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OUT PATIENT PRESCRIPTION

LOC SV NO. : 86893
 UHID NO. : 69958
 Patient Name : Mr. AKSHAY HYANKI
 Age : 36 Years
 Sex : Male
 Relative name : S/Omr jeevan singh
 Address : bageshwar

Location : Haldwani
 Date : 13/04/2024 07:59:31 am
 Mobile : 8449828499
 Org. name : Hospital
 Consultant : DR PRATIBHA GURURANI
 Speciality : ENT SURGEON
 Token No. : 1

BP-90/60mmHg PR-57/min SpO2-97% T-38
 For Routine checkup.

Reports - wmc



DEPARTMENT OF RADIOLOGY & IMAGING

PT.NAME: MR. AKSHAY HYANKI

AGE/SEX-36Y/M

UHID NO- 69958

DATE: 13/APR/2024

REF.BY- DR. (MAJ) SAURABH MAYANK

USG WHOLE ABDOMEN

LIVER: is normal in size, measures approx 12.1 cms and has a normal homogeneous echotexture.

PORTAL VEIN: is not dilated. Intrahepatic biliary radicals are not dilated.

GALL BLADDER: is partially distended with normal wall thickness.

CBD: is not dilated with clear lumen. No calculus is seen.

PANCREAS: Visualized part of pancreas is normal in size, shape with normal homogeneous echotexture. **MPD:** is not dilated.

SPLEEN: is normal in size (~8.7 cms) with normal homogeneous echotexture.

RIGHT KIDNEY: is normal in size and echotexture.

- Cortical echogenicity is normal.
- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appears normal.
- Pelvicalyceal system is not dilated.

LEFT KIDNEY: is normal in size and echotexture.

- Cortical echogenicity is normal.
- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appears normal.
- Pelvicalyceal system is not dilated.

-----PTO



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URETERS:

- The upper parts of both the ureters are not dilated.
- Bilateral vesico-ureteric junctions are not dilated.

URINARY BLADDER: is distended. Wall thickness is normal.

PROSTATE: is normal in size with normal homogeneous echotexture.

No free fluid is seen in the Morrison's pouch, perihepatic space, perisplenic space, para colic gutter and pelvic cavity.

IMPRESSION: *USG appearances are suggestive of -*

➤ ***No significant abnormality is seen.***

(Adv- Clinico-pathological correlation)

Number of images-05


DR. (MAJ) RAVINDER SINGH
MBBS, MD.
Consultant Radiologist

This is a professional report based on imaging only and should always be related clinically and with other relevant investigations. This report not for medico-legal purpose. In case of any discrepancy due to machine error or typing error get it rectified immediately.

09-03-2024-05-03-42
ID: 69434

Male _____ Years _____

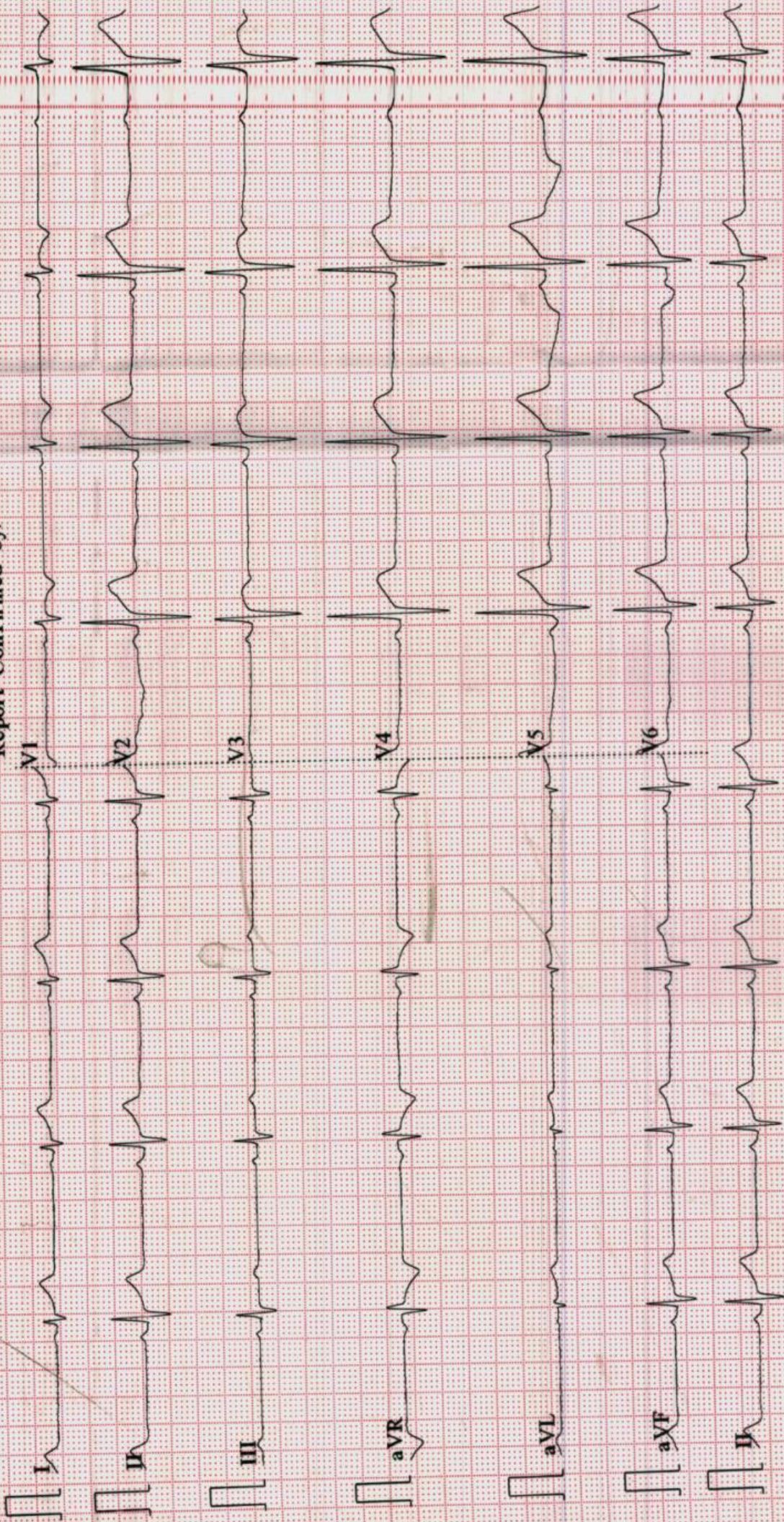
HR : 49 bpm
P : 94 ms
PR : 143 ms
QRS : 92 ms
QT/QTc : 405/366 ms
P/QRS/T : 57/55/45 °
RV5/SV1 : 1.460/0.270 mV

Diagnosis Information:
Sinus Bradycardia
Slight ST Elevation (V5)

13/04/2024

AKSHAY HYANI

Report Confirmed by:





CARDIOLOGY

ECHOCARDIOGRAM REPORT

NAME: MR. AKSHAY AGE/SEX:36/M DATE:13/04/2024

REFERRING DIAGNOSIS: To rule out structural heart disease

ECHOGENECITY : Normal

DIMENSIONS		NORMAL			NORMAL
AO (ed)	3.1cm	(2.1 - 3.7cm)	IVSs	0.7cm	(0.6 - 1.2 cm)
LA (es)	3.0cm	(2.1 - 3.7 cm)	LVIDs	1.0cm	(0.6 - 1.2 cm)
IVSd	1.1cm	(1.5 - 3.0 cm)	LVPWs	1.8 CM	(0.6 - 1.2 cm)
LVIDd	4.0cm	(3.6 - 5.2 cm)	EF	60%	(60% - 85%)
LVPWd	2.8cm	(2.3 - 3.9 cm)	FS	18%	(30% - 42%)

MORPHOLOGICAL DATA

Mitral Valve: Normal

AML : Normal

Interatrial septum

:Intact

PML : Normal

Interventricular Septum

: Intact

Aortic Valve : Normal

Pulmonary Artery :

Normal

Tricuspid Valve : Normal

Aorta

: Normal

Pulmonary Valve : Normal

Right Atrium

: Normal

Right Ventricle : Normal

Left Atrium

: Normal

Left Ventricle : Normal

----P.T.O



2-D ECHOCARDIOGRAPHY FINDINGS :

LV normal in size with Normal contractions. No LV regional wall motion abnormality in basal state. RV normal in size with adequate contractions. LA and RA normal. Pericardium normal. No intracardiac mass seen on transthoracic echocardiography. Estimated LV ejection fraction is 60%.

COLOR FLOW MAPPING :

No MR. No TR

IMPRESSION :

1. LV Normal in size with Normal LV systolic function. (LVEF = 60%).
2. No LV regional wall motion abnormality in basal state.
3. Normal Color Flow.
4. Type I Diastolic dysfunction.
5. Normal Cardiac Chamber Dimension.
6. RV normal in size with adequate systolic function.
7. Normal mitral inflow pattern.
8. No I/C Clot/Veg/PE.

DR. YOGESH NAGENDRA
MBBS, MD, DM (CARDIOLOGY)

NOTE : Echocardiography report given is that of the procedure done on that day and needs to be assessed in conjunction with the clinical findings. This is not for medicolegal purposes. No record of this report is kept in the hospital.

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Date 13/04/2024 08:32:26 AM
 Name Mr. AKSHAY HYANKI
 Ref. By Dr. SAURABH MAYANK

Srl No. 1006
 Age 36 Yrs.
 Sex M

UHID No. OPD-69958
 Printed on 13/04/2024 12:54 PM

Test Name	Value	Unit	Normal Value
<u>COMPLETE HAEMOGRAM</u>			
Erba Mannheim Elite 580			
HAEMOGLOBIN (Hb)	13.9	gm / dL	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	4,150	cells / cu mm	4000 - 11000
<u>DIFFERENTIAL LEUCOCYTE COUNT (DLC)</u>			
NEUTROPHIL	40	%	40 - 75
LYMPHOCYTE	45	%	20 - 40
EOSINOPHIL	09	%	01 - 06
MONOCYTE	06	%	02 - 10
BASOPHIL	00	%	0 - 0
RBC COUNT	4.42	million / cu mm	4.5 - 5.5
P.C.V / HAEMATOCRIT	41.7	%	40 - 54
M C V	94.344	fl.	80 - 100
M C H	31.448	Picogram	27.0 - 31.0
M C H C	33.33	gm / dL	32 - 36
PLATELET COUNT	1,81,000	Lakh / cu mm	150000 - 400000
ESR	15	mm / 1st hr	0 - 15
VESMATIC EASY - AUTOMATED			

**** End Of Report ****

LAB TECHNICIAN




DR. ANAMIKA YADAV
MBBS DNB PATHOLOGY

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Test Name	Value	Unit	Normal Value
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HAEMATOLOGY

Hb A1c	5.2	%	
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EXPECTED VALUES :-

Metabolically healthy patients	=	4.8 - 5.5 % HbA1c
Good Control	=	5.5 - 6.8 % HbA1c
Fair Control	=	6.8 - 8.2 % HbA1c
Poor Control	=	>8.2 % HbA1c

REMARKS:-

In vitro quantitative determination of **HbA1c** in whole blood is utilized in long term monitoring of glycemia . The **HbA1c** level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose.

It is recommended that the determination of **HbA1c** be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy.

Results of **HbA1c** should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

BLOOD GROUP ABO

"O"

RH TYPING

POSITIVE

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Test Name	Value	Unit	Normal Value
<u>KIDNEY FUNCTION TEST (KFT)</u>			
Roche cobas c 311			
BLOOD UREA Urease / GLDH	30.0	mg / dL	15.0 - 40.0
SERUM CREATININE Jaffe	0.74	mg / dL	0.7 - 1.4
SERUM URIC ACID Enzymatic	5.6	mg / dL	3.4 - 7.0
SODIUM ISE	141.0	mmol/L	136.0 - 145.0
POTASSIUM ISE	4.39	mmol/L	3.5 - 5.10
CALCIUM o-cresolphthaleine complexone	9.5	mg / dL	8.6 - 10.0
INORGANIC PHOSPHORUS molybdate UV	2.9	mg / dL	2.5 - 5.0
TOTAL PROTEIN Biuret	5.8	gm / dL	6.6 - 8.3
ALBUMIN BCP	4.0	gm / dL	3.5 - 5.5
TOTAL CHOLESTEROL CHOD-PAP	159.0	mg / dL	0.0 - 200.0

**** End Of Report ****

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Anamika

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Test Name	Value	Unit	Normal Value
<u>LIVER FUNCTION TEST (LFT)</u>			
Roche cobas c 311			
BILIRUBIN TOTAL DPD	1.13	mg / dL	0 - 1.2
CONJUGATED (D. Bilirubin) Jendrassik-Grof	0.22	mg / dL	0.00 - 0.30
UNCONJUGATED (I.D. Bilirubin)	0.91	mg / dL	0.00 - 0.70
TOTAL PROTEIN Biuret	5.8	gm / dL	6.6 - 8.3
ALBUMIN BCP	4.0	gm / dL	3.5 - 5.5
GLOBULIN	1.8	gm / dL	2.5 - 4.0
A/G RATIO	2.222	%	0.8 - 2.0
SGOT IFCC	22.4	IU / L	5.0 - 45.0
SGPT IFCC	21.9	IU / L	5.0 - 49.0
ALKALINE PHOSPHATASE IFCC	62.0	U / L	60.0 - 170.0
GAMMA GT IFCC	16.9	IU / L	8.0 - 71.0

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Test Name	Value	Unit	Normal Value
<u>LIPID PROFILE</u>			
Roche cobas c 311			
TRIGLYCERIDES GPO-PAP	63.8	mg / dL	40.0 - 165.0
TOTAL CHOLESTEROL CHOD-PAP	159.0	mg / dL	0.0 - 200.0
HDL CHOLESTEROL DIRECT	47.8	mg / dL	40.0 - 79.4
V L D L	12.76	mg / dL	4.7 - 22.1
LDL CHOLESTEROL DIRECT	98.44	mg / dL	63.0 - 129.0
TOTAL CHOLESTEROL / HDL RATIO	3.326		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.059		0.00 - 3.55

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Test Name	Value	Unit	Normal Value
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THYROID PROFILE

MINI VIDAS : BIOMERIEUX

T3 ELFA Method	1.29	ng / mL	0.60 - 1.81
T4 ELFA Method	9.24	ug / dL	4.5 - 10.9
TSH ELFA Method	1.58	uIU / mL	0.35 - 5.50

REFERENCE RANGE

PAEDIATRIC AGE GROUP

0-3 DAYS	1.0 - 20	uIU / mL
3-30 DAYS	0.5 - 6.5	uIU / mL
1 MONTH -5 MONTHS	0.5 - 6.0	uIU / mL
6 MONTHS- 18 YEARS	0.5 - 4.5	uIU / mL

ADULTS 0.35 - 5.50 uIU / mL

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates $\pm 50\%$, hence time of the day has influence on the measured serum TSH concentration.

Assay performed on enhanced chemi luminescence system (Centaur-Siemens)

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

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.

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Contd...7

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Test Name	Value	Unit	Normal Value
3. Normal T4 levels are accompanied by increased T3 in patients with T3 thyrotoxicosis.			
4. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.			
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.			

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Test Name	Value	Unit	Normal Value
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BIOCHEMISTRY

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Test Name	Value	Unit	Normal Value
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SEROLOGY

TOTAL PSA ELFA	<0.07	ng / mL	
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INTERPRETATION :
Expected Values :

Age (years)	PSA concentrations (ng / mL)	
	Low Limit	High Limit
< 40	0.21	1.72
40 - 49	0.27	2.19
50 - 59	0.27	3.42
60 - 69	0.22	6.16
> 69	0.21	6.77

PSA is reliable tumour 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 followed later by serial periodical measurements will predict the outcome of therapy. It also helps in early discovery of recurrences, relapses and metastases.

In general, tumor marker levels are directly proportional to the tumour mass and the stage of the cancer. However, it is the rate of change of the tumor marker level which is more important, rather than its absolute value.

A 50% change may be considered clinically significant. It must be emphasised that PSA may also be elevated in benign prostatic hypertrophy and inflammatory conditions of the surrounding genitourinary tract. Therefore, this parameter should never be used as a screening test for diagnosing prostatic carcinomas but only as an aid in follow up studies.

**** End Of Report ****

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Test Name	Value	Unit	Normal Value
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URINE EXAMINATION TEST

PHYSICAL EXAMINATION

QUANTITY

20 mL

COLOUR

YELLOW

TRANSPARENCY

SLIGHTLY TURBID

SPECIFIC GRAVITY

Q.N.S.

Q.N.S.

PH

6.0

6.0

CHEMICAL EXAMINATION

ALBUMIN

NIL

SUGAR

NIL

MICROSCOPIC EXAMINATION

PUS CELLS

1 - 2 / HPF

RBCs

NIL / HPF

NIL

CASTS

NIL / HPF

NIL

CRYSTALS

NIL

NIL

EPITHELIAL CELLS

0 - 1 / HPF

NIL

BACTERIA

NIL

NIL

OTHERS

NIL

NIL

**** End Of Report ****

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AKHAY HAYANKI 36 Y 69958 CHEST PA Apr 13 2024 08:40 AM
UJALA CYGNUS CENTRAL HOSPITAL HALDWANI