

DIUYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mr. GUPTA SANTOSH KUMAR	SAMPLE COLLECTED ON	14-09-2024
AGE / SEX	41 Y / Male	REPORT RELEASED ON	14/09/2024
COLLECTED AT	Inside	REPORTING TIME	1:04:41PM
RECEIPT No.	22,897	PATIENT ID	22929
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, ESR Wintrobe, Glycosylated Haemoglobin, PSA Total, T3 Triiodo Thyroid, T4 Thyroxine, TSH, Lipid Profile, Blood Group (ABO), Blood Sugar Fasting, Urine Examination Report,,

Tests	Results	Biological Reference Range	Unit
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HAEMATOLOGY

COMPLETE BLOOD COUNT

Haemoglobin	13.0	Low	(Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%)	G%
Total Leukocyte Count (TLC)	5800		(4000-11000 /cumm)	/cumm
Differential Leukocyte Count.(DLC)				
Polymorph	65		(40-80)%	%
Lymphocyte	31		(20-40)%	%
Eosinophil	04		(01-6)%	%
Monocyte	00	Low	(02-08)%	%
Basophil	00		(<1%)	%
R. B. C.	4.06	Low	(4.2 - 5.5) million/cmm	million/
P. C. V. (hemotocrite)	36.9		(36-50) Litre/Litre	/Litre
M. C. V.	90.1		(82-98) fl	fl
M. C. H.	31.2		(27Pg - 32Pg)	Pg
M. C. H. C.	36.9	High	(21g/dl - 36g/dl)	g/dl
Platelete Count	1.83		(1.5-4.0 lacs/cumm)	/cumm
ESR Wintrobe				
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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For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 यो. : 8173006932

Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.



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Tests	Results	Biological Reference Range	Unit
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CANCER MARKER

PSA Total	0.29	(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 Determination	:	Preoperatively (Baseline)
Second determination	:	2-4 Days postoperatively
Third determination	:	Before discharge from hospital

FOLLOW - UP DETERMINATION :-

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.

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For Home Collection Dial : 9076655547

पता : श्री बड़ाट्टा सिद्ध मॉर्टल कलियु के सामने, खजुरांची बसस्टॉप काईपस रोड, रावठी नगर-1, मोरखसुर - 273 003 मो. : 8173006932

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Tests	Results	Biological Reference Range	Unit
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BIOCHEMISTRY

Blood Sugar Fasting 81.9 (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 (diabetics 200 Mg% Or More, With Presenting Symptoms.)

Lipid Profile.

Total Cholesterol	175.6	125-200mg/dl Normal Value	mg/dL
H D L Cholesterol	43.7	(30-70 mg%)	mg%
Triglyceride	365.9	High (60-165mg/dL)	mg/dL
V L D L	73.18	High (5-40mg%)	mg%
L D L Cholesterol	58.72		mg/dl

50 Optimal

50-100 Near/Above Optimal

TC/HDL 4.0 (3.0-5.0)

LDL/HDL 2.3 (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 Cholesterol ,triglycerides,hdl& Ldl Cholesterol.
2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholesterol.
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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LIVER FUNCTION TEST

Bilirubin (Total)	0.7	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct)	0.3	(0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.4	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	39.4	0-40	IU/L
SGPT (ALT)	35.6	0.0-42.0	IU/L
Serum Alkaline Phosphatase	173.9	80.0-290.0	U/L
Serum Total Protein	6.5	6.0-7.8	gm/dl
Serum Albumin	3.7	3.5-5.0	gm/dl
Serum Globulin	2.8	2.3-3.5	gm/dl
A/G Ratio	1.32	High	

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.
-lft Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

KIDNEY FUNCTION TEST

Blood Urea	31.9	15.0-45.0	mg/dl
Blood Urea Nitrogen (BUN)	14.9	06-21	mg%
Serum Creatinine	0.9	0.7-1.4	mg/dl
Serum Uric Acid	6.8	Male-3.5-7.2 Female-2.5-6.0	mg/dl

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Glycosylated Haemoglobin			
HBA1c	6.2	(4.3-6.4)	%

Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

Comments/interpretations:

Glycosylated Haemoglobin Is Proportional To Mean Plasma Glucose Level During Previous 6-12 Weeks. For People Without Diabetes, The Normal Range For The Hemoglobin A1c Level Is Between 4% And 5.6%. Hemoglobin A1c Levels Between 5.7% And 6.4% Mean You Have A Higher Chance Of Getting Diabetes. Levels Of 6.5% Or Higher Mean You Have Diabetes. recommended Goal Of Hba1c Is <7%. The Higher The Hemoglobin A1c, The Higher Your Risk Of Having Complications Related To Diabetes. A Combination Of Diet, Exercise, And Medication Can Bring Levels Down. People With Diabetes Should Have An A1c Test Every 3 Months To Make Sure Their Blood Sugar Is In Their Target Range. If Your Diabetes Is Under Good Control, You May Be Able To Wait Longer Between The Blood Tests. But Experts Recommend Checking At Least Two Times A Year. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test.

SEROLOGY

Blood Group (ABO)

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

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Tests	Results	Biological Reference Range	Unit
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IMMUNOLOGY

T3 Triiodo Thyroid	1.02	(0.69 - 2.15)	ng/ml
T4 Thyroxine	108.9	(52 - 127) ng/ml	ng/ml
TSH	3.99	(0.3-4.5) uIU/ml	uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.

Remarks:

1. Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
2. A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
3. Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
4. A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
5. Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
6. Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
7. A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
8. Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Sampes Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.

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CLINICAL PATHOLOGY

Urine Examination Report

PHYSICAL

Volume	20	-	ml
Colour	LIGHT YELLOW	-	-
Appearance	TRACES TURBID	-	-

CHEMICAL

Reaction PH	6.0	(4.5-8.0)	-
Specific Gravity	1.020	(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	4-5	0-5 /hpf	/hpf
Epithelial Cells	2-3	-	-
Crystals	CALCIUM OXALATE++	-	-
Yeast Cells	Absent	-	-
Casts	Absent	-	-
BACTERIA	Absent	-	-

*** End of Report ***

THANKS FOR REFERENCE

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

TECHNICIAN
22929

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

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RECEIPT No.	22,921	PATIENT ID	22954
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INVESTIGATION	STOOL EXAMINATION, Blood Sugar PP,,		
Tests	Results	Biological Reference Range	Unit

BIOCHEMISTRY

Blood sugar PP **181.4** High (70 - 140) mg/dl

Referance 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.)

CLINICAL PATHOLOGY

STOOL EXAMINATION

PHISICAL EXAM

Colour **YELLOW**

Consistency **PASTEY**

CHEMICAL EXAM

Occult Blood **NEGATIVE**

MICROSCOPIC EXAM

Ova **NOT SEEN**

Cysts **NOT SEEN**

Vegetative forms **NOT SEEN**

Bacteria **PRESENT**

Pus cells **1-2**

/hpf

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*** End of Report ***

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Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.



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दिव्यमान हॉस्पिटल प्राइवेट लिमिटेड



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

BP- 140/78 mmHg

Mr. Gupta Santosh Kumar

14/9/24

wt - 70 kg

Age - 41 Y/M

NO H/O HCN in DM-U

Can be Rmbk check up -

PR - Bradycardia

Hb 13.0
TLC 5200
Rbc 31 Eo4
PW 36.9
Platelet 1.83
ESR 25
LFT - 0.29
RBS 81.5

HBA1C - 6.2

Blood gp - B (Negative)

T₃/T₄/TSH - (N)

Urea - 22-4-5

Creat - 0.8 (N)
Pn - 6.0

USG - Abd.

Fatty Liver I

Cholesterol (N) 5.1 mmol/L
- HDL (N) 1.2

Phenytoin 150mg to 200mg

Tab Urdulin 150mg to 200mg

Tab Atorlip 10mg to 20mg

Ref to Gen. Surgi

TEG - 365-5
MUC - 73.18

LFT (N)

KFT (N)

Cholesterol (N)

-: अन्य विभाग :-

- प्रसूति एवं स्त्री रोग
- मेडिसिन एवं आई.सी.यू.
- न्यूरोलॉजी
- जनरल व लैप्रोस्कोपिक सर्जरी
- शिशु, बाल रोग एवं एन.आई.सी.यू.
- ऑर्थोपेडिक सर्जरी
- यूरोलॉजी
- न्यूरोसर्जरी
- डायलिसिस
- कार्डियोलॉजी
- नाक, कान, गला रोग
- छाती रोग
- फिजियोथेरेपी एवं रिहैबिलिटेशन
- प्राकृतिक उपचार
- रेडियोलॉजी एवं पैथोजॉजी
- माइयूलर ओ.टी., सी.आर्म

इमरजेन्सी 24 घण्टे

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003
रजि. आफिस : 731-एच, शारदा शिवालय, आनन्द बिहार कॉलोनी, राप्ती नगर फेज-1, पोस्ट आफिस-आरोव्य मन्दिर, गोरखपुर-273003





दिव्यमान हॉस्पिटल प्राइवेट लिमिटेड



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

Mr. Gupta Santosh Kumar (Age-UI)

14/9/24

Routine checkup

व न्य बीए
बीए

Refraction

Ⓜ -0.25
-0.50 x 100 बीए
Ⓛ -0.25 x 100 बीए

S/L
none (BE)

DIVYAMAN
HOSPITAL

-: अन्य विभाग :-

- | | | | |
|-------------------------------|----------------------------------|---------------------|---------------------------------|
| ▶ प्रसूति एवं स्त्री रोग | ▶ शिशु, बाल रोग एवं एन.आई.सी.यू. | ▶ डायलिसिस | ▶ फिजियोथैरेपी एवं रिहैबिलिटेशन |
| ▶ मेडिसिन एवं आई.सी.यू. | ▶ ऑर्थोपेडिक सर्जरी | ▶ कार्डियोलॉजी | ▶ प्राकृतिक उपचार |
| ▶ न्यूरोलॉजी | ▶ यूरोलॉजी | ▶ नाक, कान, गला रोग | ▶ रेडियोलॉजी एवं पैथोजॉजी |
| ▶ जनरल व लैप्रोस्कोपिक सर्जरी | ▶ न्यूरोसर्जरी | ▶ छाती रोग | ▶ माइयूटर ओ.टी., सी.आर्म |

इमरजेन्सी 24 घण्टे

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, अजांची बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003
रजि. आफिस : 731-एच, शारदा शिवालय, आनन्द बिहार कॉलोनी, राप्ती नगर फेज-1, पोस्ट आफिस-आरोग्य मन्दिर, गोरखपुर-273003



REPORT

I.D. NO U/14-09-11
PATIENT NAME MR. GUPTA SANTOSH KUMAR
REF. BY DIVYAMAN HOSPITAL

September 14, 2024
AGE/SEX 41 Y/M

USG: WHOLE ABDOMEN (Male)

Liver – Normal in size (134.0mm) with grade-I fatty echotexture. No IHBR dilatation / focal SOL are seen.

Gall bladder – is distended. A calculus of size 12.5mm noted in gall bladder 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 (102.6mm) 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 calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

Left kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

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

Prostate: is mildly enlarged in size 44.0x42.4x34.3mm, volume 33.4cc. Margins are well-defined. Capsule is normal.

No evidence of Ascites / Retroperitoneal Lymphadenopathy.

IMPRESSION

- FATTY LIVER GRADE-I.
- CHOLELITHIASIS.
- PROSTATOMEGALY GRADE-I.

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 सुविधाएँ



Siemens C.T. Scan

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



Philips 1.5T 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



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REPORT

I.D. NO 11 : U/14-09-12 September 14, 2024
Patient's Name: : MR. GUPTA SANTOSH KUMAR AGE/SEX :41 YRS / M
Ref by Dr. : DIVYAMAN HOSPITAL

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 Frangmmed signals.
Velocity_ msec. Pred. RVSP=RAP+_ mmHg

PULMONARY VALVE

Morphology Normal/Atresis/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

उपलब्ध सुविधाएं



Siemens C.T. Scan

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



Philips 1.5T 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 MEDICAL LEGAL PURPOSE



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 :	3.55	LAc :	3.49
Lves :		Lved :	4.34
IVSed :	1.38	PW (LV):	
RVed :		RV Anterior wall	
EF :	55%	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**
- **LVH PRESENT**
- **LVEF 55% 2D, DRA+.**
- **MILD MR/TRACE TR**
- **NORMAL SIZE CARDIAC CHAMBER**
- **NO I/C CLOT/VEG**
- **NO PERICARDIAL EFFUSION.**

Cardiologist.

उपलब्ध सुविधाएं



Siemens C.T. Scan

- CT Scan मलिनक, वेर, सीना आदि
- CT Angiography
- Digital X-ray



Philips 1.5 T MRI

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



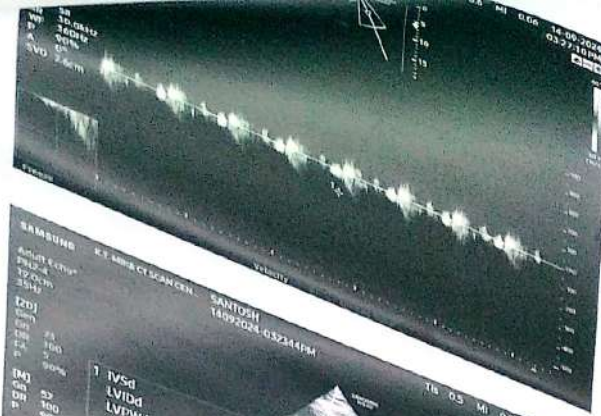
Siemens Accuson S 52000

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



Siemens X-Ray

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE



SAMSUNG K.T. MRIB CT SCAN CEN. SANTOSH 14092024-032344PM

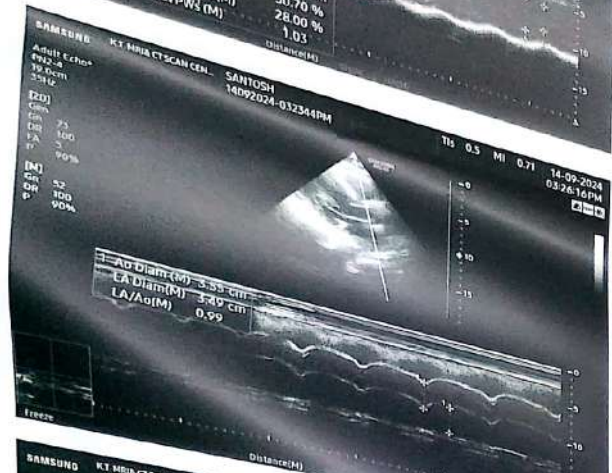
Adult Echo⁺
PR2-4
19.0cm
35Hz

[ZD]
Gen 75
DR 100
FA 3
P 90%

[M]
Gen 52
DR 100
P 90%

1 TVSd	1.58 cm
LVIDd	4.58 cm
LVPWd	1.32 cm
IVSs	1.25 cm
LVIDs	3.23 cm
LVPWs	1.69 cm
IVSs (Teichholz)	1.49 cm
IVS/LVPW (M)	0.88
RWT (M)	0.08
IVS % Thick (M)	0.01
LV % FS (M)	26.92 %
LV SV (M) (Teichholz)	25.61 ml
LV SV (M) (Teichholz)	43.04 ml
LVPW % Thick (M)	50.70 %
IVSs/LVPW (M)	28.00 %
IVSs/LVPW (M)	1.03

Freeze



SAMSUNG K.T. MRIB CT SCAN CEN. SANTOSH 14092024-032344PM

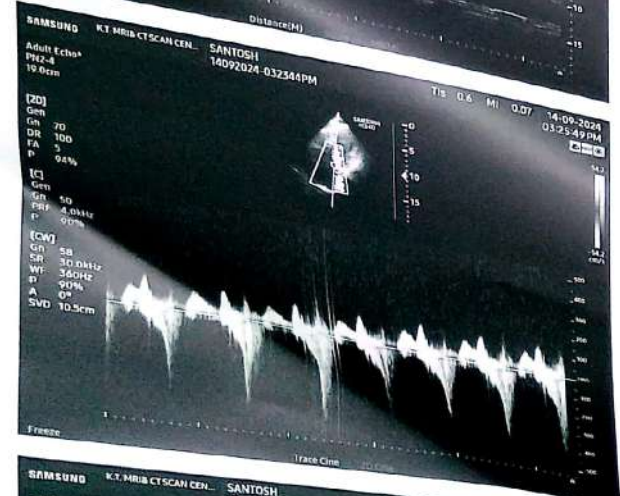
Adult Echo⁺
PR2-4
19.0cm
35Hz

[ZD]
Gen 75
DR 100
FA 3
P 90%

[M]
Gen 52
DR 100
P 90%

AO Diam (M)	3.35 cm
LA Diam (M)	3.49 cm
LA/Ao (M)	0.99

Freeze



SAMSUNG K.T. MRIB CT SCAN CEN. SANTOSH 14092024-032344PM

Adult Echo⁺
PR2-4
19.0cm

[ZD]
Gen 70
DR 100
FA 5
P 94%

[C]
Gen 50
SR 4.0kHz
PRF 90%

[CW]
Gen 58
SR 30.0kHz
WF 340Hz
P 90%
A 0°
SVD 10.5cm

Freeze



SAMSUNG K.T. MRIB CT SCAN CEN. SANTOSH 14092024-032344PM

Adult Echo⁺
PR2-4
19.0cm

[ZD]
Gen 70
DR 100
FA 5
P 94%

[C]
Gen 50
SR 4.0kHz
PRF 90%

[CW]
Gen 58
SR 30.0kHz
WF 340Hz
P 90%
A 0°
SVD 11.7cm

1 Vel	-207.21 cm/s
PGmax	17.18 mmHg

Freeze



दिव्यमान हॉस्पिटल

प्राइवेट लिमिटेड



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

I.D. NO	X/14/09/	September 14, 2024
PATIENT NAME	MR. GUPTA SANTOSH KUMAR	AGE/SEX 41 Y/M
REF. BY	DIVYAMAN HOSPITAL	

X-RAY CHEST (PA VIEW)

No active pulmonary parenchymal lesion is seen.

B/L c/p angle is clear.

Hilar shadows are normal.

Cardiac shadow is normal.


Trachea and mediastinum are normal in position.

Bones and soft tissues are normal

IMPRESSION:

➤ **NORMAL SCAN.**

ADV - CLINICAL CORRELATION.


DR. RAHUL NAYAK
MBBS(MLN),MD(Dr. RMLIMS)
RADIO DIAGNOSIS

-: अन्य विभाग :-

- | | | | |
|-------------------------------|----------------------------------|---------------------|---------------------------------|
| ▶ प्रसूति एवं स्त्री रोग | ▶ शिशु, बाल रोग एवं एन.आई.सी.यू. | ▶ डायलिसिस | ▶ फिजियोथेरेपी एवं रिहैबिलिटेशन |
| ▶ मेडिसिन एवं आई.सी.यू. | ▶ आर्थोपेडिक सर्जरी | ▶ कार्डियोलॉजी | ▶ प्राकृतिक उपचार |
| ▶ न्यूरोलॉजी | ▶ यूरोलॉजी | ▶ नाक, कान, गला रोग | ▶ रेडियोलॉजी एवं पैथोजॉजी |
| ▶ जनरल व लैप्रोस्कोपिक सर्जरी | ▶ न्यूरोसर्जरी | ▶ छाती रोग | ▶ माइयूलर ओ.टी., सी.आर्म |

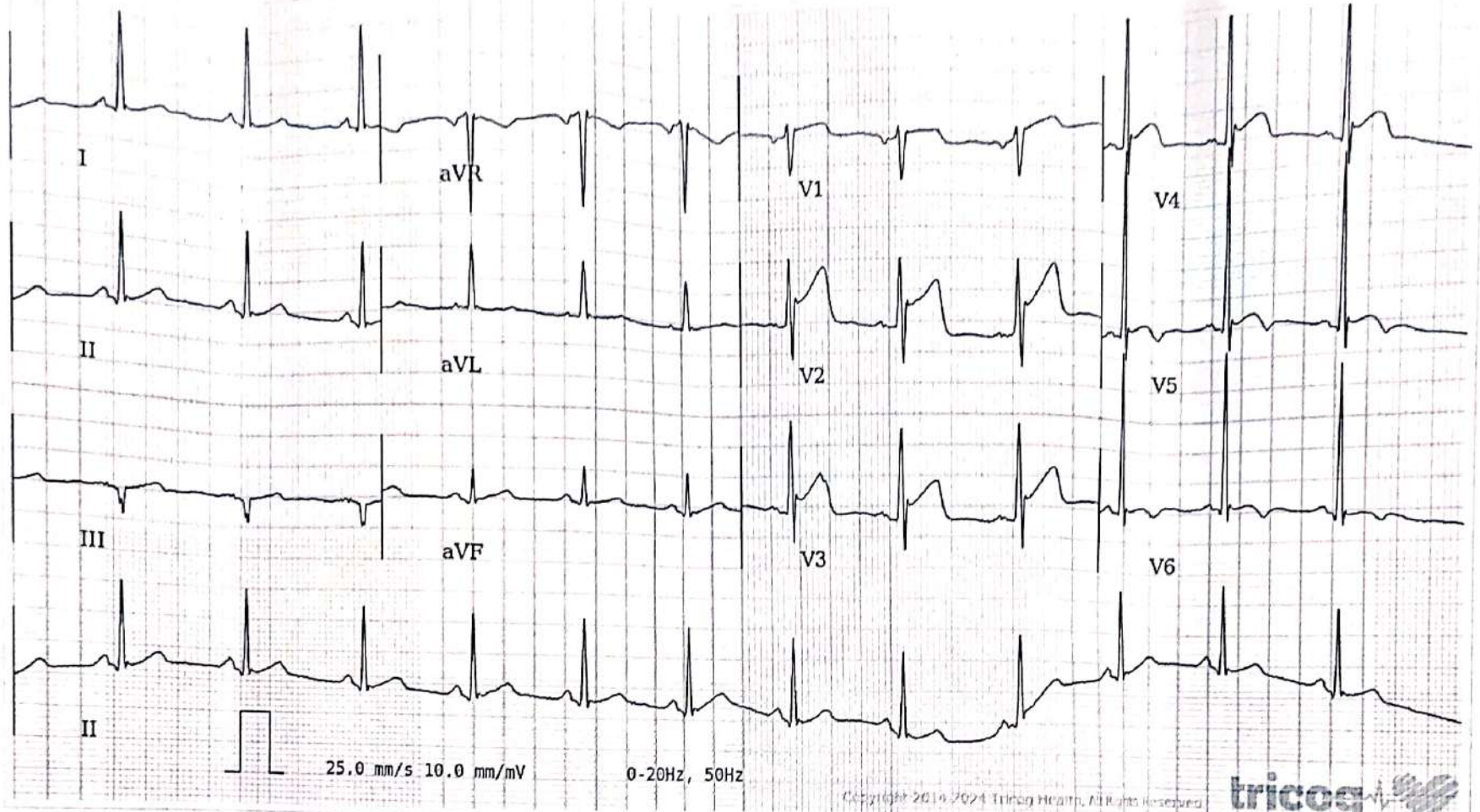
इमरजेन्सी 24 घण्टे

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खजांची बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003
रजि. आफिस : 731-एच, शारदा शिवालय, आनन्द बिहार कॉलोनी, राप्ती नगर फेज-1, पोस्ट आफिस-आरोग्य मन्दिर, गोरखपुर-273003



Age / Gender: 41/Male
Patient ID: 0000000012
Patient Name: MR GUPTA SANTOSH KUMAR

Date and Time: 14th Sep 24 9:48 AM

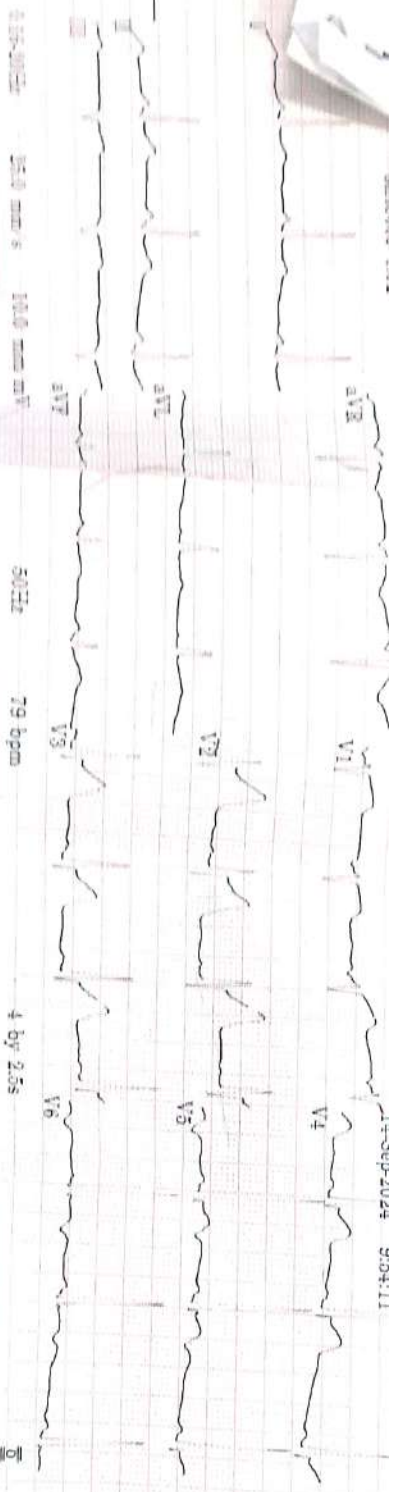


AR: 79bpm VR: 79bpm QRSD: 86ms QT: 356ms QTcB: 408ms PRI: 136ms P-R-T: 57° 19° 49°

Abnormal: Sinus Rhythm, Sinus Arrhythmia Seen, Left Ventricular Hypertrophy, Anterolateral Infarct, probably acute; Acute MI. Please correlate clinically.

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

REPORTED BY
Dr. Devendra Muralidhar Dhande
ASSURED
Dr. Devendra Muralidhar Dhande
DIAGNOSTIC



ID: 0000000012

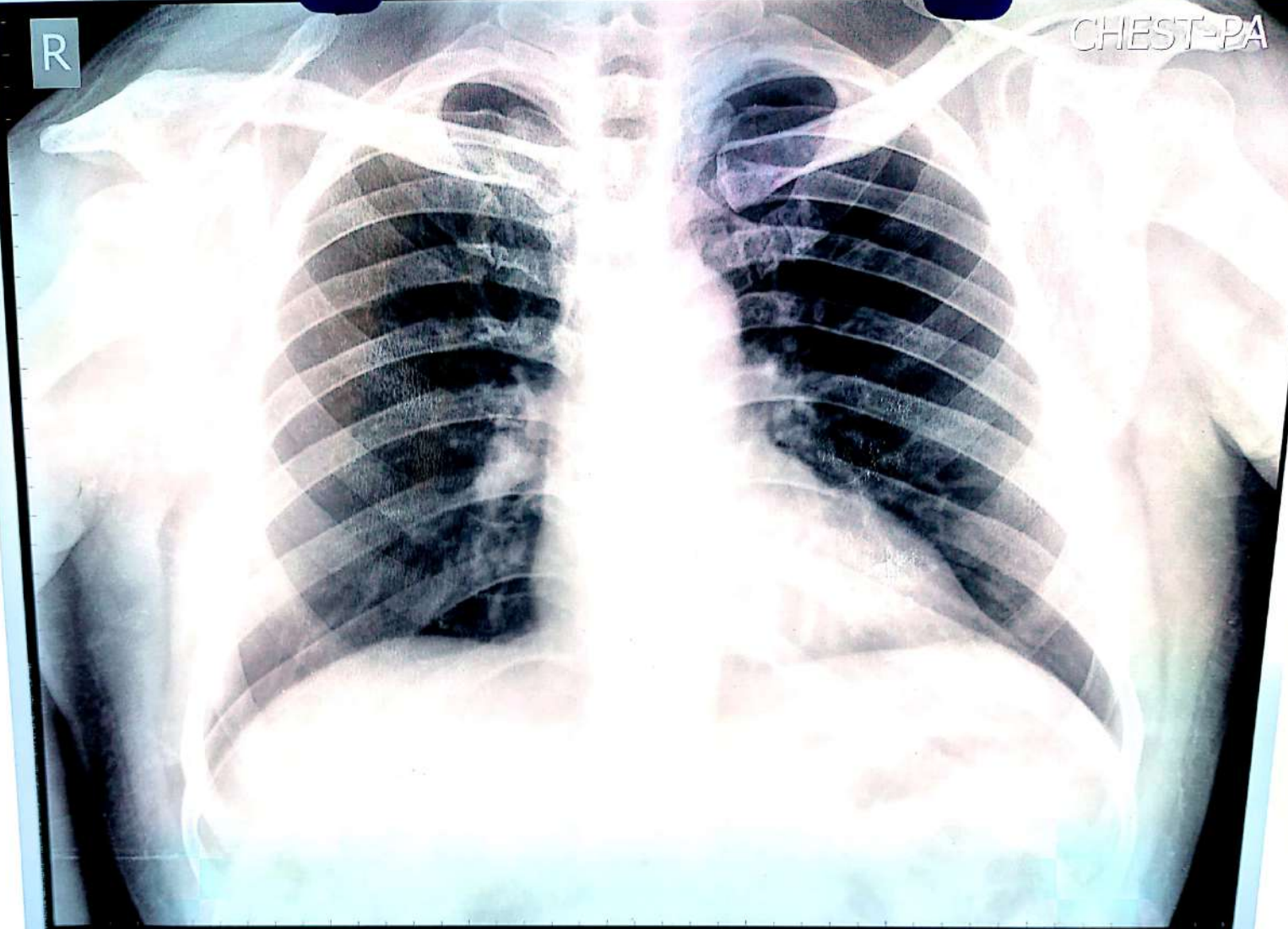
41 years Male

Vent rate 79 bpm
 QRS duration 86 ms
 QTc 356 ms
 PR interval 196 ms
 P duration 100 ms
 RR interval 739 ms
 P-R-T axes 57 19 49

MAC690 1.02 12SL™ V239

R

CHEST-PA



GUPTA SANTOSH KUMAR 41Y/M

14/09/2024 10:12:48

Chest PA

DIVYAMAN HOSPITAL PRIVATE LIMITED X-RAY DEPARTMENT

OPP. VEER BAHADUR SINGH SPORT COLLEGE , RAPTINAGAR PHASE-1, GORAKHPUR MOB. 7525969999

