



बैंक ऑफ बड़ौदा
Bank of Baroda

नाम
Name : HARISH KUMAR GHULYANI
कर्मचारी कूट क्र.
E.C. No. : 55523



जारीकर्ता प्राधिकारी (उ.क्षे.प्र.)
Issuing Authority (D.R.M.)

धारक के हस्ताक्षर
Signature of Holder

Dr. NITIN ARORA
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Regn. No. DMC-R-1436

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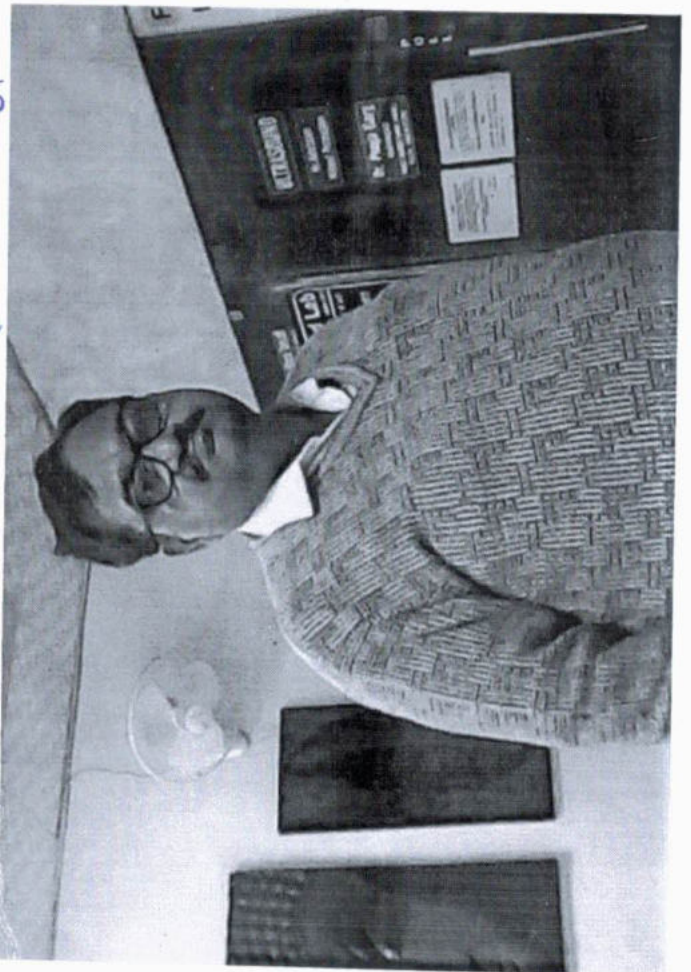
THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY
5708 S. UNIVERSITY AVENUE
CHICAGO, ILLINOIS 60637

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UNIVERSITY OF CHICAGO



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Ultrasound Lab

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Dr. Nitin Agarwal

Pathologist & Director
Ex. Sr. Res. MAMC
& Lok Nayak Hospital
Ex. Chief of Lab Dr. Lal Path Labs.

Dr. Pooja (Garg) Agarwal

Radiologist & Director
MAMC & Lok Nayak Hospital

Name	: Mr. HARISH KUMAR GHULYANI	Age/Sex	: 57 YRS/Male
Ref. By	: Dr. MEDIWHEEL	Lab No	: 012301270002
Date	: 27-Jan-2023	Patient ID	: LSHHI91070

ULTRASOUND EXAMINATION----WHOLE ABDOMEN

Suboptimal evaluation is possible due to body habitus of the patient.

Liver is **enlarged** in size (16.8 cm) and normal in outline with **altered echopattern**. **Diffuse increase in echogenicity of liver parenchyma is noted, suggestive of fatty infiltration (grade II). Intrahepatic biliary radicles are not dilated.** No abscess or mass lesion seen. Hepatic veins, portal vein, IVC and aorta are normal. CBD is normal in caliber.

Gall bladder is well distended with anechoic lumen. Wall thickness is normal.

Both kidneys are normal in size, shape, position, outline and echopattern. Corticomedullary differentiation is maintained. No pelvicalyceal dilation or mass lesion is seen.

Spleen is normal in size and echotexture. No mass lesion seen.

Pancreas is normal in size, outline and echotexture.

Urinary bladder is normal in shape and position. No evidence of intravesical stone or mass seen.

Prostate is **enlarged**, normal in shape and echopattern.

Prostate measures 3.9 x 3.9 x 5.0 cm. **Weight of prostate is 40.3 grams.**

Pre void volume is 346 cc

Post void volume is 80 cc

No abnormal bowel wall thickening seen in right iliac fossa.
No free fluid seen anywhere in abdomen.

IMPRESSION:

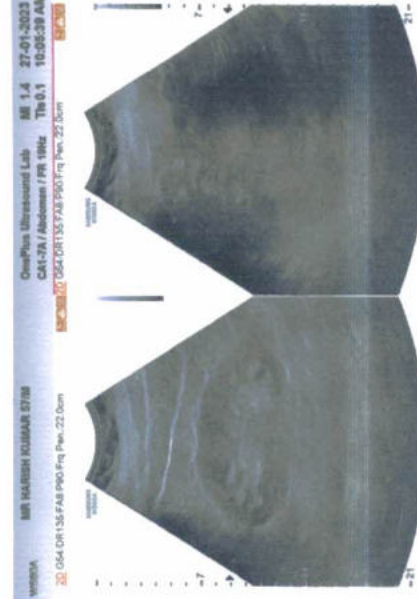
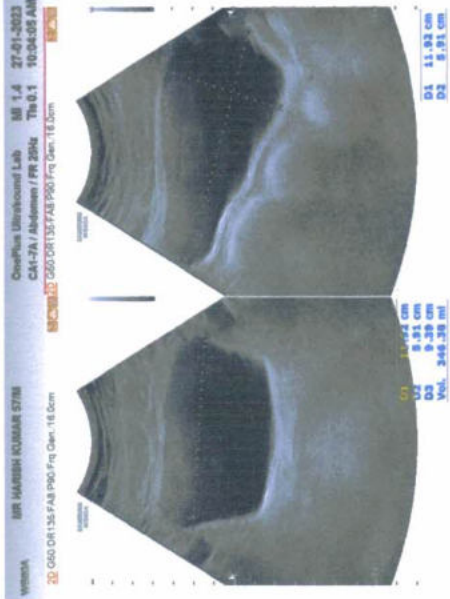
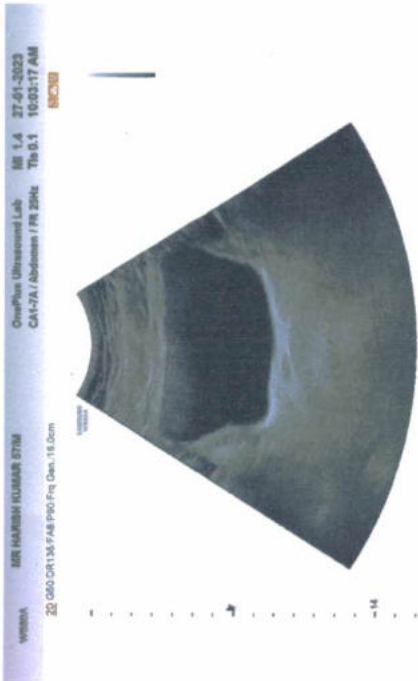
- Fatty infiltration of liver (grade II) with hepatomegaly.
- Prostatic hypertrophy with significant residual urine.

DR. POOJA GARG
RADIOLOGIST
M.B.B.S., D.M.R.D.
Reg No. DMC/R/03398
Radiologist

Type By : pooja

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Ultrasonic Image Report

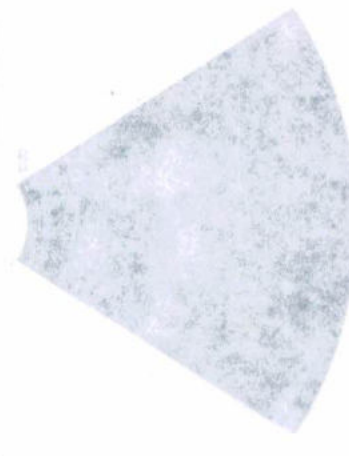
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ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY
M-MODE, 2D, PULSE WAVE, CONTINUOUS WAVE, COLOUR FLOW IMAGING

PARAMETERS

(ADULT VALUES)

Aortic Root Diameter	2.3	cm	(2.0 – 3.7 cm)
Left Atrial Diameter	3.5	cm	(1.9 – 4.0 cm)
Right Ventricular Inner Diameter (Diastole)	2.6	cm	(0.7 – 2.6 cm)
Inter Ventricular Septum Thickness (Diastole)	0.9	cm	(0.6 – 1.1 cm)
Left Ventricular Inner Diameter (Diastolic)	4.6	cm	(3.7 – 5.6 cm)
LV Posterior Wall Thickness (Diastole)	0.8	cm	(0.6 – 1.1 cm)
Left Ventricular Inner Diameter (Systolic)	3.2	cm	(2.2 – 4.0 cm)
END DIASTOLIC VOLUME	97	ml	89-133ml
END SYSTOLIC VOLUME	41	ml	23-45ml
EJECTION FRACTION	56	%	(54-76%)

MITRAL VALVE

Anterior mitral leaflet is thin, no calcification, no subvalvular pathology, no anterior mitral leaflet flutter, no B – hump, no prolapse, EPSS> 0.5 cm, no mitral annular calcification, no systolic anterior motion. Posterior mitral leaflet is thin, no calcification, moves posteriorly during diastole.

TRICUSPID VALVE

Thin, opening well, no prolapse.

AORTIC VALVE

Thin, trileaflet, opens fully, central closure, no systolic flutter.

PULMONARY VALVE

Thin, normal EF slope, normal a wave. No doming.

PULSE Doppler

Mitral diastolic flow shows E > A wave with normal deceleration slope.

Dr. AJAY JAIN
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Aortic forward velocity	126.0	cm/sec
Pulmonary forward velocity	N	cm/sec

Colour Doppler

No Mitral Regurgitation.
No Aortic Regurgitation.
No Tricuspid Regurgitation.
No Pulmonary Regurgitation.

No REGIONAL WALL MOTION ABNORMALITY

No regional Wall Motion Abnormalities.
No Concentric left ventricular hypertrophy

COMMENTS

No LA, LAA, LV CLOT seen.
No vegetation on any valve.
No intra cardiac mass.
Normal pericardium ; no pericardial effusion.
IAS / IVS intact.

IMPRESSION

- No regional wall motion abnormality.
- No Concentric left ventricular hypertrophy.
- Normal LV diastolic function.
- Normal LV systolic function

Dr. Ajay Jain
MD (Medicine)

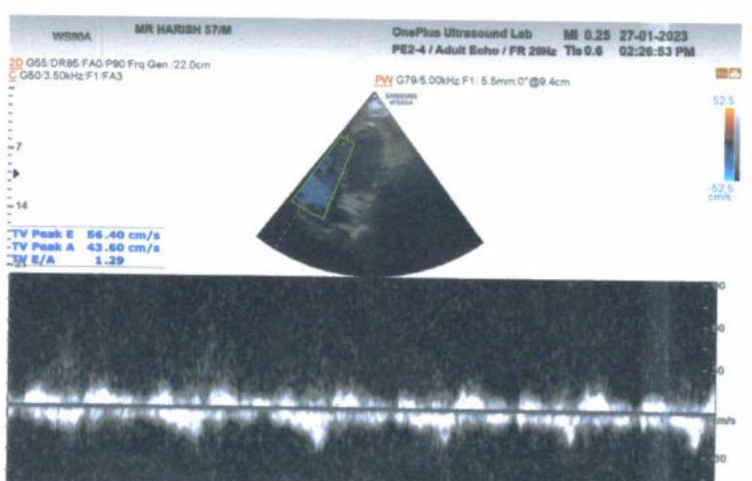
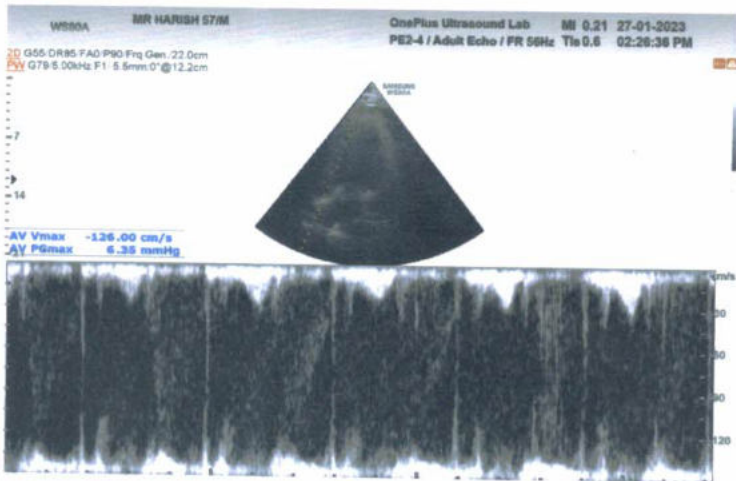
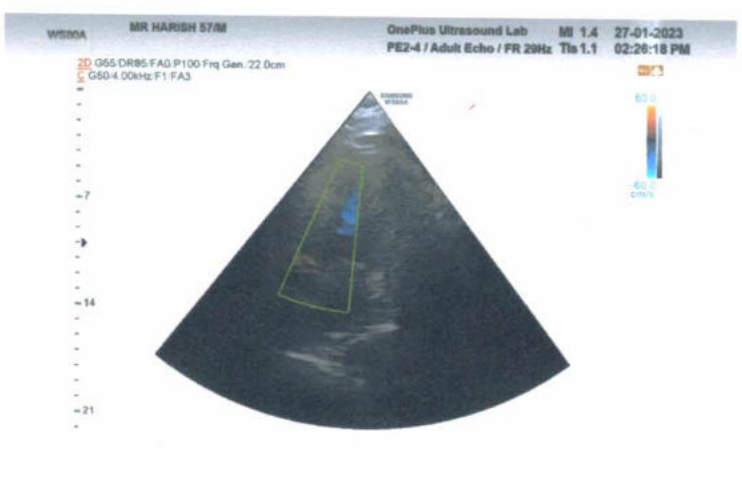
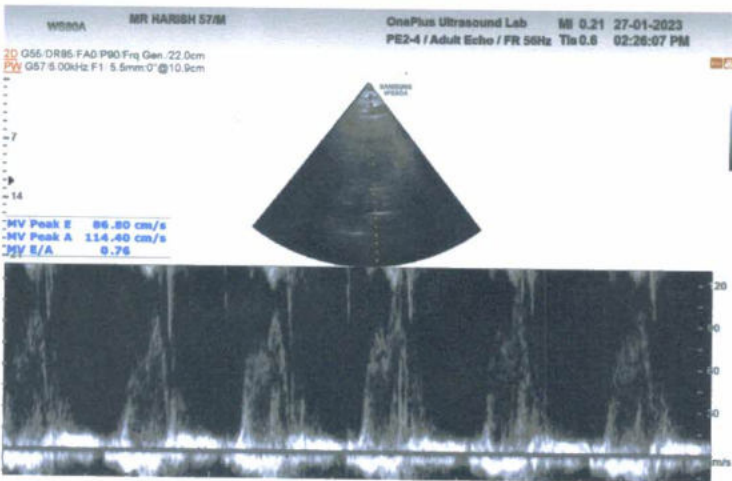
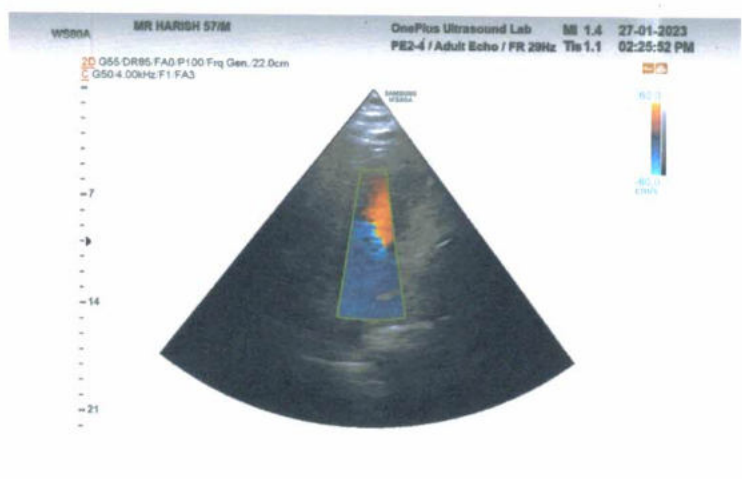
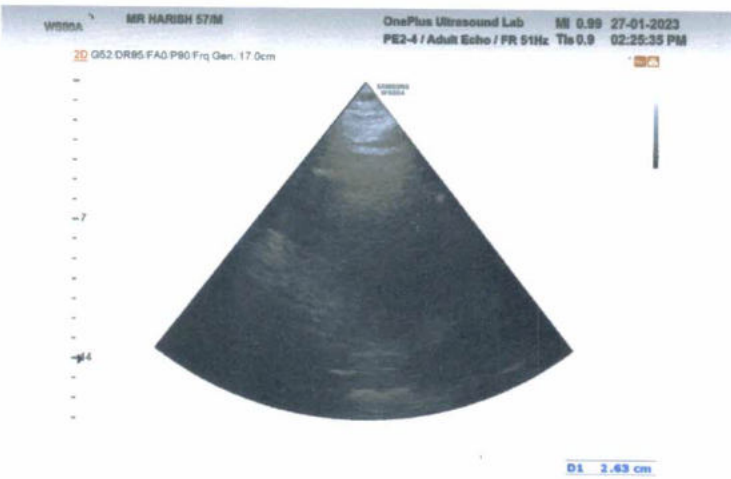
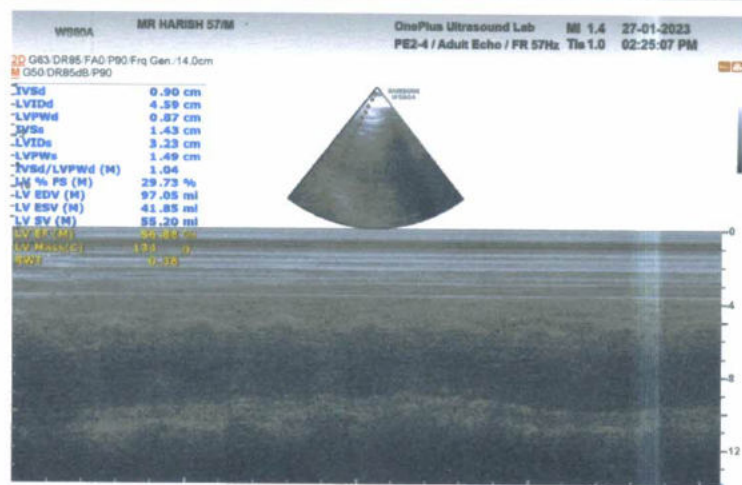
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The above impression is just an opinion of the imaging findings & not a final diagnosis. Due to technical limitations there may be false positive/false negative interpretation in a small fraction of cases. Thus the report needs correlation with clinical status, lab or other relevant investigation

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X-ray-Chest PA view

Bony cage and soft tissues are normal.

Borderline cardiomegaly is present .

Mediastinum is normal.

Both hila are normal.

Both costophrenic angles are clear.

Both domes of diaphragm are normal.

Pulmonary vascular markings are prominent. No parenchymal lesion seen.

IMPRESSION: Borderline cardiomegaly .

DR. POOJA GARG
RADIOLOGIST

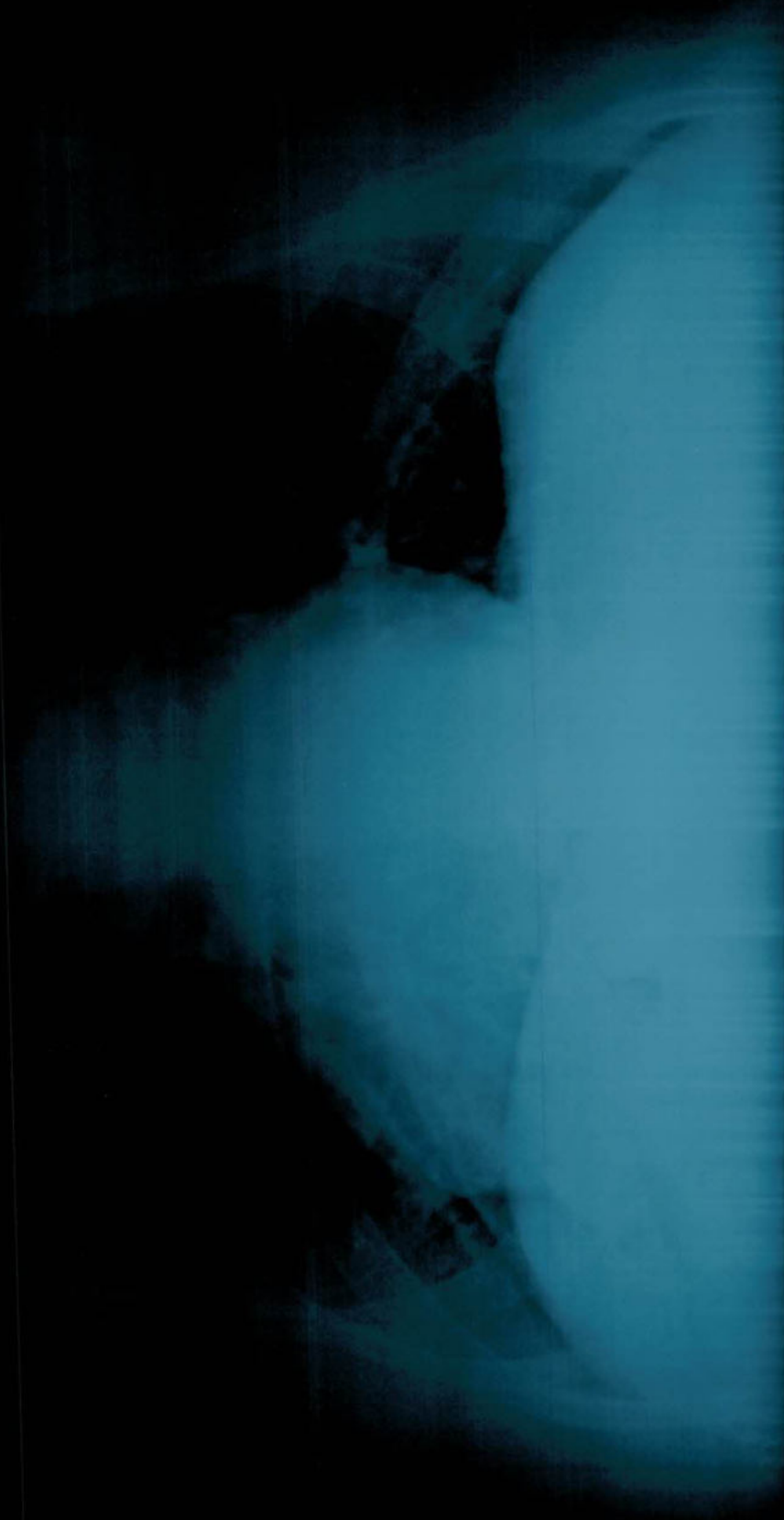
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Radiologist

Type By : pooja

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MR HARISH KUMAR GHUGYANI 22 521015053 M CHEST RA NIEM 15215053



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R

MR HARISH KUMAR GHULYANI 57 27/01/2023 M CHEST PA VIEW 1/27/2023
ONEPI US UI TRASOUND I AB 47 HARSH VIHAR FITAMPURA

E.C.G. REPORT

Patient Name Harish Kumar Chudmani Age 57 yrs Date 27/01/2023

H. Rate 75 Rhythm Ⓢ Axis Ⓢ

P-Wave Ⓢ P-R Interval Ⓢ QRS Ⓢ

Q-T Ⓢ S-T Seg Ⓢ T-Wave Ⓢ

Conclusion : Normal


CARDIOLOGIST

ELECTRO CARDIO GRAPHIC OBSERVATIONS



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S. No. 9

Dated 27/01/2023

Name Harish Kumar Chudmani

Referred By DR.

Facilities:

- Routine Ultrasound
- Real Time 3D/4D/5D Ultrasound
- Color Doppler
- Digital X-Ray
- Amniocentesis, Chorionic Villous Sampling
- ECG • Echo • TMT
- All Lab Tests
- Fully Automated Lab Facility
- Interventional Procedures
- Home Sample Collection Facility

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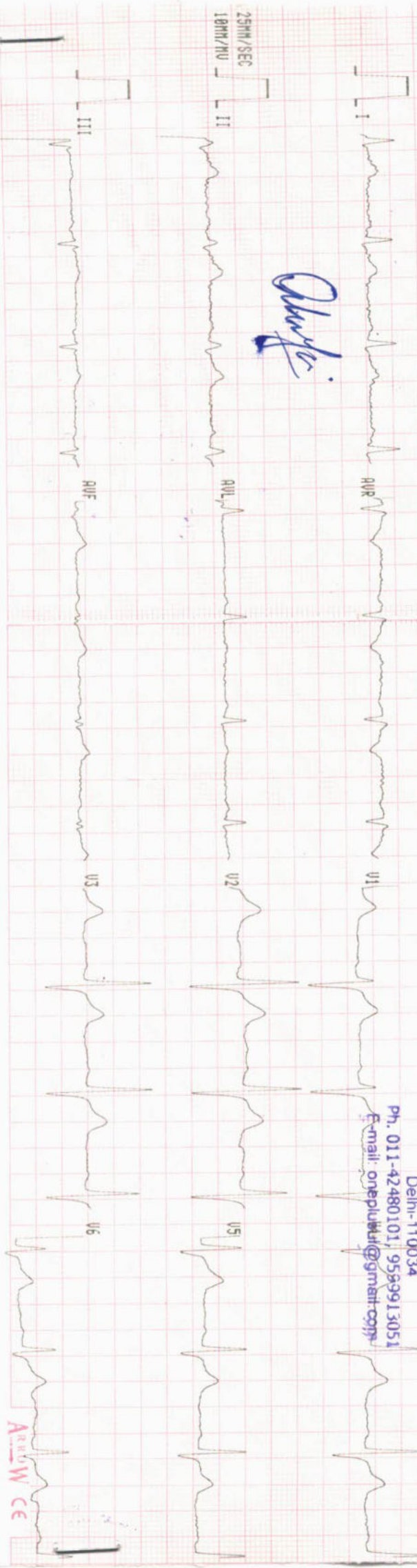
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Mr. Harish Kumar Ghulyani

Age - 57 years M

Date - 27/01/2023

Dr. Arun



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ARUN CE

MEDICARD

*** End Of Report ***



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NAME	:Mr. HARISH KUMAR GHULYANI	Barcode No	:10136512
AGE/GENDER	:57 YRS/Male	SPECIMEN DATE	:27/Jan/2023 08:16AM
PATIENT ID	:91070	SPECIMEN RECEIVED	:27/Jan/2023 08:41AM
REFERRED BY	:Dr. MEDIWHEEL	REPORT DATE	:27/Jan/2023 02:57PM
CENTRE NAME	:ONEPLUS ULTRASOUND LAB	LAB NO.	:012301270002

Test Name	Result	Unit	Ref. Range
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HAEMATOLOGY

Medi Wheel Health Checkup >40 Male

Glycosylated Hemoglobin (HbA1c)	5.0	%	Non Diabetic adults <5.7 Prediabetic (at risk) 5.7-6.4 Diabetes >6.4
--	-----	---	--

Estimated average blood glucose (eag) 97

Reference range (mg/dl):

90 - 120:Excellent control, 121 - 150:Good Control, 151 - 180:Average Control, 181 - 210:Action Suggested

>211:Panic value

BLOOD GROUP (ABO)	B
Rh typing	POSITIVE

NOTE :

- * Apart from major A,B,H antigens which are used for ABO grouping and Rh typing, many minor blood group antigens exist. Agglutination may also vary according to titre of antigen and antibody.
- * So before transfusion, reconfirmation of blood group as well as cross-matching is needed.
- * Presence of maternal antibodies in newborns, may interfere with blood grouping.
- * Auto agglutination (due to cold antibody, falciparum malaria, sepsis, internal malignancy etc.) may also cause erroneous result.

CBC

Haemoglobin	11.3	g/dl	13.0-17.0
Total Leucocyte Count	5600	/cumm	4000-10000
Differential leucocyte count			
Neutrophils	68.4	%	40-80
Lymphocyte	26.30	%	20-40
Monocytes	3.30	%	2-10
Eosinophils	1.6	%	1-6
Basophils	0.4	%	0-2
RBC Count	4.60	million/cumm	4.5 - 5.5

Checked By.

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Test Name	Result	Unit	Ref. Range
PCV(Hematocrit)	38.5	%	40-50
MCV	83.0	fL	83-101
MCH	24.3	Pg	27-32
MCHC	29.3	G/dL	32-35
Platelet count	251000	/cumm	150000-450000
RDW-CV	18.5	%	11.4-14.0
ESR(WESTEGRENs METHOD)	15	mm in 1st hr	0-20
<u>BIOCHEMISTRY</u>			
Blood sugar fasting	93	mg/dL	70-110

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PATIENT ID	:91070	SPECIMEN RECEIVED	:27/Jan/2023 02:01PM
REFERRED BY	:Dr. MEDIWHEEL	REPORT DATE	:27/Jan/2023 03:49PM
CENTRE NAME	:ONEPLUS ULTRASOUND LAB	LAB NO.	:012301270002

Test Name	Result	Unit	Ref. Range
BIOCHEMISTRY			
<u>Blood sugar pp</u>	137	mg/dL	70.0-140.0

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REFERRED BY	:Dr. MEDIWHEEL	REPORT DATE	:27/Jan/2023 04:24PM
CENTRE NAME	:ONEPLUS ULTRASOUND LAB	LAB NO.	:012301270002

Test Name	Result	Unit	Ref. Range
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BIOCHEMISTRY

Bun (blood urea nitrogen)	12.20	mg/dl	8.4-25.7
Uric acid, serum	4.2	mg/dl	3.5-7.2
Creatinine, serum	0.84	mg/dl	0.60-1.2

LFT(LIVER FUNCTION TEST)

Bilirubin Total	0.5	mg/dl	0.1-1.2
Bilirubin Conjugated	0.3	mg/dl	0-0.4
Bilirubin Unconjugated	0.2	mg/dl	up to 0.7
SGOT (AST)	18	U/L	0-46
SGPT (ALT)	32	U/L	0-49
Alkaline phosphatase	98	U/L	40-129
Gamma glutamyl transpeptidase	22	U/L	10-45
Total Protein	7.6	gm/dl	6.60 - 8.70
Albumin serum	4.4	g/dL	3.0-5.2
Globulin	3.20	gm/dl	1.8-3.4
Albumin/Globulin Ratio	1.38		1.10 - 2.50

LIPID PROFILE

Cholesterol	201	mg/dl	50-200
Triglycerides	94	mg/dL	25-150
HDL Cholesterol	44	mg/dL	40 - 60
LDL cholesterol	138	mg/dL	<130
VLDL cholesterol	18.8	mg/dL	5-40
Cholesterol/HDL Ratio	4.6		Low Risk 3.3-4.97 Average Risk 4.4-7.1 Moderate Risk 7.1-11.0 High Risk >11.0
LDL/HDL Ratio	3.1		0 - 3.55

According to ATP III and NCEP guidelines

Checked By.

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Test Name	Result	Unit	Ref. Range
Parameter	Normal	Desirable	Borderline
			High
Total cholesterol	<200		200-239 240
Triglycerides	<150	150-199	200-499 500
LDL	Optimal <100 Near Optimal 100-129	130-159	160-180 190
HDL	<40 : LOW 60 : HIGH		

BUN/Creatinine ratio

Bun (blood urea nitrogen)	12.20	mg/dl	8.4-25.7
CREATININE	0.84	mg/dl	0.30-1.10
BUN/Creatinine ratio	14.52		10.0 - 20.0

ENDOCRINOLOGY

PSA TOTAL

Prostatic specific antigen, Total	0.96	ng/ml	<4.0
< 40 years	0.21 to 1.72 ng/ml		
40 - 49	0.27 to 2.19 ng/ml		
50 - 59	0.27 to 3.42 ng/ml		
60 - 69	0.22 to 6.16 ng/ml		
> 69	0.21 to 6.77 ng/ml		

Notes:

PSA is principally produced by the glandular epithelium of the prostate, and is secreted in the seminal fluid. PSA is also present in urine and blood. PSA acts on seminal fluid to fluidify and increase sperm mobility. PSA levels rise in prostatic pathologies such as benign prostatic hyperplasia (BPH) or prostate cancer.

THYROID PROFILE(T3,T4,TSH)

Checked By.

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Clinical correlation is essential for final diagnosis. • If test results are unsatisfactory please contact personally or on phone. • This report is for perusal of doctors only. • All disputes Subject to Delhi Jurisdiction only. • Not for medicolegal purposes. • All congenital anomalies in a foetus may not be diagnosed in routine obstetric ultrasound.



OnePLUS Ultrasound Lab

QUALITY FIRST... ALWAYS!

Dr. Nitin Agarwal
Pathologist & Director
Ex. Sr. Res. MAMC
& Lok Nayak Hospital
Ex. Chief of Lab Dr. Lal Path Labs.

Dr. Pooja (Garg) Agarwal
Radiologist & Director
MAMC & Lok Nayak Hospital



NAME	:Mr. HARISH KUMAR GHULYANI	Barcode No	:10136512
AGE/GENDER	:57 YRS/Male	SPECIMEN DATE	:27/Jan/2023 08:16AM
PATIENT ID	:91070	SPECIMEN RECEIVED	:27/Jan/2023 02:01PM
REFERRED BY	:Dr. MEDIWHEEL	REPORT DATE	:27/Jan/2023 04:24PM
CENTRE NAME	:ONEPLUS ULTRASOUND LAB	LAB NO.	:012301270002

Test Name	Result	Unit	Ref. Range
Triiodothyronine total [t3]	0.64	ng/dl	0.52-1.9
Thyroxine total [t4]	7.64	µg/dl	4.4 - 10.8
TSH (Thyroid Stimulating Hormone)	2.20	µIU/ml	0.25-5.0

AGE WISE VARIATION IN TSH

AGE	TSH(µIU/ml)	AGE	TSH(µIU/ml)
1-4 weeks	1.00 - 19.0	16-20 yrs	0.25 - 5.0
1-12 mths	1.70 - 9.1	21 - 80 yrs	0.25 - 5.0
1-5 yrs	0.80 - 8.2	I st trimester	0.25 - 5.0
6-10 yrs	0.25 - 5.0	II nd trimester	0.50 - 5.0
11-15 yrs	0.25 - 5.0	III rd trimester	0.4 - 6.0

Reference ranges - Interpretation of Diagnostic tests - (Jacques Wallach)

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
3. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.
4. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis

CLINICAL PATHOLOGY

URINE ROUTINE

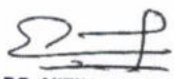
Physical examination

Quantity	15	ML
Colour	PALE YELLOW	
Transparency	CLEAR	CLEAR
Sp.gravity	1.015	1.010-1.030
pH	6.50	
Reaction	ACIDIC	ACIDIC

Chemical examination

Urine protein	NIL	NIL
Urine sugar	NIL	NIL

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Test Name	Result	Unit	Ref. Range
Bilirubin, urine	NEGATIVE		NEGATIVE
Urobilinogen	NORMAL		NORMAL
Ketones	NEGATIVE		NEGATIVE
<u>Microscopic examination</u>			
Pus cells.	1-2	/HPF	0-2
Epithelial cells	0-1	/HPF	NIL
R.B.C.	NIL	/HPF	NIL
Casts	NIL	/HPF	NIL
Crystals	NIL	/HPF	NIL
Bacteria	NIL	/HPF	NIL
Others.	NIL	NIL	NIL
STOOL ROUTINE			
<u>Physical examination</u>			
Colour	BROWNISH		
Consistency	SEMI LOOSE		Semi Formed
Blood	ABSENT		Absent
Mucus	ABSENT		Absent
<u>Chemical examination, stool</u>			
pH	6.50		
<u>Microscopic examination</u>			
Pus cells	0-1	/HPF	
R.B.C.	NIL	/HPF	NIL
Ova	NIL		NIL
Cysts	NIL		NIL
Bacteria	PRESENT	/HPF	NIL
Others	NIL		

*** End Of Report ***

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