



**Reg. ID** : 233545  
**Name of Patient** : MR. SANDEEP KUMAR  
**Age/Gender** : 31 years / Male  
**Refd by Dr.** : MEDIWHEEL  
**Mobile No.** : 6387208168  
**Sample Type** : EDTA

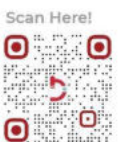
**Panel Company** : MEDIWHEEL  
**Lab Request ID** : 222810001  
**Sample Collection Date** : Oct 08, 2022, 08:17 a.m.  
**Sample Acknowledgment Date** : Oct 08, 2022, 08:17 a.m.  
**Test Reported On** : Oct 08, 2022, 04:07 p.m.

Test Description	Value	Unit	Biological Ref Interval
<b>Complete Blood Count (CBC)</b>			
Arogya_Bank of Baroda_Health Check_ Male			
HAEMOGLOBIN (Hb)	14.5	gm/dl	13.00 - 17.00
Method : SLS			
TLC (Total Leucocyte Count )	6200	/cumm	4000.00 - 10000.00
Method : ELECTRIC IMPEDENCE			
<b>DIFFERENTIAL COUNT</b>			
NEUTROPHIL	55	%	40.00 - 70.00
LYMPHOCYTE	40	%	20.00 - 40.00
EOSINOPHIL	03	%	1.00 - 6.00
MONOCYTE	02	%	2.00 - 10.00
BASOPHIL	0	%	0.00 - 2.00
E.S.R.	12	mm/Ist hr.	0.00 - 15.00
Method : Westergen			
R B C (Red Blood Cell Count)	4.7	Millions/cmm	4.50 - 5.50
Method : Impedence			
PCV (Hematocrit)	42.5	%	40.00 - 50.00
M C V (Mean Corp Volume)	90.43	fL	83.00 - 101.00
Method : CALCULATED			
M C H (Mean Corp Hb)	30.85	pg	27.00 - 32.00
Method : CALCULATED			
M C H C (Mean Corp Hb Conc)	34.12	%	31.50 - 34.50
Method : CALCULATED			
MPV	<b>12.1 ▲</b>	fL	6.5-12
Method : Calculated			
PLATELET COUNT	215000	/cumm	150000.00 - 410000.00
Method : Impedence			
ABSOLUTE EOSINOPHIL COUNT	186	/cumm	40.00 - 440.00
ABSOLUTE LYMPHOCYTES COUNT	2480	/cumm	1000.00 - 3000.00
ABSOLUTE NEUTROPHIL COUNT	3410	/cumm	2000.00 - 7000.00
Method : MICROSCOPY			
RDW -CV	<b>16.1 ▲</b>	%	11.60 - 14.00
RDW -SD	42.5	fL	39.00 - 46.00
PDW	20.9		8.3 - 25

\*\*END OF REPORT\*\*

If tests results are alarming/unexpected,client is advised to contact the Lab immediately for possible remedial actions.

  
**Dr. A. LALCHANDANI**  
M.D. (Pathology)





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<b>Mobile No.</b> : 6387208168	<b>Test Reported On</b> : Oct 08, 2022, 05:25 p.m.
<b>Sample Type</b> : EDTA	

Test Description	Value	Unit	Biological Ref Interval
<b>Blood Group ABO &amp; RH TYPING*</b>			
Arogya_Bank of Baroda_Health Check_ Male			
BLOOD GROUP ABO	O		
RH Typing	Positive		

END OF REPORT

  
**Dr. A. LALCHANDANI**  
M.D. (Pathology)






**Reg. ID** : 233545 **Panel Company** : MEDIWHEEL  
**Name of Patient** : MR. SANDEEP KUMAR **Lab Request ID** : 01222810001  
**Age/Gender** : 31 years / Male **Sample Collection Date** : Oct 08, 2022, 08:17 a.m.  
**Refd by Dr.** : MEDIWHEEL **Sample Acknowledgment Date** : Oct 08, 2022, 08:17 a.m.  
**Mobile No.** : 6387208168 **Test Reported On** : Oct 08, 2022, 05:35 p.m.  
**Sample Type** : FLUORIDE-F

Test Description	Value	Unit	Biological Ref Interval
<b><u>BLOOD GLUCOSE FASTING</u></b>			
Arogya_Bank of Baroda_Health Check_ Male			
<b>BLOOD GLUCOSE FASTING</b>	93	mg/dl	70 - 99
<b>Method : Hexokinase</b>			
<b><u>Comments</u></b>			
Fasting Blood Sugar: 70-99 mg/dl : Non Diabetic 100-125 mg/dl : Impaired Fasting Glucose >125 mg/dl : Diabetic			

END OF REPORT

  
**Dr. A. LALCHANDANI**  
M.D. (Pathology)





Reg. ID : 233545

Name of Patient : MR. SANDEEP KUMAR

Age/Gender : 31 years / Male

Refd by Dr. : MEDIWHEEL

Mobile No. : 6387208168

Sample Type : URINE

Panel Company : MEDIWHEEL

Lab Request ID : 222810001

Sample Collection Date : Oct 08, 2022, 08:17 a.m.

Sample Acknowledgment Date : Oct 08, 2022, 08:17 a.m.

Test Reported On : Oct 08, 2022, 04:48 p.m.

Test Description	Value	Unit	Biological Ref Interval
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**URINE Examination R/M\***

Arogya\_Bank of Baroda\_Health Check\_ Male

**Physical examination**

Quantity	20ml		
Colour	Pale Yellow	.	Pale yellow
Appearance	Clear		

**Chemical Examination**

Ph	6.0		5.0-8.0
Method : Method : Dipstick Manual			
Specific Gravity	1.020		1.005 - 1.030
Method : Method : Dipstick Manual			
Protein	Negative		Negative
Method : Method : Dipstick Manual			
Glucose	Negative		Negative
Method : Dipstick/Manual			
Bilirubin	Negative		Negative
Method : Dipstick/Manual			
Ketones	Negative		Negative
Method : Dipstick/Manual			
Nitrite	Negative		Negative
Method : Dipstick/Manual			
Urobilinogen	Normal		Normal
Method : Dipstick/Manual			

**Microscopic Examination - Method "Microscopy"**

Pus cells	1 - 2	/hpf	0 - 4/hpf
Red Blood Cells	NIL	/hpf	Nil
Epiethelial Cells	1 - 2	/hpf	1 - 2/hpf
Crystals	Absent	.	Absent
Casts	Absent	.	Absent
Yeast	Absent	.	Absent
Bacteria	Absent	.	Absent

**Note**

Pus Cells are significant only in midstream sample. Important for interpretation in female patient as local contamination may occur.

A urine analysis alone usually doesn't provide a definite diagnosis. Depending on the reason your doctor recommended this test, you might need follow-up for unusual results. Evaluation of the urine analysis results with other tests can help your provider determine next steps. Getting standard test results from a urine analysis doesn't guarantee that you're not ill. It might be too early to detect disease or your urine could be too diluted. Tell your doctor if you still have signs and symptoms.



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<b>Mobile No.</b>	: 6387208168	<b>Test Reported On</b>	: Oct 08, 2022, 04:48 p.m.
<b>Sample Type</b>	: URINE		

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<b>Test Description</b>	<b>Value</b>	<b>Unit</b>	<b>Biological Ref Interval</b>
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**\*\*END OF REPORT\*\***

**If tests results are alarming/unexpected,client is advised to contact the Lab immediately for possible remedial actions.**


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M.D. (Pathology)



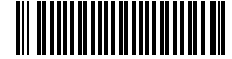
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**Mobile No.** : 6387208168 **Test Reported On** : Oct 08, 2022, 05:35 p.m.  
**Sample Type** : FLOURIDE PP

Test Description	Value	Unit	Biological Ref Interval
<b><u>BLOOD GLUCOSE PP</u></b>			
Arogya_Bank of Baroda_Health Check_ Male			
<b>BLOOD GLUCOSE PP</b>	101	mg/dl	70 - 139
Method : Hexokinase			
<b>Comments</b>			
PP Blood Sugar: 70-139 mg/dl : Non Diabetic 140-199 mg/dl : Impaired Glucose >200 mg/dl : Diabetic			

END OF REPORT

  
**Dr. A. LALCHANDANI**  
M.D. (Pathology)





**Reg. ID** : 233545  
**Name of Patient** : MR. SANDEEP KUMAR  
**Age/Gender** : 31 years / Male  
**Refd by Dr.** : MEDIWHEEL  
**Mobile No.** : 6387208168  
**Sample Type** : SERUM

**Panel Company** : MEDIWHEEL  
**Lab Request ID** : 00222810001  
**Sample Collection Date** : Oct 08, 2022, 08:17 a.m.  
**Sample Acknowledgment Date** : Oct 08, 2022, 08:17 a.m.  
**Test Reported On** : Oct 08, 2022, 04:37 p.m.

Test Description	Value	Unit	Biological Ref Interval
<b><u>Lipid-Profile*</u></b>			
Arogya_Bank of Baroda_Health Check_ Male			
CHOLESTROL TOTAL	133	mg/dL	Desirable : < 200 Borderline: 200 - 239 High : > 240
Method : CHOD-POD			
T.G	132	mg/dL	Desirable < 150 Borderline High 150 - 199 High 200 - 499 Very High > 500
Method : ENZYMATYIC (E.P)			
HDL	31 ▼	mg/dL	40-60
Method : Enzymatic immunoinhibition			
V L D I	26.4	mg/dl	07 - 35
Method : Calculated			
LDL CHOLESTEROI	75.6	mg/dl	Desirable :- < 100 Border line: 130 - 159 High Risk : 160 - 189 Very High : > 190
Method : Calculated			
LDL / HDL CHOLESTEROL Ratio	2.44		2.5 - 3.5 High : > 3.5
Method : Calculated			
TOTAL / HDL CHOLESTEROL Ratio	4.29		Moderate Risk : 3.5 - 5.0 High Risk : > 5.0
Method : Calculated			

END OF REPORT

  
**Dr. A. LALCHANDANI**  
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**Refd by Dr.** : MEDIWHEEL  
**Mobile No.** : 6387208168  
**Sample Type** : SERUM

**Panel Company** : MEDIWHEEL  
**Lab Request ID** : 00222810001  
**Sample Collection Date** : Oct 08, 2022, 08:17 a.m.  
**Sample Acknowledgment Date** : Oct 08, 2022, 08:17 a.m.  
**Test Reported On** : Oct 08, 2022, 04:38 p.m.

**Liver Function Test (LFT)\***

Arogya\_Bank of Baroda\_Health Check\_ Male

BILIRUBIN TOTAL	1.2	mg/dL	0.3 - 1.2
Method : DIAZO			
BIL DIRECT	<b>0.3 ▲</b>	mg/dL	< 0.2
Method : DIAZO			
BIL INDIRECT	0.9		0.4-1.1
Method : CALCULATED			
AST/SGOT	<b>56 ▲</b>	μ/L	< 50
Method : UV WITHOUT P5P			
ALT/SGPT	<b>88 ▲</b>	μ/L	< 50
Method : UV WITHOUT P5P			
ALKALINE PHOSPHATE	<b>123 ▲</b>	IU/L	30-120
Method : PNPP, AMP BUFFER			
TOTAL PROTEIN	8.3	g/dL	6.6 - 8.3
Method : BIURET			
ALBUMIN	4.4	g/DL	3.5 - 5.2
Method : BCG			
GLOBULIN	<b>3.9 ▲</b>	g/dl	2.0-3.5
Method : Calculated			
A/G RATIO	1.13		0.9-2.5
Method : Calculated			
GGT	42	μ/L	< 55
Method : Glutamyl carboxy nitroanilide Glycylglycine			

**\*\*END OF REPORT\*\***

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M.D. (Pathology)







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<b>Age/Gender</b> : 31 years / Male	<b>Sample Collection Date</b> : Oct 08, 2022, 08:17 a.m.
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<b>Mobile No.</b> : 6387208168	<b>Test Reported On</b> : Oct 08, 2022, 10:12 p.m.
<b>Sample Type</b> : EDTA	

**GLYCOSYLATED HAEMOGLOBIN HbA1c\***

Arogya\_Bank of Baroda\_Health Check\_ Male

HBA1C\* 5.7 % 4.00 - 5.70

Method : HPLC - Ion Exchange

MEAN BLOOD GLUCOSE LEVEL Mean Blood 117 mg/dL 68 - 117

Glucose Level over past 60 days period

**INTERPRETATION****According to recommendations of the American Diabetes Association (ADA)**

Group	HbA1c in %
Non-Diabetic adults 18 year	4.5 - 5.6
At risk of developing diabetes	> 5.7 to < 6.4
Diagnosing of Diabetes mellitus	>= 6.5

**Comments**

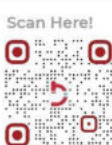
- Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have q high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
- Diabetes patients with HbA1c levels below 7%(DCCT/NGSP) meet the goal of the ADA.
- HbA1c levels below the established reference interval may indicate recent episodes of hypoglycemia, the presence of Hb variants or shortened lifetime of erythrocytes.
- HbA1c Provides an index of average blood glucose levels over the past 8 -12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

**FACTORS THAT INTERFERE WITH HbA1C Measurement-** Hemoglobin variants,elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the with renal failure) can affect the accuracy of HbA1c measurements.

**FACTORS THAT AFFECT INTERPRETATION OF HBA1C RESULTS** - Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g.,recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c

END OF REPORT

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<b>Mobile No.</b>	: 6387208168	<b>Test Reported On</b>	: Oct 08, 2022, 10:12 p.m.
<b>Sample Type</b>	: EDTA		

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**Dr. A. LALCHANDANI**  
M.D. (Pathology)

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Value	Unit	Biological Ref Interval
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<b>Reg. ID</b>	: 233545	<b>Panel Company</b>	: MEDIWHEEL
<b>Name of Patient</b>	: MR. SANDEEP KUMAR	<b>Lab Request ID</b>	: R222810001
<b>Age/Gender</b>	: 31 years / Male	<b>Sample Collection Date</b>	: Oct 08, 2022, 08:17 a.m.
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<b>Mobile No.</b>	: 6387208168	<b>Test Reported On</b>	: Oct 10, 2022, 10:13 a.m.
<b>Sample Type</b>	: RADIO		

**Male Ultrasound Whole Abdomen\***

Arogya\_Bank of Baroda\_Health Check\_ Male

**Liver** measures 13.8 cm in the craniocaudal axis , outline smooth with homogenous **echotexture is reflective suggestive of fatty change grade I**. No obvious focal parenchymal lesion seen no extra or intra hepatic billiary dilatation is noted . Hepatic veins drain normally in to IVC . Portal vein is normal and in course and caliber.

**Gall bladder is distended**. No intra luminal calculus is seen. Gall bladder wall is normal in thickness Common bile duct is normal in caliber and lumen is clear.

**Pancreas** is normal in size & outline Echotexture is homogenous. No evidence of any focal lesion or calcification is seen. Pancreatic duct is not dilated.

**Spleen measures 10.7 cm** normal in outline and echotexture. No focal lesion calcification is seen.

Right **kidney** measures 93 x 38 mm , corticomedullary differentiation is maintained. cortical echotexture is homogenous No mass lesion, calculus or hydronephrosis is seen .

Left **kidney** measures 92 x 36 mm , corticomedullary differentiation is maintained. cortical echotexture is homogenous No mass lesion, calculus or hydronephrosis is seen .

**Urinary bladder** is distended. wall thickness is normal ,no calculus or mass seen.

**Prostate is 18.5 ml. Echotexture is homogenous no focal lesion is seen.**

No significant gastric or small bowel lesion is seen.

No significant retroperitoneal lymph adenopathy . No peritoneal fluid seen.

***Impression: Early fatty liver.***

Please correlate clinically & with other investigations. This report is for diagnostic use only and is not valid for medicolegal purposes. We are open for reconsideration of the report if required/suggested by treating doctor.





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<b>Sample Type</b>	: RADIO		

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END OF REPORT

Dr. SARABJEET  
Sr. Radiologist M.D.





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<b>Reg. ID</b>	: 233545	<b>Panel Company</b>	: MEDIWHEEL
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<b>Sample Type</b>	: RADIO		

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**X-ray Chest P.A\***

Arogya\_Bank of Baroda\_Health Check\_ Male

Bronchovascular markings are increased. No active lung parenchymal lesion seen.

Bilateral hilar shadows are normal.

Cardiac silhouette is normal.

Rib cage appears normal.

Bilateral CP angles are clear.

*Kindly correlate clinically.*

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END OF REPORT

Dr. SARABJEET  
Sr. Radiologist M.D.





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**Mobile No.** : 6387208168 **Test Reported On** : Oct 08, 2022, 05:25 p.m.  
**Sample Type** : SERUM

Test Description	Value	Unit	Biological Ref Interval
<b>Thyroid Function Test (T3,T4,TSH)</b>			
Arogya_Bank of Baroda_Health Check_ Male			
TOTAL T3	1.24	ng/mL	0.60 - 1.83
Method : CLIA			
TOTAL T4	9.64	ug/dl	5.48 - 14.28
Method : CLIA			
Thyroid Stimulating Hormone - TSH	2.11	uU/ml	0.35 - 5.50
Method : CLIA			

**COMMENTS:-**

A high TSH result often means an underactive thyroid gland caused by failure of the gland (Hypothroidism). Very rarely, a high TSH result can indicate a problem with the pituitary gland, such as a tumour, in what is known as secondary hyperthyroidism. A high TSH value can also occur in people with underactive thyroid gland who have been receiving too little thyroid hormone medication.

A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH. A low TSH result can also occur in people with an underactive thyroid gland who are receiving too much thyroid hormone medication.

END OF REPORT

  
**Dr. A. LALCHANDANI**  
M.D. (Pathology)





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**Mobile No.** : 6387208168 **Test Reported On** : Oct 08, 2022, 05:26 p.m.  
**Sample Type** : SERUM

Test Description	Value	Unit	Biological Ref Interval
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Arogya\_Bank of Baroda\_Health Check\_ Male

TOTAL PSA	0.34	ng/ml	< 4
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Method : ENHANCED CHEMILUMINESCENCE

### SUMMARY

PSA is localized in the cytoplasm of prostatic ductal epithelium and in secretions of the ductal lumina. Because PSA is a secretory protein of the prostate, it can be recovered and purified both from prostatic tissue and from seminal plasma. PSA has been found to be primarily associated with prostate tissue, and elevated serum PSA has been found in patients with prostate cancer, benign prostatic hypertrophy, and inflammatory conditions.

Serum PSA alone is not suitable as a screen for prostate cancer because elevated PSA concentrations are also observed in patients with benign prostatic hypertrophy (BPH), nor is it recommended as a guide in disease staging. The combination of PSA measurement and rectal examination with ultrasonography in the event of abnormal findings may provide a better method of detecting prostate cancer than rectal examination alone. PSA determinations can be useful in detecting metastatic or persistent disease in patients following surgical or medical treatment of prostate cancer.

END OF REPORT

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M.D. (Pathology)





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**Sample Type** : SERUM

Test Description	Value	Unit	Biological Ref Interval
<b><u>SERUM CREATININE</u></b>			
Arogya_Bank of Baroda_Health Check_ Male			
CREATNINE	0.67	mg/DL	0.67 - 1.17
Method : ALKALINE PICRATE KINETIC			

END OF REPORT

  
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**Sample Type** : SERUM

Test Description	Value	Unit	Biological Ref Interval
<b><u>BUN*</u></b>			
Arogya_Bank of Baroda_Health Check_ Male			
BUN	13.0	mg/dL	6.0 - 20.0

END OF REPORT

  
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**Sample Type** : SERUM

Test Description	Value	Unit	Biological Ref Interval
<b><u>SERUM URIC ACID</u></b>			
Arogya_Bank of Baroda_Health Check_ Male			
URIC ACID	6.0	mg/DL	3.5 - 7.2
Method : URICASE CALORIMETRIC			

END OF REPORT

  
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M.D. (Pathology)





**Reg. ID** : 233545 **Panel Company** : MEDIWHEEL  
**Name of Patient** : MR. SANDEEP KUMAR **Lab Request ID** : 222810001  
**Age/Gender** : 31 years / Male **Sample Collection Date** : Oct 08, 2022, 08:17 a.m.  
**Refd by Dr.** : MEDIWHEEL **Sample Acknowledgment Date** : Oct 08, 2022, 08:17 a.m.  
**Mobile No.** : 6387208168 **Test Reported On** : Oct 08, 2022, 05:25 p.m.  
**Sample Type** : URINE

Test Description	Value	Unit	Biological Ref Interval
Arogya_Bank of Baroda_Health Check_ Male			
URINE SUGAR (PP)	Absent		

END OF REPORT

  
**Dr. A. LALCHANDANI**  
M.D. (Pathology)





**Reg. ID** : 233545 **Panel Company** : MEDIWHEEL  
**Name of Patient** : MR. SANDEEP KUMAR **Lab Request ID** : 222810001  
**Age/Gender** : 31 years / Male **Sample Collection Date** : Oct 08, 2022, 08:17 a.m.  
**Refd by Dr.** : MEDIWHEEL **Sample Acknowledgment Date** : Oct 08, 2022, 08:17 a.m.  
**Mobile No.** : 6387208168 **Test Reported On** : Oct 08, 2022, 05:25 p.m.  
**Sample Type** : URINE

Test Description	Value	Unit	Biological Ref Interval
<b><u>URINE SUGAR (FASTING)*</u></b>			
Arogya_Bank of Baroda_Health Check_ Male			
Urine Sugar (Fasting)	Absent		

END OF REPORT

  
**Dr. A. LALCHANDANI**  
M.D. (Pathology)





**Reg. ID** : 233545 **Panel Company** : MEDIWHEEL  
**Name of Patient** : MR. SANDEEP KUMAR **Lab Request ID** : 00222810001  
**Age/Gender** : 31 years / Male **Sample Collection Date** : Oct 08, 2022, 08:17 a.m.  
**Refd by Dr.** : MEDIWHEEL **Sample Acknowledgment Date** : Oct 08, 2022, 08:17 a.m.  
**Mobile No.** : 6387208168 **Test Reported On** : Oct 08, 2022, 04:38 p.m.  
**Sample Type** : SERUM

Test Description	Value	Unit	Biological Ref Interval
<b><u>CALCIUM</u></b>			
Arogya_Bank of Baroda_Health Check_ Male			
CALCIUM	9.3	mg/dL	8.4 - 10.2
Method : Arsenazo III			

END OF REPORT

  
**Dr. A. LALCHANDANI**  
M.D. (Pathology)





**DR. LALCHANDANI LABS**  
**19C, PUNJABI CLUB ROAD,**  
**WEST PUNJABI BAGH, NEW DELHI**

Age: 31  
 Weight (kg): 70  
 Height (cm): 171  
 BSA (m<sup>2</sup>): 1.82  
 Smoker: no

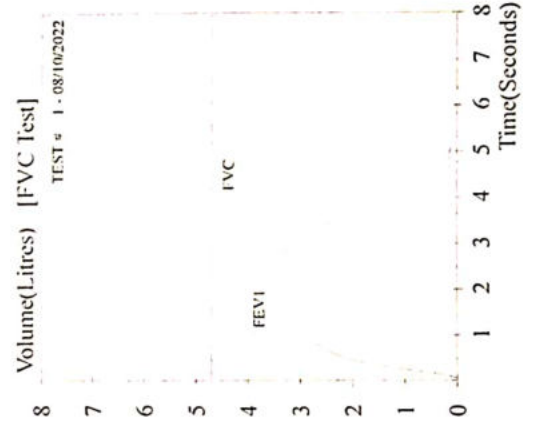
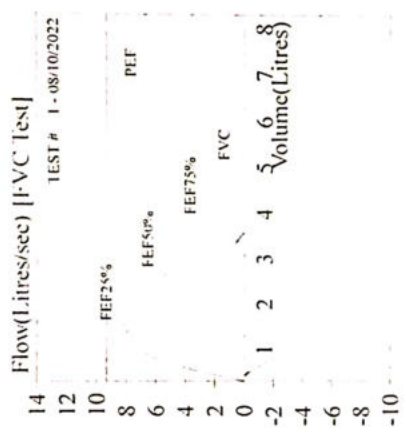
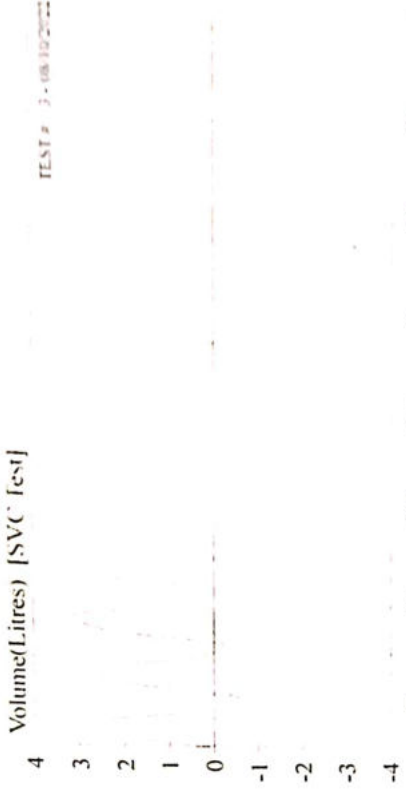
Date of Birth: 31/03/1991  
 Sex: Male  
 Ethnic Corr.: 100%  
 Description:  
 Comments:

Last Name: SANDEEP KUMAR  
 First Name: SANDEEP KUMAR  
 ID: 564522  
 Date: 08/10/2022  
 Predicted: ERS 93

**Spirometry Results**

Parameter	Pred	Pre	%Pred
FVC (L)	4.7	3.45	73
FEV.5 (L)	-----	2.31	-----
FEV1 (L)	3.96	3.04	77
PEFR (L/s)	9.32	7.92	85
PIFR (L/s)	-----	6.75	-----
FEF25-75 (L/s)	4.68	5.35	114
FEF 25% (L/s)	7.97	7.7	97
FEF 50% (L/s)	5.17	6.62	128
FEF 75% (L/s)	2.32	2.54	109
FEV1/FVC (%)	81.63	88.12	108
FVC Time (Sec)	-----	3.14	-----
SVC (L)	4.91	3.7	75
ERV (L)	-----	0.11	-----
IRV (L)	-----	0.33	-----
VE (L/min)	-----	44.76	-----
Rf (l/min)	-----	13.73	-----
Ti (sec)	-----	2.12	-----
Te (sec)	-----	2.25	-----
Vt (L)	-----	3.26	-----
Vu/Ti (L/s)	-----	1.54	-----
Ti/Ttot (sec)	-----	0.49	-----
IC (L)	-----	3.59	-----
MVV (L/min)	140.24	23.6	17
MRf (l/min)	-----	20	-----
MVt (L)	-----	1.18	-----
MVVt (sec)	-----	15.32	-----
ELA (Years)	30	59	-----

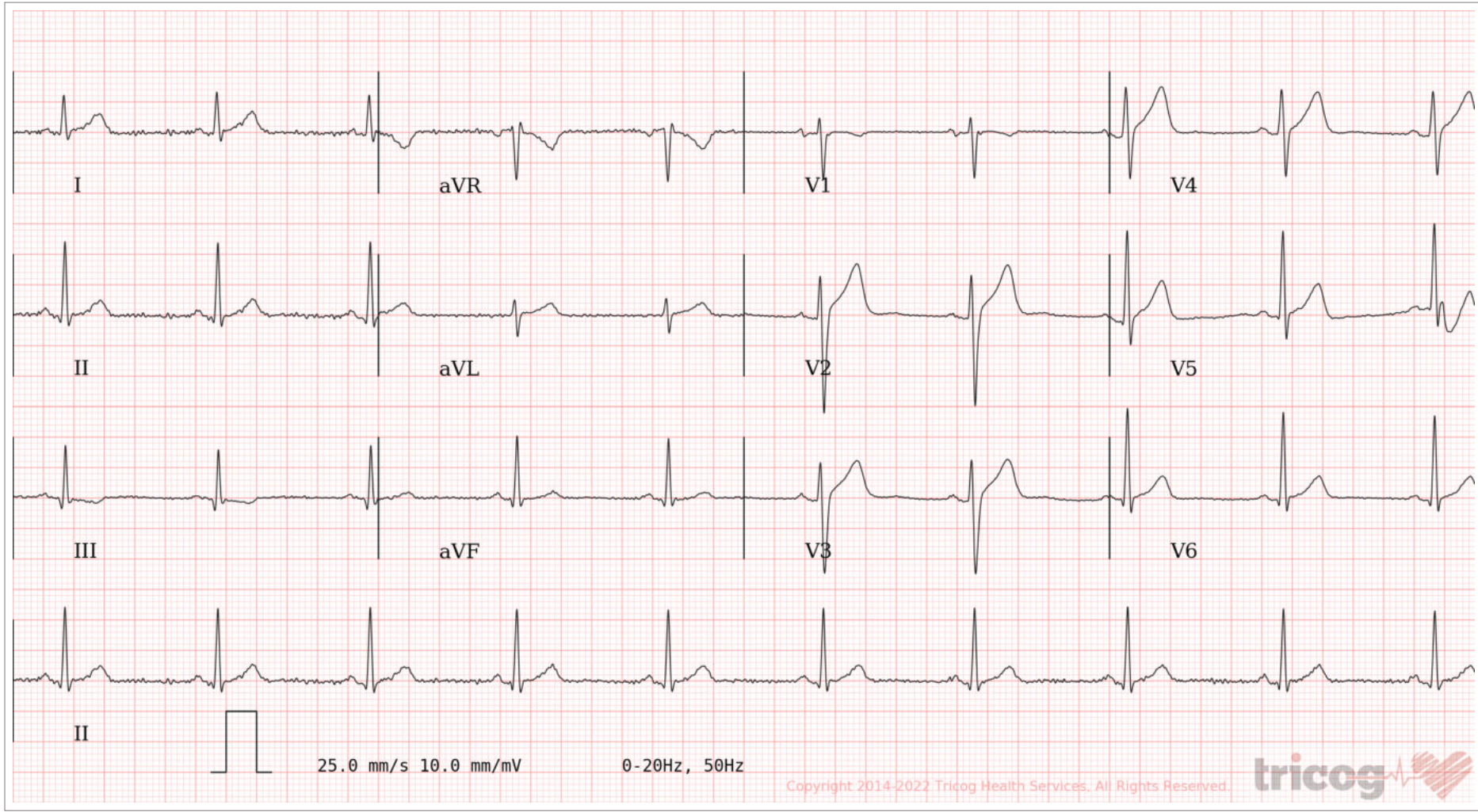
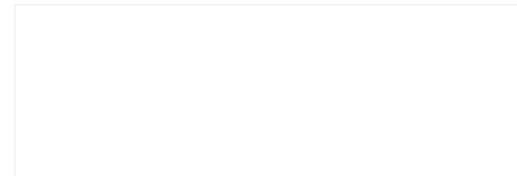
Pre Medication Report Indicates  
 Mild Restriction( %FEV1/FVC>80%Pred%FEV1  
 /FVC and 80%PredFVC>FVC>65%PredFVC )



Dr.

Age / Gender: 31/Male  
Patient ID: 333444  
Patient Name: Sandeep kumar

Date and Time: 8th Oct 22 9:09 AM



AR: 60.0bpm VR: 60.0bpm QRSD: 94.0ms QT: 364.0ms QTc: 364.0ms PRI: 140.0ms P-R-T: 51.0° 66.0° 18.0°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY

Dr. Charit  
MD, DM: Cardiology

63382

REPORTED BY

Dr Prathima S.K

Name: Mr . SANDEEP KUMAR  
Reff:

Age/Sex : 31YRS/M  
Date: 08/10/2022

**Transthoracic Echo-Doppler Report**

**M-Mode/2-D Description:**

Left Ventricle: It is Normal Size. There is no regional wall motion abnormality.  
Global LVEF is 60%.

Left Atrium: It is normal size.

Right Atrium: It is normal size.

Right Ventricle: It is normal size. RV systolic function is normal.

Aortic Valve: Aortic cusps are normal.

Mitral Valve: It opens normally. Subvalvular apparatus appears normal.

Tricuspid valve: It appears normal.

Pulmonary Valve: It appears normal.

Main Pulmonary artery & its branches: Appear normal.

No intracardiac clot/mass/veg.

Pericardium: There is no pericardial effusion.

IAS & IVS: Intact.

**2-D/ M-Mode Measurements (mm):**

	Observed Values	Normal Values
Aortic root diameter	24	20-36 (mm/M <sup>2</sup> )
Aortic Valve Opening		15-26
Left Atrium size	32	19-40

	End Diastole	End Systole	Normal Values
Left Ventricle Size	44	26	(ED= 37-56; ES=22-40)
Interventricular Septum	09	10	(ED= 6-12)
Posterior Wall Thickness	09	10	(ED= 5-10)

LV Ejection Fraction (%)	60%	55%-80%
--------------------------	-----	---------





Doppler Velocities:

MR. SAHDEEP GUJRAL

<b>Pulmonary Valve (Cm / Sec.)</b>		<b>Aortic Valve (Cm / Sec.)</b>	
Max Velocity	101	Max Velocity	109
Max PG	4.1	Mean Velocity	
Mean PG		Max PG	4.7
		Mean PG	
<b>Mitral Valve (Cm / Sec.)</b>		<b>Tricuspid Valve (Cm / Sec.)</b>	
E -90	Mitral Valve (Cm / Sec.)	Max Velocity	
A -51	Max Velocity	Mean Velocity	
DT -	Mean Velocity	Max PG	16
PHT -	Max PG	Mean PG	
	Mean PG		

Regurgitation

<b>MR</b>		<b>TR</b>	
Severity	Trace	Severity	Trace
Max Velocity		Max Velocity	
Mean Velocity		Max Gradient	
<b>AR</b>		<b>PR</b>	
Severity	Nil	Severity	Nil
ED Velocity		PADP	
PHT		Mean PAP	

*Final Interpretation*

Study done at heart rate 78 BPM  
 No regional wall motion abnormality. Global LVEF= 60%.  
 Normal cardiac chambers dimensions.  
 Trace MR.  
 Trace TR (RVSP=16+ RAP).  
 RV systolic function is normal.  
 No intra cardiac clot/mass/veg./pericardial effusion.  
 IVC normal with >50% respiratory variation

*Dr. Saurabh Bagga*  
 MD, DM (Cardiology)



SMEDICAL EXAMINATION REPORT (MER FORM)

NAME	AGE	CORPORATE:	CONTACT NO	LOCATION
Sandeep Kumar	31			
HEIGHT: 171 cm	M/F M	WEIGHT: 70	BMI: 23.95 (over wt)	BP: 116/80
DATE: 8/10/22				cc hpa
Vision		LEFT NG		
		RIGHT NG		
Color blindness		No		
FAMILY HISTORY		Diabetes		
		Hypertension	Nil	
PERSONAL HISTORY		Diabetes	Nil	
		Hypertension	Nil	
		Tuberculosis/any chronic illness	Nil	
MEDICATIONS IF ANY		No		
EYE EXAMINATION		✓		
CLINICAL EXAMINATION				

SIGNATURE OF CLIENT:

SIGNATURE OF DOCTOR:



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Say Hi

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