

MR. DEEPAK G. SAI RAJENDRA,

Patient ID MED111408390

12/10/2022 Male  
36yrs Indian

Meds:

Test Reason:  
Medical History:

Ref. MD: Ordering MD:  
Technician: Test Type:  
Comment:

Tabular Summary

MEDALL HEALTHCARE PVT

BRUCE: Total Exercise Time 09:01  
Max HR: 179 bpm 97% of max predicted 184 bpm HR at rest: 82  
Max BP: 140/90 mmHg Max RPP: 23940 mmHg\*bpm  
Maximum Workload: 10.10 METS  
Max. ST: -0.90 mm, 0.00 mV/s in III; EXERCISE STAGE 3 07:30  
Arrhythmia: A:4, PSYC:5  
ST/HR index: 0.58  $\mu$ V/bpm  
**Reasons for Termination:** Target heart rate achieved  
**Summary:** Resting ECG: normal. Functional Capacity: normal. HR Response to Exercise: appropriate. BP Response to Exercise: normal resting BP - appropriate response. Chest Pain: none. Arrhythmias: none. ST Changes: none. Overall impression: Normal stress test.

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (mmHg*bpm)	VE (/min)	ST Level (III mm)	Comment
PRETEST	SUPINE	00:15	0.00	0.00	1.0	82			0	0.40	
	STANDING	00:09	0.00	0.00	1.0	78			0	0.35	
	HYPERV.	00:07	0.00	0.00	1.0	79			0	0.35	
	WARM-UP	00:09	0.00	0.00	1.0	81			0	0.45	
EXERCISE	STAGE 1	03:00	1.70	10.00	4.6	114	120/80	13680	0	0.30	
	STAGE 2	03:00	2.50	12.00	7.0	139	130/90	18070	0	-0.40	
	STAGE 3	03:00	3.40	14.00	10.1	176	140/90	24640	0	-0.70	
	STAGE 4	00:02	4.20	16.00	10.1	176			0	-0.55	
RECOVERY		02:58	0.00	0.00	1.0	122	140/90	17080	0	-0.10	

*Stress test Negative for Ischaemia*

*SMULL*

R. DEEPAK G. SAI RAJENDRA,

Patient ID MED111408390

12/10/2022

9:26:23am

82 bpm

Linked Medians

PRETEST

SUPINE

00:12

BRUCE

0.0 mph

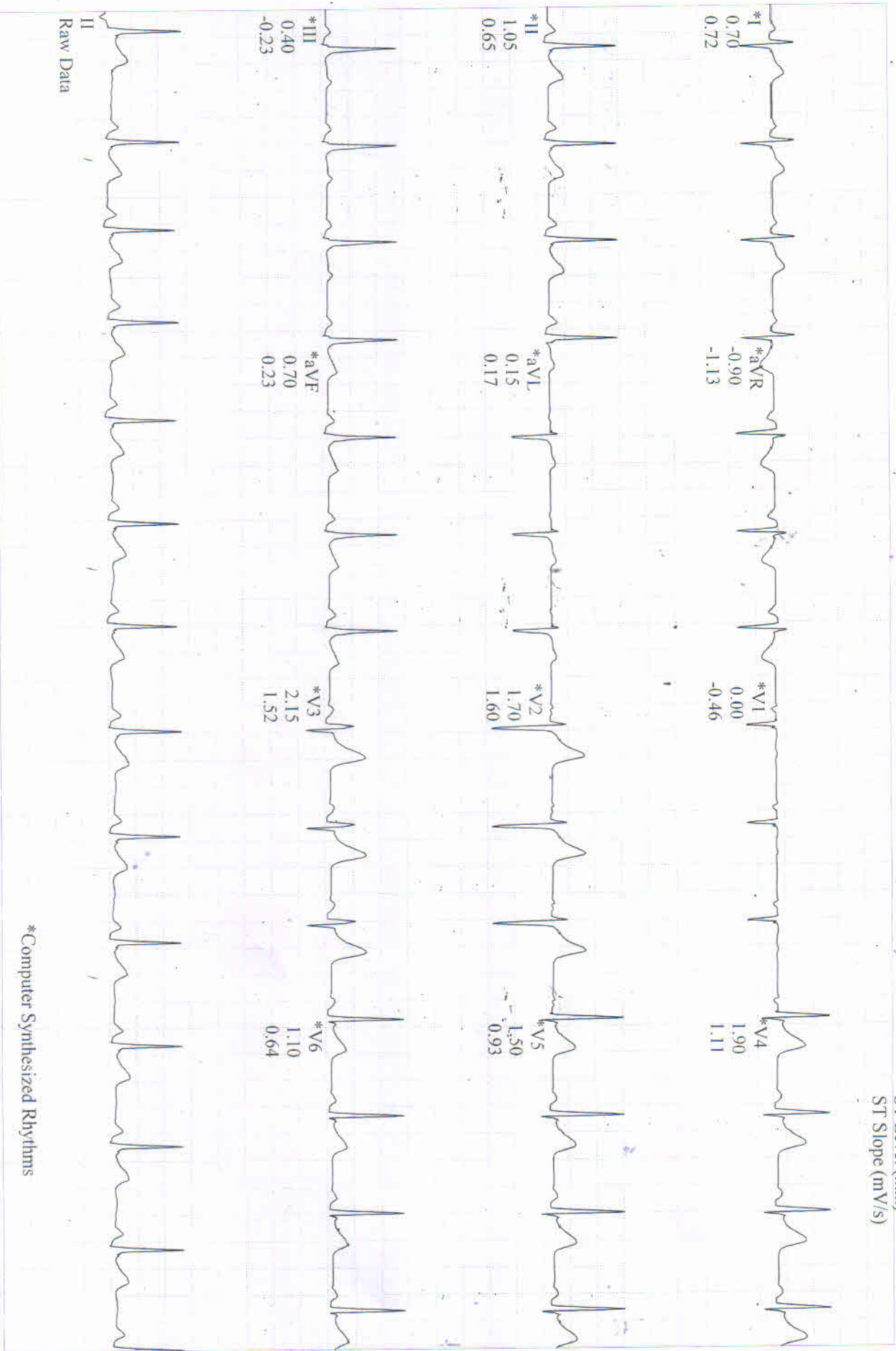
0.0%

MEDALL HEALTHCARE PVT

Lead

ST Level (mm)

ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V6.73 (2)  
25 mm/s 10 mm/mV 60Hz 0.01Hz FRF+ HR(V2,V5)

Start of Test: 9:26:09am



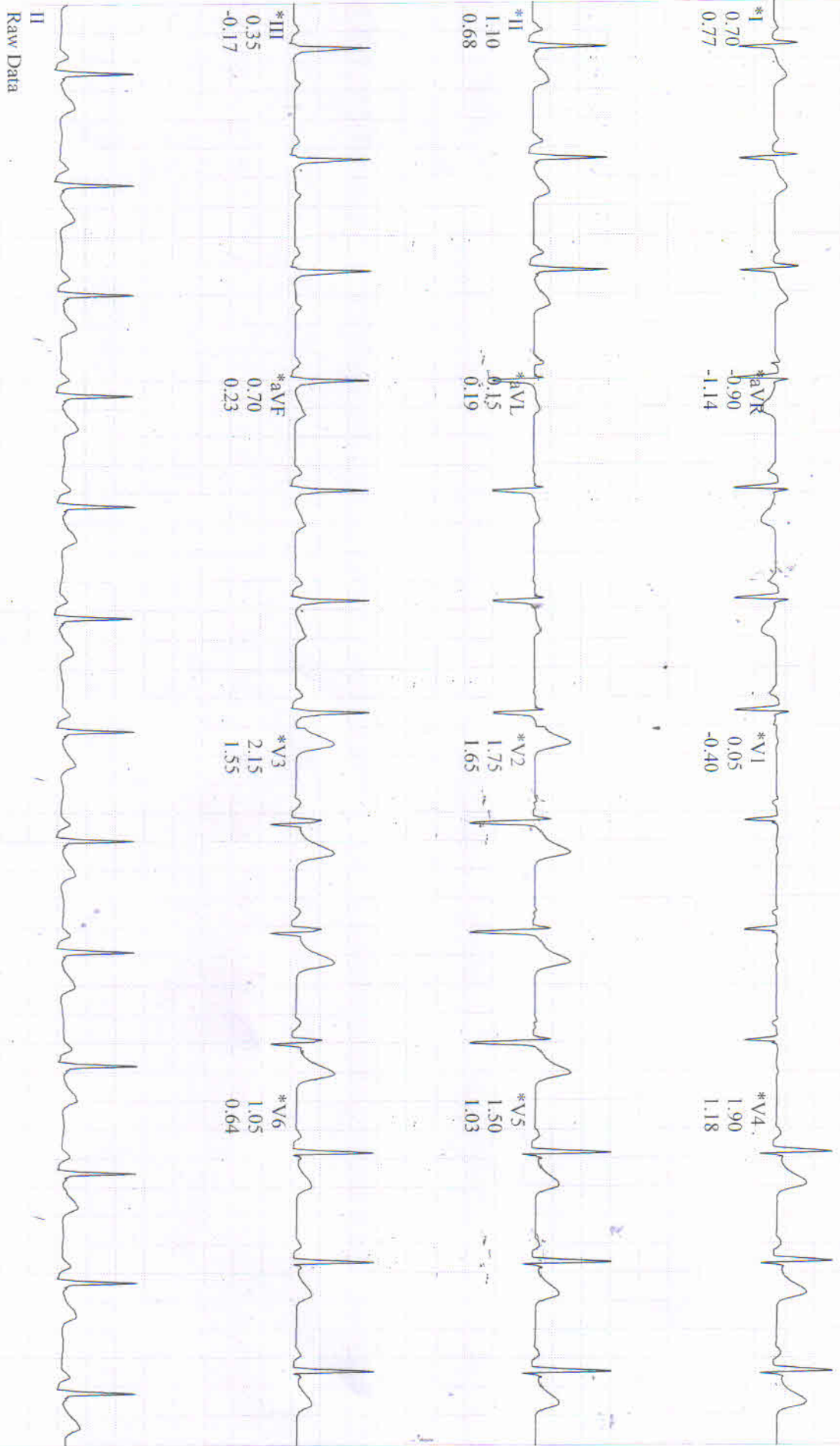
Raw Data

\*Computer Synthesized Rhythms



78 bpm

Lead  
ST Level (mm)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

MR. DEEPAK G. SAI RAJENDRA,

Patient ID MED111408390

12/10/2022

9:26:38am

78 bpm

Linked Medians

PRETEST

HYPERV.

00:28

BRUCE

0.0 mph

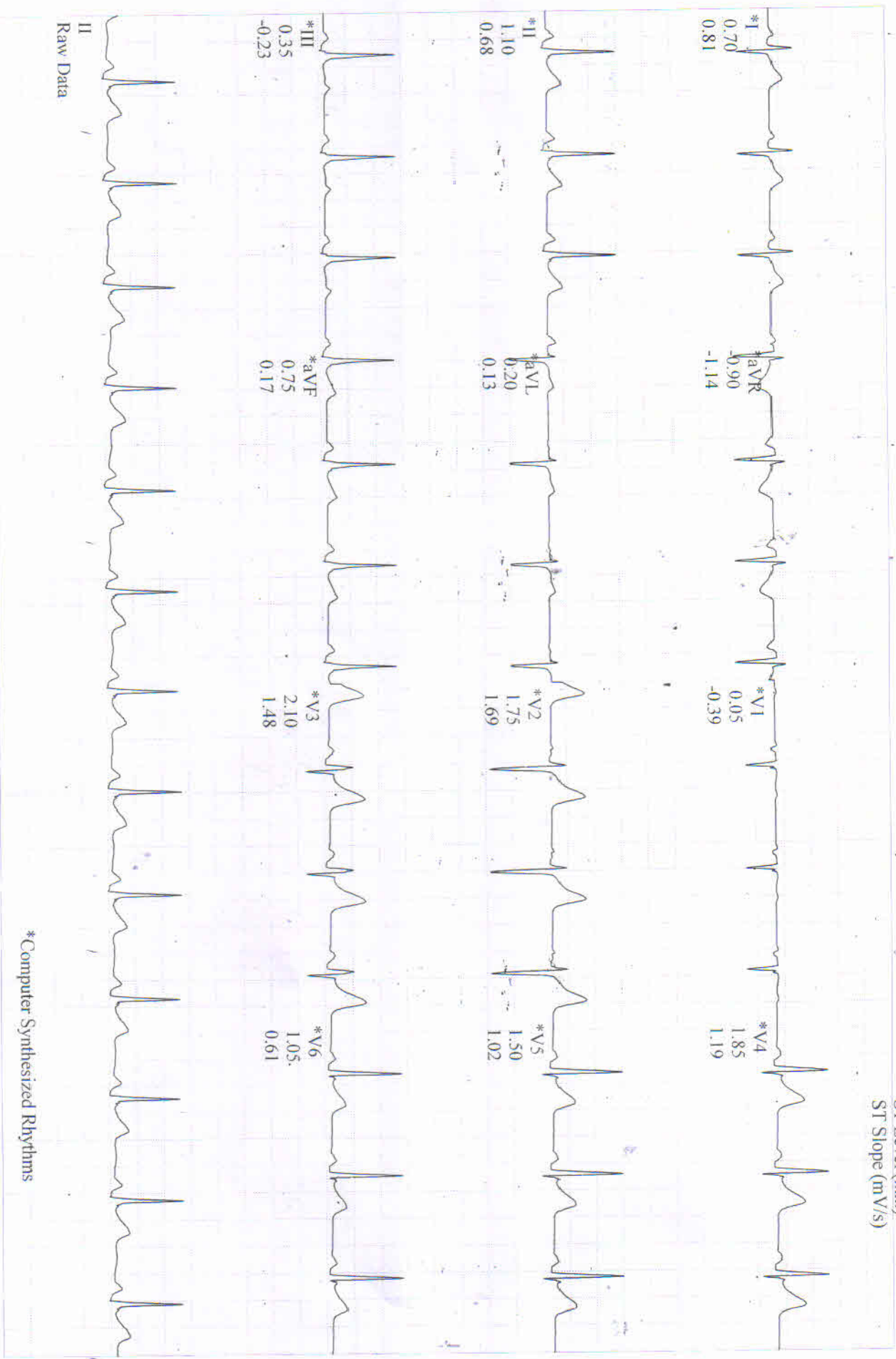
0.0 %

MEDALL HEALTHCARE PVT

Lead

ST Level (mm)

ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

MR. DEEPAK G. SAI RAJENDRA,  
Patient ID MED111408390  
12/10/2022  
9:26:44am

80 bpm  
Linked Medians  
PRETEST  
WARM-UP  
00:34

BRUCE  
0.0 mph  
0.0 %

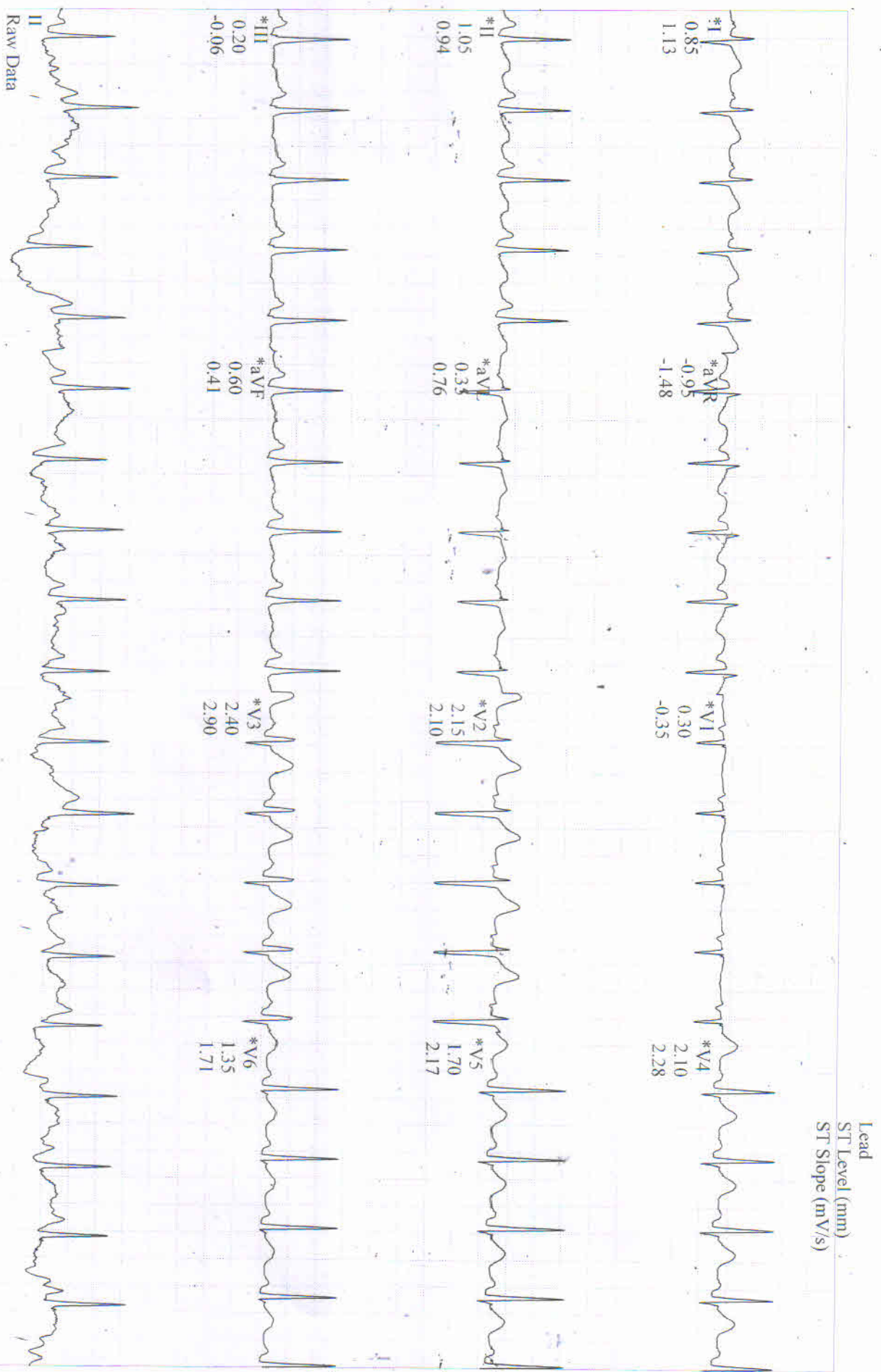
MEDALL HEALTHCARE PVT



Raw Data

\*Computer Synthesized Rhythms





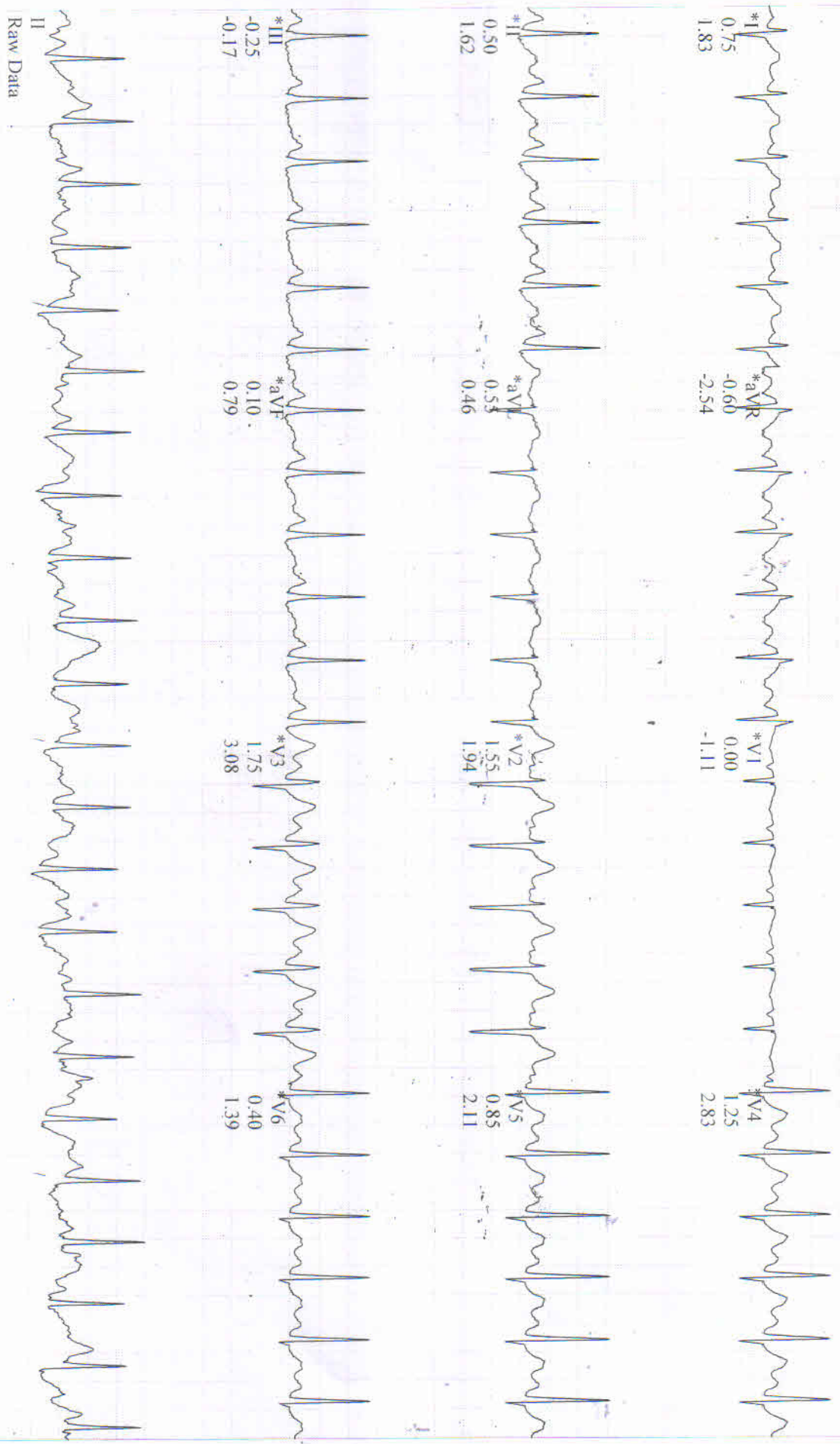
Raw Data

\*Computer Synthesized Rhythms

137 bpm  
130/90 mmHg

BRUCE  
2.5 mph  
12.0 %

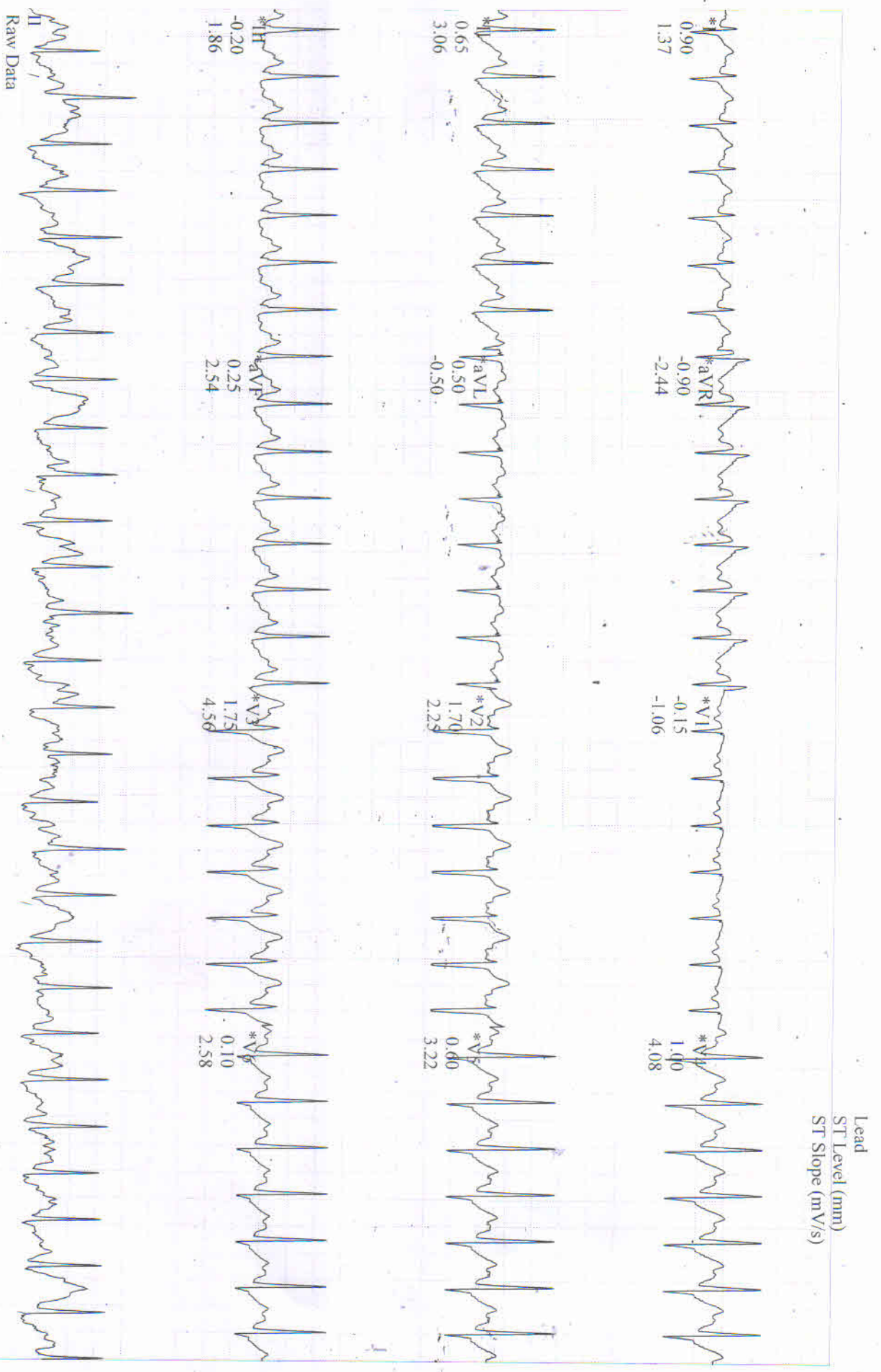
Lead  
ST Level (mm)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms





Lead  
ST Level (mm)  
ST Slope (mV/s)

\*Computer Synthesized Rhythms

DR. DEEPAK G. SAI RAJENDRA,

Patient ID MED111408390

12/10/2022  
9:35:50am

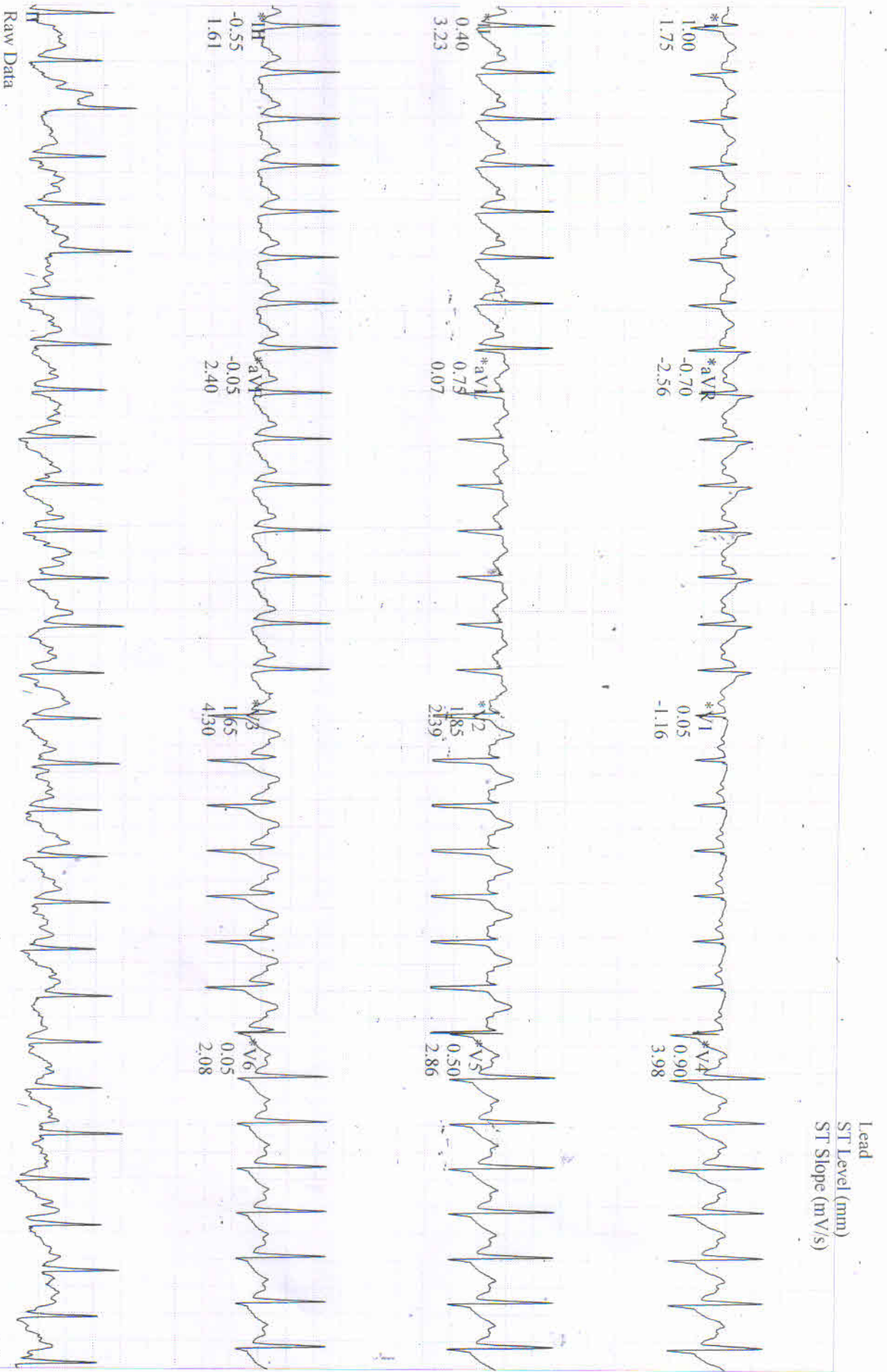
Linked Medians ( PEAK EXERCISE )

176 bpm  
140/90 mmHg

EXERCISE  
STAGE 4  
09:02

BRUCE  
4.2 mph  
16.0 %

MEDALL HEALTHCARE PVT



\*Computer Synthesized Rhythms

MIR DEEPAK G. SAI RAJENDRA,  
Patient ID MED111408390

12/10/2022  
9:36:40am

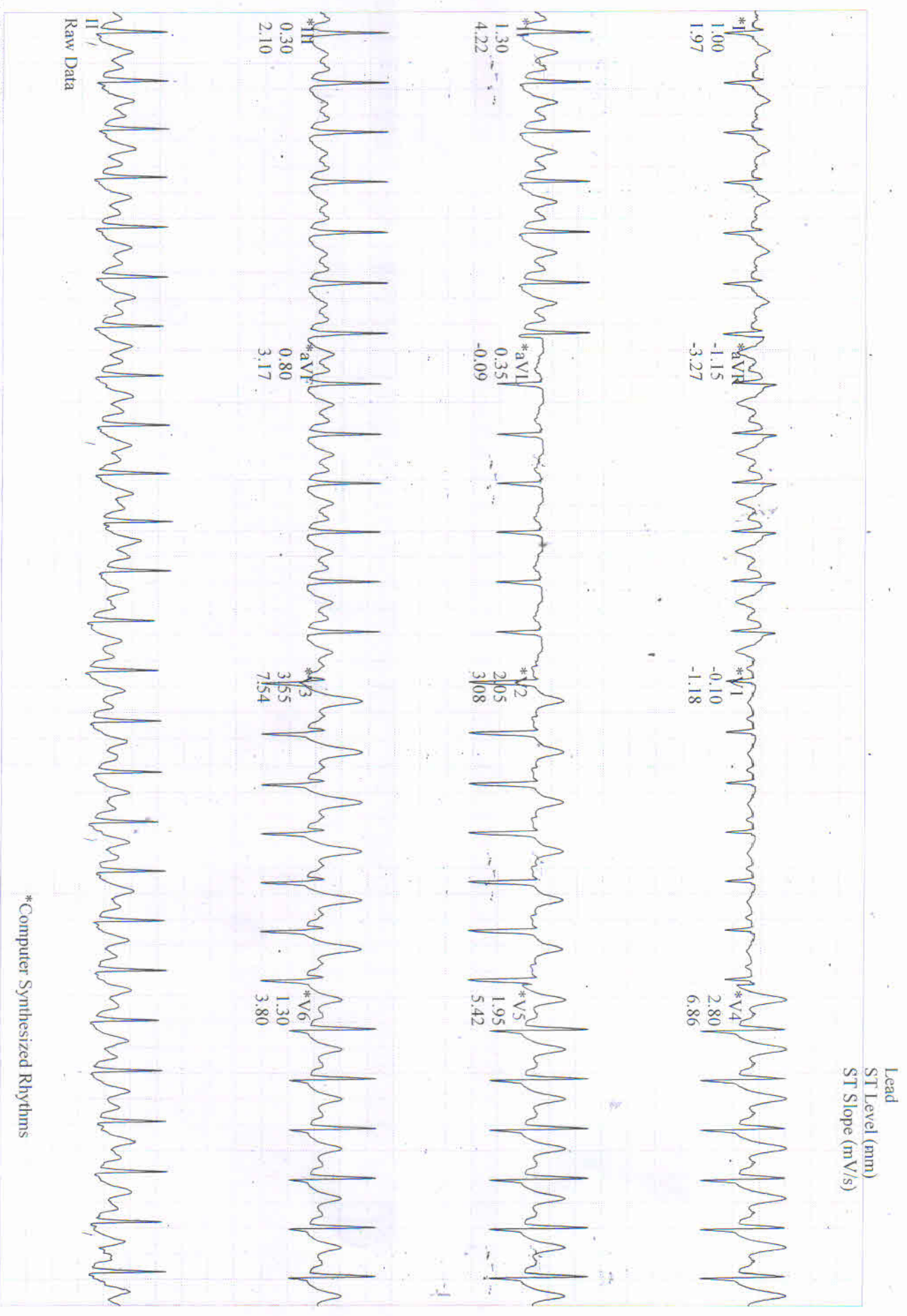
155 bpm

Linked Medians  
RECOVERY #1

00:50

BRUCE  
0.0 mph  
0.0 %

MEDALL HEALTHCARE PVT





MR. DEEPAK G. SAI RAJENDRA,

Patient ID MED111408390

12/10/2022

9:37:40am

Linked Medians

RECOVERY

#1

01:50

MEDALL HEALTHCARE PVT

BRUCE

0.0 mph

0.0%

136 bpm

Lead  
ST Level (mm)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

MR. DEEPAK G. SAI RAJENDRA,  
Patient ID MED111408390

12/10/2022  
9:38:40am

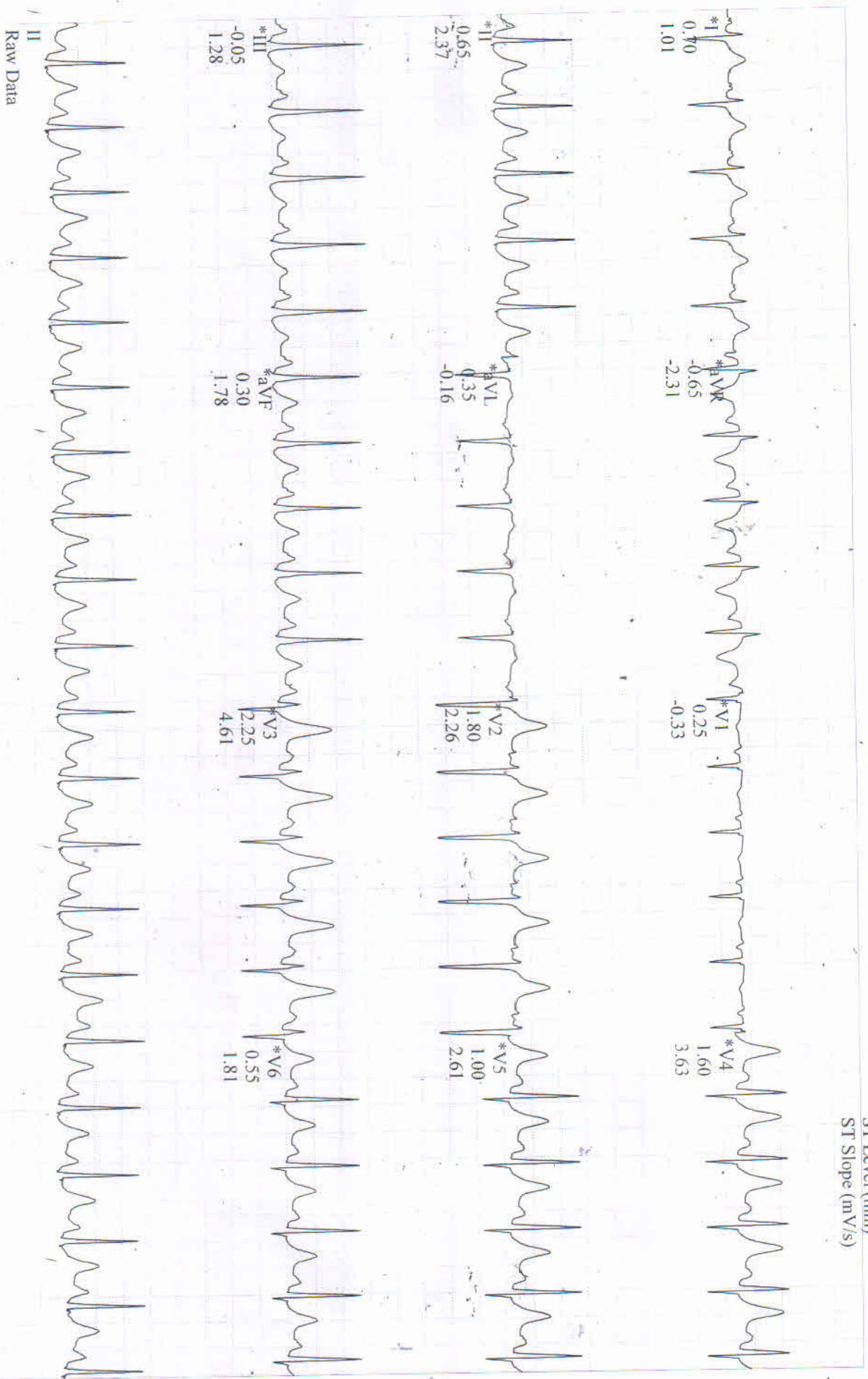
125 bpm  
140/90 mmHg

Linked Medians  
RECOVERY  
#1  
02:50

BRUCE  
0.0 mph  
0.0%

MEDALL HEALTHCARE PVT

Lead  
ST Level (mm)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

Name : Mr. DEEPAK G SAI  
RAJENDRA

PID No. : MED111408390

SID No. : 79816477

Age / Sex : 36 Year(s) / Male

Type : OP

Ref. Dr : MediWheel

Register On : 10/12/2022 8:27 AM

Collection On : 10/12/2022 9:44 AM

Report On : 10/12/2022 2:52 PM

Printed On : 11/12/2022 11:47 AM

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (Blood/Agglutination)	'A' 'Positive'		
<b><u>Complete Blood Count With - ESR</u></b>			
Haemoglobin (Blood/Spectrophotometry)	16.9	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Numeric Integration of MCV)	48.8	%	42 - 52
RBC Count (Blood/Electrical Impedance )	5.20	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/Calculated)	93.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Calculated)	<b>32.6</b>	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Calculated)	34.7	g/dL	32 - 36
RDW-CV (Calculated)	13.4	%	11.5 - 16.0
RDW-SD (Calculated)	43.99	fL	39 - 46
Total Leukocyte Count (TC) (Blood/Electrical Impedance )	9500	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance and absorbance)	50.12	%	40 - 75
Lymphocytes (Blood/Impedance and absorbance)	38.32	%	20 - 45
Eosinophils (Blood/Impedance and absorbance)	3.82	%	01 - 06
Monocytes (Blood/Impedance and absorbance)	7.39	%	01 - 10

  
P.V. Pradeep  
P. Venkata Pradeep  
Lab Manager

VERIFIED BY

  
Dr. Tanusha  
Consultant Pathologist  
Reg No- 070707

APPROVED BY



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Basophils (Blood/Impedance and absorbance)	0.35	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (Blood/Impedance and absorbance)	4.76	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (Blood/Impedance)	<b>3.64</b>	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/Impedance)	0.36	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (Blood/Impedance)	0.70	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (Blood/Impedance)	0.03	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (Blood/Impedance)	3.00	lakh/cu.mm	1.4 - 4.5
<b>INTERPRETATION:</b> Platelet count less than 1.5 lakhs will be confirmed microscopically.			
MPV (Blood/Derived from Impedance)	<b>6.26</b>	fL	7.9 - 13.7
PCT (Calculated)	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	14	mm/hr	< 15
BUN / Creatinine Ratio	10.5		
Glucose Fasting (FBS) (Plasma - F/Glucose oxidase/Peroxidase)	<b>107</b>	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)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	131	mg/dL	70 - 140

  
P.V. Pradeep  
Lab Manager

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Dr. Tanusha  
Consultant Pathologist  
Reg No- 070707

APPROVED BY

The results pertain to sample tested.

Page 2 of 7

Lab Address: MEDALL HEALTH CARE PVT LTD#17-11-3/4,DR.GKS MANSION,OFFICIAL COLONY,MAHARANI PETA, VIZAG 530002,.

Name : Mr. DEEPAK G SAI RAJENDRA

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Age / Sex : 36 Year(s) / Male

Type : OP

Ref. Dr : MediWheel

Register On : 10/12/2022 8:27 AM

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**Investigation**

**Observed Value**

**Unit**

**Biological Reference Interval**

**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) Negative Negative

Blood Urea Nitrogen (BUN)  
(Serum/Calculated) 11.6 mg/dL 7.0 - 21

Creatinine  
(Serum/Jaffe ~ Alkaline Picrate) 1.1 mg/dL 0.9 - 1.3

Uric Acid  
(Serum/Uricase/Peroxidase) 6.8 mg/dL 3.5 - 7.2

**Liver Function Test**

Bilirubin(Total)  
(Serum/Diazotized Sulphanilic acid) 0.8 mg/dL 0.1 - 1.2

Bilirubin(Direct)  
(Serum/Diazotized Sulphanilic acid) 0.3 mg/dL 0.0 - 0.3

Bilirubin(Indirect)  
(Serum/Calculated) 0.50 mg/dL 0.1 - 1.0

SGOT/AST (Aspartate  
Aminotransferase)  
(Serum/IFCC without P-5-P) 43 U/L 5 - 40

SGPT/ALT (Alanine Aminotransferase)  
(Serum/IFCC without P-5-P) 62 U/L 5 - 41

Alkaline Phosphatase (SAP)  
(Serum/IFCC AMP Buffer) 128 U/L 53 - 128

Total Protein  
(Serum/Biuret) 7.9 gm/dl 6.0 - 8.0

Albumin  
(Serum/Bromocresol green) 4.9 gm/dl 3.5 - 5.2

Globulin  
(Serum/Calculated) 3.00 gm/dL 2.3 - 3.6

  
P.V. Pradeep  
Lab Manager

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Consultant Pathologist  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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A : G RATIO (Serum/Calculated)	1.63		1.1 - 2.2
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**INTERPRETATION:**Enclosure : Graph

GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	47	U/L	< 55
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**Lipid Profile**

Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	<b>206</b>	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
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Triglycerides (Serum/Glycerol-phosphate oxidase/Peroxidase)	78	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
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**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>51</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	<b>139.4</b>	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
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VLDL Cholesterol (Serum/Calculated)	15.6	mg/dL	< 30
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P.Venkata Pradeep  
Lab Manager

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Reg No- 070707

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**PID No.** : MED111408390 **Register On** : 10/12/2022 8:27 AM  
**SID No.** : 79816477 **Collection On** : 10/12/2022 9:44 AM  
**Age / Sex** : 36 Year(s) / Male **Report On** : 10/12/2022 2:52 PM  
**Type** : OP **Printed On** : 11/12/2022 11:47 AM  
**Ref. Dr** : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Non HDL Cholesterol (Serum/Calculated)	155.0	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		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)	1.5		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)	2.7		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-Ion exchange)	5.6	%	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 %

Mean Blood Glucose (Whole Blood)	114.02	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.

  
**P.V. Pradeep**  
**P. Venkata Pradeep**  
**Lab Manager**

VERIFIED BY

  
**Dr. Tanusha**  
**Consultant Pathologist**  
**Reg No: 070707**

APPROVED BY

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.96	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 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	8.99	µg/dl	4.2 - 12.0
--	------	-------	------------

**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/Chemiluminescence)	3.43	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.

**Urine Analysis - Routine**

Others (Urine/Microscopy)	NIL
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**INTERPRETATION:**Note: Done with Automated Urine Analyser & microscopy

**Physical Examination(Urine Routine)**

Colour (Urine/Physical examination)	PALE YELLOW	Yellow to Amber
--	-------------	-----------------

**P.V. Pradeep**  
**P.Venkata Pradeep**  
 Lab Manager

VERIFIED BY

**Tanusha**  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Appearance (Urine/Physical examination)	Clear		Clear
<b><u>Chemical Examination(Urine Routine)</u></b>			
Protein (Urine/Dipstick-Error of indicator/ Sulphosalicylic acid method )	Negative		Negative
Glucose (Urine/Dip Stick Method / Glucose Oxidase - Peroxidase / Benedict's semi quantitative method.)	Negative		Negative
<b><u>Microscopic Examination(Urine Routine)</u></b>			
Pus Cells (Urine/Microscopy exam of urine sediment)	3-4	/hpf	0 - 5
Epithelial Cells (Urine/Microscopy exam of urine sediment)	1-2	/hpf	NIL
RBCs (Urine/Microscopy exam of urine sediment)	NIL	/hpf	0 - 5

  
P.V. Pradeep  
P. Venkata Pradeep  
Lab Manager

VERIFIED BY

  
Dr. Tanusha  
Consultant Pathologist  
Reg No- 070707

APPROVED BY

-- End of Report --



Name	MR.DEEPAK G SAI RAJENDRA	ID	MED111408390
Age & Gender	36Y/MALE	Visit Date	10 Dec 2022
Ref Doctor Name	MediWheel		

### ULTRASOUND WHOLE ABDOMEN

- Liver : Normal in size (14.6 cm) with regular outlines and increased echopattern.  
There is no evidence of IHBR / EHBR dilatation seen.  
No focal space occupying lesions seen.  
CBD is normal. PV normal.
- Gall Bladder : Contracted.
- Pancreas : Head, body and tail are identified with normal echopattern and smooth outlines.
- Spleen : Measured 10.2 cm, in size with normal echotexture.
- Right kidney : Measured 9.8 x 4.0 cm in size.  
Appears normal in size, position, with well preserved cortico medullary differentiation and normal pelvicalyceal anatomy.  
No e/o calculi / space occupying lesion seen.  
No e/o suprarenal / retroperitoneal masses noted.
- Left kidney : Measured 10.7 x 4.2 cm in size.  
Appears normal in size, position, with well preserved cortico medullary differentiation and normal pelvicalyceal anatomy.  
No e/o calculi.  
No e/o suprarenal / retroperitoneal masses noted.
- There is a cyst in the mid pole cortex measuring 1.1 x 1.4 cm. There is a well defined, hyperechoic solid lesion in the mid pole cortex measuring 0.6 x 0.5 cm.
- Urinary bladder : Partially distended with normal wall thickness.  
No e/o intraluminal calculi / masses seen.
- Prostate : Measured 2.7 x 2.6 x 2.4 cm in size (Vol: 19.7cc) with normal echotexture  
No e/o ascites / pleural effusion seen.  
No e/o detectable bowel pathology seen.

### IMPRESSION :

- **Grade I fatty liver.**
  - **Left renal simple cortical cyst.**
  - **A focal hyperechoic solid lesion of left kidney - likely *Angio myolipoma*.**
- *For clinical correlation.*

Name	MR.DEEPAK G SAI RAJENDRA	ID	MED111408390
Age & Gender	36Y/MALE	Visit Date	10 Dec 2022
Ref Doctor Name	MediWheel		

**Dr. DARSHINI PASUPULETI, MDRD.,  
CONSULTANT RADIOLOGIST**

Name	DEEPAK G SAI RAJENDRA	ID	MED111408390
Age & Gender	36Y/M	Visit Date	Dec 10 2022 8:26AM
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. LENIN VENTRAPATI, MD  
Consultant Radiologist.

# FITNESS CERTIFICATE

NAME: Deepak G. Sai Rajendra	AGE: 36y/M.	
Ht: 165 CMS	Wt: 71.5 KGS	SEX: male

PARAMETERS	MEASUREMENTS
PULSE / BP (supine)	120/80 / min / mmHg 72
INSPIRATION	
EXPIRATION	37
CHEST CIRCUMFERENCE	37
PREVIOUS ILLNESS	38
VISION	
FAMILY HISTORY	FATHER: MOTHER:

### REPORTS:

DATE: 11/12/2022  
PLACE:

  
**Dr. LANKA AKASH**  
CONSULTANT PHYSICIAN MBBS  
Physician & Surgeon



36 Years Male

MEDALL HEALTHCARE PVT LTD  
OFFICIAL COLONY, MAHARAMPETA  
VISAKHAPATNAM

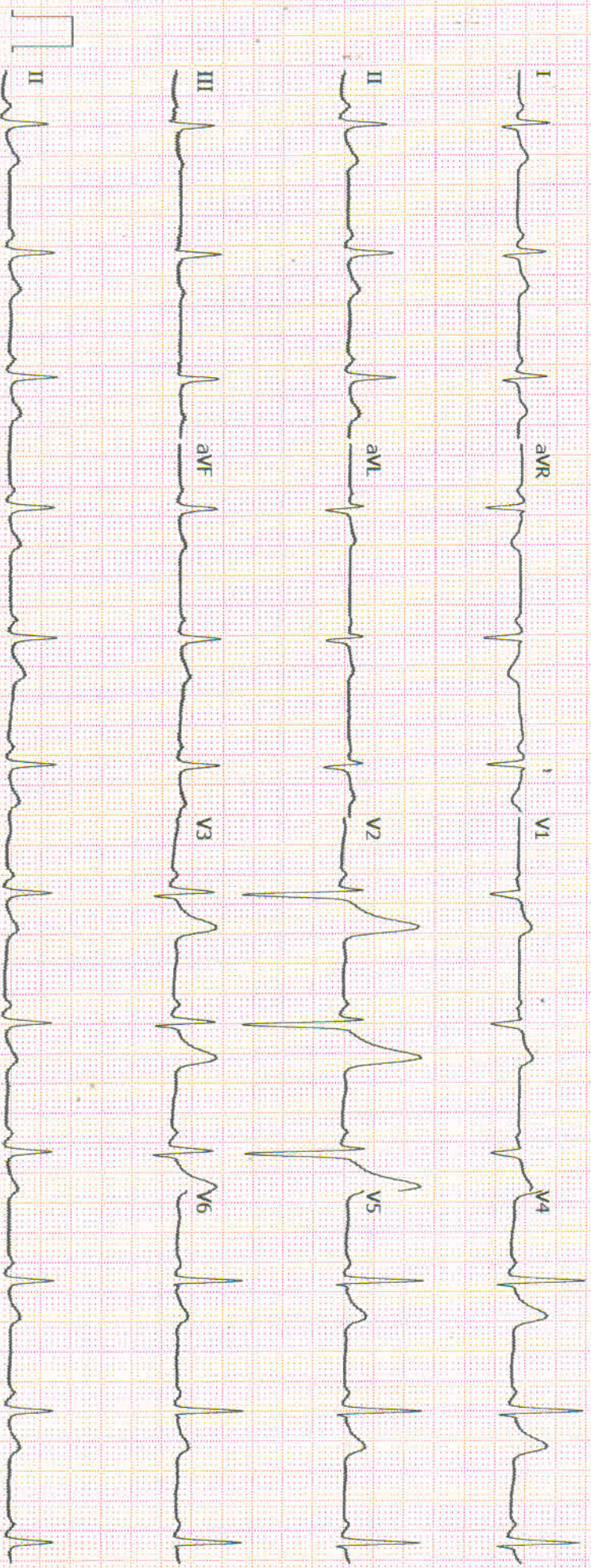
Order Number:  
Visit:  
Indication:  
Medication 1:  
Medication 2:  
Medication 3:

69 bpm  
- / - mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 70 ms  
QT / QTcBaz : 370 / 396 ms  
PR : 120 ms  
P : 40 ms  
RR / PP : 864 / 869 ms  
P / QRS / T : 45 / 66 / 17 degrees

Normal sinus rhythm  
Junctional ST depression, probably normal  
Borderline ECG



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3\_25\_R1 1/1

Unconfirmed



Customer Name	MR.DEEPAK G SAI RAJENDRA	Customer ID	MED111408390
Age & Gender	36Y/MALE	Visit Date	10/12/2022
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### ULTRASOUND WHOLE ABDOMEN

- Liver : Normal in size (14.6 cm) with regular outlines and increased echopattern.  
There is no evidence of IHBR / EHBR dilatation seen.  
No focal space occupying lesions seen.  
CBD is normal. PV normal.
- Gall Bladder : Contracted.
- Pancreas : Head, body and tail are identified with normal echopattern and smooth outlines.
- Spleen : Measured 10.2 cm, in size with normal echotexture.
- Right kidney : Measured 9.8 x 4.0 cm in size.  
Appears normal in size, position, with well preserved cortico medullary differentiation and normal pelvicalyceal anatomy.  
No e/o calculi / space occupying lesion seen.  
No e/o suprarenal / retroperitoneal masses noted.
- Left kidney : Measured 10.7 x 4.2 cm in size.  
Appears normal in size, position, with well preserved cortico medullary differentiation and normal pelvicalyceal anatomy.  
No e/o calculi.  
No e/o suprarenal / retroperitoneal masses noted.  
- There is a cyst in the mid pole cortex measuring 1.1 x 1.4 cm. There is a well defined, hyperechoic solid lesion in the mid pole cortex measuring 0.6 x 0.5 cm.
- Urinary bladder : Partially distended with normal wall thickness.  
No e/o intraluminal calculi / masses seen.
- Prostate : Measured 2.7 x 2.6 x 2.4 cm in size (Vol: 19.7cc) with normal echotexture  
  
No e/o ascites / pleural effusion seen.  
No e/o detectable bowel pathology seen.

#### IMPRESSION :

- Grade I fatty liver.
- Left renal simple cortical cyst.
- A focal hyperechoic solid lesion of left kidney - *likely Angio myolipoma.*

- *For clinical correlation.*

  
 Dr. DARSHIN PASUPULETI, MDRD.,  
 CONSULTANT RADIOLOGIST