

विद्यया ऽ मृतमश्नुते

GOVT. OF INDIA

विभागा

DEPARTMENT

GUPTA

PRASAD GUPTA

Number

99909367  
2002/80/L1  
Vinod Kumar Bhat

Age 33

HT - 171 cm  
WT - 75 kg  
B.P - 120/80 mmHg  
Pulse - 84/m



SJM SUPER SPECIALITY HOSPITAL  
Dr. Vinod Kumar Bhat  
M.B.B.S., M.D (Medicine)  
Consultant Physician  
Reg. No. 30589 (DMC)

23092009

Gangesh gupta  
ID: 0000

Male

34 Years

17.08.2024 11:23:08 AM  
sjm hospital  
sector 63  
Gautam Budhna Nagar, JP-201307

Location:  
Room:  
Order Number:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

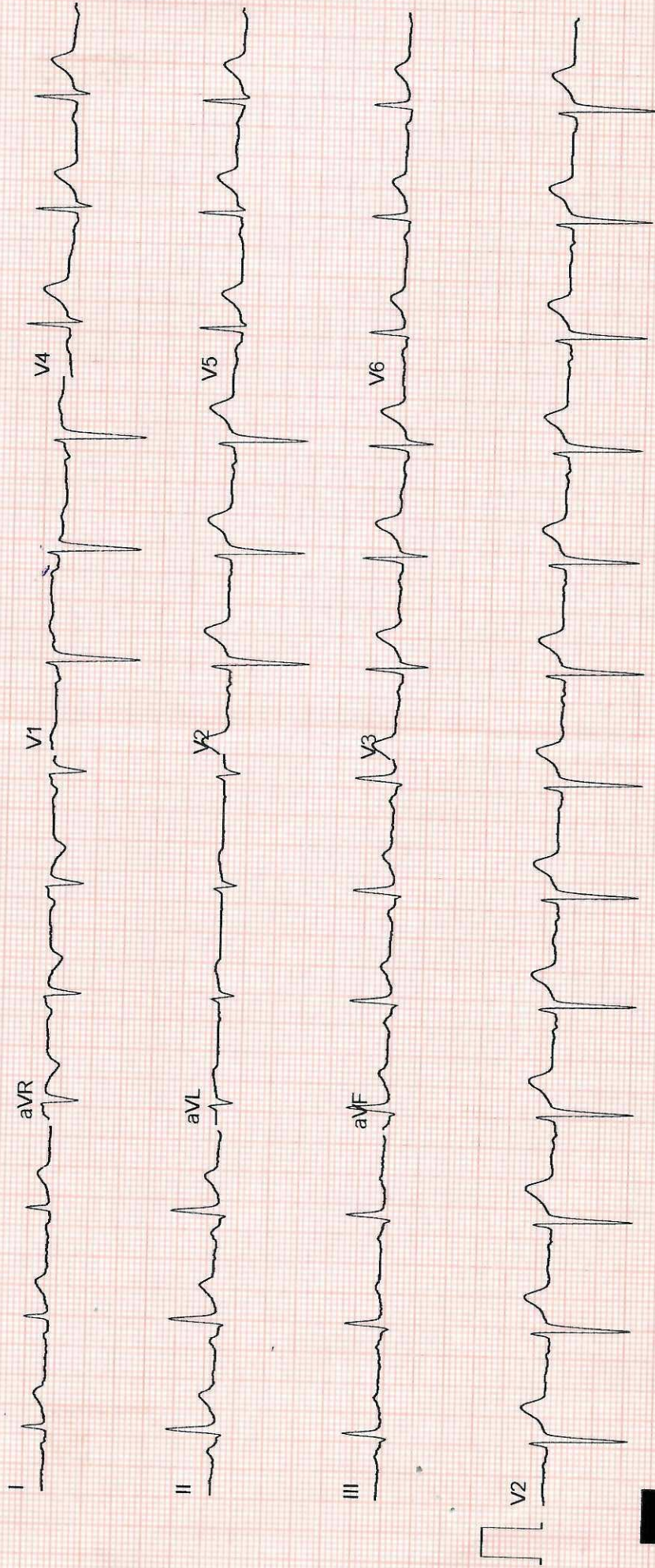
80 bpm  
-- / -- mmHg

Normal sinus rhythm  
Normal ECG

QRS : 84 ms  
QT / QTcBaz : 366 / 422 ms  
PR : 150 ms  
P : 96 ms  
RR / PP : 744 / 750 ms  
P / QRS / T : 66 / 61 / 51 degrees

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

**SHRI M. SUPER SPECIALITY HOSPITAL**  
Dr. Anil Kumar Bhat  
M.B.B.S., M.D (Medicine)  
Consultant Physician  
Reg. No. 30559 (DMC)





# SJM SUPER SPECIALITY HOSPITAL



100 Bedded Super Speciality Hospital

Sector-63, Noida, NH-9, Near Hindon Bridge

Ph.: 0120-6530900 / 10, Mob.: +91 9599259072

E-mail: sjmhospital@yahoo.com / Website: sjmhospital.com

(24 Hours Emergency, NICU/ICU, Pharmacy & Ambulance Available)

### (IVF SPECIALIST)

Dr. Pushpa Kaul (IVF)  
M.B.B.S, MD(Obst. & Gynae)  
Dr. Neha Zutshi (Embryologist)

### OTHER SPECIALIST

Dr. Pushpa Kaul (IVF)  
M.B.B.S, MD(Obst. & Gynae)  
Dr. Smritee Virmani (Endoscopy)  
MBBS, DGO, DNB, ICOG (Obst. & Gynae)  
Dr. Vinod Bhat  
M.B.B.S, MD (General Medicine)  
Dr. Vineet Gupta, MS (ENT)  
Dr. Naveen Gupta, MS (EYE)  
Dr. Ashutosh Singh, MS (Urology)  
Dr. Rahul Kaul (Spine Surgeon)  
MBBS, MS, (Orthopaedic)  
Dr. Jaideep Gambhir, M.D(Psychiatrist)  
Consultant Psychiatry, Mob.: 8006888664  
Dr. Monica Gambhir, MBBS  
Family Therapist & Relationship Counsellor  
Mob.: 8006888663

Dr. B.P. Gupta, MS (Surgeon)  
Dr. Deepa Maheshwari  
M.B.B.S., MD, FRM, (IVF Specialist)  
Dr. Vivek Kumar Gupta  
MBBS, MS (General Surgeon)  
M.Ch. (Plastic Surgery)  
Dr. Anand Kumar  
MBBS, MD (Paediatrics)  
Dr. Amit kumar Kothari  
MBBS, MD (Medicine)  
Dr. Amit Aggarwal  
M.B.B.S., M.S. Ortho.

### Facilities:

- 100 Beds. Private & Public wards
- Inpatient & Outpatient - (OPD)Facilities
- 24-Hour ambulance and emergency
- 3 Operation theatres
- Laparoscopic & Conventional Surgery
- In vitro fertilization centre (IVF)
- Intensive Care Unit. (ICU)
- Neonatal ICUs (NICU)
- Dental Clinic
- Computerized pathology lab
- Digital X-ray and ultrasound
- Physiotherapy facilities
- 24-Hour Pharmacy
- Cafeteria & Kitchen

Mr. Gangsh Gupta (43y/m)

17/8/24

Vn 6/6  
6/6

— Has come for annual check up.

NOH/O DMX 3yrs  
Last HbA1c = 7.7

Acc — Plano — 6/6  
— Plano — 6/6  
Add: +1.50 DS N6 (BE)

Progressive.  
L. (BE)

Lubres Eye Drops - 2 Times a day

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X 2 months

## CGHS & AYUSHMAN BHARAT

+ Not for medico legal purpose + No substitution of drugs allowed

**Panels** Raksha TPA Pvt Ltd., Vipul Med Corp TPA Pvt Ltd., E-Meditek (TPA) Serices Ltd., Medi-Assit India TPA Pvt Ltd., Park Mediclaim, Genins India TPA Pvt Ltd., Family Healthcare TPA Pvt Ltd., Medsave Healthcare TPA Pvt Ltd., Vidal Health Care TPA Pvt Ltd., MD India Healthcare, DHS TPA (India) Private Ltd., Medicate TPA Service (I) Pvt. Ltd., East West Assist TPA Pvt Ltd., United Healthcare Parekh TPA Pvt Ltd., Good Health TPA Services Ltd., Bajaj Allianz General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., IFFCO Tokio General Insurance Co. Ltd., Universal Insurance General Co. Ltd., TATA AIG General Insurance Co. Ltd., Cholamandalam General Insurance Co. Ltd., Liberty Videcon General Insurance Ltd., SBI General Insurance Co. Ltd., Kotak Mahindra General Insurance Co. Ltd., HDFC Standard Life Insurance Co. Ltd., The Oriental Insurance Co. Ltd.(Corporate), National Insurance Co. Ltd.(Corporate), The New India Insurance Co. Ltd. (Corporate), United India Insurance Co Ltd. (Corporate)

## Laboratory Report

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Doctor Name	: Dr. Vinod Bhat	Reporting Time	: 20-Aug-2024 02:29 PM
OPD	: OPD		

### BIOCHEMISTRY

KFT,Serum	results	unit	reference
Blood Urea	15.50	mg/dL	13 - 40
Serum Creatinine	0.84	mg/dl	0.6 - 1.1
Uric Acid	5.00	mg/dl	2.6 - 6.0
Calcium	9.50	mg/dL	8.8 - 10.2
Sodium (Na+)	137.80	mEq/L	135 - 150
Potassium (K+)	4.66	mEq/L	3.5 - 5.0
Chloride (Cl)	101.90	mmol/L	94 - 110
BUN/ Blood Urea Nitrogen	7.24	mg/dL	7 - 18
PHOSPHORUS-Serum	3.99	mg/dl	2.5 - 4.5

**Comment:-**

**Kidneys** play an important role in the removal of waste products and maintenance of water and electrolyte balance in the body.  
**Kidney Function Test (KFT)** includes a group of blood tests to determine how well the kidneys are working.

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technician :

Typed By : Mr. BIRJESH

*Dr. Rajeev Goel*

**Dr. Rajeev Goel**  
M.D. (Pathologist)  
36548 (MCI)

**Dr. Bupinder Zutshi**  
(M.B.B.S., MD)  
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### HAEMATOLOGY

	results	unit	reference
<b>CBC / COMPLETE BLOOD COUNT</b>			
HB (Haemoglobin)	14.60	gm/dL	12.0 - 16.0
TLC	9.71	Thousand/mm	4.0 - 11.0
DLC			
Neutrophil	62	%	40 - 70
Lymphocyte	26	%	20 - 40
Eosinophil	06	%	02 - 06
Monocyte	06	%	02 - 08
Basophil	00	%	00 - 01
R.B.C.	5.00	Thousand / UI	3.8 - 5.10
P.C.V	<b>43.40</b>	million/UI	0 - 40
M.C.V.	86.80	fL	78 - 100
M.C.H.	29.20	pg	27 - 32
M.C.H.C.	33.60	g/dl	32 - 36
Platelet Count	2.36	Lacs/cumm	1.5 - 4.5

**INTERPRETATION:**

To determine your general health status; to screen for, diagnose, or monitor any one of a variety of diseases and conditions that affect blood cells, such as anemia, infection, inflammation, bleeding disorder or cancer

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### BIOCHEMISTRY

	results	unit	reference
<b>HbA1C / GLYCATED HEMOGLOBIN / GHB</b>			
Hb A1C	7.30	%	4.0 - 6.0
ESTIMATED AVERAGE GLUCOSE eAG[Calculated]	162.81	mg/dl	

#### INTERPRETATION-

	HBA1C
NON DIABETIC	4-6 %
GOOD DIABETIC CINTROL	6-8 %
FAIR CONTROL	8-10 %
POOR CONTROL	>-10 %

The Glycosylated haemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a 3 months period. AMERICAN DIABETES ASSOCIATION recommends the testing twice an year in patients with stable blood glucose, and quarterly if treatment changes or blood glucose is abnormal

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### BIOCHEMISTRY

	results	unit	reference
<b>LIVER FUNCTION TEST, Serum</b>			
Bilirubin- Total	0.78	mg/dL	0.1 - 2.0
Bilirubin- Direct	<b>0.34</b>	mg/dL	0.00 - 0.20
Bilirubin- Indirect	0.44	mg/dL	0.2 - 1.2
SGOT/AST	<b>33.60</b>	IU/L	00 - 31
SGPT/ALT	<b>42.40</b>	IU/L	00 - 34
Alkaline Phosphate	82.00	U/L	42.0 - 98.0
Total Protein	7.47	g/dL	6.4 - 8.3
Serum Albumin	4.59	gm%	3.50 - 5.20
Globulin	2.88	gm/dl	2.0 - 4.0
Albumin/Globulin Ratio	1.59	%	

#### INTERPRETATION

A Liver Function test or one or more of its component tests may be used to help diagnose liver disease if a person has symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor liver status and to evaluate the effectiveness of any treatments.

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### BIOCHEMISTRY

	results	unit	reference
<b>LIPID PROFILE, Serum</b>			
S. Cholesterol	<b>211.00</b>	mg/dl	< - 200
HDL Cholesterol	<b>33.50</b>	mg/dl	42.0 - 88.0
LDL Cholesterol	133.90	mg/dl	50 - 150
VLDL Cholesterol	<b>43.60</b>	mg/dl	00 - 40
Triglyceride	<b>217.90</b>	mg/dl	00 - 170
Chloestrol/HDL RATIO	<b>6.30</b>	%	3.30 - 4.40

#### INTERPRETATION:

Lipid profile Of lipid panel IS a panel of blood tests that serves as an initial screening tool for abnormalities in lipids, such as cholesterol and triglycerides. The results of this test can identify certain genetic diseases and can determine approximate risks for cardiovascular disease, certain forms of pancreatitis, and other diseases.

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**Dr. Rajeev Goel**  
M.D. (Pathologist)  
36548 (MCI)

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**Dr. Bupinder Zutshi**  
(M.B.B.S., MD)  
Pathologist & Microbiologist



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### BIOCHEMISTRY

	results	unit	reference
<b>BLOOD SUGAR (PP), Serum</b>			
SUGAR PP	370.20	mg/dl	80 - 140

**Comments:**

Accurate measurement if glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions. High levels of serum glucose may be seen in case of diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents. Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

**METHOD:- GOD-POD METHOD, END POINT**

### BLOOD SUGAR F, Sodium Fluoride Pla

Blood Sugar (F)	186.20	mg/dl	70 - 110
-----------------	--------	-------	----------

**Comments:**

Accurate measurement if glucose in body fluid is important in diagnosis and management of diabetes, hypoglycemia, adrenal dysfunction and various other conditions.

High levels of serum glucose may be seen in case of Diabetes mellitus, in patients receiving glucose containing fluids intravenously, during severe stress and in cerebrovascular accidents.

Decreased levels of glucose can be due to insulin administration, as a result of insulinoma, inborn errors of carbohydrate metabolism or fasting.

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OPD/IPD : OPD

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### URINE SUGAR (FBS)

### CHEMICAL EXAMINATION

Glucose : Nil

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8/20/2024  
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### URINE EXAMINATION TEST

#### PHYSICAL EXAMINATION

Quantity: 20 ml  
Color: Straw  
Transparency: clear

#### CHEMICAL EXAMINATION

Albumin: nil  
Glucose: (++++)  
PH: Acidic

#### MICROSCOPIC EXAMINATION

Pus cells: 1-2 /HPF  
RBC's: nil  
Crystals: nil  
Epithelial cells: 0-1 /HPF  
Others: nil

#### Note:-

A urinalysis is a test of your urine. It's used to detect and manage a wide range of disorders, such as urinary tract infections, kidney disease and diabetes. A urinalysis involves checking the appearance, concentration and content of urine.

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eg. no

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### TEST NAME

### VALUE

ABO

“O”

Rh

POSITIVE

### Comments:

Human red blood cell antigens can be divided into four groups A, B, AB AND O depending on the presence or absence of the corresponding antigens on the red blood cells. There are two glycoprotein A and B on the cell s surface that are responsible for the ABO types. Blood group is further classified as RH positive an RH negative.

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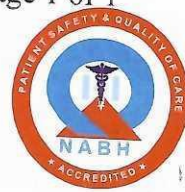
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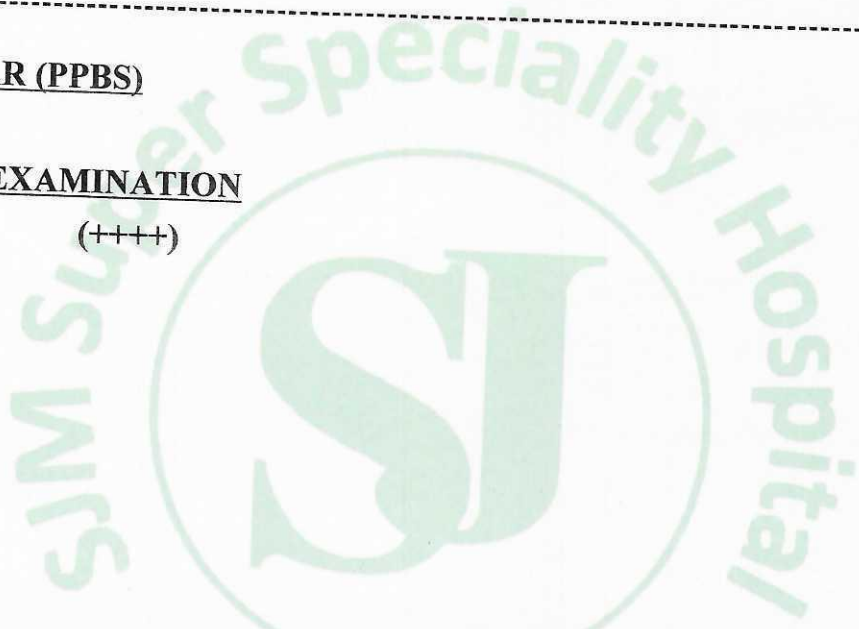
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### URINE SUGAR (PPBS)

#### CHEMICAL EXAMINATION

Glucose : (++++)



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<b>Visit ID</b>	: IQD133871	<b>Registration</b>	: 17/Aug/2024 12:28PM
<b>UHID/MR No</b>	: IQD.0000131565	<b>Collected</b>	: 17/Aug/2024 12:42PM
<b>Patient Name</b>	: Mr.GANGESH GUPTA	<b>Received</b>	: 17/Aug/2024 12:52PM
<b>Age/Gender</b>	: 43 Y O M O D /M	<b>Reported</b>	: 17/Aug/2024 01:51PM
<b>Ref Doctor</b>	: Dr.SELF	<b>Status</b>	: Final Report
<b>Client Name</b>	: SJM SUPER SPECIALIST HOSPITAL	<b>Client Code</b>	: iqd2151
<b>Employee Code</b>	:	<b>Barcode No</b>	: 240805572



**Test Name**

**DEPARTMENT OF HORMONE ASSAYS**

**Result Unit Bio. Ref. Range Method**

**THYROID PROFILE (T3,T4,TSH)**

**Sample Type : SERUM**

T3	1.26	ng/ml	0.61-1.81	CLIA
T4	10.2	ug/dl	5.01-12.45	CLIA
TSH	2.61	uIU/mL	0.35-5.50	CLIA

**REFERENCE RANGE :**

Age	TSH in uIU/mL
0 - 4 Days	1.00 - 39.00
2 Weeks to 5 Months	1.70 - 9.10
6 Months to 20 Yrs	0.70 - 6.40
>55 Yrs	0.50 - 8.90

**Interpretation:**

Triiodothyronine T3, Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1) Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and

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**DR. ADEN**  
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**Dr. Prashant Singh**  
**MBBS, MD (Pathology)**

<b>Visit ID</b>	: IQD133871	<b>Registration</b>	: 17/Aug/2024 12:28PM
<b>UHID/MR No</b>	: IQD.0000131565	<b>Collected</b>	: 17/Aug/2024 12:42PM
<b>Patient Name</b>	: Mr.GANGESH GUPTA	<b>Received</b>	: 17/Aug/2024 12:52PM
<b>Age/Gender</b>	: 43 Y 0 M 0 D /M	<b>Reported</b>	: 17/Aug/2024 01:51PM
<b>Ref Doctor</b>	: Dr.SELF	<b>Status</b>	: Final Report
<b>Client Name</b>	: SJM SUPER SPECIALIST HOSPITAL	<b>Client Code</b>	: iqd2151
<b>Employee Code</b>	:	<b>Barcode No</b>	: 240805572



Test Name	DEPARTMENT OF HORMONE ASSAYS				Result	Unit	Bio. Ref. Range	Method
3	Normal/Low	Low	Low	Low	other physiological reasons.			
4	Low	High	High	High	(1) Secondary and Tertiary Hypothyroidism			
5	Low	Normal	Normal	Normal	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3) Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy			
6	High	High	High	High	(1) Subclinical Hyperthyroidism			
7	Low	Low	Low	Low	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor			
8	Normal/Low	Normal	Normal	High	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism			
9	Low	High	High	Normal	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness			
					(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies			

REF: 1. TIETZ Fundamentals of clinical chemistry 2. Guid lines of the American Thyroid association during pregnancy and Postpartum. 2011

**NOTE: It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4.** TSH is not affected by variation in thyroid-binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. and troughs at 5:00 - 6:00 p.m. With ultradian variations.



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DR. ADEN  
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Authenticity of report can be checked by Scanning QR Code  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>DEPARTMENT OF HORMONE ASSAYS</b>				
		<b>VITAMIN D (25 OH)</b>		
Sample Type : SERUM				
VITAMIN D	<b>18.99</b>	ng/ml	30-100	CLIA

**INTERPRETATION:**

LEVEL	REFERENCE RANGE
Deficiency (serious deficient)	< 10 ng/ml
Insufficiency (Deficient)	10-30 ng/ml
Sufficient (adequate)	30-100 ng/ml
Toxicity	> 100 ng/ml

**DECREASED LEVELS:**

- Deficiency in children causes Rickets and in adults leads to Osteomalacia. It can also lead to Hypocalcemia and Tetany.
- Inadequate exposure to sunlight.
- Dietary deficiency.
- Vitamin D malabsorption.
- Severe Hepatocellular disease.
- Drugs like Anticonvulsants.
- Nephrotic syndrome.

**INCREASED LEVELS:**

- Vitamin D intoxication.

**COMMENTS:**

-Vitamin D (Cholecalciferol) promotes absorption of calcium and phosphorus and mineralization of bones and teeth. Vitamin D status is best determined by measurement of 25 hydroxy vitamin D, as it is the major circulating form and has longer half life (2-3 weeks) than 1, 25 Dihydroxy vitamin D (5-8 hrs).

-The assay measures D3 (Cholecalciferol) metabolites of vitamin D.

-25 (OH) D is influenced by sunlight, latitude, skin pigmentation, sunscreen use and hepatic function.

-Optimal calcium absorption requires vitamin D 25 (OH) levels exceeding 75 nmol/L.

-It shows seasonal variation, with values being 40-50% lower in winter than in summer.

-Levels vary with age and are increased in pregnancy.

-This is the recommended test for evaluation of vitamin D intoxication.

**PSA / PROSTATE SPECIFIC ANTIGEN (PSA) - TOTAL**

Sample Type : SERUM			
PROSTATE SPECIFIC ANTIGEN	0.65	ng/mL	0-4

**INTERPRETATION:**

Raised Total PSA levels may indicate prostate cancer, benign prostate hypertartation (BPH), or inflammation of the prostate. Prostate manipulation by biopsy or rigorous physical activity may temporarily elevate PSA levels. The blood test should be done before surgery or six weeks after manipulation. The total PSA may be ordered at regular intervals during the management of men who have been diagnosed with Prostate cancer and in prostatic cancer cases under observation.

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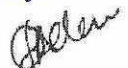
Test Name	DEPARTMENT OF HORMONE ASSAYS			
	Result	Unit	Bio. Ref. Range	Method
Sample Type : SERUM	<b>VITAMIN B12</b>			
VITAMIN B12	270	pg/mL	187-883 pg/mL	CLIA


**COMMENTS:**  
 Results may differ between laboratories due to variation in population and test method. Vitamin B12 is implicated in the formation of myelin, and along with Folate is required for DNA synthesis. The most prominent source of B12 for humans is meat while untreated fresh water can also be a source.  
 Megaloblastic anaemia has been found to be due to B12 deficiency, a major cause being Pernicious anemia due to poor B12 uptake resulting in below normal serum levels. Other conditions related to low B12 levels include iron deficiency anemia, pregnancy, vegetarianism, partial gastrectomy, ileal damage, oral contraceptives, parasitic infestations, pancreatic deficiency, treated epilepsy and advancing age. The correlation of serum B12 levels and Megaloblastic anemia however is not always clear - some patients with high MCV may have normal B12 levels, while some individuals with B12 deficiency may not have megaloblastic anemia. Disorders renal failure, liver diseases and myeloproliferative diseases may have elevated vitamin B12 levels.

**LIMITATIONS:**  
 For diagnostic purposes, the B12 results should be used in conjunction with other data; e.g.; symptoms results of other testing, clinical impressions, etc.  
 If the B12 level is inconsistent with clinical evidence, additional testing is suggested to confirm the result.

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

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# SJM SUPER SPECIALITY HOSPITAL

(125 Bedded Fully Equipped With Modern Facilities)

Sector-63, Noida, NH-09, Near Hindon Bridge

Tel.: 0120-6530900 / 10, Mob.:9599259072



## Ultrasound Report

### TRANSTHORASIC ECHO-DOPPLER REPORT

<b>Name:</b> Mr. Gangesh gupta	<b>Age /sex:</b> 43 Yrs/M	<b>Date:</b> 17/08/2024
<b>ECHO WINDOW:</b> FAIR WINDOW		

	Observed values (cm)		Normal values (mm)
Aortic root diameter	2.3		22-36
Aortic valve Opening			15 -26
Left Atrium size	2.7		19 - 40
	End Diastole (cm)	End Systole (cm)	Normal Values (mm)
Left Ventricle size	4.2	2.5	(ED =39 -58)
Interventricular Septum	0.9		(ED = 6 -11)
Posterior Wall thickened	0.9		(ED = 6- 10)
LV Ejection Fraction (%)	60%		55% -65 %

#### Doppler Velocities (cm / sec)

Pulmonary valve = Normal		Aortic valve = Normal	
Max velocity		Max velocity	
Mean PG		Max PG	
Pressure ½ time		Mean velocity	
Acceleration Time		Mean PG	
RVET		LVET	
Mitral valve = Normal		Tricuspid valve = Normal	
E	E>A	Max Velocity	
A		Mean Velocity	
DT		Mean PG	
E/E		TAPSE	

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## Ultrasound Report

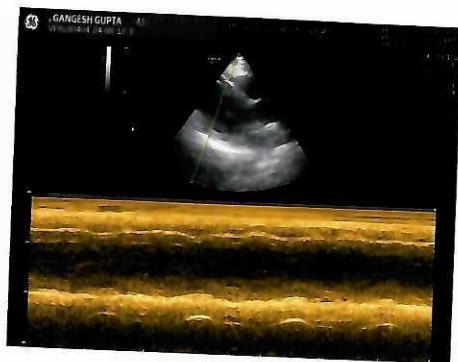
Regurgitation: -

MR =NIL		TR = NIL	
Severity		Severity	
Max Velocity		RVSP	
AR		PR	
Severity	NIL	Severity	NIL
Jet width /LVOT ratio		Mean PAP	

Final Interpretation: -

- 1.) NO LV HYPOKINESIA GLOBAL LVEF 60%
- 2.) No MR/ MS NO AS/AR, NO TR
- 3.) No Intra cardiac clot, vegetation, pericardial effusion

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SJM SUPER SPECIALITY HOSPITAL  
Dr. Vinod Kumar (Physician)  
11/11/2014 (Date)



## Ultrasound Report

Name: Mr. Gangesh gupta

Age: 43/yrs. /M

Date: 17/08/2024

### Ultrasound - Male Abdomen

**Liver-**Liver appears fatty with liver grade 1 changes. There is no evidence of any focal lesion seen in the parenchyma. Intra-hepatic vascular and biliary radicles appear normal. Portal veins and common bile duct are normal.

**GALL BLADDER:-** Gall bladder is physiologically distended. The wall thickness is normal. There is no Evidence of any intraluminal mass lesion or calculi seen.

**PANCREAS:-** Pancreas is normal in size, shape and echo pattern. No focal mass lesion seen. Pancreatic duct is not dilated.

**SPLEEN:-** Spleen is normal in size. No focal mass lesion is seen in parenchyma.

**KIDNEYS:-** Both the kidneys are normal in size, shape, position and axis. Parenchymal echo pattern is normal bilaterally. There is no evidence of renal concretion on right side. Left kidney shows a renal calculus measuring 5.2mm.

**PARAAORTIC REGIONS:** Any mass/ lymph nodes no mass or lymph nodes seen.

**URINARY BLADDER:-** Adequately distended Wall were regular and thin. Contents are Normal. No stone formation seen.

**PROSTATE:-** Normal in shape and position. Parenchymal echotexture is normal. No free ascetic fluid or pleural effusion seen.

**IMPRESSION –** Fatty liver grade 1.  
Left renal calculus.

For SJM SUPER SPECIALITY HOSPITAL  
Dr. Vinod Kumar Singh  
M.D. S. M.D (Medicine)  
Consultant Physician  
Reg. No. 30589 (DMCAUL)

PATIENT ID : 29555 OPD  
AGE : 043Y  
REF. PHY. :  
PATIENT NAME : MR. GANGESH GUPTA  
SEX : Male  
STUDY DATE : 17-Aug-2024

## X-Ray Report

### RADIOLOGY REPORT EXAM: X RAY CHEST

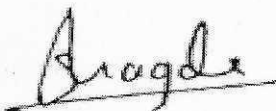
CLINICAL HISTORY: NA

COMPARISON:  
None.

TECHNIQUE:  
Frontal projections of the chest were obtained.

FINDINGS:  
Mild Prominent bronchovascular markings noted at bilateral lung fields.  
Both costophrenic angles appear normal.  
The tracheal lucency is centrally placed.  
The mediastinal and diaphragmatic outlines appear normal.  
The heart shadow is normal.  
The bony thoracic cage and soft tissues are normal.

IMPRESSION:  
Mild Prominent bronchovascular markings noted at bilateral lung fields.



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Consultant Radiologist  
MBBS, DMRE  
Regn No: 2017/09/4615

Dr Sonam Kagde  
17th Aug 2024

