

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
DDCPS9459B



नाम/ Name
BHUPENDRA SAIN

पिता का नाम/ Father's Name
BHAG CHAND SAIN

जन्म की तारीख/
Date of Birth
16/09/1989

18102020

PAN Application Digitally Signed. Card Not Valid unless Physically Signed.

[Handwritten Signature]

Dr. PIVUSH GOYAL
MBBS, DMRD (Radiologist)
RMC No.-037041



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

📍 B-14, Vidhyadhar Enclave-II, Near Axix Bank
Central Spine, Vidhyadhar Nagar, Jaipur - 302023
☎ +91 141 4824885 📧 maxcarediagnostics1@gmail.com



General Physical Examination

Date of Examination: 07/04/2024

Name: Mr. Bhupendra Saini Age: 34 yrs DOB: 16/09/1989 Sex: male

Referred By: Bank of Baroda

Photo ID: Pan card ID #: 00cpe59459B

Ht: 160 (cm)

Wt: 80 (Kg)

Chest (Expiration): 101 (cm)

Abdomen Circumference: 88 (cm)

Blood Pressure: 130/80 mm Hg PR: 89 / min RR: 18 / min Temp: AFEBRILE

BMI 31.3

Eye Examination: with glass
Right I E] CIG, NIG, NICB
L I E] GIG, NIG, NICB

Other: N/A

On examination he/she appears physically and mentally fit: Yes / No

Signature Of Examinee : [Signature] Name of Examinee: Bhupendra Saini

Signature Medical Examiner: [Signature] Name Medical Examiner: Dr. piyush goyal
Dr. PIYUSH GOYAL
MBBS, DMRD (Radiologist)
RMC No. 037041



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Patient ID 1224152 Patient Mob No.9784629675
NAME Mr. BHUPENDRA SAINI
Age 34 Yrs ♂ Status 12/02/24
Ref. By BANK OF BARODA
Lab/Hosp Mr.MEDIWHEEL

Registered On 27/04/2024 09:21:24
Collected On 27/04/2024 10:50:03
Authorized On 27/04/2024 13:42:24
Printed On 27/04/2024 17:06:51

HAEMOGARAM

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
FULL BODY HEALTH CHECKUP BELOW 40 MALE			
HAEMOGLOBIN (Hb)	14.7	g/dL	13.0 - 17.0
TOTAL LEUCOCYTE COUNT	6.90	/cumm	4.00 - 10.00
DIFFERENTIAL LEUCOCYTE COUNT			
NEUTROPHIL	55.9	%	40.0 - 80.0
LYMPHOCYTE	37.3	%	20.0 - 40.0
EOSINOPHIL	2.3	%	1.0 - 6.0
MONOCYTE	4.5	%	2.0 - 10.0
BASOPHIL	0.0	%	0.0 - 2.0
TOTAL RED BLOOD CELL COUNT (RBC)	5.20	$\times 10^6/uL$	4.50 - 5.50
HEMATOCRIT (HCT)	45.50	%	40.00 - 50.00
MEAN CORP VOLUME (MCV)	87.0	fL	83.0 - 101.0
MEAN CORP HB (MCH)	28.3	pg	27.0 - 32.0
MEAN CORP HB CONC (MCHC)	32.3	g/dL	31.5 - 34.5
PLATELET COUNT	313	$\times 10^3/uL$	150 - 410
RDW-CV	13.4	%	11.6 - 14.0

Technologist

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DR. TANU RUNGTA

MD (Pathology)
RMC No. 17226



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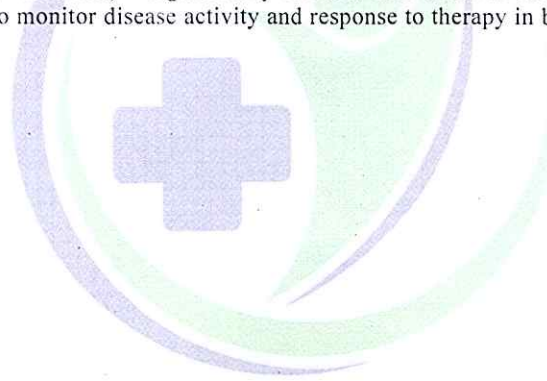
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HAEMATOLOGY

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
Erythrocyte Sedimentation Rate (ESR) <small>Method:- Westergreen</small>	09	mm in 1st hr	00 - 15

The erythrocyte sedimentation rate (ESR or sed rate) is a relatively simple, inexpensive, non-specific test that has been used for many years to help detect inflammation associated with conditions such as infections, cancers, and autoimmune diseases. ESR is said to be a non-specific test because an elevated result often indicates the presence of inflammation but does not tell the health practitioner exactly where the inflammation is in the body or what is causing it. An ESR can be affected by other conditions besides inflammation. For this reason, the ESR is typically used in conjunction with other tests, such as C-reactive protein. ESR is used to help diagnose certain specific inflammatory diseases, including temporal arteritis, systemic vasculitis and polymyalgia rheumatica. (For more on these, read the article on Vasculitis.) A significantly elevated ESR is one of the main test results used to support the diagnosis. This test may also be used to monitor disease activity and response to therapy in both of the above diseases as well as



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Tanu

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Lab/Hosp Mr.MEDIWHEEL

(CBC): Methodology: TLC,DLC Fluorescent Flow cytometry, HB SLS method,TRBC,PCV,PLT Hydrodynamically focused Impedance, and MCH,MCV,MCHC,MENTZER INDEX are calculated. InstrumentName: Sysmex 6 part fully automatic analyzer XN-L,Japan





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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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FASTING BLOOD SUGAR (Plasma)
Method:- GLUCOSE OXIDASE/PEROXIDASE

107.0

mg/dl

70.0 - 115.0

Impaired glucose tolerance (IGT)

111 - 125 mg/dL

Diabetes Mellitus (DM)

> 126 mg/dL

Instrument Name: HORIBA CA60 Interpretation: Elevated glucose levels (hyperglycemia) may occur with diabetes, pancreatic neoplasm, hyperthyroidism and adrenal cortical hyper-function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy or various liver diseases.

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HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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GLYCOSYLATED HEMOGLOBIN (HbA1C)

Method:- CAPILLARY with EDTA

6.1 mg%

Non-Diabetic < 6.0
Good Control 6.0-7.0
Weak Control 7.0-8.0
Poor control > 8.0

MEAN PLASMA GLUCOSE

Method:- Calculated Parameter

140 H mg/dL

68 - 125

INTERPRETATION

AS PER AMERICAN DIABETES ASSOCIATION (ADA)

Reference Group HbA1c in %

Non diabetic adults >=18 years < 5.7

At risk (Prediabetes) 5.7 - 6.4

Diagnosing Diabetes >= 6.5

CLINICAL NOTES

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. Some of the factors that influence HbA1c and its measurement [Adapted from Gallagher et al]

1. Erythropoiesis

- Increased HbA1c: iron, vitamin B12 deficiency, decreased erythropoiesis.

- Decreased HbA1c: administration of erythropoietin, iron, vitamin B12, reticulocytosis, chronic liver disease.

2. Altered Haemoglobin-Genetic or chemical alterations in hemoglobin: hemoglobinopathies, HbF, methemoglobin, may increase or decrease HbA1c.

3. Glycation

- Increased HbA1c: alcoholism, chronic renal failure, decreased intraerythrocytic pH.

- Decreased HbA1c: certain hemoglobinopathies, increased intra-erythrocyte pH

4. Erythrocyte destruction

- Increased HbA1c: increased erythrocyte life span: Splenectomy.

- Decreased A1c: decreased RBC life span: hemoglobinopathies, splenomegaly, rheumatoid arthritis or drugs such as antiretrovirals, ribavirin & dapsone.

5. Others

- Increased HbA1c: hyperbilirubinemia, carbamylated hemoglobin, alcoholism, large doses of aspirin, chronic opiate use, chronic renal failure

- Decreased HbA1c: hypertriglyceridemia, reticulocytosis, chronic liver disease, aspirin, vitamin C and E, splenomegaly, rheumatoid arthritis or drugs

Technologist

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HAEMATOLOGY

HAEMATOLOGY

Test Name	Value	Unit	Biological Ref Interval
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BLOOD GROUP ABO
Method:- Haemagglutination reaction

"B" POSITIVE



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BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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LIPID PROFILE

SERUM TOTAL CHOLESTEROL 198.00 mg/dl
 Method:- CHOLESTEROL OXIDASE/PEROXIDASE
 Desirable <200
 Borderline 200-239
 High > 240

InstrumentName:HORIBA **Interpretation:** Cholesterol measurements are used in the diagnosis and treatments of lipid lipoprotein metabolism disorders.

SERUM TRIGLYCERIDES 123.00 mg/dl
 Method:- GLYCEROL PHOSPHATE OXIDASE/PREOXIDASE
 Normal <150
 Borderline high 150-199
 High 200-499
 Very high >500

InstrumentName:Randox Rx Imola **Interpretation :** Triglyceride measurements are used in the diagnosis and treatment of diseases involving lipid metabolism and various endocrine disorders e.g. diabetes mellitus, nephrosis and liver obstruction.

DIRECT HDL CHOLESTEROL 46.50 mg/dl
 Method:- Direct clearance Method
 MALE- 30-70
 FEMALE - 30-85

Instrument Name:Rx Daytona plus **Interpretation:** An inverse relationship between HDL-cholesterol (HDL-C) levels in serum and the incidence/prevalence of coronary heart disease (CHD) has been demonstrated in a number of epidemiological studies. Accurate measurement of HDL-C is of vital importance when assessing patient risk from CHD. Direct measurement gives improved accuracy and reproducibility when compared to precipitation methods.

LDL CHOLESTEROL 131.00 mg/dl
 Method:- Calculated Method
 Optimal <100
 Near Optimal/above optimal 100-129
 Borderline High 130-159
 High 160-189
 Very High > 190

VLDL CHOLESTEROL 24.60 mg/dl
 Method:- Calculated
 0.00 - 80.00

T.CHOLESTEROL/HDL CHOLESTEROL RATIO 4.26
 Method:- Calculated
 0.00 - 4.90

LDL / HDL CHOLESTEROL RATIO 2.82
 Method:- Calculated
 0.00 - 3.50

TOTAL LIPID 589.90 mg/dl
 Method:- CALCULATED
 400.00 - 1000.00

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Lab/Hosp Mr.MEDIWHEEL

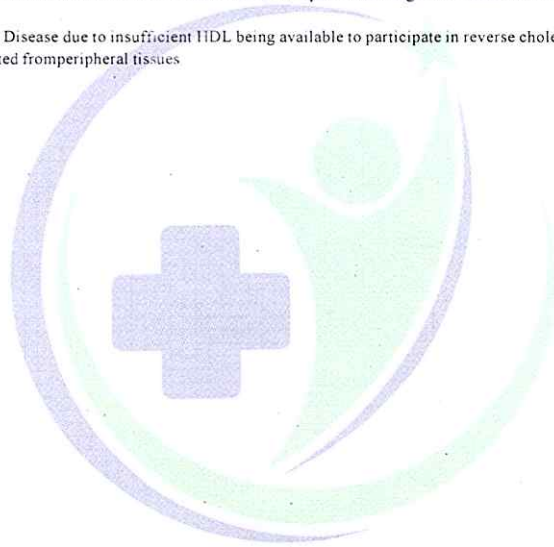
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BIOCHEMISTRY

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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1. Measurements 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. As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
3. Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.



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Lab/Hosp	Mr.MEDIWHEEL		

BIOCHEMISTRY

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
LIVER PROFILE WITH GGT			
SERUM BILIRUBIN (TOTAL) Method:- DIAZOTIZED SULFANILIC	0.68	mg/dL	Infants : 0.2-8.0 mg/dL Adult - Up to - 1.2 mg/dL
SERUM BILIRUBIN (DIRECT) Method:- DIAZOTIZED SULFANILIC	0.16	mg/dL	Up to 0.40 mg/dL
SERUM BILIRUBIN (INDIRECT) Method:- Calculated	0.52	mg/dl	0.30-0.70
SGOT Method:- IFCC	42.3 H	U/L	0.0 - 40.0
SGPT Method:- IFCC	35.0	U/L	0.0 - 40.0
SERUM ALKALINE PHOSPHATASE Method:- DGKC - SCE	84.60	U/L	53.00 - 141.00
SERUM GAMMA GT Method:- Szasz methodology Instrument Name Randox Rx Imola Interpretation: Elevations in GGT levels are seen earlier and more pronounced than those with other liver enzymes in cases of obstructive jaundice and metastatic neoplasms. It may reach 5 to 30 times normal levels in intra- or post-hepatic biliary obstruction. Only moderate elevations in the enzyme level (2 to 5 times normal) are observed with infectious hepatitis.	25.30	U/L	10.00 - 45.00
SERUM TOTAL PROTEIN Method:- BIURET	6.58	g/dl	6.00 - 8.40
SERUM ALBUMIN Method:- BROMOCRESOL GREEN	4.02	g/dl	3.50 - 5.50
SERUM GLOBULIN Method:- CALCULATION	2.56	gm/dl	2.20 - 3.50
A/G RATIO	1.57		1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

Note :- These are group of tests that can be used to detect the presence of liver disease, distinguish among different types of liver disorders, gauge the extent of known liver damage, and monitor the response to treatment. Most liver diseases cause only mild symptoms initially, but these diseases must be detected early. Some tests are associated with functionality (e.g.,

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BIOCHEMISTRY

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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albumin), some with cellular integrity (e.g., transaminase), and some with conditions linked to the biliary tract (gamma-glutamyl transferase and alkaline phosphatase) Conditions with elevated levels of ALT and AST include hepatitis A,B ,C ,paracetamol toxicity etc. Several biochemical tests are useful in the evaluation and management of patients with hepatic dysfunction. Some or all of these measurements are also carried out (usually about twice a year for routine cases) on those individuals taking certain medications, such as anticonvulsants, to ensure that the medications are not adversely impacting the person's liver.



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BIOCHEMISTRY

BIOCHEMISTRY

Test Name	Value	Unit	Biological Ref Interval
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RFT / KFT WITH ELECTROLYTES

SERUM UREA 35.60 mg/dl 10.00 - 50.00
 Method:- UREASE / GLUTAMATE DEHYDROGENASE

InstrumentName: HORIBA CA 60 **Interpretation :** Urea measurements are used in the diagnosis and treatment of certain renal and metabolic diseases.

SERUM CREATININE 0.97 mg/dl Males : 0.6-1.50 mg/dl
 Method:- JAFFE Females : 0.6 -1.40 mg/dl

Interpretation :
 Creatinine is measured primarily to assess kidney function and has certain advantages over the measurement of urea. The plasma level of creatinine is relatively independent of protein ingestion, water intake, rate of urine production and exercise. Depressed levels of plasma creatinine are rare and not clinically significant.

SERUM URIC ACID 5.66 mg/dl 2.40 - 7.00
 Method:- URICASE/PEROXIDASE

InstrumentName: HORIBA YUMIZEN CA60 Daytona plus **Interpretation:** Elevated Urate: High purine diet, Alcohol, Renal insufficiency, Drugs, Polycythaemia vera, Malignancies, Hypothyroidism, Rare enzyme defects, Downs syndrome, Metabolic syndrome, Pregnancy, Gout.

SODIUM 139.0 mmol/L 135.0 - 150.0
 Method:- ISE

POTASSIUM 4.25 mmol/L 3.50 - 5.50
 Method:- ISE

CHLORIDE 102.2 mmol/L 94.0 - 110.0
 Method:- ISE

SERUM CALCIUM 9.54 mg/dL 8.80 - 10.20
 Method:- Arsenazo III Method

InstrumentName: MISPA PLUS **Interpretation:** Serum calcium levels are believed to be controlled by parathyroid hormone and vitamin D. Increases in serum PTH or vitamin D are usually associated with hypercalcemia. Hypocalcemia may be observed in hypoparathyroidism, nephrosis and pancreatitis.

SERUM TOTAL PROTEIN 6.58 g/dl 6.00 - 8.40
 Method:- BIURET

SERUM ALBUMIN 4.02 g/dl 3.50 - 5.50
 Method:- BROMOCRESOL GREEN

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BIOCHEMISTRY

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Test Name	Value	Unit	Biological Ref Interval
SERUM GLOBULIN Method:- CALCULATION	2.56	gm/dl	2.20 - 3.50
A/G RATIO	1.57		1.30 - 2.50

Interpretation : Measurements obtained by this method are used in the diagnosis and treatment of a variety of diseases involving the liver, kidney and bone marrow as well as other metabolic or nutritional disorders.

INTERPRETATION

Kidney function tests are group of tests that can be used to evaluate how well the kidneys are functioning. Creatinine is a waste product that comes from protein in the diet and also comes from the normal wear and tear of muscles of the body. In blood, it is a marker of GFR. In urine, it can remove the need for 24-hour collections for many analytes or be used as a quality assurance tool to assess the accuracy of a 24-hour collection. Higher levels may be a sign that the kidneys are not working properly. As kidney disease progresses, the level of creatinine and urea in the blood increases. Certain drugs are nephrotoxic hence KFT is done before and after initiation of treatment with these drugs.

Low serum creatinine values are rare, they almost always reflect low muscle mass.

Apart from renal failure Blood Urea can increase in dehydration and GI bleed.

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CLINICAL PATHOLOGY

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
URINE SUGAR (FASTING) Collected Sample Received	Nil		Nil



Technologist
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Tanu Rungta

DR.TANU RUNGTA
MD (Pathology)
RMC No. 17226



P3 HEALTH SOLUTIONS LLP

(ASSOCIATES OF MAXCARE DIAGNOSTICS)

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Central Spine, Vidhyadhar Nagar, Jaipur - 302023
☎ +91 141 4824885 ✉ maxcarediagnostics1@gmail.com



Patient ID 1224152	Patient Mob No.9784629675	Registered On	27/04/2024 09:21:24
NAME Mr. BHUPENDRA SAINI		Collected On	27/04/2024 10:50:03
Age 34 Yrs Sex M	12/10/2018	Authorized On	27/04/2024 13:42:24
Ref. By BANK OF BARODA		Printed On	27/04/2024 17:06:51
Lab/Hosp Mr.MEDIWHEEL			

IMMUNOASSAY

Test Name	Value	Unit	Biological Ref Interval
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TOTAL THYROID PROFILE

THYROID-TRIIODOTHYRONINE T3

Method:- Chemiluminescence

1.21 ng/m

1.05 - 2.69

THYROID - THYROXINE (T4)

Method:- ECLIA

8.52 ug/dl

5.10 - 14.10

TSH

Method:- Chemiluminescence

4.160 uIU/ml

0.380 - 5.330

4th Generation Assay, Reference ranges vary between laboratories

• PREGNANCY - REFERENCE RANGE for TSH IN uIU/mL (As per American Thyroid Association)

1st Trimester : 0.10-2.50 uIU/mL

2nd Trimester : 0.20-3.00 uIU/mL

3rd Trimester : 0.30-3.00 uIU/mL

The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

NOTE-TSH levels are subject to circadian variation, reaching peak levels between 2-4 AM and min between 6-10 PM. The variation is the order of 50% hence time of the day has influence on the measures serum TSH concentration. Dose and time of drug intake also influence the test result.

INTERPRETATION

1. Primary hyperthyroidism is accompanied by ↑ serum T3 & T4 values along with ↓ TSH level.
2. Primary hypothyroidism is accompanied by ↓ serum T3 and T4 values & ↑ serum TSH levels
3. Normal T4 levels accompanied by ↑ T3 levels and low TSH are seen in patients with T3 Thyrotoxicosis
4. Normal or ↓ T3 & ↑ T4 levels indicate T4 Thyrotoxicosis (problem is conversion of T4 to T3)
5. Normal T3 & T4 along with ↓ TSH indicate mild / Subclinical Hyperthyroidism

• **COMMENTS:** Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test.

• **Disclaimer-**TSH is an important marker for the diagnosis of thyroid dysfunction. Recent studies have shown that the TSH distribution progressively shifts to a higher concentration with age, and it is debatable whether this is due to a real change with age or an increasing proportion of unrecognized thyroid disease in the elderly

• **Reference ranges are from Teitz fundamental of clinical chemistry 8th ed (2018)**

Test performed by Instrument : Beckman coulter Dxi 800

• **Note:** The result obtained relate only to the sample given/ received & tested. A single test result is not always indicative of a disease, it has to be correlated with

*** End of Report ***

Technologist
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Lab/Hosp Mr.MEDIWHEEL			

CLINICAL PATHOLOGY

Test Name	Value	Unit	Biological Ref Interval
Urine Routine			
<u>PHYSICAL EXAMINATION</u>			
COLOUR	PALE YELLOW		PALE YELLOW
APPEARANCE	Clear		Clear
<u>CHEMICAL EXAMINATION</u>			
REACTION(PH)	5.0		5.0 - 7.5
SPECIFIC GRAVITY	1.030		1.010 - 1.030
PROTEIN	NIL		NIL
SUGAR	NIL		NIL
BILIRUBIN	NEGATIVE		NEGATIVE
UROBILINOGEN	NORMAL		NORMAL
KETONES	NEGATIVE		NEGATIVE
NITRITE	NEGATIVE		NEGATIVE
<u>MICROSCOPY EXAMINATION</u>			
RBC/HPF	NIL	/HPF	NIL
WBC/HPF	2-3	/HPF	2-3
EPITHELIAL CELLS	2-3	/HPF	2-3
CRYSTALS/HPF	ABSENT		ABSENT
CAST/HPF	ABSENT		ABSENT
AMORPHOUS SEDIMENT	ABSENT		ABSENT
BACTERIAL FLORA	ABSENT		ABSENT
YEAST CELL	ABSENT		ABSENT
OTHER	ABSENT		ABSENT

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MR. BHUPENDRA SAIN	34 Y/M
Registration Date: 27/04/2024	Ref. by: BANK OF BARODA

ULTRASOUND OF WHOLE ABDOMEN

Liver is of normal size (13.9 cm) **with increased echotexture**. No focal space occupying lesion is seen within liver parenchyma. Intrahepatic biliary channels are not dilated. Portal vein diameter is normal.

Gall bladder is well distended. Wall is not thickened. No calculus or mass lesion is seen in gall bladder. Common bile duct is not dilated.

Pancreas is of normal size and contour. Echo-pattern is normal. No focal lesion is seen within pancreas.

Spleen is of normal size and shape (10.7 cm). Echotexture is normal. No focal lesion is seen.

Kidneys are normally sited and are of normal size and shape. Cortico-medullary echoes are normal. Collecting system does not show any calculus or dilatation.

Right kidney is measuring approx. 11.8 x 4.5 cm.

Left kidney is measuring approx. 10.0 x 4.1 cm.

Urinary bladder is well distended and does not show any calculus or mass lesion.

Prostate is normal in size with normal echotexture and outline.

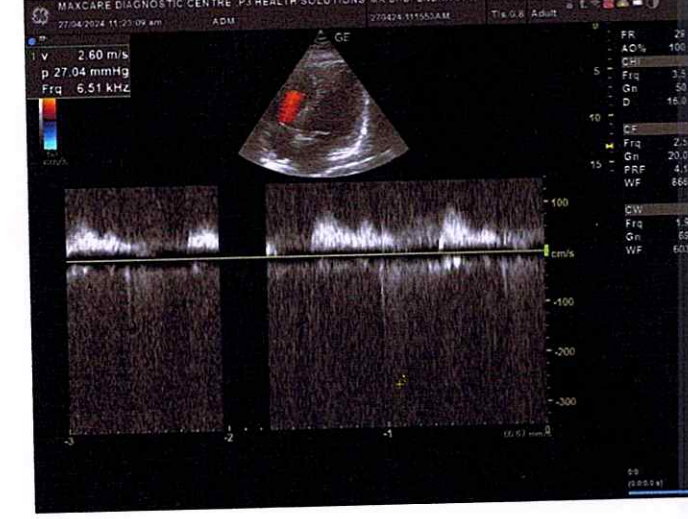
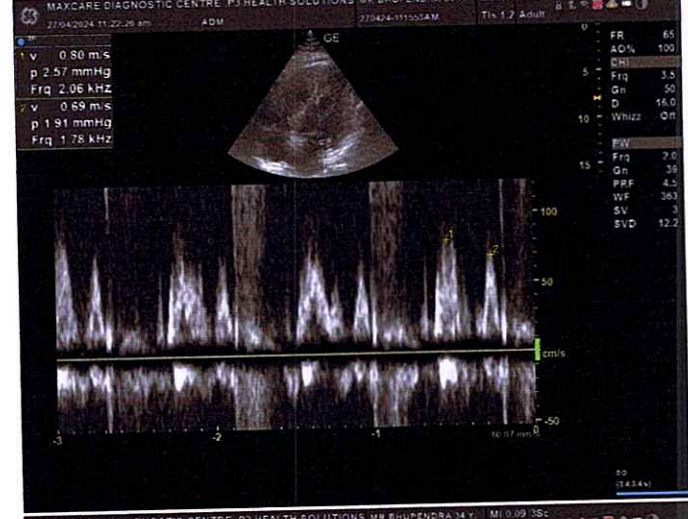
No enlarged nodes are visualized. No retro-peritoneal lesion is identified.
No significant free fluid is seen in pelvis.

IMPRESSION:

- Grade I fatty liver.
- Rest no significant abnormality is detected.

DR. SHALINI GOEL
M.B.B.S, D.N.B (Radiodiagnosis)
RMC no.: 21954

Dr. SHALINI GOEL
MBBS, DNB (Radiologist)
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MR. BHUPENDRA SAIN	34 Y/M
Registration Date: 27/04/2024	Ref. by: BANK OF BARODA

2D-ECHOCARDIOGRAPHY M.MODE WITH DOPPLER STUDY:
FAIR TRANSTHORACIC ECHOCARDIOGRAPHIC WINDOW MORPHOLOGY:

MITRAL VALVE	NORMAL	TRICUSPID VALVE	NORMAL
AORTIC VALVE	NORMAL	PULMONARY VALVE	NORMAL

M.MODE EXAMINATION:

AO	3.1	Cm	LA	3.4	cm	IVS-D	1.0	cm
IVS-S	1.2	cm	LVID	3.8	cm	LVSD	2.5	cm
LVPW-D	1.0	cm	LVPW-S	1.2	cm	RV		cm
RVWT		cm	EDV		ml	LVVS		ml
LVEF	55-60%		RWMA			ABSENT		

CHAMBERS:

LA	NORMAL	RA	NORMAL
LV	NORMAL	RV	NORMAL
PERICARDIUM	NORMAL		

COLOUR DOPPLER:

MITRAL VALVE				
E VELOCITY	0.80	m/sec	PEAK GRADIENT	Mm/hg
A VELOCITY	0.69	m/sec	MEAN GRADIENT	Mm/hg
MVA BY PHT		Cm2	MVA BY PLANIMETRY	Cm2
MITRAL REGURGITATION			MILD	
AORTIC VALVE				
PEAK VELOCITY	1.33	m/sec	PEAK GRADIENT	mm/hg
AR VMAX		m/sec	MEAN GRADIENT	mm/hg
AORTIC REGURGITATION			ABSENT	
TRICUSPID VALVE				
PEAK VELOCITY		m/sec	PEAK GRADIENT	mm/hg
MEAN VELOCITY		m/sec	MEAN GRADIENT	mm/hg
VMax VELOCITY				
TRICUSPID REGURGITATION			MILD	
PULMONARY VALVE				
PEAK VELOCITY	0.79	M/sec.	PEAK GRADIENT	Mm/hg
MEAN VELOCITY			MEAN GRADIENT	Mm/hg
PULMONARY REGURGITATION			ABSENT	

Impression—

- NORMAL LV SIZE & CONTRACTILITY.
- NO RWMA, LVEF 55-60%.
- MILD TR/ PAH (RVSP 27 MMHG+ RAP), MILD MR.
- NORMAL DIASTOLIC FUNCTION.
- NO CLOT, NO VEGETATION, NO PERICARDIAL EFFUSION.

(Cardiologist)



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NAME:	MR. BHUPENDRA SAIN	AGE	34 YRS/M
REF.BY	BANK OF BARODA	DATE	27/04/2024

CHEST X-RAY (PA VIEW)

Bilateral lung fields appear clear.

Bilateral costo-phrenic angles appear clear.

Cardiothoracic ratio is normal.

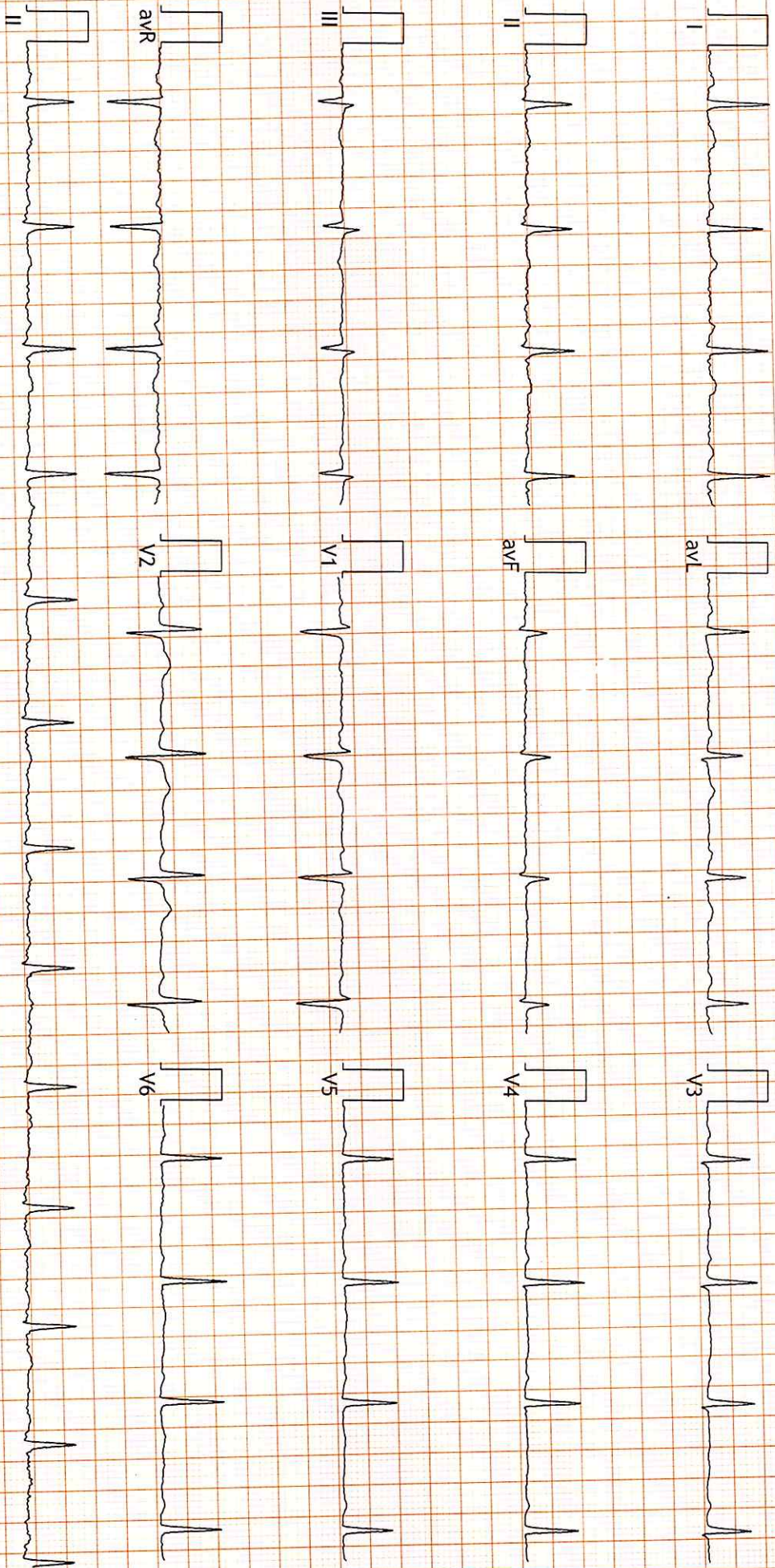
Thoracic soft tissue and skeletal system appear unremarkable.

Soft tissue shadows appear normal.

IMPRESSION: No significant abnormality is detected

Shalini


DR. SHALINI GOEL
M.B.B.S, D.N.B (Radiodiagnosis)
RMC No.: 21954



FINDINGS: Normal Variant with Non-Specific ST-Changes
 Vent Rate : 74 bpm; PR Interval : 152 ms; QRS Duration: 104 ms; QT/QTc Int : 371/414 ms
 P-QRS-T axis: 5 • 21 • 4 • (Deg)
 Comments :

~~Dr. Katesh Kumar Mahanka~~
 RMC No.: 35102
 MD CARDIO (ESCOR)
 (BANGALURU)



 GPS Map Camera

Jaipur, Rajasthan, India

G-22 Vidhadher Enclave 14, near Cine Star, Sector 2, Central Spine, Vidyadhar
Nagar, Jaipur, Rajasthan 302039, India

Lat 26.964654°

Long 75.782556°

GMT +05:30



Google

R

1224152 BHUPENDRA SAIN 34 YRS , BOB M
27 APR.2024
MAXCARE DIAGNOSTIC (ASSOCIATES OF P3 HEALTH SOLUTIONS LLP)



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