

Dr. Goyal's

Path Lab & Imaging Centre

B-51, Ganesh Nagar, Opp. Janpath Corner, New Sanganer Road, Jaipur-302019
Tele: 0141-2293346, 4049787, 9887049787
Website: www.drgoyalspathlab.com | E-mail: drgoyalpiyush@gmail.com



General Physical Examination

Date of Examination: 21/01/23.

Name: Sandeep Kumar Samadlya Age: 30 Sex: Male.

DOB: 01/06/1992.

Referred By: BoB.

Photo ID: Adhars ID #: attached.

Ht: 173. (cm)

Wt: 84 (Kg)

Chest (Expiration): 102 (cm)

Abdomen Circumference: 103. (cm)

Blood Pressure: 115/84 mm Hg PR: 96 / min RR: 16 / min Temp: Afebrile.

BMI 28.1.

Eye Examination: vision normal 6/6, 6/6
No Colour Blindness.

Other: not significant.

On examination he/she appears physically and mentally fit: Yes / No

Signature Of Examinee: Sandeep Name of Examinee: _____

Signature Medical Examiner: _____ Name Medical Examiner: _____

Dr Piyush Goyal
M.B.B.S, D.M.R.D
RMC Reg No - 017996

भारत सरकार
Government of India

संदीप कुमार समादिया
Sandeep Kumar Samadiya
जन्म तिथि/DOB: 01/06/1992
पुरुष/ MALE

Download Date: 20/10/2020

Issue Date: 11/06/2019

3941 8287 2758
VID : 9199 5968 4339 8058

मेरा आधार, मेरी पहचान

Dr Pooja Goyal
M.B.B.S, D.M.R.D
BMC Reg No -017996

भारत सरकार
Government of India

पता:
C/O देन दयाल शर्मा, नीमन का हाउस, शिव मंदिर के पास, हिन्डाउन सिटी, हिन्डाउन, करौली, राजस्थान - 322230

Address:
C/O Deen Dayal Sharma, neemman ka house, near shiv mandir, hindaun city, Hindaun, Karauli, Rajasthan - 322230

3941 8287 2758
VID : 9199 5968 4339 8058

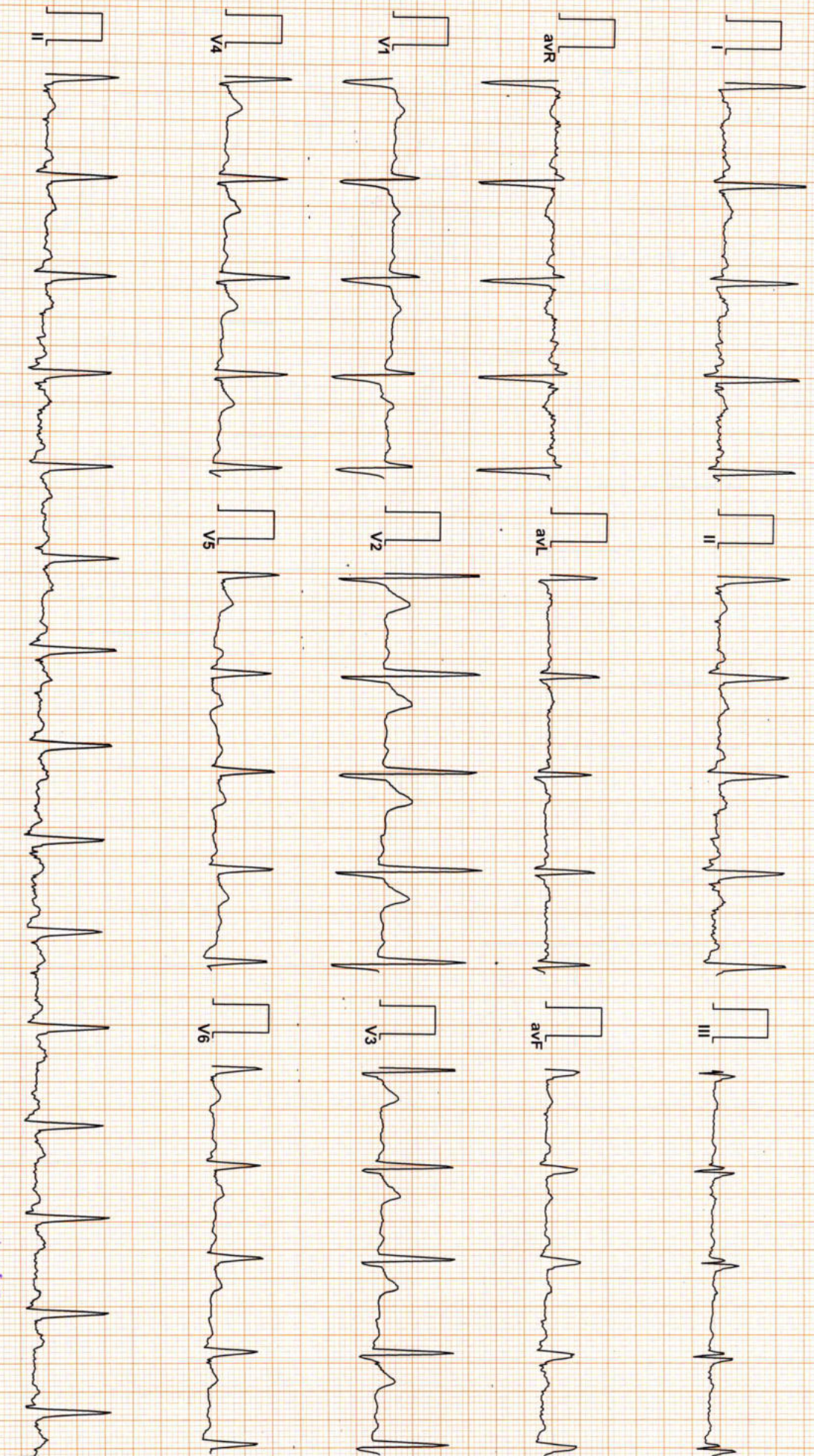
1947 | help@uidai.gov.in | www.uidai.gov.in

Sandeep

DR. GOYALS PATH LAB & IMAGING CENTER

ECG

102221445 / MR SANDEEP KUMAR SAMADIYA / 30 Yrs / F/ Non Smoker
Heart Rate : 88 bpm / Tested On : 27-Jan-23 14:08:46 / HF 0.05 Hz - LF 100 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s
/ Refd By: BOB



Two

Dr. Narasimhan M. Malankar
MBBS, DPM, CARDIO (ESCORTS)
Reported By: (Signature)
REG-100

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Website: www.drgoyalpathlab.com | E-mail: drgoyalpiyush@gmail.com



Date :- 27/01/2023 12:58:12 Patient ID :-122229206
NAME :- Mr. SANDEEP KUMAR SAMADIYA Ref. By Dr:- BOB
Sex / Age :- Male 30 Yrs 7 Mon 28 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA

Sample Collected Time 27/01/2023 13:29:59

Final Authentication : 27/01/2023 18:57:56

HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|-------------------------------------|-------|----------------------|-------------------------|
| BOB PACKAGE BELOW 40MALE | | | |
| HAEMOGARAM | | | |
| HAEMOGLOBIN (Hb) | 15.5 | g/dL | 13.0 - 17.0 |
| TOTAL LEUCOCYTE COUNT | 7.60 | /cumm | 4.00 - 10.00 |
| DIFFERENTIAL LEUCOCYTE COUNT | | | |
| NEUTROPHIL | 59.5 | % | 40.0 - 80.0 |
| LYMPHOCYTE | 31.8 | % | 20.0 - 40.0 |
| EOSINOPHIL | 5.1 | % | 1.0 - 6.0 |
| MONOCYTE | 3.4 | % | 2.0 - 10.0 |
| BASOPHIL | 0.2 | % | 0.0 - 2.0 |
| NEUT# | 4.53 | 10 ³ /uL | 1.50 - 7.00 |
| LYMPH# | 2.42 | 10 ³ /uL | 1.00 - 3.70 |
| EO# | 0.38 | 10 ³ /uL | 0.00 - 0.40 |
| MONO# | 0.25 | 10 ³ /uL | 0.00 - 0.70 |
| BASO# | 0.02 | 10 ³ /uL | 0.00 - 0.10 |
| TOTAL RED BLOOD CELL COUNT (RBC) | 5.10 | x10 ⁶ /uL | 4.50 - 5.50 |
| HEMATOCRIT (HCT) | 45.30 | % | 40.00 - 50.00 |
| MEAN CORP VOLUME (MCV) | 88.9 | fL | 83.0 - 101.0 |
| MEAN CORP HB (MCH) | 30.5 | pg | 27.0 - 32.0 |
| MEAN CORP HB CONC (MCHC) | 34.3 | g/dL | 31.5 - 34.5 |
| PLATELET COUNT | 282 | x10 ³ /uL | 150 - 410 |
| RDW-CV | 13.4 | % | 11.6 - 14.0 |
| MENTZER INDEX | 17.43 | | |

The Mentzer index is used to differentiate iron deficiency anemia from beta thalassemia trait. If a CBC indicates microcytic anemia, these are two of the most likely causes, making it necessary to distinguish between them. If the quotient of the mean corpuscular volume divided by the red blood cell count is less than 13, thalassemia is more likely. If the result is greater than 13, then iron-deficiency anemia is more likely.

BANWARI
Technologist

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Sex / Age :- Male 30 Yrs 7 Mon 28 Days Lab/Hosp :-
Company :- MediWheel



Sample Type :- EDTA Sample Collected Time 27/01/2023 13:29:59 Final Authentication : 27/01/2023 18:57:56

HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|---|-------|--------|-------------------------|
| Erythrocyte Sedimentation Rate (ESR) | 06 | mm/hr. | 00 - 13 |

(ESR) Methodology : Measurement of ESR by cells aggregation.

Instrument Name : Independent form ESR test value by Automated Analyzer (Roller-20)

Interpretation : ESR test is a non-specific indicator of inflammatory disease and abnormal protein states.

The test is used to detect, follow course of a certain disease (e.g-tuberculosis, rheumatic fever, myocardial infarction)

Levels are higher in pregnancy due to hyperfibrinogenemia.

The "3-figure ESR" $\times > 100$ value nearly always indicates serious disease such as a serious infection, malignant paraproteinaemia (CBC); Methodology: TLC, DLC, Fluorescence immunochemistry, HB, PLT, Hct, Hb, HbC, PCV, PLT, Hct, Hb, HbC, PCV, PLT. Hydrated focused impedance, and MCH, MCV, MCHC, MENTZER INDEX are calculated. Instrument Name: Fully automatic analyzer XN-1, Japan

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NAME :- Mr. SANDEEP KUMAR SAMADIYA Ref. By Dr:- BOB
 Sex / Age :- Male 30 Yrs 7 Months 19 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- EDTA, KOx/Na FLUORIDE, KW @ 4°C, 13:29:59

Final Authentication : 27/01/2023 18:57:56

HAEMATOLOGY

| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

BLOOD GROUP ABO "A" POSITIVE

BLOOD GROUP ABO Methodology : Haemagglutination reaction **Reagent Name :** Monoclonal agglutinating antibodies (Span clone).

FASTING BLOOD SUGAR (Plasma) 91.0 mg/dl 75.0 - 115.0
Method:- GOD PAP

| | |
|----------------------------------|-----------------|
| Impaired glucose tolerance (IGT) | 111 - 126 mg/dl |
| Diabetes Mellitus (DM) | 126 mg/dl |

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyperandrogenism, as well as other disorders. Low blood glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver disease.

BLOOD SUGAR PP (Plasma) 115.3 mg/dl 70.0 - 140.0
Method:- GOD PAP

Instrument Name: Randox Rx Imola **Interpretation:** Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyperandrogenism, as well as other disorders. Low blood glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver disease.

URINE SUGAR (FASTING) Nil Nil
Collected Sample Received

AJAYSINGH, BANWARI, VIJENDRANAGENA
Technologist

Page No: 3 of 11

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 (D.M.R.D.)
Dr. Rashmi Bakshi

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Date :- 27/01/2023 12:58:12 Patient ID :-122229206
NAME :- Mr. SANDEEP KUMAR SAMADIYA Ref. By Dr:- BOB
 Sex / Age :- Male 30 Yrs 7 Mon 28 Days Lab/Hosp :-
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time 27/01/2023 10:29:59 Final Authentication : 27/01/2023 15:49:07

BIOCHEMISTRY

| Test Name | Value | Unit | Biological Ref Interval |
|--|--------|-------|--|
| LIPID PROFILE | | | |
| TOTAL CHOLESTEROL Method:- Enzymatic Endpoint Method | 187.73 | mg/dl | Desirable <200 Borderline 200-239 High > 240 |
| TRIGLYCERIDES Method:- GPO-PAP | 128.97 | mg/dl | Normal <150 Borderline high 150-199 High 200-499 Very high >500 |
| DIRECT HDL CHOLESTEROL Method:- Direct clearance Method | 33.31 | mg/dl | Low < 40 High > 60 |
| DIRECT LDL CHOLESTEROL Method:- Direct clearance Method | 132.93 | mg/dl | Optimal <100 Near Optimal/above optimal 100-129 Borderline High 130-159 High 160-189 Very High > 190 |
| VLDL CHOLESTEROL Method:- Calculated | 25.79 | mg/dl | 0.00 - 80.00 |
| T.CHOLESTEROL/HDL CHOLESTEROL RATIO Method:- Calculated | 5.64 | H | 0.00 - 4.90 |
| LDL / HDL CHOLESTEROL RATIO Method:- Calculated | 3.99 | H | 0.00 - 3.50 |
| TOTAL LIPID Method:- CALCULATED | 572.56 | mg/dl | 100.00 - 1000.00 |
| TOTAL CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Cholesterol measurements are used in the diagnosis and treatment of lipid lipoprotein metabolism disorders. | | | |
| TRIGLYCERIDES InstrumentName:Randox Rx Imola Interpretation: Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, hypothyroidism and hypoparathyroidism. | | | |
| DIRECT HDLCHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: An inverse relationship between HDL cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been established in a number of epidemiological studies. Accurate measurement of HDL-C is of critical importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reliability when compared to calculated values. | | | |
| DIRECT LDL-CHOLESTEROL InstrumentName:Randox Rx Imola Interpretation: Accurate measurement of LDL cholesterol is of critical importance in therapies which focus on lipid reduction to prevent atherosclerosis or reduce its progression and to prevent acute coronary artery disease rupture. | | | |
| TOTAL LIPID AND VLDL ARE CALCULATED | | | |

AJAYSINGH

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Date :- 27/01/2023 12:58:12
NAME :- Mr. SANDEEP KUMAR SAMADIYA
 Sex / Age :- Male 30 Yrs 7 Mon 25 Days
 Company :- MediWheel



Sample Type :- PLAIN/SERUM Sample Collected Time :- 27/01/2023 12:59 Final Authentication : 27/01/2023 15:49:07

| Test Name | Value | Unit | Biological Ref Interval |
|--|-------|-------|--|
| LIVER PROFILE WITH GGTP | | | |
| SERUM BILIRUBIN (TOTAL) Method:- Colorimetric method | 0.39 | mg/dL | Up to - 1.0 Cord blood <2 Premature < 6 days <16 Full-term < 6 days= 12 1month - <12 months <2 1-19 years <1.5 Adult - Up to - 1.2 Ref-(ACCP 2020) |
| SERUM BILIRUBIN (DIRECT) Method:- Colorimetric Method | 0.10 | mg/dL | Adult - Up to 0.25 Newborn - <0.6 mg/dL >- 1 month - <0.2 mg/dL |
| SERUM BILIRUBIN (INDIRECT) Method:- Calculated | 0.29 | mg/dL | 0.30-0.70 |
| SGOT Method:- IFCC | 17 | U/L | Men- Up to - 37.0 Women - Up to - 31.0 |
| SGPT Method:- IFCC | 24.0 | U/L | Men- Up to - 40.0 Women - Up to - 31.0 |
| SERUM ALKALINE PHOSPHATASE Method:- AMP Buffer | 70.0 | U/L | 30.00 - 120.00 |
| SERUM GAMMA GT Method:- IFCC | 3.0 | U/L | 11.00 - 50.00 |
| SERUM TOTAL PROTEIN Method:- Biuret Reagent | 7.0 | g/dL | 6.40 - 8.30 |
| SERUM ALBUMIN Method:- Bromocresol Green | 4.0 | g/dL | 3.80 - 5.00 |
| SERUM GLOBULIN Method:- CALCULATION | 2.7 | g/dL | 2.20 - 3.50 |
| A/G RATIO | 1.48 | | 1.30 - 2.50 |

Total Bilirubin Methodology: Colorimetric method Instrument Name: Randox Rx Imola Interpretation: An increase in Bilirubin concentration in the serum occurs in toxic or infectious diseases of the liver e.g. hepatitis B or obstruction of the bile duct and in many non-hepatic causes. High levels of bilirubin in the serum may be due to increased haemolysis, haemorrhage or the haemoglobin it is receiving.

AST Aspartate Aminotransferase Methodology: IFCC Instrument Name: Randox Rx Imola Interpretation: AST (Aspartate Aminotransferase) is an enzyme found in the heart, skeletal muscle, liver, kidney, spleen, and other organs. It is released into the blood in the event of organ damage. Although heart muscle is found to have the highest activity of AST, it is also found in the liver, kidney, spleen, and other organs. AST is elevated in myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

ALT Alanine Aminotransferase Methodology: IFCC Instrument Name: Randox Rx Imola Interpretation: ALT (Alanine Aminotransferase) is an enzyme found in the liver, kidney, spleen, and other organs. It is released into the blood in the event of organ damage. ALT is elevated in liver disease, myocardial infarction, hepatic disease, muscular dystrophy and organ damage.

Alkaline Phosphatase Methodology: AMP Buffer Instrument Name: Randox Rx Imola Interpretation: Alkaline phosphatase is an enzyme found in the liver, kidney, spleen, and other organs. It is released into the blood in the event of organ damage. Alkaline phosphatase is elevated in liver disease, bone disease, pregnancy, and other conditions.

TOTAL PROTEIN Methodology: Biuret Reagent Instrument Name: Randox Rx Imola Interpretation: Total protein is a measure of the amount of protein in the blood. It is used to diagnose and treat a variety of diseases involving the liver, kidney, and other organs.

ALBUMIN (ALB) Methodology: Bromocresol Green Instrument Name: Randox Rx Imola Interpretation: Albumin is a protein found in the blood. It is used to diagnose and treat a variety of diseases involving the liver or kidneys. Globulin is a group of proteins found in the blood.

Instrument Name Randox Rx Imola **Interpretation** An increase in GGT is seen in liver disease, alcohol consumption, and certain drugs. It may reach 5 to 30 times normal in intra-hepatic cholestasis and 10 to 50 times normal in extra-hepatic cholestasis.

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Date :- 27/01/2023 12:59
NAME :- Mr. SANDEEP KUMAR SACHDEVIA
Sex / Age :- Male 30 Yrs
Company :- MediWheel



Sample Type :- PLAIN/SERUM

Final Authentication : 27/01/2023 15:49:07

Test Name

Biological Ref Interval

SERUM CREATININE
Method:- Colorimetric Method

Men - 0.6-1.30
Women - 0.5-1.20

SERUM URIC ACID
Method:- Enzymatic colorimetric

Men - 3.4-7.0
Women - 2.4-5.7

AJAYSINGH

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Date :- 27/01/2023 12:58 PM
NAME :- Mr. SANDEEP KUMAR SANGHVI
Sex / Age :- Male 30 Yrs
Company :- MediWheel



Sample Type :- PLAIN/SERUM

Final Authentication : 27/01/2023 15:49:07

| Test Name | Biological Ref Interval |
|-----------|-------------------------|
|-----------|-------------------------|

| | |
|---------------------------|------------|
| BLOOD UREA NITROGEN (BUN) | 0.0 - 23.0 |
|---------------------------|------------|

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Date :- 27/01/2023 12:57:56
NAME :- Mr. SANDEEP KUMAR SAMADIYA
 Sex / Age :- Male 30 Yrs 28 Days
 Company :- MediWheel



Sample Type :- EDTA Final Authentication : 27/01/2023 18:57:56

| Test Name | Biological Ref Interval |
|-----------|-------------------------|
|-----------|-------------------------|

GLYCOSYLATED HEMOGLOBIN (HbA1c)
 Method:- HPLC

Non-diabetic: < 5.7
 Pre-diabetics: 5.7-6.4
 Diabetics: = 6.5 or higher
 ADA Target: 7.0
 Action suggested: > 6.5

Instrument name: ARKRAY'S AB5000, GUCHI, JAPAN

Test Interpretation:

HbA1c is formed by the condensation of glucose with amino groups of each beta chain of HbA to form an unstable schiff base. It is the major fraction, constituting approximately 5-8% of total hemoglobin in the blood depends on both the concentration of glucose and the concentration of hemoglobin. The HbA1c concentration represents the integrated value of glucose over the past 2-3 months by recent exercise or food intake. Hemoglobin A1c is a useful parameter providing a larger contribution to the overall hemoglobin concentration in disease or other conditions with anemia. GHB has been firmly established as a measure of long-term complications in patients with diabetes. Hemoglobin A1c (HbA1c) is a genetic variant (e.g. HbA1c) that can affect the accuracy of HbA1c measurements. The effect of genetic variants on HbA1c measurements can be minimized by using a hemoglobin A1c method.

Ref by ADA 2020

MEAN PLASMA GLUCOSE (MPG)
 Method:- Calculated Parameter

Non Diabetic < 100 mg/dL
 Prediabetic: 100- 125 mg/dL
 Diabetic: 125 mg/dL or Higher

BANWARI
Technologist

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| | | | |
|------------------------------------|----------------------------------|--|---|
| Date :- 27/01/2023 | Patient Name :- SANDHIA SAMADIYA | Ref :- |  |
| NAME :- Mr. SANDHIA SAMADIYA | Ref :- | | |
| Sex / Age :- Male 30 Years 28 Days | Lab :- | | |
| Company :- MediWard | | | |
| Sample Type :- URINE | Sample Collected Time :- | Final Authentication : 27/01/2023 15:45:29 | |

| Test Name | Value | Biological Ref Interval |
|---|-------------|-------------------------|
| Urine Routine | | |
| PHYSICAL EXAMINATION | | |
| COLOUR | PALE YELLOW | PALE YELLOW |
| APPEARANCE | Clear | Clear |
| CHEMICAL EXAMINATION | | |
| REACTION(PH) | 5.5 | 5.0 - 7.5 |
| <small>Method:- Double indicator blue color</small> | | |
| SPECIFIC GRAVITY | 1.025 | 1.010 - 1.030 |
| PROTEIN | NIL | NIL |
| <small>Method:- Regnt.Strip Sulphosalicylic acid paper</small> | | |
| GLUCOSE | NIL | NIL |
| <small>Method:- Glu.Oxidase Peroxidase colorimetric</small> | | |
| BILIRUBIN | NEGATIVE | NEGATIVE |
| <small>Method:- Azo-coupling reaction</small> | | |
| UROBILINOGEN | NORMAL | NORMAL |
| <small>Method:- Modified ehrlich reaction</small> | | |
| KETONES | NEGATIVE | NEGATIVE |
| <small>Method:- Regnt Strip(Sodium nitroprusside) Mathers's</small> | | |
| NITRITE | NEGATIVE | NEGATIVE |
| <small>Method:- Diazotization reaction</small> | | |
| MICROSCOPY EXAMINATION | | |
| RBC/HPF | NIL | NIL |
| WBC/HPF | 2-3 | 2-3 |
| EPITHELIAL CELLS | 2-3 | 2-3 |
| CRYSTALS/HPF | ABSENT | ABSENT |
| CAST/HPF | ABSENT | ABSENT |
| AMORPHOUS SEDIMENT | ABSENT | ABSENT |
| BACTERIAL FLORA | ABSENT | ABSENT |
| YEAST CELL | ABSENT | ABSENT |
| OTHER | ABSENT | |

VIJENDRAMEENA
Technologist

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Date :- 27/01/2023
NAME :- Mr. SAMAD
 Sex / Age :- Male / 38 D
 Company :- MediWhe



Sample Type :- PLAIN
 Final Authentication : 27/01/2023 16:37:26

| Test Name | Biological Ref Interval |
|-----------|-------------------------|
|-----------|-------------------------|

TOTAL THYROID

SERUM TOTAL T3
 Method:- Chemiluminescence assay) 0.970 - 1.690

SERUM TOTAL T4
 Method:- Chemiluminescence assay) 5.530 - 11.000

SERUM TSH ULTRA
 Method:- Enhanced Chemiluminescence assay) 0.550 - 4.780

Interpretation: Triiodothyronine (T3) contributes to the physiological effects of thyroid hormone. A decrease in T3 concentration of up to 50% occurs in a variety of clinical states. T3 concentration may be measured in conjunction with other assays to aid in the diagnosis of thyroid disease. In certain conditions, such as pregnancy, that affect the capacity of thyroxine-binding globulin (TBG) to bind thyroid hormone, the best estimates of the metabolically active hormone concentration are obtained by measuring the free T3 index and

Interpretation: The total thyroxine (T4) concentration is primarily to thyroxine. In most patients, the total T4 concentration is a good indicator of thyroid function. However, conditions that affect the capacity of the thyroid hormone-binding proteins (TBG) to bind thyroid hormone, such as pregnancy, can affect the total T4 concentration. In these conditions, the best estimate of the concentration of free T4 is obtained by measuring the free T4 index and

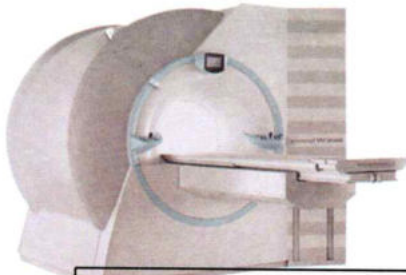
Interpretation: Thyroid-stimulating hormone (TSH) is secreted by the anterior pituitary gland. The diagnosis of overt hypothyroidism by the measurement of TSH is based on the observation that in this condition, TSH secretion is suppressed. In contrast, in primary hyperthyroidism, TSH secretion is suppressed, but detectable. In neonatal specimens, TSH concentration is elevated in the first few days of life.

INTERPRETATION

| PREGNANCY | Reference Range | Unit |
|---------------|-----------------|-------|
| 1st Trimester | 0.5 - 4.0 | mIU/L |
| 2nd Trimester | 0.2 - 2.0 | mIU/L |
| 3rd Trimester | 0.1 - 0.5 | mIU/L |

AJAYKUMAR
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Sex / Age :- Male 30 Yrs 7 Mon 28 Days

Company :- MediWheel

Patient ID :- 122229206

Ref. By Doctor:-BOB

Lab/Hosp :-

Final Authentication : 27/01/2023 14:40:29

BOB PACKAGE BELOW 40MALE

USG WHOLE ABDOMEN

Liver is of normal size. Echo-texture is normal. No focal space occupying lesion is seen within liver parenchyma. Intra hepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is of normal size. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape. Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. No focal lesion is seen. Collecting system does not show any dilatation or calculus.

Urinary bladder is well distended and showing smooth wall with normal thickness. Urinary bladder does not show any calculus or mass lesion.

Prostate is normal in size (15 gms) with normal echo-texture and outline.

No enlarged nodes are visualised.No retro-peritoneal lesion is identified

No significant free fluid is seen in peritoneal cavity.

IMPRESSION:

Normal study.

Needs clinical correlation for further evaluation

*** End of Report ***

Page No: 1 of 1

NIKITAPATWA

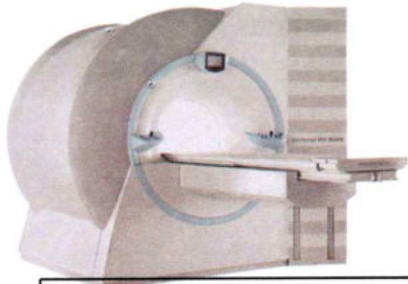
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| | |
|---|-------------------------|
| Date :- 27/01/2023 12:58:12 | Patient ID :- 122229206 |
| NAME :- Mr. SANDEEP KUMAR SAMADIYA | Ref. By Doctor:-BOB |
| Sex / Age :- Male 30 Yrs 7 Mon 28 Days | Lab/Hosp :- |
| Company :- MediWheel | |

Final Authentication : 27/01/2023 14:43:14

BOB PACKAGE BELOW 40MALE
 2D ECHO OPTION TMT (ADULT/CHILD)

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:

FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

| | | | |
|--------------|--------|-----------------|--------|
| MITRAL VALVE | NORMAL | TRICUSPID VALVE | NORMAL |
| AORTIC VALVE | NORMAL | PULMONARY VALVE | NORMAL |

M.MODE EXAMINATION:

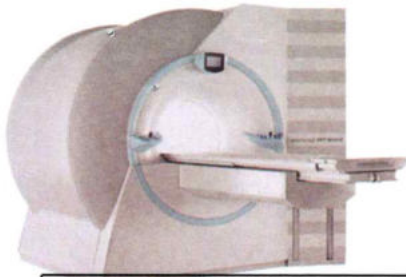
| | | | | | | | | |
|--------|-----|----|--------|----|----|--------|----|----|
| AO | 31 | mm | LA | 33 | Mm | IVS-D | 8 | mm |
| IVS-S | 14 | mm | LVID | 52 | Mm | LVSD | 34 | mm |
| LVPW-D | 10 | mm | LVPW-S | 20 | Mm | RV | | mm |
| RVWT | | mm | EDV | | ml | LVVS | | ml |
| LVEF | 63% | | RWMA | | | ABSENT | | |

CHAMBERS:

| | | | |
|-------------|--------|--------|--------|
| LA | NORMAL | RA | NORMAL |
| LV | NORMAL | RV | NORMAL |
| PERICARDIUM | | NORMAL | |

COLOUR DOPPLER:

| MITRAL VALVE | | | | | |
|----------------------------|------|--------|-------------------|--|-------|
| E VELOCITY | 0.72 | m/sec | PEAK GRADIENT | | Mm/hg |
| A VELOCITY | 0.52 | m/sec | MEAN GRADIENT | | Mm/hg |
| MVA BY PHT | | Cm2 | MVA BY PLANIMETRY | | Cm2 |
| MITRAL REGURGITATION | | | ABSENT | | |
| AORTIC VALVE | | | | | |
| PEAK VELOCITY | 1.0 | m/sec | PEAK GRADIENT | | mm/hg |
| AR VMAX | | m/sec | MEAN GRADIENT | | mm/hg |
| AORTIC REGURGITATION | | | ABSENT | | |
| TRICUSPID VALVE | | | | | |
| PEAK VELOCITY | 0.59 | m/sec | PEAK GRADIENT | | mm/hg |
| MEAN VELOCITY | | m/sec | MEAN GRADIENT | | mm/hg |
| VM _{max} VELOCITY | | | | | |
| TRICUSPID REGURGITATION | | | ABSENT | | |
| PULMONARY VALVE | | | | | |
| PEAK VELOCITY | 0.90 | M/sec. | PEAK GRADIENT | | Mm/hg |
| MEAN VELOCITY | | | MEAN GRADIENT | | Mm/hg |
| PULMONARY REGURGITATION | | | ABSENT | | |



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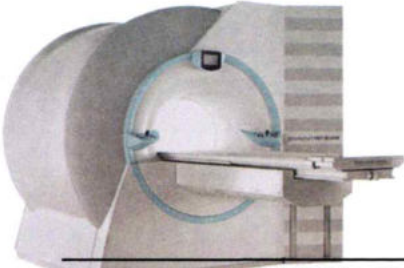
Final Authentication : 27/01/2023 14:43:14

Impression--

1. Normal LV size & contractility.
2. No RWMA, LVEF 63%.
3. Normal cardiac chamber.
4. Normal valve.
5. No clot, no vegetation, no pericardial effusion.

(Cardiologist)

*** End of Report ***



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Sample Type :-

Sample Collected Time

BOB PACKAGE BELOW 40MALE

X RAY CHEST PA VIEW:

Expiratory film.

Both lung fields appears clear.

Bronchovascular markings appear normal.

Trachea is in midline.

Both the hilar shadows are normal.

Both the C.P.angles is clear.

Both the domes of diaphragm are normally placed.

Bony cage and soft tissue shadows are normal.

Impression :- Normal Study

(Please correlate clinically and with relevant further investigations)

*** End of Report ***

AHSAN

Page No: 1 of 1

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