

NAME	: MR. RAIGAR GANESH	DATE	: 10-09-2022
AGE	: 44 YRS	LAB NO.	: ---
SEX	: MALE	REF BY	:

INTERPRETATION SUMMARY

- . CONCENTRIC LVH
- . DIASTOLIC DYSFUNCTION GR I
- . INTACT IAS/ IVS
- . ALL VALVES ARE NORMAL.
- . TRACE TR , TRACE MR
- . RVSP 20 MM HG
- . NO RWMA : LVEF 60 %
- . NO CLOT, VEGETATION.
- . NO PERICARDIAL EFFUSION
- . NORMAL PERICARDIUM

M.MODE/2D MEASUREMENTS (MM) & CALCULATIONS (ML)

LVID d	48.9	LVEDV	
LVID s	33.1	LVESV	
RVID(d)	---	SV	-
IVS d	13.0	F.S	32%
IVS S	16.7	EF	60%
LVPW d	10.9	C.O	-
LVPWS	14.7	MITRAL VALVE	-
AORTIC ROOT	25.2	EF SLOPE	-
LEFT ATRIUM	35.0	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	-	E.P.S.S	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- 74 A- 86	-	TRACE
TRICUSPID VALVE	NORMAL	164	-	TRACE
PUL VALVE	NORMAL	111	-	NIL
AORTIC VALVE	NORMAL	135	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE 20 MM HG	MVA

Dr. ROOPA GOYAL (M.B.B.S., M.D.)
Consultant Radiologist & Sonologist
RMC No.-004507/15/00

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

Consultant Radiologist & Sonologist

Dr. Roopa Goyal

MD (Radio-Diagnosis)

GOYAL
DIAGNOSTICS
4-D ULTRASOUND • COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

USG- ABDOMEN

NAME -- Ganesh	Age -- 44 Yrs	Date -- 10-09-2022
REF BY --		

LIVER- RT LOBE 15 CM LT LOBE 5 CM
Enlarged In size .Margins are regular.
IHBR and HV are not dilated.
No Evidence Of any Focal Lesion Seen

PORTAL VEIN AND CBD NOT DILATED.

GALL BLADDER- Normal

PANCREAS- Normal in size , shape and position .
Parenchyma is homogenous .

SPLEEN- Normal in Size Parenchyma is homogenous.
Splenic vein is not dilated.

RT.KIDNEY- Normal in size, shape and position
Cortex is homogenous. Corticomedullary differentiation is maintained.
pelvicalyceal system is not dilated.

LT. KIDNEY: Normal in size, shape and position.
Cortex is homogenous. Corticomedullary differentiation is maintained.
pelvicalyceal system is not dilated.

URINARY BLADDER: Lumen is distended . Walls are Not thickened.
Prostate is normal.

IMPRESSION: Enlarged Fatty Liver

ADV:CLINICAL CORRELATION AND FURTHER INVESTIGATION.

Dr. ROOPA GOYAL
Consultant R.
RMC No. 1507/10000

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HOLTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC
THE DIAGNOSIS, FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IN NOT MEANT FOR MEDICO-LEGAL PURPOSE.

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4-D ULTRASOUND * COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

Patient Name : GANESH KUMAR RAIGAR

Age / Gender : 44 years / Male

Endo ID : 85443

Organization : Goyal Diagnostics Profile

Referral : MEDIWHEEL

Collected Date & Time : Sep 10, 2022, 12:00 p.m.

Reported Date & Time : Sep 10, 2022, 01:04 p.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
<u>LIPID PROFILE</u>			
Cholesterol Total Method : ENZYMETIC COLORIMETRIC METHOD CHOD - POD	222.9	mg/dL	130 -250
Triglycerides Method : ENZYMETIC COLORIMETRIC	220.3	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	43.50	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	44.06	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	135.34	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	5.12		2.6-4.9
LDL/HDL Ratio Method : Calculated	3.11		0.5-3.4

****END OF REPORT****

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Reported Date & Time : Sep 10, 2022, 01:02 p.m.

Sample ID :



222530066



Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOLOGY			
T3-Triiodothyronine Method : CHEMILUMINESCENCE	0.99	ng/dL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINESCENCE	7.3	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINESCENCE	2.60	uIU/mL	0.35 - 5.50

Interpretation:

TSH measurement is useful in screening and diagnosis for euthyroidism, hyperthyroidism and hypothyroidism. TSH levels may be affected by acute illness and drugs like doapmine and glucocorticoids. Low or undetectable TSH is suggestive of graves disease TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism. TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 FT4 is important. FreeT3 is first hormone to increase in early Hyperthyroidism. Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

****END OF REPORT****

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Collected Date & Time : Sep 10, 2022, 12:00 p.m.

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Sample ID :



222530066

Test Description	Value(s)	Unit(s)	Reference Range
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HAEMATOLOGY

HbA1c (GLYCOSYLATED HEMOGLOBIN)

5.7

%

> 8% Action Suggested

7 - 8 % Good Control

< 7% Goal

6 - 7 % Near Normal Glycemia

< 6% Normal level

BLOOD

Method : Nephelometry Methodology

Instrument: Mispal i2

Clinical Information:

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy and Hb variants viz: HbS, HbC, HbE, HbD, elevated HbF, as well as those that have donated blood recently, are not suitable for this test. Conditions associated with false increased HbA1C values: HbF, Uremia, Lead Poisoning, Hypertriglyceridemia, Alcoholism, Opiate addiction, Iron deficiency state, Postsplenectomy, Hyperbilirubinemia, Chronic aspirin therapy. Conditions associated with false low HbA1C values: HbS, HbC, Hemolytic anemia, Pregnancy, Acute or chronic blood loss

AVERAGE BLOOD GLUCOSE

116.89

90 - 120 Very Good Control

121 - 150 Adequate Control

51 - 180 Sub-optimal Control

181 - 210 Poor Control

> 211 Very Poor Control

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Reported Date & Time : Sep 10, 2022, 01:05 p.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
<u>BIOCHEMISTRY</u>			
<u>RENAL FUNCTION TEST</u>			
Urea Method : Uricase	21.9	mg/dL	10 - 45
Creatinine Method : Serum, Jaffe	1.3	mg/dL	0.6 - 1.4
Uric Acid Method : Serum, Uricase	6.6	mg/dL	3.0 - 7.0
Calcium Method : ARSENASO with serum	8.7	mg/dl	8.6 - 10.2
Sodium Method : Ion-Selective Electrode with serum	144	mmol/L	135 - 145
Potassium Method : Ion Selective Electrode with serum	4.2	mmol/L	3.50 - 5.00
Chlorides Method : Ion-Selective Electrode with serum	103	mmol/L	98 - 106

END OF REPORT

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Sample ID :



222530066



Test Description	Value(s)	Unit(s)	Reference Range
HAEMATOLOGY			
Hemoglobin (HB)	14.7	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	5.22	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	44.2	%	42 - 52
Mean Cell Volume (MCV)	84.6	FL	78 - 100
Mean Cell Haemoglobin (MCH)	28.2	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	33.3	g/dl	32 - 36
Red Cell Distribution Width (RDW)	15.5	%	11.5 - 14.0
Total Leucocytes Count (WBC)	7780	Cell/cu.mm	4000 - 10000
Neutrophils	70	%	40 - 80
Lymphocytes	20	%	20 - 40
Monocytes	06	%	2 - 10
Eosinophils	04	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	13.4	fL	7.2 - 11.7
PCT	0.20	%	0.2 - 0.5
Platelet Count	151	10 ³ /ul	150 - 450

END OF REPORT

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Referral : MEDIWHEEL

Collected Date & Time : Sep 10, 2022, 12:00 p.m.

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Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
IRON - SERUM	69	ug/dL	65 - 175
TOTAL IRON BINDING CAPACITY(TIBC)	321	ug/dL	228 - 428
FERRITIN	74.1	ng/mL	Male:22-322 Female:10-291
Method : Serum CLIA			
TRANSFERRIN SATURATION %	21.50	%	16 - 50
Method : Calculated			

INTERPRETATION

The serum iron test is used to measure the amount of iron that is in transit in the body – the iron that is bound to transferrin in the blood. Along with other tests, it is used to help detect and diagnose iron deficiency or iron overload. Testing may also be used to help differentiate various causes of anemia. The amount of iron present in the blood will vary throughout the day and from day to day. For this reason, serum iron is almost always measured with other iron tests, including ferritin, transferrin, and calculated total iron-binding capacity (TIBC) and transferrin saturation. Serum ferritin appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin conc. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.

Increased Levels -

Iron overload – Hemochromatosis, Thalassemia & Sideroblastic anemia

-Malignant conditions - Acute myeloblastic & Lymphoblastic leukemia, Hodgkin's disease & Breast carcinoma

-Inflammatory diseases - Pulmonary infections, Osteomyelitis, Chronic UTI, -Rheumatoid arthritis, SLE, burns, Acute & Chronic hepatocellular disease

Decreased Levels

-Iron deficiency anemia

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END OF REPORT

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Collected Date & Time : Sep 10, 2022, 12:00 p.m.

Reported Date & Time : Sep 10, 2022, 01:07 p.m.

Sample ID :



222530066

Test Description	Value(s)	Unit(s)	Reference Range
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HAEMATOLOGY

ESR	10	mm	0 - 20
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****END OF REPORT****

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4-D ULTRASOUND * COLOUR DOPPLER

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Referral : MEDIWHEEL



Collected Date & Time : Sep 10, 2022, 12:00 p.m.

Reported Date & Time : Sep 10, 2022, 01:08 p.m.

Sample ID :



222530066

Test Description	Value(s)	Unit(s)	Reference Range
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HAEMATOLOGY

BLOOD GROUP ABO AND RHTYPE

'A' POSITIVE

Method : Gel Technique & Tube Agglutination

Medical Remark :

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

****END OF REPORT****

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Endo ID : 85443

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Referral : MEDIWHEEL

Collected Date & Time : Sep 10, 2022, 12:00 p.m.

Reported Date & Time : Sep 10, 2022, 01:06 p.m.

Sample ID :



222530066



Test Description	Value(s)	Unit(s)	Reference Range
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CLINICAL PATHOLOGY

General Examination

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Reaction (pH)	Acidic		4.5 - 7.0
Specific gravity	1.015		1.005 - 1.030

Chemical Examination

Urine Protein (Albumin)	Trace		NIL
Urine Glucose (Sugar)	NIL		NIL

Microscopic Examination

Pus cells (WBCs)	2-3	/hpf	0-9
Epithelial cells	1-2	/hpf	0-4
Red blood cells	NIL	/hpf	0-4
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Absent		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent

END OF REPORT

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Sample ID :



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Test Description	Value(s)	Unit(s)	Reference Range
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IMMUNOLOGY

PROSTATE SPECIFIC ANTIGEN (PSA) TOTAL	1.31	ng/mL	0 - 4.0
--	------	-------	---------

Method : Serum, CLIA

SUMMARY AND EXPLANATION

Elevated concentrations of PSA in serum are generally indicative of a patho-logic condition of the prostate (prostatic, benign hyperplasia or carcinoma). As PSA is also present in para-urethral and anal glands, as well as in breast tissue or with breast cancer, low levels of PSA can also be detected in sera from women. The main areas in which PSA determinations are employed are the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy. The steepness of the rate of fall in PSA down to no-longer detectable levels following radiotherapy, hormonal therapy or radical surgical removal of the prostate provides information on the success of therapy. An inflammation or trauma of the prostate (e.g. in cases of urinary retention or following rectal examination, cystoscopy, coloscopy, transurethral biopsy, laser treatment or ergometry) can lead to PSA elevations of varying duration and magnitude.

****END OF REPORT****

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Referral : MEDIWHEEL

Collected Date & Time : Sep 10, 2022, 12:00 p.m.

Reported Date & Time : Sep 10, 2022, 01:03 p.m.

Sample ID :



Test Description	Value(s)	Unit(s)	Reference Range
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BIOCHEMISTRY

Glucose fasting

88.5

mg/dL

Normal: 70 - 99

Impaired Tolerance: 100-125

Diabetes mellitus: ≥ 126

(on more than one occasion)

(American diabetes association guidelines 2018)

Method : Fluoride Plasma-F, Hexokinase

****END OF REPORT****

Dr. Nishi Prasad
M.D PATHOLOGY

Patient Name: Mr. GANESH KUMAR 44/M

5 Seconds ECG Report

September 10, 2022

Time: 10:43:16

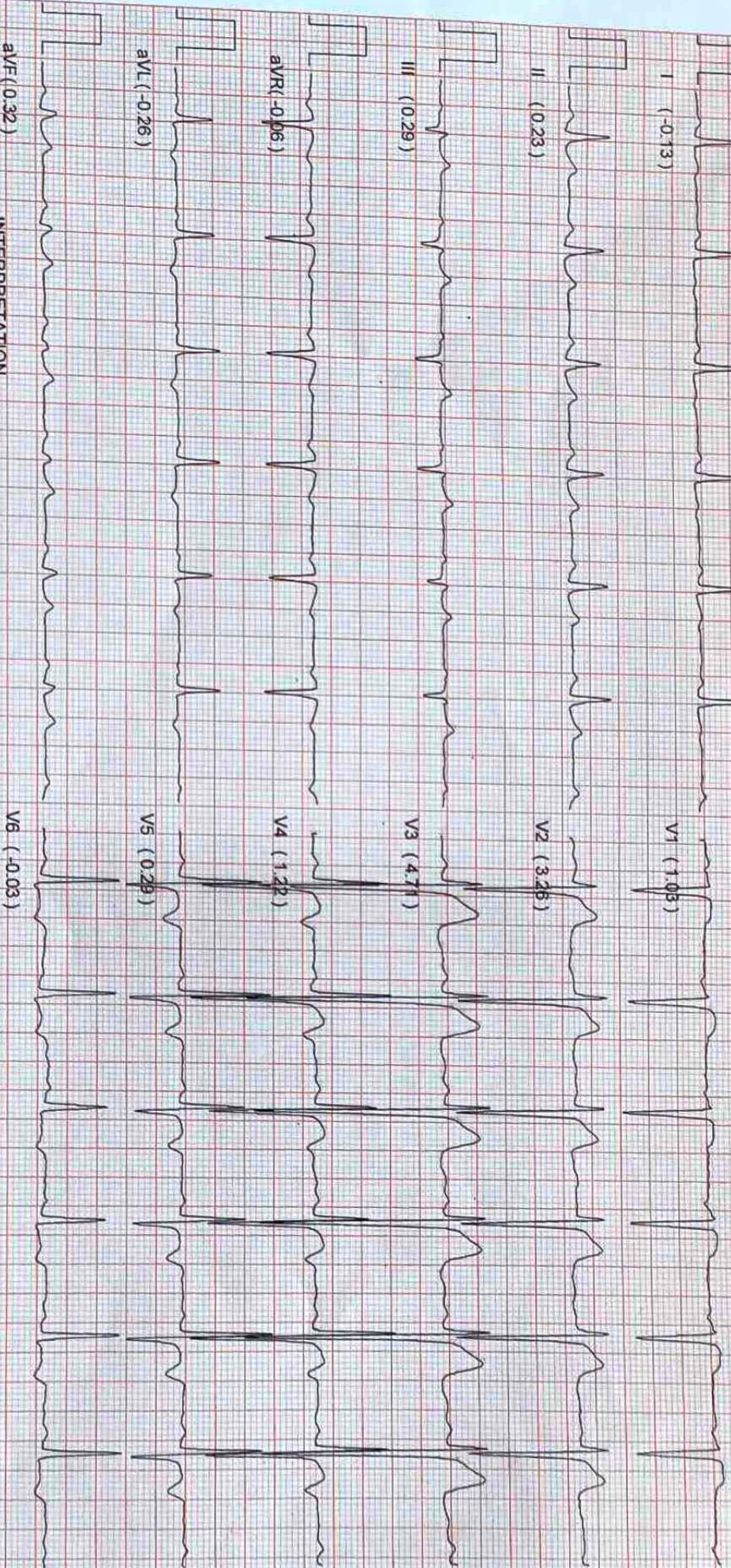
P-QRS-T Axis (44)(9)(157) deg

PR Interval: 0.15 sec
QRS Duration: 0.064 Sec

RR Interval: 0.79 sec

HR: 75 bpm

BP: 0/0 mmHg



INTERPRETATION

Sinus Rhythm, PR is normal, Normal QRS Width, Normal QT Interval, QRS Axis is normal,
T wave inversion in Lead I, II, aVR, aVL, V5, V6,
ECG not normal

DR
MD

*Unconfirmed Reporting, Refer to Clinician

10mm/mv, 25mm/sec NASAN Simul-G BL U 4.8/7.13

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NAME- Raigar Ganesh

AGE- 44 yrs

DATE 10-09-2022

REF.BY -

SKIAGRAM CHEST PA VIEW

Both CP angles are clear

Cardiac size is mildly increased

Lung fields are clear

Mild Cardiomegaly

Dr. ROOPA GOYAL (M.B.B.S., M.D.)
Consultant Radiologist & Sonologist
RMC No. -004507/15600

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा सकती है।

HOLTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR FNAC
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