



PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003 Tel : 040-42038139, 27845852
7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com



TEST REPORT

Name : **MR.KADGAONKAR GIRIDHAR GOPAL RAO** TID/SID : UMR2191672/ 28586952
 Age / Gender : 56 Years / Male Registered on : 19-Nov-2024 / 08:49 AM
 Ref.By : - Collected on : 19-Nov-2024 / 08:51 AM
 Req.No  Reported on : 19-Nov-2024 / 12:43 PM
 BIL4957047 Reference : Medi Wheel

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE)

Investigation	Observed Value	Units	Biological Reference Interval
Colour Method:Physical Examination	Yellow		Light Yellow
Appearance Method:Physical Examination	Clear		Clear
Specific gravity Method:Ion concentration/colour indicator	1.005		1.003-1.030
Reaction and pH Method:Double Indicator	5.5		5.0-8.0
Protein Method:Protein Error of pH indicators	Negative		Negative
Glucose Method:Glucose oxidase/Peroxidase	Negative		Negative
Urobilinogen Method:Ehrlich reaction	Negative		0.2-1.0 mg%
Ketones Method:Sodium Nitroprusside Method	Negative		Negative
Blood Method:Peroxidase	Negative		Negative
Bile Salt Method:Hays Method	Negative		Negative
Bile Pigment Method:Diazo Method	Negative		Negative
Microscopic Examination			
Pus cells (leukocytes) Method:Microscopy Of Sediment	Nil	/hpf	0-5
RBC (erythrocytes) Method:Microscopy Of Sediment	Nil	/hpf	0-2
Epithelial cells Method:Microscopy Of Sediment	1 - 2	/hpf	0-8
Crystals Method:Microscopy Of Sediment	Nil	/lpf	Nil

Lab Timings (Weekdays) : 7.00 am to 8.30 pm
Sundays & Holidays : 7.00 am to 1.00 pm

Radiologists Timings (Weekdays) : 7.30 am to 1.30 pm
& 5.45 pm to 7.45 pm
Sundays & Holidays : 7.30 am to 9.30 am




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Investigation	Observed Value	Units	Biological Reference Interval
Casts Method:Microscopy Of Sediment	Nil	/lpf	Nil
Others Method:Microscopy Of Sediment	Nil		Nil

* Sample processed at Parkline

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DEPARTMENT OF HEMATOPATHOLOGY Blood Grouping ABO And Rh Typing

Parameter	Results
Blood Grouping (ABO) Method:Forward and Reverse tube agglutination method	B
Rh Typing (D) Method:Agglutination	POSITIVE

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DEPARTMENT OF HEMATOPATHOLOGY

Complete Blood Picture (CBP)

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	12.5	g/dL	13.0-17.0
Erythrocyte Count(RBC) Method:Electrical Impedance	4.6	mill /cu.mm	4.5-5.5 mill /cu.mm
PCV/HCT Method:Numeric Integration	39	%	40-50 %
MCV Method:Calculated	83	fL	83-101 fL
MCH Method:Calculated	26.6	pg	27-32 pg
MCHC Method:Calculated	31.9	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	14.0	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	12.2	10 ³ /μL	4-10 10 ³ /μL
Differential Count			
Neutrophils Method:Flowcytometry/Electrical Impedance/Microscopy	68	%	40-80 %
Lymphocytes Method:Flowcytometry/Electrical Impedance/Microscopy	25	%	20-40 %
Monocytes Method:Flowcytometry/Electrical Impedance/Microscopy	5	%	2-10 %
Eosinophils Method:Flowcytometry/Electrical Impedance/Microscopy	2	%	1-6 %
Basophils Method:Flowcytometry/Electrical Impedance/Microscopy	0	%	0-2 %
Absolute Neutrophil Count	8.30	10 ³ /μL	2.0-7.0
Absolute Lymphocyte Count	3.0	10 ³ /μL	1.0-3.0
Absolute Monocyte Count	0.61	10 ³ /μL	0.20-1.0
Absolute Eosinophils Count	0.24	10 ³ /μL	0.02-0.5

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Absolute Basophil Count **0** $10^3/\mu\text{L}$ 0.02-0.1 $10^3/\mu\text{L}$

Method:Calculated

Platelet Count **310** $10^3/\mu\text{L}$ 150-410 $10^3/\mu\text{L}$

Method:Electrical Impedance

Peripheral Smear

RBC Normocytic and Normochromic

Method:Microscopy

WBC Leucocytosis+.No abnormal cells seen.

Method:Microscopy

Platelets Discrete and adequate.Normal in morphology

Method:Microscopy

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DEPARTMENT OF HEMATOPATHOLOGY

Erythrocyte Sedimentation Rate (ESR)

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour	08	mm/hour	0-10 mm/hour
Method:Westergren			

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BIL4957047 Reference : Medi Wheel

DEPARTMENT OF CARDIOLOGY

2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.17 cm
Left Atrium	2.80 cm
Left Ventricle	LVDd:3.99 cm IVSd :0.82 cm EF:77% LVDs:2.18 cm LVPwd:0.73 cm FS:45%
RWMA	Nil
Right Atrium	Normal
Right Ventricle	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Pericardium	Normal
Svc / Ivc	Normal
Intracardiac Masses	Nil
Doppler Study	Mitral flow: E: 1.00 m/sec A: 0.82 m/sec Aortic flow : 1.07 m/sec Pulmonary flow : 0.89 m/sec
Colour Doppler	No MR / AR / TR / PR
Conclusion	No RWMA. Normal valves/ Normal chambers. No MR/ AR/ TR / PR Good LV (LVEF 77 %) / RV function. No Diastolic dysfunction. No PE/ clot/ vegetation.

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DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN)

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	9.8	mg/dL	7-23 mg/dL
Method:Calculated			

Interpretation: Urea is a waste product formed in the liver when protein is metabolized. Urea is released by the liver into the blood and is carried to the kidneys, where it is filtered out of the blood and released into the urine. Since this is a continuous process, there is usually a small but stable amount of urea nitrogen in the blood. However, when the kidneys cannot filter wastes out of the blood due to disease or damage, then the level of urea in the blood will rise. The blood urea nitrogen (BUN) evaluates kidney function in a wide range of circumstances, to diagnose kidney disease, and to monitor people with acute or chronic kidney dysfunction or failure. It also may be used to evaluate a person's general health status as well.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics

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DEPARTMENT OF CLINICAL CHEMISTRY I

Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	1.00	mg/dL	0.60-1.30 mg/dL
Method:Alkaline Picrate			

Interpretation: Creatinine is a nitrogenous waste product produced by muscles from creatinine. Creatinine is majorly filtered from the blood by the kidneys and released into the urine, so serum creatinine levels are usually a good indicator of kidney function. Serum creatinine is more specific and more sensitive indicator of renal function as compared to BUN because it is produced from muscle at a constant rate and its level in blood is not affected by protein catabolism or other exogenous products. It is also not reabsorbed and very little is secreted by tubules making it a reliable marker. Serum creatinine levels are increased in pre renal, renal and post renal azotemia, active acromegaly and gigantism. Decreased serum creatinine levels are seen in pregnancy and increasing age.

Reference : Wallach's Interpretation of Diagnostics Tests, 9th Edition

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Ref.By : - Collected on : 19-Nov-2024 / 08:51 AM
Req.No :  Reported on : 19-Nov-2024 / 14:11 PM
Reference : Medi Wheel
BIL4957047

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Fasting (FBS)

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	72	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >/=126

Reference : American Diabetes Association 2023

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 BIL4957047 Reference : Medi Wheel

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Post Prandial (PPBS)

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Post Prandial Method:GOD - PAP	293	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : >/=200

Reference : American Diabetes Association 2023

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DEPARTMENT OF CLINICAL CHEMISTRY I

Glycosylated Hemoglobin (HbA1C)

Investigation	Observed Value	Units	Biological Reference Interval
Glycosylated Haemoglobin Method:High Performance Liquid Chromatography(HPLC)	9.3	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	220	mg/dL	Excellent Control : 90 to 120 Good Control : 121 to 150 Average Control : 151 to 180 Panic Value : > 211

Note:Mean Plasma Glucose is calculated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

INTERPRETATION :

- Glycated hemoglobin (glycohemoglobin / HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
- A1c is measured primarily to determine the three-month average blood sugar level and can be used as a diagnostic test for diabetes mellitus and as an assessment test for glycemic control in people with diabetes.
- In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
- American diabetes Association (ADA) recommends an A1C goal for many non pregnant adults of < 7% (without significant hypoglycemia). On the basis of provider judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Less stringent A1C goals (such as < 8%) may be appropriate for patients with severe hypoglycemia, extensive co morbid conditions etc, or where the harms of treatment are greater than the benefits.
- Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all patients.

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DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	114	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240
HDL Cholesterol Method:Direct Clearance	44	mg/dL	<40:Major risk factor for heart disease 40-59:The higher,the better >=60:Considered protective against heart disease
LDL Cholesterol Method:Calculated	60	mg/dL	< 100
VLDL Cholesterol Method:Calculated	10	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	53	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500
Chol/HDL Ratio Method:Calculated	2.59		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio Method:Calculated	1.36		Ideal : < 2 Good : 2 – 5 Bad : > 5

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DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT)

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	1.11	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.32	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.79	mg/dL	0.2-0.8 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	26	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	25	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	71	U/L	30-115 U/L
PROTEINS			
Total Protein. Method:Biuret & Bromocresol Green (BCG)	6.73	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.03	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	2.70	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.49		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	20	U/L	7.0-50.0 U/L

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DEPARTMENT OF CLINICAL CHEMISTRY I

Prostate Specific Antigen (PSA) Total

Investigation	Observed Value	Biological Reference Interval
Prostate Specific Antigen (PSA) Total	0.586	0-3.9 ng/mL
Method:Enhanced chemiluminescence		

Interpretation:

- 1.Prostate specific antigen (PSA) is a glycoprotein that is expressed by both normal and neoplastic prostate tissue
- 2.Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hyperplasia (BPH) or inflammatory conditions of other adjacent genitourinary tissues. PSA can also be elevated after digital rectal examination,prostatic massage,cystoscopy,needle biopsy etc
- 3.Measurement of serum PSA by itself is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels are also observed in patients with benign prostatic hyperplasia.
4. When employed for the management of prostate cancer patients, serial measurement of PSA is useful in detecting residual tumor and recurrent cancer after radical prostatectomy.
- 5.PSA has been demonstrated to be an accurate marker for monitoring advanced clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy.

Reference : Vitros Kit Inserts

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DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH)

Investigation	Observed Value	Units	Biological Reference Interval
Triiodothyronine Total (T3) Method:Enhanced chemiluminescence	1.22	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	9.49	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	3.99	µIU/mL	0.400-4.049 µIU/mL

Note: Change in method and reference range
NOTE:

TSH - Reference ranges during pregnancy:*

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.00

3dr Trimester : 0.30 - 3.00

*As per the Guidelines of American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and post partum.

1.Primary Hyperthyroidism is accompanied by elevated T3 & T4 values along with depressed TSH level.

2.Primary Hypothyroidism is accompanied by depressed T3 & T4 levels and elevated TSH levels.

3.Normal T4 levels accompanied by high T3 levels are seen in patients with T3 Thyrotoxicosis.

4.Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.

5.Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result form TSH secreting pituitary tumors(secondary).

* Sample processed at Parkline

--- End Of Report ---



Dr Jyothi Boda
Regd. No: 72498
MD PATHOLOGY



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TEST REPORT

Name : **MR.KADGAONKAR GIRIDHAR GOPAL RAO** TID/SID : UMR2191672/ 28586954
Age / Gender : 56 Years / Male Registered on : 19-Nov-2024 / 08:49 AM
Ref.By : - Collected on : 19-Nov-2024 / 08:51 AM
Req.No :  Reported on : 19-Nov-2024 / 12:20 PM
Reference : Medi Wheel
BIL4957047

DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid.	5.74	mg/dL	2.5-8.0 mg/dL
Method:Uricase			

Interpretation: It is the major product of purine catabolism. Hyperuricemia can result due to increased formation or decreased excretion of uric acid which can be due to several causes like metabolic disorders, psoriasis, tissue hypoxia, pre-eclampsia, alcohol, lead poisoning, acute or chronic kidney disease, etc. Hypouricemia may be seen in severe hepato cellular disease and defective renal tubular reabsorption of uric acid.

Reference : Wallach's Interpretation of Diagnostics Tests, 9th Edition

* Sample processed at Parkline

--- End Of Report ---




Dr Jyothi Boda
Regd. No: 72498
MD PATHOLOGY



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TEST REPORT

Name : **MR.KADGAONKAR GIRIDHAR GOPAL RAO** TID/SID : UMR2191672/ 28586952F
Age / Gender : 56 Years / Male Registered on : 19-Nov-2024 / 08:49 AM
Ref.By : - Collected on : 19-Nov-2024 / 08:51 AM
Req.No :  Reported on : 19-Nov-2024 / 14:11 PM
Reference : Medi Wheel
BIL4957047

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Urine Fasting

Investigation	Observed Value
Urine Glucose Fasting Method:Reagent strip/Reflectance photometry	Nil NIL

* Sample processed at Parkline

--- End Of Report ---



Dr.Jyothi Kiranmai
Regd. No: 52272
MD PATHOLOGY



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TEST REPORT

Name	: MR.KADGAONKAR GIRIDHAR GOPAL RAO	TID/SID	: UMR2191672/ 28586952
Age / Gender	: 56 Years / Male	Registered on	: 19-Nov-2024 / 08:49 AM
Ref.By	: -	Collected on	: 19-Nov-2024 / 08:51 AM
Req.No	:  BIL4957047	Reported on	: 19-Nov-2024 / 14:11 PM
		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Urine Post Prandial

Urine Glucose Post Prandial	1.0 G%	NIL
Method:Reagent strip/Reflectance photometry		

* Sample processed at Parkline

--- End Of Report ---



Dr.Jyothi Kiranmai
Regd. No: 52272
MD PATHOLOGY





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NABL Accredited
Certificate No. MC-2566

MEDICAL EXAMINATION REPORT

Name	Giridhar Gopal Rao Kadgaonkar		Date	19/11/29
Company	C/o Mediwheel		Reg. No. :	4957047
Contact No.	9166 429280		Sex	M Age: 56
Type	Pre-Emp		Emp. No.:	
	Overseas		Height	171 cm
	Annual	✓	Weight	56 kg.
Remarks	→ High HbA1C (9.3%). known case of Diabetes but not under control. Advise follow up and continue medication			
Fitness Status	Medically Fit / Unfit		Physician's Signature Dr. Yennam MBBS Regd. No. 05443	

COMPREHENSIVE MEDICAL EXAMINATION REPORT

NAME Mr. Kadgaonkar Giridhar Gopalrao

AGE 56 years

MARITAL STATUS married CHILDREN: (M) (F)

IDENTIFICATION (IF ANY) A mate on left forearm

PAST HISTORY

Any family H/O : High Blood Pressure, Heart Disease, Tuberculosis, Diabetes, Asthma, Cancer

mother
Any Personal H/O Major Illness like : Typhoid..... NO..... Jaundice..... father..... Etc.

Any H/O STD NO..... Skin infection..... NO

H/o Blood Transfusion..... NO..... Recent Vaccination..... considered

H/o Epilepsy..... NO..... Giddiness..... NO

H/o Surgery..... NO..... Fracture in the past..... NO

Any Personal H/O

High Blood Pressure, Heart Disease Tuberculosis, Diabetes, Asthma, Cancer

Drug Abuse, Drug Allergy, Micturition, Bowels, Alcohol, Smoking, Sleep, MC, Wt, Loss/Wt. Gain

Present illness / Medication on Diabetic medication

GENERAL EXAMINATION

Conjunctiva:
Skin:
Ears:
Nose:
Throat & Oral Cavity:

} normal

Bone, Joints:
Nutritional Status
Lymph Nodes:
Edema Feet:
Varicose Veins:

Normal
well nourished
N/A
no
no

Distant Vision: Near Vision

Right Eye: -1.0 90° 6/18 NIP

With glasses / Without glasses

left Eye: -1.0 90° 6/18 NIP

with glasses/without glasses

Right Eye: Nio Add +2.50 sph N8

With glasses / Without glasses

left Eye: Nio Add +2.50 sph N8

with glasses/without glasses

Colour Vision: BE normal

Right Ear

Hearing:

Rinee's Test :

Weber Test :

Discharge :

Dr. KATTA
M.B.B.S., D.D., F.R.F.
Ophthalmologist's Signature

Left Ear

SYSTEMIC EXAMINATION

Pulse : 78 bpm

B.P. : 130/80 mmHg

Lungs: A. Shape of Chest Bilateral symmetrical
B. Breath Sounds. BAE (+)
C. Adventitious Sounds. no

Heart: A. Sounds S2 (+)
B. Murmurs no

Nervous System

Abdomen: A. Liver NPD
B. Spleen NPD
C. Piles no
D. Any Lump no

A. Higher Function: }
B. Cranial Nerves: }
C. Sensory System: }
D. Motor System: } NAN
E. Jerks :

General: A. Hernia no
B. Hydrocele no
C. Varicocele no

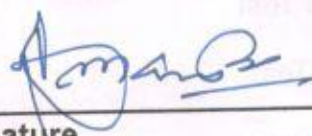
Breast: Rt. _____ Lt. _____

CANDIDATE'S DECLARATION

I hereby solemnly declare that I am not suffering from Asthma, Hypertension, Diabetes, Occult Psychological disorders or any other ailment which can be suppressed without my voluntary declaration.

Date : 19.11.2024

Place : Hyderabad


Signature

Note: General Physical Examination and Investigation included in the health check-up Have certain limitations and may not be able to detect all latent and asymptomatic diseases. Any new symptoms developing after the health check-up or persisting thereafter should be brought to the attention of the treating physician.



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Certificate No. MC-2566

ENT EXAMINATION

S.No. 4957047

Emp. No. :

Date 19/11/2020

Name Mr. Gopal Rao Kadgonkar Age 56 Yrs

Sex M F

EARS :

Right

Left

EAC

: patent, no cerumen.

- do

TM

: Intact, pearly white
Cone of light (+)

- do

TFT

: Rinne's +ve

Rinne's +ve

Weber's - Central

NOSE

: Septa : (N) Bil. Symmetry : (N) Pores : (N) - 2 ant. holes

THROAT

: Oropharynx : (N) Bil. U. C.S. (N) mandib. (N)
Arytenoid

NECK

: (N)

IMPRESSION

: ENT clinically NAD.

Consultant ENT

Dr. D. Hari Krishna Reddy
MS (ENT)
Head & Neck Surgeon
Reg. No: 88379

Name : Giridhar Sex : Age : 56

Date : 19/11/24

OPD No : 1987



cat sn7.

Adv. op4.


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TEST REPORT

Name : Mr. KADGAONKAR GIRIDHAR GOPAL RAO
Age/Gender : 56 Years/Male
Ref By :
Reg.No : BIL4957047
Reference : Medi Wheel

TID : UMR2191672
Registered On : 19-Nov-2024 08:49 AM
Result On : 19-Nov-2024 09:54 AM
Reported On : 19-Nov-2024 09:54 AM

DEPARTMENT OF ULTRASOUND Ultrasound Whole Abdomen

LIVER : Normal in size and mild increased echotexture. No focal lesions.

No IHBD /CBD dilatation. Portal vein is normal in size.

SPLEEN : Normal in size and echotexture. No focal lesion seen.

GALL BLADDER : Well distended. No sludge / gall stones / sol.
Gall bladder -Wall thickness is normal.
No pericholecystic oedema.

PANCREAS : Not clearly imaged - Probably small in size - H/o Pancreatitis.

RIGHT KIDNEY : 8.4 x 3.7 cms
Normal in size and echotexture.
Cortical thickness is normal.
No evidence of calculi / sol.
Pelvi calyceal system is normal.

LEFT KIDNEY : 9.5 x 4.8 cms
Normal in size and echotexture.
Cortical thickness is normal.
No evidence of calculi / sol.
Pelvi calyceal system is normal.

URINARY BLADDER : Well distended. Normal in contour.
Wall thickness is normal. No calculus / sol.

PROSTATE : Measuring 3.6 x 2.7 x 2.5 cms (vol : 13.2 cc) Normal in size and echotexture.
No calcification / sol.
No pre or para aortic adenopathy / ascites noted.

IMPRESSION : Mild fatty liver - Grade I.

Clinical correlation

*** End Of Report ***

12
Dr. D.J. MOHAN
MD DMRD
(Reg No. 8995)
Consultant Radiologist

Lab Timings (Weekdays) : 7.00 am to 8.30 pm

Sundays & Holidays : 7.00 am to 1.00 pm

Radiologists Timings (Weekdays) : 8.00 am to 2.00 pm

6.00 pm to 8.00 pm


Sundays & Holidays : 7.30 am to 9.30 am



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TEST REPORT

Name : MR.KADGAONKAR GIRIDHAR GOPAL RAO TID/SID : UMR2191672/
Age / Gender : 56 Years / Male Registered on : 19-Nov-2024 / 08:49 AM
Ref.By : - Collected on : 19-Nov-2024 / 08:51 AM
Req.No :  Reported on : 19-Nov-2024 / 09:12 AM
BIL4957047 Reference : Medi Wheel

DEPARTMENT OF CARDIOLOGY

2D Echo/Doppler Study

Mitral Valve Normal
Aortic valve Normal
Tricuspid valve Normal
Pulmonary valve Normal
Aorta 2.17 cm
Left Atrium 2.80 cm
Left Ventricle LVDd:3.99 cm IVSd:0.82 cm EF:77%
LVDs:2.18 cm LVPwd:0.73 cm FS:45%
RWMA Nil
Right Atrium Normal
Right Ventricle Normal
Pulmonary Artery Normal
IAS Intact
IVS Intact
Pericardium Normal
Svc / Ivc Normal
Intracardiac Masses Nil
Doppler Study Mitral flow: E: 1.00 m/sec A: 0.82 m/sec
Aortic flow : 1.07 m/sec
Pulmonary flow : 0.89 m/sec
Colour Doppler No MR / AR / TR / PR
Conclusion No RWMA.
Normal valves/ Normal chambers.
No MR/ AR/ TR / PR
Good LV (LVEF 77 %) / RV function.
No Diastolic dysfunction.
No PE/ clot/ vegetation.

* Sample processed at Parkline

--- End Of Report ---

Dr. P. PRASHANT **MARUTI**
DM., Cardiology
Consultant Interventional Cardiologist
Reg. No. TSMC/FMR/25860

Page 1 of 2

Lab Timings (Weekdays) : 7.00 am to 8.30 pm

Sundays & Holidays : 7.00 am to 1.00 pm

Radiologists Timings (Weekdays) : 7.30 am to 2.00 pm

6.00 pm to 8.00 pm
Sundays & Holidays : 7.30 am to 9.30 am



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TEST REPORT

Name : Mr. KADGAONKAR GIRIDHAR GOPAL RAO
Age/Gender : 56 Years/Male
Ref By :
Reg.No : BIL4957047
Reference : Medi Wheel

TID : UMR2191672
Registered On : 19-Nov-2024 08:49 AM
Result On : 19-Nov-2024 10:29 AM
Reported On : 19-Nov-2024 10:29 AM

X-RAY CHEST PA VIEW

Lung fields are clear.

Cardia is normal.

Hila are normal.

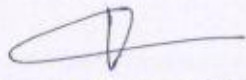
C P angles are free.

Bony cage is normal.

Soft tissues are normal.

IMPRESSION : NORMAL CHEST X-RAY

*** End Of Report ***


Dr. KARTHEEK GOJE
Consultant Radiologist
Reg.No.APMC/FMR/84281

Lab Timings (Weekdays) : 7.00 am to 8.30 pm

Sundays & Holidays : 7.00 am to 1.00 pm

Radiologists Timings (Weekdays) : 7.30 am to 2.00 pm

6.00 pm to 8.00 pm
Sundays & Holidays : 7.30 am to 9.30 am

ID: 1557017 15-11-2024 09:11:55 AM
MR.KADGAONKAR.GIRIDHAR GOPAL R
AO
Male 56Years

HR : 74 bpm
P : 101 ms
PR : 134 ms
QRS : 82 ms
QT/QTc : 357/398 ms
P/QRS/T : 64/73/58 °
RV5/SV1 : 1.025/0.982 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

hmm

Dr. P. PRASHANT MARUTI
DM., Cardiology
Consultant Interventional Cardiologist
Reg. No. TSMC/PMR/25860

Report Confirmed by:

