

Patient Name : Mr.KISHORE KANKIPATI RATNA	Collected : 24/Mar/2024 10:12AM
Age/Gender : 32 Y 8 M 27 D/M	Received : 24/Mar/2024 12:59PM
UHID/MR No : CMAR.0000344575	Reported : 24/Mar/2024 02:44PM
Visit ID : CMAROPV790667	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9493983621	

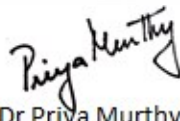
DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , WHOLE BLOOD EDTA				
HAEMOGLOBIN	17.1	g/dL	13-17	Spectrophotometer
PCV	50.70	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.38	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	94.2	fL	83-101	Calculated
MCH	31.8	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	13.9	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	5,520	cells/cu.mm	4000-10000	Electrical Impedence
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	65	%	40-80	Electrical Impedence
LYMPHOCYTES	24	%	20-40	Electrical Impedence
EOSINOPHILS	4.2	%	1-6	Electrical Impedence
MONOCYTES	6	%	2-10	Electrical Impedence
BASOPHILS	0.8	%	<1-2	Electrical Impedence
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	3588	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1324.8	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	231.84	Cells/cu.mm	20-500	Calculated
MONOCYTES	331.2	Cells/cu.mm	200-1000	Calculated
BASOPHILS	44.16	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	2.71		0.78- 3.53	Calculated
PLATELET COUNT	177000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	6	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				



Dr. Anusha B M
M.B.B.S,M.D(Pathology)
Consultant Pathologist



Dr Priya Murthy
M.B.B.S,M.D(Pathology)
Consultant Pathologist



SIN No:BED240081149

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Apollo Health and Lifestyle Limited (CIN - U85110TG2000PLC115819)
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APOLLO CLINICS NETWORK

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RBCs: are normocytic normochromic

WBCs: are normal in total number with normal distribution and morphology.

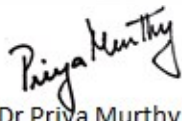
PLATELETS: appear adequate, normal morphology.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.



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Age/Gender : 32 Y 8 M 27 D/M	Received : 24/Mar/2024 12:59PM
UHID/MR No : CMAR.0000344575	Reported : 24/Mar/2024 04:03PM
Visit ID : CMAROPV790667	Status : Final Report
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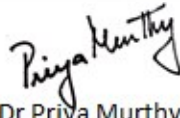
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Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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Patient Name : Mr.KISHORE KANKIPATI RATNA	Collected : 24/Mar/2024 10:12AM
Age/Gender : 32 Y 8 M 27 D/M	Received : 24/Mar/2024 01:04PM
UHID/MR No : CMAR.0000344575	Reported : 24/Mar/2024 03:23PM
Visit ID : CMAROPV790667	Status : Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	86	mg/dL	70-100	HEXOKINASE

Comment:

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

Note:

- The diagnosis of Diabetes requires a fasting plasma glucose of $> \text{ or } = 126 \text{ mg/dL}$ and/or a random / 2 hr post glucose value of $> \text{ or } = 200 \text{ mg/dL}$ on at least 2 occasions.
- Very high glucose levels ($>450 \text{ mg/dL}$ in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	72	mg/dL	70-140	HEXOKINASE


Comment:

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				

Page 4 of 15


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SIN No:EDT240037296

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HBA1C, GLYCATED HEMOGLOBIN	5.5	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	111	mg/dL	Calculated


Comment:

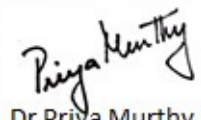
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
 - A: HbF >25%
 - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)


 Govinda Raju N L
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Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , SERUM				
TOTAL CHOLESTEROL	186	mg/dL	<200	CHO-POD
TRIGLYCERIDES	97	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	137	mg/dL	<130	Calculated
LDL CHOLESTEROL	117.2	mg/dL	<100	Calculated
VLDL CHOLESTEROL	19.4	mg/dL	<30	Calculated
CHOL / HDL RATIO	3.79		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	Calculated

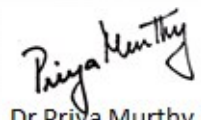
Comment:

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100; Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:


Govinda Raju N L
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SIN No:SE04674341

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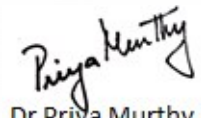
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- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- 4) Low HDL levels are associated with coronary heart disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- 5) As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- 6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
- 7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).


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Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , SERUM				
BILIRUBIN, TOTAL	1.17	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.99	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	20	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	50.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.13	g/dL	6.6-8.3	Biuret
ALBUMIN	4.51	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.62	g/dL	2.0-3.5	Calculated
A/G RATIO	1.72		0.9-2.0	Calculated

Comment:

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:

1. Hepatocellular Injury:


- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's's diseases, Cirrhosis, but the increase is usually not >2.

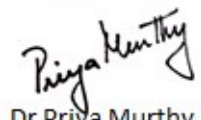
2. Cholestatic Pattern:

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.
- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.

3. Synthetic function impairment:

- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.


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SIN No:SE04674341

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Patient Name : Mr.KISHORE KANKIPATI RATNA	Collected : 24/Mar/2024 10:12AM
Age/Gender : 32 Y 8 M 27 D/M	Received : 24/Mar/2024 01:05PM
UHID/MR No : CMAR.0000344575	Reported : 24/Mar/2024 01:47PM
Visit ID : CMAROPV790667	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9493983621	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM				
CREATININE	1.00	mg/dL	0.67-1.17	Jaffe's, Method
UREA	20.50	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	9.6	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.06	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	9.70	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.08	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.4	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	106	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.13	g/dL	6.6-8.3	Biuret
ALBUMIN	4.51	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.62	g/dL	2.0-3.5	Calculated
A/G RATIO	1.72		0.9-2.0	Calculated


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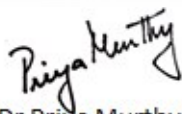
DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM	35.00	U/L	<55	IFCC



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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM				
TRI-IODOTHYRONINE (T3, TOTAL)	1.24	ng/mL	0.64-1.52	CMIA
THYROXINE (T4, TOTAL)	7.6	µg/dL	4.87-11.72	CMIA
THYROID STIMULATING HORMONE (TSH)	6.340	µIU/mL	0.35-4.94	CMIA

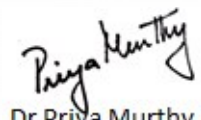
Comment:

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 – 3.0
Third trimester	0.3 – 3.0

- TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
- TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
- Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
- Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes


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SIN No: SPL24054636

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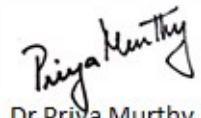
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Age/Gender	: 32 Y 8 M 27 D/M	Received	: 24/Mar/2024 01:05PM
UHID/MR No	: CMAR.0000344575	Reported	: 24/Mar/2024 02:55PM
Visit ID	: CMAROPV790667	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 9493983621		

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma


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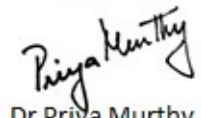
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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	0.704	ng/mL	<4	CMIA


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Patient Name : Mr.KISHORE KANKIPATI RATNA	Collected : 24/Mar/2024 10:12AM
Age/Gender : 32 Y 8 M 27 D/M	Received : 24/Mar/2024 12:53PM
UHID/MR No : CMAR.0000344575	Reported : 24/Mar/2024 01:57PM
Visit ID : CMAROPV790667	Status : Final Report
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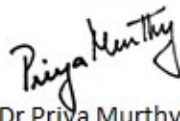
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , URINE				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.5		5-7.5	DOUBLE INDICATOR
SP. GRAVITY	1.020		1.002-1.030	Bromothymol Blue
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GLUCOSE OXIDASE
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING REACTION
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	SODIUM NITRO PRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	MODIFIED EHRlich REACTION
NITRITE	NEGATIVE		NEGATIVE	Diazotization
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	LEUCOCYTE ESTERASE
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY



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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	NEGATIVE		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	NEGATIVE		NEGATIVE	Dipstick

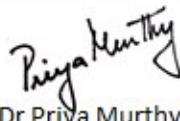
*** End Of Report ***

Result/s to Follow:
PERIPHERAL SMEAR

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SIN No:UF011449

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Dear MR. KISHORE KANKIPATI RATNA,

Greetings from Apollo Clinics,

Your corporate health check appointment is confirmed for **2024-03-24 at 08:15-08:30.**

Date : 24-03-2024

Department : GENERAL

MR NO : CMAR.0000344575

Doctor :

Name : Mr. KISHORE KANKIPATI RATN

Registration No :

Age/ Gender : 32 Y / Male

Qualification :

Consultation Timing: 09:27

Height : 163 cm	Weight : 65.5 kg	BMI :	Waist Circum :
Temp :	Pulse : 83b/M	Resp :	B.P : 100/70 mmHg

General Examination / Allergies
History

Clinical Diagnosis & Management Plan

ENT Checkup
BIL Impacted Wax
Adv
① Otonex Ear drops
5^o s/day x 5 days.
② R/A 5 days
Kankipati

Follow up date:

Doctor Signature

Kishona K R

AcadW CE

12 Years (27.06.1991)

11575, APOLLO

HR 80 bpm

Measurement Results

QRS	96 ms
QT/QTcB	364 / 427 ms
PR	140 ms
P	108 ms
RR/PP	742 / 750 ms
p/ORS/T	50 / 70 / 35 degrees
QTd/QTcBd	32 / 37 ms
Sokolow	1.7 mV
MK	11

< P
< T
< QRS

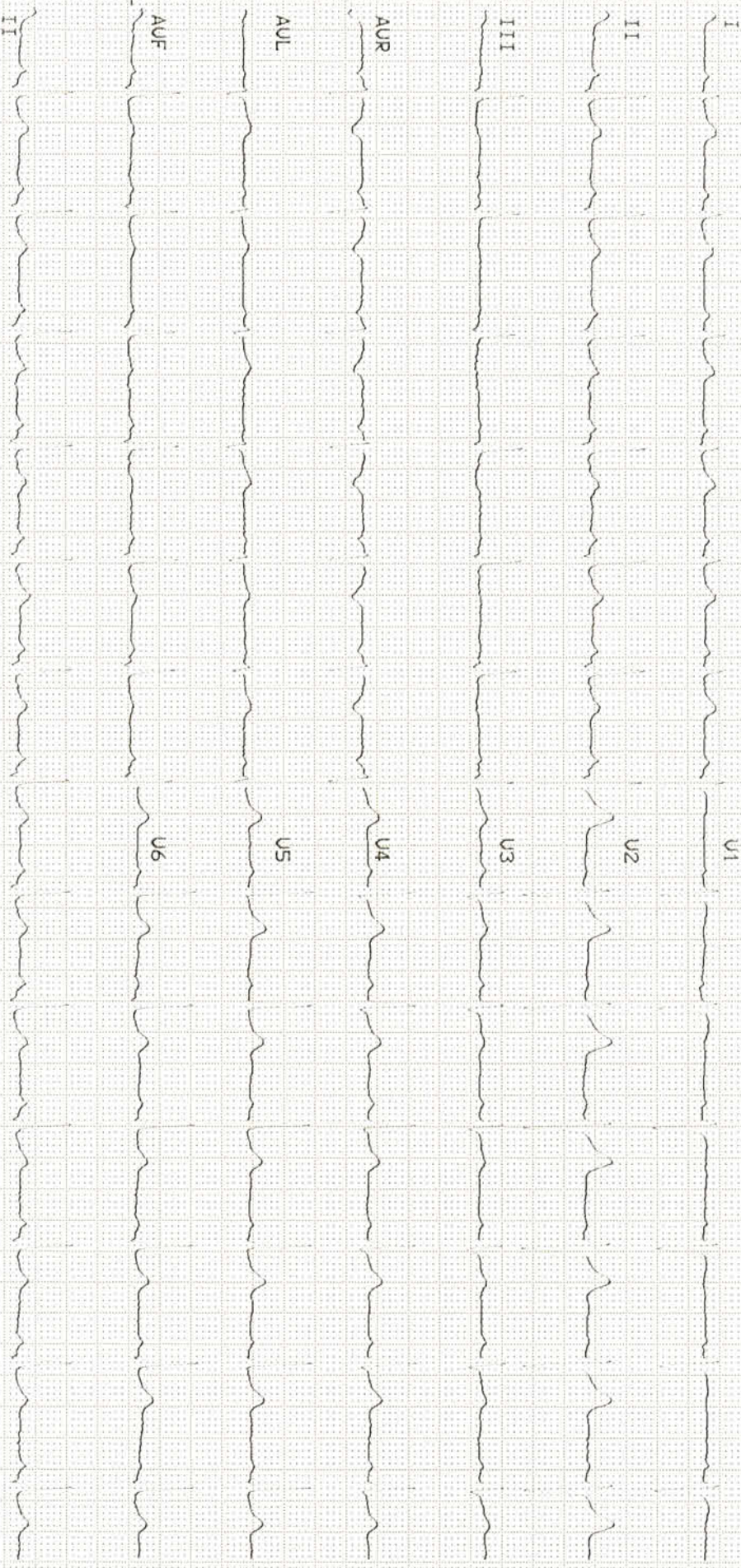
Interpretation:

normal ECG

aUR aUL
0 I

III +90
aUF II

Unconfirmed report.



Patient Name : Mr. KISHORE KANKIPATI RATNA Age : 32 Y/M
 UHID : CMAR.0000344575 OP Visit No : CMAROPV790667
 Conducted By: : Conducted Date : 24-03-2024 12:42
 Referred By : SELF

ECHO (2D & COLOUR DOPPLER)

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	26mm	25 - 37 mm	IVS(ed)	08mm	06 - 11 mm
LA(es)	30mm	19 - 40 mm	LVPW(ed)	07mm	06 - 11 mm
LVID(ed)	43mm	35 - 55 mm	EF	60 %	(50 - 70 %)
LVID(es)	26mm	24 - 42 mm			

MORPHOLOGICAL DATA

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal, MVE- 0.63m/s, MVA-0.42m/s, MVE/A-1.49
Aortic Valve	Normal, 1.18m/s
Tricuspid Valve	Normal, Trace TR, Incomplete Signal
Pulmonary Valve	Normal, 1.15m/s
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal
Rhythm	Sinus

IMPRESSION

Normal cardiac chambers
Normal valves
Normal LV Systolic function
No pulmonary hypertension
No RWMA at rest
Normal pericardium,
No intracardiac masses / thrombi

Dr. Prashant Ramdas
Consultant Cardiologist
DMC No.53011

Patient Name : Mr. KISHORE KANKIPATI RATNA

Age/Gender : 32 Y/M

UHID/MR No. : CMAR.0000344575

OP Visit No : CMAROPV790667

Sample Collected on :

Reported on : 25-03-2024 12:26

LRN# : RAD2280064

Specimen :

Ref Doctor : SELF

Emp/Auth/TPA ID : 9493983621

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

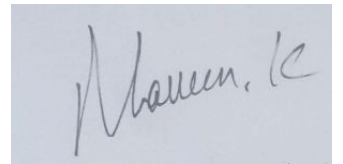
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name	: Mr. KISHORE KANKIPATI RATNA	Age/Gender	: 32 Y/M
UHID/MR No.	: CMAR.0000344575	OP Visit No	: CMAROPV790667
Sample Collected on	:	Reported on	: 24-03-2024 13:34
LRN#	: RAD2280064	Specimen	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 9493983621		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size, shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Minimally distended.

SPLEEN: Appears normal in size, and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However the visualized parts of pancreas are appearing grossly normal.

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.

Right kidney measures 8.7 x 4.3 cm

Left kidney measures 9.2 x 5.1 cm

URINARY BLADDER: Partially distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

IMPRESSION:

NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation with higher imaging techniques if clinically needed.

Report disclaimer :

1. Not all diseases/ pathologies can be detected in USG due to certain technical limitation, obesity, bowel gas, patient preparation and organ location.
2. USG scan being an investigation with technical limitation has to be correlated clinically; this report is not valid for medicolegal purpose
3. Printing mistakes should immediately be brought to notice for correction.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name : Mr. KISHORE KANKIPATI RATNA Age : 32 Y/M
 UHID : CMAR.0000344575 OP Visit No : CMAROPV790667
 Conducted By: : Conducted Date : 24-03-2024 12:42
 Referred By : SELF

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DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
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Left Ventricle	Normal
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Interventricular Septum	Intact
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Aorta	Normal
Right Atrium	Normal

Patient Name : Mr. KISHORE KANKIPATI RATNA Age : 32 Y/M
 UHID : CMAR.0000344575 OP Visit No : CMAROPV790667
 Conducted By: : Conducted Date : 24-03-2024 12:42
 Referred By : SELF

Left Atrium	Normal
LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal
Rhythm	Sinus
IMPRESSION	Normal cardiac chambers Normal valves Normal LV Systolic function No pulmonary hypertension No RWMA at rest Normal pericardium, No intracardiac masses / thrombi

Dr. Prashant Ramdas
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