




# 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



NABL Accredited  
Certificate No.:MC-2566

## TEST REPORT

Name : **MR.KUMAR KOLA SUNIL [177907]** TID/SID : UMR0876531/ 23813330  
 Age / Gender : 29 Years / Male Registered on : 13-Aug-2022 / 08:26 AM  
 Ref.By : - Collected on : 13-Aug-2022 / 08:32 AM  
 Req.No  Reported on : 13-Aug-2022 / 13:29 PM  
 BIL2279186 Reference : Medi Wheel

### DEPARTMENT OF CLINICAL PATHOLOGY

### Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Colour Method:Photo detectors(instrument)	Yellow		Light Yellow
Appearance Method:Photo diode array sensor	Clear		Clear
Specific gravity Method:Ion concentration/colour indicator	1.010		1.003-1.030
Reaction and pH Method:Double Indicator	5.0		5.0-8.0
Protein Method:Protein Error of pH indicators	Negative		Negative
Glucose Method:Double sequential enzymatic/GOD-PAP	Negative		Negative
Urobilinogen Method:Reagent strip/Reflectance photometry	Negative		0.2-1.0 mg%
Ketones Method:Strip method/Nitroprusside method	Negative		Negative
Blood Method:Peroxidase	Negative		Negative
Bile Salt Method:Hays Method	Negative		Negative
Bile Pigment Method:Fouchets Method	Negative		Negative
<b>Microscopic Examination</b>			
Pus cells (leukocytes) Method:Microscopy Of Sediment	1 - 2	/hpf	0-5 /hpf
RBC (erythrocytes) Method:Microscopy Of Sediment	Nil	/hpf	0-2 /hpf
Epithelial cells Method:Microscopy Of Sediment	Nil	/hpf	0-8 /hpf
Crystals Method:Microscopy Of Sediment	Nil	/lpf	Nil /lpf

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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### DEPARTMENT OF CLINICAL PATHOLOGY

### Complete Urine Examination (CUE), Urine

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

\* Sample processed at Parkline

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Req.No	:  BIL2279186	Reported on	: 13-Aug-2022 / 12:14 PM
		Reference	: Medi Wheel

### DEPARTMENT OF HEMATOLOGY

### Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	B
Rh Typing (D)	POSITIVE -
Method:Agglutination	

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BIL2279186

### DEPARTMENT OF HEMATOLOGY

#### Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour	<b>13</b>	mm/hour	0-10 mm/hour
Method:Westergren			

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### DEPARTMENT OF HEMATOLOGY

### Hemogram, EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	14.8	g/dL	13.0-17.0 g/dL
Erythrocyte Count(RBC) Method:Electrical Impedence	<b>5.6</b>	mill /cu.mm	4.5-5.5 mill /cu.mm
PCV/HCT Method:Numeric Integration	44	%	40-50 %
MCV Method:Calculated	<b>78</b>	fL	83-101 fL
MCH Method:Calculated	<b>26.2</b>	pg	27-32 pg
MCHC Method:Calculated	33.6	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	<b>14.3</b>	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	9.0	cells/cumm	4-10 cells/cumm
<b>Differential Count</b>			
Neutrophils Method:Flowcytometry/Microscopy	69	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	24	%	20-40 %
Monocytes Method:Flowcytometry/Microscopy	5	%	2-10 %
Eosinophils Method:Flowcytometry/Microscopy	2	%	1-6 %
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Platelet Count Method:Electrical Impedence	<b>430</b>	10 <sup>3</sup> /μL	150-410 10 <sup>3</sup> /μL

### Peripheral Smear




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### DEPARTMENT OF HEMATOLOGY

### Hemogram, EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
RBC Method:Microscopy	Normocytic and Normochromic		
WBC Method:Microscopy	Within normal limits. No abnormal cells seen.		
Platelets Method:Microscopy	Mild Thrombocytosis +. Normal in morphology.		

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Req.No	:  BIL2279186	Reported on	: 13-Aug-2022 / 09:52 AM
		Reference	: Medi Wheel

### DEPARTMENT OF CARDIOLOGY

#### 2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	3.02 cm
Left Atrium	2.88 cm
Left Ventricle	LVDd: 3.97 cm IVSd : 0.94 cm EF: 66 % LVDs: 2.53 cm LVPwd: 0.84 cm FS: 36 %
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: 0.82 m/sec A: 0.63 m/sec E/A ratio : 1.30 Aortic flow : 0.80 m/sec Pulmonary flow : 0.68 m/sec
Colour Doppler	No MR / AR / TR / PR
Conclusion	No RWMA. Normal valves/ Normal chambers. No MR/ AR/ TR / PR Good LV/ RV function. No PE/ clot/ vegetation.

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### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	9.6	mg/dL	7-23 mg/dL
Method:Calculated			

#### Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	0.92	mg/dL	0.60-1.30 mg/dL
Method:Alkaline Picrate			

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## TEST REPORT

Name	: MR.KUMAR KOLA SUNIL [177907]	TID/SID	: UMR0876531/ 23813331F
Age / Gender	: 29 Years / Male	Registered on	: 13-Aug-2022 / 08:26 AM
Ref.By	: -	Collected on	: 13-Aug-2022 / 08:32 AM
Req.No	:  BIL2279186	Reported on	: 13-Aug-2022 / 14:23 PM
		Reference	: Medi Wheel

### DEPARTMENT OF CLINICAL CHEMISTRY I

### Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	99	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >/=126 mg/dL

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Req.No  Reported on : 13-Aug-2022 / 14:23 PM  
Reference : Medi Wheel  
BIL2279186

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Post Prandial Method:GOD - PAP	<b>145</b>	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : $\geq$ 200 mg/dL

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### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Glycosylated Haemoglobin Method:High Performance Liquid Chromatography(HPLC)	<b>6.9</b>	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	151	mg/dL	Excellent Control : 90 to 120 Good Control : 121 to 150 Average Control : 151 to 180 Panic Value : > 211 mg/dL

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

#### INTERPRETATION :

- 1.Glycated hemoglobin (glycohemoglobin / HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
- 2.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.
- 3.In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
4. 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.
5. 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, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	146	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	29	mg/dL	<40:Major risk factor for heart disease 40-59:The higher,the better >=60:Considered protective against heart disease mg/dL
LDL Cholesterol Method:Calculated	95	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	22	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	113	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	5.03		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio	3.28		

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### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	0.50	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.12	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.38	mg/dL	
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	<b>58</b>	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	<b>46</b>	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	75	U/L	30-115 U/L
<b>PROTEINS</b>			
Total Protein. Method:Biuret	7.10	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.27	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	2.83	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.51		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	<b>65</b>	U/L	7.0-50.0 U/L

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### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Prostate Specific Antigen (PSA) Total, Serum

Investigation	Observed Value	Biological Reference Interval
Prostate Specific Antigen (PSA) Total	0.19 ng/mL	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.

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### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Triiodothyronine Total (T3) Method:Enhanced chemiluminescence	1.60	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	9.47	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	3.89	µIU/mL	0.465-4.68 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

3rd 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 from TSH secreting pituitary tumors(secondary).

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## TEST REPORT

Name	: MR.KUMAR KOLA SUNIL [177907]	TID/SID	: UMR0876531/ 23813329
Age / Gender	: 29 Years / Male	Registered on	: 13-Aug-2022 / 08:26 AM
Ref.By	: -	Collected on	: 13-Aug-2022 / 08:32 AM
Req.No	 BIL2279186	Reported on	: 13-Aug-2022 / 13:17 PM
		Reference	: Medi Wheel

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid.	5.50	mg/dL	2.5-8.0 mg/dL
Method:Uricase			

\* Sample processed at Parkline

--- End Of Report ---

**Dr.Jyothi Kiranmai**  
Regd. No: 52272  
MD PATHOLOGY





# PARKLINE DIAGNOSTICS PVT. LTD.

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Tel : +91 40-2784 5852, 6649 1787, 7995421787, 7093445852, Fax : +91 40 2784 7864

Email parklinediagnostics@gmail.com www.parklinediagnostics.com



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Certificate No.MC-2566

## MEDICAL EXAMINATION REPORT

Name	Mr. Kumar Kola Sunil		Date:	13/08/2022		
Company	Co: Mediwheel		Reg. No.:	2279186		
Contact No.	8019010041		Sex	<input checked="" type="checkbox"/> M	Age:	<input type="checkbox"/> 29
Type	Pre-Emp		Emp. No.:	177902		
	Overseas		Height	164 cm		
	Annual	<input checked="" type="checkbox"/>	Weight	75 kg		
Remarks	<p>- Impaired glucose tolerance ⊕ c HbA1c - 6.9%. Advice follow up.</p> <p>- Advised life style modification &amp; dietary modification.</p> <p>- Rest all clinical &amp; lab parameters within (N) limits.</p>					
Fitness Status	Medically Fit / Unfit		DR. PRIYANKA SANNIDHI MBBS Regn. No: 11351			
			Physician's Signature			

# COMPREHENSIVE MEDICAL EXAMINATION REPORT

NAME Mr. Kumar Kola Sumil

AGE 29 yrs / male

MARITAL STATUS married CHILDREN : M  F

IDENTIFICATION (IF ANY) A mole on the left index finger.

## PAST HISTORY

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

Dothx   
parents

Any personal H/o Major illness like : Typhoid..... NIL..... Jaundice..... NIL..... Etc.

Any H/o STD..... Skin infection..... NIL

H/o Blood Transfusion..... Recent Vaccination..... Covaxin 2 Doses ✓

H/o Epilepsy..... NIL Giddiness..... NIL

H/o Surgery..... Fracture in the past..... NIL

## 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

occasional

Present illness / Medication

## GENERAL EXAMINATION

Conjunctiva :

Skin :

Ears :

Nose :

Throat & Oral Cavity :

Bone, Joints :

Nutritional Status :

Lymph Nodes :

Edema Feet :

Varicose Veins :

(N)

Well Nourished

NPD

NIL

NIL

NBD



**Distant Vision : Near Vision :**

Right Eye: 6/6

With glasses / Without glasses

left Eye : 6/6

with glasses / without glasses

Colour Vision : BE normal

**Right Ear**

Hearing :

Rinee's Test ;

Weber Test :

Discharge :

(N)

NIL

Right Eye: N6

With glasses / Without glasses

left Eye : N6

with glasses / without glasses

Ophthalmologist's Signature

**Left Ear**

(N)

NIL

Dr. KAITA  
M.B.B.S., D.O., F.R.F.  
Reg. 1997 (AMC)

**SYSTEMIC EXAMINATION**

Pulse : 86 bpm

B.P. : 120/80 mmHg

Lungs : A. Shape of Chest B/L symmetrical  
B. Breath Sounds B/L clear ⊕  
C. Adventitious Sounds NO

Heart : A. Sounds S1, S2 ⊕  
B. Murmurs NO murmurs

Abdomen : A. Liver NPD  
B. Spleen NPD  
C. Piles NIL  
D. Any Lump NAD

General : A. Hernia ]  
B. Hydrocele NPD  
C. Varicocele ]

Breast : Rt — Lt. —

**Nervous System**

A. Higher Function : ]  
B. Cranial Nerves : ]  
C. Sensory System : ]  
D. Motor System : ]  
E. Jerks : NAD



## 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 :

  
Signature

Place :

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.

Name: Sumid kumar Sex: M Age: 29

Chief Complaint :- checkup

Date: 13/8/22

OPD No: 804

Advised fillings wrt

76 |

O/E



DC wrt

76 |

→ Filling Done

76 |



 **Smilesss**   
 MULTI SPECIALITY DENTAL CLINIC  
*Smile Confidentially... Not Confidentially....*  
 B.D.S. IMPLANTOLOGIST (USA)  
 1-3-1, Rajamudaliar Street, Kalasiguda,  
 Secunderabad, Cell : 8977910590.

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Certificate No. M-0862

## ENT CONSULTATION

S.No. 2279186 Emp.No. 177907 Date 13/8/22  
 Name Mr. Kumar Kola Sunil Age 29 Yrs Sex M/F

**EARS :**

	Right	Left
EAC	: patent no Cerumen	- do
TM	: Intact pearly white cone of light ⊕	- do
TFT	: Rinne's +ve Weber's centralised	Rinne's +ve

**NOSE** : Septum ⊕. Bil. T's & turb ⊕; Pons ⊕ - normal

**THROAT** : Oropharynx ⊕ Bil. v. c.s.c. ⊕ moving  
Arytenoids bil.

**NECK** : ⊕

**IMPRESSION** : ENT clinically NAD.

Dr. D. Hari Krishna Reddy  
 MS (ENT)  
 Head & Neck Surgeon  
 Reg. No: 18379  
  
 Consultant ENT





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## TEST REPORT

Name : Mr . KUMAR KOLA SUNIL [177907]  
Age / Gender : 29 Years / Male  
Ref.By : Medi Wheel  
Req. No : BIL2279186

TID : UMR0876531  
Registered on : 13-Aug-2022 08:26 AM  
Reported On : 13-Aug-2022 09:15 AM

### DEPARTMENT OF ULTRASOUND Ultrasound Whole Abdomen

**LIVER** : Normal in size and 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** : Normal in size and echotexture.No calcification / sol.  
Pancreatic duct is normal. No peripancreatic fluid collection.

**RIGHT KIDNEY** : 8.91 x 4.05 cms  
Normal in size and echotexture.  
Cortical thickness is normal.  
No evidence of calculi / sol.  
Pelvi calyceal system is normal.

**LEFT KIDNEY** : 10.44 x 4.55 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 ii contour.  
Wall thickness is normal. No calculus / sol.

**PROSTATE** : Normal in size and echotexture.  
No calcification / sol.  
No pre or para aortic adenopathy / ascites noted.

**IMPRESSION** : Grade I fatty liver.

Clinical correlation

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





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## TEST REPORT

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Age / Gender : 29 Years / Male Registered on : 13-Aug-2022 / 08:26 AM  
Ref.By : - Collected on : 13-Aug-2022 / 08:32 AM  
Req.No : [Barcode] Reported on : 13-Aug-2022 / 09:52 AM  
Reference : Medi Wheel  
BIL2279186

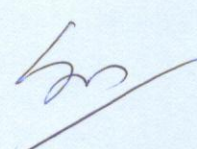
### DEPARTMENT OF CARDIOLOGY

### 2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	3.02 cm
Left Atrium	2.88 cm
Left Ventricle	LVDd: 3.97 cm IVSd : 0.94 cm EF: 66 % LVDs: 2.53-cm LVPwd: 0.84 cm FS: 36 %
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: 0.82 m/sec A: 0.63 m/sec E/A ratio : 1.30 Aortic flow : 0.80 m/sec Pulmonary flow : 0.68 m/sec
Colour Doppler	No MR / AR / TR / PR
Conclusion	No RWMA. Normal valves/ Normal chambers. No MR/ AR/ TR / PR Good LV/ RV function. No PE/ clot/ vegetation.

\* Sample processed at Parkline

--- End Of Report ---

  
**Dr. SAMEER G. VANKAR**  
MD., D.M.  
Consultant Interventional Cardiologist  
Reg.No.8245





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Req. No : BIL2279186

TID : UMR0876531  
Registered on : 13-Aug-2022 08:26 AM  
Reported On : 13-Aug-2022 09:48 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**



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



ID: 2279186 13-08-2022 08:57:00 AM  
MR.KUMAR KOLA SUNIL  
Male 29Years

CARDIART

HR : 72 bpm  
P : 98 ms  
PR : 150 ms  
QRS : 81 ms  
QT/QTc : 360/396 ms  
P/QRS/T : 55/62/57 °  
RV5/SV1 : 1.196/0.820 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

NIR  
WIM

  
Dr. SAMEER G. VANKAR  
MD., D.M.  
Consultant Interventional Cardiologist  
Reg.No.8245

Report Confirmed by: