

Patient Name : **MR. RAO M T**
Patient ID : 40565
Age / Sex : 49 years / Male
Referred by : MEDIWHEEL
Bill ID : 67329

Collected : Aug 20, 2022, 09:35 a.m.
Reported : Aug 20, 2022, 02:55 p.m.
Sample ID :



188695

Test Description	Results	Units	Biological Reference Range
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ULTRASENSITIVE THYROID STIMULATING HORMONE (TSH)

Sample Type : Serum

Ultrasensitive Thyroid Stimulative Hormone (TSH) [CLIA]	2.97	μIU/mL	0.3 - 4.5 1st trimester - 0.1 - 2.5μIU/mL 2nd trimester - 0.2 - 3μIU/mL 3rd trimester - 0.3 - 3μIU/mL
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Clinical Significance :-

1. Serum TSH concentrations exhibit a diurnal variation with the peak occurring during the night.
2. Useful for: Screening for thyroid dysfunction and detecting mild (subclinical), as well as overt, primary hypo- or hyperthyroidism in ambulatory patients.
3. Monitoring patients on thyroid replacement therapy.
4. Confirmation of thyroid-stimulating hormone (TSH) suppression in thyroid cancer patients on thyroxine suppression therapy.
5. Prediction of thyrotropin-releasing hormone-stimulated TSH response.

END OF REPORT



Dr. Sudhamani S. MD
Consultant Pathologist
Reg. No. : 90461

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Test Description	Results	Units	Biological Reference Range
<u>FASTING BLOOD SUGAR</u>			
Sample Type : Flouride R			
Fasting Blood Sugar [GOD - POD]	102.34	mg/dl	Normal : 70 - 99 mg/dl impaired Tolerance : 100 - 125mg/dl Diabetes Mellitus : >126 mg/dl
Technique :-	Fully Automated Biochemistry Analyser ERBA EM-200		

END OF REPORT

Dr. Sudhamani S. MD
Consultant Pathologist
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POST PRANDIAL BLOOD SUGAR

Sample Type : Flouride PP

Post Prandial Blood Sugar [GOD - POD]	119.20	mg/dl	110-180
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Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200

****END OF REPORT****

Dr. Sudhamani S. MD
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BLOOD GROUP

Sample Type : EDTA / Whole Blood

ABO Grouping

"O"

Rh Grouping

POSITIVE

Note:

These report is for information purpose only. Blood group needs to be reconfirmed at the time of cross matching for blood transfusion.

END OF REPORT



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Test Description	Results	Units	Biological Reference Range
<u>LIPID PROFILE</u>			
Sample Type : Serum			
TOTAL CHOLESTEROL [CHOD-PAP]	168.00	mg/dL	Desirable : <200 mg/dl Borderline : 200 - 239mg/dl High : >240 mg/dl
TRIGLYCERIDES [Glycerol Phosphate Oxidase]	150.60	mg/dL	Desirable : <150 mg/dl Borderline : 150 - 199mg/dl High : >200mg/dl
HDL CHOLESTEROL [Direct]	40.80	mg/dL	Desirable : >40 mg/dl Borderline Risk : 35 mg/dl High Risk : <30 mg/dl
LDL CHOLESTEROL [Calculated]	97.08	mg/dL	Desirable : <100 mg/dl Borderline : 130 - 160mg/dl High : >160mg/dl
VLDL Cholesterol [Calculated]	30.12	mg/dL	Desirable : <26 mg/dl Borderline : >30 mg/dl
Total Chol / HDL Chol Ratio [Calculated]	4.12	mg/dL	Desirable : <5 %
LDL / HDL Ratio [Calculated]	2.38		1.00 - 3.55
NON-HDL CHOLESTEROL [Calculated]	127.20	mg/dL	Desirable : <130 mg/dl Borderline : 160 - 189 mg/dl High : >220 mg/dl
Technique:	Fully Automated Biochemistry Analyser ERBA EM-200.		

END OF REPORT



Dr. Sudhamani S. MD
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Test Description	Results	Units	Biological Reference Range
<u>GLYCOCYLATED HAEMOGLOBIN</u>			
Sample Type : EDTA / Whole Blood			
Glycocyalted Haemoglobin (HbA1c) [Tosoh HPLC]	5.4	%	<5.7%NON DIABETIC 5.7-6.4% PRE-DIABETIC >6.5% DIABETIC <7.0% GOAL FOR DIABETIC ON TREATMENT
MEAN BLOOD GLUCOSE	108.28	mg/dL	116.89 - 154.2

END OF REPORT

Dr. Sudhamani S. MD
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URINE ANALYSE REPORT

Sample Type : Urine

PHYSICAL EXAMINATION

COLOUR	Pale Yellow		
APPEARANCE	Clear		
REACTION (PH)	6.5		4.8 - 7.6
SPECIFIC GRAVITY	1.005		1.010 - 1.030
ALBUMIN	Absent		
GLUCOSE	Absent		
BLOOD (U)	Absent		
BILE PIGMENTS	Negative		
BILE SALTS	Absent		
KETONE	Negative		
LEUKOCYTES	Absent		
NITRITE	Absent		
UROBILINOGEN	Negative		

MICROSCOPY

PUS CELLS/hpf	1-2
RBCs/hpf	Absent
EPI.CELLS/hpf	1-2
CASTS	Absent
CRYSTALS	Absent
BACTERIA	Absent
Other	Absent

END OF REPORT

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LIVER FUNCTION TEST

Sample Type : Serum

TOTAL BILIRUBIN [DIAZO]	0.58	mg/dl	0.3-1.3 mg/dl
BILIRUBIN-DIRECT [DIAZO]	0.26	mg/dl	0.1-0.4 mg/dl
BILLIRUBIN-INDIRECT [CALCULATED]	0.32	mg/dl	0.1-0.9 mg/dl
S.G.O.T. (AST) [IFCC without Pyridoxal Phosphate]	16.80	IU/L	5-40 IU/L
S.G.P.T.(ALT) [IFCC without Pyridoxal Phosphate]	13.10	IU/L	5-40 IU/L
ALKALINE PHOSPHATASE [Amino Methyl Propanol (AMP)]	74.00	IU/L	44-147 IU/L
TOTAL PROTEINS [BIURET]	6.82	IU/L	6.0 - 8.5g/dL
ALBUMIN [BROMO CRESOL GREEN (BCG)]	4.26	g/dl	3.5-5.0 g/dl
GLOBULIN [CALCULATED]	2.56	gm%	2.3-3.5 gm%
ALBUMIN/GLOBULIN RATIO [CALCULATED]	1.66		
GAMMA GT	12.10	U/L	0 - 45

Technique : Fully Automated Biochemistry Analyser ERBA EM-200

END OF REPORT

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SR. URIC ACID

Sample Type : Serum

Uric Acid [Uricase - POD]	6.30	mg/dl	3.6 - 7.7
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Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200.

****END OF REPORT****

Dr. Sudhamani S. MD
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Test Description	Results	Units	Biological Reference Range
<u>CREATININE</u>			
Sample Type : Serum			
Creatinine	0.90	mg/dl	0.40 - 1.40
[Enzymatic]			
Estimated GFR	108.20	ml/min/1.73sq m	Normal: >90 Mild Decrease : 60-89 Mild Moderate Decrease : 45-59 Moderate to Severe Decrease : 30-44 Severe Decrease ; 15-29 Kidney Failure : <15
[Calculated]			
Formula	Estimated GFR Calculate By COCROFT GAULT Formula.		
Technique :-	Done On Fully Automated Biochemistry Analyser ERBA EM-200		

END OF REPORT

Dr. Sudhamani S. MD
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BLOOD UREA LEVEL (BUL)

Sample Type : Serum

Urea	17.30	mg/dl	10 - 40
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[Urease - GLDH]

Bun	8.08	mg/dl	6 - 21
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[Calculated]

Technique :- Done On Fully Automated Biochemistry Analyser ERBA EM-200

END OF REPORT

Dr. Sudhamani S. MD
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COMPLETE BLOOD COUNT

Sample Type : EDTA / Whole Blood

Hemoglobin	14.7	g/dl	13.0 - 17.0
RBC COUNT	4.85	Millions/c	4.5 - 5.5
PCV(Hematocrit)	44.9	%	40.0 - 50.0
Mean Cell Volume(MCV)	92.58	fl	80.0 - 100.0
Mean Cell Hemoglobin(MCH)	30.31	pg	27.0 - 33.0
Mean Cell Hb Conc(MCHC)	32.74	g/dl	32 - 36
RDW	13.8	%	11.50 - 14.50
Total Leucocytes (WBC) Count	6150	/cumm	4000-11000

DIFFERENTIAL COUNT

Neutrophils	63.2	%	40 - 70
Lymphocytes	30.0	%	20 - 50
Eosionphils	0.4	%	01 - 06
Monocytes	5.9	%	00 - 08
Basophils	0.50	%	00-01

SMEAR STUDY

RBC Morphology	Normocytic Normocromic.		
WBC Morphology	No E/o Toxic granules seen		
Platelets On Smear	Adequate on Smear		
Platelet Count	227000	/cumm	150000 - 450000
MPV	9.9	fL	6.5 - 10.0

Comments :-

Method:-

HB:-Colorimetric, Total WBC:-Impedance/Flow Cytometry, HCT, MCV, MCH, MCHC, RDW-CV:-Calculate, Diff. Count: Flow Cytometry / Manual Stained Smear Microscopy, RBC: Impedance, Platelets : Impedance Method.

Technique :-

Fully Automated 5 part Diff. Cell Counter .

All Test Results are subjected to stringent international External and Internal Quality Control Protocols

****END OF REPORT****

Dr. Sudhamani S. MD
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Test Description	Results	Units	Biological Reference Range
	<u>ESR</u>		
Sample Type : EDTA / Whole Blood			
ESR	15	Mm/hr	0 - 15
Method	Westergren		

END OF REPORT

Dr. Sudhamani S. MD
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TOTAL THYROXINE (T4)

Sample Type : Serum

Total Thyroxine (T4) [CLIA]	103.20	ng/ml	52 - 127
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****END OF REPORT****

Dr. Sudhamani S. MD
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TOTAL TRIIODOTHYRONINE (T3)

Sample Type : Serum

TotalTriiodothyronine (T3) [CLIA]	1.39	ng/dL	0.69 - 2.15
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****END OF REPORT****

Dr. Sudhamani S. MD
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TOTAL PSA

Sample Type : Serum

Prostate Specific Antigen (PSA) [CLIA]	0.90	ng/ml	0 - 4
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Clinical Significance

Serum P.S.A. should not be interpreted as absolute evidence of malignant disease.

Serum P.S.A. should not be used as a screening test for malignant disease.

Prostate biopsy, Prostatectomy and prostatic message may lead to elevated P.S.A. levels persisting upto 3 weeks.

****END OF REPORT****



Dr. Sudhamani S. MD
Consultant Pathologist
Reg. No. : 90461



Dr. Mahesh V. Padsalge
Dr. Mahesh V. Padsalge
MD. (Medicine)
Consultant Physician
Reg. No. 91424 (MMC)

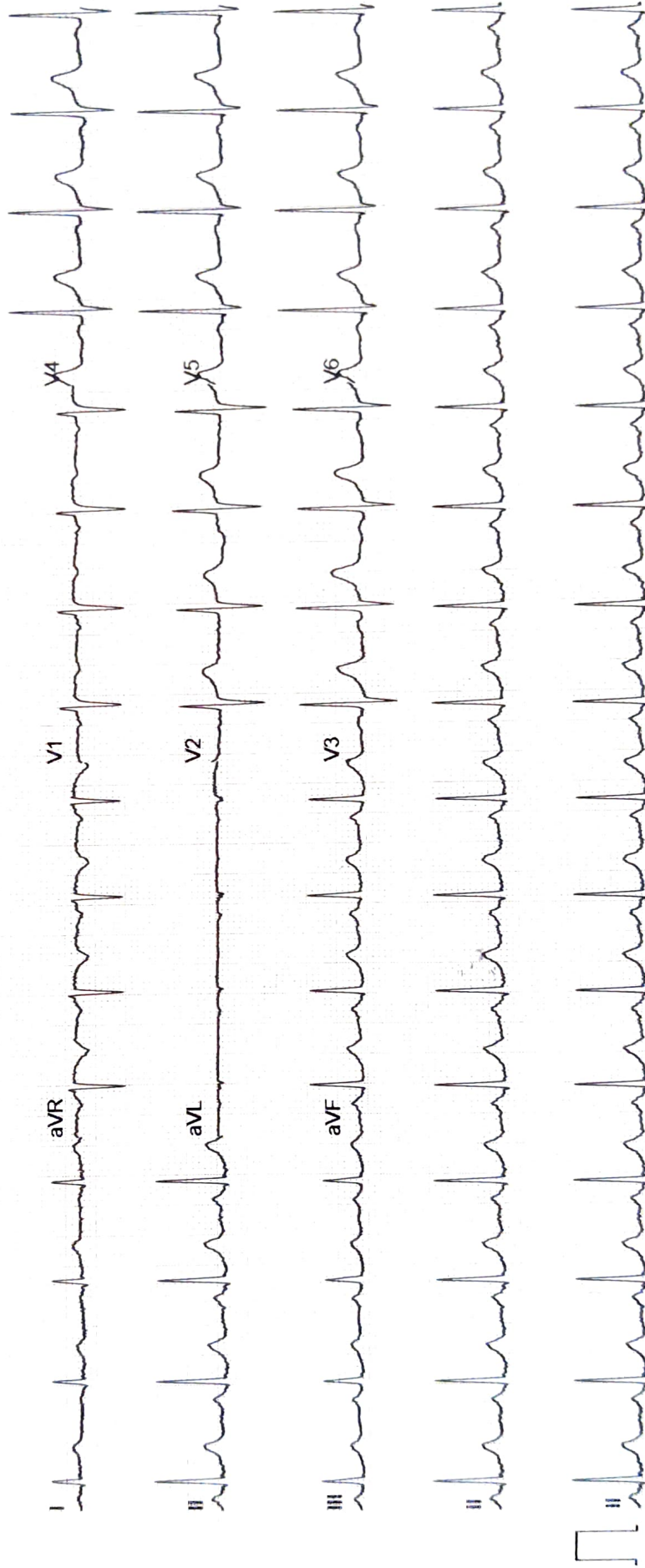
Male

QRS : 72 ms
QT / QTcBaz : 352 / 435 ms
PR : 114 ms
P : 60 ms
RR / PP : 650 / 652 ms
P / QRS / T : 51 / 70 / 60 degrees

Normal sinus rhythm
Normal ECG

Handwritten notes:
V2 has minor nodal lead
B2

Dr. Mafiesh V. Padsalghe
MD. (Medicine)
Consultant Physician
Reg. No. 91424 (MMC)



ECHO Report

Date: 20/08/2022

Patient Details

Patient ID – 19793
Name- MR MANKALA T RAO
Age- 49 YEARS
Gender- MALE
Referral By - MEDI WHEEL

Doctor Incharge DR. MAHESH PADSALGE

Clinical Status of Patient -

Finding description -

1. Normal cardiac chambers dimensions.
2. Normal LV systolic function.
3. No RWMA.
4. All cardiac valves are structurally normal.
5. Trivial MR, Trivial PR, NO AR.
6. No PAH.
7. Normal RV systolic function.
8. No clot/vegetation/pericardial effusion.
9. No coarctation of aorta.

Chamber Dimensions-M mode Findings

LVID (Diastole)35-56(mm)	- 40.00	LVID(Systole) 24-42(mm)	- 26.00
IVS(Diastole)8-12(mm)	- 9.00	IVS(Systole) 14-42(mm)	- 14.00
LVPWT(Diastole)6-11(mm)	- 9.0	EPSS	- 4.00
LVEF (%)	- 65.00	LVFS(%)	- 36.00

LV Volume(Diastolic)(mm³)
Meridional Wall Stress in System

LV Volume (Systolic)(mm³)
Cubbed LV Volume in Diastole(mm³)

Cubed LV+ myocardial volume(mm³)

Velocity of circumferential
Shortening(mm)


Aortic root 22-37(mm) - 26.00
Left Atrium Length(mm) - 26.00
Left Atrium Volume(mm³)
RV size Normal
Normal
RV volume(mm³)
Normal
Pericardium Normal
Effusion None
Resp Variation Present
Predicted RV Systolic Pressure

Left Atrium Width(mm)
Left Atrium Area(mm²)
RV Function

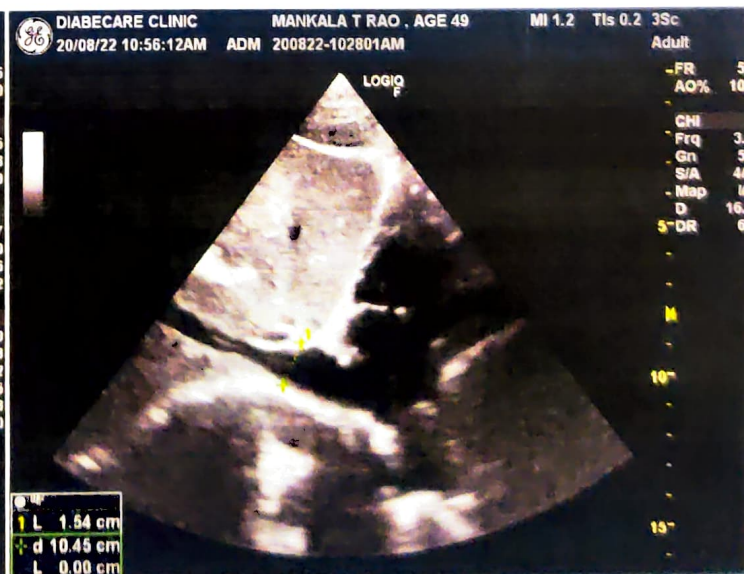
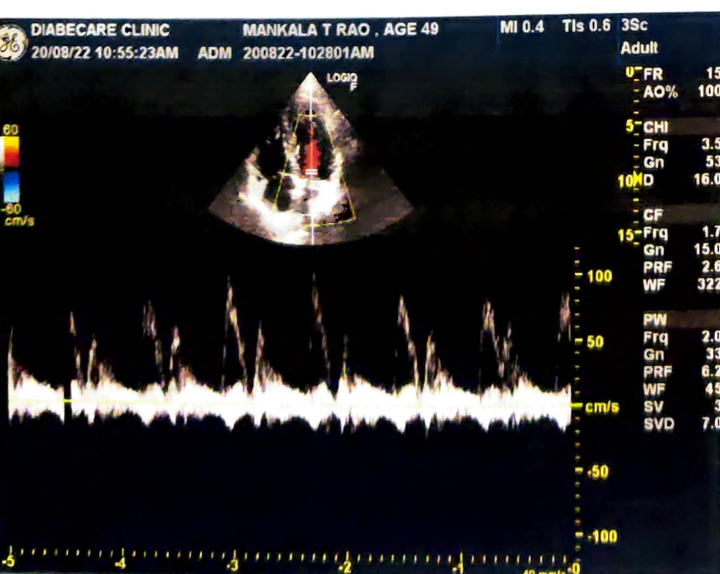
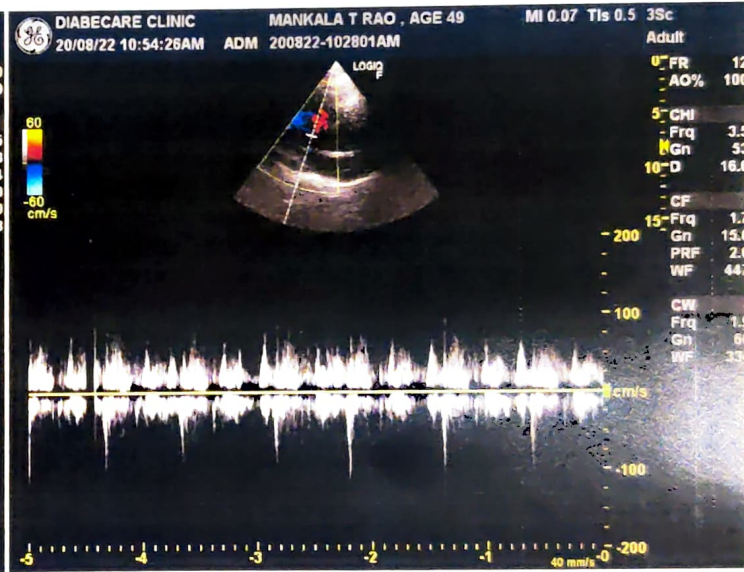
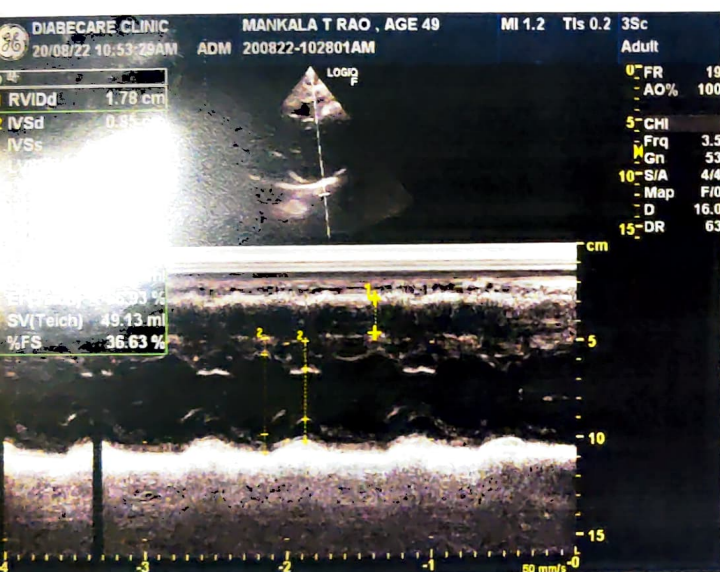
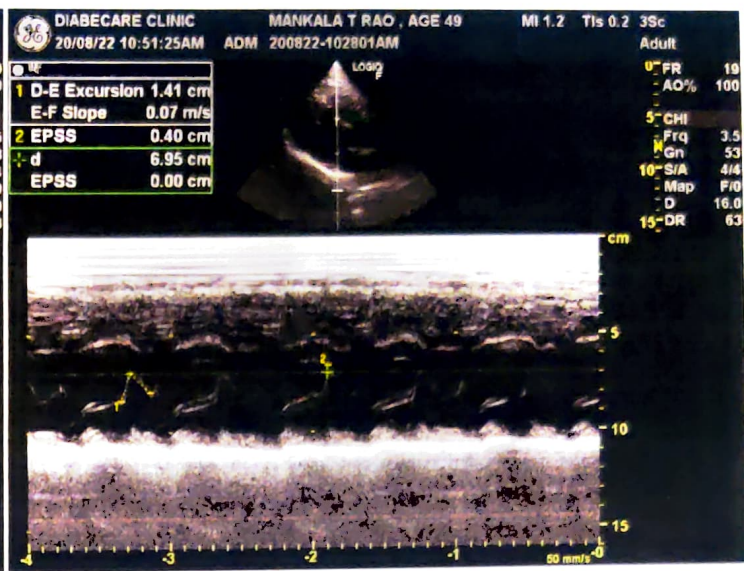
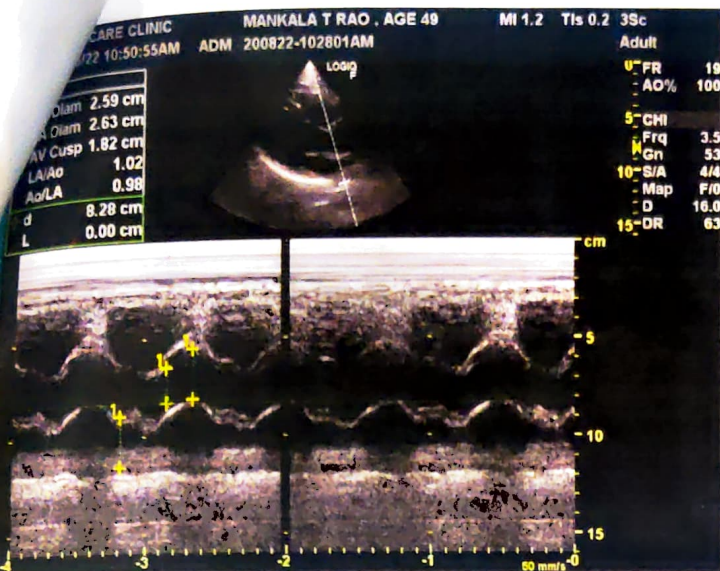
RA Size

IVC Size(mm) – 15 mm Collapsible

Doppler Findings- I


Dr. Mahesh Padsalge

Dr. Mahesh V. Padsalge
MD. (Medicine)
Consultant Physician
Reg. No. 91424 (MMC)



NAME- MANKALA T RAO

DATE- 20/08/2022

AGE- 49/M

X-RAY CHEST PA

The Soft Tissues And Bony Thorax Are Normal.

Both The Costophrenic And Cardiophrenic Angles Are Clear.

The Lung Field Are Normal.

Cardiac Shape And Size Appears Normal.

Both The Hila Are Normal In Density And Position.

Both The Domes Of Diaphragm And Mediastinum Are Normal.

Impression: Normal Chest X-Ray.



**DR.MRUDULA BABAR
CONSULTANT RADIOLOGIST**

**Dr. MRUDULA BABAR
DMRE.CPS Mumbai 2009
(RADIOLOGIST)
Reg. No. 2005/03/2139**

Name : MR M T RAO	Age/sex: 49Yrs. /MALE
Ref by: MEDIWHEEL	Date: 20/08/2022

ULTRASOUND EXAMINATION OF ABDOMEN & PELVIS

Findings-

The Liver is normal in size, shape and echogenicity. No focal lesion is seen. The Hepatic veins appear normal. There is no IHBR dilatation. The portal vein appears normal.

The gall bladder is distended. The proximal C.B.D. is normal caliber

Visualized Pancreas appears normal in size and reflectivity. The pancreatic duct is not dilated.

The spleen is normal in size, No focal lesion is seen. Splenic vein is normal at hilum.

Both kidneys are normal in position and size. They show normal cortical reflectivity and cortico-medullary differentiation. There is no evidence of renal calculus, hydronephrosis or mass.

Right kidney measures 9.9 x 4.1 cm

Left kidney measures 9.7 x 5.1 cm

The Urinary bladder is well distended. No evidence of any intraluminal mass or calculi.


The visualized Prostate appears normal in size, shape and homogenous echotexture.

There is no free fluid is seen in the pelvis. No probe tenderness in present study.

IMPRESSION :-

➤ No significant abnormality seen in present study .

• Adv : clinical correlation.


Dr. MRUDULA BABAR
CONSULTANT RADIOLOGIST

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Reg. No. 2005/03/2139

