



OUT PATIENT PRESCRIPTION

101

EGC SV NO. : 86989
UHID NO. : 69997
Patient Name : Mr. SHANKAR SINGH MEHTA
Age : 32 Years
Sex : Male
Relative name : S/OMR INDRA SINGH MEHTA
Address : HALDWANI

Location : Haldwani
Date : 13/04/2024
Mobile : 8954365472
Org. name : Hospital
Consultant : DR PRATIBHA GUPTA
Speciality : ENT SURGEON
Token No. : 2

12:08:46 pm



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110

OPD PRESCRIPTION

PATIENT NO.	: 1678829	Token No	: 18	Location	: HALDWANI
UHID NO.	: 85947			Issue Date	: 02/01/2024
Patient Name	: Mr. SHANKAR SINGH MEHTA			Mobile No.	: 9954305472
Age Sex	: 32 Years Male			Org. Name	: Hospital
Relative name	: SOMERINDRA SINGH MEHTA			Doctor Name	: DR. MACI SA...
Address	: HALDWANI			Speciality	: INTERNAL MEDICINE

SPO₂ - 98%
P.R - 78/110
B.P - 110/80 mmHg

For Routine checkup.

Rx:

T. ZYLORIC 100 mg — BD
T. LIVERIL FORTE — OD

Uric Acid - 9.0
USG slo - Grade 2 Fatty liver

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Company

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 Sex : Male
 Relative name : S/OMR INDRA SINGH MEHTA
 Address : HALDWANI

Location : Haldwani
 Date : 13/04/2024
 Mobile : 8954365472
 Org. name : Hospital
 Consultant : DR MAANSI SETHI ARORA
 Speciality : OPHTHALMOLOGIST
 Token No. : 33
 12:08:15 pm

SPO₂ - 98% P/R - 98 min B.P - 110/80 mmHg T-N

V_n < 6/6
 6/6

do routine eye test
 no any do

glasses - nil
 p.c works. 8 hrs.

AIR < -0.50 x 2°
 -0.25 / -0.25 x i°

Ace < -0.50 x 180° 6/6.
 -0.25 x 180° 6/6.

Ry

clcl R. vitrea 4to
 4 weeks.

Dr. MAANSI SETHI
 MBBS, MS Ophth (LHMC New De^h-i)
 Ex. Consultant St. Stephen's Hospital
 New Delhi Cont Ophthalmology
 UKMC Regd. No. 12890
 Ujala Cygnus Central Hospital, Haldwani

CARDIOLOGY

ECHOCARDIOGRAM REPORT

NAME: MR. SHANKAR SINGH MEHTA **AGE/SEX:** 31/M **DATE:** 13/04/2024

REFERRING DIAGNOSIS: To rule out structural heart disease

ECHOGENECITY : Normal

DIMENSIONS		NORMAL			NORMAL
AO (ed)	3.1cm	(2.1 - 3.7cm)	IVSs	0.7cm	(0.6 - 1.2 cm)
LA (es)	3.0cm	(2.1 - 3.7 cm)	LVIDs	1.0cm	(0.6 - 1.2 cm)
IVSd	1.1cm	(1.5 - 3.0 cm)	LVPWs	1.8 CM	(0.6 - 1.2 cm)
LVIDd	4.0cm	(3.6 - 5.2 cm)	EF	60%	(60% - 85%)
LVPWd	2.8cm	(2.3 - 3.9 cm)	FS	18%	(30% - 42%)

MORPHOLOGICAL DATA

Mitral Valve: Normal

AML : Normal

Interatrial septum : Intact

PML : Normal

Interventricular Septum : Intact

Aortic Valve : Normal

Pulmonary Artery : Normal

Tricuspid Valve : Normal

Aorta : Normal

Pulmonary Valve : Normal

Right Atrium : Normal

Right Ventricle : Normal

Left Atrium : Normal

Left Ventricle : Normal

----P.T.O

2-D ECHOCARDIOGRAPHY FINDINGS :

LV normal in size with Normal contractions. No LV regional wall motion abnormality in basal state. RV normal in size with adequate contractions. LA and RA normal. Pericardium normal. No intracardiac mass seen on transthoracic echocardiography. Estimated LV ejection fraction is 60%.

COLOR FLOW MAPPING :

No MR. No TR

IMPRESSION :

1. LV Normal in size with Normal LV systolic function. (LVEF = 60%).
2. No LV regional wall motion abnormality in basal state.
3. Normal Color Flow.
4. Normal Cardiac Chamber Dimension.
5. RV normal in size with adequate systolic function.
6. Normal mitral inflow pattern.
7. No I/C Clot/Veg/PE.



DR. YOGESH NAGENDRA
MBBS, MD, DM (CARDIOLOGY)

NOTE : Echocardiography report given is that of the procedure done on that day and needs to be assessed in conjunction with the clinical findings. This is not for medicolegal purposes. No record of this report is kept in the hospital.



DEPARTMENT OF RADIOLOGY & IMAGING

PT. NAME: MR. SHANKAR SINGH MEHTA

AGE/SEX-32SY/M

UHID NO- 69997

DATE: 13/APR/2024

REF. BY- DR. (MAJ) SAURABH MAYANK

USG WHOLE ABDOMEN

LIVER: is normal in size, measures approx 13.3 cms with increased echotexture.

PORTAL VEIN: is not dilated. Intrahepatic biliary radicals are not dilated.

GALL BLADDER: is partially distended with normal wall thickness.

CBD: is not dilated with clear lumen. No calculus is seen.

PANCREAS: Visualized part of pancreas is normal in size, shape with normal homogeneous echotexture. **MPD:** is not dilated.

SPLEEN: is normal in size (~8.5 cms) with normal homogeneous echotexture.

RIGHT KIDNEY: is normal in size and echotexture.

- Cortical echogenicity is normal.
- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appears normal.
- Pelvicalyceal system is not dilated.

LEFT KIDNEY: is normal in size and echotexture.

- Cortical echogenicity is normal.
- Cortico-medullary demarcation is maintained.
- Parenchymal thickness appears normal.
- Pelvicalyceal system is not dilated.

PTO



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URETERS:

- The upper parts of both the ureters are not dilated.
- Bilateral vesico-ureteric junctions are not dilated.

URINARY BLADDER: is partially distended.

PROSTATE: is normal in size with normal homogeneous echotexture.


No free fluid is seen in the Morrison's pouch, perihepatic space, perisplenic space, para colic gutter and pelvic cavity.

IMPRESSION: *USG appearances are suggestive of -*

➤ **Grade I fatty liver.**

(Adv- Clinico-pathological correlation)

Number of images-05


DR. (MAJ) RAVINDER SINGH
MBBS, MD.
Consultant Radiologist

*This is a professional report based on imaging only and should always be related clinically and with other relevant investigations.
This report not for medico-legal purpose. In case of any discrepancy due to machine error or typing error get it rectified immediately.*



Date 13/04/2024 2:55:43 PM
Name Mr. SHANKAR SINGH MEHTA
Ref. By Dr. SAURABH MAYANK

Srl No. 1050
Age 31 Yrs.
Sex M

UHID No. OPD-69997
Printed on 15/04/2024 09:29 AM

Test Name	Value	Unit	Normal Value
COMPLETE HAEMOGRAM Erba Mannheim Elite 580			
HAEMOGLOBIN (Hb)	12.2	gm / dL	13.5 - 18.0
TOTAL LEUCOCYTE COUNT (TLC)	5,460	cells / cu mm	4000 - 11000
DIFFERENTIAL LEUCOCYTE COUNT (DLC)			
NEUTROPHIL	55	%	40 - 75
LYMPHOCYTE	32	%	20 - 40
EOSINOPHIL	05	%	01 - 06
MONOCYTE	08	%	02 - 10
BASOPHIL	00	%	0 - 0
RBC COUNT	4.07	million / cu mm	4.5 - 5.5
P.C.V / HAEMATOCRIT	36.6	%	40 - 54
M C V	89.926	fl.	80 - 100
M C H	29.975	Picogram	27.0 - 31.0
M C H C	33.33	gm / dL	32 - 36
PLATELET COUNT	2,78,000	Lakh / cu mm	150000 - 400000
ESR	20	mm / 1st hr	0 - 15
VESMATIC EASY - AUTOMATED			

HAEMATOLOGY

BLOOD GROUP ABO	"O"
RH TYPING	POSITIVE
Hb A1c	5.1 %

EXPECTED VALUES :-

Metabolically healthy patients	=	4.8 - 5.5 % HbA1c
Good Control	=	5.5 - 6.8 % HbA1c
Fair Control	=	6.8 - 8.2 % HbA1c
Poor Control	=	>8.2 % HbA1c

REMARKS:-

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Contd...2



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Test Name	Value	Unit	Normal Value
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In vitro quantitative determination of HbA1c in whole blood is utilized in long term monitoring of glycemia. The HbA1c level correlates with the mean glucose concentration prevailing in the course of the patient's recent history (approx - 6-8 weeks) and therefore provides much more reliable information for glycemia monitoring than do determinations of blood glucose or urinary glucose. It is recommended that the determination of HbA1c be performed at intervals of 4-6 weeks during Diabetes Mellitus therapy.

Results of HbA1c should be assessed in conjunction with the patient's medical history, clinical examinations and other findings.

KIDNEY FUNCTION TEST (KFT)

Roche cobas c 311

BLOOD UREA Urease / GLDH	15.4	mg / dL	15.0 - 40.0
SERUM CREATININE Jaffe	0.78	mg / dL	0.7 - 1.4
SERUM URIC ACID Enzymatic	<u>9.2</u>	mg / dL	3.4 - 7.0
SODIUM ISE	135.2	mmol/L	136.0 - 145.0
POTASSIUM ISE	4.02	mmol/L	3.5 - 5.10
CALCIUM o-cresolphthaleine complexone	8.4	mg / dL	8.6 - 10.0
INORGANIC PHOSPHORUS molybdate UV	3.2	mg / dL	2.5 - 5.0
TOTAL PROTEIN Biuret	6.6	gm / dL	6.6 - 8.3
ALBUMIN BCP	4.1	gm / dL	3.5 - 5.5
TOTAL CHOLESTEROL CHOD-PAP	130.0	mg / dL	0.0 - 200.0

LIVER FUNCTION TEST (LFT)

Roche cobas c 311

BILIRUBIN TOTAL DPD	1.41	mg / dL	0 - 1.2
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Test Name	Value	Unit	Normal Value
TSH ELFA Method	2.36	uIU / mL	0.35 - 5.50

REFERENCE RANGE

PAEDIATRIC AGE GROUP

0-3 DAYS	1.0 - 20	uIU / mL
3-30 DAYS	0.5 - 6.5	uIU / mL
1 MONTH -5 MONTHS	0.5 - 6.0	uIU / mL
6 MONTHS- 18 YEARS	0.5 - 4.5	uIU / mL

ADULTS

0.35 - 5.50 uIU / mL

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates $\pm 50\%$, hence time of the day has influence on the measured serum TSH concentration.

Assay performed on enhanced chemi luminescence system (Centaur-Siemens)

Serum T3, T4 & TSH measurements form the three components of Thyroid screening panel, useful in diagnosing various disorders of Thyroid gland function.

1. Primary hypothyroidism is accompanied by depressed serum T3 and T4 values and elevated serum TSH level.
2. Primary hyperthyroidism is accompanied by elevated serum T3 and T4 levels along with depressed TSH values.
3. Normal T4 levels are accompanied by increased T3 in patients with T3 thyrotoxicosis.
4. Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, renal failure and during therapy with drugs like propranolol and propyl thiouracil.
5. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in

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AOLP

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Test Name	Value	Unit	Normal Value
secondary thyrotoxicosis.			

BIOCHEMISTRY

BLOOD SUGAR FASTING HEXOKINASE	82.2	mg / dL	60.0 - 110.0
BLOOD SUGAR PP HEXOKINASE	94.1	mg/dl	80.0 - 140.0

URINE EXAMINATION TEST

PHYSICAL EXAMINATION

QUANTITY	20	mL	
COLOUR	YELLOW		
TRANSPARENCY	SLIGHTLY TURBID		
SPECIFIC GRAVITY	Q.N.S.		Q.N.S.
PH	6.5		6.0

CHEMICAL EXAMINATION

ALBUMIN	NIL		
SUGAR	NIL		

MICROSCOPIC EXAMINATION

PUS CELLS	1 - 2	/ HPF	
RBCs	NIL	/ HPF	NIL
CASTS	NIL	/ HPF	NIL
CRYSTALS	NIL		NIL
EPITHELIAL CELLS	0 - 1	/ HPF	
BACTERIA	NIL		NIL
OTHERS	NIL		NIL

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(Signature)

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Ujala Cygnus
HEALTHCARE SERVICES

Ujala Cygnus Central Hospital Haldwani



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Test Name	Value	Unit	Normal Value
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SEROLOGY

TOTAL PSA	0.67	ng / mL	
ELFA			

INTERPRETATION :
Expected Values :

Age (years)	PSA concentrations (ng / mL)	
	Low Limit	High Limit
< 40	0.21	1.72
40 - 49	0.27	2.19
50 - 59	0.27	3.42
60 - 69	0.22	6.16
> 69	0.21	6.77

PSA is reliable tumour marker for already diagnosed prostatic carcinomas. It is uniquely associated only with prostatic tissue, and therefore is specific for it. Baseline levels measured prior to therapeutic intervention and followed later by serial periodical measurements will predict the outcome of therapy. It also helps in early discovery of recurrences, relapses and metastases.

In general, tumor marker levels are directly proportional to the tumour mass and the stage of the cancer. However, it is the rate of change of the tumor marker level which is more important, rather than its absolute value.

A 50% change may be considered clinically significant. It must be emphasised that PSA may also be elevated in benign prostatic hypertrophy and inflammatory conditions of the surrounding genitourinary tract. Therefore, this parameter should never be used as a screening test for diagnosing prostatic carcinomas but only as an aid in follow up studies.

**** End Of Report ****

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Handwritten signature

DR. ANAMIKA YADAV
MBBS DNB PATHOLOGY

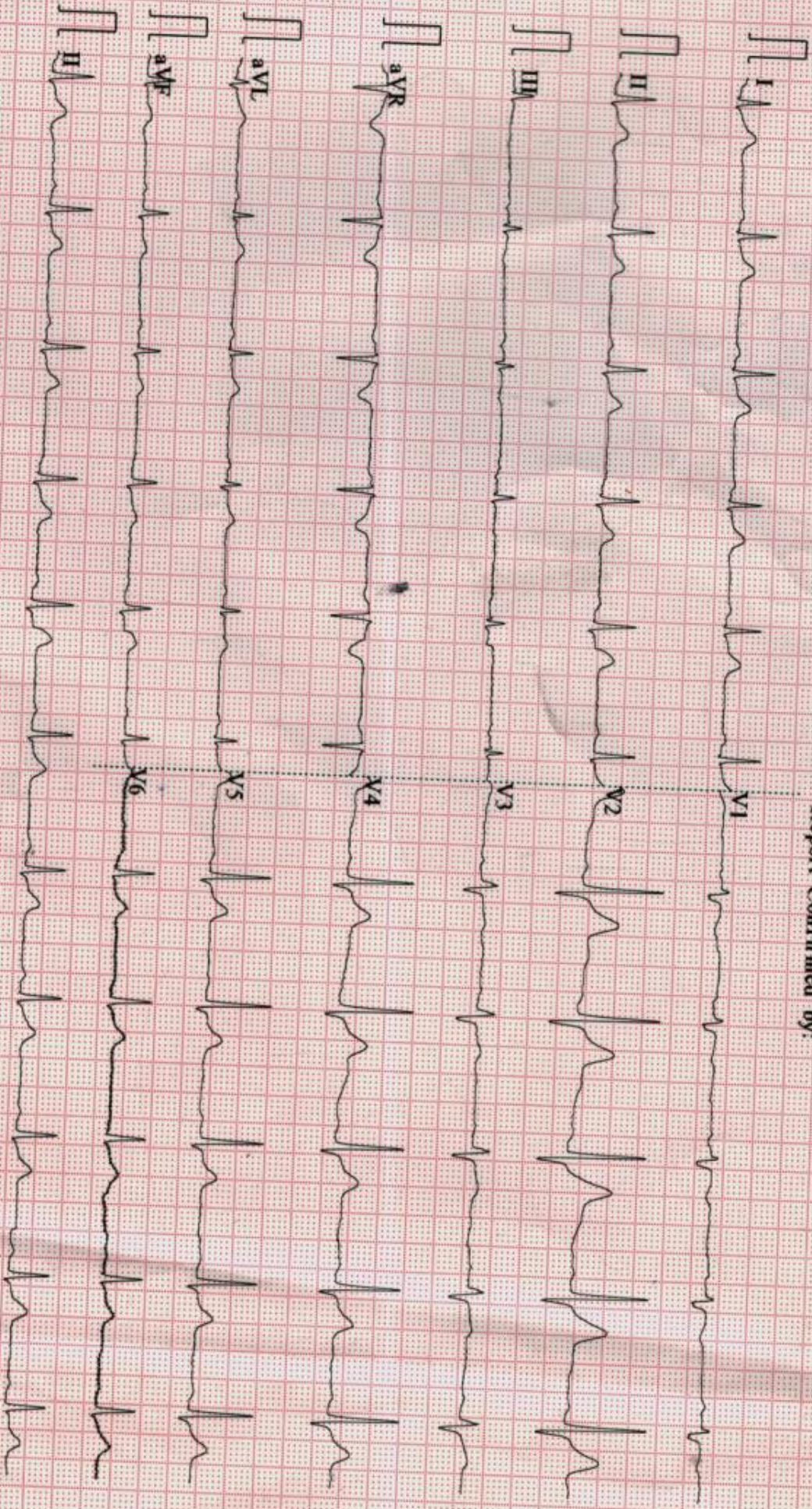
Male _____ Years _____

P	: 118	ms
PR	: 181	ms
QRS	: 93	ms
QT/QTc	: 382/395	ms
P/QRST	: 223/7/27	°
RV5/SV1	: 1.098/0.238	mV

Diagnosis Information:
 Sinus Rhythm
 Poor R Wave Progression (V3)

12/10/2024
 Shankar Singh

Report Confirmed by:



0.67-25Hz 25mm/s 10mm/mV 2*5s+1r 64

V2.02 SEMIP V1.7 CENTRAL HOSPITAL, HALDWANI

HAJ DWAJANI
HOSPITAL
APR 11 5054 JS 43 PM DR 2