 **GPS Map Camera**



**Ajmer, Rajasthan, India**

FJ9M+WJW, opp. JLN Hospital, Kala Bagh, Ajmer,  
Rajasthan 305001, India

Lat 26.469859°

Long 74.634009°

23/03/24 02:07 PM GMT +05:30

**Patient Name :** GANESH KUMAR RAIGER

**Age / Gender :** 46 years / Male

**Endo ID :** 178540

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Mar 23, 2024, 11:13 a.m.

**Reported Date & Time :** Mar 23, 2024, 12:38 p.m.

**Sample ID :**



240830030

Test Description	Value(s)	Unit(s)	Reference Range
<b>HAEMATOLOGY</b>			
Hemoglobin (HB)	13.4	gm/dl	13.5 - 18.0
Erythrocyte (RBC) Count	5.53	mil/cu.mm	4.7 - 6.0
Packed Cell Volume (PCV)	45.5	%	42 - 52
Mean Cell Volume (MCV)	82.3	FL	78 - 100
Mean Cell Haemoglobin (MCH)	24.3	Pg	27 - 31
Mean Corpuscular Hb Conc. (MCHC)	29.5	g/dl	32 - 36
Red Cell Distribution Width (RDW)	14.7	%	11.5 - 14.0
Total Leucocytes Count (WBC)	7300	Cell/cu.mm	4000 - 10000
Neutrophils	60	%	40 - 80
Lymphocytes	30	%	20 - 40
Monocytes	06	%	2 - 10
Eosinophils	04	%	1-6
Basophils	00	%	0-1
Mean Platelet Volume (MPV)	11.9	fL	7.2 - 11.7
PCT	0.22	%	0.2 - 0.5
Platelet Count	183	10 <sup>3</sup> /ul	150 - 450

\*\*END OF REPORT\*\*

Dr. Kusum Heda  
M.D.(Patho.)

Dr. Nishi Prasad  
M.D.(Patho.)

Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)

**GOYAL**  
**DIAGNOSTICS**  
4-D ULTRASOUND • COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

**Patient Name :** GANESH KUMAR RAIGER

**Age / Gender :** 46 years / Male

**Endo ID :** 178540

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**Referral :** MEDIWHEEL



**Collected Date & Time :** Mar 23, 2024, 11:13 a.m.

**Reported Date & Time :** Mar 23, 2024, 01:02 p.m.

**Sample ID :**



240830030

Test Description	Value(s)	Unit(s)	Reference Range
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**HAEMATOLOGY**

ESR	15	mm	0 - 20
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\*\*END OF REPORT\*\*

**Dr. Kusum Heda**  
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**Dr. Nishi Prasad**  
M.D.(Patho.)

**Patient Name :** GANESH KUMAR RAIGER

**Age / Gender :** 46 years / Male

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**Referral :** MEDIWHEEL



**Collected Date & Time :** Mar 23, 2024, 11:13 a.m.

**Reported Date & Time :** Mar 23, 2024, 12:50 p.m.

**Sample ID :**



240830030

Test Description	Value(s)	Unit(s)	Reference Range
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**CLINICAL PATHOLOGY**

**URINE ROUTINE**

**General Examination**

Colour	Pale yellow		Pale Yellow
Transparency (Appearance)	Clear		Clear
Reaction (pH)	Alkaline		Acidic / Alkaline
Specific gravity	1.020		1.005-1.030

**Chemical Examination**

Urine Protein (Albumin)	+		NIL
Urine Glucose (Sugar)	NIL		NIL

**Microscopic Examination**

Pus cells (WBCs)	2-3	/hpf	0-4
Epithelial cells	4-5	/hpf	0-5
Red blood cells	0-1	/hpf	NIL
Crystals	Absent		Absent
Cast	Absent		Absent
Amorphous deposits	Present		Absent
Bacteria	Absent		Absent
Yeast cells	Absent		Absent
Other	Absent		Absent

\*\*END OF REPORT\*\*

**Dr. Kusum Heda**  
M.D.(Patho.)

**Dr. Nishi Prasad**  
M.D.(Patho.)

**Patient Name :** GANESH KUMAR RAIGER

**Age / Gender :** 46 years / Male

**Endo ID :** 178540

**Organization :** Goyal Diagnostics Profile

**Referral :** MEDIWHEEL



**Collected Date & Time :** Mar 23, 2024, 11:13 a.m.

**Reported Date & Time :** Mar 23, 2024, 12:09 p.m.

**Sample ID :**



240830030

Test Description	Value(s)	Unit(s)	Reference Range
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**HAEMATOLOGY**

BLOOD GROUP ABO AND RHTYPE

'A' POSITIVE

Method : Gel Technique & Tube Agglutination

Medical Remark :

The blood group done is forward blood group only. In case of any discrepancy kindly contact the lab

\*\*END OF REPORT\*\*

**Dr. Kusum Heda**  
M.D.(Patho.)

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M.D.(Patho.)

**Patient Name :** GANESH KUMAR RAIGER

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240830030

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

**LIPID PROFILE**

Cholesterol Total Method : ENZYMATIC COLORIMETRIC METHOD CHOD - POD	202.0	mg/dL	130 -250
Triglycerides Method : ENZYMATIC COLORIMETRIC	<b>220.0</b>	mg/dL	60 -170
HDL Cholesterol Method : PHOSPHOTUNGSTIC ACID	40.3	mg/dL	Normal: 40-60 Major Risk for Heart: > 60
VLDL Cholesterol Method : Calculated	<b>44</b>	mg/dL	6 - 38
LDL Cholesterol Method : Calculated	117.70	mg/dL	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190
CHOL/HDL Ratio Method : Calculated	<b>5.01</b>		2.6-4.9
LDL/HDL Ratio Method : Calculated	2.92		0.5-3.4

\*\*END OF REPORT\*\*

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M.D.(Patho.)

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**Age / Gender :** 46 years / Male

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**BIOCHEMISTRY**

**LIVER FUNCTION TEST**

Bilirubin - Total	0.55	gm/dl	0.0 - 1.20
Bilirubin - Direct	0.15	mg/dL	0.00 - 0.30
Bilirubin - Indirect	0.40	mg/dL	0.1 - 1.0
Method : Calculated			
ASPARTATE AMINO TRANSFERASE (SGOT-AST)	36.6	U/L	5.0-40.0
Method : IFCC with Serum			
ALANINE AMINO TRANSFERASE (SGPT-ALT)	<b>45.3</b>	U/L	5.0 - 40.0
Method : IFCC with POD Serum			
Alkaline Phosphatase	102.3	U/L	<b>MALE &amp; FEMALE</b>
Method : IFCC with Serum			4-19 YEAR: 54-369 U/L
			20-59 YEAR: 42-98 U/L
			>60 YEAR: 53-141 U/L
Total Protein	7.06	g/dL	6.00 - 8.00
Method : Biuret, with Serum			
Albumin	4.93	g/dL	3.40 - 5.50
Method : Tech; BCG with Serum			
Globulin	2.13	g/dL	1.5 - 3.5
Method : Calculated			
A/G Ratio	2.31		1.5 - 2.5
Method : Calculated			

\*\*END OF REPORT\*\*

**Dr. Kusum Heda**  
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M.D.(Patho.)

**Patient Name :** GANESH KUMAR RAIGER

**Age / Gender :** 46 years / Male

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**Referral :** MEDIWHEEL



**Collected Date & Time :** Mar 23, 2024, 11:13 a.m.

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**Sample ID :**



240830030

Test Description	Value(s)	Unit(s)	Reference Range
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**HAEMATOLOGY**

<b>HbA1c (GLYCOSYLATED HEMOGLOBIN)</b>	5.0	%	> 8% Action Suggested 7 - 8 % Good Control 6 - 7 % Near Normal Glycemia < 6% Normal level
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**Method :** Nephelometry Methodology

**Instrument:**Mispa i2

**Clinical Information:**

Glycated hemoglobin measurement is not appropriate where there has been a change in diet or treatment within 6 weeks. Hence, people with recent blood loss, hemolytic anemia, or genetic differences in the hemoglobin molecule (hemoglobinopathy and Hb variants viz: HbS,HbC,HbE, HbD,elevated HbF, as well as those that have donated blood recently, are not suitable for this test. Conditions associated with false increased HbA1C values: HbF, Uremia,Lead Poisoning, Hypertriglyceridemia, Alcoholism, Opiate addiction, Iron deficiency state,Postsplenectomy, Hyperbilirubinemia, Chronic aspirin therapy. Conditions associated with false low HbA1C values: HbS, HbC, Hemolytic anemia, Pregnancy, Acute or chronic blood loss

<b>AVERAGE BLOOD GLUCOSE</b>	96.80		90 - 120 Very Good Control 121 - 150 Adequate Control 151 - 180 Sub-optimal Control 181 - 210 Poor Control > 211 Very Poor Control
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\*\*END OF REPORT\*\*

**Dr. Kusum Heda**  
M.D.(Patho.)

**Dr. Nishi Prasad**  
M.D.(Patho.)



**Patient Name :** GANESH KUMAR RAIGER

**Age / Gender :** 46 years / Male

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240830030

Test Description	Value(s)	Unit(s)	Reference Range
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**IMMUNOLOGY**

T3-Triiodothyronine Method : CHEMILUMINOSCECE	1.24	ng/mL	0.60-1.81
T4-Thyroxine Method : CHEMILUMINOSCECE	8.2	ug/dL	4.5 - 10.9
TSH -ULTRA SENSITIVE Method : CHEMILUMINOSCECE	3.45	uIU/mL	0.35 - 5.50

**Interpretation:**

TSH measurement is useful in screening and diagnosis for euthyroidism, hyperthyroidism and hypothyroidism. TSH levels may be affected by acute illness and drugs like doapmine and glucocorticoids. Low or undetectable TSH is suggestive of graves disease TSH between 5.5 to 15.0 with normal T3 T4 indicates impaired thyroid hormone or subclinical hypothyroidism or normal T3 T4 with slightly low TSH suggests subclinical Hyperthyroidism. TSH suppression does not reflect severity of hyperthyroidism therefore , measurement of FT3 FT4 is important. FreeT3 is first hormone to increase in early Hyperthyroidism. Only TSH level can prove to be misleading in patients on treatment. Therefore FreeT3 , FreeT4 along with TSH should be checked.

\*\*END OF REPORT\*\*

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**BIOCHEMISTRY**

<b>Urea</b> Method : Uricase	26.1	mg/dL	10.0 - 40.0
<b>CREATININE</b> Method : Serum, Jaffe	0.82	mg/dL	0.60 - 1.40

\*\*END OF REPORT\*\*

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**BIOCHEMISTRY**

<b>Uric Acid</b>	7.0	mg/dL	3.5-7.0
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Method : Uricase, Colorimetric

\*\*END OF REPORT\*\*

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**Sample ID :**



240830030

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

Calcium	9.9	mg/dL	8.50 - 10.20
Method : Arsenazo III			

\*\*END OF REPORT\*\*

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240830030

Test Description	Value(s)	Unit(s)	Reference Range
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**IMMUNOLOGY**

**PROSTATE SPECIFIC ANTIGEN (PSA) TOTAL** 1.44 ng/mL 0 - 4.0

Method : Serum, CLIA

**SUMMARY AND EXPLANATION**

Elevated concentrations of PSA in serum are generally indicative of a patho-logic condition of the prostate (prostatitis, benign hyperplasia or carcinoma). As PSA is also present in para-urethral and anal glands, as well as in breast tissue or with breast cancer, low levels of PSA can also be detected in sera from women. The main areas in which PSA determinations are employed are the monitoring of progress and efficiency of therapy in patients with prostate carcinoma or receiving hormonal therapy. The steepness of the rate of fall in PSA down to no-longer detectable levels following radiotherapy, hormonal therapy or radical surgical removal of the prostate provides information on the success of therapy. An inflammation or trauma of the prostate (e.g. in cases of urinary retention or following rectal examination, cystoscopy, coloscopy, transurethral biopsy, laser treatment or ergometry) can lead to PSA elevations of varying duration and magnitude.

\*\*END OF REPORT\*\*

**Dr. Kusum Heda**  
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240830030

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**BIOCHEMISTRY**

Glucose fasting Method : Fluoride Plasma-F, Hexokinase	101.8	mg/dL	70.0-110.0
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\*\*END OF REPORT\*\*

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**Referral :** MEDIWHEEL



**Collected Date & Time :** Mar 23, 2024, 01:58 p.m.

**Reported Date & Time :** Mar 23, 2024, 02:36 p.m.

**Sample ID :**



240830096

Test Description	Value(s)	Unit(s)	Reference Range
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**BIOCHEMISTRY**

Blood Glucose-Post Prandial Method : Hexokinase	120.9	mg/dL	70 - 140
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\*\*END OF REPORT\*\*

**Dr. Kusum Heda**  
M.D.(Patho.)

**Dr. Nishi Prasad**  
M.D.(Patho.)

2024, 03-04 PM  
2024, 01-17

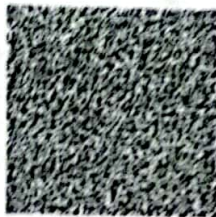


भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

भारमांकन क्रम/ Enrolment No.: 2034/62177/00144

To  
गणेश कुमार  
Ganesh Kumar  
S/O: Mohan Lal,  
91,  
raigar basti hadipura, amer,  
VTC: Amer Chak No.1,  
PO: Amer,  
Sub District: Amber,  
District: Jaipur,  
State: Rajasthan,  
PIN Code: 302028,  
Mobile: 8290580991



Signature Not Verified  
Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.

आपका आधार क्रमांक / Your Aadhaar No. :

8680 8375 8412

VID : 9191 0829 3573 1342

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



गणेश कुमार  
Ganesh Kumar  
प्रा.म तिथि/DOB: 22/07/1977  
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग संस्थापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/  
ऑफलाइन प्रमाणीकरण की स्कैनिंग) के साथ किया जाना चाहिए।  
Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline KML).

8680 8375 8412

मेरा आधार, मेरी पहचान



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार सेवा प्रदाता द्वारा प्रस्तुत सूचना और विवरणों से विशिष्ट प्रमाणीकरण के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पर को यूआईडीआई द्वारा प्रेषित प्रमाणीकरण प्रक्रिया के लिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआरएल या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या [www.uidai.gov.in](http://www.uidai.gov.in) पर उपलब्ध स्थिति क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के सम्बन्ध में दस्तावेजों को आधार के लिए नवीकरित की जायेंगे से प्रत्येक 10 वर्षों में कम से कम एक बार आधार में अपडेट करना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी कार्यक्रमों का लाभ देने में सहायता करता है।
- आधार में अप्रत्यक्ष गैर-सहमतियों को अस्वीकार नहीं है।
- आधार सेवाओं का लाभ देने के लिए एमआरएल ऐप डाउनलोड करें।
- आधार/बीयोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बीयोमेट्रिक्स ऑन/ऑफलाइन स्थिति का उपयोग करें।
- आधार की सेवा करने वाले सहायता देने के लिए सज्ज हो।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-approved authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on [www.uidai.gov.in](http://www.uidai.gov.in)
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

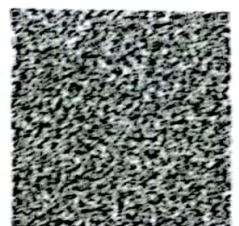


भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
अभयज सोहन लाल, 91, रायगर बस्ती हाडिपुरा, अमेर, अमेर  
चक नं. 1, अमेर, जयपुर,  
राजस्थान - 302028

Address:  
S/O: Mohan Lal, 91, raigar basti hadipura,  
Amer, Amer Chak No.1, PO: Amer, DIST:  
Jaipur,  
Rajasthan - 302028



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VID : 9191 0829 3573 1342

1947 | [help@uidai.gov.in](mailto:help@uidai.gov.in) | [www.uidai.gov.in](http://www.uidai.gov.in)

*Ganesh Kumar*

Dr. ROOPA SOYAL (M.B.B.S., M.D.)  
Consultant Radiologist & Sonologist  
RMC No. 004507/15600



Consultant Radiologist & Sonologist

**Dr. Roopa Goyal**

MD (Radio-Diagnosis)

**GOYAL**  
**DIAGNOSTICS**  
4-D ULTRASOUND • COLOUR DOPPLER

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001 PHONE : 2428948

NAME :-- Ganesh Kumar Raigar      AGE :--46 Yrs      Date:-- 23-Mar-24  
REF BY :- Medhiwheel

**SKIAGRAM CHEST PA VIEW**

**BOTH CP ANGLES ARE CLEAR**

**CARDIAC SIZE IS WITHIN NORMAL LIMITS**

**LUNG FIELDS ARE CLEAR**

**NAD IN HEART AND Lungs**

Dr. ROOPA GOYAL (M.B.B.S., M.D.)  
Consultant Radiologist & Sonologist  
RMC No. -004507/15600

भ्रूण लिंग परिक्षण करवाना जघन्य अपराध है। इसकी शिकायत 104 टोल फ्री सेवा पर की जा स

HOLTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PA  
THE DIAGNOSIS, FINDING SHOULD ALWAYS BE CO-RELATED WITH THE CLINICAL AND OTHER INVESTIGATION FINDING WHERE APPLICABLE THIS REPORT IN NOT MEANT FOR ME

SHOP NO. 16-17, 1ST FLOOR SHOPPING CENTRE, OPP. JLN HOSPITAL, AJMER -305 001

NAME : MR GANESH KUMAR  
AGE : 46 yrs  
SEX : Male  
DATE : 23-Mar-24  
REF BY : Mediwheel

- INTERPRETATION SUMMARY**
- SEVERE CONCENTRIC LVH
  - DIASTOLIC DYSFUNCTION GRADE 1
  - INTACT IAS/ IVS
  - ALL VALVES ARE NORMAL.
  - MILD TR
  - RVSP 30 MM HG
  - NO RWMA : LVEF 65 %
  - NO CLOT, VEGITATION.
  - NO PERICARDIAL EFFUSION
  - NORMAL PERICARDIUM .
  - SIZE OF MAIN PULMONARY ARTERY 22 MM

**M. MODE/2D MEASUREMENTS (MM) & CALCULATIONS (ML)**

LVID d	47.1	LVEDV	
LVID s	30.1	LVESV	
RVID(d)	---	SV	
IVS d	14.6	F.S	35%
IVS S	21.1	EF	65%
LVPW d	11.8	C.O	-
LVPWS	15.5	MITRAL VALVE	-
AORTIC ROOT	32.0	EF SLOPE	-
LEFT ATRIUM	36.6	OPENING AMPLITUDE	-
AORTIC CUSP OPENING	-	E.P.S.S	-

**DOPPLER MEASUREMENTS & CALCULATIONS:**

STRUCTURE	MORPHOLOGY	VELOCITY(cm/sec.)	GRADIENT P/M	REGURGITATION
MITRAL VALVE	NORMAL	E- 78 A- 101	-	NIL
TRICUSPID VALVE	NORMAL	229	-	MILD
PUL VALVE	NORMAL	108	-	NIL
AORTIC VALVE	NORMAL	159	-	NIL

PULMONARY ARTERY	MITRAL VALVE AREA (BY P 1/2 T)
PEAK ACCELERATION TIME	PRESSURE HALF TIME
SYSTOLIC PRESSURE 30 MM HG	MVA

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HOLTER TMT ECHOCARDIOGRAPHY SPIROMETRY DIGITAL X-RAY BMD OPG MAMMOGRAPHY CLINICAL LAB. PAP SMEAR  
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Patient Name Mr. ganesh kumar raigar 46/M

March 23, 2024

5 Seconds ECG Report

Time: 10:32:16

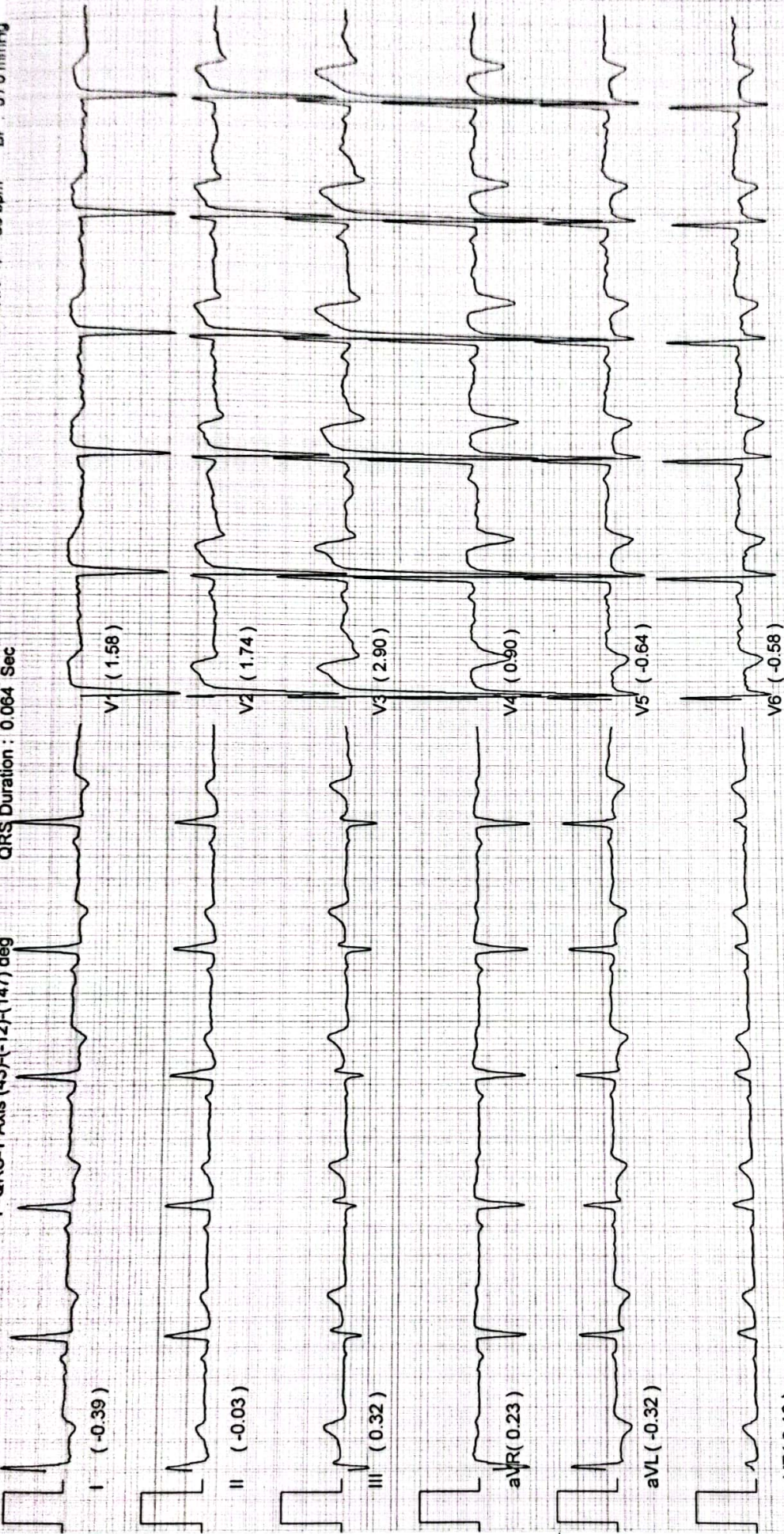
P-QRS-T Axis (43)(-12)(147) deg

PR Interval: 0.13 sec

QRS Duration: 0.064 Sec

RR Interval: 0.87 sec

HR : 68 bpm BP : 0/0 mmHg



INTERPRETATION

Sinus Rhythm, PR is normal, Normal QRS Width, Normal QT interval, QRS Axis is normal,  
 T wave inversion in Lead I, II, aVR, aVL, V5, V6,  
 ECG not normal

DR.  
MD

**USG ABDOMEN-PELVIS**

**NAME -Mr Ganesh Kumar Raigar AGE-- 46 Yrs Date --23-Mar-24**

**REF BY - Mediwheel**

**LIVER:** is enlarged and bright 15.3 cm and shows homogeneous echotexture. No evidence of intrahepatic biliary radicles dilatation / focal space occupying lesion. The portal vein and common bile duct show normal caliber.

**GALL BLADDER:** distended and shows smooth walls. Wall thickness appears normal. No evidence of sludge/ calculus . No evidence of pericholecystic collection.

**SPLEEN:** normal in size and shows normal echopattern.

**PANCREAS:** Normal in size , shape and position. Parenchyma is homogenous.

**RT.KIDNEY-** Normal in size, shape and position . Measures :-- 10.0 x 4.0cm Cortex is homogeneous. Corticomedullary differentiation is maintained pelvicalyceal system is not dilated. No evidence of any calculus is Seen

**LT. KIDNEY-** Normal in size, shape and position. Measures :-- 10.8 x 4.7cm Cortex is homogeneous. Corticomedullary differentiation is maintained. pelvicalyceal system is not dilated. No evidence of any calculus is Seen

**URINARY BLADDER:** is distended with smooth walls . No evidence of diverticulum or calculus is Seen

**PROSTATE:** is Normal in size 13.5 gms and shows normal homogeneous echotexture

**IMPRESSION:-**

- Enlarged fatty liver.
- Rest of the abdominal organs are within normal limits.

**(Adv- clinical correlation , further evaluation)**

Please note :- This is professional opinion only and not the final diagnosis as science of radiology is based on interpretation of various shadows produced by both normal and abnormal structures . Dissimilar diverse diseases may produce similar shadows and vice versa , hence no us finding is path genomic . All findings are only S/O , hence advice These findings are observations at the time of study . Findings can change any time. In case of any disparity between clinical and sonography, X ray findings. Please send patient again for review Free of Cost This report is not valid for medico-legal purpose subject to Ajmer and jurisdiction only .

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