLOGICAL
TEST METHOD			REFERENCE INTERVAL SPECIMEN TYPE
BLOOD SUGAR FASTING (God- Trinders)	94	mg/dl	75 - 115 Flouride Plasma

Increased in:

- Diabetes Mellitus
- Stress (e.g, emotion, burns, shock, anesthesia)
- Acute Pancreatitis
- Chronic Pancreatitis
- Wernicke encephalopathy (Vitamin B1 deficiency)
- Effect of drugs (e.g. corticosterogens, alcohol, phenytoin, thiazides)

Decreased in :


- Pancreatitis disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine Disorders

-**** End of Report ****-

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BIOCHEMISTRY

Lipid Profile


TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	SPECIMEN TYPE
TEST METHOD				
<u>LIPID PROFILE</u>				
CHOLESTROL (CHOD-TRINDER)	257	mg/dl	00 - 200	SERUM
TRIGLYCERIDES (GPO-Trinders)	117	mg/dl	35 - 170	SERUM
HDL- CHOL (Direct Method/ Enzymatic Colorometric)	53	mg/dl	40 - 60	SERUM
VLDL-CHOL CALCULATED	23.4	mg/dl	10 - 40	
LDL-CHOLESTROL	180.6	mg/dl	0 - 130	
LDL/HDL RATIO	3.41		0-3	
CHOLESTROL/HDL RATIO	4.85			

-**** End of Report ****-

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Bed No :	

BIOCHEMISTRY

Liver Function Test Profile


TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	BIOLOGICAL SPECIMEN TYPE
BILIRUBIN TOTAL AND DIRECT				
BILIRUBIN TOTAL (Diazonium Salt)	1.3	mg/dl	0.1 - 1.2	SERUM
BILIRUBIN DIRECT (Diazonium Salt)	0.3	mg/dl	00 - 0.3	SERUM
BILIRUBIN INDIRECT (CALCULATED)	1	md/dl	0 - 0.9	
SGOT/AST (UV-KINETIC)	46	U/I	0 - 45	SERUM
SGPT/ALT (UV-KINETIC)	90	U/I	0 - 45	SERUM
ALKALINE PHOSPHATASE (ALP) (Kinetic)	93	U/I	41 - 137	SERUM

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BIOCHEMISTRY

PROTEINS

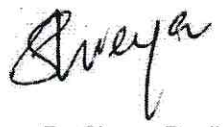
TOTAL PROTEIN (Biuret)	8.0	g/dl	6.0 - 8.3	SERUM
ALBUMIN (BCG- DYE)	4.4	g/dl	3.2 - 5.0	SERUM
GLOBULIN Calculated	3.6	gm/dl	1.5 - 3.6	
A/G RATIO Calculated	1.22		0.9 - 2.0	

-**** End of Report ****-

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BIOCHEMISTRY

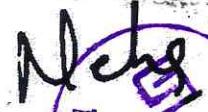
Renal Profile

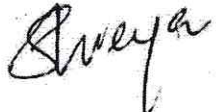
TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	BIOLOGICAL SPECIMEN TYPE
TEST METHOD				
BLOOD UREA (Urease UV/GLDH)	25	mg/dl	13 - 45	SERUM
SERUM CREATININE (Jaffe Rate)	1.0	mg/dl	0.6 - 1.4	SERUM
URIC ACID (Enzymatic/Uricase)	5.9	mg/dl	3.6 - 7.2	SERUM
<u>ELECTROLYTES</u>				
SODIUM (ISE-Indirect)	146	mmol/L	132 - 150	SERUM
POTASSIUM (ISE-Indirect)	3.9	mmol/L	3.5 - 5.5	SERUM

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BIOCHEMISTRY

PROTEINS


TOTAL PROTEIN (Biuret)	8.0	g/dl	6.0 - 8.3	SERUM
ALBUMIN (BCG- DYE)	4.4	g/dl	3.2 - 5.0	SERUM
GLOBULIN Calculated	3.6	gm/dl	1.5 - 3.6	
A/G RATIO Calculated	1.22		0.9 - 2.0	

-*** End of Report ***-

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BIOCHEMISTRY

Blood Group And Rh Factor


TEST NAME	RESULT	UNITS	BIOLOGICAL
TEST METHOD			REFERENCE INTERVAL SPECIMEN TYPE
BLOOD GROUP(ABORh)	"B" POSITIVE		

****** End of Report ******

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 ADVANCED SUPER SPECIALITY
H O S P I T A L



Patient Name : Mr. SUNIL KUMAR	UHID : 17278
Age / Gender : 37 Years 3 Months 16Days / Male	IPNO :
Referred By : Dr. CMO	Registered : 10/12/2022/ 9.37 AM
Req.No : 22243577	Sample Collection Dt & Tm : 10/12/2022/ 10.12 AM
Sample ID : 2246796	Sample Receiving Dt & Tm : 10/12/2022/ 10:13 AM
Patient Type : OPD	Report Released on : 11/12/2022 / 10.17 AM
Bed No :	

BIOCHEMISTRY

Glycosylated Haemoglobin

TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	SPECIMEN TYPE
TEST METHOD				
HbA1C (GLYCOSYLATED HEMOGLOBIN)	5.5	%	4.6 - 6.2	


Metabolically Healthy Patients 4.5 6.0
 Good Control 6.1 6.5
 Fair Control 6.6 7.0
 Poor Control > 7.0

-**** End of Report ****-

Lab Technician

Dr.NishaTiwari
(MD.Microbiology)


 Dr. Neha Gupta
 MBBS,MD(Pathology)
 (Consultant Pathologist)


 Dr. Shreya Pradhan
 MBBS,MD(Microbiology)
 (Consultant Microbiologist)

(This is only professional opinion and not the diagnosis. Please correlate clinically)

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The Signature
ADVANCED SUPER SPECIALITY
HOSPITAL



PATIENT NAME	: Mr SUNIL KUMAR	MR NO	: 17278
BILL NO	: 22243577	BILL DATE/TIME	: 10/12/2022 9.37 AM
AGE/SEX	: 37 YEARS 3 MONTHS 16DAYS / MALE	SAMPLE DATE/TIME	: 10/12/2022 11.30 AM
TYPE	: OPD	REPORTING DATE/TIME	: 14/12/2022 5.31 PM
DOCTOR NAME	: Dr. CMO	APPROVED DATE/TIME	:
		PRINT DATE/TIME	: 14/12/2022 5.31 PM
		MOBILE NO	: 8860152729

DEPARTMENT OF X-RAY

X-RAY CHEST.

Lung fields are clear.

Bilateral hilar shadows are normal.

Mediastinum and domes are normal.

Costopbrenic angles appear sharp.

Cardiac silhouette appears normal.

No obvious rib fracture seen.

Adv: Clinical and lab data correlation.

Dr. Guru
Senior Consultant
Diagnostic & Interventional Radiology



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DEPARTMENT OF IMAGING & INTERVENTIONAL RADIOLOGY, THE SIGNATURE HOSPITAL

NAME: SUNIL KUMAR	DATE: 10/12/2022
AGE: 37/M	MR NO.: 17278

USG WHOLE ABDOMEN

LIVER: is normal in size and echotexture. No evidence of any focal lesion or IHBR dilation is present. Portal vein and CBD are normal in caliber at porta.

GALL BLADDER is well distended and lumen is echofree. Wall thickness is normal. No pericholecystic fluid is seen.

SPLEEN is normal in size and echotexture. No focal lesion is seen.

PANCREAS is normal in size and echotexture. Peripancreatic fat planes are clear. MPD is not dilated.

RIGHT KIDNEY: is normal in size and position and outline. Corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.

LEFT KIDNEY: is normal in size and position and outline. Corticomedullary differentiation is maintained. **Left kidney grade III hydronephrosis is seen.**

URINARY BLADDER is well distended and lumen is echofree. Wall thickness is normal. No evidence of any focal lesion.

PROSTATE: is normal in size.

No free fluid is noted.

IMPRESSION:

- Left renal grade III hydronephrosis.

Advice NCCT KUB Correlation If clinically indicated.


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Diagnostic & Interventional Radiology

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TRANSTHORACIC ECHO- DOPPLER REPORT

NAME - MR SUNIL KUMAR	AGE/SEX -37/M
MR. NO. -17278	DATE - 10/12/2022

M-MODE / 2-D DESCRIPTION

- ❖ **Left Ventricle:** No regional wall motion abnormality. LVEF ~ 60 %.
- ❖ **Left Atrium:** Normal.
- ❖ **Right atrium:** It is Normal Sized.
- ❖ **Right ventricle:** It is Normal Sized. RV Systolic Function is Normal.
- ❖ **Aortic valve:** Aortic Cusps are Normal.
- ❖ **Mitral valve:** It Appears Normal.
- ❖ **Tricuspid valve:** It Appears Normal.
- ❖ **Pulmonic valve:** It Appears Normal.
- ❖ **Main pulmonary artery & its branches:** Appear Normal.
- ❖ **Pericardium:** No Pericardial Effusion Seen
- ❖ **Inter atrial septum:** It is Intact.
- ❖ **Inter ventricular septum:** It is Intact.
- ❖ **IVC:** It is Normal in Size, collapsing & Respiratory Variability.
- ❖ **Clot / Vegetation:** No Intracardiac Clot, Vegetation.

Measurements (mm):

LEFT HEART			RIGHT HEART		
	Observed values (mm)	Normal values		Observed values (mm)	Normal values
Aortic root	29	20-36 (22mm/M ²)	IVC size	-	17-21mm
Aortic valve opening		15-26 (mm/M ²)	IVC respiratory variability		>50%
LA size	30	19-40 (mm/M ²)	RA size	-	<18cm ²
LA volume index (ml/M ²)		<34 ml/M ²		-	
LVID(D)	55	(ED=37-56)	RV basal		24-42mm
LVID(S)	45		RV mid cavity	-	20-35mm
IVS(D)	9	(ED=6-12)	RV longitudinal	-	56-86mm
			RVOT proximal	-	18-33mm
PW(D)	11	(ED=5-10)	TAPSE	-	>15mm
			RV free wall thickness	-	<5mm
LVEF(%)	60 %	55%-70%	RVEF		>44%

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Doppler velocities (cm/sec)

Aortic valve		Pulmonary valve	
Max/ Vel	119	Max velocity	116
Max/ PG		Max PG	
Mitral valve		Tricuspid valve	
E	65	Max Velocity	
A	63	PASP	
DT	-	E/E' (>6)	-
E/A	-	S' Velocity (>10cm2/sec)	-

Regurgitation

MR		TR	
Severity	Nil	Severity	Nil
AR		PR	
Severity	Nil	Severity	Nil

Final Interpretation:

- No regional wall motion abnormality. LVEF ~ 60 %.
- Normal Cardiac Chamber Dimension.
- No MR, No AR, No TR.
- Normal MIP,
- No Vegetation, Pericardial Effusion.



Dr. AJAY DUA
 DNB (Medicine), DNB (Cardiology)
 Sr. Consultant Interventional Cardiology

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