




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.GIRI E KAVI RAVINDRA [171292]	TID/SID	: UMR0963147/ 24234960
Age / Gender	: 40 Years / Male	Registered on	: 26-Nov-2022 / 08:40 AM
Ref.By	: -	Collected on	: 26-Nov-2022 / 08:45 AM
Req.No	:  BIL2587059	Reported on	: 26-Nov-2022 / 12:30 PM
		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	6.0		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
Microscopic Examination			
Pus cells (leukocytes) Method:Microscopy Of Sediment	Nil	/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

--- End Of Report ---

Dr.Jyothi Kiranmai
Regd. No: 52272
MD PATHOLOGY






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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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DEPARTMENT OF HEMATOLOGY

Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour	07	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	14.9	g/dL	13.0-17.0 g/dL
Erythrocyte Count(RBC) Method:Electrical Impedence	5.0	mill /cu.mm	4.5-5.5 mill /cu.mm
PCV/HCT Method:Numeric Integration	44	%	40-50 %
MCV Method:Calculated	88	fL	83-101 fL
MCH Method:Calculated	29.5	pg	27-32 pg
MCHC Method:Calculated	33.6	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	7.5	cells/cumm	4-10 cells/cumm
Differential Count			
Neutrophils Method:Flowcytometry/Microscopy	62	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	30	%	20-40 %
Monocytes Method:Flowcytometry/Microscopy	5	%	2-10 %
Eosinophils Method:Flowcytometry/Microscopy	3	%	1-6 %
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Platelet Count Method:Electrical Impedence	330	10 ³ /μL	150-410 10 ³ /μL

Peripheral Smear

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Sundays & Holidays : 7.00 am to 1.00 pm

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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	Discrete and adequate. Normal in morphology.		

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DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	7.7	mg/dL	7-23 mg/dL
Method:Calculated			

Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	0.97	mg/dL	0.60-1.30 mg/dL
Method:Alkaline Picrate			

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TEST REPORT

Name	: MR.GIRI E KAVI RAVINDRA [171292]	TID/SID	: UMR0963147/ 24234961F
Age / Gender	: 40 Years / Male	Registered on	: 26-Nov-2022 / 08:40 AM
Ref.By	: -	Collected on	: 26-Nov-2022 / 08:45 AM
Req.No	:  BIL2587059	Reported on	: 26-Nov-2022 / 14:55 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	102	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >=126 mg/dL

Note Corresponding urine sugar : Nil

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Age / Gender : 40 Years / Male Registered on : 26-Nov-2022 / 08:40 AM
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Req.No  Reported on : 26-Nov-2022 / 14:55 PM
BIL2587059 Reference : Medi Wheel

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	115	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : \geq 200 mg/dL

Note Corresponding urine sugar : Nil

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Req.No  Reported on : 26-Nov-2022 / 14:44 PM
Reference : Medi Wheel
BIL2587059

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)	5.9	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	122	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	125	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	28	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	77	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	20	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	103	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	4.46		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio	2.75		

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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	0.84	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.26	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.58	mg/dL	
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	16	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	15	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	62	U/L	30-115 U/L
PROTEINS			
Total Protein. Method:Biuret	7.74	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.57	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	3.17	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.44		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	22	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 Method:Enhanced chemiluminescence	0.473 ng/mL	0-3.9 ng/mL

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	1.29	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	10.2	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	1.41	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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--- End Of Report ---

Dr Jyothi Boda
Regd. No: 72498
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DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid. Method:Uricase	4.37	mg/dL	2.5-8.0 mg/dL

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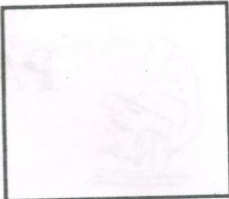


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MEDICAL EXAMINATION REPORT

Name	Mr. G. Kavi Ravindra		Date :	26/11/2022	
Company	Medi Wheel		Reg. No. :	2587059	
Contact No.	970 3344 861		Sex	<input checked="" type="checkbox"/> M	Age : <input type="checkbox"/> 40
Type	Pre-Emp		Emp. No.:		
	Overseas		Height	176 cm	
	Annual		Weight	83 kg	
Remarks	<p>FBS, HbA1c elevated Grade I fatty liver disease - Advised follow up - Repeating Physiol, Lab Parameters as WNL</p> <p style="text-align: right;">Dr. B. DEEPAK KUMAR (M.B.B.S)</p>				
Fitness Status	Medically Fit / Unfit		Physician's Signature		

COMPREHENSIVE MEDICAL EXAMINATION REPORT



NAME Gigi E Iqvi Paundon

AGE 40y

MARITAL STATUS married CHILDREN: M F (two sons)

IDENTIFICATION (IF ANY) None on file

PAST HISTORY

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

Any personal H/o Major illness like : Typhoid..... No Jaundice..... No Etc.

Any H/o STD..... No Skin infection..... No

H/o Blood Transfusion..... No Recent Vaccination..... Covid-19 (2 doses)

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

GENERAL EXAMINATION

Conjunctiva :

Skin :

Ears :

Nose :

Throat & Oral Cavity :

Noisy

Bone, Joints :

Nutritional Status :

Lymph Nodes :

Edema Feet :

Varicose Veins :

Noisy
Noisy
Noisy
Noisy

Distant Vision : Near Vision :

Right Eye: 6/6

Right Eye: N6

With glasses / Without glasses

With glasses / Without glasses

left Eye: 6/6

left Eye: N6

with glasses / without glasses

with glasses / without glasses

Colour Vision: Normal

Ophthalmologist's Signature

Right Ear

Left Ear

Hearing :

Rinne's Test ;

Weber Test :

Discharge : None

SYSTEMIC EXAMINATION

Pulse : 72/min

B.P. : 120/80 mmHg

Lungs : A. Shape of Chest
B. Breath Sounds
C. Adventitious Sounds
Bilateral symmetrical clear No

Heart : A. Sounds
B. Murmurs
No

Nervous System

Abdomen : A. Liver
B. Spleen
C. Piles
D. Any Lump
None

A. Higher Function :
B. Cranial Nerves :
C. Sensory System :
D. Motor System :
E. Jerks :
None

General : A. Hernia
B. Hydrocele
C. Varicocele
None

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 :

G. Anil
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 : Mr. Kavi Ravindhasgiri Sex : M Age : 40y

Chief Complaint :- Chceekup

Date : 26/11/22

OPD No : 1016

O/E
O.C work

1/6

⇒ Advised RCT + crown

1/6


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





PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, Sarojini Devi Road, Secunderabad - 500 003 Tel : 040 - 4203 8139, 2784 5852
7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com

TEST REPORT

Name : Mr . GIRI E KAVI RAVINDRA [171292]
Age / Gender : 40 Years / Male
Ref.By :
Req. No : BIL2587059

TID : UMR0963147
Registered on : 26-Nov-2022 08:40 AM
Reported On : 26-Nov-2022 01:02 PM
Reference : Medi Wheel

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 : 11.86 x 4.97 cms.
Normal in size and echotexture.
Cortical thickness is normal.
No evidence of calculi / sol.
Pelvi calyceal system is normal.

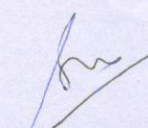
LEFT KIDNEY : 10.97 x 4.83 cms.
Normal in size and echotexture.
Cortical thickness is normal.
No evidence of calculi / sol.
Pelvi calyceal system is normal.

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. PRAJAKTA SUKHADEVE
DNB RADIOLOGY
Reg. No. 68493



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TEST REPORT

Name : **Mr . GIRI E KAVI RAVINDRA [171292]**
Age / Gender : 40 Years / Male
Ref.By :
Req. No : BIL2587059

TID : UMR0963147
Registered on : 26-Nov-2022 08:40 AM
Reported On : 26-Nov-2022 11:54 AM
Reference : Medi Wheel

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. Prajakta Sukhadave
Dr. PRAJAKTA SUKHADEVE
DNB RADIOLOGY
Reg. No. 68493

PATIENT SUMMARY REPORT

PARKLINE DIAGNOSTICS PVT.LTD

ID : 2587059
NAME : MR GIRI E KAVI RAVINDRA
AGE / SEX : 40 / MALE

HEIGHT (cm) : 176
WEIGHT (kg) : 89
PROTOCOL : BRUCE

REF. BY : MEDIWHEEL
DONE BY : DR SAMEER G VANKAR
TECHNICIAN : G.M.SURESH

CASE HISTORY :
 MEDICATION :
 OBJECT OF TEST : Routine Check Up.
 RISK FACTOR : None.
 ACTIVITY : Very Active.
 OTHER INVESTIGATION : E C G
 REASON FOR TERMINATION : THR ACHIEVED
 EXERCISE TOLERANCE : Good (> 10 METS).
 EXERCISE INDUCED ARRHYTHMIAS : No.
 HAEMO RESPONSE : Normal.
 CHRONO RESPONSE : Normal.
 FINAL IMPRESSION : *Intergal*
 EXTRA COMMENTS :

Sam
DR. SAMEER G. VANKAR
 MD., D.M.
 Consultant Interventional Cardiologist
 Reg No 9245

Confirmed By : _____

Signature

HR : 66 bpm
P : 113 ms
PR : 146 ms
QRS : 86 ms
QT/QTc : 365/383 ms
P/QRS/T : 54/49/15 °
RV5/SV1 : 1.841/0.672 mV

Diagnosis Information:
Sinus Rhythm
Poor R Wave Progression(V3)

NIR wa

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

Report Confirmed by: