

Consultant Radiologist & Son

Dr. Roopa Goyal

MD (Radio-Diagnosis)

ROYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

NAME : MR .ABHISHEK SHARMA
AGE : 43 YRS
SEX : MALE
DATE : 26-02-2023
REF BY : MEDIWHEEL

INTERPRETATION SUMMARY

- . NORMAL CHAMBER DIMENSIONS
- . INTACT IAS/ IVS
- . ALL VALVES ARE NORMAL.
- . TRACE TR
- . RVSP 20 MM HG
- . NO RWMA : LVEF 60 %
- . NO CLOT, VEGITATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM

M.MODE/2D MEASUREMENTS (MM) & CALCULATIONS (ML)

LVID d	41.9	LVEDV	
LVID s	28.5	LVESV	
RVID(d)	---	SV	
IVS d	10.5	F.S	32%
IVS S	14.0	EF	60%
LVPW d	10.2	C.O	-
LVPWS	13.6	MITRAL VALVE	-
AORTIC ROOT	29.2	EF SLOPE	-
LEFT ATRIUM	30.1	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	-	E.P.S.S	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY(cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- 90 A- 86	-	NIL
TRICUSPID VALVE	NORMAL	163	-	TRACE
PUL VALVE	NORMAL	124	-	NIL
AORTIC VALVE	NORMAL	116	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE 20 MM HG	MVA

Dr. DEVEN...
RMC No: 00250/1500
[Signature]

लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है

Consultant Radiologist & Sonologist

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NAME- Mr . Abhishek Sharma

AGE- 43 yrs

DATE – 26-02-2023

REF.BY - MEDIWHEEL

SKIAGRAM CHEST PA VIEW

Both cp angles are clear.
Cardiac size is within normal limits.
Both lungs fields are clear.

NAD IN HEART AND LUNGS.

Dr. DEVENDRA GOYAL (M.D.)
RMC No. 004250/15000
Consultant Radiologist
4-D Ultrasound & Doppler



USG ABDOMEN-PELVIS

NAME – Abhishek Sharma

AGE – 43 yrs

Date – 26-02-2023

REF BY – MEDIWHEEL

LIVER: is normal in size 13.4 cm and shows homogeneous echotexture.
No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion.
The portal vein and common bile duct show normal caliber.

GALL BLADDER: distended and shows smooth walls. Wall thickness appears normal.
No evidence of sludge/ calculus . No evidence of pericholecystic collection.

SPLEEN: normal in size and shows normal echopattern.

PANCREAS: Normal in size , shape and position.
Parenchyma is homogenous.

KIDNEYS : Both the kidneys are normal in size , shape and location. Both show normal cortico-medullary differentiation.
No evidence of hydronephrosis or calculus.

Right kidney – measures :-- 9.5 x 4.0 cm
Left kidney – measures :-- 9.7 x 4.7 cm

URINARY BLADDER : is distended with smooth walls.
No evidence of diverticulum or calculus.

PROSTATE: is normal in size 11.3 cc and shows normal homogeneous echotexture
No evidence of ascites / pleural effusion.

IMPRESSION:-- Abdominal Organs are Within Normal Limits .

(Adv- clinical correlation , further evaluation)

Dr. Roopa Goyal (M.D.)
MC No. 004250/15000
Consultant Radiologist
And Sonologist

nt Name: Mr. ABHISHEK SHARMA 43/M

5 Seconds ECG Report

July 27, 2023

08:43:22

P-QRS-T Axis (53)-(35)-(32) deg

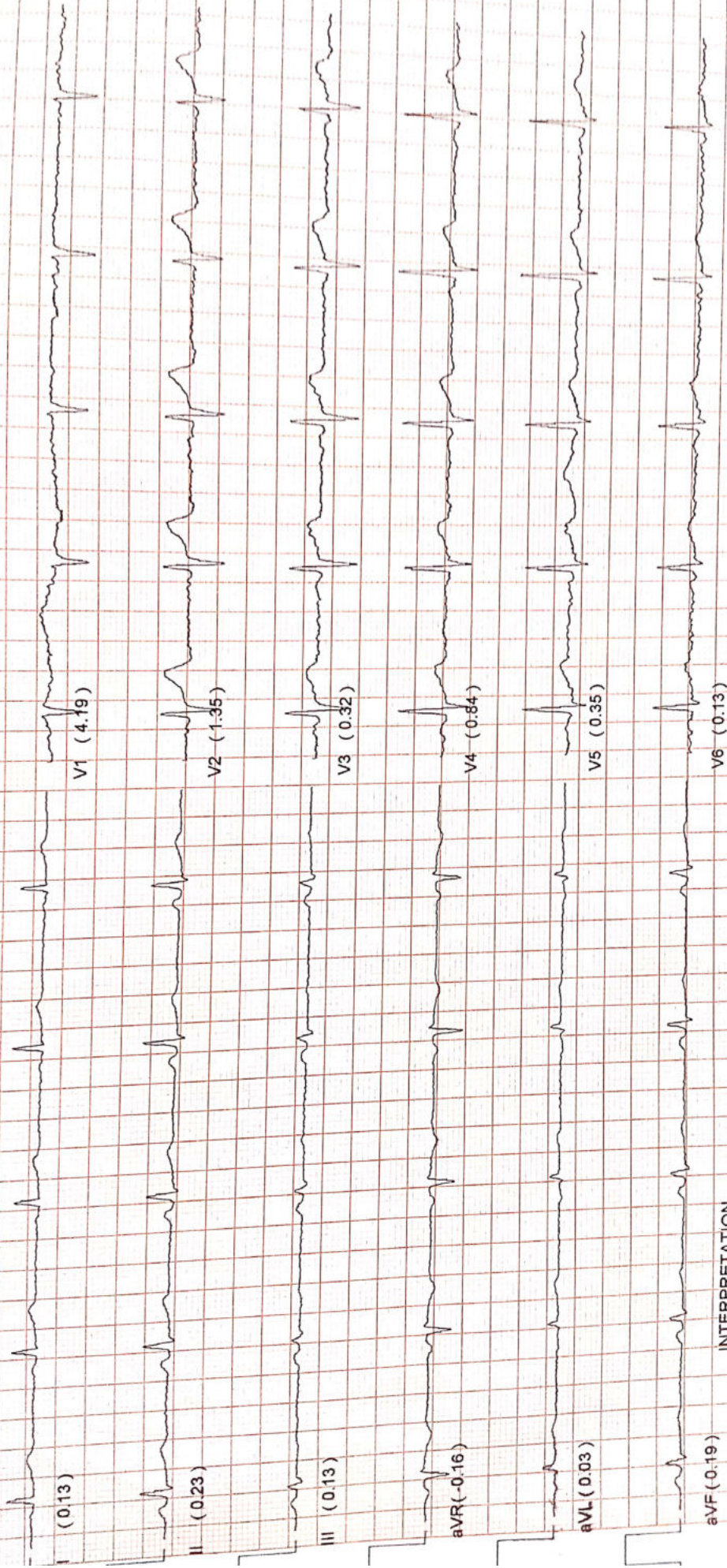
PR Interval: 0.15 sec

QRS Duration: 0.080 Sec

RR Interval: 0.93 sec

HR : 64 bpm

BP : 0 / 0 mmHg



INTERPRETATION

Sinus Rhythm, PR is normal, Normal QRS Width, Normal QT interval, QRS Axis is normal.
T wave inversion in Lead V6.
ECG not normal

DR
MD

*Unconfirmed Reporting. Refer to Clinician

10mm/mv, 25mm/sec NASAN Simul-G BL U 4.6/r. 13

भारत सरकार
GOVERNMENT OF INDIA



अशुतोष शर्मा
Ashutosh Sharma
जन्म वर्ष / Year of Birth: 1979
पुरुष / Male




9940 2143 8751




आधार — आम आदमी का अधिकार

Ashutosh Sharma

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



पता: S/O रमेश चंद्र शर्मा, 02, 04 पर Address: S/O Ramesh Chandra
शर्मा, सतीशवाड़ा के पास, बडोदा Sharma, 02, 04 lower road,
नगर, बुधवार नगर, अजमेर, राजस्थान, 305001 namohata ke pass, Rajpi
nagar, budhwar nagar, Ajmer,
Ajmer, Rajasthan, 305001

1367 1800 180 1367  help@uidai.gov.in  www.uidai.gov.in  P.O. Box No. 1367
Bangalore-560 021

Patient Name : MR. ABHISHEK SHARMA

Age / Gender : 43 years / Male

Endo ID : 109869

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Feb 26, 2023, 10:05 a.m.

Reported Date & Time : Feb 26, 2023, 12:05 p.m.

Sample ID :



230570007

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

LIPID PROFILE

Cholesterol Total Method : ENZYMATIC COLORIMETRIC METHOD CHOD - POD	186.4	mg/dL	130 -250
Triglycerides Method : ENZYMATIC COLORIMETRIC	111.9	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	51.1	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	22.38	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	112.92	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	3.65		2.6-4.9
LDL/HDL Ratio Method : Calculated	2.21		0.5-3.4

****END OF REPORT****

Dr. Nishi Prasad
M.D. (Patho.)

Patient Name : MR. ABHISHEK SHARMA
Age / Gender : 43 years / Male
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Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOLOGY			
T3-Triiodothyronine Method : CHEMILUMINESCENCE	0.85	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINESCENCE	7.6	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINESCENCE	4.21	uIU/mL	0.35 - 5.50

Interpretation:

TSH measurement is useful in screening and diagnosis for euthyroidism, hyperthyroidism and hypothyroidism. TSH levels may be affected by acute illness and drugs like doapmine and glucocorticoids. Low or undetectable TSH is suggestive of graves disease TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism. TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 FT4 is important. FreeT3 is first hormone to increase in early Hyperthyroidism. Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

****END OF REPORT****

Dr. Nishi Prasad

Patient Name : MR. ABHISHEK SHARMA

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Referral : MEDIWHEEL



Collected Date & Time : Feb 26, 2023, 10:05 a.m.

Reported Date & Time : Feb 26, 2023, 12:06 p.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
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HAEMATOLOGY

HbA1c (GLYCOSYLATED HEMOGLOBIN)	5.8	%	> 8% Action Suggested 7 - 8 % Good Control < 7% Goal 6 - 7 % Near Normal Glycemia < 6% Normal level
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Method : Nephelometry Methodology

Instrument: Mispa i2

Clinical Information:

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule hemoglobinopathy and Hb variants viz: HbS, HbC, HbE, HbD, elevated HbF, as well as those that have donated blood recently, are not suitable for this test. Conditions associated with false increased HbA1C values: HbF, Uremia, Lead poisoning, Hypertriglyceridemia, Alcoholism, Opiate addiction, Iron deficiency state, Postsplenectomy, Hyperbilirubinemia, chronic aspirin therapy. Conditions associated with false low HbA1C values: HbS, HbC, Hemolytic anemia, Pregnancy, acute or chronic blood loss

AVERAGE BLOOD GLUCOSE	119.76		90 - 120 Very Good Control 121 - 150 Adequate Control 151 - 180 Sub-optimal Control 181 - 210 Poor Control > 211 Very Poor Control
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****END OF REPORT****

RR

Radiologist & Sonologist

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Age / Gender : 43 years / Male

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Referral : MEDIWHEEL

Collected Date & Time : Feb 26, 2023, 10:05 a.m.

Reported Date & Time : Feb 26, 2023, 12:18 p.m.

Sample ID :



230570007



Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
<u>RENAL FUNCTION TEST</u>			
Urea Method : Uricase	24.3	mg/dL	10 - 45
Creatinine Method : Serum, Jaffe	0.95	mg/dL	0.6 - 1.4
Uric Acid Method : Serum, Uricase	6.91	mg/dL	3.0 - 7.0
Calcium Method : ARSENASO with serum	9.56	mg/dl	8.6 - 10.2
Sodium Method : Ion-Selective Electrode with serum	139	mmol/L	135 - 145
Potassium Method : Ion Selective Electrode with serum	4.4	mmol/L	3.50 - 5.00
Chlorides Method : Ion-Selective Electrode with serum	101	mmol/L	98 - 106

****END OF REPORT****

Dr. Nishi Prasad



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Test Description	Value(s)	Unit(s)	Reference Range
<u>HAEMATOLOGY</u>			
Hemoglobin (HB)	13.0	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	4.12	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	36.8	%	42 - 52
Mean Cell Volume (MCV)	89.3	FL	78 - 100
Mean Cell Haemoglobin (MCH)	31.6	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	35.3	g/dl	32 - 36
Red Cell Distribution Width (RDW)	14.0	%	11.5 - 14.0
Total Leucocytes Count (WBC)	6600	Cell/cu.mm	4000 - 10000
Neutrophils	70	%	40 - 80
Lymphocytes	25	%	20 - 40
Monocytes	03	%	2 - 10
Eosinophils	02	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	13.9	fL	7.2 - 11.7
PCT	0.19	%	0.2 - 0.5
Platelet Count	148	10 ³ /ul	150 - 450

END OF REPORT

Dr. Nishi Prasad



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Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

IRON - SERUM	92.4	ug/dL	65 - 175
TOTAL IRON BINDING CAPACITY(TIBC)	364	ug/dL	228 - 428
FERRITIN	104.9	ng/mL	Male:22-322 Female:10-291
Method : Serum CLIA			
TRANSFERRIN SATURATION %	25.38	%	16 - 50
Method : Calculated			

INTERPRETATION

The serum iron test is used to measure the amount of iron that is in transit in the body – the iron that is bound to transferrin in the blood. Along with other tests, it is used to help detect and diagnose iron deficiency or iron overload. Testing may also be used to help differentiate various causes of anemia. The amount of iron present in the blood will vary throughout the day and from day to day. For this reason, serum iron is almost always measured with other iron tests, including ferritin, transferrin, and calculated total iron-binding capacity (TIBC) and transferrin saturation. Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin conc. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

Increased Levels -

Iron overload – Hemochromatosis, Thalassemia & Sideroblastic anemia

-Malignant conditions - Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma

-Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, -Rheumatoid arthritis, SLE, burns, Acute &

Chronic hepatocellular disease

Dr. Nishi Prasad

M.D. (Patho.)

Radiologist & Sonologist

Roopa Goyal

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Test Description	Value(s)	Unit(s)	Reference Range
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Decreased Levels
-Iron deficiency anemia

****END OF REPORT****

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M.D. (Radio-Diagnosis)



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Patient Name : MR. ABHISHEK SHARMA

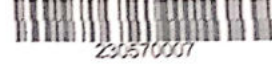
Collected Date & Time : Feb 26, 2023, 10:05 a.m.

Age / Gender : 43 years / Male

Reported Date & Time : Feb 26, 2023, 12:06 p.m.

Endo ID : 109869

Sample ID :



2305100031



Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

C-Reactive Protein; CRP, SERUM

1.00

mg/L

0.0-6.0

Interpretation :

1. Measurement of CRP is useful for the detection and evaluation of infection, tissue injury, inflammatory disorders and associated diseases .
2. High sensitivity CRP (hsCRP) measurements may be used as an independent risk marker for the identification of individual at risk for future cardiovascular disease.
3. Increase in CRP values are non-Specific and should not be interpreted without a complete history.

****END OF REPORT******Dr. Nishi Prasad**

M.D. (Patho.)



Patient Name : MR. ABHISHEK SHARMA

Age / Gender : 43 years / Male

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Sample ID :



230570007



Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
<u>LIVER FUNCTION TEST</u>			
Bilirubin - Total	0.89	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.26	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.63	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	26.41	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	20.92	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	70.31	U/L	MALE & FEMALE
Method : IFCC with Serum			4-15 YEAR: 54-369 U/L
			20-59 YEAR: 42-98 U/L
			>60 YEAR: 53-141 U/L
Total Protein	6.94	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.06	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.88	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	1.41		1.5 - 2.5
Method : Calculated			

Dr. Nishi Prasad

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Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Gamma GT

32

U/L

8-61

Method : G-Glutamyl-Carboxy-Nitroanilide

Interpretation

A high GGT level can help rule out bone disease as the cause of an increased ALP level, but if GGT is low or normal, then an increased ALP is more likely due to bone disease. Even small amounts of alcohol within 24 hours of a GGT test may cause a temporary increase in the GGT.

****END OF REPORT******Dr. Nishi Prasad**

M.D. (Patho.)



Patient Name : MR. ABHISHEK SHARMA

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Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL



Collected Date & Time : Feb 26, 2023, 10:05 a.m.

Reported Date & Time : Feb 26, 2023, 10:58 a.m.

Sample ID :



230570007

Test Description	Value(s)	Unit(s)	Reference Range
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CLINICAL PATHOLOGY**General Examination**

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Reaction (pH)	Acidic		4.5 - 7.0
Specific gravity	1.015		1.005 - 1.030

Chemical Examination

Urine Protein (Albumin)	NIL		NIL
Urine Glucose (Sugar)	NIL		NIL

Microscopic Examination

Pus cells (WBCs)	3-4	/hpf	0-9
Epithelial cells	2-3	/hpf	0-4
Red blood cells	NIL	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent

END OF REPORT

Dr. Nishi Prasad

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Sample ID :



230570007

Test Description	Value(s)	Unit(s)	Reference Range
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HAEMATOLOGY

ESR	20	mm	0 - 20
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END OF REPORT

Dr. Nishi Prasad

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Collected Date & Time : Feb 26, 2023, 10:05 a.m.

Reported Date & Time : Feb 26, 2023, 11:54 a.m.

Sample ID :



230570007



Test Description	Value(s)	Unit(s)	Reference Range
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HAEMATOLOGY

BLOOD GROUP ABO AND RHTYPE

'O' POSITIVE

Method : Gel Technique & Tube Agglutination

Medical Remark :

The blood group done is forward blood group only. In case of any discrepancy kindly contact the lab

****END OF REPORT****

Dr. Nishi Prasad
M.D. (Patho.)



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230570007

Test Description

Value(s)

Unit(s)

Reference Range

BIOCHEMISTRY

Glucose fasting

96.2

mg/dL

70.0-110.0

Method : Fluoride Plasma-F, Hexokinase

END OF REPORT

Dr. Nishi Prasad

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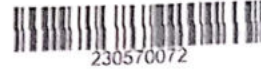
Referral : MEDIWHEEL



Collected Date & Time : Feb 26, 2023, 12:50 p.m.

Reported Date & Time : Feb 26, 2023, 01:18 p.m.

Sample ID :



230570072

Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Blood Glucose-Post Prandial Method : Hexokinase	115.08	mg/dL	70 - 140
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****END OF REPORT****

Dr. Nishi Prasad

M.D. (Patho)