

MR. JITENDRA KANT

BOB

45 YEARS /MALE

23-3-2024

Height: 168 Cms

Weight: 79 Kg

BP: - 110/70 mmhg

Pulse: - 79/- Regular

BMI: - 28 kg/m²

EYE: - NORMAL

The Medical Examiner should record the findings under one of the following categories:-
OVERWEIGHT

Dr. D. S. Chhabra
MBBS, MD.

Dr. D.S. CHHABRA

MBBS. MD.



MR. JITENDRA KANT
BANK OF BARODA45 Years /M
23-03-2024**HEAMOGRAM**

| Test Name | Results | Normal Range |
|------------------------|---------|---|
| Haemoglobin (HB) | 14.6 | 13 - 18 gm% |
| R.B.C. Count | 5.37 | 4.5 - 5.5 milli./cu.mm |
| PCV | 45.9 | 40 - 50 % |
| MCV | 85.47 | 80 - 95 fl |
| MCH | 27.19 | 27 - 32 pg |
| MCHC | 31.81 | 31.5 - 34.5 % |
| TOTAL WBC COUNT | 8,300 | 4,000 to 11,000 /cu.mm |
| DIFFERENTIAL WBC COUNT | . | |
| Neutrophils | 54 | 40 - 75 % |
| Lymphocytes | 41 | 20 - 40 % |
| Monocytes | 03 | 02 - 08 % |
| Eosinophils | 02 | 01 - 05 % |
| Basophils | 00 | 00 - 01 % |
| PLATELET COUNT | 2.36 | 1.5 - 4 Lacs/cu.mm. |
| E.S.R | 14 | M- 0-10 at the end of 1 hr. F- 0-20 at the end of 1 hr |

Dr. POOJA PRAPANNA
MD
DR. POOJA PRAPANNA
M.D.

Note :- All pathological tests have technical and biological limitations. Please correlate clinically as well as with other investigative findings.
A review should be requested in case of any disparity. This report is not valid for medicolegal purpose.

MR. JITENDRA KANT

45 Years /M

BANK OF BARODA

23-03-2024

LIPID PROFILE

| Test Name | Results | Normal Range |
|-----------------|---------|--|
| TOTAL LIPIDS | 476 | 400 - 700 mg/dl |
| CHOLESTROL | 157.0 | <200 mg/dl- Desirable 200 - 239 mg/dl - Borderline High >240 Mg/dl High |
| HDL CHOLESTROL | 44.0 | 35- 60 mg/dl |
| TRIGLYCERIDE | 112.0 | <150 mg/dl Normal 150 - 199 mg/dl Borderline High 200 - 499 mg/dl High |
| LDL CHOLESTROL | 90.6 | <100 mg/dl Optimal 100- 129 mg/dl Borderline high 160 - 189 mg/dl High |
| VLDL CHOLESTROL | 22.4 | <40 mg/dl |
| RISK RATIO | 3.57 | 3 - 6 |

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MR. JITENDRA KANT
BANK OF BARODA45 Years /M
23-03-2024**BIOCHEMISTRY**

| Test Name | Results | Normal Range |
|--------------------|---------|---|
| SERUM BILIRUBIN | :- | |
| TOTAL BILIRUBIN | 0.92 | 0 - 1 mg/dl |
| DIRECT BILIRUBIN | 0.16 | <0.25 mg/dl |
| INDIRECT BILIRUBIN | 0.76 | < 1.0 mg/dl |
| S.G.O.T | 22.0 | 0 - 45 IU/L |
| S.G.P.T | 24.0 | 0 - 45 IU/L |
| ALKALINE PHOSPHATE | 89.0 | Adult - 42 - 128 IU/L Child - 150 - 630 IU/L |
| TOTAL PROTEIN | 6.36 | 6.0 to 8.0 g/dl |
| ALBUMIN | 4.12 | 3.2 to 5.0 g/dl |
| GLOBULIN | 2.24 | 1.9 to 3.5 |
| A:G RATIO | 1.84 | 1.2 TO 2.3 |
| GAMA GT | 29.0 | 5 - 43 Iu/l |

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BANK OF BARODA45 Years /M
23-03-2024

| Test Name | Results | Normal Range |
|-----------|---------|--------------|
|-----------|---------|--------------|

HAEMATOLOGY PROFILE

| | |
|---------------|----------|
| BLOOD GROUP | : - |
| "ABO " GROUP | "AB" |
| Rh (D) Factor | Positive |

(Cross matching & recheck of Blood Group is mandatory before any transfusion)

SEROLOGY PROFILE

| | |
|-------|--------------|
| HBsAg | Non Reactive |
|-------|--------------|

* Test done by screening methods.
Requires confirmation at referral centre.

BIOCHEMISTRY

| | | |
|---------------------|-------|------------------|
| FASTING BLOOD SUGAR | 166.0 | 70 - 110 mg/dl |
| P.P. BLOOD SUGAR | 251.0 | upto 140 mg/dl |
| BUN | 13.0 | 5 - 21 Mg/dl |
| CREATININE | 1.02 | 0.6 - 1.4 mg\dl |
| URIC ACID | 5.43 | 3.5 - 7 mg\dl |
| CALCIUM | 8.50 | 8.5 - 10.5 mg\dl |

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MR. JITENDRA KANT
BANK OF BARODA45 Years /M
23-03-2024**URINE EXAMINATION**

| Test Name | Results | Normal Range |
|--------------------------------|-------------|--------------|
| PHYSICAL EXAMINATION | | |
| Quantity | 30 ml | |
| Colour | Pale Yellow | |
| Appearance | Clear | |
| Deposits | Absent | |
| Specific Gravity | 1.015 | |
| Reaction | Acidic | |
| CHEMICAL EXAMINATION | | |
| Albumin | Nil | |
| Sugar | Nil | |
| Ketones | Absent | |
| Bile Pigments | Negative | |
| Bile Salt | Negative | |
| Hematuria | Negative | |
| MICROSCOPIC EXAMINATION | | |
| Pus Cells | 1- 2 /hpf | |
| Red Blood Cells | Nil/hpf | |
| Epithelial Cell | 1 - 2 /hpf | |
| Crystals | Nil | |
| Casts | Absent | |

Dr. POOJA PRAPANNA
MD
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M.D.

4D SONOGRAPHY • COLOR DOPPLER • ECHO • PATHOLOGY • DIGITAL X-RAY & OPG • TMT • ECG • HOLTER

MR. JITENDRA KANT

45 Yrs./M

BOB

23rd Mar, 2024

X-RAY CHEST PA VIEW

Bony cage is normal.

Trachea is central. C.P. angles are clear.

Cardiac contour and cardiothoracic ratio are normal.

Lung fields are clear.

DR.D.S.CHHABRA.
M.D.

4D SONOGRAPHY • COLOR DOPPLER • ECHO • PATHOLOGY • DIGITAL X-RAY & OPG • TMT • ECG • HOLTER

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45 Yrs./M.

BOB

23rd Mar, 2024

ABDOMINAL SONOGRAPHY

Liver is of normal size, shape, has smooth margins & regular contours and the parenchyma is mildly hyperechoic in echostructure, **fatty changes (Grade I)**. No focal lesion.

Gall bladder is of normal size, shape, has thin walls & the contents are clear fluid. No evidence of any calculus. Biliary tree is undilated.

Pancreas is normal, no focal / diffuse pathology. Spleen is normal. The portal and splenic veins are normal in calibre.

Both Kidneys are normal in size [measure about 10.5 cms. in length], shape and echostructure. No evidence of any calculus in both. The collecting system and ureter on both side are undilated.

Urinary bladder is normal in size, shape & has thin walls.

Prostate is on towards **higher side** of normal size (around **23 gms.**) & is normal in echostructure. No enlargement of median lobe.

No vesical residue on post-mic exam.

There is no ascitis. No obvious abdominal lymphadenopathy. No sub / supra diaphragmatic pathology on either side.

IMPRESSION:

Fatty changes in liver (Grade I).



DR.D.S.CHHABRA.

M.D.



LABORATORY REPORT



| | | |
|--|---------------------------|-----------------------|
| Name : Mr JITENDRA KANT | Sex/Age : Male / 45 Years | Case ID : 40301606889 |
| Ref. By : | Dis. At : | Pt. ID : |
| Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE | | Pt. Loc. : |
| Reg Date and Time : 23-Mar-2024 12:45 | Sample Type : Serum | Mobile No. : |
| Sample Date and Time : 23-Mar-2024 12:45 | Sample Coll. By : non | Ref Id1 : |
| Report Date and Time : 23-Mar-2024 13:56 | Acc. Remarks : - | Ref Id2 : |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|--------------------------------------|---------------|--------|----------------------|---------|
| Thyroid Function Test | | | | |
| Triiodothyronine (T3) CMIA | 119.84 | ng/dL | 58 - 159 | |
| Thyroxine (T4) CMIA | 8.29 | µg/dL | 4.6 - 10.5 | |
| TSH CMIA | 1.76 | µIU/mL | 0.4 - 4.2 | |

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

TSH ref range in pregnancy

First trimester
Second trimester
Third trimester

Reference range (microIU/ml)

0.24 - 2.00
0.43-2.2
0.8-2.5

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr Astha Dawani
Consultant Pathologist.

Dr. A Mishra
M.D. Microbiology

Dr. Soma Yadav
M.D. (Pathology)

Printed On : 23-Mar-2024 14:10

Page 2 of 5

Neuberg Diagnostics Private Limited

Laboratory : 3/3, South Tukoganj, Gokuldas Hospital Road, Near Madhumilan Chouraha, Indore - 452001 Madhya Pradesh ☎ 0731-4964961 / 62, 9713963333

✉ neuberg.indore@supratechlabs.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi, Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099

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LABORATORY REPORT



| | | |
|---|----------------------------------|------------------------------|
| Name : Mr JITENDRA KANT | Sex/Age : Male / 45 Years | Case ID : 40301606889 |
| Ref. By : | Dis. At : | Pt. ID : |
| Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE | | Pt. Loc. : |
| Reg Date and Time : 23-Mar-2024 12:45 | Sample Type : Serum | Mobile No. : |
| Sample Date and Time : 23-Mar-2024 12:45 | Sample Coll. By : non | Ref Id1 : |
| Report Date and Time : 23-Mar-2024 14:00 | Acc. Remarks : - | Ref Id2 : |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|------|---------|------|----------------------|---------|
|------|---------|------|----------------------|---------|

Prostate Specific Antigen (PSA)

Prostate Specific Antigen **0.243** ng/mL 0.00 - 4.00
C/MIA

| | 0 - 0.5 *(ng/mL) | >0.5 - 2.5 (ng/mL) | >2.5 - 5.0 (ng/mL) | >5.0 - 10 (ng/mL) | >10 (ng/mL) |
|-------------------------|---------------------|-----------------------|-----------------------|----------------------|----------------|
| Healthy Males | 87.2 | 12.8 | 0.0 | 0.0 | 0.0 |
| BPH | 51.9 | 42.9 | 4.2 | 0.5 | 0.5 |
| Stage A Prostate Cancer | 38.5 | 42.3 | 11.5 | 3.8 | 3.8 |
| Stage B Prostate Cancer | 23.9 | 68.7 | 7.5 | 0.0 | 0.0 |

*% of population

Use

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

FREE PSA:TOTAL PSA

Males:

When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

| Free PSA/total PSA ratio | Probability of cancer | | |
|--------------------------|-----------------------|-------------|----------------|
| | 50-59 years | 60-69 years | > or =70 years |
| < or =0.10 | 49% | 58% | 65% |
| 0.11-0.18 | 27% | 34% | 41% |
| 0.19-0.25 | 18% | 24% | 30% |
| >0.25 | 9% | 12% | 16% |

----- End Of Report -----

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

Dr. Chetana Bora

MD Pathology

Page 4 of 5

Dr. A Mishra

M.D. Microbiology

Dr. Soma Yadav

M.D. (Pathology)

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For test performed on specimens received or collected from non-NSRL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NSRL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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| Ref. By : | Dis. At : | Pt. ID : |
| Bill. Loc. : UNIQUE DIAGNOSTIC CENTRE INDORE | | Pt. Loc. : |
| Reg Date and Time : 23-Mar-2024 12:45 | Sample Type : Whole Blood EDTA | Mobile No. : |
| Sample Date and Time : 23-Mar-2024 12:46 | Sample Coll. By : non | Ref Id1 : |
| Report Date and Time : 23-Mar-2024 13:44 | Acc. Remarks : - | Ref Id2 : |

| TEST | RESULTS | UNIT | BIOLOGICAL REF RANGE | REMARKS |
|--|---------|-------|---------------------------|---------|
| Glycated Haemoglobin Estimation | | | | |
| HbA1C (IT) | H 12.40 | | % of total Hb 4.80 - 6.00 | |
| Estimated Avg Glucose (3 Mths) Calculated | 309.18 | mg/dL | Not available | |

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

| TSH ref range in Pregnancy | Reference range (microlU/ml) |
|----------------------------|------------------------------|
| First trimester | 0.24 - 2.00 |
| Second trimester | 0.43-2.2 |
| Third trimester | 0.8-2.5 |

| | T3 | T4 | TSH |
|----------------------------|----|-----|-----|
| Normal Thyroid function | N | N | N |
| Primary Hyperthyroidism | ↑ | ↑ | ↓ |
| Secondary Hyperthyroidism | ↑ | ↑ | ↑ |
| Grave's Thyroiditis | ↑ | ↑ | ↑ |
| T3 Thyrotoxicosis | ↑ | N | N/↓ |
| Primary Hypothyroidism | ↓ | ↓ | ↑ |
| Secondary Hypothyroidism | ↓ | ↓ | ↓ |
| Subclinical Hypothyroidism | N | N | ↑ |
| Patient on treatment | N | N/↑ | ↓ |

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh ,A-Abnormal)

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आधार - आम आदमी का अधिकार

जितेंद्र कांत
Jitendra Kant

जन्म तिथि / DOB : 15/07/1978
पुरुष / Male

4441 5353 9314

आधार - आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

आधार

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Dr. D. S. Chhabra
M.D. (P.S.)
No. 205/2007



Jkant

DR. PRIYANK JAIN

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CONSULTANT CARDIOLOGIST

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Opp. M.Y.Hospital, M.Y.H. Road,
INDORE - 452 001. (M. P.).
Phone : 2704118. 4082228

ECHOCARDIOGRAPHY REPORT

NAME : **MR. JITENDRA KANT** **Age** : **45 Yrs./ M**
REFERRED BY : **BOB** **Date** : **23rd Mar, 2024**

ECHOCARDIOGRAPHIC OPINION

INTERPRETATION :-

- ** No RWMA.
- ** Good biventricular function. LVEF : 60 %.
- ** Normal cardiac valves, healthy pericardium.



Dr. PRIYANK JAIN
MBBS, MD, DM.
Reg. No. 19547

DR. PRIYANK JAIN. M.D.,D.M.

TWO DIMENSIONAL ECHOCARDIOGRAPHY

M Mode examination revealed normal movement of both mitral leaflets during diastole.

No SAM or mitral valve prolapse is seen.

Mitral valve opening is normal. No evidence of mitral valve prolapse is seen.

Tricuspid valve is normal, pulmonary valve is normal, aortic root is normal in size, dimensions of left atrium and left ventricle are normal.

Aortic cusps are not thickened and enclosure line is central.

Aortic valve has three cusps and its opening is not restricted.

2 - D imaging in PLAX, SAX and apical views revealed a normal sized left ventricle.

Movement of septum, anterior, posterior, inferior and lateral walls is normal. Global LVEF is 60 %.

Right atrium and right ventricle are normal in size.

Tricuspid valve leaflets move normally.

Pulmonary valve is normal.

Interatrial and interventricular septa are intact.

No intracardiac mass or thrombus is seen.

No pericardial pathology is observed.

MEASUREMENTS :

| [C] DIMENSIONS | OBSERVED VALUES | Normal Values (For Adults) |
|--|-----------------|--------------------------------------|
| 1. Aortic Root diameter | : 2.6 cms. | 2.0-3.7 cm < 2.2 cm / M ² |
| 2. Aortic Valve Opening | : 2.1 cms. | 1.5-2.6 cm |
| 3. Right Ventricular Dimension | : -- | |
| 4. Left Atrial Dimension | : 3.2cms. | 1.9-4.0 cm < 2.2 cm / M ² |
| 5. Left Ventricular ED Dimension | : 4.0 cms. | 3.7-5.6 cm < 3.2 cm / M ² |
| 6. Left Ventricular ES Dimension | : 2.7 cms. | 2.2-4.0 cm |
| 7. Inter Ventricular ED Septal thickness | : 1.2 cms. | 0.6-1.2 cm |
| 8. Left Ventricular ED PW thickness | : 1.2 cms. | 0.5-1.0 cm |
| 9. IVS / LVPW | : 01 | < 1.3 |

| [E] INDICES OF LEFT VENTRICULAR FUNCTION | | |
|--|--------|-----------|
| 1. Mitral E - Septal Separation | : 0.5 | < 0.9- cm |
| 2. Left Ventricular Ejection Fraction | : 60 % | 60 - 80 % |

DOPPLER

| | Peak Flow Velocity (M/Sec.) | Peak Gradient (mmHg.) | Regurgitation |
|----|------------------------------|------------------------|---------------|
| MV | Normal | -- | Normal |
| TV | Normal | -- | Normal |
| AV | Normal | -- | Normal |
| PV | Normal | -- | Normal |

PASP : Normal



CDR/DART

ID : 240323-1109

| | | |
|--------------|---|----------------|
| Name | : | 45 yr |
| Age | : | Male |
| Sex | : | |
| BP | : | mmHg |
| Height | : | cm |
| Weight | : | kg |
| HR | : | 74 bpm |
| P Dur | : | 85 ms |
| PR int | : | 131 ms |
| QRS Dur | : | 93 ms |
| QT/QTc int | : | 354/394 ms |
| P/QRS/T axis | : | 49/51/10 ° |
| RV5/SV1 amp | : | 1.728/0.450 mV |
| RV5+SV1 amp | : | 2.178 mV |
| RV6/SV2 amp | : | 1.620/1.021 mV |

Wheel

Dr. Mahendra Chourasiya
 M.B.B.S. D.M. (Cardiol)

UNIQUE DIAGNOSTIC CENTRE
 45-B, Jaura Compound
 Hospital, Indore

UNIQUE DIAGNOSTIC CENTRE INDORE

23 Mar 2024
Name : MR. JITENDRA KANT

Ref. by : BOB
Done by : DR. PRIYANK JAIN M.D.,DM.



