




# 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.TALAKA SURESH BABU [SPOUSE]** TID/SID : UMR0934843/ 24103128  
 Age / Gender : 47 Years / Male Registered on : 22-Oct-2022 / 09:27 AM  
 Ref.By : - Collected on : 22-Oct-2022 / 09:31 AM  
 Req.No  Reported on : 22-Oct-2022 / 13:36 PM  
 BIL2488625 Reference : Medi Wheel

### DEPARTMENT OF CLINICAL PATHOLOGY

### Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Colour Method:Photo detectors(instrument)	Straw		Light Yellow
Appearance Method:Photo diode array sensor	Clear		Clear
Specific gravity Method:Ion concentration/colour indicator	1.005		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
<b>Microscopic Examination</b>			
Pus cells (leukocytes) Method:Microscopy Of Sediment	Nil	/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			

\* Sample processed at Parkline

--- End Of Report ---

**Dr.Jyothi Kiranmai**  
Regd. No: 52272  
MD PATHOLOGY






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### DEPARTMENT OF HEMATOLOGY

#### Blood Grouping ABO And Rh Typing, EDTA Whole Blood

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

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### DEPARTMENT OF HEMATOLOGY

### Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	15.7	g/dL	13.0-17.0 g/dL
Erythrocyte Count(RBC) Method:Electrical Impedence	<b>6.3</b>	mill /cu.mm	4.5-5.5 mill /cu.mm
PCV/HCT Method:Numeric Integration	49	%	40-50 %
MCV Method:Calculated	<b>78</b>	fL	83-101 fL
MCH Method:Calculated	<b>24.9</b>	pg	27-32 pg
MCHC Method:Calculated	31.9	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	<b>14.1</b>	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	6.6	cells/cumm	4-10 cells/cumm
<b>Differential Count</b>			
Neutrophils Method:Flowcytometry/Microscopy	52	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	40	%	20-40 %
Monocytes Method:Flowcytometry/Microscopy	5	%	2-10 %
Eosinophils Method:Flowcytometry/Microscopy	3	%	1-6 %
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Absolute Neutrophil Count	3.43	10 <sup>3</sup> /μL	2.0-7.0 10 <sup>3</sup> /μL
Absolute Lymphocyte Count	2.64	10 <sup>3</sup> /μL	1.0-3.0 10 <sup>3</sup> /μL

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### DEPARTMENT OF HEMATOLOGY

### Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Absolute Monocyte Count	0.33	10 <sup>3</sup> /μL	0.20-1.0 10 <sup>3</sup> /μL
Absolute Eosinophil Count	0.20	10 <sup>3</sup> /μL	0.02-0.5 10 <sup>3</sup> /μL
Absolute Basophil Count	0	10 <sup>3</sup> /μL	0.02-0.1 10 <sup>3</sup> /μL
Platelet Count	220	10 <sup>3</sup> /μL	150-410 10 <sup>3</sup> /μL
Method:Electrical Impedence			

#### Peripheral Smear

RBC Normocytic and Normochromic  
 Method:Microscopy  
 WBC Within normal limits.No abnormal cells seen.  
 Method:Microscopy  
 Platelets Discrete and adequate.Normal in morphology  
 Method:Microscopy

\* Sample processed at Parkline

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Req.No	 BIL2488625	Reported on	: 22-Oct-2022 / 13:21 PM
		Reference	: Medi Wheel

### DEPARTMENT OF HEMATOLOGY

#### Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour	04	mm/hour	0-10 mm/hour
Method:Westergren			

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Ref.By : - Collected on : 22-Oct-2022 / 09:31 AM  
Req.No :  Reported on : 22-Oct-2022 / 14:50 PM  
Reference : Medi Wheel  
BIL2488625

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen. Method:Calculated	10.4	mg/dL	7-23 mg/dL

#### Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine. Method:Alkaline Picrate	0.90	mg/dL	0.60-1.30 mg/dL

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Req.No  Reported on : 22-Oct-2022 / 15:07 PM  
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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)	<b>7.3</b>	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	162	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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		Reference	: Medi Wheel

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	179	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	45	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	<b>124</b>	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	10	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	53	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	3.98		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio	2.76		

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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	0.72	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.22	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.50	mg/dL	
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	38	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	25	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	79	U/L	30-115 U/L
<b>PROTEINS</b>			
Total Protein. Method:Biuret	7.13	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.32	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	2.81	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.54		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	47	U/L	7.0-50.0 U/L

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BIL2488625

### 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	0.844 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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### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Triiodothyronine Total (T3) Method:Enhanced chemiluminescence	1.32	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	8.78	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	1.63	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

3dr 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 form TSH secreting pituitary tumors(secondary).

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### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid.	4.71	mg/dL	2.5-8.0 mg/dL
Method:Uricase			

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## MEDICAL EXAMINATION REPORT

Name	Mr. Talaha Suresh Babu		Date :	22/10/2022
Company	elo: mediawheel		Reg. No. :	2088625
Contact No.	7075559974		Sex	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
			Age :	47
Type	Pre-Emp		Emp. No.:	Spouse
	Overseas		Height	<del>65 kg</del> 157 cms
	Annual	<input checked="" type="checkbox"/>	Weight	63 kgs
Remarks	<p>Impaired glucose tolerance (HbA1c)</p> <p>Prostatomegaly</p> <p>Advised follow up</p> <p>Remaining parameters are WNL.</p>			
Fitness Status	Medically Fit / Unfit		<p>Dr. B. DEEPAK KUMAR (M.B.B.S.)</p> <p>Physician's Signature</p> <p>Regd No. 75583</p>	



# COMPREHENSIVE MEDICAL EXAMINATION REPORT

NAME Mrs Talaka Sugesh Baku

AGE 42 yrs

MARITAL STATUS married CHILDREN : M  F  ( 2 sons )

IDENTIFICATION (IF ANY) a scar over ventral aspect of rt forearm near wrist

## PAST HISTORY

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

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

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

H/o Blood Transfusion.....No.....Recent Vaccination.....(Covid-19 (two doses))

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

(No rx) (No rx)

Present illness / Medication

## 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: 6/9 - 1.0 sph 6/6

With glasses / Without glasses

left Eye: 6/9 - 1.0 sph 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

**SYSTEMIC EXAMINATION**

Pulse : 72 / min

B.P. : 130 / 90 mmHg

Lungs : A. Shape of Chest Dilatatory asymmetry  
B. Breath Sounds clear  
C. Adventitious Sounds No

Heart : A. Sounds S<sub>1</sub> S<sub>2</sub> (+)  
B. Murmurs No

**Nervous System**

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

A. Higher Function :  
B. Cranial Nerves :  
C. Sensory System :  
D. Motor System :  
E. Jerks :  
14-74

General : A. Hernia  
B. Hydrocele  
C. Varicocele  
NAD

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 : 21-10-22

  
Signature

Place : Secunderabad -

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.



# PARKLINE DIAGNOSTICS PVT. LTD.

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NABL Accredited  
Certificate No.MC-2566

## ENT CONSULTATION

S.No. 2088625      Emp.No. spouse      Date 22/10/20

Name Mr. Palaka Suresh Babu      Age 47 Yrs      Sex  M/F

### EARS :

Right

Left

EAC : patent, fungal debris.      patent, no cerumen.

TM : Intact, pearly white.      - do -  
Cone of light (+)

TFT : Rinne's +ve      Rinne's +ve.  
Weber's Centralised

NOSE : Septum: (N). Bil. Turbinate: (N). polyps - (N), non-tender

THROAT : Oropharynx: (N), Bil. v.c.s & } (N) moving  
Arytenoids } bil.

NECK : (N)

IMPRESSION: ENT clinically normal.

*Dr. Hari Krishna Reddy*

Dr. D. Hari Krishna Reddy  
MS (ENT)  
Head & Neck Surgeon,  
Reg. No: 08379

7799686970

Name : Surebh Babu ..... Sex : M ..... Age : 47 .....


Chief complaint :- checkup

Date : 22.10.22

OPD No : 962 .....

O/E - Calculus

G.D.W.R.G  
876

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








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## TEST REPORT

Name : **Mr . TALAKA SURESH BABU [SPOUSE]**  
Age / Gender : 47 Years / Male  
Ref.By : Medi Wheel  
Req. No : BIL2488625

TID : UMR0934843  
Registered on : 22-Oct-2022 09:27 AM  
Reported On : 22-Oct-2022 10:53 AM

### DEPARTMENT OF ULTRASOUND Ultrasound Whole Abdomen

**LIVER** : Normal in size and 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** : 9.6 x 4.3 cms  
Normal in size and echotexture.  
Cortical thickness is normal.  
No evidence of calculi / sol.  
Pelvi calyceal system is normal.

**LEFT KIDNEY** : 9.3 x 5.3 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.

**PREVOID** : 54 ml

**POST VOID** : 20 ml

**PROSTATE** : Measuring 4.2 x 2.6 x 3.7 cms (vol : 22.7 cc) Enlarged in size and echotexture.  
No calcification / sol.  
No pre or para aortic adenopathy / ascites noted.

**IMPRESSION** : Mild Prostatomegaly Grade I.

Clinical correlation

**Dr. S.J. MOHAN**  
MD DMRD  
(Reg No. 8095)  
Consultant Radiologist






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NABL Accredited  
Certificate No.: MC-2566

## TEST REPORT

Name : **MR.TALAKA SURESH BABU [SPOUSE]** TID/SID : UMR0934843/  
Age / Gender : 47 Years / Male Registered on : 22-Oct-2022 / 09:27 AM  
Ref.By : - Collected on : 22-Oct-2022 / 09:31 AM  
Req.No  Reported on : 24-Oct-2022 / 09:52 AM  
Reference : Medi Wheel  
BIL2488625

### DEPARTMENT OF CARDIOLOGY

### 2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.93 cm
Left Atrium	3.37 cm
Left Ventricle	LVDd:4.0 cm IVSd :0.7 cm EF:58% LVDs:2.8 cm LVPwd:0.9 cm FS:30%
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: 1.05 m/sec A: 0.75 m/sec E/A ratio 1.4 Aortic flow : 0.87 m/sec Pulmonary flow : 1.09 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. 02-115  
Page 1 of 2

The Test marked with\*are not accredited by NABL





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## TEST REPORT

Name : Mr . TALAKA SURESH BABU [SPOUSE]  
Age / Gender : 47 Years / Male  
Ref.By : Medi Wheel  
Req. No : BIL2488625

TID : UMR0934843  
Registered on : 22-Oct-2022 09:27 AM  
Reported On : 22-Oct-2022 11:04 AM

### 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. D.J. MOHAN  
MD DMRD  
(Reg No. 8995)  
Consultant Radiologist



ID: 2488625      22-10-2022 09:54:27 AM  
MR TALAKA SURESH BABU  
Male 47Years

CARDIART

HR : 60 bpm  
P : 103 ms  
PR : 148 ms  
QRS : 75 ms  
QT/QTc : 384/384 ms  
P/QRS/T : 51/12/33 °  
RV5/SV1 : 0.929/0.866 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

NM

Wn

S

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

Report Confirmed by: