



## LABORATORY REPORT



Name : Mr. ATUL KUMAR	Sex/Age : Male / 35 Years	Case ID : 31208000974
Ref. By : Mediwheel	Dis. At :	Pt. ID :
Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 23-Dec-2023 08:54	Sample Type : Serum	Mobile No. :
Sample Date and Time : 23-Dec-2023 08:54	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Dec-2023 11:47	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### BIOCHEMICAL INVESTIGATIONS

#### Renal Function Test

<b>Urea</b> <i>Urease/GLDH</i>	21.11	mg/dL	19.01 - 44.1	
<b>Creatinine</b> <i>Jaffe compensated</i>	0.77	mg/dL	0.70 - 1.30	
<b>Uric Acid</b> <i>Uricase-Peroxidase method</i>	H 7.26 ↑	mg/dL	3.5 - 7.2	
<b>Sodium</b> <i>ISE</i>	143.5	mmol/L	136 - 145	
<b>Potassium</b> <i>ISE</i>	4.37	mmol/L	3.5 - 5.1	
<b>Chloride</b> <i>ISE</i>	102.6	mmol/L	98 - 107	
<b>Calcium</b> <i>Arsenazo III</i>	9.76	mg/dL	8.4 - 10.2	

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

Dr. Shweta Patel

Consultant Pathologist

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Sample Date and Time : 23-Dec-2023 08:54	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Dec-2023 11:28	Acc. Remarks :	Ref Id2 :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

### BIOCHEMICAL INVESTIGATIONS

#### Lipid Profile

<b>Cholesterol</b> <i>Colorimetric, CHOD-POD</i>	176.54	mg/dL	110 - 200
<b>HDL Cholesterol</b>	42.3	mg/dL	40 - 60
<b>Triglyceride</b> <i>GPO-POD</i>	120.45	mg/dL	40 - 200
<b>VDL</b> <i>Calculated</i>	24.09	mg/dL	10 - 40
<b>Chol/HDL</b> <i>Calculated</i>	H 4.17		0 - 4.1
<b>LDL Cholesterol</b> <i>Calculated</i>	H 110.15	mg/dL	0.00 - 100.00

#### NEW ATP III GUIDELINES (MAY 2001), MODIFICATION OF NCEP

LDL CHOLESTEROL	CHOLESTEROL	HDL CHOLESTEROL	TRIGLYCERIDES
Optimal <100	Desirable <200	Low <40	Normal <150
Near Optimal 100-129	Border Line 200-239	High >60	Border High 150-199
Borderline 130-159	High >240	-	High 200-499
High 160-189	-	-	-

- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment
- For LDL Cholesterol level Please consider direct LDL value
- Risk assessment from HDL and Triglyceride has been revised. Also LDL goals have changed.
- Detail test interpreation available from the lab
- All tests are done according to NCEP guidelines and with FDA approved kits.
- LDL Cholesterol level is primary goal for treatment and varies with risk category and assesment

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

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Consultant Pathologist

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Reg Date and Time : 23-Dec-2023 08:54	Sample Type : Serum	Mobile No. :
Sample Date and Time : 23-Dec-2023 08:54	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Dec-2023 11:48	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**BIOCHEMICAL INVESTIGATIONS**

**Thyroid Function Test**

<b>Triiodothyronine (T3)</b> CMIA	1.27	ng/mL	0.70 - 2.04	
<b>Thyroxine (T4)</b> CMIA	7.07	µg/dL	4.6 - 10.5	
<b>TSH</b> CMIA	H 4.28 ↑	µIU/mL	0.4 - 4.2	

**INTERPRETATIONS**

Useful for Monitoring patients on thyroid replacement therapy, Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine therapy, for Prediction of thyrotropin-releasing hormone-stimulated TSH response, as An aid in the diagnosis of primary hyperthyroidism, for Differential diagnosis of hypothyroidism.  
The ability to quantitate circulating levels of thyroid-stimulating hormone (TSH) is important in evaluating thyroid function. It is especially useful in the differential diagnosis of 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 or normal. Concentrations of 5.1 mIU/ml to 7.0 mIU/ml are considered borderline hypothyroid

**CAUTIONS**

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

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

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

*Shweta Patel*

**Dr. Shweta Patel**  
Consultant Pathologist

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Reg Date and Time : 23-Dec-2023 08:54	Sample Type : Spot Urine	Mobile No. :
Sample Date and Time : 23-Dec-2023 08:54	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Dec-2023 12:06	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**URINE EXAMINATION (STRIP METHOD AND FLOWCYTOMETRY)**

Physical examination

Colour	Pale yellow
Transparency	Clear

Chemical Examination By Sysmex UC-3500

Sp.Gravity	1.005		1.003 - 1.035
pH	5.0		4.6 - 8
Leucocytes (ESTERASE)	Negative		Negative
Protein	Negative		Negative
Glucose	Negative		Negative
Ketone Bodies Urine	Negative		Negative
Urobilinogen	Negative		Negative
Bilirubin	Negative		Negative
Blood	Negative		Negative
Nitrite	Negative		Negative

Flowcytometric Examination By Sysmex UF-5000

Leucocyte	Nil	/HPF	Nil
Red Blood Cell	Nil	/HPF	Nil
Epithelial Cell	1-2	/HPF	Present(+)
Bacteria	Nil	/µL	Nil
Yeast	Nil	/µL	Nil
Cast	Nil	/LPF	Nil
Crystals	Nil	/HPF	Nil

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Parameter	Unit	Expected value	Result/Notations				
			Trace	+	++	+++	++++
pH	-	4.6-8.0					
SG	-	1.003-1.035					
Protein	mg/dL	Negative (<10)	10	25	75	150	500
Glucose	mg/dL	Negative (<30)	30	50	100	300	1000
Bilirubin	mg/dL	Negative (0.2)	0.2	1	3	6	-
Ketone	mg/dL	Negative (<5)	5	15	50	150	-
Urobilinogen	mg/dL	Negative (<1)	1	4	8	12	-

Parameter	Unit	Expected value	Result/Notifications				
			Trace	+	++	+++	++++
Leukocytes (Strip)	/micro L	Negative (<10)	10	25	100	500	-
Nitrite(Strip)	-	Negative	-	-	-	-	-
Erythrocytes(Strip)	/micro L	Negative (<5)	10	25	50	150	250
Pus cells (Microscopic)	/hpf	<5	-	-	-	-	-
Red blood cells(Microscopic)	/hpf	<2	-	-	-	-	-
Cast (Microscopic)	/lpf	<2	-	-	-	-	-

Pending Services  
Stool Examination

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

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

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

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Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 23-Dec-2023 08:54	Sample Type : Whole Blood EDTA	Mobile No. :
Sample Date and Time : 23-Dec-2023 08:54	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Dec-2023 10:41	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF. INTERVAL	REMARKS
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### HAEMOGRAM REPORT

#### HB AND INDICES

Haemoglobin	14.9	G%	13.00 - 17.00
RBC (Electrical Impedance)	4.93	millions/cumm	4.50 - 5.50
PCV(Calc)	46.14	%	40.00 - 50.00
MCV (RBC histogram)	93.6	fL	83.00 - 101.00
MCH (Calc)	30.2	pg	27.00 - 32.00
MCHC (Calc)	32.3	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.40	%	11.00 - 16.00

#### TOTAL AND DIFFERENTIAL WBC COUNT

		UNIT	EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Total WBC Count	7770	/μL	4000.00 - 10000.00		
Neutrophil	62	%	40.00 - 70.00	4817	/μL 2000.00 - 7000.00
Lymphocyte	32	%	20.00 - 40.00	2486	/μL 1000.00 - 3000.00
Eosinophil	01	%	1.00 - 6.00	78	/μL 20.00 - 500.00
Monocytes	05	%	2.00 - 10.00	389	/μL 200.00 - 1000.00
Basophil	00	%	0.00 - 2.00	0	/μL 0.00 - 100.00

#### PLATELET COUNT

Platelet Count	178000	/μL	150000.00 - 410000.00
MPV	H 14.50	fL	6.5 - 12
PDW	H 16.7		9 - 16

#### Method:

TLC-SF cube technology(Flow Cytometry+ fluorescence),

DC by microscopy,

Platelet count by electrical impedance+/-SF cube technology

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TEST	RESULTS	UNIT BIOLOGICAL REF RANGE	REMARKS
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**HAEMATOLOGY INVESTIGATIONS**

<b>ESR</b> <i>Westergren Method</i>	06	mm after 1hr 3 - 15	
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**BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology)  
(Both Forward and Reverse Group )**

<b>ABO Type</b>	O
<b>Rh Type</b>	POSITIVE

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

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Bill. Loc. : Health packages		Pt. Loc. :
Reg Date and Time : 23-Dec-2023 08:54	Sample Type : Plasma Fluoride F, Plasma Fluoride PP, Whole Blood EDTA	Mobile No. :
Sample Date and Time : 23-Dec-2023 08:54	Sample Coll. By : non	Ref Id1 :
Report Date and Time : 23-Dec-2023 11:48	Acc. Remarks :	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Plasma Glucose - F</b> <i>Photometric, Hexokinase</i>	H 113.52	mg/dL	70 - 100	FUS: NIL
<b>Plasma Glucose - PP</b> <i>Photometric, Hexokinase</i>	106.78	mg/dL	70 - 140	PPUS: NIL
<b>Glycated Haemoglobin Estimation</b>				
<b>HbA1C</b> <i>Immunoturbidimetric</i>	5.2	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes	
<b>Estimated Avg Glucose (3 Mths)</b> <i>Calculated</i>	102.54	mg/dL	Not available	

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

**Interpretation :**

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

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### BIOCHEMICAL INVESTIGATIONS

#### Liver Function Test

<b>S.G.P.T.</b> <i>IFCC</i>	27.82	U/L	0 - 63	
<b>S.G.O.T.</b> <i>IFCC</i>	23.95	U/L		
<b>Alkaline Phosphatase</b> <i>Modified IFCC method</i>	120.13	U/L	40 - 150	
<b>Proteins (Total)</b> <i>Biuret</i>	7.50	g/dL	6.4 - 8.2	
<b>Albumin</b> <i>Bromo Cresol Green</i>	4.76	g/dL	3.4 - 5.0	
<b>Globulin</b> <i>Calculated</i>	2.74	gm/dL	2 - 4.1	
<b>A/G Ratio</b> <i>Calculated</i>	1.7		1.0 - 2.1	
<b>Bilirubin Total</b> <i>Photometry</i>	1.20	mg/dL	0.3 - 1.2	
<b>Bilirubin Conjugated</b> <i>Diazotized Sulfanilic Acid Method</i>	0.31	mg/dL		
<b>Bilirubin Unconjugated</b> <i>Calculated</i>	H 0.89	mg/dL	0 - 0.8	

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Consultant Pathologist

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28/12/2023:-

SIB Dr. Vivek:-



SARDAR  
PATEL HOSPITAL  
& HEART INSTITUTE

Name: Atul Kumar

Date: 28/12/23

Age: 35 Sex: M

TATA low sodium  
157.

No 90

SIP Moderate Covid

O<sub>2</sub> support ~ 15 days

adv:-

Wt loss ~ 10kg.

Tab. feburoad 40

001 — (2g)  
AtL

O/e

P. BP. 132/96  
SpO<sub>2</sub> 140/90

Tab. Cosader-CZS

070 — (3g)  
AtL

Vinay.

Cvs - LHD

R/S - AEBE

Chor.

→ Metabolic Syndrome



**OPD INITIAL ASSESSMENT FORM**

(To be filled by Nursing Staff)

Patient Name: - Atul Kumar UHID Number: - 023-154

Consultant Name: - Dr. Vivek Patel Date: - 28/12/23 Start Time: - 5:45 Age: - 35 (Years)

Sex: -      (M/F)

Height: - 160 cms, Weight: - 73 kgs. Temp.     , Pulse: - 86 (Per minute), SPO2     

B.P. :- 140/90 (mm of Hg), RBS:-      First Visit / Follow Up Visit: First Visit

Nursing Staff Name & Signature: - Kavitash Patel End Time: - 5:50 Pm

**Past History: - (TICK MARK)**

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other:-

Family History:-

Nutritional Screening:-

Psychosocial Assessment:-

Immunization Status:-

To be filled by Clinician) Start Time:-     

Clinical Findings:-

Diagnosis:-

Investigations and Advice:-



**OPD INITIAL ASSESSMENT FORM**

(To be filled by Nursing Staff)

Patient Name: - Atul Kumar UHID Number: - 023 - 159 80

Consultant Name: DR. Kal Pesh Date: 28/12/23 Start Time: - \_\_\_\_\_ Age: - 35 (Years)

Sex: - M (M/F) Nadodariya

Height: - 160 cms, Weight: - 73 kgs. Temp. 99, Pulse: - 89 (Per minute), SPO2 98

B.P.: - 120/80 (mm of Hg), RBS: - \_\_\_\_\_ First Visit / Follow Up  
Visit: First visit

Nursing Staff Name & Signature: - Sudhy End Time: - \_\_\_\_\_

**Past History: - (TICK MARK)**

Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Other: - \_\_\_\_\_

Family History: - \_\_\_\_\_

Psychosocial Assessment: - \_\_\_\_\_

Nutritional Screening: - \_\_\_\_\_

Immunization Status: - \_\_\_\_\_

To be filled by Clinician) Start Time: - \_\_\_\_\_

Clinical Findings: -

Health check up  
GE P/A - soft  
moist  
RR

Diagnosis: -

Investigations and Advice: -

USG abdomen

Patient's Name:-	ATUL KUMAR	Date :-	23/12/2023
Age & Sex :-	35Y M		
Referred By :-	HEALTH CHECK-UP		

**X-RAY CHEST PA.**

- Both Lung fields appear normal.  
No evidence of any collapse / consolidation.
- Both Hila appear normal.  
No evidence of any enlarged Hilar lymphnodes.
- Both CP angle clear.
- Cardiac size appear normal.
- Both hemi diaphragm appears normal
- Bony cage appear normal

**COMMENTS :**

- No Significant abnormality detected.



**Dr. HANSA RATHWA**  
**MD (Radio Diagnosis)**

Thanks for reference. Please co-relate clinically.

Note: This report is not valid for medico-legal purpose. There can be typing error, which can be correctable.

Patient's Name:-	ATUL KUMAR	Date :-	23/12/2023
Age & Sex :-	35Y M		
Referred By :-	HEALTH CHECK-UP		

**USG ABDOMEN & PELVIS**

**Liver is normal in size and shows mild increased echotexture. No focal solid/ cystic mass lesion detected in the liver. CBD and intrahepatic biliary radicles show no dilatation.**

PV & CBD normal.

**G.B. :** well distended & normal. No stone or inflammation seen.

**PANCREAS :** reveals normal echotexture. No mass, calcification or pancreatitis.

**SPLEEN :** Normal size, 105 mm & reveals normal echotexture. No other focal mass seen.

**BOTH KIDNEY :** RK: 85 X 42 mm. , LK : 97 X 51 mm.

Both kidneys are normal size with normal cortical thickness.

No focal solid or cystic mass seen. No calculus. No hydronephrosis seen.

C.M differentiation is preserved. No parenchymal abnormality seen.

**U. BLADDER :** Well distended & normal.No mass or filling defect seen.

**PROSTATE:** Normal in size & echotexture.No mass or calcification seen.

**BOWEL LOOPS :** peristaltic bowel loops seen in lower abdomen. Bowel loops are normal calibre (Visualized).

No free fluid seen. No enlarged lymphnodes seen.

**IMPRESSION:**

**Early fatty changes in liver.**

Suggest clinical correlation.



**DR HANSA RATHWA**  
**MD(Radio Diagnosis)**

Thanks for reference. Please co-relate clinically.

Note: This report is not valid for medico-legal purpose. There can be typing error, which can be correctable.



**OPD INITIAL ASSESSMENT FORM**

(To be filled by Nursing Staff)

Patient Name: - Atul Kumar UHID Number: - 023-15980

Consultant Name: Dashrathg Date: - 23/12/23 Start Time: - 12:35 Age: - 35 (Years)

Sex: - M (M/F) Shah

Height: - 160 cms, Weight: - 73 kgs. Temp. - Q, Pulse: - 92 (Per minute), SPO2 - 99

B.P. :- 120/80 (mm of Hg), RBS:- — First Visit / Follow Up Visit. 1st visit

Nursing Staff Name & Signature: - \_\_\_\_\_ End Time:- \_\_\_\_\_

Past History: - (TICK MARK) C/O: routine check up  
Diabetes, Hypertension, IHD, COPD, Asthma, TB, Smoker, Alcoholic, Hypothyroidism

Urea  $\left\{ \begin{array}{l} 6/6 \\ 6/6 \end{array} \right.$

Other:-

Family History:-

Psychosocial Assessment:-

Nutritional Screening:-

Immunization Status:-

To be filled by Clinician) Start Time:- \_\_\_\_\_

Clinical Findings:-

BE ASWNL

*Dr. Shweta Shah  
Consultant, Ophthalmology &  
Frax. Vision  
Ph. No. 247883*

Diagnosis:-

Emmetropia

Investigations and Advice:-

—



**Patient Name :** Mr. Atul Kumar  
**Registration No :** 101-023-15980-000  
**Sex :** Male  
**Patient Arrived At :** 23-Dec-2023 09:00:00 AM  
**Test Name :** ECHO STUDY  
**DOB :** 23-Dec-1988  
**Age :** 35 Yrs/  
**Result Verified At :** 23-Dec-2023 12:10

## 2D ECHO CARDIOGRAPHY REPORT

- All cardiac chambers are normal in dimension
- Normal LV Systolic function at Rest, LVEF =60 %
- No RWMA at Rest.
- No diastolic dysfunction (E>A, MV E'> 0.10 m/s )
- MV – Normal, No MS/MR AV –Normal, No AS/ AR
- TV – Normal , No TS/ Trivial TR PV – No PS / PR
- No Pulmonary Hypertension, RVSP = 25 mmHg
- IAS / IVS appear Intact
- No e/o obvious Clot / Vegetation / effusion
- IVC not dilated collapsing > 50% on inspiration

**IMPRESSION: NORMAL LV SYSTOLIC FUNCTION, NO RWMA, NO PAH**

**Dr. Milan Mehta**  
D.Card (Mumbai)  
Non-Invasive cardiology