

Name : Mr. NAGARJUNA R  
PID No. : MED111034247  
SID No. : 922018260  
Age / Sex : 32 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 26/03/2022 7:36 AM  
Collection On : 26/03/2022 8:01 AM  
Report On : 27/03/2022 10:31 AM  
Printed On : 29/03/2022 8:10 PM



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

## HAEMATOLOGY

### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	15.6	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	44.7	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	5.02	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	89.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	31.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	34.9	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.4	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	42.4	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6200	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	55.7	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	31.4	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	3.8	%	01 - 06

DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

APPROVED BY

Name : Mr. NAGARJUNA R  
PID No. : MED111034247  
SID No. : 922018260  
Age / Sex : 32 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 26/03/2022 7:36 AM  
Collection On : 26/03/2022 8:01 AM  
Report On : 27/03/2022 10:31 AM  
Printed On : 29/03/2022 8:10 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	8.4	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.7	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.4	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.9	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.20	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.5	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.0	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	239	10 <sup>3</sup> / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.1	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.219	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	3	mm/hr	< 15

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902  
APPROVED BY

Name : Mr. NAGARJUNA R  
PID No. : MED111034247  
SID No. : 922018260  
Age / Sex : 32 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 26/03/2022 7:36 AM  
Collection On : 26/03/2022 8:01 AM  
Report On : 27/03/2022 10:31 AM  
Printed On : 29/03/2022 8:10 PM



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

## BIOCHEMISTRY

### Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.4	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.3	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.1	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.1	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.6	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.5	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.8		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	20	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	14	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	103	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	19	U/L	< 55

  
DR .VANITHA.R.SWAMY MD  
Consultant Pathologist  
Reg No : 99049  
VERIFIED BY

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902  
APPROVED BY

Name : Mr. NAGARJUNA R  
PID No. : MED111034247  
SID No. : 922018260  
Age / Sex : 32 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 26/03/2022 7:36 AM  
Collection On : 26/03/2022 8:01 AM  
Report On : 27/03/2022 10:31 AM  
Printed On : 29/03/2022 8:10 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	177	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	64	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)	46	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	118.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	12.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	131.0	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.

  
DR. VANITHA R. SWAMY MD  
Consultant Pathologist  
Reg No : 99049  
VERIFIED BY

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902  
APPROVED BY


Name : Mr. NAGARJUNA R  
PID No. : MED111034247  
SID No. : 922018260  
Age / Sex : 32 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 26/03/2022 7:36 AM  
Collection On : 26/03/2022 8:01 AM  
Report On : 27/03/2022 10:31 AM  
Printed On : 29/03/2022 8:10 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.8		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)	1.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

  
DR. VANITHA R. SWAMY MD  
Consultant Pathologist  
Reg No : 99049  
VERIFIED BY

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

APPROVED BY

Name : Mr. NAGARJUNA R  
PID No. : MED111034247  
SID No. : 922018260  
Age / Sex : 32 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 26/03/2022 7:36 AM  
Collection On : 26/03/2022 8:01 AM  
Report On : 27/03/2022 10:31 AM  
Printed On : 29/03/2022 8:10 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.7	%	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 %

Estimated Average Glucose 116.89 mg/dL  
(Whole Blood)

**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 glycaemic 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.

  
DR. VANITHA R. SWAMY MD  
Consultant Pathologist  
Reg No : 99049  
VERIFIED BY

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902  
APPROVED BY

Name : Mr. NAGARJUNA R  
PID No. : MED111034247  
SID No. : 922018260  
Age / Sex : 32 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 26/03/2022 7:36 AM  
Collection On : 26/03/2022 8:01 AM  
Report On : 27/03/2022 10:31 AM  
Printed On : 29/03/2022 8:10 PM



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

## IMMUNOASSAY

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/CMIA)	1.64	ng/mL	0.7 - 2.04
---	------	-------	------------

#### **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/CMIA)	10.63	µg/dL	4.2 - 12.0
--	-------	-------	------------

#### **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.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Microparticle Immunoassay(CMIA))	4.78	µIU/mL	0.35 - 5.50
--	------	--------	-------------

#### **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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902  
APPROVED BY

Name : Mr. NAGARJUNA R  
PID No. : MED111034247  
SID No. : 922018260  
Age / Sex : 32 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 26/03/2022 7:36 AM  
Collection On : 26/03/2022 8:01 AM  
Report On : 27/03/2022 10:31 AM  
Printed On : 29/03/2022 8:10 PM



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

## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION

Colour (Urine)	Pale yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	25	mL	

### CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.020		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative

Dr. Arjun C.P  
MBBS, MD Pathology  
Reg No:KMC 89655

VERIFIED BY

DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

APPROVED BY

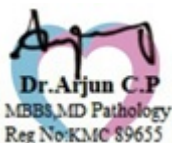


Name : Mr. NAGARJUNA R  
PID No. : MED111034247  
SID No. : 922018260  
Age / Sex : 32 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

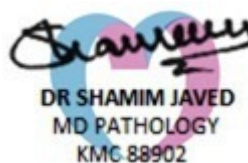
Register On : 26/03/2022 7:36 AM  
Collection On : 26/03/2022 8:01 AM  
Report On : 27/03/2022 10:31 AM  
Printed On : 29/03/2022 8:10 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Leukocytes (Urine)	Negative	leuco/uL	Negative
<b><u>MICROSCOPY(URINE DEPOSITS)</u></b>			
Pus Cells (Urine/Flow cytometry)	2-3	/hpf	3-5
Epithelial Cells (Urine)	2-3	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	NIL
Others (Urine)	Nil		Nil
Casts (Urine/Flow cytometry)	Nil	/hpf	0 - 1
Crystals (Urine)	Nil		NIL



VERIFIED BY



APPROVED BY

Name : Mr. NAGARJUNA R  
 PID No. : MED111034247  
 SID No. : 922018260  
 Age / Sex : 32 Year(s) / Male  
 Type : OP  
 Ref. Dr : MediWheel

Register On : 26/03/2022 7:36 AM  
 Collection On : 26/03/2022 8:01 AM  
 Report On : 27/03/2022 10:31 AM  
 Printed On : 29/03/2022 8:10 PM



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

**BIOCHEMISTRY**

BUN / Creatinine Ratio	11		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	115	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.

Glucose Fasting - Urine (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	91	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.

Glucose Postprandial - Urine (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	9	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.8	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.

Uric Acid (Serum/Uricase/Peroxidase)	4.6	mg/dL	3.5 - 7.2
---	-----	-------	-----------

  
**DR .VANITHA.R.SWAMY MD**  
 Consultant Pathologist  
 Reg No : 99049  
**VERIFIED BY**

  
**DR SHAMIM JAVED**  
 MD PATHOLOGY  
 KMC 88902  
**APPROVED BY**

Name : Mr. NAGARJUNA R  
PID No. : MED111034247  
SID No. : 922018260  
Age / Sex : 32 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 26/03/2022 7:36 AM  
Collection On : 26/03/2022 8:01 AM  
Report On : 27/03/2022 10:31 AM  
Printed On : 29/03/2022 8:10 PM




---

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


**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'AB' 'Positive'



DR .VANITHA.R.SWAMY MD  
Consultant Pathologist  
Reg No : 99049  
VERIFIED BY



DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902  
APPROVED BY

-- End of Report --

Patient Id **MED111034247**

Patient Name **MR.NAGARJUNA R(32Y/MALE)**





# Sign-up & Health Assessment Form

To be filled by Customer

Name: Mr/Ms/Mrs    Nagajuma

Gender:  Male  Female Age: 32 years DOB:  /  /

Mobile: 8970143745 Pincode:

Email:

Bar code

### Vitals

To be filled by Technician

Height: 174 cms

Waist: 28 in.

Hip: 35 in.

Weight: 60 kg

Fat: 20 %

Visc. Fat: A.5 %

RM: 1456 cal

BMI: 20.5 kg/m<sup>2</sup>

Body Age: 28 years

Sys. BP: 136 mmHg

Dia. BP: 88 mmHg

8A phase.

To be filled by Customer

### Medical History

Have you been previously diagnosed with?

Diabetes (Sugar)  Yes  No

Hypertension (BP)  Yes  No

Cardiovascular Disease (Heart)  Yes  No

Asthma/Allergies (Dust, Pollen, Food, Animals, etc.)  Yes  No

Neurological Problems (Nerve)  Yes  No

Are you currently taking medications for?

Diabetes (Sugar)  Yes  No

Hypertension (BP)  Yes  No

Cardiovascular Disease (Heart)  Yes  No

Liver Disease  Yes  No

Cancer  Yes  No

Tuberculosis (TB)  Yes  No

### Family History

Is there a history of below diseases in your family?

Diabetes (Sugar)  Yes  No

Hypertension (BP)  Yes  No

Cardiovascular Disease (Heart)  Yes  No

Cancer  Yes  No

### Lifestyle

Do you exercise regularly?  Yes  No

Do you consume alcohol more than 2 times a week?  Yes  No

Do you smoke/chew tobacco?  Yes  No

Are you vegetarian?  Yes  No

### General

Do you see a doctor at least once in 6 months?  Yes  No

Do you undergo a health checkup every year?  Yes  No

How would you rate your overall Health?  Excellent  Good  Normal  Poor  Very Poor

### Women's Health

Is there a family history of Breast Cancer?  Yes  No

Is there a family history of Endometrial (Uterus) Cancer?  Yes  No

Is there a family history of Ovarian Cancer?  Yes  No

Do you have irregular periods?  Yes  No

Do you have heavy bleeding during periods?  Yes  No

Do you have scanty periods?  Yes  No

Have you attained Menopause?  Yes  No

Do you have children?  Yes  No

Was it a normal delivery?  Yes  No

Did you have diabetes/hypertension during delivery?  Yes  No

Signature:



Customer Name	R. Nagarjuna	Customer ID	111034247
Age & Gender	32, male	Visit Date	26/03/22

Eye Screening

With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	NG	NG
Distance Vision	6/6	6/6
Colour Vision	normal	normal

Observation / Comments: normal.

*Dr. Ravi*

**Dr. RAVI V. HALAKATTI**  
M.S. (OPHTH)  
**EYE SURGEON**  
Regd. No. 11801



32 Years Male

QRS : 88 ms  
QT / QTcBaz : 346 / 414 ms  
PR : 104 ms  
P : 96 ms  
RR / PP : 696 / 697 ms  
P / QRS / T : 75 / 54 / 57 degrees



*Dr. Sridhar L*  
*WRC*

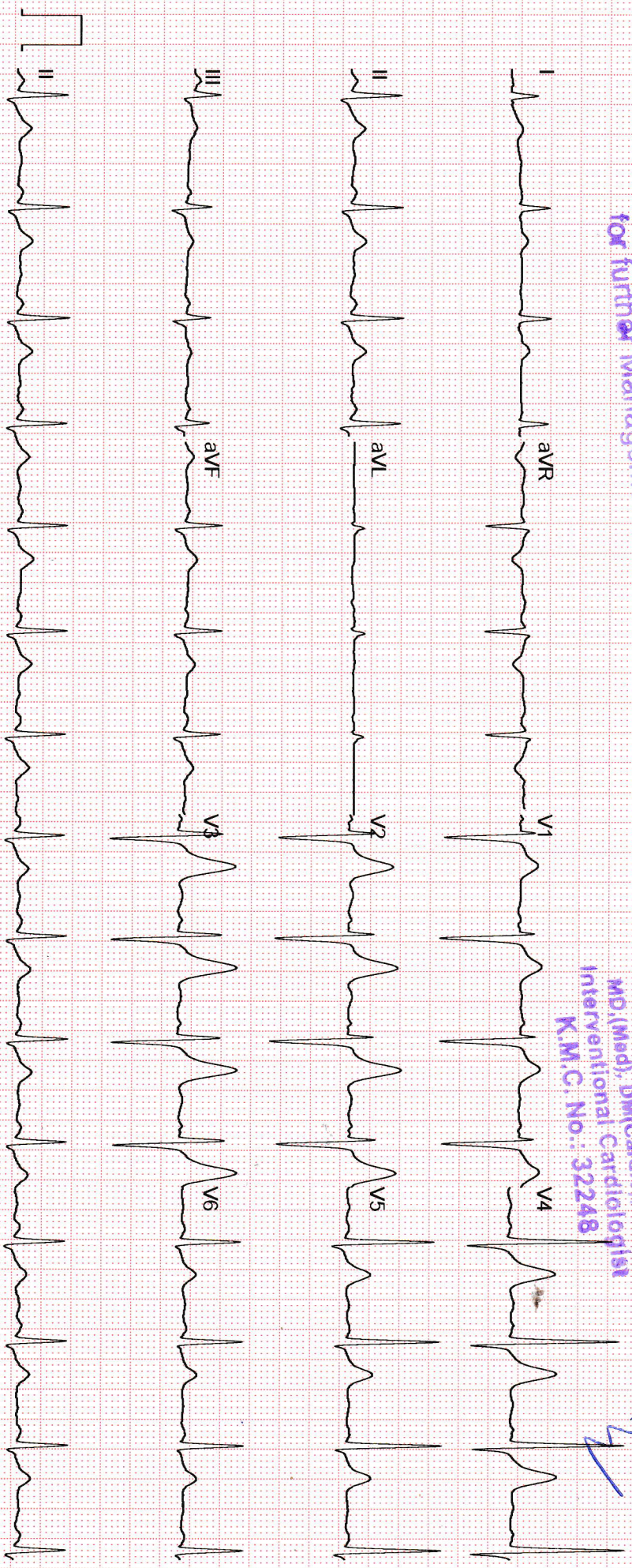
(Needs Clinical Correlation  
for further Management)

*W + 70°*

**Dr. SRIDHAR L**  
MD (Med), DM (Cardiol), FICCI  
Interventional Cardiologist  
K.M.C. No.: 32248

*Normal ECG*

Technician: koms  
Ordering Ph: MEDIWHEEL  
Referring Ph: MEDIWHEEL  
Attending Ph:



Unconfirmed



Name	NAGARJUNA R	Customer ID	MED111034247
Age & Gender	32Y/M	Visit Date	Mar 26 2022 7:35AM
Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

**Impression: Essentially normal study.**



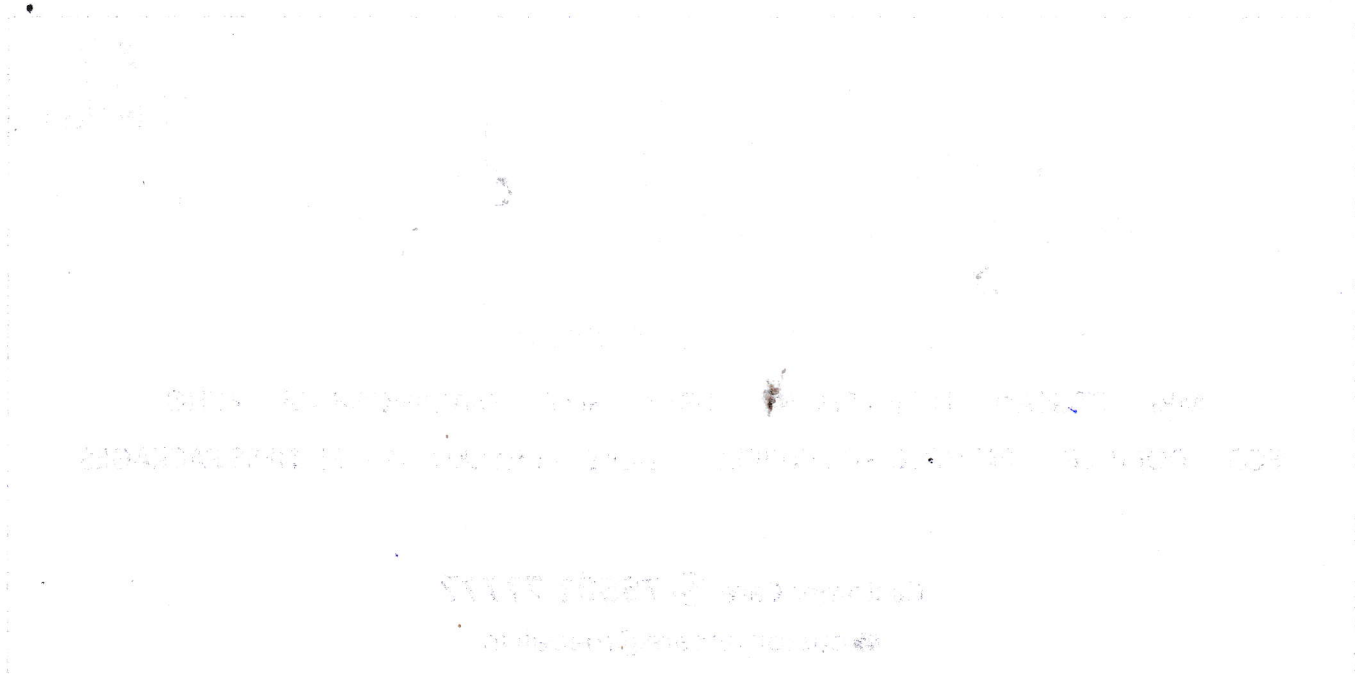
DR. H.K. ANAND

DR. SHWETHA S

DR. PRAJNA SHENOY

DR. MAHESH M S

CONSULTANT RADIOLOGISTS





Name	MR.NAGARJUNA R	ID	MED111034247
Age & Gender	32Y/MALE	Visit Date	26/03/2022
Ref Doctor	MediWheel		

### 2D ECHOCARDIOGRAPHIC STUDY

#### M mode measurement:

AORTA	:	2.12	cms
LEFT ATRIUM	:	2.12	cms
AVS	:	1.35	cms
LEFT VENTRICLE (DIASTOLE)	:	3.47	cms
(SYSTOLE)	:	2.16	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.94	cms
(SYSTOLE)	:	1.67	cms
POSTERIOR WALL (DIASTOLE)	:	0.94	cms
(SYSTOLE)	:	2.45	cms
EDV	:	49	ml
ESV	:	15	ml
FRACTIONAL SHORTENING	:	35	%
EJECTION FRACTION	:	65	%
EPSS	:		cms
RVID	:	1.71	cms

#### DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' -1.13m/s 'A' -0.67m/s	TRIVIAL MR
AORTIC VALVE	:1.27 m/s	NO AR
TRICUSPID VALVE	: PASP : 22 mmHg	TRIVIAL TR
PULMONARY VALVE	:0.84 m/s	NO PR



Name	MR.NAGARJUNA R	ID	MED111034247
Age & Gender	32Y/MALE	Visit Date	26/03/2022
Ref Doctor	MediWheel		

:2:

**2D ECHOCARDIOGRAPHY FINDINGS:**

Left Ventricle : Normal size, Normal systolic function.  
No regional wall motion abnormalities

Left Atrium : Normal

Right Ventricle : Normal

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapse.

Aortic valve : Normal, Trileaflet

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No Pericardial effusion.

**IMPRESSION :**

- TRIVIAL MITRAL REGURGITATION
- TRIVIAL TRICUSPID REGURGITATION. PASP : 22 mmHg
- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 65 %
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

(TACHYCARDIA OBSERVED DURING THE STUDY)

DR.SRIDHAR.L MD,DM,FICC.  
CONSULTANT CARDIOLOGIST  
Ls/ml

Dr. SRIDHAR .L  
MD,(Med), DM(Cardio), FICC  
Interventional Cardiologist  
K.M.C. No.: 32248

