




PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003 Tel : 040-42038139, 27845852
7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited
Certificate No.:MC-2566

TEST REPORT

Name	: MR.KASHI BHANU TEJA [SPOUSE]	TID/SID	: UMR0963078/ 24234677
Age / Gender	: 27 Years / Male	Registered on	: 26-Nov-2022 / 08:07 AM
Ref.By	: -	Collected on	: 26-Nov-2022 / 08:09 AM
Req.No	:  BIL2586949	Reported on	: 26-Nov-2022 / 12:28 PM
		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Colour Method:Photo detectors(instrument)	Yellow		Light Yellow
Appearance Method:Photo diode array sensor	Clear		Clear
Specific gravity Method:Ion concentration/colour indicator	1.030		1.003-1.030
Reaction and pH Method:Double Indicator	5.5		5.0-8.0
Protein Method:Protein Error of pH indicators	Negative		Negative
Glucose Method:Double sequential enzymatic/GOD-PAP	Negative		Negative
Urobilinogen Method:Reagent strip/Reflectance photometry	Negative		0.2-1.0 mg%
Ketones Method:Strip method/Nitroprusside method	Negative		Negative
Blood Method:Peroxidase	Negative		Negative
Bile Salt Method:Hays Method	Negative		Negative
Bile Pigment Method:Fouchets Method	Negative		Negative
Microscopic Examination			
Pus cells (leukocytes) Method:Microscopy Of Sediment	Occasional	/hpf	0-5 /hpf
RBC (erythrocytes) Method:Microscopy Of Sediment	Nil	/hpf	0-2 /hpf
Epithelial cells Method:Microscopy Of Sediment	Nil	/hpf	0-8 /hpf
Crystals Method:Microscopy Of Sediment	Nil	/lpf	Nil /lpf

Lab Timings (Weekdays) : 7.00 am to 8.30 pm
Sundays & Holidays : 7.00 am to 1.00 pm

Radiologists Timings (Weekdays) : 7.30 am to 1.30 pm
& 5.45 pm to 7.45 pm
Sundays & Holidays : 7.30 am to 9.30 am




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DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Casts	Nil	/lpf	Nil
Method:Microscopy Of Sediment			/lpf
Others	Nil		Nil
Method:Microscopy Of Sediment			

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--- End Of Report ---

Dr.Jyothi Kiranmai
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MD PATHOLOGY






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Ref.By	: -	Collected on	: 26-Nov-2022 / 08:09 AM
Req.No	:  BIL2586949	Reported on	: 26-Nov-2022 / 11:57 AM
		Reference	: Medi Wheel

DEPARTMENT OF HEMATOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	O
Rh Typing (D)	POSITIVE -
Method:Agglutination	

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DEPARTMENT OF HEMATOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour	09	mm/hour	0-10 mm/hour
Method:Westergren			

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 BIL2586949 Reference : Medi Wheel

DEPARTMENT OF HEMATOLOGY

Hemogram, EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	15.6	g/dL	13.0-17.0 g/dL
Erythrocyte Count(RBC) Method:Electrical Impedence	5.3	mill /cu.mm	4.5-5.5 mill /cu.mm
PCV/HCT Method:Numeric Integration	46	%	40-50 %
MCV Method:Calculated	86	fL	83-101 fL
MCH Method:Calculated	28.9	pg	27-32 pg
MCHC Method:Calculated	33.7	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	14.6	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	7.7	cells/cumm	4-10 cells/cumm
Differential Count			
Neutrophils Method:Flowcytometry/Microscopy	55	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	37	%	20-40 %
Monocytes Method:Flowcytometry/Microscopy	5	%	2-10 %
Eosinophils Method:Flowcytometry/Microscopy	3	%	1-6 %
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Platelet Count Method:Electrical Impedence	300	10 ³ /μL	150-410 10 ³ /μL

Peripheral Smear

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DEPARTMENT OF HEMATOLOGY

Hemogram, EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
RBC Method:Microscopy	Normocytic and Normochromic		
WBC Method:Microscopy	Within normal limits. No abnormal cells seen.		
Platelets Method:Microscopy	Discrete and adequate. Normal in morphology.		

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Req.No	:  BIL2586949	Reported on	: 26-Nov-2022 / 10:13 AM
		Reference	: Medi Wheel

DEPARTMENT OF CARDIOLOGY

2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.68 cm
Left Atrium	3.07 cm
Left Ventricle	LVDd: 4.12 cm IVSd : 1.14 cm EF: 64 % LVDs: 2.68 cm LVPwd: 1.14 cm FS: 34 %
RWMA	Nil
Right Atrium	Normal
Right Ventricle	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Pericardium	Normal
Svc / Ivc	Normal
Intracardiac Masses	Nil
Doppler Study	Mitral flow: E: 0.69 m/sec A: 0.52 m/sec E/A ratio : 1.33 Aortic flow : 0.77 m/sec Pulmonary flow : 0.83 m/sec
Colour Doppler	No MR / AR / TR / PR
Conclusion	No RWMA. Normal valves/ Normal chambers. No MR/ AR/ TR / PR Good LV/ RV function. No PE/ clot/ vegetation.

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Req.No	:  BIL2586949	Reported on	: 26-Nov-2022 / 12:18 PM
		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen. Method:Calculated	17.7	mg/dL	7-23 mg/dL

Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine. Method:Alkaline Picrate	1.23	mg/dL	0.60-1.30 mg/dL

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Age / Gender : 27 Years / Male Registered on : 26-Nov-2022 / 08:07 AM
Ref.By : - Collected on : 26-Nov-2022 / 08:09 AM
Req.No  Reported on : 26-Nov-2022 / 14:43 PM
BIL2586949 Reference : Medi Wheel

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	103	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >=126 mg/dL

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Ref.By	: -	Collected on	: 26-Nov-2022 / 08:09 AM
Req.No	:  BIL2586949	Reported on	: 26-Nov-2022 / 14:43 PM
		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Post Prandial Method:GOD - PAP	117	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : \geq 200 mg/dL

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Reference : Medi Wheel
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DEPARTMENT OF CLINICAL CHEMISTRY I

Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Glycosylated Haemoglobin Method:High Performance Liquid Chromatography(HPLC)	6.0	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	125	mg/dL	Excellent Control : 90 to 120 Good Control : 121 to 150 Average Control : 151 to 180 Panic Value : > 211 mg/dL

Note:Mean Plasma Glucose is calculated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

INTERPRETATION :

- 1.Glycated hemoglobin (glycohemoglobin / HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
- 2.A1c is measured primarily to determine the three-month average blood sugar level and can be used as a diagnostic test for diabetes mellitus and as an assessment test for glycemic control in people with diabetes.
- 3.In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
4. American diabetes Association (ADA) recommends an A1C goal for many non pregnant adults of < 7% (without significant hypoglycemia). On the basis of provider judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Less stringent A1C goals (such as < 8%) may be appropriate for patients with severe hypoglycemia, extensive co morbid conditions etc, or where the harms of treatment are greater than the benefits.
5. Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all patients.

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Req.No  Reported on : 26-Nov-2022 / 12:18 PM
Reference : Medi Wheel
BIL2586949

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	157	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	29	mg/dL	<40:Major risk factor for heart disease 40-59:The higher,the better >=60:Considered protective against heart disease mg/dL
LDL Cholesterol Method:Calculated	105	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	23	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	117	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	5.41		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio	3.62		

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DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	0.43	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.14	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.29	mg/dL	
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	32	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	24	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	77	U/L	30-115 U/L
PROTEINS			
Total Protein. Method:Biuret	7.74	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.58	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	3.16	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.45		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	60	U/L	7.0-50.0 U/L

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DEPARTMENT OF CLINICAL CHEMISTRY I

Prostate Specific Antigen (PSA) Total, Serum

Investigation	Observed Value	Biological Reference Interval
Prostate Specific Antigen (PSA) Total Method:Enhanced chemiluminescence	0.919 ng/mL	0-3.9 ng/mL

Interpretation:

- 1.Prostate specific antigen (PSA) is a glycoprotein that is expressed by both normal and neoplastic prostate tissue
- 2.Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hyperplasia (BPH) or inflammatory conditions of other adjacent genitourinary tissues. PSA can also be elevated after digital rectal examination,prostatic massage,cystoscopy,needle biopsy etc
- 3.Measurement of serum PSA by itself is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels are also observed in patients with benign prostatic hyperplasia.
4. When employed for the management of prostate cancer patients, serial measurement of PSA is useful in detecting residual tumor and recurrent cancer after radical prostatectomy.
- 5.PSA has been demonstrated to be an accurate marker for monitoring advanced clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy.

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Req.No  Reported on : 26-Nov-2022 / 17:47 PM
Reference : Medi Wheel
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DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Triiodothyronine Total (T3) Method:Enhanced chemiluminescence	1.35	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	9.02	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	3.87	µIU/mL	0.465-4.68 µIU/mL

Note: Change in method and reference range
NOTE:

TSH - Reference ranges during pregnancy:*

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.00

3rd Trimester : 0.30 - 3.00

*As per the Guidelines of American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and post partum.

1.Primary Hyperthyroidism is accompanied by elevated T3 & T4 values along with depressed TSH level.

2.Primary Hypothyroidism is accompanied by depressed T3 & T4 levels and elevated TSH levels.

3.Normal T4 levels accompanied by high T3 levels are seen 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, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.

5.Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result from TSH secreting pituitary tumors(secondary).

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Dr Jyothi Boda
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DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid. Method:Uricase	7.59	mg/dL	2.5-8.0 mg/dL

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--- End Of Report ---

Dr.Jyothi Kiranmai
Regd. No: 52272
MD PATHOLOGY





PARKLINE DIAGNOSTICS PVT. LTD.

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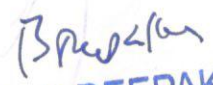
Tel : +91 40-2784 5852, 6649 1787, 7995421787, 7093445852, Fax : +91 40 2784 7864

Email parklinediagnostics@gmail.com www.parklinediagnostics.com

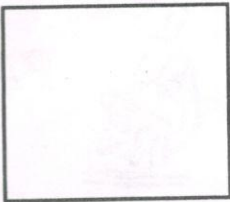


NABL Accredited
Certificate No.MC-2566

MEDICAL EXAMINATION REPORT

Name	Mr. Keshi Blam Teja		Date :	26/11/22	
Company	Mediwheel		Reg. No. :	2586949	
Contact No.	9550382075		Sex	<input type="checkbox"/> M	Age : <input type="checkbox"/> 27
Type	Pre-Emp		Emp. No.:		
	Overseas		Height		
	Annual	<input checked="" type="checkbox"/>	Weight		
Remarks	<ul style="list-style-type: none"> • HbA1C elevated • HbA1c elevated • LDL elevated • Grade I fatty liver disease • Advised follow up • Remaining physical, lab parameters are within 				
Fitness Status	Medically Fit / Unfit		Physician's Signature  Dr. B. DEEPAK KUMAR (M.B.B.S)		

COMPREHENSIVE MEDICAL EXAMINATION REPORT



NAME 1 Kashu Bhanu Teja

AGE 27 yrs

MARITAL STATUS married CHILDREN : M F (two sons)

IDENTIFICATION (IF ANY) none

PAST HISTORY

Father is diabetic hypertensive - mother is diabetic

Any family H/o : High Blood Pressure, Heart Disease, Tuberculosis, Diabetes, Asthma, Cancer

Any personal H/o Major illness like : Typhoid.....No Jaundice.....+ Etc.

Any H/o STD.....No Skin infection.....No

H/o Blood Transfusion.....No Recent Vaccination.....(Quadrant tetanus)

H/o Epilepsy.....No Giddiness.....No

H/o Surgery.....No Fracture in the past.....No

Any Personal H/O.

High Blood Pressure, Heart Disease Tuberculosis, Diabetes, Asthma, Cancer

Drug Abuse, Drug Allergy, Micturition, Bowels, Alcohol, Smoking, Sleep, MC, Wt. Loss/Wt. Gain

Present illness / Medication

(No rx / (occasional) (5/10))

GENERAL EXAMINATION

Conjunctiva :

Skin :

Ears :

Nose :

Throat & Oral Cavity :

Normal

Bone, Joints :

Nutritional Status :

Lymph Nodes :

Edema Feet :

Varicose Veins :

Normal
Normal
Normal
Normal
Normal

Distant Vision : Near Vision :

Right Eye: 6/6

With glasses / Without glasses

left Eye : 6/6

with glasses / without glasses

Colour Vision : BE normal

Right Ear

Hearing :

Rinee's Test ;

Weber Test :

Discharge :

Right Eye: NG

With glasses / Without glasses

left Eye : NG

with glasses / without glasses

Ophthalmologist's Signature

Left Ear

DR. KATTIA
M.B.B.S., D.O., F.R.F.
(AMC)
K89

SYSTEMIC EXAMINATION

Pulse : 74 min

B.P. : 120/80 mmHg

Lungs : A. Shape of Chest
B. Breath Sounds
C. Adventitious Sounds

Bilaterally symmetric
clear
no

Heart : A. Sounds
B. Murmurs

S1S2
(+)
no

Nervous System

Abdomen : A. Liver
B. Spleen
C. Piles
D. Any Lump

NAH

A. Higher Function :
B. Cranial Nerves :
C. Sensory System :
D. Motor System :
E. Jerks :

NAH

General : A. Hernia
B. Hydrocele
C. Varicocele

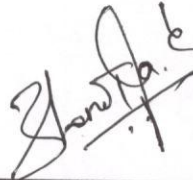
NAH

Breast : Rt _____ Lt. _____

CANDIDATE'S DECLARATION

I hereby solemnly declare that I am not suffering from Asthma, Hypertension, Diabetes, Occult Psychological disorders or any other ailment which can be suppressed without my voluntary declaration.

Date : 26/11/22



Signature

Place :

Note : General Physical Examination and Investigation included in the health check-up Have certain limitations and may not be able to detect all latent and asymptomatic diseases. Any new symptoms developing after the health check-up or persisting thereafter should be brought to the attention of the treating physician.



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Certificate No. M-0862

ENT CONSULTATION

S.No. 2586949

Emp.No.

Date 26/11/22

Name Mr. Kesli Bhanu
Teja

Age 27 Yrs

Sex M/ F

EARS :

Right

Left

EAC

: patent, no cerumen.

- do.

TM

: Intact, pearly white

- do.

TFT

: Cone of light (+)
Rinne's test

Rinne's test

Weber's - Central

NOSE

: Septum ⊕. Bil. turbinate ⊕. Polyps ⊕. Mucosa ⊕.

THROAT

: Oropharynx ⊕. Bil. vocal cords ⊕. Moving

NECK

: ⊕. Azygos ⊕. Bil.

IMPRESSION

: EN ⊕. Clinically NAD.

Consultant ENT

Dr. D. Hari Krishna Reddy
MS (ENT)
Head & Neck Surgeon
Reg. No: 88379

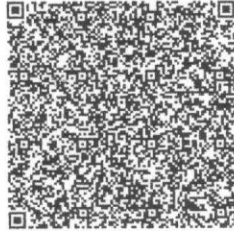


భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 0000/00578/46732

To
కాశీ భాను తేజ
Kashi Bhanu Teja
C/O kashi koteshwar rao
8-7-28/8 sri gayatri bhavan second floor
street no 4/1
rr nagar old bowenpally
Opp Gayatri Residency
Tirumalagiri
Hyderabad Telangana - 500011
8686174030



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

9868 1108 5484

VID : 9110 3878 0987 4696

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం
Government of India



కాశీ భాను తేజ
Kashi Bhanu Teja
పుట్టిన తేదీ/DOB: 27/05/1995
పురుషుడు/ MALE

9868 1108 5484

VID : 9110 3878 0987 4696

నా ఆధార్, నా గుర్తింపు



Government of India



సమాచారం

- ఆధార్ ఒక గుర్తింపు మాత్రమే పౌరసత్వం కాదు
- సురక్షితమైన క్యూఆర్ కోడ్ / ఆఫ్ లైన్ ఎన్క్ ఐ ఎం ఎల్ / ఆన్ లైన్ ప్రామాణీకరణను ఉపయోగించి గుర్తింపును ధృవీకరించండి.
- ఇది ఎలక్ట్రానిక్ పద్ధతిలో న్నాయుడిన లేఖ.

INFORMATION

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- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర సేవలను సులువుగా పొందటానికి ఆధార్ మీకు సహాయపడుతుంది.
- ఎల్లప్పుడూ మీ మొబైల్ నెంబర్ మరియు ఇమెయిల్ ఐడిని ఆధార్ లో అప్ డేట్ చేసి ఉంచండి
- ఎమ్. ఆధార్ ఆప్ ఉపయోగించండి. మీ ఆధార్ ను ఎల్లప్పుడూ మీ స్మార్ట్ ఫోన్ లో ఉంచండి.

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Unique Identification Authority of India



చిరునామా:
కాశీ కోటేశ్వర్ రావు, 8-7-28/8 శ్రీ గాయత్రి భావన్ సెకండ్
ఫ్లోర్, పిథి నెం 4/1, గాయత్రి రెసిడెన్సీ ఎదురుగా, అల్ అల్
నగర్ ఓల్డ్ బౌనెంపల్లి, తిరుమలగిరి, హైదరాబాద్,
తెలంగాణ - 500011

Address:
C/O kashi koteshwar rao, 8-7-28/8 sri gayatri
bhavan second floor, street no 4/1, Opp
Gayatri Residency, rr nagar old bowenpally,
Tirumalagiri, Hyderabad,
Telangana - 500011



9868 1108 5484

VID : 9110 3878 0987 4696

1947 | help@uidai.gov.in | www.uidai.gov.in

7799686970


Name : k. Bhanu Teja Sex : M Age : 27 y

Chief Complaint :- Checkup

Date : 26/11/22.....

OPD No : 104.....

O/E. Stainst


MULTI SPECIALITY DENTAL CLINIC
Smile Confidently... Not Confidentially....
B.D.S, IMPLANTOLOGIST (USA)
1-3-1, Rajamudaliar Street, Kalasiguda,
Secunderabad, Cell : 8977910590.






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TEST REPORT

Name : MR.KASHI BHANU TEJA [SPOUSE] TID/SID : UMR0963078/
Age / Gender : 27 Years / Male Registered on : 26-Nov-2022 / 08:07 AM
Ref.By : - Collected on : 26-Nov-2022 / 08:09 AM
Req.No :  BIL2586949 Reported on : 26-Nov-2022 / 10:13 AM
Reference : Medi Wheel


DEPARTMENT OF CARDIOLOGY

2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.68 cm
Left Atrium	3.07 cm
Left Ventricle	LVDd: 4.12 cm IVSd : 1.14 cm EF: 64 % LVDs: 2.68 cm LVPwd: 1.14 cm FS: 34 %
RWMA	Nil
Right Atrium	Normal
Right Ventricle	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Pericardium	Normal
Svc / Ivc	Normal
Intracardiac Masses	Nil
Doppler Study	Mitral flow: E: 0.69 m/sec A: 0.52 m/sec E/A ratio : 1.33 Aortic flow : 0.77 m/sec Pulmonary flow : 0.83 m/sec
Colour Doppler	No MR / AR / TR / PR
Conclusion	No RWMA. Normal valves/ Normal chambers. No MR/ AR/ TR / PR Good LV/ RV function. No PE/ clot/ vegetation.

* Sample processed at Parkline

--- End Of Report ---


Dr. SAMEER G. VANKAR
MD., D.M.
Consultant Interventional Cardiologist
Reg.No.8245

Page 1 of 2



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TEST REPORT

Name : Mr . KASHI BHANU TEJA [SPOUSE]

Age / Gender : 27 Years / Male

Ref.By :

Req. No : BIL2586949

TID : UMR0963078

Registered on : 26-Nov-2022 08:07 AM

Reported On : 26-Nov-2022 11:17 AM

Reference : Medi Wheel

DEPARTMENT OF ULTRASOUND Ultrasound Whole Abdomen

LIVER : Normal in size and increased echotexture. No focal lesions.

No IHBD /CBD dilatation. Portal vein is normal in size.

SPLEEN : Normal in size and echotexture. No focal lesion seen.

GALL BLADDER : Well distended. No sludge / gall stones / sol.

Gall bladder -Wall thickness is normal.

No pericholecystic oedema.

PANCREAS : Normal in size and echotexture.No calcification / sol.

Pancreatic duct is normal. No peripancreatic fluid collection.

RIGHT KIDNEY : 10.82 x 4.94 cms

Normal in size and echotexture.

Cortical thickness is normal.

No evidence of calculi / sol.

Pelvi calyceal system is normal.

LEFT KIDNEY : 9.86 x 4.39 cms

Normal in size and echotexture.

Cortical thickness is normal.

No evidence of calculi / sol.

Pelvi calyceal system is normal.

URINARY BLADDER : Well distended. Normal ii contour.

Wall thickness is normal. No calculus / sol.

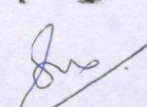
PROSTATE : Normal in size and echotexture.

No calcification / sol.

No pre or para aortic adenopathy / ascites noted.

IMPRESSION : Grade I fatty liver.

Clinical correlation


Dr. PRAJAKTA SUKHADEVE
DNB RADIOLOGY
Reg. No. 68493



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TEST REPORT

Name : **Mr . KASHI BHANU TEJA [SPOUSE]**
Age / Gender : 27 Years / Male
Ref.By :
Req. No : BIL2586949

TID : UMR0963078
Registered on : 26-Nov-2022 08:07 AM
Reported On : 26-Nov-2022 11:51 AM
Reference : Medi Wheel

X-RAY CHEST PA VIEW

Lung fields are clear.

Cardia is normal.

Hila are normal.


C P angles are free.

Bony cage is normal.

Soft tissues are normal.

IMPRESSION : NORMAL CHEST X-RAY




Dr. PRAJAKTA SUKHADEV
DNB RADIOLOGY
Reg. No. 68493

HR : 64 bpm
P : 85 ms
PR : 128 ms
QRS : 87 ms
QT/QTc : 366/378 ms
P/QRS/T : 4/34/6 °
RV5/SV1 : 1.272/1.032 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

NIRWA

S
Dr. SAMEER G. VANKAR
MD., D.M.
Consultant Interventional Cardiologist
Reg.No.8245

Report Confirmed by: