


The Signature
 ADVANCED SUPER SPECIALITY
H O S P I T A L



UHID : 18714	Date & Time : 12/03/2022 9:18 AM
Name : Mr. RAVINDER SINGH	Sex : Male
Doctor Name : Dr. NEHA	Age : 40Years 1Months 26Days
Address : CHARRAJHAJJAR, Jhajjar, Jhajjar, Haryana	Mobile No : 7876172296
	Organisation : MEDIWHEEL

B.P	H.R	P.R	SPO2	Temp.	Height	Weight


A/S will be

*Kidney will be
Cultivated*

*Uu { 6/6
6/6*

Colour Vision { will be



Created By Chanchal1697	Create Date & Time 12/03/2022 9:18 AM	(Authorised Signatory)
Printed By CHANCHAL1697	Print Date & Time 12/03/2022 9:18 AM	 18714

(This is only professional opinion and not the diagnosis. Please correlate clinically)

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UHID : 18714	Date & Time : 12/03/2022 9.18 AM
Name : Mr. RAVINDER SINGH	Sex : Male
Doctor Name : Dr. CMO (CMO)	Age : 40Years 1Months 26Days
Address : CHARRA JHAJJAR, Jhajjar, Haryana	Mobile No : 7876172296
	Organisation : MEDIWHEEL

B.P	H.R	P.R	SPO2	Temp.	Height	Weight
125/80 mmHg		70 bpm	98%	98.0 C	181CM	84.1 Kg

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HOSPITAL



Patient Name : Mr. RAVINDER SINGH UHID : 18714
 Age / Gender : 40 Years 1 Months 26Days / Male IPNO :
 Referred By : Dr. CMO Registered : 12/03/2022/ 9.18 AM
 Req.No : 22178660 Sample Collection Dt & Tm : 12/03/2022/ 11.46 AM
 Sample ID : 2207950 Sample Receiving Dt & Tm : 12/03/2022/ 11:48 AM
 Patient Type : OPD Report Released on : 12/03/2022/ 11.01 PM
 Bed No :

HEMATOLOGY

Complete Blood Count -CBC(HB\TLC\PCV\RBC\Platelet)

TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	BIOLOGICAL SPECIMEN TYPE
TEST METHOD				
Hemoglobin (Hb) (Colorimetry)	15.4	gm/dl	13.5 - 18.0	WHOLE BLOOD
TLC (Electrical Impedence)	5440	cell/cumm	4500 - 11000	EDTA WHOLE
DIFFERENTIAL COUNT				
Neutrophils (Flow Cytometry)	50	%	40 - 75	EDTA WHOLE
Lymphocytes (Flow Cytometry)	40	%	20 - 45	EDTA WHOLE
Monocytes (Flow Cytometry)	07	%	1 - 10	EDTA WHOLE
Eosinophil (Flow Cytometry)	03	%	1 - 6	EDTA WHOLE
Basophil	00	%	0 - 1	EDTA WHOLE
RBC (Electrical Impedence)	3.8	millions/cumm	4.7 - 6.1	EDTA WHOLE

**** End of Report ****

This is Provisional Report

Lab Technician

Dr.NishaTiwari
(MD.Microbiology)

Neha
Dr. Neha Gupta
MBBS,MD(Pathology)
(Consultant Pathologist)

Dr. Neha Kaushal
MBBS,MD(Microbiology)
(Consultant Microbiologist)

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Bed No :	

HEMATOLOGY

PCV (Electrical Impedence Calculation)	41.7	%	40 - 50	EDTA WHOLE
MCV (Electrical Impedence Calculation)	107.4	fl	76 - 96	EDTA WHOLE
MCH (Electrical Impedence Calculation)	39.7	pg	27 - 34	EDTA WHOLE
MCHC (Electrical Impedence Calculation)	36.9	gm/dl	30 - 36	EDTA WHOLE
RDW	12.7	%	11 - 16	
PLATELETE COUNT (Electrical Impedence)	288	1000/microLit	150 - 450	EDTA WHOLE

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Sample ID : 2207950	Sample Receiving Dt & Tm : 12/03/2022/ 11:48 AM
Patient Type : OPD	Report Released on : 13/03/2022/ 7.59 PM
Bed No :	

SEROLOGY/IMMUNOLOGY

Thyroid Profile

TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	BIOLOGICAL SPECIMEN TYPE
TEST METHOD				SERUM
Triiodothyronine (T3)	1.18	ng/ml	0.60 - 1.81	
Thyroxine (T4) CLIA	6.7	ug/dL	5.01 - 12.45	
TSH (Thyroid Stimulating Hormone)	2.28	uIU/ml	0.55 - 5.55	

Remarks :
 (1) 4.2 to 15 IU/mL - Correlate clinically as physiological and other factors may falsely elevate TSH level. (2) TSH Values may be transiently altered because of non thyroidal illness. (3) Some drugs may decrease TSH values, e.g., L-dopa, Glucocorticoids. (4) Some drugs may increase TSH values, e.g., Iodine, Lithium, Amiodarone, Abbreviations.

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Patient Type : OPD	Report Released on : 13/03/2022/ 8.00 PM	
Bed No :		

OUTSOURCE

PSA, FREE AND TOTAL

TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	BIOLOGICAL SPECIMEN TYPE
TEST METHOD				
PSA (PROSTATE SPRVIFIC ANTIGEN) FREE	0.12	ng/mL	0 - 0.42	
PSA (PROSTATE SPECIFIC ANTIGEN) TOTAL	0.64	ng/ml	0.0 - 2.5	


Decrease in total PSA level is seen 24 to 48 hours after ejaculation. Decrease in total PSA level occurs after prostatectomy and orchidectomy successful radiation therapy and therapy with anti-androgen drugs result in decline in PSA levels, over a period of time.
 *Results of these tests should always be interpreted in conjunction with patients medical history, clinical presentation and other findings.

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Patient Type : OPD	Report Released on : 12/03/2022 / 11.50 AM
Bed No :	

BIOCHEMISTRY

Blood Sugar Fasting

TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	BIOLOGICAL SPECIMEN TYPE
TEST METHOD				
BLOOD SUGAR FASTING (God- Trinders)	102	mg/dl	75 - 115	Flouride Plasma

Increased in:

- Diabetes Mellitus
- Stress (e.g. emotion, burns, shock, anesthesia)
- Acute Pancreatitis
- Chronic Pancreatitis
- Wernicke encephalopathy (Vitamin B1 deficiency)
- Effect of drugs (e.g. corticosterogens, alcohol, phenytoin, thiazides)

Decreased in :

- Pancreatitis disorders
- Extrapancreatic tumors
- Endocrine disorders
- Malnutrition
- Hypothalamic lesions
- Alcoholism
- Endocrine Disorders

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Patient Type : OPD	Report Released on : 12/03/2022 / 11.50 AM
Bed No :	

BIOCHEMISTRY

Lipid Profile


TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	BIOLOGICAL SPECIMEN TYPE
TEST METHOD				
LIPID PROFILE				
CHOLESTROL (CHOD-TRINDER)	163	mg/dl	00 - 200	SERUM
TRIGLYCERIDES (GPO-Trinders)	126	mg/dl	35 - 170	SERUM
HDL- CHOL (Direct Method/ Enzymatic Colorometric)	58	mg/dl	40 - 60	SERUM
VLDL-CHOL CALCULATED	25.2	mg/dl	10 - 40	
LDL-CHOLESTROL	79.8	mg/dl	0 - 130	
LDL/HDL RATIO	1.38		0-3	
CHOLESTROL/HDL RATIO	2.81			

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Patient Type : OPD	Report Released on : 12/03/2022 / 11.52 AM
Bed No :	

BIOCHEMISTRY

PROTEINS

TOTAL PROTEIN (Biuret)	6.5	g/dl	6.0 - 8.3	SERUM
ALBUMIN (BCG- DYE)	4.4	g/dl	3.2 - 5.0	SERUM
GLOBULIN Calculated	2.1	gm/dl	1.5 - 3.6	
A/G RATIO Calculated	2.1		0.9 - 2.0	

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Patient Type : OPD	Report Released on : 12/03/2022 / 11.53 AM
Bed No :	

BIOCHEMISTRY

Liver Function Test Profile


TEST NAME	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL	SPECIMEN TYPE
TEST METHOD				
<u>BILIRUBIN TOTAL AND DIRECT</u>				
BILIRUBIN TOTAL (Diazonium Salt)	0.5	mg/dl	0.1 - 1.2	SERUM
BILIRUBIN DIRECT (Diazonium Salt)	0.1	mg/dl	00 - 0.3	SERUM
BILIRUBIN INDIRECT (CALCULATED)	0.4	md/dl	0 - 0.9	
SGOT/AST (UV-KINETIC)	22	U/I	0 - 45	SERUM
SGPT/ALT (UV-KINETIC)	11	U/I	0 - 45	SERUM
ALKALINE PHOSPHATASE (ALP) (Kinetic)	77	U/I	41 - 137	SERUM

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BIOCHEMISTRY

PROTEINS


TOTAL PROTEIN (Biuret)	6.5	g/dl	6.0 - 8.3	SERUM
ALBUMIN (BCG- DYE)	4.4	g/dl	3.2 - 5.0	SERUM
GLOBULIN Calculated	2.1	gm/dl	1.5 - 3.6	
A/G RATIO Calculated	2.1		0.9 - 2.0	

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Sample ID : 2207950	Sample Receiving Dt & Tm : 12/03/2022/ 11:48 AM
Patient Type : OPD	Report Released on : 13/03/2022/ 4.42 PM
Bed No :	

BIOCHEMISTRY

Glycosylated Haemoglobin

TEST NAME	RESULT	UNITS	REFERENCE INTERVAL	BIOLOGICAL SPECIMEN TYPE
TEST METHOD				
HbA1C (GLYCOSYLATED HEMOGLOBIN)	4.8	%	4.6 - 6.2	

Metabolically Healthy Patients 4.5 6.0
 Good Control 6.1 6.5
 Fair Control 6.6 7.0
 Poor Control > 7.0

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TRANSTHORACIC ECHO- DOPPLER REPORT

NAME - MR RAVINDER SINGH

AGE/40 SEX-M

MR. NO. - 18714

DATE 12/3/2022

M-MODE / 2-D DESCRIPTION

- ❖ **Left Ventricle:** No Regional Wall Motion Abnormality. LVEF 60%
- ❖ **Left Atrium:** Normal.
- ❖ **Right atrium:** It is Normal Sized.
- ❖ **Right ventricle:** It is Normal Sized. RV Systolic Function is Normal.
- ❖ **Aortic valve:** Aortic Cusps are Normal.
- ❖ **Mitral valve:** It Appears Normal.
- ❖ **Tricuspid valve:** It Appears Normal.
- ❖ **Pulmonic valve:** It Appears Normal.
- ❖ **Main pulmonary artery & its branches:** Appear Normal.
- ❖ **Pericardium:** No Pericardial Effusion Seen
- ❖ **Inter atrial septum:** It is Intact.
- ❖ **Inter ventricular septum:** It is Intact.
- ❖ **IVC:** It is Normal in Size, collapsing & Respiratory Variability.
- ❖ **Clot / Vegetation:** No Intracardiac Clot, Vegetation.

Measurements (mm):

LEFT HEART			RIGHT HEART		
	Observed values (mm)	Normal values		Observed values (mm)	Normal values
Aortic root	34	20-36 (22mm/M ²)	IVC size	-	17-21mm
Aortic valve opening		15-26 (mm/M ²)	IVC respiratory variability		>50%
LA size	32	19-40 (mm/M ²)	RA size	-	<18cm ²
LA volume index (ml/M ²)		<34 ml/M ²		-	
LVID(D)	45	(ED=37-56)	RV basal		24-42mm
LVID(S)	35		RV mid cavity	-	20-35mm
IVS(D)	8	(ED=6-12)	RV longitudinal	-	56-86mm
			RVOT proximal	-	18-33mm
PW(D)	8	(ED=5-10)	TAPSE	-	>15mm
			RV free wall thickness	-	<5mm
LVEF(%)	60%	55%-70%	RVEF		>44%

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Doppler velocities (cm/sec)

Aortic valve		Pulmonary valve	
Max/ Vel	145	Max velocity	145
Max/ PG		Max PG	
Mitral valve		Tricuspid valve	
E	75	Max Velocity	
A	52	PASP	-
DT	-	E/E' (>6)	-
E/A	-	S' Velocity (>10cm2/sec)	-

Regurgitation

MR		TR	
Severity	Nil	Severity	Nil
AR		PR	
Severity	Nil	Severity	Nil

Final Interpretation: AF ECUR

- No Regional Wall Motion Abnormality. LVEF 60%
- Normal Cardiac Chamber.
- No MR, No AR, No TR.
- Normal MIP.
- No Vegetation, Pericardial Effusion



Dr. AJAY DUA
 DNB (Medicine), DNB (Cardiology)
 Sr. Consultant Interventional Cardiology

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DEPARTMENT OF IMAGING & INTERVENTIONAL RADIOLOGY, THE SIGNATURE HOSPITAL

NAME: RAVINDER SINGH	DATE: 12/03/2022
AGE: 40Y/M	MR NO.: 18714

USG WHOLE ABDOMEN

LIVER: is normal in size and echotexture. No evidence of any focal lesion or IHBR dilation is present. Portal vein and CBD are normal in caliber at porta.

GALL BLADDER is well distended and lumen is echofree. Wall thickness is normal. No pericholecystic fluid is seen.

SPLEEN is normal in size and echotexture. No focal lesion is seen.

PANCREAS is normal in size and echotexture. Peripancreatic fat planes are clear. MPD is not dilated.

RIGHT KIDNEY: is normal in size and position and outline. Corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.

LEFT KIDNEY: is normal in size and position and outline. Corticomedullary differentiation is maintained. There is no evidence of any focal lesion / calculus / backpressure changes.

URINARY BLADDER is well distended and lumen is echofree. Wall thickness is normal. No evidence of any focal lesion.

PROSTATE: is borderline enlarged in size (37 cc).

Pre void 150 cc.

Post void 30 cc.

No free fluid is noted.

IMPRESSION:

- Borderline prostatomegaly with mild PVR.

Please correlate clinically.



Dr. Guruvarun Atla
Senior Consultant
Diagnostic & Interventional Radiology

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The Signature
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HOSPITAL



UID: 18714 Date: 12 Mar 2022
Name/Age/Sex : RAVINDER SINGH 40Y/M / Male
Treating Dr. :

X - RAY CHEST PA VIEW

OBSERVATION:

Both hilum appears bulky ? Hilar Lymphadenopathy.

Both CP angles are clear.

Trachea is in midline.

Cardiac silhouette maintained.

Both lung parenchyma are normal.

Bony cage and soft tissues are normal.

IMPRESSION:

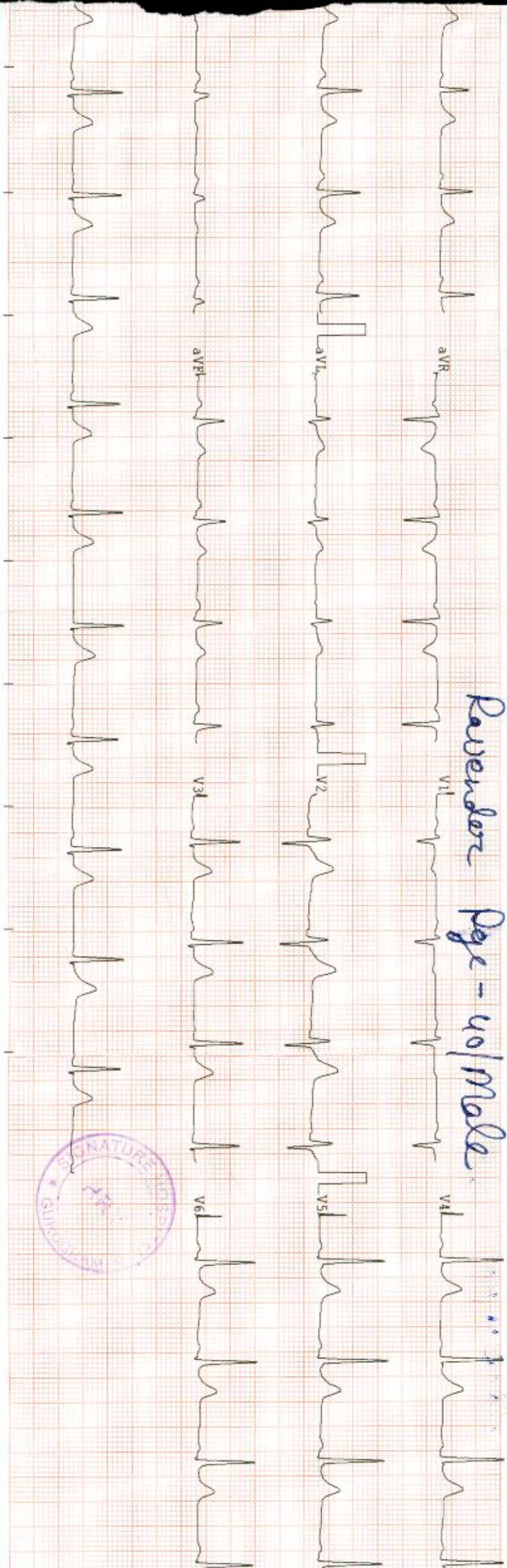
Both hilum appears bulky ? Hilar Lymphadenopathy.

For clinical correlation.

Dr. Avinash Rathod (DMRD)
Consultant Radiologist
Reg. No. 2011/05/1616/1616

(This is only professional opinion and not the diagnosis. Please consult your doctor)
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Page 1 of 1
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Ravender Page - 40/Male



OBSERVATION	:	
HEART RATE	:	87.6 ms
R-R	:	136 ms
P-R	:	100 ms
P DUR	:	86 ms
QRS	:	182ms
T DUR	:	102 ms
QT	:	370 ms
QTc	:	384 ms
P AXIS	:	66 °
R AXIS	:	44 °
T AXIS	:	39 °
ST AXIS	:	49 °

REMARKS: