

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 : Shivash Mahesh

No. 5653

Mobil No :

Date : 27/7/2024

Age / Gender 57y / M

Ref. No.

410096220

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
	+2.50	-	-	6/6	+2.50	-	-	6/6
DISTANCE								
NEAR	Add +2.25			B. G.				

PD 74MM

Advice to use glasses for:

DISTANCE  FAR & NEAR  READING  COMPUTER PURPOSE

We Care Your Eyes

**SRI PARVATHI OPTICS**

NEW THIPPASANDRA

**CLUMAX DIAGNOSTICS**

MEDALL HEALTHCARE PVT LTD

CUSTOMER CHECKLIST

Print Date :27/07/2024 10:36 AM



MED410096220

Customer Name : **MR.SHIVAIAH MALLESH**Ref Dr Name : **MediWheel**Customer Id : **MED410096220** Visit ID : **424052176**Age : **57Y/MALE** Phone No : **9845115718**DOB : **23 Apr 1967** Visit Date : **27/07/2024**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)	PPUS		
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	ECG	ECG	IND14804141138		
19	OTHERS	Treadmill / 2D Echo	IND148041414690		
20	OTHERS	physical examination	IND148041415279		
21	US	ULTRASOUND ABDOMEN	IND148041415292		
22	OTHERS	Dental Consultation	IND148041416289		
23	OTHERS	EYE CHECKUP	IND148041417756		
24	X-RAY	X RAY CHEST	IND148041418659		
25	OTHERS	Consultation Physician	IND148041418736		

Registered By  
(HARI.O)

H. 173

W. 98

BP - 130/90

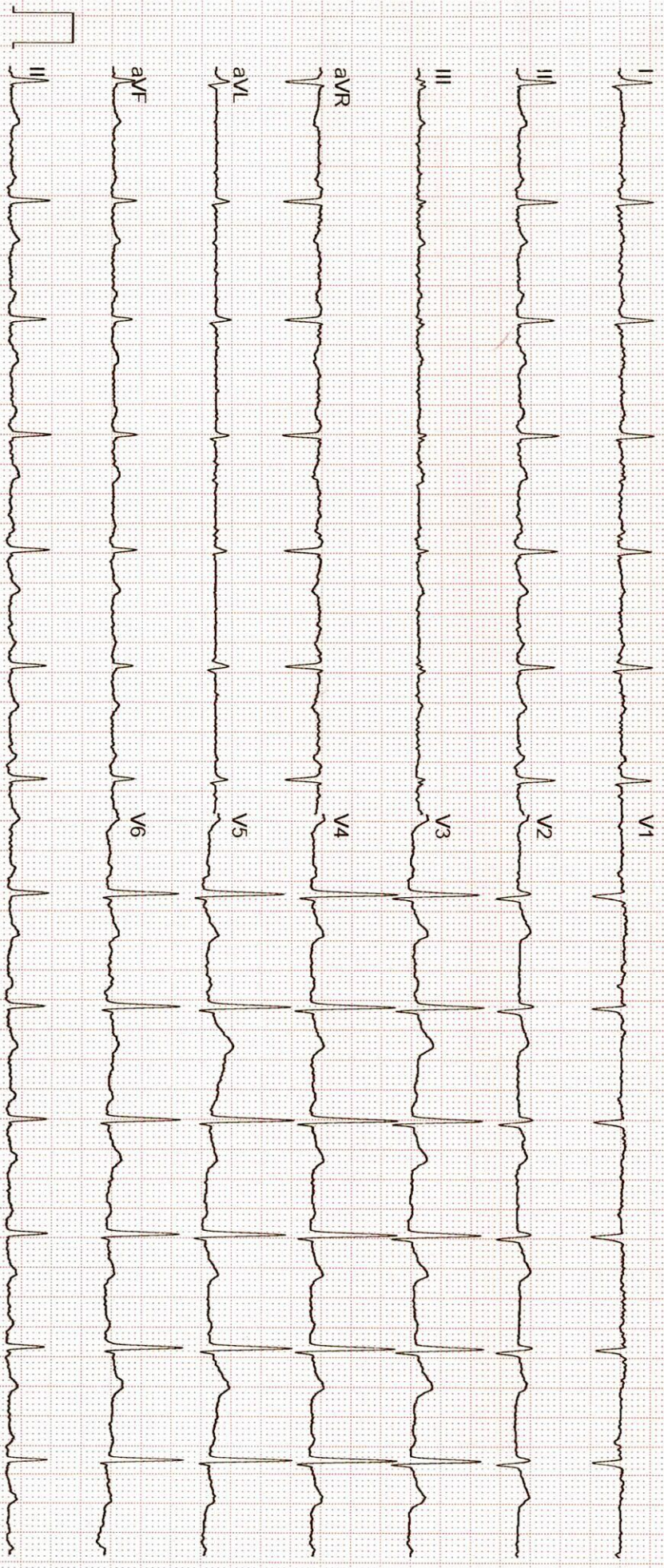
Pul - 80

57 Years Male

QRS : 70 ms  
QT / QTcBaz : 380 / 433 ms  
PR : 166 ms  
P : 98 ms  
RR / PP : 770 / 769 ms  
P / QRS / T : 51 / 44 / 54 degrees

**Dr. SUBRAMANI, K.S**  
MD, DM (Cardiology)  
Consultant Cardiologist  
KMC Reg. No. : 46604  
MEDALL DIAGNOSTICS

*Narasaiah*



Name : Mr. SHIVIAIAH MALLESH  
PID No. : MED410096220  
SID No. : 424052176  
Age / Sex : 57 Year(s) / Male  
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)	15.3	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/RBC pulse height detection method)	44.5	%	42 - 52
RBC Count (EDTA Blood/Impedance/Coulter Principle)	5.45	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Calculated)	81.7	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Calculated)	28.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Calculated)	34.4	g/dL	32 - 36
RDW-CV (EDTA Blood/Calculated)	<b>16.3</b>	%	11.5 - 16.0
RDW-SD (EDTA Blood/Calculated)	<b>46.61</b>	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance/Coulter Principle)	9900	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Flow cytometry)	47.5	%	40 - 75
Lymphocytes (EDTA Blood/Flow cytometry)	41.4	%	20 - 45
Eosinophils (EDTA Blood/Flow cytometry)	1.6	%	01 - 06



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Monocytes (EDTA Blood/Flow cytometry)	9.0	%	01 - 10
Basophils (Blood/Flow cytometry)	0.5	%	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)	4.70	10 <sup>3</sup> / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Calculated)	<b>4.10</b>	10 <sup>3</sup> / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Calculated)	0.16	10 <sup>3</sup> / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Calculated)	0.89	10 <sup>3</sup> / μl	< 1.0
Absolute Basophil count (EDTA Blood/Calculated)	0.05	10 <sup>3</sup> / μl	< 0.2
Platelet Count (EDTA Blood/Impedance/Coulter Principle)	<b>508</b>	10 <sup>3</sup> / μl	150 - 450
MPV (EDTA Blood/Calculated)	<b>7.1</b>	fL	7.9 - 13.7
PCT (EDTA Blood/Calculated)	<b>0.36</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Capillary Photometry Technology)	<b>37</b>	mm/hr	< 20
Glucose Fasting (FBS) (Plasma - F/Hexokinase)	80.35	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/Hexokinase)	Negative	Negative
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**Dr Samruddhi Shinde**  
 Consultant Pathologist  
 VERIFIED BY



  
**DR SHAMIM JAVED**  
 MD PATHOLOGY  
 KMC-88902  
 APPROVED BY

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Glucose Postprandial (PPBS) (Plasma - PP/Hexokinase)	83.29	mg/dL	70 - 140

**INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP/Hexokinase)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.0	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	<b>0.86</b>	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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	4.95	mg/dL	3.5 - 7.2
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.42	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.26	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	20.92	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	22.66	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	41.96	U/L	< 55
--------------------------------------------------------------	-------	-----	------



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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	92.6	U/L	56 - 119
Total Protein (Serum/Biuret)	7.47	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.75	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.72	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.75		1.1 - 2.2

**Lipid Profile**

Cholesterol Total (Serum/CHOD-PAP with ATCS)	<b>237.86</b>	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	<b>253.07</b>	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)	<b>33.08</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL Cholesterol (Serum/Calculated)	154.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	50.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	204.8	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)	7.2		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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	7.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	4.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	6.2	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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The results pertain to sample tested.

Page 5 of 10

Lab Address: BANGALORE REFERENCE LABORATORY-CLUMAX DIAGNOSTIC AND RESEARCH CENTRE PVT LTD. (A UNIT OF MEDALL HEALTHCARE PVT. LTD.), Old No 66 & New No 1, 2nd Main Road, Bashyam Circle, Sankey Cross Road Mallewaram, Gayathri Devi Park Extension, Kodandarampura, Sadashiva Nagar, Bengaluru, Karnataka-560003,.



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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

Estimated Average Glucose (Whole Blood)	131.24	mg/dL	
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**INTERPRETATION: Comments**

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1c values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

Prostate specific antigen - Total (PSA) (Serum/Manometric method)	1.77	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)	0.946	ng/ml	0.4 - 1.81
------------------------------------------------	-------	-------	------------

**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)	8.24	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.

TSH (Thyroid Stimulating Hormone) (Serum/ECLIA)	3.54	μIU/mL	0.35 - 5.50
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**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)	Pale 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)	1.008	1.002 - 1.035
Ketone (Urine)	Negative	Negative



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The results pertain to sample tested.

Page 7 of 10

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Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

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

Pus Cells (Urine)	<b>0-1</b>	/hpf	NIL
Epithelial Cells (Urine)	<b>0-1</b>	/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



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	10.0		6.0 - 22.0



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Investigation

Observed  
Value

Unit

Biological  
Reference Interval

URINE ROUTINE



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-- End of Report --

Name	SHIVIAIAH MALLESH	ID	MED410096220
Age & Gender	57-Male	Visit Date	7/27/2024 8:27:17 PM
Ref Doctor Name	MediWheel		

## 2 D ECHOCARDIOGRAPHIC STUDY

### M mode measurement:

AORTA		: 3.2cms
LEFT ATRIUM		: 3.3cms
AVS		: ----
LEFT VENTRICLE	(DIASTOLE)	: 4.1cms
	(SYSTOLE)	: 2.8cms
VENTRICULAR SEPTUM	(DIASTOLE)	: 0.9cms
	(SYSTOLE)	: 1.4cms
POSTERIOR WALL	(DIASTOLE)	: 1.1cms
	(SYSTOLE)	: 1.5cms
EDV		: 76ml
ESV		: 30ml
FRACTIONAL SHORTENING		: 32%
EJECTION FRACTION		: 61%
EPSS		: ---
RVID		: 1.9cms

### DOPPLER MEASUREMENTS:

MITRAL VALVE	: E' 0.65 m/s	A' 0.92 m/s	NO MR
AORTIC VALVE	: 1.11 m/s		NO AR
TRICUSPID VALVE	: E' - m/s	A' - m/s	NO TR
PULMONARY VALVE	: 0.94 m/s		NO PR

#### REPORT DISCLAIMER

- 1.This is only a radiological impression.Like other investigations, radiological investigation also have limitation. Therefore radiological reports should be interpreted in correlation with clinical and pathological findings.
- 2.The results reported here in are subject to interpretation by qualified medical professionals only.
- 3.Customer identities are accepted provided by the customer or their representative.
- 4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.
- 5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.
- 6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the referring doctor/patient can contact the respective section head of the laboratory.
- 7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,
- 8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
- 9.Liability is limited to the extend of amount billed.
- 10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.
- 11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	SHIVIAIAH MALLESH	ID	MED410096220
Age & Gender	57-Male	Visit Date	7/27/2024 8:27:17 PM
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:**

- **LV DIASTOLIC DYSFUNCTION.**
- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF:61 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

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11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	SHIVIAIAH MALLESH	ID	MED410096220
Age & Gender	57-Male	Visit Date	7/27/2024 8:27:17 PM
Ref Doctor Name	MediWheel		

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

**Note:**

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

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## ABDOMINO-PELVIC ULTRASONOGRAPHY

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

**GALL BLADDER** is not visualized, consistent with h/o cholecystectomy. 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. No demonstrable Para -aortic lymphadenopathy.

**KIDNEYS** move well with respiration and have normal shape, size and echopattern. Cortico- medullary differentiations are well made out. 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>11.2</b>	<b>1.3</b>
<b>Left Kidney</b>	<b>10.7</b>	<b>1.5</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 3.3 x 3.5cms (Vol:24cc).

No evidence of ascites / pleural effusion.

### IMPRESSION:

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

**DR. APARNA**  
**CONSULTANT RADIOLOGIST**  
*A/da*

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Name	SHIVIAIAH MALLESH	ID	MED410096220
Age & Gender	57-57-Male	Visit Date	7/27/2024 8:27:17 PM
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Name	Mr. SHIVAIAH MALLESH	ID	MED410096220
Age & Gender	57Y/M	Visit Date	Jul 27 2024 10:36AM
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: Essentially normal study.**



**DR. TRISHUL SHETTY**  
**CONSULTANT RADIOLOGIST**