



Reg. ID : 233584
Name of Patient : MR. NITIN KUMAR KANOJIA
Age/Gender : 32 years / Male
Refd by Dr. : MEDIWHEEL
Mobile No. : 8882664398
Sample Type : EDTA

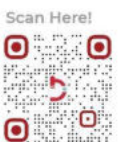
Panel Company : MEDIWHEEL
Lab Request ID : 222810040
Sample Collection Date : Oct 08, 2022, 09:45 a.m.
Sample Acknowledgment Date : Oct 08, 2022, 09:47 a.m.
Test Reported On : Oct 08, 2022, 04:16 p.m.

Test Description	Value	Unit	Biological Ref Interval
Complete Blood Count (CBC)			
Arogya_Bank of Baroda_Health Check_ Male			
HAEMOGLOBIN (Hb)	14.7	gm/dl	13.00 - 17.00
Method : SLS			
TLC (Total Leucocyte Count)	5400	/cumm	4000.00 - 10000.00
Method : ELECTRIC IMPEDENCE			
DIFFERENTIAL COUNT			
NEUTROPHIL	50	%	40.00 - 70.00
LYMPHOCYTE	41 ▲	%	20.00 - 40.00
EOSINOPHIL	04	%	1.00 - 6.00
MONOCYTE	05	%	2.00 - 10.00
BASOPHIL	0	%	0.00 - 2.00
E.S.R.	15	mm/Ist hr.	0.00 - 15.00
Method : Westergen			
R B C (Red Blood Cell Count)	4.8	Millions/cmm	4.50 - 5.50
Method : Impedence			
PCV (Hematocrit)	43.2	%	40.00 - 50.00
M C V (Mean Corp Volume)	90	fL	83.00 - 101.00
Method : CALCULATED			
M C H (Mean Corp Hb)	30.63	pg	27.00 - 32.00
Method : CALCULATED			
M C H C (Mean Corp Hb Conc)	34.03	%	31.50 - 34.50
Method : CALCULATED			
MPV	13.5 ▲	fL	6.5-12
Method : Calculated			
PLATELET COUNT	142000 ▼	/cumm	150000.00 - 410000.00
Method : Impedence			
ABSOLUTE EOSINOPHIL COUNT	216	/cumm	40.00 - 440.00
ABSOLUTE LYMPHOCYTES COUNT	2214	/cumm	1000.00 - 3000.00
ABSOLUTE NEUTROPHIL COUNT	2700	/cumm	2000.00 - 7000.00
Method : MICROSCOPY			
RDW -CV	13.6	%	11.60 - 14.00
RDW -SD	42.9	fL	39.00 - 46.00
PDW	25.8 ▲		8.3 - 25

END OF REPORT

If tests results are alarming/unexpected,client is advised to contact the Lab immediately for possible remedial actions.


Dr. A. LALCHANDANI
M.D. (Pathology)





Reg. ID : 233584 **Panel Company** : MEDIWHEEL
Name of Patient : MR. NITIN KUMAR KANOJIA **Lab Request ID** : 222810040
Age/Gender : 32 years / Male **Sample Collection Date** : Oct 08, 2022, 09:45 a.m.
Refd by Dr. : MEDIWHEEL **Sample Acknowledgment Date** : Oct 08, 2022, 09:47 a.m.
Mobile No. : 8882664398 **Test Reported On** : Oct 08, 2022, 05:34 p.m.
Sample Type : EDTA

Test Description	Value	Unit	Biological Ref Interval
<u>Blood Group ABO & RH TYPING*</u>			
Arogya_Bank of Baroda_Health Check_ Male			
BLOOD GROUP ABO	A		
RH Typing	Positive		

END OF REPORT


Dr. A. LALCHANDANI
M.D. (Pathology)





Reg. ID : 233584
Name of Patient : MR. NITIN KUMAR KANOJIA
Age/Gender : 32 years / Male
Refd by Dr. : MEDIWHEEL
Mobile No. : 8882664398
Sample Type : FLUORIDE-F

Panel Company : MEDIWHEEL
Lab Request ID : 01222810040
Sample Collection Date : Oct 08, 2022, 09:45 a.m.
Sample Acknowledgment Date : Oct 08, 2022, 09:47 a.m.
Test Reported On : Oct 08, 2022, 05:33 p.m.

Test Description	Value	Unit	Biological Ref Interval
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BLOOD GLUCOSE FASTING

Arogya_Bank of Baroda_Health Check_ Male

BLOOD GLUCOSE FASTING	97	mg/dl	70 - 99
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Method : Hexokinase

Comments

Fasting Blood Sugar: 70-99 mg/dl : Non Diabetic
100-125 mg/dl : Impaired Fasting Glucose
>125 mg/dl : Diabetic

END OF REPORT

Dr. A. LALCHANDANI
M.D. (Pathology)





Reg. ID : 233584
Name of Patient : MR. NITIN KUMAR KANOJIA
Age/Gender : 32 years / Male
Refd by Dr. : MEDIWHEEL
Mobile No. : 8882664398
Sample Type : URINE

Panel Company : MEDIWHEEL
Lab Request ID : 222810040
Sample Collection Date : Oct 08, 2022, 09:45 a.m.
Sample Acknowledgment Date : Oct 08, 2022, 09:47 a.m.
Test Reported On : Oct 08, 2022, 04:55 p.m.

Test Description	Value	Unit	Biological Ref Interval
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URINE Examination R/M*

Arogya_Bank of Baroda_Health Check_ Male

Physical examination

Quantity	20ml		
Colour	Pale Yellow	.	Pale yellow
Appearance	Clear		

Chemical Examination

Ph	6.0		5.0-8.0
Method : Method : Dipstick Manual			
Specific Gravity	1.020		1.005 - 1.030
Method : Method : Dipstick Manual			
Protein	Negative		Negative
Method : Method : Dipstick Manual			
Glucose	Negative		Negative
Method : Dipstick/Manual			
Bilirubin	Negative		Negative
Method : Dipstick/Manual			
Ketones	Negative		Negative
Method : Dipstick/Manual			
Nitrite	Negative		Negative
Method : Dipstick/Manual			
Urobilinogen	Normal		Normal
Method : Dipstick/Manual			


Microscopic Examination - Method "Microscopy"

Pus cells	1 - 2	/hpf	0 - 4/hpf
Red Blood Cells	NIL	/hpf	Nil
Epiethelial Cells	1 - 2	/hpf	1 - 2/hpf
Crystals	Absent	.	Absent
Casts	Absent	.	Absent
Yeast	Absent	.	Absent
Bacteria	Absent	.	Absent

Note

Pus Cells are significant only in midstream sample. Important for interpretation in female patient as local contamination may occur.

A urine analysis alone usually doesn't provide a definite diagnosis. Depending on the reason your doctor recommended this test, you might need follow-up for unusual results. Evaluation of the urine analysis results with other tests can help your provider determine next steps. Getting standard test results from a urine analysis doesn't guarantee that you're not ill. It might be too early to detect disease or your urine could be too diluted. Tell your doctor if you still have signs and symptoms.



Dr. A. LALCHANDANI
M.D. (Pathology)



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Refd by Dr.	: MEDIWHEEL	Sample Acknowledgment Date	: Oct 08, 2022, 09:47 a.m.
Mobile No.	: 8882664398	Test Reported On	: Oct 08, 2022, 04:55 p.m.
Sample Type	: URINE		

Test Description	Value	Unit	Biological Ref Interval
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****END OF REPORT****

If tests results are alarming/unexpected,client is advised to contact the Lab immediately for possible remedial actions.

Dr. A. LALCHANDANI
M.D. (Pathology)



Reg. ID : 233584
Name of Patient : MR. NITIN KUMAR KANOJIA
Age/Gender : 32 years / Male
Refd by Dr. : MEDIWHEEL
Mobile No. : 8882664398
Sample Type : FLOURIDE PP

Panel Company : MEDIWHEEL
Lab Request ID : 222810040
Sample Collection Date : Oct 08, 2022, 09:45 a.m.
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Test Reported On : Oct 08, 2022, 05:33 p.m.

Test Description	Value	Unit	Biological Ref Interval
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Arogya_Bank of Baroda_Health Check_ Male

BLOOD GLUCOSE PP	109	mg/dl	70 - 139
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Method : Hexokinase

Comments

PP Blood Sugar: 70-139 mg/dl : Non Diabetic
140-199 mg/dl : Impaired Glucose
>200 mg/dl : Diabetic

END OF REPORT

Dr. A. LALCHANDANI
M.D. (Pathology)





Reg. ID : 233584
Name of Patient : MR. NITIN KUMAR KANOJIA
Age/Gender : 32 years / Male
Refd by Dr. : MEDIWHEEL
Mobile No. : 8882664398
Sample Type : SERUM

Panel Company : MEDIWHEEL
Lab Request ID : 00222810040
Sample Collection Date : Oct 08, 2022, 09:45 a.m.
Sample Acknowledgment Date : Oct 08, 2022, 09:47 a.m.
Test Reported On : Oct 08, 2022, 04:39 p.m.

Test Description	Value	Unit	Biological Ref Interval
<u>Lipid-Profile*</u>			
Arogya_Bank of Baroda_Health Check_ Male			
CHOLESTROL TOTAL	229	mg/dL	Desirable : < 200 Borderline: 200 - 239 High : > 240
Method : CHOD-POD			
T.G	189	mg/dL	Desirable < 150 Borderline High 150 - 199 High 200 - 499 Very High > 500
Method : ENZYMATYIC (E.P)			
HDL	42	mg/dL	40-60
Method : Enzymatic immunoinhibition			
V L D I	37.8 ▲	mg/dl	07 - 35
Method : Calculated			
LDL CHOLESTEROI	149.2	mg/dl	Desirable :- < 100 Border line: 130 - 159 High Risk : 160 - 189 Very High : > 190
Method : Calculated			
LDL / HDL CHOLESTEROL Ratio	3.55		2.5 - 3.5 High : > 3.5
Method : Calculated			
TOTAL / HDL CHOLESTEROL Ratio	5.45		Moderate Risk : 3.5 - 5.0 High Risk : > 5.0
Method : Calculated			

END OF REPORT


Dr. A. LALCHANDANI
M.D. (Pathology)





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Age/Gender : 32 years / Male
Refd by Dr. : MEDIWHEEL
Mobile No. : 8882664398
Sample Type : SERUM

Panel Company : MEDIWHEEL
Lab Request ID : 00222810040
Sample Collection Date : Oct 08, 2022, 09:45 a.m.
Sample Acknowledgment Date : Oct 08, 2022, 09:47 a.m.
Test Reported On : Oct 08, 2022, 04:39 p.m.

Liver Function Test (LFT)*

Arogya_Bank of Baroda_Health Check_ Male

BILIRUBIN TOTAL	0.8	mg/dL	0.3 - 1.2
Method : DIAZO			
BIL DIRECT	0.1	mg/dL	< 0.2
Method : DIAZO			
BIL INDIRECT	0.7		0.4-1.1
Method : CALCULATED			
AST/SGOT	30	μ/L	< 50
Method : UV WITHOUT P5P			
ALT/SGPT	31	μ/L	< 50
Method : UV WITHOUT P5P			
ALKALINE PHOSPHATE	77	IU/L	30-120
Method : PNPP, AMP BUFFER			
TOTAL PROTEIN	7.2	g/dL	6.6 - 8.3
Method : BIURET			
ALBUMIN	4.5	g/DL	3.5 - 5.2
Method : BCG			
GLOBULIN	2.7	g/dl	2.0-3.5
Method : Calculated			
A/G RATIO	1.67		0.9-2.5
Method : Calculated			
GGT	20	μ/L	< 55
Method : Glutamyl carboxy nitroanilide Glycylglycine			

****END OF REPORT****

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Dr. A. LALCHANDANI
M.D. (Pathology)





Reg. ID : 233584	Panel Company : MEDIWHEEL
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Refd by Dr. : MEDIWHEEL	Sample Acknowledgment Date : Oct 08, 2022, 09:47 a.m.
Mobile No. : 8882664398	Test Reported On : Oct 08, 2022, 07:29 p.m.
Sample Type : EDTA	

GLYCOSYLATED HAEMOGLOBIN HbA1c*

Arogya_Bank of Baroda_Health Check_ Male

HBA1C*	5.7	%	4.00 - 5.70
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Method : HPLC - Ion Exchange

MEAN BLOOD GLUCOSE LEVEL	Mean Blood	117	mg/dL	68 - 117
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Glucose Level over past 60 days period

INTERPRETATION

According to recommendations of the American Diabetes Association (ADA)

Group	HbA1c in %
Non-Diabetic adults 18 year	4.5 - 5.6
At risk of developing diabetes	> 5.7 to < 6.4
Diagnosing of Diabetes mellitus	>= 6.5

Comments

- Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have q high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
- Diabetes patients with HbA1c levels below 7%(DCCT/NGSP) meet the goal of the ADA.
- HbA1c levels below the established reference interval may indicate recent episodes of hypoglycemia, the presence of Hb variants or shortened lifetime of erythrocytes.
- HbA1c Provides an index of average blood glucose levels over the past 8 -12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

FACTORS THAT INTERFERE WITH HbA1C Measurement- Hemoglobin variants,elevated fetal hemoglobin (HbF) and chemically modified derivatives of hemoglobin (e.g. carbamylated Hb in patients with renal failure) can affect the with renal failure) can affect the accuracy of HbA1c measurements.

FACTORS THAT AFFECT INTERPRETATION OF HBA1C RESULTS - Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g.,recovery from acute blood loss, hemolytic anemia, HbSS, HbCC, and HbSC) will falsely lower HbA1c test results regardless of the assay method used. Iron deficiency anemia is associated with higher HbA1c

END OF REPORT





Reg. ID : 233584
Name of Patient : MR. NITIN KUMAR KANOJIA
Age/Gender : 32 years / Male
Refd by Dr. : MEDIWHEEL
Mobile No. : 8882664398
Sample Type : RADIO

Panel Company : MEDIWHEEL
Lab Request ID : R222810040
Sample Collection Date : Oct 08, 2022, 09:45 a.m.
Sample Acknowledgment Date : Oct 08, 2022, 09:47 a.m.
Test Reported On : Oct 10, 2022, 09:46 a.m.

Male Ultrasound Whole Abdomen*

Arogya_Bank of Baroda_Health Check_ Male

Liver measures 12.8 cm in the craniocaudal axis , outline smooth with homogenous **echotexture**. No obvious focal parenchymal lesion seen no extra or intra hepatic biliary dilatation is noted . Hepatic veins drain normally in to IVC . Portal vein is normal and in course and caliber.

Gall bladder is distended. No intra luminal calculus is seen. Gall bladder wall is normal in thickness Common bile duct is normal in caliber and lumen is clear.

Pancreas is normal in size & outline Echotexture is homogenous. No evidence of any focal lesion or calcification is seen. Pancreatic duct is not dilated.

Spleen measures 8.3 cm normal in outline and echotexture. No focal lesion calcification is seen.

Right **kidney** measures 102 x 45 mm , corticomedullary differentiation is maintained. cortical echotexture is homogenous No mass lesion, or hydronephrosis is seen . **Renal medulla is echogenic**.

Left **kidney** measures 98 x 47 mm , corticomedullary differentiation is maintained. cortical echotexture is homogenous No mass lesion, or hydronephrosis is seen . **Renal medulla is echogenic**.

Urinary bladder is distended. wall thickness is normal ,no calculus or mass seen.

Prostate volume is 17.2 ml. Echotexture is homogenous no focal lesion is seen.

No significant gastric or small bowel lesion is seen.

No significant retroperitoneal lymph adenopathy . No peritoneal fluid seen.

Impression: Renal medullae are echogenic.
Please correlate clinically with se uric acid and se calcuim levels.





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Refd by Dr.	: MEDIWHEEL	Sample Acknowledgment Date	: Oct 08, 2022, 09:47 a.m.
Mobile No.	: 8882664398	Test Reported On	: Oct 10, 2022, 09:46 a.m.
Sample Type	: RADIO		

Please correlate clinically & with other investigations. This report is for diagnostic use only and is not valid for medicolegal purposes. We are open for reconsideration of the report if required/suggested by treating doctor.

END OF REPORT

Dr. SARABJEET
Sr. Radiologist M.D.





Reg. ID : 233584
Name of Patient : MR. NITIN KUMAR KANOJIA
Age/Gender : 32 years / Male
Refd by Dr. : MEDIWHEEL
Mobile No. : 8882664398
Sample Type : RADIO

Panel Company : MEDIWHEEL
Lab Request ID : R222810040
Sample Collection Date : Oct 08, 2022, 09:45 a.m.
Sample Acknowledgment Date : Oct 08, 2022, 09:47 a.m.
Test Reported On : Oct 10, 2022, 01:49 p.m.

X-ray Chest P.A*

Arogya_Bank of Baroda_Health Check_ Male

Bronchovascular markings are normal. No active lung parenchymal lesion seen.

Bilateral hilar shadows are normal.

Cardiac silhouette is normal.

Rib cage appears normal.

Bilateral CP angles are clear.

Kindly correlate clinically.

END OF REPORT

Dr. SARABJEET
Sr. Radiologist M.D.





Reg. ID : 233584 **Panel Company** : MEDIWHEEL
Name of Patient : MR. NITIN KUMAR KANOJIA **Lab Request ID** : 00222810040
Age/Gender : 32 years / Male **Sample Collection Date** : Oct 08, 2022, 09:45 a.m.
Refd by Dr. : MEDIWHEEL **Sample Acknowledgment Date** : Oct 08, 2022, 09:47 a.m.
Mobile No. : 8882664398 **Test Reported On** : Oct 08, 2022, 05:26 p.m.
Sample Type : SERUM

Test Description	Value	Unit	Biological Ref Interval
Thyroid Function Test (T3,T4,TSH)			
Arogya_Bank of Baroda_Health Check_ Male			
TOTAL T3	1.17	ng/mL	0.60 - 1.83
Method : CLIA			
TOTAL T4	8.64	ug/dl	5.48 - 14.28
Method : CLIA			
Thyroid Stimulating Hormone - TSH	2.33	uU/ml	0.35 - 5.50
Method : CLIA			

COMMENTS:-

A high TSH result often means an underactive thyroid gland caused by failure of the gland (Hypothroidism). Very rarely, a high TSH result can indicate a problem with the pituitary gland, such as a tumour, in what is known as secondary hyperthyroidism. A high TSH value can also occur in people with underactive thyroid gland who have been receiving too little thyroid hormone medication.

A low TSH result can indicate an overactive thyroid gland (hyperthyroidism) or damage to the pituitary gland that prevents it from producing TSH. A low TSH result can also occur in people with an underactive thyroid gland who are receiving too much thyroid hormone medication.

END OF REPORT


Dr. A. LALCHANDANI
M.D. (Pathology)





Reg. ID : 233584
Name of Patient : MR. NITIN KUMAR KANOJIA
Age/Gender : 32 years / Male
Refd by Dr. : MEDIWHEEL
Mobile No. : 8882664398
Sample Type : SERUM

Panel Company : MEDIWHEEL
Lab Request ID : 00222810040
Sample Collection Date : Oct 08, 2022, 09:45 a.m.
Sample Acknowledgment Date : Oct 08, 2022, 09:47 a.m.
Test Reported On : Oct 08, 2022, 05:29 p.m.

Test Description	Value	Unit	Biological Ref Interval
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Arogya_Bank of Baroda_Health Check_ Male

TOTAL PSA	0.41	ng/ml	< 4
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Method : ENHANCED CHEMILUMINESCENCE

SUMMARY

PSA is localized in the cytoplasm of prostatic ductal epithelium and in secretions of the ductal lumina. Because PSA is a secretory protein of the prostate, it can be recovered and purified both from prostatic tissue and from seminal plasma. PSA has been found to be primarily associated with prostate tissue, and elevated serum PSA has been found in patients with prostate cancer, benign prostatic hypertrophy, and inflammatory conditions.

Serum PSA alone is not suitable as a screen for prostate cancer because elevated PSA concentrations are also observed in patients with benign prostatic hypertrophy (BPH), nor is it recommended as a guide in disease staging. The combination of PSA measurement and rectal examination with ultrasonography in the event of abnormal findings may provide a better method of detecting prostate cancer than rectal examination alone. PSA determinations can be useful in detecting metastatic or persistent disease in patients following surgical or medical treatment of prostate cancer.

END OF REPORT


Dr. A. LALCHANDANI
M.D. (Pathology)





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Age/Gender : 32 years / Male
Refd by Dr. : MEDIWHEEL
Mobile No. : 8882664398
Sample Type : SERUM

Panel Company : MEDIWHEEL
Lab Request ID : 00222810040
Sample Collection Date : Oct 08, 2022, 09:45 a.m.
Sample Acknowledgment Date : Oct 08, 2022, 09:47 a.m.
Test Reported On : Oct 08, 2022, 04:39 p.m.

Test Description	Value	Unit	Biological Ref Interval
<u>SERUM CREATININE</u>			
Arogya_Bank of Baroda_Health Check_ Male			
CREATNINE	0.72	mg/DL	0.67 - 1.17
Method : ALKALINE PICRATE KINETIC			

END OF REPORT

Dr. A. LALCHANDANI
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Sample Type : SERUM

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Test Reported On : Oct 08, 2022, 04:39 p.m.

Test Description	Value	Unit	Biological Ref Interval
<u>BUN*</u>			
Arogya_Bank of Baroda_Health Check_ Male			
BUN	13.0	mg/dL	6.0 - 20.0

END OF REPORT


Dr. A. LALCHANDANI
M.D. (Pathology)





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Test Description	Value	Unit	Biological Ref Interval
<u>SERUM URIC ACID</u>			
Arogya_Bank of Baroda_Health Check_ Male			
URIC ACID	6.9	mg/DL	3.5 - 7.2
Method : URICASE CALORIMETRIC			

END OF REPORT

Dr. A. LALCHANDANI
M.D. (Pathology)



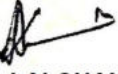


Reg. ID : 233584
Name of Patient : MR. NITIN KUMAR KANOJIA
Age/Gender : 32 years / Male
Refd by Dr. : MEDIWHEEL
Mobile No. : 8882664398
Sample Type : URINE

Panel Company : MEDIWHEEL
Lab Request ID : 222810040
Sample Collection Date : Oct 08, 2022, 09:45 a.m.
Sample Acknowledgment Date : Oct 08, 2022, 09:47 a.m.
Test Reported On : Oct 08, 2022, 05:34 p.m.

Test Description	Value	Unit	Biological Ref Interval
Arogya_Bank of Baroda_Health Check_ Male			
URINE SUGAR (PP)	Absent		

END OF REPORT


Dr. A. LALCHANDANI
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Age/Gender : 32 years / Male **Sample Collection Date** : Oct 08, 2022, 09:45 a.m.
Refd by Dr. : MEDIWHEEL **Sample Acknowledgment Date** : Oct 08, 2022, 09:47 a.m.
Mobile No. : 8882664398 **Test Reported On** : Oct 08, 2022, 05:34 p.m.
Sample Type : URINE

Test Description	Value	Unit	Biological Ref Interval
<u>URINE SUGAR (FASTING)*</u>			
Arogya_Bank of Baroda_Health Check_ Male			
Urine Sugar (Fasting)	Absent		

END OF REPORT


Dr. A. LALCHANDANI
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Mobile No. : 8882664398
Sample Type : SERUM

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Test Reported On : Oct 08, 2022, 04:39 p.m.

Test Description	Value	Unit	Biological Ref Interval
<u>CALCIUM</u>			
Arogya_Bank of Baroda_Health Check_ Male			
CALCIUM	9.0	mg/dL	8.4 - 10.2
Method : Arsenazo III			

END OF REPORT

Dr. A. LALCHANDANI
M.D. (Pathology)



Dr. LALCHANDANI LABS
19C, PUNJABI CLUB ROAD,
WEST PUNJABI BAGH, NEW DELHI

Last Name: NITIN KUMAR
 First Name: NITIN KUMAR
 ID: 4624215
 Date: 08/10/2022
 Predicted: ERN 93

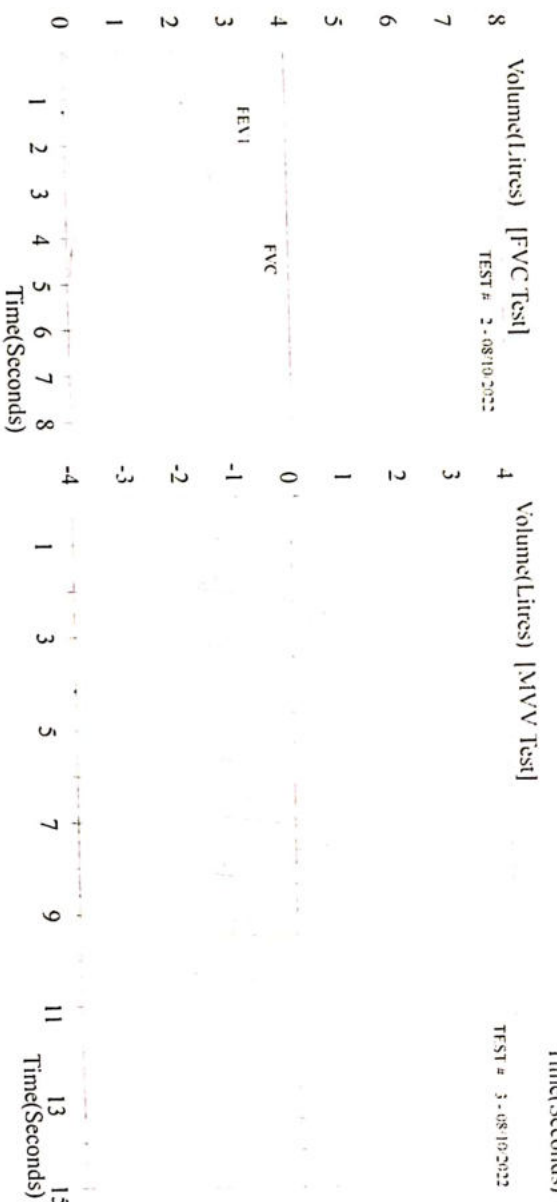
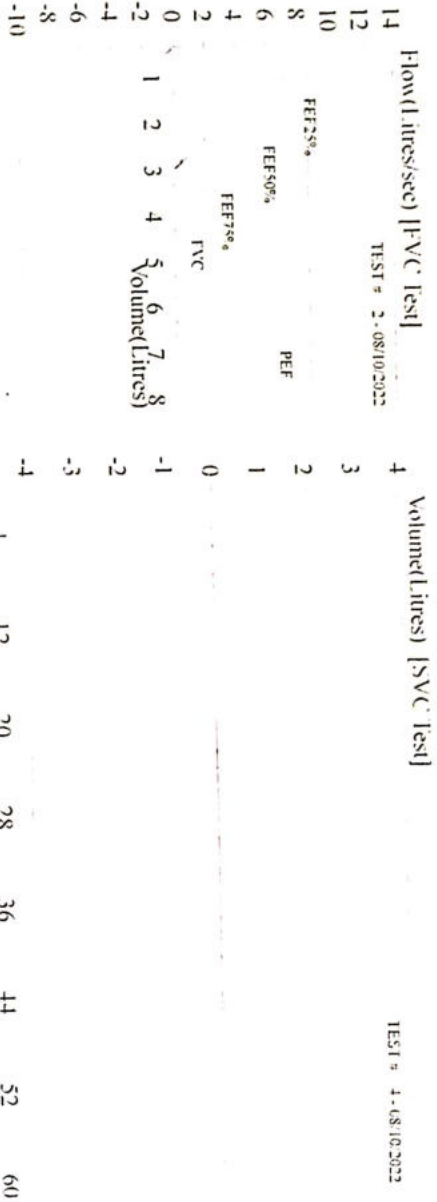
Date of Birth: 05/07/1990
 Sex: Male
 Ethnic Corr: 100%
 Description:
 Comments:

Age: 32
 Weight (Kg): 61
 Height (cm): 160
 BSA (m2): 1.63
 Smoke: no

Spirometry Results

Parameter	Unit	Pred	Pre	%Pred
FVC	(L)	4.04	2.8	69
FEV1	(L)	1.92	1.92	100
FEV1	(L)	3.46	2.52	73
PIFR	(L/s)	8.0	7.11	88
PIFR	(L/s)	5	5	100
FEF25-75	(L/s)	4.13	4.2	95
FEF25%	(L/s)	7.34	7.11	97
FEF50%	(L/s)	4.72	4.95	105
FEF75%	(L/s)	2	2	100
FEV1/FVC	(%)	81.45	90	110
FVC Time	(Sec)	2.1	2.1	100
SVC	(L)	4.21	4.89	116
ERV	(L)	1.91	1.91	100
ERV	(L)	1.66	1.66	100
VE	(L/min)	14.74	14.74	100
RV	(L)	11.17	11.17	100
RV	(L)	1.25	1.25	100
Ti	(sec)	4.12	4.12	100
Ti	(sec)	1.32	1.32	100
VtTi	(L/s)	1.06	1.06	100
Ti/Tot	(sec)	0.23	0.23	100
IC	(L)	2.98	2.98	100
MVV	(L/min)	126.34	106.5	84
MRF	(L/min)	50	50	100
MVV	(L)	2.13	2.13	100
MVV	(sec)	15.38	15.38	100
ELA	(years)	33	63	188

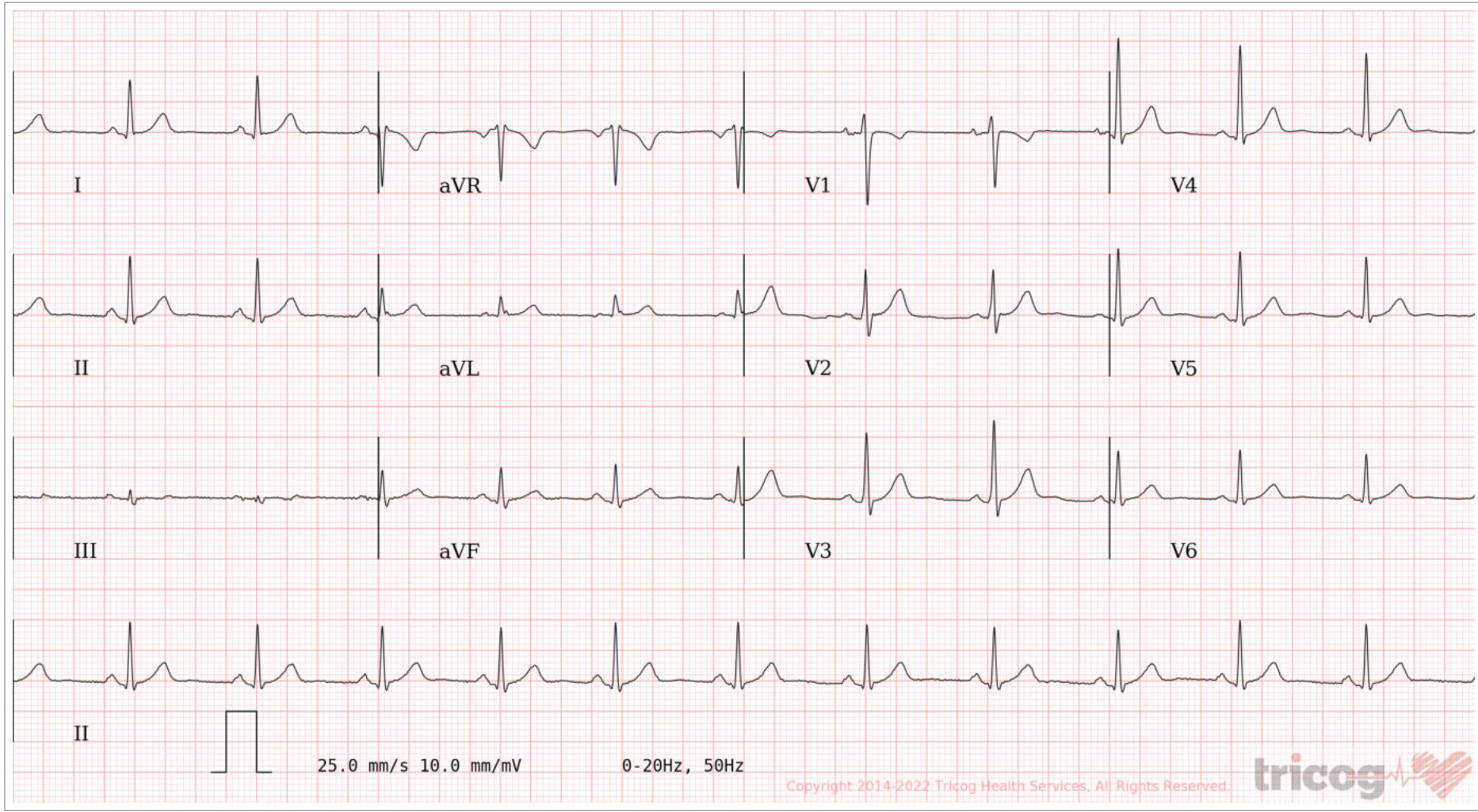
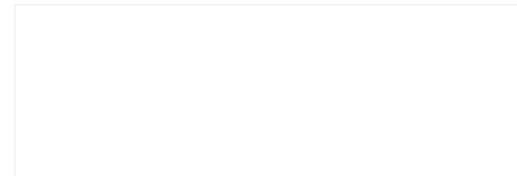
Pre Medication Report Indicates
 Mild Restriction(%FEV1/FVC>80%Pred%FEV1
 /FVC and 80%PredFVC<FVC<65%PredFVC)



Dr.

Age / Gender: 32/Male
Patient ID: 55555
Patient Name: Nitin kumar

Date and Time: 8th Oct 22 2:28 PM



AR: 73.0bpm VR: 74.0bpm QRSD: 78.0ms QT: 340.0ms QTc: 378.0ms PRI: 136.0ms P-R-T: 43.0° 32.0° 30.0°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

AUTHORIZED BY

Dr. Charit
MD, DM: Cardiology

63382

REPORTED BY

Dr Prathima S.K

Name: Mr. NITIN

Reff:

Age/Sex : 32YRS/M

Date: 08/10/2022

Transthoracic Echo-Doppler Report**M-Mode/2-D Description:**

Left Ventricle: It is Normal Size. There is no regional wall motion abnormality.

Global LVEF is 60%.

Left Atrium: It is normal size.

Right Atrium: It is normal size.

Right Ventricle: It is normal size. RV systolic function is normal.

Aortic Valve: Aortic cusps are normal.

Mitral Valve: It opens normally. Subvalvular apparatus appears normal.

Tricuspid valve: It appears normal.

Pulmonary Valve: It appears normal.

Main Pulmonary artery & its branches: Appear normal.

No intracardiac clot/mass/veg.

Pericardium: There is no pericardial effusion.

IAS & IVS: Intact.

2-D/ M-Mode Measurements (mm):

	Observed Values	Normal Values
Aortic root diameter	26.3	20-36 (mm/M ²)
Aortic Valve Opening		15-26
Left Atrium size	27	19-40

	End Diastole	End Systole	Normal Values
Left Ventricle Size	39	26	(ED= 37-56; ES=22-40)
Interventricular Septum	09	10	(ED= 6-12)
Posterior Wall Thickness	09	10	(ED= 5-10)

LV Ejection Fraction (%)	60%	55%-80%
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Doppler Velocities:

		Mr. NITIN	
Pulmonary Valve (Cm / Sec.)		Aortic Valve (Cm / Sec.)	
Max Velocity	98	Max Velocity	110
Max PG	3.8	Mean Velocity	
Mean PG		Max PG	5.0
		Mean PG	
Mitral Valve (Cm / Sec.)	Mitral Valve (Cm / Sec.)	Tricuspid Valve (Cm / Sec.)	
E -87	Max Velocity	Max Velocity	
A -56	Mean Velocity	Mean Velocity	
DT -	Max PG	Max PG	30
PHT -	Mean PG	Mean PG	

Regurgitation

	MR		TR
Severity	Nil	Severity	Mild
Max Velocity		Max Velocity	
Mean Velocity		Max Gradient	
	AR		PR
Severity	Nil	Severity	Nil
ED Velocity		PADP	
PHT		Mean PAP	

Final Interpretation

Study done at heart rate 78 BPM
 No regional wall motion abnormality. Global LVEF = 60%.
 Normal cardiac chambers dimensions.
 No MR.
 Mild TR (RVSP=30+ RAP).
 RV systolic function is normal.
 No intra cardiac clot/mass/veg./pericardial effusion.
 IVC normal with >50% respiratory variation

Dr. Saurabh Bagga
 MD, DM (Cardiology)



5MEDICAL EXAMINATION REPORT (MER FORM)

NAME	AGE	CORPORATE:	CONTACT NO	LOCATION
Nilim Kumary	32			
HEIGHT: 160	M/F M	WEIGHT: 61.60	BMI: 24.06 (over wt)	BP: 126 / 76
DATE: 08/10/22				
Vision	LEFT	NG		
	RIGHT	NG		
Color blindness	No			
FAMILY HISTORY	Diabetes	nil		
	Hypertension	nil		
PERSONAL HISTORY	Diabetes	nil		
	Hypertension	nil		
	Tuberculosis/any chronic illness	COVID-19 in Sep '20		
MEDICATIONS IF ANY	anti-allergin			
EYE EXAMINATION	✓			
CLINICAL EXAMINATION	no pain near L-stomach			

SIGNATURE OF CLIENT:

SIGNATURE OF DOCTOR:

