




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



TEST REPORT

Name : **MS.THOTAKURI RAJANI [SPOUSE]** TID/SID : UMR1044239/ 25224428
 Age / Gender : 47 Years / Female Registered on : 25-Feb-2023 / 08:28 AM
 Ref.By : - Collected on : 25-Feb-2023 / 08:32 AM
 Req.No  Reported on : 25-Feb-2023 / 12:54 PM
 BIL2850593 Reference : Medi Wheel

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Colour Method:Photo detectors(instrument)	Light Yellow		Light Yellow
Appearance Method:Photo diode array sensor	Clear		Clear
Specific gravity Method:Ion concentration/colour indicator	1.005		1.003-1.030
Reaction and pH Method:Double Indicator	6.0		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	1 - 2	/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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Certificate No.:MC-2566

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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			

* Sample processed at Parkline

--- End Of Report ---

Dr.Jyothi Kiranmai
Regd. No: 52272
MD PATHOLOGY






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Ref.By : - Collected on : 25-Feb-2023 / 08:32 AM
Req.No  Reported on : 25-Feb-2023 / 11:35 AM
BIL2850593 Reference : Medi Wheel

DEPARTMENT OF HEMATOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

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

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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	15	mm/hour	0-20 mm/hour
Method:Westergren			

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DEPARTMENT OF HEMATOLOGY

Hemogram, EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	12.8	g/dL	12.0-15.0 g/dL
Erythrocyte Count(RBC) Method:Electrical Impedence	4.6	mill /cu.mm	3.8-4.8 mill /cu.mm
PCV/HCT Method:Numeric Integration	38	%	36-46 %
MCV Method:Calculated	84	fL	83-101 fL
MCH Method:Calculated	27.6	pg	27-32 pg
MCHC Method:Calculated	33.1	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	15.3	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	7.0	10 ³ /μL	4-10 10cap;3/μL 10 ³ /μL
Differential Count			
Neutrophils Method:Flowcytometry/Microscopy	48	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	42	%	20-40 %
Monocytes Method:Flowcytometry/Microscopy	8	%	2-10 %
Eosinophils Method:Flowcytometry/Microscopy	2	%	1-6 %
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Platelet Count Method:Electrical Impedence	250	10 ³ /μL	150-410 10 ³ /μL

Peripheral Smear




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Reference : Medi Wheel
BIL2850593

DEPARTMENT OF HEMATOLOGY

Hemogram, EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
RBC Method:Microscopy	Normocytic and Normochromic		
WBC Method:Microscopy	Relative Lymphocytosis+. No abnormal cells seen.		
Platelets Method:Microscopy	Discrete and adequate. Normal in morphology.		

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Req.No	:  BIL2850593	Reported on	: 25-Feb-2023 / 10:20 AM
		Reference	: Medi Wheel

DEPARTMENT OF CARDIOLOGY

2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.23 cm
Left Atrium	3.02 cm
Left Ventricle	LVDd: 3.92 cm IVSd : 1.24 cm EF: 67 % LVDs: 2.48 cm LVPwd: 0.8 cm FS: 36 %
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: 0.5 m/sec Aortic flow : 0.8 m/sec Pulmonary flow : 0.7 m/sec
Colour Doppler	No MR / AR / TR / PR
Conclusion	No RWMA. Normal valves/ Normal chambers. No MR/ AR/ TR / PR Good LV/ RV function.LVEF 67 % No PE/ clot/ vegetation. No diastolic dysfunction.

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TEST REPORT

Name : **MS.THOTAKURI RAJANI [SPOUSE]** TID/SID : UMR1044239/ 25224427
Age / Gender : 47 Years / Female Registered on : 25-Feb-2023 / 08:28 AM
Ref.By : - Collected on : 25-Feb-2023 / 08:32 AM
Req.No :  Reported on : 25-Feb-2023 / 12:30 PM
Reference : Medi Wheel
BIL2850593

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	8.3	mg/dL	7-23 mg/dL
Method:Calculated			

Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	0.85	mg/dL	0.50-1.20 mg/dL
Method:Alkaline Picrate			

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TEST REPORT

Name : **MS.THOTAKURI RAJANI [SPOUSE]** TID/SID : UMR1044239/ 25224430F
Age / Gender : 47 Years / Female Registered on : 25-Feb-2023 / 08:28 AM
Ref.By : - Collected on : 25-Feb-2023 / 08:32 AM
Req.No :  Reported on : 25-Feb-2023 / 15:00 PM
Reference : Medi Wheel
BIL2850593

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	96	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : \geq 126 mg/dL

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TEST REPORT

Name : **MS.THOTAKURI RAJANI [SPOUSE]** TID/SID : UMR1044239/ 25224430P
Age / Gender : 47 Years / Female Registered on : 25-Feb-2023 / 08:28 AM
Ref.By : - Collected on : 25-Feb-2023 / 08:32 AM
Req.No :  Reported on : 25-Feb-2023 / 15:00 PM
Reference : Medi Wheel
BIL2850593

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	127	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : \geq 200 mg/dL

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TEST REPORT

Name : **MS.THOTAKURI RAJANI [SPOUSE]** TID/SID : UMR1044239/ 25224426
Age / Gender : 47 Years / Female Registered on : 25-Feb-2023 / 08:28 AM
Ref.By : - Collected on : 25-Feb-2023 / 08:32 AM
Req.No  Reported on : 25-Feb-2023 / 15:00 PM
Reference : Medi Wheel
BIL2850593

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)	5.8	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	119	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 :

- 1.Glycated hemoglobin (glycohemoglobin / HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
- 2.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.
- 3.In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
4. 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.
5. 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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Reference : Medi Wheel
BIL2850593

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	149	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	41	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	88	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	20	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	102	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	3.63		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio	2.15		

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Req.No :  Reported on : 25-Feb-2023 / 12:30 PM
Reference : Medi Wheel
BIL2850593

DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	0.49	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.14	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.35	mg/dL	
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	13	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	20	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	57	U/L	30-115 U/L
PROTEINS			
Total Protein. Method:Biuret	7.02	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.11	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	2.91	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.41		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	18	U/L	7.0-50.0 U/L

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Ref.By : - Collected on : 25-Feb-2023 / 08:32 AM
Req.No  Reported on : 25-Feb-2023 / 13:58 PM
Reference : Medi Wheel
BIL2850593

DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Triiodothyronine Total (T3) Method:Enhanced chemiluminescence	1.56	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	11.2	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	2.27	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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		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid. Method:Uricase	5.65	mg/dL	1.9-7.5 mg/dL

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TEST REPORT

Name : **MS.THOTAKURI RAJANI [SPOUSE]** TID/SID : UMR1044239/ 25226783
Age / Gender : 47 Years / Female Registered on : 25-Feb-2023 / 08:28 AM
Ref.By : - Collected on : 25-Feb-2023 / 08:32 AM
Req.No  Reported on : 25-Feb-2023 / 15:08 PM
Reference : Medi Wheel
BIL2850593

DEPARTMENT OF HEALTH CHECKUP

Glucose Urine Fasting

Urine Glucose Fasting Nil NIL
Method:Reagent strip/Reflectance photometry

Glucose Urine Post Prandial

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

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Email parklinediagnostics@gmail.com www.parklinediagnostics.com



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MEDICAL EXAMINATION REPORT

Name	MS. Thotakuni Rajani		Date :	25/02/2023		
Company	CO: Mediwheel		Reg. No. :	2850593		
Contact No.	8522836028		Sex	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	Age :	<input type="checkbox"/> 40
Type	Pre-Emp		Emp. No.:	Spouse		
	Overseas		Height	159 cm		
	Annual	<input checked="" type="checkbox"/>	Weight	57 kgs.		
Remarks	- HbA1c - 5.8%. Advice follow up - Diabetologist. Rest all clinical & lab parameters were					
Fitness Status	Medically Fit / Unfit		DR. PRIYANKA SANNIDHI Physician's Signature Regn No : 11351			

COMPREHENSIVE MEDICAL EXAMINATION REPORT



NAME Ms. Thotakuri Rajani

AGE 47 yrs / Female

MARITAL STATUS Married CHILDREN : M F

IDENTIFICATION (IF ANY) A mole on the right elbow

PAST HISTORY

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

Late Father Late Mother Late father lymphoma

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

Any H/o STD.....Skin infection.....Contact allergy

H/o Blood Transfusion.....NIC.....Recent Vaccination.....COVAXIN 2 Doses

H/o Epilepsy.....Giddiness.....NIC

H/o Surgery.....Appendectomy 2009.....Fracture in the past.....NIC

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

X 10 lbs in 1 yr.

Present illness / Medication

GENERAL EXAMINATION

Conjunctiva :
Skin :
Ears : NAD
Nose :

Bone, Joints : Lt. Ankle pain x 1 yr
Nutritional Status : Well Nourished
Lymph Nodes : NPD
Edema Feet : Lt. Ankle on/off
Varicose Veins : NIL

Throat & Oral Cavity :
DR PRINIA
888
Recd No 1135

Distant Vision : Near Vision :

Right Eye: 6/6

With glasses / Without glasses

left Eye : 6/6

with glasses / without glasses

Right Eye: Ng +1.75 sph Ng

With glasses / Without glasses

left Eye : Ng +1.75 sph Ng

with glasses / without glasses

Colour Vision : normal

Ophthalmologist's Signature [Signature]

Right Ear

Hearing : (N)

Rinee's Test ;

Weber Test :

Discharge : NIL

Left Ear

(N)

NIL

SYSTEMIC EXAMINATION

Pulse : 80 bpm

B.P. : 120/80/70

Lungs : A. Shape of Chest B/C symmetrical
B. Breath Sounds R/L - clear ⊕
C. Adventitious Sounds no

Heart : A. Sounds h S 2 ⊕
B. Murmurs no

Nervous System

Abdomen : A. Liver NPD
B. Spleen NPD
C. Piles NO
D. Any Lump NAD

A. Higher Function :
B. Cranial Nerves :
C. Sensory System : (N)
D. Motor System :
E. Jerks :

General : A. Hernia
B. Hydrocele NAD
C. Varicocele

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.



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7093445852, Fax : +91 40 2784 7864 Email parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited
Certificate No.MC-2566

ENT CONSULTATION

S.No. 2850593 Emp.No. _____ Date 25/2/13
Name MS. Thalakurri Rajani Age 48 Yrs Sex M/F

EARS :

Right

Left

EAC : patent, no Cerumen. - de
TM : intact, pearly white. - de
Cone of light (+)
TFT : Rinne's +ve. Weber's Centralised

NOSE

: Septum: (N). Bil. Tympanic (N) - no

THROAT

: Oropharynx: (N). Bil. v. ass (N) - no

NECK

: (N) - no

IMPRESSION:

EAT + Clinically NAD.

Dr. D. Hari Krishna Reddy

Dr. D. Hari Krishna Reddy
MS (ENT)
Head & Neck Surgeon
Reg. No: 88379



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NABL Accredited
Certificate No. MC-2566

Date: 25/2/23

Name: Ms Thotakuri Rajani

Age: 47y

JMP. 24.12.22

4/0 Irregular periods since Menarche.

Bowel & urine @ + Regular

WdV

- Exercise -
- Balanced
- Healthy Diet -

PIA - obesity + soft

Breast - NAD

Skeletal ISO

- 0 - condition

Jdm

Dr. Jamuna Devi. G.
 MBBS, DGO, LL.B.(LL.M.)
 Regd. No. 9202, A.P. Medical Council,
 Obstetrician & Gynaecologist,
 Plot No. 10, 1st. O.P. 4th. Floor Function Hall,
 Parkline Diagnostics Pvt. Ltd. Secunderabad-504 003



Name : Rajani Sex : F Age :

Date 25/2/23

Rx

Cat 8⁺

Adv. oral prophylaxis


Smilesss 
MULTI SPECIALITY DENTAL CLINIC
Smile Confidently... Not Confidentially....
B.D.S. IMPLANTOLOGIST (USA)
1-3-1, Rajamudaliar Street, Kaiasiguda,
Secunderabad, Cell : 8977910590

Sowmya



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

TEST REPORT

Name : Ms . THOTAKURI RAJANI [SPOUSE]
Age / Gender : 47 Years / Female
Ref.By :
Req. No : BIL2850593

TID : UMR1044239
Registered on : 25-Feb-2023 08:28 AM
Reported On : 25-Feb-2023 09:55 AM
Reference : Medi Wheel

DEPARTMENT OF ULTRASOUND Ultrasound Whole Abdomen

LIVER : Normal in size and Increased echotexture. No focal lesions.
No IHBD /CBD dilatation. Portal vein is normal.

SPLEEN : 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 : 10.3 x 3.9 cms.
Normal in size and echotexture.
Cortical thickness is normal.
No evidence of calculi / sol.
Pelvi calyceal system is normal.

LEFT KIDNEY : 10.3 x 4.6 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.

UTERUS : Mild Retroverted measuring 7.8 x 6.4 x 4.7 cms - Normal in size and echotexture.
No space occupying lesion is seen.
Cervix is normal in size and echopattern.

ENDOMETRIUM : Normal.

OVARIES : Right ovary : 2.3 x 1.3 cms and Left ovary : 2.9 x 1.0 cms.
Both ovaries normal in size and echotexture.
No adnexal mass seen.
No fluid in POD.

IMPRESSION : Grade I fatty liver.
Clinical correlation.



Dr. D.J. MOHAN
MD DMRD
(Reg No. 8995)
Consultant Radiologist



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TEST REPORT

Name : **MS.THOTAKURI RAJANI [SPOUSE]** TID/SID : UMR1044239/
Age / Gender : 47 Years / Female Registered on : 25-Feb-2023 / 08:28 AM
Ref.By : - Collected on : 25-Feb-2023 / 08:32 AM
Req.No  Reported on : 25-Feb-2023 / 10:20 AM
BIL2850593 Reference : Medi Wheel

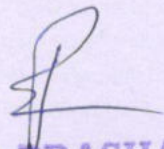
DEPARTMENT OF CARDIOLOGY

2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.23 cm
Left Atrium	3.02 cm
Left Ventricle	LVDd: 3.92 cm IVSd : 1.24 cm EF: 67 % LVDs: 2.48 cm LVPwd: 0.8 cm FS: 36 %
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: 0.5 m/sec Aortic flow : 0.8 m/sec Pulmonary flow : 0.7 m/sec
Colour Doppler	No MR / AR / TR / PR
Conclusion	No RWMA. Normal valves/ Normal chambers. No MR/ AR/ TR / PR Good LV/ RV function.LVEF 67 % No PE/ clot/ vegetation. No diastolic dysfunction.

* Sample processed at Parkline

--- End Of Report ---


Dr. PRASHANT. P
DM. Cardiology
Reg.No.1848

Page 1 of 2



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TEST REPORT

Name	: Ms . THOTAKURI RAJANI [SPOUSE]	TID	: UMR1044239
Age / Gender	: 47 Years / Female	Registered on	: 25-Feb-2023 08:28 AM
Ref.By	:	Reported On	: 25-Feb-2023 01:33 PM
Req. No	: BIL2850593	Reference	: Medi Wheel

DEPARTMENT OF ULTRASOUND Mammography

Bilateral CC and MLO views done.

Both breasts show normal fibro-glandular parenchyma.

No dominant mass /pleomorphic micro calcifications /skin thickening /
Nipple retraction on either side.

No architectural distortion.

No evidence of duct dilatation.

No axillary lymphadenopathy.


Ultrasound screening did not reveal any abnormality.

No axillary lymphnodes seen.

IMPRESSION : No breast abnormality noted - BIRADS- I

Advised clinical correlation.

Note: Please bring previous reports on next visit.


Dr. PRAJAKTA SUKHADEVE
DNB RADIOLOGY
Reg. No. 68493



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TEST REPORT

Name : Ms . THOTAKURI RAJANI [SPOUSE]
Age / Gender : 47 Years / Female
Ref.By :
Req. No : BIL2850593

TID : UMR1044239
Registered on : 25-Feb-2023 08:28 AM
Reported On : 25-Feb-2023 03:51 PM
Reference : Medi Wheel

X-RAY CHEST PA VIEW

Lung fields appears clear.

Cardia appears normal.

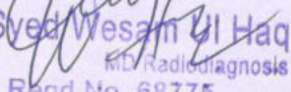
Hila appears normal.

C P angles appears clear.

Bony cage appears normal.

Soft tissues appears normal.




Dr. Syed Wesam Ul Haq
MB, Radiodiagnosis
Regd.No. 68775
Consultant Radiologist

MS.THOTAKURI RAJANI
Female 47Years

HR : 72 bpm
P : 105 ms
PR : 174 ms
QRS : 71 ms
QT/QTc : 398/436 ms
P/QRS/T : 32/33/27 °
RV5/SV1 : 0.894/1.002 mV

Diagnosis Information:
Sinus Rhythm
Poor R Wave Progression(V4)

WM

↓

Dr. PRASHANT. P
DM. Cardiology
Reg.No.1848

Report Confirmed by:

