

## REPORT

I.D. NO	U/29-03-03	March 29, 2024
PATIENT NAME	MR. MANISH KUMAR	AGE/SEX 41 Y/M
REF. BY	DIVYAMAN HOSPITAL	

### USG: WHOLE ABDOMEN (Male)

Liver – Normal in size (130.8mm) with grade I fatty echotexture. No IHBR dilatation / focal SOL are seen.

Gall bladder – is distended. No calculus in lumen. Wall thickness is normal.  
CBD – normal. PV - normal. porta – normal

Pancreas is normal in thickness. Clearly defined margins are seen. Pancreatic duct is not dilated.

Spleen is normal in size (97.0mm) and echotexture. No focal lesion is seen. Diaphragmatic movements are within normal limits on both sides.

Right kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No backpressure changes are seen. Perinephric spaces are normal.  
**Non-obstructive small calculus of size 6.5 mm noted at lower pole calyx.**

Left kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No backpressure changes are seen. Perinephric spaces are normal.  
**Non-obstructive small calculus of size 5.5 mm noted at lower pole calyx.**

Urinary bladder is fully distended. Wall is smooth and regular. Lumen is echofree.

Prostate: is normal in size 38.2x34.0x27.7mm, volume 18.8 cc. Margins are well-defined. Capsule is normal.

No evidence of Ascites / Retroperitoneal Lymphadenopathy.

### IMPRESSION

- **FATTY LIVER GRADE-I.**
- **B/L NEPHROLITHIASIS.**

#### ADV – CLINICAL CORRELATION.

Note : All USG finding are dynamic in nature and are subjected to change with course of disease and time, prescribing clinician are advised to correlate USG finding with clinical findings.



(Consultant Radiologist)

#### उपलब्ध सुविधाएं



Siemens C.T. Scan

- CT Scan मस्तिष्क, पेट, सीना आदि
- CT Angiography
- Digital X-ray



Philips 1.5 T MRI

- MRI Scan
- 4D Colour Dopler
- CT/USG Guded Biopsy/FNAC



Siemens Accuson S 52000

- ECG, ECO Cardiography
- Dr. Lal Path Lab
- 24 H Ambulance



Siemens X-Ray

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE



**REPORT**

I.D. NO 11 : U/29/03/02  
Patient's Name: : MR. MANISH KUMAR  
Ref by Dr. : DIVYAMAN HOSPITAL  
March 29, 2024  
AGE/SEX :41 YRS / M

**2D- ECHO**

**MITRAL VALVE**

Morphology AML- Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/Sam/Doming.  
PML- Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.  
Subvalvular deformity Present/Absent Score :  
Doppler Normal/Abnormal E>A A>E  
Mitral Stenosis Present/Absent RR Interval\_ msec  
EDG\_ mmHg MDG\_ mmHg MVA\_ cm2  
Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe.

**TRICUSPID VALVE**

Morphology Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.  
Doppler Normal/Abnormal.  
Tricuspid stenosis Present/Absent RR Interval\_ msec.  
EDG\_ mmHg MDG\_ mmHg  
Tricuspid regurgitation/Absent/Trivial/Mild/Moderate/Severe Frangmed signals.  
Velocity\_ msec. Pred. RVSP=RAP+\_ mmHg

**PULMONARY VALVE**

Morphology Normal/Atresia/Thickening/Doming/Vegetation.  
Doppler Normal/Abnormal  
Pulmonary stenosis Present/Absent Level  
PSG\_ mmHg Pulmonary annulus\_ mm  
Pulmonary regurgitation Present/Absent  
Early diastolic gradient\_ mmHg. End diastolic gradient\_ mmHg



P.T.O

**उपलब्ध सुविधाएं**

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➤ CT Scan मस्तिष्क, पेट, सीना आदि  
➤ CT Angiography  
➤ Digital X-ray

Siemens CT Scan



➤ MRI Scan  
➤ 4D Colour Dopler  
➤ CT/USG Guded Biopsy/FNAC

Philips 1.5T MRI



Siemens Accuson S 52000

➤ ECG, ECO Cardiography  
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Siemens X-Ray

**REPORT**

**AORTIC VALVE**

Morphology **Normal/Thickening/Calcification/Restricted opening/ Flutter/Vegetation**  
 No of cusps **1/2/3/4**

Doppler **Normal/Abnormal**  
 Aortic stenosis Present/Absent Level  
 PSG\_ mmHg Aortic annulus\_ mm  
 Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe.

Measurements	Values (Cm)	Measurements	Values (Cm)
Aorta :	3.38	LAcS :	3.22
Lves :		Lved :	3.97
IVSed :	1.17	PW (LV):	
RVed :		RV Anterior wall	
EF :	67%	IVC	

IVSmotion **Normal/Flat/Paradoxical/Other**

**CHAMBERS**

LV **Normal/Enlarged/Clear/Thrombus/Hypertrophy/RWMA**  
 LA **Normal/Enlarged/Clear/Thrombus**  
 RA **Normal/Enlarged/Clear/Thrombus**  
 RV **Normal/Enlarged/Clear/Thrombus**  
 Pericardium **Normal/Thickening/Calcification/Effusion**

**IMPRESSION**

- NO RWMA AT REST
- NORMAL LV FUNCTION
- LVEF 67% 2D,
- NORMAL SIZE CARDIAC CHAMBER
- NO I/C CLOT/VEG
- NO PERICARDIAL EFFUSION.



*Cardiologist.*

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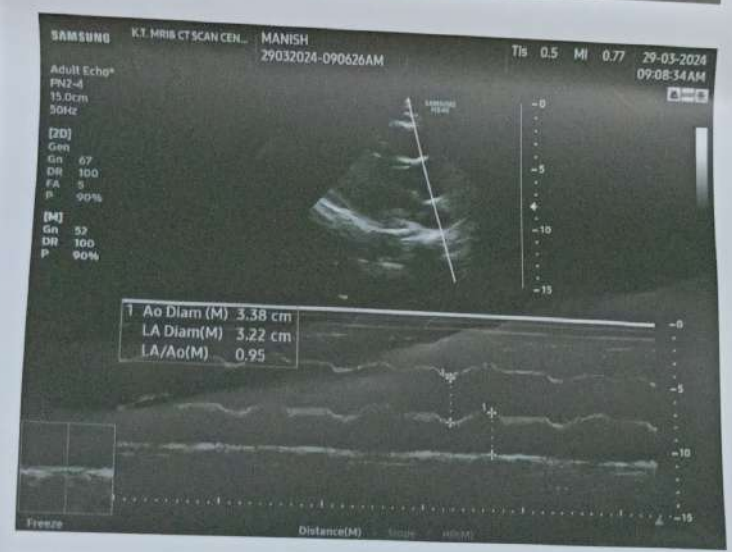
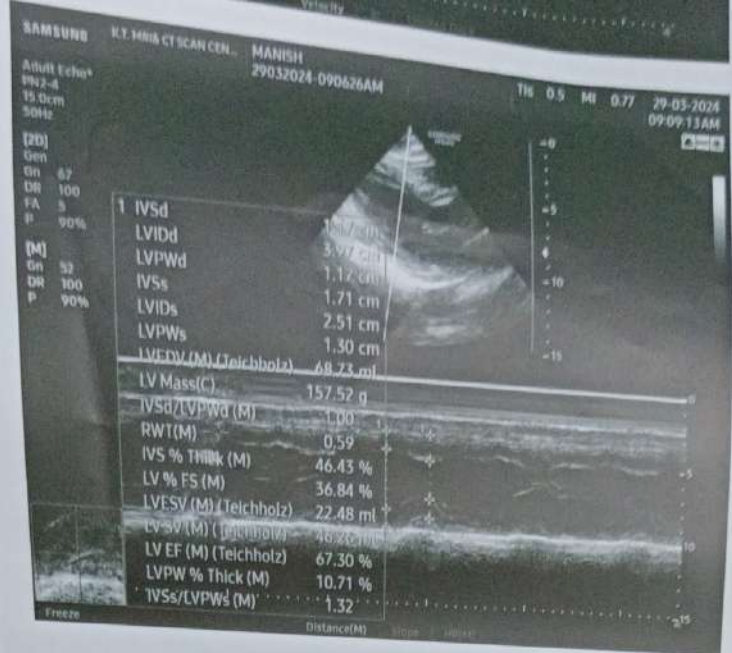
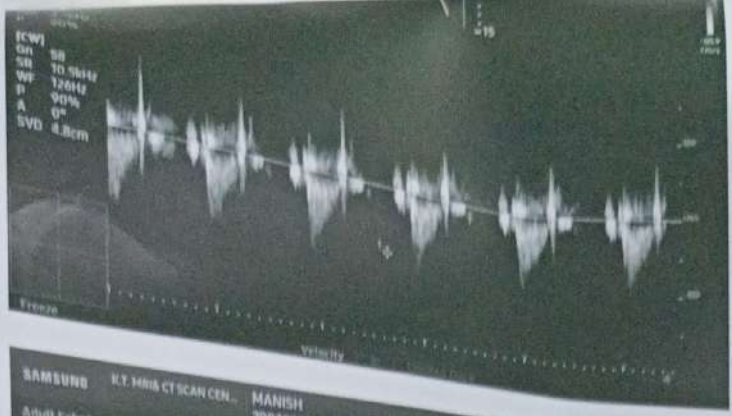
**उपलब्ध सुविधाएं**

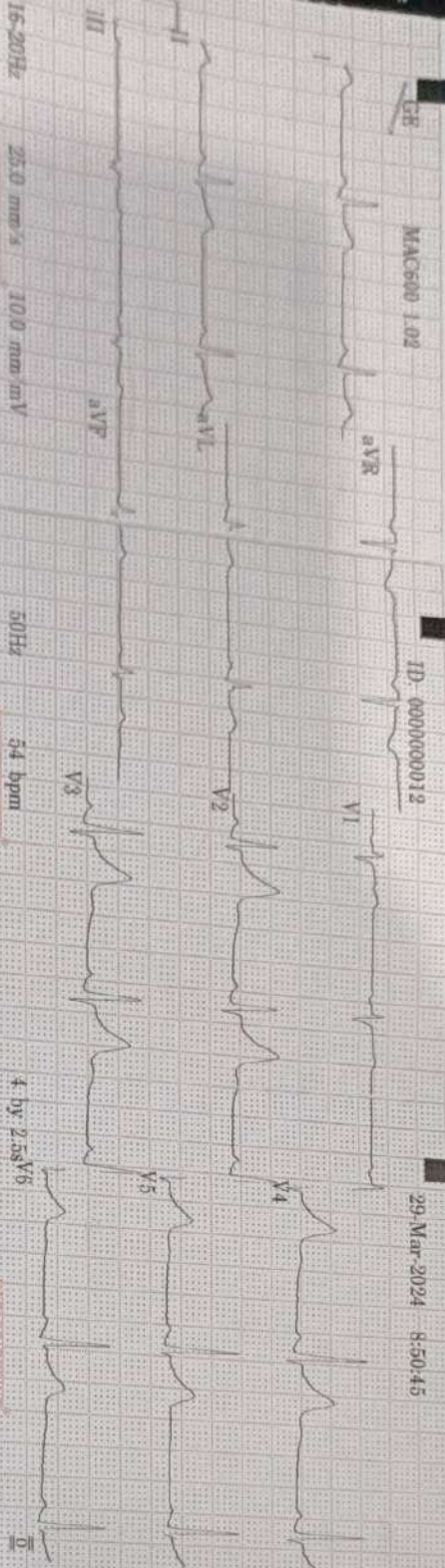
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 > Dr. Lal Path Lab  
 > 24 H Ambulance

Siemens X-Ray





MAC600 1.02 ID: 0000000012 29 Mar 2024 8:50:45

45 years Male  
 Vent. rate 54 bpm  
 QRS duration 82 ms  
 QT/QTc 418/396 ms  
 PR interval 146 ms  
 P duration 112 ms  
 RR interval 1111 ms  
 P-R-T axes 19 25 23

ID: 0000000012 *Madhukumar*



MAC600 1.02 12SL™ V239

# DIVYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



DIVYAMAN

Pathological Examination Report



PATIENT NAME Mr. MANISH KUMAR  
AGE / SEX 41 Y / Male  
COLLECTED AT Inside  
RECEIPT No. 17,426  
REFERRED BY Dr. DMH

SAMPLE COLLECTED ON 29-03-2024  
REPORT RELEASED ON 29/03/2024  
REPORTING TIME 12:12:12PM  
PATIENT ID 17456

INVESTIGATION COMPLETE BLOOD COUNT, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile, Blood Sugar Fasting, PSA Total, ESR Wintrobe, Urine Examination Report, Blood Group (ABO),

Tests	Results	Biological Reference Range	Unit
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## CANCER MARKER

PSA Total	0.39	(0.0-4.0)ng/ml	ng/ml
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EXPECTED VALUES :

99% OF HEALTHY MALES	0.0 - 4.0 ng / ml
80% OF BENIGN PROSTATIC HYPERTROPHY	4.0 - 10.0 ng / ml
81% OF PROSTITIC CARCINOMAS	10 - 20.0 ng / ml
PROSTATIC METASTASIS	Above 20.0 ng / ml

INTERPRETATION:- PSA is reliable tumor marker for already diagnosed prostatic carcinomas . It is uniquely associated only with prostatic tissue and therefore , is specific for it. Baseline levels measured prior to therapeutic intervention , and follows later by serial , periodical measurements will predict the outcome of the therapy . It also helps in early discovery of recurrences , relapses and metastases.

RECOMMENDED TESTING INTERVALS:-

First Datermination	:	Preoperatively ( Baseline )
Second determination	:	2-4 Days postoperatively
Third determination	:	Before discharge from hospital

FOLLOW - UP DATERMINATION :-

F Levels are high / show rising trend	:	Monthly
F Levels are normal	:	Every 3 monthly initially , later annually.

\* In general tumor marker levels are directly related to the tumor mass and the stage of the cancer . However , if is the rate of change in the tumor marker level , which is more important , rather than its absolute value . A 50% change may be considered clinically significant.

\* It must empha sized that PSA may be also elevated in benign prostatic hypertrophy and inflammatory condition of sure surroundings genitor-urinary tract . Therefore , this parameter should never be used as a screening test for diagnosing prostatic carcinomas , but only as aid in follow up studies.



Page 1 of 5

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For Home Collection Dial : 9076655547

पता : वीर ब्रह्मदत्त सिंह स्पोर्ट्स कॉलेज के सामने, खर्जांची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932

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Pathology Division



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## COMPLETE BLOOD COUNT

## HAEMATOLOGY

Haemoglobin	12.4	Low (Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%)	G%
Total Leukocyte Count (TLC)	5100	(4000-11000 /cumm)	/cumm
Differential Leukocyte Count (DLC)			
Polymorph	66	(40-80)%	%
Lymphocyte	32	(20-40)%	%
Eosinophil	02	(01-6)%	%
Monocyte	00	(02-08)%	%
Basophil	00	(<1%)	%
R. B. C.	4.01	Low (4.2 - 5.5) million/cmm	million/
P. C. V. (hemotocrite)	37.1	(36-50) Litre/Litre	/Litre
M. C. V.	92.6	(82-98) fl	fl
M. C. H.	30.7	(27Pg - 32Pg)	Pg
M. C. H. C.	33.2	(21g/dl - 36g/dl)	g/dl
Platelete Count	1.61	(1.5-4.0 lacs/cumm)	/cumm
<b>ESR Wintrobe</b>			
Observed	25	High 20mm fall at the end of first hr.	mm

\*esr Is A Non Specific Phenomenon, Clinically Useful In Disorders Associated With An Increased Production Of Acute Phase Proteins.

\*elevated In Acute And Chronic Infections And Malignancies.

\*extremely High ESR Values Are Seen In Multiple Myeloma, Leukemia, Lymphoma, Breast And Lung Carcinomas, Rheumatoid Arthritis, SLE, Pulmonary Infarction.



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Technology Division

पैथोलॉजी संकाय



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## BIOCHEMISTRY

Blood Sugar Fasting	91.2	(70 - 110)mg/dl	
Reference Value :			
Fasting ( Diabetes 110.0 Mg% Or More ) ( Impaired Glucose Tolerance 110-126 Mg% )			
After 2hrs. Of 75 Gm Glucose (oral) ( 70-140 Mg% ) ( Impaired Glucose Tolerance 140-200 Mg% )			
Random/casual (diabetes 200 Mg% Or More, With Presenting Symptoms.)			
<b>Lipid Profile.</b>			
Total Cholestrol	156.1	125-200mg/dl Normal Value	mg/dL
H D L Cholestrol	39.2	(30-70 mg%)	mg%
Triglyceride	128.1	(60-165mg/dL)	mg/dL
V L D L	25.62	(5-40mg%)	mg%
L D L Cholestrol	91.28		mg/dl
		50 Optimal	
		50-100 Near/Above Optimal	
TC/HDL	4.1	(3.0-5.0)	
LDL/HDL	2.2	(1.5-3.5)	

### Comment/Interpretation

Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipids, The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

Note::

1. Measurement In The Same Patient Can Show Physiological & Analytical Variations. Three Serial Samples 1 Week Apart Are Recommended For Total Cholestral ,triglycerides,hdl& Ldl Cholestrol.
2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholestrol.
3. Friedewald Equation To Calculate Ldl Cholesterol Is Most Accurate When Triglyceride Level Is <400 Mg/dl. Measurement Of Direct Ldl Cholesterol Is Recommended When Triglyceride Level Is >400 Mg/dl.



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Tests	Results	Biological Reference Range	Unit
<b>LIVER FUNCTION TEST</b>			
Bilirubin (Total)	1.0	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct)	0.4	(0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.6	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	36.1	0-40	IU/L
SGPT (ALT)	39.1	0.0-42.0	IU/L
Serum Alkaline Phosphatase	176.2	80.0-290.0	U/L
Serum Total Protein	6.5	6.0-7.8	gm/dl
Serum Albumin	3.9	3.5-5.0	gm/dl
Serum Globulin	2.6	2.3-3.5	gm/dl
A/G Ratio	1.5	High	gm/dl

Comments/interpretation:

- liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes.
- the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage.
- It Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

## KIDNEY FUNCTION TEST

Blood Urea	36.1	15.0-45.0	mg/dl
Serum Creatinine	0.8	0.7-1.4	mg/dl
Serum Uric Acid	6.6	Male-3.5-7.2 Female-2.5-6.0	mg/dl
Serum Sodium	140.6	136.0-149.0	mmol/L
Serum Potassium	4.0	3.5-5.5	mmol/L
Serum Calcium	8.6	8.0-10.5	mg/dl

## SEROLOGY

### Blood Group (ABO)

A.B.O. "A"  
Rh(D) POSITIVE



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## CLINICAL PATHOLOGY

### Urine Examination Report

#### PHYSICAL

Volume	20	-	ml
Colour	LIGHT YELLOW	-	-
Appearance	CLEAR	-	-

#### CHEMICAL

Reaction PH	6.0	(4.5-8.0)	-
Specific Gravity	1.030	High (1.01-1.025)	-
Proteins	NIL	NIL	-
Sugar	NIL	NIL	-
Blood	NIL	NIL	-
Phosphates/urates	NIL	NIL	-
Ketone Bodies	NIL	NIL	-
Chyle	NIL	-	-
Bile Pigment (Bilirubin)	NIL	NIL	-
Bile Salt	NIL	-	-
Urobilinogen	Normal	-	-

#### MICROSCOPICAL

R B C	Absent	0-2 /hpf	/hpf
Pus Cells	occ	0-5 /hpf	/hpf
Epithelial Cells	1-2	-	-
Crystals	Nil	-	-
Yeast Cells	Absent	-	-
Casts	Absent	-	-
BACTERIA	Absent	-	-

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

THANKS FOR REFERENCE

Consultant Pathologist  
DR.S. SRIVASTAVA M.D(PATH)

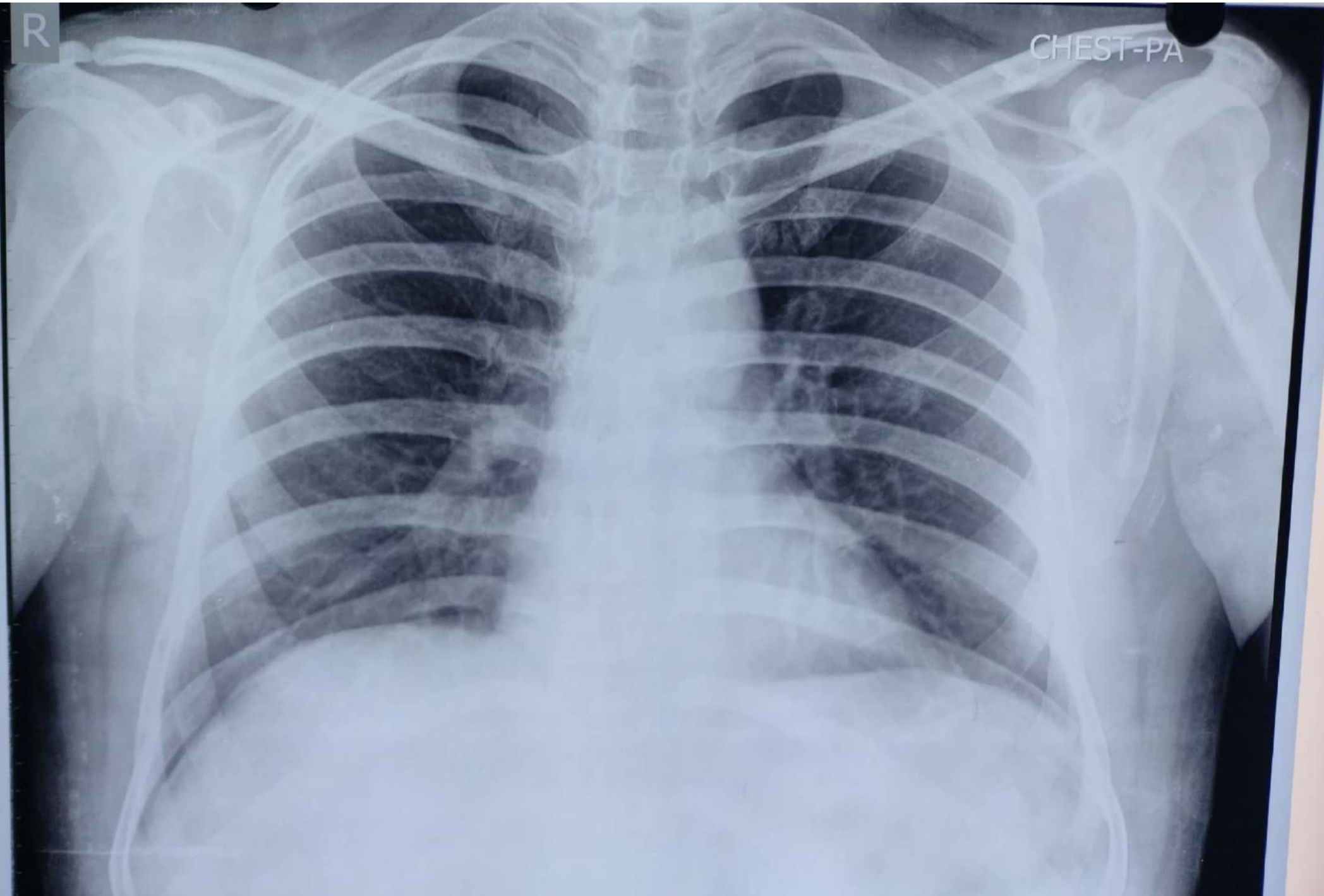
TECHNICIAN  
17456

Consultant Pathologist  
DR.VASUNDHARA SINGH M.D (PATH)



R

CHEST-PA





# दिव्यमान हॉस्पिटल प्राइवेट लिमिटेड



ईमेल : dmhgkp@gmail.com • फोन नं० : 0551-2506300 • मो० : 7525969999, 8173006932

Name : MR MANISH KUMAR	Age : 41 YEAR	Gender : Male
D No. : 1296	UHID : UHID1151	Guardian : SATYENDRA KUMAR
Dr. : DR ASHOK KUMAR SRIVASTAVA	Department : GENERAL MEDICINE	Qualification : MBBS MD
Date : 29-03-2024	Address : AZAMGARH	Contact : 8210665013

120/80 Pulse ~~120/80~~ SpO2 ~~98%~~  
 Weight 74 kg Temp  
 Hb 12.4 g/dl  
 ECG Normal  
 Rx: Tab Bandyplus  
dent / Actenty asad  
Tab Multivite FM omega 3  
Tab Manben LC  
 Hb 12.4 g/dl  
 ECG Normal  
 Rx: Tab Bandyplus  
dent / Actenty asad  
Tab Multivite FM omega 3  
Tab Manben LC

Hb 12.4 g/dl  
 ECG Normal  
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 Rx: Tab Bandyplus  
dent / Actenty asad  
Tab Multivite FM omega 3  
Tab Manben LC

Hb 12.4 g/dl  
 ECG Normal  
 Rx: Tab Bandyplus  
dent / Actenty asad  
Tab Multivite FM omega 3  
Tab Manben LC

Hb 12.4 g/dl  
 ECG Normal  
 Rx: Tab Bandyplus  
dent / Actenty asad  
Tab Multivite FM omega 3  
Tab Manben LC



**:- अन्य विभाग :-**

- |  |   |   |   |
|--|---|---|---|
| <ul style="list-style-type: none"> <li>• प्रसूति एवं स्त्री रोग</li> <li>• मेडिसिन एवं आई.सी.यू.</li> <li>• न्यूरोलॉजी</li> <li>• जनरल व लैप्रोस्कोपिक सर्जरी</li> </ul> | <ul style="list-style-type: none"> <li>• शिशु, बाल रोग एवं एन.आई.सी.यू.</li> <li>• ऑर्थोपेडिक सर्जरी</li> <li>• यूरोलॉजी</li> <li>• न्यूरोसर्जरी</li> </ul> | <ul style="list-style-type: none"> <li>• डायलिसिस</li> <li>• कार्डियोलॉजी</li> <li>• नाक, कान, गला रोग</li> <li>• छाती रोग</li> </ul> | <ul style="list-style-type: none"> <li>• फिजियोथेरेपी एवं रिहैबिलिटेशन</li> <li>• प्राकृतिक उपचार</li> <li>• रेडियोलॉजी एवं पैथोजॉजी</li> <li>• माइयूलर ओ.टी., सी.आर्म</li> </ul> |
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**इमरजेन्सी 24 घण्टे**

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, अजांची बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003  
 गोरखपुर -273003