Name	:	**Mr. V V SATYANARAYANA**		
PID No.	:	MED111966827	**Register On** :	25/11/2023 8:00 AM
SID No.	:	80539610	**Collection On** :	25/11/2023 8:30 AM
Age / Sex	:	62 Year(s) / Male	**Report On** :	25/11/2023 4:01 PM
Type	:	OP	**Printed On** :	28/11/2023 7:04 PM
Ref. Dr	:	**MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (Blood/*Agglutination*)	'B' 'Positive'		

Complete Blood Count With - ESR

Investigation	Observed Value	Unit	Biological Reference Interval
Haemoglobin (Blood/*Spectrophotometry*)	14.4	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/*Numeric Integration of MCV*)	43.8	%	42 - 52
RBC Count (Blood/*Electrical Impedance*)	4.97	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/*Calculated*)	88.1	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/*Calculated*)	29.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/*Calculated*)	32.9	g/dL	32 - 36
RDW-CV (*Calculated*)	14.9	%	11.5 - 16.0
RDW-SD (*Calculated*)	45.94	fL	39 - 46
Total Leukocyte Count (TC) (Blood/*Electrical Impedance*)	9420	cells/cu.mm	4000 - 11000
Neutrophils (Blood/*Impedance and absorbance*)	67.94	%	40 - 75
Lymphocytes (Blood/*Impedance and absorbance*)	23.87	%	20 - 45
Eosinophils (Blood/*Impedance and absorbance*)	1.07	%	01 - 06

CHINTHA SHIVAJI
Lab Manager
VERIFIED BY

Dr K . NEEHARIKA
MD PATHOLOGY
Reg No : 96545
APPROVED BY

Lab Address: MEDALL HEALTH CARE PVT LTD,#17-11-3/4,DR.GKS MANSION,OFFICIAL COLONY,MAHARANI PETA, VIZAG 530002,.

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Type	:	OP	Printed On	: 28/11/2023 7:04 PM
Ref. Dr	:	MediWheel		

Investigation	Observed Value	Unit	Biological Reference Interval
Monocytes (Blood/*Impedance and absorbance*)	6.78	%	01 - 10
Basophils (Blood/*Impedance and absorbance*)	0.33	%	00 - 02

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

Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Neutrophil count (Blood/*Impedance and absorbance*)	6.40	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/*Impedance*)	2.25	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/*Impedance*)	0.10	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (Blood/*Impedance*)	0.64	10^3 / µl	< 1.0
Absolute Basophil count (Blood/*Impedance*)	0.03	10^3 / µl	< 0.2
Platelet Count (Blood/*Impedance*)	2.24	lakh/cu.mm	1.4 - 4.5

INTERPRETATION: Platelet count less than 1.5 lakhs will be confirmed microscopically.

Investigation	Observed Value	Unit	Biological Reference Interval
MPV (Blood/*Derived from Impedance*)	9.35	fL	7.9 - 13.7
PCT (*Calculated*)	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated ESR analyser*)	11	mm/hr	< 20
BUN / Creatinine Ratio	10.1		
Glucose Fasting (FBS) (Plasma - F/*Glucose oxidase/Peroxidase*)	**105**	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

CH. Shivaji
CHINTHA SHIVAJI
Lab Manager
VERIFIED BY

K. Neeharika
Dr K . NEEHARIKA
MD PATHOLOGY
Reg No : 96545

APPROVED BY

The results pertain to sample tested.   Page 2 of 8

Name	: **Mr. V V SATYANARAYANA**		
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Type	: OP	Printed On	: 28/11/2023 7:04 PM
Ref. Dr	: **MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
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)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD - POD)*	**374**	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)	**Trace**		Negative
Blood Urea Nitrogen (BUN) (Serum/*Calculated)*	11.2	mg/dL	7.0 - 21
Creatinine (Serum/*Jaffe ‾ Alkaline Picrate)*	1.1	mg/dL	0.8 - 1.3
Uric Acid (Serum/*Uricase/Peroxidase)*	**2.7**	mg/dL	3.5 - 7.2

Liver Function Test

Bilirubin(Total) (Serum/*Diazotized Sulphanilic acid)*	0.7	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulphanilic acid)*	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Calculated)*	0.5	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*IFCC without P-5-P)*	21	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*IFCC without P-5-P)*	20	U/L	5 - 41

CH. Shivaji
CHINTHA SHIVAJI
Lab Manager
VERIFIED BY

K.Neeharika
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Investigation	Observed Value	Unit	Biological Reference Interval
Alkaline Phosphatase (SAP) (Serum/*IFCC AMP Buffer*)	94	U/L	56 - 119
Total Protein (Serum/*Biuret*)	6.8	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green*)	3.9	gm/dl	3.5 - 5.2
Globulin (Serum/*Calculated*)	2.90	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Calculated*)	1.34		1.1 - 2.2

INTERPRETATION: Enclosure : Graph

Investigation	Observed Value	Unit	Biological Reference Interval
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic*)	12	U/L	< 55

Lipid Profile

Investigation	Observed Value	Unit	Biological Reference Interval
Cholesterol Total (Serum/*Cholesterol oxidase/Peroxidase*)	133	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*Glycerol-phosphate oxidase/Peroxidase*)	62	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.

Investigation	Observed Value	Unit	Biological Reference Interval
HDL Cholesterol (Serum/*Immunoinhibition*)	**57**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40

CH. Shivaji
CHINTHA SHIVAJI
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VERIFIED BY

K.Neeharika
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Investigation	Observed Value	Unit	Biological Reference Interval
LDL Cholesterol (Serum/*Calculated*)	63.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/*Calculated*)	12.4	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated*)	76.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >=220

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.

Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated*)	2.3		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*)	1.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	1.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

The results pertain to sample tested.   Page 5 of 8

Name	: **Mr. V V SATYANARAYANA**		
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Investigation	Observed Value	Unit	Biological Reference Interval
HbA1C (Whole Blood/*HPLC-Ion exchange*)	**13.4**	%	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 %

Mean Blood Glucose (Whole Blood*)*	337.88	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.

Prostate specific antigen - Total(PSA) (Serum/*Manometric method*)	0.736	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

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:
ðIn the early detection of Prostate cancer.
ðAs an aid in discriminating between Prostate cancer and Benign Prostatic disease.
ðTo detect cancer recurrence or disease progression.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA)*)	0.71	ng/ml	0.4 - 1.81

CH. Shivaji
CHINTHA SHIVAJI
Lab Manager

VERIFIED BY

K.Neeharika
Dr K . NEEHARIKA
MD PATHOLOGY
Reg No : 96545

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Ref. Dr	:	**MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval

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 (Thyroxine) - Total	10.12	µg/dl	4.2 - 12.0

(Serum/*Chemiluminescent Immunometric Assay (CLIA)*)

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)	**6.13**	µIU/mL	0.35 - 5.50

(Serum/*Chemiluminescence*)

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

Urine Analysis - Routine

Others	Nil		

(Urine/*Microscopy*)

INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy

Physical Examination(Urine Routine)

Colour	Pale yellow	Yellow to Amber

(Urine/*Physical examination*)

CH. Shivaji
CHINTHA SHIVAJI
Lab Manager
VERIFIED BY

K.Neeharika
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Investigation	Observed Value	Unit	Biological Reference Interval
Appearance (Urine/*Physical examination*)	clear		Clear

Chemical Examination(Urine Routine)

Protein (Urine/*Dipstick-Error of indicator/ Sulphosalicylic acid method*)	Negative		Negative
Glucose (Urine/*Dip Stick Method / Glucose Oxidase - Peroxidase / Benedict˘s semi quantitative method.*)	Negative		Negative

Microscopic Examination(Urine Routine)

Pus Cells (Urine/*Microscopy exam of urine sediment*)	4-5	/hpf	0 - 5
Epithelial Cells (Urine/*Microscopy exam of urine sediment*)	**1-2**	/hpf	NIL
RBCs (Urine/*Microscopy exam of urine sediment*)	Nil	/hpf	0 - 5

CHINTHA SHIVAJI
Lab Manager
VERIFIED BY
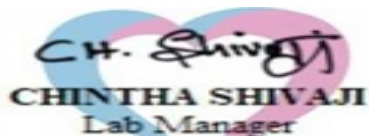
Dr K . NEEHARIKA
MD PATHOLOGY
Reg No : 96545
APPROVED BY

-- End of Report --

Lab Address: MEDALL HEALTH CARE PVT LTD,#17-11-3/4,DR.GKS MANSION,OFFICIAL COLONY,MAHARANI PETA, VIZAG 530002,.

ECHOCARDIOGRAM REPORT
M - MODE STUDY

LA : 2.6 cm   **L.V.D. (D) : 4.3 cm**   **LVEF : 67 %**
AO : 2.0 cm   **L.V.D. (S) : 2.7 cm**   **FS** : 37 %

IVS (D) : 1.0 cm
LVPW (D) : 1.0cm

TWO DIMENSIONAL ECHOCARDIOGRAPHIC STUDY
VALVES

1.Mitral : Normal
2.Aortic : Normal
3.Pulmonary : Normal
4.Tricuspid : Normal

CHAMBERS

1.Left Atrium : Normal
2.Right Atrium : Normal
3.Left Ventricle : Normal
4.Right Ventricle : Normal

SEPTAE

1.I.A.S. : Intact
2.I.V.S. : Intact

GREAT ARTERIES

1.Aorta : Normal
2.Pulm-Artery : Normal
PERICARDIUM / OTHERS : No pericardial effusion
COLOUR FLOW MAPPING   MR   AR   TR   PR
                                           --   --   --   --
DOPPLER STUDY
M.V.DIASTOLIC FLOW   :   E > A
AORTIC VALVE SYSTOLIC FLOW   : 1.1 mt/sec
PULMONARY VALVE SYSTOLIC FLOW   : 0.7 mt/sec

IMPRESSION:

- **NORMAL VALVES.**   **NORMAL CHAMBERS /**

- **NO RWMA OF LV.**

- **NO PAH.**   **NO MR / NO AR / NO TR/**

- **NO PE / NO LV CLOTS.**

- **FUNCTION.**   **GOOD LV/RV SYSTOLIC**

Name	MR.V V SATYANARAYANA	ID	MED111966827
Age & Gender	62Y/MALE	Visit Date	25 Nov 2023
Ref Doctor Name	MediWheel		

Dr. B. SRIKANTH MD DM
CONSULTANT CARDIOLOGIST

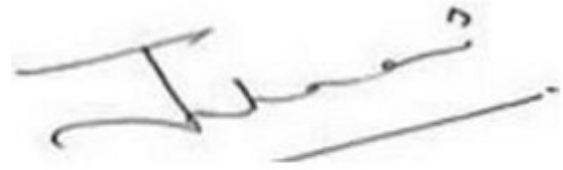| Name	Mr. V V SATYANARAYANA	Customer ID	MED111966827
Age & Gender	62Y/M	Visit Date	Nov 25 2023 7:59AM
Ref Doctor	MediWheel		

ULTRASOUND WHOLE ABDOMEN

Liver : Normal in size (13.1 cm)with regular outlines and normal echopattern.
There is no evidence of IHBR / EHBR dilatation seen.
No focal space occupying lesions seen.
CBD is normal. PV normal.

Gall Bladder : Normal in volume and wall thickness.
No e/o intraluminal calculi seen.

Pancreas : Head, body and tail are identified with normal echopattern and smooth outlines.

Spleen : Measured 8.4 cm, in size with normal echotexture.

Right kidney : Measured 9.9 x 4.6 cm in size.

Left kidney : Measured 9.2 x 4.5 cm in size.
Both kidneys are normal in size, position, with well preserved cortico medullary differentiation and normal pelvicalyceal anatomy.
No e/o calculi / space occupying lesion seen.
No e/o suprarenal / retroperitoneal masses noted.

Urinary : **Normal in volume and wall thickness.**
bladder **No e/o intraluminal calculi / masses seen.**

- Post void residue − 20 cc (Not significant).

Prostate : **Measured 3.7 x 3.5 x 3.7 cm (Vol : 25.8 cc), mildly enlarged in size with normal echotexture.**

No e/o ascites / pleural effusion seen.
No e/o detectable bowel pathology seen.

IMPRESSION :

- **Grade I prostatomegaly with insignificant post void residue.**

Name	Mr. V V SATYANARAYANA	Customer ID	MED111966827
Age & Gender	62Y/M	Visit Date	Nov 25 2023 7:59AM
Ref Doctor	MediWheel		

- For clinical correlation.

Dr.Jahnavi Barla,MD(RD)

Consultant Radiologist

Name	Mr. V V SATYANARAYANA	Customer ID	MED111966827
Age & Gender	62Y/M	Visit Date	Nov 25 2023 7:59AM
Ref Doctor	MediWheel		

RADIOGRAPH CHEST P.A. VIEW

The Cardiac size and configuration are normal.

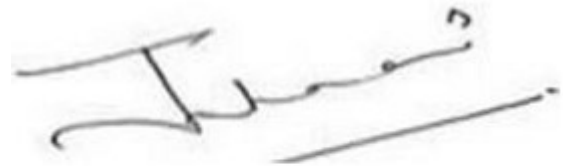The Aorta and Pulmonary Vasculature are normal.

Both the lungs are clear.

Both Costophrenic angles are normal.

The soft tissues and bones of thorax are normal.

IMPRESSION :

- **Essentially normal study.**

- For clinical correlation.

Dr.Jahnavi Barla,MD(RD)

Consultant Radiologist

(Medall Healthcare Pvt Ltd)
SASH SELF REFERRAL

Stick the Barcode here

I, give consent to Medall Healthcare Pvt Ltd to perform the SASH Package investigation requested by myself.

General Information:

Name: Mr/Ms/Mrs
V		V	S	A	T	Y	A	P	R	A	B	A	K	A	R	A

Date of Birth : | DD | MM | YYYY | or Age: | 63 | Gender: Male ✓ Female ☐

Contact Number : | 9 | 9 | 5 | 9 | 6 | 7 | 2 | 9 | 1 | 7 |

Email ID :
| b | a | l | u | a | s | a | d | b | a | r | a | a | @ | g | m | a | i | l |
| | | c | o | m |

Pin Code: | 5 | 3 | 1 | 0 | 1 | 6 |

Vitals Entry (to be filled by Medall Team)

Height	1 7 1	CMS	☐ feet ☐ Inches
Waist	3 0	Inches	
Hip	2 8 ·	Inches	
Fat	2 1 · 9	%	
Weight	4 8 · 8	Kgs	
Visceral Fat	1 · 0		
RM	1 1 2 7	Cal	
BMI	1 6 · 7		
Body Age	3 9	Yrs	
Systolic BP	1 2 0	mm/Hg	
Diastolic BP	80	mm/Hg	

Dr. Lanka Prasad, M.B B S..
Reg. No. 18363
CIVIL ASSISTANT SURGEON
MEDICAL OFFICER
Primary Health Centre
KASIMKOTA-531 031
VISAKHA Dist.

Clinical History / Medicines taken

_____

Disclaimer: I have verified and agree with all the data in this sheet.

Customer Signature

How did you come to know about SASH

☐ In-Store Communication ☐ Social Media ☐ Friends /Family ☐ Theatres ☐ Radio ☐ Posters ☐ Other
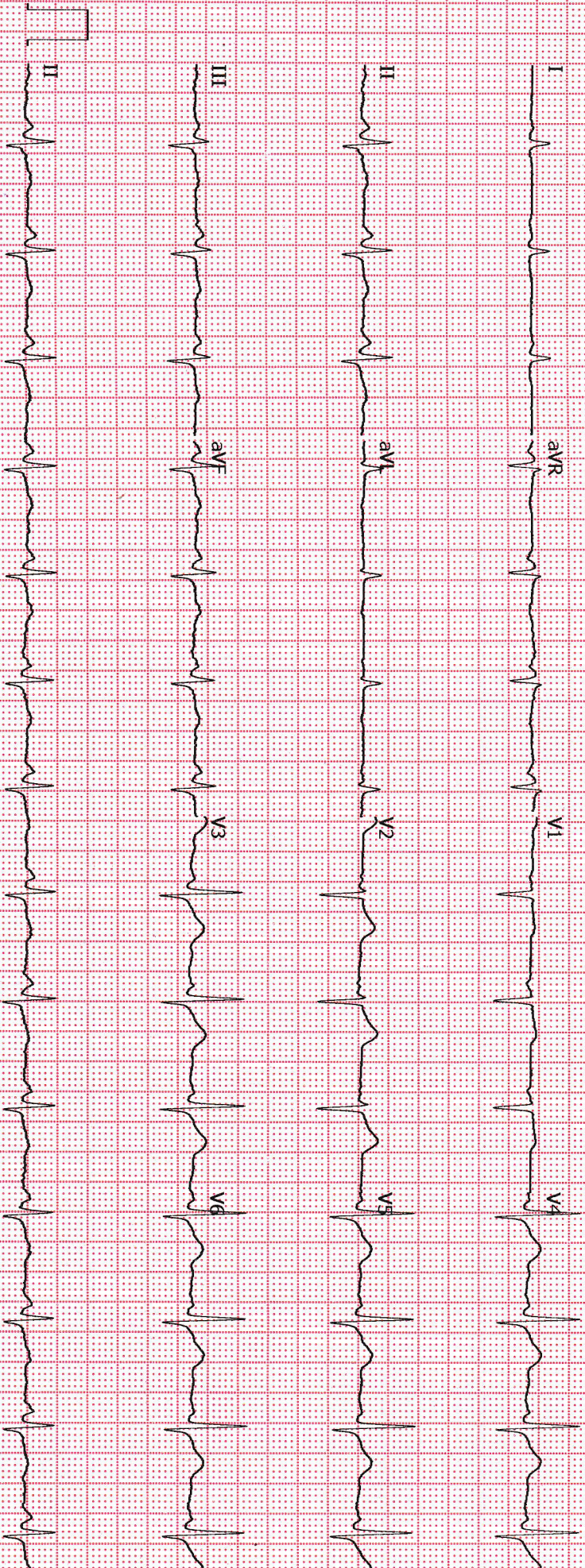
Date _____   Emp Name/ID: _____

This form is only for SASH- V 1.5

V.v.satyanarayana

62 Years | Male

25.11.2023 9:01:09
MEDALL HEALTHCARE PVT LTD.
OFFICIAL COLONY, MAHARANIPETA
VISAKHAPATNAM

84 bpm
-- / -- mmHg

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Room:

Technician:
Ordering Ph:
Refering Ph:
Attending Ph:

QRS :   78 ms
QT / QTcBaz :   390 / 460 ms
PR :   124 ms
P :   92 ms
RR / PP :   710 / 714 ms
P / QRS / T :   71 / 4 / 82 degrees

Normal sinus rhythm
Normal ECG

Leads: I, II, III, aVR, aVL, aVF, V1, V2, V3, V4, V5, V6

GE | MAC2000 | 1.1 | 12SL™ v241 | 25 mm/s | 10 mm/mV | ADS | 0.56-20 Hz | 50 Hz | 4x2.5x3_25_R1 | 1/1

Unconfirmed

☎ : 0891-2706431
Cell : 9246674691

SHARADA EYE HOSPITAL

Vision for all

H.No. APGV KHN B00 146, Sharada Eye Hospital Complex
Krishnanagar, VISAKHAPATNAM-530 002

Dr. K. Venkateswarlu
MD (AIIMS) FRF
EYE SURGEON
Reg. No. 12677

Date 28.11.23

Mr. VV Sulya narayana
63.   DM⁺/IDDM

Vision	6/6	6/9
Eglasses	+1.25 Sp / +3.75	
Ant Seg	normal	normal
Fundus	normal	normal
Color Vision	normal	normal

Eyes normal