Medical Examination Report

NAME:	Pradip Kumar Sah	**DATE** :	09- May-2024
AGE:	58	**CORPORATE/TPA:**	Mediwheel
GENDER	Male	**Booking ID/ center:**	Madyoasis Kharadi center

Vitals

Height (cm)	**Weight (kg)**	**Blood Pressure**	**Pulse**	**BMI- kg/m2** **Underweight=< 18.5** **Normal Weight = 18.5 – 24.9** **Overweight = 25- 29.9** **Obesity =BMI od 30 or Greater**
166	77	152/93	83	27.7

Doctor Remark: _____

_____

_____

Patient Name	**: Mr Pradip Kumar Sah**		
DOB/Age/Gender	: 58 Y/Male	Sample Collected	: May 09, 2024, 10:00 AM
Patient ID / UHID	: 1_8221444/RCL7442368	Report Date	: May 09, 2024, 06:32 PM
Referred By	: Self	Barcode No	: HY602298
Sample Type	: Whole blood EDTA	Report Status	: Final Report

NABL M(EL)T LABS NABL-M(EL)T-00605

Hemogram (CBC + ESR)

Complete Blood Count (CBC)

Test Description	Value(s)	Unit(s)	Reference Range
RBC Parameters			
Hemoglobin *colorimetric*	14.8	g/dL	13.0 - 17.0
RBC Count *Electrical impedance*	5	10^6/µl	4.5 - 5.5
PCV *Calculated*	44.8	%	40 - 50
MCV *Calculated*	90.4	fl	83 - 101
MCH *Calculated*	29.8	pg	27 - 32
MCHC *Calculated*	33	g/dL	31.5 - 34.5
RDW (CV) * *Calculated*	**17.9**	%	11.6 - 14.0
RDW-SD * *Calculated*	**51.2**	fl	35.1 - 43.9
WBC Parameters			
TLC *Electrical impedance and microscopy*	7.8	10^3/µl	4 - 10
Differential Leucocyte Count			
Neutrophils	55	%	40-80
Lymphocytes	31	%	20-40
Monocytes	7	%	2-10
Eosinophils	**7**	%	1-6
Basophils	0	%	<2
Absolute Leukocyte Counts ***Calculated***			
Neutrophils.	4.29	10^3/µl	2 - 7
Lymphocytes.	2.42	10^3/µl	1 - 3
Monocytes.	0.55	10^3/µl	0.2 - 1.0
Eosinophils.	**0.55**	10^3/µl	0.02 - 0.5
Basophils.	**0**	10^3/µl	0.02 - 0.5
Platelet Parameters			
Platelet Count *Electrical impedance and microscopy*	169	10^3/µl	150 - 410
Mean Platelet Volume (MPV) * *Calculated*	**12.9**	fL	9.3 - 12.1
PCT * *Calculated*	0.2	%	0.17 - 0.32

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Pallavi

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Test Description	Value(s)	Unit(s)	Reference Range
PDW * *Calculated*	20.7	fL	8.3 - 25.0
P-LCR * *Calculated*	**57.8**	%	18 - 50
P-LCC * *Calculated*	78	%	44 - 140
Mentzer Index * *Calculated*	18.08	%	> 13

Interpretation:
CBC provides information about red cells, white cells and platelets. Results are useful in the diagnosis of anemia, infections, leukemias, clotting disorders and many other medical conditions.

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Test Description	Value(s)	Unit(s)	Reference Range

Erythrocyte Sedimentation Rate (ESR)

ESR - Erythrocyte Sedimentation Rate *Modified Westergren*	4	mm/hr	0-22

Interpretation:
ESR is also known as Erythrocyte Sedimentation Rate. An ESR test is used to assess inflammation in the body. Many conditions can cause an abnormal ESR, so an ESR test is typically used with other tests to diagnose and monitor different diseases. An elevated ESR may occur in inflammatory conditions including infection, rheumatoid arthritis ,systemic vasculitis, anemia, multiple myeloma , etc. Low levels are typically seen in congestive heart failure, polycythemia ,sickle cell anemia, hypo fibrinogenemia , etc.

AGE	MALE	FEMALE
1 DAY	0-2	0-2
2 - 7 DAYS	0-4	0-4
8 - 14 DAYS	0-17	0-17
15 DAYS - 17 YEARS	0-20	0-20
18 - 50 YEARS	0-10	0-12
51- 60 YEARS	0-12	0-19
61 - 70 YEARS	0-14	0-20
71 - 100 YEARS	0-30	0-35

Reference- Dacie and lewis practical hematology

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Patient ID / UHID	: 1_8221444/RCL7442368	Report Date	: May 09, 2024, 07:09 PM
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Sample Type	: Whole blood EDTA	Report Status	: Final Report

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Test Description	Value(s)	Unit(s)	Reference Range

HbA1C (Glycosylated Haemoglobin)

Glycosylated Hemoglobin (HbA1c) *HPLC*	5.6	%	<5.7
Estimated Average Glucose *	114.02	mg/dL	Refer Table Below

Interpretation:

Interpretation For HbA1c% As per American Diabetes Association (ADA)

Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Age < 19 years Goal of therapy: <7.5

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

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 ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)	HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126	12	298
8	183	14	355
10	240	16	413

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Patient ID / UHID	: 1_8221444/RCL7442368	Report Date	: May 09, 2024, 07:27 PM
Referred By	: Self	Barcode No	: HY602298
Sample Type	: Whole blood EDTA	Report Status	: Final Report

Blood Group ABO & Rh Typing

Test Description	Value(s)	Unit(s)	Reference Range
Blood Group	O	-	-
Rh Factor	Positive	-	-

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Patient ID / UHID	: 1_8221444/RCL7442368	Report Date	: May 09, 2024, 06:32 PM
Referred By	: Self	Barcode No	: ZC702695
Sample Type	: FLUORIDE F	Report Status	: Final Report

NABL M(EL)T LABS NABL-M(EL)T-00605

Test Description	Value(s)	Unit(s)	Reference Range

Glucose Fasting (BSF)

Glucose Fasting *Hexokinase*	97	mg/dL	70 - 100

Interpretation:

Status	Fasting plasma glucose in mg/dL
Normal	<100
Impaired fasting glucose	100 - 125
Diabetes	=>126

Reference : American Diabetes Association

Comment :
Blood glucose determinations in commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy insulinoma, or various liver diseases.

Note
1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL or a random / 2 hour plasma glucose value of > or = 200 mg/dL with symptoms of diabetes mellitus.
2.Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis.

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Referred By	: Self	Barcode No	: ZC702696
Sample Type	: Serum	Report Status	: Final Report

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Liver Function Test (LFT)

Test Description	Value(s)	Unit(s)	Reference Range
Bilirubin Total *Photometric*	0.8	mg/dL	0.2 - 1.2
Bilirubin Direct * *Diazo Reaction*	0.3	mg/dL	0.0 - 0.5
Bilirubin Indirect * *Calculation (T Bil - D Bil)*	0.5	mg/dL	0.1 - 1.0
SGOT/AST *IFCC without P5P*	**38**	U/L	5 - 34
SGPT/ALT *IFCC without P5P*	36	U/L	0 to 55
SGOT/SGPT Ratio *	1.06	-	-
Alkaline Phosphatase *IFCC*	118	U/L	40 - 150
Total Protein *Biuret*	8.2	g/dL	6.4 - 8.3
Albumin *BCG*	4.6	gm/dL	3.8 - 5.0
Globulin * *Calculation (T.P - Albumin)*	**3.6**	g/dL	2.3 - 3.5
Albumin :Globulin Ratio * *Calculation (Albumin/Globulin)*	1.28	-	1.0 - 2.1
Gamma Glutamyl Transferase (GGT) * *Photometric*	29	U/L	12 - 64

Interpretation:

The liver filters and processes blood as it circulates through the body. It metabolizes nutrients, detoxifies harmful substances, makes blood clotting proteins, and performs many other vital functions. The cells in the liver contain proteins called enzymes that drive these chemical reactions. When liver cells are damaged or destroyed, the enzymes in the cells leak out into the blood, where they can be measured by blood tests Liver tests check the blood for two main liver enzymes. Aspartate aminotransferase (AST),SGOT: The AST enzyme is also found in muscles and many other tissues besides the liver. Alanine aminotransferase (ALT), SGPT: ALT is almost exclusively found in the liver. If ALT and AST are found together in elevated amounts in the blood, liver damage is most likely present. Alkaline Phosphatase and GGT: Another of the liver's key functions is the production of bile, which helps digest fat. Bile flows through the liver in a system of small tubes (ducts), and is eventually stored in the gallbladder, under the liver. When bile flow is slow or blocked, blood levels of certain liver enzymes rise: Alkaline phosphatase Gamma-utamyl transpeptidase (GGT) Liver tests may check for any or all of these enzymes in the blood. Alkaline phosphatase is by far the most commonly tested of the three. If alkaline phosphatase and GGT are elevated, a problem with bile flow is most likely present. Bile flow problems can be due to a problem in the liver, the gallbladder, or the tubes connecting them. Proteins are important building blocks of all cells and tissues. Proteins are necessary for your body's growth, development, and health. Blood contains two classes of protein, albumin and globulin. Albumin proteins keep fluid from leaking out of blood vessels. Globulin proteins play an important role in your immune system. Low total protein may

Indicate:

1.Bleeding
2.Liver disorder
3.Malnutrition
4.Agammaglobulinemia High Protein levels 'Hyperproteinemia: May be seen in dehydration due to inadequate water intake or to excessive water loss (eg, severe vomiting, diarrhea, Addison's disease and diabetic acidosis) or as a result of increased production of proteins Low albumin levels may be

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Test Description	Value(s)	Unit(s)	Reference Range

Caused by:
1.A poor diet (malnutrition).
2.Kidney disease.
3.Liver disease. High albumin levels may be caused by: Severe dehydration.

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Kidney Function Test (KFT)

Test Description	Value(s)	Unit(s)	Reference Range
Blood Urea *Urease*	27	mg/dL	18 - 55
Creatinine *Photometric*	**0.67**	mg/dL	0.72 - 1.25
Bun * *Urease*	12.62	mg/dL	8.4 - 25.7
Bun/Creatinine Ratio *	18.84		
Urea / Creatinine Ratio *	40.3		
Uric Acid *Uricase*	6.3	mg/dL	3.5 - 7.2
Calcium Serum *Arsenazo III*	**10.3**	mg/dL	8.4 - 10.2
Phosphorus *Photometric*	2.7	mg/dL	2.3 - 4.7
Sodium *Potentiometric*	140	mmol/L	136 - 145
Potassium *Potentiometric*	3.6	mmol/L	3.5 - 5.1
Chloride *Potentiometric*	**108**	mmol/L	98 - 107

Interpretation:

Kidney function tests is a collective term for a variety of individual tests and proceduresthat can be done toevaluate how well the kidneys are functioning. Many conditions can affect the ability of the kidneys to carryout their vital functions. Somelead to a rapid (acute) decline in kidney functionothers lead to a gradual (chronic) declineinfunction. Both result in a buildup of toxic waste subst done on urine samples, as well as on blood samples. A number of symptoms may indicate a problem with your kidneys. These include : high blood pressure,blood in urine frequent urges to urinate,difficulty beginning urination,painful urination,swelling in the hands and feet due to a buildup of fluids in the body. A single symptom may not mean something serious. However, when occurring simultaneously, these symptoms suggest that your kidneys are not working properly. Kidney function tests can help determine the reason. Electrolytes (sodium,potassium,and chloride) are present in the human body and the balancing act of the electrolytes in our bodies is essential for normal function of our cells and organs. There has to be a balance.Ionized calcium this test if you have signs of kidney or parathyroid disease. The test may also be done to monitor progress and treatment of these diseases.

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Sample Type	: Serum	Report Status	: Final Report

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Lipid Profile

Test Description	Value(s)	Unit(s)	Reference Range
Total Cholesterol *Enzymatic - Cholesterol Oxidase*	185	mg/dL	<200
Triglycerides *Colorimetric - Lip/Glycerol Kinase*	**153**	mg/dL	<150
HDL Cholesterol *Accelerator Selective Detergent*	41	mg/dL	>40
Non HDL Cholesterol * *Calculated*	**144**	mg/dL	<130
LDL Cholesterol * *Calculated*	113.4	mg/dL	<100
V.L.D.L Cholesterol * *Calculated*	**30.6**	mg/dL	< 30
Chol/HDL Ratio * *Calculated*	4.51	Ratio	3.5 - 5.0
HDL/ LDL Ratio * *Calculated*	**0.36**	Ratio	0.5 - 3.0
LDL/HDL Ratio * *Calculated*	2.77	Ratio	-

Interpretation:

Lipid level assessments must be made following 9 to 12 hours of fasting, otherwise assay results might lead to erroneous interpretation. NCEP recommends of 3 different samples to be drawn at intervals of 1 week for harmonizing biological variables that might be encountered in single assays.

National Lipid Association Recommendations (NLA-2014)	Total Cholesterol (mg/dL)	Triglyceride (mg/dL)	LDL Cholesterol (mg/dL)	Non HDL Cholesterol (mg/dL)
Optimal	<200	<150	<100	<130
Above Optimal			100-129	130 - 159
Borderline High	200-239	150-199	130-159	160 - 189
High	>=240	200-499	160-189	190 - 219
Very High	-	>=500	>=190	>=220

HDL Cholesterol	
Low	High
<40	>=60

Risk Stratification for ASCVD (Atherosclerotic Cardiovascular Disease) by Lipid Association of India.

Risk Category	A. CAD with > 1 feature of high risk group
Extreme risk group	B. CAD with >1 feature of very high risk group of recurrent ACS (within 1 year) despite LDL-C <or = 50 mg/dl or poly vascular disease
Very High Risk	1.Established ASCVD 2.Diabetes with 2 major risk factors of evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
	1. Three major ASCVD risk factors 2. Diabetes with 1 major risk factor or no evidence

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Test Description	Value(s)	Unit(s)	Reference Range

High Risk	of end organ damage 3. CHD stage 3B or 4. 4 LDL >190 mg/dl 5. Extreme of a single risk factor 6. Coronary Artery Calcium - CAC > 300 AU 7. Lipoprotein a >/= 50 mg/dl 8. Non stenotic carotid plaque
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors

Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors

1. Age >/=45 years in Males & >/= 55 years in Females	3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD	4. High blood pressure
5. Low HDL	

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by Lipid Association of India in 2020.

Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal <OR = 30)	<80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	>OR = 30	>OR = 60	> 30	> 60
Very High Risk	<50	<80	>OR = 50	>OR = 80
High Risk	<70	<100	>OR = 70	>OR = 100
Moderate Risk	<100	<130	>OR = 100	>OR = 130
Low Risk	<100	<130	>OR = 130*	>OR = 160

*** After an adequate non-pharmacological intervention for at least 3 months.**

References : Management of Dyslipidaemia for the Prevention of Stroke : Clinical practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology,2022,20,134-155.

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Referred By	: Self	Barcode No	: ZC702696
Sample Type	: Serum	Report Status	: Final Report

Thyroid Profile Total

Test Description	Value(s)	Unit(s)	Reference Range
Triiodothyronine (T3) *CMIA*	97.9	ng/dL	35 - 193
Total Thyroxine (T4) *CMIA*	6.3	µg/dL	4.87 - 11.2
Thyroid Stimulating Hormone (Ultrasensitive) *CMIA*	1.5	µIU/mL	0.35 - 4.94

Interpretation:

Pregnancy	Reference ranges TSH
1 st Trimester	0.1 - 2.5
2 ed Trimester	0.2 - 3.0
3 rd Trimester	0.3 - 3.0

Primary malfunction of the thyroid gland may result in excessive (hyper) or below normal (hypo) release of T3 or T4. In addition as TSH directly affects thyroid function, malfunction of the pituitary or the hypo - thalamus influences the thyroid gland activity. Disease in any portion of the thyroid-pitutary-hypothala- mus system may influence the levels of T3 and T4 in the blood. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels may be low. In addition, in the Euthyroid Sick Syndrome, multiple alterations in serum thyroid function test findings have been recognized in patients with a wide variety of non-thyroidal illnesses (NTI) without evidence of preexisting thyroid or hypothalami c-pitutary diseases. Thyroid Binding Globulin (TBG) concentrations remain relatively constant in healthy individuals. However, pregnancy, excess estrogen's, androgen's, antibiotic steroids and glucocorticoids are known to alter TBG levels and may cause false thyroid values for Total T3 and T4 tests.

TSH	T4	T3	Interpretation
High	Normal	Normal	Mild (subclinical) hypothyroidism
High	Low	Low or Normal	Hypothyroidism
Low	Normal	Normal	Mild (subclinical) hyperthyroidism
Low	High or normal	High or normal	Hypothyroidism
Low	Low or normal	Low or normal	Nonthyroidal illness; pituitary (secondary) hypothyroidism
Normal	High	High	Thyroid hormone resistance syndrome (a mutation in the thyroid hormone receptor decreases thyroid hormone function)

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Sample Type	: Serum	Report Status	: Final Report

Prostate Specific Antigen (PSA) Total

Test Description	Value(s)	Unit(s)	Reference Range
Prostate Specific Antigen-Total (PSA-Total) *CMIA*	0.4	ng/mL	<4.0

Interpretation:

1· Prostate specific antigen (PSA), a member of the human kallikrein gene family, is a serine protease with chymotrypsin-like activity.

2· The major site of PSA production is the glandular epithelium of the prostate. PSA has also been found in breast cancers, salivary gland neoplasms, periurethral and anal glands, cells of the male urethra, breast milk, blood and urine.

3· The combined use of DRE (digital rectal examination) and PSA has been shown to result in an increased detection of early stage prostate cancer.

4· PSA testing can have significant value in detecting metastatic or persistent disease in patients following surgical or medical treatment of prostate cancer.

5· Persistent elevation of PSA following treatment, or an increase in a post-treatment PSA level is indicative of recurrent or residual disease. PSA testing is widely accepted as an adjunctive test in the management of prostate cancer patients.

Increased Levels

Prostate cancer
Benign Prostatic Hyperplasia
Prostatitis
Genitourinary infections

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Patient ID / UHID	: 1_8221444/RCL7442368	Report Date	: May 09, 2024, 06:29 PM
Referred By	: Self	Barcode No	: YA619041
Sample Type	: Spot Urine	Report Status	: Final Report

NABL M(EL)T LABS NABL-M(EL)T-00605

Urine Routine and Microscopic Examination

Test Description	Value(s)	Unit(s)	Reference Range
Physical Examination *			
Volume *	20	ml	-
Colour *	Pale yellow	-	Pale yellow
Transparency *	Clear	-	Clear
Deposit *	Absent	-	Absent
Chemical Examination *			
Reaction (pH) *Double Indicator*	5	-	4.5 - 8.0
Specific Gravity *Ion Exchange*	1.02	-	1.010 - 1.030
Urine Glucose (sugar) *Oxidase / Peroxidase*	Negative	-	Negative
Urine Protein (Albumin) *Acid / Base Colour Excahnge*	Negative	-	Negative
Urine Ketones (Acetone) *Legals Test*	Negative	-	Negative
Blood *Peroxidase Hemoglobin*	Negative	-	Negative
Leucocyte esterase *Enzymatic Reaction*	Negative	-	Negative
Bilirubin Urine *Coupling Reaction*	Negative	-	Negative
Nitrite *Griless Test*	Negative	-	Negative
Urobilinogen *Ehrlichs Test*	Normal	-	Normal
Microscopic Examination *			
Pus Cells (WBCs) *	1-2	/hpf	0 - 5
Epithelial Cells *	1-2	/hpf	0 - 4
Red blood Cells *	Absent	/hpf	Absent
Crystals *	Absent	-	Absent
Cast *	Absent	-	Absent
Yeast Cells *	Absent	-	Absent
Amorphous deposits *	Absent	-	Absent
Bacteria *	Absent	-	Absent
Protozoa *	Absent	-	Absent

*** End Of Report ***

(*) Parameter(s) are outside the scope of tests recognized under the NABL M(EL)T Scheme.

Pallavi

Dr. Pallavi Rath
MBBS, MD (Pathology)
Consultant Pathologist

Terms and Conditions of Reporting

1. The presented findings in the Reports are intended solely for informational and interpretational purposes by the referring physician or other qualified medical professionals possessing a comprehensive understanding of reporting units, reference ranges, and technological limitations. The laboratory shall not be held liable for any interpretation or misinterpretation of the results, nor for any consequential or incidental damages arising from such interpretation.

2. It is to be presumed that the tests performed pertain to the specimen/sample attributed to the Customer's name or identification. It is presumed that the verification particulars have been cleared out by the customer or his/her representation at the point of generation of said specimen / sample. It is hereby clarified that the reports furnished are restricted solely to the given specimen only.

3. It is to be noted that variations in results may occur between different laboratories and over time, even for the same parameter for the same Customer. The assays are performed and conducted in accordance with standard procedures, and the reported outcomes are contingent on the specific individual assay methods and equipment(s) used, as well as the quality of the received specimen.

4. This report shall not be deemed valid or admissible for any medico-legal purposes.

5. The Customers assume full responsibility for apprising the Company of any factors that may impact the test finding. These factors, among others, includes dietary intake, alcohol, or medication / drug(s) consumption, or fasting. This list of factors is only representative and not exhaustive.

LABORATORY REPORT

MADYOASIS DIAGNOSTICS

Patient Name	: **Mr Pradip Kumar Sah**		
DOB/Age/Gender	: 58 Y/Male	Sample Collected	: May 09, 2024, 10:00 AM
Patient ID / UHID	: 1_8221445/RCL7442368	Report Date	: May 09, 2024, 06:35 PM
Referred By	: Self	Barcode No	: ZC702698
Sample Type	: FLUORIDE PP	Report Status	: Final Report

NABL M(EL)T LABS NABL-M(EL)T-00605

Test Description	Value(s)	Unit(s)	Reference Range
Glucose Post Prandial (BSPP)			
Glucose Post Prandial *(Fluoride Plasma-P,Hexokinase)*	**141**	mg/dL	70 - 140

Interpretation:

Status	PP plasma glucose in mg/dL
Normal	<140
Impaired glucose tolerance	140 - 199
Diabetes	=>200

Reference : American Diabetes Association

Comment :
Blood glucose determinations in commonly used as an aid in the diagnosis and treatment of diabetes. Elevated glucose levels (hyperglycemia) may also occur with pancreatic neoplasm, hyperthyroidism, and adrenal cortical hyper function as well as other disorders. Decreased glucose levels (hypoglycemia) may result from excessive insulin therapy insulinoma, or various liver diseases.

Note
1.The diagnosis of Diabetes requires a fasting plasma glucose of > or = 126 mg/dL or a random / 2 hour plasma glucose value of > or = 200 mg/dL with symptoms of diabetes mellitus.
2.Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis.

*** End Of Report ***

Pallavi

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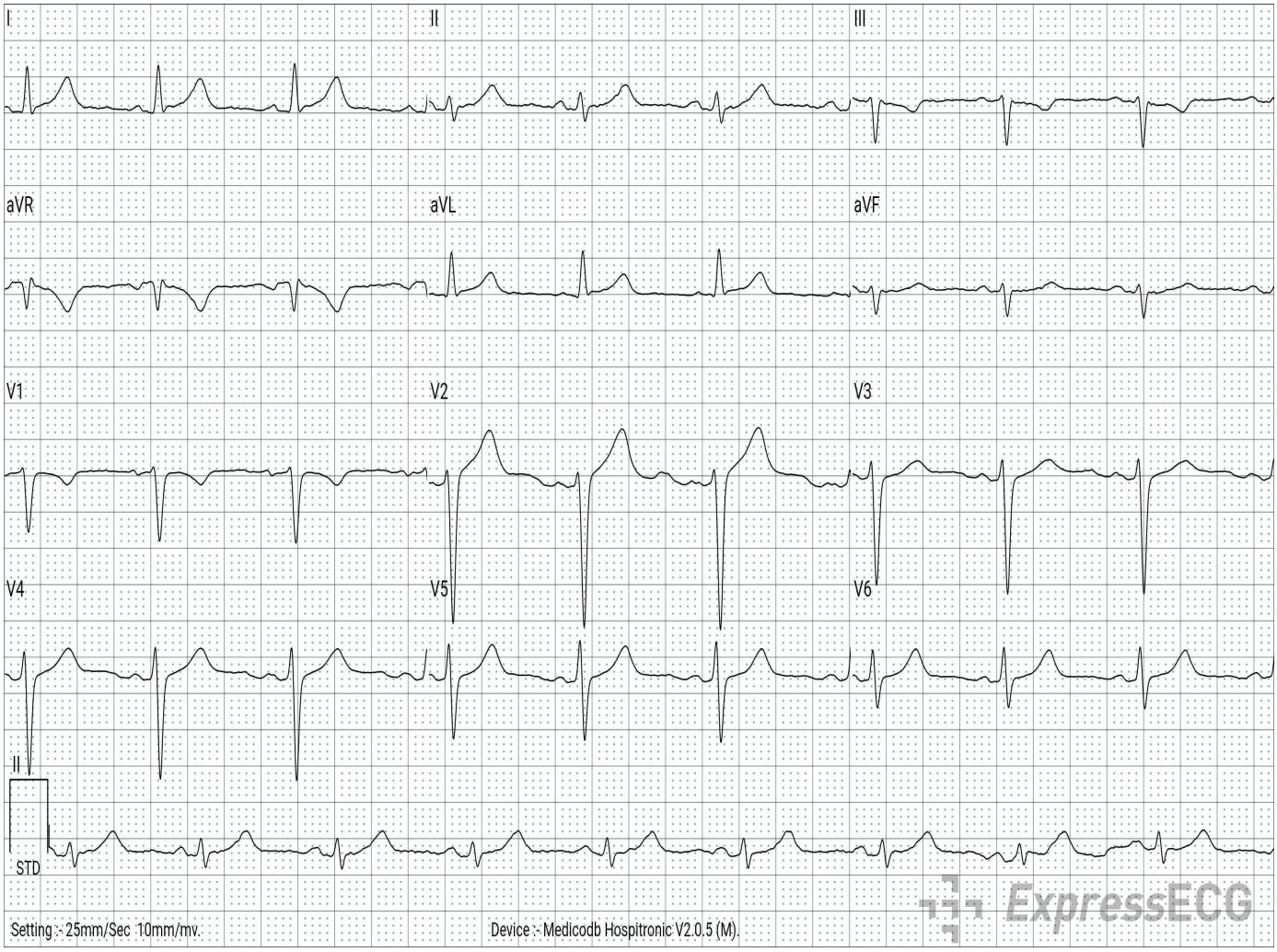
MADYOASIS DIAGNOSTICS
Shop No 20, Cross Road Building Bhumkar Chowk, Wakad, pune, Maharashtra 411057
+91 74100 01785 / 77966 95666
www.madyoasis.in

Mr. Pradip Sah

Kharadi Shivranjani Ahmedabad Gujarat India

Gendr/DOB (Age)	: Male/09-May-1965(59Y 0M)	**Medico ID**	: 24050902661181
Referred By	:	**Date**	: 09-May-2024 / 10:02 AM
History	:		

REPORT ON ECG



VITALS	:	TEMP	: - (F)	PULSE RATE	: - /MIN	RBS	: - mg/dL
		HR	: 83 /MIN	BP	: 0 / 0 mmHg	SPO2	: 92.0 %

MEASUREMENTS*	:	PR	: 112.5 ms	QT	: 390.97 ms	P	: 0.0 deg
(ECG Parameters)		ST	: 0.71 ms	QTc	: 459.17 ms	QRs	: -19.64 deg
		R-R	: 725.0 ms	QRS	: -19.64 ms	T	: 10.42 deg

FINDINGS : NORMAL SINUS RHYTHM. NO SIGNIFICANT ST CHANGES NOTED LAD

IMPRESSION : THIS ECG IS FOUND TO BE WITHIN NORMAL LIMITS.

RECOMMENDATION : CLINICAL CORRELATION

This is electronically authenticated report; hence doesn't require signature.
* Software calculated values; to be verified manually.

Printed By : Madyoasis Clinic Pune On 09-May-2024 / 10:45 PM

Reported By
Express Diagnostics HQ

(Dr. Nimish Parikh (Critical Care)) Reg. No : G-14844

PASSION
The Diagnostic Destination

Name	:	MR. PRADIP K SAH	**Age/Sex**	:	59 YEARS/M
Ref By	:	Dr. MADYOASIS MEDICAL SERVICES --	**Date**	:	09 May 2024

2D ECHOCARDIOGRAPHY & COLOUR DOPPLER STUDY

Thursday, May 09, 2024

Left Ventricle:
The left ventricle is normal in size. No e/o RWMA.
The left ventricular ejection fraction is normal .

Left Atrium:
The left atrium is normal size. No clot.

Right Ventricle:
The right ventricular is normal size. There is normal right Ventricular wall thickness.

Aorta:
The aortic root is normal.

Pulmonary Artery:
The Pulmonary artery is normal.

Pericardium:
There is no pericardial effusion. No calcification.

Aortic Valve:
The aortic valve is tri-leaflet with thin, pliable leaflets that move normally. There is no aortic Stenosis. No aortic regurgitation is present.

Mitral Valve:
The mitral valve leaflets are thin. Normal mitral gradients. There is no evidence of stenosis, prolapse. Diastolic flows are altered . No mitral regurgitation noted.

Tricuspid Valve:
The tricuspid valve leaflets are thin and pliable and the valve motion is normal. No tricuspid Regurgitation is noted.

Pulmonary Valve:
The pulmonary valve leaflets are thin and pliable and the valve motion is normal. No pulmonary Valvular regurgitation is noted.

Proximal Coronaries:
Not visualized.

IAS and IVS are intact.

M-MODE/2D PARAMETERS

AO	26	(23-37mm)
LA	23	(19-40mm)
RVD		(7-23mm)
LVD	41	(35-55mm)
LVS	28	(24-42mm)
IVS	10.3	(6-11mm)
LVPW	10.7	(6-11mm)
EF	55-60%	(50-70%)

Parameters in brackets indicate normal adult Values.

IMPRESSION:

- **No e/o RWMA**
- **Normal EF.**
- **RA / RV not dilated.**
- **No e/o pulmonary hypertension**
- **Normal valves and velocities.**
- **No clot, vegetations or effusions**.

Dr. Ganesh Sanap
MBBS, DMRD, DNB.

Patient Name	:	MR. PRADIP K SAH	Date : 09 May 2024
Referred By	:	Dr. MADYOASIS MEDICAL SERVICES - -	Age : 59 YEARS Sex : M

USG ABDOMEN AND PELVIS

Liver:
The liver is normal in size and echotexture. No focal lesion is seen. The intrahepatic biliary radicles are normal.The common bile duct and the portal vein appear normal.

Gall Bladder
The gall bladder is well distended. No e/o calculus seen. The wall thickness is normal.

Pancreas
The pancreas is normal in size and shape. No focal lesion or calcifications are seen within it. The pancreaticduct is normal.

Spleen
The spleen measures 10.7cm in size and is normal in echotexture. No focal lesion is seen.

Kidneys
The right kidney measures 9.8 x 3.4cm. The left kidney measures 9.6 x 4cm. Both kidneys show normalparenchymal echo texture. The cortico-medullary differentiation is maintained bilaterally. The pelvicalycealsystem is normal in both the kidneys.

Aorta/IVC
The aorta and IVC appear grossly normal. No ascites or lymphadenopathy is seen.

Urinary bladder
The bladder is well distended. The wall thickness is normal. No vesical calculus is seen.

Prostate
The prostate corresponding to a weight of about 15gms.No focal lesion orcalcification is seen.

Impression

- **Normal study.**

Dr. Ganesh Sanap
MBBS, DMRD, DNB.

PASSION
The Diagnostic Destination

Patient Name: MR. PRADIP K SAH	Date: 09 May 2024
Ref. By: Dr. MADYOASIS MEDICAL SERVICES --	Age/sex :59 YEARS/M

X RAY CHEST PA VIEW

Both the lung fields are clear.

Both diaphragmatic domes have normal contours and positions.

Cardio-aortic silhouette has a normal appearance.

There is no evidence of any pleural effusion.

Bony thorax appears normal

IMPRESSION :

No obvious abnormality seen at present study.

Dr. Ganesh Sanap
MBBS, DMRD, DNB.