

65 bpm
-- / -- mmHg

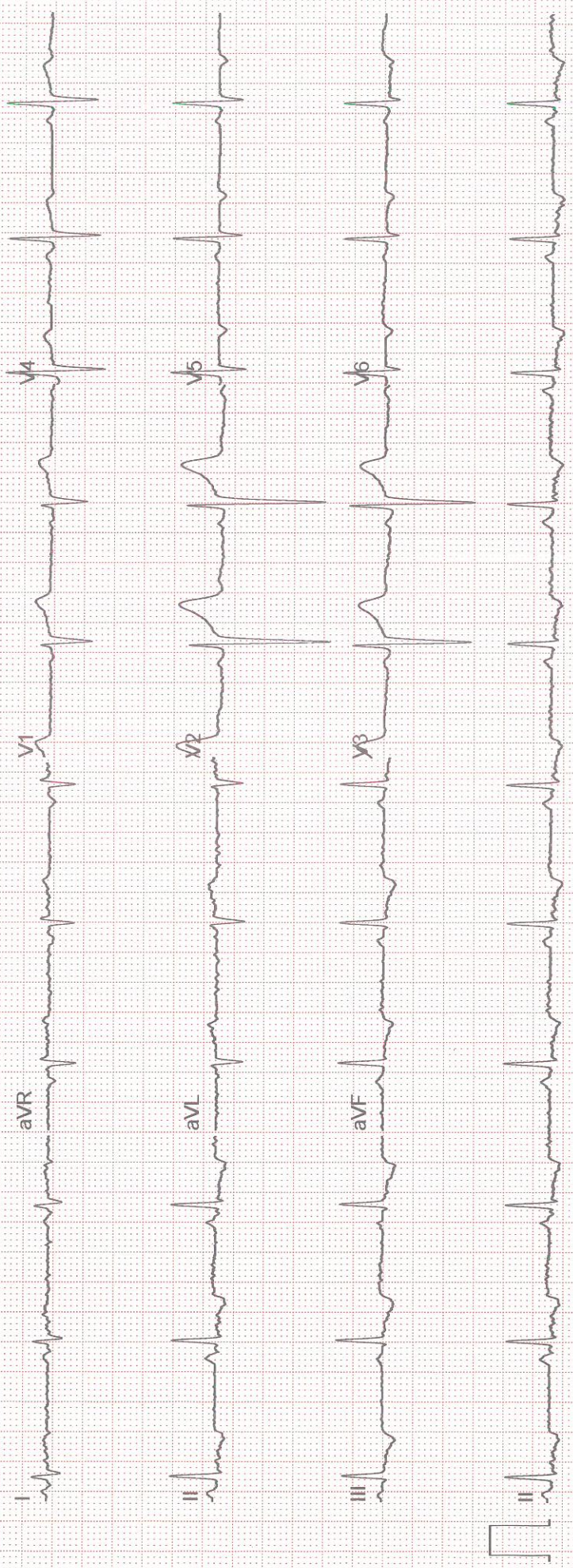
Location:
Room:
Order Number:
Indication:
Medication 1:
Medication 2:
Medication 3:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

26.07.2024 10:30:37
SHEKHAR HOSPITAL PVT LTD
INDIRA NAGAR, SECTOR-B
LUCKNOW U.P.

Normal sinus rhythm
T wave abnormality, consider inferolateral ischemia
Abnormal ECG

QRS 72 ms
QT / QTcBaz 384 / 399 ms
PR 134 ms
P 88 ms
RR / PP 922 / 923 ms
P / QRS / T 69 / 89 / -66 degrees



SHEKHAR HEART LUNG CENTRE

"Centre of Excellence in Cardiac & Lung Care with a difference"

2D- ECHO REPORT

PT NAME: MR. SHIV SHANKER	AGE: 35 YEARS	SEX: MALE
PT: OPD	BED NO: 0000	DATE: 26/07/2024

MITRAL VALVE

Morphology AML - Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/SAM/Doming
PML - Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
Subvalvular deformity Present/Absent

Doppler Normal/Abnormal
Mitral stenosis Present/Absent RR interval..... msec
EDG..... mmHg MDG..... mmHg MVA cm'
Mitral regurgitation. Absent/Trivial/Mild/Moderate/Severe

TRICUSPID VALVE

Morphology Normal/Thickening/Calcification/Prolapse/Vegetation/Doming
Doppler Normal/Abnormal
Tricuspid stenosis Present/Absent RR interval..... msec
Tricuspid regurgitation EDG..... mmHg MDG..... mmHg
Absent/Trivial/Mild/Moderate/Severe Fragmented Signals
Velocity m/sec Pred. RVSP= RAP+ mmHg
TAPSE=

PULMONARY VALVE

Morphology Normal/Thickening/Doming/Vegetation
Doppler Normal/Abnormal PVmax m/s
Pulmonary stenosis Present/Absent Level Pulmonary annulus..... mm
Pulmonary regurgitation PSG mmHg
Present/Absent
Early diastolic gradient..... mmHg End diastolic gradient mmHg
Pred. PA mean P..... mmHg

AORTIC VALVE

Morphology Normal/Thickening/Calcification/Restricted Opening/Flutter/Vegetation No. of cusps 1/2/3/4
Doppler Normal/Abnormal AVmax 0.8 m/s
Aortic stenosis Present/Absent Level
PSG 2.9 mmHg Aortic annulus mm
Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe

~ 2



Shekhar

SHEKHAR HEART LUNG CENTRE

"Centre of Excellence in Cardiac & Lung Care with a difference"

Measurements

Aorta	26	LAes	24
IVS ed.	07	IVS es.	12
LVed	43	LVes	27
PW(LV)ed	08	PW(LV)es	12
RVed	-	RV anterior wall	-
IVS Motion Normal/Flat/Paradoxical	-	IVC size	

Aorta: SOV = mm; Normal / dilated,

STJ = mm Asc AO= mm;

Normal / dilated

Arch & Desc Ao: Normal / dilated / coarct

MPA: Normal / dilated

PA Branches: Normal / dilated

CHAMBERS

LV

Normal/Enlarged/Clear/Thrombus/Hypertrophy

Contraction – Normal/Reduced

LV diastolic function - Normal/dysfunction grade =

Normal/ Enlarged/ Clear/ Thrombus

LA

RA

Normal/ Enlarged/ Clear/ Thrombus

RV

Normal/Enlarged/Clear/Thrombus

Pericardium

Normal/Thickened/Calcification/Effusion

FINAL IMPRESSION:

- **NORMAL LV SYSTOLIC FUNCTION**
- **LVEF = 67 %**
- **NO RWMA**
- **NO MR/AR/PR/TR**
- **NO CLOT/PERICARDIAL EFFUSION/THROMBUS**

CONSULTANT

Dr. Harshit Gupta

M.D (Medicine) D.M (Cardiology)

B Block, Church Road, Indira Nagar, Lucknow, Uttar Pradesh 226016

Call : 0522 492 7272 / 235 2352

mail@shekharhospital.com | www.shekharhospital.com



SHEKHAR HOSPITAL
Committed to excellence





UHID : OP:2024/004674
 Name : Mr. SHIV SHANKAR Age : 35 Y , Sex - M
 Patient Type : Normal Aadhaar No: 652032221250
 Bill Date : 26/07/2024
 Referred By. : MEDICINE DEPT.,
 Collection Date/Time : 26/07/2024 10:23:29 AM Lab Refno : LB:2024/009255
 Reporting Date/Time : 26/07/2024 11:11:14 AM

HAEMATOLOGY Report

Test Description	Result	Unit	Biological Reference Interval
CBC			
HAEMOGLOBIN(HB) Method : CALORIMETRIC /CYNAMETH HAEMOGLOBIN	16.3	gm/dl	(M:13-17) (F:12-15)
RBC COUNT Method : FLOW CYTOMETRY	5.32*	million/cumm	(M) 4.5 - 5.5 (F) 3.8 - 4.8 (AT BIRTH) 5 - 7 (1 YR) 3.9 - 5.1 (2 - 12 YR) 4.0 - 5.2
HCT Method : CALCULATED	46.7	%	M :45 - 5% F: 41 - 5%
MCV Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	87.9	fl	83-101 fl
MCH Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	30.6	pg	27-32 pg
MCHC Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL	34.8	gm/dl	31.5 - 34.5 gm
TOTAL LEUKOCYTE COUNT (TLC) (1390) Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL Sample Type : Whole Blood (K2 EDTA WB)			
TOTAL LEUKOCYTE COUNT (TLC)	8500	/cmm	Adult (4000-10000) At birth (10000-26000) 1 Year (6000-16000) 2-7 years (6000-15000) 6-12Years (5000-13500)
DIFFERENTIAL LEUCOCYTE COUNT (DLC) Method : MANUAL / MICROSCOPIC Sample Type : Whole Blood (K2 EDTA WB)			
POLYMORPHS	50	%	40-70



UHID : OP:2024/004674
 Name : Mr. SHIV SHANKAR Age : 35 Y , Sex - M
 Patient Type : Normal Aadhaar No: 652032221250
 Bill Date : 26/07/2024
 Referred By. : MEDICINE DEPT.,
 Collection Date/Time : 26/07/2024 10:23:29 AM Lab Refno : LB:2024/009255
 Reporting Date/Time : 26/07/2024 11:11:14 AM

HAEMATOLOGY Report

Test Description	Result	Unit	Biological Reference Interval
LYMPHOCYTES	42	%	20-40
MONOCYTES	05	%	2-10
EOSINOPHILS	03	%	1-6
BASOPHILS	00	%	1-2
PLATELET COUNT	2,90,000*	/cumm	1.5 - 4.5 Lacs
Method : AUTOMATED ELECTRICAL RESISTANCE IMPEDANCE/ MANUAL			New Born 1 - 4.50 Lacs
Sample Type : Whole Blood (K2 EDTA WB)			

BLOOD GROUPING "A"
 RH TYPING Positive (as per sample collection)

MEDIWHEEL FULL BODY HEALTH PLUS CHECK-UP

ESR - WINTROBE

Sample Type : Whole Blood (K2 EDTA WB)

ESR (WHOLE BLOOD) 5 mm / first hour (M) 0 -10
(F) 0 - 20

URIC ACID (URINE)

Method : URICASE METHOD

URIC ACID **8.0** MG (M/F) 800 - 1000

Machines Used: HAEMAT ANALYSER, Mindray BC
 5150, Rayto 240, Fully Autometed
Checked By: Shweta Awasthi

DR. ANKITA KATARA
 PANDEY
 MD, PATHOLOGY

* Indicates Critical Values. ■ Indicates Out of TAT.

Report printed by : PRIYAM MISHRA Printed on : 26/07/2024 - 12:4:52



UHID : OP:2024/004674
 Name : Mr. SHIV SHANKAR Age : 35 Y , Sex - M
 Patient Type : Normal Aadhaar No: 652032221250
 Bill Date : 26/07/2024
 Referred By. : MEDICINE DEPT.,
 Collection Date/Time : 26/07/2024 10:23:39 AM Lab Refno : LB:2024/009258
 Reporting Date/Time : 26/07/2024 11:10:01 AM

BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
BLOOD SUGAR FASTING Method : GOD-POD METHOD Sample Type : Flouride Plasma			
BLOOD SUGAR FASTING	104.0	mg/dl	70-110
LIPID PROFILE (1514) Method : ENZYMATIC METHOD Sample Type : SERUM			
CHOLESTROL (TOTAL) SERUM	248.0	mg/dl	Normal200 Borderline 200-239 High > 240
HDL (SERUM)	54.0	mg/dl	M-30-70 F-30-85
LDL (SERUM)	148.0	mg/dl	<150
VLDL (SERUM)	46.0	mg/dl	10-40
TRIGLYCERIDES (SERUM)	228.0	mg/dl	25-160
LFT (PROFILE) (1513)			
BILIRUBIN (TOTAL) Method : JENDRASSIK MODIFIED METHOD Sample Type : SERUM	1.05	mg/dl	Upto 1.0
BILIRUBIN DIRECT Method : JENDRASSIK MODIFIED METHOD Sample Type : SERUM	0.45	mg/dl	Upto 0.25
BILIRUBIN INDIRECT Method : JENDRASSIK MODIFIED METHOD			
BILIRUBIN INDIRECT (SERUM)	0.60	mg/dl	0.2 - 0.8
SGPT (ALT) Method : IFCC METHOD Sample Type : SERUM			
SGPT	134.0	IU/L	Upto 49
SGOT (AST) Method : IFCC METHOD Sample Type : SERUM			
SGOT	111.0	IU/L	Men - Upto 46 Women - Upto 40
ALKALINE PHOSPHATASE (ALP) Method : UV KINETIC Sample Type : SERUM			
ALKALINE PHOSPHATASE	134.0	U/L	ADULT(>15Years) : 110-310 U/L CHILD(<15Years) : 270-810 U/L



UHID : OP:2024/004674
 Name : Mr. SHIV SHANKAR Age : 35 Y , Sex - M
 Patient Type : Normal Aadhaar No: 652032221250
 Bill Date : 26/07/2024
 Referred By. : MEDICINE DEPT.,
 Collection Date/Time : 26/07/2024 10:23:39 AM Lab Refno : LB:2024/009258
 Reporting Date/Time : 26/07/2024 11:10:01 AM

BIO - CHEMISTRY Report

Test Description	Result	Unit	Biological Reference Interval
PROTEIN(TOTAL) (153) Method : Biuret method Sample Type : SERUM			
PROTEIN(TOTAL) (153)*	8.0	gm/dl	6.0 - 8.5
ALBUMIN - ALBUMIN (64)	4.6	gm/dl	3.2 - 5.5
RFT (PROFILE) (1512) BUN (SERUM) (142) Method : UV KINETIC Sample Type : SERUM			
BUN (142)	10.0	mg/dl	6 - 21
SERUM CREATININE (1447) Method : JAFFE KINETIC METHOD Sample Type : SERUM			
CREATININE	0.98	mg/dl	(M) 0.6 - 1.4 (F) 0.6-1.2
SODIUM (NA+) Method : I.S.E. Sample Type : SERUM			
SODIUM (NA+)	139.3	mmol/L	136 - 146
POTASSIUM (K+) Method : I.S.E. Sample Type : SERUM	4.56	mmol/L	3.5 - 5.5

Machines Used: AUTO - ANALYSER OPTIMA - 1, HDC
 Lyte Semi Autometed, Rayto 240, Fully
 Autometed, SEMI AUTO - ANALYZER
Checked By: Shweta Awasthi

DR. ANKITA KATARA
 PANDEY
 MD, PATHOLOGY

* Indicates Critical Values. ■ Indicates Out of TAT.

Report printed by : PRIYAM MISHRA Printed on : 26/07/2024 - 11:14:57



UHID : OP:2024/004674
 Name : Mr. SHIV SHANKAR Age : 35 Y , Sex - M
 Patient Type : Normal Aadhaar No: 652032221250
 Bill Date : 26/07/2024
 Referred By. : MEDICINE DEPT.,
 Collection Date/Time : 26/07/2024 10:23:36 AM Lab Refno : LB:2024/009257
 Reporting Date/Time : 26/07/2024 11:09:44 AM

BIO - CHEMISTRY Report

Test Name	Results	Units	Bio.Ref.Interval
HbA1c (Glycosylated Hemoglobin)	6.00	%	Blood @ (HPLC)
Interpretation			
As per American Diabetes Association (ADA)			
Reference Group	HbA1c in %		
Non diabetic adults >=18 years	4.0 - 6.0		
At risk	>=6.0 to <= 6.5		
Diagnosing Diabetes	> 6.5		
Therapeutic goals for glycemc Control	Age > 19 years Goal of therapy: <7.0 Action suggested: >8.0		
	Age < 19 years Goal of therapy: <7.5		
Note: 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly			



UHID : OP:2024/004674
Name : Mr. SHIV SHANKAR Age : 35 Y , Sex - M
Patient Type : Normal Aadhaar No: 652032221250
Bill Date : 26/07/2024
Referred By. : MEDICINE DEPT.,
Collection Date/Time : 26/07/2024 10:23:36 AM Lab Refno : LB:2024/009257
Reporting Date/Time : 26/07/2024 11:09:44 AM

BIO - CHEMISTRY Report

controlled.

2.Target goals of <7.0% may be beneficial in patients with short

duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications

of diabetes, limited life expectancy or extensive co-morbid conditions

targeting a goal of <7.0% may not be appropriate.

Comments

HbA1c provides an index of average blood glucose levels over the past

8-12 weeks and is a much better indicator of long term glycaemic control

as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels

HbA1c (%)	Mean Plasma Glucose (mg/dl)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

Machines Used: AUTO - ANALYSER OPTIMA - 1

Checked By: Shweta Awasthi

DR. ANKITA KATARA
PANDEY
MD, PATHOLOGY

* Indicates Critical Values. ■ Indicates Out of TAT.

Report printed by : PRIYAM MISHRA Printed on : 26/07/2024 - 11:21:39



UHID : OP:2024/004674
Name : Mr. SHIV SHANKAR
Patient Type : Normal
Bill Date : 26/07/2024
Referred By. : MEDICINE DEPT.,
Collection Date/Time : 26/07/2024 10:23:42 AM
Reporting Date/Time : 26/07/2024 11:11:53 AM
Age : 35 Y , Sex - M
Aadhaar No: 652032221250
Lab Refno : LB:2024/009259

HORMONE Report

Sl.No.	Test	Result	Reference Values
THYROID PROFILE (TOTAL T3, T4 & TSH)			
Sample Type : Serum			
1.	TOTAL T3 (TRIIODOTYRONINE)	1.22	0.92-2.33 nmol/l
2.	TOTAL T4 (TYROXINE)	71.62	60-120 nmol/l
3.	TSH (THYROID STIMULATING HORMONE)	5.96	Euthyroid 0.25-5 uIU/ml Hyperthyroid <0.15 uIU/ml Hypothyroid >7.0 uIU/m

Comments: INTERPRETATION (AS PER KIT INSERT)

Serum T3, T4 & TSH measurements from three components of Thyroid screening panel, useful in diagnosing various disorders of gland function.

Thyroid

1. Primary HypoThyroidism is accompanied by depressed serum T values and elevated serum TSH level 3 & T4
2. Primary Hyper Thyroidism is accompanied by elevated serum T levels along with depressed TSH values 3 & T4
3. Normal T4 levels are accompanied by increased T3 in patient T3 Thyrotoxicosis with
4. Slightly elevated T3 levels may be found in pregnancy and estherapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and thioracilol and
5. Although elevated TSH levels are nearly always indicative of hypothyroidism, and may be seen in secondary thyrotoxicosis.

REMARKS: Normal/Reference ranges given are as per kit literature. Correlation is advised. Clinical

Note:- Maximum reading in our instrument is 100. In case of reading greater than 100, instrument given result with greater than (>) sign.

Machines Used: VIDAS / MINI VIDAS

Checked By: Shweta Awasthi

DR. ANKITA KATARA PANDEY
MD, PATHOLOGY

* Indicates Critical Values. ■ Indicates Out of TAT.

Report printed by : PRIYAM MISHRA Printed on : 26/07/2024 - 12:8:31



UHID : OP:2024/004674
 Name : Mr. SHIV SHANKAR Age : 35 Y , Sex - M
 Patient Type : Normal Aadhaar No: 652032221250
 Bill Date : 26/07/2024
 Referred By. : MEDICINE DEPT.,
 Collection Date/Time : 26/07/2024 10:23:39 AM Lab Refno : LB:2024/009258
 Reporting Date/Time : 26/07/2024 11:10:01 AM

CLINICAL PATHOLOGY Report

Sample Type : Urine

<u>TEST</u> <u>VALUE</u>	<u>VALUE</u>	<u>UNIT</u>	<u>NORMAL</u>
PHYSICAL EXAMINATION			
APPEARANCE	CLEAR		CLEAR
COLOUR	STRAW		PALE
PH	6.0 (ACIDIC)		4.8-7.4
SPECIFIC GRAVITY	1.010		1.010-
1.022			
CHEMICAL EXAMINATION			
ALBUMIN	NIL		NEGATIVE
GLUCOSE	NIL		NEGATIVE
BLOOD	NIL		NEGATIVE
LEUCOCYTE ESTERASE	NIL		NEGATIVE
NITRITE	NIL		NEGATIVE
MICROSCOPIC EXAMINATION			
RBCs	NIL	/HPF	0-5
DYSMORPHIC RBCs	ABSENT		
PUS CELLS	NIL	/HPF	0-5
EPITHELIAL CELLS	NIL	/HPF	<5
CASTS	NIL		ABS
CRYSTALS	NIL		ABS
BACTERIA	NIL		ABS
OTHERS	NIL		

Checked By: SATYAM PATHAK

DR. ANKITA KATARA PANDEY
 MD, PATHOLOGY

* Indicates Critical Values. ■ Indicates Out of TAT.

Report printed by : PRIYAM MISHRA Printed on : 26/07/2024 - 13:21:9

Page - 1

End of Report



UHID : OP:2024/004674
Name : Mr. SHIV SHANKAR Age : 35 Y , Sex - M
Patient Type : Normal Aadhaar No:
Bill Date : 26/07/2024
Referred By. : MEDICINE DEPT.,
Patient In Date/Time : 26/07/2024 Reporting Date/Time : 26/07/2024 12:05:04 PM

RADIOLOGY Report

WHOLE ABDOMEN ULTRASOUND

LIVER: Liver is enlarged in size measuring approx 15.7 cm and has mildly increased echogenicity with normal visualization of intrahepatic portal channel, biliary radicles and diaphragm. No focal lesion seen. The intra hepatic portal channels are normal. Porta hepatis is normal.

GALL BLADDER: Gall bladder is contracted. WES sign is positive.

CBD is normal.

PANCREAS: The head, body and tail portion of pancreas is normal in size and shape and has a normal homogenous echotexture. No focal lesion seen.

SPLEEN: Spleen is normal in size and has a normal homogenous echotexture. No focal lesion seen. Splenic vein is normal in caliber.

KIDNEYS: Both kidneys are normal in size and have a normal cortical echotexture. Collecting system of both Kidneys is normal and cortico-medullary demarcation is distinct. The cortical thickness is normal. No evidence of any calculus / mass lesion seen.

URINARY BLADDER: Urinary bladder is partially distended.

PROSTATE: Grossly normal.

Impression:-

**CHRONIC CALCULUS CHOLECYSTITIS.
MILD HEPATOMEGALY WITH GRADE I
FATTY LIVER.**


DR. AMRITA SINGH

MD RADIO DIAGNOSIS

B Block, Church Road, Indira Nagar, Lucknow, Uttar Pradesh - 226016

Call : 0522 - 492 7272 | 235 2352

mail@shekharhospital.com | www.shekharhospital.com



**SHEKHAR
HOSPITAL**

Committed to excellence

UHID : OP:2024/004674
Name : Mr. SHIV SHANKAR Age : 35 Y , Sex - M
Patient Type : Normal Aadhaar No:
Bill Date : 26/07/2024
Referred By. : MEDICINE DEPT.,
Patient In Date/Time : 26/07/2024 Reporting Date/Time : 26/07/2024 12:45:03 PM

RADIOLOGY REPORT

X-RAY CHEST PA VIEW

Soft tissue shadows appears normal.
Bony cage is normal.
Diaphragmatic shadows are normal on both sides.
Costo-phrenic angles are bilaterally clear.
Trachea is central in position.
Hilar shadows are normal.
Cardiac size and contours are normal.
Vascular markings are normal on both sides in all zones.
Pulmonary parenchyma does not reveal any significant lesion.
PLEASE CORRELATE CLINICALLY.

DR. AMRITA SINGH

MD RADIO DIAGNOSIS

Report printed by : SEEMA SINGH Printed on : 26/07/2024 - 12:46:5

R

Select a file to preview

SHIV SHANKAR 35Y M 11986 CHEST PA 26-07-2024
SHEKHAR HOSPITAL, INDIRA NAGAR, LUCKNOW