

Patient Name: Mr Sipayi Vijay Krishna MRN: 10200000257286 Gender/Age: MALE, 32y (01/08/1990)

Collected On: 13/05/2023 10:42 AM Received On: 13/05/2023 11:06 AM Reported On: 13/05/2023 11:51 AM

Barcode: 032305130211 Specimen: Urine Consultant: Dr. Sheethal N Kumar(FAMILY MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9032084083

CLINICAL PATHOLOGY

Test Result Unit

Urine For Sugar (Fasting) (Enzyme Method (GOD Not Present POD))

-- End of Report-

Dr. Deepak M B

MD, PDF, Hematopathology

Consultant

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.





Patient Name: Mr Sipayi Vijay Krishna MRN: 10200000257286 Gender/Age: MALE, 32y (01/08/1990)

Collected On: 13/05/2023 10:42 AM Received On: 13/05/2023 11:06 AM Reported On: 13/05/2023 12:15 PM

Barcode: 032305130211 Specimen: Urine Consultant: Dr. Sheethal N Kumar(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 9032084083

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Colour	STRAW	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (pH Indicator Method)	5.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.013	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Not Present	-	Not Present
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	Not Present
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Not Present	-	Not Present
Blood Urine (Peroxidase Reaction)	Not Present	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present
MICROSCOPIC EXAMINATION			
Pus Cells	0.5	/hpf	0-5

Patient Name: Mr Sipayi Vijay Krishna	MRN: 10200000257286	Gender/Age : MA	LE , 32y (01/08/1990)	
RBC	0.1	/hpf	0-4	
Epithelial Cells	0.3	/hpf	0-6	
Crystals	0.0	/hpf	0-2	
Casts	0.00	/hpf	0-1	
Bacteria	2.7	/hpf	0-200	
Yeast Cells	0.0	/hpf	0-1	
Mucus	0.00	-	-	

Interpretation Notes

Since the analytical methodology of Urine Microscopy is Flow cytometry based and FDA approved the results of automated urine
microscopy which includes RBCs, WBCs Epithelial cells etc are being reported in decimal fraction. Rounding off the value to
nearest whole number is suggested.

-- End of Report-

Dr. Sudarshan Chougule MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

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- Results relate to the sample only.
- Kindly correlate clinically.



Patient Name: Mr Sipayi Vijay Krishna MRN: 10200000257286 Gender/Age: MALE, 32y (01/08/1990)

Collected On: 13/05/2023 10:42 AM Received On: 13/05/2023 11:10 AM Reported On: 13/05/2023 12:13 PM

Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9032084083

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	87	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020

-- End of Report-

Mrs. Latha B S MSc, Mphil, Biochemistry Incharge, Consultant Biochemistry

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

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- Results relate to the sample only.
- Kindly correlate clinically.
 (Fasting Blood Sugar (FBS) -> Auto Authorized)





Patient Name: Mr Sipayi Vijay Krishna MRN: 10200000257286 Gender/Age: MALE, 32y (01/08/1990)

Collected On: 13/05/2023 10:42 AM Received On: 13/05/2023 11:09 AM Reported On: 13/05/2023 12:35 PM

Barcode: 022305130594 Specimen: Whole Blood - ESR Consultant: Dr. Sheethal N Kumar(FAMILY MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9032084083

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR)	03	mm/1hr	0.0-10.0

(Westergren Method)

Interpretation Notes

• ESR high - Infections, chronic disorders,, plasma cell dyscrasias.

DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert

-- End of Report-

Dr. Sudarshan Chougule MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

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Patient Name: Mr Sipayi Vijay Krishna MRN: 10200000257286 Gender/Age: MALE, 32y (01/08/1990)

Collected On: 13/05/2023 10:42 AM Received On: 13/05/2023 11:10 AM Reported On: 13/05/2023 11:45 AM

Barcode: 022305130593 Specimen: Whole Blood Consultant: Dr. Sheethal N Kumar(FAMILY MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9032084083

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	17.2 H	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.81 H	million/μl	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	51.1 H	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	87.9	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	29.5	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	33.6	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	13.0	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	265	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	6.5	10 ³ /μL	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	54.0	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	33.9	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	6.4	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	5.1	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.6	%	0.0-2.0

Patient Name: Mr Sipayi Vijay Krishna M	RN : 10200000257286	Gender/Age : MALE , 32y	(01/08/1990)
Absolute Neutrophil Count (Calculated)	3.51	x10 ³ cells/μl	2.0-7.0
Absolute Lympocyte Count (Calculated)	2.21	x10 ³ cells/μl	1.0-3.0
Absolute Monocyte Count (Calculated)	0.42	x10 ³ cells/μl	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.34	x10 ³ cells/μl	0.02-0.5
Absolute Basophil Count (Calculated)	0.04	-	-

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

Interpretation Notes

• Haemoglobin , RBC Count and PCV: If below reference range, indicates Anemia. Further evaluation is suggested .

RBC Indices aid in typing of anemia.

WBC Count: If below reference range, susceptibility to infection.

If above reference range- Infection*

If very high in lakhs-Leukemia

Neutrophils -If above reference range-acute infection, mostly bacterial

Lymphocytes -If above reference range-chronic infection/ viral infection

Monocytes -If above reference range- TB, Typhoid, UTI

Eosinophils -If above reference range -Allergy, cough, Common cold, Asthma & worms

Basophils - If above reference range, Leukemia, allergy

Platelets: If below reference range- bleeding disorder, Dengue, drug- induced, malignancies

* In bacterial infection with fever total WBC count increases.

Eg Tonsillitis, Sinusitis, Bronchitis, Pneumonia, Appendicitis, UTI-12000-25000 cells/cumm.

In typhoid and viral fever WBC may be normal.

DISCLAIMER: All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert.

-- End of Report-

Jena S

Dr. Hema S MD, DNB, Pathology Associate Consultant Patient Name: Mr Sipayi Vijay Krishna MRN: 10200000257286 Gender/Age: MALE, 32y (01/08/1990)

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Patient Name: Mr Sipayi Vijay Krishna MRN: 10200000257286 Gender/Age: MALE, 32y (01/08/1990)

Collected On: 13/05/2023 02:08 PM Received On: 13/05/2023 02:34 PM Reported On: 13/05/2023 03:08 PM

Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9032084083

BIOCHEMISTRY

Test Result Unit Biological Reference Interval

Post Prandial Blood Sugar (PPBS) (Colorimetric - 85 mg/dL 70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

-- End of Report-

Mrs. Latha B S

MSc, Mphil, Biochemistry

Incharge, Consultant Biochemistry

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

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 (Post Prandial Blood Sugar (PPBS) -> Auto Authorized)





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Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9032084083

CLINICAL PATHOLOGY

Test Result Unit

Urine For Sugar (Fasting) (Enzyme Method (GOD Not Present POD))

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Dr. Deepak M B

MD, PDF, Hematopathology

Consultant

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Collected On: 13/05/2023 10:42 AM Received On: 13/05/2023 11:06 AM Reported On: 13/05/2023 12:15 PM

Barcode: 032305130211 Specimen: Urine Consultant: Dr. Sheethal N Kumar(FAMILY MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-002 Patient Mobile No : 9032084083

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
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PHYSICAL EXAMINATION			
Colour	STRAW	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (pH Indicator Method)	5.5	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.013	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Not Present	-	Not Present
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	Not Present
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Not Present	-	Not Present
Blood Urine (Peroxidase Reaction)	Not Present	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present
MICROSCOPIC EXAMINATION			
Pus Cells	0.5	/hpf	0-5

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Casts	0.00	/hpf	0-1	
Bacteria	2.7	/hpf	0-200	
Yeast Cells	0.0	/hpf	0-1	
Mucus	0.00	-	-	

Interpretation Notes

Since the analytical methodology of Urine Microscopy is Flow cytometry based and FDA approved the results of automated urine
microscopy which includes RBCs, WBCs Epithelial cells etc are being reported in decimal fraction. Rounding off the value to
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-- End of Report-

Dr. Sudarshan Chougule MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

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Final Report

DEPARTMENT OF LABORATORY MEDICINE

Patient Name: Mr Sipayi Vijay Krishna MRN: 10200000257286 Gender/Age: MALE, 32y (01/08/1990)

Collected On: 13/05/2023 10:42 AM Received On: 13/05/2023 11:06 AM Reported On: 13/05/2023 12:25 PM

Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9032084083

NARAYANA HRUDAYALAYA BLOOD CENTRE

Test Result Unit

BLOOD GROUP & RH TYPING

Blood Group (Column Agglutination Technology)

RH Typing (Column Agglutination Technology) Positive

-- End of Report-

Dr. Prathip Kumar B R

MBBS,MD, Immunohaematology & Blood Transfusion

Consultant

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Patient Name: Mr Sipayi Vijay Krishna MRN: 10200000257286 Gender/Age: MALE, 32y (01/08/1990)

Collected On: 13/05/2023 10:42 AM Received On: 13/05/2023 11:09 AM Reported On: 13/05/2023 12:07 PM

Barcode: 012305131114 Specimen: Whole Blood Consultant: Dr. Sheethal N Kumar(FAMILY MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9032084083

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
HBA1C			
HbA1c (HPLC NGSP Certified)	5.3	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	105.41	-	-

Interpretation:

- 1. HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C>6.5%, repeat measurement on further sample. If the repeat test result is <6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- 2. HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- 3. Any sample with >15% should be suspected of having a haemoglobin variant.

-- End of Report-

Mrs. Latha B S

MSc, Mphil, Biochemistry

Incharge, Consultant Biochemistry

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

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Patient Name: Mr Sipayi Vijay Krishna MRN: 10200000257286 Gender/Age: MALE, 32y (01/08/1990)

Collected On: 13/05/2023 02:49 PM Received On: 13/05/2023 03:09 PM Reported On: 13/05/2023 03:51 PM

Barcode: 032305130309 Specimen: Urine Consultant: Dr. Sheethal N Kumar(FAMILY MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9032084083

CLINICAL PATHOLOGY

Test Result Unit

Urine For Sugar (Post Prandial) (Enzyme Not Present

Method (GOD POD))

-- End of Report-

Dr. Sudarshan Chougule

MBBS, MD, Pathology

Consultant & Head - Hematology & Flow Cytometry

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- Kindly correlate clinically.





Patient Name: Mr Sipayi Vijay Krishna MRN: 10200000257286 Gender/Age: MALE, 32y (01/08/1990)

Collected On: 13/05/2023 10:42 AM Received On: 13/05/2023 11:09 AM Reported On: 13/05/2023 12:57 PM

Barcode: 012305131115 Specimen: Serum Consultant: Dr. Sheethal N Kumar(FAMILY MEDICINE)

Sample adequacy: Satisfactory Visit No: OP-002 Patient Mobile No: 9032084083

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.80	mg/dL	0.66-1.25
eGFR (Calculated)	112.1	mL/min/1.73m ²	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodyamically unstable patients eGFR is not applicable for less than 18 years of age.
Blood Urea Nitrogen (BUN) (Endpoint /Colorimetric – Urease)	10	mg/dL	9.0-20.0
Serum Uric Acid (Colorimetric - Uricase,Peroxidase)	6.7	mg/dL	3.5-8.5
LIPID PROFILE (CHOL,TRIG,HDL,LDL,VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	213 H	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	116	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	45	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	168.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	145	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	23.2	mg/dL	0.0-40.0

Patient Name: Mr Sipayi Vijay Krishna MRN:	10200000257286	Gender/Age : MALI	E , 32y (01/08/1990)	
Cholesterol /HDL Ratio (Calculated)	4.8	-	0.0-5.0	
LIVER FUNCTION TEST(LFT)				
Bilirubin Total (Colorimetric -Diazo Method)	0.70	mg/dL	0.2-1.3	
Conjugated Bilirubin (Direct) (Dual Waveleng Reflectance Spectrophotometry)	gth - 0.10	mg/dL	0.0-0.3	
Unconjugated Bilirubin (Indirect) (Calculate	d) 0.6	mg/dL	0.0-1.1	
Total Protein (Colorimetric - Biuret Method)	7.50	gm/dL	6.3-8.2	
Serum Albumin (Colorimetric - Bromo-Cresol C	Green) 4.70	gm/dL	3.5-5.0	
Serum Globulin (Calculated)	2.8	gm/dL	2.0-3.5	
Albumin To Globulin (A/G)Ratio (Calculated	1.68	-	1.0-2.1	
SGOT (AST) (Multipoint-Rate With P-5-P (pyride 5-phosphate))	oxal- 38	U/L	17.0-59.0	
SGPT (ALT) (Multipoint-Rate With P-5-P (pyrido phosphate))	oxal-5- 38	U/L	<50.0	
Alkaline Phosphatase (ALP) (Multipoint-Rate nitro Phenyl Phosphate, AMP Buffer)	e-P- 91	U/L	38.0-126.0	
Gamma Glutamyl Transferase (GGT) (Multi Rate - L-glutamyl-p-nitroanilide (Szasz Method))		U/L	15.0-73.0	

Interpretation Notes

• Indirect Bilirubin result is a calculated parameter (Indirect Bilirubin = Total Bilirubin - Direct Bilirubin).

Indirect bilirubin result includes the delta bilirubin fraction also. Delta Bilirubin is the bilirubin which is covalently bound to albumin.

Delta Bilirubin is not expected to be present in healthy adults or neonates.

THYROID PROFILE (T3, T4, TSH)

Tri lodo Thyronine (T3) (Enhanced Chemiluminesence)	1.37	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminesence)	11.5 H	μg/dl	5.53-11.0

Patient Name: Mr Sipayi Vijay Krishna MRN: 10200000257286 Gender/Age: MALE, 32y (01/08/1990)

TSH (Thyroid Stimulating Hormone) (Enhanced 2.266 µIU/mL 0.4-4.049

Chemiluminesence)

Interpretation Notes

• TSH levels are subjected to circadian variation, reaching peak levels between 2 - 4.a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy. Unbound fraction (Free,T4 /Free,T3) of thyroid hormone is biologically active form and correlate more closely with clinical status of the patient than total T4/T3 concentration.

-- End of Report-

W

Mrs. Latha B S
MSc, Mphil, Biochemistry
Incharge, Consultant Biochemistry

Dr. Anushre Prasad MBBS,MD, Biochemistry Consultant Biochemistry

Note

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- Kindly correlate clinically.

(Lipid Profile, -> Auto Authorized)

(CR, -> Auto Authorized)

(LFT, -> Auto Authorized)

(Uric Acid, -> Auto Authorized)

(Blood Urea Nitrogen (Bun) -> Auto Authorized)





ADULT TRANS-THORACIC ECHO REPORT

PATIENT NAME: Mr Sipayi Vijay KrishnaPATIENT MRN: 10200000257286GENDER/AGE: Male, 32 YearsPROCEDURE DATE: 13/05/2023 01:15 PMLOCATION: ASPA (R-3)REQUESTED BY: Dr. Sheethal N Kumar

INDICATIONS : ASYMPTOMATIC

CLINICAL DIAGNOSIS : HEALTH CHECK

PREVIOUS ECHO REPORT : NO REPORTS AVAILABLE

VITAL PARAMETERS : HR (BPM) :65, SINUS RHYTHM, BP (MMHG) : 128/81, SO2 : 95%

MPRESSIONNORMAL CHAMBER DIMENSIONS

NO RWMANORMAL VALVESNORMAL PA PRESSURE

NORMAL RV AND LV FUNCTION

• LVEF - 60%

FINDINGS

CHAMBERS

LEFT ATRIUM : NORMAL SIZED

AP DIAMETER(MM): 37

RIGHT ATRIUM : NORMAL SIZED

MINOR AXIS A4CV(MM): 34

LEFT VENTRICLE : NORMAL SIZED, MILD SEPTAL HYPERTROPHY, NORMAL LV FILLING PRESSURE, NORMAL

LV FUNCTION

LVIDD(MM) : 46 IVSD(MM) EDV(ML) : 96 : 12 LVIDS(MM) : 24 LVPWD(MM) : 10 ESV(ML) : 21 E/A RATIO : 2.0 E/E'(AVERAGE) : 7 LVEF(%) : 60

RIGHT VENTRICLE : NORMAL SIZE AND THICKNESS WITH NORMAL FUNCTION

MINOR AXIS A4CV(MM): 27, TAPSE(MM): 21

LVOT/RVOT : NORMAL RWMA : NO RWMA

VALVES

MITRAL : NORMAL, MR - TRIVIAL AORTIC : NORMAL, PG - 6 MMHG

TRICUSPID : NORMAL, TR - TRIVIAL, TR PV - 2.1 M/S.

PULMONARY : NORMAL, PG - 5 MMHG

SEPTAE

IAS : INTACT IVS : INTACT

ARTERIES AND VEINS

MR SIPAYI VIJAY KRISHNA (10200000257286)

AORTA : NORMAL, LEFT AORTIC ARCH. AORTIC ANNULUS - 19 MM, ASCENDING AORTA - 25 MM.

PA : NORMAL SIZED, PAT - 122 MS, PASP - 20 MMHG, NORMAL PA PRESSURE

IVC : IVC - 13 MM, NORMAL SIZED & COLLAPSIBILITY > 50 %. RAP - 3 MMHG, NORMAL.

SVC & CS : NORMAL PULMONARY VEINS : NORMAL

PERICARDIUM : NORMAL PERICARDIAL THICKNESS. NO EFFUSION
INTRACARDIAC MASS : NO TUMOUR, THROMBUS OR VEGETATION SEEN

OTHERS : -

87.

DR. SATISH C GOVIND ATUL MADHU K P

SENIOR CONSULTANT CARDIAC SONOGRAPHER

13/05/2023 01:15 PM

 PREPARED BY
 : SWETHA E(365605)
 PREPARED ON
 : 13/05/2023 01:18 PM

 GENERATED BY
 : MAHENDRA M HIREMATH(367878)
 GENERATED ON
 : 15/05/2023 04:44 PM

Patient Name	Mr Sipayi Vijay Krishna	Requested By	Dr. Sheethal N Kumar
MRN	10200000257286	Procedure DateTime	13-05-2023 11:50
Age/Sex	32Y 9M/Male	Hospital	NH-Health City

CHEST RADIOGRAPH (PA VIEW)

CLINICAL DETAILS: For executive health checkup.

FINDINGS:

- The lung fields and bronchovascular markings appear normal.
- The cardiac size is within normal limits.
- Mediastinum and great vessels are within normal limits.
- Trachea is normal and is central. The hilar shadows are unremarkable.
- The costo-phrenic angles are clear. No evidence of pleural effusion or pneumothorax.
- The visualized bones and soft tissue structures appear normal.
- Both the diaphragmatic domes appear normal.

IMPRESSION:

• No significant abnormality detected.



Dr. Banu Prasad .S P Senior Registrar

^{*} This is a digitally signed valid document. Reported Date/Time: 13-05-2023 13:01