

MEDICAL SUMMARY

NAME	Mr. Prakash Singh Kanyal	ID	
AGE/GENDER	49yo Male	DATE OF HEALTHCHECK	30/03/23
COMPANY NAME :- Arcofeni Mediwheel Male AHC credit			

HEIGHT	170cm	BMI :-	MARITAL STATUS	Married
WEIGHT	80kg	27.7	NO OF CHILDREN	1

C/O:

Nil

K/C/O: ~~PT~~ Prostatomegaly

PRESENT MEDICATION:

T. Urimax-D x — ①

P/M/H:

Nil

P/S/H: Cholecystectomy in 1996

H/A: SMOKING:

ALCOHOL:

TOBACCO/PAN:

} Nil

FAMILY HISTORY: FATHER: P1910 - (A Oesophagus (now expired 2015))

MOTHER: → T2DM

O/E:

LYMPHADENOPATHY:

Nil

BP:

PULSE:

70/min
Regular

PALLOR/ICTERUS/CYNOSIS/CLUBBING:

Nil

TEMPERATURE:

normal

SCARS:

Nil

OEDEMA:

Nil

S/E:

RS:



normal
breath sound

P/A:

normal

CVS:

S1 S2 normal,
no murmur

Extremities & Spine:

ENT:

normal

CNS:

normal.

SKIN:

MEDICAL SUMMARY

NAME	Mr Prakash Kanyal.	ID	
AGE/GENDER	49/M	DATE OF HEALTHCHECK	

Vision:

	Without Glass		With Glass	
	Right Eye	Left Eye	Right Eye	Left Eye
FAR:	6/6	6/6	6/6	6/6
NEAR:	N/10	N/10	N/6	N/6
COLOUR VISION:	Normal.			
ADVISE:				

FINDINGS AND RECOMMENDATION:

FINDINGS:-

All the reports are
within normal limits

RECOMMENDATIONS:

fit for employment

FINAL IMPRESSION:

all.

Dr. ASHOK K. SINGH

M. D. (Medicine)

Reg. No. MMC 66677

CONSULTANT SIGNATURE

Mr. PRAKASH SINGH KANYAL		Lab ID	: 30308303414
DOB	:	Collected	: 30-03-2023 11:12
Age	: 49 Years	Received	: 30-03-2023 11:12
Gender	: Male	Reported	: 31-03-2023 01:13
CRM	:	Status	: Final
Location	: PANVEL	Client	: PN148R
Ref DOC	:		
Sample Quality	: Adequate		



Parameter	Result	Unit	Biological Ref. Interval	Method
Prostate Specific Antigen, Total, Serum	0.350	ng/mL	0 - 4	CLIA

Clinical significance:-


Prostate-specific antigen (PSA) is a glycoprotein that is produced by the prostate gland, the lining of the urethra, and the bulbourethral gland. Normally, very little PSA is secreted in the blood. Increases in glandular size and tissue damage caused by benign prostatic hypertrophy, prostatitis, or prostate cancer may increase circulating PSA levels. PSA exists in serum in multiple forms: complexed to alpha-1-anti-chymotrypsin (PSA-ACT complex), unbound (free PSA), and enveloped by alpha-2-macroglobulin (not detected by immunoassays). Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer.


----- End Of Report -----

Mr. PRAKASH SINGH KANYAL

CRM:

H S PATHOLOGY PVT. LTD.
C/O ESSEL FABRICATION
1ST FLOOR, PLOT NO.170/A, ROAD NO.10,
BEHIND PORT OFFICE,
WASCO ESTATE, PANVEL,
MUMBAI - 400 105


Dr. Supriya C MD DPB DNB
Chief Pathologist


Dr. Priyanka Jain MB DCP
Consultant Pathologist

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TO BOOK AN APPOINTMENT



Mr. PRAKASH SINGH KANYAL DOB : Age : 49 Years Gender : Male CRM : Location : PANVEL Ref DOC : Sample Quality : Adequate		Lab ID : 30308303414 Collected : 30-03-2023 11:12 Received : 30-03-2023 11:12 Reported : 30-03-2023 16:23 Status : Interim Client : PN148R
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Parameter	Result	Unit	Biological Ref. Interval	Method
Blood Grouping & Rh typing, EDTA Blood	"A" Rh POSITIVE			Slide/Tube Agglutination (Forward & Reverse)

Clinical Significance:
 Blood group is determined by the presence or absence of blood group antigens on the RBC's and accordingly the individual's blood group is A, B, AB or O. Other than A & B antigens, Rh(D) antigen is the important antigen in transfusion practice. Out of 43 blood group systems described, ABO & Rh systems are of major clinical importance. The ABO antigens, although most important in relation to transfusion, are also expressed on most endothelial and epithelial membranes and are important histocompatibility antigens.

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Parameter	Result	Unit	Biological Ref. Interval	Method
Glucose (Post Prandial), Plasma	94.90	mg/dL	Normal: =<140 Pre-Diabetic: 140-199 Diabetic=>200	GOD-POD

Clinical significance:-

A Postprandial Plasma Glucose Test is a blood test that measures blood glucose levels following a meal containing a set amount of carbohydrate. Postprandial Plasma Glucose Tests show how tolerant the body is to glucose. Measurements of plasma glucose levels are important for the screening of metabolic dysregulation, pre-diabetes, and diabetes. Additionally, plasma glucose PP levels can be used as a tool to monitor diabetes, screen for hypoglycemic episodes, guide treatment or lifestyle interventions and predict risk for comorbidities, such as cardiovascular or eye and kidney disease.

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Test	Result	Unit	Biological Reference Intervals
HbA1c By HPLC, EDTA Blood	5.9	%	NORMAL: 4.5-5.6 AT RISK : 5.7-6.5 DIABETIC: 6.6-7.0 UNCONTROLLED: 7.1-8.9 Critically high: >= 9.0
Estimated Average Glucose(eAG)	122.63	mg/dL	70-126

Clinical significance :-

Hemoglobin A1c (HbA1c) is a result of the nonenzymatic attachment of a hexose molecule to the N-terminal amino acid of the hemoglobin molecule. HbA1c estimation is useful in evaluating the long-term control of blood glucose concentrations in patients with diabetes, for diagnosing diabetes and to identify patients at increased risk for diabetes (prediabetes). The ADA recommends measurement of periodic HbA1c measurements to keep the same within the target range. The presence of hemoglobin variants can interfere with the measurement of hemoglobin A1c (HbA1c).

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Parameter	Result	Unit	Biological Ref. Interval	Method
Glucose - Fasting, Urine	ABSENT		Absent / Present	Strip Method

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Parameter	Result	Unit	Biological Ref. Interval	Method
Glucose - Post prandial, Urine	ABSENT		Absent / Present	Strip Method

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COMPLETE BLOOD COUNT (CBC), Whole Blood EDTA.

Erythrocytes

Hemoglobin	13.0	gm/dL	13.0-17.0	Colorimetric method
Red Blood Cells	6.91	10 ⁶ /μL	4.5 - 5.5	Electrical Impedance method
PCV (Hematocrit)	42.20	%	40-50	Calculated
MCV(Mean Corpuscular Volume)	61.0	fL	83 - 101	Calculated
MCH (Mean Corpuscular Hb)	18.8	Pg	27 - 32	Calculated
MCHC (Mean Corpuscular Hb Concentration)	30.8	g/dL	31.5 - 34.5	Calculated
Red Cell Distribution Width CV	18.60	%	11.6 - 14.6	Calculated
Red Cell Distribution Width SD	26.40	fL	39 - 46	Calculated

Leucocytes

WBC -Total Leucocytes Count	6.60	10 ³ /μL	4.0 - 10.0	Electrical Impedance method
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Differential leucocyte count

Neutrophils	49.80	%	40 - 80	Electrical Impedance method
Lymphocytes	36.00	%	20 - 40	Electrical Impedance method
Monocytes	5.40	%	2-10	Electrical Impedance method
Eosinophils	7.50	%	1-6	Electrical Impedance method
Basophils	1.30	%	0-2	Electrical Impedance method

Absolute leucocyte count

Neutrophils (Abs)	3.29	10 ³ Cells/μL	1.5 -8.0	Electrical Impedance method
Lymphocytes (Abs)	2.38	10 ³ Cells/μL	1.0 - 4.8	Electrical Impedance method
Monocytes (Abs)	0.36	10 ³ Cells/μL	0.05 - 0.9	Electrical Impedance method
Eosinophils (Abs)	0.49	10 ³ Cells/μL	0.05 - 0.5	Electrical Impedance method
Basophils (Abs)	0.09	10 ³ Cells/μL	0.0 -0.3	Electrical Impedance method

Platelets

Platelet Count	201	10 ³ /μL	150 - 410	Electrical Impedance method
MPV	8.5	fL	7.4 - 10.4	Calculated

WBC Morphology: Eosinophilia
RBC Morphology: Hypochromic, Microcytosis++, Anisocytosis+

Platelets on Smear: Adequate

Mentzer Index Formula: 9 Index <13 : Strong suspect of Thalassaemia.

Mr. PRAKASH SINGH KANYAL

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Sample Quality	: Adequate			

Parameter	Result	Unit	Biological Ref. Interval	Method
ESR (Erythrocyte Sedimentation Rate), EDTA Blood	17	mm/hr	0-10	Westergren(Manual)

Clinical significance :-

ESR is the measurement of sedimentation of red cells in diluted blood after standing for 1 hour. It is dependent on various physiologic and pathologic factors including hemoglobin concentration, ratio of plasma proteins, serum lipid concentration etc. Although ESR is a non-specific phenomenon, its measurement is useful in disorders associated with increased production of acute phase proteins. In RA & TB it provides an index of progress of the disease and it has considerable value in diagnosis of temporal arteritis & polymyalgia rheumatica. ESR can be low (0-1 mm) especially in polycythemia, hypofibrinogenaemia and in abnormalities of red cells like sickle cells or spherocytosis etc.

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Parameter	Result	Unit	Biological Ref. Interval	Method
Iron, Serum	53.64	µg/dL	50-150	Ferrene

Clinical Significance: -

Serum iron can be decreased in conditions like iron deficiency anemia and in inflammatory disorders (acute infection, immunization, and myocardial infarction), Hemorrhage etc. Increased serum iron can be seen in conditions like hemochromatosis, hemolytic anemia, hepatitis, iron poisoning and frequent blood transfusions

Magnesium, Serum	1.62		1.5-2.5
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Clinical significance:-

Magnesium, along with potassium, is a major intracellular cation. Hypermagnesemia is found in acute and chronic renal failure, magnesium overload, and magnesium release from the intracellular space. Mild-to-moderate hypermagnesemia may prolong atrioventricular conduction time. Magnesium toxicity may result in central nervous system (CNS) depression, cardiac arrest, and respiratory arrest. Conditions that have been associated with hypomagnesemia include chronic alcoholism, childhood malnutrition, lactation, malabsorption, acute pancreatitis, hypothyroidism, chronic glomerulonephritis, aldosteronism, and prolonged intravenous feeding.

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Parameter	Result	Unit	Biological Ref. Interval	Method
LIVER FUNCTION TEST				
Bilirubin - Total, Serum	1.55	mg/dL	0.1 - 1.3	DIAZO
Bilirubin - Direct, Serum	0.58	mg/dL	<0.3	DIAZO
Bilirubin - Indirect, Serum	0.97	mg/dL	0.2-1	Calculated
SGOT, Serum	33.10	U/L	<35	IFCC without PLP
SGPT, Serum	30.70	U/L	<45	IFCC WITHOUT PEP
Alkaline Phosphatase, Serum	73.0	U/L	53 - 128	AMP
GGT (Gamma Glutamyl Transferase), Serum	48.20	U/L	<55	G-glutamyl-p-nitroanilide
Total Protein, Serum	6.65	gm/dL	6.4-8.8	BIURET
Albumin	3.73	gm/dL	3.5 - 5.2	BCG
Globulin, Serum	2.92	gm/dL	1.9-3.9	Calculated
A:G ratio	1.28		1.1 - 2.5	Calculated

Clinical significance:

Liver function tests measure how well the liver is performing its normal functions of producing protein and clearing bilirubin, a blood waste product. Other liver function tests measure enzymes that liver cells release in response to damage or disease. The hepatic function panel may be used to help diagnose liver disease if a person has signs and symptoms that indicate possible liver dysfunction. If a person has a known condition or liver disease, testing may be performed at intervals to monitor the health of the liver and to evaluate the effectiveness of any treatments. Abnormal tests.

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TO BOOK AN APPOINTMENT

 **0703 078 6000**

Mr. PRAKASH SINGH KANYAL

DOB :
Age : 49 Years
Gender : Male
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Parameter	Result	Unit	Biological Ref. Interval	Method
Lipid Profile				
Total Cholesterol, Serum	199.00	mg/dL	Desirable: <200 Borderline: 200 - 239 High: >=240	CHOP-PAP
Triglycerides, Serum	107.20	mg/dL	Normal: <150 High: 150-199 Hypertriglyceridemia: 200-499 Very high: >499	GPO
HDL Cholesterol, Serum	51.60	mg/dL	Low : < 40 High : > 60	DIRECT
Low Density Lipoprotein-Cholesterol (LDL)	125.96	mg/dL	Optimal: <100 Near Optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: >189	DIRECT
VLDL	21.44	mg/dL	6-40	Calculated
Total Cholesterol/HDL Ratio	3.86		Optimal: <3.5 Near Optimal: 3.5 - 5.0 High: >5	Calculated
LDL / HDL Ratio	2.44	%	Optimal: <2.5 Near optimal: 2.5 - 3.5 High: >3.5	Calculated
Non HDL Cholesterol, Serum	147.40	mg/dL	Desirable < 130 Borderline High 130-159 High 160-189 Very High: >=190	Calculated

Clinical significance:

A complete cholesterol test — also called a lipid panel or lipid profile — is a blood test that can measure the amount of cholesterol and triglycerides in your blood. A cholesterol test can help determine your risk of the buildup of fatty deposits (plaques) in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). A cholesterol test is an important tool. High levels of lipids (fats) in the blood, including cholesterol and triglycerides, is also called "hyperlipidemia." Hyperlipidemia can significantly increase a person's risk of heart attacks, strokes, and other serious problems due to vessel wall narrowing or obstruction.

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RENAL PROFILE

Creatinine, Serum	0.98	mg/dL	0.7 - 1.3	ENZYMATIC
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Clinical significance :-

An increased level of creatinine may be a sign of poor kidney function. The measure of serum creatinine may also be used to estimate glomerular filtration rate (GFR). The formula for calculating GFR takes into account the serum creatinine count and other factors, such as age and sex. A GFR score below 60 suggests kidney disease. Creatinine clearance is usually determined from a measurement of creatinine in a 24-hour urine sample and from a serum sample taken during the same time period. However, shorter time periods for urine samples may be used. Accurate timing and collection of the urine sample is important.

eGFR	99	ml/min/1.73m ²	Normal > 90 Mild decrease in GFR : 60-90 Moderate decrease in GFR : 30-59 Severe decrease in GFR : 15-29 Kidney Failure: < 15	Calculated
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Clinical Significance:

Tests to precisely measure GFR are highly complex. Therefore, healthcare providers use a formula to come up with an estimated GFR (eGFR). The formula combines results from a serum creatinine blood test with information like your age and gender. A serum creatinine blood test measures levels of creatinine, a waste product in your blood. Your body makes and uses creatine, a chemical, to provide energy to muscles. When muscles use this energy, muscle tissue breaks down, releasing creatinine (a toxin) into the blood. Healthy kidneys filter this toxin out of the blood and your body gets rid of it when you urinate. But when you have kidney disease, creatinine stays in the blood and gradually builds up.

Urea, Serum	23.00	mg/dL	15-48	UREASE-GLDH
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Clinical Significance:

Urea is the final breakdown product of the amino acids found in proteins. High urea levels suggest poor kidney function. This may be due to acute or chronic kidney disease. However, there are many things besides kidney disease that can affect urea levels such as decreased blood flow to the kidneys as in congestive heart failure, shock, stress, recent heart attack or severe burns; bleeding from the gastrointestinal tract; conditions that cause obstruction of urine flow; or dehydration

Blood Urea Nitrogen (BUN), Serum	10.75	mg/dL	6 -20	Urease end point reaction
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Clinical significance:

Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and postrenal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors). The determination of serum BUN currently is the most widely used screening test for the evaluation of kidney function.

BUN/Creatinine Ratio, Serum	10.97		5.0 - 23.5	Calculated method
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Clinical Significance:

The blood urea nitrogen (BUN)/creatinine ratio (BCR) is one of the common laboratory tests used to distinguish Pre renal azotemia and Acute tubular necrosis.

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Uric Acid, Serum 5.90 mg/dL 4.4-7.6 URICASE-POD
Clinical significance:-

Uric acid is the final product of purine metabolism in humans. The major causes of hyperuricemia are increased purine synthesis, inherited metabolic disorder, excess dietary purine intake, increased nucleic acid turnover, malignancy, cytotoxic drugs, and decreased excretion due to chronic renal failure or increased renal reabsorption. Hypouricemia may be secondary to severe hepatocellular disease with reduced purine synthesis, defective renal tubular reabsorption, overtreatment of hyperuricemia with allopurinol, as well as some cancer therapies (eg, 6-mercaptopurine).

Calcium, Serum 9.40 mg/dL 8.6 - 10.2 Arsenazo Method
Clinical significance :

Calcium is useful for diagnosis and monitoring of a wide range of disorders including diseases of bone, kidney, parathyroid gland, or gastrointestinal tract. Values of total calcium can be affected by serum proteins, particularly albumin thus, latter's value should be taken into account when interpreting serum calcium levels. The following regression equation may be helpful.

$$\text{Corrected total calcium (mg/dl)} = \text{total calcium (mg/dl)} + 0.8 (4 - \text{albumin [g/dl]})$$

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THYROID FUNCTION TEST

Tri Iodo Thyronine (T3 Total), Serum	102.33	ng/dL	60 - 181	CLIA
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Clinical significance:-

Triiodothyronine (T3) values above 200 ng/dL in adults or over age related cutoffs in children are consistent with hyperthyroidism or increased thyroid hormone-binding proteins. Abnormal levels (high or low) of thyroid hormone-binding proteins (primarily albumin and thyroid-binding globulin) may cause abnormal T3 concentrations in euthyroid patients. Please note that Triiodothyronine (T3) is not a reliable marker for hypothyroidism. Therapy with amiodarone can lead to depressed T3 values.

Thyroxine (T4), Serum	6.54	ug/dL	4.5 - 12.0	CLIA
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Clinical significance:-

Thyroxine (T4) is synthesized in the thyroid gland. High T4 are seen in hyperthyroidism and in patients with acute thyroiditis. Low T4 are seen in hypothyroidism, myxedema, cretinism, chronic thyroiditis, and occasionally, subacute thyroiditis. Increased total thyroxine (T4) is seen in pregnancy and patients who are on estrogen medication. These patients have increased total T4 levels due to increased thyroxine-binding globulin (TBG) levels. Decreased total T4 is seen in patients on treatment with anabolic steroids or nephrosis (decreased TBG levels).

Thyroid - Thyroid Stimulating Hormone (TSH), Serum	1.730	uIU/mL	0.4 - 5.5	CLIA
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Clinical significance:

In primary hypothyroidism, TSH (thyroid-stimulating hormone) levels will be elevated. In primary hyperthyroidism, TSH levels will be low. TSH estimation is especially useful in the differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively.

Pregnancy	American Thyroid Association	American European Endocrine	Thyroid society Association
1st trimester	< 2.5	< 2.5	< 2.5
2nd trimester	< 3.0	< 3.0	< 3.0
3rd trimester	< 3.5	< 3.0	< 3.0

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 Email: panvel.mh@apolloclinic.com

TO BOOK AN APPOINTMENT



Mr. PRAKASH SINGH KANYAL

DOB :
Age : 49 Years
Gender : Male
CRM :
Location : PANVEL
Ref DOC :
Sample Quality : Adequate



Lab ID : 30308303414
Collected : 30-03-2023 11:12
Received : 30-03-2023 11:12
Reported : 30-03-2023 16:40
Status : Interim
Client : PN148R

Parameter	Result	Unit	Biological Ref. Interval	Method
Glucose (Fasting) Plasma	92.00	mg/dL	Normal: <100 Pre-Diabetic: 100-124 Diabetic =>125	GOD-POD

Clinical significance:-

Fasting blood glucose may be used to screen for and diagnose prediabetes and diabetes. In some cases, there may be no early signs or symptoms of diabetes, so an FBG may be used to screen people at risk of diabetes. Screening can be useful in helping to identify it and allowing for treatment before the condition worsens or complications arise. If the initial screening result is abnormal, the test should be repeated. Repeat testing or certain other tests (e.g., hemoglobin A1c) can also be used to confirm diagnosis of diabetes.

Mr. PRAKASH SINGH KANYAL

Apollo Clinic

DR SINGH'S CITY HOSPITAL AND MEDICAL RESEARCH CENTER PVT LTD.

Shop No 12 National Palace Takka, near Panch
Mukhi, Human Mandir, Panvel, Navi Mumbai, Maharashtra 410 218. Ph.: 70307 89000

Online appointment : www.apolloclinic.com Email: panvel.mh@apolloclinic.com

TO BOOK AN APPOINTMENT

 **0703 078 6000**

Mr. PRAKASH SINGH KANYAL		Lab ID	30308303414
DOB	:	Collected	30-03-2023 11:12
Age	: 49 Years	Received	30-03-2023 11:12
Gender	: Male	Reported	30-03-2023 18:35
CRM	:	Status	Interim
Location	: PANVEL	Client	PN1488
Ref DOC	:		
Sample Quality	: Adequate		



Parameter	Result	Unit	Biological Ref. Interval	Method
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URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION

Colour	Pale Yellow		Pale Yellow	Visual
Volume	5 cc	ml		Visual
Specific Gravity	1.010		1.015 - 1.025	Reagent Strip
Appearance	Clear		Clear	Visual
pH	6.0		5.0 - 8.0	Reagent Strip

BIOCHEMICAL EXAMINATION

Protein, Urine	Absent		Negative	Reagent Strip
Glucose	Absent		Negative	Reagent Strip
Ketones	Absent	mmol/L	<0.4	Reagent Strip
Urobilinogen	Absent		Normal	Reagent Strip
Bilirubin	Absent		Negative	Reagent Strip
Nitrite	Absent		Negative	Reagent Strip
Blood	Absent		Negative	Reagent Strip

MICROSCOPIC EXAMINATION

Pus cells	2 - 3 /hpf	/hpf	0-5	Microscopy
Epithelial Cells	2 - 3/hpf	/hpf	0-2	Microscopy
RBCs	Absent	/hpf	Nil	Microscopy
Casts	Nil		Nil	Microscopy
Crystals	Nil		Nil	Microscopy
Yeast cells	Absent		Absent	Microscopy
Bacteria	Absent		Absent	Microscopy

Clinical Significance:
 A urinalysis alone usually doesn't provide a definite diagnosis. Depending on the reason your provider recommended this test, you might need follow up for unusual results. Evaluation of the urinalysis results with other tests can help your provider determine next steps. Getting standard test results from a urinalysis doesn't guarantee that you're not ill. It might be too early to detect disease or your urine could be too diluted.

----- End Of Report -----

Mr. PRAKASH SINGH KANYAL
Apollo Clinic
DR SINGH'S CITY HOSPITAL AND MEDICAL RESEARCH CENTER PVT LTD.
 Shop No 12 National Palace Takka, near Panch, Dr. Sunil K. W. MD, DDM, AFPA
 Mukht Ashman Mandir, Panvel, Navi Mumbai, Maharashtra 410 218, Ph.: 70307 89000
 Contact : 022-25102000
 Email : panvel.mh@apolloclinic.com

TO BOOK AN APPOINTMENT
 **0703 078 6000**

DATE: 30/03/2023

PATIENT'S NAME: PRAKASH SINGH KANYAL AGE: 49 YRS / SEX: M

REFERRED BY : ARCOFEMI MEDISHEEL

EXAMINATION : X-RAY CHEST PA VIEW

X-RAY CHEST PA VIEW

- Both the lung fields are clear.
- Cardiac shadow appears normal.
- C. P. angles appear clear.
- Both the domes of diaphragm are at normal level.
- Bony thorax & soft tissue around do not reveal any abnormality.

IMPRESSION

- **NO ACTIVE LUNG LESION SEEN.**



ARC
Dr. Ashutosh Chitnis
MBBS, MD, DMRE
(Radiologist)
REG. NO. 57658

PATIENT'S NAME: PRAKASH SINGH KANYAL

AGE / SEX : 49 YRS / MALE

DATE: 30/03/2023

REF BY : ARCOFEMI MEDIWHEEL

SONOGRAPHY OF ABDOMEN & PELVIS

LIVER:-

Liver is 14.3cm normal in size. Normal echotexture. No focal lesion.

GALL BLADDER & BILLIARY SYSTEM:-

Gall bladder is not visualised. History of cholecystectomy noted.
Common bile duct is normal and measures (2mm) at porta hepatis.
Portal vein is normal. (8.6mm)

PANCREAS & SPLEEN:-

Pancreas is normal in size and echotexture. No focal lesion.
Spleen is 7.1cm normal in size. No focal lesion.

KIDNEYS:- Both kidneys are normal in size, shape and echotexture.
Both kidney shows normal cortico-medullary differentiation.
Right Kidney =10.3cm x 4.3cm. No calculus or hydronephrosis seen.
Left Kidney = 9.7cm x 5.8cm. No calculus or hydronephrosis seen

RETROPERITONEUM:-

No evidence of obvious lymphadenopathy. Aorta and IVC visualised normal.

FREE FLUID:-

There is no evidence of free fluid in Morrison's pouch, subdiaphragmatic region and pelvis.

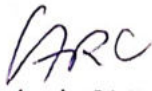
URINARY BLADDER:-

It is partially distended normal and wall thickness normal. No calculus or growth.

PROSTATE: Prostate is normal in size. Prostate volume 15ml.
No focal lesion. Visualized seminal vesicles are normal.

IMPRESSION:-

- No significant abnormality detected.


Dr. Ashutosh Chitnis
MD, DMRE, MBBS,
Radiologist
Reg .No:-57658



2 – D ECHOCARDIOGRAPHY REPORT



NAME : PRAKASH SINGH KANYAL	AGE/SEX : 49 Y/ M
REF : BANK OF BARODA	DATE: 30/03/2023

2D ECHO REPORT

All the cardiac chambers are normal.
Structures of cardiac valves are normal.
Normal chamber dimensions .
No MR, No TR.
All septa are normal.
No regional wall motion abnormality at rest.
No clot/ vegetation.
No pericardial effusion.
No pulmonary hypertension.
No diastolic dysfunction.
LVEF 60%.
IVC collapsed.

IMPRESSION:-

NORMAL 2DECHO.



DR. RAHUL CHALWADE
MBBS; MD Medicine ; DM Cardiology
Consultant Interventional Cardiologist

MEDICAL SUMMARY

NAME	Praveen Singh	DATE OF CHECKUP	30.03.2023
AGE	49 yrs	GENDER	

DENTAL - CONSULTATION

- ① Adv bath of 87
- ② Adv scaling and polishing
- ③ Adv RCT ~~87~~ / 78 region.
- ④ Adv GIC filling in 543 / 345 region.
- ⑤ Adv FPD in region of 78 and 876 region.

CONSULTANT SIGNATURE



MEDICAL SUMMARY

NAME		DATE OF CHECKUP	30.03.2023
AGE		GENDER	

ENT - CONSULTATION

Asymptomatic.

No ENT specific symptoms.

Ear → some wax debris (+)

Rinne's Test } → (✓)
Weber Test }

Hearing Normal.

Nose → No Polyps, DNS.

No Sinus Tenderness

CONSULTANT SIGNATURE

Throat → Tonsils (N).

No erythema of
Oropharyngeal wall.

Fit from ENT side.

A handwritten signature in black ink, consisting of a large, stylized initial 'A' followed by a cursive name, all written over a horizontal line.

2023-3-30 8:43:06

ID: 00004803

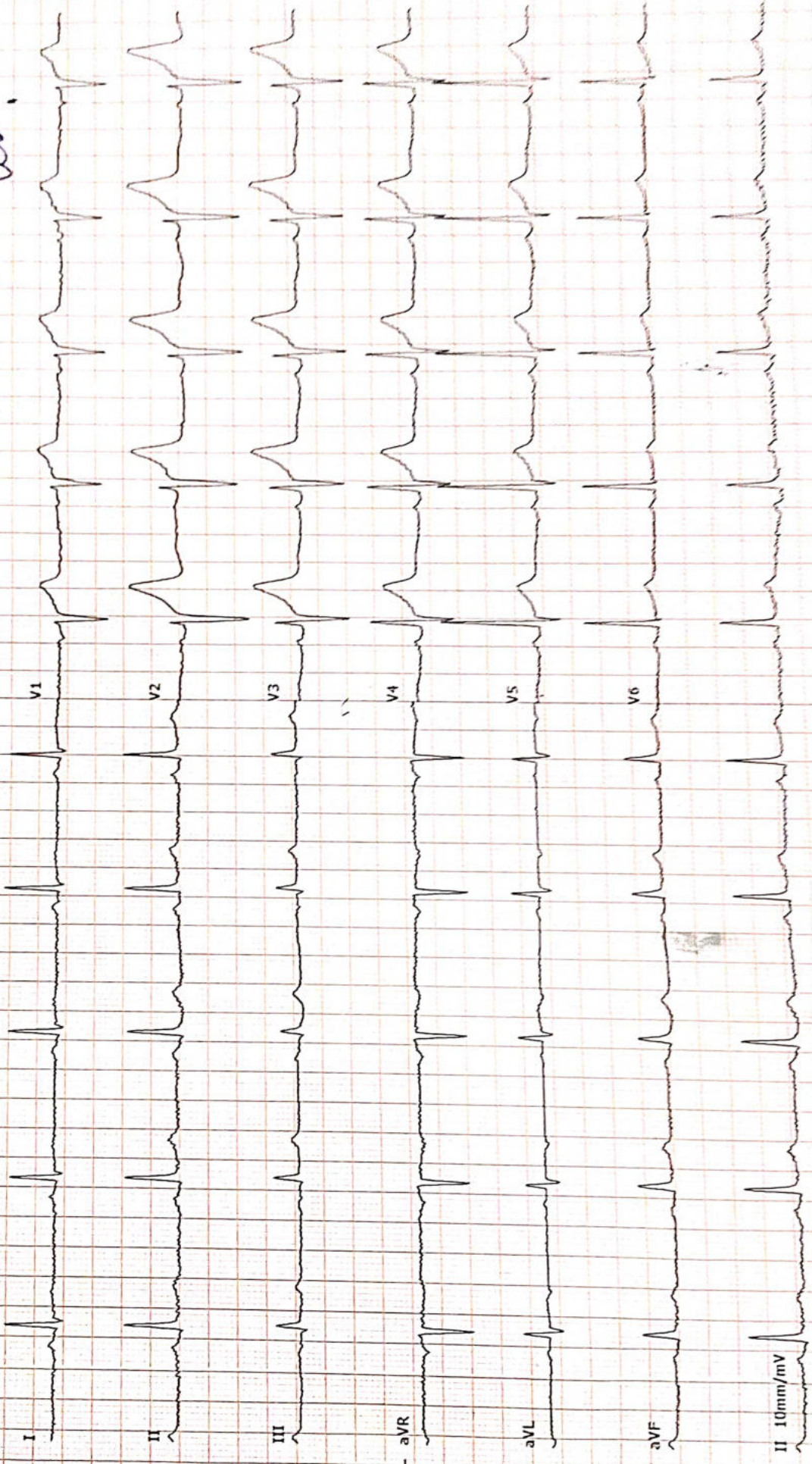
Name: Prakash Singh made
Gender: male
Height(cm):
BP(mmHg): /

HRbpm 58
P-Rms 163
Q-R-Sms 116
QT/QTcms 353/359
P/QRS/T AXESdeg 25/50/68
RV5/SV1mV 1.79/0.66
RV5+SV1mV 2.45

<< Conclusion >>
Sinus rhythm
Sinus bradycardia
Unintentional ventricular conduction delay

Report Confirmed by:

Normal ECG. Q.



10mm/mV

10mm/mV AUTO