



**Mediwheel**  
...Your wellness partner

011-  
41195959

**Hi Aashka Multispeciality Hospital,**

The following booking has been confirmed. It is requested to honor the said booking & provide priority services to our client

**Hospital Package Name** : Mediwheel Full Body Health Checkup Male Below 40

**Patient Package Name** : Mediwheel Full Body Health Checkup Male Below 40

**Contact Details** : 7968273421

**Appointment Date** : 15-11-2024

**Confirmation Status** : Booking Confirmed

**Preferred Time** : 08:30 AM - 09:00 AM

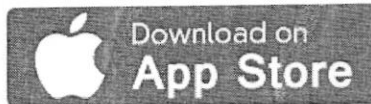
**Member Information**

Booked Member Name	Age	Gender
MR. GANDLURU RAM CHARAN	39 year	Male

We request you to facilitate the employee on priority.

Thanks,  
Mediwheel Team

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(Mediwheel)

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Aashka Hospitals Ltd.

Between Sargasan and Reliance Cross Roads  
Sargasan, Gandhinagar - 382421, Gujarat.

Hospital:7575006000/9000

Website: [www.aashkahospitals.in](http://www.aashkahospitals.in) />

Aashka Hospitals Ltd.  
Between Sargasan and Reliance Cross Roads  
Sargasan, Gandhinagar - 382421. Gujarat, India  
Phone: 079-29750750, +91-7575006000 / 9000  
Emergency No.: +91-7575007707 / 9879752777  
www.aashkahospitals.in  
CIN: L85110GJ2012PLC072647



**DR. TAPAS RAVAL**  
**MBBS . D.O**  
**(FELLOW IN PHACO & MEDICAL**  
**RATINA)**  
**REG.NO.G-21350**

UHID: \_\_\_\_\_ Date: 15/11/24 Time: 10:30

Patient Name: *Ravi Chudasary* Age / Sex: \_\_\_\_\_  
Height: 166"  
Weight: 58.1

History: *c/o Rhythmic eye chump*

Allergy History: \_\_\_\_\_

Nutritional Screening: Well-Nourished / Malnourished / Obese

Examination: *uv 6/6  
6/6  
nil c central  
Color vision - normal*

Diagnosis: *Pres - biocular*

Prescription





## LABORATORY REPORT



Name : RAM CHARAN GANDLURU	Sex/Age : Male / 39 Years	Case ID : 41102200294
Ref.By : HOSPITAL	Dis. At :	Pt. ID : 5050043
Bill: Loc. : Aashka hospital		Pt. Loc :
Reg Date and Time : 15-Nov-2024 08:55	Sample Type :	Mobile No :
Sample Date and Time : 15-Nov-2024 08:55	Sample Coll. By :	Ref Id1 : O0923210
Report Date and Time :	Acc. Remarks : Normal	Ref Id2 : O24256712

### Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>Lipid Profile</b>			
Cholesterol	248.12	mg/dL	110 - 200
Chol/HDL	5.51		0 - 4.1
LDL Cholesterol	179.04	mg/dL	0.00 - 100.00
<b>Liver Function Test</b>			
Bilirubin Total	1.38	mg/dL	0.3 - 1.2
Bilirubin Unconjugated	1.00	mg/dL	0 - 0.8
Plasma Glucose - F	110.4	mg/dL	70.0 - 100

Abnormal Result(s) Summary End

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

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### Neuberg Diagnostics Private Limited

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## LABORATORY REPORT



Name : **RAM CHARAN GANDLURU** Sex/Age : **Male / 39 Years** Case ID : **41102200294**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **5050043**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 15-Nov-2024 08:55 Sample Type : Whole Blood EDTA Mobile No :  
 Sample Date and Time : 15-Nov-2024 08:55 Sample Coll. By : Ref Id1 : O0923210  
 Report Date and Time : 15-Nov-2024 09:29 Acc. Remarks : Normal Ref Id2 : O24256712

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

#### HB AND INDICES

Haemoglobin	16.4	G%	13.00 - 17.00
RBC (Electrical Impedance)	5.34	millions/cumm	4.50 - 5.50
PCV(Calc)	47.47	%	40.00 - 50.00
MCV (RBC histogram)	88.9	fL	83 - 101
MCH (Calc)	30.6	pg	27.00 - 32.00
MCHC (Calc)	34.4	gm/dL	31.50 - 34.50
RDW (RBC histogram)	13.30	%	11.00 - 16.00

#### TOTAL AND DIFFERENTIAL WBC COUNT (Flowcytometry)

			EXPECTED VALUES	[ Abs ]	EXPECTED VALUES
Total WBC Count	6920	/μL	4000.00 - 10000.00		
Neutrophil	56.0	%	40.00 - 70.00	3875	/μL 2000.00 - 7000.00
Lymphocyte	36.0	%	20.00 - 40.00	2491	/μL 1000.00 - 3000.00
Eosinophil	2.0	%	1.00 - 6.00	138	/μL 20.00 - 500.00
Monocytes	6.0	%	2.00 - 10.00	415	/μL 200.00 - 1000.00
Basophil	0.0	%	0.00 - 2.00	0	/μL 0.00 - 100.00

#### PLATELET COUNT (Optical)

Platelet Count	229000	/μL	150000.00 - 410000.00
Neut/Lympho Ratio (NLR)	1.56		0.78 - 3.53

#### SMEAR STUDY

RBC Morphology	Normocytic Normochromic RBCs.
WBC Morphology	Total WBC count within normal limits.
Platelet	Platelets are adequate in number.
Parasite	Malarial Parasite not seen on smear.

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

**Dr. Shreya Shah**

M.D. (Pathologist)

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## LABORATORY REPORT



Name : **RAM CHARAN GANDLURU** Sex/Age : **Male / 39 Years** Case ID : **41102200294**  
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **5050043**  
Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 15-Nov-2024 08:55 Sample Type : Whole Blood EDTA Mobile No :  
Sample Date and Time : 15-Nov-2024 08:55 Sample Coll. By : Ref Id1 : O0923210  
Report Date and Time : 15-Nov-2024 10:24 Acc. Remarks : Normal Ref Id2 : O24256712

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Westergren Method</i>	06	mm after 1hr 3 - 15		

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

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Ref.By : HOSPITAL Dis. At : Pt. ID : 5050043  
Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 15-Nov-2024 08:55	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 15-Nov-2024 08:55	Sample Coll. By :	Ref Id1 : O0923210
Report Date and Time : 15-Nov-2024 09:57	Acc. Remarks : Normal	Ref Id2 : O24256712

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

#### BLOOD GROUP AND RH TYPING (Erythrocyte Magnetized Technology) (Both Forward and Reverse Group )

ABO Type	O
Rh Type	POSITIVE

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

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Name : **RAM CHARAN GANDLURU** Sex/Age : **Male / 39 Years** Case ID : **41102200294**  
Ref.By : **HOSPITAL** Dis. At : Pt. ID : **5050043**  
Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 15-Nov-2024 08:55 Sample Type : Plasma Fluoride F,Plasma Fluoride PP,Serum Mobile No :  
Sample Date and Time : 15-Nov-2024 08:55 Sample Coll. By : Ref Id1 : O0923210  
Report Date and Time : 15-Nov-2024 10:01 Acc. Remarks : Normal Ref Id2 : O24256712

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>Photometric,Hexokinase</i>	H <b>110.4</b>	mg/dL	70.0 - 100	
Plasma Glucose - PP <i>Photometric,Hexokinase</i>	118.1	mg/dL	70.0 - 140.0	
BUN (Blood Urea Nitrogen) <i>GLDH</i>	12.0	mg/dL	8.90 - 20.60	
Uric Acid <i>Uricase</i>	6.84	mg/dL	3.5 - 7.2	
Creatinine	1.00	mg/dL	0.50 - 1.50	

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

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COLLEGE of AMERICAN PATHOLOGISTS

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LABORATORY REPORT



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 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **5050043**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 15-Nov-2024 08:55	Sample Type : Whole Blood EDTA	Mobile No :
Sample Date and Time : 15-Nov-2024 08:55	Sample Coll. By :	Ref Id1 : O0923210
Report Date and Time : 15-Nov-2024 12:00	Acc. Remarks : Normal	Ref Id2 : O24256712

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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**Glycated Haemoglobin Estimation**

HbA1C <i>Immunturbidimetric</i>	5.42	% of total Hb	<5.7: Normal 5.7-6.4: Prediabetes >=6.5: Diabetes
Estimated Avg Glucose (3 Mths) <i>Calculated</i>	108.85	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.

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

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 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **5050043**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :  
 Reg Date and Time : **15-Nov-2024 08:55** Sample Type : **Serum** Mobile No :  
 Sample Date and Time : **15-Nov-2024 08:55** Sample Coll. By : Ref Id1 : **O0923210**  
 Report Date and Time : **15-Nov-2024 10:00** Acc. Remarks : **Normal** Ref Id2 : **O24256712**

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

**Lipid Profile**

Cholesterol <i>CHOD-POD</i>	H	<b>248.12</b>	mg/dL	110 - 200
HDL Cholesterol <i>Accelerator Selective Detergent</i>		45.0	mg/dL	40 - 60
Triglyceride <i>Glycerol Phosphate Oxidase</i>		120.41	mg/dL	<150
VLDL <i>Calculated</i>		24.08	mg/dL	10 - 40
Chol/HDL <i>Calculated</i>	H	<b>5.51</b>		0 - 4.1
LDL Cholesterol <i>Calculated</i>	H	<b>179.04</b>	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 assesment from HDL and Triglycende 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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## LABORATORY REPORT



Name : **RAM CHARAN GANDLURU** Sex/Age : **Male / 39 Years** Case ID : **41102200294**  
 Ref.By : HOSPITAL Dis. At : Pt. ID : 5050043  
 Bill. Loc. : Aashka hospital Pt. Loc. :

Reg Date and Time : 15-Nov-2024 08:55 Sample Type : Serum Mobile No :  
 Sample Date and Time : 15-Nov-2024 08:55 Sample Coll. By : Ref Id1 : O0923210  
 Report Date and Time : 15-Nov-2024 10:23 Acc. Remarks : Normal Ref Id2 : O24256712

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

#### Liver Function Test

S.G.P.T. <i>NADH (Without P-5-P)</i>	17.02	U/L	0 - 55	
S.G.O.T. <i>NADH (Without P-5-P)</i>	18.98	U/L	5.0 - 34.0	
Alkaline Phosphatase <i>Para-Nitrophenyl Phosphate</i>	148.19	U/L	40.00 - 150.00	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	12.47	U/L	0 - 55	
Proteins (Total) <i>Colorimetric, Biuret</i>	8.30	gm/dL	6.40 - 8.30	
Albumin <i>Colorimetric-Bromo-Cresol Green</i>	5.20	gm/dL	3.5 - 5.2	
Globulin <i>Calculated</i>	3.10	gm/dL	2 - 4.1	
A/G Ratio <i>Calculated</i>	1.68		1.0 - 2.1	
Bilirubin Total <i>Photometry</i>	H <b>1.38</b>	mg/dL	0.3 - 1.2	
Bilirubin Conjugated <i>Diazotization reaction</i>	0.38	mg/dL	0 - 0.50	
Bilirubin Unconjugated <i>Calculated</i>	H <b>1.00</b>	mg/dL	0 - 0.8	

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

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Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>5050043</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>15-Nov-2024 08:55</b>	Sample Type : <b>Serum</b>	Mobile No. :
Sample Date and Time : <b>15-Nov-2024 08:55</b>	Sample Coll. By :	Ref Id1 : <b>O0923210</b>
Report Date and Time : <b>15-Nov-2024 09:57</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O24256712</b>

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
Triiodothyronine (T3)	70.71	ng/dL	70 - 204	
Thyroxine (T4) CMA	7.10	ng/dL	4.87 - 11.72	
TSH CMA	2.03	µIU/mL	0.4 - 4.2	

### INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PRTN and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

### 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

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)

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Ref.By : <b>HOSPITAL</b>	Dis. At :	Pt. ID : <b>5050043</b>
Bill. Loc. : <b>Aashka hospital</b>		Pt. Loc. :
Reg Date and Time : <b>15-Nov-2024 08:55</b>	Sample Type : <b>Serum</b>	Mobile No. :
Sample Date and Time : <b>15-Nov-2024 08:55</b>	Sample Coll. By :	Ref Id1 : <b>O0923210</b>
Report Date and Time : <b>15-Nov-2024 09:57</b>	Acc. Remarks : <b>Normal</b>	Ref Id2 : <b>O24256712</b>

### Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test), when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

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

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

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

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 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **5050043**  
 Bill. Loc. : **Aashka hospital** Pt. Loc :

Reg Date and Time : 15-Nov-2024 08:55 Sample Type : Spot Urine Mobile No :  
 Sample Date and Time : 15-Nov-2024 08:55 Sample Coll. By : Ref Id1 : O0923210  
 Report Date and Time : 15-Nov-2024 09:23 Acc. Remarks : Normal Ref Id2 : O24256712

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
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### URINE EXAMINATION

#### Physical Examination

Colour : Pale yellow  
 Transparency : Clear

#### Chemical Examination

Sp.Gravity	1.025		1.005 - 1.030
pH	6.0		5 - 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

#### Microscopic Examination

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

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

**Dr. Shreya Shah**

M.D. (Pathologist)

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**Neuberg Diagnostics Private Limited**

Laboratory : "KEDAR" Opposite Krupa Petrol Pump, Near Parimal Garden,  
 Ahmedabad - 380006 | 079-40408181 / 61618181  
 contact@neubergsupratech.com

Regd. Office : Plot No. 7, Industrial Estate, Rajiv Gandhi Salai, Perungudi,  
 Chennai - 600096, Tamil Nadu, India. | CIN - U85300TN2017PTC114099  
 www.neubergsupratech.com



## LABORATORY REPORT



Name : **RAM CHARAN GANDLURU** Sex/Age : **Male / 39 Years** Case ID : **41102200294**  
 Ref.By : **HOSPITAL** Dis. At : Pt. ID : **5050043**  
 Bill. Loc. : **Aashka hospital** Pt. Loc. :

Reg Date and Time : 15-Nov-2024 08:55 Sample Type : **Spot Urine** Mobile No :  
 Sample Date and Time : 15-Nov-2024 08:55 Sample Coll. By : Ref Id1 : **O0923210**  
 Report Date and Time : 15-Nov-2024 09:23 Acc. Remarks : **Normal** Ref Id2 : **O24256712**

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	-	-	-	-	-

----- 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)

**Dr. Shreya Shah**

M.D. (Pathologist)

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 www.neubergsupratech.com



**PATIENT NAME:RAM CHARAN GANDLURU**

**GENDER/AGE:Male / 39 Years**

**DATE:15/11/24**

**DOCTOR:**

**OPDNO:O0923210**

**X-RAY CHEST PA**

Both lung fields show increased broncho-vascular markings.


**No evidence of collapse, consolidation, mediastinal lymph adenopathy, soft tissue infiltration or pleural effusion is seen.**

Both hilar shadows and C.P. angles are normal.

Heart shadow appears normal in size. Aorta appears normal.

Bony thorax and both domes of diaphragm appear normal.

No evidence of cervical rib is seen on either side.

  
**DR. SNEHAL PRAJAPATI**  
**CONSULTANT RADIOLOGIST**

REPORT REPORT REPORT REPORT REPORT

PATIENT NAME:RAM CHARAN GANDLURU

GENDER/AGE:Male / 39 Years

DATE:15/11/24


DOCTOR:DR.HASIT JOSHI

OPDNO:O0923210

**2D-ECHO**

MITRAL VALVE : MILD MVP  
AORTIC VALVE : NORMAL  
TRICUSPID VALVE : NORMAL  
PULMONARY VALVE : NORMAL  
AORTA : 31mm  
LEFT ATRIUM : 31mm  
LV Dd / Ds : 35/23mm EF 60%  
IVS / LVPW / D : 11/10mm  
IVS : INTACT  
IAS : INTACT  
RA : NORMAL  
RV : NORMAL  
PA : NORMAL  
PERICARDIUM : NORMAL  
VEL : PEAK MEAN  
M/S : Gradient mm Hg Gradient mm Hg  
MITRAL : 1/0.7m/s  
AORTIC : 1.3m/s  
PULMONARY : 1.1m/s  
COLOUR DOPPLER : TRIVIAL MR/ MILD TR  
RVSP : 28mmHg  
CONCLUSION : MILD MVP / TRIVIAL MR;  
NORMAL LV SIZE / SYSTOLIC FUNCTION.

**ADV: TMT**

  
CARDIOLOGIST  
DR.HASIT JOSHI (9825012235)

REPORT REPORT REPORT REPORT REPORT

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 82 ms  
QT / QTcBaz : 384 / 384 ms  
PR : 116 ms  
P : 98 ms  
RR / PP : 1006 / 1000 ms  
P / QRS / T : 73 / 76 / 72 degrees

Normal sinus rhythm  
Normal ECG

