



MED111818773

**MYSORE-BALLAL CIRCLE**

MEDALL HEALTHCARE PVT LTD

## CUSTOMER CHECKLIST

Print Date : 02/09/2023 08:59 AM



Customer Name : **MR.BHAT RAGHUPATHY K**  
 Ref Dr Name : **MediWheel**  
 Customer Id : **MED111818773** Visit ID : **712330296**  
 Age : **58Y/MALE** Phone No : **7708323377**  
 DOB : **02 Sep 1964** Visit Date : **02/09/2023**

Company Name : MediWheel

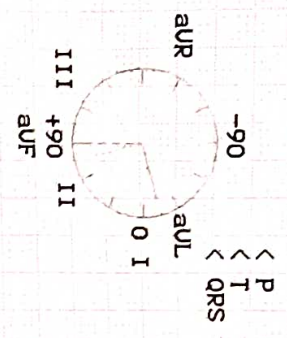
Package Name : **Mediwheel Full Body Health Checkup Male Above 40**

S.No	Modality	Study	AccessionNo	Time	Signature
1	LAB	THYROID PROFILE/ TFT( T3, T4, TSH)			
2	LAB	TOTAL PROSTATE SPECIFIC ANTIGEN - PSA			
3	LAB	STOOL ANALYSIS - ROUTINE			
4	LAB	URINE ROUTINE			
5	LAB	CREATININE			
6	LAB	BLOOD UREA NITROGEN (BUN)			
7	LAB	GLUCOSE - FASTING			
8	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)			
9	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)			
10	LAB	LIPID PROFILE			
11	LAB	LIVER FUNCTION TEST (LFT)			
12	LAB	URIC ACID			
13	LAB	URINE GLUCOSE - FASTING			
14	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)			
15	LAB	COMPLETE BLOOD COUNT WITH ESR			
16	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)			
17	LAB	BUN/CREATININE RATIO			
18	OTHERS	physical examination	MYS2828083102651		
19	US	ULTRASOUND ABDOMEN	MYS2828083103462		
20	OTHERS	Treadmill/ 2D Echo <i>done</i>	MYS2828083127528		
21	OTHERS	Dental Consultation	MYS2828083134969		
22	OTHERS	EYE CHECKUP	MYS2828083135592		
23	X-RAY	X RAY CHEST ✓	MYS2828083145199		
24	OTHERS	Consultation Physician	MYS2828083148004		
25	ECHO	ELECTROCARDIOGRAM ECG <i>done</i>	MYS2828083149333		

Registered By  
(DIVYA.RAJESH)

H - 157  
 W - 81  
 BP - 130/80 mmHg  
 PHS - 75 bpm  
 W.P - 47  
 WST - 45

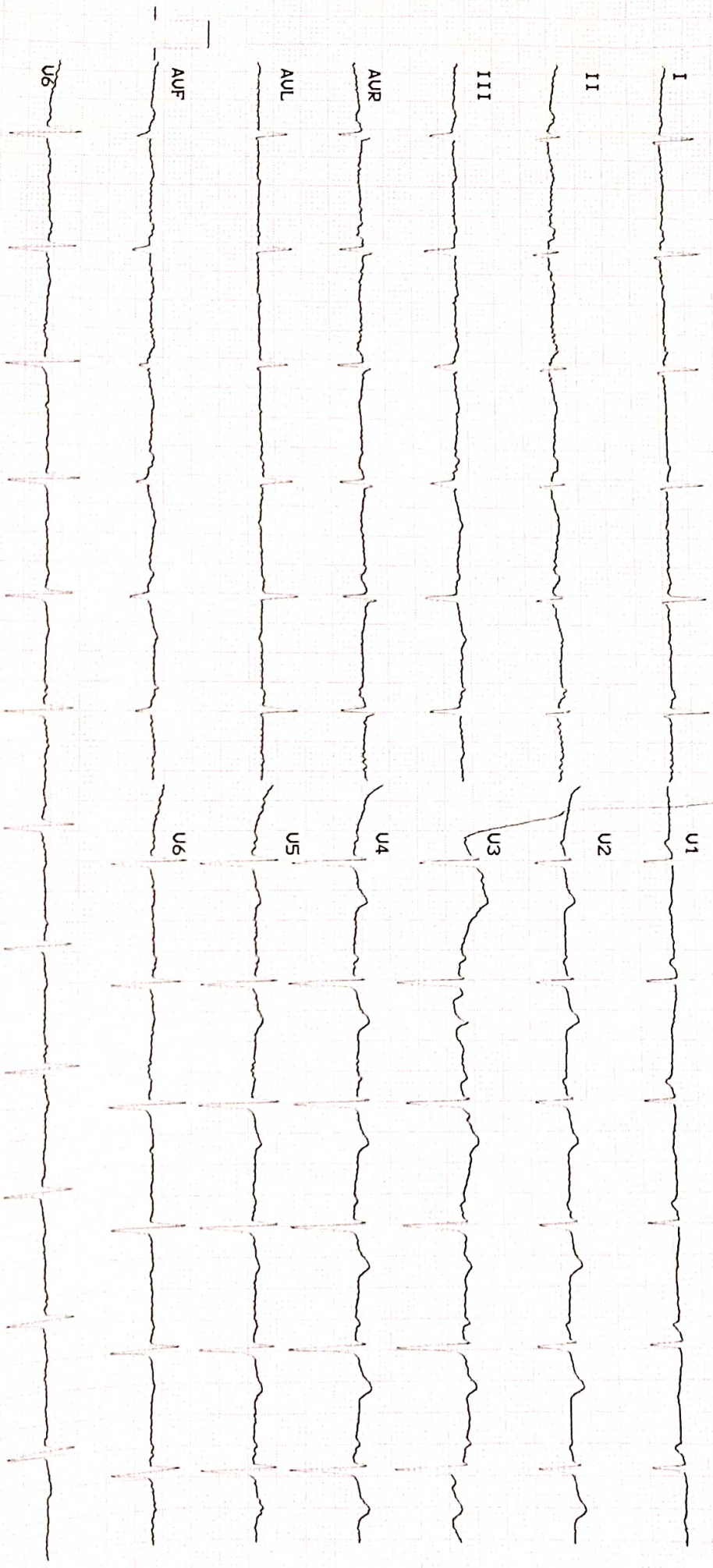
AGE:   
 Measurement Results:   
 QRS : 90 ms   
 QT/QTcB : 392 / 439 ms   
 PR : 156 ms   
 P : 122 ms   
 RR/PP : 796 / 795 ms   
 P/QRS/T : 75 / -15 / 90 degrees   
 QTd/QTcBD : 81 ms   
 Sokolow : 1.1 mV   
 NK : 10



Interpretation:   
 Q wave (inferior) suspected left ventr. hypertrophy   
 minor left axis deviation   
 T-wave near baseline (lateral)   
 no R/S inversion up to U6   
 probably abnormal ECG

*g in III, aVF*  
*sinus bradycardia*  
*for clinical correlation*  
*RD*

Unconfirmed report.



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Age & Gender	58Y/MALE	Visit Date	02/09/2023
Ref Doctor	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

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

**GALL BLADDER** is distended and shows few shadowing echogenic foci measuring upto 5mm within the lumen. 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** show 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 madeout.  
No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.9	1.4
Left Kidney	10.2	1.3

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

**PROSTATE** shows normal shape, size and echopattern.  
No evidence of ascites.

#### IMPRESSION:

- > GRADE I FATTY CHANGES IN LIVER.
- > CHOLELITHIASIS.

#### CONSULTANT RADIOLOGISTS

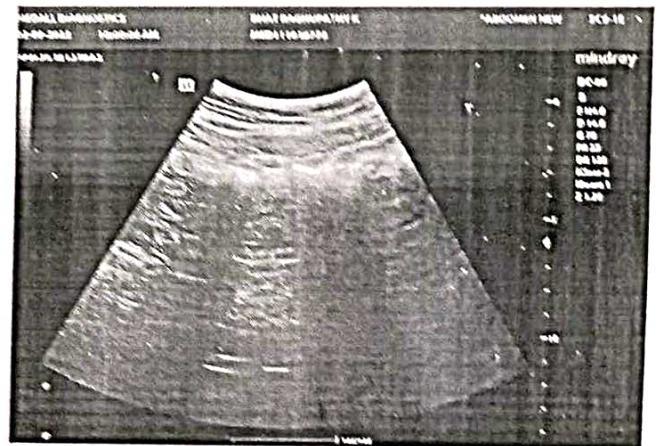
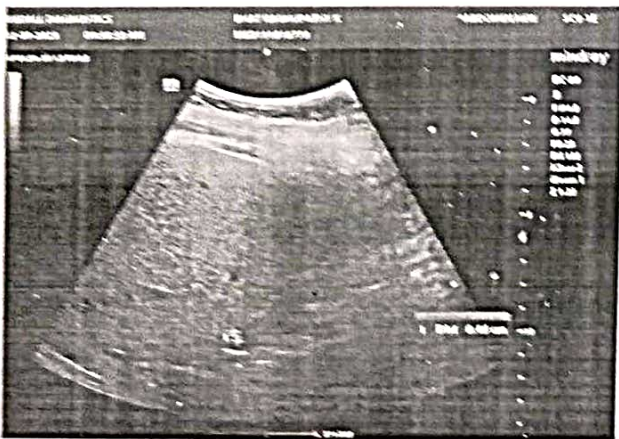
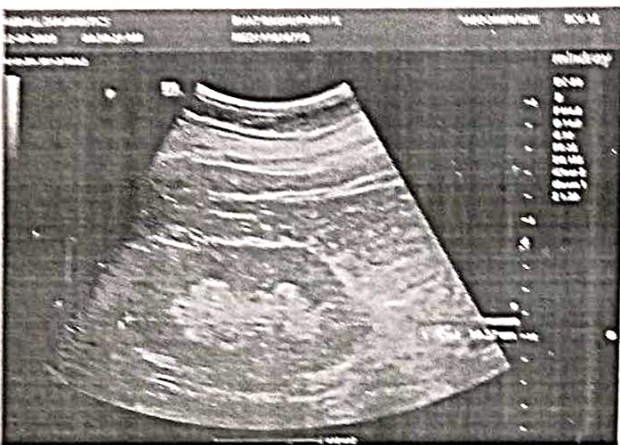
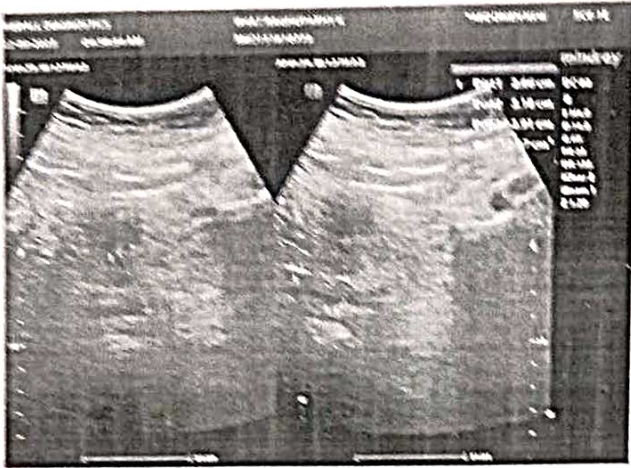
  
**DR. ANITHA ADARSH**  
AA/SV

**DR. MOHAN B**



Medall Diagnostics  
Ballal Circle(Ashoka circle) - Mysore

Customer Name	MR.BHAT RAGHUPATHY K	Customer ID	MED111818773
Age & Gender	55Y/MALE	Visit Date	02/09/2023
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### 2 D ECHOCARDIOGRAPHIC STUDY

#### M mode measurement:

AORTA	:	3.2cms
LEFT ATRIUM	:	3.2cms
LEFT VENTRICLE (DIASTOLE)	:	4.3cms
(SYSTOLE)	:	3.0cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.2cms
(SYSTOLE)	:	1.5cms
POSTERIOR WALL (DIASTOLE)	:	1.2cms
(SYSTOLE)	:	1.2cms
EDV	:	74ml
ESV	:	32ml
FRACTIONAL SHORTENING	:	35%
EJECTION FRACTION	:	58%
RVID	:	1.6cms

#### DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.48m/s	'A' - 0.88 m/s	NO MR
AORTIC VALVE	:	1.15m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.79m/s	'A' - 0.43m/s	NO TR
PULMONARY VALVE	:	0.77m/s		NO PR



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**2D ECHOCARDIOGRAPHY FINDINGS:**

Left ventricle : S/P CABG  
 LVH, Normal systolic function.  
 No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapse.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

**IMPRESSION:**

- S/P CABG.
- NO REGIONAL WALL MOTION ABNORMALITIES AT REST.
- LEFT VENTRICULAR HYPERTROPHY.
- NORMAL LV SYSTOLIC FUNCTION. EF: 58 %.
- GRADE I LV DIASTOLIC DYSFUNCTION.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.

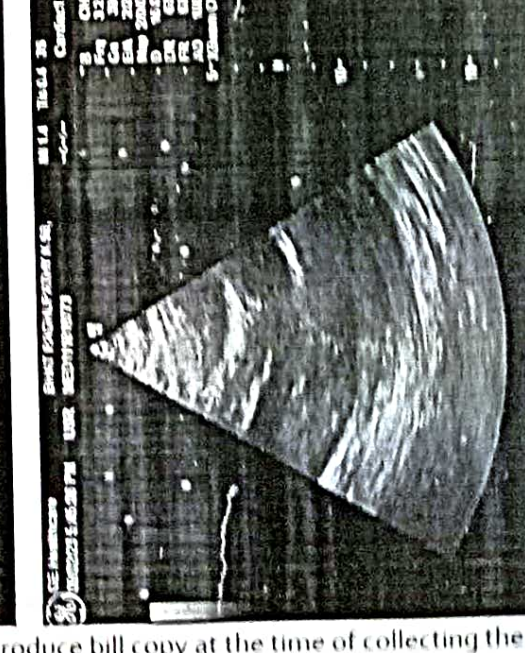
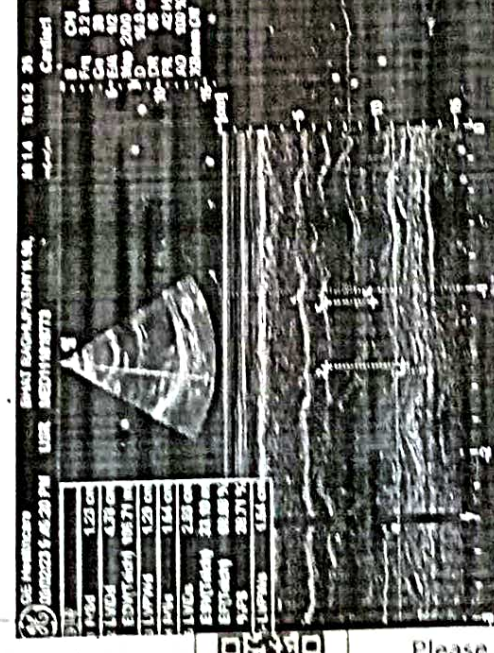
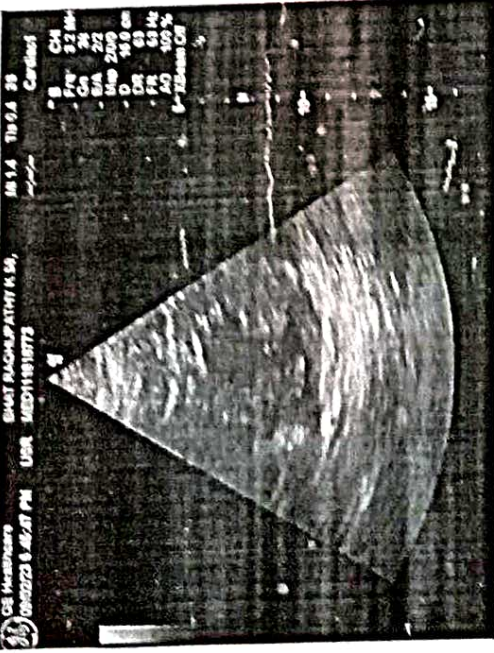
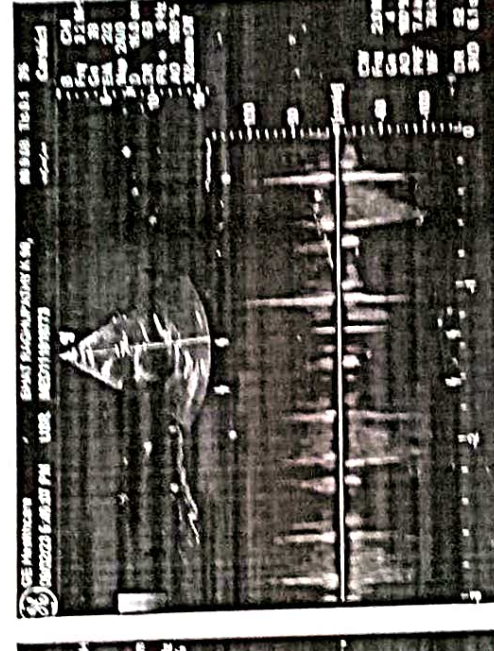
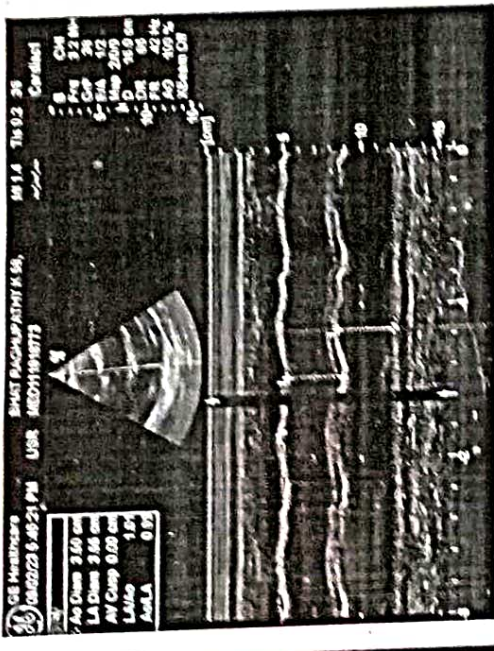
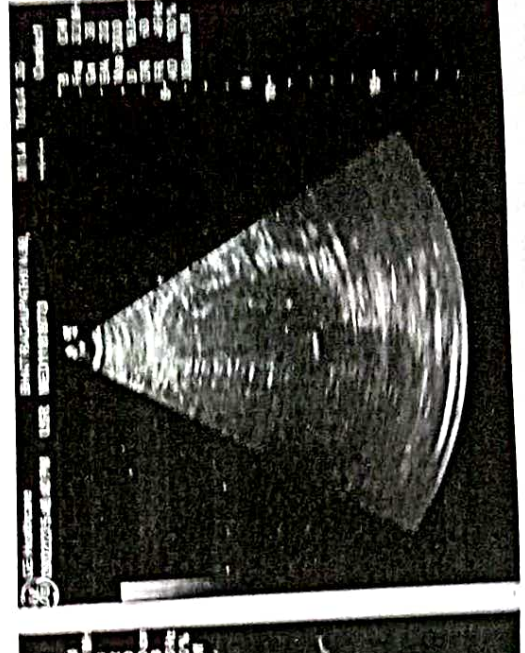
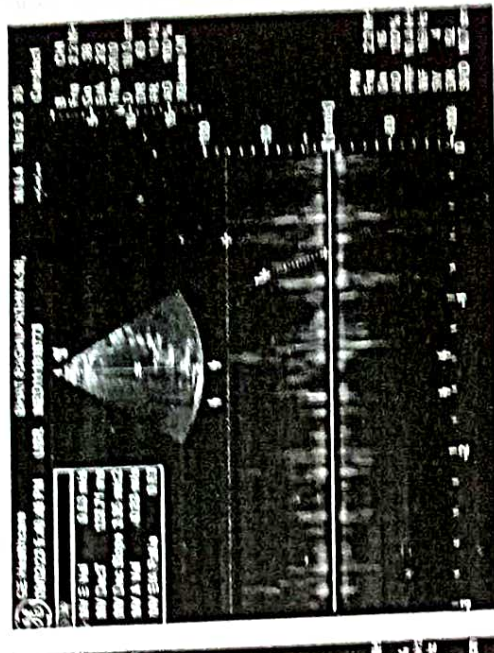
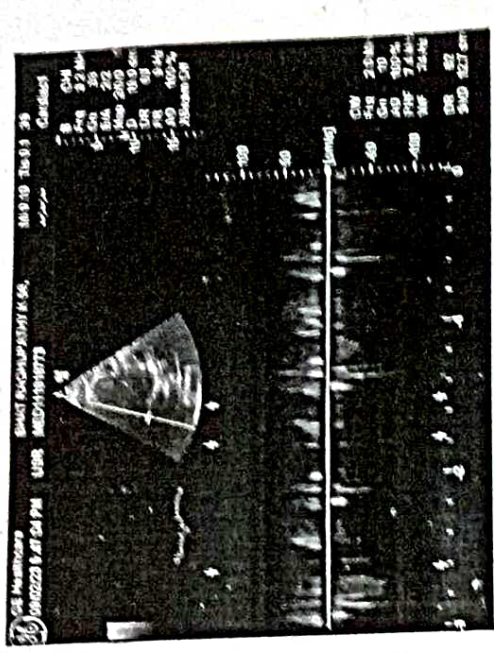


**DR. NIKHIL B  
 INTERVENTIONAL CARDIOLOGIST**

NB/mm  
 You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.



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PID No. : MED111818773

Register On : 02/09/2023 7:46 AM

SID No. : 712330296

Collection On : 02/09/2023 8:33 AM

Age / Sex : 58 Year(s) / Male

Report On : 03/09/2023 11:55 PM

Type : OP

Printed On : 05/09/2023 7:30 PM

Ref. Dr : MediWheel



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh TYPING

'B' 'Positive'

(EDTA Blood/Agglutination)

Remark: Test to be confirmed by gel method

**Complete Blood Count With - ESR**

Haemoglobin

11.3

g/dL

13.5 - 18.0

(EDTA Blood/Spectrophotometry)

**INTERPRETATION:** Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit

35.1

%

42 - 52

(EDTA Blood/Derived)

RBC Count

5.63

mill/cu.mm

4.7 - 6.0

(EDTA Blood/Automated Blood cell Counter)

MCV (Mean Corpuscular Volume)

62.4

fL

78 - 100

(EDTA Blood/Derived from Impedance)

MCH (Mean Corpuscular Haemoglobin)

20.1

pg

27 - 32

(EDTA Blood/Derived)

MCHC (Mean Corpuscular Haemoglobin concentration)

32.2

g/dL

32 - 36

(EDTA Blood/Derived)

RDW-CV

18.0

%

11.5 - 16.0

(Derived)

RDW-SD

39.31

fL

39 - 46

(Derived)

Total WBC Count (TC)

7370

cells/cu.m  
m

4000 - 11000

(EDTA Blood/Derived from Impedance)

Neutrophils

68

%

40 - 75

(Blood/Impedance Variation & Flow Cytometry)

  
Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY



  
DR KIRAN H S MD  
Consultant Pathologist  
KMC No: 86542

APPROVED BY

The results pertain to sample tested.

Page 1 of 9

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Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	25	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	03	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	04	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.01	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.84	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.22	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.29	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	180	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood/Derived)	12.7	fL	7.9 - 13.7
PCT	0.23	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	07	mm/hr	< 20

  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	13.2		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	267	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.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	13.2	mg/dL	7.0 - 21
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Creatinine (Serum/Jaffe Kinetic)	1.0	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/Urlicase/Peroxidase)	4.7	mg/dL	3.5 - 7.2
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**Liver Function Test**

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.4	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.1	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.30	mg/dL	0.1 - 1.0
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Total Protein (Serum/Biuret)	7.0	gm/dl	6.0 - 8.0
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Albumin (Serum/Bromocresol green)	4.1	gm/dl	3.5 - 5.2
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Globulin (Serum/Derived)	2.90	gm/dL	2.3 - 3.6
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A : G Ratio (Serum/Derived)	1.41		1.1 - 2.2
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**INTERPRETATION:** Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	19	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	20	U/L	5 - 41
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Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	95	U/L	56 - 119
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	21	U/L	< 55
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**Lipid Profile**

Cholesterol Total (Serum/Oxidase / Peroxidase method)	153	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
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Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	343	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)	33	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)	51.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	68.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	120.0	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)	4.6		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)	10.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
HbA1C (Whole Blood/HPLC)	15.6	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

**Remark:** Kindly correlate clinically.

Estimated Average Glucose (Whole Blood)	401.02	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 glyceimic 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.

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.83	ng/ml	0.4 - 1.81
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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))	7.84	Microg/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/Chemiluminescent Immunometric Assay (CLIA))	3.332	μIU/mL	0.35 - 5.50
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Page 6 of 9

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Name : Mr. BHAT RAGHUPATHY K

PID No. : MED111818773

Register On : 02/09/2023 7:46 AM

SID No. : 712330296

Collection On : 02/09/2023 8:33 AM

Age / Sex : 58 Year(s) / Male

Report On : 03/09/2023 11:55 PM

Type : OP

Printed On : 05/09/2023 7:30 PM

Ref. Dr : MediWheel



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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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<math>\leq 0.03 \mu\text{IU/mL}</math> need to be clinically correlated due to presence of rare TSH variant in some individuals.

**URINE ROUTINE**

**PHYSICAL EXAMINATION**

Colour (Urine/Physical examination)	Pale Yellow	Yellow to Amber
Volume (Urine/Physical examination)	25	ml
Appearance (Urine)	Clear	

**CHEMICAL EXAMINATION**

pH (Urine)	6.5	4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.025	1.002 - 1.035
Protein (Urine/Dip Stick - Reagent strip method)	Negative	Negative
Glucose (Urine)	Positive(++)	Nil
Ketone (Urine/Dip Stick - Reagent strip method)	Nil	Nil

  
Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY



  
DR KIRAN H S MD  
Consultant Pathologist  
KMC No: 86542

APPROVED BY

The results pertain to sample tested.

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Blood (Urine)	Negative		Nil
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits

**Urine Microscopy Pictures**

RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	3-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.596	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:REMARK** : PSA alone should not be used as an absolute indicator of malignancy.



APPROVED BY

-- End of Report --



Name	Mr. BHAT RAGHUPATHY K	ID	MED111818773
Age & Gender	58Y/M	Visit Date	Sep 2 2023 7:41AM
Ref Doctor	MediWheel		

**X – RAY CHEST PA VIEW**

**Sternal wires in place**

**LUNGS:**

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

**CARDIA:**

Cardia is mildly enlarged in size.

Diaphragm, Thoracic cage, soft tissues are normal.

**IMPRESSION:**

- **MILD CARDIOMEGALY.**



**DR. MOHAN. B**  
**(DMRD, DNB, EDIR, FELLOW IN CARDIAC**  
**MRI)**  
**CONSULTANT RADIOLOGIST**

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Age & Gender	58Y/M	Visit Date	Sep 2 2023 7:41AM
Ref Doctor	MediWheel		

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