



**Name** : MR AVISHEK KUMAR **Age** : 34 Yr(s) Sex :Male  
**Registration No** : MH011110213 **Lab No** : 31230700107  
**Patient Episode** : H03000055018 **Collection Date** : 04 Jul 2023 09:41  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 04 Jul 2023 12:19  
**Receiving Date** : 04 Jul 2023 11:25

## Department of Transfusion Medicine ( Blood Bank )

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)  
Specimen-Blood

Blood Group & Rh Typing (Agglutination by gel/tube technique)

Blood Group & Rh typing AB Rh(D) Positive

Antibody Screening (Microtyping in gel cards using reagent red cells)

Final Antibody Screen Result Negative

### Technical Note:

*ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.*

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-----END OF REPORT-----

Dr Himanshu Lamba



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**Name** : MR AVISHEK KUMAR **Age** : 34 Yr(s) Sex :Male  
**Registration No** : MH011110213 **Lab No** : 32230701056  
**Patient Episode** : H03000055018 **Collection Date** : 04 Jul 2023 09:41  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 04 Jul 2023 12:06  
**Receiving Date** : 04 Jul 2023 10:19

## BIOCHEMISTRY

Specimen: EDTA Whole blood

**HbA1c (Glycosylated Hemoglobin)** **6.7 #** % **[4.0-6.5]**  
As per American Diabetes Association(ADA) 2010  
HbA1c in %  
Non diabetic adults : < 5.6 %  
Prediabetes (At Risk ) : 5.7 % - 6.4 %  
Diabetic Range : > 6.5 %  
Methodology High-Performance Liquid Chromatography (HPLC)  
Estimated Average Glucose (eAG) 146 mg/dl

### Use :

1. Monitoring compliance and long-term blood glucose level control in patients with diabetes.
2. Index of diabetic control (direct relationship between poor control and development of complications).
3. Predicting development and progression of diabetic microvascular complications.

### Limitations :

1. A1C values may be falsely elevated or decreased in those with chronic kidney disease.
2. False elevations may be due in part to analytical interference from carbamylated hemoglobin formed in the presence of elevated concentrations of urea, with some assays.
3. False decreases in measured A1C may occur with hemodialysis and altered red cell turnover, especially in the setting of erythropoietin treatment

References : Rao.L.V.,Michael snyder.L.(2021).Wallach's Interpretation of Diagnostic Tests. 11th Edition. Wolterkluwer. NaderRifai,Andrea Rita Horvath,Carl T.wittwer.

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of Clinical Chemistry and Molecular Diagnostics.First edition,Elsevier,South Asia.



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<b>Name</b>	: MR AVISHEK KUMAR	<b>Age</b>	: 34 Yr(s) Sex :Male
<b>Registration No</b>	: MH011110213	<b>Lab No</b>	: 32230701056
<b>Patient Episode</b>	: H03000055018	<b>Collection Date</b>	: 04 Jul 2023 09:41
<b>Referred By</b>	: HEALTH CHECK MHD	<b>Reporting Date</b>	: 04 Jul 2023 11:42
<b>Receiving Date</b>	: 04 Jul 2023 10:14		

## BIOCHEMISTRY

### THYROID PROFILE, Serum

Specimen Type : Serum

T3 - Triiodothyronine (ECLIA)	1.47	ng/ml	[0.70-2.04]
T4 - Thyroxine (ECLIA)	8.74	µg/dl	[4.60-12.00]
Thyroid Stimulating Hormone (ECLIA)	4.070	µIU/mL	[0.340-4.250]

Note : TSH levels are subject to circadian variation, reaching peak levels between 2-4.a.m.and at a minimum between 6-10 pm.Factors such as change of seasons hormonal fluctuations,Ca or Fe supplements,high fibre diet,stress and illness affect TSH results.

\* References ranges recommended by the American Thyroid Association

1) Thyroid. 2011 Oct;21(10):1081-125.PMID .21787128

2) <http://www.thyroid-info.com/articles/tsh-fluctuating.html>

### Lipid Profile (Serum)

<b>TOTAL CHOLESTEROL (CHOD/POD)</b>	<b>210 #</b>	<b>mg/dl</b>	<b>[&lt;200]</b> Moderate risk:200-239 High risk:>240
<b>TRIGLYCERIDES (GPO/POD)</b>	<b>214 #</b>	<b>mg/dl</b>	<b>[&lt;150]</b> Borderline high:151-199 High: 200 - 499 Very high:>500
HDL - CHOLESTEROL (Direct) Methodology: Homogenous Enzymatic	46	mg/dl	[30-60]
<b>VLDL - Cholesterol (Calculated)</b>	<b>43 #</b>	<b>mg/dl</b>	<b>[10-40]</b>
<b>(CALCULATED) LDL- CHOLESTEROL</b>	<b>121 #</b>	<b>mg/dl</b>	<b>[&lt;100]</b> Near/Above optimal-100-129 Borderline High:130-159

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**Patient Episode** : H03000055018 **Collection Date** : 04 Jul 2023 09:41  
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**Receiving Date** : 04 Jul 2023 10:14

## BIOCHEMISTRY

T.Chol/HDL.Chol ratio 4.6 High Risk:160-189  
 <4.0 Optimal  
 4.0-5.0 Borderline  
 >6 High Risk

LDL.CHOL/HDL.CHOL Ratio 2.6 <3 Optimal  
 3-4 Borderline  
 >6 High Risk

**Note:**  
 Reference ranges based on ATP III Classifications.  
 Recommended to do fasting Lipid Profile after a minimum of 8 hours of overnight fasting.

Test Name	Result	Unit	Biological Ref. Interval
<b>LIVER FUNCTION TEST (Serum)</b>			
BILIRUBIN-TOTAL (mod.J Groff)**	0.47	mg/dl	[0.10-1.20]
BILIRUBIN - DIRECT (mod.J Groff)	0.18	mg/dl	[<0.2]
BILIRUBIN - INDIRECT (mod.J Groff)	0.29	mg/dl	[0.20-1.00]
<b>SGOT/ AST (P5P, IFCC)</b>	<b>62.20 #</b>	<b>IU/L</b>	<b>[5.00-37.00]</b>
<b>SGPT/ ALT (P5P, IFCC)</b>	<b>108.70 #</b>	<b>IU/L</b>	<b>[10.00-50.00]</b>
ALP (p-NPP,kinetic)*	89	IU/L	[45-135]
TOTAL PROTEIN (mod.Biuret)	7.8	g/dl	[6.0-8.2]
SERUM ALBUMIN (BCG-dye)	4.5	g/dl	[3.5-5.0]
SERUM GLOBULIN (Calculated)	3.3	g/dl	[1.8-3.4]
ALB/GLOB (A/G) Ratio	1.36		[1.10-1.80]

**Note:**  
 \*\*NEW BORN:Vary according to age (days), body wt & gestation of baby  
 \*New born: 4 times the adult value



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**Referred By** : HEALTH CHECK MHD **Reporting Date** : 04 Jul 2023 11:37  
**Receiving Date** : 04 Jul 2023 10:14

## BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Interval
<b>KIDNEY PROFILE (Serum)</b>			
BUN (Urease/GLDH)	13.00	mg/dl	[8.00-23.00]
SERUM CREATININE (mod.Jaffe)	1.02	mg/dl	[0.80-1.60]
SERUM URIC ACID (mod.Uricase)	6.7	mg/dl	[3.5-7.2]
<b>SERUM CALCIUM (NM-BAPTA)</b>	<b>10.5 #</b>	<b>mg/dl</b>	<b>[8.6-10.0]</b>
<b>SERUM PHOSPHORUS (Molybdate, UV)</b>	<b>5.0 #</b>	<b>mg/dl</b>	<b>[2.3-4.7]</b>
SERUM SODIUM (ISE)	140.0	mmol/l	[134.0-145.0]
SERUM POTASSIUM (ISE)	4.54	mmol/l	[3.50-5.20]
SERUM CHLORIDE (ISE / IMT)	101.7	mmol/l	[95.0-105.0]
eGFR	95.4	ml/min/1.73sq.m	[>60.0]

### Technical Note

eGFR which is primarily based on Serum Creatinine is a derivation of CKD-EPI 2009 equation normalized to 1.73 sq.m BSA and is not applicable to individuals below 18 years. eGFR tends to be less accurate when Serum Creatinine estimation is indeterminate e.g. patients at extremes of muscle mass, on unusual diets etc. and samples with severe Hemolysis / Icterus / Lipemia.

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-----END OF REPORT-----

**Dr. Neelam Singal**  
**CONSULTANT BIOCHEMISTRY**



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Name : MR AVISHEK KUMAR Age : 34 Yr(s) Sex :Male  
Registration No : MH011110213 Lab No : 32230701057  
Patient Episode : H03000055018 Collection Date : 04 Jul 2023 12:18  
Referred By : HEALTH CHECK MHD Reporting Date : 04 Jul 2023 14:17  
Receiving Date : 04 Jul 2023 12:41

## BIOCHEMISTRY

Specimen Type : Plasma

**PLASMA GLUCOSE - PP**

**Plasma GLUCOSE - PP (Hexokinase) 166 # mg/dl [70-140]**

Note : Conditions which can lead to lower postprandial glucose levels as compared to fasting glucose are excessive insulin release, rapid gastric emptying, brisk glucose absorption , post exercise

Specimen Type : Serum/Plasma

**Plasma GLUCOSE-Fasting (Hexokinase) 130 # mg/dl [70-100]**

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**Dr. Neelam Singal**  
**CONSULTANT BIOCHEMISTRY**



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**Name** : MR AVISHEK KUMAR **Age** : 34 Yr(s) Sex :Male  
**Registration No** : MH011110213 **Lab No** : 33230700695  
**Patient Episode** : H03000055018 **Collection Date** : 04 Jul 2023 09:41  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 04 Jul 2023 13:24  
**Receiving Date** : 04 Jul 2023 10:18

## HAEMATOLOGY

### ERYTHROCYTE SEDIMENTATION RATE (Automated) Specimen-Whole Blood

ESR 6.0 mm/1sthour [0.0-10.0]

#### Interpretation :

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants (e.g. pyogenic infections, inflammation and malignancies). The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week postpartum.

ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives).

It is especially low (0 -1mm) in polycythemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Test Name	Result	Unit	Biological Ref. Interval
<b>COMPLETE BLOOD COUNT (EDTA Blood)</b>			
WBC Count (Flow cytometry)	5850	/cu.mm	[4000-10000]
RBC Count (Impedence)	4.88	million/cu.mm	[4.50-5.50]
Haemoglobin (SLS Method)	14.4	g/dL	[13.0-17.0]
Haematocrit (PCV) (RBC Pulse Height Detector Method)	44.5	%	[40.0-50.0]
MCV (Calculated)	91.2	fL	[83.0-101.0]
MCH (Calculated)	29.5	pg	[25.0-32.0]
MCHC (Calculated)	32.4	g/dL	[31.5-34.5]
<b>Platelet Count (Impedence)</b>	<b>114000 #</b>	<b>/cu.mm</b>	<b>[150000-410000]</b>
RDW-CV (Calculated)	14.0	%	[11.6-14.0]
<b>DIFFERENTIAL COUNT</b>			
Neutrophils (Flowcytometry)	56.9	%	[40.0-80.0]
Lymphocytes (Flowcytometry)	32.0	%	[20.0-40.0]



**Name** : MR AVISHEK KUMAR **Age** : 34 Yr(s) Sex :Male  
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## HAEMATOLOGY

Monocytes (Flowcytometry)	8.4	%	[2.0-10.0]
Eosinophils (Flowcytometry)	2.2	%	[1.0-6.0]
<b>Basophils (Flowcytometry)</b>	<b>0.5 #</b>	%	<b>[1.0-2.0]</b>
IG	0.30	%	
Neutrophil Absolute(Flourescence flow cytometry)	3.3	/cu mm	[2.0-7.0]x10 <sup>3</sup>
Lymphocyte Absolute(Flourescence flow cytometry)	1.9	/cu mm	[1.0-3.0]x10 <sup>3</sup>
Monocyte Absolute(Flourescence flow cytometry)	0.5	/cu mm	[0.2-1.2]x10 <sup>3</sup>
Eosinophil Absolute(Flourescence flow cytometry)	0.1	/cu mm	[0.0-0.5]x10 <sup>3</sup>
Basophil Absolute(Flourescence flow cytometry)	0.0	/cu mm	[0.0-0.1]x10 <sup>3</sup>

Complete Blood Count is used to evaluate wide range of health disorders, including anemia, infection, and leukemia. Abnormal increase or decrease in cell counts as revealed may indicate that an underlying medical condition that calls for further evaluation.

-----END OF REPORT-----

Dr.Lakshita singh



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**Name** : MR AVISHEK KUMAR **Age** : 34 Yr(s) Sex :Male  
**Registration No** : MH011110213 **Lab No** : 38230700199  
**Patient Episode** : H03000055018 **Collection Date** : 04 Jul 2023 09:41  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 04 Jul 2023 16:09  
**Receiving Date** : 04 Jul 2023 10:20

## CLINICAL PATHOLOGY

Test Name	Result	Biological Ref. Interval
<b>ROUTINE URINE ANALYSIS</b>		
<b>MACROSCOPIC DESCRIPTION</b>		
Colour (Visual)	PALE YELLOW	(Pale Yellow - Yellow)
Appearance (Visual)	CLEAR	
<b>CHEMICAL EXAMINATION</b>		
Reaction[pH] (Reflectancephotometry(Indicator Method))	5.0	(5.0-9.0)
Specific Gravity (Reflectancephotometry(Indicator Method))	1.025	(1.003-1.035)
Bilirubin	Negative	NEGATIVE
Protein/Albumin (Reflectance photometry(Indicator Method)/Manual SSA)	Negative	(NEGATIVE-TRACE)
Glucose (Reflectance photometry (GOD-POD/Benedict Method))	NOT DETECTED	(NEGATIVE)
Ketone Bodies (Reflectance photometry(Legal's Test)/Manual Rotheras)	NOT DETECTED	(NEGATIVE)
Urobilinogen Reflectance photometry/Diazonium salt reaction	NORMAL	(NORMAL)
Nitrite	NEGATIVE	NEGATIVE
Reflectance photometry/Griess test		
Leukocytes	NIL	NEGATIVE
Reflectance photometry/Action of Esterase		
BLOOD (Reflectance photometry(peroxidase))	NIL	NEGATIVE
<b>MICROSCOPIC EXAMINATION (Manual) Method: Light microscopy on centrifuged urine</b>		
WBC/Pus Cells	1-2 /hpf	(4-6)
Red Blood Cells	NIL	(1-2)
Epithelial Cells	1-2 /hpf	(2-4)
Casts	NIL	(NIL)
Crystals	NIL	(NIL)
Bacteria	NIL	
Yeast cells	NIL	

**Interpretation:**



**Name** : MR AVISHEK KUMAR **Age** : 34 Yr(s) Sex :Male  
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## CLINICAL PATHOLOGY

URINALYSIS--Routine urine analysis assists in screening and diagnosis of various metabolic , urological, kidney and liver disorders

**Protein:** Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

**Glucose:** Uncontrolled diabetes mellitus can lead to presence of glucose in urine.

Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

**Ketones:** Uncontrolled diabetes mellitus can lead to presence of ketones in urine.

Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

**Blood:** Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

**Leukocytes:** An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most Common cause is bacterial urinary tract infection.

**Nitrite:** Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

**pH:** The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/alkalosis or ingestion of certain type of food can affect the pH of urine.

**Specific gravity:** Specific gravity gives an indication of how concentrated the urine is. Increased Specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased Specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

**Bilirubin:** In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

**Urobilinogen:** Positive results are seen in liver diseases like hepatitis and cirrhosis and in case of hemolytic anemia.

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**Dr. Asha Preethi V.S.**  
**CONSULTANT PATHOLOGY**



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<b>NAME</b>	<b>MR Avishek KUMAR</b>	<b>STUDY DATE</b>	<b>04/07/2023 12:10PM</b>
<b>AGE / SEX</b>	<b>34 y / M</b>	<b>HOSPITAL NO.</b>	<b>MH011110213</b>
<b>ACCESSION NO.</b>	<b>NM8840305</b>	<b>MODALITY</b>	<b>US</b>
<b>REPORTED ON</b>	<b>04/07/2023 4:04PM</b>	<b>REFERRED BY</b>	<b>Health Check MHD</b>

## 2D ECHOCARDIOGRAPHY REPORT

### Findings:

	<b>End diastole</b>	<b>End systole</b>
IVS thickness (cm)	<b>1.0</b>	<b>1.2</b>
Left Ventricular Dimension (cm)	<b>4.3</b>	<b>2.6</b>
Left Ventricular Posterior Wall thickness (cm)	<b>0.9</b>	<b>1.1</b>

Aortic Root Diameter (cm)	<b>2.8</b>
Left Atrial Dimension (cm)	<b>3.0</b>
Left Ventricular Ejection Fraction (%)	<b>60%</b>

LEFT VENTRICLE : Normal in size. No RWMA. LVEF=60%

RIGHT VENTRICLE : Normal in size. Normal RV function.

LEFT ATRIUM : Normal in size

RIGHT ATRIUM : Normal in size

MITRAL VALVE : Trace MR.

AORTIC VALVE : Normal

TRICUSPID VALVE : Trace TR (PASP ~ 28 mmHg)

PULMONARY VALVE : Normal

MAIN PULMONARY ARTERY & ITS BRANCHES : Appears normal.

INTERATRIAL SEPTUM : Intact.

INTERVENTRICULAR SEPTUM: Intact.

PERICARDIUM : No pericardial effusion or thickening

### DOPPLER STUDY

<b>VALVE</b>	<b>Peak Velocity (cm/sec)</b>	<b>Maximum P.G. (mmHg)</b>	<b>Mean P. G. (mmHg)</b>	<b>Regurgitation</b>	<b>Stenosis</b>
MITRAL	E= 93 A= 90	-	-	Trace	Nil
AORTIC	106	-	-	Nil	Nil

<b>NAME</b>	<b>MR Avishek KUMAR</b>	<b>STUDY DATE</b>	<b>04/07/2023 12:10PM</b>
<b>AGE / SEX</b>	<b>34 y / M</b>	<b>HOSPITAL NO.</b>	<b>MH011110213</b>
<b>ACCESSION NO.</b>	<b>NM8840305</b>	<b>MODALITY</b>	<b>US</b>
<b>REPORTED ON</b>	<b>04/07/2023 4:04PM</b>	<b>REFERRED BY</b>	<b>Health Check MHD</b>

<b>TRICUSPID</b>	-	N	N	Trace	Nil
<b>PULMONARY</b>	75	N	N	Nil	Nil

**SUMMARY & INTERPRETATION:**

- o No LV regional wall motion abnormality with LVEF = 60%
- o Normal sized RA/RV/LV/LA with no chamber hypertrophy. Normal RV function.
- o Trace MR.
- o Trace TR (PASP ~ 28 mmHg)
- o Normal mitral inflow pattern. .
- o IVC normal in size, >50% collapse with inspiration, suggestive of normal RA pressure.
- o No clot/ no vegetation/ no pericardial effusion.

*Please correlate clinically.*



**Dr. Sarita Gulati MD, DM DMC No.22600**

**Senior Interventional Cardiologist**

**\*\*\*\*\*End Of Report\*\*\*\*\***

<b>NAME</b>	<b>MR Avishek KUMAR</b>	<b>STUDY DATE</b>	<b>04/07/2023 10:48AM</b>
<b>AGE / SEX</b>	<b>34 y / M</b>	<b>HOSPITAL NO.</b>	<b>MH011110213</b>
<b>ACCESSION NO.</b>	<b>R5758573</b>	<b>MODALITY</b>	<b>US</b>
<b>REPORTED ON</b>	<b>04/07/2023 3:14PM</b>	<b>REFERRED BY</b>	<b>Health Check MHD</b>

### **USG WHOLE ABDOMEN**

Results:

**Liver is enlarged in size (~17 cm) and shows grade II/III fatty changes.** No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre.

Gall bladder appears echofree with normal wall thickness.

Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

Spleen is normal in size (~10.5 cm) and echopattern.

Both kidneys are normal in position, size and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is normal in wall thickness with clear contents. No significant intra or extraluminal mass is seen.

Prostate appears normal in size and echotexture. It measures approx. 13.7 cc in volume.

No significant free fluid is detected.

#### **IMPRESSION:**

- **Hepatomegaly with grade II/III fatty infiltration (Advice: Fibroscan).**

Please correlate clinically.



**Dr. Abhinav Pratap Singh MBBS, DNB DMC No.58170**

**ASSOCIATE CONSULTANT**

**\*\*\*\*\*End Of Report\*\*\*\*\***

NAME	MR Avishek KUMAR	STUDY DATE	04/07/2023 9:24AM
AGE / SEX	34 y / M	HOSPITAL NO.	MH011110213
ACCESSION NO.	R5758574	MODALITY	CR
REPORTED ON	04/07/2023 10:44AM	REFERRED BY	Health Check MHD

**X-RAY CHEST - PA VIEW**

**Results:**

Visualized lung fields appear clear.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

**Kindly correlate clinically.**

*Aarushi*

**Dr. Aarushi MBBS, MD, DNB DMC NO.03291**

**CONSULTANT RADIOLOGIST**

**\*\*\*\*\*End Of Report\*\*\*\*\***