




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.SRIDHAR ADAPALLY [SPOUSE]	TID/SID	: UMR1006628/ 25048536
Age / Gender	: 42 Years / Male	Registered on	: 14-Jan-2023 / 09:22 AM
Ref.By	: -	Collected on	: 14-Jan-2023 / 09:26 AM
Req.No	:  BIL2725638	Reported on	: 14-Jan-2023 / 13:53 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	1.025		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: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	Occasional	/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			

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--- End Of Report ---

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Req.No  Reported on : 14-Jan-2023 / 13:50 PM
BIL2725638 Reference : Medi Wheel

DEPARTMENT OF HEMATOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	O
Rh Typing (D)	NEGATIVE -
Method:Agglutination	

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DEPARTMENT OF HEMATOLOGY

Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	16.8	g/dL	13.0-17.0 g/dL
Erythrocyte Count(RBC) Method:Electrical Impedence	5.4	mill /cu.mm	4.5-5.5 mill /cu.mm
PCV/HCT Method:Numeric Integration	48	%	40-50 %
MCV Method:Calculated	88	fL	83-101 fL
MCH Method:Calculated	30.9	pg	27-32 pg
MCHC Method:Calculated	35.0	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	14.6	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	6.2	10 ³ /μL	4-10 10cap;3/μL 10 ³ /μL
Differential Count			
Neutrophils Method:Flowcytometry/Microscopy	62	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	32	%	20-40 %
Monocytes Method:Flowcytometry/Microscopy	4	%	2-10 %
Eosinophils Method:Flowcytometry/Microscopy	2	%	1-6 %
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Absolute Neutrophil Count	3.84	10 ³ /μL	2.0-7.0 10 ³ /μL
Absolute Lymphocyte Count	1.98	10 ³ /μL	1.0-3.0 10 ³ /μL

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DEPARTMENT OF HEMATOLOGY

Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Absolute Monocyte Count	0.12	10 ³ /μL	0.20-1.0 10 ³ /μL
Absolute Eosinophil Count	0.12	10 ³ /μL	0.02-0.5 10 ³ /μL
Absolute Basophil Count	0	10 ³ /μL	0.02-0.1 10 ³ /μL
Platelet Count	140	10 ³ /μL	150-410 10 ³ /μL
Method:Electrical Impedence			

Peripheral Smear

RBC Normocytic and Normochromic
 Method:Microscopy
 WBC Neutrophils show shift to left.No abnormal cells seen.
 Method:Microscopy
 Platelets Mild Thrombocytopenia, Giant platelets seen.
 Method:Microscopy

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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	6	mm/hour	0-10 mm/hour
Method:Westergren			

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DEPARTMENT OF CARDIOLOGY

2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.98 cm
Left Atrium	3.16 cm
Left Ventricle	LVDd:4.5 cm IVSd :1.09 cm EF:63% LVDs:2.98 cm LVPwd:1.09 cm FS:39%
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: 0.6 m/sec A: 0.7 m/sec Aortic flow : 1.18 m/sec Pulmonary flow : 0.9 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. LVEF : 63 % Grade I Diastolic dysfunction. No PE/ clot/ vegetation.

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		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	10.8	mg/dL	7-23 mg/dL
Method:Calculated			

Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	1.07	mg/dL	0.60-1.30 mg/dL
Method:Alkaline Picrate			

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Age / Gender : 42 Years / Male Registered on : 14-Jan-2023 / 09:22 AM
Ref.By : - Collected on : 14-Jan-2023 / 09:26 AM
Req.No  Reported on : 14-Jan-2023 / 15:40 PM
Reference : Medi Wheel
BIL2725638

DEPARTMENT OF CLINICAL CHEMISTRY I

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	113	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >=126 mg/dL

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Req.No  Reported on : 14-Jan-2023 / 15:40 PM
Reference : Medi Wheel
BIL2725638

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

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Reference : Medi Wheel
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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)	6.2	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	131	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	188	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	45	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	103	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	40	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	202	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	4.18		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio	2.29		

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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	0.51	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.16	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.35	mg/dL	
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	27	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	29	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	48	U/L	30-115 U/L
PROTEINS			
Total Protein. Method:Biuret	7.71	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.63	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	3.08	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.50		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	161	U/L	7.0-50.0 U/L

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Req.No  Reported on : 14-Jan-2023 / 13:56 PM
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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	0.609 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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Req.No  Reported on : 15-Jan-2023 / 10:41 AM
Reference : Medi Wheel
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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	1.32	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	7.15	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	1.73	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

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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Dr Jyothi Boda
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Req.No	 BIL2725638	Reported on	: 14-Jan-2023 / 14:38 PM
		Reference	: Medi Wheel

DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid.	12.14	mg/dL	2.5-8.0 mg/dL
Method:Uricase			

Note Rechecked value.Kindly correlate clinically.

* Sample processed at Parkline

--- End Of Report ---

Dr.Jyothi Kiranmai
Regd. No: 52272
MD PATHOLOGY






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.SRIDHAR ADAPALLY [SPOUSE]** TID/SID : UMR1006628/ 25049552
Age / Gender : 42 Years / Male Registered on : 14-Jan-2023 / 09:22 AM
Ref.By : - Collected on : 14-Jan-2023 / 09:26 AM
Req.No  Reported on : 14-Jan-2023 / 15:42 PM
BIL2725638 Reference : Medi Wheel

DEPARTMENT OF HEALTH CHECKUP

Glucose Urine Fasting

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

Glucose Urine Post Prandial

Urine Glucose Post Prandial Nil 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	Mr. Sridhar Adapaty		Date :	14/01/2023
Company	Co: Mediwheel		Reg. No. :	2225638
Contact No.	9030987876		Sex	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
			Age :	42
Type	Pre-Emp		Emp. No.:	Spouse
	Overseas		Height	163 cm
	Annual	<input checked="" type="checkbox"/>	Weight	83 kgs
Remarks	<p>- Increased Uric acid levels. Advice follow up - Urologist.</p> <p>- Impaired glucose tolerance ⊕ - HbA1c - 6.2%. Advice follow up.</p> <p>- Rest all clinical & lab parameters within (N) limits.</p>			
Fitness Status	Medically Fit / Unfit		<p>DR. PRIYANKA SANNIDHI Physician's Signature MBBS</p> <p>Regn No : 11351</p>	

COMPREHENSIVE MEDICAL EXAMINATION REPORT

NAME Mr. Sridhar Adapally

AGE 42 yrs / Male

MARITAL STATUS Married CHILDREN : M F

IDENTIFICATION (IF ANY) A mole on the right forearm.



PAST HISTORY

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

Both parents Mother

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.....COVISHIELD 2 Doses

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

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

Any Personal H/O.

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

x 6 months
not on medication

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 :

NAD

Bone, Joints :

Nutritional Status :

Lymph Nodes :

Edema Feet :

Varicose Veins :

(N)

Well nourished

NPD


NIL

NIL

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.



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ENT CONSULTATION

S.No. 2725638

Emp.No. spouse

Date 11/10/23

Name Mr. Sridhar Adapala Age 42 Yrs

Sex M/F

EARS :

Right

Left

EAC

:

(N)

(N)

TM

:

(N) (N)

(N) (N)

TFT

:

Rinne's AC>BC

AC>BC

webers ←→ air
ABC same as examine

NOSE

:

Septum (N) (N)

THROAT

:

AP/TP/PPW (N)

NECK

:

No central / lateral neck swelling

IMPRESSION:

ENT with (N) lts

Dr. POORNIMA
M.B.B.S, D.L.O.,(ENT)
Reg No.100155(KMC)

Name : Mr. Sudhas Adepally Sex : M Age :

Chief Complaint : pt C/o for routine
Checkup.

Date : 14/1/23

OPD No : 1148

calculus + stains



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TEST REPORT

Name : **MR.SRIDHAR ADAPALLY [SPOUSE]** TID/SID : UMR1006628/
Age / Gender : 42 Years / Male Registered on : 14-Jan-2023 / 09:22 AM
Ref.By : - Collected on : 14-Jan-2023 / 09:26 AM
Req.No  Reported on : 14-Jan-2023 / 14:09 PM
BIL2725638 Reference : Medi Wheel

DEPARTMENT OF CARDIOLOGY

2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.98 cm
Left Atrium	3.16 cm
Left Ventricle	LVDd:4.5 cm IVSd :1.09 cm EF:63% LVDs:2.98 cm LVPwd:1.09 cm FS:39%
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: 0.6 m/sec A: 0.7 m/sec Aortic flow : 1.18 m/sec Pulmonary flow : 0.9 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. LVEF : 63 % Grade I Diastolic dysfunction. No PE/ clot/ vegetation.

* Sample processed at Parkline

--- End Of Report ---

DR. PRASHANT PHADTARE
MMS 348
CARDIOLOGY



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NABL Accredited
Certificate No. MC-2566

TEST REPORT

Name	: Mr . SRIDHAR ADAPALLY [SPOUSE]	TID	: UMR1006628
Age / Gender	: 42 Years / Male	Registered on	: 14-Jan-2023 09:22 AM
Ref.By	:	Reported On	: 14-Jan-2023 11:10 AM
Req. No	: BIL2725638	Reference	: Medi Wheel

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 : Normal in size and echotexture.No calcification / sol.

Pancreatic duct is normal. No peripancreatic fluid collection.

RIGHT KIDNEY : 10.0 x 5.7 cms

Normal in size and echotexture.

Cortical thickness is normal.

No evidence of calculi / sol.

Pelvi calyceal system is normal.

LEFT KIDNEY : 10.2 x 4.9 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 : Measuring 3.4 x 2.4 x 2.2 cms (vol : 9.9 cc) Normal in size and echotexture.

No calcification / sol.

No pre or para aortic adenopathy / ascites noted.

IMPRESSION : Mild fatty liver.

Clinical correlation

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

The Test marked with*are not accredited by NABL



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TEST REPORT

Name : **Mr . SRIDHAR ADAPALLY [SPOUSE]**
Age / Gender : 42 Years / Male
Ref.By :
Req. No : BIL2725638

TID : UMR1006628
Registered on : 14-Jan-2023 09:22 AM
Reported On : 14-Jan-2023 10:34 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



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

ID: 2725638 14-01-2023 09:41:21 AM
MR.SRIDHAR ADAPALLY
Male 42Years

CARDIART

HR : 75 bpm
P : 108 ms
PR : 152 ms
QRS : 87 ms
QT/QTc : 376/423 ms
P/QRS/T : 45/-8/22 °
RV5/SV1 : 1.688/0.793 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

NIR
wn

Dr. SAMEER G. VANKAR
MD., D.M.
Consultant Interventional Cardiologist
Reg. Co. 3245

Report Confirmed by: