



Ivy Hospital

SUPER-SPECIALITY HEALTHCARE
SECTOR 71, MOHALI
Tel: 0172-7170000
CIN No. : U85110PB2005PTC027898

Dr. Mukesh Vats
MBBS, MS, FVRS
(Ophthalmologist)
Retina Specialist & Phaco Surgeon
PMC Reg. No.: 45034
Mobile : +91-9357519888

Mr. Atul Sharma

42y/M

ID: 345064.

11/3/23

no ↑ 6/4
6/4
(U.A)

IOPT 11/12

no general check-up

pupil - NSNR

ALS - WNC.

fundus OD OS



Disc + Macula (N)

Adv: Refractive error old IOL

R/A 6 months/Sec

↓
Vats
Dr. Mukesh Vats
M.S FVRS
Retina Specialist & Phaco Surgeon
PMC 45034



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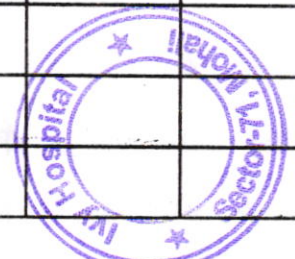
Name : Ms. Atul Sharma UHID : _____
 Age : 42 Consultant : Dr. Jagpal Date : 11/3/23
 BP : 120/70 Pulse : 92 RR : _____ Temp : _____ Pain : _____
 Ht : _____ Wt : _____ Allergies : _____ Nutritional Assessment : Yes/No
 Diagnosis / DD : _____
 Complaint : _____

Investigations

Clinical Notes

For general health checkup.
 stable, no comorbidity.
 Investigations goes @

S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
1)	Syp Arachidol	Oral	5ml	once a week	x 10 wks.	
2)	wt reduction					
	<i>Jagpal</i>					



Sign & Stamp

Follow up



Ivy Hospital

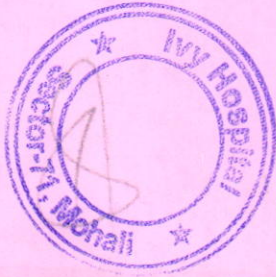
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Name : Mr. Atul Sharma UHID : _____
 Age : 42 Consultant : Dr. Jagpal Date : 11/2/23
 BP : 120/80 Pulse : 92 RR : _____ Temp : _____ Pain : _____
 Ht : _____ Wt : _____ Allergies : _____ Nutritional Assessment : Yes/No
 Diagnosis / DD : _____
 Complaint : _____

Investigations

Clinical Notes

For general health checkup.
 stable, no comorbidity.
 Investigations grossly (w)



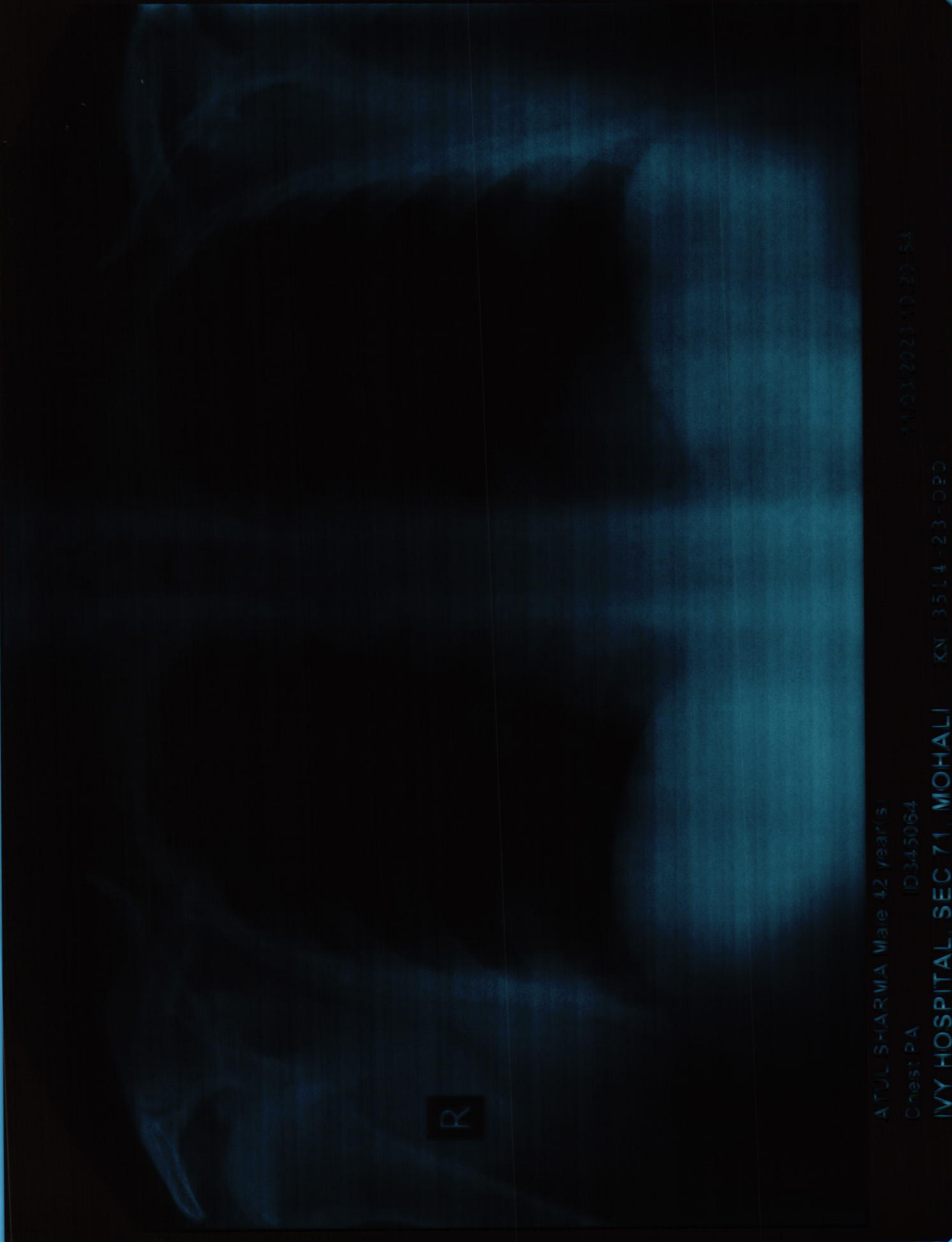
S.No.	Salt/Generic Name	Route	Dose	Frequency	Duration	Special Instructions
1)	Syp Arachitec	Oral	One	once a week	x 10 weeks	
2)	wt reduction					

Jagpal

Follow up

Sign & Stamp

Ivy/OPD/Form/005



R

ATUL S-HARMA Male 42 year(s)

Chest PA ID:345064

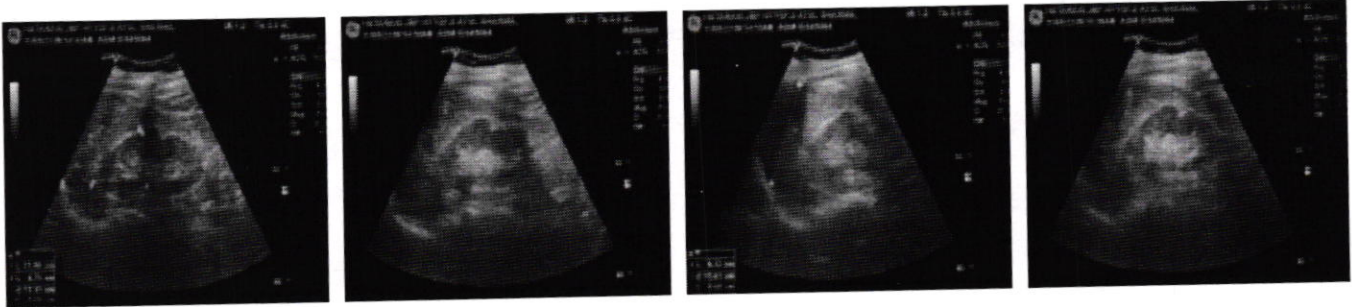
IVY HOSPITAL, SEC 71, MOHALI

KN 3514-23-020

11/01/2023 10:20:54

NAME	ATUL SHARMA	SEX/AGE	M42Y
PATIENT ID	ID345064	Accession Number	
REF CONSULTANT	PACKAGE	DATE	11/03/2023 09:51

USG WHOLE ABDOMEN



LIVER: is normal in size (~ 14cm), outline and shows increased echogenicity. No focal lesion is seen. IHBR are not dilated. Portal vein is normal. CBD is not dilated.

GALL BLADDER: is normally distended. GB wall is normal. No echoes are seen in GB.

SPLEEN: is normal in size (~ 9cm), outline and echotexture. No focal lesion is seen.

PANCREAS & UPPER RETROPERITONEUM: Visualised pancreatic head and proximal body are normal in size and echotexture. Tail of pancreas is obscured by bowel gas.

RIGHT KIDNEY: It is normal in size (~ 12.1 x 4.9cm), outline and echotexture. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen.

LEFT KIDNEY: It is normal in size (~ 11.8 x 4.7cm), echotexture and lobulated in outline. Corticomedullary differentiation is well-defined. No calculi / hydronephrosis is seen. **Cortical scarring is seen at midpole.**

U-BLADDER: is normally distended at the time of examination with normal wall thickness. No e/o calculus / mass seen.

PROSTATE: is normal in size, outline and echotexture.
No free fluid is seen in peritoneal cavity.

IMPRESSION: Fatty liver Grade II.



Dr Arushi Yadav
MD Radiodiagnosis

The above impression is just an opinion of the imaging findings and not a final diagnosis. Needs correlation with clinical status, lab investigations and other relevant investigations

(NOT FOR MEDICO-LEGAL PURPOSE)

A unit of Ivy Health and Life Sciences (P) Ltd. Website : www.ivyhospital.com, Email: cs@ivyhospital.com Fax: 91-172-2274900
Regd. Office: Administration Block, Ivy Hospital, Sector-71, S.A.S Nagar Mohali-160071, Punjab, Ph : +91-172-7170000, Fax: 91-172-5044339
All Payments to be made in favour of Ivy Health & Life Sciences (P) Ltd

IVY HELPLINE : +91 99888-23456



Ivy Hospital

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CIN No. : U85110PB2005PTC027898

Patient Name ATUL SHARMA Patient ID 345064
 Gender/Age Male / 43 Test Date : 11 Mar 2023

CARDIOLOGY DIVISION

ECHOCARDIOGRAPHY REPORT

M Mode Parameters	Patient	Normal
Left Ventricular ED Dimension	5.4	3.7-5.6 CM
Left Ventricular ES Dimension	3.6	2.2-4.0 CM
IVS (D)	0.8	0.6-1.2 CM
IVS (s)	1.2	0.7-2.6 CM
LVPW (D)	0.9	0.6-1.1 CM
LVPW (S)	1.2	0.8-1.0 CM
Aortic Root	2.6	2.0-3.7 CM
LA Diameter	3.7	1.9-4.0 CM

Indices of LV systolic Function	Patient	Normal
Ejection Fraction	60%	54-76%
Fractional Shortening	30%	25-46%

Mitral Valve : Normal movements of all leaflet, No subvalvular pathology, No calcification, no prolapse.

Aortic Valve : Thin Trileaflet open completely with central closure

Tricuspid Valve : Thin, opening well with no prolapse, **Trace TR, no PAH**

Pulmonary Valve : Thin, Pulmonary Artery not dilated

Pulse & CW Doppler : **Mitral valve: E= 53cm/s, A= 74cm/s**

Aortic valve: Vmax = 122cm/s

Pulmonary valve: Vmax = 79cm/s

Chamber Size -

LV - Normal/ Enlarged LA - Normal / Enlarged

RV - Normal/ Enlarged RA - Normal/ Enlarged

RWMA - Nil

Others : IVC~ 1.3cm, Intact IAS, IVS

No LA, LV Clot seen

No vegetation or intracardiac mass present

No Pericardial effusion present

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Remarks -

FINAL IMPRESSION -

Grade I LV diastolic dysfunction

Normal LV systolic function (LVEF~60%)



DR. SANJEEV SROA
MD Medicine , DM Cardiology

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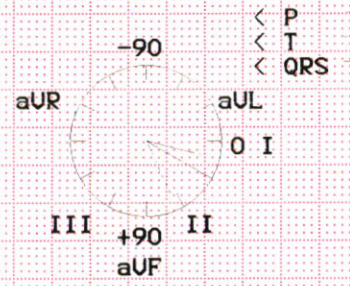
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Measurement Results:

QRS	:	82 ms
QT/QTcB	:	346 / 399 ms
PR	:	142 ms
P	:	110 ms
RR/PP	:	752 / 745 ms
P/QRS/T	:	65/ 30/ 15 degrees
QTD/QTcBD	:	36 / 42 ms
Sokolow	:	mV
NK	:	11



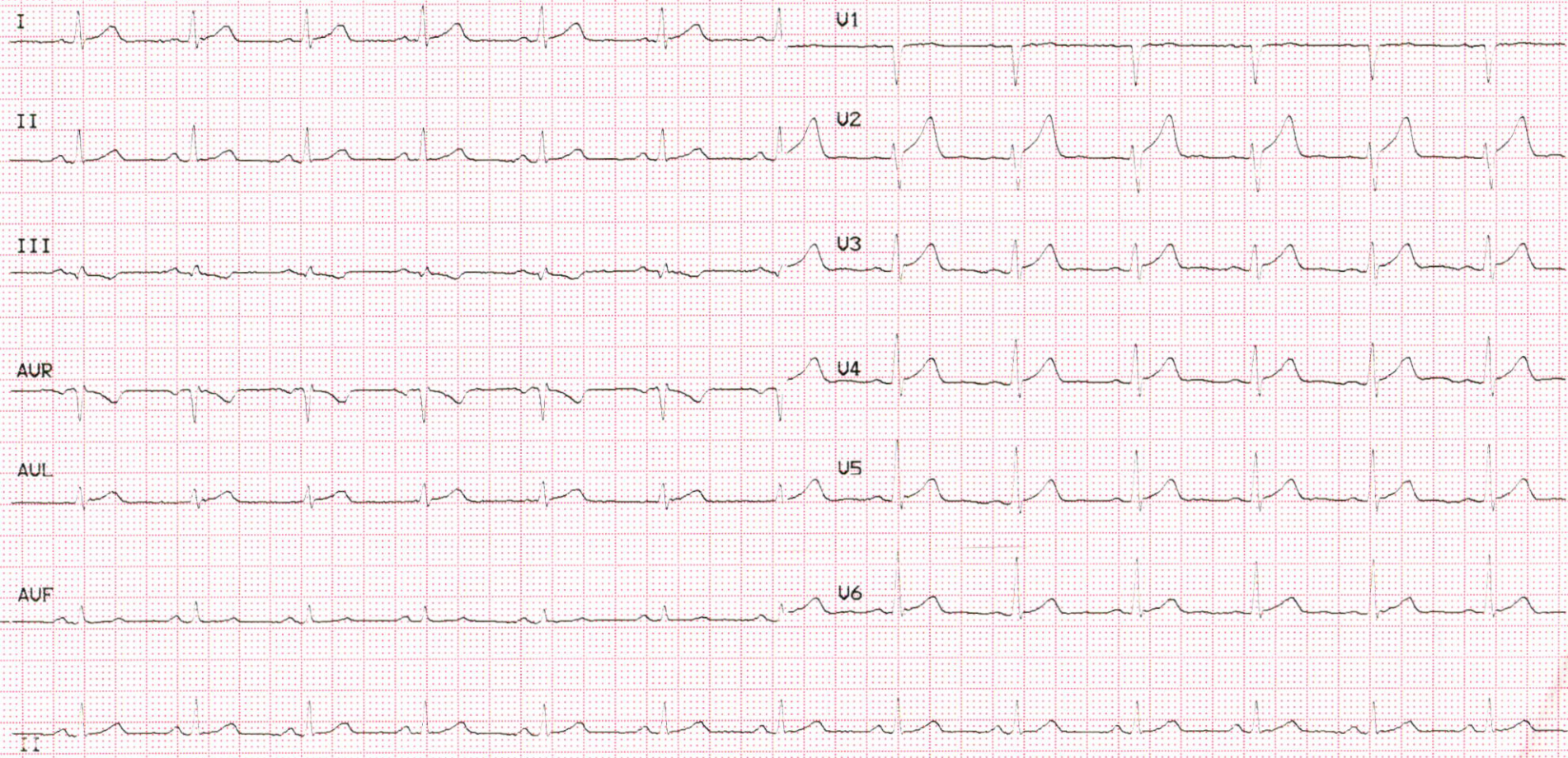
Interpretation

normal ECG



Abul sharma
42/M
UH10 : 345064

Unconfirmed report.





NAME	: MR. ATUL SHARMA	Requisition Date	: 11/Mar/2023 09:43AM
DOB/Gender	: 19-Dec-1980/M	Sample CollDate	: 11/Mar/2023 10:11AM
UHID	: 345064	Sample Rec.Date	: 11/Mar/2023 10:12AM
Inv. No.	: 3204285	Approved Date	: 11/Mar/2023 11:39AM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12701777		

Test Description	Observed Value	Unit	Reference Range
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IMMUNOASSAY

TOTAL THYROID PROFILE

Serum Total T3 <small>(CLIA/Vitros 3600)</small>	1.41	ng/mL	0.970 – 1.69
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Summary & Interpretation:

Triiodothyronine (T3) is the hormone principally responsible for the development of the effects of the thyroid hormones on the various target organs. T3 is mainly formed extrathyroidally, particularly in the liver, by deiodination of T4. A reduction in the conversion of T4 to T3 results in a fall in the T3 concentration. It occurs under the influence of medications such as propranolol, glucocorticoids or amiodarone and in severe non-thyroidal illness (NTI). The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism, the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

Serum Total T4 <small>(CLIA/Vitros 3600)</small>	8.59	µg/dL	5.53 – 11.0
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Summary & Interpretation:

The hormone thyroxine (T4) is the main product secreted by the thyroid gland. The major part of total thyroxine (T4) in serum is present in protein-bound form. As the concentration of the transport proteins in serum are subject to exogenous and endogenous effects, the status of the binding proteins must also be taken into account in the assessment of the thyroid hormone concentration in serum. The determination of T4 can be utilized for the following indications: the detection of hyperthyroidism, the detection of primary and secondary hypothyroidism and the monitoring of TSH-suppression therapy.

Serum TSH <small>(CLIA/Vitros 3600)</small>	2.400	mIU/L	0.4001 – 4.049
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Summary & Interpretation

TSH is formed in specific basophil cells of the anterior pituitary and is subject to a circadian secretion sequence. The determination of TSH serves as the initial test in thyroid diagnostics. Accordingly, TSH is a very sensitive and specific parameter for assessing thyroid function and is particularly suitable for early detection or exclusion of disorders in the central regulating circuit between the hypothalamus, pituitary and thyroid.

Note:

- TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
- Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.
- Clinical Use: Primary Hypothyroidism, Hyperthyroidism, Hypothalamic – Pituitary hypothyroidism, Inappropriate TSH secretion, Nonthyroidal illness, Autoimmune thyroid disease, Pregnancy associated thyroid disorders.

PREGNANCY	REFERENCE RANGE FOR TSH IN uIU/mL
1st Trimester	0.05 – 3.70
2nd Trimester	0.31 – 4.35
3rd Trimester	0.41 – 5.18

The highlighted values should be correlated clinically





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PSA TOTAL

Serum PSA Total <small>(CLIA/Vitros 3600)</small>	0.48	ng/mL	<4.0
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Summary & Interpretation:

Elevated concentrations of PSA in serum are generally indicative of a patho-logic-condition of the prostate (prostatitis, benign hyperplasia or carcinoma). PSA determinations are employed for the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy. An inflammation or trauma of the prostate (e.g. In case of urinary retention or following rectal examination, cystoscopy, coloscopy, transurethral biopsy, lasertreatment or ergometry) can lead to PSA elevations of varying duration and magnitude.



The highlighted values should be correlated clinically

Bisht
DR BHUMIKA BISHT
M.D. PATHOLOGY



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DOB/Gender	: 19-Dec-1980/M	SampleCollDate	: 11/Mar/2023 10:11AM
UHID	: 345064	Sample Rec.Date	: 11/Mar/2023 10:25AM
Inv. No.	: 3204285	Approved Date	: 11/Mar/2023 12:25PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
Bar Code No	: 12701777		

Test Description	Observed Value	Unit	Reference Range
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HAEMATOLOGY

BLOOD GROUP RH TYPE

ABO & RH Typing

Forward Grouping

Anti A	POSITIVE
Anti B	Negative
Anti AB	POSITIVE
Anti D	POSITIVE
Reverse Grouping A Cells	Negative
Reverse Grouping B Cells	POSITIVE
Reverse Grouping O Cells	Negative
Final Blood Group	A 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.





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UHID	: 345064	Sample Rec.Date	: 11/Mar/2023 11:18AM
Inv. No.	: 3204285	Approved Date	: 11/Mar/2023 12:24PM
Panel Name	: Ivy Mohali	Referred Doctor	: Self
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BIOCHEMISTRY

GLUCOSE FASTING

Primary Sample Type: Fluoride Plasma

Plasma Glucose Fasting (Hexokinase/ AU480)	101	mg/dL	< 106 Normal 107 - 125 Impaired Tolerance >126 Diabetic
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RFT (RENAL FUNCTION TESTS)

Serum Urea (Urease GLDH/ AU480)	21.00	mg/dl	17-43
Serum Creatinine (JAFFE KINETIC/ AU480)	0.70	mg/dl	0.67-1.17
Serum Uric acid (Uricase/ AU480)	6.40	mg/dl	3.5-7.2

LIVER FUNCTION TEST WITH GGT

Serum Bilirubin Total (DPO/ AU 480)	0.50	mg/dL	0.3-1.2
Serum Bilirubin Direct (DPO/ AU 480)	0.10	mg/dl	<0.3
Serum Bilirubin Indirect (Calculated)	0.40	mg/dl	0.1-1.0
Serum SGOT(AST) (IFCC/ Without PSP/ AU 480)	28	U/L	<35
Serum SGPT(ALT) (IFCC/ Without PSP/ AU 480)	40	U/L	<50
Serum AST/ALT Ratio (Calculated)	0.70		
Serum GGT (IFCC/ AU 480)	35	IU/L	9-52
Serum Alkaline Phosphatase (IFCC/ PNPAMPK/ kinetic/ AU 480)	114	U/L	30-120
Serum Protein Total (Biuret)	7.5	gm/dl	6.40 - 8.20
Serum Albumin (BCG/ AU 480)	4.1	g/dL	3.5-5.2
Serum Globulin (Calculated)	3.40	gm/dl	2.0-3.5
Serum Albumin/Globulin Ratio (Calculated)	1.21	%	1.0 - 1.8





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Test Description	Observed Value	Unit	Reference Range
LIPID PROFILE			
Serum Cholesterol (CHO POD/AU 480)	192	mg/dL	Desirable:<200 Borderline High:200-239 High: > 240
Serum Triglycerides (Lipase GPO-PAP/ AU+80)	89	mg/dL	<150 Normal 150-199 Borderline High 200-499 High >500 Very High
Serum HDL Cholesterol (Immunoenzymatic/AU 480)	40	mg/dL	<40 Major risk factor for CHD >60 Negative risk factor for CHD
Serum VLDL cholesterol (Calculated)	18	mg/dL	7-35
Serum LDL cholesterol (Calculated)	134	mg/dL	50-100
Serum Cholesterol-HDL Ratio (Calculated)	4.80		3-5
Serum LDL-HDL Ratio (Calculated)	3.35		1.5 - 3.5




DR. ANAND KALIA
M.D. PATHOLOGY



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CLINICAL PATHOLOGY

COMPLETE URINE EXAMINATION

Physical Examination

Urine Volume	25.00	mL	
Urine Colour	Yellow		Light Yellow
Urine Appearance	Clear		Clear

Chemical Examination (Reflectance Photometry)

Urine pH	6.00		4.8-7.6
Urine Specific Gravity	1.025		1.010-1.030
Urine Glucose	Absent		Absent
Urine Protein (Protein Ionization)	Absent		NIL
Urine Ketones	Absent		Absent
Urine Bilirubin	Absent		Absent
Urine for Urobilinogen	Absent		Absent
Urine Nitrite	Absent		Absent

Microscopic Examination

Urine Pus Cells	2-3		0-5
Urine RBC	Absent	/hpf	Absent
Urine Epithelial Cells	Absent	/hpf	0-5
Urine Casts	Absent	/lpf	Absent
Urine Crystals	Absent	/hpf	Absent
Urine Bacteria	Absent	/hpf	Absent
Urine Yeast Cells	Absent	/hpf	Absent
Amorphous Deposit	Absent		Absent



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HAEMATOLOGY

ESR

Primary Sample Type: EDTA Blood

ESR <small>(Automated ESR analyser)</small>	15	mm/h	0-10
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The highlighted values should be correlated clinically




DR BHUMIKA BISHT
M.D. PATHOLOGY



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DOB/Gender : 19-Dec-1980/M

UHID : 345064

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COMPLETE BLOOD COUNT (Sample Type- Whole Blood EDTA)

Haemoglobin <small>(Noncyanmethaemoglobin)</small>	14.7	g/dl	13.0 - 17.0
Hematocrit(PCV) <small>(Calculated)</small>	45.6	%	36-48
Red Blood Cell (RBC) <small>(Impedence/DC Detection)</small>	4.70	10 ⁶ /μl	4.5-5.5
Mean Corp Volume (MCV) <small>(Impedence/DC Detection)</small>	96.6	fL	83-97
Mean Corp HB (MCH) <small>(Calculated)</small>	31.1	pg/mL	27-31
Mean Corp HB Cone (MCHC) <small>(Calculated)</small>	32.2	gm/dl	32-36
Red Cell Distribution Width -CV <small>(Calculated)</small>	14.5	%	11-15
Platelet Count <small>(Impedence DC Detection/Microscopy)</small>	307	10 ³ /ul	150-450
Mean Platelet Volume (MPV) <small>(Impedence/DC Detection)</small>	8.9	fL	7.5-10.3
Total Leucocyte Count (TLC) <small>(Impedence/DC Detection)</small>	6.0	10 ³ /μl	4.0 - 10.0

Differential Leucocyte Count (VCS/ Microscopy)

Neutrophils	52	%	40-75
Lymphocytes	39	%	20-40
Monocytes	6	%	0-8
Eosinophils	3	%	0-4
Basophils	0	%	0-1
Absolute Neutrophil Count	3,120	μl	2000-7000
Absolute Lymphocyte Count	2,340	uL	1000-3000
Absolute Monocyte Count	360	uL	200-1000
Absolute Eosinophil Count	180	μl	20-500

*** End Of Report ***

The highlighted values should be correlated clinically

