CARDIOLOGY

UHID / IP NO	224723 (2566)	RISNo./Status:	109377/
Patient Name:	Mr. NANANJI PULLELA	Age/Gender:	46 Y/M
Referred By:	Dr. CMO	Ward/Bed No:	OPD
Bill Date/No:	13/01/2024 9:22AM/ OPCR/24/6848	Scan Date:	
Report Date :	13/01/2024 11:10AM	Company Name:	Final

M- MODE MEASUREMENTS

AO	2.53	cm	RVIDD	1.20	cm
LA	3.48	cm	IVSD	1.18	cm
AO/LA RATIO	0.75	cm	LVIDD	4.04	cm
AV CUP	1.46	cm	LVPWD	0.99	cm
EPSS	0.9	cm	IVSS	1.03	cm
DE	1.83	cm	LVIDS	2.82	cm
EF SLOPE	0.7	cm	LVPWS	1.18	cm
sv	57.41		EDV	71.72	ml
СО			ESV	30.34	ml
HR			EF	58.73	%
LVMI			FS	30.90	%
OTHERS			LV MASS	178.32	grams

DESCRIPTIVE FINDINGS: Technically Adequate Study. Normal Sinus rhythm during Study.

LEFT VENTRICLE	Normal in size
LEFT ATRIUM	Normal in size
RIGHT VENTRICLE	Normal in size
RIGHT ATRIUM	Normal in size
WALL MOTION ANALYSIS	No RWMA
TRICUSPID VALVE	Normal
MITRAL VALVE	Normal
PULMONIC VALVE	Normal
AORTIC VALVE	Normal
IAS & IVS	Intact
AORTA & PA	Normal In Size
SYSTEMIC & PULMONARY VENIS	Normally Draining
PERICARDIUM	Normal
OTHERS	No Intra Cardiac Thrombus, Tumour or Vegetation

CARDIOLOGY

UHID / IP NO	224723 (2566)	RISNo./Status:	109377/
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DOPPLER STUDY

VALVES	VELOCITY	GRADIENT	REGURGITATION	OTHERS
PV	0.71m/s		NO PR	
MV	E: 0.72m/s A: 0.61m/s		NO MR	
AV	1.05m/s		NO AR	
TV	E: 0.60m/s A: 0.40m/s		TRIVIAL TR	
OTHERS				

SUMMARY FINDINGS:

NORMAL CARDIAC CHAMBERS

NO REGIONAL WALL MOTION ABNORMALITY AT REST

NORMAL LV SYSTOLIC FUNCTION (EF-58%)

NORMAL LV DIASTOLIC FUNCTION

NO CLOT / PE / VEGETATION/PAH

Dr. PRANEETHSCONSULTANT
CARDIOLOGIST

Mr. Thirumalivasan G

CARDIOLOGY

UHID / IP NO	224723 (2566)	RISNo./Status:	109377/
Patient Name:	Mr. NANANJI PULLELA	Age/Gender:	46 Y/M
Referred By:	Dr. CMO	Ward/Bed No:	OPD
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NAME : Mr. NANANJI PUL LELA **VISIT ID** : 24030013298

GENDER : Male AGE: 46 Years DATE OF REGISTRATION: 13-Jan-2024 13:03

REFERRED BY DATE OF COLLECTION : 13-Jan-2024 13:03

REF CENTER DATE OF REPORT : 13-Jan-2024 14:38 : VASAVI HOSPITAL & LABORATORY SERVICES

REF NO.

LABORATORY TEST REPORT

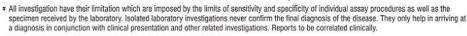
TEST PARAMETER	RESULT	UNIT	REFERENCE RANGE	SAMPLE TYPE
	CLINICAL BI	OCHEMISTRY		
PROSTATE SPECIFIC ANTIGEN (PSA)- Total Method: ECLIA	1.01	ng/ml	0 - 4.0	Serum
Processed By : AUTO				

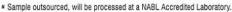
End Of Report -

Praveena R MSc Biochemistry **Biochemist**

Report Status: Final

Outside samples to be correlated with other clinical findings





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NAME : Mr. NANANJI PUL LELA VISIT ID : 24030013298

DATE OF REGISTRATION: 13-Jan-2024 13:03 **GENDER** : Male : 46 Years AGE

REFERRED BY DATE OF COLLECTION : 13-Jan-2024 13:03

REF CENTER : VASAVI HOSPITAL & LABORATORY SERVICES DATE OF REPORT : 13-Jan-2024 14:38

REF NO.

LABORATORY TEST REPORT

TERMS & CONDITIONS OF REPORTING

- It is presumed that the specimen belongs to the patient named or identified in the test request form.
- The report results are for information and interpretation for your referring doctor can be correlated with the patient's clinical history.
- Biological Reference Range/Interval is suggested for your Gender and Age on the basis of available literature. All reference ranges are to be reconsidered by the doctor's advice for your specific care.
- Test requested might not be performed for the following reasons
 - Specimen quality insufficient (inadequate collections/spillage in transit)
 - Specimen quality unacceptable (haemolysed/clotted/ lipemic etc.)
 - Incorrect specimen type.
 - Test cancelled either or request of patient or doctor, or because of incorrect test code, test name of specimen received. Reference may be provided to a new Accession number. Under "COMMENT" if the specimen has been re-accessioned for a different test. It is expected that a fresh specimen will be sent for the purpose of reporting on the same parameter(s), if required.
- This Medical Report is a professional opinion, not a diagnosis. Test results are not valid for medico legal purposes.
- The report will carry the name and age provided at the time of registration. To maintain confidentiality, certain reports may not be e-mailed at the discretion of the management.
- All the notes and interpretation beneath the test result in the report provided are for educational purposes only. It is not intended to be a substitute for doctor's consultation.
- Reports that carries a 'PRELIMINARY' status signifies that results are yet to be reported for one or more of the test, or else as is the case with many microbiology tests, a "FINAL'.' culture, identification or drug susceptibility result might be pending. In such case, the descriptor "RESULTS" column will be replaced by the test results whenever the latter are ready. The report will, when completed, acquire a "FINAL'.' status.
- Results of tests may vary from laboratory to laboratory and in some parameters from time to time for the same patients. Test results and reference range may also vary depending on the technology and methodology used. Laboratory test results may also vary depending on the age, sex, time of the day sample has been taken, diet, medication and !imitation of modern technology.
- In case of any unexpected or alarming test results, please contact us immediately for re-confirmation, further discussion, clarifications and rectifications, if needed only.
- In case of any discrepancy due to typing error, kindly get It rectified immediately. The collection date was not stated in the Test Requisition Form, the same will not be printed on the report.
- The Lab or its employees/representatives does not assume any liability or responsibility for any loss or damage that may be incurred by any person as result of interpreting the meaning of this report.
- In case of any issues or suggestions about your test results, please email us on lab@tridentdiagnostics.com
- Our liability is limited to the amount of investigations booked with us.
- The courts (forums) at Bengaluru shall have exclusive jurisdiction in all disputes/claims concerning the tests and the results of the tests.

Report Status: Final

Outside samples to be correlated with other clinical findings

All investigation have their limitation which are imposed by the limits of sensitivity and specificity of individual assay procedures as well as the specimen received by the laboratory. Isolated laboratory investigations never confirm the final diagnosis of the disease. They only help in arriving a a diagnosis in conjunction with clinical presentation and other related investigations. Reports to be correlated clinically



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Patient Name	Mr. NANANJI PULLELA	Lab No	109377
UHID	224723	Sample Date	13/01/2024 9:22AM
Age/Gender	46 Yrs/Male	Receiving Date	13/01/2024 10:39AM
Bed No/Ward	OPD	Report Date	13/01/2024 2:09PM
Referred By	Dr. CMO	Report Status	Final
Bill No.	OPCR/24/6848	Manual No.	

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
			Sample: Serum	
BLOOD UREA NITROGEN	9.2	mg/dl	Upto 14 years: 5 - 18 mg/dl Male (above 14 years): 8 - 24 mg/dl Female (above 14 years): 6 - 21 mg/dl Pregnant women: 5 - 12 mg/dl	
SERUM CREATININE	0.96	mg/dl	0.60 - 1.40	
FASTING BLOOD SUGAR	83.6	mg/dl	74.00 - 100.00	
GLYCOSYLATED HAEMOGLOBIN	(HbA1c)			
HbA1c (GLYCOSYLATED Hb)	5.2	%	4.00 - 6.00	Immunoturbidimetric
MEAN BLOOD GLUCOSE	102.54	mg/dl	70.00 - 140.00	
LIPID PROFILE				
TOTAL CHOLESTEROL	140	mg/dl	0.00 - 200.00	
TRIGLYCERIDES	143	mg/dl	0.00 - 200.00	
HDL CHOLESTEROL - DIRECT	43.5	mg/dl	35.00 - 55.00	
LDL CHOLESTROL - CALCULATED	67.9	mg/dl	0 - 130	
TC/HDL	3.22			
LDL/HDL	1.56			
			Sample: Serum	

LIVER FUNCTION TEST (LFT)

Verified By Ravi Shankar K
Shashi Kumar G

Law Startar

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Bio Chemist

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Patient Name	Mr. NANANJI PULLELA	Lab No	109377
UHID	224723	Sample Date	13/01/2024 9:22AM
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TOTAL BILIRUBIN 1.39 mg/dl Adult - 0.2 - 1.3 mg/dL

Special condition:

Premature - <2.0 mg/dL
Full term - <2.0 mg/dL
0-1 day - Premature1.0 - 8.0 mg/dL
0-1 day - Full term 2.0 - 6.0 mg/dL
1 - 2 days Premature 6.0 - 12.0 mg/dL
1 - 2 days Full term 6.0 - 10.0 mg/dL
3 - 5 days Premature 10.0 - 14.0 mg/dL
3 - 5 days Full term 4.0 - 8.0 mg/dL

DIRECT BILIRUBIN	0.50 H	mg/dl	0.00 - 0.30
INDIRECT BILIRUBIN.	0.89	mg/dl	
ASPARATE AMINOTRANSFERASE (SGOT/AST)	23.1	U/L	0.00 - 40.00
ALANINE AMINOTRANSFERASE (SGPT/ALT)	37.7	U/L	0.00 - 40.00
ALKALINE PHOSPHATASE (ALP)	100	IU/L	53.00 - 128.00
TOTAL PROTEIN	6.79	g/dl	6.00 - 8.50
SERUM ALBUMIN	4.27	g/dl	3.50 - 5.20
SERUM GLOBULIN	2.52	g/dl	2.30 - 3.50
A/G RATIO	1.69	%	1.00 - 2.00
URIC ACID	6.0	mg/dl	4.50 - 8.10

--End Of Report--

Verified By Shashi Kumar G Ravi Shankar K

Kavi Starear

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Patient Name Mr. NANANJI PULLELA Lab No 109377 **UHID** 224723 **Sample Date** 13/01/2024 9:22AM 46 Yrs/Male 13/01/2024 1:27PM Age/Gender **Receiving Date** 13/01/2024 2:09PM Bed No/Ward OPD **Report Date** Final **Referred By** Dr. CMO **Report Status** OPCR/24/6848 Bill No. Manual No.

BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Method
POST PRANDIAL BLOOD GLUCOSE	84.0	mg/dl	70.00 - 140.00	

-- End Of Report--

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MD (PGI) KMC No 19014 HEMATOPATHOLOGIST / PATHOLOGIST

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Patient Name Mr. NANANJI PULLELA Lab No 109377 **UHID** 224723 **Sample Date** 13/01/2024 9:22AM Age/Gender 46 Yrs/Male 13/01/2024 1:27PM **Receiving Date** 13/01/2024 2:09PM Bed No/Ward OPD **Report Date** Final **Referred By** Dr. CMO **Report Status** OPCR/24/6848 Bill No. Manual No.

CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	Method
UIRNE GLUCOSE FASTING				
URINE SUGAR	NIL		NEGATIVE	
			Sample: Urine	
PHYSICAL CHARACTERS				
COLOUR	Pale Yellow			
APPEARANCE	Clear		Clear	
SPECIFIC GRAVITY	1.020			
PH	6.0			
CHEMICAL CONSTITUENTS				
ALBUMIN	Nil			
SUGAR	Nil			
BILE SALTS	Absent			
BILE PIGMENTS	Absent			
KETONE BODIES	NEGATIVE			
BLOOD	Absent			
MICROSCOPY				
PUS CELLS	3-4/HPF			
R.B.C	Nil			
EPITHELIAL CELLS	1-2 /HPF			
CASTS	Nil			
CRYSTALS	Nil			
BACTERIA	Absent			
URINE GLUCOSE-POST PRAM	NDIAL			
URINE SUGAR	NIL		NEGATIVE	

Verified By

BADARINATH S

Shashi Kumar G

MD (PGI) KMC No 19014 HEMATOPATHOLOGIST / PATHOLOGIST

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Patient Name Mr. NANANJI PULLELA Lab No 109377

UHID 224723 **Sample Date** 13/01/2024 9:22AM

Age/Gender46 Yrs/MaleReceiving DateBed No/WardOPDReport Date

Referred By Dr. CMO **Report Status** Final

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Patient Name Mr. NANANJI PULLELA Lab No 109377 **UHID** 224723 **Sample Date** 13/01/2024 9:22AM 46 Yrs/Male 13/01/2024 10:39AM Age/Gender **Receiving Date** 13/01/2024 12:46PM Bed No/Ward OPD **Report Date** Final **Referred By** Dr. CMO **Report Status** OPCR/24/6848 Bill No. Manual No.

HAEMATOLOGY

	11/	ALIMA I OLOC	, .	
Test Name	Result	Unit	Biological Ref. Range	Method
BLOOD GROUP	" B "			
RH TYPE	POSITIVE			
			Sample: Blood	
HAEMOGLOBIN	16.5	gm/dl	14.00 - 18.00	
TOTAL COUNT	5450	cells/cumm	4500.00 - 11000.00	
DLC				
NEUTROPHILS	62	%	35.00 - 66.00	
LYMPHOCYTES	30	%	24.00 - 44.00	
MONOCYTES	05	%	4.00 - 10.00	
EOSINOPHILS	03	%	1.00 - 6.00	
BASOPHILS	00	%	0.00 - 1.00	
R.B.C COUNT	6.01 H	mill/cumm	4.50 - 5.90	
PACKED CELL VOLUME (PCV)	48.8	%	40.00 - 50.00	
PLATELET COUNT	2.03	lakh/cumm	1.50 - 4.50	
M.C.V	81.1	fL	80.00 - 100.00	
M.C.H	27.4	pg	26.00 - 34.00	
M.C.H.C	33.8	%	32.00 - 36.00	
ESR (ERYTHROCYTE SEDIMENTATION RATE)	04	mm/hr	0.00 - 12.00	

--End Of Report--

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MD (PGI) KMC No 19014 HEMATOPATHOLOGIST / PATHOLOGIST

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Patient Name Mr. NANANJI PULLELA Lab No 109377 **UHID** 224723 **Sample Date** 13/01/2024 9:22AM Age/Gender 46 Yrs/Male **Receiving Date** 13/01/2024 10:39AM Bed No/Ward 13/01/2024 12:42PM OPD **Report Date** Final **Referred By** Dr. CMO **Report Status** Bill No. OPCR/24/6848 Manual No.

HORMONES

Test Name	Result	Unit	Biological Ref. Range	Method				
THYROID PROFILE (T3, T4, TSH)							
TOTAL TRIIODOTHYRONINE (T3)	1.74	ng/mL	0.59 - 2.15					
TOTAL THYROXINE (T4)	69.7	ng/mL	52.00 - 127.00					
TSH (THYROID STIMULATING HORMONE)	2.64	uIU/ml	0.30 - 4.50					

--End Of Report--

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Bio Chemist

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Ravi Shankar K

Cari Startar

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Patient NameMr. NANANJI PULLELALab No109377

UHID 224723 **Sample Date** 13/01/2024 9:22AM

Age/Gender46 Yrs/MaleReceiving DateBed No/WardOPDReport Date

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USG

ABDOMEN & PELVIS (USG)

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Mr. NANANJI PULLELA 109377 **Patient Name** Lab No **UHID** 224723 **Sample Date** 13/01/2024 9:22AM 13/01/2024 12:50PM Age/Gender 46 Yrs/Male **Receiving Date** 13/01/2024 1:12PM Bed No/Ward **OPD Report Date** Final **Referred By** Dr. CMO **Report Status** Bill No. OPCR/24/6848 Manual No.

LIVER: Liver is 14.2 cm in size, both lobes of liver are normal in size with **mild-to-moderate increased echotexture**. No evidence of any focal lesion / intrahepatic billiary dilatation noted. CBD and Portal vein normal in size and echotexture.

GALL BLADDER: Well distended, gall bladder wall thickness is normal. Contents are clear. No evidence of gall stones / cholecystitis.

PANCREAS: Head and body appears normal. Uncinate process and tail could not be assessed due to bowel gas. MPD is normal.

SPLEEN: Normal in size measuring 9.4 cms with normal echotexture.

KIDNEYS: Both kidneys are normal in size, shape, contour & position. Cortico medullary differentiation is well maintained. No evidence of any hydroureteronephrosis / calculus. Note - subcentimeteric calculus cannot be detected in ultrasound.

Right Kidney measures : 11.1 x 4.2 cms. Parenchymal thickness 1.6 cms. Left Kidney measures : 11.2 x 4.7 cms. Parenchymal thickness 1.9 cms.

URINARY BLADDER: Well distended with clear contents. Wall thickness is normal. Bilateral ureteric jet noted.

PROSTATE: Normal in size and echotexture, measures 3.2 x 2.9 x 3.5 cms. vol: 17.4 cc. No focal lesion seen. Both seminal vesicles appear normal.

No obvious free fluid in the peritoneal cavity.

IMPRESSION: Grade I-II fatty liver.

** Note: All abnormalities cannot be detected by Ultrasound scan due to technical limitation, obesity and other factors. Scan findings to be correlated with old reports or other investigations.

--End Of Report--

Verified By

Shashi Kumar G

Dr. NAVEEN SUBBAIAH
MBBS, MD -RADIO DIAGNOSIS

Visiting Consultant

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Patient Name Mr. NANANJI PULLELA Lab No 109377 **UHID** 224723 **Sample Date** 13/01/2024 9:22AM 13/01/2024 10:21AM Age/Gender 46 Yrs/Male Receiving Date **Bed No/Ward** OPD **Report Date** 13/01/2024 6:57PM Final **Referred By** Dr. CMO **Report Status** Bill No. OPCR/24/6848 Manual No.

X-RAY

CHEST PA VIEW (X RAY)

FINDINGS:

The lungs on the either side show equal translucency.

Cardiac size and ventricular configuration are normal.

Both hilar region appear normal.

Both C P angles appear clear.

Both domes of diaphragm appear normal.

Bony cage and soft tissue appear normal.

IMPRESSION: ESSENTIALLY NORMAL STUDY.

-- End Of Report--

Verified By Shashi Kumar G

Dr. B SWAROOP MBBS MD(Radiology)
CONSULTANT RADIOLOGIST

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