

Ayushman Facilities Available
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DEPARTMENT OF CARDIOLOGY 2D ECHOCARDIOGRAPHY & COLOUR DOPPLER REPORT

NAME

: MR. SAURABH KUMAR TIWARI

AGE

: 34Y/MALE

DATE OF EXAMINATION REF BY

: 12/08/2024

KMH NO

: KALYAN MULTISPECIALITY HOSPITAL : 21419

ECHO FINDINGS:

Mitral valve : Normal
 Tricuspid valve – Normal

Aortic valve: NORMAL

Aorta: 24

Left atrium : 42 mm
 LV DD/DS : 42/29 mm

LV ejection fraction: 60%

IVS/PW:10/12

Right atrium : normal

Right ventricle: Normal

PVP: 0.9 m/m

Interatrial and interventricular septum intact

Pulmonary artery: Normal

· Pericardium : Normal

CW/PW/Color Doppler : Normal

Doppler flow mapping: Normal

· Other findings :-

: ve/va : E<A

CONCLUSION:-

NORMAL ECHO STUDY

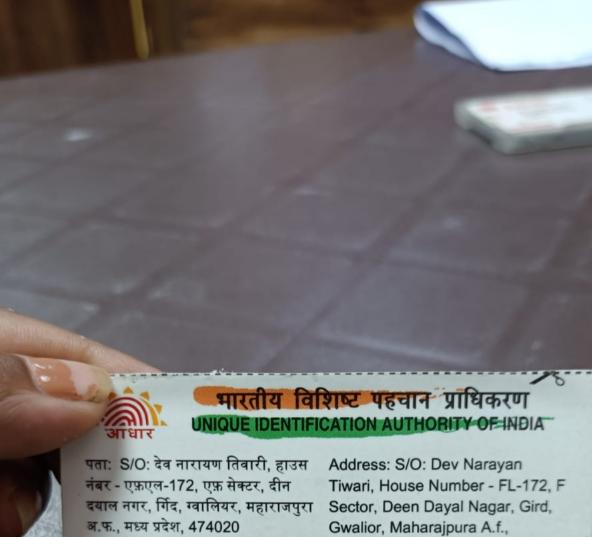
PRATEEK BHADAURIA

MD,DM (CARDIOLOGY)

ABOUT KALYAN HOSPITAL

- Served more than 16 Lakh people from 14 countries and more than 50 cities of India, 1st Hospital to Start Cardiac Cath Lab in Gwalior (in 2003) • 1st Hospital to Start IVF in Gwalior (in 2003) • 1st Hospital to get Dialysis Unit in Gwalior (in 1991) • Maximum Number of Covid cases treated in Gwalior.
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 More than 15000 cardiac Procedures.

KALYAN MULTI SPECIALITY HOSPITAL



Madhya Pradesh, 474020



1947 1800 180 1947



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www.uidai.gov.in



saurabh kumar tiwari Male 24Years		PR PR QRS QRS QT/QTc P/QRST RV5/SVT			Sinus Rhythm Sinus Rhythm ***Normal EC ATEEK SINGH BHAL M B D.S. (AllMS) BM (PGI Chandiga or Cosnultent Cardio M P MC 2/1098 m. Report Confirm	Sinus Rhythm Sinus Rhythm ***Normal ECG*** Dr. PRATEEK SINGH BHADAURIA M B D S (AIIMS DELHI) S M D BM (PGI Chandigarn) Y Prior Cosnuttent Cardiolog M P MC 2009frmed by:				
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UHID No

:- KMH-21419

Booking No/Date :- / 12-Aug-2024 03:55 PM

Patient Name

:- Mr SAURABH KUMAR TIWARI

Age/Sex :- 34 Y/M

Father

:- MR DEV NARAYAN TIWARI

Reg No :- 21419

Address

:- DEEN DAYAL NAGAR, GWALIOR

Mobile No :- 7624966115

Referred By

:- K. M. S. HOSPITAL

Investigations

Observations

Biological Reference Interval

Unit

Sample No:24256448

HAEMATOLOGY

CBC ,			
HAEMOGLOBIN (HB)	13.9	13.00 - 16.00 •	
TLC	8800	4000.00 - 11000.00	Cells/cumm.
RBCS (RED BLOOD CELLS)	3.61	4.50 - 5.50	Millions/cu mm
DLC DIFFERENTIAL LEUCOCYTE COUNT		TO THE REAL PROPERTY.	
NEUTROPHIL	71	40.00 - 80.00	%
LYMPHOCYTES	22	20.00 - 40.00	%
MONOCYTES	04	2.00 - 10.00	%
EOSINOPHIL	03	1.00 - 6.00	%
BASOPHILS	00		%
P.C.V /HAEMATOCRIT	39.0	38.00 - 50.00	%
MCV(MEAN CELL VOLUME)	108.1	83.00 - 101.00	fl
MCH(MEAN CELL HAEMOGLOBIN)	38.4	27.00 - 32.00	pg
MCHC .	35.5	31.50 - 35.00	g/dl
PLATELET COUNT	1.55	1.50 - 4.10	lacs /cu mm
ESR	06	0.00 - 15.00	mm at 1 hr
And the second s			

Remarks :-

Type of Sample :- WHOLE BLOOD,

* END OF REPORT *

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ABOUTAK TECHNICIAN SPITAL

Dr. SARITA PATHAK MBBS, MD - Reg. No: MP-21802

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mg/dl

mg/dl

mg/dl

U/L

U/L

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Investigations	Observations	Biological Reference Interval	Unit
Sample No:24256450			
	BIOCHEMISTRY		111111111

	DIOCHENIZOTICE		
LFT (LIVER FUNCTION TESTS)			
TOTAL BILIRUBIN	0.51	0.00	- 1.20
DIRECT BILIRUBIN	0.26	0.00	- 0.30
INDIRECT BILIRUBIN	0.25	0.20	- 0.70
SGOT	31.1	10.00	- 35.00
SGPT	26.4	09.00	0 - 45.00
ALKALINE PHOSPHATASE	82.5	25.00	- 140.00
TOTAL PROTIENS	7.0	6.60	- 8.70
ALBUMIN	3.8	3.50	- 5.20
GLOBULIN	3.20	1.50	- 3.60
RFT (RENAL FUNCTION TESTS)			
UREA	24.901A11T	13.00	- 43.00

and the same of th				
U/L	- 140.00	25.00	82.5	
g/dl	- 8.70	6.60	7.0	2 0
g/dl	- 5.20	3.50	3.8	
g/dl	- 3.60	1.50	3.20	1
mg/dl	- 43.00	13.00	24.9	BALLE
mg/dl	- 1.40	0.70	MULII 31.0 UM	MINT
mmol/l	- 155.00	135.00	140	
mmol/l	- 5.50	3.60	3.9	
mg/dl	- 10.20	8.80	9.6	

CALCIUM
Remarks:-

CREATNINE

SERUM SODIUM NA+ SERUM POTASIUM K+

Type of Sample :- SERUM BLOOD,

* END OF REPORT *

Saidadam

ABOUT KALYAN HOSPITAL

Dr. SARITA PATHAK
MBBS, MD - Reg. No: MP-21802
Consultant Path.

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:- K. M. S. HOSPITAL

STATE OF STATE OF	
Invest	igations

Observations

Biological Reference Interval

Unit

Sample No:24256450

LIPI	D P	ROF	ILE
TOT	AL (CHO	LES

TROL TRIGLYCERIDES HDL CHOLESTROL LDL CHOLESTROL VLDL CHOLESTROL/ HDL RATIO

Remarks :-

Type of Sample :- SERUM BLOOD,

BIOCHEMISTRY

121.2

Desirable: - < 200 mg/dL Borderline: - 200 - 239 mg/dL High: - > 240mg/dL

mq/dl

148.9

41.2

50.22

29.78

2.94

35.00 - 160.00

mg/dl

35.30 - 79.50

mg/dl

60.00 - 150.00

mg/dl

10.00 - 30.00

mg/dl

<3.0 LOW RISK, 3.0-5.0 AVG RISK, > 5.0 HIGH RISK

ratio

* END OF REPORT *

Dr. SARITA PATHAK MBBS, MD - Reg. No: MP- 21802

Consultant Path.

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LAB TECHNICIAN

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Investigations	Observations	Biological Reference Interval	Unit
Sample No:24256448			
	HAEMATOLOGY		
HBA1C(GLYCOSYLATED HAEMOGLOBIN)	5.1	4.20 - 6.40	%
Remarks :-			
Sample No:24256449			
	BIOCHEMISTRY	S CENTRAL . SA	
BLOOD SUGAR PP	119.8	upto 140	mg/dl
Remarks :-			
Sample No:24256451	_ 1/		
	BIOCHEMISTRY	IAA	
BLOOD SUGAR FASTING	91.2	70.00 - 110.00	mg/dl
Remarks :-			
Type of Sample :- SERUM, WHOLE BLOOD,	MULTI SPECIALI	TY HOSPITAL	

* END OF REPORT *

LAB TECHNICIAN

Dr. SARITA PATHAK MBBS, MD - Reg. No: MP- 21802 Consultant Path.

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Age/Sex

Father

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:- 34 Y/M :- 21419

Address

:- DEEN DAYAL NAGAR, GWALIOR

Reg No :- 7624966115

Referred By

:- K. M. S. HOSPITAL

Unit

Investigations

Observations

Mobile No

Biological Reference Interval

ml

/HPF

Millions/cu

mm /HPF

takans

Sample No:24256452

URINE EXAMINATION

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

QUANTITY	
COLOR	
APPEARANCE	
CHEMICAL EXAMINATI	ON

SPECIFIC GRAVITY

PH

GLUCOSE PROTEIN-

MICROSCOPIC EXAMINATION

PUS CELLS

RBCS (RED BLOOD CELLS)

EPITHELIAL CELLS

CASTS

CRYSTALS

KETONES BODIES

OTHERS

Remarks :-

Type of Sample :- URINE,

CLEAR 1.010 6.5

NIL

NII

20 YELLOW

CLEAR YELLOW CLEAR

1.01 - 1.03

4.60 - 8.00

2.00 - 3.00

4.50 - 5.50 NIL

1-2

ABSENT ABSENT

ABSENT ABSENT ABSENT ABSENT

* END OF REPORT *

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Name Mr. SAURABH KUMAR

Sex Male

Visit Date & Time 12/0

12/08/2024 16:39:37

Sample Accepted at: 12/08/2024 16:40:11

Test Authenticated at : 12/08/2024 18:28:30

PATIENT ID 312425801

Ref. Lab KALYAN HOSPITAL

Ref. By



HAEMATOLOGY

Test Name

33 Yrs

Value Status

Unit

Biological Ref Interval

BLOOD GROUP ABO AND RHTYPE

Gel Technique & Tube Agglutination

BLOOD GROUPING A.B.O.

RH TYPING

'0'

POSITIVE

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



DNB (Pathology)
Reliable Diagnostic Centre





Name Mr. SAURABH KUMAR

33 Yrs Age

Sex Male Visit Date & Time

12/08/2024 16:39:37

Sample Accepted at: 12/08/2024 16:40:11

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PATIENT ID 312425801

Ref. Lab

KALYAN HOSPITAL

Ref. By



HORMONES& MARKERS

Test Name	Value Status	Unit	Biological Ref Interval	
TOTAL THYROID PROFILE				
THYROID-TRIIODOTHYRONINE (T3)	1.13	ng/mL	0.87 - 1.78	
THYROID - THYROXINE (T4)	8.67	ug/dL	4.82 - 15.65	-
THYROID STIMULATING HORMONE (TSH) Ultra Sensitive	3.215	uIU/ml	0.38 - 5.33	

Method: Chemiluminescence with serum

NOTE: In pregnancy total T3,T4 increase to 1.5 times the normal range.

Premature Infants 26-30 Weeks ,3-4 days 0.24 - 1.32 ng/ml

Reference Range (T3)

Full-Term Infants 1-	3 days	0.89 - 4.05 ng/ml
1 Week		0.91 - 3.00 ng/ml
1- 11 Months		0.85 - 2.50 ng/ml
Prepubertal Children Reference Ranges		1.19 - 2.18 ng/ml
Premature Infants 26		2.60 - 14.0 ug/dl
Full -Term Infants	1-3 days	8.20 - 19.9 ug/dl
	1 weeks	6.0 - 15.9 ug/dl
	1-11 Months	6.1 - 14.9 ug/dl
Prepubertal children	12 months-2yrs	6.8 - 13.5 ug/dl
prepubertal children	3-9 yrs	5.5 - 12.8 ug/dl

Reference Ranges (TSH)

Premature Infants 26-32 weeks ,3-4 Days 0.8 - 6.9 uIU/ml Full Term Infants 4 Days 1.36 - 16 uIU/ml

Newborns : TSH surges within the first 15-60 Minutes of life reaching peak levels between 25- 60 uIU/ml at about 30 minutes. Values then deline repidly and after one week are within

the adult normal range.

.1 - 11 Months

Prepubertal children

0.90 - 7.70 uIU/ml 0.60 - 5.50 uIU/ml

Primary malfunction of the thyroid gland may result in excessive(hyper) or low(hypo) release of T3 or T4.In additional, as TSH directly affect thyroid function, malfunction of the pituitary or the hypothalamus influences the thyroid gland activity. Disease in any portion of the thyroidpituitary-hypothalamus system may influence the level of T3 and T4 in the blood, in Primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyrodism, TSH levels may be low. IN addition, In Euthyroid sick Syndrom, multiple alterations in serum thyroid function test findings have been recognized.

*** End of Report ***

Dr. ALEKH SAXENA DNB (Pathology) Reliable Diagnostic Centre

Abbreviations Meaning: H - High, L-Low, HH -Critically High, LL- Critically Low, @ -Repeat
Test(s) performed on collectical sample(s) received pleases occupate with clinical finding & other related investigation. Subject(s) performed on collectical sample(s) received pleases occupate with clinical finding & other related investigation. Subject(s) performed on collectical sample(s) received pleases occupate with clinical finding & other related investigation. Subject(s) performed on collectical sample(s) received pleases occupate with clinical finding & other related investigation. Subject(s) performed on collectical sample(s) received pleases occupate with clinical finding & other related investigation.

Fmail: rdcgwalior@gmail.com | Web



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				OP	Slip			
UHID No	:	KMH-21419	OP No	:-	OP-24250000664	OP Date	:-	12 Aug 2024 12:44PM
Patient Name		Mr SAURABH KUMAR TIWARI	Age/Sex	:-	34 Y/Male	Mobile No	:-	7624966115
Father	:-	MR DEV NARAYAN TIWARI			GENERAL MEDICINE	distant (MDDC		
Pay Type	:-	Cash	- Consultant	•	Dr Department of med	icine (MBBS)	,MD)
Token No	:-	NOR 1	Paid	:-	50.00			
Patient Type	:-	Normal						
Address	:-	DEEN DAYAL NAGAR,G	WALIOR			3		

BP :- //3 0/9 0

Weight (kg) :- 72/4

Pulse :- 88/m

Sp0, - 99%

After all imptogethers
and consulfations
Pt King From
MULTSPECIALTY HOSPITAL

having fathy live

or equind

fameel rudécer or 5 to 7 day

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Patient name Ref. By

MR. SAURABH KUMAR TIWARI KALYAN HOSPITAL

Age/sex Date

34 Y/M 12/08/2024

ULTRASONOGRAPHY (WHOLE ABDOMEN)

Liver is enlarged in size (15.5cm). Margins are regular. Parenchyma shows increased echogenecities. There is no intrahepatic biliary dilatation. Portal vein and hepatic venous channels are within normal limits.

Gall Bladder is well distended. Walls are normal in thickness & regular. Lumen is echofree. CBD is not dilated. No calculi/sludge.

Pancreas is normal in size. Margins are regular. Parenchyma shows normal echotexture. Pancreatic duct is not dilated.

Spleen is normal in position and size. Margins are regular with uniform parenchymal echogenecity.

Both Kidneys: Both kidneys are normal in position and size. Margins are regular. Parenchymal thicknesses are adequate with normal cortical echogenecities. CMD is maintained No backpressure changes seen in the pelvicalyceal system on either side. No calculi.

Urinary bladder is well distended. Walls are regular. No echogenic debris. Perivesical fat planes are intact.

Prostate is normal in size, showing normal echotexture and outline.

IMPRESSION:

Mild hepatomegaly with fatty liver grade I.

DR. ANKIT AGRAWAL RADIOLOGIST

