

Naman shrivastava /37 year

Dr. sachin jain

ALEXIS HOSPITAL BHOPAL M.P

PA Chest

22/03/2024 10:39:53



सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA



नमन श्रीवास्तव

Naman Shrivastava

जन्म तिथि/ DOB: 01/11/1988

पुरुष / MALE



6769 1838 7940

आधार - आम आदमी का अधिकार



**भारतीय विशिष्ट पहचान प्राधिकरण**  
**UNIQUE IDENTIFICATION AUTHORITY OF INDIA**

**पता:**

एचआईजी-16, सी सेक्टर,  
अयोध्या नगर, भोपाल,  
भोपाल, भोपाल,  
मध्य प्रदेश - 462041

**Address:**

HIG-16, C Sector, Ayodhya Nagar,  
Bhopal, Bhopal, Bhopal,  
Madhya Pradesh - 462041

**6769 1838 7940**



1947  
1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in



P.O. Box No. 1947,  
Bengaluru-560 001



# ISHANT DIAGNOSTIC & IMAGING CENTRE

A Complete Diagnostic Solution Under One Roof

**Dr. Ishant Jatav**

MBBS, MD ( Radiodiagnosis)

Reg No MP-15210

Director (Consultant Radiologist)

- EX CONSULTANT RADIOLOGIST CHL APICALS INCDRE
- EX CONSULTANT RADIOLOGIST BANSAI HOSPITAL BHOPAL
- EXPERTISED IN ALL CT & MRI IMAGING
- TRAINED IN CHEST & NEURO IMAGING

## TRANSTHORACIC ECHO-DOPPLER REPORT

PT.NAME:	MR NAMAN SHRIVASTAV	AGE/SEX:	37 YEARS/MALE
REF. BY:	MEDIWHEEL	DATE:	22/03/2024

### M-Mode/2-D Description:

- ❖ Left Ventricle: It is normal sized. LVEF =60%
- ❖ Left Atrium: It is normal sized.
- ❖ Right Atrium: It is normal sized.
- ❖ Right Ventricle: It is normal sized.
- ❖ Aortic Valve: Aortic cusps are Normal.
- ❖ Mitral Valve: It opens normally.Mild MR
- ❖ Tricuspid valve: It appears normal.Trivial TR
- ❖ Pulmonic Valve: It appears normal.
- ❖ Main Pulmonary artery & its branches: Appear normal.
- ❖ Pericardium: There is no pericardial effusion.
- ❖ Intact septum :No ASD/No PDA/No VSD.

### Measurements (mm):

	Observed Values		Normal Values
Aortic root diameter	31 mm		20-36 (22mm/M <sup>2</sup> )
Aortic Valve Opening	21 mm		15-26
Left Atrium size	32 mm		19-40
	End Diastole	End Systole	Normal Values
Left Ventricle size	41mm	23 mm	(ED= 37-56)
Interventricular Septum	10.8mm		(ED= 6-12)
Posterior Wall Thickness	10.7mm		(ED= 5-10)
LV Ejection Fraction (%)	64%		55%-80%

CT-SCAN | 3D & 4D ULTRASOUND | COLOUR DOPPLER | ECHOCARDIOGRAPHY | DIGITAL X-RAY | HI-TECH PATHOLOGY | DIGITAL O.P.G. | TMT.

This Report is an opinion not the final diagnosis. It should be correlated clinically with history and examination of the patient. In case of any discrepancy & Typing mistake review can be asked within 3 days. Not valid for medicolegal purpose. Pre-Natal Sex Determination is not done here. It is a punishable act.

Add.:1: H.No. 215 B Indrapuri, B-Sector, Raisen Road Infront of Mandakini Parishar, Bhopal  
Add.2 : 19, Roop Nagar Colony, Bypass Road, Karond, Near Raksha Hospital & Infront of Kalyan Hospital, Bhopal  
Ph.:0755-7960300 M.: 7389715459 (For Appointment) ✉ : ishant.jatav@gmail.com



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PT. NAME:	MR. NAMAN SHRIVASTAV	AGE/SEX:	37 YEARS / MALE
REF. BY:	MEDIWHEEL	DATE:	22/02/2024

## USG WHOLE ABDOMEN

**LIVER:** Is normal in size, shape, and echotexture. Margins are smooth and regular. Intra and extrahepatic biliary and vascular channels are normal. No evidence of any focal or diffuse mass lesion seen.

**GALL BLADDER** contracted. Its walls are of normal thickness. No pericholecystic pathology seen.- CBD & PV are of normal calibre.

**RIGHT KIDNEY:** Normal in size, shape echotexture. Cortical echotexture appears to be normal. Cortico- medullary differentiation is maintained. No hydronephrosis calculus or scarring seen.

**LEFT KIDNEY:** Normal in size, shape echotexture. Cortical echotexture appears to be normal. Cortico- medullary differentiation is maintained. No hydronephrosis, calculus or scarring seen.

**SPLEEN:** Normal in size, shape & echotexture. no mass lesion seen. Splenic vein appears normal.

**PANCREAS:** Is normal in size, shape and echotexture. Pancreatic duct is not dilated. No SOL or mass seen.

**URINARY BLADDER:** Is central smooth in contour & reveal a clear lumen. Its walls are of normal thickness. No SOL or mass seen. No calculus seen.

**PROSTATE:** is normal in size shape and ecotexture

- No evidence of retroperitoneal lymphadenopathy / ascites seen.

- No evidence of pleural effusion.

- No evidence of bowel loop thickening or dilation in the visualized bowel loops.

**IMPRESSION:** - USG STUDY REVEALS:

- NO REMARKABLE ABNORMALITY SEEN.
- NO RENAL AND URETERIC CALCULUS SEEN.
- NO BOWEL LOOP DILATATION AND THICKENING NOTED.

*Advice- Clinical and pathological correlation.*

**DR ISHANT JATAV (MD)**  
**CONSULTANT RADIOLOGIST**

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## Final Interpretation

1. Normal cardiac chambers.
2. No concentric LVH
3. Normal cardiac valves
4. No RWMA
5. LVEF = 60%
6. Trivial TR.
7. Mild MR
8. Normal pericardium.
9. No Intracardiac clot/mass/pericardial pathology.
10. No ASD/No PDA/No VSD

**CONSULTANT SIGNATURE.**

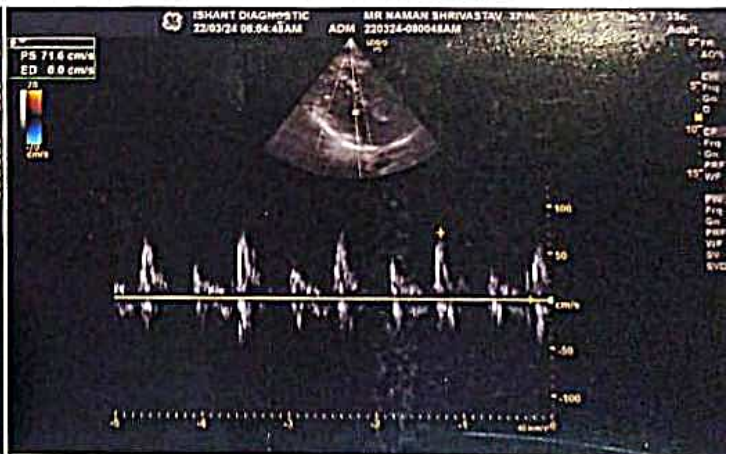
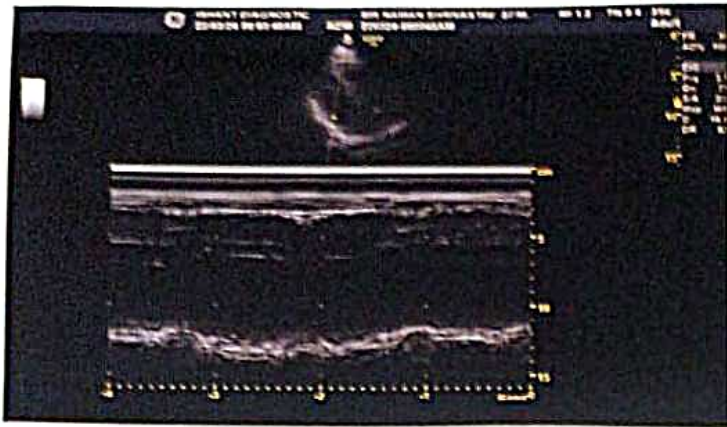
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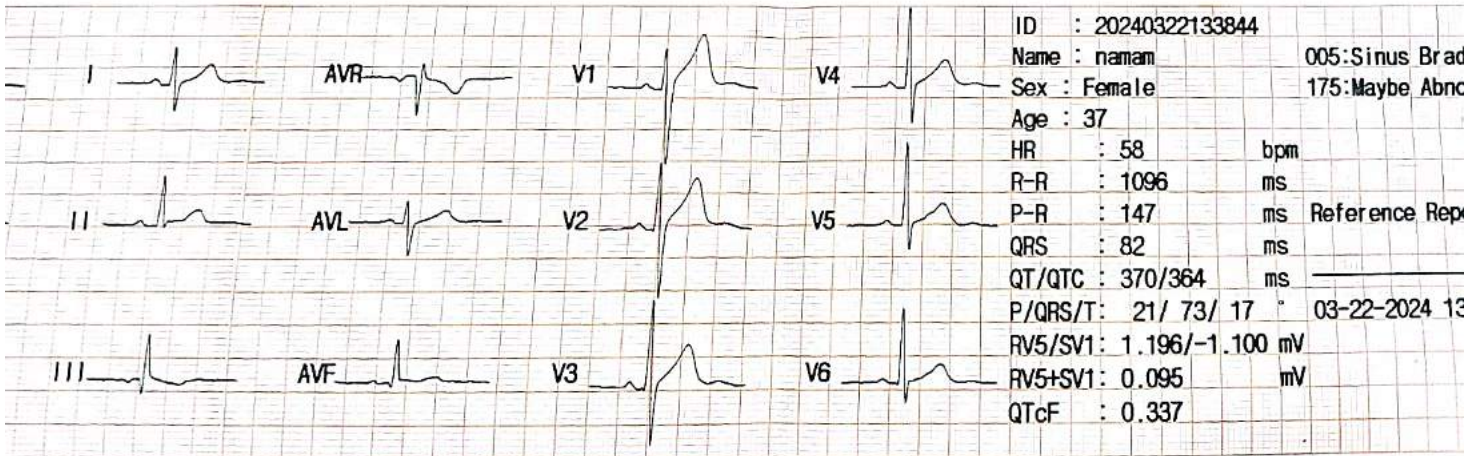
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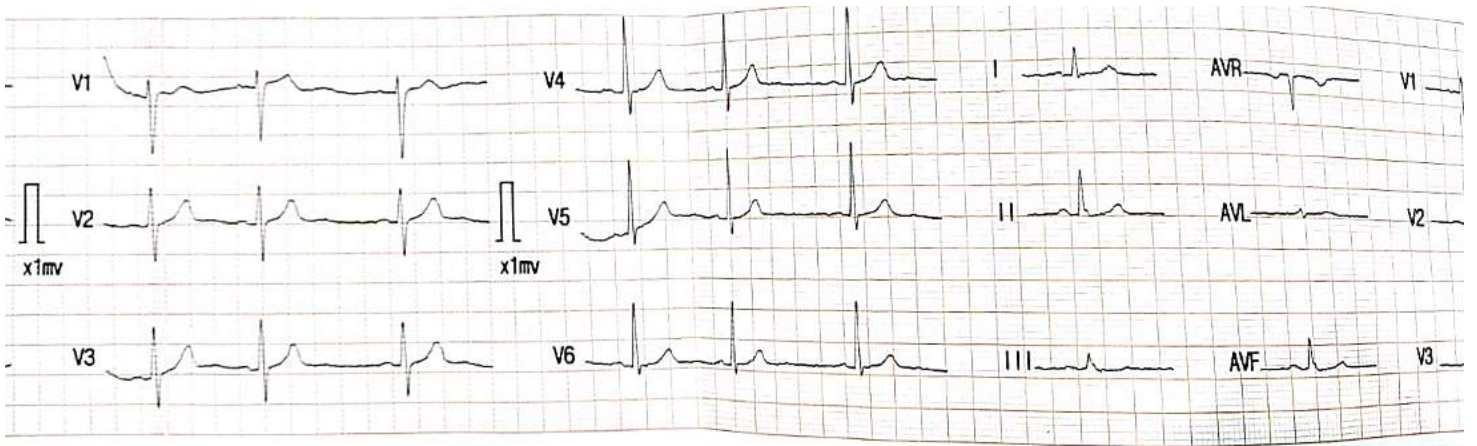
age - 37y/m

B.P. :- 130/80

Weight :- 68

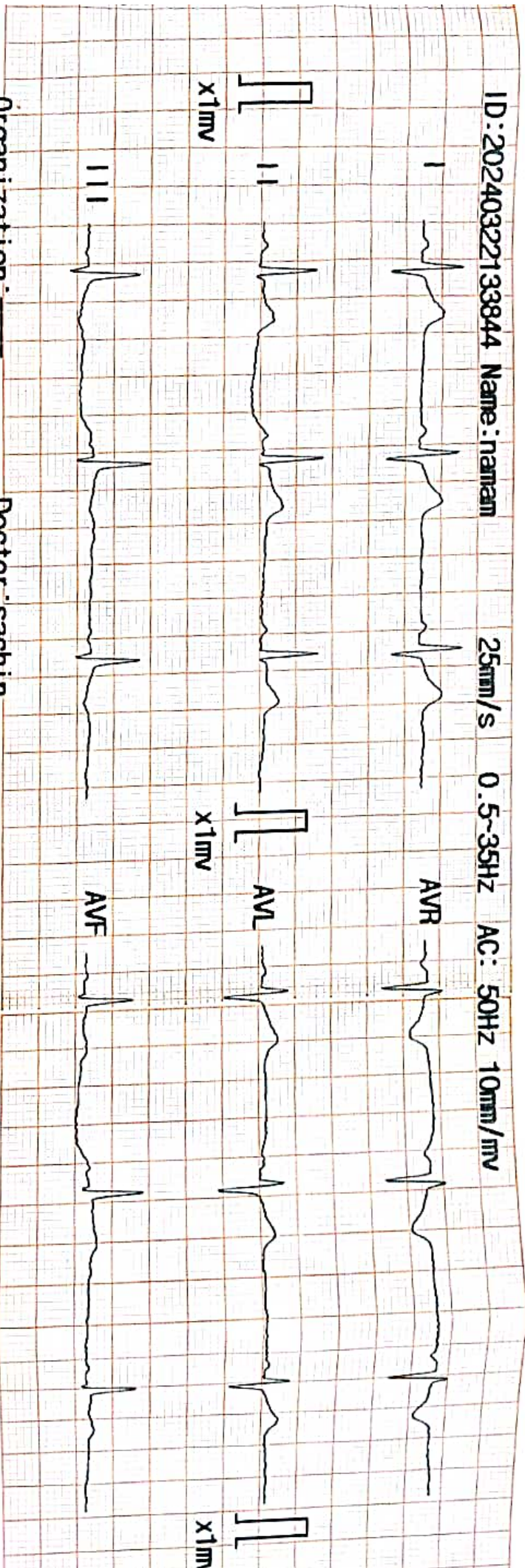
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25mm/s 0.5-35Hz AC: 50Hz 10mm/mv



Organization: \_\_\_\_\_

Doctor: sachin

## Laboratory Report

Patient Name : MR NAMAN SHRIVASTAV



CPL24/7056

Age/Gender : 37 Yrs/Male

Registration Date : 22/03/2024 01:15 PM

Ref. Dr. : SELF

Collection Date : 22/03/2024 01:16 PM

Center : AP98

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### HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
HbA1c Glycosilated Haemoglobin	5.8	%	Non-diabetic: <= 6.0 Pre-diabetic: 6.0-7.0 Diabetic: >= 7.0
Estimated Average Glucose :	120	mg/dL	
<b>Reference Range (Average Blood Sugar):</b>			
Excellent control	: 90 - 120 mg/dl		
Good control	: 121 - 150 mg/dl		
Average control	: 151 - 180 mg/dl		
Action suggested	: 181 - 210 mg/dl		
Panic value	: > 211 mg/dl		

#### Interpretation & Remark:

- HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
- HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Low glycated haemoglobin (below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia (especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
- To estimate the eAG from the HbA1C value, the following equation is used:  $eAG(mg/dl) = 28.7 * A1c - 46.7$
- Interference of Haemoglobinopathies in HbA1c estimation.
  - For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
  - Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
  - Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).
- In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .



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### HAEMATOLOGY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>BLOOD GROUP AND RH FACTOR</b>			
ABO Type	A		
Rh Factor	POSITIVE(+VE)		

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### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>RENAL FUNCTION TEST (RFT)</b>			
Blood Urea	25.0	mg/dl	15 - 50
Serum Creatinine	0.92	mg/dl	0.7 - 1.5
eGFR	106	ml/min	
Blood Urea Nitrogen-BUN	11.68	mg/dl	7 - 20
Serum Sodium	141.6	mmol/L	135 - 150
Serum Potassium	4.12	mmol/L	3.5 - 5.0
Chloride	99.0	mmol/L	94.0 - 110.0
Ionic Calcium	1.13	mmol/L	1.10 - 1.35
Uric Acid	5.2	mg/dl	3.2 - 7.0

**NOTE** : Please correlate with clinical conditions.



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### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>LIVER FUNCTION TEST (LFT)</b>			
TOTAL BILIRUBIN	0.41	mg/dl	0 - 1.2
DIRECT BILIRUBIN	0.13	mg/dL	0 - 0.3
INDIRECT BILIRUBIN	0.28	mg/dl	0.1 - 0.8
SGOT (AST)	30.3	U/L	0 - 35
SGPT (ALT)	<b>49.1</b>	U/L	0 - 45
ALKALINE PHOSPHATASE	62.0	U/L	40 - 140
GAMMA GLUTAMYL TRANSFERASE	28.7	IU/L	15 - 45
TOTAL PROTEIN	6.86	g/dl	6.4 - 8.3
SERUM ALBUMIN	3.91	g/dl	3.5 - 5.2
SERUM GLOBULIN	2.95	g/dl	1.8 - 3.6
A/G RATIO	1.33		1.2 - 2.2

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### BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>LIPID PROFILE</b>			
Cholesterol-Total	<b>254.0</b>	mg/dL	< 200 Desirable 200-239 Borderline High > 240 High
Triglycerides level	<b>264.5</b>	mg/dL	< 150 Normal 150-199 Borderline High 200-499 High > 500 Very High
HDL Cholesterol	46.2	mg/dL	< 40 Major Risk for Heart > 40 Normal
LDL Cholesterol	<b>154.90</b>	mg/dL	< 100 Optimal 100-129 Near/Above Optimal 130-159 Borderline high 160-189 High > 190 Very High
VLDL Cholesterol	<b>52.90</b>	mg/dL	6 - 38
CHOL/HDL RATIO	<b>5.50</b>		3.5 - 5.0
LDL/HDL RATIO	3.35		2.5 - 3.5

**NOTE**

8-10 hours fasting sample is required



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### CLINICAL BIOCHEMISTRY REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>Fasting Blood Sugar</b>	95.0	mg/dl	Normal: 70-110
			Impaired Fasting Glucose(IFG): 100-125

Method: GOD-POD

Diabetes mellitus:  $\geq 126$

**Note:-** An individual may show higher fasting glucose level in comparison to post prandial glucose level due to following reasons. The glycaemic index and response to food consumed, Changes in body composition, Increased insulin response and sensitivity, Alimentary hypoglycemia, Renal glycosuria, Effect of oral hypoglycaemics & Insulin treatment.



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### IMMUNOASSAY REPORT

Test Description	Result	Unit	Biological Reference Ranges
TRI-iodothyronin, (T3)	1.16	ng/mL	0.69 - 2.15
Thyroxin, (T4)	102.0	ng/mL	52 - 127
Thyroid Stimulating Hormone(TSH)- Serum	2.55	μIU/mL	0.3-4.5 Pregnancy (As per American Thyroid Association)

First Trimester : 0.1-2.5  
Second Trimester : 0.2-3.0  
Third trimester : 0.3-3.0

Method : CLIA

### INTERPRETATION

TSH	T3 / FT3	T4 / FT4	Suggested Interpretation for the Thyroid Function Tests Pattern
Within Range	Decreased	Within Range	• Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness. In elderly the drop in T3 level can be upto 25%.
Raised	Within Range	Within Range	• Isolated High TSH especially in the range of 4.7 to 15 mIU/ml is commonly associated with Physiological & Biological TSH Variability. • Subclinical Autoimmune Hypothyroidism • Intermittent T4 therapy for hypothyroidism • Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	• Chronic Autoimmune Thyroiditis • Post thyroidectomy, Post radioiodine • Hypothyroid phase of transient thyroiditis"
Raised or within Range	Raised	Raised or within Range	• Interfering antibodies to thyroid hormones (anti-TPO antibodies) • Intermittent T4 therapy or T4 overdose • Drug interference- Amiodarone, Heparin, Beta blockers, steroids, anti-epileptics"
Decreased	Raised or within Range	Raised or within Range	• Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & associated with Non-Thyroidal illness • Subclinical Hyperthyroidism • Thyroxine ingestion"
Decreased	Decreased	Decreased	• Central Hypothyroidism • Non-Thyroidal illness • Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	• Primary Hyperthyroidism (Graves' disease), Multinodular goitre, Toxic nodule • Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased or within Range	Raised	Within Range	• T3 toxicosis • Non-Thyroidal illness



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### URINE EXAMINATION REPORT

Test Description	Result	Unit	Biological Reference Ranges
<b>URINE ROUTINE</b>			
<b>General Examination</b>			
Colour	Pale Yellow		Pale Yellow
Transparency (Apperance)	Clear		Clear
Deposit	Absent		Absent
Reaction (pH)	Acidic		5.0-8.5
Specific Gravity	1.020		-1.005-1.030
<b>Chemical Examination</b>			
Urine Protein	Absent		Absent
Urine Ketones (Acetone)	Absent		Absent
Urine Glucose	Absent		Absent
Bile pigments	Absent		Absent
Bile salts	NIL		NIL
Urobilinogen	Normal		Normal
Nitrite	Negative		Negative
<b>Microscopic Examination</b>			
RBC's	NIL	/hpf	NIL
Leukocyte (Pus cells)	1-2	/hpf	0-5/hpf
Epithelial Cells	2-4	/hpf	0-4/hpf
Crystals	Absent		Absent
Casts	Not Seen		Not Seen
Amorphous deposits	Absent		Absent
Bacteria	Not seen		Not seen
Yeast Cells	Not seen		Not seen

**Note :** 1. Chemical examination through Dipstick includes test methods as Protein (Protein Error Principle), Glucose (Glucose oxidase-Peroxidase), Ketone (Legals Test), Bilirubin (Azo- Diazo reaction), Urobilinogen (Diazonium ion Reaction) Nitrite (Griess Method). All abnormal results of chemical examination are confirmed by manual methods. 2. Pre-test conditions to be observed while submitting the sample- First void, mid-stream urine, collected in a clean, dry, sterile container is recommended for routine urine analysis, avoid contamination with any discharge from vaginal, urethra, perineum, as applicable, avoid prolonged transit time & undue exposure to sunlight. 3. During interpretation, points to be considered are Negative nitrite test does not exclude the urinary tract infections, Trace proteinuria can be seen with many physiological conditions like prolonged recumbency, exercise, high protein diet. False positive reactions for bile pigments, proteins, glucose and nitrites can be caused by peroxidase like activity by disinfectants, therapeutic dyes,



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Test Description	Result	Unit	Biological Reference Ranges
<b>COMPLETE BLOOD COUNT</b>			
Haemoglobin	12.8	gm/dL	12.0 - 16.0
RBC Count	4.76	mil/cu.mm	4.00 - 5.50
Hematocrit HCT	<b>38.4</b>	%	40.0 - 54.0
Mean Corp Volume MCV	80.7	fL	80.0 - 100.0
Mean Corp Hb MCH	<b>26.9</b>	pg	27.0 - 34.0
Mean Corp Hb Conc MCHC	33.3	gm/dL	32.0 - 36.0
Platelet Count	3.28	lac/cmm	1.50 - 4.50
Total WBC Count /TLC	5.16	10 <sup>3</sup> /cu.mm	4.0 - 11.0
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
Neutrophils	48	%	40 - 70
Lymphocytes	<b>45</b>	%	20 - 40
Monocytes	05	%	02 - 10
Eosinophils	02	%	01 - 06
Basophils	00	%	00 - 01
<b>Absolute Differential Count</b>			
Absolute Neutrophils Count	2.5	thou/mm <sup>3</sup>	2.00 - 7.00
Absolute Lymphocyte Count	2.3	thou/mm <sup>3</sup>	1.00 - 3.00
Absolute Monocytes Count	0.3	thou/mm <sup>3</sup>	0.20 - 1.00
Absolute Eosinophils Count	0.1	thou/mm <sup>3</sup>	0.02 - 0.50

**EDTA Whole Blood** - Tests done on Automated Three Part Cell Counter. (WBC, RBC Platelet count by impedance method, WBC differential by VCS technology other parameters calculated) All Abnormal Haemograms are reviewed confirmed microscopically.



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Test Description	Result	Unit	Biological Reference Ranges
<b>ESR - ERYTHROCYTE SEDIMENTATION RATE</b>	12	mm/hr	0 - 09

Method: Wintrob's

### INTERPRETATION :

1. It indicates presence and intensity of an inflammatory process, never diagnostic of a specific disease. Changes are more significant than a single abnormal test.
2. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, bacterial endocarditis, acute rheumatic fever, rheumatoid arthritis, SLE, Hodgkins disease, temporal arteritis, polymyalgia rheumatica.
3. It is also increased in pregnancy, multiple myeloma, menstruation, and hypothyroidism.

\*\*\*\* End of the report\*\*\*\*

*This report is not valid for medico legal aspects. This is just a professional opinion not the final. Kindly correlate clinically because of technical, lack of clinical information and physical findings, if any disparity noted please inform.*

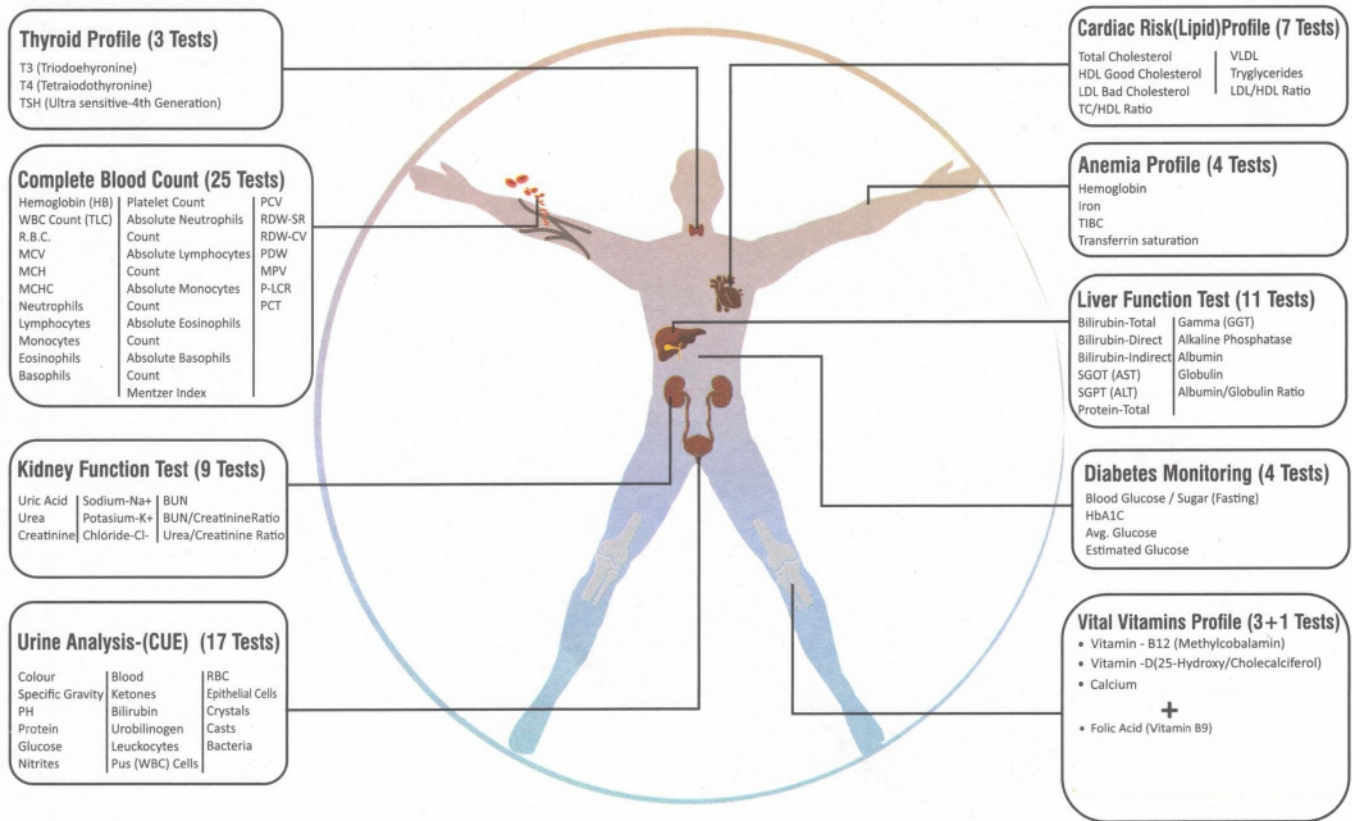


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# BODY CARE



## CONDITIONS OF REPORTING

- Individual laboratory investigations should not be considered as conclusive and should be used along with other relevant clinical examinations to achieve the final diagnosis. Therefore these reported results are for the information of referring clinician only
- The values of a laboratory investigation are dependent on the quality of the sample as well as the assay procedures used. Further all samples collected outside Citi Pathlabs labs / patient centers are required to be prepared, stored, labelled and brought as per the guidelines of Citi Pathlabs. Citi Pathlabs cannot be held liable for incorrect results of any samples which are not as per the guidelines issued
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**A.** However due to certain factors such as reagent inconsistency, machine breakdown etc. beyond its control which could affect the testing , it does not make any representation or give any warranty about the accuracy of the reported results  
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### For Any Enquiry

Citi Pathlabs  
 Flat No. 004, Shivaay South City Complex,  
 Phase-2, G-3 Gulmohar Colony, Bhopal (M.P.)  
 citipathlabs@gmailcom  
 9454786340, 9407658222