

ID:2024030812023365 Name: SHISHA SR. THIRUVAL. RYS-528174  
 2024-03-09 13:08:04  
 25 mm/s 10 mm/mV 50 Hz 100mV 20 Hz QTc Hodgkin Q2:09:00-V2R:4.1 SN:FK:80025011

ID:2024030812023365 Vent. Rate (bpm) 91  
 Name: PR Interval (ms) 142  
 2024-03-09 13:08:04 QRS Duration (ms) 88  
 P/QRST Axis (deg) 69/1/29  
 QT/QTc Interval (ms) 324/378

Sinus rhythm  
 — Interpretation made without knowing patient's gender/age —  
 Normal ECG Unconfirmed Diagnosis

**Dr. Krishna Muraj Prasad**  
 MBBCh Dip Cardiology







Patient Name	MR. SHISHIR KUMAR THAKUR	Requested By	MEDIWHEEL
MRN	BER/2024/OPD20792	Procedure Date	09.03.2024
Age/Sex	52Y/MALE	Hospital	BERLIN DIAGNOSTICS & DAY CARE

## USG WHOLE ABDOMEN

**Liver :** The liver is normal in size (16.7 cm) and outline. **It reveals diffuse fatty infiltration.** No obvious focal lesion is seen. The intra and extra hepatic biliary passage are not dilated. The portal vein is normal in caliber at the porta hepatis.

**Gall bladder :** The gall bladder is normal in size, has normal wall thickness with no evidence of calculi.

**CBD :** The CBD is of normal caliber.

**Pancreas :** The pancreas is normal in size and echogenicity with distinct outline. No obvious focal lesion is seen.

**Kidneys :** Both kidneys were normal in position:

Right kidney measures 9.4 cm

Left Kidney measures 10.1 cm

The renal cortical thickness and corticomedullary differentiation were adequate on both sides. No evidence of renal calculus or hydronephrosis seen on either sides.

**Spleen :** The spleen is normal in size and echogenicity.

**Urinary Bladder :** The urinary bladder is normal in size. Its walls show a smooth outline. There is no evidence of any intraluminal or perivesical abnormality.

**Prostate :** The prostate is mildly enlarged in size, measures (27.1 gm) and shows normal parenchymal echogenicity.

No significant probe tenderness in RIF.

No evidence of pleural effusion on either side.

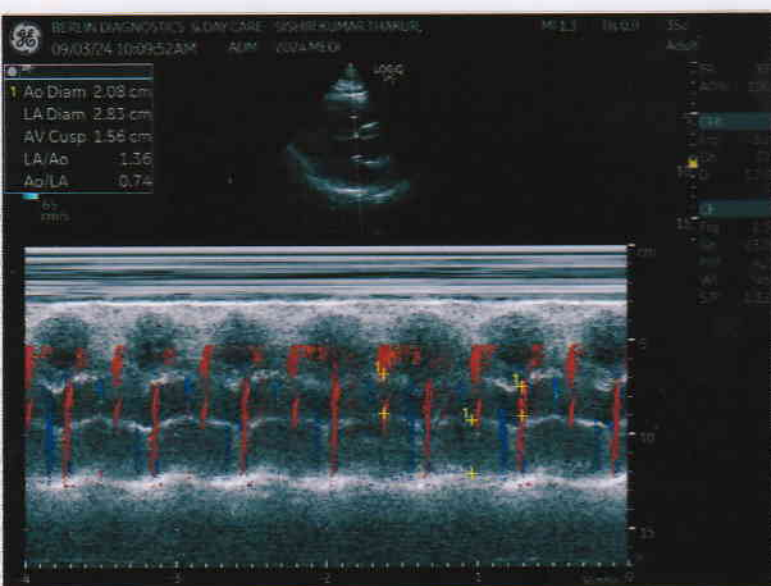
No evidence of ascites or lymphadenopathy seen.

### IMPRESSION :

- **GRADE – II FATTY LIVER.**
- **GRADE – I PROSTATOMEGALY.**

*Please correlate clinically.*

**Dr. Ambuj Srivastav**  
**M.D. Consultant Radiologist.**







# BERLIN DIAGNOSTICS & DAY CARE



Name **SISHIR KUMAR THAKUR**

Age **52**

Date **09/03/2024**

Patient Id **2024 MEDI**

Sex **Male**

Ref. Physician

## Measurements

2D & M-Mode Measurements		PW-Measurements
IVSd	0.93 cm	
LVIDd	3.35 cm	
LVPWd	1.15 cm	
IVSs	1.15 cm	
LVIDs	2.57 cm	
LVPWs	1.67 cm	
EDV(Teich)	45.70 ml	
ESV(Teich)	23.83 ml	
EF(Teich)	47.85 %	
%FS	23.33 %	
SV(Teich)	21.87 ml	
Ao Diam	2.08 cm	
LA Diam	2.83 cm	
AV Cusp	1.56 cm	
LA/Ao	1.36	
Ao/LA	0.74	

## Comments:

NO RWMA  
LVEF=50%  
NORMAL LA / LV AND RA / RV DIMENSION  
NO MR / NO TR  
NO AR / NO AS  
NO VEG / CLOT/PE/MASS  
IAS AND IVS INTACT  
GRADE I DIASTOLIC DYSFUNCTION  
ALL VALVES AND PERICARDIUM NORMAL

## Impression:

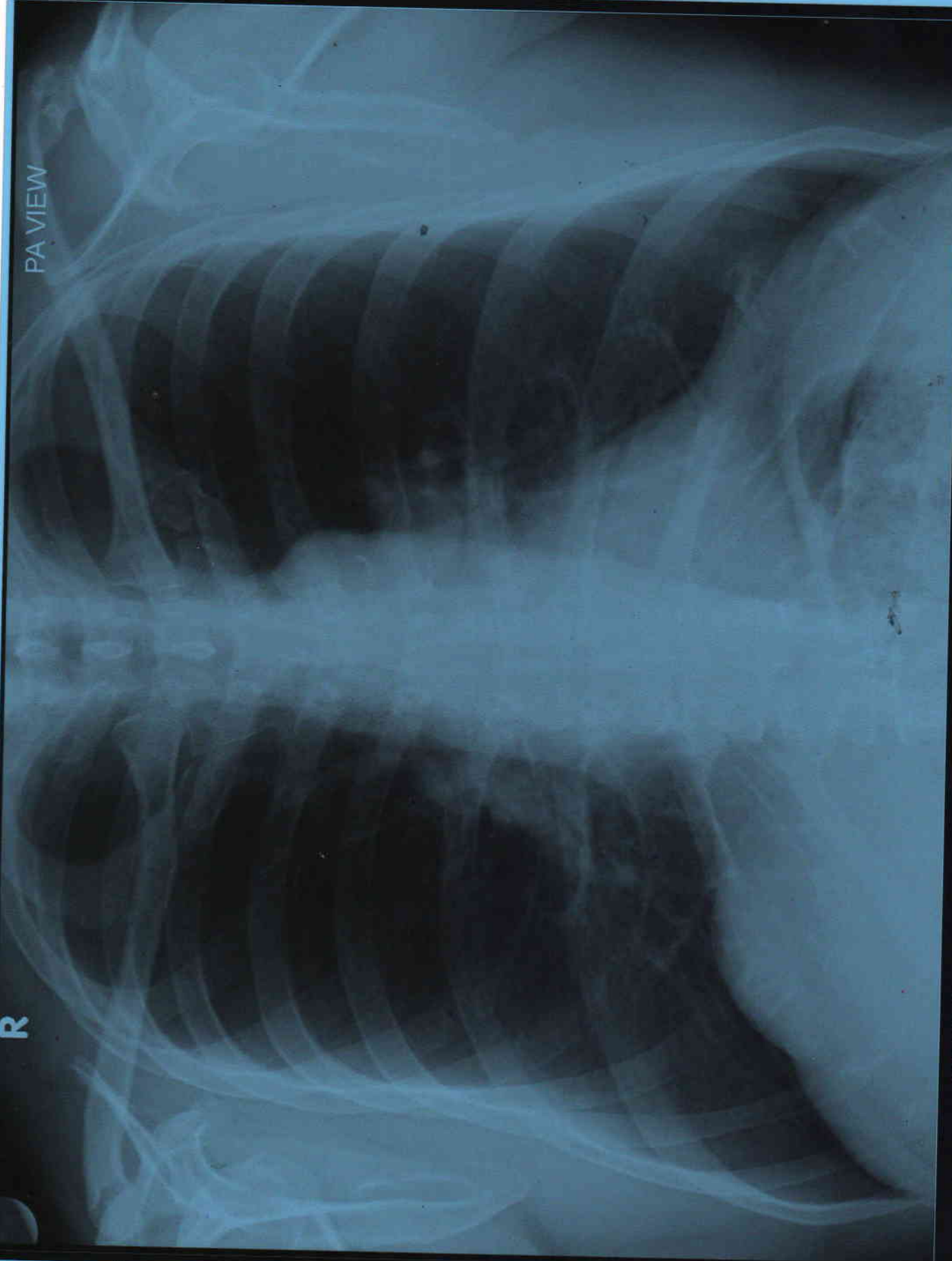
NORMAL ECHO STUDY

DR. R.K. CHATURVEDI  
MBBS, MD, N.MED  
DIP. CARDIOLOGY

09/03/2024

R

PA VIEW



SHISHIR KUMAR THAKUR AGE 52Y/M MEDIWHEEL BER/202420792 CHEST PA VIEW 09/03/2024  
BERLIN DIAGNOSTICS & DAY CARE, BARIATU ROAD, RANCHI.



Patient Name	SHISHIR KUMAR THAKUR	Patient ID	BER/202420792
Age/Gender	52 Years / M	Study Date	09-Mar-2024
Referred By	MEDIWHEEL	Reported Date	09-Mar-2024

## X – RAY CHEST PA VIEW:

### FINDINGS :-

Both lung fields under vision appear normal.

Cardiac size appears normal.

Both costophrenic angles are clear.

Hilar regions are normal.

Both domes appear normal in position.


Bony thorax under vision appears normal.

IMPRESSION : NORMAL STUDY

DR.SHIVAM PODDAR  
MD Radiology REG-33562

Date Reported: 09-Mar-2024

**Name** : SHISHIR KUMAR THAKUR  
**Age/Gender** : 52 Years/Male  
**UHID** : QL291245582  
**Refer By** :  
**Wing** : BERLIN GENERAL HOSPITAL RANCHI  
**Client Name** : BDDC - CGHS

**Reg.No.** :   
**Reg.Date** : 09-Mar-24 01:43 PM  
**Received On** : 09-Mar-24 01:43 PM  
**Reported On** : 10-Mar-24 12:58 AM

Test Particular	Result	Unit	Biological Reference Interval
<b>Fasting Plasma Glucose</b> Method: (By GOD-POD Method)	105	mg/dl	( 65 - 110 )
<b>Fasting Urine Sugar</b>	Nil		
<b><u>LIPID PROFILE :-</u></b>			
<b>Serum Triglyceride</b> Method: (By Enzymatic,end point)	<b>335</b>	mg/dl	( < 150 )
<b>Serum Cholesterol</b> Method: (By Oxidase, Esterase, Peroxidase)	<b>229</b>	mg/dl	(125 - 200)
<b>Serum HDLc (Direct)</b> Method: (By PTA/MgC12, Reflectance photometry)	43	mg/dl	( 30 - 65 )
<b>Serum LDLc (Direct)</b> Method: (By Direct Homogeneous, Spectrophotometry)	119	mg/dl	(85 - 150)
<b>VLDL</b>	<b>67</b>	mg/dl	( 5 - 40 )
<b>LDL &amp; HDL Ratio</b> Method: (By Calculated)	2.77		(1.5 - 3.5)
<b>Total Cholestrol &amp; HDL Ratio</b> Method: (By Calculated)	5.33		Low Risk(0 - 3) High Risk(5 - 10)
<b><u>LFT :-</u></b>			
<b>Serum Bilirubin (Total)</b> Method: (By Diphylline, Diazonium Salt)	0.4	mg/dl	(0.2 - 1.3)
<b>Serum Bilirubin (Direct)</b> Method: (By Diphylline, Diazonium Salt)	0.1	mg/dl	( 0.1 - 0.4 )
<b>Serum Bilirubin (Indirect)</b>	0.30000	mg/dl	(0.2-1.1)
<b>S G O T (AST)</b> Method: By IFCC	29.2	u/l	(17 - 59)
<b>S G P T (ALT)</b> Method: By IFCC	32.4	u/l	( 21-72 )
<b>Serum Alkaline Phosphate (ALP)</b> Method: By IFCC	92.2	u/l	Adult (38 - 126)
<b>Serum Protein</b> Method: By Biuret Method	7.7	gm/dl	Adult( 6.2 - 8.2 ) Children( 5.6 - 8.4 )
<b>Serum Albumin</b> Method: By BCG, Dye Binding Method	4.5	gm/dl	Newborn Children(2.4 - 4.8) Adult(3.5 - 5.0)
<b>Serum Globulin</b>	3.20		Adult(2.3 - 3.6)
<b>Serum Albumin / Globulin (A / G)</b> Method: By BCG	1.41	gm/dl	(1 - 2.3)

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*Richa*  
**Dr. Richa Verma**  
 MBBS, MD (Pathology)

**P.T.O.**



Name : SHISHIR KUMAR THAKUR  
Age/Gender : 52 Years/Male  
UHID : QL291245582  
Refer By :  
Wing : BERLIN GENERAL HOSPITAL RANCHI  
Client Name : BDDC - CGHS


Reg.No. :   
240309QLBG012  
Reg.Date : 09-Mar-24 01:43 PM  
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Test Particular	Result	Unit	Biological Reference Interval
<b>HBA1C ( Nephelometry )</b>			
HBA1C Method: HPLC	9.6	%	Non diabetic level( < 6.0 ) Goal( < 7.0 ) Action Suggested( > 8.0 )
Average Blood Glucose (eAg)	229.53	mg/dl	
<b>KFT</b>			
Serum Urea Method: GLDH,Kinetic Assay	21.5	mg/dl	Adult ( 17 - 43 ) New Born ( 8.4 - 25.8 ) Infant ( 10.8 - 38.4 )
Serum Creatinine Method: Modified Jaffe, Kinetic	1.2	mg/dl	Male: ( 0.72-1.18 ) Neonate : ( 0.26 - 1.01 ) Infant { 2months - less than 3 yrs } : ( 0.15 - 0.37 ) Children { 3 yrs - less than 15 yrs } : ( 0.24 - 0.73 )
Serum Sodium (Na+) Method: By Indirect ISE	134.0	mmol/L	( 136 - 145 )
Serum Potassium (K+) Method: By Indirect ISE	5.0	mmol/L	(3.5 - 5.1)
Serum Chloride Method: (By Ion-selective Electrode)	103.7	mmol/L	(98 - 107)
Serum Uric Acid Method: By uricase-Colorimetric	7.1	mg/dl	( 3.5 - 8.5 )

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Dr. Richa Verma  
MBBS, MD (Pathology)

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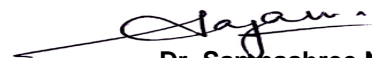
Reg.No. :   
240309QLBG012  
Reg.Date : 09-Mar-24 01:43 PM  
Received On : 09-Mar-24 01:43 PM  
Reported On : 10-Mar-24 06:54 PM

Test Particular	Result	Unit	Biological Reference Interval
<b>CBC :-</b>			
Haemoglobin Method: ( By Sahli's Method )	12.8	gm%	Adult Men (13 - 18) Adult Women (11.5 - 16.5) Children (11 - 13) Children (1-6) : (12 - 14) Children (6-12) : (12 - 14)
P. C. V.	40.0	%	( 35 - 45 )
Total Platelet Count	2.5	Lacs Per cmm	(1.5 - 4)
Total R. B. C. Count	4.6	mill./uL	Women (4.2 - 5.4) Male (4.7 - 6.1) Children (4.6 - 4.8)
Total W. B. C. Count Method: Flow Cytometry	6,000	Per cmm	Adult :-Adult :- (4,000 - 11,000) New Born (10,000 - 26,000) (1-4) Years : (6,000 - 18,000) (5-7) Years : (5,000 - 15,000) (8-12) Years : (4,500 - 12,500)
M. C. V.	87.1	fl	(76 - 96)
MCH	27.8	pg	(22 - 32)
MCHC	31.9	g/dl	(30 - 35)
Neutrophils	50	%	( 40 - 70 )
Eosinophils	03	%	( 0.5 - 7 )
Basophils	00	%	( 0 - 1 )
Lymphocytes	46	%	( 15 - 40 )
Monocytes	01	%	( 0 - 6 )

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Dr. Sampashree Nayak  
M.D. (Path)

P.T.O.

**Name** : SHISHIR KUMAR THAKUR  
**Age/Gender** : 52 Years/Male  
**UHID** : QL291245582  
**Refer By** :  
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**Client Name** : BDDC - CGHS

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**Received On** : 09-Mar-24 01:43 PM  
**Reported On** : 10-Mar-24 04:48 PM

Test Particular	Result	Unit	Biological Reference Interval
<b>Thyroid Profile</b>			
<b>Thyroid Function Test [By CLIA] :-</b>			
Tri-iodo Thyronine (T3)	1.21	ng/ml	(0.8 - 2.0) 11-15 Years ( 0.83 - 2.13 ) 1-10 Years ( 0.94 - 2.69 ) 1-12 Months ( 1.05 - 2.45 ) 1-7 Days ( 0.36 - 3.16 ) 1-4 Weeks ( 1.05 - 3.45 )
Thyroxine (T4)	8.61	µg/dl	(5.1 - 14.1) 1-12 Months ( 5.9 - 16 ) 1-7 Days ( 11 - 22 ) 1-4 Weeks ( 8.2 - 17 ) 1-10 Years ( 6.4 - 15 ) 11-15 Years ( 5.5 - 12 )
Thyroid Stimulating Hormone (T S H)	1.35	µIU/ml	Up to 1 Week (0.7-15.2) 1 week-4 week (0.7- 11.0) 1-12 Months (0.7- 8.4) 1-19 Years (0.6-4.9) 19 Years Above (0.5-5.5) 1st Trimester (0.6 - 3.4) 2nd Trimester (0.37 - 3.6) 3rd Trimester(0.38 - 4.04)

Mild to moderate degree of elevation normal T3&T4 levels indicates impaired thyroid hormone reserves and indicates subclinical hypothyroidism.

Mild to moderate decrease with normal T3 & T4 indicates subclinical hyperthyroidism.


TSH measurement is used for screening & diagnosis of Euthyroidism, hypothyroidism & hyperthyroidism.

Suppressed TSH (< 0.01 µ IU/ml) suggests diagnosis of hyperthyroidism.

Elevated concentration of TSH (>7 µ IU/ml) suggest diagnosis of hypothyroidism.

Please correlate clinically.


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**Dr. Suchismita Panda**  
 MD (Biochemistry)

**P.T.O.**

**Name** : SHISHIR KUMAR THAKUR  
**Age/Gender** : 52 Years/Male  
**UHID** : QL291245582  
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Test Particular	Result	Unit	Biological Reference Interval
<b>P. S. A. [ By ECLIA ]</b> Method: CHEMILUMINESCENCE	0.88	ng/ml	< 4.0 For Healthy Man

**PSA :-**

PSA is elevated in benign prostrate hypertrophy. Clinically an elevated PSA value is not of diagnostic value as a specific test for cancer and should only be used in conjunction with other clinical symptom and diagnostic procedure.

<b>VITAMIN B 12</b> VIT B 12:-	549.6	Pg/ml	(187 - 883)
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VIT B 12 a member of the corrin family, is a cofactor in the synthesis of methionine from Homocysteine is implicated in the formation of myeline and along with folate is for DNA synthesis.

Deficiency of VIT B12 may cause megaloblastic anemia , nerve damage and degeneration of the spinal cord.

Low serum B12 levels may be indicated in conditions associated iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy, treated epilepsy and advancing age.

Normal range:- 187 pg/ml - 883 pg/ml

<b>Vitamin D (25 O-H)</b> Method: By E411 Cobas Chemiluminescence	98.85	ng/ml	Deficient - ( 0 - 10 ng/ml) Insufficient - ( 10 - 30 ng/ml) Sufficient - ( 30 - 100 ng/ml) Toxicity - (>100 ng/ml)
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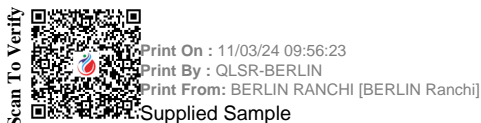
**25-OH VITAMIN D:-**


Vitamin D is a fat soluble steroid hormone mainly produced photo chemically in the skin from 7-dehydrocholesterol.

Vitamin-D deficiency is a cause of secondary hyperparathyroidism and disease related to impaired bone metabolism like rickets, osteoporosis, osteomalacia.

Low values are also seen in chronic illness like cancer, auto immune, infectious disease or cardiovascular problem.

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**Dr. Suchismita Panda**  
 MD (Biochemistry)

**P.T.O.**



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**URINE RM**

Particular	Findings	Unit	Biological Reference Interval
<b>PHYSICAL</b>			
Colour	Reddish Yellow		
Transparency	Clear		
Deposite	xx		
Sp Gravity	1030		
Reaction	Acidic		
<b>CHEMICAL</b>			
Sugar	Nil	gm%	
Protein	xx		
pH	xx		
Ketone	xx		
Blood	xx		
Albumin	Nil		
Phosphate	Nil		
<b>MICROSCOPIC</b>			
RBC	Nil	/HPF	
Pus Cells	(6-10)	/HPF	
Epith Cells	0-2	/HPF	
Bacteria	Nil		
Casts	Nil	/HPF	
Crystals	Nil	/HPF	
Yeast	Nil		
Spermatozoa	Nil	/HPF	

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**Dr. Richa Verma**  
 MBBS, MD (Pathology)

**\*End Of Report\***