

UHID 318987

MR ZUBER

6/10/2024 11:03:17 AM

DOB 9/20/1978 45 Years

Male

ASIAN HOSPITAL

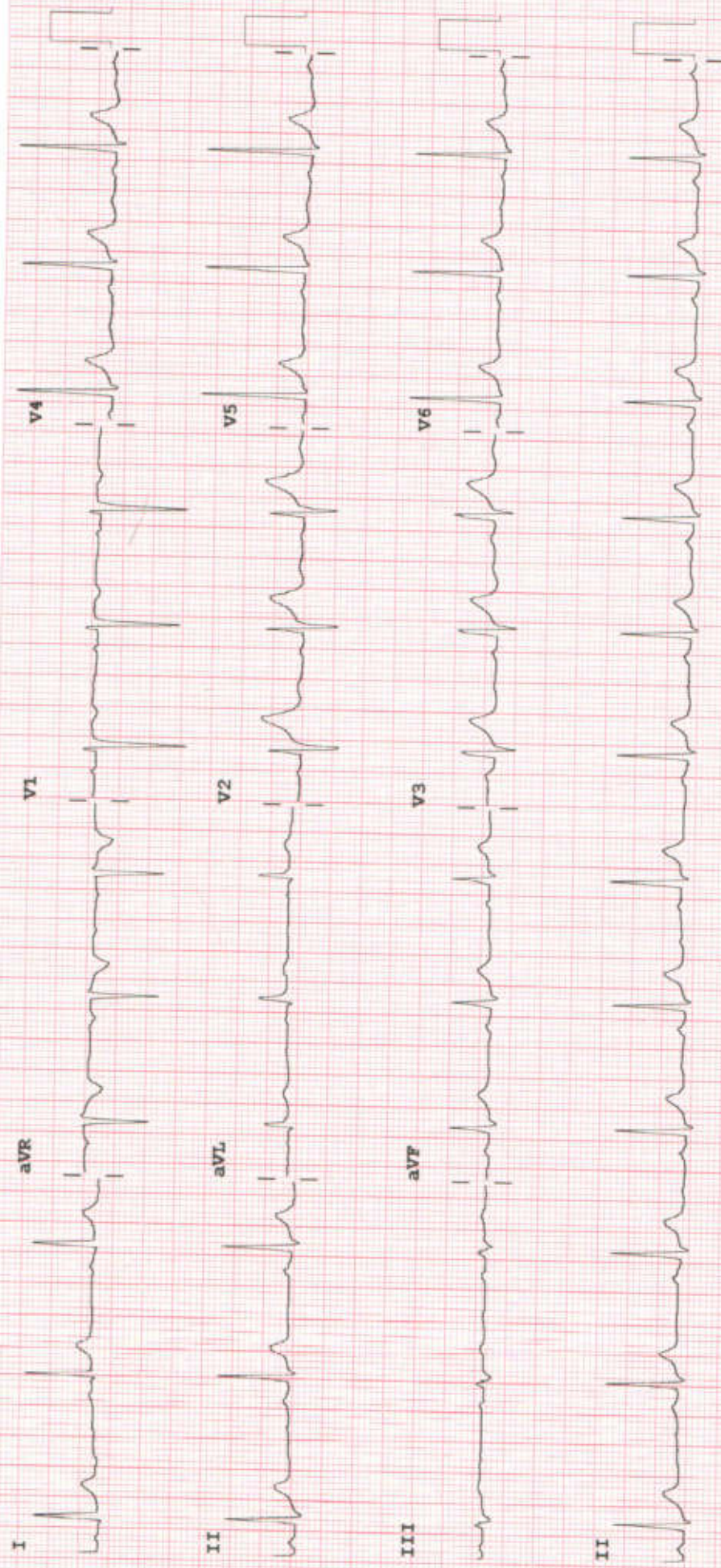
Rate 73

PR 157  
 QRS 84  
 QT 338  
 QTc 373

--AXIS--

P 41  
 QRS 31  
 T 40

12 Lead; Standard Placement



Device:

Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 60~ 0.15-100 Hz

100B

P?



## NON INVASIVE CARDIOLOGY

Patient Name	: MR. ZUBER	IPD No.	:	
Age	: 45 Yrs 8 Mth	UHID	:	AFB000318987
Gender	: MALE	Bill No.	:	AFBOP240120127
Ref. Doctor	: DR. PRABHSARAN AHUJA	Bill Date	:	10-06-2024 10:09:46
Ward	:	Room No.	:	
		Procedure Date	:	10-06-2024 11:39:10

### ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

MEASUREMENTS	ABSOLUTE VALUE		NORMAL VALUE
Aortic Root Diameter	3.0		2.0-3.7cm < 2.2cm/M2
Aortic Valve Opening	N		1.5-2.6cm
Left Atrial Dimension	3.2		1.9-4.0cm < 2.2cm/M2
RV Dimensions	N		0.7-2.6cm
RV thickness	N		0.3-0.9cm
LV ED Dimension	4.2		3.7-5.6 cm < 3.2cm /M2
LV ES Dimension	2.8		2.2-4.0 cm
IVS thickness	ED - 1.0	ES-1.3	0.6-1.2cm
LVPW Thickness	ED - 0.9	ES-1.4	0.5-1.1cm
IVS/ LVPW Ratio	N		
Mitral Valve	DE-N	EF -N	

INDICES OF LV FUNCTION		
EPSS		<9mm
FS%		24-42%
LV Ejection Fraction	60%	60+/-6%

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### MORPHOLOGICAL DATA

Mitral Valve : AML PML	Normal	Interatrial Septum	Intact
Aortic Valve	Normal	Interventricular Septum	Intact
Tricuspid Valve	Normal	Pulmonary Artery	Normal
Pulmonary Valve	Normal	Aorta	Normal
Right Ventricle	Normal	Right Atrium	Normal
Left Ventricle	Normal	Left Atrium	Normal

### DOPPLER STUDY

	Cm/s	Cm/s	
MITRAL VELOCITY	E-75	A-55	MR 2/4
TRICUSPID VELOCITY	cm/s		TR 2/4
AORTIC VELOCITY	112 cm/s		AR 0/4
PULMONARY VELOCITY	88 cm/s		PR 0/4
PA Pressure	40 mmHg		

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### COLOUR FLOW MAPPING

Mild MR, Mild TR.

### FINAL IMPRESSION

1. No RWMA, LVEF-60%.
2. Normal RV systolic function.
3. Normal cardiac chamber dimension.
4. Mild MR, Mild TR (PASP=40mmHg).
5. Normal mitral inflow pattern.
6. No clot/mass/vegetation/PE.



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Interventional Cardiologist.

DR. DIWAKAR KUMAR  
MBBS,MD,DNB(Cardiology)  
Consultant Cardiology

For The perusal of a medical professional only

The content of this report is only an opinion based on images and is therefore subject to inherent technical limitations.

It is not the diagnosis & must be correlated clinically.

NOT FOR MEDICOLEGAL PURPOSES

.....End of Report.....

Prepare By.  
KUMAR.HRISHIK  
ES



### FINAL REPORT

Bill No.	: AFBOP240120127	Bill Date	: 10-06-2024 10:09
Patient Name	: MR. ZUBER	UHID	: AFB000318987
Age / Gender	: 45 Yrs 8 Mth / MALE	Patient Type	: OPD <span style="float:right">If PHC : </span>
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /
Sample ID	: AFB24191754	Current Ward / Bed	: /
		Receiving Date & Time	: 10-06-2024 10:40
		Reporting Date & Time	: 10-06-2024 12:13

### SEROLOGY REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Serum

#### MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE(2D ECHO)

#### THYROID PROFILE (FT3+FT4+TSH)

FREE-TRI IODO THYRONINE (FT3) (ECLIA)		3.21	pg/mL	2.0-4.4
FREE -THYROXINE (FT4) (ECLIA)		1.13	ng/dL	0.9-1.7
THYROID STIMULATING HORMONE (TSH) (ECLIA)		3.08	mIU/L	0.27-4.20

#### PSA (TOTAL)

PROSTATIC SPECIFIC ANTIGEN (TOTAL) (ECLIA)		0.78	ng/mL	0-2.0
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It is increased in

(a) Prostatic disease e.g.

1. Cancer
2. Prostatitis
3. Benign hyperplasia prostate
4. Prostatic ischemia
5. Prostatic massage

(b) Non-prostatic disease

1. Biopsy
2. Digital rectal examination
3. Transurethral disease
4. Indwelling catheterization
5. Vigorous bicycle exercise

It is decreased in

1. Castration
2. Prostatectomy
3. Radiation therapy
4. Use of anti-androgenic drug
5. Ejaculation with in 24-48 hrs

**\*\* End of Report \*\***

#### IMPORTANT INSTRUCTIONS

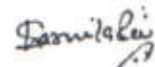
CL - Critical Low, CH - Critical High, H - High, L - Low

Laboratory test results are to be clinically correlated.  
Storage and discard of Specimen shall be as per AIMS specimen retention policy.  
Test results are not valid for Medico - Legal purposes.

#### Results are Verified By



**DR. C.P. SHARMA**  
Ph.D.(Biochemistry)  
BIOCHEMIST



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Patient Name	: MR. ZUBER	UHID	: AFB000318987		
Age / Gender	: 45 Yrs 8 Mth / MALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /		
Sample ID	: AFB24192478	Current Ward / Bed	: /		
		Receiving Date & Time	: 10-06-2024 16:50		
		Reporting Date & Time	: 11-06-2024 08:05		

**BIOCHEMISTRY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: Plasma, Serum

**MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE(2D ECHO)**

GLUCOSE-PLASMA (POST PRANDIAL) (UV Hexokinase)	H	145.0	mg/dL	70 - 140
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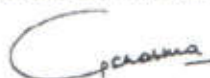
Note: A diagnosis of diabetes mellitus is made if 2 hour post load glucose exceeds 200 mg/dL.  
 (As per American Diabetes Association recommendation)

**\*\* End of Report \*\***

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Sample ID	: AFB24192478	Current Ward / Bed	: /
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		Reporting Date & Time	: 11-06-2024 08:05

Sample Type: Plasma, Serum

**MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE(2D ECHO)**

GLUCOSE-PLASMA (FASTING) (UV Hexokinase)	102.0	mg/dL	70 - 100
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 Note: A diagnosis of diabetes mellitus is made if fasting blood glucose exceeds 126 mg/dL.  
 (As per American Diabetes Association recommendation)

**KFT/RFT- KIDNEY/RENAL PANEL 1**

BLOOD UREA Urease-GLDH,Kinetic	19	mg/dL	15 - 45
CREATININE-SERUM (Modified Jaffe s Kinetic)	L 0.8	mg/dL	0.9 - 1.3
SODIUM-SERUM (Indirect Ion-Selective Electrode)	143	m.mol/L	135 - 145
POTASSIUM-SERUM (Indirect Ion-Selective Electrode)	3.8	m.mol/L	3.5 - 5.1
CHLORIDE-SERUM (Indirect Ion-Selective Electrode)	H 108	m.mol/L	98 - 107

**SERUM PROTEINS**

S.PROTEIN-TOTAL (Burnt)	7.3	g/dL	6.6 - 8.3
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)	4.7	g/dL	3.5 - 5.2
S.GLOBULIN	L 2.6	g/dL	2.8-3.8
A/G RATIO	1.81		1.5 - 2.5

**LIPID PROFILE**

CHOLESTROL-TOTAL (CHO-POD)	148	mg/dL	0 - 160
HDL CHOLESTROL Enzymatic Immunoinhibition	52	mg/dL	>40
CHOLESTROL-LDL DIRECT Enzymatic Selective Protection	95	mg/dL	0 - 100
S.TRIGLYCERIDES (GPO - POD)	108	mg/dL	0 - 160
NON-HDL CHOLESTROL	96.0	mg/dL	0 - 125
TOTAL CHOLESTROL / HDL CHOLESTROL	2.8		½Average Risk <3.3 Average Risk 3.3-4.4 2 Times Average Risk 4.5-7.1 3 Times Average Risk 7.2-11.0
LDL CHOLESTROL / HDL CHOLESTROL	1.8		½Average Risk <1.0 Average Risk 1.0-3.6 2 Times Average Risk 3.7-6.3 3 Times Average Risk 6.4-8.0
CHOLESTROL-VLDL	22	mg/dL	10 - 35

**Comments:**

- Disorders of Lipid metabolism play a major role in atherosclerosis and coronary heart disease.
- There is an established relationship between increased total cholesterol & LDL cholesterol and myocardial infarction.
- HDL cholesterol level is inversely related to the incidence of coronary artery disease.
- Major risk factors which adversely affect the lipid levels are:
  1. Cigarette smoking.
  2. Hypertension.
  3. Family history of premature coronary heart disease.
  4. Pre-existing coronary heart disease.

**LIVER FUNCTION TESTS (LFT)**

BILIRUBIN-TOTAL (DPO)	0.80	mg/dL	0.2 - 1.0
BILIRUBIN-DIRECT (DPO)	0.15	mg/dL	0 - 0.2
BILIRUBIN-INDIRECT	0.65	mg/dL	0.2 - 0.8



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Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /
Sample ID	: AFB24192478	Current Ward / Bed	: /
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S.PROTEIN-TOTAL (Buret)		7.3	g/dL	6.6 - 8.3
ALBUMIN-SERUM (Dye Binding-Bromocresol Green)		4.7	g/dL	3.5 - 5.2
S.GLOBULIN	<b>L</b>	2.6	g/dL	2.8-3.8
A/G RATIO		1.81		1.5 - 2.5
ALKALINE PHOSPHATASE (IFCC AMP BUFFER)		91.4	IU/L	53 - 128
ASPARTATE AMINO TRANSFERASE (SGOT) (IFCC)		20.4	IU/L	0 - 50
ALANINE AMINO TRANSFERASE(SGPT) (IFCC)		20.6	IU/L	0 - 50
GAMMA-GLUTAMYLTRANSPEPTIDASE (IFCC)		14.6	IU/L	0 - 55
LACTATE DEHYDROGENASE (IFCC; L-P)		168.2	IU/L	0 - 248

**\*\* End of Report \*\***
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Bill No.	: AFBOP240120127	Bill Date	: 10-06-2024 10:09		
Patient Name	: MR. ZUBER	UHID	: AFB000318987		
Age / Gender	: 45 Yrs 8 Mth / MALE	Patient Type	: OPD	If PHC	:
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /		
Sample ID	: AFB24191752	Current Ward / Bed	: /		
		Receiving Date & Time	: 10-06-2024 10:40		
		Reporting Date & Time	: 10-06-2024 13:45		

### BLOOD BANK REPORTING

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

**MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE(2D ECHO)**

#### BLOOD GROUP (ABO & RH)

ABO GROUP	O
RH TYPE	POSITIVE

**\*\* End of Report \*\***

#### IMPORTANT INSTRUCTIONS

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Bill No.	: AFBOP240120127	Bill Date	: 10-06-2024 10:09
Patient Name	: MR. ZUBER	UHID	: AFB000318987
Age / Gender	: 45 Yrs 8 Mth / MALE	Patient Type	: OPD If PHC :
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /
Sample ID	: AFB24191751	Current Ward / Bed	: /
		Receiving Date & Time	: 10-06-2024 10:40
		Reporting Date & Time	: 10-06-2024 14:37

**HAEMATOLOGY REPORTING**

Test (Methodology)	Flag	Result	UOM	Biological Reference Interval
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Sample Type: EDTA Whole Blood

**MEDIWHEEL FULL BODY ANNUAL PLUS ABOVE 50 MALE(2D ECHO)**

ESR (Westergren)		2	mm 1st hr	0 - 10
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**CBC -1 (COMPLETE BLOOD COUNT)**

TOTAL LEUCOCYTE COUNT (Flow Cytometry)		5.5	thousand/cumm	4 - 11
RED BLOOD CELL COUNT (Hydro Dynamic Focussing)		4.7	million/cumm	4.5 - 5.5
HAEMOGLOBIN (SLS Hb Detection)		15.7	g/dL	13 - 17
PACK CELL VOLUME (Cumulative Pulse Height Detection)		45.1	%	40 - 50
MEAN CORPUSCULAR VOLUME		95.6	fL	83 - 101
MEAN CORPUSCULAR HAEMOGLOBIN	H	33.3	pg	27 - 32
MEAN CORPUSCULAR HAEMOGLOBIN CONCENTRATION	H	34.8	g/dL	31.5 - 34.5
PLATELET COUNT (Hydro Dynamic Focussing)	L	99	thousand/cumm	150 - 400
RED CELL DISTRIBUTION WIDTH (S.D - RDW) (Particle Size Distribution)		43.8	fL	39 - 46
RED CELL DISTRIBUTION WIDTH (C.V.)		12.9	%	11.6 - 14

**DIFFERENTIAL LEUCOCYTE COUNT**

NEUTROPHILS		70	%	40 - 80
LYMPHOCYTES		21	%	20 - 40
MONOCYTES		8	%	2 - 10
EOSINOPHILS		1	%	1 - 5
BASOPHILS		0	%	0 - 1

**GLYCATED HAEMOGLOBIN (HBA1C)**

HBA1C (HPLC)		5.0	%	4.27 - 6.07
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**INTERPRETATION:**

HbA1c %	Degree of Glucose Control
>8%	Action suggested due to high risk of developing long term complications like Retinopathy, Nephropathy, Cardiopathy and Neuropathy
7.1 - 8.0	Fair Control
<7.0	Good Control

Note: 1.A three monthly monitoring is recommended in diabetics.  
 2.Since HbA1c concentration represents the integrated values for blood glucose over the

recent food intake, it is a more useful test for monitoring diabetics.

End of Report

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Patient Name	: MR. ZUBER	UHID	: AFB000318987
Age / Gender	: 45 Yrs 8 Mth / MALE	Patient Type	: OPD <input type="checkbox"/> If PHC <input type="checkbox"/>
Ref. Consultant	: DR. PRABHSARAN AHUJA	Ward / Bed	: /
Sample ID	: AFB24191751	Current Ward / Bed	: /
		Receiving Date & Time	: 10-06-2024 10:40
		Reporting Date & Time	: 10-06-2024 14:37

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Consultant





## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : ULTRASOUND

Patient Name	: MR. ZUBER	IPD No.	:
Age	: 45 Yrs 8 Mth	UHID	: AFB000318987
Gender	: MALE	Bill No.	: AFBOP240120127
Ref. Doctor	: DR. PRABHSARAN AHUJA	Bill Date	: 10-06-2024 10:09:46
Ward	:	Room No.	:
		Print Date	: 10-06-2024 16:29:44

### USG WHOLE ABDOMEN:

Liver is normal in size and echotexture. Intrahepatic biliary radicals are not dilated.  
Portal vein is normal in calibre.

Gall bladder is well distended. Wall thickness appears normal. Visualised lumen is echofree.  
CBD appears normal in calibre.

Visualised pancreas appears normal in size and echotexture.

Spleen is normal in size and echotexture.

Both kidneys are normal in size and echotexture. Cortico-medullary distinction is maintained. No obvious hydronephrosis seen bilaterally. (CT is the modality of choice for evaluation of tiny renal calculi).

Urinary bladder appears normal in position, shape and outline.  
Wall thickness is normal.


Prostate appears normal in size and echotexture.

No free fluid seen in abdomen and pelvis.

**Please correlate clinically and with other investigations.**

.....End of Report.....

Prepare By.  
SAPNA.ARYA

  
DR. GAGAN SHARMA, MBBS, MD (Radio-Diagnosis)  
Sr. Consultant & HOD

**Note :** The information in this report is based on interpretation of images. This report is not the diagnosis and should be correlated with clinical details and other investigation.



## DEPARTMENT OF RADIO-DIAGNOSIS & IMAGING

Report : XRAY

Patient Name	: MR. ZUBER	IPD No.	:
Age	: 45 Yrs 8 Mth	UHID	: AFB000318987
Gender	: MALE	Bill No.	: AFBOP240120127
Ref. Doctor	: DR. PRABHSARAN AHUJA	Bill Date	: 10-06-2024 10:09:46
Ward	:	Room No.	:
		Print Date	: 12-06-2024 12:47:13

### CHEST PA VIEW:

Cardiac shadow appears normal.

Both lung fields appear clear.

Both domes of diaphragm and both CP angles are clear.

Both hila appear normal.

Soft tissues and bony cage appear normal.

**Please correlate clinically.**

.....End of Report.....

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Sr. Consultant & HOD

Prepare By.  
MAHESH.K

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