

GE MAC600 1.02 ID: 0000000012 20-Feb-2024 10:03:24

45 years Male

Vent. rate 73 bpm
 QRS duration 86 ms
 QT/QTc 364/401 ms
 PR interval 164 ms
 P duration 96 ms
 RR interval 821 ms
 P-R-T axes 57 3 16



MAC600 1.02 L2SL™ v239

PHILIPS ORIENT

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REPORT

I.D. NO	X/20/02/03	February 20, 2024
PATIENT NAME	MR. ASHUTOSH K. MISHRA	AGE/SEX 45 Y/M
REF. BY	DIVYAMAN HOSPITAL	

X-RAY CHEST (PA VIEW)

Old healed fracture of left scapula is seen.
No active pulmonary parenchymal lesion is seen.
B/L c/p angle is clear.
Hilar shadows are normal.
Cardiac shadow is normal.
Trachea and mediastinum are normal in position.
Rest of the bones and soft tissues are normal

ADV - CLINICAL CORRELATION.



[Signature]
Dr. Rahul Nayak
M.B.B.S.(M.L.N),
M.D.(Dr. RMLIMS, LKO)

उपलब्ध सुविधाएं



Siemens C.T. Scan

- CT Scan मस्तिष्क, पेट, सीना आदि
- CT Angiography
- Digital X-ray



Philips 1.5T MRI

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



Siemens Accuson S 52000

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



Siemens X-Ray

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE

REPORT

I.D. NO	U/20/02/02	February 20, 2024
PATIENT NAME	Mr. ASHUTOSH K. MISHRA	AGE/SEX 45 Y/M
REF. BY	DIVYAMAN HOSPITAL	

USG: WHOLE ABDOMEN (Male)

Liver – Enlarged in size (189.1 mm) with grade-II 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 (approx 12.5mm) porta – normal

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

Spleen is enlarged in size (136.8mm) and echotexture. No focal lesion is seen. Diaphragmatic movements are within normal limits on both sides.

Both kidney - normal in size (mm) , 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 not visualized (h/o prostatectomy) (k/c/o of carcinoma prostate).

No evidence of Ascites / Retroperitoneal Lymphadenopathy.

A defect of size 11.7mm noted in left inguinal region lateral to epigastric vessel though which herniation of omental fat is seen during valsalva maneuver s/o hernia.

IMPRESSION

- **HEPATO-SPLENOMEGALY WITH FATTY LIVER GRADE-II.**
- **LEFT INDIRECT INGUINAL HERNIA.**

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.



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M.B.B.S.(M.L.N),
M.D.(Dr. RMLIMS, LKO)

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Siemens CT Scan

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Siemens Accuson S5200

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



Siemens X Ray

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DIUYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mr. ASHUTOSH KUMAR MISHRA	SAMPLE COLLECTED ON	20-02-2024
AGE / SEX	45 Y / Male	REPORT RELEASED ON	20/02/2024
COLLECTED AT	Inside	REPORTING TIME	2:41:19PM
RECEIPT No.	16,300	PATIENT ID	16329
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, LIVER FUNCTION TEST, KIDNEY FUNCTION TEST, Lipid Profile, Blood Sugar Fasting & PP, Blood Group (ABO), ESR Wintrobe, PSA Total, T3 Triiodo Thyroid, T4 Thyroxine, TSH, Urine Examination Report.,

Tests	Results	Biological Reference Range	Unit
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CANCER MARKER

PSA Total	<0.10	(0.0-4.0)ng/ml	ng/ml
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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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For Home Collection Dial : 9076655547

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

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DIVYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report

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Tests	Results	Biological Reference Range	Unit
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HAEMATOLOGY

COMPLETE BLOOD COUNT

Haemoglobin	9.2	Low (Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%)	G%
Total Leukocyte Count (TLC)	5900	(4000-11000 /cumm)	/cumm
Differential Leukocyte Count (DLC)			
Polymorph	75	(40-80)%	%
Lymphocyte	22	(20-40)%	%
Eosinophil	03	(01-6)%	%
Monocyte	00	Low (02-08)%	%
Basophil	00	(<1%)	%
R. B. C.	3.52	Low (4.2 - 5.5) million/cmm	million/
P. C. V. (hemotocrite)	25.9	Low (36-50) Litre/Litre	/Litre
M. C. V.	72.6	Low (82-98) fl	fl
M. C. H.	25.6	Low (27Pg - 32Pg)	Pg
M. C. H. C.	35.3	(21g/dl - 36g/dl)	g/dl
Platelete Count	2.25	(1.5-4.0 lacs/cumm)	/cumm
ESR Wintrobe			
Observed	35	High 20mm fall at the end of first hr.	mm

*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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Pathology Division

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Pathological Examination Report



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Tests	Results	Biological Reference Range	Unit
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BIOCHEMISTRY

Blood Sugar Fasting & PP

Blood Sugar Fasting	108.9	(60 -110)mg/dl	mg/dl
Blood Sugar PP	115.2	110 - 140 mg/dl	mg/dl

Reference Value :

Fasting (Diabetes 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 (diabetes 200 Mg% Or More, With Presenting Symptoms.)

Lipid Profile.

Total Cholesterol	198.3	125-200mg/dl Normal Value	mg/dL
H D L Cholesterol	49.5	(30-70 mg%)	mg%
Triglyceride	143.6	(60-165mg/dL)	mg/dL
V L D L	28.72	(5-40mg%)	mg%
L D L Cholesterol	120.08		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.



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Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report

PATIENT NAME	Mr. ASHUTOSH KUMAR MISHRA	SAMPLE COLLECTED ON	20-02-2024
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Tests	Results	Biological Reference Range	Unit
LIVER FUNCTION TEST			
Bilirubin (Total)	1.1	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct)	0.5	High (0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.6	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	36.9	0-40	IU/L
SGPT (ALT)	33.9	0.0-42.0	IU/L
Serum Alkaline Phosphatase	154.9	80.0-290.0	U/L
Serum Total Protein	6.7	6.0-7.8	gm/dl
Serum Albumin	3.8	3.5-5.0	gm/dl
Serum Globulin	2.9	2.3-3.5	gm/dl
A/G Ratio	1.31	High	

Comments/interpretation:

-liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes.

-the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage.

-It Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

KIDNEY FUNCTION TEST

Blood Urea	39.5	15.0-45.0	mg/dl
Blood Urea Nitrogen (BUN)	18.2	06-21	mg%
Serum Creatinine	0.9	0.7-1.4	mg/dl
Serum Uric Acid	5.9	Male-3.5-7.2 Female-2.5-6.0	mg/dl
Serum Sodium	139.1	136.0-149.0	mmol/L
Serum Potassium	3.9	3.5-5.5	mmol/L
Serum Calcium	8.7	8.0-10.5	mg/dl

SEROLOGY

Blood Group (ABO)

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



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Pathological Examination Report

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Tests	Results	Biological Reference Range	Unit
IMMUNOLOGY			
T3 Triiodo Thyroid	1.11	(0.69 - 2.15)	ng/ml
T4 Thyroxine	102.6	(52 - 127) ng/ml	ng/ml
TSH	2.13	(0.3-4.5) uIU/ml	uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.

- Remarks:
- 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.
 - A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
 - Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
 - A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
 - 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.
 - Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
 - A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
 - 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.



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Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mr. ASHUTOSH KUMAR MISHRA	SAMPLE COLLECTED ON	20-02-2024
AGE / SEX	45 Y / Male	REPORT RELEASED ON	20/02/2024
COLLECTED AT	Inside	REPORTING TIME	2:52:33PM
RECEIPT No.	16,307	PATIENT ID	16336
REFERRED BY Dr.	DMH		

INVESTIGATION Urine Examination Report,,

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	1.015	(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 ***

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

TECHNICIAN
16336



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

Page 1 of 1

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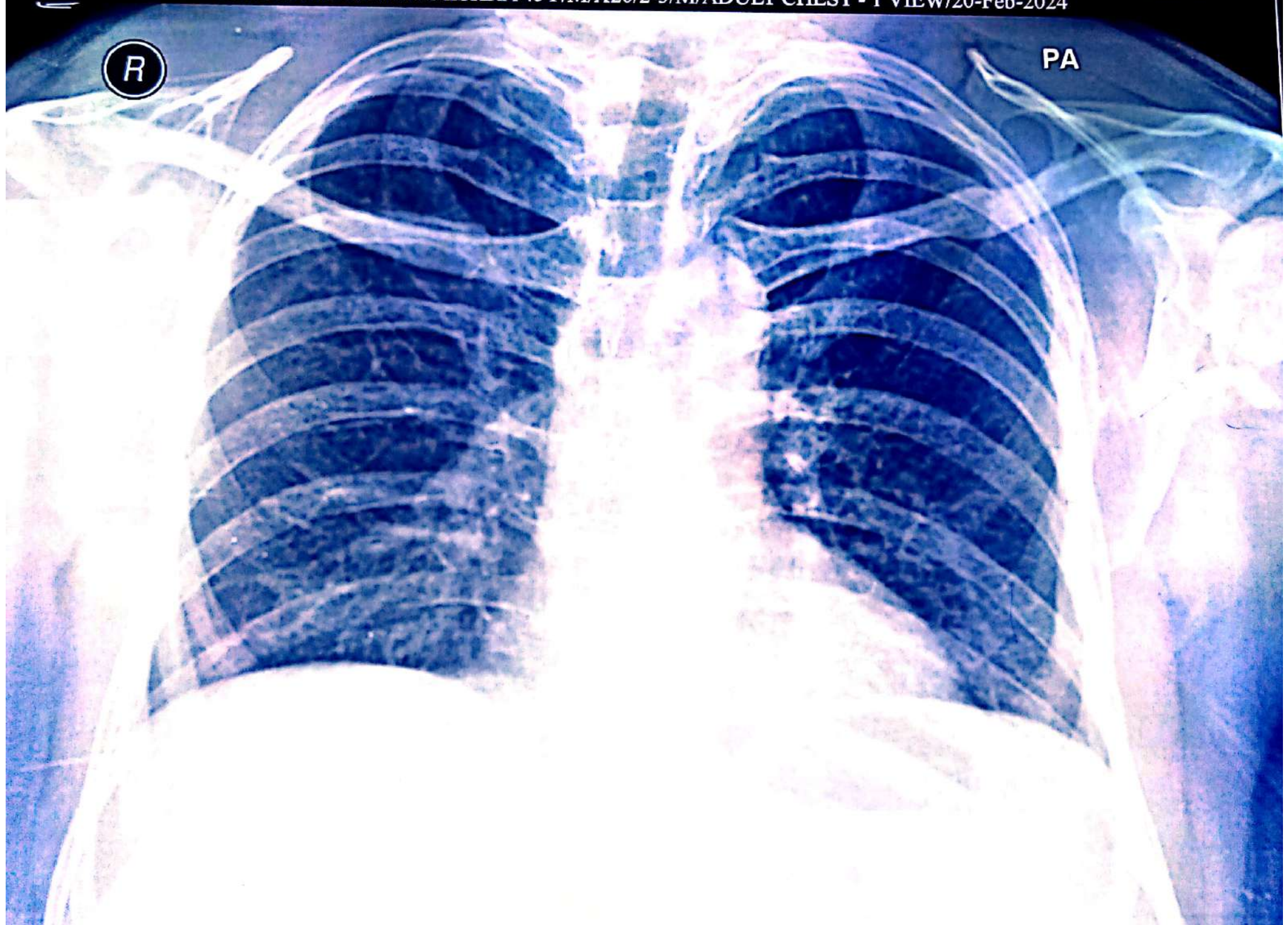
सुविधाएँ : • सभी प्रकार की पैथोलॉजिकल जाँचें • बायोप्सी • एफ.एन.ए.सी • पैप Smear • हॉर्मोन्स (प्रतिदिन रिपोर्ट) • सायटोलॉजी • बोन मैरो • HbA1c • स्पेशल टेस्ट (24 घंटे)

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ASHUTOSH KUMAR MISHRA 45Y/M/X20/2-3/M/ADULT CHEST - 1 VIEW/20-Feb-2024



REPORT

I.D. NO 11	: U/20-02-18	February 20, 2024
Patient's Name:	: MR. ASHUTOSH KR. MISHRA	AGE/SEX : 45 YRS / M
Ref by Dr.	: DIVYAMAN HOSPITAL	

2D- ECHO

Mitral Valve	:	Normal		
Tricuspid Valve	:	Normal		
Pulmonary Valve	:	Normal		
Left Atrium	:	3.2cm		
Left ventricle	:	IVSD: 0.92cms	LVPWD: 1.09 cms	
		EDD: 4.6cms	EF: 66%	
		ESD: 2.9cms	FS: 36%	
RWMA	:	Absent		
Right Atrium	:	Normal		
Right Ventricle	:	Normal		
Aorta	:	3.3cm		
I.A.S.	:	Normal		
I.V.S.	:	Normal		
Pulmonary Artery	:	Normal		
Pericardium	:	Normal		
SVC , IVC	:	Normal		

Continued.....

उपलब्ध सुविधाएं



➤ CT Scan मस्तिष्क, पेट, सीना आदि
➤ CT Angiography
➤ Digital X-ray



Philips I.5 T MRI

➤ MRI Scan
➤ 4D Colour Dopler
➤ CT/USG Guded Biopsy/FNAC



Siemens Accuson S 52000

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



Siemens X-Ray

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REPORT

Pulmonary Veins : Normal
 Doppler : MV E<A
 AV:AJV: 1.2 m/sec
 PV:PJV: 1.0 m/sec RVSP : 21 mm hg

CONCLUSION:

- NO RWMA OF LV
- NORMAL SIZE CARDIAC CHAMBER
- GRADE I DIASTOLIC DYSFUNCTION.
- NORMAL LV/RV SYSTOLIC FUNCTION
- MILD MR/ TR
- NO PE/ NO CLOT

DR. GAJENDRA PRASAD GUPTA
 M.D., D.M. (CARDIOLOGY)

उपलब्ध सुविधाएं



- CT Scan मस्तिष्क, पेट, सीना आदि
- CT Angiography
- Digital X-ray



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



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



THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE