




PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003 Tel : 040-42038139, 27845852
7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited
Certificate No.:MC-2566

TEST REPORT

Name	: MR.P VIJAY KUMAR [SPOUSE]	TID/SID	: UMR1401893/ 27373195
Age / Gender	: 55 Years / Male	Registered on	: 23-Mar-2024 / 07:35 AM
Ref.By	: -	Collected on	: 23-Mar-2024 / 07:36 AM
Req.No	:  BIL4078464	Reported on	: 23-Mar-2024 / 12:50 PM
		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Colour Method:Photo detectors(instrument)	Yellow		Light Yellow
Appearance Method:Photo diode array sensor	Clear		Clear
Specific gravity Method:Ion concentration/colour indicator	1.010		1.003-1.030
Reaction and pH Method:Double Indicator	5.5		5.0-8.0
Protein Method:Protein Error of pH indicators	Negative		Negative
Glucose Method:Double sequential enzymatic/GOD-PAP	Negative		Negative
Urobilinogen Method:Reagent strip/Reflectance photometry	Negative		0.2-1.0 mg%
Ketones Method:Strip method/Nitroprusside method	Negative		Negative
Blood Method:Peroxidase	Negative		Negative
Bile Salt Method:Hays Method	Negative		Negative
Bile Pigment Method:Fouchets Method	Negative		Negative
Microscopic Examination			
Pus cells (leukocytes) Method:Microscopy Of Sediment	1 - 2	/hpf	0-5 /hpf
RBC (erythrocytes) Method:Microscopy Of Sediment	Nil	/hpf	0-2 /hpf
Epithelial cells Method:Microscopy Of Sediment	Nil	/hpf	0-8 /hpf
Crystals Method:Microscopy Of Sediment	Nil	/lpf	Nil /lpf

Lab Timings (Weekdays) : 7.00 am to 8.30 pm

Sundays & Holidays : 7.00 am to 1.00 pm

Radiologists Timings (Weekdays) : 7.30 am to 1.30 pm
& 5.45 pm to 7.45 pm

Sundays & Holidays : 7.30 am to 9.30 am




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DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Casts	Nil	/lpf	Nil
Method:Microscopy Of Sediment			/lpf
Others	Nil		Nil
Method:Microscopy Of Sediment			

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--- End Of Report ---



Yatish Sai

Dr. Yatish Sai Lanke
Regd. No: 00856
MD PATHOLOGY




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DEPARTMENT OF HEMATOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	A
Rh Typing (D)	POSITIVE -
Method:Agglutination	

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DEPARTMENT OF HEMATOLOGY

Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	18.1	g/dL	13.0-17.0 g/dL
Erythrocyte Count(RBC) Method:Electrical Impedence	6.2	mill /cu.mm	4.5-5.5 mill /cu.mm
PCV/HCT Method:Numeric Integration	54	%	40-50 %
MCV Method:Calculated	87	fL	83-101 fL
MCH Method:Calculated	29.1	pg	27-32 pg
MCHC Method:Calculated	33.5	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	13.9	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	8.7	10 ³ /μL	4-10 10cap;3/μL 10 ³ /μL
Differential Count			
Neutrophils Method:Flowcytometry/Microscopy	59	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	34	%	20-40 %
Monocytes Method:Flowcytometry/Microscopy	4	%	2-10 %
Eosinophils Method:Flowcytometry/Microscopy	3	%	1-6 %
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Absolute Neutrophil Count	5.13	10 ³ /μL	2.0-7.0 10 ³ /μL
Absolute Lymphocyte Count	2.96	10 ³ /μL	1.0-3.0 10 ³ /μL

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DEPARTMENT OF HEMATOLOGY

Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Absolute Monocyte Count	0.35	10 ³ /μL	0.20-1.0 10 ³ /μL
Absolute Eosinophils Count	0.26	10 ³ /μL	0.02-0.5 10 ³ /μL
Absolute Basophil Count	00	10 ³ /μL	0.02-0.1 10 ³ /μL
Platelet Count	250	10 ³ /μL	150-410 10 ³ /μL
Method:Electrical Impedence			

Peripheral Smear

RBC Normocytic and Normochromic
Method:Microscopy
WBC Within normal limits.No abnormal cells seen.
Method:Microscopy
Platelets Discrete and adequate.Normal in morphology
Method:Microscopy

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		Reference	: Medi Wheel

DEPARTMENT OF HEMATOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour Method:Westergren	10	mm/hour	0-10 mm/hour

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Req.No	:  BIL4078464	Reported on	: 23-Mar-2024 / 08:28 AM
		Reference	: Medi Wheel

DEPARTMENT OF CARDIOLOGY

2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.20 cm
Left Atrium	2.71 cm
Left Ventricle	LVDd:4.21 cm IVSd :1.24 cm EF:78% LVDs:2.18 cm LVPwd:1.34 cm FS:48%
RWMA	Nil
Right Atrium	Normal
Right Ventricle	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Pericardium	Normal
Svc / Ivc	Normal
Intracardiac Masses	Nil
Doppler Study	Mitral flow: E: 0.6 m/sec A: 0.9 m/sec Aortic flow : 1.31 m/sec Pulmonary flow : 0.9 m/sec
Colour Doppler	No MR / AR / TR / PR
Conclusion	No RWMA. Normal valves/ Normal chambers. No MR/ AR/ TR / PR Good LV (LVEF 78 %) / RV function. Grade I Diastolic dysfunction. No PE/ clot/ vegetation.

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Req.No  Reported on : 23-Mar-2024 / 16:01 PM
Reference : Medi Wheel
BIL4078464

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen. Method:Calculated	10.9	mg/dL	7-23 mg/dL

Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine. Method:Alkaline Picrate	1.04	mg/dL	0.60-1.30 mg/dL

Glucose Urine Fasting

Investigation	Observed Value
Urine Glucose Fasting Method:Reagent strip/Reflectance photometry	Nil

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V.G. Mallika

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BIL4078464 Reference : Medi Wheel

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	119	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >/=126 mg/dL

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BIL4078464 Reference : Medi Wheel

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Post Prandial Method:GOD - PAP	193	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : \geq 200 mg/dL

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DEPARTMENT OF CLINICAL CHEMISTRY I

Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Glycosylated Haemoglobin Method:High Performance Liquid Chromatography(HPLC)	6.2	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	131	mg/dL	Excellent Control : 90 to 120 Good Control : 121 to 150 Average Control : 151 to 180 Panic Value : > 211 mg/dL

Note:Mean Plasma Glucose is calculated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

INTERPRETATION :

- Glycated hemoglobin (glycohemoglobin / HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
- A1c is measured primarily to determine the three-month average blood sugar level and can be used as a diagnostic test for diabetes mellitus and as an assessment test for glycemic control in people with diabetes.
- In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
- American diabetes Association (ADA) recommends an A1C goal for many non pregnant adults of < 7% (without significant hypoglycemia). On the basis of provider judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Less stringent A1C goals (such as < 8%) may be appropriate for patients with severe hypoglycemia, extensive co morbid conditions etc, or where the harms of treatment are greater than the benefits.
- Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all patients.

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DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	244	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	45	mg/dL	<40:Major risk factor for heart disease 40-59:The higher,the better >=60:Considered protective against heart disease mg/dL
LDL Cholesterol Method:Calculated	143	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	56	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	280	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	5.42		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio Method:Calculated	3.18		Ideal : < 2 Good : 2 – 5 Bad : > 5

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DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	1.18	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.38	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.80	mg/dL	0.2-0.8 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	28	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	27	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	84	U/L	30-115 U/L
PROTEINS			
Total Protein. Method:Biuret	7.58	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.68	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	2.90	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.61		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	42	U/L	7.0-50.0 U/L

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DEPARTMENT OF CLINICAL CHEMISTRY I

Prostate Specific Antigen (PSA) Total, Serum

Investigation	Observed Value	Biological Reference Interval
Prostate Specific Antigen (PSA) Total Method:Enhanced chemiluminescence	0.429	ng/mL 0-3.9 ng/mL

Interpretation:

- 1.Prostate specific antigen (PSA) is a glycoprotein that is expressed by both normal and neoplastic prostate tissue
- 2.Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hyperplasia (BPH) or inflammatory conditions of other adjacent genitourinary tissues. PSA can also be elevated after digital rectal examination,prostatic massage,cystoscopy,needle biopsy etc
- 3.Measurement of serum PSA by itself is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels are also observed in patients with benign prostatic hyperplasia.
4. When employed for the management of prostate cancer patients, serial measurement of PSA is useful in detecting residual tumor and recurrent cancer after radical prostatectomy.
- 5.PSA has been demonstrated to be an accurate marker for monitoring advanced clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy.

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DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Triiodothyronine Total (T3) Method:Enhanced chemiluminescence	1.51	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	10.6	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	2.94	µIU/mL	0.400-4.049 µIU/mL

Note: Change in method and reference range
NOTE:

TSH - Reference ranges during pregnancy:*

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.00

3dr Trimester : 0.30 - 3.00

*As per the Guidelines of American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and post partum.

1.Primary Hyperthyroidism is accompanied by elevated T3 & T4 values along with depressed TSH level.

2.Primary Hypothyroidism is accompanied by depressed T3 & T4 levels and elevated TSH levels.

3.Normal T4 levels accompanied by high T3 levels are seen in patients with T3 Thyrotoxicosis.

4.Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propanolol and propylthiouracil.

5.Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result form TSH secreting pituitary tumors(secondary).

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7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited
Certificate No.:MC-2566

TEST REPORT

Name : **MR.P VIJAY KUMAR [SPOUSE]** TID/SID : UMR1401893/ 27373194
Age / Gender : 55 Years / Male Registered on : 23-Mar-2024 / 07:35 AM
Ref.By : - Collected on : 23-Mar-2024 / 07:36 AM
Req.No :  Reported on : 23-Mar-2024 / 13:48 PM
Reference : Medi Wheel
BIL4078464

DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid. Method:Uricase	13.02	mg/dL	2.5-8.0 mg/dL

* Sample processed at Parkline

--- End Of Report ---



Yatish Sai


Dr. Yatish Sai Lanke
Regd. No: 00856
MD PATHOLOGY



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TEST REPORT

Name	: MR.P VIJAY KUMAR [SPOUSE]	TID/SID	: UMR1401893/ 27373195
Age / Gender	: 55 Years / Male	Registered on	: 23-Mar-2024 / 07:35 AM
Ref.By	: -	Collected on	: 23-Mar-2024 / 07:36 AM
Req.No	:  BIL4078464	Reported on	: 23-Mar-2024 / 15:56 PM
		Reference	: Medi Wheel

DEPARTMENT OF HEALTH CHECKUP

Glucose Urine Post Prandial

--

Urine Glucose Post Prandial	Nil	NIL
Method:Reagent strip/Reflectance photometry		

* Sample processed at Parkline

--- End Of Report ---

V.G.Mallika



Dr V G Mallika
Regd. No: 63194
MD PATHOLOGY





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Certificate No.MC-2566

MEDICAL EXAMINATION REPORT

Name	Mr. P. Vijay Kumar (Spouse)		Date :	23/3/2024	
Company	Medi Wheel		Reg. No. :	4078464	
Contact No.	9246560782		Sex	<input checked="" type="checkbox"/> M	Age : <input type="checkbox"/> 55
Type	Pre-Emp		Emp. No.:		
	Overseas		Height	176cm	
	Annual		Weight	71 kgs	
Remarks	<p>Impaired glucose tolerance ⊕ \bar{c} HbA_{1c} - 6.2% (prediabetes). Advice follow up.</p> <p>Elevated Uric acid level. Advice follow up.</p> <p>Hypercholesterolemia, Hypertriglyceridemia ⊕. Advice follow up.</p> <p>USG ⊕ Rt. Non-obstructive Renal calculi Advice follow up.</p>				
Fitness Status	Medically Fit / Unfit		<p>Dr. PRIYANKA SANNIDHI Physician's Signature Regn. No. 11351</p>		

COMPREHENSIVE MEDICAL EXAMINATION REPORT

NAME Mr P. Vijay Kumar

AGE 55 yrs / Male

MARITAL STATUS Married CHILDREN : M F

IDENTIFICATION (IF ANY) A mole on the Lt. forearm,



PAST HISTORY

Any family H/o : High Blood Pressure, Heart Disease, Tuberculosis, Diabetes, Asthma, Cancer

Mother Mother

Any personal H/o Major illness like : Typhoid..... NIL..... Jaundice..... NIL..... Etc.

Any H/o STD..... Skin infection..... NIL

H/o Blood Transfusion..... Recent Vaccination..... COVID-19 x 2 Dose

H/o Epilepsy..... NIL..... Giddiness..... NIL

H/o Surgery..... Fracture in the past..... NIL

Any Personal H/O.

High Blood Pressure, Heart Disease Tuberculosis, Diabetes, Asthma, Cancer

Drug Abuse, Drug Allergy, Micturition, Bowels, Alcohol, Smoking, Sleep, MC, Wt. Loss/Wt. Gain

lately

Present illness / Medication

GENERAL EXAMINATION

Conjunctiva :
Skin :
Ears :
Nose :
Throat & Oral Cavity :

NAD

Bone, Joints : (N)
Nutritional Status : Well Nourished
Lymph Nodes : NPD
Edema Feet : NIL
Varicose Veins : NIL

Distant Vision : Near Vision :

Right Eye: GA + 1.0 sph b/l

Right Eye: N10 + 3.50 sph N6

With glasses / Without glasses

With glasses / Without glasses

left Eye: GA + 1.0 sph b/l

left Eye: N10 + 3.50 sph N6

with glasses / without glasses

with glasses / without glasses

Colour Vision : POE or b/w

Dr. KATTA
Ophthalmologist's Signature
Regd: 8961 (AMC)

Right Ear

Left Ear

Hearing :

Rinee's Test ;

Weber Test : Left / Right

Discharge :

SYSTEMIC EXAMINATION

Pulse : 80 bpm

B.P. : 140/90 mmHg

Lungs :

A. Shape of Chest R/L symmetrical

B. Breath Sounds R/L - clear ⊕

C. Adventitious Sounds No

Heart :

A. Sounds S1 S2 ⊕

B. Murmurs No

Nervous System

Abdomen :

A. Liver NPD

B. Spleen NPD

C. Piles No

D. Any Lump No

A. Higher Function :

B. Cranial Nerves :

C. Sensory System :

D. Motor System :

E. Jerks :

General :

A. Hernia

B. Hydrocele

C. Varicocele

NAD

Breast :

Rt

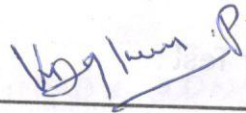
Lt.

CANDIDATE'S DECLARATION

I hereby solemnly declare that I am not suffering from Asthma, Hypertension, Diabetes, Occult Psychological disorders or any other ailment which can be suppressed without my voluntary declaration.

Date :

Signature



Place :

Note : General Physical Examination and Investigation included in the health check-up Have certain limitations and may not be able to detect all latent and asymptomatic diseases. Any new symptoms developing after the health check-up or persisting thereafter should be brought to the attention of the treating physician.

2

Abdomen : A. Liver, B. Spleen, C. Pile, D. An. L. Int. No. [Handwritten notes]

General : A. Heart, B. Hydrocoela, C. Varicoela [Handwritten notes]



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ENT EXAMINATION

S. No. 607846u

Emp. No. :

Date 23/3/24

Name Mr. P. Vijay Kumar

Age 55 Yrs

Sex M/F

EARS :

Right

Left

EAC :

(N)

(N)

TM :

(N) (N)

(N) (N)

TFT :

Times Ac > Bc

Ac > Bc

waves

ABL

← same as examinee

NOSE :

DNS to (R)

THROAT :

AP/TB/PPW (N)

NECK :

No cmt/litd neck swely

IMPRESSION :

DNS to (R)

Consultant ENT

Dr. D. Hari Krishna Reddy
MS (ENT)

Head & Neck Surgeon

Reg. No: 88379


Name : D. Vijay Kumar Sex : M Age : 55

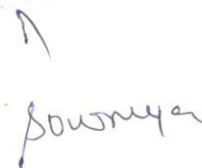
Date : 23/3/20

OPD No :

cat int

Adv. oral prophylaxis.


MULTI SPECIALITY DENTAL CLINIC
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1-3-1, Rajamudaliar Street, Kalasiguda
Secunderabad. Call : 80770



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TEST REPORT

Name : MR.P VIJAY KUMAR [SPOUSE] TID/SID : UMR1401893/
Age / Gender : 55 Years / Male Registered on : 23-Mar-2024 / 07:35 AM
Ref.By : - Collected on : 23-Mar-2024 / 07:36 AM
Req.No :  Reported on : 23-Mar-2024 / 08:28 AM
Reference : Medi Wheel
BIL4078464

DEPARTMENT OF CARDIOLOGY

2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.20 cm
Left Atrium	2.71 cm
Left Ventricle	LVDd:4.21 cm IVSd :1.24 cm EF:78% LVDs:2.18 cm LVPwd:1.34 cm FS:48%
RWMA	Nil
Right Atrium	Normal
Right Ventricle	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Pericardium	Normal
Svc / Ivc	Normal
Intracardiac Masses	Nil
Doppler Study	Mitral flow: E: 0.6 m/sec A: 0.9 m/sec Aortic flow : 1.31 m/sec Pulmonary flow : 0.9 m/sec
Colour Doppler	No MR / AR / TR / PR
Conclusion	No RWMA. Normal valves/ Normal chambers. No MR/ AR/ TR / PR Good LV (LVEF 78 %) / RV function. Grade I Diastolic dysfunction. No PE/ clot/ vegetation.

* Sample processed at Parkline

--- End Of Report ---


Dr. P. PRASHANT MARUTI
DM., Cardiology
Consultant Interventional Cardiologist
Reg. No. TSMC/FMR/25860



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TEST REPORT

Name : Mr . P VIJAY KUMAR [SPOUSE]
Age / Gender : 55 Years / Male
Ref.By :
Req. No : BIL4078464

TID : UMR1401893
Registered on : 23-Mar-2024 07:35 AM
Reported On : 23-Mar-2024 09:16 AM
Reference : Medi Wheel

DEPARTMENT OF ULTRASOUND Ultrasound Whole Abdomen

LIVER : 14.2 cms. Normal in size and increased echotexture. No focal lesions.

No IHBD /CBD dilatation. Portal vein is normal in size.

SPLEEN : 10.2 cms. Normal in size and echotexture. No focal lesion seen.

GALL BLADDER : Well distended. No sludge / gall stones / sol.
Gall bladder -Wall thickness is normal.
No pericholecystic oedema.

PANCREAS : Normal in size and echotexture.No calcification / sol.
Pancreatic duct is normal. No peripancreatic fluid collection.

RIGHT KIDNEY : 9.0 x 4.8 cms.
Normal in size and echotexture.
Cortical thickness is normal.
Hyperechoic focus in lower pole measuring 3.1 mm - ? Calculus.
Pelvi calyceal system is normal.

LEFT KIDNEY : 10.2 x 4.5 cms.
Normal in size and echotexture.
Cortical thickness is normal.
No evidence of calculi / sol.
Pelvi calyceal system is normal.

URINARY BLADDER : Well distended. Normal in contour.
Wall thickness is normal. No calculus / sol.

PROSTATE : Normal in size and echotexture.
No calcification / sol.
No pre or para aortic adenopathy / ascites noted.

IMPRESSION : Grade I fatty liver.
Right non obstructive renal calculus.
Clinical correlation.

Dr. SATHVINDER
MDRD
Regd.No: 56064
Consultant Radiologist



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TEST REPORT

Name : Mr . P VIJAY KUMAR [SPOUSE]
Age / Gender : 55 Years / Male
Ref.By :
Req. No : BIL4078464

TID : UMR1401893
Registered on : 23-Mar-2024 07:35 AM
Reported On : 23-Mar-2024 08:54 AM
Reference : Medi Wheel

X-RAY CHEST PA VIEW

Prominent bronchovascular marking.

Unfolding of aorta.

Cardia is normal.

Hila are normal.

C P angles are free.

Bony cage is normal.

Soft tissues are normal.


Dr. SATHVINDER
MDRD
Regd.No: 56064
Consultant Radiologist

ID: 40/8404

23-03-2024 07:55:01 AM

CARDIART

MR.P.VIJAY KUMAR

Male 55Years

HR : 82 bpm
P : 103 ms
PR : 158 ms
QRS : 83 ms
QT/QTc : 356/416 ms
P/QRS/T : 37/-19/25 °
RV5/SV1 : 0.944/1.050 mV

Diagnosis Information:

Sinus Rhythm

Possible Inferior Myocardial Infarction(III,aVF)

Wm

Dr. P. PRASHANT MARUTI
DM., Cardiology
Consultant Interventional Cardiologist
Reg. No. TSNC/FMR/25860

Report Confirmed by:

