MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

Patient Name : MR. BHUTANI PERM PRAKASH
Age / Gender : 72 years / Male
MR No. / IPD No. : /
Patient Type / Bed No. : I /
Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)

Registration Time : Oct 26, 2024, 10:23 a.m.
Receiving Time : Oct 26, 2024, 10:23 a.m.
Reporting Time : Oct 26, 2024, 12:57 p.m.
241026076
Panel : Dr Arcofemi Health Care PVT.limited (MediWheel)
Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

HAEMATOLOGY

Complete Haemogram - Hb RBC count and indices, TLC, DLC, PLATELET, ESR.

Test Description	Value(s)	Unit(s)	Reference Range
Hemoglobin (Hb) Method : Whole Blood, SLS-haemoglobin	**12.3**	g/dL	13.0 - 17.0
Erythrocyte (RBC) Count Method : Whole Blood, DC detection	**3.67**	x 10^6/uL	4.5 - 5.5
HCT Method : Whole Blood, RBC pulse height detection	**38.2**	%	42 - 52
Mean Cell Volume (MCV) Method : Whole Blood, Electrical Impedence	**104.1**	fL	78 - 100
Mean Cell Haemoglobin (MCH) Method : Whole Blood, Calculated	**33.5**	pg	27 - 31
Mean Corpuscular Hb Concn. (MCHC) Method : Whole Blood, Calculated	32.2	g/dL	32.0 - 35.0
Red Cell Distribution Width (RDW) CV Method : Whole Blood, Calculated	12.2	%	11.5 - 14.0
Total Leucocytes (WBC) Count Method : Whole Blood, Flow cytometry	4.4	x 10^3 /uL	4-10
DLC (Differential Leucocytes Count)			
Neutrophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	60.3	%	40 - 80
Lymphocytes Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	29.5	%	20 - 40
Monocytes Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	6.8	%	2 - 10
Eosinophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	2.5	%	1 - 6
Basophils Method : Whole Blood, Fluorescence /Flowcytometry/ Microscopy	0.9	%	0 - 2
Absolute Neutrophil Count Method : Whole Blood, Calculated	2.65	x 10^3/uL	2.0 - 7.0
Absolute Lymphocyte Count Method : Whole Blood, Calculated	1.30	x 10^3/uL	1 - 3

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MR No. / IPD No. : /
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Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)

Registration Time : Oct 26, 2024, 10:23 a.m.
Receiving Time : Oct 26, 2024, 10:23 a.m.
Reporting Time : Oct 26, 2024, 12:57 p.m.
241026076
Panel : Dr Arcofemi Health Care PVT.limited (MediWheel)
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Test Description	Value(s)	Unit(s)	Reference Range
Absolute Monocyte Count Method : Whole Blood, Calculated	0.30	x 10^3u/L	0.2-1.0
Absolute Eosinophil Count Method : Whole Blood, Calculated	0.11	x 10^3/uL	0.02 - 0.5
Absolute Basophils Count Method : Whole Blood, Calculated	0.04	x 10^3/uL	0.02 - 0.1
Platelet Count Method : Whole Blood, DC Detection	**102**	x 10^3/uL	150 - 450
ESR - Erythrocyte Sedimentation Rate Method : Whole blood , Modified Westergren Method	**45**	mm/hr	<10

Interpretation:

It indicates presence and intensity of an inflammatory process. It is a prognostic test and used to monitor the course or response to treatment of diseases like tuberculosis, acute rheumatic fever,. It is also increased in multiple myeloma, hypothyroidism.

Tests done on Automated Six Part Cell Counter.

END OF REPORT

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

Patient Name : MR. BHUTANI PERM PRAKASH

Age / Gender : 72 years / Male

MR No. / IPD No. : /

Patient Type / Bed No. : I /

Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)

Registration Time : Oct 26, 2024, 10:23 a.m.

Receiving Time : Oct 26, 2024, 10:23 a.m.

Reporting Time : Oct 26, 2024, 03:24 p.m.

241026076

Panel : Dr Arcofemi Health Care PVT.limited (MediWheel)

Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range
CLINICAL PATHOLOGY			
Urine Glucose (Fasting & PP)			
Glucose Fasting (Urine)	Negative		Negative
Method : Oxidase Reaction/ Manual			
Glucose Post Prandial (Urine)	Negative		Negative
Method : Oxidase Reaction/ Manual			

END OF REPORT

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MALVIN DIAGNOSTICS
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Patient Name : MR. BHUTANI PERM PRAKASH
Age / Gender : 72 years / Male
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Test Description	Value(s)	Unit(s)	Reference Range

IMMUNOLOGY

T3, T4, TSH (Thyroid Profile Total),Serum

(Triiodothyronine) T3-Total	1.4	ng/mL	0.80 - 2.00
Method : ECLIA			
(Thyroxine) T4-Total	8.57	ug/dL	5.10 - 14.10
Method : ECLIA			
TSH-Ultrasensitive	1.8	uIU/mL	0.27-4.20
Method : ECLIA			

Interpretation

The Biological reference interval provided is for Adults.

For age specific reference interval, please refer to the table given below.

TSH	T3/FT3	T4/FT4	Interpretation
High	Normal	Normal	Subclinical Hypothyroidism
Low	Normal	Normal	Subclinical Hyperthyroidism
High	High	High	Secondary Hypothyroidism
Low	High/Normal	High/Normal	Hyperthyroidism
Low	Low	Low	Non Thyroidal illness/Secondary Hyperthyroidism

TSH (mU/mL)			
Childern	New Born	0.7	15.2
	6 days - 3 Months	0.72	11
	4 -12 Months	0.73	8.35
	1-6 Years	0.7	5.97
	7-11 Years	0.6	4.84
	12-20 years	051	4.3
Adults		0.27	4.20

TSH levels are subjected to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm and 6 am. Nadir concentration are observed during the afternoon. diurnal variation in TSH levels is approx 50%+/-, hence time of the day can influence the measured serum concentration.

END OF REPORT

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

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Patient Name : MR. BHUTANI PERM PRAKASH	**Registration Time :** Oct 26, 2024, 10:23 a.m.
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Test Description	Value(s)	Unit(s)	Reference Range

HAEMATOLOGY

Blood Group (ABO)

Blood Group Method : Forward and Reverse by Slide method	"O"		
RH Factor	Positive		

Methodology

This is done by forward and reverse grouping by slide agglutination method.

Interpretation

Newborn baby does not produce ABO antibodies until 3 to 6 months of age. So the blood group of the Newborn baby is done by ABO antigen grouping (forward grouping) only, antibody grouping (reverse grouping) is not required.Confirmation of the New-born's blood group is indicatedwhen the A and B antigen expression and the isoagglutinins are fully developed (2–4 years).

END OF REPORT

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MALVIN DIAGNOSTICS
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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
LFT (Liver Function Test,Serum)			
Total Protein	7.6	g/dL	6.4-8.3
Method : Biuret Method			
Albumin	4.4	g/dL	3.5 - 5.2
Method : Bromocresol Green			
Globulin	3.20	g/dL	1.8 - 3.6
Method : Calculated			
A/G Ratio	1.38	ratio	1.2 - 2.2
Method : Calculated			
SGOT	22	U/L	0 to 40
Method : IFCC without Pyridoxal Phosphate			
SGPT	17	U/L	0 to 41
Method : IFCC without Pyridoxal Phosphate			
Alkaline Phosphatase-ALP	81	U/L	40-129
Method : PNP AMP Kinetic			
GGT-Gamma Glutamyl Transferase	13	U/L	0 to 60
Method : IFCC			
Bilirubin Total	**2.30**	mg/dL	0.0-1.20
Method : Colorimetric Diazo Method			
Bilirubin - Direct	**0.50**	mg/dL	Adults and Children: < 0.30
Method : Colorimetric Diazo Method			
Bilirubin - Indirect	**1.80**	mg/dL	0.1 - 1.0
Method : Calculated			

Interpretation :

SGOT/ SGPT: Increased in Acute viral hepatitis, Biliary tract obstruction (cholangitis, choledocholithiasis), Alcoholic hepatitis and Cirrhosis, liver abscess, metastatic or primary liver cancer; non-alcoholic steatohepatitis; right heart failure. Decreased in Pyridoxine (vit B6) deficiency.

Alkaline Phosphatase: Increased in Obstructive hepatobiliary disease, Bone disease (physiologic bone growth, Paget disease, Osteomalacia, Osteogenic sarcoma, Bone metastases), Hyperparathyroidism, Rickets, Pregnancy (third trimester). Decreased in Hypophosphatasia.

GGT: Increased in Liver disease Acute viral or toxic hepatitis, Chronic or subacute hepatitis, Alcoholic hepatitis, Cirrhosis, Biliary tract obstruction.

Protein: Moderate-to-marked hyperproteinemia maybe due to multiple myeloma and other malignant paraproteinemias, Hypoproteinemia may be due to decreased production or increased protein loss.

Albumin: Increased in Dehydration, Shock, Hemoconcentration. Decreased in hepatic synthesis(Chronic liver disease, malnutrition, malabsorption, malignancy), Increased losses (Nephrotic syndrome, Burns, Trauma, Hemorrhage with fluid replacement, acute or chronic glomerulonephritis), Hemodilution (pregnancy, CHF) and Drugs (estrogens).

Bilirubin: A substance produced during the normal breakdown of red blood cells.Elevated levels of bilirubin (jaundice) might indicate liver damage or disease or certain types of anemia.

MALVIN DIAGNOSTICS
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MC-5569

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Age / **Gender :** 72 years / Male	**Receiving Time :** Oct 26, 2024, 10:24 a.m.
MR No. / **IPD No. :** /	**Reporting Time :** Oct 26, 2024, 12:14 p.m.
Patient Type / **Bed No. :** I /	241026076
Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)	**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
	Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

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

END OF REPORT

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MC-5569

Patient Name : MR. BHUTANI PERM PRAKASH	**Registration Time :** Oct 26, 2024, 10:23 a.m.
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BIOCHEMISTRY

Lipid Profile,Serum

Test Description	Value(s)	Unit(s)	Reference Range
Cholesterol-Total **Method : Enzymatic Colorimetric,CHOD-POD**	**217**	mg/dL	Desirable: <= 200 Borderline High: 201-239 High: > 239 Ref: The National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.
Triglycerides **Method : Enzymatic Colorimetric ,GOD-POD**	84	mg/dL	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500
Cholesterol-HDL Direct **Method : CHOD-POD (Homogenous Enzymatic)**	**57**	mg/dL	No Risk - >55 mg/dL Moderate risk - 35-55 mg/dL High risk - < 35 mg/dL
LDL Cholesterol **Method : Calculated**	**143.20**	mg/dL	Optimal: < 100 Near optimal/above optimal: 100-129 Borderline high: 130-159 High: 160-189 Very High: >= 190
Non - HDL Cholesterol, Serum **Method : Calculated**	160	mg/dL	Desirable: < 130 mg/dL Borderline High: 130-159mg/dL High: 160-189 mg/dL Very High: > or = 190 mg/dL
VLDL Cholesterol **Method : Serum, Calculated**	16.80	mg/dL	0 - 30
CHOL/HDL RATIO **Method : Calculated**	3.81	Ratio	3.5 - 5.0
LDL/HDL RATIO **Method : Calculated**	2.51	Ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0
HDL/LDL RATIO **Method : Calculated**	**0.40**	Ratio	Desirable / low risk - 0.5 -3.0 Low/ Moderate risk - 3.0- 6.0 Elevated / High risk - > 6.0

Note: 10-12 hours fasting sample is required.

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	Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

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

END OF REPORT

Dr.Arti Tripathi
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DMC No: 43012

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MC-5569

Patient Name : MR. BHUTANI PERM PRAKASH	**Registration Time :** Oct 26, 2024, 10:23 a.m.
Age / Gender : 72 years / Male	**Receiving Time :** Oct 26, 2024, 10:24 a.m.
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Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
KFT (Renal Function Test,Serum)			
Urea	22.6	mg/dL	16.6-48.5
Method : kinetic (urease-GLDH)			
BUN	10.56	mg/dL	8-23
Method : Calculated			
Creatinine	0.80	mg/dL	0.70-1.30
Method : Kinetic Colorimetric (Jaffe Method)			
Uric Acid	3.8	mg/dL	3.4-7.0
Method : Enzymatic Colorimetric: Uricase-POD			

Interpretation :

Urea:- Increased in renal diseases,urinary obstructions, shock, congestive heart failure .Decreased in liver failure and pregnancy.

Creatinine :- Elevated in renal dysfunction, reduced renal blood flow shock, dehydration, Congestive heart failure, Diabetes Acromegaly. Decreased levels are found in Muscular Dystrophy.

Uric acid:- Increased in Gout, Arthiritis, impaired renal functions and starvation.Decreased in Wilson's disease, Fanconis Syndrome and Yellow Atrophy of Liver.

Sodium:-Increased in Excessive dietary salt ,Diuretic therapy,Adrenal insufficiency,Salt-wasting nephropathy and Vomiting.Decreased levels are seen in Hyperaldsteronism ,Hyponatremia,Prerenal Azotemia,Renal Failure and Glomerulonephritis.

Potassium:- Low levels is common in vomiting, diarrhea, alcoholism, and folic acid deficiency. Increase level are seen in end-stage renal failure, hemolysis, trauma, Addison's disease, metabolic acidosis, acute starvation, dehydration, and with rapid potassium infusion.

Chloride:- Increased in dehydration, renal tubular acidosis, acute renal failure, metabolic acidosis, diabetes insipidus, adrenocortical hyperfuction. Decreased in overhydration, chronic respiratory acidosis, salt-losing nephritis, metabolic alkalosis.

END OF REPORT

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MALVIN DIAGNOSTICS
Legacy of Trust

MC-5569

Patient Name : MR. BHUTANI PERM PRAKASH	**Registration Time :** Oct 26, 2024, 10:23 a.m.
Age / **Gender :** 72 years / Male	**Receiving Time :** Oct 26, 2024, 10:23 a.m.
MR No. / **IPD No. :** /	**Reporting Time :** Oct 26, 2024, 12:14 p.m.
Patient Type / **Bed No. :** I /	241026076F
Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)	**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
	Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

Test Description	Value(s)	Unit(s)	Reference Range
BIOCHEMISTRY			
Glucose (Fasting)			
Glucose Fasting	94	mg/dL	Normal: 72-106 Impaired Tolerance: 100-125 Diabetes mellitus: >= 126 (on more than one occassion) (American diabetes association guidelines 2018)
Method : Plasma,Enzymatic Hexokinase			

Interpretation

Glucose is the major carbohydrate present in the peripheral blood. Oxidation of glucose is the major source of cellular energy in the body. The concentration of glucose in blood is controlled within the narrow limits by many hormones, the most important of which are produced by the pancreas. The most frequent cause of hyperglycaemia is diabetes mellitus resulting from deficiency in insulin secretion or action. These include pancreatitis, thyroid dysfunction, renal failure, and liver disease. Hypoglycaemia is less frequently observed. A variety of conditions may cause low blood glucose levels such as insulinoma, hypopituitarism, or insulin induced hypoglycaemia.

END OF REPORT

Dr.Arti Tripathi
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Chief Consultant, Pathology
DMC No: 43012

MALVIN DIAGNOSTICS
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MC-5569

Patient Name : MR. BHUTANI PERM PRAKASH	**Registration Time :** Oct 26, 2024, 10:23 a.m.
Age / **Gender :** 72 years / Male	**Receiving Time :** Oct 26, 2024, 02:10 p.m.
MR No. / **IPD No. :** /	**Reporting Time :** Oct 26, 2024, 03:02 p.m.
Patient Type / **Bed No. :** I /	241026076P
Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)	**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
	Client Code : ACROFEMI HEALTH CARE PVT. LTD. (MEDIWHEEL)

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

BIOCHEMISTRY

Glucose (PP)

Blood Glucose-Post Prandial	123	mg/dL	70 - 140

Method : Plasma, Enzymatic Hexokinase

Interpretation

Glucose is the major carbohydrate present in the peripheral blood. Oxidation of glucose is the major source of cellular energy in the body. The concentration of glucose in blood is controlled within the narrow limits by many hormones, the most important of which are produced by the pancreas. The most frequent cause of hyperglycaemia is diabetes mellitus resulting from deficiency in insulin secretion or action. These include pancreatitis, thyroid dysfunction, renal failure, and liver disease. Hypoglycaemia is less frequently observed. A variety of conditions may cause low blood glucose levels such as insulinoma, hypopituitarism, or insulin induced hypoglycaemia.

END OF REPORT

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Test Description	Value(s)	Unit(s)	Reference Range
IMMUNOLOGY			
PSA Total (Prostate Specific Antigen),Serum			
Prostate-specific antigen (Total)	0.887	ng/mL	0.0-4.40

Method : ECLIA

INTERPRETAION

- Prostate-specific antigen (PSA) is a glycoprotein produced by the prostate gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels.
- If total prostate-specific antigen (PSA) concentration is < 2.0 ng/mL, the probability of prostate cancer in asymptomatic men is low. When total PSA concentration is > 10.0 ng/mL, the probability of cancer is high and further testing is recommended.

Note :-

- Normal results do not eliminate the possibility of prostate cancer.
- The test specimens should be obtained before the patients undergoing prostate manipulation procedures like biopsy/transuretheral resection.

END OF REPORT

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Patient Name : MR. BHUTANI PERM PRAKASH	**Registration Time :** Oct 26, 2024, 10:23 a.m.
Age / Gender : 72 years / Male	**Receiving Time :** Oct 26, 2024, 10:25 a.m.
MR No. / IPD No. : /	**Reporting Time :** Oct 26, 2024, 12:57 p.m.
Patient Type / Bed No. : I /	241026076
Referred By : ARCOFEMI HEALTH CARE PVT.LIMITED (MEDIWHEEL)	**Panel :** Dr Arcofemi Health Care PVT.limited (MediWheel)
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CLINICAL PATHOLOGY

Urine (RE/ME)

Test Description	Value(s)	Unit(s)	Reference Range
Physical Examination :			
Volume Method : Visual Observation	20		mL
Colour Method : Visual Observation	Pale Yellow		Pale Yellow
Transparency (Appearance) Method : Visual Observation	**Hazy**		Clear
Deposit Method : Visual Observation	Absent		Absent
Reaction (pH) Method : Double Indicator method	6.0		4.5 - 8.0
Specific Gravity Method : Ionic Concentration	1.015		1.010 - 1.030
Chemical Examination (Dipstick Method) Urine			
Urine Protein Method : Protein Ionisation/ Manual	Absent		Absent
Urine Glucose (sugar) Method : Oxidase Reaction/ Manual	Absent		Absent
Blood (Urine) Method : Peroxidase Reaction	Absent		Absent
Microscopic Examination Urine			
Pus Cells (WBCs) Method : Microscopy	**10 - 12**	/hpf	0 - 5
Epithelial Cells Method : Microscopy	10 - 12	/hpf	0 - 4
Red blood Cells Method : Microscopy	**Occasional**	/hpf	Absent
Crystals Method : Microscopy	Absent		Absent
Cast Method : Microscopy	**Granular cast** **Present**		Absent
Yeast Cells Method : Microscopy	Absent		Absent
Amorphous Material Method : Microscopy	Absent		Absent

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Test Description	Value(s)	Unit(s)	Reference Range
Bacteria	Absent		Absent
Method : Microscopy			
Others	Absent		

Remarks:-

Epithelial cells	Urolithiasis bladder carcinoma or hydronephrosis ,ureteric stents or bladdercatheters for prolonged periods of time.
Granular casts	Low intratubular pH,high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration,acute congestive heart failure, renal diseases.
Calcium Oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of VitaminC, the use of vascodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit(A verrhoa carambola)or its juice
Uric acid	Artharitis
Bacteria	Urinary infection when present in significant numbers and with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

END OF REPORT

Dr.Arti Tripathi
MD Pathology
Chief Consultant, Pathology
DMC No: 43012

Atrial Rate	ST Segment
Ventricular Rate	T. Wave
Rhythm	
Axis	-Others
P. Wave	
P.R. Interval	
QRS Duration	
Q.T. Duration	
Q.T. Interval	Signature
Conclusion	Doctor I/C

WNL

JEEWAN MALA HOSPITAL

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Name: Mr Bhutani Prem Prakash — Age: 72y — Sex: M

Ref by: — Date: 26/10/24

M.R. No.: — H/O Drug Allergy : Yes / No

Deptt. of Medicine

Dr. Vineet Sabharwal
M.B.B.S., M.D. (MED)
Senior Physician
DMC No.: [illegible]

Dr. Rakesh Sharma
M.B.B.S., M.D. (MED)
Senior Consultant Physician
DMC No.: [illegible]

Dr. Vishal Garg
M.B.B.S., MD (Internal Medicine)
Senior Consultant Physician
Post Graduate in Diabetes (Boston, USA)
Thyroid Specialist (ATS, USA)
DMC No.: [illegible]

Dr. Pankaj Kumar
M.B.B.S., [illegible]
Consultant Physician,
Pulmonologist & Intensivist
DMC No.: [illegible]

Dr. Glossy Sabharwal
MBBS, MD [illegible]
[illegible]
Maternal Fetal Medicine Specialist
Fetal Medicine Foundation Certified (UK)
Fellow - [illegible] Interventional Imaging (Ext.)
Ex. Jt. Secretary IRIA, Delhi
Harvard University Certified
Yale School of Medicine Certified
Certified Reproductive Health Specialist
Distinction Holder MD Radiology
ECFMG Certified (USA)
Young Investigator Scholar (AOCR - Japan)
Member
ISUOG (USA)
IRIA (India)
SFM (UK)
FUMB (India)
[illegible] (USA)
e-mail: [illegible]
Website: [illegible]
Mob.: [illegible], DMC No.: [illegible]

Dr. Laxmi Kant Tomar
MBBS, MD (Medicine)
DM (Neurology)
DMC NO.: [illegible]

Dr. Jatin Anand
MD (Psychiatry)
DMC No.: [illegible]

Dr. Mudit Gupta
MBBS
DNB (General Medicine)
DM (Nephrology)
DMC No.: [illegible]

Dr. Avinash Bansal
MBBS, MD (Medicine)
DM (Cardiology) [illegible]
DMC: [illegible]

Dr. Sandeep Bhagar
MBBS
MD (General Medicine)
DM ([illegible])
DMC No.: [illegible]

Dr. Sandeep Garg
MBBS
MD (Pulmonary Medicine)
DMC No.: [illegible]

Dr. Nikhil Sharma
MBBS, DDV
Consultant Dermatology & Cosmetology
DMC No.: [illegible]

BP → 120/80
SpO2 → 95%
PR → 80 b/m
Temp → 96.5
Wt → 63.3 kg

According to preliminary investigation, patient is vitally stable

Adv

- T. Supracal one alternate day
- Review in Urology i/v/o grade I prostatomegaly
- Balanced healthy diet
- ↑ exercise
- Soha eye drops 1 drop BD

[Stamp: DR. [illegible] CASUALTY MEDICAL OFFICER DMC - DMC/R/27484 JEEWAN MALA HOSPITAL NEW DELHI]

Treatment Adv for .... days - Next Followup Visit on ....

67/1, New Rohtak Road, New Delhi-110 005 (India) Tel.: 47774141, [illegible]
E-mail: info@jmh.in Website: www.jmh.in

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Name PREM PRAKASH BHUTANI Age 77 Sex M

Deptt. Ref by Date 26/8/24

M.R. No. H/O Drug Allergy-Y/N

Deptt. of General & Laparoscopic Surgery

Dr. Vinay Sabharwal
M.B.B.S., M.S., F.I.C.A.
Hon. Surgeon to Hon. President of India
Sir Ganga Ram Hospital
Sr. Member: Association of Surgeons of India
Indian Association of Gastro Endo Surgeons
Indian Hernia Society
Association of Min. Access Surgeons of India
E-mail: drvinay@mh.in
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DMC No. 4687

Dr. Malvika Sabharwal
MBBS, DGO, M.R.C.O.G., Dip. Endo. Surgery (USA)
Awarded Padmashri by the President of India
Chief Dept. of Gynae. Laparoscopic, Endoscopy Surgery
President, Delhi Gynae Endoscopy Society (2018)
Founder Chairperson: Indian Assn. of Gynae. Endoscopists
International Society of Gynae. Laparoscopists
Asia-Oc. Association Gynae. Laparoscopy
Federation of obst. & Gynec. Societies of India
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Deptt. of E.N.T.

Dr. R.K. Trivedi
M.B.B.S., D.L.O., M.S. (E.N.T.)
Senior Consultant
D.M.C. No. 12647

Dr. Rajeev Nangia
M.B.B.S., M.S. (E.N.T.)
Senior Endoscopic Surgeon
DMC No. 4691

Deptt. of Ophthalmology

Dr. Ashwani Seth
M.B.B.S., M.S.
Senior Consultant Eye Surgeon
D.M.C. No. 10702

Dr. S.C. Pahwa
M.B.B.S., M.S. (Opth.)
Eye Surgeon
D.M.C. No. 6421

Deptt. of Dentistry

Dr. Varun Aggarwal
B.D.S., M.D.S., C.A.C.M.D.A.
Consultant Implantologist
& Unit Head

Dr. Neha Gupta
B.D.S., PGCHM, F.I.D.C., M.D.A.
Senior Consultant
Deptt. of Dentistry

Treatment Adv for ..... days Next follow up Visit on .....

JEEWAN MALA HOSPITAL

Tradition of Trust & Care Since 1920

Mark of Excellence

Name MR. Prem Prakash Bhutani Age 72y Sex M

Deptt. Ref by Date 26/10/24

M.R. No. H/O Drug Allergy Y/N

Deptt. of General & Laparoscopic Surgery

Dr. Vinay Sabharwal
M.B.B.S., M.S., FICA
Hon. Surgeon to Fmr. President of India
Sir Ganga Ram Hospital
Sr. Member: Association of Surgeons of India
Indian Association of Gastro Endo Surgeons
Indian Hernia Society
Association of Min. Access Surgeons of India
DMC No. 4557

Dr. Malvika Sabharwal
MBBS, DGO, FICOG, Dip. Lap. Surgery (USA)
Awarded Padmashri by the President of India
Chief Dept. of Gynae, Laparoscopic, Endoscopy Surgery
President, Delhi Gynae Endoscopy Society (2018)
Founder Chairperson: Indian Assn. of Gynae Endoscopists
DMC No. 4008

Deptt. of E.N.T.

Dr. R.K. Trivedi
M.B.B.S., D.L.O., M.S. (E.N.T.)
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Dr. Rajeev Nangia
M.B.B.S., M.S. (E.N.T.)
Senior Endoscopic Surgeon

Deptt. of Ophthalmology

Dr. Ashwani Seth
M.B.B.S., M.S.
Senior Consultant Eye Surgeon
D.M.C. No.: 13732

Dr. S.C. Pahwa
M.B.B.S., M.S. (Ophth)
Eye Surgeon
D.M.C. No.: 8424

Deptt. of Dentistry

Dr. Varun Aggarwal
B.D.S., M.D.S., DAIC, M.I.D.A.
Consultant Implantologist

Dr. Neha Gupta
B.D.S., PGCHM, F.I.C.D., M.I.D.A.
Senior Consultant
Deptt. of Dentistry

VA < 6/24, 6/24
Naked Eye

c glasses < 6/6, 6/6

Near < N6, N6

Colour vision on Ishihara Chart

Fundus B/E - NAD
Ant segment - N/BP

Rt +1.75 DSph
Lt +1.75 DSph
+0.50 Dcyl 180°
Add +2.50 DSph B/E
B. Bifocal.

- Soha Eye drops
1. One drop twice a day

Dr. S.C. PAHWA
M.B.B.S., M.S. (Ophth)
EYE SURGEON
Reg. No. 8424 (D.M.C.)

Treatment Advised ... days Next follow up Visit on ...

27/1, New Rohtak Road, New Delhi-110 005 (India) Tel.: 47774141
E-mail: info@jmh.in Website: www.jmh.in

Print Date: 04/11/2024

LVEF =59% (60 – 6.2%)

Mitral Valve-Normal

- Trace MR

Aortic Valve-Normal

Echocardiography Report

Name: Mr. Bhutani Prem Prakash
Age/Sex: 72yrs/M
Date 04.11.2024
Receipt No: 121483
View --fair

Summary of 2D echo-

- No chamber enlargement.
- Mild concentric LVH
- No RWMA
- LVEF- 59%.
- Grade I diastolic dysfunction.
- Good RV function.
- Trace MR.
- Trace TR.
- No thrombus detected.
- No pericardial effusion seen.
- IVC shows normal inspiratory collapse.

Observations

Dimensions

LVID d = 37 (35-55mm)
LV IVS= 12 (6-11mm)
Pwd = 11 (6-11mm)
Ao = 29 (20-37mm)
LA = 37 (21-37mm)