

MR. NIRVESH GOUR

BOB

32 YEARS /MALE

16-3-2024

Height: 176 Cms

Weight: 71 Kg

BP: - 130/90 mmhg

Pulse: - 79/- Regular

BMI: - 22.9 kg/m<sup>2</sup>

EYE: - NORMAL

The Medical Examiner should record the findings under one of the following categories:-

      
FIT

UNFIT on account of



*Dr. D. S. Chhabra*  
MBBS, MD.

DR. D.S. CHHABRA

MBBS. MD.

**MR. NIRVESH GOUR**  
**BANK OF BARODA****32 Years /M**  
**16-03-2024****HEAMOGRAM**

Test Name	Results	Normal Range
Haemoglobin (HB)	12.2	13 - 18 gm%
R.B.C. Count	4.41	4.5 - 5.5 milli./cu.mm
PCV	39.8	40 - 50 %
MCV	90.25	80 - 95 fl
MCH	27.66	27 - 32 pg
MCHC	30.65	31.5 - 34.5 %
TOTAL WBC COUNT	7,300	4,000 to 11,000 /cu.mm
DIFFERENTIAL WBC COUNT	.	
Neutrophils	60	40 - 75 %
Lymphocytes	35	20 - 40 %
Monocytes	03	02 - 08 %
Eosinophils	02	01 - 05 %
Basophils	00	00 - 01 %
PLATELET COUNT	1.69	1.5 - 4 Laecs/cu.mm.
E.S.R	12	M- 0-10 at the end of 1 hr. F- 0-20 at the end of 1 hr

**Dr. POOJA PRAPANNA**  
MD**DR. POOJA PRAPANNA**  
M.D.

MR. NIRVESH GOUR  
BANK OF BARODA32 Years /M  
16-03-2024**LIPID PROFILE**

Test Name	Results	Normal Range
TOTAL LIPIDS	467	400 - 700 mg/dl
CHOLESTROL	154.0	<200 mg/dl- Desirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High
HDL CHOLESTROL	38.0	35- 60 mg/dl
TRIGLYCERIDE	109.0	<150 mg/dl Normal 150 - 199 mg/dl Borderline High 200 - 499 mg/dl High
LDL CHOLESTROL	94.2	<100 mg/dl Optimal 100- 129 mg/dl Borderline high 160 - 189 mg/dl High
VLDL CHOLESTROL	21.8	<40 mg/dl
RISK RATIO	4.05	3 - 6

Dr. POOJA PRAPANNA  
MD  
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Note - All pathological tests have technical and biological limitations. Please correlate clinically as well as with other investigative findings.  
A review should be requested in case of any disparity. This report is not valid for medicolegal purpose.

MR. NIRVESH GOUR

32 Years /M

BANK OF BARODA

16-03-2024

Test Name	Results	Normal Range
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**HAEMATOTOLOGY PROFILE**

BLOOD GROUP

:-

"ABO " GROUP

"O"

Rh (D) Factor

Positive

.

.

.

(Cross matching & recheck of Blood  
Group is mendatory before any  
transfusion)

HBA1C

5.10

Normal 4-6 %

Good Control 6-7 %

Fair Control 7-8 %

Unsatisfactory

Control 8-10 %

Poor Control Above 10 %

Dr. POOJA PRAPANNA

MD

Contd..2.00

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16-03-2024

Test Name	Results	Normal Range
<b><u>BIOCHEMISTRY</u></b>		
FASTING BLOOD SUGAR	70.0	70 - 110 mg/dl
TOTAL PROTEIN	7.45	6.0 to 8.0 g/dl
ALBUMIN	4.11	3.2 to 5.0 g/dl
GLOBULIN	3.34	1.9 to 3.5
A:G RATIO	1.23	1.2 TO 2.3
GAMA GT	34.0	5 - 43 Iu/l
ALKALINE PHOSPHATE	102.0	Adult - 42 - 128 IU/L Child - 150 - 630 IU/L
URIC ACID	6.47	3.5 - 7 mg\dl
BUN	14.0	5 - 21 Mg/dl
CREATININE	1.07	0.6 - 1.4 mg\dl
TOTAL BILIRUBIN	0.86	0 - 1 mg/dl
DIRECT BILIRUBIN	0.14	<0.25 mg/dl
INDIRECT BILIRUBIN	0.72	< 1.0 mg/dl
S.G.O.T	38.0	0 - 45 IUAL
S.G.P.T	36.0	0 - 45 IUAL

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BANK OF BARODA32 Years /M  
16-03-2024**URINE EXAMINATION**

Test Name	Results	Normal Range
<b>PHYSICAL EXAMINATION</b>		
Quantity	30 ml	
Colour	Pale Yellow	
Appearance	Clear	
Deposits	Absent	
Specific Gravity	1.015	
Reaction	Acidic	
<b>CHEMICAL EXAMINATION</b>		
Albumin	Nil	
Sugar	Nil	
Ketones	Absent	
Bile Pigments	Negative	
Bile Salt	Negative	
Hematuria	Negative	
<b>MICROSCOPIC EXAMINATION</b>		
Pus Cells	1- 2 /hpf	
Red Blood Cells	Nil/hpf	
Epithelial Cell	1 - 2 /hpf	
Crystals	Nil	
Casts	Absent	

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4D SONOGRAPHY • COLOR DOPPLER • ECHO • PATHOLOGY • DIGITAL X-RAY & OPG • TMT • ECG • HOLTER

**MR. NIRVESH GOUR**

**32 Yrs./M**

**BOB**

**16th Mar, 2024**

**X-RAY CHEST PA VIEW**

Bony cage is normal.

Trachea is central. C.P. angles are clear.

Cardiac contour and cardiothoracic ratio are normal.

Lung fields are clear.

**DR.D.S.CHHABRA.**  
M.D.

MR. NIRVESH GOUR

32 Yrs./M.

BOB

16th Mar, 2024

**ABDOMINAL SONOGRAPHY**

Liver is of normal size, shape, has smooth margins & regular contours and the parenchyma is mildly hyperechoic in echostructure, **early fatty changes**. No focal lesion.

Gall bladder is of normal size, shape, has thin walls & the contents are clear fluid. No evidence of any calculus. Biliary tree is undilated.

Pancreas is normal, no focal / diffuse pathology. Spleen is normal. The portal and splenic veins are normal in calibre.

Both Kidneys are normal in size [ measure about 11.5 cms. in length ], shape and echostructure. No evidence of any calculus in both. The collecting system and ureter on both side are undilated.

Urinary bladder is normal in size, shape & has thin walls.

Prostate is of normal size (around 15 gms.) & is normal in echostructure.

There is no ascitis. No obvious abdominal lymphadenopathy. No sub / supra diaphragmatic pathology on either side.

**IMPRESSION :**

Early fatty changes in liver.

  
**DR.D.S.CHHABRA,**  
M.D.





## LABORATORY REPORT



Name : NIRVESH GOUR	Sex/Age : Male / 32 Years	Case ID : 40301604599
Ref. By :	Dis. At :	Pt. ID :
Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE		Pt. Loc. :
Reg Date and Time : 16-Mar-2024 12:21	Sample Type : Serum	Mobile No. :
Sample Date and Time : 16-Mar-2024 12:21	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 16-Mar-2024 13:22	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
Triiodothyronine (T3) CMA	122.82	ng/dL	58 - 159	
Thyroxine (T4) CMA	9.41	µg/dL	4.6 - 10.5	
TSH CMA	H 5.06	µIU/mL	0.4 - 4.2	

### INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

### CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

### TSH ref range in pregnancy

First trimester  
Second trimester  
Third trimester

### Reference range (microIU/ml)

0.24 - 2.00  
0.43-2.2  
0.8-2.5

Note: LL-VeryLow, L-Low, H-High, HH-VeryHigh, A-Abnormal

*Adawani*

**Dr Astha Dawani**  
Consultant Pathologist.

**Dr. A Mishra**  
M.D. Microbiology

**Dr. Soma Yadav**  
M.D. (Pathology)

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## Neuberg Diagnostics Private Limited

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neuberg.indore@supratechlabs.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi, Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099  
www.neubergsupratech.com







## TWO DIMENSIONAL ECHOCARDIOGRAPHY

M Mode examination revealed normal movement of both mitral leaflets during diastole.

No SAM or mitral valve prolapse is seen.

Mitral valve opening is normal. No evidence of mitral valve prolapse is seen.

Tricuspid valve is normal, pulmonary valve is normal, aortic root is normal in size, dimensions of left atrium and left ventricle are normal.

Aortic cusps are not thickened and enclosure line is central.

Aortic valve has three cusps and its opening is not restricted.

2 - D imaging in PLAX, SAX and apical views revealed a normal sized left ventricle.

Movement of septum, anterior, posterior, inferior and lateral walls is normal. Global LVEF is 60 %.

Right atrium and right ventricle are normal in size.

Tricuspid valve leaflets move normally.

Pulmonary valve is normal.

Interatrial and interventricular septa are intact.

No intracardiac mass or thrombus is seen.

No pericardial pathology is observed.

## MEASUREMENTS :

[C]	DIMENSIONS	OBSERVED VALUES	Normal Values (For Adults)
1.	Aortic Root diameter	: 3.0 cms.	2.0-3.7 cm < 2.2 cm / M <sup>2</sup>
2.	Aortic Valve Opening	: 1.2 cms.	1.5-2.6 cm
3.	Right Ventricular Dimension	: --	
4.	Left Atrial Dimension	: 3.9 cms.	1.9-4.0 cm < 2.2 cm / M <sup>2</sup>
5.	Left Ventricular ED Dimension	: 4.9 cms.	3.7-5.6 cm < 3.2 cm / M <sup>2</sup>
6.	Left Ventricular ES Dimension	: 3.3 cms.	2.2-4.0 cm
7.	Inter Ventricular ED Septal thickness	: 1.2 cms.	0.6-1.2 cm
8.	Left Ventricular ED PW thickness	: 1.4 cms.	0.5-1.0 cm
9.	IVS / LVPW	: 01	< 1.3

## [E] INDICES OF LEFT VENTRICULAR FUNCTION

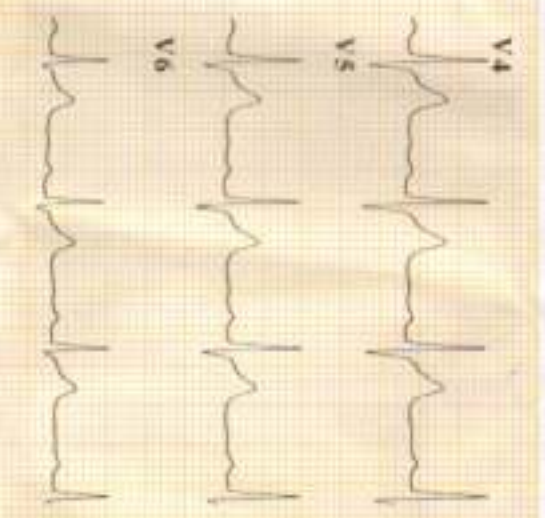
1.	Mitral E - Septal Separation	: 0.5	< 0.9- cm
2.	Left Ventricular Ejection Fraction	: 60 %	60 - 80 %



10mm/mV 0.25-35Hz ACS0

16-03-2024 12:05:06

V1 NR. Nirvesh Gaur



ID : 240316-1205  
 Name :  
 Age : 32 yr  
 Sex : Male  
 BP :  
 Height : cm  
 Weight : kg  
 HR : 79 bpm  
 P Dur : 106 ms  
 PR Int : 176 ms  
 QRS Dur : 105 ms  
 QT/QTc Int : 329/379 ms  
 P/QRS/T axis : 71/82/55 °  
 RV5/SV1 amp : 0.993/0.694 mV  
 RV6/SV2 amp : 1.687 mV  
 RV6/SV2 amp : 0.782/1.308 mV

Minnesota Code: 9-4-1(V3)

Diagnosis Information:  
800: Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

Report Confirmed by:

*Handwritten signature*

Dr. Mahendra Chourasiya  
M.D. D.M. (Cardio)



