

ID: vijay

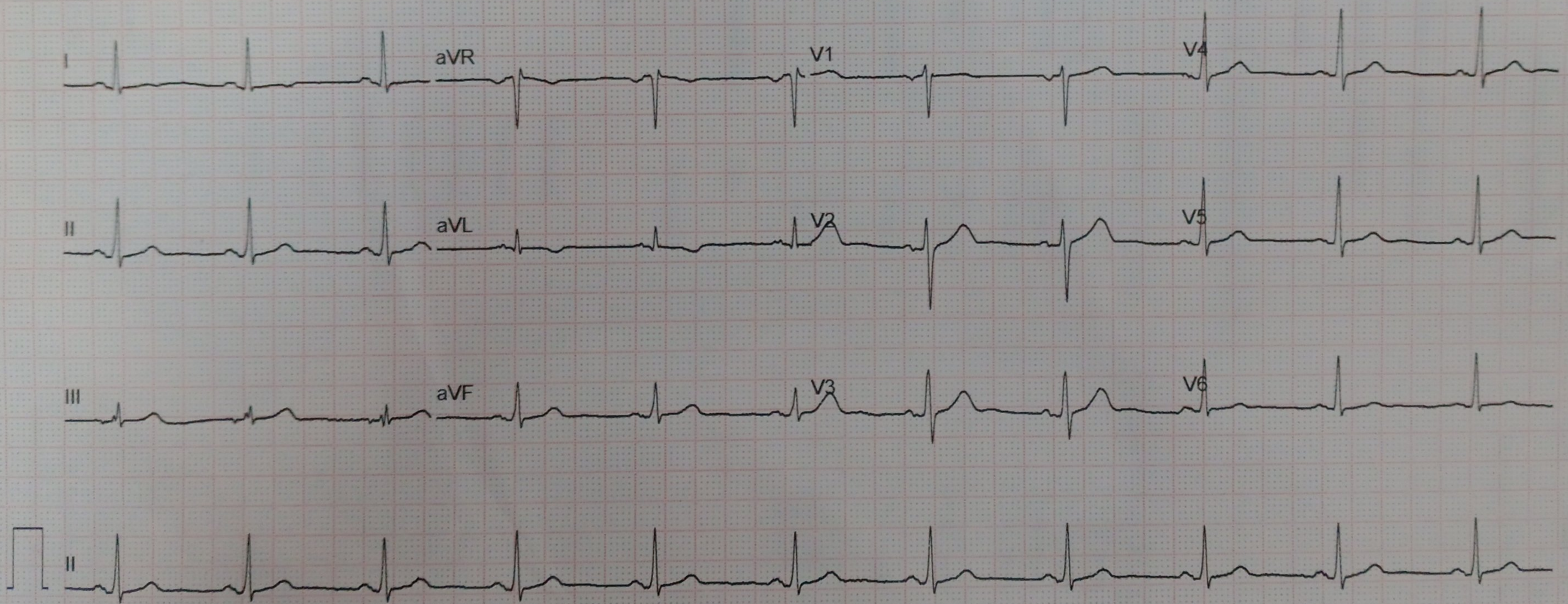
13.07.2024 10:36:21 AM
V-one Hospital
AB Road Geeta Bhawan
indore

66 bpm
--/-- mmHg

Male

QRS : 84 ms
QT / QTcBaz : 384 / 402 ms
PR : 130 ms
P : 108 ms
RR / PP : 910 / 909 ms
P / QRS / T : 39 / 39 / 78 degrees

Normal sinus rhythm
Normal ECG



Unconfirmed

GE MAC2000

1.1

12SL™ v241

25 mm/s 10 mm/mV

ADS

0.56-40 Hz

50 Hz

4x2.5x3_25_R1

1/1

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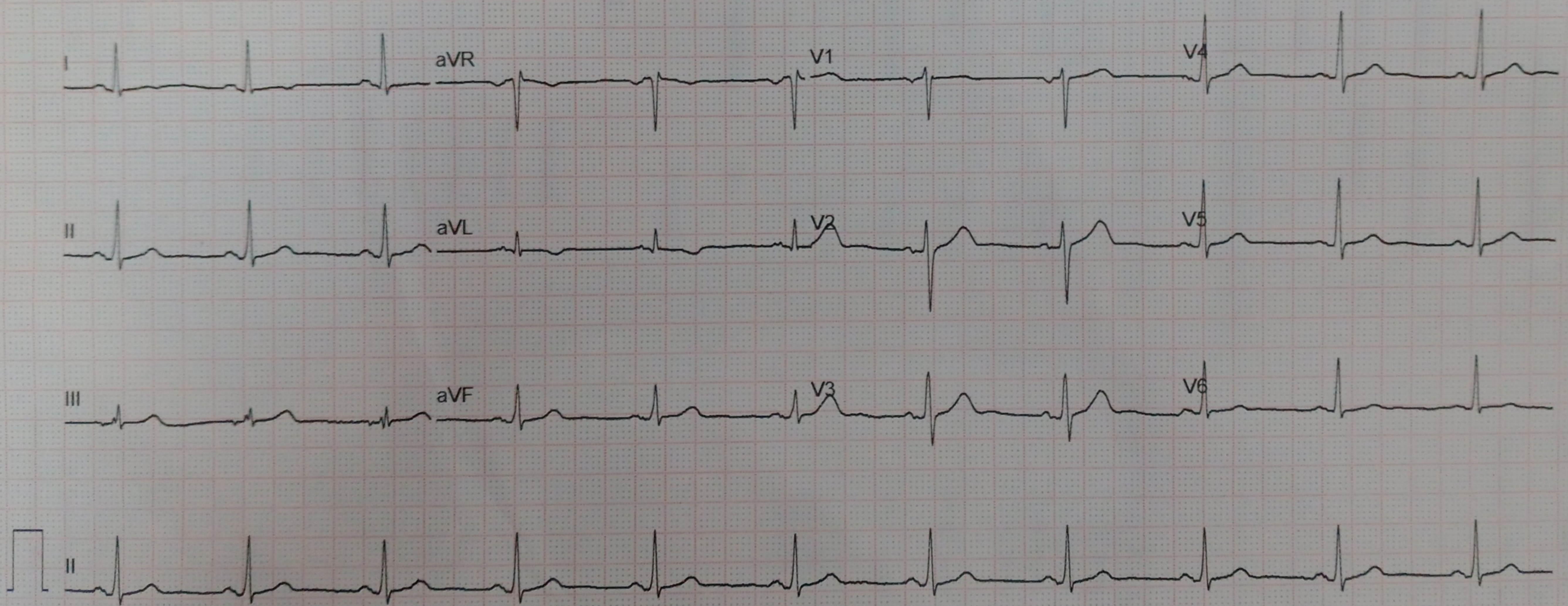
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1/1

Patient Name: MR. VIJAY AGRAWAL / MRN-240700809

Age / Gender : 44 Yr / M

Address: Vijay Nagar, Indore, MADHYA PRADESH

Req. Doctor: VONE HOSPITAL

Regn. Number: WALKIN.24-25-6104

Request Date : 13-07-2024 10:11 AM

Reporting Date : 13-07-2024 12:00 PM
Report Status : Finalized

ECHO

Measuring Dimensions

Observed Values

Normal Value (For Adult)

Aortic root diameter (AOD)

27 mm

20-37 mm

Aortic Valve Cusp Opening (ACS)

20 mm

15-26 mm

Left atrial dimensions (LAs diam)

39 mm

19-40 mm

Left ventricular ED dimensions (LVIDd)

39 mm

17-56 mm

Left ventricular ES dimensions (LVIDs)

25 mm

18-42 mm

Interventricular ED septal thickness (IVSd)

11 mm

6-11 mm

LVPW (D) (LVPWD)

11 mm

6-11 mm

LVEF

65 %

55-70%

Regional wall motion abnormalities : No.

IVS motion : Normal

CHAMBERS SIZE & SHAPE :-

Left Ventricle : Normal.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Pulmonary artery : Normal

PERICARDIUM : Normal.

IVC : Normal.

VALVULAR ECHO :-

MITRAL VALVE :- : Morphology :-
Doppler :
Mitral stenosis : Absent
Mitral regurgitation : Normal

TRISCUSPID VALVE :- : Morphology :-
Tricuspid Stenosis : Absent
Tricuspid regurgitation : Grade I/IV TR. No PAH (PASP 15mmHg+RAP)

PULMONARY VALVE :- : Morphology :-
Doppler : PV Vmax- 0.68m/sec PV Max PG- 1.86mmHg.
Pulmonary Stenosis : Absent
Pulmonary regurgitation : Normal

AORTIC VALVE :- : Morphology :-
Doppler : AV Vmax- 1.05m/sec AV max PG- 4.42mmHg.
Aortic Stenosis : Absent
Aortic Regurgitation : Normal

IMPRESSION :-

Ø Normal 2D Echo & CD study.

END OF REPORT

Dr. Deepesh Kothari
MD, DM, FSCAI (CARDIOLOGY)
CONSULTANT INTERVENTIONAL CARDIOLOGIST
Director Cardiac Sciences

Patient Name: MR. VIJAY AGRAWAL / MRN-240700809
Age / Gender : 44 Yr / M
Address: Vijay Nagar, Indore, MADHYA PRADESH
Req. Doctor: VONE HOSPITAL
Regn. Number: WALKIN.24-25-6104



Request Date : 13-07-2024 10:11 AM

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USG WHOLE ABDOMEN

Liver is normal in size (14 cm) and shape. Its echogenicity is raised. Margins are smooth and regular. The portal vein and biliary radicals are normal in calibre.

GB is well distended. Wall thickness is normal with echofree lumen. CBD is within normal limits.

Pancreas is normal in size, shape and echo pattern.

Bilateral kidneys are normal in shape, size and echotexture. Corticomedullary differentiation is maintained. No evidence of any calculus or hydronephrosis.

Rt. Kidney Length: 9.4 cm

Lt. Kidney Length: 9.8 cm

Spleen is normal in size and echopattern.

Urinary bladder is normal in shape and size. Lumen appears echofree. Wall thickness is normal.

Prostate is normal in size and measures 19 gms. Echotexture is homogenous. Capsule is intact.

No evidence of ascites / pleural effusion.

Visualized bowel loops are normal in course and calibre.

IMPRESSION :-

Grade I fatty liver.

END OF REPORT

DR. RAVINDRA SINGH

CONSULTANT RADIOLOGIST

Scan the QR code to download your e-report

Patient Name : MR. VIJAY AGRAWAL [MRN-240700809]

Age / Gender : 44 Yr / Male

Address : Vijay Nagar, Indore, MADHYA PRADESH



MRN-240700809

Request Date : 13-07-2024 10:11 AM

Reporting Date : 13-07-2024 04:54 PM

Collection Date : 13-07-2024 10:23 AM

Requesting Doctor : VONE HOSPITAL

Sample ID : BIO5950,CP-2162,H-4922,PATH4830,ST-2176

Reporting Status : Finalized

Acceptance Date: 13-07-2024 10:24 AM

BIOCHEMISTRY

Investigations	Result	Biological Reference Range
Lipid Profile		
Total Cholesterol	187.0 mg/dL	0 - 200 mg/dL
Tryglyceride	215.0 mg/dL*	150 - 200 mg/dL
HDL Cholesterol	37.6 mg/dL	35 - 79 mg/dL
VLDL (Calculated)	43 mg/dL*	5 - 40 mg/dL
LDL	106.4 mg/dL	0 - 130 mg/dL
Total Cholesterol /HDL	4.97	0 - 5
LDL/HDL	2.83	0.3 - 5

Investigations	Result	Biological Reference Range
LFT		
SGOT	24.5 U/L	0 - 40 U/L
SGPT	35.5 U/L	M 0 - 40 U/L
TOTAL BILIRUBIN	0.83 mg/dL	0 - 1.1 mg/dL
DIRECT BILIRUBIN	0.21 mg/dL*	0 - 0.2 mg/dL
INDIRECT BILIRUBIN	0.62 mg/dL	0.2 - 0.8 mg/dL
TOTAL PROTEIN	6.78 mg/dL	6.6 - 8.8 mg/dL
S.ALBUMIN	4.11 mg/dL	3.5 - 5.5 mg/dL
GLOBULIN	2.67 mg/dL	2 - 3.5 mg/dL
A.G.RATIO	1.54 *	1.1 - 1.5
ALKALINE PHOSPHATASE	73.0 U/L	M 40 - 129 U/L CHILD 54 - 369 U/L
PT INR		
PT	12.9 sec *	13 - 15 sec
CONTROL	12.8 sec	

INR	12.8 *	0.8 - 1.1
HBSAG	Non Reactive	
ALT / AST RATIO	1.44	< 1.5
AST / ALT RATIO	0.69	< 1

Investigations	Result	Biological Reference Range
FBS & PPBS *[Ser/Plas]		
FBS	113.6 mg/dL*	70 - 110 mg/dL
PPBS	129.8 mg/dL	100 - 140 mg/dL
URINE SUGAR POST - PRANDIAL	Nil	

Investigations	Result	Biological Reference Range
URIC ACID	8.6 mg/dL	Males 3.4 - 7.2 mg/dL Females 2.5 - 6 mg/dL
BUN		
BUN	17.17 mg/dL	5 - 20 mg/dL
CREATININE	1.22 mg/dL	0.7 - 1.4 mg/dL
BUN / CREATINE RATIO	14.07	10 - 20
GGT(GAMMA GLUTAMYL TRANSFERASE)	48.87 U/L	M 11 - 60 U/L

CLINICAL PATHOLOGY

Investigations	Result	Biological Reference Range
Urine Routine		
PHYSICAL EXAMINATION		
Quantity	20 ml	
Colour	Pale yellow	Pale Yellow
Deposit	Absent	Absent
Clarity	Clear	Clear
Reaction	Acidic	Acidic
Specific Gravity	1.015	1.001 - 1.035
CHEMICAL EXAMINATION		
Albumin	Absent	Absent
Sugar	Absent	Absent

Bile Salt	Absent	Absent
Bile Pigment	Absent	Absent
Keton	Absent	Absent
Blood	Trace	Absent
MICROSCOPY EXAMINATION		
Red Blood Cells	1-2 /hpf	Nil/hpf
Pus Cells	2-3 /hpf	2-3/hpf
Epithelial Cells	1-2 /hpf	3-4/hpf
Casts	Absent	Absent
Crystals	Absent	Absent
Bacteria	Absent	Absent

HAEMATOLOGY

Investigations	Result	Biological Reference Range
HbA1C		
Glyco Hb (HbA1C)	5.5 %	4 - 6 %
Estimated Average Glucose	111.15 mg/dL	mg/dL
<p>Interpretation: 1.HbA1C has been endorsed by clinical groups and American Diabetes Association guidelines 2017 for diagnosing diabetes using a cut off point of 6.5%</p> <p>2.Low glycated haemoglobin in a non diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency and haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.</p> <p>3.In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent control-6-7 % Fair to Good control - 7-8 % Unsatisfactory control - 8 to 10 % Poor Control - More than 10 %</p>		

Investigations	Result	Biological Reference Range
BLOOD GROUP		
ABO GROUP	B	
RH FACTOR	Positive	

Investigations	Result	Biological Reference Range
CBC		
Haemoglobin	15.0 gm%	M 14 - 18 gm% (Age 1 - 100)

RBC Count	4.82 mill./cu.mm*	M 3.8 - 4.8 mill./cu.mm (Age 1 - 100)
Packed Cell Volume (PCV)	42.0 %	M 40 - 54 % (Age 1 - 100)
MCV	87.2 Cu.m.	76 - 96 Cu.m. (Age 1 - 100)
MCH	31.0 pg	27 - 32 pg (Age 1 - 100)
MCHC	35.6 %*	30.5 - 34.5 % (Age 1 - 100)
Platelet Count	218 10 ³ /uL	150 - 450 10 ³ /uL (Age 1 - 100)
Total Leukocyte Count (TLC)	5.24 10 ³ /uL	4.5 - 11 10 ³ /uL (Age 1 - 100)
Differential Leukocyte Count (DLC)		
Neutrophils	65 %	40 - 70 % (Age 1 - 100)
Lymphocytes	32 %	20 - 40 % (Age 1 - 100)
Monocytes	02 %	2 - 10 % (Age 1 - 100)
Eosinophils	01 %	1 - 6 % (Age 1 - 100)
Basophils	00 %	< 1 %
ESR (WINTROBE METHOD)	08 mm/hr	M 0 - 12 mm/hr

IMMUNOLOGY

Investigations	Result	Biological Reference Range
Thyroid Profile		
T3	0.81 ng/dL	0.58 - 1.62 ng/dL (Age 1 - 100)
T4	7.34 ug/dl	5 - 14.5 ug/dl (Age 1 - 100)
TSH	2.88 uIU/ml	0.35 - 5.1 uIU/ml (Age 1 - 100)
<p>Interpretation: Ultra sensitive-thyroid stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, sTSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.</p> <p>Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.</p> <p>Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy. TSH ref range in Pregnancy Reference range (microIU/ml) First trimester 0.24 - 2.00</p>		

Second trimester 0.43-2.2
Third trimester 0.8-2.5

Investigations	Result	Biological Reference Range
PSA	0.72 ng / ml	0 - 4 ng / ml (Age 0 Y - 100 Y)
<p>Interpretation: INTERPRETATIONS: Useful for Evaluating patients with documented prostate problems in whom multiple prostate-specific antigen tests may be necessary per year. Monitoring patients with a history of prostate cancer as an early indicator of recurrence and response to treatment. Prostate-specific antigen (PSA) values are reported with the 95th percentile limits by decade of age. These reference limits include men with benign prostatic hyperplasia. They exclude all cases with proven cancer. PSA values exceeding the age-specific limits are suspicious for prostate disease, but further testing, such as prostate biopsy, is needed to diagnose prostate pathology. Values >0.2 ng/mL are considered evidence of biochemical recurrence of cancer in men after prostatectomy</p>		

Investigations	Result	Biological Reference Range
VITAMIN B12	357.35 pg / ml	120 - 914 pg / ml
<p>Interpretation: Introduction : Vitamin B12, a member of the corrin family, is a cofactor for the formation of myelin, and along with folate, is required for DNA synthesis. Levels above 300 or 400 are rarely associated with B12 deficiency induced hematological or neurological disease.</p> <p>Clinical Significance : Causes of Vitamin B12 deficiency can be divided into three classes: Nutritional, malabsorption syndromes and gastrointestinal causes. B12 deficiency can cause Megaloblastic anemia (MA), nerve damage and degeneration of the spinal cord. Lack of B12 even mild deficiencies damages the myelin sheath. The nerve damage caused by a lack of B12 may become permanently debilitating. The relationship between B12 and MA is not always clear that some patients with MA will have normal B12 levels; conversely, many individuals with B12 deficiency are not afflicted with MA.</p> <p>Decreased in: Iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.</p> <p>Increased in: Renal failure, liver disease and myeloproliferative diseases. Variations due to age Increases: with age. Temporarily Increased after Drug. Falsely high in Deteriorated sample.</p>		

SPECIAL TEST

Investigations	Result	Biological Reference Range
VITAMIN D3	19.81 ng / ml	Deficiency : <20 Insufficiency : 20-30 Sufficiency : 30-100
<p>Interpretation: Vitamin D is a fat soluble vitamin and exists in two main forms as cholecalciferol(vitamin D3) which is synthesized in skin from 7-dehydrocholesterol in response to sunlight exposure & Ergocalciferol (vitamin D2) present mainly in dietary sources Both cholecalciferol & Ergocalciferol are converted to 25(OH)vitamin in liver. Testing for 25(OH)vitamin D is recommended as it is the best indicator of D nutritional status as obtained from sunlight exposure & dietary intake. For diagnosis of vitamin D</p>		

deficiency it is recommended to have clinical correlation with serum 25(OH)vitamin D, serum calcium, serum PTH & serum alkaline phosphatase. During monitoring of oral vitamin D therapy-suggested testing of serum 25(OH)vitamin D is after 12 weeks or 3 months of treatment. However, the required dosage of vitamin D supplements & time to achieve sufficient vitamin D levels show significant seasonal (especially winter) & individual variability depending on age, body fat, sun exposure, physical activity, genetic factors (especially variable vitamin D receptor responses). associated liver or renal disease, malabsorption syndromes and calcium or magnesium deficiency influencing the vitamin D metabolism. Vitamin D toxicity is known but very rare. Kindly correlate clinically, repeat with fresh sample if indicated.
Source: Serum(SST)

END OF REPORT.

Prepared and Checked by



DR. QUTBUDDIN CHAHWALA
M.D. PATHOLOGIST

Result relate to the sample as received.

V-ONE HOSPITAL Department of Laboratory Medicine.

The Test results are for diagnostic purpose only, not for medico legal purpose.



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Tel: +91-11-41195959, Fax: +91-11-29523020

CIN: U24240DL2011PTC216307

MEDICAL FITNESS CERTIFICATE

(To be signed by a registered medical practitioner holding a Medical degree)

This is to certify that Mr. Vijay Agarwal aged, 44yr. Based on the examination, I certify that he is in good dental and physical health and it is free from any physical defects such as deafness, colour blindness, and any chronic or contagious diseases.

Place: **Indore**

Date: 13/07/2024

Dr. Nitesh Kumar
Nitesh Kumar
MBBS
BCMR 47093
Name & Signature of

Medical officer