

Mahesh

Mob : 8618385220

9901569756



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# SRI PARVATHI OPTICS

Multi Branded Opticals Store

Computerized Eye Testing & Spectacles Clinic

#333. 8th Main 5th Cross Near Cambridge & Miranda School, HAL 3rd Stage,  
Behind Vishveshvariah Park New Thippasandra, Bangalore - 560075  
email : parvathiopticals@gmail.com

## SPECTACLE PRESCRIPTION

Name : K. Sudhalax

No.

5153

Mobil No :

Date :

11/5/2024

Age / Gender

44y/M

Ref. No.

4100/0020

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
	0	—		6/6	0	—		6/6
DISTANCE								
NEAR								

PD 67MM

Advice to use glasses for:

DISTANCE  FAR & NEAR  READING  COMPUTER PURPOSE

We Care Your Eyes

**SRI PARVATHI OPTICS**

NEW THIPPASANDRA



MED410010020

# CLUMAX DIAGNOSTICS

MEDALL HEALTHCARE PVT LTD

## CUSTOMER CHECKLIST

Print Date : 11/05/2024 08:42 AM

13



Customer Name : **MR.K SUDHAKAR**

Ref Dr Name : **MediWheel**

Customer Id : **MED410010020** Visit ID : **424030448**

Age : **44Y/MALE** Phone No : **9791531419**

DOB : **30 Apr 1980** Visit Date : **11/05/2024**

Company Name : **MediWheel**

Package Name : **Mediwheel Full Body Health Checkup Male Above 40**

S.No	Modality	Study	AccessionNo	Time	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)			
2	LAB	CREATININE			
3	LAB	GLUCOSE - FASTING			
4	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)			
5	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)			
6	LAB	URIC ACID			
7	LAB	LIPID PROFILE			
8	LAB	LIVER FUNCTION TEST (LFT)			
9	LAB	TOTAL PROSTATE SPECIFIC ANTIGEN - PSA			
10	LAB	THYROID PROFILE/ TFT( T3, T4, TSH)			
11	LAB	URINE GLUCOSE - FASTING			
12	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)			
13	LAB	COMPLETE BLOOD COUNT WITH ESR			
14	LAB	STOOL ANALYSIS - ROUTINE			
15	LAB	URINE ROUTINE			
16	LAB	BUN/CREATININE RATIO			
17	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)			
18	EKG	EKG			
19	OTHERS	Treadmill / 2D Echo	IND14647491138		
20	OTHERS	physical examination	IND146474914690		dow
21	US	ULTRASOUND ABDOMEN	IND146474915279		
22	OTHERS	Dental Consultation	IND146474915292		
23	OTHERS	EYE CHECKUP	IND146474916289		
24	X-RAY	X RAY CHEST	IND146474917756		
25	OTHERS	Consultation Physician	IND146474918659		
			IND146474918736		

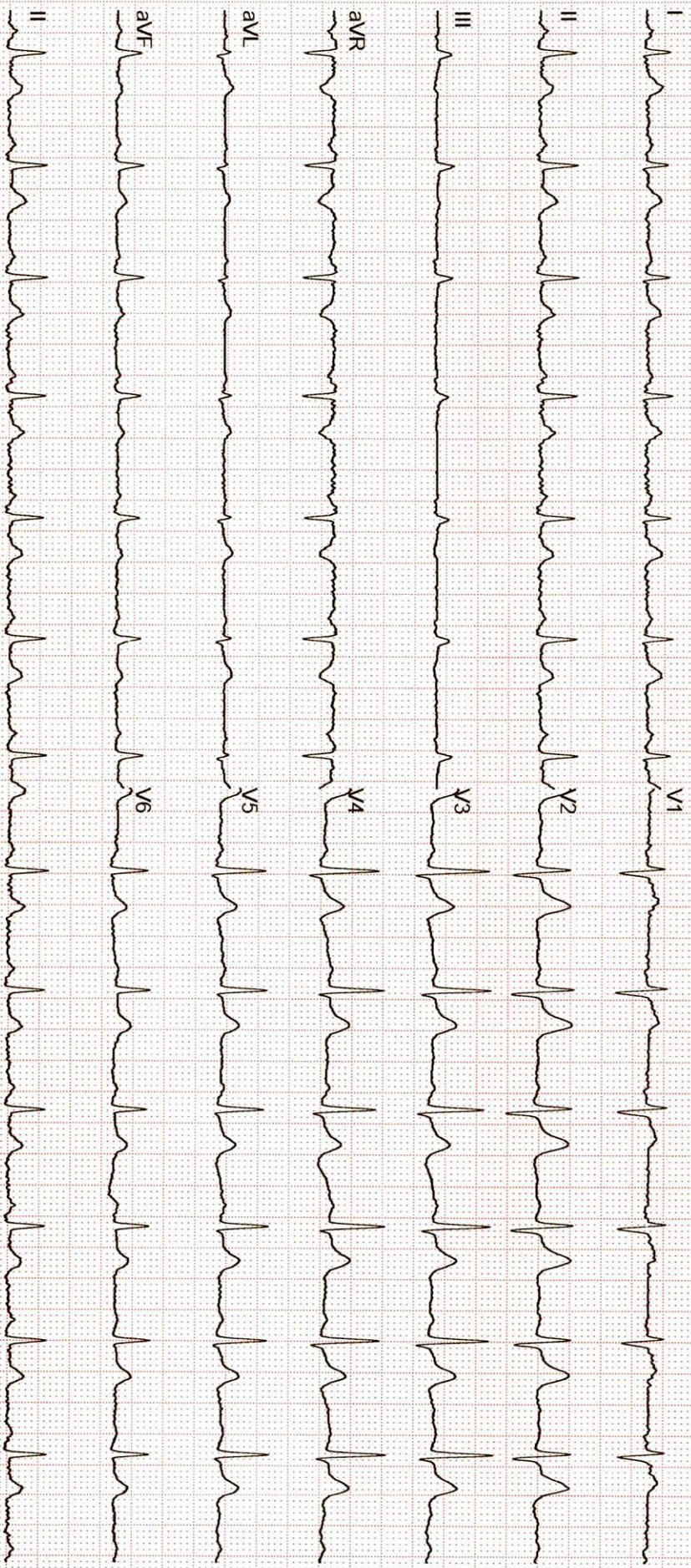
Registered By (HARI.O)

Ht - 179  
 Wt - 86.41  
 BP - 130/80  
 Pulse - 86



424030448-P  
MR K SUDHAKAR (44Y/M)

QT/QTcBaz 76 ms  
348 / 401 ms  
PR 140 ms  
P 106 ms  
RR/PP 750 / 750 ms  
P / QRS / T 35 / 55 / 38 degrees



GE MAC2000 1 1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz 2x5x6 25 R1

Unconfirmed

1/1

*Normal Ecg*

**DR. SUBRAMANIAN. P.**  
MD, DM (Cardiology)  
Consultant Cardiologist  
KMC Reg. No.: 46604  
MEDALL DIAGNOSTICS

80 bpm  
- / - mmHg

Name : Mr. K sudhakar  
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Type : OP  
Ref. Dr : MediWheel

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'B' 'Positive'		
<b><u>Complete Blood Count With - ESR</u></b>			
Haemoglobin (EDTA Blood/SLS Hemoglobin method)	14.7	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/RBC pulse height detection method)	42.1	%	42 - 52
RBC Count (EDTA Blood/Impedance/Coulter Principle)	<b>4.30</b>	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Calculated)	97.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Calculated)	<b>34.1</b>	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.8	g/dL	32 - 36
RDW-CV (EDTA Blood/Calculated)	15.5	%	11.5 - 16.0
RDW-SD (EDTA Blood/Calculated)	<b>53.06</b>	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance/Coulter Principle)	6300	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Flow cytometry)	59.3	%	40 - 75
Lymphocytes (EDTA Blood/Flow cytometry)	28.9	%	20 - 45
Eosinophils (EDTA Blood/Flow cytometry)	2.1	%	01 - 06
Monocytes (EDTA Blood/Flow cytometry)	8.8	%	01 - 10



MC-2271



  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

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Basophils (Blood/Flow cytometry)	0.9	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Calculated)	3.74	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Calculated)	1.82	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Calculated)	0.13	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Calculated)	0.55	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Calculated)	0.06	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Impedance/Coulter Principle)	263	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood/Calculated)	8.9	fL	7.9 - 13.7
PCT (EDTA Blood/Calculated)	0.23	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Capillary Photometry Technology)	5	mm/hr	< 15
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	85.92	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)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	93.47	mg/dL	70 - 140



*Shamim Javed*  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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**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.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	12.3	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.91	mg/dL	0.9 - 1.3
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**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)	6.71	mg/dL	3.5 - 7.2
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	1.07	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	<b>0.37</b>	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.70	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	18.00	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	21.29	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	29.53	U/L	< 55
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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	86.7	U/L	53 - 128
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Total Protein (Serum/Biuret)	7.29	gm/dl	6.0 - 8.0
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Albumin (Serum/Bromocresol green)	4.36	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.93	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.49		1.1 - 2.2

**Lipid Profile**

Cholesterol Total (Serum/CHOD-PAP with ATCS)	147.43	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	117.31	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)	35.12	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	88.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	23.5	mg/dL	< 30



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Non HDL Cholesterol (Serum/Calculated)	112.3	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.2		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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### Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	4.5	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	82.45	mg/dL	
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>INTERPRETATION: Comments</b>			
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic 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)	0.988	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:**  
 • 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/ECLIA)	1.14	ng/ml	0.7 - 2.04
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**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/ECLIA)	5.73	µg/dl	4.2 - 12.0
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**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.



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
TSH (Thyroid Stimulating Hormone) (Serum/ECLIA)	6.07	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&amplt;0.03 μIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

**PHYSICAL EXAMINATION (URINE COMPLETE)**

Colour (Urine)	Yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	20	

**CHEMICAL EXAMINATION (URINE COMPLETE)**

pH (Urine)	5.5	4.5 - 8.0
Specific Gravity (Urine)	1.010	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal
Blood (Urine)	Negative	Negative



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Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Positive(+)		

**MICROSCOPIC EXAMINATION**  
**(URINE COMPLETE)**

Pus Cells (Urine)	2-5	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	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.

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL

**PHYSICAL EXAMINATION(STOOL**  
**COMPLETE)**

Mucus (Stool)	Absent		Absent
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Consistency (Stool)	Semi Solid		Semi Solid to Solid
Colour (Stool)	Brown		Brown
Blood (Stool)	Absent		Absent
<b><u>MICROSCOPIC EXAMINATION</u></b> <b><u>(STOOL COMPLETE)</u></b>			
Ova (Stool)	NIL		NIL
Cysts (Stool)	NIL		NIL
Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	NIL	/hpf	NIL
Others (Stool)	Undigested food particles and bacteria seen		

**CHEMICAL EXAMINATION(STOOL ROUTINE)**

Reaction (Stool)	Alkaline	Alkaline
Reducing Substances (Stool/Benedict's)	Negative	Negative



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	13.1		6.0 - 22.0



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Investigation

Observed  
Value

Unit

Biological  
Reference Interval

URINE ROUTINE

STOOL ANALYSIS - ROUTINE



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-- End of Report --

Name	MR.K SUDHAKAR	ID	MED410010020
Age & Gender	44Y/MALE	Visit Date	11 May 2024
Ref Doctor Name	MediWheel		

## 2 D ECHOCARDIOGRAPHIC STUDY

### M mode measurement:

AORTA	:	3.1cms
LEFT ATRIUM	:	3.0cms
AVS	:	----
LEFT VENTRICLE (DIASTOLE)	:	4.3cms
(SYSTOLE)	:	2.9cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.3cms
POSTERIOR WALL (DIASTOLE)	:	1.1cms
(SYSTOLE)	:	1.5cms
EDV	:	81ml
ESV	:	33ml
FRACTIONAL SHORTENING	:	32%
EJECTION FRACTION	:	60%
EPSS	:	---
RVID	:	1.9cms

### DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' 0.84 m/s	A' 0.70 m/s	NO MR
AORTIC VALVE	:	1.23 m/s		NO AR
TRICUSPID VALVE	:	E' - m/s	A' - m/s	NO TR
PULMONARY VALVE	:	0.76 m/s		NO PR

Name	MR.K SUDHAKAR	ID	MED410010020
Age & Gender	44Y/MALE	Visit Date	11 May 2024
Ref Doctor Name	MediWheel		

## **2D ECHOCARDIOGRAPHY FINDINGS:**

Left ventricle : Normal size, Normal systolic function.  
No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapsed.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

## **IMPRESSION:**

- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF:60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

**DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC**  
**SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST**  
**SRI JAYADEVA INSTITUTE OF CARDIOLOGY, BANGALORE**  
*Kss/da*

## **Note:**

- \* **Report to be interpreted by qualified medical professional.**
- \* **To be correlated with other clinical findings.**



Name	MR.K SUDHAKAR	ID	MED410010020
Age & Gender	44Y/MALE	Visit Date	11 May 2024
Ref Doctor Name	MediWheel		

**\* Parameters may be subjected to inter and intra observer variations.**

**\*Any discrepancy in reports due to typing errors should be corrected as soon as possible.**

Name	MR.K SUDHAKAR	ID	MED410010020
Age & Gender	44Y/MALE	Visit Date	11 May 2024
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### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER is normal in size and shows diffusely increased echogenicity.** No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

**GALL BLADDER** shows normal shape and has clear contents. Gall bladder wall is of normal thickness. CBD is of normal calibre.

**PANCREAS** has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

**SPLEEN** shows normal shape, size and echopattern. Spleen measures 9.7cms in long axis. No demonstrable Para -aortic lymphadenopathy.

**KIDNEYS** move well with respiration and have normal shape, size and echopattern. Cortico- medullary differentiations are well madeout. No evidence of calculus or hydronephrosis.

**The kidney measures as follows:**

	<b>Bipolar length (cms)</b>	<b>Parenchymal thickness (cms)</b>
<b>Right Kidney</b>	<b>10.3</b>	<b>1.2</b>
<b>Left Kidney</b>	<b>11.3</b>	<b>1.6</b>

**URINARY BLADDER** shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

**PROSTATE** shows normal shape, size and echopattern. It measures 3.9 x 3.2 x 2.8cms (Vol:18.7cc).

No evidence of ascites / pleural effusion.

**IMPRESSION:**

- **FATTY LIVER.**
- **NO OTHER SIGNIFICANT ABNORMALITY DETECTED.**

**DR. NITASH PRAKASH**  
**CONSULTANT RADIOLOGIST**  
 NP/vp

Name	Mr. K sudhakar	Customer ID	MED410010020
Age & Gender	44Y/M	Visit Date	May 11 2024 8:42AM
Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

**Impression:**

**NO SIGNIFICANT ABNORMALITY DETECTED.**



**DR. APARNA**

**CONSULTANT RADIOLOGIST**