

MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 10-Sep-2022 8:51 AM

H- 174cm

W- 63kg

PB- 160/90 mmHg

11:30 am

pulse- 86

H/P- 35

writ- 34.325

Customer Name : MR.SAH KAILASH PRASAD

DOB : 15 May 1973

Ref Dr Name : MediWheel

Age : 49Y/MALE

Customer Id : MED111292937

Visit ID : 712227708

Email Id :

Phone No : 9523253290

Corp Name : MediWheel

Address :

Package Name : Mediwheel Full Body Health Checkup Male Above 40

Manual B p 140/90 mmHg

at 5.50 pm

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)				
2	LAB	GLUCOSE - FASTING				
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
5	LAB	LIPID PROFILE				
6	LAB	LIVER FUNCTION TEST (LFT)				
7	LAB	URIC ACID				
8	LAB	URINE GLUCOSE - FASTING				
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
10	LAB	COMPLETE BLOOD COUNT WITH ESR				
11	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)				
12	LAB	TOTAL PROSTATE SPECIFIC ANTIGEN - PSA				
13	LAB	STOOL ANALYSIS - ROUTINE				
14	LAB	URINE ROUTINE				
15	LAB	CREATININE				

3 day

	BLOOD GROUP & RH TYPE (Forward Reverse)					
17	LAB BUN/CREATININE RATIO					
18	OTHERS physical examination	MYS2722053102651				
19	US ULTRASOUND ABDOMEN	MYS2722053103462			Choudhury	
20	OTHERS Test 2D Echo	MYS2722053127528			Ugole	
21	OTHERS Dental Consultation	MYS2722053134969				
22	OTHERS EYE CHECKUP	MYS2722053135592				
23	X-RAY X RAY CHEST	MYS2722053145199			IPF Flog	
24	OTHERS Consultation Physician	MYS2722053148004				
25	ECHO ELECTROCARDIOGRAM ECG	MYS2722053149333				

Registered By

(R.SUNILKUMAR)

FITNESS CERTIFICATE

NAME: <i>Subh Venkatesh, Kumbhari</i>	AGE: <i>49</i>	
HT: <i>174</i> CMS	WT: <i>65</i> KGS	SEX: <i>♂</i>

PARAMETERS	MEASUREMENTS
PULSE / BP (supine)	/ ml / / mmHg
INSPIRATION	<i>34</i>
EXPIRATION	<i>35</i>
CHEST CIRCUMFERENCE	
PREVIOUS ILLNESS	<i>Diabetic, Hypertensive</i>
VISION	
FAMILY HISTORY	FATHER: <i>Nil.</i> MOTHER: <i>Nil.</i>

REPORTS: *Uncontrolled Diabetes*

DATE: *10/09/2022*
PLACE: *Mysuru*



CONSULTANT PHYSICIAN

Dr. NIKHIL B.
M.D., D.M. (Cardiologist)
Interventional Cardiologist
KMC Reg. No.: 90111



Customer Name	MR.SAH KAILASH PRASAD	Customer ID	MED111292937
Age & Gender	49Y/MALE	Visit Date	10/09/2022
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows slightly increased echotexture.

No evidence of focal lesion or intrahepatic biliary ductal dilatation.

Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents.

Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS head and body appear normal.

SPLEEN show normal shape, size and echopattern.

KIDNEYS move well with respiration and have normal shape, size and echopattern.

Cortico- medullary differentiations are well made out.

No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.0	1.7
Left Kidney	9.5	1.7

URINARY BLADDER show normal shape and wall thickness.

It has clear contents.

PROSTATE shows normal shape, size and echopattern.

No evidence of ascites.

IMPRESSION:

➤ **GRADE I FATTY CHANGES IN LIVER.**

CONSULTANT RADIOLOGISTS

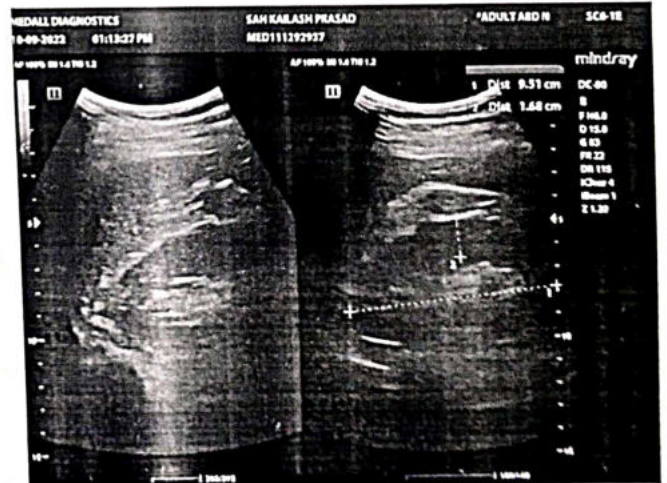
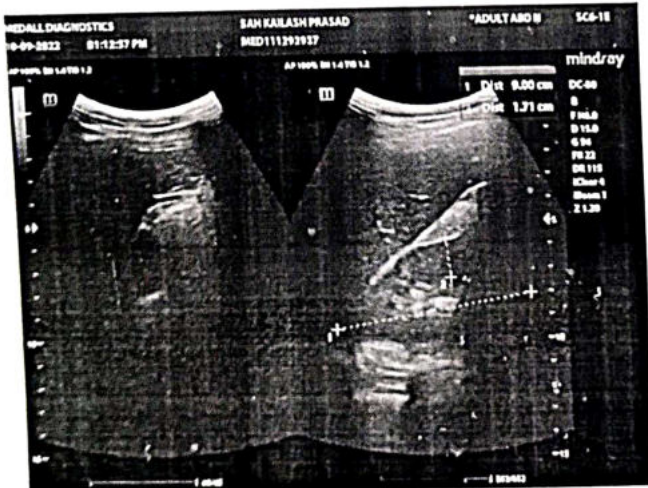
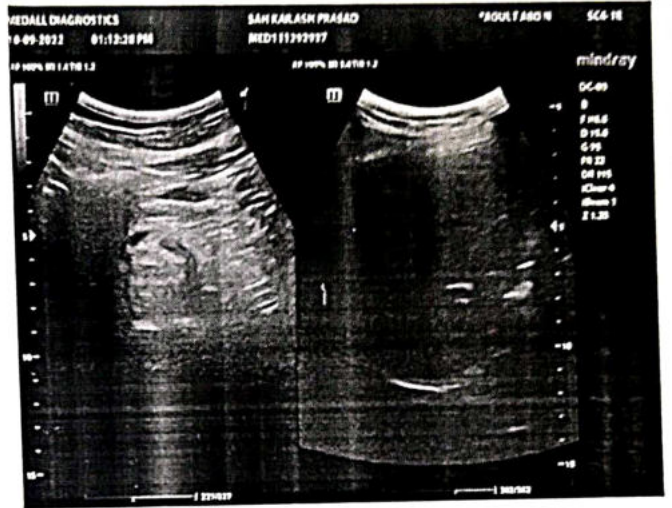
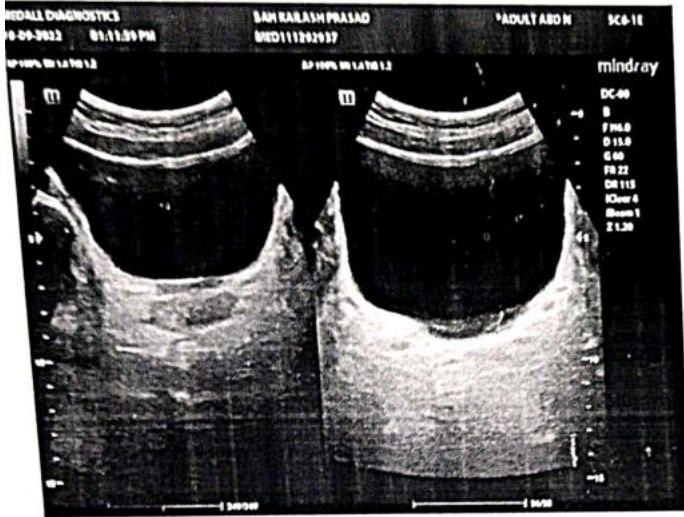
DR. ANITHA ADARSH
MB/MS



DR. MOHAN B



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You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

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2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.9cms
LEFT ATRIUM	:	3.4cms
LEFT VENTRICLE (DIASTOLE)	:	4.8cms
(SYSTOLE)	:	3.0cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.3cms
(SYSTOLE)	:	1.5cms
POSTERIOR WALL (DIASTOLE)	:	1.2cms
(SYSTOLE)	:	1.5cms
EDV	:	81ml
ESV	:	33ml
FRACTIONAL SHORTENING	:	37%
EJECTION FRACTION	:	59%
RVID	:	1.6cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.85m/s	'A' - 0.29m/s	NO MR
AORTIC VALVE	:	1.13m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.80m/s	'A' - 0.29m/s	NO TR
PULMONARY VALVE	:	0.80m/s		NO PR



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2D ECHOCARDIOGRAPHY FINDINGS:

Left ventricle	: Concentric LV Hypertrophy, Normal systolic function. No regional wall motion abnormalities.
Left Atrium	: Normal.
Right Ventricle	: Normal.
Right Atrium	: Normal.
Mitral valve	: Normal, No mitral valve prolapsed.
Aortic valve	: Normal, Trileaflet.
Tricuspid valve	: Normal.
Pulmonary valve	: Normal.
IAS	: Intact.
IVS	: Intact.
Pericardium	: No pericardial effusion.

IMPRESSION:

- CONCENTRIC LV HYPERTROPHY.
- NORMAL LV SYSTOLIC FUNCTION. EF: 59%.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.



DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/TG



Medall



NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

OPD SHEET

Date : 10/9/22

Patient's Name : Mr. Sah. Karlaiah. Prasad

OP No. 1210148

49 / m

3:10 PM

Dr. Roopashree. C.R
MBBS.MS, FPP
Consultant-Phaco & Refractive
KMC No : 105152

For Medical certificate

DMF ⊕
HTN ⊕

IOP ¹⁶
₁₇

O/E,

A/S:

RE - temporal
conjunctival naevus

BE: WNL

BCVA ^{6/6, N6}
_{6/6, N6}

Color Vision

38/38 38/38

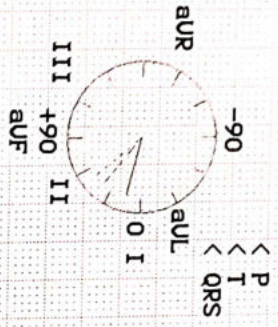
Fundus: BE COR 0.3
FR ⊕

Adv.

- R/W 505/6 months

SR

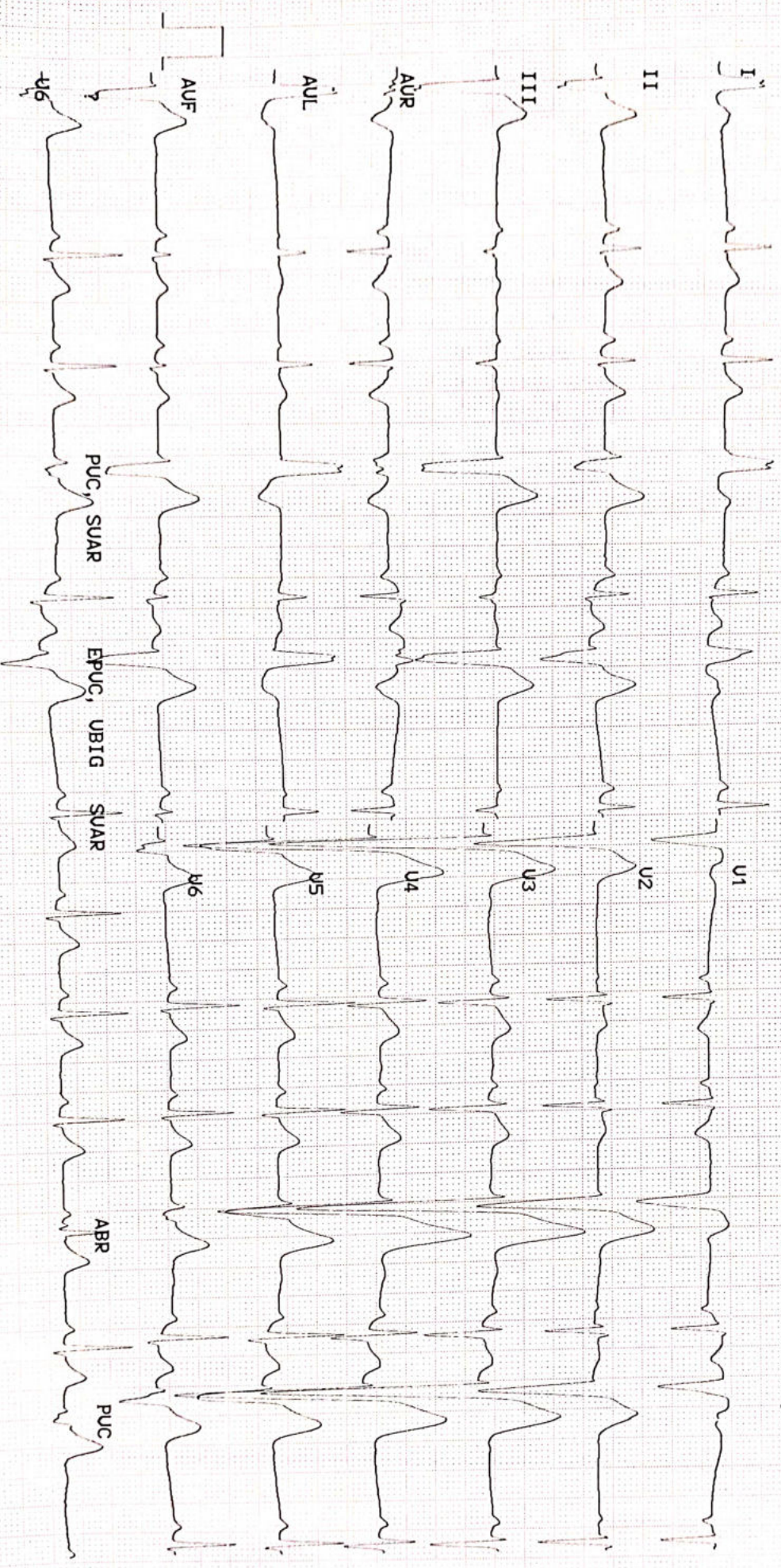
AGE: 49
 Measurement Results:
 QRS : 94 ms
 QT/QTcB : 346 / 397 ms
 PR : 144 ms
 P : 106 ms
 RR/PP : 758 / 755 ms
 P/QRS/T : 50 / 15 / 40 degrees
 QTd/QTcBD : 20 / 23 ms
 Sokolow : 6
 NK

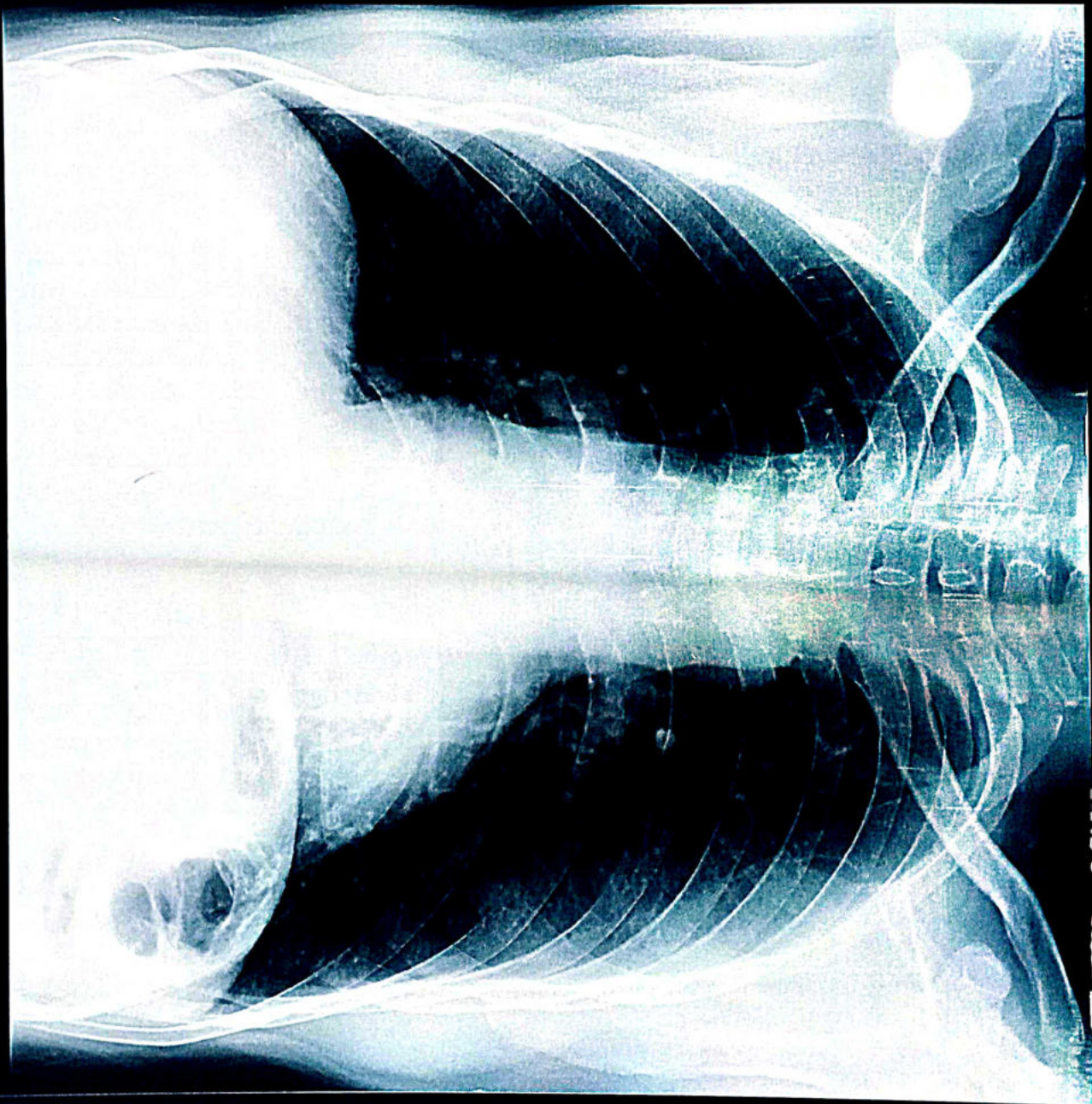


Interpretation: *Normal sinus rhythm
 ventricular bigeminy
 probably abnormal ECG
 Refer to MD
 Te clinically ambal*

Refer to MD

Unconfirmed report.





SAH KAILASH PRASAD 49 MED111292937 M CHEST PA
MEDALL CLUMAX DIAGNOSTIC

Name : Mr. SAH KAILASH PRASAD

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	13.7	g/dL	13.5 - 18.0
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INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	44.3	%	42 - 52
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RBC Count (EDTA Blood/Automated Blood cell Counter)	4.51	mill/cu.mm	4.7 - 6.0
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MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	98.0	fL	78 - 100
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MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	30.4	pg	27 - 32
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MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	30.9	g/dL	32 - 36
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RDW-CV (Derived)	16.5	%	11.5 - 16.0
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RDW-SD (Derived)	56.59	fL	39 - 46
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Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	4840	cells/cu.mm	4000 - 11000
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Neutrophils (Blood/Impedance Variation & Flow Cytometry)	70	%	40 - 75
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Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	22	%	20 - 45
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Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	01	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	07	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.39	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.06	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.05	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.34	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	114	10 ³ / μ l	150 - 450
Remark: Kindly correlate clinically.			
MPV (Blood/Derived)	16.5	fL	7.9 - 13.7
PCT	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	20	mm/hr	< 15
Remark: Kindly correlate clinically.			


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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.7	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.50	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.3	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.6	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.70	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.70		1.1 - 2.2

INTERPRETATION: Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	26	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	25	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	141	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	23	U/L	< 55


Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY


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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	184	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	150	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the 'usual' circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	50	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	104	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	30	mg/dL	< 30


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Non HDL Cholesterol (Serum/Calculated)	134.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.7		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	6.9	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Remark: Kindly correlate clinically.

Estimated Average Glucose (Whole Blood)	151.33	mg/dL
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INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.46	ng/ml	0.7 - 2.04
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INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	18.80	Microg/dl	4.2 - 12.0
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INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

Remark: Kindly correlate clinically.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	4.147	μIU/mL	0.35 - 5.50
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INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment :


1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&lt;0.03 μIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771
VERIFIED BY



DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902
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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Volume (Urine/Physical examination)	20		ml
Appearance (Urine)	Clear		

CHEMICAL EXAMINATION

pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.020		1.002 - 1.035
Protein (Urine/Dip Stick - Reagent strip method)	Negative		Negative
Glucose (Urine)	Positive(++)		Nil
Ketone (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative

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Blood (Urine)	Nil		Nil
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits

Urine Microscopy Pictures

RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	2-3	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil

A handwritten signature in blue ink over a circular logo with blue and pink segments.

Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY

A handwritten signature in blue ink over a circular logo with blue and pink segments.

Dr. Shouree K.R.
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mr. SAH KAILASH PRASAD

PID No. : MED111292937

Register On : 10/09/2022 8:51 AM

SID No. : 712227708

Collection On : 10/09/2022 10:18 AM

Age / Sex : 49 Year(s) / Male

Report On : 10/09/2022 7:20 PM

Type : OP

Printed On : 11/09/2022 2:20 PM

Ref. Dr : MediWheel



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Stool Analysis - ROUTINE</u>			
Colour (Stool)	Brown		Brown
Blood (Stool)	Not present		Not present
Mucus (Stool)	Not present		Not present
Reaction (Stool)	Alkaline		Alkaline
Consistency (Stool)	Semi solid		Semi solid
Ova (Stool)	Nil		Nil
Others (Stool)	Nil		Nil
Cysts (Stool)	Nil		Nil
Trophozoites (Stool)	Nil		Nil
RBCs (Stool)	Nil	/hpf	Nil
Pus Cells (Stool)	3-4	/hpf	Nil
Macrophages (Stool)	Nil		Nil
Epithelial Cells (Stool)	Nil	/hpf	Nil

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Sr. Lab Technician

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Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' Positive'

Remark: Test to be confirmed by gel method.

A handwritten signature in black ink, appearing to read "Shouree", is written over a circular stamp. The stamp contains the text: "Dr Shouree K.R", "MBBS MD DNB", "Consultant Pathologist", and "Reg No : KMC 103138".

Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BIOCHEMISTRY

BUN / Creatinine Ratio	9.0		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	127	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Remark: kindly correlate clinically

Urine sugar, Fasting (Urine - F)	Nil		Nil
-------------------------------------	-----	--	-----

Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	290	mg/dL	70 - 140
--	-----	-------	----------

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Remark: kindly correlate clinically

Urine Sugar (PP-2 hours) (Urine - PP)	Positive(+)		Negative
--	-------------	--	----------

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	6.3	mg/dL	7.0 - 21
--	-----	-------	----------

Creatinine (Serum/Jaffe Kinetic)	0.7 (Rechecked)	mg/dL	0.9 - 1.3
-------------------------------------	-----------------	-------	-----------

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Remark: Kindly correlate clinically.



Mr. S. Mohan Kumar
Sr. Lab Technician



Dr. Shouree K.R.
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

VERIFIED BY

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Investigation

Observed Value

Unit

Biological Reference Interval

Uric Acid
(Serum/Uricase/Peroxidase)

4.3

mg/dL

3.5 - 7.2

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Sr. Lab Technician

VERIFIED BY

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Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

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Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOASSAY

Prostate specific antigen - Total(PSA)
(Serum/*Manometric method*)

1.31

ng/ml

Normal: 0.0 - 4.0
Inflammatory & Non Malignant
conditions of Prostate & genitourinary
system: 4.01 - 10.0
Suspicious of Malignant disease of
Prostate: > 10.0

INTERPRETATION:REMARK : PSA alone should not be used as an absolute indicator of malignancy.

Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

-- End of Report --

Name	SAH KAILASH PRASAD	ID	MED111292937
Age & Gender	49Y/M	Visit Date	Sep 10 2022 8:51AM
Ref Doctor	MediWheel		

X – RAY CHEST PA VIEW

LUNGS:

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

CARDIA:

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

IMPRESSION:

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.**



DR. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST