

REPORT

Patient Id	X937	Name	MEENA MAHESH 34Y	REF BY DR	DMH
Study Date	09-Mar-2024	Age	M	Gender	Male

X-RAY CHEST PA VIEW

Findings:

- Both lung fields are clear.
- Trachea and mediastinum is central.
- Cardiac size appears normal .
- Bilateral hila appears normal .
- Bilateral dome of diaphragm & costophrenic angles appear normal.
- Visualised bones & soft tissues appear normal.

No obvious fracture seen

Impression:- No obvious significant abnormality is seen.

Clinical correlation

Aggarwal

Dr. Ankur Aggarwal
MBBS, M.D (Consultant Radiologist)
MCI/09-34285



उपलब्ध सुविधाएं

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE



- CT Scan मलिन्य, रेट, सींग अदि
- CT Angiography
- Digital X-ray

Siemens CT Scan



Philips 1.5T MRI

- MRI Scan
- 4D Colour Dopler
- CT/USG Cuded Biopsy/FNAC



Siemens Axiom S 52000

- ECG, ECD Cardiography
- Dr. Lal Path Lab
- 24 H Ambulance



Siemens X Ray

DIWYAMAN HOSPITAL Pvt. Ltd.

Pathology Division



पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mr. MAHESH MEENA	SAMPLE COLLECTED ON	09-03-2024
AGE / SEX	34 Y / Male	REPORT RELEASED ON	09/03/2024
COLLECTED AT	Inside	REPORTING TIME	2:44:42PM
RECEIPT No.	16,843	PATIENT ID	16873
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, Blood Group (ABO), Blood Sugar Fasting & PP, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile, Urine Examination Report, ESR Wintrobe, Glycosylated Haemoglobin, PSA Total,

Tests	Results	Biological Reference Range	Unit
-------	---------	----------------------------	------

CANCER MARKER

PSA Total	0.61	(0.0-4.0)ng/ml	ng/ml
-----------	------	----------------	-------

EXPECTED VALUES :

99% OF HEALTHY MALES	0.0 - 4.0 ng / ml
80% OF BENIGN PROSTATIC HYPERTROPHY	4.0 - 10.0 ng / ml
81% OF PROSTITIC CARCINOMAS	10 - 20.0 ng / ml
PROSTATIC METASTASIS	Above 20.0 ng / ml

INTERPRETATION:- PSA is reliable tumor 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 follows later by serial , periodical measurements will predict the outcome of the therapy . It also helps in early discovery of recurrences , relapses and metastases.

RECOMMENDED TESTING INTERVALS:-

First Datermination	:	Preoperatively (Baseline)
Second determination	:	2-4 Days postoperatively
Third determination	:	Before discharge from hospital

FOLLOW - UP DATERMINATION :-

F Levels are high / show rising trend	:	Monthly
F Levels are normal	:	Every 3 monthly initially , later annually.

* In general tumor marker levels are directly related to the tumor mass and the stage of the cancer . However , if is the rate of change in the tumor marker level , which is more important , rather than its absolute value . A 50% change may be considered clinically significant.

* It must empha sized that PSA may be also elevated in benign prostatic hypertrophy and inflammatory condition of sure surroundings genitor-urinary tract . Therefore , this parameter should never be used as a screening tes for diagnosing prostatic carcinomas , but only as aid in follow up studies.



Page 1 of 6

Fully Computerised Lab Equipped with Modern Technologies

सुविधाएँ : • सभी प्रकार की पैथोलॉजिकल जॉब्स • बायोप्सी • एफ.एन.ए.सी • पैप Smear • हॉर्मोन्स (प्रतिदिन रिपोर्ट) • साइटोलॉजी • धोन पैरो • HbA1c • स्पेशल टेस्ट (24 घंटे)

For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पेटीयर्स कॉलेज के सामने, छात्रांची चरणदत्ता थर्डफ्लास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932

Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.

YAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mr. MAHESH MEENA	SAMPLE COLLECTED ON	09-03-2024
AGE / SEX	34 Y / Male	REPORT RELEASED ON	09/03/2024
COLLECTED AT	Inside	REPORTING TIME	2:44:42PM
RECEIPT No.	16,843	PATIENT ID	16873
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, Blood Group (ABO), Blood Sugar Fasting & PP, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile, Urine Examination Report, ESR Wintrobe, Glycosylated Haemoglobin, PSA Total.

Tests	Results	Biological Reference Range	Unit
-------	---------	----------------------------	------

HAEMATOLOGY

COMPLETE BLOOD COUNT

Haemoglobin	12.6	Low (Men : 13.5-18.0 G%) (Women : 11.5-16.4 G%)	G%
Total Leukocyte Count (TLC)	12100	High (4000-11000 /cumm)	/cumm
Differential Leukocyte Count.(DLC)			
Polymorph	79	(40-80)%	%
Lymphocyte	18	Low (20-40%)	%
Eosinophil	03	(01-6)%	%
Monocyte	00	Low (02-08)%	%
Basophil	00	(<1%)	%
R. B. C.	3.64	Low (4.2 - 5.5) million/cmm	million/
P. C. V. (hemotocrite)	33.9	Low (36-50) Litre/Litre	/Litre
M. C. V.	93.1	(82-98) fl	fl
M. C. H.	34.4	High (27Pg - 32Pg)	Pg
M. C. H. C.	37.1	High (21g/dl - 36g/dl)	g/dl
Platelete Count	3.20	(1.5-4.0 lacs/cumm)	/cumm
ESR Wintrobe			
Observed	20	20mm fall at the end of first hr.	mm

*esr Is A Non Specific Phenomenon, Clinically Useful In Disorders Associated With An Increased Production Of Acute Phase Proteins.

*elevated In Acute And Chronic Infections And Malignancies.

*extremely High ESR Values Are Seen In Multiple Myeloma, Leukemia, Lymphoma, Breast And Lung Carcinomas, Rheumatoid Arthritis, SLE, Pulmonary Infarction.



Page 2 of 6

Fully Computerized Lab Equipped with Modern Technologies

सुविधाएँ • सभी प्रकार की पैथोलॉजिकल जाँचें • बायोप्सी • एफ.एन.ए.सी • पैप स्मैर • हॉर्मोन्स (प्रतिदिन रिपोर्ट) • साइटोलॉजी • बोन मैरो • HbA1c • स्पेशल टेस्ट (24 घंटे)
For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, छात्रांची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932
Clinical correlation is essential for final diagnosis. In case of discrepancy test must be repeated. This report is not valid for medicolegal purpose.

YAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mr. MAHESH MEENA	SAMPLE COLLECTED ON	09-03-2024
AGE / SEX	34 Y / Male	REPORT RELEASED ON	09/03/2024
COLLECTED AT	Inside	REPORTING TIME	2:44:42PM
RECEIPT No.	16,843	PATIENT ID	16873
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, Blood Group (ABO), Blood Sugar Fasting & PP, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile, Urine Examination Report, ESR Wintrobe, Glycosylated Haemoglobin, PSA Total,.

Tests	Results	Biological Reference Range	Unit
-------	---------	----------------------------	------

BIOCHEMISTRY

Blood Sugar Fasting & PP

Blood Sugar Fasting	81.9	(60-110)mg/dl	mg/dl
Blood Sugar PP	133.6	110-140 mg/dl	mg/dl

Reference Value :

Fasting (Diabetes 110.0 Mg% Or More) (Impaired Glucose Tolerance 110-126 Mg%)
 After 2hrs. Of 75 Gm Glucose (oral) (70-140 Mg%) (Impaired Glucose Tolerance 140-200 Mg%)
 Random/casual (diabetes 200 Mg% Or More, With Presenting Symptoms.)

Lipid Profile.

Total Cholesterol	155.2	125-200mg/dl Normal Value	mg/dL
H D L Cholesterol	38.7	(30-70 mg%)	mg%
Triglyceride	198.3	High (60-165mg/dL)	mg/dL
V L D L	39.66	(5-40mg%)	mg%
L D L Cholesterol	76.84		mg/dl

50 Optimal
50-100 Near/Above Optimal

TC/HDL	4.0	(3.0-5.0)
LDL/HDL	2.2	(1.5-3.5)

Comment/interpretation

Lipid Profile Is A Panel Of Blood Tests That Serves As An Initial Board Medical Screening Tool For Abnormalities In Lipids, The Result Of This Tests Can Identify Certain Genetic Diseases And Can Determine Approximate Risks Of Cardiovascular Diseases, Certain Forms Of Pancreatitis And Other Diseases.

Note::

1. Measurement In The Same Patient Can Show Physiological & Analytical Variations. Three Serial Samples 1 Week Apart Are Recommended For Total Cholesterol ,triglycerides,hdl& Ldl Cholesterol.
2. Atp Iii Recommends A Complete Lipoprotein Profile As The Initial Test For Evaluating Cholesterol.
3. Friedewald Equation To Calculate Ldl Cholesterol Is Most Accurate When Triglyceride Level Is <400 Mg/dl. Measurement Of Direct Ldl Cholesterol Is Recommended When Triglyceride Level Is >400 Mg/dl.



Page 3 of 6

Fully Computerised Lab Equipped with Modern Technologies

सुविधाएँ : • सभी प्रकार के पैथोलॉजिकल जांचें • बायोप्सी • एफ.एन.ए.सी. • पैप स्मear • हार्मोन्स (प्रतिदिन रिपोर्ट) • सायटोमैजी • योन परी • HbA1c • स्पेशल टेस्ट (24 घंटे)
 For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, छत्रांची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932

Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.



PATIENT NAME	Mr. MAHESH MEENA	SAMPLE COLLECTED ON	09-03-2024
AGE / SEX	34 Y / Male	REPORT RELEASED ON	09/03/2024
COLLECTED AT	Inside	REPORTING TIME	2:44:42PM
RECEIPT No.	16,843	PATIENT ID	16873
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, Blood Group (ABO), Blood Sugar Fasting & PP, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile, Urine Examination Report, ESR Wintrobe, Glycosylated Haemoglobin, PSA Total,.

Tests	Results	Biological Reference Range	Unit
<u>LIVER FUNCTION TEST</u>			
Bilirubin (Total)	1.1	(0.10 - 1.20)mg/dl	mg/dl
Bilirubin (Direct)	0.5	High (0.00-0.40)mg/dl	mg/dl
Bilirubin (in Direct)	0.6	(0.00-0.70) mg/dl	mg/dl
SGOT (AST)	41.6	High 0-40	IU/L
SGPT (ALT)	43.5	High 0.0-42.0	IU/L
Serum Alkaline Phosphatase	159.2	80.0-290.0	U/L
Serum Total Protein	6.8	6.0-7.8	gm/dl
Serum Albumin	3.5	3.5-5.0	gm/dl
Serum Globulin	3.3	2.3-3.5	gm/dl
A/G Ratio	1.06	High	

Comments/interpretation:
 -liver Function Test Aid In Diagnosis Of Various Prehepatic, Hepatic And Post Hepatic Causes Of Dysfunction Like Hemolytic Anemias, Viral & Alcoholic Hepatitis And Cholestasis Of Obstructive Causes.
 -the Tests Encompasses Hepatic Excretory, Synthetic Function And Also Hepatic Parenchymal Cell Damage.
 -lft Helps In Evaluating Severity, Monitoring Therapy And Assessing Prognosis Of Liver Disease And Dysfunction.

<u>KIDNEY FUNCTION TEST</u>			
Blood Urea	32.1	15.0-45.0	mg/dl
Serum Creatinine	0.8	0.7-1.4	mg/dl
Serum Uric Acid	6.6	Male-3.5-7.2 Female-2.5-6.0	mg/dl
Serum Sodium	138.4	136.0-149.0	mmol/L
Serum Potassium	3.7	3.5-5.5	mmol/L
Serum Calcium	8.5	8.0-10.5	mg/dl



YAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report

PATIENT NAME	Mr. MAHESH MEENA	SAMPLE COLLECTED ON	09-03-2024
AGE / SEX	34 Y / Male	REPORT RELEASED ON	09/03/2024
COLLECTED AT	Inside	REPORTING TIME	2:44:42PM
RECEIPT No.	16,843	PATIENT ID	16873
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, Blood Group (ABO), Blood Sugar Fasting & PP, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile, Urine Examination Report, ESR Wintrobe, Glycosylated Haemoglobin, PSA Total,.

Tests	Results	Biological Reference Range	Unit
-------	---------	----------------------------	------

Glycosylated Haemoglobin

HBA1c	6.1	(4.3-6.4)	%
-------	-----	-----------	---

Method: Ion Exchange High Performance Liquid Chromatography By Bio-rad D-10.

Comments/interpretations:

Glycosylated Haemoglobin Is Proportional To Mean Plasma Glucose Level During Previous 6-12 Weeks. For People Without Diabetes, The Normal Range For The Hemoglobin A1c Level Is Between 4% And 5.6%. Hemoglobin A1c Levels Between 5.7% And 6.4% Mean You Have A Higher Chance Of Getting Diabetes. Levels Of 6.5% Or Higher Mean You Have Diabetes. recommended Goal Of Hba1c Is <7%. The Higher The Hemoglobin A1c, The Higher Your Risk Of Having Complications Related To Diabetes. A Combination Of Diet, Exercise, And Medication Can Bring Levels Down. People With Diabetes Should Have An A1c Test Every 3 Months To Make Sure Their Blood Sugar Is In Their Target Range. If Your Diabetes Is Under Good Control, You May Be Able To Wait Longer Between The Blood Tests. But Experts Recommend Checking At Least Two Times A Year. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test. People With Diseases Affecting Hemoglobin, Such As Anemia, May Get Misleading Results With This Test. Other Things That Can Affect The Results Of The Hemoglobin A1c Include Supplements Such As Vitamins C And E And High Cholesterol Levels. Kidney Disease And Liver Disease May Also Affect The Test.

SEROLOGY

Blood Group (ABO)

A.B.O.	"B"
Rh(D)	POSITIVE



Fully Computerised Lab Equipped with Modern Technologies

सुविधाएँ : • सभी प्रकार की पैथोलॉजिकल जांचें • बायोप्सी • एफ.एन.ए.सी. • पैप स्मैयर • हॉर्गोन्स (प्रतिदिन रिपोर्ट) • सायटोलॉजी • बोन मैरो • HbA1c • स्पेशल टेस्ट (24 घंटे)
For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, खतांची बरगदा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932
Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.

YAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME	Mr. MAHESH MEENA	SAMPLE COLLECTED ON	09-03-2024
AGE / SEX	34 Y / Male	REPORT RELEASED ON	09/03/2024
COLLECTED AT	Inside	REPORTING TIME	2:44:42PM
RECEIPT No.	16,843	PATIENT ID	16873
REFERRED BY Dr.	DMH		

INVESTIGATION COMPLETE BLOOD COUNT, Blood Group (ABO), Blood Sugar Fasting & PP, KIDNEY FUNCTION TEST, LIVER FUNCTION TEST, Lipid Profile., Urine Examination Report, ESR Wintrobe, Glycosylated Haemoglobin, PSA Total.,

Tests	Results	Biological Reference Range	Unit
-------	---------	----------------------------	------

CLINICAL PATHOLOGY

Urine Examination Report

PHYSICAL

Volume	25	-	ml
Colour	YELLOW	-	-
Appearance	CLEAR	-	-

CHEMICAL

Reaction PH	6.0	(4.5-8.0)	-
Specific Gravity	1.030	High (1.01-1.025)	-
Proteins	NIL	NIL	-
Sugar	NIL	NIL	-
Blood	NIL	NIL	-
Phosphates/urates	NIL	NIL	-
Ketone Bodies	NIL	NIL	-
Chyle	NIL	-	-
Bile Pigment (Bilirubin)	NIL	NIL	-
Bile Salt	NIL	-	-
Urobilinogen	Normal	-	-

MICROSCOPICAL

R B C	Absent	0-2 /hpf	/hpf
Pus Cells	OCC	0-5 /hpf	/hpf
Epithelial Cells	1-2	-	-
Crystals	Nil	-	-
Yeast Cells	Absent	-	-
Casts	Absent	-	-
BACTERIA	Absent	-	-

*** End of Report ***

THANKS FOR REFERENCE

Consultant Pathologist
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN
16873



Consultant Pathologist
DR.VASUNDHARA SINGH M.D (PATH)

Page 6 of 6

Fully Computerised Lab Equipped with Modern Technologies

सुविधाएँ : • सभी प्रकार की पैथोलॉजिकल जांचें • बायोप्सी • एफ.एन.ए.सी • पीप स्मैर • हार्मोन्स (प्रतिदिन रिपोर्ट) • सायटोलॉजी • बोन मैरो • HbA1c • स्पेशल टेस्ट (24 घंटे)
For Home Collection Dial : 9076655547

पता : डॉ. बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, छातांची बरगदवा बाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932
Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.

DIVYAMAN HOSPITAL Pvt. Ltd.

Pathology Division

पैथोलॉजी संकाय



Pathological Examination Report



PATIENT NAME Mr. MAHESH MEENA
AGE / SEX 34 Y / Male
COLLECTED AT Inside
RECEIPT No. 16,847
REFERRED BY Dr. DMH

SAMPLE COLLECTED ON 09-03-2024
REPORT RELEASED ON 09/03/2024
REPORTING TIME 3:04:06PM
PATIENT ID 16877

INVESTIGATION T3 Triiodo Thyroid, T4 Thyroxine, TSH,,

Tests	Results	Biological Reference Range	Unit
IMMUNOLOGY			
T3 Triiodo Thyroid	1.15	(0.69 - 2.15)	ng/ml
T4 Thyroxine	109.6	(52 - 127) ng/ml	ng/ml
TSH	1.29	(0.3-4.5) uIU/ml	uIU/ml

Method : Sandwich Chemiluminescence Immunoassay.

Remarks:

1. Total Serum T3 And T4 Concentration Is Dependent Upon A Multiplicity Of Factors. Thyroid Gland Function And Its Regulation, Thyroxine Binding Globulin (tbg) Concentration And The Binding Of T3 & T4 To Tbg. Thus, Total T3 & T4 Concentration Alone Is Not Sufficient To Assess The Clinical Status.
2. A Decrease In Total Tri - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
3. Total Serum Tetra - Iodothyronine Values May Be Elevated Under Conditions Such As Pregnancy Or Administration Of Oral Contraceptives.
4. A Decrease In Total Tetra - Iodothyronine Values Is Found With Protein - Wasting Diseases, Certain Liver Diseases And Administration Of Testosterone, Diphenylhydantoin Or Salicylates.
5. Serum Tsh Concentration Is Dependent Upon A Multiplicity Of Factors: Hypothalamus Gland Function, Thyroid Gland Function, And The Responsiveness Of Pituitary To Trh. Thus, Tsh Concentration Alone Is Not Sufficient To Assess The Clinical Status.
6. Serum Tsh Values May Be Elevated By Pharmacological Intervention, Domperidone, Amiodazon, Iodide, Phenobarbital, Phenytoin Have Been Reported To Increase Tsh Levels.
7. A Decrease In Tsh Values Has Been Reported With The Administration Of Propranolol, Methimazol, Dopamine, And D - Thyroxine.
8. Genetic Variations Or Degradation Of Intact Tsh Into Subunits May Affect The Binding Characteristics Of The Antibodies And Influence The Final Result. Such Sampes Normally Exhibit Different Results Among Various Assay Systems Due To The Reactivity Of The Antibodies Involved.

THANKS FOR REFERENCE

*** End of Report ***



Consultant Pathologist
DR.S. SRIVASTAVA M.D(PATH)

TECHNICIAN
16877

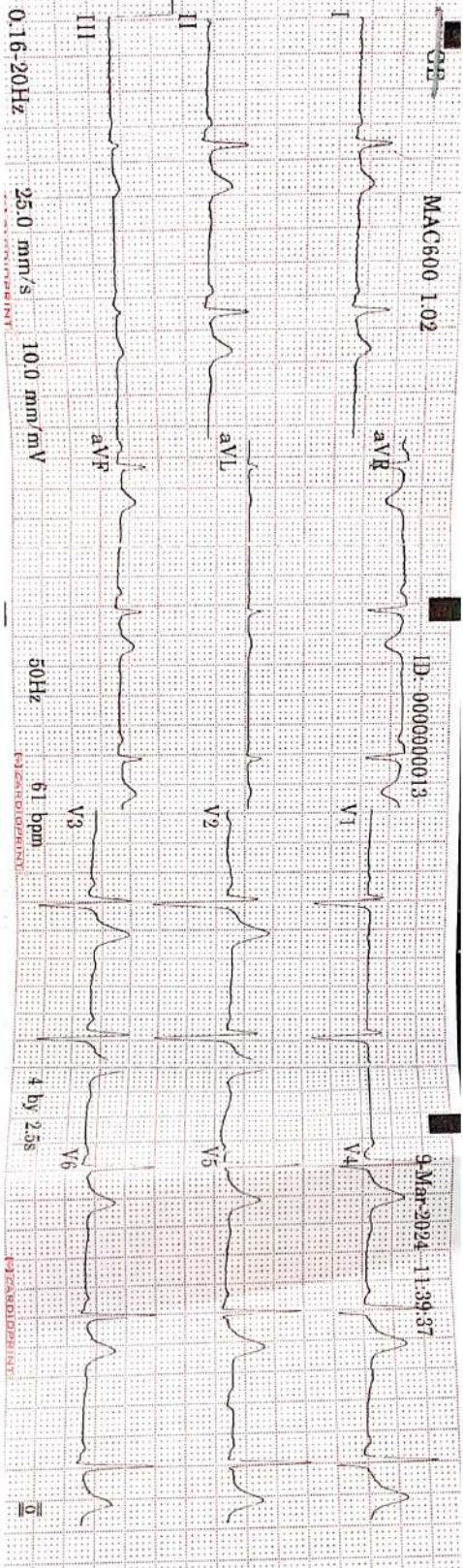
Consultant Pathologist
DR.VASUNDHARA SINGH M.D (PATH)

Page 1 of 1

Fully Computerised Lab Equipped with Modern Technologies

सुविधाएँ : • सभी प्रकार की पैथोलॉजिकल जाँचें • बायोप्सी • एफ.एन.ए.सी. • पैप Smear • हॉर्मोन्स (प्रतिदिन रिपोर्ट) • साइटोलॉजी • बोन मैरो • HbA1c • स्पेशल टेस्ट (24 घंटे)
For Home Collection Dial : 9076655547

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, छतांची बरगदवा चाईपास रोड, राप्ती नगर-1, गोरखपुर - 273 003 मो. : 8173006932
Clinical correlation is essential for final diagnosis. In case of disparity test must be repeated. This report is not valid for medicolegal purpose.



08

MAC600 1.02

ID: 0000000013

9-Mar-2024 11:39:37

0.16-20Hz

25.0 mm/s

10.0 mm/mV

50Hz

61 bpm

4 by 2.5s

MAC600 1.02

12SL™ v239

ID: 0000000013
34years Male

Vent. rate 61 bpm
 QRS duration 92 ms
 QT/QTc 376/378 ms
 PR interval 128 ms
 P duration 92 ms
 RR interval 983 ms
 P-R-T axes 55 45 51



Melika Mishra

REPORT

I.D. NO 11	: U/09-03-17	March 9, 2024
Patient's Name:	: MR. MEENA MAHESH	AGE/SEX :34 YRS / M
Ref by Dr.	: DIVYAMAN HOSPITAL	

2D- ECHO

MITRAL VALVE

Morphology AML- Normal/Thickening/Calcification/Flutter/Vegetation/Prolapse/Sam/Doming.
PML- Normal/Thickening/Calcification/Prolapse/Paradoxical motion/Fixed.
Subvalvular deformity Present/Absent Score :
Doppler Normal/Abnormal E>A A>E
Mitral Stenosis Present/Absent RR Interval_ msec
EDG_ mmHg MDG_ mmHg MVA_ cm2
Mitral Regurgitation Absent/Trivial/Mild/Moderate/Severe.

TRICUSPID VALVE

Morphology Normal/Atresia/Thickening/Calcification/Prolapse/Vegetation/Doming.
Doppler Normal/Abnormal.
Tricuspid stenosis Present/Absent RR Interval_ msec.
EDG_ mmHg MDG_ mmHg
Tricuspid regurgitation/Absent/Trivial/Mild/Moderate/Severe Fragmented signals.
Velocity_ msec. Pred. RVSP=RAP+_ mmHg

PULMONARY VALVE

Morphology Normal/Atresia/Thickening/Doming/Vegetation.
Doppler Normal/Abnormal
Pulmonary stenosis Present/Absent Level
PSG_ mmHg Pulmonary annulus_ mm
Pulmonary regurgitation Present/Absent
Early diastolic gradient_ mmHg. End diastolic gradient_ mmHg



उपलब्ध सुविधाएँ



➤ CT Scan (सी.टी. स्कैन)
➤ CT Angiography
➤ Digital X-ray

Services: CT Scan



➤ MRI Scan
➤ 4D Colour Dopler
➤ CTUSG Guided Biopsy/ThAC

Phy: 151 MRI



➤ ECG, ECG Cardiography
➤ Dr. Lab Path Lab
➤ 24 H Ambulance

Services: Ambulance 1/1000



Services: X Ray

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE

P.T.O

AORTIC VALVE

Morphology Normal/Thickening/Calcification/Restricted opening/ Flutter/Vegetation
 No of cusps 1/2/3/4

Doppler Normal/Abnormal
 Aortic stenosis Present/Absent Level
 PSG_ mmHg Aortic annulus_ mm
 Aortic regurgitation Absent/Trivial/Mild/Moderate/Severe.

Measurements	Values (Cm)	Measurements	Values (Cm)
Aorta :	3.30	LAcS :	2.97
Lves :		Lved :	4.43
IVSed :	1.09	PW (LV):	
RVed :		RV Anterior wall	
EF :	64%	IVC	

IVSmotion Normal/Flat/Paradoxical/Other

CHAMBERS

LV Normal/Enlarged/Clear/Thrombus/Hypertrophy/RWMA
 LA Normal/Enlarged/Clear/Thrombus
 RA Normal/Enlarged/Clear/Thrombus
 RV Normal/Enlarged/Clear/Thrombus
 Pericardium Normal/Thickening/Calcification/Effusion

IMPRESSION

- NO RWMA AT REST
- NORMAL LV FUNCTION
- LVEF 64% 2D
- NORMAL SIZE CARDIAC CHAMBER
- NO I/C CLOT/VEG
- NO PERICARDIAL EFFUSION.



Cardiologist.

THIS REPORT IS NOT FOR MEDICO LEGAL PURPOSE

उपलब्ध सुविधाएं



Siemens CT Scan

- CT Scan (Brain, Eye, Bone Joint)
- CT Angiography
- Digital X-ray



Philips 1.5T MRI

- MRI Scan
- 4D Colour Dopler
- CT/USG Guided Biopsy/FNAC



Siemens Axioscop S 52000

- ECG, ECG Cardiology
- Dr. Lal Path Lab
- 24 H Ambulance



Siemens X Ray

I.D. NO	U/09-03-16	March 9, 2024
PATIENT NAME	Mr. MEENA MAHESH	AGE/SEX 34 Y/M
REF. BY	DIVYAMAN HOSPITAL	

USG: WHOLE ABDOMEN (Male)

Liver – Normal in size (140.7mm) with grade I fatty echotexture. No IHBR dilatation / focal SOL are seen.

Gall bladder – is distended. No calculus in lumen. Wall thickness is normal.
CBD – normal. PV - normal. porta – normal

Pancreas is normal in thickness. Clearly defined margins are seen. Pancreatic duct is not dilated.

Spleen is normal in size (100.1mm) and echotexture. No focal lesion is seen. Diaphragmatic movements are within normal limits on both sides.

Right kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

Left kidney - normal in size, outline and cortical echotexture. Renal parenchymal width is normal. Cortico-medullary differentiation is normal. No calculus seen. No backpressure changes are seen. Perinephric spaces are normal.

Urinary bladder is fully distended. Wall is smooth and regular. Lumen is echofree.

Prostate: is normal in size 33.4x31.9x25.5 mm, volume 14.2 cc. Margins are well-defined. Capsule is normal.

No evidence of Ascites / Retroperitoneal Lymphadenopathy.

IMPRESSION

- **FATTY LIVER GRADE-I.**

ADV – CLINICAL CORRELATION.

Note : All USG finding are dynamic in nature and are subjected to change with course of disease and time, prescribing clinician are advised to correlate USG finding with clinical findings.



Dr. Rahul Nayak
M.B.B.S.(M.L.N),
M.D.(Dr. RMLIMS, LKO)





दिव्यमान हॉस्पिटल

प्राइवेट लिमिटेड



• ईमेल : dmhgkp@gmail.com • फोन नं० : 0551-2506300 • मो० : 7525969999, 8173006932

Patient Name : MR NEENA MAHESH

Age : 34 YEAR

Gender : Male

IPD No. : 1054

UHID : UHID974

Guardian : KASHI RAM MEENA

Attending Dr. : DR ASHOK KUMAR SRIVASTAVA

Department : GENERAL MEDICINE

Qualification : MBBS MD

Admission Date : 09-03-2024

Address : AMBEDKAR NAGAR

Contact : 8383997320

S.p/20/80 Pulse 87 Spo2 Weight 65 kg Temp
mmly

Hb% 12.6%

lyc of 133

lyc of 133

LFT - SGOT / 41 DU/L
SGPT 13

KFT (H) Hb A2 6.1%

Prothrombin Time (PT) Normal - 11.5

PTAP 6.1 mg/dl ECG (M) WNL

Tamoxifen (H)

Urea - 11.5

Prothrombin Time (PT) Normal - 11.5

PTAP 6.1 mg/dl ECG (M) WNL

dict as adv / Avoid Barbit

9/3/2024



उच्च विभाग :-

- प्रसूति एवं स्त्री रोग
- मित्र, बाल रोग एवं एन.आई.सी.यू.
- डायलिसिस
- फिजियोथेरेपी एवं रिहैबिलिटेशन
- मेडिसिन एवं आई.सी.यू.
- ऑर्थोपेडिक सर्जरी
- कार्डियोलॉजी
- प्राकृतिक उपचार
- न्यूरोलॉजी
- यूरोलॉजी
- नाक, कान, गला रोग
- रेडियोलॉजी एवं पैथोलॉजी
- जनरल व लैप्रोस्कोपिक सर्जरी
- न्यूरोसर्जरी
- छाती रोग
- माइयलर ओ.टी., सी.आर्म

इमरजेंन्सी 24 घण्टे

पता : वीर बहादुर सिंह स्पोर्ट्स कॉलेज के सामने, अजाधी बरगदवा बाईपास रोड, राप्ती नगर फेज-1, गोरखपुर -273003
रजि. आफिस : 731-एच, शारदा शिवालय, आनन्द बिहार कॉलोनी, राप्ती नगर फेज-1, पोस्ट आफिस-आरोग्य मन्दिर, गोरखपुर-273003

MEENA MAHESH 34Y/M/X9/3-7/M/ADULT CHEST - 1 VIEW/09-Mar-2024

R

PA

