



# 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



## TEST REPORT

Name : **MR.SHEKHAWAT NARENDRA SINGH [100877]**TID/SID : UMR1044261/ 25224533  
 Age / Gender : 46 Years / Male Registered on : 25-Feb-2023 / 08:38 AM  
 Ref.By : - Collected on : 25-Feb-2023 / 08:44 AM  
 Req.No  Reported on : 25-Feb-2023 / 12:55 PM  
 BIL2850630 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	1 - 2	/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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NABL Accredited  
Certificate No.:MC-2566

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BIL2850630

### 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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Req.No  Reported on : 25-Feb-2023 / 11:47 AM  
BIL2850630 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

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

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	16.1	g/dL	13.0-17.0 g/dL
Erythrocyte Count(RBC) Method:Electrical Impedence	5.0	mill /cu.mm	4.5-5.5 mill /cu.mm
PCV/HCT Method:Numeric Integration	46	%	40-50 %
MCV Method:Calculated	93	fL	83-101 fL
MCH Method:Calculated	31.8	pg	27-32 pg
MCHC Method:Calculated	34.3	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	<b>14.5</b>	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	5.6	10 <sup>3</sup> /μL	4-10 10cap;3/μL 10 <sup>3</sup> /μL
<b>Differential Count</b>			
Neutrophils Method:Flowcytometry/Microscopy	62	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	32	%	20-40 %
Monocytes Method:Flowcytometry/Microscopy	4	%	2-10 %
Eosinophils Method:Flowcytometry/Microscopy	2	%	1-6 %
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Absolute Neutrophil Count	3.47	10 <sup>3</sup> /μL	2.0-7.0 10 <sup>3</sup> /μL
Absolute Lymphocyte Count	1.79	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	0.22	10 <sup>3</sup> /μL	0.20-1.0 10 <sup>3</sup> /μL
Absolute Eosinophil Count	0.11	10 <sup>3</sup> /μL	0.02-0.5 10 <sup>3</sup> /μL
Absolute Basophil Count	00	10 <sup>3</sup> /μL	0.02-0.1 10 <sup>3</sup> /μL
Platelet Count	200	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

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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	04	mm/hour	0-10 mm/hour
Method:Westergren			

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Req.No :  Reported on : 25-Feb-2023 / 10:15 AM  
Reference : Medi Wheel  
BIL2850630

### DEPARTMENT OF CARDIOLOGY

### 2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.5 cm
Left Atrium	2.92 cm
Left Ventricle	LVDd: 4.17 cm IVSd : 0.9 cm EF: 57 % LVDs: 2.93 cm LVPwd: 0.9 cm FS: 29 %
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: 0.5 m/sec A: 0.5 m/sec Aortic flow : 0.8 m/sec Pulmonary flow : 0.9 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. LVEF 57 % No PE/ clot/ vegetation. No diastolic dysfunction.

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### DEPARTMENT OF CLINICAL CHEMISTRY I

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

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen. Method:Calculated	8.7	mg/dL	7-23 mg/dL

#### Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine. Method:Alkaline Picrate	1.08	mg/dL	0.60-1.30 mg/dL

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## TEST REPORT

Name : **MR.SHEKHAWAT NARENDRA SINGH [100877]**TID/SID : UMR1044261/ 25224534F  
Age / Gender : 46 Years / Male Registered on : 25-Feb-2023 / 08:38 AM  
Ref.By : - Collected on : 25-Feb-2023 / 08:44 AM  
Req.No :  Reported on : 25-Feb-2023 / 15:00 PM  
Reference : Medi Wheel  
BIL2850630

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	96	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >=126 mg/dL

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BIL2850630 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	121	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : $\geq$ 200 mg/dL

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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)	5.3	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	105	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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### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	171	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	34	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>116</b>	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	21	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	108	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	5.03		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio	3.41		

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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	0.56	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.13	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.43	mg/dL	
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	<b>60</b>	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	35	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	77	U/L	30-115 U/L
<b>PROTEINS</b>			
Total Protein. Method:Biuret	7.46	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.50	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	2.96	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.52		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	16	U/L	7.0-50.0 U/L

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Req.No  Reported on : 25-Feb-2023 / 13:58 PM  
Reference : Medi Wheel  
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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	0.312 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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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	<b>1.98</b>	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	10.2	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	1.80	µIU/mL	0.400-4.049 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).

\* Sample processed at Parkline

--- End Of Report ---

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





# PARKLINE DIAGNOSTICS PVT. LTD.

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7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com



## TEST REPORT

Name : **MR.SHEKHAWAT NARENDRA SINGH [100877]**TID/SID : UMR1044261/ 25224532  
Age / Gender : 46 Years / Male Registered on : 25-Feb-2023 / 08:38 AM  
Ref.By : - Collected on : 25-Feb-2023 / 08:44 AM  
Req.No  Reported on : 25-Feb-2023 / 12:32 PM  
Reference : Medi Wheel  
BIL2850630

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid.	3.92	mg/dL	2.5-8.0 mg/dL
Method:Uricase			

\* Sample processed at Parkline

--- End Of Report ---

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7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com

## TEST REPORT

Name : **MR.SHEKHAWAT NARENDRA SINGH [100877]**TID/SID : UMR1044261/ 25227006  
Age / Gender : 46 Years / Male Registered on : 25-Feb-2023 / 08:38 AM  
Ref.By : - Collected on : 25-Feb-2023 / 08:44 AM  
Req.No  Reported on : 25-Feb-2023 / 15:08 PM  
Reference : Medi Wheel  
BIL2850630

### DEPARTMENT OF HEALTH CHECKUP

#### Glucose Urine Fasting

Urine Glucose Fasting Nil NIL  
Method:Reagent strip/Reflectance photometry

#### Glucose Urine Post Prandial

Urine Glucose Post Prandial Nil NIL  
Method:Reagent strip/Reflectance photometry

\* Sample processed at Parkline

--- End Of Report ---

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Email parklinediagnostics@gmail.com www.parklinediagnostics.com



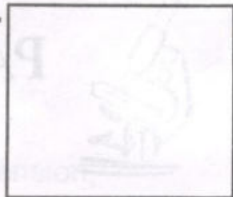
NABL Accredited  
Certificate No.MC-2566

## MEDICAL EXAMINATION REPORT

Name	Mr. Shekhawat Narendra Singh		Date :	25/02/2023		
Company	Clo: mediwheel		Reg. No. :	2850630		
Contact No.	9493407415		Sex	<input checked="" type="checkbox"/> M	Age :	<input type="checkbox"/> 46
Type	Pre-Emp		Emp. No.:	100877		
	Overseas		Height	176 cm		
	Annual	<input checked="" type="checkbox"/>	Weight	78 kgs.		
Remarks	<p>X-ray: R/L lung parenchyma shows few infiltrates. Advice follow up - Pulmonologist. Rest all clinical + Lab parameters WNL.</p>					
Fitness Status	Medically Fit / Unfit		DR. PRIYANKA SANNIDHI Physician's Signature Regn. No : 11351 MBBS			

# COMPREHENSIVE MEDICAL EXAMINATION REPORT

NAME Mr. Shekhawat Navendra Singh  
 AGE 46 yr / m  
 MARITAL STATUS Married CHILDREN : M  F   
 IDENTIFICATION (IF ANY) A mole on the Neck



## PAST HISTORY

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

Any personal H/o Major illness like : Typhoid..... NIL Jaundice..... NIL Etc.

Any H/o STD..... Skin infection..... NIL

H/o Blood Transfusion..... Recent Vaccination..... COVISHIELD x 2 doses.

H/o Epilepsy..... NIL Giddiness.....

H/o Surgery..... Fracture in the past.....

### 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

## GENERAL EXAMINATION

Conjunctiva :

Skin :

Ears :

Nose :

Throat & Oral Cavity :

NAD

Bone, Joints :

Nutritional Status :

Lymph Nodes :

Edema Feet :

Varicose Veins :

(N)

well nourished

NAD

NIL

NIL

DR. PRIYANKA SANNIHI

Regn no 1132

**Distant Vision : Near Vision :**

Right Eye: 9/6

With glasses / Without glasses

left Eye : 6/6

with glasses / without glasses

Right Eye: N/6

With glasses / Without glasses

left Eye : N/6

with glasses / without glasses

Colour Vision : BE normal

Ophthalmologist's Signature

DR. KATIA  
M.B.B.S., D.O., F.R.F.  
Resident (AMC)

**Right Ear**

Hearing :

(N)

Rinee's Test ;

Weber Test :

Discharge :

NIL

**Left Ear**

(N)

NIL

**SYSTEMIC EXAMINATION**

Pulse : 80 bpm

B.P. : 130/80 mmHg

Lungs : A. Shape of Chest R/L symmetrical  
B. Breath Sounds B/L clear ⊕  
C. Adventitious Sounds no

Heart : A. Sounds SI S2 ⊕  
B. Murmurs NO

**Nervous System**

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

A. Higher Function :  
B. Cranial Nerves :  
C. Sensory System :  
D. Motor System :  
E. Jerks :  
] (N)

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 :

  
\_\_\_\_\_  
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.MC-2566

## ENT CONSULTATION

S.No. 2850630      Emp.No. 100822      Date 25/2/23  
 Name Mr. Shekharwar      Age 46 Yrs      Sex M/F  
 Narendra Singh

### EARS :

Right

Left

EAC : patent. no Cerumen      - C.  
 TM : Contact, pearly white.      - C.  
           Cone of light (+).  
 TFT : Rinne's +ve      Rinne's +ve.  
    Weber's - Centralized

### NOSE :

Septum + Deviated (R). Bil. Turbinate (R). PWS - (R) - moderate

### THROAT :

Oropharynx (R). Bil. vocal cords + (R) - normal

### NECK :

(R)      Asymmetry } Bil.

### IMPRESSION:

ENT + Deviated (R)

*Dr. D. Hari Krishna Reddy*

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

Name : Shekawatn ..... Sex : M ..... Age : .....

Date 25/2/23 .....

Rx

OPD - 1254

Ca<sup>+</sup> sn<sup>+</sup>.

Adv. ord prophylaxis.

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

Sowmya






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## TEST REPORT

Name : MR.SHEKHAWAT NARENDRA SINGH [100877]TID/SID : UMR1044261/  
Age / Gender : 46 Years / Male Registered on : 25-Feb-2023 / 08:38 AM  
Ref.By : - Collected on : 25-Feb-2023 / 08:44 AM  
Req.No :  Reported on : 25-Feb-2023 / 10:15 AM  
Reference : Medi Wheel  
BIL2850630

### DEPARTMENT OF CARDIOLOGY

### 2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.5 cm
Left Atrium	2.92 cm
Left Ventricle	LVDd: 4.17 cm IVSd : 0.9 cm EF: 57 % LVDs: 2.93 cm LVPwd: 0.9 cm FS: 29 %
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: 0.5 m/sec A: 0.5 m/sec Aortic flow : 0.8 m/sec Pulmonary flow : 0.9 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. LVEF 57 % No PE/ clot/ vegetation. No diastolic dysfunction.

\* Sample processed at Parkline

--- End Of Report ---

Dr. PRASHANT. P

DM. Cardiology  
Reg.No.1848



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7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com

## TEST REPORT

Name	: Mr . SHEKHAWAT NARENDRA SINGH [1008	TID	: UMR1044261
Age / Gender	: 46 Years / Male	Registered on	: 25-Feb-2023 08:38 AM
Ref.By	:	Reported On	: 25-Feb-2023 11:43 AM
Req. No	: BIL2850630	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** : 11.04 x 4.99 cms.  
Normal in size and echotexture.  
Cortical thickness is normal.  
No evidence of calculi / sol.  
Pelvi calyceal system is normal.

**LEFT KIDNEY** : 11.84 x 4.93 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** : 728 ml.

**POST VOID RESIDUE** : 40 ml.

**PROSTATE** : Measuring 4.92 x 3.14 x 2.89 cms(Vol: 23.2 cc). Enlarged in size. Normal echotexture.  
No calcification / sol.  
No pre or para aortic adenopathy / ascites noted.

**IMPRESSION** : Grade I fatty liver.  
Grade I prostatomegaly.  
Clinical correlation

  
Dr. PRAJAKTA SUKHADEV  
DNB RADIOLOGY  
Reg. No. 68493



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## TEST REPORT

Name : Mr . SHEKHAWAT NARENDRA SINGH [1008  
Age / Gender : 46 Years / Male  
Ref.By :  
Req. No : BIL2850630

TID : UMR1044261  
Registered on : 25-Feb-2023 08:38 AM  
Reported On : 25-Feb-2023 03:48 PM  
Reference : Medi Wheel

### X-RAY CHEST PA VIEW

Bilateral Lung parenchyma shows few infiltrates.

Cardia appears normal.

Hila appears normal.

C P angles appears clear.

Bony cage appears normal.

Soft tissues appears normal.



  
Dr. Syed Wasim Ul Haq  
MD Radiodiagnosis  
Regd.No. 68775  
Consultant Radiologist

ID: 2850630 25-02-2023 09:28:42 AM  
mr shekhawat narendra singh  
Male 46Years

HR : 63 bpm  
P : 93 ms  
PR : 131 ms  
QRS : 84 ms  
QT/QTc : 378/388 ms  
P/QRST : 31/27/47 °  
RV5/SV1 : 1.327/0.491 mV

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

WNL

**Dr. PRASHANT. P**  
DM. Cardiology  
Reg.No.1848

Report Confirmed by:

BPL

