

Name : Mr. PAMU KONDALA RAO
 PID No. : MED121240516
 SID No. : 602207832
 Age / Sex : 48 Year(s) / Male
 Ref. Dr : MediWheel

Register On : 13/08/2022 9:18 AM
 Collection On : 13/08/2022 9:45 AM
 Report On : 13/08/2022 5:32 PM
 Printed On : 17/08/2022 5:41 PM
 Type : OP

Investigation Observed Value Unit Biological Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (Blood 'B' 'Positive'
 /Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

If Rh Variant

When Recieipient, Consider patient as Rh negative when Donor, Consider patient as Rh positive.

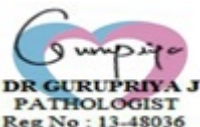
HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (Blood/Spectrophotometry)	15.4	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	46.1	%	42 - 52
RBC Count (Blood/Impedance Variation)	5.32	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	86.6	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	28.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	33.4	g/dL	32 - 36
RDW-CV (Blood/Derived from Impedance)	13.0	%	11.5 - 16.0
RDW-SD (Blood/Derived from Impedance)	40.7	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	5680	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	61.1	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	28.6	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	3.0	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	6.5	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.8	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	3.46	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	1.63	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.17	$10^3 / \mu\text{l}$	0.04 - 0.44



Name : Mr. PAMU KONDALA RAO
PID No. : MED121240516
SID No. : 602207832
Age / Sex : 48 Year(s) / Male
Ref. Dr : MediWheel

Register On : 13/08/2022 9:18 AM
Collection On : 13/08/2022 9:45 AM
Report On : 13/08/2022 5:32 PM
Printed On : 17/08/2022 5:41 PM
Type : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.37	10 ³ / µl	< 1.0
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.05	10 ³ / µl	< 0.2
Platelet Count (Blood/Impedance Variation)	212	10 ³ / µl	150 - 450
MPV (Blood/Derived from Impedance)	10.1	fL	7.9 - 13.7
PCT (Blood/Automated Blood cell Counter)	0.214	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	3	mm/hr	< 15

BIOCHEMISTRY

BUN / Creatinine Ratio	15.8		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	212.8	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Positive(+)		Negative
Glucose Postprandial (PPBS) (Plasma - PP/ GOD-PAP)	291.5	mg/dL	70 - 140

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

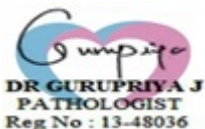
Urine Glucose(PP-2 hours) (Urine - PP)	Positive(++)		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	15.8	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.00	mg/dL	0.9 - 1.3

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	3.8	mg/dL	3.5 - 7.2
------------------------------------	-----	-------	-----------

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.48	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.15	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.33	mg/dL	0.1 - 1.0



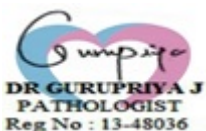
Name : Mr. PAMU KONDALA RAO
PID No. : MED121240516
SID No. : 602207832
Age / Sex : 48 Year(s) / Male
Ref. Dr : MediWheel

Register On : 13/08/2022 9:18 AM
Collection On : 13/08/2022 9:45 AM
Report On : 13/08/2022 5:32 PM
Printed On : 17/08/2022 5:41 PM
Type : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	18.2	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	25.5	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	28.3	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	101.8	U/L	53 - 128
Total Protein (Serum/Biuret)	7.71	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.35	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.36	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.29		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	206.6	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	80.6	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the usual circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	53.0	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	137.5	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	16.1	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	153.6	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



Name : Mr. PAMU KONDALA RAO
PID No. : MED121240516
SID No. : 602207832
Age / Sex : 48 Year(s) / Male
Ref. Dr : MediWHEEL

Register On : 13/08/2022 9:18 AM
Collection On : 13/08/2022 9:45 AM
Report On : 13/08/2022 5:32 PM
Printed On : 17/08/2022 5:41 PM
Type : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
----------------------	-----------------------	-------------	--------------------------------------

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.9		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	9.5	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
---------------------------------	-----	---	---

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	225.95	mg/dL
--	--------	-------

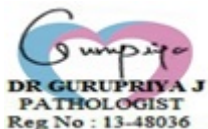
INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values. Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

IMMUNOASSAY

Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.667	ng/mL	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0
--	-------	-------	---



Name : Mr. PAMU KONDALA RAO
PID No. : MED121240516
SID No. : 602207832
Age / Sex : 48 Year(s) / Male
Ref. Dr : MediWheel

Register On : 13/08/2022 9:18 AM
Collection On : 13/08/2022 9:45 AM
Report On : 13/08/2022 5:32 PM
Printed On : 17/08/2022 5:41 PM
Type : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
----------------------	-----------------------	-------------	--------------------------------------

INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL

PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).

Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.

PSA levels tend to increase in all men as they age.

Clinical Utility of PSA:

• In the early detection of Prostate cancer.

• As an aid in discriminating between Prostate cancer and Benign Prostatic disease.

• To detect cancer recurrence or disease progression.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	0.90	ng/ml	0.7 - 2.04
--	------	-------	------------

INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	5.59	µg/dl	4.2 - 12.0
--	------	-------	------------

INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	0.95	µIU/mL	0.35 - 5.50
--	------	--------	-------------

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment :

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

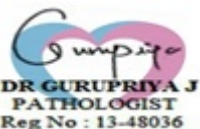
2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

CLINICAL PATHOLOGY

Urine Analysis - Routine

COLOUR (Urine)	Pale yellow	Yellow to Amber
APPEARANCE (Urine)	Clear	Clear




Name : Mr. PAMU KONDALA RAO
PID No. : MED121240516
SID No. : 602207832
Age / Sex : 48 Year(s) / Male
Ref. Dr : MediWheel

Register On : 13/08/2022 9:18 AM
Collection On : 13/08/2022 9:45 AM
Report On : 13/08/2022 5:32 PM
Printed On : 17/08/2022 5:41 PM
Type : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Positive(+)		Negative
Pus Cells (Urine/Automated - Flow cytometry)	1 - 2	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry)	1 - 2	/hpf	NIL
RBCs (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

-- End of Report --


DR GURUPRIYA J
PATHOLOGIST
Reg No : 13-48036


Dr.E.Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

Name	MR.PAMU KONDALA RAO	ID	MED121240516
Age & Gender	48Y/MALE	Visit Date	13/08/2022
Ref Doctor	MediWheel		

MASTER HEALTH CHECK UP SUMMARY

Height :	171 cm	Weight:	68kg
BMI :	26.7		

PRESENT HISTORY:

- Hypertensive – past 6 years – taking medication regularly.
- Pre diabetic – not under medication.

GENERAL EXAMINATION → P.I.C.C.L.E : Nil.

Pulse: 76/min **BP:** 120/80 mmHg **Respiratory Rate:** 15/min
Temp: Normal **Others:** Nil

SYSTEMIC EXAMINATION:

CVS: S1S2+ RS: B/L NVBS CNS: NFND
P/A: Soft, No palpable mass, No tenderness BS +.

INVESTIGATIONS:

ECG:

- Normal ECG.

X-RAY:

- Essentially normal study.

ULTRASOUND ABDOMEN:

- Right renal cyst.
- Left renal Calculus.
- For clinical correlation.



Name	MR.PAMU KONDALA RAO	ID	MED121240516
Age & Gender	48Y/MALE	Visit Date	13/08/2022
Ref Doctor	MediWheel		

ECHO:

- Normal LV / RV size and systolic function. (EF : 68%)
- No regional wall motion abnormality.
- Normal valves for age.
- Normal diastolic compliance.
- Normal colour flow studies.

LAB REPORTS:

- Glucose Fasting & PP levels – Very High.
- HbA1C – Very high.
- T3 and THS – Low.


EYE SCREENING:

Vision	R/E	L/E
Distant Vision	6/6	6/6
Near Vision	N12	N12
Colour Vision	Normal	Normal

- Within normal limits.

ADVISED:

- Diabetologist opinion.
- Endocrinologist opinion.
- Nephrologist opinion – for Left kidney stones.


DR.GOMATHY.S M.B.B.S, D.M.C.H
Consultant General Physician



भारत सरकार
GOVERNMENT OF INDIA



పాము కొండలా రౌ

PAMU KONDALA RAO

DOB: 31-08-1973

Gender: Male



7725 4939 8632

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

9-429, సజీవా నగర్, విశాఖపట్నం
చినగడిలి, విశాఖపట్నం అర్బన్,
విశాఖపట్నం, విశాఖపట్నం అర్బన్,
విశాఖపట్నం, ఆంధ్రప్రదేశ్, 530043

Address:
9-429, Sanjeeva Nagar,
Visalakshinagar Chinagadili,
Visakhapatnam (urban),
Visakhapatnam (urban),
Visakhapatnam, Andhra Pradesh,
530043



1947
1800 300 1947

help@uidai.gov.in

www.uidai.gov.in

P.O. Box No. 1947,
Bengaluru-560 001

Name	MR.PAMU KONDALA RAO	ID	MED121240516
Age & Gender	48Y/MALE	Visit Date	13/08/2022
Ref Doctor	MediWheel		

SONOGRAM

WHOLE ABDOMEN

The liver is normal in size and shows uniform echotexture with no focal abnormality.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

The right kidney measures 10.8 x 4.9 cm and shows a mid pole exophytic cortical cyst measuring 1.8 x 1.9 cm.

The left kidney measures 11.0 x 5.5 cm and shows calculus measures 0.55 cm in the mid pole calyx.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.



Name	MR.PAMU KONDALA RAO	ID	MED121240516
Age & Gender	48Y/MALE	Visit Date	13/08/2022
Ref Doctor	MediWheel		

There is no calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic.

There is no intravesical mass or calculus.

The prostate measures 2.5 x 3.5 x 3.4 cm (Vol - 15.9 cc) and is normal sized.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

IMPRESSION:

- Right renal cyst.
- Left renal calculus.
- For clinical correlation.

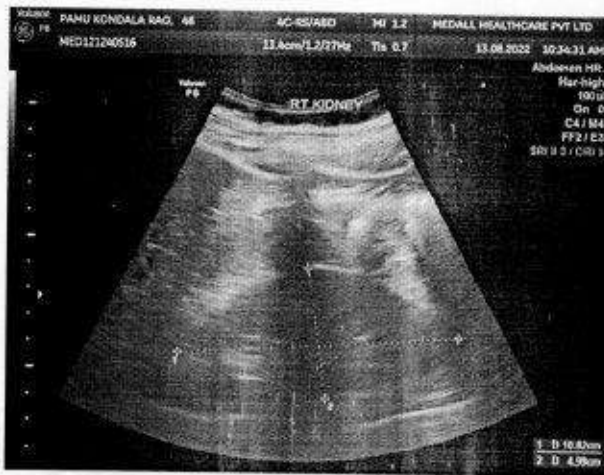
Dr Catherine
DR.Catherine
Consultant Sonologist



MEDALL DIAGNOSTICS
 No ; 26/15 , Ground floor Gopalakrishna street pondy Bazaar , T.Nagar



Name	MR.PAMU KONDALA RAO	ID	MED121240516
Age & Gender	48Y/MALE	Visit Date	13/08/2022
Ref Doctor	MediWheel		



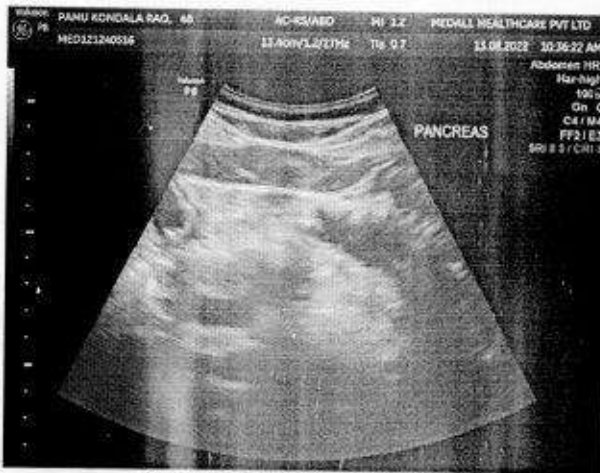
You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

MEDALL DIAGNOSTICS
No ; 26/15 , Ground floor Gopalakrishna street pondy Bazaar , T.Nagar

Name	MR.PAMU KONDALA RAO	ID	MED121240516
Age & Gender	48Y/MALE	Visit Date	13/08/2022
Ref Doctor	MediWheel		



ESTABLISHED DIAGNOSTIC PROCESSES
HIGH QUALITY STANDARDS
SERVICES OFFERED
FBI - CT SCAN - ULTRA SOUND - BMD - MAMMOGRAM - ECG - DOPPLER - PATHOLOGY SERVICES - HEALTH CHECKUP & WELLNESS PACKAGES
For Home Collection & Other Appointments
12502 33333
www.medallcare.com/medall

You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

Name	MR.PAMU KONDALA RAO	ID	MED121240516
Age & Gender	48Y/MALE	Visit Date	13/08/2022
Ref Doctor	MediWheel		

ECHO CARDIOGRAM REPORT

2D ECHO STUDY:

- Normal chamber dimensions.
- Normal LV / RV size and systolic function (EF: 68%)
- No Regional wall motion abnormality.
- No ventricular hypertrophy.
- IAS and IVS are intact.
- No e/o of clot / Aneurysm.
- Normal pericardium.

FINAL IMPRESSION:

- NORMAL LV / RV SIZE AND SYSTOLIC FUNCTION. (EF : 68%)
- NO REGIONAL WALL MOTION ABNORMALITY.
- NORMAL VALVES FOR AGE.
- NORMAL DIASTOLIC COMPLIANCE.
- NORMAL COLOUR FLOW STUDIES.

LEFT VENTRICULAR MEASUREMENT:

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
AO (ed)- 3.0cm(1.5cm/3.5cm)		IVS (ed) - 1.2cm	(0.6cm/1.2cm)
LA (ed)- 2.9cm(1.5cm/3.5cm)		LVPW(ed) - 1.2cm	(0.6cm/1.1cm)
RVID(ed)- 1.2cm(0.9cm/2.8cm)		EF 68 %	(62 %-85 %)
LVID (ed)- 4.1cm(2.6cm/5.5cm)		FS 37 %	
LVID (es)- 2.5cm			



Name	MR.PAMU KONDALA RAO	ID	MED121240516
Age & Gender	48Y/MALE	Visit Date	13/08/2022
Ref Doctor	MediWheel		

MORPHOLOGICAL DATA:

Mitral valve

Anterior mitral leaflet (AML)	: Normal
Posterior mitral leaflet (PML)	: Normal
Aortic Valve	: Normal
Tricuspid Valve	: Normal
Pulmonary Valve	: Normal
Interatrial Septum	: Intact
Interventricular Septum	: Intact
Right Ventricle	: Normal
Right Atrium	: Normal
Pulmonary Artery	: Normal
Left Ventricle	: Normal
Left Atrium	: Normal

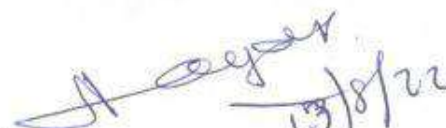
PERICARDIUM:

- Normal.

DOPPLER STUDY:

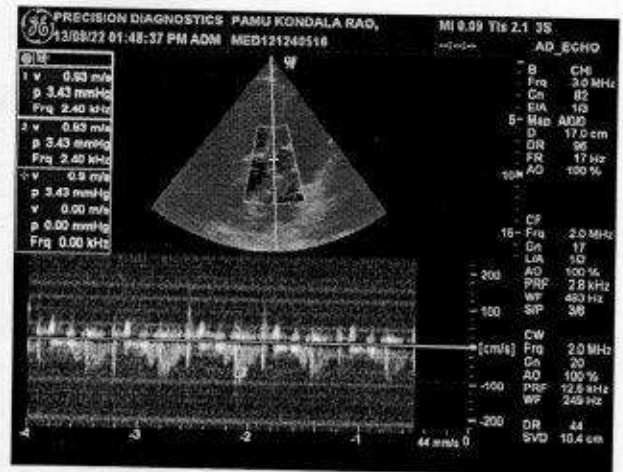
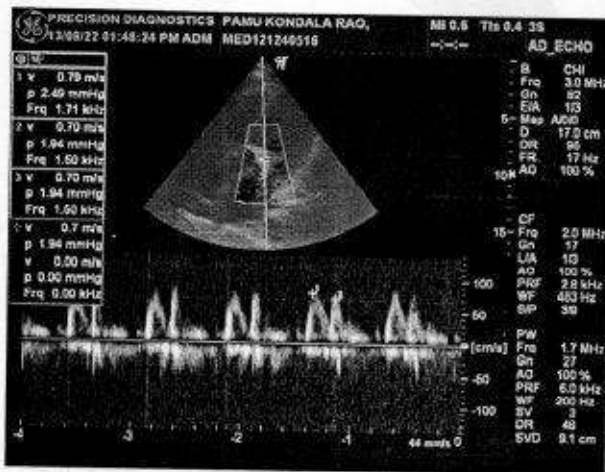
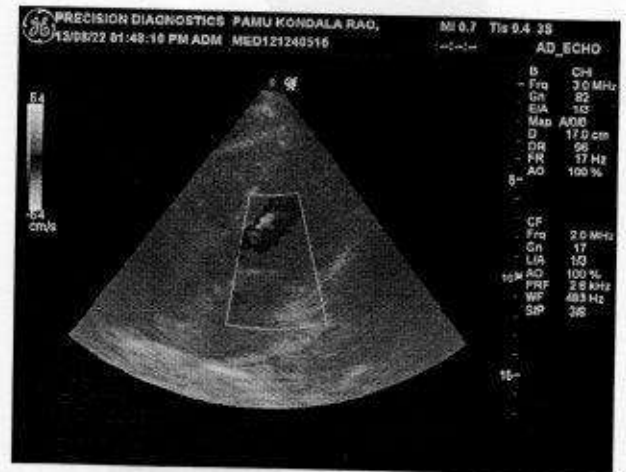
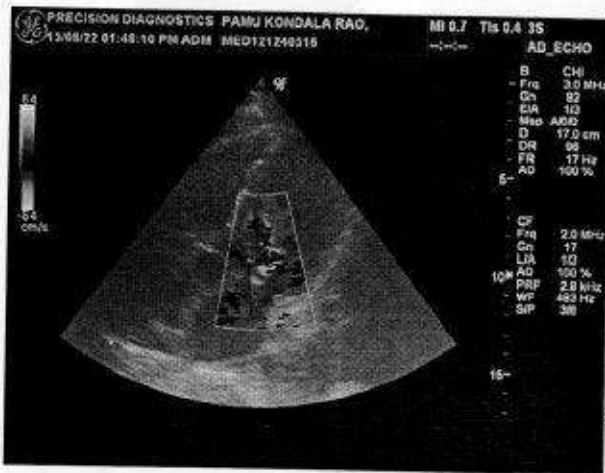
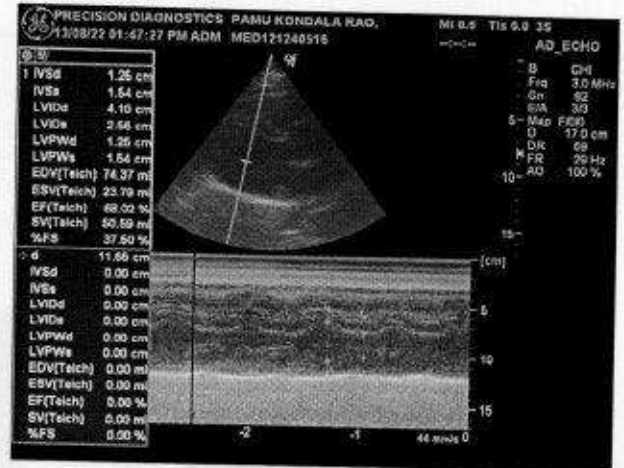
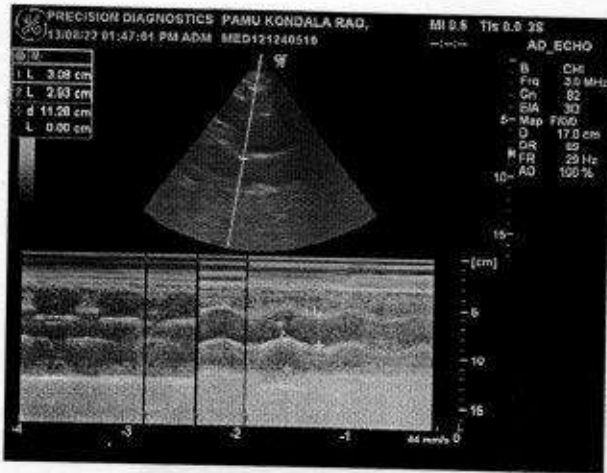
Continuous Wave Doppler & Colour Flow Study:

- *Normal colour flow studies.*


13/8/22
Dr. Pradeep G. Nayar
MD, DNB(CARD), MNAMS, FRCP(Lon), FRCP(Edin),
FRCP(Glas) FAHA(USA), FACC(USA), FSCAI(USA).
Sr. Consultant Interventional Cardiologist



Name	MR.PAMU KONDALA RAO	ID	MED121240516
Age & Gender	48Y/MALE	Visit Date	13/08/2022
Ref Doctor	MediWheel		



You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.