



Normal **Bartolomeo Kinnison**
Birth date / month

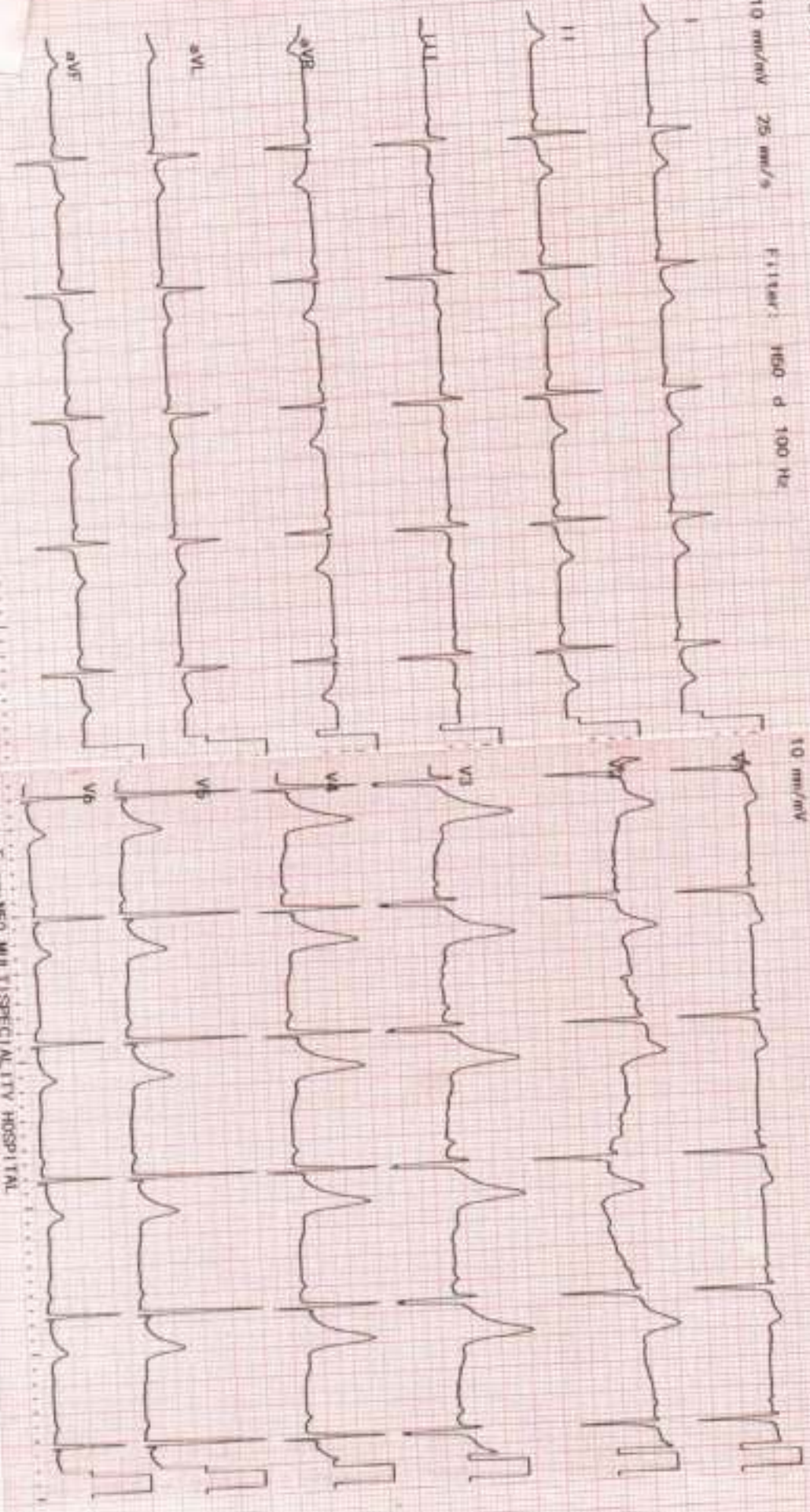
rate 58 bpm Sinus rhythm
40302 ST elevation, probably early repolarization
9130 ** border line ECG **

Sex: M
Age: 78
Weight: 68 kg
Height: 178 cm
Heart rate: 78 bpm
PR interval: 136 ms
QRS duration: 78 ms
QT/QTc (E) int: 364/381 ms
P/QRS/T axis: 43/17/36
RV5/SV1 amp: 2.04/1.28 mV
RV5+SV1 amp: 3.32 mV

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

10 mm/mV

Uncertified Report
Reviewed by:

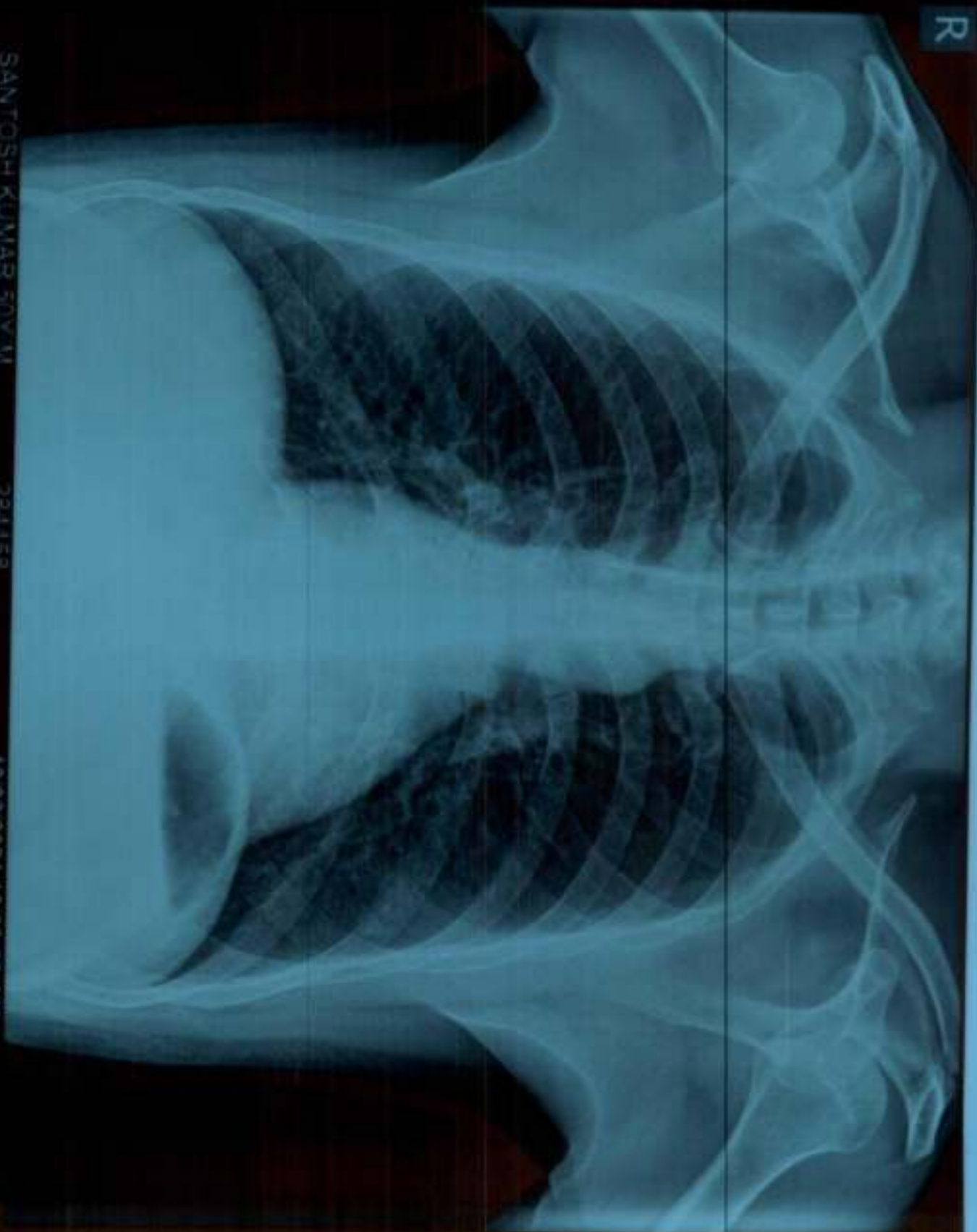


OK 03-04 04-05

Dept: CARDIART

Excm: NEO MULTISPECIALITY HOSPITAL

R



SANTOSH KUMAR 50Y M 294458 19/03/2024 10:00 30 AM
Chest PA DR. R. MALHOTRA
NEO HOSPITAL (A Unit Of Muskan Medical Centre Pvt. Ltd.) D-170A, SECTOR-50 NOIDA(U.P.)

The new health care destination

Prepared By : Mrs. Geeta

Printed By : Mrs. Geeta

ECHOCARDIOGRAPHY REPORT

MITRAL VALVE
 Morphology: AML-Normal/Thickening/Calcification/Furter/Vegetation/Prolaps/SAM/Domng
 Subvalvular deformation/Calcification/Prolaps/Paradoxical motion/Fixed. Score:
 Doppler: Normal/Abnormal E/A=94/69, E>A A>E S>D
 Mitral Stenosis Present/Absent
 EDG mmHg MVA cm²
 Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe.
TRICUSPID VALVE
 Morphology: Normal/Abnormal Present/Absent
 Doppler: Normal/Abnormal TRICUSPID VALVE=141 cm/s.
 Tricuspid stenosis Present/Absent
 EDG mmHg MDG mmHg
 Tricuspid regurgitation Absent/Trivial/Mild/Moderate/Severe Fragmented Signals msec
 Velocity msec Pred RVSP = mmHg
PULMONARY VALVE
 Morphology: Normal/Abnormal Present/Absent
 Doppler: Normal/Abnormal PULMONARY VALVE= 94cm/s.
 Pulmonary stenosis Present/Absent
 PSG mmHg Pulmonary annulus mm
 Pulmonary regurgitation Present/Absent mmHg
 Early diastolic gradient mmHg
AORTIC VALVE
 Morphology: Normal/Thickening/Calcification/Restricted opening/Furter/Vegetation
 Doppler: Normal/Abnormal AORTIC VALVE=136cm/s.
 Aortic stenosis Present/Absent Level
 PSG mmHg Aortic annulus mm
 Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe.

DEPARTMENT OF CARDIOLOGY



Phones : 0120 - 488000, 3120000



M315393

Mr. SANTOSH KUMAR

Age / Sex

50.4 YRS / Male

Registration Date

19-Mar-2024 09:12 AM

Reporting Date

19-Mar-2024 01:59 PM

Approved Date

19-Mar-2024 02:31 PM

Passport No.

Referring Doctor

Dr. Rakesh Malhotra (H)

UHD

264458

IPD No.

Patient Name

Barcode No.

Cardiology

DR. SANJAY KR. SHARMA
MD, DM (Cardiology)
FIMSA, FESC, FSCAI (USA)
Consultant Clinical & Interventional



IMPRESSION

Normal study.
No clot, vegetation, pericardial effusion.
Normal cardiac chamber size
No MR/TR
No AR/AS
MIP-Normal
Intact IAS/IVS
No LALV clot
No clot, vegetation, pericardial effusion.

COMMENTS & SUMMARY

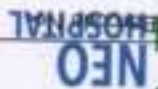
PERICARDIUM
RV
RA
LA
LV
Normal/Enlarged/Clear/Thrombus/Hypertrophy, Contraction
Normal/Reduced/Regional wall motion abnormality: Nil
Normal/Enlarged/Clear/Thrombus
Normal/Enlarged/Clear/Thrombus
Normal/Enlarged/Clear/Thrombus
Normal/Thickening/Calcification/Effusion

CHAMBERS

Measurements	Measurements	Measurements
Aorta 2.6	LAes 2.5	Normal Valves
LVes 2.6	LVad 4.5	Normal Valves
IVSed 1.0/1.5	PW (LV) 1.0/1.6	Normal Valves
RVad	RV Anterior Wall	Normal/Flat/Paradoxical
LVVd (ml)	LVS (ml)	Normal/Flat/Paradoxical
EF 60%	IVS motion	Normal/Flat/Paradoxical
IVS (54%-76%)	Any Other	

*** End Of Report ***

DEPARTMENT OF CARDIOLOGY



Phones : 0120 - 4880000, 3120000



M315393

Mr. SANTOSH KUMAR

Age / Sex

Registration Date

19-Mar-2024 09:12 AM

Reporting Date

19-Mar-2024 01:59 PM

Approved Date

19-Mar-2024 02:31 PM

Dr. Rakesh Malhotra (H)

264458

Referring Doctor

Passport No.

Patient Name

IPD No.

UHD



The new health care destination

Prepared By : Mr. PRATAP SINGH

Dr. Vijay Singh Rawal
DMRD MD Radiologist
Consultant Radiologist

Dr. Nagar Kumar
MD Radiologist, Fellow MRSA
Consultant Radiologist

Dr. Rishi Kundra
MD Radiologist
Consultant Radiologist

Dr. Parvata Tripathi
MD Radiologist
Consultant Radiologist

Printed By : Mrs. SILVY JOHNSON

Please correlate clinically

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

*** End Of Report ***

X-RAY CHEST PA VIEW

DEPARTMENT OF RADIOLOGY

Barcode No. : M315393
Patient Name : Mr. SANTOSH KUMAR
IPD No. :
UHD : 28458
Referring Doctor : Dr. Rakesh Malhotra (H)
Passport No. :



Age / Sex : 50.5 YRS / Male
Registration Date : 19-Mar-2024 09:12 AM
Reporting Date : 19-Mar-2024 08:40 PM
Approved Date : 19-Mar-2024 08:40 PM

Phones : 0120 - 4880000, 3120000
email : info@neohospital.com website : www.neohospital.com



Barcode No.	: M315393
Patient NAME	: Mr. SANTOSH KUMAR
Sample COLL DATE	: 19-Mar-2024 02:39 PM
UHID	: 24458
IPD No. / Ward	: /
Referring Doctor	: Dr. Rakesh Malhotra (H)
Passport No.	:
Sample Receiving DATE	: 19-Mar-2024 02:50 PM
Reporting DATE	: 19-Mar-2024 05:22 PM
Approved DATE	: 19-Mar-2024 05:26 PM
Age / Sex	: 50.5 YRS / Male

DEPARTMENT OF BIOCHEMISTRY

Date	Status	Result	Unit	Bio Ref Interval
19-Mar-24 05:22PM	85.0	Blood Sugar Fasting	mg/dl	70-100
19-Mar-24 05:26PM	138.0	Blood Sugar Post Prandial	mg/dl	70.0-140.0

Prepared By : Mrs. Anita

Printed By : Mr. KAMAL VERMA

The new health care destination

(* Test conducted under NABL scope MCG-1302, Neo Hospital Laboratory, Noida

MULTISPECIALITY

A unit of Muskaan Medical Centre Pvt. Ltd.

Barcode No. : ME15393
 Patient NAME : Mr. SANTOSH KUMAR
 Sample Coll. DATE : 19-Mar-2024 09:30 AM
 UHID : 284458
 Referring Doctor : Dr. Rakesh Mathora (H)
 Passport No. :
 Sample Receiving DATE : 19-Mar-2024 09:49 AM
 Reporting DATE : 19-Mar-2024 10:46 AM
 Approved DATE : 19-Mar-2024 03:22 PM
 Age / Sex : 50.5 YRS / Male

DEPARTMENT OF HAEMATOLOGY

Complete Haemogram (Automated / EDTA)

Date	Status	19-Mar-24 05:22PM	Unit	Bio Ref Interval
Haemoglobin		14.2	g/dl	13.0-17
Total Leucocyte Count (TLC)		8800	cells/cmm	4000-10000
Neutrophil	H	71.8	%	45-70
Lymphocyte		23.0	%	20-40
Eosinophils		1.5	%	1.0-5.0
Monocytes		3.6	%	2.0-10.0
Basophils		0.1	%	0.0-1.0
Packed Cell Volume (PCV)		41.7	%	40.0-50.0
Red Blood Cell Count		4.7	million/cmm	4.5-5.5
Mean Cell Volume (MCV)		88.7	fL	83.0-101.0
Mean Cell Haemoglobin (MCH)		30.3	pg	27.0-32.0
MCHC		34.2	g/dl	31.0-34.5
RDW - CV		12.6	%	11.0-18.0
Platelet Count		2.0	lakhs/cmm	1.5-4.0
MPV (Mean Platelet Volume)		11.1	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.

Prepared By : Mrs. Anita
 Printed By : Mr. Kamal Verma

The new health care destination

Test conducted under NABL scope MC-3302 Neo Hospital Laboratory, Noida

A unit of Neos Medical Centre Pvt. Ltd.



Barcode No. : NE15393
 Patient NAME : Mr. SANTOSH KUMAR
 Sample COLL DATE : 19-Mar-2024 09:30 AM
 UHID : 284458
 IPD No. / Ward : /
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :
 Sample Receiving DATE : 19-Mar-2024 09:49 AM
 Reporting DATE : 19-Mar-2024 11:12 AM
 Approved DATE : 19-Mar-2024 03:22 PM
 Age / Sex : 50.5 YRS / Male

DEPARTMENT OF BIOCHEMISTRY

KFT (Kidney Function Test)* (Serum - Serum)

Date	Status	19/Mar/24	05:22PM	Unit	Bio Ref Interval
Blood Urea		22.0		mg/dl	19.0-43.0
(urine with indicator dye)					
Serum Creatinine		0.7		mg/dl	0.66-1.25
(enzymatic/creatinine endohydrolase)					
Uric Acid		5.4		mg/dl	3.5-8.5
(uricase/uricase)					
Sodium (Na+)		139.0		mmol/L	137.0-145.0
(Iated for selective mode)					
Potassium (K+)		4.3		mmol/L	3.5-5.1
(Iated for selective mode)					
Chloride (Cl-)		103.0		mmol/L	98.0-107.0
(Direct ion selective mode)					
Serum Calcium		9.1		mg/dl	8.4-10.2
(Iansen's dye)					
Phosphorus Serum		2.7		mg/dl	2.5-4.5
(phosphomolybdate reduction)					
Alkaline Phosphatase (ALP)		124.0		U/L	38.0-128.0
(4-nitrophenyl phosphate(pnp)/amp)					
Total protein		7.5		g/dl	6.3-8.2
(biuret/kinetic cupric sulphate)					
Albumin		4.1		g/dl	3.5-5.0
(bromocresol green dye binding)					
Albumin/Globulin Ratio (Calculated)	H	4.2			0.8-1.1
(Calculated)					
eGFR		119.1		ml/min	-
(Calculated)					
Lipid Profile* (Serum - Serum)					
Date	Status	19/Mar/24	05:22PM	Unit	Bio Ref Interval
Total Cholesterol		186.0		mg/dl	<200
(enzymatic/cholesterol oxidase)					
Triglyceride	H	169.0		mg/dl	<150.0
(enzymatic/cholesterol esterase/cholesterol acyltransferase)					
correction for free glycerol					
HDL Cholesterol		48.0		mg/dl	>40.0
(enzymatic/phosphotungstic acid/mg/dl enzymatic)					

Prepared By : Mr. Anil
 Printed By : Mr. Kamal Verma

The new health care destination
 The values are only indicative not confirmation
 NABL - ISO 15189:2013 Certified Hospital Laboratory, Noida

MULTISPECIALTY

Barcode No. : M315393
 Patient NAME : MR. SANTOSH KUMAR
 Sample Coll. DATE : 19-Mar-2024 09:30 AM
 UHID : 284458
 IPD No. / Ward : /
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :
 Sample Receiving DATE : 19-Mar-2024 09:49 AM
 Reporting DATE : 19-Mar-2024 11:12 AM
 Approved DATE : 19-Mar-2024 03:22 PM
 Age / Sex : 50.5 YRS / Male

DEPARTMENT OF BIOCHEMISTRY

LDL	(calculator)	H	104.2	mg/dl	<100
VLDL	(calculator)	H	33.8	mg/dl	<30
LDL:HDL Ratio	(calculator)		2.17		<3.0
Total Cholesterol : HDL Ratio	(calculator)		3.88		<5.0

Lipid Profile :
 Interpretation :
 (calculator)

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:
 1. 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.
 2. 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.
 3. 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.
 4. NLA-2014 identifies Non HDL Cholesterol as an independent 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.

Prepared By : Mr. Anil

Printed By : Mr. KAMAL VERMA

The new health care destination
 NABL scope MC-3302, Neo Hospital, Noida

MULTISPECIALITY

A unit of Muskan Medical Center Pvt. Ltd

Barcode No.	: NE15393
Patient NAME	: Mr. SANTOSH KUMAR
Sample Coll. DATE	: 19-Mar-2024 11:42 AM
LHID	: 284458
IPD No. / Ward	: /
Referring Doctor	: Dr. Rakesh Malhotra (H)
Passport No.	:
Sample Receiving DATE	: 19-Mar-2024 11:43 AM
Reporting DATE	: 19-Mar-2024 03:27 PM
Approved DATE	: 19-Mar-2024 03:41 PM
Age / Sex	: 50.5 YRS / Male

DEPARTMENT OF CLINICAL PATHOLOGY

Urine for Sugar Fasting* (Random - Urine)

Date Status 19/Mar/24 07:02PM
 Unit Bio Ref Interval

Prepared By : Mrs. Anila

Printed By : Mr. KAMAL VERMA

The values are only indicative non confirmatory. All diagnosis should confirm with the respective laboratory.

(*) Test conducted under NABL scope MC 3302, Neo Hospital Laboratory, Noida

MULTISPECIALITY

A unit of Muskaan Medical Centre Pvt. Ltd.

Barcode No.	M315393
Patient NAME	MR. SANTOSH KUMAR
Sample Coll. DATE	19-Mar-2024 02:45 PM
UHID	284458
IPD No. / Ward	/
Referring Doctor	Dr. Rakesh Malhotra (H)
Passport No.	:
Sample Receiving DATE	19-Mar-2024 02:50 PM
Reporting DATE	19-Mar-2024 07:02 PM
Approved DATE	19-Mar-2024 07:22 PM
Age / Sex	50.5 YRS / Male

DEPARTMENT OF CLINICAL PATHOLOGY

Date	Status	Unit	Bio Ref Interval
19-Mar-24 07:22PM	Nil		

*** End Of Report ***

Dr. Rakesh Kumar
 M.B.B.S, MD
 (Consultant Microbiology)

Dr. Manoj Kumar
 M.B.B.S, MD
 (Consultant Pathology)

Dr. Manoj Kumar
 M.B.B.S, MD
 (Consultant Pathology)

Dr. Anita Singh
 M.B.B.S, MD
 (Consultant Microbiology)

Prepared By : Mr. Anil

Printed By : Mr. KAMAL VERMA

The new health care destination

Test conducted under NABL scope MC-1302, Neo Hospital Laboratory, Noida

MULTISPECIALITY

A unit of Muslim Medical Centre Pvt. Ltd.

Patient NAME : Mr. SANTOSH KUMAR
 Sample Coll. DATE : 19-Mar-2024 09:30 AM
 UHID : 284458
 IPD No. / Ward : /
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :
 Age / Sex : 50.5 YRS / Male
 Sample Receiving DATE : 19-Mar-2024 09:49 AM
 Reporting DATE : 19-Mar-2024 01:40 PM
 Approved DATE : 19-Mar-2024 03:48 PM

DEPARTMENT OF HAEMATOLOGY

BLOOD GROUPING (ABO AND RH) / (Immune: EDTA)
 Date : 19/03/24
 Status : POSITIVE
 Blood Group (agglutination method) :
 Rhi Type (agglutination method) :
 (agglutination method) :

Unit Bio Ref Interval

Prepared By : Mr. Arvind

These values are only indicative not performative. The health care destination
 (*) Test conducted under NABL scope MC-3302, Neo Hospital Laboratory, Noida.
 A unit of Muslim Medical Centre Pvt. Ltd.
 MULTISPECIALITY



Phones : 0120 - 4880000, 3120000
 email : info@neohospital.com website : www.neohospital.com



Barcode No. : M315393
 Patient NAME : Mr. SANTOSH KUMAR
 Sample Coll. DATE : 19-Mar-2024 09:30 AM
 UHID : 284458
 IPD No. / Ward : /
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :

Age / Sex : 50.5 YRS / Male
 Sample Receiving DATE : 19-Mar-2024 09:49 AM
 Reporting DATE : 19-Mar-2024 11:20 AM
 Approved DATE : 19-Mar-2024 03:22 PM

DEPARTMENT OF IMMUNOLOGY

Free Thyroid Profile (FT3, FT4, TSH) (Serum) - REF/UA
 Status 05:12PM

Date	FT3	FT4	TSH	Unit	Bio Ref Interval
19-Mar-24 05:12PM	3.76	0.98	2.05	pg/ml	1.4-5.8
				ng/dL	0.67-1.71
				µIU/ml	0.25-5.0

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

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests
Within Range	Decreased	Within Range	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 radioiodine
Raised or within Range	Raised	Raised or within Range	Interfering antibodies to thyroid hormones (anti-TPO antibodies)
			Drug interference- Amiodarone, 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
Decreased	Range	Range	Subclinical Hypothyroidism
			Thyroxine ingestion
Decreased	Decreased	Decreased	Central Hypothyroidism
			Non-Thyroidal illness
			Recent treatment for Hypothyroidism (TSH remains suppressed)
Decreased	Raised	Raised	Primary Hypothyroidism (Graves disease), Multinodular goitre, Toxic nodule
			Transient thyroiditis: Postpartum, Silent (lymphocytic), Postnatal (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum

Prepared By : Mr. Arvind

These values are only indicative and not confirmed. The new health care destination

(*) Test conducted under NABL scope MC-3302 Neo Hospital Laboratory, Noida

MULTISPECIALITY

A Unit of Muzah Medical Centre Pvt. Ltd.

Printed By : Mr. KAMAL VERMA

Barcode No.	: M315393
Patient NAME	: Mr. SANTOSH KUMAR
Sample Coll. DATE	: 19-Mar-2024 09:30 AM
LHID	: 284458
IPD No. / Ward	: /
Referring Doctor	: Dr. Rakesh Malhotra (H)
Passport No.	:
Sample Receiving DATE	: 19-Mar-2024 09:49 AM
Reporting DATE	: 19-Mar-2024 11:20 AM
Approved DATE	: 19-Mar-2024 03:22 PM
Age / Sex	: 50.5 YRS / Male

DEPARTMENT OF IMMUNOLOGY

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

Prepared By : Mr. Arvind

Printed By : Mr. KAVIAT VPRMA

The new health care destination
 not compromising on diagnosis, safety, convenience clinically.

MULTISPECIALITY
 A unit of Neos Hospital Pvt. Ltd.
 Neos Hospital Laboratory, Noida
 scope MC-3303 Neo Hospital Laboratory, Noida

Barcode No. : M315393
 Patient NAME : Mr. SANTOSH KUMAR
 Sample Coll. DATE : 19-Mar-2024 09:30 AM
 UHID : 284458
 IPD No. / Ward : /
 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :

Age / Sex : 50.5 YRS / Male
 Sample Receiving DATE : 19-Mar-2024 09:49 AM
 Reporting DATE : 19-Mar-2024 11:20 AM
 Approved DATE : 19-Mar-2024 03:22 PM

DEPARTMENT OF BIOCHEMISTRY

HbA1c (Random) - FSTAL
 Date Status 19/Mar/24 09:22PM
 HbA1c 4.7
 AVERAGE BLOOD SUGAR 88.0
 Interpretation :
 HbA1c :
 HbA1c :

Unit %
 Bio Ref Interval <5.7
 MG/DL <116

At 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.

Prepared By : Mr. Arvind

Printed By : Mr. KAMAL VERMA

These values are only indicative not confirmatory of diagnosis. Kindly consult your physician.
 MC-3302 Neo Hospital Laboratory, Noida
 A Unit of MUSEKON Medical Centre Pvt. Ltd.
 MULTISPECIALITY

Barcode No. :
 Patient NAME :
 Sample Coll DATE :
 UHID :
 IPD No. / Ward :
 Referring Doctor :
 Passport No. :

M315393 :
 Mr. SANTOSH KUMAR :
 19-Mar-2024 09:30 AM :
 Sample Receiving DATE : 19-Mar-2024 09:49 AM :
 Reporting DATE : 19-Mar-2024 01:54 PM :
 Approved DATE : 19-Mar-2024 03:22 PM :
 Dr. Rakesh Malhotra (H) :
 Age / Sex : 50.5 YRS / Male

DEPARTMENT OF IMMUNOLOGY

PSA (PROSTATE - SPECIFIC ANTIGEN), TOTAL (Reference: Serum)
 Date Status 19/Mar/24 05:22PM
 PSA (PROSTATE - SPECIFIC ANTIGEN), TOTAL : 0.49
 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 orchiectomy. Successful radiation therapy and therapy with anti-androgen drugs result in decline in PSA levels, over a period of time.

Unit ng/mL
 Bio Ref Interval <0.01-4.00

Prepared By : Mr. Arvind

Printed By : Mr. KAMAL VERMA

These values are only indicative and not confirmation of diagnosis. Always correlate clinically.
 The new health care destination
 Hospital Laboratory, Noida
 A unit of Neuron Medical Centre Pvt. Ltd.
 MULTISPECIALTY



Phones : 0120 - 4880000, 3120000
 email : info@neohospital.com website : www.neohospital.com



Barcode No. : M315393
 Patient NAME : Mr. SANTOSH KUMAR
 Sample Coll. DATE : 19-Mar-2024 09:30 AM
 UHID : 284458
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 Referring Doctor : Dr. Rakesh Malhotra (H)
 Passport No. :

Age / Sex : 50.5 YRS / Male
 Sample Receiving DATE : 19-Mar-2024 09:49 AM
 Reporting DATE : 19-Mar-2024 11:12 AM
 Approved DATE : 19-Mar-2024 03:22 PM

DEPARTMENT OF BIOCHEMISTRY

LFT PANEL (LIVER FUNCTION TEST)

Date	Status	19/Mar/24 09:22PM	Unit	Bio Ref Interval
Bilirubin Total	1.3		mg/dl	0.2-1.3
Bilirubin Direct	0.2		mg/dl	0.0-0.3
Bilirubin Indirect	1.1		mg/dl	0.0-1.1
Aspartate Transaminase (SGOT, AST)	27.0		U/L	17.0-59.0
SGPT, ALT (Alanine Transaminase)	29.0		U/L	<50.0
Alkaline Phosphatase (ALP)	124		U/L	38.0-126.0
Total protein	7.5		gm/dl	6.3-8.2
Albumin	4.1		gm/dl	3.5-5.0
Albumin/Globulin Ratio (Calculated)	1.2	H		0.8-1.1
GGT (Gamma Glutamyl Transpeptidase)	27.0		U/L	15.0-73.0

*** End Of Report ***

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These values are only indicative not confirmatory of diagnosis. Kindly correlate clinically.
 The new health care destination
 MC-3302 Neo Hospital Laboratory, Noida
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 MULTISPECIALITY

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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.

Please correlate clinically

• NO SIGNIFICANT ABNORMALITY.

IMPRESSION:

No free fluid seen in the peritoneal cavity.

Prostate is normal in size, shape and echogenicity, volume 16.7 cc. No focal lesion noted.

diverticulum noted.

Urinary Bladder is well distended with normal wall thickness. No calculi / mass lesion noted. No**Left kidney** - 9.8 x 4.0 cm**Right kidney** - 10.0 x 3.7 cm

evidence of calculus or hydronephrosis.

Both kidneys are normal in size, shape, position & echogenicity. CMD is maintained. No**Pancreatic** head appears normal, Rest of the pancreas is obscured by bowel gas shadows.**Spleen** is normal in size, shape and echotexture.

CBD & PV are normal.

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

No evidence of IHBV dilatation.

Liver is normal in size, shape and echotexture. No focal SOL noted. Vascular channels are clear.**USG WHOLE ABDOMEN**

REF. BY:	DR. RAKESH MALHOTRA (H)		
UHD:	284458	DATE	19-Mar-24
NAME:	SANTOSH KUMAR	AGE/SEX:	50.5 YRS / Male

