

DEPARTMENT OF CARDIOLOGY

Patient Name : Mr. MEDUKAL NAGARJUNA	Age /Sex : 32 Y(s)/Male
Ref By : Dr. GENERAL PHYSICIAN	UMR No : UMR83098
Bill Date : 11-Feb-23 08:38 am	Bill No : BIL145330
Lab No : 0	Result No : RES385552
Samp.Coll : 11-Feb-23 08:38 am	Auth. Tim :
Reported On : 11-Feb-23 10:09 am	

2D ECHO / TMT

MITRAL VALVE	:	Normal
TRICUSPID VALVE	:	Normal
AORTIC VALVE	:	Normal
PULMONARY VALVE	:	Normal
RIGHT ATRIUM	:	Normal
RIGHT VENTRICLE	:	Normal
LEFT ATRIUM	:	3.4cms
LEFT VENTRICLE	:	EDD: 4.5cms IVS: 1.0cms FS: 44% ESD: 2.6cms LVPW: 0.8cms
LVEF	:	76%
IAS	:	Intact
IVS	:	Intact
AORTA	:	2.6cms

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IVC	:	Normal
PULMOANRY VEINS	:	Normal
PERICARDIUM	:	No effusion
INTRACARDIAC MASSES	:	Nil
PJV	:	0.8m/sec
AJV	:	1.0m/sec
MVF-E	:	0.7m/sec
MVF-A	:	0.5m/sec
NO MR, NO AR, NO TR	:	TRIVIAL MR
IMPRESSION	:	NORMAL SIZE CARDIAC CHAMBERS NO RWMA GOOD LV / RV FUNCTION TRIVIAL TR , NO PAH NO CLOT / PE / VEGETATION

Dr. RAJESH KANCHARLA, D.CARD

CONSULTANT CARDIOLOGIST

DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. MEDUKAL NAGARJUNA	Age /Sex : 32 Y(s)/Male
Ref By : Dr. GENERAL PHYSICIAN	UMR No : UMR83098
Bill Date : 11-Feb-23 08:38 am	Bill No : BIL145330
Lab No : BIO/23/2/585	Result No : RES385547
Samp.Coll : 11-Feb-23 08:55 am	Auth. Tim : 11-Feb-2023 11:35 am
Reported On : 11-Feb-23 11:35 am	

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
LFT- LIVER FUNCTION TESTS			
Total Bilirubin	0.8	0.2 - 1.2 mg/dl	
Direct Bilirubin	0.3	0.0 - 0.3 mg/dl	
Indirect Bilirubin	0.5	0.2 - 0.7 mg/dL	
SGPT	36	05 - 40 IU/L	
SGOT	24	05 - 40 IU/L	
AST / ALT -Ratio	0.67		
Alkaline Phosphatase	125	70 - 110 U/L	
Total Protein	7.6	6.4 - 8.3 gm/dl	
Serum Albumin	4.6	3.5 - 5.2 gm/dl	BCG Dye
Serum Globulin	3	2.0 - 3.5 g/dL	
Albumin / Globulin Ratio	1.53	1.2 - 2.2	
LIPID PROFILE: SERUM			
Triglycerides	99	BorderLine : 150 - 199 mg/dl High : 200 - 500 mg/dl Normal : < 150 mg/dl	GPO-Trinder End Point
Total Cholesterol	148	< 200 mg/dl	CHOD-PAP End Point
HDL Cholesterol	34	Undesirable : < 40 Optimal : 40 - 59 Desirable : > 60	Enzymatic
VLDL Cholesterol	19	2 - 30 mg/dl	
LDL Cholesterol	95	0 - 100 mg/dl	
Cholestrol / HDL Ratio	4.35	1.0 - 3.5	Calculated

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Ref By : Dr. GENERAL PHYSICIAN	UMR No : UMR83098
Bill Date : 11-Feb-23 08:38 am	Bill No : BIL145330
Lab No : 145330	Result No : RES385567
Samp.Coll : 11-Feb-23 08:55 am	Auth. Tim : 11-Feb-2023 10:31 am
Reported On : 11-Feb-23 10:31 am	

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	<u>Method</u>
Serum Uric Acid :	5.6	3.5 - 7.2 mg/dl	Uricase-Peroxidase
BLOOD SUGAR FASTING AND POST PRANDIAL			
Fasting Blood Sugar :	104	60 - 110 mg/dl	GOD-POD
Blood Sugar Post Prandial :	131	110 - 140 mg/dl	GOD - POD
Blood Urea Nitrogen(BUN) :	8	6 - 21 mg/dl	
Serum Creatinine :	0.5	0.4 - 1.4 mg/dl	Jaffe Kinetic
HbA1c :	5.2	Non Diabetic : 4 - 6 Good Control : 6 - 7 Fair Control : 7 - 8 Poor Control : 8 - 10	Immunoturbidimetry
THYROID PROFILE			
T3-Free (Tri-iodothyronine-Free) :	3.7	2.0 - 4.2 pg/mL	C L I A
T4-Free (Thyroxine - Free) :	14.4	8.9 - 17.2 pg/ml	C L I A
TSH(Thyroid Stimulating Hormone). :	1.8	0.3 - 4.5 μ IU/ml	C L I A

--- End Of Report ---

PHH835



DEPARTMENT OF BIOCHEMISTRY

Patient Name : Mr. MEDUKAL NAGARJUNA	Age /Sex : 32 Y(s)/Male
Ref By : Dr. GENERAL PHYSICIAN	UMR No : UMR83098
Bill Date : 11-Feb-23 08:38 am	Bill No : BIL145330
Lab No : BIO/23/2/585	Result No : RES385709
Samp.Coll : 11-Feb-23 08:55 am	Auth. Tim : 11-Feb-2023 12:45 pm
Reported On : 11-Feb-23 12:45 pm	

Parameter

Result

Biological Reference **Method**
Interval

Dr.M. VISWANATH
MD(PATHOLOGIST)
CONSULTANT PATHOLOGIST

Dr.B PRATHYUSHA
MD BIOCHEMIST
CONSULTANT BIOCHEMIST

Dr.SAMATHA
MD Microbiology
CONSULTANT MICROBIOLOGIST

DEPARTMENT OF HAEMATOLOGY

Patient Name : Mr. MEDUKAL NAGARJUNA	Age /Sex : 32 Y(s)/Male
Ref By : Dr. GENERAL PHYSICIAN	UMR No : UMR83098
Bill Date : 11-Feb-23 08:38 am	Bill No : BIL145330
Lab No : HEM/23/2/389	Result No : RES385526
Samp.Coll : 11-Feb-23 08:55 am	Auth. Tim : 11-Feb-2023 10:21 am
Reported On : 11-Feb-23 10:21 am	

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>
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COMPLETE BLOOD PICTURE

Haemoglobin	: 17.0 gm%	13.0 - 17.0 gm%
RBC Count	: 5.8 Millions/cumm	4.5-6.5 Millions/cumm
PCV	: 49 Vol%	40 - 50 Vol%
Platelet count	: 1.9 Lakhs/Cumm	1.5 - 4.5 Lakhs/Cumm
WBC Count	: 7,800 cells/cumm	4000 - 11000 cells/cumm

DIFFERENTIAL COUNT

NEUTROPHILS	: 64 %	40-75 %
LYMPHOCYTES	: 24 %	20 - 45 %
EOSINOPHILS	: 06 %	2-6 %
MONOCYTES	: 06 %	2-8 %
BASOPHILS	: 00 %	0 - 2 %

SMEAR EXAMINATION

RBC	: Normocytic / Normochromic
WBC	: With In Normal Limits
Platelets	: Adequate

BLOOD GROUPING & RH TYPING

BLOOD GROUP	: " O "	Agglutination
RH TYPING	: POSITIVE	

--- End Of Report ---

DEPARTMENT OF HAEMATOLOGY

Patient Name : Mr. MEDUKAL NAGARJUNA	Age /Sex : 32 Y(s)/Male
Ref By : Dr. GENERAL PHYSICIAN	UMR No : UMR83098
Bill Date : 11-Feb-23 08:38 am	Bill No : BIL145330
Lab No : 145330	Result No : RES385555
Samp.Coll : 11-Feb-23 08:55 am	Auth. Tim : 11-Feb-2023 12:12 pm
Reported On : 11-Feb-23 12:12 pm	

Parameter

Result

Method

PHH835



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Dr.SAMATHA
MD Microbiology
CONSULTANT MICROBIOLOGIST

DEPARTMENT OF CLINICAL PATHOLOGY

Patient Name : Mr. MEDUKAL NAGARJUNA	Age /Sex : 32 Y(s)/Male
Ref By : Dr. GENERAL PHYSICIAN	UMR No : UMR83098
Bill Date : 11-Feb-23 08:38 am	Bill No : BIL145330
Lab No : 145330	Result No : RES385549
Samp.Coll : 11-Feb-23 08:55 am	Auth. Tim : 11-Feb-2023 10:21 am
Reported On : 11-Feb-23 10:21 am	

<u>Parameter</u>	<u>Result</u>	<u>Biological Reference Interval</u>	
ESR - ERYTHROCYTE SEDIMENT RATE			
ESR - ERYTHROCYTE SEDIMENTATION RATE	: 05	< 15 mm	
COMPLETE URINE EXAMINATION			
<u>PHYSICAL EXAMINATION:</u>			
Colour	: Pale Yellow		
Appearance	: Clear		
pH	: 5.5	5.5 - 7.0	pH indicator
Specific gravity	: 1.030	1.010 - 1.025	Bromthymol blue indicator
<u>CHEMICAL EXAMINATION:</u>			
Urine for Sugar	: Nil	0 - 2.8 mmol/L	GOD-POD
Protein	: Nil	0 - 0.15 g/L	protein error of indicator
Blood	: Nil	0 - 10 Cells/ μ L	
Bilirubin	: Nil	0 - 0 μ mol/L	Diazonium method
Ketone bodies	: Negative	0 - 0 mmol/L	Nitroprusside reaction
<u>MICROSCOPIC EXAMINATION:</u>			
Pus Cells	: 1-2	0 - 5 /HPF	
Epithelial Cells	: 1-2	0 - 8 /HPF	
RBC COUNT	: Nil	0 - 2 /HPF	
Casts	: Nil		
Crystals	: Nil		
Others	: Nil		

DEPARTMENT OF CLINICAL PATHOLOGY

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Ref By : Dr. GENERAL PHYSICIAN	UMR No : UMR83098
Bill Date : 11-Feb-23 08:38 am	Bill No : BIL145330
Lab No : 145330	Result No : RES385757
Samp.Coll : 11-Feb-23 12:24 pm	Auth. Tim : 11-Feb-2023 1:27 pm
Reported On : 11-Feb-23 01:27 pm	

Parameter

Result

STOOL EXAMINATION

PHYSICAL EXAMINATION

Colour	:	Yellowish
CONSISTENCY	:	Solid
Mucus	:	Absent
Blood.	:	Absent

MICROSCOPE EXAMINATION

Pus Cells	:	0-2	0 - 5 /HPF
RBC COUNT	:	0-1	0 - 2 /HPF
Ova	:	Absent	
Cysts	:	Absent	
Vegetable Cell	:	Present	
Others	:	Nil	

--- End Of Report ---

PHH835



DEPARTMENT OF CLINICAL PATHOLOGY

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Bill Date : 11-Feb-23 08:38 am	Bill No : BIL145330
Lab No : 145330	Result No : RES385757
Samp.Coll : 11-Feb-23 12:24 pm	Auth. Tim : 11-Feb-2023 1:27 pm
Reported On : 11-Feb-23 01:27 pm	

Parameter

Result

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Miyapur: Beside South India Shopping, Madinaguda, Hyderabad - 50, T:040 48486767

DEPARTMENT OF RADIOLOGY

Patient Name :Mr. MEDUKAL NAGARJUNA	Age / Gender : 32 Y(s) / Male
Requested Date :11-Feb-2023 8:38 AM	UMR No : UMR83098
Reported Date :11-Feb-2023 10:34 AM	Result/ Bill No : RES385581 / BIL145330
Referred By :Walk-In	Lab No : 0
Advised By :Dr.GENERAL PHYSICIAN	

US ABDOMEN AND PELVIS

FINDINGS

LIVER: 12.7cms, normal in size and echotexture. No focal lesions noted. No intra hepatic biliary dilatation. CBD and Portal vein (9.7mm)appear normal in course and calibre.

GALL BLADDER: Distended. No evidence of sludge / calculus. No evidence of wall thickening / pericholecystic collection.

PANCREAS: Visualized extent normal in size and echotexture. Pancreatic duct appears normal. No peri pancreatic collection.

SPLEEN: 13cms, enlarged in size.

BOTH KIDNEYS: Both kidneys are normal in size and echotexture. CMD is maintained. No evidence of calculi. Pelvicalyceal system appears normal on both sides.

Aorta and IVC: are normal.No evidence of para-aortic or paracaval lymphadenopathy.

URINARY BLADDER: Minimally distended.

No evidence of ascites / pleural effusion

IMPRESSION

* Mild splenomegaly

Suggested clinical correlation.

Dr. K.PRASHANTHI
CONSULTANT RADIOLOGIST

Dr.LAKSHMI KUMAR CH
MBBS,DNB,PDCC,EBIR
INTERVENTIONAL RADIOLOGIST

Dr.METTU SINDHURA
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Patient Name	:Mr. MEDUKAL NAGARJUNA	Age / Gender	: 32 Y(s) / Male
Requested Date	:11-Feb-2023 8:38 AM	UMR No	: UMR83098
Reported Date	:11-Feb-2023 04:33 PM	Result/ Bill No	: RES385834 / BIL145330
Referred By	:Walk-In	Lab No	: 0
Advised By	:Dr.GENERAL PHYSICIAN		

X-RAY CHEST PA VIEW

FINDINGS

Heart size is normal.

Both lung fields clear.

Both hila normal.

Both CP angles free.

Soft tissue chest wall and bony cage normal.

Suggested clinical correlation.

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