

Rate 79 . Sinus rhythm.....normal P axis, V-rate 50- 99  
 . Consider left ventricular hypertrophy.....(S V1/V2+R V5/V6) >3.50mV  
 PR 139 . ST elev, probable normal early repol pattern.....ST elevation, age<55  
 QRSD 94  
 QT 392  
 QTc 450

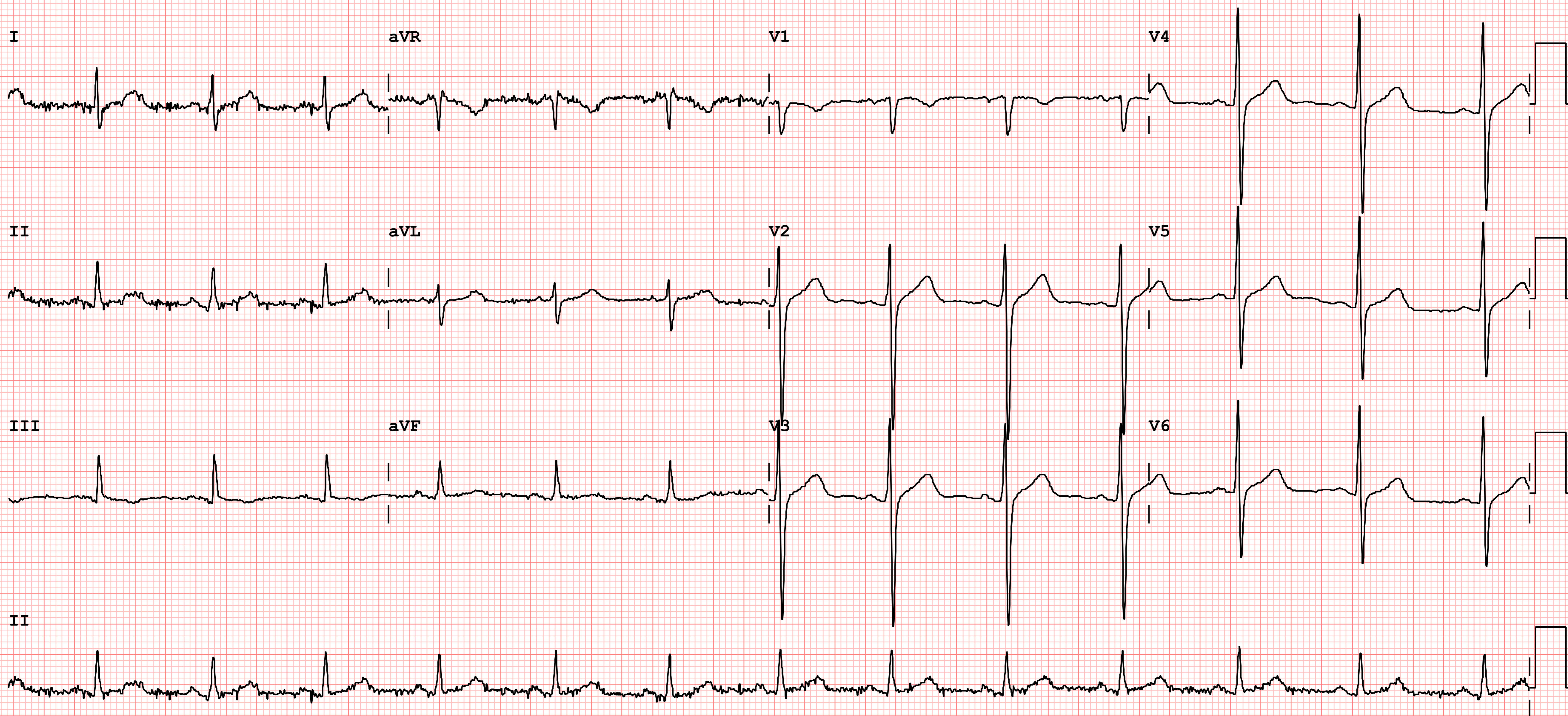
--AXIS--

P 56  
 QRS 76  
 T 18

- ABNORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis





<b>NAME</b>	<b>MR Amit KRISHNAN</b>	<b>STUDY DATE</b>	<b>23/12/2023 11:34AM</b>
<b>AGE / SEX</b>	<b>37 y / M</b>	<b>HOSPITAL NO.</b>	<b>MH010869034</b>
<b>ACCESSION NO.</b>	<b>NM11387722</b>	<b>MODALITY</b>	<b>US</b>
<b>REPORTED ON</b>	<b>26/12/2023 11:30AM</b>	<b>REFERRED BY</b>	<b>Health Check MHD</b>

## 2D Echocardiography Report

	<b>End diastole</b>	<b>End systole</b>
IVS thickness (cm)	<b>1.1</b>	<b>1.3</b>
Left Ventricular Dimension (cm)	<b>4.8</b>	<b>2.8</b>
Left Ventricular Posterior Wall thickness (cm)	<b>1.0</b>	<b>1.2</b>

Aortic Root Diameter (cm)	<b>3.0</b>
Left Atrial Dimension (cm)	<b>3.5</b>
Left Ventricular Ejection Fraction (%)	<b>55 %</b>

LEFT VENTRICLE	:	Normal in size. No RWMA. LVEF= 55 %
RIGHT VENTRICLE	:	Normal in size. Normal RV function.
LEFT ATRIUM	:	Normal in size
RIGHT ATRIUM	:	Normal in size
MITRAL VALVE	:	Trace MR.
AORTIC VALVE	:	Normal.
TRICUSPID VALVE	:	Trace TR, PASP~ 30 mmHg.
PULMONARY VALVE	:	Normal
MAIN PULMONARY ARTERY & ITS BRANCHES	:	Appears normal.
INTERATRIAL SEPTUM	:	Intact.
INTERVENTRICULAR SEPTUM	:	Intact.
PERICARDIUM	:	No pericardial effusion or thickening



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Sector-6, Dwarka, New Delhi 110 075

GST: 07AAAAH3917LIZM

PAN NO: AAAAH3917L

NAME	MR Amit KRISHNAN	STUDY DATE	23/12/2023 11:34AM
AGE / SEX	37 y / M	HOSPITAL NO.	MH010869034
ACCESSION NO.	NM11387722	MODALITY	US
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## DOPPLER STUDY

VALVE	Peak Velocity (cm/sec)	Maximum P.G. (mmHg)	Mean P. G. (mmHg)	Regurgitation	Stenosis
MITRAL	E= 82 A=56	-	-	Trace	Nil
AORTIC	125	-	-	Nil	Nil
TRICUSPID	-	N	N	Trace	Nil
PULMONARY	78	N	N	Nil	Nil

## SUMMARY & INTERPRETATION:

- No LV regional wall motion abnormality with LVEF = 55 %
- Normal sized RA/RV/LV/LA with no chamber hypertrophy. Normal RV function.
- Trace MR.
- Trace TR, PASP~ 30 mmHg
- Normal mitral inflow pattern.
- IVC normal in size, >50% collapse with inspiration, suggestive of normal RA pressure.
- No clot/vegetation/pericardial effusion.

*Please correlate clinically.*

**Dr. Sarita Gulati MD, DM DMC No.22600**

**Senior Interventional Cardiologist**

**\*\*\*\*\*End Of Report\*\*\*\*\***



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# Human Care Medical Charitable Trust

Registered Office: Sector-6, Dwarka, New Delhi 110 075

## Department Of Laboratory Medicine

**Name** : MR AMIT KRISHNAN **Age** : 37 Yr(s) Sex :Male  
**Registration No** : MH010869034 **Lab No** : 31231201114  
**Patient Episode** : H03000058874 **Collection Date** : 23 Dec 2023 09:33  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 23 Dec 2023 11:06  
**Receiving Date** : 23 Dec 2023 10:13

## Department of Transfusion Medicine ( Blood Bank )

BLOOD GROUPING, RH TYPING & ANTIBODY SCREEN (TYPE & SCREEN)  
Specimen-Blood

Blood Group & Rh Typing (Agglutination by gel/tube technique)

Blood Group & Rh typing B Rh(D) Positive

Antibody Screening (Microtyping in gel cards using reagent red cells)

Final Antibody Screen Result Negative

### Technical Note:

ABO grouping and Rh typing is done by cell and serum grouping by microplate / gel technique. Antibody screening is done using a 3 cell panel of reagent red cells coated with Rh, Kell, Duffy, Kidd, Lewis, P, MNS, Lutheran and Xg antigens using gel technique.

Page 1 of 2

-----END OF REPORT-----



Dr Himanshu Lamba

# Human Care Medical Charitable Trust

Registered Office: Sector-6, Dwarka, New Delhi 110 075

## Department Of Laboratory Medicine

**Name** : MR AMIT KRISHNAN **Age** : 37 Yr(s) Sex :Male  
**Registration No** : MH010869034 **Lab No** : 32231211102  
**Patient Episode** : H03000058874 **Collection Date** : 23 Dec 2023 09:32  
**Referred By** : HEALTH CHECK MHD **Reporting Date** : 23 Dec 2023 11:28  
**Receiving Date** : 23 Dec 2023 10:10

### BIOCHEMISTRY

Specimen: EDTA Whole blood

**HbA1c (Glycosylated Hemoglobin)** 8.5 # % As per American Diabetes Association(ADA) 2010 [4.0-6.5]  
HbA1c in %  
Non diabetic adults : < 5.7 %  
Prediabetes (At Risk ) : 5.7 % - 6.4 %  
Diabetic Range : > 6.5 %  
Methodology High-Performance Liquid Chromatography (HPLC)  
Estimated Average Glucose (eAG) 197 mg/dl

#### Use :

1. Monitoring compliance and long-term blood glucose level control in patients with diabetes.
2. Index of diabetic control (direct relationship between poor control and development of complications).
3. Predicting development and progression of diabetic microvascular complications.

#### Limitations :

1. A1C values may be falsely elevated or decreased in those with chronic kidney disease.
2. False elevations may be due in part to analytical interference from carbamylated hemoglobin formed in the presence of elevated concentrations of urea, with some assays.
3. False decreases in measured A1C may occur with hemodialysis and altered red cell turnover, especially in the setting of erythropoietin treatment

References : Rao.L.V.,Michael snyder.L.(2021).Wallach's Interpretation of Diagnostic Tests. 11th Edition. Wolterkluwer. NaderRifai,Andrea Rita Horvath,Carl T.wittwer.

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of Clinical Chemistry and Molecular Diagnostics.First edition,Elsevier,South Asia.

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-----END OF REPORT-----

Dr.Himansha Pandey

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NAME	MR Amit KRISHNAN	STUDY DATE	23/12/2023 10:58AM
AGE / SEX	37 y / M	HOSPITAL NO.	MH010869034
ACCESSION NO.	R6603522	MODALITY	US
REPORTED ON	23/12/2023 1:05PM	REFERRED BY	Health Check MHD

## USG WHOLE ABDOMEN

Results:

**Liver is enlarged in size (16.2 cm) and shows grade II fatty changes with coarse heterogeneous echotexture of hepatic parenchyma.** No focal intra-hepatic lesion is detected. Intra-hepatic biliary radicals are not dilated. Portal vein is normal in calibre (8.5 mm).

Gall bladder appears echofree with normal wall thickness.  
Common bile duct is normal in calibre.

Pancreas is normal in size and echopattern.

**Spleen is enlarged in size (13.1 cm) and normal in echopattern.**

Both kidneys are normal in position, size (RK ~ 11.5 x 4.9 cm and LK ~ 11.1 x 5.4 cm) and outline. Cortico-medullary differentiation of both kidneys is maintained. Central sinus echoes are compact. No focal lesion or calculus seen. Bilateral pelvicalyceal systems are not dilated.

Urinary bladder is partially distended.

Prostate is normal in size, shape and echopattern. (volume 14.5 cc).

No significant free fluid is detected.

**IMPRESSION: Findings are suggestive of :**

- **Hepatomegaly with grade-II fatty liver and coarse heterogeneous echotexture of hepatic parenchyma - Adv : LFT correlation.**
- **Splenomegaly.**

**Kindly correlate clinically.**

**Dr. Nipun Gumber MBBS, MD DMC No.90272**

**ASSOCIATE CONSULTANT**



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ACCESSION NO.	R6603522	MODALITY	US
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\*\*\*\*\*End Of Report\*\*\*\*\*



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NAME	MR Amit KRISHNAN	STUDY DATE	23/12/2023 9:51AM
AGE / SEX	37 y / M	HOSPITAL NO.	MH010869034
ACCESSION NO.	R6603523	MODALITY	CR
REPORTED ON	23/12/2023 11:37AM	REFERRED BY	Health Check MHD

## X-RAY CHEST - PA VIEW

### Results:

Visualized lung fields appear clear.

Both hilar shadows appear normal.

Cardiothoracic ratio is within normal limits.

Both hemidiaphragmatic outlines appear normal.

Both costophrenic angles are clear.

Kindly correlate clinically.

*Aarushi*

Dr. Aarushi MBBS, MD, DNB DMC NO.03291

CONSULTANT RADIOLOGIST

\*\*\*\*\*End Of Report\*\*\*\*\*



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