

DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40005407 (9746)	RISNo./Status :	4010116/
Patient Name :	Mr. VINOD KUMAR MEENA	Age/Gender :	31 Y/M
Referred By :	Dr. ROOPAM SHARMA	Ward/Bed No :	OPD
Bill Date/No :	09/09/2023 12:59PM/ OPSCR23-24/4882	Scan Date :	
Report Date :	09/09/2023 1:24PM	Company Name:	Final

REFERRAL REASON: - HEALTH CHECKUP

2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

M MODE DIMENSIONS: -

		Normal		Normal
IVSD	11.8	6-12mm	LVIDS	29.9
LVIDD	44.9	32-57mm	LVPWS	18.6
LVPWD	11.8	6-12mm	AO	33.1
IVSS	18.6	mm	LA	37.2
LVEF	62-64	>55%	RA	-

DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
		E	0.80	e'			
MITRAL VALVE	NORMAL	A	0.71	E/e'		-	NIL
		E		0.64			
TRICUSPID VALVE	NORMAL	A		0.53		-	NIL
		E		1.14			
AORTIC VALVE	NORMAL			1.10		-	NIL
PULMONARY VALVE	NORMAL					-	NIL

COMMENTS & CONCLUSION: -

- ALL CARDIAC CHAMBERS ARE NORMAL
- NO RWMA, LVEF 62-64%
- NORMAL LV SYSTOLIC FUNCTION
- NORMAL LV DIASTOLIC FUNCTION
- ALL CARDIAC VALVES ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

IMPRESSION: - NORMAL BI VENTRICULAR FUNCTIONS

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INTERVENTIONAL CARDIOLOGY

DR ROOPAM SHARMA
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EMERGENCY, PREVENTIVE CARDIOLOGY
AND WELLNESS CENTRE

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. VINOD KUMAR MEENA	Lab No	528864
UHID	319799	Collection Date	09/09/2023 3:49PM
Age/Gender	31 Yrs/Male	Receiving Date	09/09/2023 3:51PM
IP/OP Location	O-OPD	Report Date	09/09/2023 4:37PM
Referred By	Dr. EHCC Consultant	Report Status	Final
Mobile No.	9773349797		



MC-2561

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range
HBA1C	5.5	%	< 5.7% Nondiabetic 5.7-6.4% Pre-diabetic > 6.4% Indicate Diabetes
			Known Diabetic Patients < 7 % Excellent Control 7 - 8 % Good Control > 8 % Poor Control

Sample: WHOLE BLOOD EDTA

Method : - High - performance liquid chromatography HPLC

Interpretation:-Monitoring long term glycemic control, testing every 3 to 4 months is generally sufficient.
The approximate relationship between HbA1C and mean blood glucose values during the preceding 2 to 3 months.

****End Of Report****

RESULT ENTERED BY : Mr. PANKAJ SHUKLA

Dr. SURENDRA SINGH
CONSULTANT & HOD
MBBS|MD| PATHOLOGY

Dr. ASHISH SHARMA
CONSULTANT & INCHARGE PATHOLOGY
MBBS|MD| PATHOLOGY

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mr. VINOD KUMAR MEENA	Lab No	4010116
UHID	40005407	Collection Date	09/09/2023 1:41PM
Age/Gender	31 Yrs/Male	Receiving Date	09/09/2023 2:01PM
IP/OP Location	O-OPD	Report Date	09/09/2023 7:00PM
Referred By	Dr. ROOPAM SHARMA	Report Status	Final
Mobile No.	7568900188		

BIOCHEMISTRY

Test Name **Result** **Unit** **Biological Ref. Range** **Sample: Fl. Plasma**

BLOOD GLUCOSE (FASTING)

BLOOD GLUCOSE (FASTING) 86.9 mg/dl 74 - 106

Method: Hexokinase assay.

Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

BLOOD GLUCOSE (PP)

BLOOD GLUCOSE (PP) 117.7 mg/dl
Non - Diabetic: - < 140 mg/dl
Pre - Diabetic: - 140-199 mg/dl
Diabetic: - >=200 mg/dl

Sample: PLASMA

Method: Hexokinase assay.

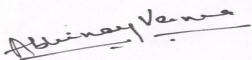
Interpretation:-Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.

THYROID T3 T4 TSH

T3 1.470 ng/mL 0.970 - 1.690
T4 9.33 ug/dl 5.53 - 11.00
TSH 2.00 µIU/mL 0.40 - 4.05

Sample: Serum

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

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BIOCHEMISTRY

T3:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4:- Method: ElectroChemiLuminescence ImmunoAssay - ECLIA

Interpretation:-The determination of T4 assay employs a competitive test principle with an antibody specifically directed against T4.

TSH - THYROID STIMULATING HORMONE :- ElectroChemiLuminescenceImmunoAssay - ECLIA

Interpretation:-The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH levels.

LFT (LIVER FUNCTION TEST)

Sample: Serum

BILIRUBIN TOTAL	0.66	mg/dl	0.00 - 1.20
BILIRUBIN INDIRECT	0.54	mg/dl	0.20 - 1.00
BILIRUBIN DIRECT	0.12	mg/dl	0.00 - 0.40
SGOT	46.0 H	U/L	0.0 - 40.0
SGPT	95.3 H	U/L	0.0 - 40.0
TOTAL PROTEIN	8.5	g/dl	6.6 - 8.7
ALBUMIN	5.0	g/dl	3.5 - 5.2
GLOBULIN	3.5		1.8 - 3.6
ALKALINE PHOSPHATASE	103.1	U/L	53 - 128
A/G RATIO	1.4 L	Ratio	1.5 - 2.5
GGTP	34.1	U/L	10.0 - 55.0

RESULT ENTERED BY : SUNIL EHS

Abhinay Verma

Dr. ABHINAY VERMA

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BIOCHEMISTRY

BILIRUBIN TOTAL :- Method: DPD assay. Interpretation:-Total Bilirubin measurements are used in the diagnosis and treatment of various liver diseases, and of haemolytic and metabolic disorders in adults and newborns. Both obstruction damage to hepatocellular structure.

BILIRUBIN DIRECT :- Method: Diazo method Interpretation:-Determinations of direct bilirubin measure mainly conjugated, water soluble bilirubin.

SGOT - AST :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGOT (AST) measurements are used in the diagnosis and treatment of certain types of liver and heart disease.

SGPT - ALT :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGPT (ALT) Ratio Is Used For Differential Diagnosis In Liver Diseases.

TOTAL PROTEINS :- Method: Biuret colorimetric assay. Interpretation:-Total protein measurements are used in the diagnosis and treatment of a variety of liver and kidney diseases and bone marrow as well as metabolic and nutritional disorder.

ALBUMIN :- Method: Colorimetric (BCP) assay. Interpretation:-For Diagnosis and monitoring of liver diseases, e.g. liver cirrhosis, nutritional status.

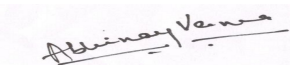
ALKALINE PHOSPHATASE :- Method: Colorimetric assay according to IFCC. Interpretation:-Elevated serum ALT is found in hepatitis, cirrhosis, obstructive jaundice, carcinoma of the liver, and chronic alcohol abuse. ALT is only slightly elevated in patients who have an uncomplicated myocardial infarction. **GGTP-GAMMA GLUTAMYL TRANSPEPTIDASE** :- Method:

Enzymatic colorimetric assay. Interpretation:- γ -glutamyltransferase is used in the diagnosis and monitoring of hepatobiliary disease. Enzymatic activity of GGT is often the only parameter with increased values when testing for such diseases and is one of the most sensitive indicator known.

LIPID PROFILE

TOTAL CHOLESTEROL	221		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	30.8		High Risk :-<40 mg/dl (Male), <40 mg/dl (Female) Low Risk :->=60 mg/dl (Male), >=60 mg/dl (Female)
LDL CHOLESTEROL	131.5		Optimal :- <100 mg/dl Near or Above Optimal :- 100-129 mg/dl Borderline :- 130-159 mg/dl High :- 160-189 mg/dl Very High :- >190 mg/dl
CHOLESTERO VLDL	57 H	mg/dl	10 - 50
TRIGLYCERIDES	282.5		Normal :- <150 mg/dl Border Line:- 150 - 199 mg/dl High :- 200 - 499 mg/dl Very high :- > 500 mg/dl
CHOLESTEROL/HDL RATIO	7.2	%	

RESULT ENTERED BY : SUNIL EHS



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BIOCHEMISTRY

CHOLESTEROL TOTAL :- Method: CHOD-PAP enzymatic colorimetric assay.

interpretation:-The determination of the individual total cholesterol (TC) level is used for screening purposes while for a better risk assessment it is necessary to measure additionally lipid & lipoprotein metabolic disorders.

HDL CHOLESTEROL :- Method:-Homogenous enzymetic colorimetric method.

Interpretation:-HDL-cholesterol has a protective against coronary heart disease, while reduced HDL-cholesterol concentrations, particularly in conjunction with elevated triglycerides, increase the cardiovascular disease.

LDL CHOLESTEROL :- Method: Homogenous enzymatic colorimetric assay.

Interpretation:-LDL play a key role in causing and influencing the progression of atherosclerosis and in particular coronary sclerosis. The LDL are derived from VLDL rich in TG by the action of various lipolytic enzymes and are synthesized in the liver.

CHOLESTEROL VLDL :- Method: VLDL Calculative

TRIGLYCERIDES :- Method: GPO-PAP enzymatic colorimetric assay.

Interpretation:-High triglyceride levels also occur in various diseases of liver, kidneys and pancreas. DM, nephrosis, liver obstruction.

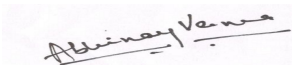
CHOLESTEROL/HDL RATIO :- Method: Cholesterol/HDL Ratio Calculative

RENAL PROFILE TEST

Sample: Serum

UREA	13.10 L	mg/dl	16.60 - 48.50
BUN	6.1	mg/dl	6 - 20
CREATININE	0.71	mg/dl	0.60 - 1.10
SODIUM	138.8	mmol/L	136 - 145
POTASSIUM	4.27	mmol/L	3.50 - 5.50
CHLORIDE	104.5	mmol/L	98 - 107
URIC ACID	5.8	mg/dl	3.5 - 7.2
CALCIUM	10.21	mg/dl	8.60 - 10.30

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CREATININE - SERUM :- Method:-Jaffe method, Interpretation:-To differentiate acute and chronic kidneydisease.

URIC ACID :- Method: Enzymatic colorimetric assay. Interpretation:- Elevated blood concentrations of uricacid are renal diseases with decreased excretion of waste products, starvation,drug abuse and increased alcohol consume.

SODIUM:- Method: ISE electrode. Interpretation:-Decrease: Prolonged vomiting or diarrhea,diminshed reabsorption in the kidney and excessive fluid retention. Increase: excessive fluid loss, high salt intake andkidney reabsorption.

POTASSIUM :- Method: ISE electrode. Intrapretation:-Low level: Intake excessive loss formbodydue to diarrhea, vomiting renal failure, High level: Dehydration, shock severe burns, DKA, renalfailure.

CHLORIDE - SERUM :- Method: ISE electrode. Interpretation:-Decrease: reduced dietary intake,prolonged vomiting and reduced renal reabsorption as well as forms of acidosisand alkalosis.

Increase: dehydration, kidney failure, some form ofacidosis, high dietary or parenteral chloride intake, and salicylate poisoning.

UREA:- Method: Urease/GLDH kinetic assay. Interpretation:-Elevations in blood urea nitrogenconcentration are seen in inadequate renal perfusion, shock, diminished bloodvolume, chronic nephritis, nephrosclerosis, tubular necrosis, glomerularnephritis and UTI.

CALCIUM TOTAL :- Method: O-Cresolphthaleine complexone. Interpretation:-Increase in serum PTH or vit-D are usuallyassociated with hypercalcemia. Increased serum calcium levels may also beobserved in multiple myeloma and other neoplastic diseases. Hypocalcemia may beobserved in hypoparathyroidism, nephrosis, and pancreatitis.

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BLOOD BANK INVESTIGATION

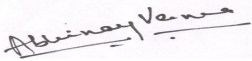
Test Name	Result	Unit	Biological Ref. Range
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BLOOD GROUPING	"O" Rh Positive		
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Note :

1. Both forward and reverse grouping performed.
2. Test conducted on EDTA whole blood.

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

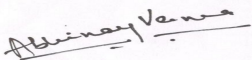
ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name Mr. VINOD KUMAR MEENA	Lab No 4010116
UHID 40005407	Collection Date 09/09/2023 1:41PM
Age/Gender 31 Yrs/Male	Receiving Date 09/09/2023 2:01PM
IP/OP Location O-OPD	Report Date 09/09/2023 7:00PM
Referred By Dr. ROOPAM SHARMA	Report Status Final
Mobile No. 7568900188	

CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	
<u>URINE SUGAR (RANDOM)</u>				Sample: Urine
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE	
<u>ROUTINE EXAMINATION - URINE</u>				Sample: Urine
PHYSICAL EXAMINATION				
VOLUME	20	ml		
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	CLEAR		CLEAR	
CHEMICAL EXAMINATION				
PH	6.0		5.5 - 7.0	
SPECIFIC GRAVITY	1.025		1.016-1.022	
PROTEIN	NEGATIVE		NEGATIVE	
SUGAR	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
BLOOD	NEGATIVE			
KETONES	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
UROBILINOGEN	NEGATIVE		NEGATIVE	
LEUCOCYTE	NEGATIVE		NEGATIVE	
MICROSCOPIC EXAMINATION				
WBCS/HPF	1-2	/hpf	0 - 3	
RBCS/HPF	0-0	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	1-2	/hpf	0 - 1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	
BACTERIA	NIL		NIL	
OHTERS	NIL		NIL	

RESULT ENTERED BY : SUNIL EHS



Dr. ABHINAY VERMA

MBBS|MD|INCHARGE PATHOLOGY

ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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Methodology:-

Glucose: GOD-POD, Bilirubin: Diazo-Azo-coupling reaction with a diazonium, Ketone: Nitro Pruside reaction, Specific Gravity: Proton release from ions, Blood: Psuedo-Peroxidase activity oh Haem moiety, pH: Methye Red-Bromothymol Blue (Double indicator system), Protein: H+ Release by buffer, microscopic & chemical method. interpretation: Diagnosis of Kidney function, UTI, Presence of Protein, Glucoses, Blood. Vocubulary syntax: Kit insert

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ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

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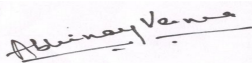
HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
<u>CBC (COMPLETE BLOOD COUNT)</u>			
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	17.7 H	g/dl	13.0 - 17.0
PACKED CELL VOLUME(PCV)	52.2 H	%	40.0 - 50.0
MCV	90.3	fl	82 - 92
MCH	30.6	pg	27 - 32
MCHC	33.9	g/dl	32 - 36
RBC COUNT	5.78 H	millions/cu.mm	4.50 - 5.50
TLC (TOTAL WBC COUNT)	9.24	10 ³ / uL	4 - 10
<u>DIFFERENTIAL LEUCOCYTE COUNT</u>			
NEUTROPHILS	60.0	%	40 - 80
LYMPHOCYTE	33.8	%	20 - 40
EOSINOPHILS	0.5 L	%	1 - 6
MONOCYTES	5.2	%	2 - 10
BASOPHIL	0.5 L	%	1 - 2
PLATELET COUNT	4.82 H	lakh/cumm	1.500 - 4.500

HAEMOGLOBIN :- Method:-SLS HemoglobinMethodology by Cell Counter.Interpretation:-Low-Anemia, High-Polycythemia.
MCV :- Method:- Calculation bysystemex.
MCH :- Method:- Calculation bysystemex.
MCHC :- Method:- Calculation bysystemex.
RBC COUNT :- Method:-Hydrodynamicfocusing.Interpretation:-Low-Anemia,High-Polycythemia.
TLC (TOTAL WBC COUNT) :- Method:-Optical Detectorblock based on Flowcytometry.Interpretation:-High-Leucocytosis, Low-Leucopenia.
NEUTROPHILS :- Method: Optical detectorblock based on Flowcytometry
LYMPHOCYTS :- Method: Optical detectorblock based on Flowcytometry
EOSINOPHILS :- Method: Optical detectorblock based on Flowcytometry
MONOCYTES :- Method: Optical detectorblock based on Flowcytometry
BASOPHIL :- Method: Optical detectorblock based on Flowcytometry
PLATELET COUNT :- Method:-Hydrodynamicfocusing method.Interpretation:-Low-Thrombocytopenia, High-Thrombocytosis.
HCT: Method:- Pulse Height Detection. Interpretation:-Low-Anemia, High-Polycythemia.
NOTE: CH- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

ESR (ERYTHROCYTE SEDIMENTATION RATE)	12	mm/1st hr	0 - 15
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Method:-Modified Westergrens.

Interpretation:-Increased in infections, sepsis, and malignancy.

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X Ray

Test Name	Result	Unit	Biological Ref. Range
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X-RAY CHEST P. A. VIEW

Both lung fields are clear.

Both CP angles are clear.

Both hemi-diaphragms are normal in shape and outlines.

Cardiac shadow is within normal limits.

Visualized bony thorax is unremarkable.

Correlate clinically& with other related investigations.

****End Of Report****

RESULT ENTERED BY : SUNIL EHS



APOORVA JETWANI

Select

DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40005407 (9746)	RISNo./Status :	4010116/
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Report Date :	09/09/2023 3:13PM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

USG REPORT - ABDOMEN AND PELVIS

LIVER:

Is normal in size measure mm and shows diffuse increased echogenicity.

No obvious focal lesion seen. No intra hepatic biliary radical dilatation seen.

GALL BLADDER:

Adequately distended with no obvious wall thickening/pericholecystic fat stranding/fluid. No obvious calculus/polyp/mass seen within.

PANCREAS:

Appears normal in size and shows uniform echo texture. The pancreatic duct is normal. No calcifications are seen.

SPLEEN:

Appears normal in size and it shows uniform echo texture. It measures mm in long axis.

RIGHT KIDNEY:

Right kidney measures 105 x 58 mm.

The shape, size and contour of the right kidney appear normal.

Corticomedullary differentiation is maintained. No evidence of pelvicalyceal dilatation.

No calculi seen.

LEFT KIDNEY:

Left kidney appears bulky in size, measures 172 x 95 mm shows multiple simple cortical and exophytic cysts within, largest 41 x 40 mm.

No evidence of pelvicalyceal dilatation.

No calculi seen.

URINARY BLADDER:

Is normal in contour. No intraluminal echoes are seen. No calculus or diverticulum is seen.

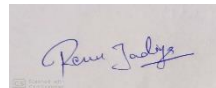
PROSTATE:

Measures 22-24 cc. Normal

IMPRESSION:

Diffuse grade I fatty liver.

Bulky left kidney with multiple cortical and exophytic simple renal cysts.



DR. RENU JADIYA

Consultant – Radiology

MBBS, DNB