Name	: **MR.KOGARA ANAND**	TID/SID	: UMR1995520/ 28295945
Age / Gender	: 38 Years / Male	Registered on	: 23-Sep-2024 / 08:53 AM
Ref.By	: SELF	Collected on	: 23-Sep-2024 / 09:00 AM
Req.No	: BIL4745474	Reported on	: 23-Sep-2024 / 13:41 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL PATHOLOGY

Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Biological Reference Intervals
Physical Examination		
Colour Method:Physical	Straw	Straw to Yellow
Appearance Method:Physical	Clear	Clear
Chemical Examination		
Reaction and pH Method:pH- Methyl red & Bromothymol blue	6.0	4.6-8.0
Specific gravity Method:Bromothymol Blue	1.005	1.003-1.035
Protein Method:Tetrabromophenol blue	Negative	Negative
Glucose Method:Glucose oxidase/Peroxidase	Negative	Negative
Blood Method:Peroxidase	Negative	Negative
Ketones Method:Sodium Nitroprusside	Negative	Negative
Bilirubin Method:Dichloroanilinediazonium	Negative	Negative
Leucocytes Method:3 hydroxy5 phenylpyrrole + diazonium	Negative	Negative
Nitrites Method:Diazonium + 1,2,3,4 tetrahydrobenzo (h) quinolin 3-ol	Negative	Negative
Urobilinogen Method:Dimethyl aminobenzaldehyde	0.2	0.2-1.0 mg/dl
Microscopic Examination		
Pus cells (leukocytes) Method:Microscopy	0-1	2 - 3 /hpf
Epithelial cells Method:Microscopy	0-1	2 - 5 /hpf
RBC (erythrocytes) Method:Microscopy	Absent	Absent
Casts Method:Microscopy	Absent	Occasional hyaline casts may be seen

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TEST REPORT

Crystals Method:Microscopy	Absent	Phosphate, oxalate, or urate crystals may be seen
Others Method:Microscopy	Nil	Nil

Method: Semi Quantitative test ,For CUE

Reference: Godkar Clinical Diagnosis and Management by Laboratory Methods, First South Asia edition. Product kit literature.

Interpretation:

The complete urinalysis provides a number of measurements which look for abnormalities in the urine. Abnormal results from this test can be indicative of a number of conditions including kidney disease, urinary tract infecation or elevated levels of substances which the body is trying to remove through the urine . A urinalysis test can help identify potential health problems even when a person is asymptomatic. All the abnormal results are to be correlated clinically.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist

Name	: **MR.KOGARA ANAND**	TID/SID	: UMR1995520/ 28295946
Age / Gender	: 38 Years / Male	Registered on	: 23-Sep-2024 / 08:53 AM
Ref.By	: SELF	Collected on	: 23-Sep-2024 / 09:00 AM
Req.No	: BIL4745474	Reported on	: 23-Sep-2024 / 13:23 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Blood Grouping ABO And Rh Typing, EDTA Whole Blood

Parameter	Results
Blood Grouping (ABO)	O
Rh Typing (D)	POSITIVE

Method: Hemagglutination Tube Method by Forward & Reverse Grouping

Reference: Tulip kit literature

Interpretation: The ABO grouping and Rh typing test determines blood type grouping (A,B, AB, O) and the Rh factor (positive or negative). A person's blood type is based on the presence or absence of certain antigens on the surface of their red blood cells and certain antibodies in the plasma. ABO antigens are poorly expresses at birth, increase gradually in strength and become fully expressed around 1 year of age.

Note: Records of previous blood grouping/Rh typing not available. Please verify before transfusion.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist

Name	: **MR.KOGARA ANAND**	TID/SID	: UMR1995520/ 28295946
Age / Gender	: 38 Years / Male	Registered on	: 23-Sep-2024 / 08:53 AM
Ref.By	: SELF	Collected on	: 23-Sep-2024 / 09:00 AM
Req.No	: BIL4745474	Reported on	: 23-Sep-2024 / 10:47 AM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF HEMATOPATHOLOGY

Erythrocyte Sedimentation Rate (ESR), Whole Blood

Investigation	Observed Value	Biological Reference Intervals
ESR 1st Hour Method:Modified Westergren	07	<=15 mm/hour

Complete Blood Count (CBC), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	15.5	13.0-18.0 g/dL
Packed Cell Volume Method:Derived from Impedance	46.3	40-54 %
Red Blood Cell Count. Method:Impedance Variation	4.76	4.3-6.0 Mill/Cumm
Mean Corpuscular Volume Method:Derived from Impedance	97.2	78-100 fL
Mean Corpuscular Hemoglobin Method:Derived from Impedance	**32.5**	27-32 pg
Mean Corpuscular Hemoglobin Concentration Method:Derived from Impedance	33.5	31.5-36 g/dL
Red Cell Distribution Width - CV Method:Derived from Impedance	13.4	11.5-16.0 %
Red Cell Distribution Width - SD Method:Derived from Impedance	45.6	39-46 fL
Total WBC Count. Method:Impedance Variation	9000	4000-11000 cells/cumm
Neutrophils Method:Impedance Variation, Flowcytometry	59.7	40-75 %
Lymphocytes Method:Microscopy	28.4	20-45 %
Eosinophils Method:Impedance Variation,Method_Desc= Flow Cytometry	2.6	01-06 %
Monocytes Method:Impedance Variation, Flowcytometry	9.1	01-10 %
Basophils. Method:Impedance Variation,Method_Desc= Flow Cytometry	0.2	00-02 %

Name	: **MR.KOGARA ANAND**	TID/SID	: UMR1995520/ 28295946
Age / Gender	: 38 Years / Male	Registered on	: 23-Sep-2024 / 08:53 AM
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		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

Absolute Neutrophils Count. Method:Calculated	5373	1500-6600 cells/cumm
Absolute Lymphocyte Count Method:Calculated	2556	1500-3500 cells/cumm
Absolute Eosinophils count. Method:Calculated	234	40-440 cells/cumm
Absolute Monocytes Count. Method:Calculated	819	<1000 cells/cumm
Absolute Basophils count. Method:Calculated	18	<200 cells/cumm
Platelet Count. Method:Impedance Variation	2.76	1.4-4.4 lakhs/cumm
Mean Platelet Volume. Method:Derived from Impedance	7.9	7.9-13.7 fL
Plateletcrit. Method:Derived from Impedance	0.21	0.18-0.28 %

Method: Automated Hematology Analyzer, Microscopy

Reference: Dacie and Lewis Practical Hematology,12th Edition

Interpretation: A Complete Blood Picture (CBP) is a screening test which can aid in the diagnosis of a variety of conditions and diseases such as anemia, leukemia, bleeding disorders and infections. This test is also useful in monitoring a person's reaction to treatment when a condition which affects blood cells has been diagnosed. All the abnormal results are to be correlated clinically.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Kavya SN

Dr.Kavya S N
Consultant Pathologist

Name	: **MR.KOGARA ANAND**	TID/SID	: UMR1995520/ 28295948F
Age / Gender	: 38 Years / Male	Registered on	: 23-Sep-2024 / 08:53 AM
Ref.By	: SELF	Collected on	: 23-Sep-2024 / 09:00 AM
Req.No	: BIL4745474	Reported on	: 23-Sep-2024 / 11:59 AM
	TEST REPORT	Reference	: Arcofemi Health Care Ltd -

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

Investigation	Observed Value	Biological Reference Interval
Blood Urea Nitrogen. Method:Kinetic, Urease - GLDH, Calculated	6	6-20 mg/dL

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

Creatinine, Serum

Investigation	Observed Value	Biological Reference Interval
Creatinine. Method:Spectrophotometry, Jaffe - IDMS Traceable	0.73	0.7-1.3 mg/dL

Interpretation:

Creatinine is a nitrogenous waste product produced by muscles from creatine. 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.

Biological reference interval changed; Reference: Tietz Textbook of Clinical Chemistry & Molecular Diagnostics, Fifth Edition.

Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Fasting Method:Hexokinase	**159**	Normal: <100 mg/dL Impaired FG: 100-125 mg/dL Diabetes mellitus: >/=126 mg/dL

Interpretation: It measures the Glucose levels in the blood with a prior fasting of 9-12 hours. The test helps screen a symptomatic/ asymptomatic person who is at risk for Diabetes. It is also used for regular monitoring of glucose levels in people with Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2022

Name	: **MR.KOGARA ANAND**	TID/SID	: UMR1995520/ 28295947
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Req.No	: BIL4745474	Reported on	: 23-Sep-2024 / 12:20 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Biological Reference Interval
Glucose Post Prandial Method:Hexokinase	**243**	Normal : <140 mg/dL Impaired PG: 140-199 mg/dL Diabetes mellitus: >/=200 mg/dL

Interpretation: This test measures the blood sugar levels 2 hours after a normal meal. Abnormally high blood sugars 2 hours after a meal reflect that the body is not producing sufficient insulin which is indicative of Diabetes.

Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2020.

Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Biological Reference Interval
Glycosylated Hemoglobin (HbA1c) Method:High-Performance Liquid Chromatography	**8.2**	Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 %
Estimated Average Glucose (eAG) Method:High-Performance Liquid Chromatography	189	mg/dL

Interpretation: It is an index of long-term blood glucose concentrations and a measure of the risk for developing microvascular complications in patients with diabetes. Absolute risks of retinopathy and nephropathy are directly proportional to the mean HbA1c concentration. In persons without diabetes, HbA1c is directly related to risk of cardiovascular disease.

In known diabetic patients, HbA1c can be considered as a tool for monitoring the glycemic control.
Excellent Control - 6 to 7 %,
Fair to Good Control - 7 to 8 %,
Unsatisfactory Control - 8 to 10 %
and Poor Control - More than 10 %.
Reference: American Diabetes Association. Standards of Medical Care in Diabetes-2018.

Bun/Creatinine Ratio, Serum

Investigation	Observed Value
BUN/Creatinine Ratio Method:Calculated	8

Reference:

A Manual of Laboratory Diagnostic Tests. Edition 7, Lippincott Williams and Wilkins, By Frances Talaska Fischbach, RN, BSN, MSN, and Marshall Barnett Dunning 111, BS, MS, Ph.D.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

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Req.No	: BIL4745474	Reported on	:
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist

Name	: **MR.KOGARA ANAND**	TID/SID	: UMR1995520/ 28295947
Age / Gender	: 38 Years / Male	Registered on	: 23-Sep-2024 / 08:53 AM
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		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

Investigation	Observed Value	Biological Reference Interval
Total Cholesterol Method:Spectrophotometry , CHOD - POD	98	Desirable: < 200 mg/dL Borderline: 200-239 mg/dL High: >/= 240 mg/dL
HDL Cholesterol Method:Spectrophotometry , Direct Measurement	36	Optimal : >=60 mg/dL Borderline : 40-59 mg/dL High Risk <40 mg/dL
Non HDL Cholesterol Method:Calculated	62	Optimal : <130 mg/dL Above Optimal : 130-159 mg/dL Borderline : 160-189 mg/dL High Risk : 190-219 mg/dL Very high Risk : >=220 mg/dL
LDL Cholesterol Method:Calculated	38.4	Optimum: <100 mg/dL Near/above optimum: 100-129 mg/dL Borderline: 130-159 mg/dL High: 160-189 mg/dL Very high: >/=190 mg/dL
VLDL Cholesterol Method:Calculated	23.60	<30 mg/dL
Total Cholesterol/HDL Ratio Method:Calculated	2.72	Optimal : <3.3 Low Risk : 3.4-4.4 Average Rsik : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0
LDL/HDL Ratio Method:Calculated	1.07	Optimal : 0.5-3.0 Borderline : 3.1-6.0 High Risk : >6.0
Triglycerides Method:Spectrophotometry, Enzymatic - GPO/POD	118	Normal:<150 mg/dL Borderline: 150-199 mg/dL High: 200-499 mg/dL Very high: >/=500 mg/dL mg/dl #

Interpretation: Lipids are fats and fat-like substances which are important constituents of cells and are rich sources of energy. A lipid profile typically includes total cholesterol, high density lipoproteins (HDL), low density lipoprotein (LDL), chylomicrons, triglycerides, very low density lipoproteins (VLDL), Cholesterol/HDL ratio .The lipid profile is used to assess the risk of developing a heart disease and to monitor its treatment. The results of the lipid profile are evaluated along with other known risk factors associated with heart disease to plan and monitor treatment. Treatment options require clinical correlation.**Reference:** Third Report of the National Cholesterol Education program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III), JAMA 2001.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

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Age / Gender	: 38 Years / Male	Registered on	: 23-Sep-2024 / 08:53 AM
Ref.By	: SELF	Collected on	:
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		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist

tenet DIAGNOSTICS
It's Good to Know

PLEASE SCAN QR CODE
TO VERIFY THE REPORT ONLINE

Name	: **MR.KOGARA ANAND**	TID/SID	: UMR1995520/ 28295947
Age / Gender	: 38 Years / Male	Registered on	: 23-Sep-2024 / 08:53 AM
Ref.By	: SELF	Collected on	: 23-Sep-2024 / 09:00 AM
Req.No	: BIL4745474	Reported on	: 23-Sep-2024 / 12:20 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Liver Function Test (LFT), Serum

Investigation	Result	Biological Reference Interval
Total Bilirubin. Method:Spectrophotometry, Diazo method	**2.33**	Neonates: <=15.0 mg/dL Adults: <=1.2 mg/dL
Direct Bilirubin. Method:Spectrophotometry, Diazo method	**1.1**	<=0.30 mg/dL
Indirect Bilirubin. Method:Calculated	**1.23**	Neonates: <= 14.7 mg/dL Adults: <= 1.0 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method: IFCC without pyridoxal phosphate activation	40	<=41 U/L
Aspartate Aminotransferase,(AST/SGOT) Method: IFCC without pyridoxal phosphate activation	33	<=40 U/L
ALP (Alkaline Phosphatase). Method:Spectrophotometry , IFCC	81	40-129 U/L
Gamma GT. Method:Spectrophotometry , IFCC	22	<60 U/L
Total Protein. Method:Spectrophotometry, Biuret	7.8	6.4-8.3 g/dL
Albumin. Method:Spectrophotometry, Bromcresol Green	4.5	3.5-5.2 g/dL
Globulin. Method:Spectrophotometry, Bromcresol Green	3.30	2.0-3.5 g/dL
A/GRatio. Method:Calculated	1.36	1.1-2.5

Interpretation: Liver functions tests help to identify liver disease, its severity, and its type. Generally these tests are performed in combination, are abnormal in liver disease, and the pattern of abnormality is indicative of the nature of liver disease. An isolated abnormality of a single liver function test usually means a non-hepatic cause. If several liver function tests are simultaneously abnormal, then hepatic etiology is likely.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist

tenet DIAGNOSTICS
It's Good to Know

PLEASE SCAN QR CODE
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Name	: **MR.KOGARA ANAND**	TID/SID	: UMR1995520/ 28295947
Age / Gender	: 38 Years / Male	Registered on	: 23-Sep-2024 / 08:53 AM
Ref.By	: SELF	Collected on	: 23-Sep-2024 / 09:00 AM
Req.No	: BIL4745474	Reported on	: 23-Sep-2024 / 11:40 AM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Prostate Specific Antigen (PSA) Total, Serum

Investigation	Observed Value	Biological Reference Interval
Prostate Specific Antigen (PSA) Total Method:ECLIA	0.274	0.0-4.0 ng/mL

Interpretation: PSA is a protein produced by cells in the prostate and is used to screen men for prostate cancer. PSA levels are elevated in Prostate cancer, and other conditions such as benign prostatic hyperplasia (BPH) and inflammation of the prostate. An elevated PSA may be followed by a biopsy and other tests like urinalysis and ultrasound to rule out urinary tract infections and for an accurate diagnosis. PSA levels are vital to determine the effectiveness of treatment and to detect recurrence in diagnosed cases of prostate cancer.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist

Name	: **MR.KOGARA ANAND**	TID/SID	: UMR1995520/ 28295947
Age / Gender	: 38 Years / Male	Registered on	: 23-Sep-2024 / 08:53 AM
Ref.By	: SELF	Collected on	: 23-Sep-2024 / 09:00 AM
Req.No	: BIL4745474	Reported on	: 23-Sep-2024 / 11:40 AM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Biological Reference Interval
Triiodothyronine Total (T3) Method:ECLIA	1.39	0.80-2.00 ng/mL **Note:** Biological Reference Ranges are changed due to change in method of testing.
Thyroxine Total (T4) Method:ECLIA	5.27	4.6-12.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:ECLIA	12.9	0.27-4.20 µIU/mL

Interpretation: A thyroid profile is used to evaluate thyroid function and/or help diagnose hypothyroidism and hyperthyroidism due to various thyroid disorders. T4 and T3 are hormones produced by the thyroid gland. They help control the rate at which the body uses energy, and are regulated by a feedback system. TSH from the pituitary gland stimulates the production and release of T4 (primarily) and T3 by the thyroid. Most of the T4 and T3 circulate in the blood bound to protein. A small percentage is free (not bound) and is the biologically active form of the hormones.

Reference: Tietz Fundamentals of Clinical Chemistry and Molecular Diagnostics, Carl A. Burtis, David E. Bruns.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist

Name	: **MR.KOGARA ANAND**	TID/SID	: UMR1995520/ 28295947
Age / Gender	: 38 Years / Male	Registered on	: 23-Sep-2024 / 08:53 AM
Ref.By	: SELF	Collected on	: 23-Sep-2024 / 09:00 AM
Req.No	: BIL4745474	Reported on	: 23-Sep-2024 / 12:05 PM
		Reference	: Arcofemi Health Care Ltd -

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

Investigation	Observed Value	Biological Reference Interval
Uric Acid. Method:Enzymatic	5.7	3.4-7.0 mg/dL

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.

* Sample processed at Regional Reference Laboratory, Tenet Diagnostics, Bangalore

--- End Of Report ---

Dr.M.G.Satish
Consultant Pathologist

PLEASE SCAN QR CODE

Name	**: Mr . KOGARA ANAND**	TID	: UMR1995520
Age/Gender	: 38 Years/Male	Registered On	: 23-Sep-2024 08:53 AM
Ref By	: SELF	Reported On	: 23-Sep-2024 12:18 PM
Reg.No	: BIL4745474	Reference	: Arcofemi Health Care Ltd - Medi Whe

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and shows diffusely increased echogenicity. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is distended. No obvious calculi. Wall thickness is normal.
CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size and echopattern.

KIDNEYS
Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation preserved. No evidence of calculus or hydronephrosis.

Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation preserved. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cm)	Parenchymal thickness (cm)
Right Kidney	10.6	2.0
Left Kidney	12.4	2.1

URINARY BLADDER shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape, size and echopattern.

No evidence of ascites.

IMPRESSION:

- **Grade II fatty infiltration of liver.**

*** End Of Report ***

Dr Ramachandra C R
Consultant Radiologist

PLEASE SCAN QR CODE

Name	**: Mr . KOGARA ANAND**	TID	: UMR1995520
Age/Gender	: 38 Years/Male	Registered On	: 23-Sep-2024 08:53 AM
Ref By	: SELF	Reported On	: 23-Sep-2024 11:49 AM
Reg.No	: BIL4745474	Reference	: Arcofemi Health Care Ltd - Medi Whe

X-RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

IMPRESSION:

- **No significant abnormality detected.**

*** End Of Report ***

Dr Lohith H P
Consultant Radiologist

PLEASE SCAN QR CODE

Name	**: Mr . KOGARA ANAND**	TID	: UMR1995520
Age/Gender	: 38 Years/Male	Registered On	: 23-Sep-2024 08:53 AM
Ref By	: SELF	Reported On	: 23-Sep-2024 11:45 AM
Reg.No	: BIL4745474	Reference	: Arcofemi Health Care Ltd - Medi Whe

ECHOCARDIOGRAM REPORT

MESUREMENTS

IVS (D):1.1 CM **LVID (D): 4.0CM** **LVPW (D): 1.1CM**

IVS(S):1.3 CM **LVID (S):3.0 CM** **LVPW(S):1.3 CM**

AO: 2.9 CM **LA:3.1 CM** **RVID (D):2.2 CM**

EF: 60%

VALVES:

MITRAL VALVE : NORMAL

AORTIC VALVE : NORMAL

TRICUSPID VALVE : NORMAL

PULMONARY VALVE : NORMAL

CHAMBERS:

LEFT ARTIUM : NORMAL

RIGHT ARTIUM : NORMAL

LEFT VENTRICLE : **MILD CONCENTRIC LVH**

RIGHT VENTRICLE : NORMAL

SEPTAE:

IVS : INTACT

IAS : INTACT

GREAT ARTERIES:

AORTA : NORMAL

PULMONARY ARTERY : NORMAL

PLEASE SCAN QR CODE

Name	**: Mr . KOGARA ANAND**	TID	: UMR1995520
Age/Gender	: 38 Years/Male	Registered On	: 23-Sep-2024 08:53 AM
Ref By	: SELF	Reported On	: 23-Sep-2024 11:45 AM
Reg.No	: BIL4745474	Reference	: Arcofemi Health Care Ltd - Medi Whe

DOPPLER STUDY:

MITRAL VALVE : E –0.7/ A –0.5M/S

AORTIC VALVE : 1.3 M/S

TRICUSPID VALVE : E –0.6/ A –0.4 M/S

PULMONARY VALVE : 0.9 M/S

WALL MOTION ABNORMALITIES: NO RWMA PRESENT

PERICARDIUM : NORMAL

VEGETATION / THROMBUS : NO

FINAL DIAGNOSIS:

- **MILD CONCENTRIC LVH.**
- **NORMAL LV SYSTOLIC FUNCTION.**
- **LVEF-60%.**
- **NO RWMA PRESENT.**
- **TRIVIAL MR.**
- **TRIVIAL TR (PASP-20 mmHg)**
- **NO PE / CLOT / VEGETATION SEEN.**

*** End Of Report ***

Dr.Sendil G
Consultant Cardiologist

Yogara anand
ID: bil474574

0

23.09.2024 10:41:25

SADASHIVNAGARA
BANGALORE

Male

38 Years

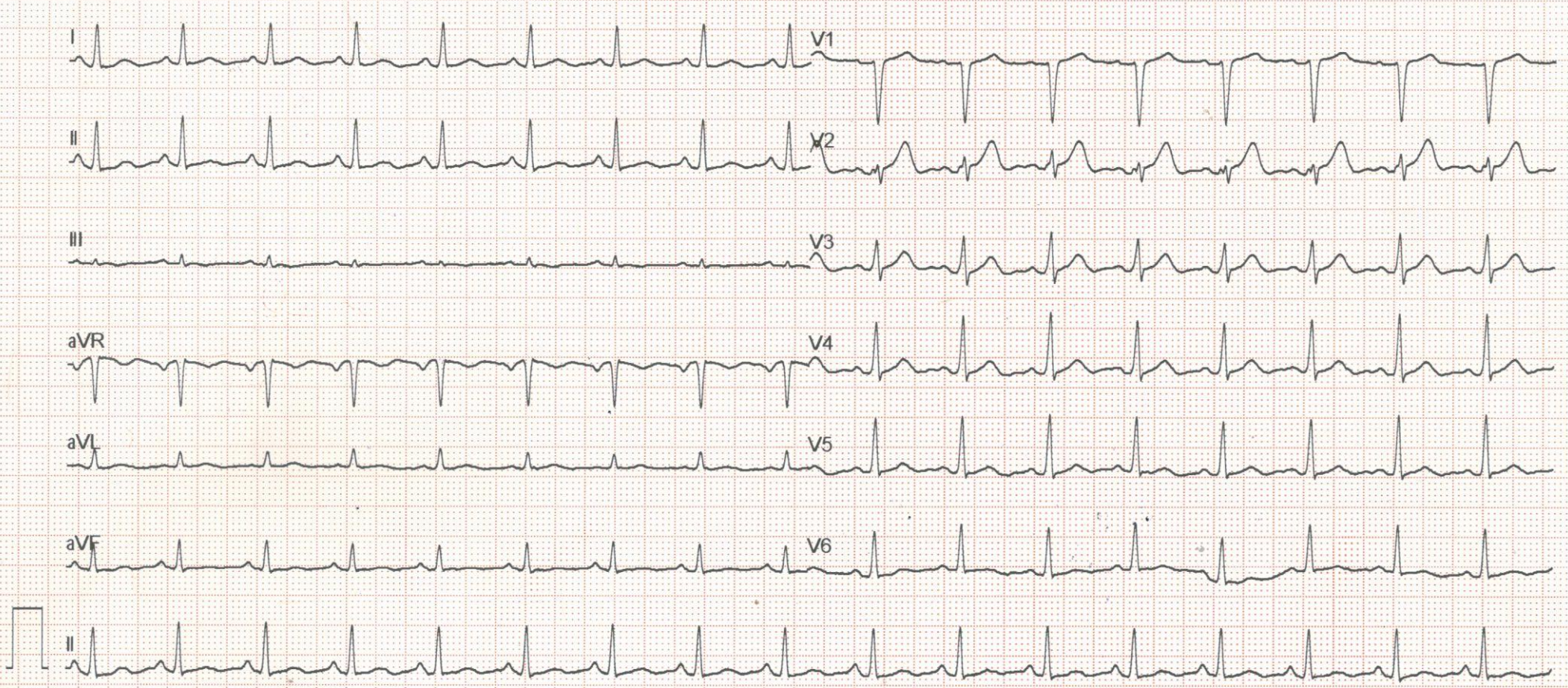
103 bpm

– / – mmHg

QRS	76 ms
QT / QTcBaz	322 / 421 ms
PR	126 ms
P	82 ms
RR / PP	584 / 582 ms
P / QRS / T	36 / 35 / 16 degrees

Sinus tachycardia
Otherwise normal ECG

Sinus tachycardia
Otherwise normal ECG



GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 2x5x6_25_R1 1/1

Unconfirmed

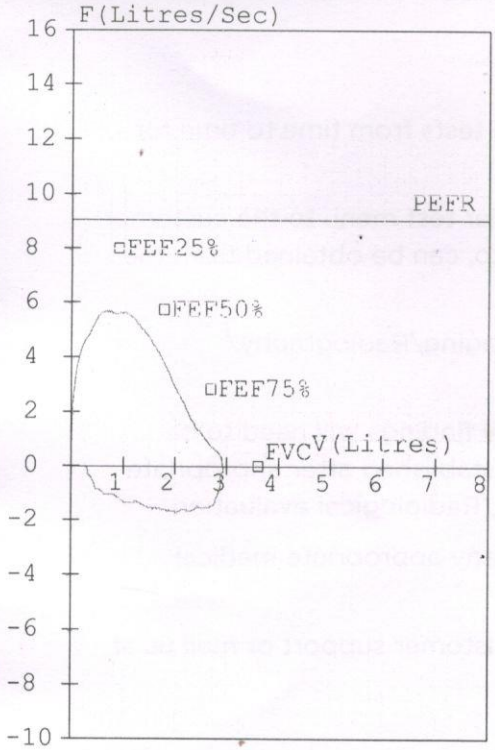
MICRO MED CHARTS

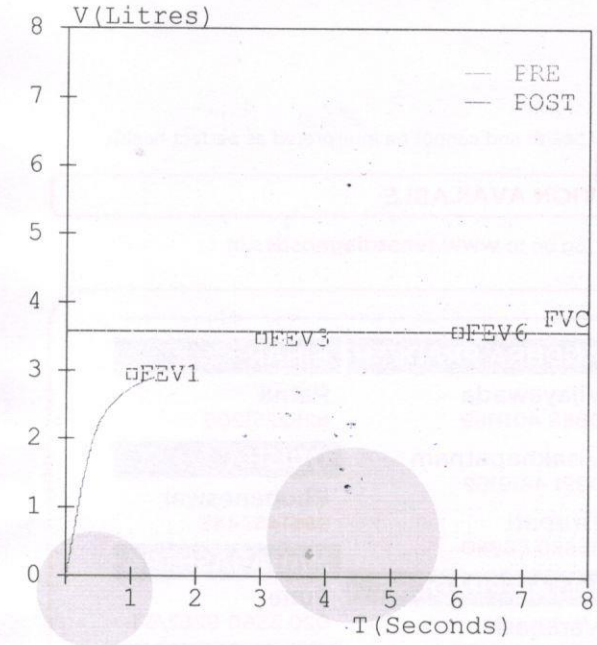
RECORDERS & MEDICARE SYSTEMS

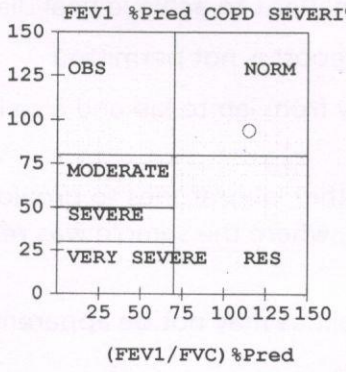
40/43, 8th Main Road 5th Cross Rd, Raj Mahal Vilas Extension, Sadashiva Nagar

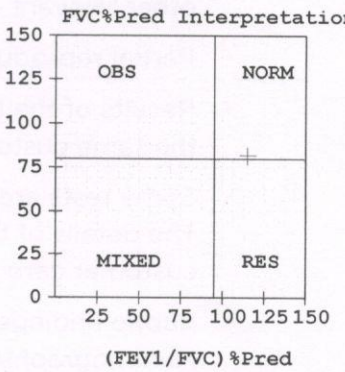
It's Good to Know

Patient: R ANAND		Age	: 38 Yrs	Gender	: Male
Refd.By:		Height	: 172 Cms	Smoker	: No
Pred.Eqns: RECORDERS		Weight	: 84 Kgs	Eth. Corr	: 100
Date	: 23-Sep-2024 12:21 PM	ID	: 474	Temp	:









FVC Results

Parameter		Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
FVC	(L)	03.58	02.92	082	-----	---	
FEV1	(L)	02.95	02.76	094	-----	---	
FEV1/FVC	(%)	82.40	94.52	115	-----	---	
FEF25-75	(L/s)	04.07	04.07	100	-----	---	
PEFR	(L/s)	09.06	05.62	062	-----	---	
FIVC	(L)	-----	02.63	---	-----	---	
FEV.5	(L)	-----	02.22	---	-----	---	
FEV3	(L)	03.47	02.92	084	-----	---	
PIFR	(L/s)	-----	01.72	---	-----	---	
FEF75-85	(L/s)	-----	01.57	---	-----	---	
FEF.2-1.2	(L/s)	07.13	05.25	074	-----	---	
FEF 25%	(L/s)	07.99	05.58	070	-----	---	
FEF 50%	(L/s)	05.73	04.75	083	-----	---	
FEF 75%	(L/s)	02.83	02.19	077	-----	---	
FEV.5/FVC	(%)	-----	76.03	---	-----	---	
FEV3/FVC	(%)	96.93	100.00	103	-----	---	
FET	(Sec)	-----	01.39	---	-----	---	
ExplTime	(Sec)	-----	00.10	---	-----	---	
Lung Age	(Yrs)	038	040	105	-----	---	
FEV6	(L)	03.58	-----	---	-----	---	
FIF25%	(L/s)	-----	01.54	---	-----	---	
FIF50%	(L/s)	-----	01.66	---	-----	---	
FIF75%	(L/s)	-----	01.31	---	-----	---	

Pre Test COPD Severity

Test within normal limits

Pre Medication Report Indicates

Early Small Airway Obstruction as FEF 25-75 %Pred or PEFR %Pred < 70

Spirometry within normal limits as (FEV1/FVC)%Pred >95 and FVC%Pred >80

RECORDERS & MEDICARE SYSTEMS

#40/43, 8th Main Road 5th Cross Rd, Raj Mahal Vilas Extension, Sadashiva Nagar

Patient: R ANAND		Age	: 38 Yrs	Gender	: Male
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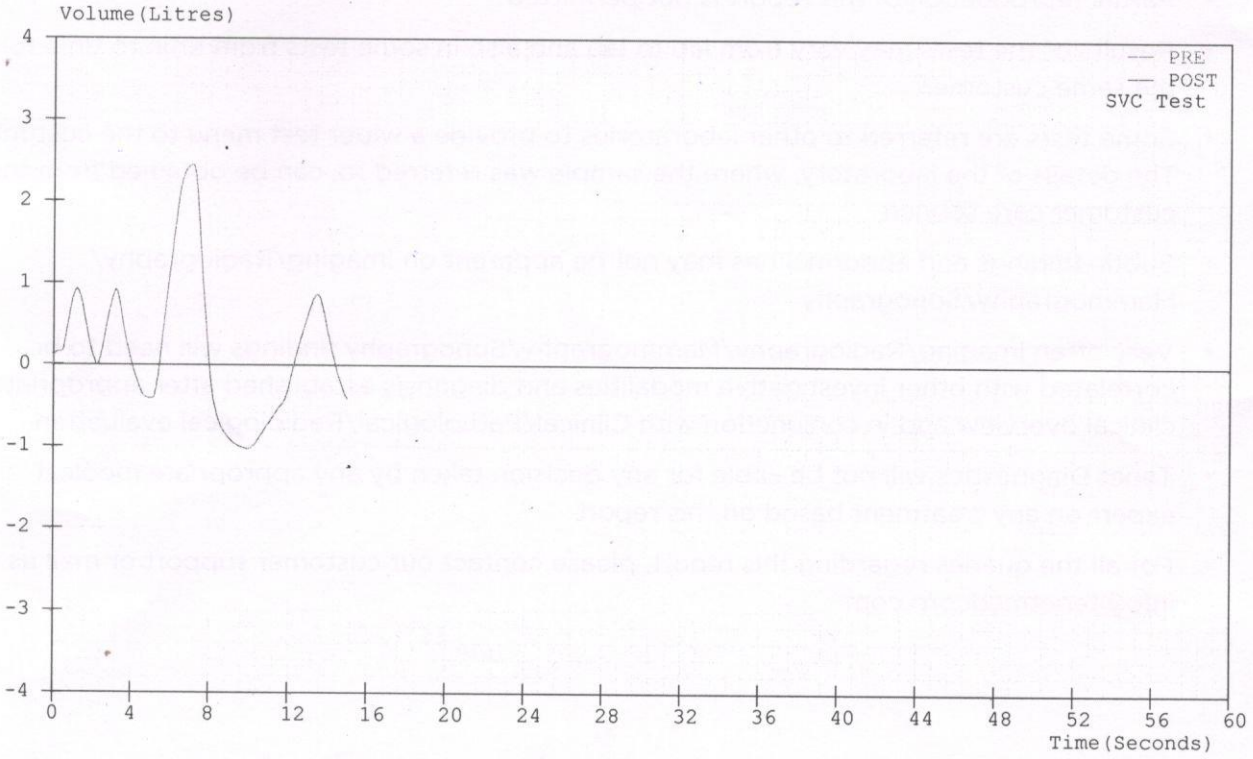

SVC Results

Parameter	Pred	M.Pre	%Pred	M.Post	%Pred	%Imp
SVC (L)	00.00	03.47	---	-----	---	
ERV (L)	01.42	00.62	044	-----	---	
IRV (L)	-----	01.52	---	-----	---	
VE (L/min)	-----	28.50	---	-----	---	
Rf (1/min)	-----	21.43	---	-----	---	
Ti (sec)	-----	00.90	---	-----	---	
Te (sec)	-----	01.90	---	-----	---	
VT (L)	-----	01.33	---	-----	---	
VT/Ti	-----	01.48	---	-----	---	
Ti/Ttot	-----	00.32	---	-----	---	
IC (L)	-----	02.85	---	-----	---	