



Ujala Cygnus

HEALTHCARE SERVICES

Ujala Cygnus Central Hospital Haldwani



BOOKING NO. : 85541	Location : Haldwani
www.ujalacygnus.com	Date : 04/04/2024
UHID NO. : 40069	09:27:37 am
Patient Name : Mr. K R ARYA	Mobile : 9877840624
Age : 59 Years	Org. name : Hospital
Sex : Male	Consultant : DR.(MAJ) SAURABH MAYANK
Relative name : S/OLT MR D R ARYA	Speciality : INTERNAL MEDICINE
Address : HALDWANI	Token No. : 6

SPO₂ - 97% RR - 78/min B.P - 130/90 mmHg T (2)

TMT → Positive

ECG - Normal.

USG ? Hepatic cyst.

TSH - 16.0 uIU/L

Solu
- CT-Angiography - cardiomegaly

→ T.B. THYRONORM - 50mg, 1 B.B.f.

CARDIOLOGY

ECHOCARDIOGRAM REPORT

NAME: MR. K R ARYA **AGE/SEX:** 59/M **DATE:** 04/04/2024

REFERRING DIAGNOSIS: To rule out structural heart disease

ECHOGENECITY : Normal

DIMENSIONS	NORMAL	DIMENSIONS	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)	LVPWd	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

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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 enlarged in size and volume approx 35.0 cc.

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 -

- ***Few anechoic lesions in the left lobe of the liver—Likely hepatic cysts.***
- ***Grade I prostatomegaly.***

(Adv- Clinico-pathological correlation)



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

Number of images-06

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.

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 Date 04/04/2024 11:06:23 AM
 Name Mr. K R ARYA
 Ref. By Dr. SAURABH MAYANK

 Sri No. 1012
 Age 59 Yrs.
 Sex M

 UHID No. OPD-40069
 Printed on 04/04/2024 04:38 PM

Test Name	Value	Unit	Normal Value
COMPLETE HAEMOGRAM			
Erba Mannheim Elite 580			
HAEMOGLOBIN (Hb)	14.1	gm / dL	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	4,510	cells / cu mm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	47	%	40 - 75
LYMPHOCYTE	44	%	20 - 40
EOSINOPHIL	01	%	01 - 06
MONOCYTE	08	%	02 - 10
BASOPHIL	00	%	0 - 0
RBC COUNT	4.74	million / cu mm	4.5 - 5.5
P.C.V / HAEMATOCRIT	42.3	%	40 - 54
M C V	89.241	fl.	80 - 100
M C H	29.747	Picogram	27.0 - 31.0
M C H C	33.33	gm / dL	32 - 36
PLATELET COUNT	1,84,000	Lakh / cu mm	150000 - 400000
ESR	10	mm / 1st hr	0 - 15
VESMATIC EASY - AUTOMATED			

HAEMATOLOGY

Hb A1c 5.3 %

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

Contd...2

LAB TECHNICIAN




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Test Name	Value	Unit	Normal Value
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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.

KIDNEY FUNCTION TEST (KFT)

Roche cobas c 311

BLOOD UREA Urease / GLDH	31.0	mg / dL	15.0 - 40.0
SERUM CREATININE Jaffe	0.81	mg / dL	0.7 - 1.4
SERUM URIC ACID Enzymatic	5.5	mg / dL	3.4 - 7.0
SODIUM ISE	140.2	mmol/L	136.0 - 145.0
POTASSIUM ISE	4.69	mmol/L	3.5 - 5.10
CALCIUM o-cresolphthaleine complexone	8.7	mg / dL	8.6 - 10.0
INORGANIC PHOSPHORUS molybdate UV	3.0	mg / dL	2.5 - 5.0
TOTAL PROTEIN Biuret	6.7	gm / dL	6.6 - 8.3
ALBUMIN BCP	4.1	gm / dL	3.5 - 5.5
TOTAL CHOLESTEROL CHOD-PAP	187.0	mg / dL	0.0 - 200.0

LIVER FUNCTION TEST (LFT)

Roche cobas c 311

BILIRUBIN TOTAL DPO	1.29	mg / dL	0 - 1.2
CONJUGATED (D. Bilirubin) Jendrassik-Grof	0.31	mg / dL	0.00 - 0.30
UNCONJUGATED (I.D. Bilirubin)	0.98	mg / dL	0.00 - 0.70

LAB TECHNICIAN

Contd...3

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TOTAL PROTEIN Biuret	6.7	gm / dL	6.6 - 8.3
ALBUMIN BCP	4.1	gm / dL	3.5 - 5.5
GLOBULIN	2.6	gm / dL	2.5 - 4.0
A/G RATIO	1.577	%	0.8 - 2.0
SGOT IFCC	19.0	IU / L	5.0 - 45.0
SGPT IFCC	20.4	IU / L	5.0 - 49.0
ALKALINE PHOSPHATASE IFCC	68.0	U / L	60.0 - 170.0
GAMMA GT IFCC	16.1	IU / L	8.0 - 71.0
LIPID PROFILE Roche cobas c 311			
TRIGLYCERIDES GPO-PAP	103.1	mg / dL	40.0 - 165.0
TOTAL CHOLESTEROL CHOD-PAP	187.0	mg / dL	0.0 - 200.0
HDL CHOLESTEROL DIRECT	44.4	mg / dL	40.0 - 79.4
VLDL	20.62	mg / dL	4.7 - 22.1
LDL CHOLESTEROL DIRECT	121.98	mg / dL	63.0 - 129.0
TOTAL CHOLESTEROL / HDL RATIO	4.212		0.0 - 4.97
LDL / HDL CHOLESTEROL RATIO	2.747		0.00 - 3.55

BIOCHEMISTRY

BLOOD SUGAR FASTING
HEXOKINASE 79.1 mg / dL 60.0 - 110.0

THYROID PROFILE MINI VIDAS : BIOMERIEUX

T3 1.34 ng / mL 0.60 - 1.81
 ELFA Method

LAB TECHNICIAN



Contd...4



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Age 59 Yrs.

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Ref. By Dr. SAURABH MAYANK

Sex M

Test Name	Value	Unit	Normal Value
T4 ELFA Method	5.77	ug / dL	4.5 - 10.9
TSH ELFA Method	<u>16.13</u>	uIU / mL	0.35 - 5.50

KINDLY CORRELATE CLINICALLY.

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.
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

Contd...5

LAB TECHNICIAN

(Signature)

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Test Name	Value	Unit	Normal Value
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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.

SEROLOGY

TOTAL PSA 1.16 ng / mL

ELFA

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.

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URINE EXAMINATION TEST

PHYSICAL EXAMINATION

QUANTITY	20	mL	
COLOUR	PALE YELLOW		
TRANSPARENCY	SLIGHTLY TURBID		
SPECIFIC GRAVITY	Q.N.S.		Q.N.S.
PH	5.0		6.0

CHEMICAL EXAMINATION

ALBUMIN	NIL
SUGAR	NIL

MICROSCOPIC EXAMINATION

PUS CELLS	2-3	/HPF	
RBCs	NIL	/HPF	NIL
CASTS	NIL	/HPF	NIL
CRYSTALS	NIL		NIL
EPITHELIAL CELLS	1 - 2	/HPF	
BACTERIA	NIL		NIL
OTHERS	NIL		NIL

**** End Of Report ****

LAB TECHNICIAN




DR. ANAMIKA YADAV
 MBBS DNB PATHOLOGY

1385161453 / MR. K. R. ARYA / 59 Yrs / M / 0 Cms / 0 Kg

Date: 04 / 04 / 2024 05:23:47 PM

Stage	Time	Duration	Speed(mph)	Elevation	METs	Rate	%THR	EP	RPE	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	074	46%	---	000	00	
Supine	00:07	0:01	00.0	00.0	01.0	074	46%	---	000	00	
Supine	00:07	0:00	00.0	00.0	01.0	074	46%	---	000	00	
Standing	00:14	0:07	00.0	00.0	01.0	074	46%	---	000	00	
ExStart	00:24	0:10	00.0	00.0	01.0	076	47%	---	000	00	
BRUCE Stage 1	03:24	3:00	01.7	10.0	04.7	111	69%	140/80	155	00	
BRUCE Stage 2	06:24	3:00	02.5	12.0	07.1	136	84%	150/80	204	00	
PeakTx	07:10	0:46	03.4	14.0	07.9	146	91%	150/80	219	00	
Recovery	07:40	0:30	00.0	00.0	04.1	128	80%	150/80	182	00	
Recovery	08:10	1:00	00.0	00.0	01.1	101	63%	140/80	141	00	
Recovery	09:10	2:00	00.0	00.0	01.0	089	55%	130/80	115	00	
Recovery	09:33	2:24	00.0	01.0	01.0	091	50%	130/80	105	00	

FINDINGS :

Exercise Time : 06:46
 Initial HR (ExStr) : 76 bpm 47% of Target 161
 Initial BP (ExStr) : 0/0 (mm/Hg)
 Max Workload Attained : 7.9 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V6 & -2.3 mm in Recovery
 Duke Treadmill Score : 06.8
 Test End Reasons : Test Complete, Heart Rate Achieved

Max HR Attained 146 bpm 91% of Target 161
 Max BP Attained 150/80 (mm/Hg)

VO2Max : 27.7 ml/Kg/min (Poor)

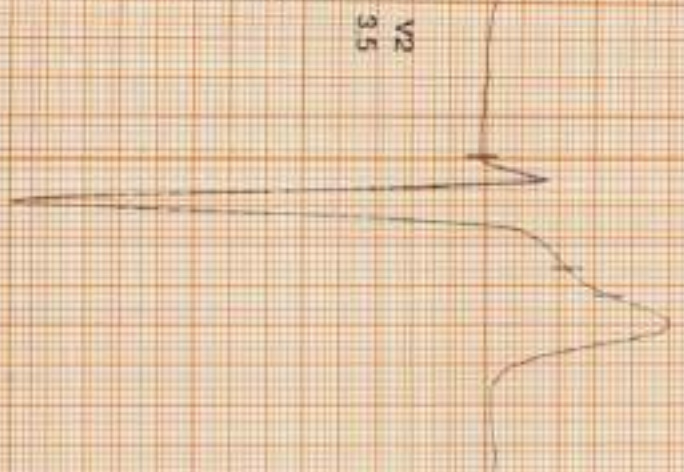
REPORT :

CONCLUSION :

1. Stress test is positive for inducible ischaemia

2024/04/04 09:23:47 PM
 Date: 04/04/2024 09:23:47 PM
 METS: 1.0/74 bpm 40% of THQ BP: -/ - mmHg
 Combined Medication: BLOCOR MONO QW/1/F 0.05 HCTZ 35 PZ
 25.0mm/sec 1.0mV/div
 Ext time: 00:00 0.1mV, 0.05s
 25.0mm/sec 1.0mV/div

DX: 59 m/s P wave 1



REMARKS:



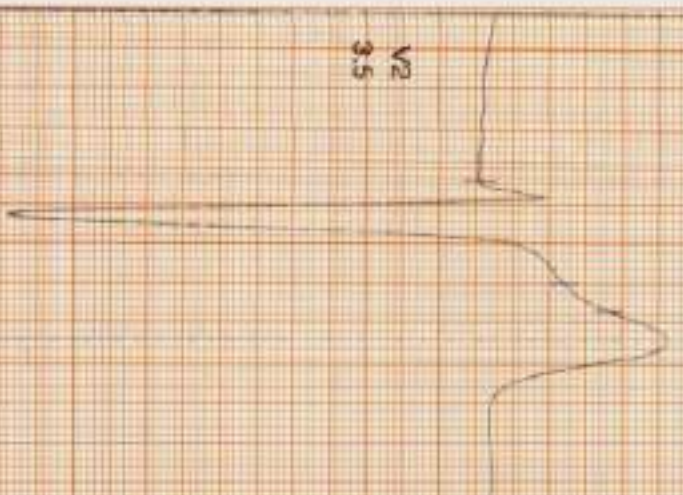
1385161453 / MR. K. R. RAY / 59 Yrs / M / 0 Cms / 0 Kg / HR : 74

Date: 04 / 04 / 2024 05:23:47 PM METS: 1.0 / 74 bpm 46% of THR BP: / / mmHg Combined the data of ECG and Natch on HF 0.05 Hz / F 35 Hz

ADX SINE PAPER 1

EXTime 00:00 0.0 mpa 0.0%
25 mm/Sec 1.0 Cm/Div

V2
3.5



P 0.13
PR 0.16
QT 0.35



P 0.12
PR 0.16
QT 0.35



P 0.10
PR 0.17
QT 0.35



P 0.10
PR 0.16
QT 0.35



P 0.13
PR 0.16
QT 0.35



P 0.13
PR 0.16
QT 0.35



V1 1.0
1.0
0.5



V2 3.5
3.5
2.7



V3 5.6
5.6
5.5



V4 2.0
2.0
1.3



V5 0.2
0.2
0.0



V6 0.5
0.5
0.2



REMARKS
I II III aVR aVL aVF V1 V2 V3 V4 V5 V6

AXMINO SINUSPACE ENTICORRE

ADX_GEM2172203300PVALtergers

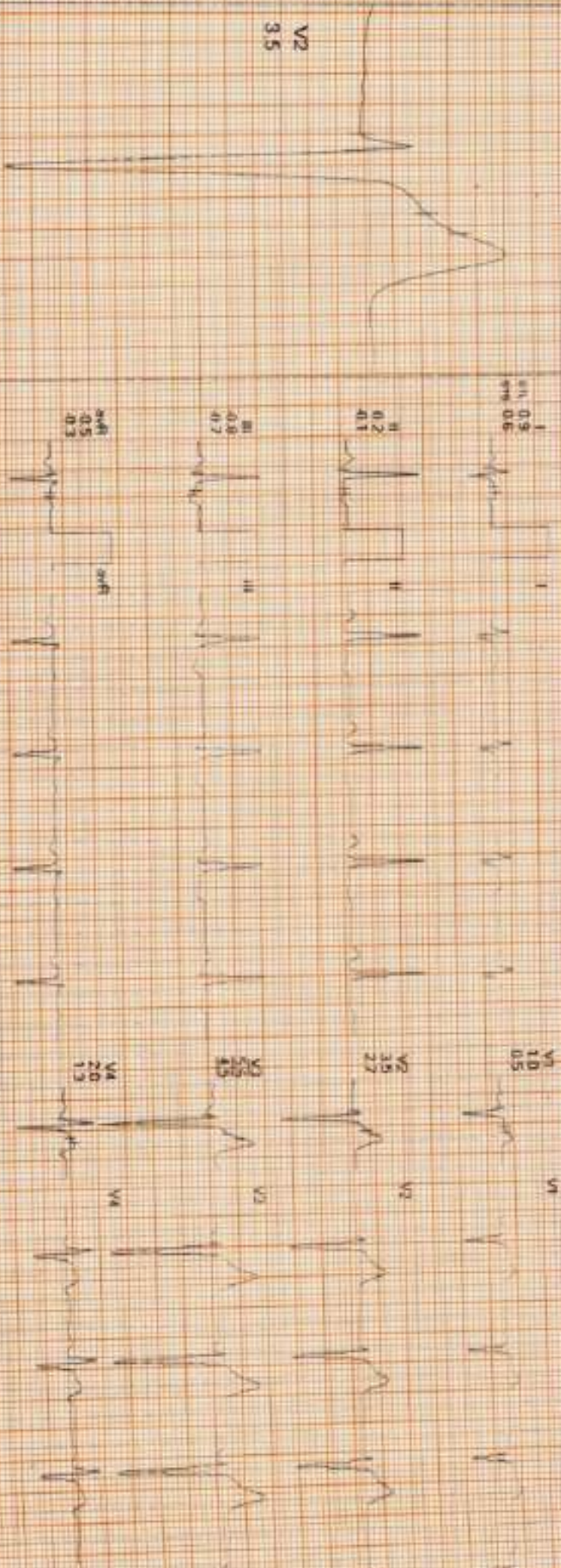
10051029005 / 10051029005 / 55 Yrs / M / O.CMS / O.W. / 105.74

Date: 04 / 04 / 2024 05:23:47 PM METS: 1 W 74 bpm 48% of Thg BP: / / mmHg Combined Medication: B/C Oxy Health Oxy/HF 0.05 Hz/LF 35 Hr

4X 50 sec Plead

Extreme 00:00 0.0 msp, 0.0%
ZsmvSec: 1.0 Cm/Hz

V2
3.5



REMARKS: 1

1385161453 / MR. K. R. ARYA / 59 Yrs / M / 0 Cons / 0 Kg / HR : 111

Date: 04/04/2024 05:23:47 PM

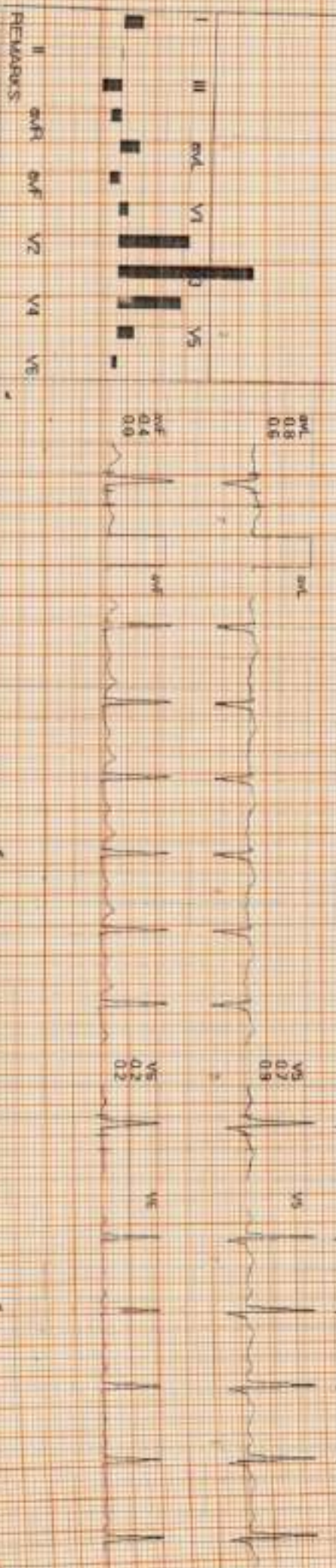
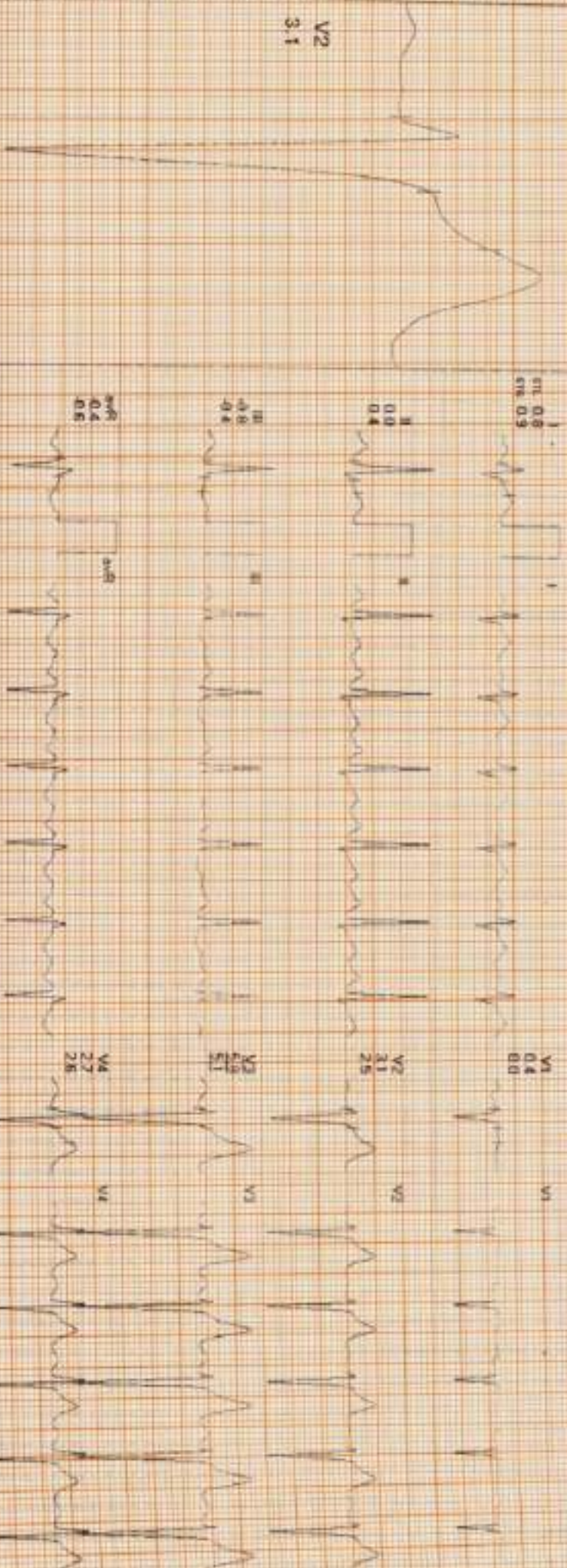
NETS: 47/111 bpm 69% of THR BP: 148/90 mmHg

Combined Meds: BLOC ON / Fract ON / HF 0.05 Hg/LF 35 Hz

EXTIME: 03:09 1.7 mph 10.00
25 mm/5 sec 1.0 cm/mV

EX 70 MS PAPER

V2
3.1



REMARKS:

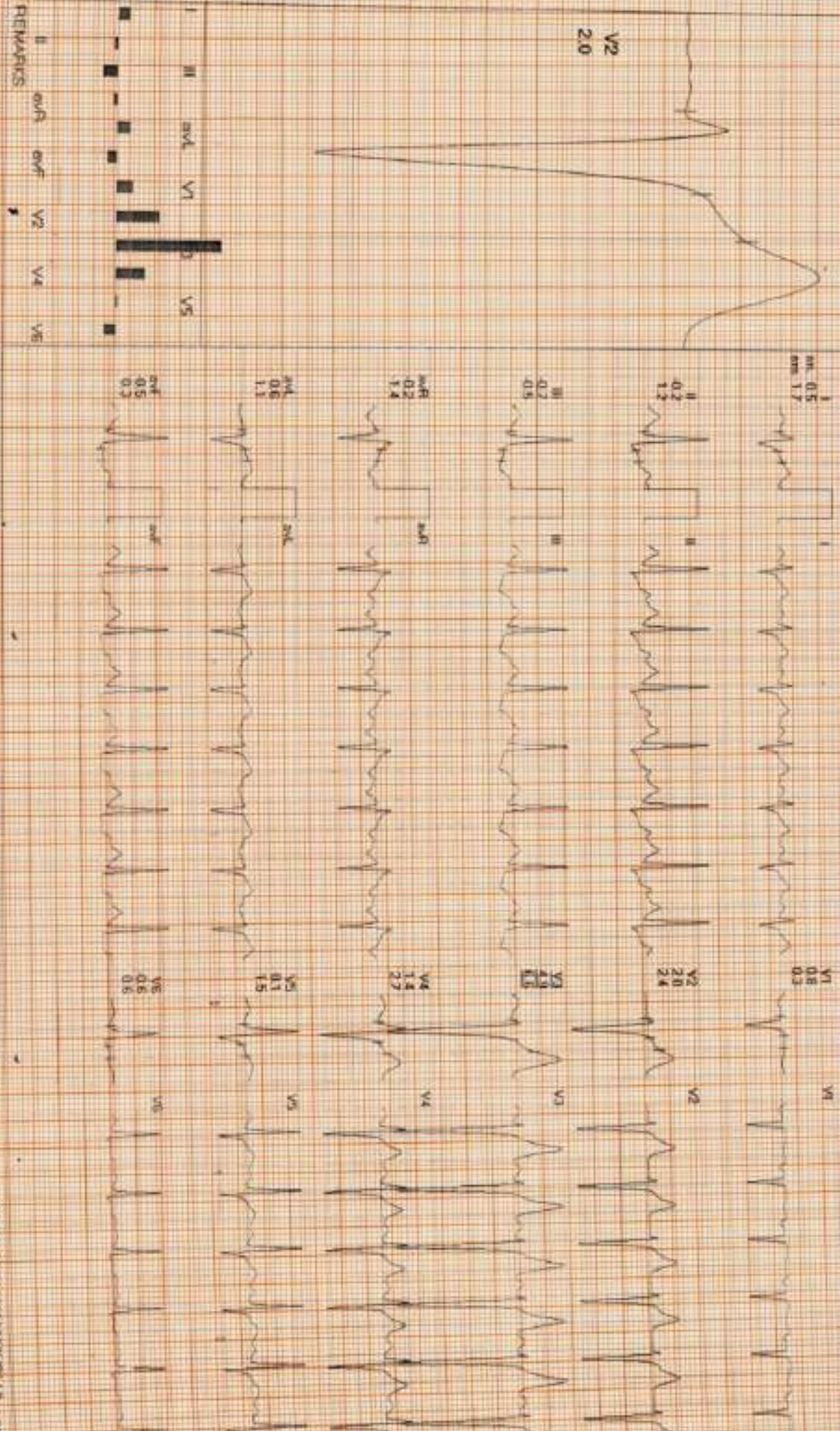
1385161453 / MR.K.R.ARYA / 59 Yrs / M / 0 Cms / 0 Kg / HR : 136

Date: 04/04/2024 05:23:47 PM METS: 21/136 bpm 84% of THR EP: 150/80 mmHg Combined Medication/BLCK ON/NUCH ON/HE 0.05 HGLUF 35 Hs

4X

ECG Print 1

EXTIME 06:00 2.5 mPRV 12.0
25 mm/Sec 10 Cm/Div



REMARKS

1385161453 / MR K. R. ARYA / 59 Yrs / M / O Gms / 0 Kg / HR : 146

Date: 04/04/2024 05:23:42 PM

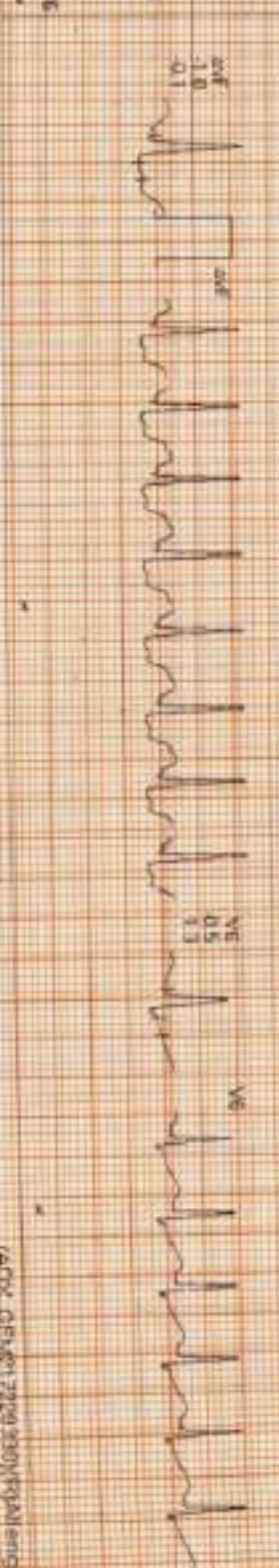
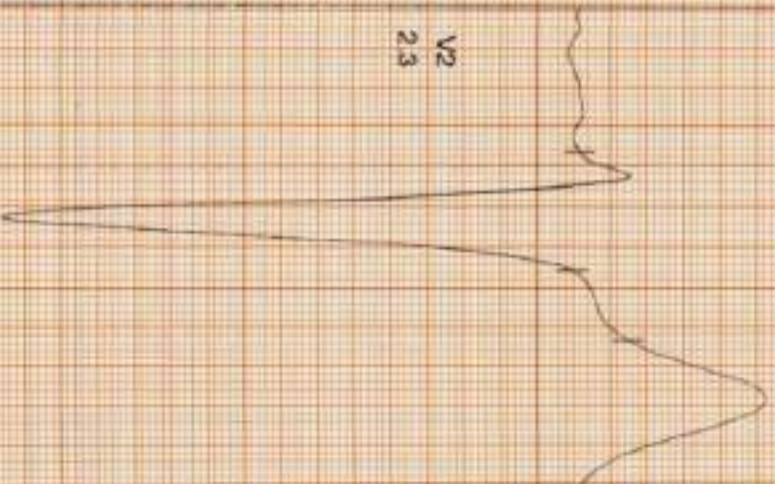
METS: 7.9 / 1.46 bpm 81% of THR

BP: 151/90 mmHg

Combined Meds: B/C On / N/A On / I# 0.05 Hz/LF 35 Hz

EX 50 sec Power

ExTime: 06:46 3.4 mph 14.03
25 min/Sec 1.00 min/Sec



ADOC GER461 72259 3000 (sp) 1.00 min/Sec

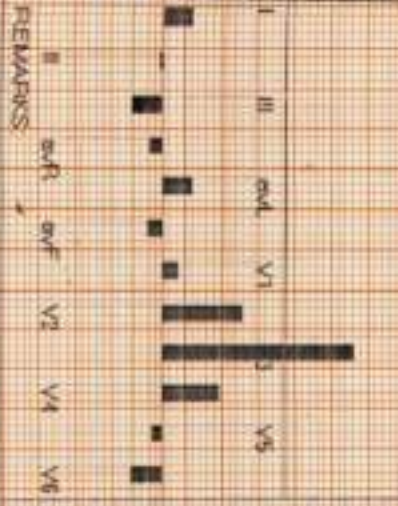
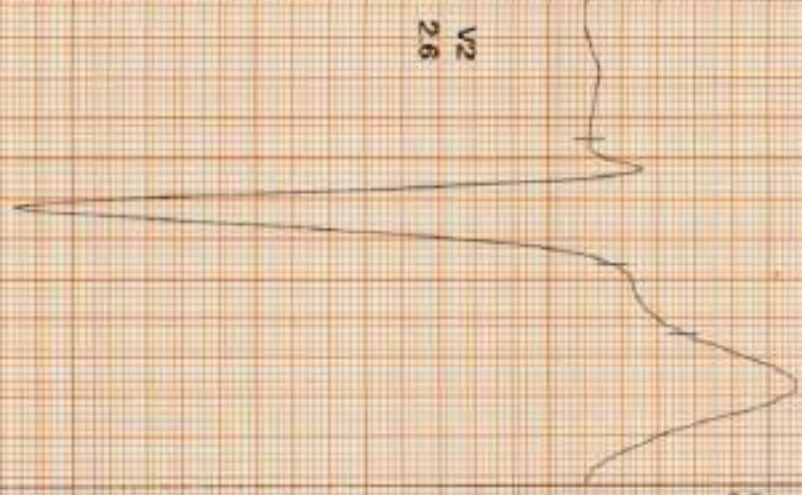
1385161403 / MR.K.R.ARYA / 59 Yrs / M / 0 Cms / 0 Kg / HR : 128

Date: 04/04/2024 05:23:47 PM METS: 4.1/128 bpm 81% of THR BP: 150/80 mmHg Combined Medications: B.C.Ow Noct Ow HF 0.05 HCLF 35 TH

DX: 02:05 Paper 1

ExTime: 05:45 0.0 mph 0.0%
25 sec/Sec 1.0 Channel

V2
2.6



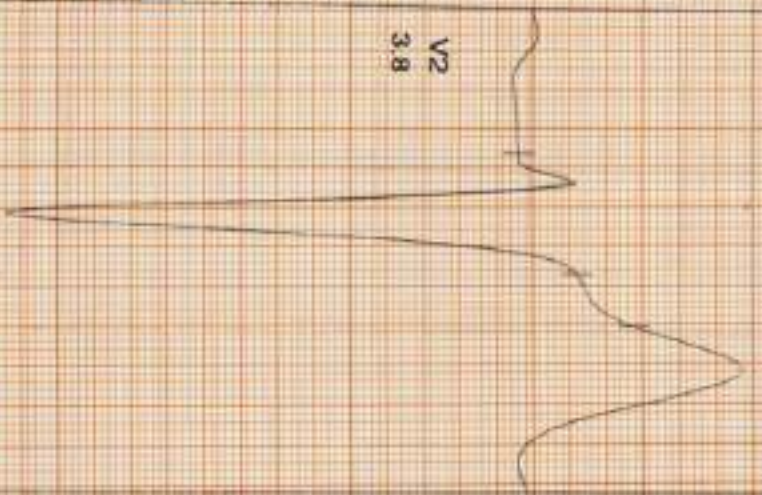
1385161453 / MR.K.H.ANYA / 59 Yrs / M / 0 Cms / 0 Kg / HR : 101

Date: 04/04/2024 05:23:47 PM MET S: 1.1/ 101 bpm 63% of TPR BP: 140/80 mmHg Combined Medication BLOC ON/ NOLVA ON/ HIF 0.85 H/L F 35 HR

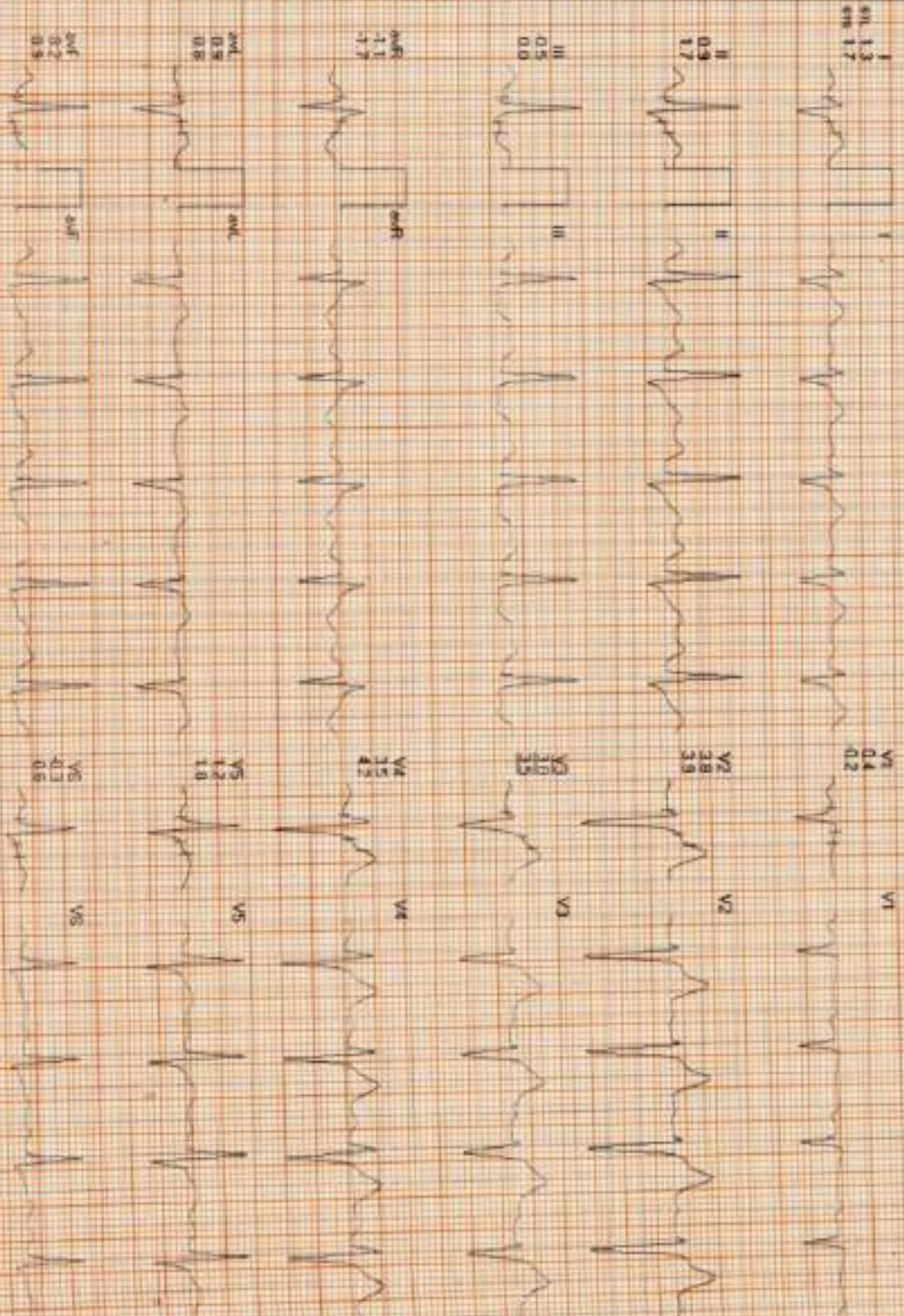
4X

60 ms Paper J

ExTime: 06:46 (0.0) mV/Sec: 1.0 Cal: 0.0



V2
3.8



I
R 1.3
S 1.7

V1
R 0.4
S 0.2

II
R 0.9
S 1.7

V2
R 3.8
S 3.8

III
R 0.5
S 0.0

V3
R 1.0
S 3.5

aVR
R 1.1
S 1.7

V4
R 1.5
S 4.1

aVL
R 0.8
S 0.8

V5
R 1.2
S 1.8

aVF
R 0.7
S 0.8

V6
R 4.3
S 0.8



REGULARITY

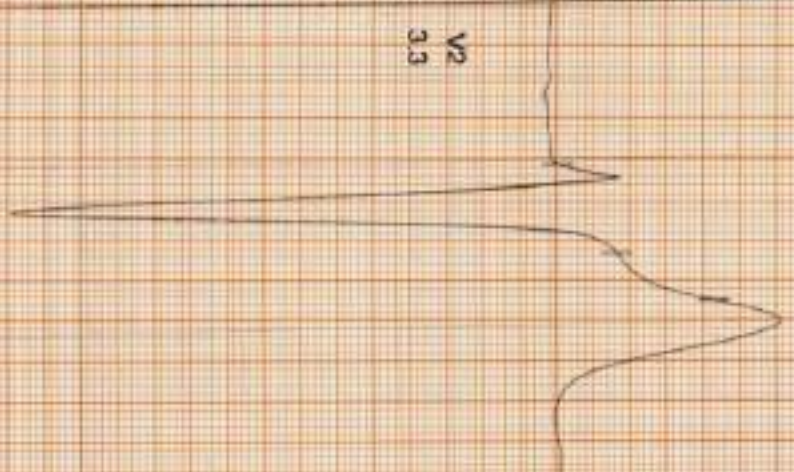
1385161453 / MR KHARVA / 59 Yrs / M / O Gms / 0 Kg / HR : 89

Date: 04/04/2024 05:23:47 PM METS: 1 @ 89 bpm 55% of THR EPR: 130/89 mmHg Combined Medications/BLK On/Noch On/HR: 0.05-HALF 35 Hz

EXTIME: 06:46 0.0 mph 1.0%

4X 70 mS Front J

V2
3.3



III
0.7
0.0

II
0.7
0.0

III
-1.4
-0.8

aVR
0.0
0.8

aVL
1.0
0.8

aVF
-2.0
0.4

V1
0.0
0.1

V2
3.3
2.8

V3
2.9
1.9

V4
1.8
1.9

V5
0.0
0.2

V6
0.8
0.2



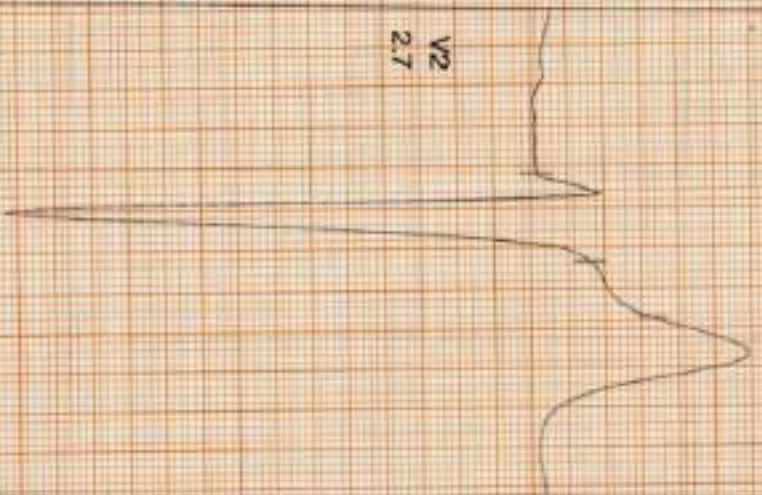
13921014001 / MITA, N. ARYA / 29 YRS / M / U CHS / U NG / HH : 81

Date: 04/04/2024 05:23:47 PM METS: 1.0781 bpm 50% of TMRP EP: 130/100 mmHg Combined Medians/ ECG On/Match/AV/RF: 0.05/14/1F: 35 Hz

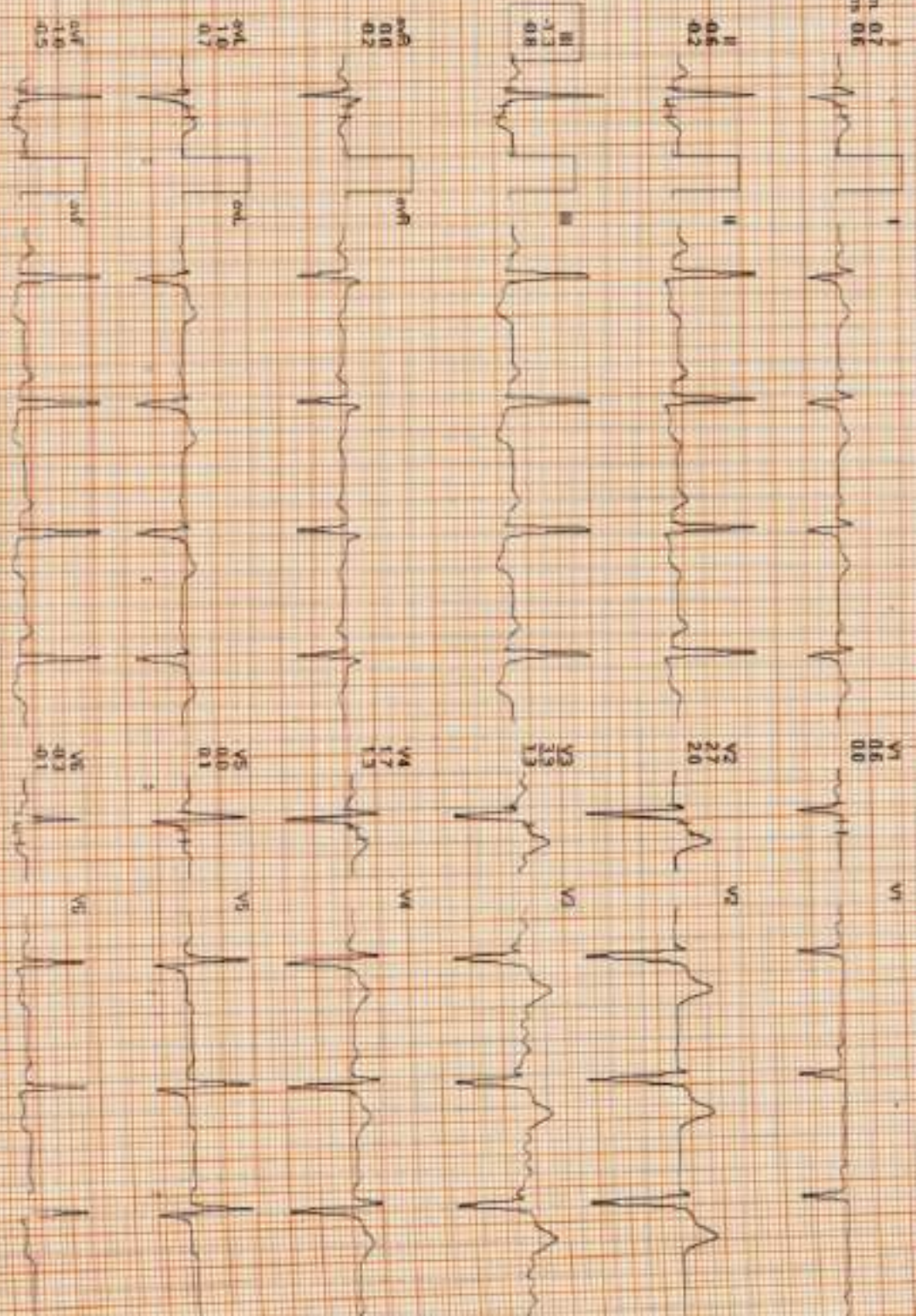
DX

8045 Pmt #

Extreme DS: 46.0 dB mV 0.05%
25 mm/Sec 1.0 Channel



V2
2.7



REMARKS:

K. R. ARYA 59Y 40069 CHEST PA April 2024 02:08 PM DR. S. MAYANK
UJALA CYGNUS CENTRAL HOSPITAL HAL DWANI

