Devendra Kumar 49y/M

BMI 25.2

Height 169 cm.

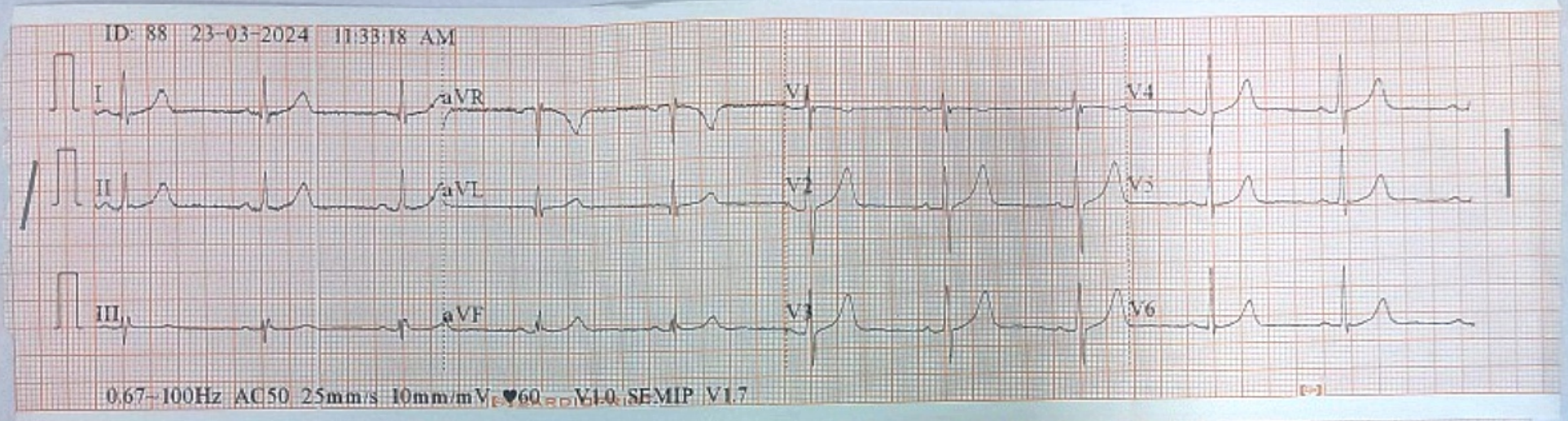
weight 72 Kg

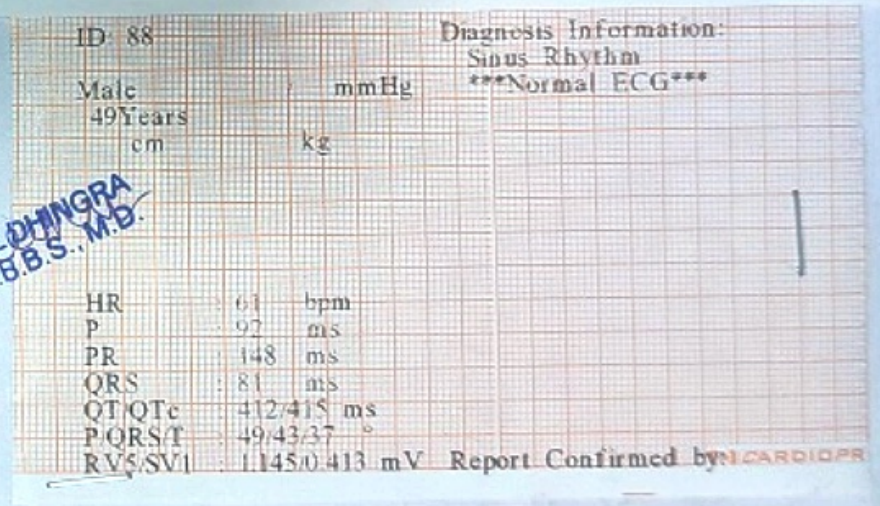
BP - 120/70 mmHg

DoB - 05/07/1974

देवेन्द्र कुमार

Dr. SONALI DHINGRA
M.B.B.S., M.D.





देवेन्द्र कुमार

Dr. SONAL DHINGRA
M.B.B.S., M.D.

2

Meenakshi Diagnostics

73-C, Garh Road, Near Hotel Harmony Inn, Meerut-250002 (U.P.)
Ph. : 0121-2766666, 9458802222, 9458803333, 9458804444, 9458806666

Centre equipped with M.R.I. with upgraded software of 3T Platform, 500 Slice VHS C.T. Scan. Digital X-Ray, Mammography, O.P.G., 4D / 5D Ultrasound & Colour Doppler, 2-D Echocardiography

Pt. Name	Mr. Devendra Kumar	Age/Sex	49 Yrs/M
Ref. By	C/o S. D. A Diagnostics	Date:	23.03.2024

ECHOCARDIOGRAPHY REPORT

MEASURESMENTS:

DIMENSIONS		NORMAL			NORMAL
AO (ed)	2.5 cm	(2.1 – 3.7 cm)	IVS (ed)	0.9 cm	(0.6 – 1.2 cm)
LA (es)	2.6 cm	(2.1 – 3.7 cm)	LVPW (ed)	1.0 cm	(0.6 – 1.2 cm)
RVID (ed)	2.0 cm	(1.1 – 2.3 cm)	EF	60%	(62% – 85%)
LVID (ed)	4.8 cm	(3.6 – 5.2 cm)	FS	30%	(28% – 42%)

MORPHOLOGICAL DATA:

Mitral	Normal	LA	Normal
Aortic Valve	Normal	RA	Normal
Pulmonary Valve	Normal	IAS	Intact
Tricuspid Valve	Normal	IVS	Intact
LV	Normal	AO	Normal
RV	Normal	Pericardium	Normal

Contd...2

Note : All congenital anomalies may not be diagnosed in routine USG. The USG findings should always be considered in correlation with clinical and other investigations findings to reach the final diagnosis. Kindly intimate us for any typing mistakes and return the report for correction within 7 days. ***Not valid for medico-legal purpose.***

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Pt. Name	Mr. Devendra Kumar	Age/Sex	49 Yrs/M
Ref. By	C/o S. D. A Diagnostics	Date:	23.03.2024

2-D ECHOCARDIOGRAPHY FINDINGS:

LV normal in size with normal LV systolic function. No regional wall motion abnormality. RV normal in size with adequate contractions. LA and RA are normal. All cardiac valves structurally normal. Pericardium normal. No intra-cardiac mass. Estimated LV ejection fraction is approximately 60%.

COLOR FLOW MAPPING:
Normal.

DOPPLER STUDIES:
MVIS E > A

Peak systolic velocity across aortic valve = 1.0m/sec.
Peak systolic velocity across pulmonary valve = 0.9m/sec.

IMPRESSION:

- **NO RWMA**
- **Adequate LV systolic function. LVEF = 60%.**

Dr. Sanjeev Kumar
MD, Dip. Card, FCCS

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Digital X-Ray, Mammography, O.P.G., 4D / 5D Ultrasound & Colour Doppler, 2-D Echocardiography

Pt. Name	Mr. Devendra Kumar	Age/Sex	49 Yrs/M	Film
Ref. By	C/o S. D. A Diagnostics	Date:	23.03.2024	02

Patient identity can't be verified

USG WHOLE ABDOMEN

Liver: is normal in size (13.7 cm) with normal parenchymal echogenecity. No focal/ diffuse mass lesion seen. IHBRs are normal. Margins are regular.
Gall Bladder: is well distended. Wall thickness is normal. No calculus / focal mass seen. No pericholecystic collection seen.
CBD: is normal in caliber, measuring approx. 3.8mm.
Portal Vein: is normal in caliber, measuring approx. 8.6mm.
Visualized pancreas: is normal in size and echotexture. No focal mass seen.
Spleen: is normal in size, measuring 9.5 cm and shows normal echopattern.
Right kidney measures 8.9x4.9 cm. It is normal in size, position, contour and cortical echotexture. No calculus/ hydronephrosis seen. Corticomedullary differentiation is maintained. Renal margins are regular.
Left kidney measures 9.4x5.1 cm. It is normal in size, position, contour and cortical echotexture. No calculus/ hydronephrosis seen. Corticomedullary differentiation is maintained. Renal margins are regular. **Complex cysts of size ~ 16x18 mm with few internal septations and echogenic focus in mid part and 8x11 mm with echogenic focus in lower part of left kidney are seen.**
Urinary Bladder: is well distended with normal wall thickness. No calculus/ focal mass seen.
Prostate: is normal in size, measures 2.5x3.2x2.6 cm, volume 11.3 cc, with normal echotexture.
No free fluid seen.

IMPRESSION: USG findings reveal:

- **Left renal complex cysts as described above.**

Adv: Clinical correlation.

Dr. Renu Diwakar
MBBS, KGMU
(Sonologist)

Dr. Sandeep Sirohi DMRD | Dr. Mohd. Saalim MD | Dr. Sandeep Singh Soam MD | Dr. Renu Diwakar MBBS | Dr. Mohd. Qasim DMRD KB

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A Quality Controlled Pathology Lab
ISO 9001:2015

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Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut
24 HOURS **Helpline No. : +91 95481 32613**

PT. NAME	MR. DEVENDRA KUMAR	AGE/SEX	49Y/M	FILM
REF. BY	DR. SELF	DATE:	23/03/2024	01

X-RAY CHEST PA VIEW

- Both CP angles are normal.
- Trachea is normal in position.
- Cardiac size is within normal limits.
- Both hila are normal.
- Heart, aorta & mediastinum are normal
- Bony thoracic cage appears normal.

NORMAL STUDY

DR. MOHIT SHARMA
(MBBS)(DMRD) Chief consultant
Interventional Radiologist

Dr. Shivangi Singhal
M.D. Pathology

Dr. Sonal Dhingra Anand
M.D. Pathology

Reg. No. : RMEE2229839 | Certificate No. : CMEE2369518 | Dr. Regn. No. : SMC/11566

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Lab Ref. No.	: 234030376	C. NO: 18	Centre Name	: SDA Diagnostics	
Name	: Mr. DEVENDRA KUMAR		Collection Time	: 23-Mar-2024 11:06AM	
Age/ Gender	: 49Y / Male		Receiving Time	: 23-Mar-2024 11:06AM	
Referred By	: Dr. SELF		Reporting Time	: 23-Mar-2024 12:37PM	
Sample By	:				

Test Name	Results	Units	Biological Ref-Interval
	HAEMATOLOGY		
COMPLETE BLOOD COUNT			
HAEMOGLOBIN (Colorimetry)	15.20	g/dl	12-16.5
TOTAL LEUCOCYTE COUNT (Electric Impedence)	5600.00	/Cum m	4000-11000
DIFFERENTIAL LEUCOCYTE COUNT (Microscopy)			
Neutrophils	64.00	%	44-68
Lymphocytes	32.00	%	25- 44
Eosinophils	2.00	%	0.0- 4.0
Monocytes	2.00	%	0.0-7.0
Basophils	0.00	%	0.0-1.0
Immature Cells	00	%	
Absolute Count			
Neutrophils Count (calculated)	3584.00	/cumm	2000-7000
Lymphocytes Count (calculated)	1792.00	/cumm	1000-3000
Eosinophils Count (calculated)	112.00	/cumm	40-440
Monocytes Count (calculated)	**112.00**	/cumm	200-1000
Basophils Count (calculated)l	0.00	/cumm	0-30
TOTAL R.B.C. COUNT (Electric Impedence)	4.51	10^6/uL	3.50-5.50
Haematocrit Value (P.C.V.) (Calculated)	43.60	%	37.0-54.0
MCV (Calculated)	97.00	fL	76-98
MCH	**33.60**	pg	27-32

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Dr. Swati Tiwari
M.D. Microbiology

Dr. Sonal Dhingra Anand
M.D. Pathology

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Sample By	:		

Test Name	Results	Units	Biological Ref-Interval
(Calculated)			
MCHC	34.80	g/dl	31-35
(Calculated)			
RDW-CV	**16.30**	%	11.5 - 14.5
(Calculated)			
Platelet Count	**144**	Thousand/cumm	150-450
(Electric Impedence)			
MPV	**9.60**	fL	11.5-14.5
(Calculated)			
PDW	**17.80**	fL	9.0-17.0
(Calculated)			
E.S.R	14.00	mm	00-20
(Wintrobe methrod)			
Peripheral Smear	..		
BLOOD GROUP			
Blood Group	O		
Rh Status	POSITIVE		
	.		
GLYCATED HAEMOGLOBIN (HbA1c	5.70	%	4.5-6.0
ESTIMATED AVERAGE GLUCOSE	116.89	mg/dl	

EXPECTED RESULTS :

Non diabetic patients & Stabilized diabetics	:	4.5 % to 6.0 %
Good Control of diabetes	:	6.1 % to 7.0 %
Fair Control of diabetes	:	7.1 % to 8.0 %
Poor Control od diabetes	:	8 % and above

The glycosylated hemoglobin assay has been validated as a reliable indicator of mean blood glucose levels for a period of 8-12 week period prior to HBA1C determination.ADA recommends the testing twice a year in patients with stable blood glucose, and quarterly, if treatment changes, or if blood glucose levels are unstable.

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Sample By	:			

Test Name	Results	Units	Biological Ref-Interval
	BIOCHEMISTRY		
BLOOD GLUCOSE FASTING (GOD/POD method)	103.00	mg/dl	70 - 110
BLOOD GLUCOSE P.P. (GOD/POD method) After 2.0 hrs of meal	**154.00**	mg/dl	70-140
BLOOD UREA NITROGEN	15.80	mg/dL	5-25

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Sample By	:			

Test Name	Results	Units	Biological Ref-Interval
LIVER PROFILE			
SERUM BILIRUBIN			
TOTAL (Diazo)	0.67	mg/dl	0.30-1.20
DIRECT (Diazo)	**0.26**	mg/dl	0.00-0.20
INDIRECT (Calculated)	0.41	mg/dl	0.20-1.00
S.G.P.T. (IFCC method)	23.00	U/L	0-45
S.G.O.T. (IFCC method)	29.00	U/L	0-45
SERUM ALKALINE PHOSPHATASE (4-nitrphenylphosphate to 2-amino-2-methyl-1propan	139.00	IU/L.	35-145
SERUM PROTEINS			
TOTAL PROTEINS (Biuret)	6.40	Gm/dL.	6.0-8.0
ALBUMIN (Bromocresol green Dye)	3.90	Gm/dL.	3.5-5.2
GLOBULIN (Calculated)	2.50	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	1.56		1.5-2.5

LIVER FUNCTION TESTS CHECK THE LEVEL OF CERTAIN ENZYMES AND PROTEINS IN BLOOD

Levels that are higher or lower than normal can indicate liver problems. Some common liver function tests include :

Alanine transaminase (ALT). ALT is an enzyme found in the liver and When the liver is damaged, ALT is released into the bloodstream and levels increase.

Aspartate transaminase (AST). AST is an enzyme that helps metabolize alanine,an amino acid. AST is normally present in blood at low levels. An increase in AST levels may indicate liver damage or disease or muscle damage.

Alkaline phosphatase (ALP). ALP is an enzyme in the liver, bile ducts and bone.

G.G.T.P.(GAMMA G.T.) (Glupa C)	34.00	U/L	< 55.0

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Test Name	Results	Units	Biological Ref-Interval
RENAL PROFILE			
BLOOD UREA (Urease Glutamate dehydrogenase)	34.0	mg/dl	10-50
SERUM CREATININE (Jaffe`s)	1.00	mg/dL.	0.6-1.2
SERUM URIC ACID (Urecase method)	**7.7**	mg/dL.	3.5-7.5
SERUM SODIUM (Na) (ISE Direct)	139.0	mmol/l	135 - 155
SERUM POTASSIUM (K) (ISE Direct)	4.00	mmol/l	3.5 - 5.5
SERUM CALCIUM (Arsenazo)	**8.4**	mg/dl	8.5-10.1
SERUM PROTEIN			
TOTAL PROTEINS (Biuret)	6.40	Gm/dL.	6.0-8.0
SERUM ALBUMIN (Bromocresol green Dye)	3.90	Gm/dL.	3.5-5.2
GLOBULIN (Calculated)	2.50	Gm/dL.	2.5-3.5
A : G RATIO (Calculated)	1.56	Gm/dL.	1.5-2.5

INTERPRETATION:

Urea is the end product of protein metabolism. It reflects on funcioning of the kidney in the body. Creatinine is the end product of creatine metabolism. It is a measure of renal function and eleveted levels are observed in patients typically with 50% or greater impairment of renal function. Sodium is critical in maintaining water & osmotic equilibrium in extracellular fluids. Disturbances in acid base and water balance are typically reflected in the sodium concentrations . Potassium is an essential element involved in critical cell functions. Potassium levels are influenced by electrolyte intake ,excretion and other means of elemination, exercise, hydration and medications. Calcium imbalance my cause a spectrum of disease . High concentrations are seen in Hyperparathyroidism, Malignancy & Sarcoidosis. Low levels may be due to protein deficiency, renal insufficiency and Hypoparathyroidism. Repeat measurement is recommended if the values are outside the reference range.

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Test Name	Results	Units	Biological Ref-Interval
LIPID PROFILE			
SERUM CHOLESTEROL (CHOD - PAP)	189.0	mg/dl	125-200
SERUM TRIGLYCERIDE (GPO-PAP)	138.0	mg/dl	50-150
HDL CHOLESTEROL (Direct Method)	43.0	mg/dl	30-80
VLDL CHOLESTEROL (Calculated)	27.6	mg/dl	5-35
LDL CHOLESTEROL (Calculated)	118.4	mg/dL.	70-130
LDL/HDL RATIO (Calculated)	2.8		0.0-4.9
CHOL/HDL CHOLESTROL RATIO (Calculated)	**4.4**		1.5-3.0

INTERPRETATION

TRIGLYCERIDE level > 250mg/dL is associated with an approximately 2-fold greater risk of coronary vascular disease. Elevation of triglycerides can be seen with obesity, medication, fast less than 12 hrs., alcohol intake, diabetes melitus,and pancreatitis.

CHOLESTEROL, its fractions and triglycerides are the important plasma lipids indefining cardiovascular risk factors and in the managment of cardiovascular disease.Highest acceptable and optimum values of cholesterol values of cholesterol vary with age. Values above 220 mgm/dl are associated with increased risk of CHD regardless of HDL & LDL values.

HDL-CHOLESTEROL level <35 mg/dL is associated with an increased risk of coronary vascular disease even in the face of desirable levels of cholesterol and LDL - cholesterol.

LDL - CHOLESTEROL& TOTAL CHOLESTEROL levels can be strikingly altered by thyroid, renal and liver disease as well as hereditary factors.

Based on total cholesterol, LDL- cholesterol, and total cholesterol/HDL - cholesterol ratio, patients may be divided into the three risk categories.

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Referred By	: Dr. SELF		Reporting Time	: 23-Mar-2024 12:39PM
Sample By	:			

Test Name	Results	Units	Biological Ref-Interval
	HORMONE		
PSA (FIA)	0.80	ng/ml	< 4.00

Prostatic Specific Antigen (P.S.A)
NORMAL RANGE : 0 - 4
BORDER LINE : 4 - 10

Interpretation(s)
Prostate specific antigen (PSA) is prostate tissue specific, expressed by both normal and neoplastic prostate tissue. PSA total is the collective measurement of its three forms in serum, two forms are complexed to protease inhibitors- alpha 2 macroglobulin and alpha 2 anti-chymotrypsin and third form is not complexed to a protease inhibitor, hence termed free PSA.
TPSA =Complex PSA+FPSA.

Use:
Monitoring patients with history of Prostate cancer as an early indicator of recurrence and response to treatment.
Prostate cancer screening: Patients with PSA levels >10 ng/mL have >50% probability of prostate cancer.

Increased in:
Prostate diseases: Cancer, Prostatitis, benign prostatic hyperplasia, prostate ischemia, acute urinary retention.
Manipulations such as Prostatic massage, cystoscopy, needle biopsy, Transurethral resection, digital rectal examination, indwelling catheter, vigorous bicycle exercise. Physiological fluctuations

Decreased in:
Castration, Antiandrogen drugs, Radiation therapy, Prostatectomy

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Sample By	:			

Test Name	Results	Units	Biological Ref-Interval
THYRIOD PROFILE			
Triiodothyronine (T3) (FIA)	0.96	ng/dl	0.52-1.85
Thyroxine (T4) (FIA)	9.57	ug/dl	4.8-11.6
THYROID STIMULATING HORMONE (TSH) (FIA)	1.85	mIU/L	0.50-5.50

Interpretation Note:

Thyroid Stimulating Hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitarythyroid axis, TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone.Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormons vary according trimesper in pregnancy.

TSH ref range in Pregnacy	Reference range (microIU/ml)
First triemester	0.24 - 2.00
Second triemester	0.43-2.2
Third triemester	0.8-2.5

Sonal Dhingra

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M.D. Pathology

Dr. Swati Tiwari
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Dr. Sonal Dhingra Anand
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SDA DIAGNOSTICS
A Quality Controlled Pathology Lab

Branch-1: I Block, 114/1, Shastri Nagar, Near Kuti Chowraha, PVS Road, Meerut
Branch-2: G-9, Hitech Plaza, Garh Road, Opp. Yug Hospital, Hapur Bus Stand, Meerut
Helpline No. : +91 95481 32613

Lab Ref. No.	: 234030376	C. NO:	18	Centre Name	: SDA Diagnostics
Name	: Mr. DEVENDRA KUMAR			Collection Time	: 23-Mar-2024 11:06AM
Age/ Gender	: 49Y / Male			Receiving Time	: 23-Mar-2024 11:06AM
Referred By	: Dr. SELF			Reporting Time	: 23-Mar-2024 5:47PM
Sample By	:				

CLINICAL PATHOLOGY

Test Name	Results	Units	Biological Ref-Interval
URINE EXAMINATION REPORT			
PHYSICAL EXAMINATION			
VOLUME (visual)	20	ml	
COLOUR (visual)	PALE YELLOW		
APPEARENCE (visual)	CLEAR		
pH	6.50		4.6 - 8.0
SPECIFIC GRAVITY (pKa Change)	1.010		1.010-1.030
BIOCHEMICAL EXAMINATION			
UROBILINOGEN (Erlichs)	NIL		NIL
BILIRUBIN (Azo-coupling reaction)	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
SUGAR (Glucose Oxidase Peroxidase)	NIL		Nil
ALBUMIN (Protein-Error-of-Indicator))	NIL		Nil
PHOSPHATE	NIL		Nil
MICROSCOPIC EXAMINATION (Microscopy)			
RED BLOOD CELLS	NIL	/H.P.F.	0-2
PUS CELLS	1-2	/H.P.F.	0-5
EPITHELIAL CELLS	1-2	/H.P.F.	0-5
CRYSTALS	NIL	/H.P.F.	NIL
CASTS	NIL	/L.P.F.	
OTHER			

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Test Name	Results	Units	Biological Ref-Interval

----------{END OF REPORT }----------

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