

ID:

Name:

Sex: M
cm kg

Birth date: / mmHg

years

Medications:

Symptoms:

History:

Vent. rate

PR int

QRS dur

QT/QTc(E) int

P/QRS/T axis

RV5/SV1 amp

76	bpm
216	ms
86	ms
364/ 395	ms
68/ -14/ 18	°
1.34/ 0.45	mV
1.80	mV

10 mm/mV 25 mm/s Filter: H50 d 100 Hz

10 mm/mV

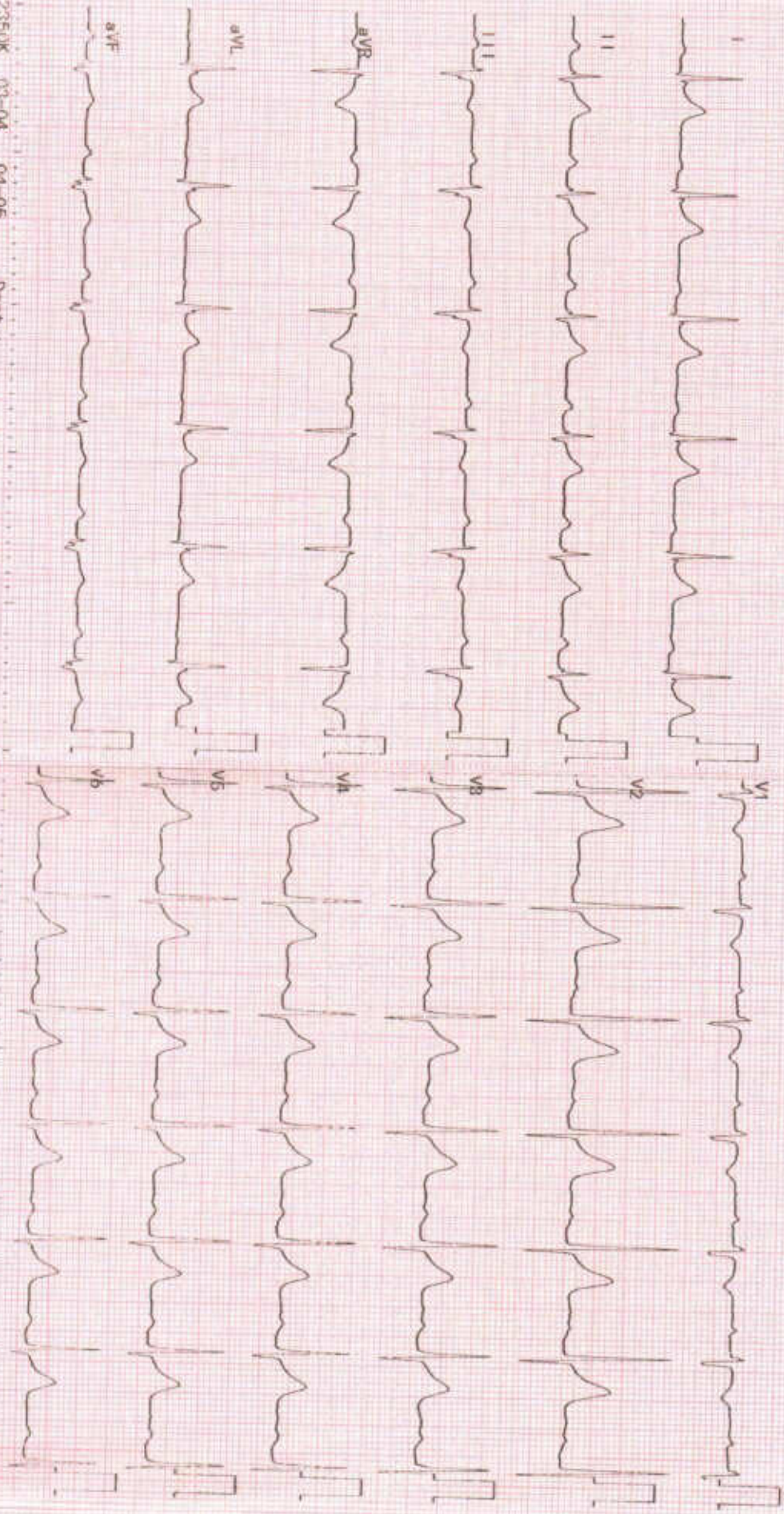
1100 Sinus rhythm
 2231 First degree AV block
 9150 ** abnormal ECG **

Mr. Sushil Kumar

Unconfirmed Report

Reviewed by:

3-Aug-2024 PM12:25:42



2023 OK 03-04 04-05 Dept.:

Exam: NEO MULTISPECIALTY HOSPITAL

ONLINE

NAME:	SUSHIL KUAMR	AGE/SEX:	45 YRS / Male
UHID:	114722	DATE	3-Aug-24
REF. BY:	DR.RAKESH MALHOTRA (H)		

USG WHOLE ABDOMEN

Liver is normal in size, shape and echotexture, measures 15.1 cm. No focal SOL noted. Vascular channels are clear. No evidence of IHBR dilatation.

Gall Bladder is well distended and reveals normal walls. No evidence of calculus or mass lesion. CBD & PV are normal.

Spleen is normal in size, shape and echotexture, measures 10.3 cm.

Pancreatic head appears normal, Rest of the pancreas is obscured by bowel gas shadows.

Both Kidneys are normal in size, shape, position & echogenicity. CMD is maintained. No evidence of calculus or hydronephrosis.

Urinary Bladder is partially distended with normal wall thickness. No calculi / mass lesion noted. No diverticulum noted.

Prostate is normal in size, shape and echogenicity. No focal lesion noted.

No free fluid seen in the peritoneal cavity.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY.**

Please correlate clinically



DR. VIJAY SINGH RAWAT
DMRD, MD RADIOLOGIST
CONSULTANT RADIOLOGIST

DR. SAGAR TOMAR
MD RADIOLOGIST
CONSULTANT RADIOLOGIST

DR. HARSHITA TRIPATHI
MD RADIOLOGIST
CONSULTANT RADIOLOGIST

DR. SHIVAM RASTOGI
MD RADIOLOGIST
CONSULTANT RADIOLOGIST

DR. ROHIT KUNDR
MD RADIOLOGIST
CONSULTANT RADIOLOGIST

This is a professional opinion based on imaging findings and not the diagnosis. It should be correlated clinically and with other relevant investigations to arrive at a proper conclusion. Not valid for medico-legal purpose.






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Certificate No. 14-2018-0049 Certificate No. MC-1052

Barcode No.	: M358394		Age / Sex	: 45 YRS / Male
Patient NAME	: Mr. SUSHIL KUAMR			
Sample Coll. DATE	: 03-Aug-2024 10:07 AM	Sample Receiving DATE	: 03-Aug-2024 11:39 AM	
UHID	: 114722	Reporting DATE	: 03-Aug-2024 12:14 PM	
IPD No. / Ward	: /	Approved DATE	: 03-Aug-2024 05:54 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF BIOCHEMISTRY

Blood Sugar Fasting* (Specimen : FLUORIDE)

Date	Status		Unit	Bio Ref Interval
	03/Aug/24 05:54PM			
Blood Sugar Fasting	87.0		mg/dl	70-100




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Certificate No. H-2018-0549 Certificate No. - MC-2007

Barcode No.	: M358394		Age / Sex	: 45 YRS / Male
Patient NAME	: Mr. SUSHIL KUAMR			
Sample Coll. DATE	: 03-Aug-2024 10:07 AM	Sample Receiving DATE	: 03-Aug-2024 11:39 AM	
UHID	: 114722	Reporting DATE	: 03-Aug-2024 12:07 PM	
IPD No. / Ward	: /	Approved DATE	: 03-Aug-2024 05:54 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF HAEMATOLOGY

Complete Haemogram* (Specimen - EDTA)

Date	Status	03/Aug/24 05:54PM	Unit	Bio Ref Interval
Haemoglobin <i>(whole blood/photometric method)</i>		13.2	g/dl	13.0-17
Total Leucocyte Count (TLC) <i>(whole blood/impedance method)</i>		6210	cells/c.mm	4000-10000
Neutrophil		60.7	%	45-70
Lymphocyte		29.8	%	20-40
Eosinophils		2.6	%	1.0-5.0
Monocytes		6.9	%	2.0-10.0
Basophils		0.0	%	0.0-1.0
Packed Cell Volume (PCV) <i>(whole blood, calculation)</i>	L	37.3	%	40.0-50.0
Red Blood Cell Count <i>(whole blood, impedance method)</i>	L	4.27	million/c.mm	4.5-5.5
Mean Cell Volume (MCV) <i>(whole blood, calculated)</i>		87.4	fl	83.0-101.0
Mean Cell Haemoglobin (MCH) <i>(whole blood, calculated)</i>		31.0	pg	27.0-32.0
MCHC <i>(whole blood, calculated)</i>	H	35.4	g/dl	31.0-34.5
RDW - CV	H	16.1	%	11.0-16.0
RDW - SD		47.2	fl	35.0-56.0
Platelet Count <i>(whole blood, impedance method)</i>		1.56	lakh/c.mm	1.5-4.0
MPV (Mean Platelet Volume)	H	13.7	fl	6.5-12.0
ESR	H	12	mm/Hr	0-10

Interpretation :

Complete Haemogram* : EDTA Whole Blood-Tests done on Automated Five Part Cell Counter. (Hb is performed by photometric method, WBC, RBC, Platelet Count by impedance method, WBC differential by Flow Cytometry technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.




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Certificate No. N-2019-0549 Certificate No. - NC-5202

Barcode No.	: M358394		Age / Sex	: 45 YRS / Male
Patient NAME	: Mr. SUSHIL KUAMR			
Sample Coll. DATE	: 03-Aug-2024 10:07 AM	Sample Receiving DATE	: 03-Aug-2024 11:39 AM	
UHID	: 114722	Reporting DATE	: 03-Aug-2024 12:14 PM	
IPD No. / Ward	: /	Approved DATE	: 03-Aug-2024 05:54 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF BIOCHEMISTRY

KFT (Kidney Function Test)* (Specimen : SERUM)

Date	Status	03/Aug/24 05:54PM	Unit	Bio Ref Interval
Blood Urea <i>(urease with indicator dye)</i>		20.0	mg/dl	19.0-43.0
Serum Creatinine <i>(enzymatic/creatinine amidohydrolase)</i>		0.7	mg/dl	0.66-1.25
Uric Acid <i>(uricase/oxidase)</i>		7.6	mg/dl	3.5-8.5
Sodium (Na+) <i>(direct ion selective mode)</i>		138.0	mmol/L	137.0-145.0
Potassium (K+) <i>(direct ion selective mode)</i>		4.5	mmol/L	3.5-5.1
Chloride (Cl-) <i>(direct ion selective mode)</i>		103.0	mmol/L	98.0-107.0
Serum Calcium <i>(arsenazo dye)</i>		9.3	mg/dl	8.4-10.2
Phosphorus Serum <i>(phosphomolybdate reduction)</i>		4.0	mg/dl	2.5-4.5
Alkaline Phosphatase (ALP) <i>(4-nitrophenyl phosphate(pnpp)/amp)</i>		99.0	U/L	38.0-126.0
Total protein <i>(biuret/alkaline cupric sulphate)</i>	H	8.4	gm/dl	6.3-8.2
Albumin <i>(bromocresol green dye binding)</i>		4.6	gm/dl	3.5-5.0
Albumin/Globulin Ratio (Calculated) <i>(calculated)</i>	H	1.2		0.8-1.1
eGFR <i>(calculated)</i>		122.0	mL/min	-

Lipid Profile* (Specimen : SERUM)

Date	Status	03/Aug/24 05:54PM	Unit	Bio Ref Interval
Total Cholesterol <i>(serum/enzymatic(che,cho/pod))</i>		185.0	mg/dl	<200
Triglyceride <i>(serum/enzymatic(tipase/gk/gpo/pod)without correction for free glycerol)</i>	H	151.0	mg/dl	<150.0
HDL Cholesterol <i>(serum/phosphotungstic acid/mgd2+enzymatic)</i>	L	28.0	mg/dl	>40.0

Prepared By : Mrs. Anita

Printed By : Mr. KAMAL VERMA



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Certificate No. N-2018-0549 Certificate No. MC-1201

Barcode No.	: M358394		Age / Sex	: 45 YRS / Male
Patient NAME	: Mr. SUSHIL KUAMR			
Sample Coll. DATE	: 03-Aug-2024 10:07 AM	Sample Receiving DATE	: 03-Aug-2024 11:39 AM	
UHID	: 114722	Reporting DATE	: 03-Aug-2024 12:14 PM	
IPD No. / Ward	: /	Approved DATE	: 03-Aug-2024 05:54 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF BIOCHEMISTRY

LDL (calculation)	H	126.8	mg/dl	<100
VLDL (calculation)	H	30.2	mg/dl	<30
LDL/HDL Ratio (calculation)	H	4.53		<3.6
Total Cholesterol : HDL Ratio (calculation)	H	6.61		<5.0

Interpretation :

Lipid Profile* :

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	TOTAL CHOLESTEROL in mg/dL	TRIGLYCERIDE in mg/dL	LDL CHOLESTEROL in mg/dL	NON HDL CHOLESTEROL in mg/dL
Optimal	<200	<150	<100	<130
Above Optimal	-	-	100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High		>=500	>=190	>=220

Note:


- Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
- As per NLA-2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- Low HDL levels are associated with increased risk for Atherosclerotic Cardiovascular disease (ASCVD) due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- NLA-2014 identifies Non HDL Cholesterol (an indicator of all atherogenic lipoproteins such as LDL, VLDL, IDL, Lp(a), Chylomicron remnants) along with LDL-cholesterol as co-primary target for cholesterol lowering therapy. Note that major risk factors can modify treatment goals for LDL & Non HDL.



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Certificate No. 10-2019-8548 Certificate No. MC-3107

Barcode No.	: M358394		Age / Sex	: 45 YRS / Male
Patient NAME	: Mr. SUSHIL KUAMR			
Sample Coll. DATE	: 03-Aug-2024 10:07 AM	Sample Receiving DATE	: 03-Aug-2024 11:39 AM	
UHID	: 114722	Reporting DATE	: 03-Aug-2024 06:28 PM	
IPD No. / Ward	: /	Approved DATE	: 03-Aug-2024 07:59 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF CLINICAL PATHOLOGY

Urine for Sugar Fasting* (Specimen: URINE)

Date	Status	Unit	Bio Ref Interval
03/Aug/24 07:59PM	NEGATIVE		



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Certificate No. 11-2015-0548 Certificate No. MC-1303

Barcode No.	: M358394		Age / Sex	: 45 YRS / Male
Patient NAME	: Mr. SUSHIL KUAMR			
Sample Coll. DATE	: 03-Aug-2024 10:07 AM	Sample Receiving DATE	: 03-Aug-2024 11:39 AM	
UHID	: 114722	Reporting DATE	: 03-Aug-2024 12:14 PM	
IPD No. / Ward	: /	Approved DATE	: 03-Aug-2024 05:54 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF BIOCHEMISTRY

LFT PANEL (LIVER FUNCTION TEST) (Specimen: SERUM)

Date	Status	03/Aug/24 05:54PM	Unit	Bio Ref Interval
Bilirubin Total	H	1.5	mg/dl	0.2-1.3
Bilirubin Direct		0.2	mg/dl	0.0-0.3
Bilirubin Indirect	H	1.3	mg/dl	0.0-1.1
Aspartate Transaminase (SGOT, AST)		30.0	U/l	17.0-59.0
SGPT, ALT (Alanine Transaminase)		29.0	U/L	<50.0
Alkaline Phosphatase (ALP)		99.0	U/L	38.0-126.0
Total protein	H	8.4	gm/dl	6.3-8.2
Albumin		4.6	gm/dl	3.5-5.0
Globulin (Calculated)	H	3.8	gm/dl	2.0-3.5
Albumin/Globulin Ratio (Calculated)	H	1.2		0.8-1.1
GGT (Gamma Glutamyl Transpeptidase)		16.0	U/L	15.0-73.0

*** End Of Report ***

Dr. Israr Ahmed
M.B.B.S., M.D.
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(Consultant Microbiologist)

Dr. Manju Bhamu
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(Consultant Pathologist)

Dr. Anika Singh
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(Consultant Microbiology)


Prepared By : Mrs. Anita

Printed By : Mr. KAMAL VERMA



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Barcode No.	: M358394		Age / Sex	: 45 YRS / Male
Patient NAME	: Mr. SUSHIL KUAMR			
Sample Coll. DATE	: 03-Aug-2024 10:07 AM	Sample Receiving DATE	: 03-Aug-2024 11:39 AM	
UHID	: 114722	Reporting DATE	: 03-Aug-2024 12:28 PM	
IPD No. / Ward	: /	Approved DATE	: 03-Aug-2024 06:15 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF HAEMATOLOGY

BLOOD GROUPING (ABO AND RH) (Specimen : EDTA)

Date	Status	Unit	Bio Ref Interval
	03/Aug/24 06:15PM		
Blood Group (agglutination method)	"O"	-	-
Rh Type (agglutination method)	POSITIVE	-	-

Prepared By : Miss. Sosamma


Printed By : Mr. KAMAL VERMA



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Certificate No. H-2018-0549

Barcode No. :	M358394		Age / Sex :	45 YRS / Male
Patient NAME :	Mr. SUSHIL KUAMR			
Sample Coll. DATE :	03-Aug-2024 10:07 AM	Sample Receiving DATE :	03-Aug-2024 11:39 AM	
UHID :	114722	Reporting DATE :	03-Aug-2024 12:14 PM	
IPD No. / Ward :	/	Approved DATE :	03-Aug-2024 03:51 PM	
Referring Doctor :	Dr. Rakesh Malhotra (H)			
Passport No. :				

DEPARTMENT OF IMMUNOLOGY

Free Thyroid Profile (FT3, FT4, TSH) (Specimen : SERUM)

Date	Status	03/Aug/24 04:01PM	Unit	Bio Ref Interval
FT3		3.67	pg/ml	1.4-5.6
FT4		1.07	ng/dL	0.67-1.71
TSH		3.08	µIU/ml	0.25-5.0

Interpretation :
 Free Thyroid Profile (FT3, FT4, TSH) :


Interpretation:-

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	. Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	.Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. .Subclinical Autoimmune Hypothyroidism .Intermittent T4 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness
Raised	Decreased	Decreased	.Chronic Autoimmune Thyroiditis .Post thyroidectomy,Post radiiodine .Hypothyroid phase of transient thyroiditis
Raised or within Range	Raised	Raised or within Range	.Interfering antibodies to thyroid hormones (anti-TPO antibodies) .Intermittent T4 therapy or T4 overdose .Drug interference- Amlodaron, Heparin,Beta blockers,steroids, anti-epileptics
Decreased	Raised or within Range	Raised or within Range	.Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion
Decreased	Decreased	Decreased	.Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)
Decreased	Raised	Raised	.Primary Hyperthyroidism (Graves disease),Multinodular goitre, Toxic nodule .Transient thyroiditis:Postpartum, Silent (lymphocytic), Postviral (granulomatous,subacute, DeQuervains),Gestational thyrotoxicosis with hyperemesis gravidarum



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Barcode No.	: M358394		Age / Sex	: 45 YRS / Male	Certificate No. H-2019-0549
Patient NAME	: Mr. SUSHIL KUAMR				
Sample Coll. DATE	: 03-Aug-2024 10:07 AM		Sample Receiving DATE	: 03-Aug-2024 11:39 AM	
UHID	: 114722		Reporting DATE	: 03-Aug-2024 12:14 PM	
IPD No. / Ward	: /		Approved DATE	: 03-Aug-2024 03:51 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)				
Passport No.	:				

DEPARTMENT OF IMMUNOLOGY

Decreased or within Range	Raised	Within Range	.T3 toxicosis .Non-Thyroidal illness
---------------------------	--------	--------------	---




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Barcode No.	: M358394		Age / Sex	: 45 YRS / Male	Certificate No. H-2018-0549
Patient NAME	: Mr. SUSHIL KUAMR				
Sample Coll. DATE	: 03-Aug-2024 10:07 AM	Sample Receiving DATE	: 03-Aug-2024 11:39 AM		
UHID	: 114722	Reporting DATE	: 03-Aug-2024 02:13 PM		
IPD No. / Ward	: /	Approved DATE	: 03-Aug-2024 05:54 PM		
Referring Doctor	: Dr. Rakesh Malhotra (H)				
Passport No.	:				

DEPARTMENT OF BIOCHEMISTRY

HbA1c (Specimen : EDTA)

Date	Status	03/Aug/24 05:54PM	Unit	Bio Ref Interval
HbA1c		5.1	%	<5.7
AVERAGE BLOOD SUGAR		100.0	MG/DL	<116

Interpretation :

HbA1c :

Hba1c:

As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non- diabetic adults	<5.7%
Pre- diabetic	5.7-6.4 %
Diabetic	>or = 6.5%
ADA Target	>7.0
Action suggested	>8.0

Glycation is nonenzymatic addition of sugar residue to amino groups of proteins. HbA1C is formed by condensation of glucose with n-terminal valine residue of each beta chain of hb a to form an unstable schiff base. It is the major fraction, constituting approximately 80% of HbA1. Formation of glycated hemoglobin (GHb) is essentially irreversible and the concentration in the blood depends on both the lifespan of red blood cells(120 days) and the blood glucose concentration. the GHb concentration represents the integrated values for glucose over a period of 6 to 8 weeks. GHb values are free of day to day glucose fluctuations and are unaffected by recent exercise or food ingestion. Concentration of plasma glucose concentration in GHb depends on the time interval, with the most recent values providing a larger contribution than earlier values. The interpretation of GHb depends on RBC having normal life span. Patients with hemolytic disease or other conditions with shortened RBC survival exhibit a substantial reduction of GHb. High GHb is been reported in iron deficiency anaemia.

Though HbA1C is a direct measure of long term sugar levels, diabetes is not the only cause of high value. Sleep disorders, gum disease, H.Pylori infection, chronic inflammation, and anemia can also increase HbA1c.

Iron deficiency anemia as well asB12 or folate deficiency anemia may cause A1C to be falsely elevated.


Several medical and substance have also been reported to falsely elevated A1c including lead poisoning, chronic ingestion of alcohol, salicylates and opioids. Ingestion of vitamin C may increase A1C when measured by electrophoresis.



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Certificate No. H-2018-0549

Barcode No.	: M358394		Age / Sex	: 45 YRS / Male
Patient NAME	: Mr. SUSHIL KUAMR			
Sample Coll. DATE	: 03-Aug-2024 10:07 AM	Sample Receiving DATE	: 03-Aug-2024 11:39 AM	
UHID	: 114722	Reporting DATE	: 03-Aug-2024 04:01 PM	
IPD No. / Ward	: /	Approved DATE	: 03-Aug-2024 04:34 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF IMMUNOLOGY

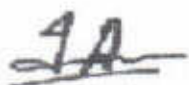
PSA (PROSTATE - SPECIFIC ANTIGEN), TOTAL (Specimen : SERUM)

Date	Status	03/Aug/24 04:34PM	Unit	Bio Ref Interval
PSA (PROSTATE - SPECIFIC ANTIGEN), TOTAL		0.71	ng/mL	<0.01-4.00

Interpretation :
PSA (PROSTATE - SPECIFIC ANTIGEN), TOTAL :
 Method: Chemiluminescence

Decrease in total PSA level is seen 24 to 48 hours after ejaculation. Decrease in total PSA level occurs after prostatectomy and orchidectomy. Successful radiation therapy and therapy with anti-androgen drugs result in decline in PSA levels, over a period of time.

*** End Of Report ***



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Certificate No. H-2018-0549 Certificate No. NC-2018

Barcode No.	: M358394		Age / Sex	: 45 YRS / Male
Patient NAME	: Mr. SUSHIL KUAMR			
Sample Coll. DATE	: 03-Aug-2024 08:41 PM	Sample Receiving DATE	: 03-Aug-2024 09:04 PM	
UHID	: 114722	Reporting DATE	: 04-Aug-2024 05:36 AM	
IPD No. / Ward	: /	Approved DATE	: 04-Aug-2024 01:14 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF CLINICAL PATHOLOGY

URINE ROUTINE

SAMPLE: URINE

	OBSERVED VALUE	UNIT	REFERENCE RANGE
<u>PHYSICAL EXAMINATION</u>			
VOLUME(visual observation)	20	ml	N/A
COLOUR(visual observation)	PALE YELLOW		PALE YELLOW
TRANSPARENCY (APPEARANCE)(visual observation)	CLEAR		CLEAR
SPECIFIC GRAVITY(automated multistrips,colour reaction/Pka change)	1.030		1.005 TO 1.030
pH(automated multistrips double indicator method)	6.0		5-7
<u>CHEMICAL EXAMINATION</u>			
PROTEIN (ALBUMIN)automated multistrips)protein error of pH,sulphosalicylic acid method.	NIL		NIL
GLUCOSE(automated multistrips,(enzyme reaction) benedicts method	NIL		NIL
KETONE BODIES(automated multistrips,rotheras method)	NEGATIVE		NEGATIVE
BILIRUBIN(automated multistrips,fouchets method)	NEGATIVE		NEGATIVE
UROBILINOGEN(automated multistrips,etrichs aldehyde method)	NORMAL		NORMAL (1mg/dL)
BLOOD(automated multistrips ,bencidine method)	ABSENT		ABSENT
<u>MICROSCOPIC EXAMINATION</u>			
PUS CELLS(light microscopy)	2-3	/hpf	0-5
RED BLOOD CELLS(light microscopy)	NIL	/hpf	0-3
EPITHELIAL CELLS(light microscopy)	0-1	/hpf	0-5
CASTS(light microscopy)	ABSENT		ABSENT



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Certificate No. 11-2018-0348 Certificate No. - NC-1307

Barcode No.	: M358394		Age / Sex	: 45 YRS / Male
Patient NAME	: Mr. SUSHIL KUAMR			
Sample Coll. DATE	: 03-Aug-2024 08:41 PM	Sample Receiving DATE	: 03-Aug-2024 09:04 PM	
UHID	: 114722	Reporting DATE	: 04-Aug-2024 05:36 AM	
IPD No. / Ward	: /	Approved DATE	: 04-Aug-2024 01:14 PM	
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF CLINICAL PATHOLOGY

CRYSTALS(light microscopy)	ABSENT	ABSENT
OTHERS(light microscopy)	-	-

Note: 1. Chemical examination through Dipstick includes test methods as Protein(Protein Error Principle), Glucose (GOD-POD), Ketone(Legals Test), Bilirubin(Azo-Diazo reaction), Urobilinogen (Diazonium ion Reaction). All abnormal results of chemical examination are confirmed by manual methods.

2. Pre-test conditions to be observed while submitting the sample-First void, mid-stream urine, collect in a clean, dry, sterile container is recommended for routine urine analysis., avoid contamination with any discharge from vaginal ,urethra, perineum, as applicable ,avoid prolonged transit time& undue exposure to sunlight.

3. During interpretation, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose can be caused by peroxidase like activity by disinfectants, therapeutic dyes, ascorbic acid and certain drugs.

4. All urine samples are checked for adequacy and suitability before examination.

*** End Of Report ***

Dr. Israr Ahmad
M.B.B.S., M.D.
(Consultant Pathologist)

Dr. Ruchi K Bhatia
M.B.B.S., M.D.
(Consultant Microbiologist)

Dr. Manju Sharm
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Certificate No. H-2018-0549

Barcode No.	: M358394		Age / Sex	: 45 YRS / Male
Patient Name	: Mr. SUSHIL KUAMR		Registration Date	: 03-Aug-2024 10:01 AM
IPD No.	:		Reporting Date	: 06-Aug-2024 04:27 PM
UHID	: 114722		Approved Date	: 06-Aug-2024 04:27 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF RADIOLOGY

X- RAY CHEST PA VIEW

Both lung fields are clear.
Hilar shadows are normal.
Both costophrenic angles are clear.
Cardiac silhouette is normal.
Bony thorax is normal.

Please correlate clinically

*** End Of Report ***

Dr. Vijay Singh Rawat
DMRD, MD Radiodiagnosis
Consultant Radiologist

Dr. Sagar Tomar
MD Radiodiagnosis, Fellow MSK MRI
(Consultant Radiologist)

Dr. Rohit Kundra
MD Radiodiagnosis
(Consultant Radiologist)

Shivam
Dr. Shivam Rastogi
MD Radiodiagnosis
(Consultant Radiologist)

Dr. Harshita Tripathi
MD Radiodiagnosis
(Consultant Radiologist)



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Barcode No.	: M358394		Age / Sex	: 45 YRS / Male
Patient Name	: Mr. SUSHIL KUAMR		Registration Date	: 03-Aug-2024 10:01 AM
IPD No.	:		Reporting Date	: 03-Aug-2024 12:56 PM
UHID	: 114722		Approved Date	: 03-Aug-2024 06:01 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF CARDIOLOGY

ECHOCARDIOGRAPHY REPORT

MITRAL VALVE

Morphology **AML-Normal**/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming.
PML-Normal/Thickening/Calcification/Prolapses/Paradoxical motion/Fixed.
Subvalvular deformity Present/**Absent**. Score: _____

Doppler **Normal**/Abnormal E/A=67/55, **E>A** A>E S>D
Mitral Stenosis Present/**Absent** RR Interval _____ msec
EDG _____ mmHg MDG _____ mmHg MVA _____ cm²
Mitral Regurgitation **Absent**/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology **Normal**/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
Doppler **Normal**/Abnormal TRICUSPID VALVE=141 cm/s.
Tricuspid stenosis Present/**Absent** RR Interval _____ msec.
EDG _____ mmHg MDG _____ mmHg
Tricuspid regurgitation **Absent**/Trivial/Mild/Moderate/Severe Fragmented Signals
Velocity _____ msec Pred.RVSP =mmHg

PULMONARY VALVE

Morphology **Normal**/Atresia/Thickening/Doming/Vegetation
Doppler **Normal**/Abnormal PULMONARY VALVE= 90cm/s.
Pulmonary stenosis Present/**Absent** Level
PSG _____ mmHg Pulmonary annulus _____ mm
Pulmonary regurgitation Present/**Absent**
Early diastolic gradient _____ mmHg End diastolic gradient _____ mmHg

AORTIC VALVE


Morphology **Normal**/Thickening/Calcification/Restricted opening/Flutter/Vegetation
No. of cusps 1/2/3/4
Doppler **Normal**/Abnormal AORTIC VALVE=143cm/s.
Aortic stenosis Present/**Absent** Level
PSG _____ mmHg Aortic annulus _____ mm
Aortic regurgitation **Absent**/Trivial/Mild/Moderate/Severe.



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Certificate No. : 152015-0048 Certificate No. : MC-2342

Barcode No.	: M358394		Age / Sex	: 45 YRS / Male
Patient Name	: Mr. SUSHIL KUAMR		Registration Date	: 03-Aug-2024 10:01 AM
IPD No.	:		Reporting Date	: 03-Aug-2024 12:56 PM
UHID	: 114722		Approved Date	: 03-Aug-2024 06:01 PM
Referring Doctor	: Dr. Rakesh Malhotra (H)			
Passport No.	:			

DEPARTMENT OF CARDIOLOGY

<u>Measurements</u>	<u>Normal Valves</u>	<u>Measurements</u>	<u>Normal Valves</u>
Aorta 3.0	(2.0-3.7 cm)	LA es 3.9	(1.9-4.0 cm)
LV es 3.0	(2.2-4.0 cm)	LV ed 4.2	(3.7-5.6 cm)
IVSed 1.0/1.5	(0.6-1.1 cm)	PW (LV) 1.0/1.6	(0.6-1.1 cm)
RVed	(0.7-2.6 cm)	RV Anterior Wall	(upto 5 cm)
LVVd (ml)		LVVs (ml)	
EF 60%	(54%-76%)	IVS motion	Normal/Flat/Paradoxical
IVS		Any Other	

CHAMBERS

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy, Contraction
 Normal/Reduced/Regional wall motion abnormality: Nil
 LA Normal/Enlarged/Clear/Thrombus
 RA Normal/Enlarged/Clear/Thrombus
 RV Normal/Enlarged/Clear/Thrombus
 PERICARDIUM Normal/Thickening/Calcification/Effusion

COMMENTS & SUMMARY

No RWMA, LVEF-60%
 Normal cardiac chamber size
 No MR/TR
 No AR/AS
 MIP-Normal
 Intact IAS/IVS
 No LA/LV clot
 No clot, vegetation, pericardial effusion.

IMPRESSION

Normal study.

*** End Of Report ***



DR. SANJAY Kr. SHARMA
 MD, DM (Cardiology)