

Patient Name : Mr.POLAKI VARAPRASAD	Collected : 24/Mar/2024 10:20AM
Age/Gender : 33 Y 11 M 0 D/M	Received : 24/Mar/2024 12:58PM
UHID/MR No : CMAR.0000344577	Reported : 24/Mar/2024 02:03PM
Visit ID : CMAROPV790669	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9493044770	

DEPARTMENT OF HAEMATOLOGY

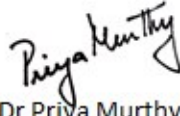
ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	<b>17.3</b>	g/dL	13-17	Spectrophotometer
PCV	<b>51.20</b>	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.5	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	93.2	fL	83-101	Calculated
MCH	31.5	pg	27-32	Calculated
MCHC	33.8	g/dL	31.5-34.5	Calculated
R.D.W	<b>14.3</b>	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	7,110	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	49.5	%	40-80	Electrical Impedence
LYMPHOCYTES	<b>40.8</b>	%	20-40	Electrical Impedence
EOSINOPHILS	1.1	%	1-6	Electrical Impedence
MONOCYTES	7.5	%	2-10	Electrical Impedence
BASOPHILS	1.1	%	<1-2	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3519.45	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	2900.88	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	78.21	Cells/cu.mm	20-500	Calculated
MONOCYTES	533.25	Cells/cu.mm	200-1000	Calculated
BASOPHILS	78.21	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	1.21		0.78- 3.53	Calculated
<b>PLATELET COUNT</b>	306000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	8	mm at the end of 1 hour	0-15	Modified Westegren method
<b>PERIPHERAL SMEAR</b>				

Page 1 of 14



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Consultant Pathologist



Dr Priya Murthy  
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SIN No:BED240081160

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

THIS TEST HAS BEEN PERFORMED AT APOLLO HEALTH AND LIFESTYLE LIMITED- RRL BANGALORE

**Apollo Health and Lifestyle Limited** (CIN - U85110TG2000PLC115819)  
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ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

**RBCs:** are normocytic normochromic

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

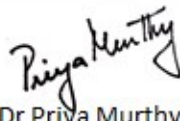
**PLATELETS:** appear adequate, normal morphology.

**HEMOPARASITES:** negative

**IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE.**



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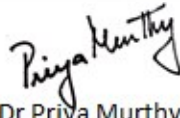
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination



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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	94	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 > or = 126 mg/dL and/or a random / 2 hr post glucose value of > or = 200 mg/dL on at least 2 occasions.
- Very high glucose levels (>450 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)	119	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 14

  
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SIN No:EDT240037306

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HBA1C, GLYCATED HEMOGLOBIN	6.1	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	128	mg/dL	Calculated


Comment:

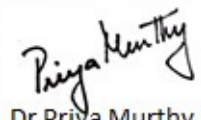
Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

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)

  
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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	256	mg/dL	<200	CHO-POD
TRIGLYCERIDES	214	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	49	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	207	mg/dL	<130	Calculated
LDL CHOLESTEROL	163.8	mg/dL	<100	Calculated
VLDL CHOLESTEROL	42.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	5.22		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	0.28		<0.11	Calculated

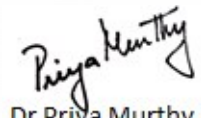
**Comment:**

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**  
 MSc, MPhil, (Phd)  
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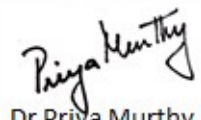
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- 1) Measurements in the same patient on different days can show physiological and analytical variations.
- 2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- 3) Primary prevention 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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Patient Name : Mr.POLAKI VARAPRASAD	Collected : 24/Mar/2024 10:20AM
Age/Gender : 33 Y 11 M 0 D/M	Received : 24/Mar/2024 01:33PM
UHID/MR No : CMAR.0000344577	Reported : 24/Mar/2024 03:25PM
Visit ID : CMAROPV790669	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9493044770	

DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.54	mg/dL	0.3-1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.09	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	0.45	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	42	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	34.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	91.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.78	g/dL	6.6-8.3	Biuret
ALBUMIN	5.05	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.85		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.

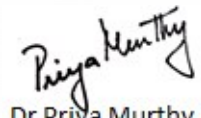
**2. Cholestatic Pattern:**

- 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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 MSc, MPhil, (Phd)  
 Consultant Biochemist

  
**Dr Priya Murthy**  
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 Consultant Pathologist



SIN No:SE04674352

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	1.11	mg/dL	0.67-1.17	Jaffe's, Method
UREA	25.70	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	12.0	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.66	mg/dL	3.5-7.2	Uricase PAP
CALCIUM	10.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	3.48	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	139	mmol/L	136-146	ISE (Indirect)
POTASSIUM	4.5	mmol/L	3.5-5.1	ISE (Indirect)
CHLORIDE	103	mmol/L	101-109	ISE (Indirect)
PROTEIN, TOTAL	7.78	g/dL	6.6-8.3	Biuret
ALBUMIN	5.05	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.73	g/dL	2.0-3.5	Calculated
A/G RATIO	1.85		0.9-2.0	Calculated

  
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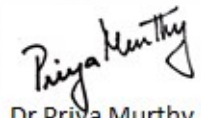
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - 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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Patient Name : Mr.POLAKI VARAPRASAD	Collected : 24/Mar/2024 10:20AM
Age/Gender : 33 Y 11 M 0 D/M	Received : 24/Mar/2024 01:44PM
UHID/MR No : CMAR.0000344577	Reported : 24/Mar/2024 02:58PM
Visit ID : CMAROPV790669	Status : Final Report
Ref Doctor : Dr.SELF	Sponsor Name : ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID : 9493044770	

DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	1.51	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	8.6	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	3.786	µIU/mL	0.34-5.60	CLIA

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

1. 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.
2. 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.
3. 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.
4. 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: SPL24054645

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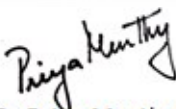
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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324**

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma
------	------	------	------	--

  
**Govinda Raju N L**  
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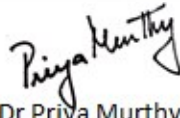
DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - TMT - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
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 MALE - TMT - 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

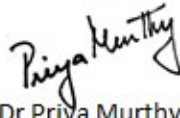
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SIN No:UF011451

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**\*\*CAUTION: THIS MAIL IS ORIGINATED FROM OUTSIDE OF THE BANK'S DOMAIN. DO**

**Dear MR. POLAKI VARAPRASAD,**

Greetings from Apollo Clinics,

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

Payment Mode	
Corporate Name	<b>ARCOFEMI HEALTHCARE LI</b>
Agreement Name	<b>[ARCOFEMI MEDIWHEEL MA AGREEMENT]</b>
Package Name	<b>[ARCOFEMI - MEDIWHEEL - I ECHO - PAN INDIA - FY2324]</b>

**"Kindly carry with you relevant documents : letter and or appointment confirmation mail and or company ID card and or voucher as per company or sponsor."**



vivo Y75  
Mar 24, 2024, 09:35



Date : 24-03-2024

Department : GENERAL

MR NO : CMAR.0000344577

Doctor :

Name : Mr. POLAKI VARAPRASAD

Registration No :

Age/ Gender : 33 Y / Male

Qualification :

Consultation Timing: 09:34

Height : 159cm	Weight : 73kg.	BMI :	Waist Circum :
Temp :	Pulse : 92bpm	Resp :	B.P : 130/90mmHg

General Examination / Allergies  
History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

GE MAC1200 ST POLAKI JARAPRASAD, 00344577, APOLLO  
 Male, 33 Years (24.05.1990)

AutoW CE

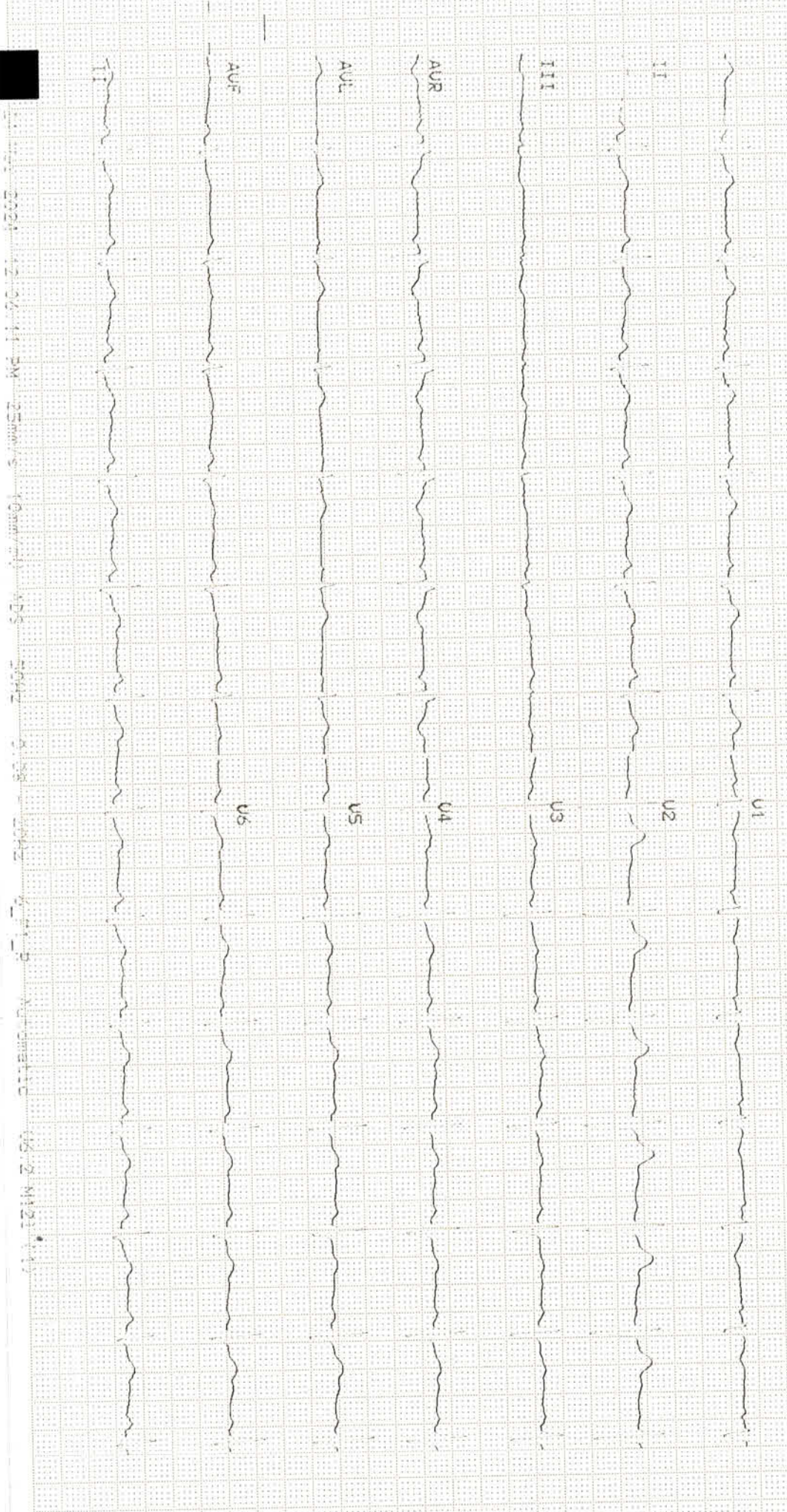
HR 77 bpm

Measurement Results:

QRS	104 ms		
QT/QTcB	366 / 418 ms	-90	< P
PR	150 ms		< T
P	120 ms		< QRS
RR/PP	768 / 765 ms		0 I
c/QRST	45 / 35		
QT0/QTc60	96 / 110 ms	III +90	II
StkPrdLow	1.0 mV	aVF	
NK	11		

Interpretation:  
 ST-segment depression (anterior)  
 negative T-wave (anterior)  
 borderline ECG

Unconfirmed report.



2024-12-27 11:25 AM 25mm/s (0mm/1s) ADS 50Hz 5.00V V5 V6 V1 V2 V3 V4 V5 V6 V7 V8 V9 V10 V11 V12 V13 V14 V15 V16 V17 V18 V19 V20 V21 V22 V23 V24 V25 V26 V27 V28 V29 V30 V31 V32 V33 V34 V35 V36 V37 V38 V39 V40 V41 V42 V43 V44 V45 V46 V47 V48 V49 V50 V51 V52 V53 V54 V55 V56 V57 V58 V59 V60 V61 V62 V63 V64 V65 V66 V67 V68 V69 V70 V71 V72 V73 V74 V75 V76 V77 V78 V79 V80 V81 V82 V83 V84 V85 V86 V87 V88 V89 V90 V91 V92 V93 V94 V95 V96 V97 V98 V99 V100

<b>NAME</b>	<b>MR.POLAKI VARAPRASAD</b>	<b>DATE</b>	<b>24/03/2024</b> <i>Expertise. Closer to you.</i>
<b>AGE</b>	<b>33YRS</b>	<b>SEX</b>	<b>MALE.</b>
<b>REFERRED BY</b>	<b>Dr. PRASHANT WANKHADE</b>	<b>BILL NO:</b>	<b>114927</b>


**ECHO (2D & COLOUR DOPPLER)**

<b>DIMENSION S</b>	<b>VALUES</b>	<b>VALUES(RANGE)</b>	<b>DIMENSIONS</b>	<b>VALUES</b>	<b>VALUES(RANGE)</b>
AO(ed)	26mm	25 - 37 mm	IVS(ed)	10mm	06 - 11 mm
LA(es)	33mm	19 - 40 mm	LVPW(ed)	09mm	06 - 11 mm
LVID(ed)	39mm	35 - 55 mm	EF	60%	(50 – 70 %)
LVID(eS)	22mm	24 - 42 mm			

**MORPHOLOGICAL DATA**

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal, MVE-0.66m/s, MVA-0.66m/s, MV E/A-1
Aortic Valve	Normal, 1.12m/s
Tricuspid Valve	Normal, Trace TR, PASP-21+10=31mmHg
Pulmonary Valve	Normal, 1.09m/s
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Normal, 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 Study
Doppler Summary	Normal Study
Rhythm	Sinus
IMPRESSION	<p>Normal chambers and valves          No RWMA at rest          Normal LV Systolic function          No pulmonary hypertension          Normal pericardium,          No intracardiac masses / thrombi</p>



**DR.PRASHANT RAMDAS WANKHADE**  
**CONSULTANT CARDIOLOGIST**  
**DMC-53011**

**Patient Name** : Mr. POLAKI VARAPRASAD

**Age/Gender** : 33 Y/M

**UHID/MR No.** : CMAR.0000344577

**OP Visit No** : CMAROPV790669

**Sample Collected on** :

**Reported on** : 25-03-2024 12:26

**LRN#** : RAD2280070

**Specimen** :

**Ref Doctor** : SELF

**Emp/Auth/TPA ID** : 9493044770

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**DEPARTMENT OF RADIOLOGY**

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**X-RAY CHEST PA**

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

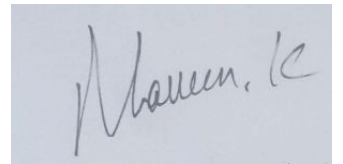
Both costophrenic and cardiophrenic angles are clear .

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

Customer Pending Tests  
done echo instead tmt

<b>Patient Name</b>	: Mr. POLAKI VARAPRASAD	<b>Age/Gender</b>	: 33 Y/M
<b>UHID/MR No.</b>	: CMAR.0000344577	<b>OP Visit No</b>	: CMAROPV790669
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 24-03-2024 12:10
<b>LRN#</b>	: RAD2280070	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 9493044770		

## 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 9.5 x 4.0 cm

Left kidney measures 10.0 x 5.2 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