



PRASHANTH HOSPITALS

NAME : MR..KIRAN G
OP NO : 912303174029
AGE/SEX : 49 Y/Male
CONSULTANT : .

UHID : 10208055
LAB ID : 9121175220
Request Date : 17/03/2023 07:58:46
Report Date : 17/03/2023

DEPARTMENT OF CARDIOLOGY

INVESTIGATION : 2D ECHO/TMT

LV MEASUREMENTS

AO	26 mm	IVS d/s	09/13 mm
LA	28 mm	LVPW d/s	08/11 mm
LVID (ED)	49 mm	EF	64 %
LVID (ES)	32 mm	FS	35 %

MORPHOLOGICAL DATA

MITRAL VALVE :

AML : NORMAL
PML : NORMAL
CHORDAE : NORMAL
AORTIC VALVE : NORMAL
TRICUSPID VALVE : NORMAL
PULMONARY VALVE : NORMAL
ATRIA : NORMAL
RIGHT VENTRICLE : NORMAL FUNCTION (TAPSE : 2.2 cm)
THROMBOSIS : NIL
INTER ATRIAL SEPTUM : INTACT
INTER VENTRICULAR SEPTUM : INTACT
AORTA : NORMAL
PULMONARY ARTERY : NORMAL
PERICARDIUM:- : NORMAL

DOPPLER DATA :

MITRAL VALVE : GRADE I LV DIASTOLIC DYSFUNCTION
: TRIVIAL MR, E: 58 cm/s A : 71 cm/s
E/E' : 6.3 cm/s S' : 9.4 cm/s
AORTIC VALVE : NO AR , NO AS, VEL: 109 cm/s
PULMONARY VALVE : NO PR, NO PS, VEL : 83 cm/s
TRICUSPID VALVE : TRIVIAL TR / NO PAH / TRPG : 21 mmHg

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PRASHANTH HOSPITALS

IMPRESSION:

- * NO REGIONAL WALL MOTION ABNORMALITY
- * NORMAL LV DIMENSIONS WITH NORMAL LV SYSTOLIC FUNCTION (LVEF : 64%)
- * GRADE I LV DIASTOLIC DYSFUNCTION
- * NORMAL RIGHT VENTRICLE FUNCTION (TAPSE: 2.2 cm)
- * NO PERICARDIAL EFFUSION
- * NO EVIDENCE OF CLOT OR VEGETATION

DONE BY :KALPANA .M
Sr.ECHO TECHNOLOGIST

DR.K.DHAMODARAN.,MD.,DM.,FNB.,FESC.,FSCAI
Sr. CONSULTANT INTERVENTIONAL CARDIOLOGIST

DR.M.KATHIRESAN.,MD.,DM.,FNB,FESC.,FSCAI
Sr. CONSULTANT INTERVENTIONAL CARDIOLOGIST

DR.SIVAKUMAR.,MD.,DNB.,FNB
Sr. CONSULTANT INTERVENTIONAL CARDIOLOGIST

DR.D.SHANMUGA SUNDARAM,MD.,DNB (Cardio)
Sr. CONSULTANT INTERVENTIONAL CARDIOLOGIST
(DK HEART CARE TEAM)

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EYE CHECK-UP REPORT

NAME : Mr. Kisan. G

DATE : 17/3/23

AGE / SEX : 49 / M

UHD NUM : 10208055

Chief complaints : Regular eye check up

Past history : —

Systemic Diseases : H/O: DM X 22 years

DISTANCE VISION :

WITH OUT GLASS : 6/24, N24 6/9, N18

WITH GLASS : — —

COLOR VISION : NORMAL / ABNORMAL

GLASS PRESCRIPTION :

EYE	SPH	CYL	AXIS	V/A		SPH	CYL	AXIS	V/A
DISTANCE	+	—	90°	6/6(P)		—	—		
	+	2.00	90°	6/6(P)		0.25	0.50	120°	6/6 st
ADD	+	—	90°	N6		+	—		
	1.75	2.00	90°	N6		1.75	0.50	120°	N6

ANTERIOR SEGMENT :

CORNEA & LENS : BE WNL

REMARK : CONTINUE WITH SAME GLASSE

ROUTINE CHECK UP AFTER 6/12 MONTH

FUNDUSCOPY ONCE A YEAR

OPTOMETRIST

MR KIRAN
ID: 10208055
49 Years

Male

Room: 75 bpm
-- / -- mmHg

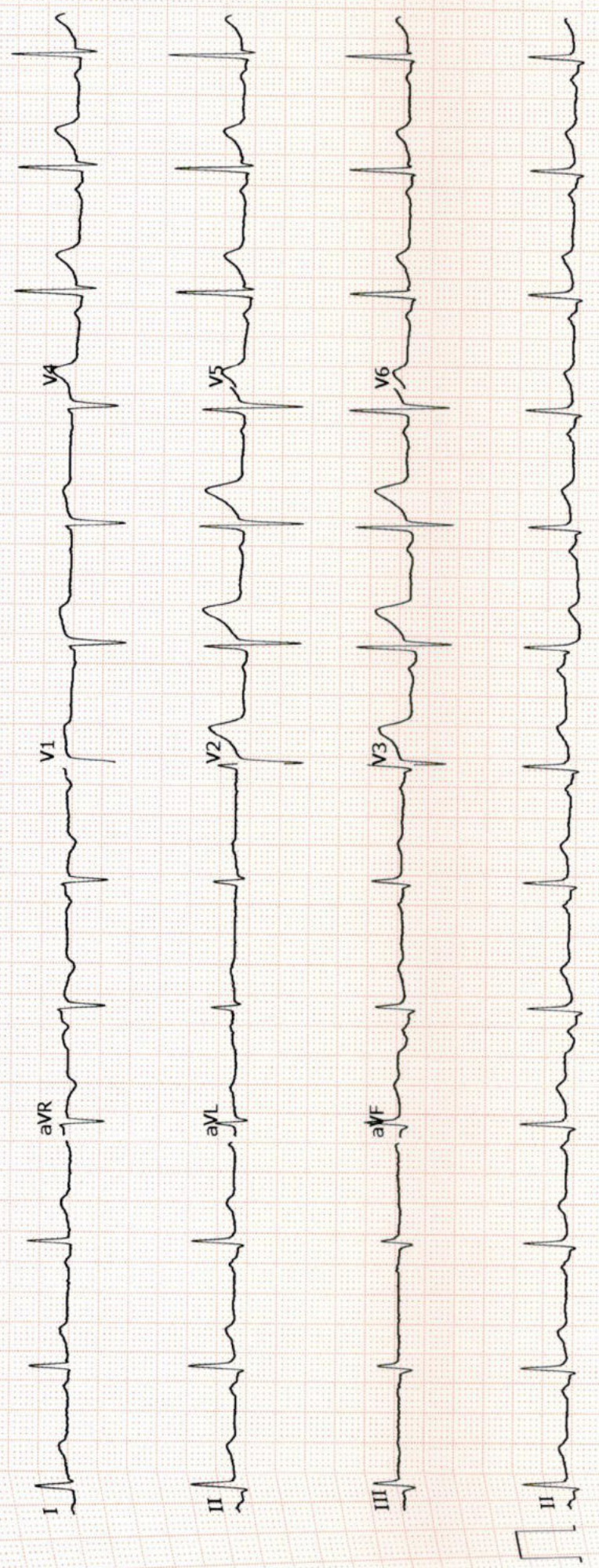
Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



QRS : 82 ms
QT / QTcBaz : 378 / 422 ms
PR : 158 ms
P : 102 ms
RR / PP : 794 / 800 ms
P / QRS / T : 50 / 43 / 44 degrees

Normal sinus rhythm
ST elevation, probably due to early repolarization
Borderline ECG

SR
Paxi







Name : Mr. Kiran G Age/Gender : 49 Y 8 M 13 D / Male Consultant : DR. Gopalaswamy G Lab No : 200056785 Sample Requested At : 17/03/2023 07:58:46 Sample Collected At : 17/03/2023 08:30:07 Sample Received At : 17/03/2023 09:21:12 Reported At : 17/03/2023 11:55:57 Authorized At : 17/03/2023 13:28:39	UHID : 10208055  Encounter No : OP912303174029 
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HEMATOLOGY

Parameter	Result	Units	Biological Reference Range	Methodology
Blood Group & Rh	A Positive			
Complete Blood Count (CBC)				
Haemoglobin	16.3	g%	13 - 17	COLORIMETRY
Haematocrit (PCV)	48.4	%	40 - 50	COLORIMETRY
Total WBC Count	8200	cells/cum m	4000 - 10000	FLOWCYTOMETRY
Platelet Count	330	thous/cum m	150 - 410	IMPEDANCE METHOD
ESR	02	mm/hr	0 -15	Photometrical capillary
Total RBC Count	5.65	mill/cumm	4.5 - 5.5	IMPEDANCE METHOD
MCV	85.5	fl	83 -101	Calculated Parameter
MCH	28.8	pg	27 - 32	Calculated Parameter
MCHC	33.6	%	31.5 -34.5	Calculated Parameter
Differential Count				
Polymorphs	58	%	40 - 80	FLOWCYTOMETRY
Lymphocytes	29	%	20 - 40	FLOWCYTOMETRY
Eosinophils	05	%	01-6	FLOWCYTOMETRY
Monocytes	08	%	02-10	FLOWCYTOMETRY
Basophilis	00	%	0 - 2	FLOWCYTOMETRY



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HEMATOLOGY

Parameter	Result	Units	Biological Reference Range	Methodology
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*** End Of Report ***

Dineshi

Seen By Doctor

Authorized By

Verified By
ANITHA S

DR DINESHI S
Clinical Pathologist



Name : Mr. Kiran G
Age/Gender : 49 Y 8 M 13 D / Male
Consultant : DR. Gopaldaswamy G
Lab No : 100073555
Sample Requested At : 17/03/2023 07:58:46
Sample Collected At : 17/03/2023 10:56:39
Sample Received At : 17/03/2023 11:29:31
Reported At : 17/03/2023 14:04:33
Authorized At : 17/03/2023 14:22:48

UHID : 10208055



Encounter No : OP912303174029



BIOCHEMISTRY

Parameter	Result	Units	Biological Reference Range	Methodology
Plasma Glucose (F)	127	mg/dl	74 - 109	UV/Hexokinase
Plasma Glucose (2 Hrs. PP)	185	mg/dl	<140	UV/Hexokinase
Creatinine(serum)	0.8	mg/dl	0.7 - 1.2	Kinetic/Alkaline Picric acid
Uric Acid(serum)	5.3	mg/dl	3.4 - 7.0	Enzymatic Colorometric / Uricase
Lipid Profile				
Total Cholestrol	82	mg/dl	Desirable level : < 200 Borderline high : 200 - 239 High : > 240	Enzymatic Colorometric assay/CHOD-POD
Triglycerides	66	mgs/dl	< 150	Enzymatic Colorometric assay(GPO)
HDL Cholesterol (Direct)	27	mg/dl	35 - 55	Homogeneous enzymatic colometric assay
LDL (Direct)	42	mg/dl	Adult levels Optimal: < 100 Above optimal :100 - 129 Borderline high : 130 - 159 High:160 - 189 Very high :>=190	Homogeneous enzymatic colometric assay
VLDL	13	mgs/dl	< 35	
Total HDL Ratio	3.0		3.5 - 5.5	CALCULATED
Liver Function Tests (LFT)				
Bilirubin Total	0.7	mg/dl	Newborns : 24hours : >= 8.0 48 hours : < 13.0	Colorimetric assay /Diazo



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UHID : 10208055





Encounter No : OP912303174029



BIOCHEMISTRY

Parameter	Result	Units	Biological Reference Range	Methodology
			84 hours : < 17.0 Children age >=1 month : upto1.0 Adults :upto1.2	
Bilirubin Direct	0.3	mg/dl	0.0 - 0.3	Colorimetric assay /Diazo
Bilirubin Indirect	0.4		0.0 - 0.7	CALCULATED
SGOT (AST)	19	IU/L	upto 40	UV without P5P
SGPT (ALT)	27	IU/L	upto 40	UV/IFCC
GGTP	18	U/L	upto 40	Enzymatic Colorometric assay/IFCC
Alkaline Phosphatase(serum)	62	U/L	40 - 129	Colorimetric assay/AMP
Total Proteins(serum)	6.9	g/dl	6.6 - 8.7	Colorimetric assay
Albumin(serum)	4.7	g/dl	3.5 - 5.2	Colorimetric assay/BCG
Globulin(serum)	2.2		2.8 - 5.3	CALCULATED
A/G Ratio	2.1		1 - 2	
BUN(Blood Urea Nitrogen)				
Blood Urea	24	mg/dl	17-49	Kinetic/Urease
BUN(Blood Urea Nitrogen)	11	mg/dl	06 - 24	
HbA1c	7.3	%	Non Diabetic : <6.0 Good Control : 6.0 - 7.0 Fair Control : 7.0 - 8.0 Poor Control : >8.0	



Name : Mr. Kiran G Age/Gender : 49 Y 8 M 13 D / Male Consultant : DR. Gopaldaswamy G Lab No : 100073555 Sample Requested At : 17/03/2023 07:58:46 Sample Collected At : 17/03/2023 10:56:39 Sample Received At : 17/03/2023 11:29:31 Reported At : 17/03/2023 14:04:33 Authorized At : 17/03/2023 14:22:48	UHID : 10208055  Encounter No : OP912303174029 
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BIOCHEMISTRY

Parameter	Result	Units	Biological Reference Range	Methodology
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*** End Of Report ***



Verified By
RAMESH K

Seen By Doctor

Authorized By
DR BALAKRISHNAN R MD
Consultant biochemistry

Patient report

Bio-Rad
D-10

S/N: #DJ911420430

Sample ID:

Injection date

Injection #: 4

Rack #: ---

DATE: 03/17/2023

TIME: 10:07 AM

Software version: 4.30-2

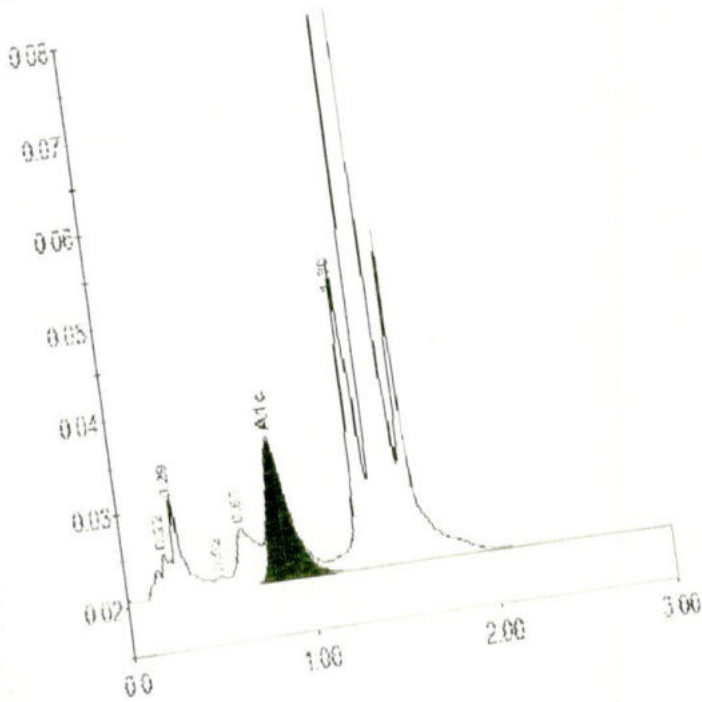
1000735549

03/17/2023 10:07 AM

Method: HbA1c

Rack position: 1



BIO RAD



Peak table - ID: 1000735549

Peak	R.time	Height	Area	Area%
A1a	0.22	4759	20176	0.9
A1b	0.29	10854	45019	1.9
F	0.52	1327	6870	0.3
LA1c/Cl1b-1	0.65	6296	49352	2.1
A1c	0.85	15038	122586	7.3
P3	1.30	33161	135808	5.9
A0	1.40	758616	1934050	83.6
Total Area:			2313863	

Concentration	%
A1c	7.3

Name : Mr. Kiran G Age/Gender : 49 Y 8 M 13 D / Male Consultant : DR. Gopalaswamy G Lab No : 7000035390 Sample Requested At : 17/03/2023 07:58:46 Sample Collected At : 17/03/2023 08:30:08 Sample Received At : 17/03/2023 09:21:12 Reported At : 17/03/2023 13:37:51 Authorized At : 17/03/2023 13:42:05	UHID : 10208055  <hr/> Encounter No : OP912303174029 
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IMMUNOLOGY

Parameter	Results	Units	Biological Reference Range	Methodology
FreeT3	2.72	pg/ml	1.8 - 4.2	ECLIA Method
FreeT4	1.44	ng/dl	0.8 - 2.2	ECLIA Method
TSH	2.73	uIU/ml	0.4 - 7.0	ECLIA Method
Prostate Specific Antigen (PSA)	0.448	ng/ml	< 4	ECLIA Method

*** End Of Report ***





Verified By
P.SUGANYA

Seen By Doctor

Dr B SHANTHI.MD
BIOCHEMISTRY CONSULTANT



Name : Mr. Kiran G Age/Gender : 49 Y 8 M 13 D / Male Consultant : DR. Gopalaswamy G Lab No : 300021428 Sample Requested At : 17/03/2023 07:58:46 Sample Collected At : 17/03/2023 08:30:08 Sample Received At : 17/03/2023 09:21:12 Reported At : 17/03/2023 10:28:49 Authorized At : 17/03/2023 11:22:18	UHID : 10208055  Encounter No : OP912303174029 
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CLINICAL PATHOLOGY

Parameter	Result	Units	Biological Reference Range	Methodology
Urine Glucose (F)	3+			
Urine Routine				
colour	pale yellow			
pH	5.0			
Sp.Gravity	1.020			
Protein	Nil			
Glucose	3+			
Leucocytes	Nil			
Nitrite	Nil			
Blood	Nil			
Ketone	Absent			
Bilirubin	Nil			
Urobilinogen	Normal			
Pus Cells	2 - 4 / hpf			
Epithelial cells	3 - 5 / hpf			
RBCs	Nil			
Casts	Nil			
Crystals	Nil			

*** End Of Report ***

Seen By Doctor

Verified By
NITHYA GANESAN

Dineshi

Authorized By
DR DINESHI S
Clinical Pathologist

Date : 17-03-2023 15:07

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PRASHANTH HOSPITALS

Patient Name	Mr. Kiran G	Age / Sex	49 Y/ M
Patient ID	10208055	Visit No.	1
Ref. By	Dr.Gopalaswamy.G	Visit Date	17.03.2023

USG Complete Abdomen

Real time B-mode Ultrasonography of Abdomen done

UPPER ABDOMEN:

Liver is normal in size (13.6 cm) and shows uniform echo texture. No abscess or mass lesion in the liver. Intrahepatic biliary radicals not dilated. Portal and Hepatic veins appear normal.

Gall bladder: is not imaged (H/o Surgery)

Common bile duct is not dilated. No calculi seen.

Pancreas: Head and body appeared normal. Tail obscured by bowel gas.

Spleen appeared normal in size (11.3 cm) and shows homogenous echoes.

KUB

RT. Kidney measures 11.3 x 5.1 cm. Cortex appears normal

Cortico medullary differentiation is maintained.

Pelvicalyceal system is not dilated. No calculus is seen. Right ureter is not dilated.

LT. Kidney measures 10.6 x 5.7 cm. Cortex appears normal

Cortico medullary differentiation is maintained.

Pelvicalyceal system is not dilated. No calculus is seen. Left ureter is not dilated.

Bladder is normal in contour. No intra luminal echoes are seen.

No calculus or diverticulum is seen.

Prostate: Appears normal in size 2.5 x 4.0 x 3.1 cm Vol = 16.0 gms and shows homogenous echogenicity. No intravesical extension.

Retroperitoneum: Aorta and IVC appears normal. No obvious para aortic lymphadenopathy.

No free fluid in peritoneal cavity.

Both iliac fossas appear normal. Appendix is suboptimal. No focal lesion.

Both inguinal regions: Appear normal. No hernia/No lymphadenopathy.

Impression:

➤ **Cholecystectomy status**

➤ **Rest of the visualized organs appears normal**

Dr. Kathiresan

Consultant Sonologist

Note: This investigation has its own limitation. Hence sonographic findings should be correlated with clinical features and with further investigations. Not for medico legal purpose.

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Patient name	Mr. KIRAN.G.	Age/Sex	49 Years / Male
Patient ID	10208055	Visit No	3
Referred by	Dr. Gopaldaswamy. G	Visit Date	17/03/2023

