ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. KAMLESH KUMAR CHOUDHARY	**Lab No**	4002433
UHID	40001835	**Collection Date**	08/05/2023 10:11AM
Age/Gender	59 Yrs/Male	**Receiving Date**	08/05/2023 10:12AM
IP/OP Location	O-OPD	**Report Date**	08/05/2023 10:35AM
Referred By	EHS CONSUTANT	**Report Status**	Final
Mobile No.	7875530363		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
BLOOD GLUCOSE (FASTING)			Sample: Fl. Plasma
BLOOD GLUCOSE (FASTING)	**198.8 H**	mg/dl	74 - 106

Method: Hexokinase assay.
Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

BLOOD GLUCOSE (PP)			Sample: PLASMA
BLOOD GLUCOSE (PP)	265.0	mg/dl	Non – Diabetic: - < 140 mg/dl Pre – Diabetic: - 140-199 mg/dl Diabetic: - >=200 mg/dl

Method: Hexokinase assay.
Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

THYROID T3 T4 TSH			Sample: Serum
T3	1.040	ng/mL	0.970 - 1.690
T4	10.00	ug/dl	5.53 - 11.00
TSH	2.89	µIU/mL	0.40 - 4.05

RESULT ENTERED BY : SUNIL EHS

Dr. MUDITA SHARMA

MBBS|MD| PATHOLOGY

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BIOCHEMISTRY

T3:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T3 is utilized in thediagnosis of T3-hyperthyroidism the detection of early stages ofhyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T4 assay employs acompetitive test principle with an antibody specifically directed against T4.

TSH - THYROID STIMULATING HORMONE :- ElectroChemiLuminescenceImmunoAssay - ECLIA

Interpretation:-The determination of TSH serves as theinitial test in thyroid diagnostics. Even very slight changes in theconcentrations of the free thyroid hormones bring about much greater oppositechanges in the TSH levels.

LFT (LIVER FUNCTION TEST) Sample: Serum

BILIRUBIN TOTAL	0.70	mg/dl	0.00 - 1.20
BILIRUBIN INDIRECT	0.48	mg/dl	0.20 - 1.00
BILIRUBIN DIRECT	0.22	mg/dl	0.00 - 0.40
SGOT	22.6	U/L	0.0 - 40.0
SGPT	29.3	U/L	0.0 - 40.0
TOTAL PROTEIN	7.2	g/dl	6.6 - 8.7
ALBUMIN	4.2	g/dl	3.5 - 5.2
GLOBULIN	3.0		1.8 - 3.6
ALKALINE PHOSPHATASE	58.9	U/L	41 - 137
A/G RATIO	**1.4 L**	Ratio	1.5 - 2.5
GGTP	35.6	U/L	10.0 - 55.0

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MBBS|MD| PATHOLOGY

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BIOCHEMISTRY

BILIRUBIN TOTAL :- Method: DPD assay. Interpretation:-Total Bilirubin measurements are used in the diagnosis and treatment of various liver diseases, and of haemolytic and metabolic disorders in adults and newborns. Both obstruction damage to hepatocellular structive.
BILIRUBIN DIRECT :- Method: Diazo method Interpretation:-Determinations of direct bilirubin measure mainly conjugated, water soluble bilirubin.
SGOT - AST :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGOT(AST) measurements are used in the diagnosis and treatment of certain types of liver and heart disease.
SGPT - ALT :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGPT(ALT) Ratio Is Used For Differential Diagnosis In Liver Diseases.
TOTAL PROTEINS :- Method: Biuret colorimetric assay. Interpretation:-Total protein measurements are used in the diagnosis and treatment of a variety of liver and kidney diseases and bone marrow as well as metabolic and nutritional disorder.
ALBUMIN :- Method: Colorimetric (BCP) assay. Interpretation:-For Diagnosis and monitoring of liver diseases, e.g. liver cirrhosis, nutritional status.
ALKALINE PHOSPHATASE :- Method: Colorimetric assay according to IFCC. Interpretation:-Elevated serum ALT is found in hepatitis, cirrhosis, obstructive jaundice, carcinoma of the liver, and chronic alcohol abuse. ALT is only slightly elevated in patients who have an uncomplicated myocardial infarction. **GGTP-GAMMA GLUTAMYL TRANSPEPTIDASE** :- Method: Enzymetic colorimetric assay. Interpretation:-y-glutamyltransferase is used in the diagnosis and monitoring of hepatobiliary disease. Enzymatic activity of GGT is often the only parameter with increased values when testing for such diseases and is one of the most sensitive indicator known.

LIPID PROFILE

TOTAL CHOLESTEROL	143		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	39.3		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	72.6		Optimal :- <100 mg/dl Near or Above Optimal :- 100-129 mg/dl Borderline :- 130-159 mg/dl High :- 160-189 mg/dl Very High :- >190 mg/dl
CHOLESTERO VLDL	30	mg/dl	10 - 50
TRIGLYCERIDES	152.3		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	3.6	%	

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BIOCHEMISTRY

CHOLESTEROL TOTAL :- Method: CHOD-PAP enzymatic colorimetric assay.
interpretation:-The determination of the individual total cholesterol (TC) level is used for screening purposes while for a better risk assessment it is necessary to measure additionally lipid & lipoprotein metabolic disorders.
HDL CHOLESTEROL :- Method:-Homogenous enzymetic colorimetric method.
Interpretation:-HDL-cholesterol has a protective against coronary heart disease, while reduced HDL-cholesterol concentrations, particularly in conjunction with elevated triglycerides, increase the cardiovascular disease.
LDL CHOLESTEROL :- Method: Homogenous enzymatic colorimetric assay.
Interpretation:-LDL play a key role in causing and influencing the progression of atherosclerosis and in particular coronary sclerosis. The LDL are derived form VLDL rich in TG by the action of various lipolytic enzymes and are synthesized in the liver.
CHOLESTEROL VLDL :- Method: VLDL Calculative
TRIGLYCERIDES :- Method: GPO-PAP enzymatic colorimetric assay.
Interpretation:-High triglycerde levels also occur in various diseases of liver, kidneys and pancreas. DM, nephrosis, liver obstruction.
CHOLESTEROL/HDL RATIO :- Method: Cholesterol/HDL Ratio Calculative

RENAL PROFILE TEST Sample: Serum

UREA	24.80	mg/dl	16.60 - 48.50
BUN	11.6	mg/dl	6 - 20
CREATININE	**1.17 H**	mg/dl	0.60 - 1.10
SODIUM	140.2	mmol/L	136 - 145
POTASSIUM	4.02	mmol/L	3.50 - 5.50
CHLORIDE	102.6	mmol/L	98 - 107
URIC ACID	**2.9 L**	mg/dl	3.5 - 7.2
CALCIUM	**8.46 L**	mg/dl	8.60 - 10.30

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BIOCHEMISTRY

CREATININE – SERUM :- Method:-Jaffe method, Interpretation:-To differentiate acute and chronic kidneydisease.
URIC ACID :- Method: Enzymatic colorimetric assay. Interpretation:- Elevated blood concentrations of uricacid are renal diseases with decreased excretion of waste products, starvation,drug abuse and increased alcohol consume.
SODIUM:- Method: ISE electrode. Interpretation:-Decrease: Prolonged vomiting or diarrhea,diminished reabsorption in the kidney and excessive fluid retention. Increase: excessive fluid loss, high salt intake andkidney reabsorption.
POTASSIUM :- Method: ISE electrode. Intrpretation:-Low level: Intake excessive loss formbodydue to diarrhea, vomiting renal failure, High level: Dehydration, shock severe burns, DKA, renalfailure.
CHLORIDE – SERUM :- Method: ISE electrode. Interpretation:-Decrease: reduced dietary intake,prolonged vomiting and reduced renal reabsorption as well as forms of acidosisand alkalosis.
Increase: dehydration, kidney failure, some form ofacidosis, high dietary or parenteral chloride intake, and salicylate poisoning.
UREA:- Method: Urease/GLDH kinetic assay. Interpretation:-Elevations in blood urea nitrogenconcentration are seen in inadequate renal perfusion, shock, diminished bloodvolume, chronic nephritis, nephrosclerosis, tubular necrosis, glomerularnephritis and UTI.
CALCIUM TOTAL :- Method: O-Cresolphthaleine complexone. Interpretation:-Increase in serum PTH or vit-D are usuallyassociated with hypercalcemia. Increased serum calcium levels may also beobserved in multiple myeloma and other neoplastic diseases. Hypocalcemia may
beobserved in hypoparathyroidism, nephrosis, and pancreatitis.

Sample: WHOLE BLOOD EDTA

HBA1C	7.5	%	< 5.7% Nondiabetic 5.7-6.4% Pre-diabetic > 6.4% Indicate Diabetes

Known Diabetic Patients
< 7 % Excellent Control
7 - 8 % Good Control
> 8 % Poor Control

Method : - High - performance liquid chromatography HPLC
Interpretation:-Monitoring long term glycemic control, testing every 3 to 4 months is generally sufficient.
The approximate relationship between HbA1C and mean blood glucose values during the preceding 2 to 3 months.

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BLOOD BANK INVESTIGATION

Test Name	Result	Unit	Biological Ref. Range
BLOOD GROUPING	"B" Rh Positive		

Note :
1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

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CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	
URINE SUGAR (POST PRANDIAL)				Sample: Urine
URINE SUGAR (POST PRANDIAL)	+++			
URINE SUGAR (RANDOM)				Sample: Urine
URINE SUGAR (RANDOM)	+++			
ROUTINE EXAMINATION - URINE				Sample: Urine
PHYSICAL EXAMINATION				
VOLUME	20	ml		
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	CLEAR		CLEAR	
CHEMICAL EXAMINATION				
PH	**5.0 L**		5.5 - 7.0	
SPECIFIC GRAVITY	1.020		1.016-1.022	
PROTEIN	NEGATIVE		NEGATIVE	
SUGAR	+++		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
BLOOD	NEGATIVE			
KETONES	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
UROBILINOGEN	NEGATIVE		NEGATIVE	
LEUCOCYTE	NEGATIVE		NEGATIVE	
MICROSCOPIC EXAMINATION				
WBCS/HPF	2-3	/hpf	0 - 3	
RBCS/HPF	0-0	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	1-2	/hpf	0 - 1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	

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CLINICAL PATHOLOGY

BACTERIA	NIL	NIL
OHTERS	NIL	NIL

Methodology:-
Glucose: GOD-POD, Bilirubin: Diazo-Azo-coupling reaction with a diazonium, Ketone: Nitro Pruside reaction, Specific Gravity: Proton re;ease from ions, Blood: Psuedo-Peroxidase activity oh Haem moiety, pH: Methye Red-Bromothymol Blue (Double indicator system), Protein: H+ Release by buffer, microscopic & chemical method.
interpretation: Diagnosis of Kidney function, UTI, Presence of Protein, Glucoses, Blood. Vocubulary syntax: Kit insert

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HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
CBC (COMPLETE BLOOD COUNT)			Sample: WHOLE BLOOD EDTA
HAEMOGLOBIN	**11.7 L**	g/dl	13.0 - 17.0
PACKED CELL VOLUME(PCV)	**38.6 L**	%	40.0 - 50.0
MCV	**62.4 L**	fl	82 - 92
MCH	**18.9 L**	pg	27 - 32
MCHC	**30.3 L**	g/dl	32 - 36
RBC COUNT	**6.19 H**	millions/cu.mm	4.50 - 5.50
TLC (TOTAL WBC COUNT)	8.76	10^3/ uL	4 - 10
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHILS	65.5	%	40 - 80
LYMPHOCYTE	22.3	%	20 - 40
EOSINOPHILS	5.1	%	1 - 6
MONOCYTES	6.5	%	2 - 10
BASOPHIL	**0.6 L**	%	1 - 2
PLATELET COUNT	3.11	lakh/cumm	1.500 - 4.500

HAEMOGLOBIN :- Method:-SLS HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.
MCV :- Method:- Calculation bysysmex.
MCH :- Method:- Calculation bysysmex.
MCHC :- Method:- Calculation bysysmex.
RBC COUNT :- Method:-Hydrodynamicfocusing.Interpretation:-Low-Anemia,High-Polycythemia.
TLC (TOTAL WBC COUNT) :- Method:-Optical Detectorblock based on Flowcytometry.Interpretation:-High-Leucocytosis, Low-Leucopenia.
NEUTROPHILS :- Method: Optical detectorblock based on Flowcytometry
LYMPHOCYTS :- Method: Optical detectorblock based on Flowcytometry
EOSINOPHILS :- Method: Optical detectorblock based on Flowcytometry
MONOCYTES :- Method: Optical detectorblock based on Flowcytometry
BASOPHIL :- Method: Optical detectorblock based on Flowcytometry
PLATELET COUNT :- Method:-Hydrodynamicfocusing method.Interpretation:-Low-Thrombocytopenia, High-Thrombocytosis.
HCT: Method:- Pulse Height Detection. Interpretation:-Low-Anemia, High-Polycythemia.
NOTE: CH- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

ESR (ERYTHROCYTE SEDIMENTATION RATE)	**30 H**	mm/1st hr	0 - 15

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Method:-Modified Westergrens.
Interpretation:-Increased in infections, sepsis, and malignancy.

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Test Name	Result	Unit	Biological Ref. Range

USG REPORT -ABDOMEN AND PELVIS

LIVER:

Mildly enlarge in size measure 159 mm and shows diffuse increased echogenicity.

No obvious focal lesion seen. No intrahepatic biliary radical dilatation seen.

GALL BLADDER:

Adequately distended with no obvious wall thickening/pericholecystic fat stranding/fluid. No obvious calculus/polyp/mass seen within.

PANCREAS:

Appears normal in size and shows uniform echo texture. The pancreatic duct is normal. No calcifications are seen.

SPLEEN:

Appears normal in size and it shows uniform echotexture. It measures **75 mm** in long axis.

RIGHT KIDNEY:

Right kidney measures **106 x 55 mm**.

The shape, size and contour of the right kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

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LEFT KIDNEY:

Left kidney measures **101 x 61 mm**.

The shape, size and contour of the left kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

URINARY BLADDER:

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen.

PROSTATE:

Measures **33 x 49 x 36 mm with 22 cc in volume**. Normal

RIGHT ILIAC FOSSA:

No focal fluid collections seen.

Note is made for a well-defined hyperechoic subcutaneous lesion size of 7 x 5 mm is seen in right upper anterolateral abdominal wall –Suggestive of subcutaneous lipoma.

IMPRESSION:

Borderline hepatomegaly with diffuse grade II fatty liver.

Subcutaneous lipoma in right upper anterolateral abdominal wall.

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USG

RESULT ENTERED BY : SUNIL EHS

Dr. RENU JADIYA
MBBS, DNB
RADIOLOGIST

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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X Ray

Test Name	Result	Unit	Biological Ref. Range

X-RAY - CHEST PA VIEW

OBSERVATION:

Patient is rotated to the right.

The trachea is central.

The mediastinal and cardiac silhouette are normal.

Cardiothoracic ratio is normal.

Cardiophrenic and costophrenic angles are normal.

Both hila are normal.

Right apical pleural thickening.

Otherwise, the lung fields are clear.

Bones of the thoracic cage are normal.

Soft tissues of the chest wall are normal.

IMPRESSION:

Right apical pleural thickening.

No other significant abnormality seen.

RESULT ENTERED BY : SUNIL EHS

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RADIOLOGIST

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End Of Report

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BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
			Sample: Serum
VITAMIN B12	**165 L**	ng/mL	239 - 931

Method : ElectroChemiLuminescence ImmunoAssay – ECLIA
Interpretation:-Nutritional and macrocytic anemias can be caused by a deficiency of vitamin B12. Malabsorption is the major cause of this deficiency through pancreatic deficiency, gastric atrophy or gastrectomy, intestinal damage, loss of intestinal vitamin B12 binding protein (Intrinsic factor), production of autoantibodies directed against intrinsic factor, or related causes. Untreated deficiencies will lead to megaloblastic anemia, and vitamin B12 deficiency results in irreversible central nervous system degeneration.

			Sample: Serum
VITAMIN D - TOTAL (25 - Hydroxyvitamin D)	18.5	ng/mL	Severe Deficiency : <20 ng/ml/(<50 nmol/L) Insufficiency : 20 -< 30 ng/ml /(50-<75 nmol/L) Sufficiency : 30 - 100 ng/ml /(75-250 nmol/L) Potential Toxicity : >100 ng/ml /(>250 nmol/L)

Method: ElectroChemiLuminescence ImmunoAssay – ECLIA
Interpretation:-Vit D deficiency is a common cause of secondary hyperparathyroidism.

End Of Report

RESULT ENTERED BY : SUNIL EHS

Dr. MUDITA SHARMA

MBBS|MD| PATHOLOGY

ETERNAL HOSPITAL SANGANER

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E-mail : corporate.marketing@eternalheart.orgWebsite: www.eternalhospital.com

GST :08AAATE9596K1ZZ HSN/SAC : 999311

Credit Bill

Duplicate

Reg No	: 40001835	Bill No	: OPSCR23-24/148
Patient Name	: Mr. KAMLESH KUMAR CHOUDHARY	Bill Date Time	: 08/05/2023 8:15AM
Gender/Age	: Male/59 Yr 0 Mth 0 Days	Payer	: Mediwheel
Contact No	: 7875530363	Sponsor	: Mediwheel
Address	: BANK OF BA BARODA ZONAL OFFICE , JAIPUR, RAJASTHAN, INDIA	Presc. Doctor	: Dr. EHS CONSUTANT
		Refered By	: Self

SNo	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
	PHC PACKAGES							
	MediWheel Full Body Health Checkup Male Above 40	2800.00	1.00	2800.00	0.00	2800.00	0.00	2800.00
	REGISTRATION FEES							
	REGISTRATION FEES	0.00	1.00	0.00	0.00	0.00	0.00	0.00
	Details Of Package							
	CARDIOLOGY							
3	ECG							
4	TMT OR ECHO							
	CONSULTATION CHARGES							
5	CONSULTATION - DENTAL (Dr. EHS CONSUTANT)							
6	CONSULTATION - INTERNAL MEDICINE (Dr. DIWANSHU KHATANA)							
7	CONSULTATION - OPTHALMOLOGY (Dr. EHS CONSUTANT)							
	PATHOLOGY							
8	BLOOD GLUCOSE (FASTING)							
9	BLOOD GLUCOSE (PP)							
10	BLOOD GROUPING AND RH TYPE							
11	CBC (COMPLETE BLOOD COUNT)							
12	ESR (ERYTHROCYTE SEDIMENTATION RATE)							
13	HbA1c (HAEMOGLOBIN GLYCOSYLATED BLOOD)							
14	LFT (LIVER FUNCTION TEST)							
15	LIPID PROFILE							
16	PSA (TOTAL)							
17	RENAL PROFILE TEST							
18	ROUTINE EXAMINATION - URINE							
19	STOOL ROUTINE							

ETERNAL HOSPITAL SANGANER

(A Unit of Eternal Care Foundation)

Near Airport Circle Sanganer, Jaipur, Rajasthan 302017

Phone : +91-9116779911,0141-2774000

E-mail : corporate.marketing@eternalheart.orgWebsite: www.eternalhospital.com

GST :08AAATE9596K1ZZ HSN/SAC : 999311

Credit Bill

Duplicate

Reg No	: 40001835	Bill No	: OPSCR23-24/148
Patient Name	: Mr. KAMLESH KUMAR CHOUDHARY	Bill Date Time	: 08/05/2023 8:15AM
Gender/Age	: Male/59 Yr 0 Mth 0 Days	Payer	: Mediwheel
Contact No	: 7875530363	Sponsor	: Mediwheel
Address	: BANK OF BA BARODA ZONAL OFFICE , JAIPUR, RAJASTHAN, INDIA	Presc. Doctor	: Dr. EHS CONSUTANT
		Refered By	: Self

SNo	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
20	THYROID T3 T4 TSH							
21	URINE SUGAR (POST PRANDIAL)							
22	URINE SUGAR (RANDOM)							
	RADIOLOGY							
23	ULTRASOUND WHOLE ABDOMEN							
24	X RAY CHEST PA VIEW							

Gross Amount	**2800.00**
Net Amount	**2800.00**
Payer Amount	**2800.00**
Patient Amount	**0.00**
Amt Received (Rs.)	**0.00**
Balance Amount	**2800.00**

Payment Mode

Narration :

To View Investigation Result Login to
http://patientportal.eternalsanganer.com/
UserName:40001835
Password : Registered Mobile Number

PARUL SHARMA

Authorised Signatory

ETERNAL HOSPITAL SANGANER

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GST :08AAATE9596K1ZZ HSN/SAC : 999311

Credit Bill

Duplicate

Reg No	: 40001835	Bill No	: OPSCR23-24/150
Patient Name	: Mr. KAMLESH KUMAR CHOUDHARY	Bill Date Time	: 08/05/2023 8:25AM
Gender/Age	: Male/59 Yr 0 Mth 0 Days	Payer	: Mediwheel
Contact No	: 7875530363	Sponsor	: Mediwheel
Address	: BANK OF BA BARODA ZONAL OFFICE , JAIPUR, RAJASTHAN, INDIA	Presc. Doctor	: Dr. EHS CONSUTANT
		Refered By	: Self

SNo	Particulars	Rate	Unit	Total	Disc.	Net Amt	Pat Amt	Payer Amt
	PHC PACKAGES							
	MEDIWHEEL VITAMIN CHECKUP	1750.00	1.00	1750.00	0.00	1750.00	0.00	1750.00
	Details Of Package							
	PATHOLOGY							
2	VITAMIN B12							
3	VITAMIN D - TOTAL (25 - Hydroxyvitamin D)							

Gross Amount	**1750.00**
Net Amount	**1750.00**
Payer Amount	**1750.00**
Patient Amount	**0.00**
Amt Received (Rs.)	**0.00**
Balance Amount	**1750.00**

Payment Mode

Narration :

To View Investigation Result Login to
http://patientportal.eternalsanganer.com/
UserName:40001835
Password : Registered Mobile Number

PARUL SHARMA

Authorised Signatory

DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40001835 (2153)	**RISNo./Status :**	4002433/
Patient Name :	Mr. KAMLESH KUMAR CHOUDHARY	**Age/Gender :**	59 Y/M
Referred By :	EHS CONSUTANT	**Ward/Bed No :**	OPD
Bill Date/No :	08/05/2023 8:15AM/ OPSCR23-24/148	**Scan Date :**	
Report Date :	08/05/2023 10:01AM	**Company Name:**	Provisional

REFERRAL REASON: - HTN, DM, HEALTH CHECK UP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal			Normal
IVSD	**12.7**	**6-12mm**	**LVIDS**	**28.1**	**20-40mm**
LVIDD	**41.2**	**32-57mm**	**LVPWS**	**19.5**	**mm**
LVPWD	**13.1**	**6-12mm**	**AO**	**35.4**	**19-37mm**
IVSS	**19.9**	**mm**	**LA**	**34.0**	**19-40mm**
LVEF	**60-62**	**>55%**	**RA**	**-**	**mm**

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
MITRAL VALVE	**NORMAL**	**E**	**0.94**	**e'**		**-**	**NIL**
		A	**0.62**	**E/e'**			
TRICUSPID VALVE	**NORMAL**	**E**		**0.54**		_	**NIL**
		A		**0.45**			
AORTIC VALVE	**NORMAL**	**1.01**				-	**NIL**
PULMONARY VALVE	**NORMAL**	**0.81**				-	**NIL**

COMMENTS & CONCLUSION: -

- NO RWMA, LVEF 60-62%
- NORMAL LV DIASTOLIC FUNCTIONS
- ALL CARDIAC VALVES ARE NORMAL
- CONCENTRIC LVH, OTHER CARDIAC CHAMBERS ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

IMPRESSION: - CONCENTRIC LVH, NORMAL BI VENTRICULAR FUNCTIONS

DR ROOPAM SHARMA
MBBS, PGDCC, FIAE
CONSULTANT & INCHARGE
EMERGENCY, PREVENTIVE CARDIOLOGY AND WELLNESS CENTER.

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. KAMLESH KUMAR CHAUDHARY	**Lab No**	452506
UHID	303094	**Collection Date**	08/05/2023 11:57AM
Age/Gender	59 Yrs/Male	**Receiving Date**	08/05/2023 11:58AM
IP/OP Location	O-OPD	**Report Date**	08/05/2023 12:40PM
Referred By	Dr. EHCC Consultant	**Report Status**	Final
Mobile No.	7875530363		

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
			Sample: Serum
PSA (TOTAL)	1.69	ng/mL	0.00 - 4.00

Total (Free + complexed) PSA - Prostate specific antigen (tPSA)
Method : ElectroChemiLuminescence ImmunoAssay - ECLIA
Interpretation:-PSA determinations are employed are the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy.

End Of Report

RESULT ENTERED BY : Mr. PANKAJ SHUKLA

Dr. SURENDRA SINGH
CONSULTANT & HOD
MBBS|MD| PATHOLOGY

Dr. ASHISH SHARMA
CONSULTANT
MBBS|MD|INCHARGE PATHOLOGY