

MANHAS

DIAGNOSTIC CENTRE

Near Hotel Moti Mahal, Adarsh Colony, Sallii Road,
Pathankot. Tel: 0186-5070380 Mob: 94639 69620



Dr. Balpreet Kaur Manhas

MBBS, MD (Radio-Diagnosis)
GMC Patiala (Year 2000) Regd. No: PMC-29608
Ex PCMS-I, Formerly: Radiologist Civil Hospital, Pk
UM Indian Radiological & Imaging Association
Consultant Radiologist Specialist in
X-Ray, Ultrasound, CT & MRI

ULTRASOUND SCANNING & DIGITAL X-RAY CENTRE

PATIENT NAME: MR. ABHINANDAN
REFERENCE: SELF
DATE: 24-Aug-22

AGE/SEX: 32/M

REPORT:

Liver is normal in size, shape, outline & echotexture. IHBR are normal. No focal area of altered echotexture is seen.

Gall bladder is well distended. It is normal in shape & outline. Lumen is anechoic.

CBD is demonstrated in its entire length and is within normal limits.

Spleen is normal in size, shape, outline & echotexture

Pancreas is normal in size, shape & echotexture.

No evidence of pleural effusion.

Movements of dome of diaphragm are normal.

Both the kidneys are normal in size, shape, outline & echotexture. No evidence of mass lesion, calculus or hydronephrosis.

Urinary bladder is well distended. It is normal in shape & outline. No evidence of mass lesion or calculus.

Both the lower ureters are normal.

Prostate is normal in size, shape & echotexture.

IMPRESSION: SONOLOGICALLY NO PATHOLOGY COULD BE DETECTED IN THE ABDOMEN

DR. BALPREET KAUR MANHAS
M.D. (RADIOLOGICAL DIAGNOSIS)

TEST INFORMATION
 MULTI-SPECIALTY HEALTHCARE

REFERRED BY
MR. ABHINANDAN SHARMA

LABORATORY REPORT INFORMATION

Dr. Suresh Kaul
 Amandeep Hospital Pathankot
 Lab MR #: 5950888
 Amandeep Hospital Pathankot - MR#: AP77337

AGE : 32Y
 GENDER : Male
 PRIORITY : Routine
 OP / IP / DG # :

ORDER REQ. NO: OPB32218801-O

LAB ORDER NO: 2215463182

COLLECTED ON: 24-Aug-2022 10:45

RECEIVED ON: 24-Aug-2022 10:45

REPORT STATUS : Partial



Test Name (Methodology)

"MediWheel Full Body Health Checkup (Below 40"

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
T3 - Total (Tri Iodothyronine) (ECLIA)	110.00		ng/dL	80.00 - 200.00
T4 - Total (Thyroxine - Total) (ECLIA)	7.99		µg/dL	5.1-14.1
TSH, Thyroid Stimulating Hormone (ECLIA)	2.30		µIU/mL	0.27-4.2

Test Observations:

The following potential sources of variation should be considered while interpreting thyroid hormone results:
 1. Circadian variation in TSH secretion: peak levels are seen between 2-4 am. Minimum levels seen between 6-10 am. This variation may be as much as 50% thus, influence of sampling time needs to be considered for clinical interpretation.
 2. Total T3 and T4 levels are seen to have physiological rise during pregnancy and in patients on steroid treatment
 3. Circulating forms of T3 and T4 are mostly reversibly bound with Thyroxine binding globulins (TBG), and to a lesser extent with albumin and Thyroid binding Pre-Albumin. Thus the conditions in which TBG and protein levels alter such as chronic liver disorders, pregnancy, excess of estrogens, androgens, anabolic steroids and glucocorticoids may cause misleading total T3, total T4 and TSH interpretations.
 4. T4 may be normal in the presence of hyperthyroidism under the following conditions : T3 thyrotoxicosis, Hypoproteinemia related reduced binding, in presence of drugs (eg Phenytoin, Salicylates etc)
 5. Neonates and infants have higher levels of T4 due to increased concentration of TBG
 6. TSH levels may be normal in central hypothyroidism, recent rapid correction of hypothyroidism or hyperthyroidism or pregnancy, phenytoin therapy etc.
 7. TSH values of <0.03 uIU/mL must be clinically correlated to evaluate the presence of a rare TSH variant in certain individuals which is undetected by conventional methods.
 8. Presence of Autoimmune disorders may lead to spurious results of thyroid hormones
 9. Various drugs can lead to interference in test results
 It is recommended to evaluate unbound fractions, that is free T3 (FT3) and free T4 (FT4) for clinic-pathologic correlation, as these are the metabolically active forms.

Triglycerides (Enzymatic colorimetry)

110	mg/dL	Normal: <150 Borderline-high: 150-199 High risk 200-499 Very high risk >500
163	mg/dL	<200 No risk 200-239 Moderate risk >240 High risk

Cholesterol Total - Serum (Enzymatic colorimetric)

95	mg/dL	Optimum:<100 Above optimum:<130; Moderate risk:130-159; High risk:>160
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VLDL (Very Low Density Lipoprotein) (Calculation)

22	mg/dL	
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LDL/HDL Ratio

2.1		
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Cho/HDL Ratio (Enzymatic colorimetric & Calculation)

3.6		Normal:<4.0 Low risk:4.0-6.0 Hisk risk:>6.0
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REFERRING PHYSICIAN
DR. AGHANNANDAN SHARMA

AGE : 32Y
GENDER : Male
PRIORITY : Routine
OP / IP / DG # :

REFERRED BY
Dr. Suresh Kaul

Amandeep Hospital Pathankot

Lab MR #: 5950888



Amandeep Hospital Pathankot - MR#: AP77337

LABORATORY SUPPORT ORGANIZATION

ORDER REQ. NO: OPB32218801-O
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BIOCHEMISTRY

Test Name (Methodology)	Result	Flag	Units	Biological Reference Interval
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Uric acid (Uricase)	5.9		mg/dL	3.4-7
BUN/Creatinine Ratio				
Blood Urea Nitrogen, BUN - Serum (Urease, GLDH)	9		mg/dL	8.8-20.5
Creatinine (Modified Jaffe Kinetic)	1.24	H	mg/dL	<1.2
BUN/Creatinine Ratio (Calculation)	7.2			10:1 to 20:1
Protein Total, Serum (Colorimetric Assay)	7.7		g/dL	6.4-8.3
Bilirubin (Total, Direct and Indirect)				
Bilirubin Total (Diazo method)	1.53	H	mg/dL	<1.1
Bilirubin Conjugated (Diazo method)	0.48	H	mg/dL	<=0.2
Bilirubin Unconjugated, Indirect (Calculation)	1.05		mg/dL	<1.0
Alkaline Phosphatase - ALP (IFCC kinetic)	113		U/L	<129
Albumin - Serum (Bromocresol green)	4.8		g/dL	3.5 - 5.2
Globulin (Calculation)	3.0		g/dL	2.3-3.5
A/G (Albumin/Globulin) Ratio (Calculation)	1.6			0.8-2.0
Gamma Glutamyl Transferase (GGT) (Enzymatic colorimetric assay)	36		U/L	10.0-71

Checked by Mr. Ravi Kumar
Lab Technician

-----End of Report-----

Dr. Neelam
Consultant Pathologist
24-Aug-2022 12:27

DEPARTMENT OF CARDIOVASCULAR SCIENCES



AMANDEEP HOSPITAL PATHANKOT



DALHOUSIE ROAD, MAMOON, PATHANKOT (PUNJAB) +91-97810-50999, 0186-2349082, 83-84

DEPARTMENT OF CARDIOLOGY

ECHOCARDIOGRAPHY & COLOR DOPPLER REPORT

Patient Name	Mr. Abhinandan Sharma	Age	32yrs	Sex	Male
Referring Doctor	Dr. Suresh Kaul	PRN:	77337	Date	24.08.2022
Lab No.	256				

MEASUREMENTS	OBSERVED VALUE	NORMAL REFERENCE LIMITS
Aortic Root Diameter	2.2	2.0-3.7cm<2.2cm/m ²
Aortic Valve Opening	N	1.5-2.6cm
Left Atrial Dimension	3.3	1.9-4.0cm<2.2cm/m ²
RV Dimensions	N	0.7-2.6cm
RV thickness	N	0.3-0.9cm
LV ED Dimension	4.4	3.7-5.6cm<3.2cm/m ²
LV ES Dimension	2.9	2.2-4.5cm
IVS Thickness	ED-1.1 ES-1.6	0.6-1.2cm
LVPW Thickness	ED-1.1 ES-1.5	0.5-1.1cm
IVS/LVPW Ratio	N	

INDICES OF LV FUNCTION	
EPSS	<9mm
FS%	24-42%
LV Ejection Fraction	50-55% 60+/-6%

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PRN : 77337

IMAGING:

2D- imaging in PLAX.SAX and apical views revealed concentric LVH. No LV RWMA, LVEF 50-55%. No evidence of mitral valve prolapse is seen. Aortic valve has three cusps and its opening is normal. Tricuspid valve leaflets move normally, Pulmonary valve is normal. Interatrial and Interventricular septum are intact. No intracardiac mass or thrombus is seen. No pericardial pathology is observed.

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	Concentric LVH	Left Atrium	Normal

DOPPLER STUDY

	m/s	m/s	
MITRAL VELOCITY	E -0.8	A -0.6	MR 0/4
TRICUSPID VELOCITY	m/s		TR 1/4
AORTIC VELOCITY	1.2m/s		AR 0/4
PULMONARY VELOCITY	1.1m/s		PR 0/4

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PRN : 77337

COLOUR FLOW MAPPING

Trace TR, RVSP 22mmHg

Summary

- Concentric LVH.
- No LV regional wall motion abnormality, LVEF 50-55%
- Normal MIP.
- Aortic valve tricuspid. No significant gradient across aortic valve.
- Trace TR, RVSP 22mmHg.
- No Intracardiac clot / mass / vegetation at present.
- No Pericardial effusion.
- No coarctation of aorta.

FINAL IMPRESSION: -Concentric LVH. Borderline LV functions, LVEF 50-55%.

Kindly correlate clinically.

Dr. Suresh Kaul
 MD (Medicine), DM (Cardiology), FACC, FSCAI, FESC
 Sr. Consultant & Head
 Department of Cardiovascular sciences
 Director Cath Lab.

Dr. Neelam Kaul
 MD (Medicine), DM (Cardiology), FSCAI, FESC
 Sr. Consultant & Interventional Cardiologist
 Co-Director Cath lab
 Chief Non - Invasive 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

Name Abhinandan Sharma

Interpretation Report For ADULT

Age 32y / 10m, Ht _____ cms, Wt _____ Kg

Sex M/F _____, BP _____ / _____ mmHg

Sinus Rhythm
Normal ECG

Heart Rate 62 BPM

	P	QRS	PQ	QT	QTc
(mS)	87	96	151	386	386

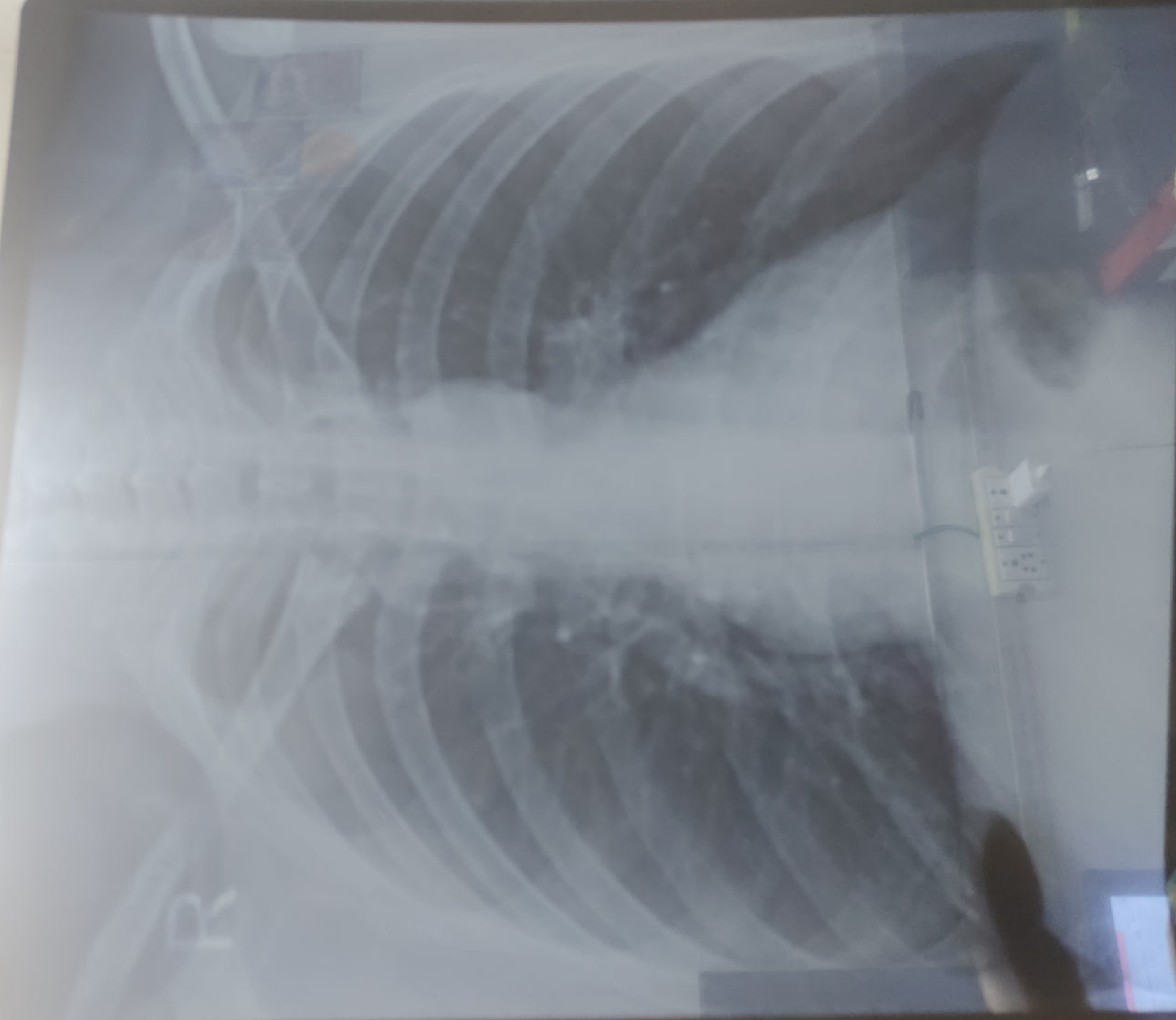
REMARKS

	QT/QTc	QT/RR
(%)	100	40

Axis	P	QRS	T
	48°	63°	18°

Dr:

PS: Not for medico legal purposes.



ABHINANDAN SHARMA 32M CHEST PA 26/09/2022 11:05:30

Group Hospital Pathways Ltd MClin. 01630 82267