

TEST REPORT

| | | | |
|-------------------------------|-------------------------------|-------------|----------------------------------|
| Reg. No. : 403100379 | Reg. Date : 12-Mar-2024 10:12 | Ref.No : | Approved On : 12-Mar-2024 12:30 |
| Name : Mr. PAWAN PRASAD SINGH | | | Collected On : 12-Mar-2024 10:16 |
| Age : 35 Years | Gender: Male | Pass. No. : | Dispatch At : |
| Ref. By : APOLLO | | | Tele No. : |
| Location : | | | |

| Test Name | Results | Units | Bio. Ref. Interval |
|---|----------------|-----------------------|--------------------|
| Complete Blood Count Specimen: EDTA blood | | | |
| Hemoglobin | | | |
| Hemoglobin(SLS method) | 17.0 | g/dL | 13.0 - 17.0 |
| Hematocrit (calculated) | H 51.7 | % | 40 - 50 |
| RBC Count(Ele.Impedence) | 5.20 | X 10 ¹² /L | 4.5 - 5.5 |
| MCV (Calculated) | 99.5 | fL | 83 - 101 |
| MCH (Calculated) | H 32.7 | pg | 27 - 32 |
| MCHC (Calculated) | 32.9 | g/dL | 31.5 - 34.5 |
| RDW (Calculated) | 13.1 | % | |
| Differential WBC count (Impedance and flow) | | | |
| Total WBC count | 8550 | /μL | 4000 - 10000 |
| Neutrophils | 59 | % | 38 - 70 |
| Lymphocytes | 32 | % | 21 - 49 |
| Monocytes | 6 | % | 3 - 11 |
| Eosinophils | 3 | % | 0 - 7 |
| Basophils | 0 | | 0 - 2 |
| Platelet | | | |
| Platelet Count (Ele.Impedence) | 362000 | /cmm | 150000 - 410000 |
| MPV | H 12.30 | fL | 6.5 - 12.0 |

Sample Type: EDTA Whole Blood

Note: All abnormal hemograms are reviewed and confirmed microscopically. Peripheral blood smear and malarial parasite examination are not part of CBC report.

Test done from collected sample.

This is an electronically authenticated report.



Approved by: **DR. PARIMAL SARDA**

Haematopathologist
PDF, CMC vellore
Reg No.: - G-13598

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TEST REPORT

Reg. No. : 403100379 Reg. Date : 12-Mar-2024 10:12 Ref.No : Approved On : 12-Mar-2024 13:29
Name : Mr. PAWAN PRASAD SINGH Collected On : 12-Mar-2024 10:16
Age : 35 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

| Test Name | Results | Units | Bio. Ref. Interval |
|-----------|---------|-------|---|
| ESR | 05 | mm/hr | 17-50 Yrs : <12, 51-60 Yrs : <19, 61-70 Yrs : <20, >70 Yrs : <30 |

Method: Modified Westergren

EDTA Whole Blood

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Keyur Patel

M.B.B.S., D.C.P (Patho) Page 2 of 13
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Approved On: 12-Mar-2024 13:29

TEST REPORT

Reg. No. : 403100379 Reg. Date : 12-Mar-2024 10:12 Ref.No : Approved On : 12-Mar-2024 11:08
Name : Mr. PAWAN PRASAD SINGH Collected On : 12-Mar-2024 10:16
Age : 35 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

| Test Name | Results | Units | Bio. Ref. Interval |
|--|----------|-------|--------------------|
| BLOODGROUP & RH | | | |
| <u>Specimen: EDTA and Serum; Method: Gel card system</u> | | | |
| Blood Group "ABO" <i>Agglutination</i> | "B" | | |
| Blood Group "Rh" <i>Agglutination</i> | Positive | | |
| EDTA Whole Blood | | | |

Test done from collected sample.

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Approved by: Dr. Keyur Patel

M.B.B.S.,D.C.P(Patho)
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TEST REPORT

Reg. No. : 403100379 Reg. Date : 12-Mar-2024 10:12 Ref.No : Approved On : 12-Mar-2024 16:45
Name : Mr. PAWAN PRASAD SINGH Collected On : 12-Mar-2024 10:16
Age : 35 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---------|-------|---|
| FASTING PLASMA GLUCOSE Specimen: Fluoride plasma | | | |
| Fasting Plasma Glucose <i>Hexokinase</i> | 82.72 | mg/dL | Normal: <=99.0 Prediabetes: 100-125 Diabetes :>=126 |

Flouride Plasma

Criteria for the diagnosis of diabetes:

- HbA1c >= 6.5 *
Or
- Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs.
Or
- Two hour plasma glucose >= 200mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water.
Or
- In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose >= 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34;S11.

Test done from collected sample.

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Approved by: Dr. Keyur Patel

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TEST REPORT

Reg. No. : 403100379 Reg. Date : 12-Mar-2024 10:12 Ref.No : Approved On : 12-Mar-2024 16:46
Name : Mr. PAWAN PRASAD SINGH Collected On : 12-Mar-2024 10:16
Age : 35 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---------|-------|---|
| POST PRANDIAL PLASMA GLUCOSE Specimen: Fluoride plasma | | | |
| Post Prandial Plasma Glucose <i>Hexokinase</i> | L 90.60 | mg/dL | Normal: <=139 Prediabetes : 140-199 Diabetes: >=200 |
| Flouride Plasma | | | |

Test done from collected sample.

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Approved by: Dr. Keyur Patel

M.B.B.S.,D.C.P(Patho) Page 5 of 13
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Generated On : 12-Mar-2024 16:45

Approved On: 12-Mar-2024 16:46

TEST REPORT

Reg. No. : 403100379 Reg. Date : 12-Mar-2024 10:12 Ref.No : Approved On : 12-Mar-2024 11:18
Name : Mr. PAWAN PRASAD SINGH Collected On : 12-Mar-2024 10:16
Age : 35 Years Gender: Male Pass. No. : Dispatch At :
Ref. By : APOLLO Tele No. :
Location :

| Test Name | Results | Units | Bio. Ref. Interval |
|------------|---------|-------|--------------------|
| Creatinine | 0.95 | mg/dL | 0.67 - 1.5 |

Creatinine is the most common test to assess kidney function. Creatinine levels are converted to reflect kidney function by factoring in age and gender to produce the eGFR (estimated Glomerular Filtration Rate). As the kidney function diminishes, the creatinine level increases; the eGFR will decrease. Creatinine is formed from the metabolism of creatine and phosphocreatine, both of which are principally found in muscle. Thus the amount of creatinine produced is, in large part, dependent upon the individual's muscle mass and tends not to fluctuate much from day-to-day. Creatinine is not protein bound and is freely filtered by glomeruli. All of the filtered creatinine is excreted in the urine.

| | | | |
|----------------|------|-------|-----------|
| Uric Acid (UA) | 4.12 | mg/dL | 3.4 - 7.0 |
|----------------|------|-------|-----------|

Uricase

Serum

Uses

To monitor treatment of gout

To monitor hemotherapeutic treatment of neoplasms to avoid renal urate deposition.

Increase in - Renal failure , Gout , increased destruction of nucleoprotein like in leukemia ,hemolytic anemia, psoriasis, etc ,high protein diet,alcohol consumption, etc.

Decrease in - Intake of uricosuric drugs like allopurinol, severe hepatocellular disease , defective renal tubular damage.

Test done from collected sample.

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| Name : Mr. PAWAN PRASAD SINGH | | | Collected On : 12-Mar-2024 10:16 |
| Age : 35 Years | Gender : Male | Pass. No. : | Dispatch At : |
| Ref. By : APOLLO | | | Tele No. : |
| Location : | | | |

| Test Name | Results | Units | Bio. Ref. Interval |
|--|---------|-------|---|
| <u>BLOOD UREA NITROGEN</u> | | | |
| Urea <i>UREASE/GLDH</i> | 28.3 | mg/dL | <= 65 YEARS AGE: <50 mg/dL; >65 YEARS AGE: <71 mg/dL |
| Blood Urea Nitrogen (BUN) <i>Calculated</i> | 13.2 | mg/dL | 8.9 - 20.6 |
| Serum | | | |

Useful screening test for evaluation of kidney function.

Urea is a nitrogenous waste product of protein metabolism. The process is synthesized in the liver. High levels of urea (BUN) may be due to a high protein diet, dehydration, or kidney disease. Types of chronic kidney disease include kidney stones, enlarged prostate, and kidney failure. This test is frequently requested to aid in the differential diagnosis of prerenal, renal and postrenal causes of kidney failure.

Test done from collected sample.

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| Age : 35 Years | Gender : Male | Pass. No. : | Dispatch At : |
| Ref. By : APOLLO | | | Tele No. : |
| Location : | | | |

| Test Name | Results | Units | Bio. Ref. Interval |
|--|---------------|-------|--|
| <u>LIPID PROFILE</u> | | | |
| CHOLESTEROL <i>Enzymatic Colorimetric Method, CHOD-POD</i> | 198.0 | mg/dL | <200 : Desirable, 200-239 : Borderline High, >=240 : High |
| Triglyceride <i>Enzymatic Colorimetric Method</i> | 125.0 | mg/dL | <150 : Normal, 150-199 : Border Line High, 200-499 : High, >=500 : Very High |
| Very Low Density Lipoprotein(VLDL) <i>Calculated</i> | 25 | mg/dL | 0 - 30 |
| Low-Density Lipoprotein (LDL) <i>Calculated Method</i> | 126.60 | mg/dL | < 100 : Optimal, 100-129 : Near Optimal/above optimal, 130-159 : Borderline High, 160-189 : High, >=190 : Very High |
| High-Density Lipoprotein(HDL) <i>Method:Homogeneous Enzymatic Colorimetric</i> | 46.4 | mg/dL | <40 Low (High Risk), >=60 High(Low Risk) |
| CHOL/HDL RATIO <i>Calculated</i> | H 4.27 | | 0.0 - 3.5 |
| LDL/HDL RATIO <i>Calculated</i> | 2.73 | | 1.0 - 3.4 |
| TOTAL LIPID <i>Calculated</i> | 606.00 | mg/dL | 400 - 1000 |
| Serum | | | |

As a routine test to determine if your cholesterol level is normal or falls into a borderline-, intermediate- or high-risk category.
 To monitor your cholesterol level if you had abnormal results on a previous test or if you have other risk factors for heart disease.
 To monitor your body's response to treatment, such as cholesterol medications or lifestyle changes.
 To help diagnose other medical conditions, such as liver disease.
 Note : biological reference intervals are according to the national cholesterol education program (NCEP) guidelines.

Test done from collected sample.

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| Age : 35 Years | Gender : Male | Pass. No. : | Dispatch At : |
| Ref. By : APOLLO | | | Tele No. : |
| Location : | | | |

| Test Name | Results | Units | Bio. Ref. Interval |
|---|---------|-------|--------------------|
| <u>LIVER FUNCTION TEST</u> | | | |
| TOTAL PROTEIN <i>Biuret Colorimetric</i> | 7.63 | g/dL | 6.4 - 8.3 |
| ALBUMIN <i>Bromocresol Green(BCG)</i> | 4.44 | g/dL | 3.2 - 5.0 |
| GLOBULIN <i>Calculated</i> | 3.19 | g/dL | 2.4 - 3.5 |
| ALB/GLB <i>Calculated</i> | 1.39 | | 1.2 - 2.2 |
| SGOT <i>Pyridoxal 5 Phosphate Activation, IFCC</i> | 12.3 | U/L | 0 - 40 |
| SGPT <i>Pyridoxal 5 Phosphate Activation, Ifcc</i> | 16.8 | U/L | 0 - 41 |
| Alkaline Phosphatase <i>ENZYMATIC COLORIMETRIC IFCC, PNP, AMP BUFFER</i> | 98.9 | U/L | 40 - 130 |
| TOTAL BILIRUBIN <i>Diazo</i> | 0.87 | mg/dL | 0.0 - 1.2 |
| DIRECT BILIRUBIN <i>Diazo Reaction</i> | 0.23 | mg/dL | 0 - 0.3 |
| INDIRECT BILIRUBIN <i>Calculated</i> | 0.64 | mg/dL | 0.0 - 1.00 |
| Serum | | | |

Test done from collected sample.

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Approved by: Dr. Keyur Patel

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TEST REPORT

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|--------------------------------------|--------------------------------------|--------------------|---|
| Reg. No. : 403100379 | Reg. Date : 12-Mar-2024 10:12 | Ref.No : | Approved On : 12-Mar-2024 13:57 |
| Name : Mr. PAWAN PRASAD SINGH | | | Collected On : 12-Mar-2024 10:16 |
| Age : 35 Years | Gender : Male | Pass. No. : | Dispatch At : |
| Ref. By : APOLLO | | | Tele No. : |
| Location : | | | |

| Test Name | Results | Units | Bio. Ref. Interval |
|--|---------|-------|---|
| HEMOGLOBIN A1C (HBA1C) <i>High Performance Liquid Chromatography (HPLC)</i> | 4.50 | % | Normal: ≤ 5.6 Prediabetes: 5.7-6.4 Diabetes: ≥ 6.5 6-7 : Near Normal Glycemia, <7 : Goal , 7-8 : Good Control , >8 : Action Suggested. |
| Mean Blood Glucose <i>(Calculated)</i> | 82 | mg/dL | |

Sample Type: EDTA Whole Blood

Criteria for the diagnosis of diabetes

1. HbA1c ≥ 6.5 * Or Fasting plasma glucose >126 gm/dL. Fasting is defined as no caloric intake at least for 8 hrs. Or
2. Two hour plasma glucose ≥ 200 mg/dL during an oral glucose tolerance test by using a glucose load containing equivalent of 75 gm anhydrous glucose dissolved in water. Or
3. In a patient with classic symptoms of hyperglycemia or hyperglycemic crisis, a random plasma glucose ≥ 200 mg/dL. *In the absence of unequivocal hyperglycemia, criteria 1-3 should be confirmed by repeat testing. American diabetes association. Standards of medical care in diabetes 2011. Diabetes care 2011;34:S11.

Limitation of HbA1c

- 1) In patients with Hb variants even analytically correct results do not reflect the same level of glycemc control that would be expected in patients with normal population.
 - 2) Any cause of shortened erythrocyte survival or decreased mean erythrocyte survival or decreased mean erythrocyte age eg. hemolytic diseases, pregnancy, significant recent/chronic blood loss etc. will reduce exposure of RBC to glucose with consequent decrease in HbA1c values.
 - 3) Glycated HbF is not detected by this assay and hence specimens containing high HbF ($>10\%$) may result in lower HbA1c values than expected. Importance of HbA1C (Glycated Hb.) in Diabetes Mellitus
- HbA1C, also known as glycated heamoglobin, is the most important test for the assessment of long term blood glucose control(also called glycemc control).
 - HbA1C reflects mean glucose concentration over pas 6-8 weeks and provides a much better indication of longterm glycemc control than blood glucose determination.
 - HbA1c is formed by non-enzymatic reaction between glucose and Hb. This reaction is irreversible and therefore remains unaffected by short term fluctuations in blood glucose levels.
 - Long term complications of diabetes such as retinopathy (Eye-complications), nephropathy (kidney-complications) and neuropathy (nerve complications), are potentially serious and can lead to blindness, kidney failure, etc.
 - Glyemic control monitored by HbA1c measurement using HPLC method (GOLD STANDARD) is considered most important. (Ref. National Glycohaemoglobin Standardization Program - NGSP)
- Note : Biological reference intervals are according to American Diabetes Association (ADA) Guidelines.

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Hiral Arora

M.D. Biochemistry Page 10 of 13
Reg. No.: G-32999

Generated On : 12-Mar-2024 16:45

Approved On: 12-Mar-2024 13:57

TEST REPORT

| | | | |
|-------------------------------|-------------------------------|-------------|----------------------------------|
| Reg. No. : 403100379 | Reg. Date : 12-Mar-2024 10:12 | Ref.No : | Approved On : 12-Mar-2024 13:57 |
| Name : Mr. PAWAN PRASAD SINGH | | | Collected On : 12-Mar-2024 10:16 |
| Age : 35 Years | Gender: Male | Pass. No. : | Dispatch At : |
| Ref. By : APOLLO | | | Tele No. : |
| Location : | | | |

Bio-Rad CDM System
Bio-Rad Variant V-II Instrument #1

PATIENT REPORT
V2TURBO_A1c_2.0

Patient Data

Sample ID: 140303500302
 Patient ID:
 Name:
 Physician:
 Sex:
 DOB:

Analysis Data

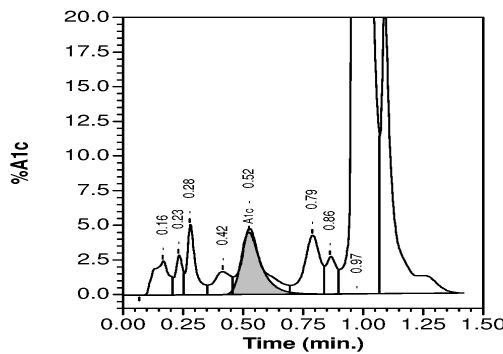
Analysis Performed: 12/03/2024 13:24:58
 Injection Number: 10944
 Run Number: 463
 Rack ID:
 Tube Number: 6
 Report Generated: 12/03/2024 13:48:45
 Operator ID:

Comments:

| Peak Name | NGSP % | Area % | Retention Time (min) | Peak Area |
|-----------|--------|--------|----------------------|-----------|
| A1a | --- | 1.5 | 0.165 | 26183 |
| A1b | --- | 0.8 | 0.230 | 14036 |
| F | --- | 1.7 | 0.278 | 29803 |
| LA1c | --- | 1.0 | 0.416 | 17129 |
| A1c | 4.5 | --- | 0.524 | 64409 |
| P3 | --- | 2.7 | 0.787 | 47081 |
| P4 | --- | 1.1 | 0.862 | 19818 |
| Ao | --- | 87.7 | 0.973 | 1557486 |

Total Area: 1,775,945

HbA1c (NGSP) = 4.5 %



Test done from collected sample.

This is an electronically authenticated report.



Hiral
Approved by: Dr. Hiral Arora

M.D. Biochemistry Page 11 of 13
 Reg. No.: G-32999

Generated On : 12-Mar-2024 16:45

Approved On: 12-Mar-2024 13:57

TEST REPORT

Reg. No. : 403100379 **Reg. Date :** 12-Mar-2024 10:12 **Ref.No :** **Approved On :** 12-Mar-2024 13:28
Name : Mr. PAWAN PRASAD SINGH **Collected On :** 12-Mar-2024 10:16
Age : 35 Years **Gender:** Male **Pass. No. :** **Dispatch At :**
Ref. By : APOLLO **Tele No. :**
Location :

| Test Name | Results | Units | Bio. Ref. Interval |
|--|---------|--------|--------------------|
| THYROID FUNCTION TEST | | | |
| T3 (triiodothyronine), Total <small>CMIA</small> | 1.07 | ng/mL | 0.70 - 2.04 |
| T4 (Thyroxine), Total <small>CMIA</small> | 9.24 | µg/dL | 4.6 - 10.5 |
| TSH (Thyroid stimulating hormone) <small>CMIA</small> | 4.767 | µIU/mL | 0.35 - 4.94 |

Sample Type: Serum

Comments:

Thyroid stimulating hormone (TSH) is synthesized and secreted by the anterior pituitary in response to a negative feedback mechanism involving concentrations of FT3 (free T3) and FT4 (free T4). Additionally, the hypothalamic tripeptide, thyrotropin-releasing hormone (TRH), directly stimulates TSH production. TSH stimulates thyroid cell production and hypertrophy, also stimulate the thyroid gland to synthesize and secrete T3 and T4. Quantification of TSH is significant to differentiate primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

TSH levels During Pregnancy :


- First Trimester : 0.1 to 2.5 µIU/mL
- Second Trimester : 0.2 to 3.0 µIU/mL
- Third trimester : 0.3 to 3.0 µIU/mL

Reference : Carl A.Burtis,Edward R.Ashwood,David E.Bruns. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics. 5th Edition. Philadelphia: WB Saunders,2012:2170

Test done from collected sample.

This is an electronically authenticated report.



Approved by:  **Dr. Vidhi Patel**

M.D BIOCHEMISTRY
Reg. No.:G-34739

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Generated On : 12-Mar-2024 16:45

Approved On: 12-Mar-2024 13:28

TEST REPORT

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| Reg. No. : 403100379 | Reg. Date : 12-Mar-2024 10:12 | Ref.No : | Approved On : 12-Mar-2024 11:13 |
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| Age : 35 Years | Gender: Male | Pass. No. : | Dispatch At : |
| Ref. By : APOLLO | | | Tele No. : |
| Location : | | | |

| Test Name | Results | Units | Bio. Ref. Interval |
|--|-------------|-------|--------------------|
| <u>URINE ROUTINE EXAMINATION</u> | | | |
| <u>Physical Examination</u> | | | |
| Colour | Pale Yellow | | |
| Clarity | Clear | | |
| <u>CHEMICAL EXAMINATION (by strip test)</u> | | | |
| pH | 6.0 | | 4.6 - 8.0 |
| Sp. Gravity | 1.025 | | 1.002 - 1.030 |
| Protein | Nil | | Absent |
| Glucose | Nil | | Absent |
| Ketone | Nil | | Absent |
| Bilirubin | Nil | | Nil |
| Nitrite | Negative | | Nil |
| Leucocytes | Nil | | Nil |
| Blood | Absent | | Absent |
| <u>MICROSCOPIC EXAMINATION</u> | | | |
| Leucocytes (Pus Cells) | 1-2 | | 0 - 5/hpf |
| Erythrocytes (RBC) | Nil | | 0 - 5/hpf |
| Casts | Nil | /hpf | Absent |
| Crystals | Nil | | Absent |
| Epithelial Cells | Nil | | Nil |
| Monilia | Nil | | Nil |
| T. Vaginalis | Nil | | Nil |
| Urine | | | |

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

Test done from collected sample.

This is an electronically authenticated report.



Approved by: Dr. Keyur Patel

M.B.B.S.,D.C.P(Patho) Page 13 of 13
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Approved On: 12-Mar-2024 11:13



Mr. Pawan M/55 yrs.

→ Generalized clearing advised

→ Good oral hygiene.

1
Pawan



| | | | |
|------------------------------|--------------------|----------|------------|
| NAME : | PAWAN PRASAD SINGH | DATE : | 09/03/2024 |
| AGE/SEX: | 35Y/M | REG.NO : | 00 |
| REFERRED BY: HEALTH CHECK UP | | | |

USG ABDOMEN

LIVER: normal in size & shows normal echotexture. No evidence of dilated IHBR. No evidence of focal or diffuse lesion. CBD & Portal vein appears normal.

GALL-BLADDER: normal, No evidence of Gall Bladder calculi.

PANCREAS: appears normal in size & echotexture, No evidence of peri-pancreatic fluid collection.

SPLEEN: normal in size & shows normal echogenicity.

KIDNEYS: Right kidney measures 92 x 51mm. Left kidney measures 97 x 52 mm. Both kidneys appear normal in size & echotexture. No evidence of calculus or hydronephrosis on either side.

URINARY BLADDER: appears normal and shows normal distension & normal wall thickness. No evidence of calculus or mass lesion.

PROSTATE: normal in size & echotexture.

No evidence of Ascites.

No evidence of significant lymphadenopathy.

USG WITH HIGH FREQUENCY SOFT TISSUE PROBE:

Visualized bowel loops appears normal in caliber. No evidence of focal or diffuse wall thickening. No collection in RIF.

CONCLUSION:

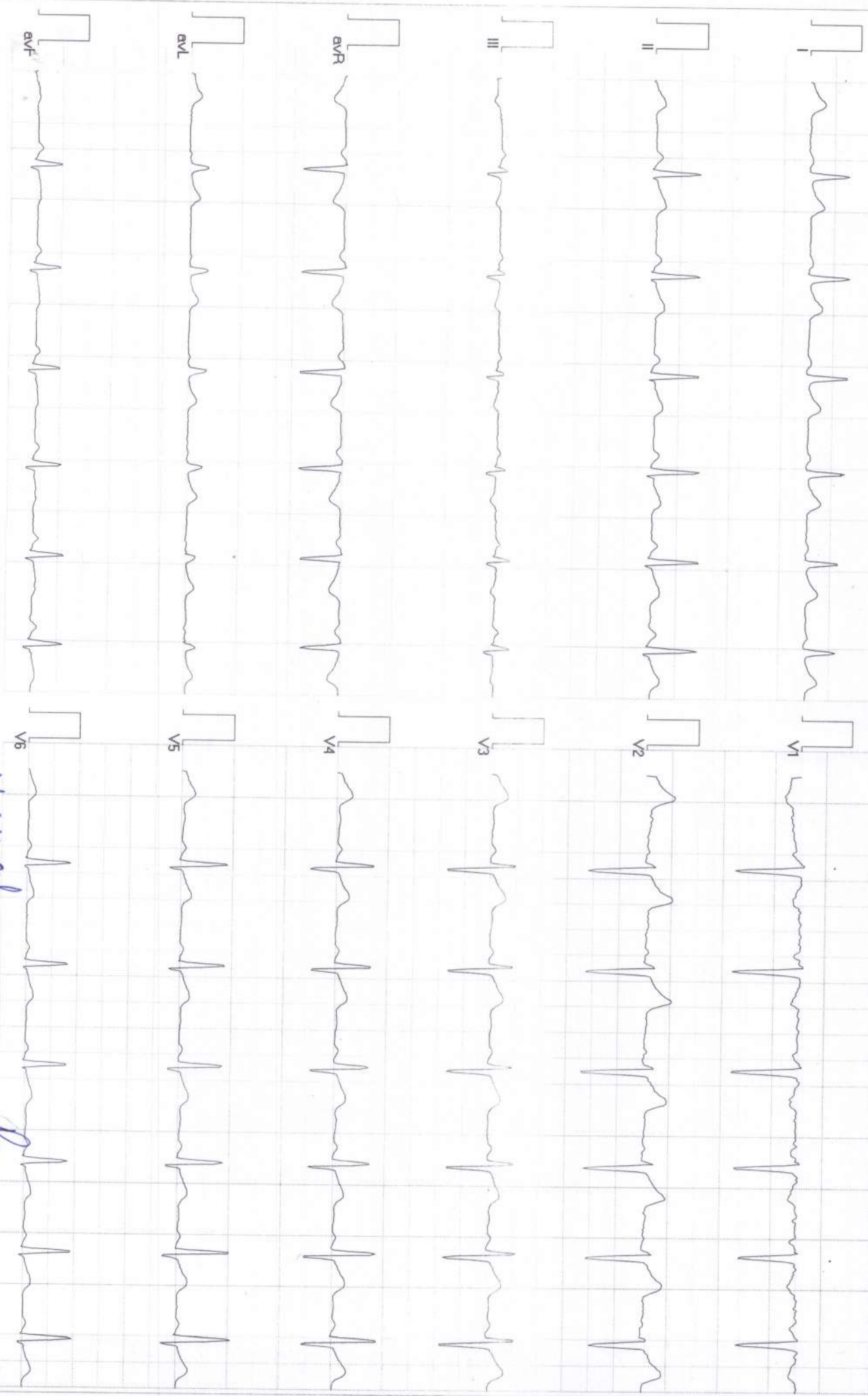
➤ Normal USG abdomen.

Dr. VIDHI SHAH
MD RADIODIAGNOSIS

CONCEPT DIAGNOSTIC

1882 / PAWAN PRASAD SINGH / 35 Yrs / M / 169Cms. / 89Kgs. / Non Smoker
Heart Rate : 81 bpm / Tested On : 09-Mar-24 14:12:41 / HF 0.05 Hz - LF 35 Hz / Notch 50 Hz / Sn 1.00 Cm/mV / Sw 25 mm/s

ECG



Normal

Reported By: DR PANKTH THAKKAR



| | | | |
|------------------------------|--------------------|----------|------------|
| NAME : | PAWAN PRASAD SINGH | DATE : | 09/03/2024 |
| AGE/SEX: | 34Y/M | REG.NO : | 00 |
| REFERRED BY: HEALTH CHECK UP | | | |

X-RAY CHEST PA VIEW

- Both lung fields are clear.
- No evidence of consolidation or Koch's lesion seen.
- Heart size is within normal limit.
- Both CP angles are clear.
- Both dome of diaphragm appear normal.
- Bony thorax under vision appears normal.

Dr. VIDHI SHAH
MD RADIODIAGNOSIS



| | | | |
|-----------------|--------------------|----------------|--|
| NAME | PAWAN PRASAD SINGH | | |
| AGE/ SEX | 35 yrs / M | DATE | 9.3.2024 |
| REF. BY | Health Checkup | DONE BY | Dr. Parth Thakkar Dr. Abhimanyu Kothari |

2D ECHO CARDIOGRAPHY & COLOR DOPPLER STUDY

FINDINGS:-

- Normal LV systolic function, LVEF=60%.
- No RWMA at rest.
- Normal LV Compliance.
- LV & LA are of normal size.
- RA & RV are of normal size.
- Intact IAS & IVS.
- All valves are structurally normal.
- Trivial MR, No AR, No PR.
- Trivial TR, No PAH, RVSP=25mmHg.
- No Clots or vegetation.
- No evidence of pericardial effusion.
- IVC is normal in size and preserved respiratory variation.



MEASUREMENTS:-


| | | | |
|--------------|------------|---------|---------|
| LVIDD | 41 (mm) | LA | 34 (mm) |
| LVIDS | 20 (mm) | AO | 18 (mm) |
| LVEF | 60% | AV cusp | |
| IVSD / LVPWD | 10/10 (mm) | EPSS | |

DOPPLER STUDY:-

| Valve | Velocity (M/sec) | Max gradient (MmHg) | Mean gradient (Mm Hg) | Valve area Cm ² |
|-----------|------------------|---------------------|-----------------------|----------------------------|
| Aortic | 0.7 | 5 | | |
| Mitral | E:0.5 A:0.7 | | | |
| Pulmonary | 0.9 | 3.0 | | |
| Tricuspid | 1.8 | 20 | | |

CONCLUSION:-

- Normal LV systolic function, LVEF=60%.
- No RWMA at rest.
- Normal LV Compliance.
- LV & LA are of normal size.
- All valves are structurally normal.
- Trivial MR, No AR, No PR.
- Trivial TR, No PAH, RVSP=25mmHg.
- Normal IVC.


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