




# 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 SANJAY [77573]	TID/SID	: UMR1382485/ 27304996
Age / Gender	: 39 Years / Male	Registered on	: 09-Mar-2024 / 08:26 AM
Ref.By	: -	Collected on	: 09-Mar-2024 / 08:27 AM
Req.No	:  BIL4026065	Reported on	: 09-Mar-2024 / 14:25 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)	Straw		Light Yellow
Appearance Method:Photo diode array sensor	Clear		Clear
Specific gravity Method:Ion concentration/colour indicator	1.005		1.003-1.030
Reaction and pH Method:Double Indicator	7.0		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

--- End Of Report ---



*Yatish Sai*

**Dr. Yatish Sai Lanke**  
Regd. No: 00856  
MD PATHOLOGY




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Req.No  Reported on : 09-Mar-2024 / 12:35 PM  
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### DEPARTMENT OF HEMATOLOGY

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

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

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**Dr.Jyothi Kiranmai**  
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### DEPARTMENT OF HEMATOLOGY

### Complete Blood Picture (CBP), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	14.3	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	43	%	40-50 %
MCV Method:Calculated	<b>79</b>	fL	83-101 fL
MCH Method:Calculated	<b>26.1</b>	pg	27-32 pg
MCHC Method:Calculated	33.2	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	<b>15.9</b>	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	6.5	10 <sup>3</sup> /μL	4-10 10cap;3/μL 10 <sup>3</sup> /μL
<b>Differential Count</b>			
Neutrophils Method:Flowcytometry/Microscopy	57	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	36	%	20-40 %
Monocytes Method:Flowcytometry/Microscopy	4	%	2-10 %
Eosinophils Method:Flowcytometry/Microscopy	3	%	1-6 %
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Absolute Neutrophil Count	3.71	10 <sup>3</sup> /μL	2.0-7.0 10 <sup>3</sup> /μL
Absolute Lymphocyte Count	2.34	10 <sup>3</sup> /μL	1.0-3.0 10 <sup>3</sup> /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	0.26	10 <sup>3</sup> /μL	0.20-1.0 10 <sup>3</sup> /μL
Absolute Eosinophils Count	0.2	10 <sup>3</sup> /μL	0.02-0.5 10 <sup>3</sup> /μL
Absolute Basophil Count	<b>00</b>	10 <sup>3</sup> /μL	0.02-0.1 10 <sup>3</sup> /μL
Platelet Count	<b>120</b>	10 <sup>3</sup> /μL	150-410 10 <sup>3</sup> /μL
Method:Electrical Impedence			

#### Peripheral Smear

RBC	Normocytic and Normochromic
Method:Microscopy	
WBC	Within normal limits.No abnormal cells seen.
Method:Microscopy	
Platelets	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 Method:Westergren	04	mm/hour	0-10 mm/hour

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Req.No	:  BIL4026065	Reported on	: 09-Mar-2024 / 09:14 AM
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### DEPARTMENT OF CARDIOLOGY

#### 2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.53 cm
Left Atrium	3.58 cm
Left Ventricle	LVDd: 4.21 cm IVSd : 0.9 cm EF: 65% LVDs: 2.73 cm LVPwd: 0.9 cm FS: 35%
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: 1.10 m/sec A: 0.6 m/sec Aortic flow : 1.09 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. LV EF 65% No diastolic dysfunction. No PE/ clot/ vegetation.

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Req.No :  Reported on : 09-Mar-2024 / 16:50 PM  
Reference : Medi Wheel  
BIL4026065

### DEPARTMENT OF CLINICAL CHEMISTRY I

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

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	9.9	mg/dL	7-23 mg/dL
Method:Calculated			

#### Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	0.89	mg/dL	0.60-1.30 mg/dL
Method:Alkaline Picrate			

#### Glucose Urine Fasting

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

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		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	<b>108</b>	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >/=126 mg/dL

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		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	<b>188</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)	5.2	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	102	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 :

- 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, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	<b>249</b>	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	52	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	<b>174</b>	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	23	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	117	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	4.79		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio Method:Calculated	3.35		Ideal : < 2 Good : 2 – 5 Bad : > 5

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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	0.94	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.28	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.66	mg/dL	0.2-0.8 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	25	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	47	U/L	30-115 U/L
<b>PROTEINS</b>			
Total Protein. Method:Biuret	7.91	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	4.74	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	1.50		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	26	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	0.355 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	1.60	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	7.96	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	3.32	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 Kiranmai**  
Regd. No: 52272  
MD PATHOLOGY






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7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited  
Certificate No.:MC-2566

## TEST REPORT

Name	: MR.KUMAR SANJAY [77573]	TID/SID	: UMR1382485/ 27304995
Age / Gender	: 39 Years / Male	Registered on	: 09-Mar-2024 / 08:26 AM
Ref.By	: -	Collected on	: 09-Mar-2024 / 08:27 AM
Req.No	:  BIL4026065	Reported on	: 09-Mar-2024 / 16:50 PM
		Reference	: Medi Wheel

### DEPARTMENT OF CLINICAL CHEMISTRY I

#### Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid.	7.10	mg/dL	2.5-8.0 mg/dL
Method:Uricase			

\* Sample processed at Parkline

--- End Of Report ---



*Yatish Sai*

**Dr. Yatish Sai Lanke**  
Regd. No: 00856  
MD PATHOLOGY






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## TEST REPORT

Name	: MR.KUMAR SANJAY [77573]	TID/SID	: UMR1382485/ 27304996
Age / Gender	: 39 Years / Male	Registered on	: 09-Mar-2024 / 08:26 AM
Ref.By	: -	Collected on	: 09-Mar-2024 / 08:27 AM
Req.No	:  BIL4026065	Reported on	: 09-Mar-2024 / 16:59 PM
		Reference	: Medi Wheel

### DEPARTMENT OF HEALTH CHECKUP

#### Glucose Urine Post Prandial

--

Urine Glucose Post Prandial	Nil	NIL
Method:Reagent strip/Reflectance photometry		

\* Sample processed at Parkline

--- End Of Report ---



*Yatish Sai*

**Dr. Yatish Sai Lanke**  
Regd. No: 00856  
MD PATHOLOGY



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Certificate No.MC-2566

## MEDICAL EXAMINATION REPORT

Name	MS. Kumar Sanjay		Date :	9/3/24	
Company	C/o Medi wheel		Reg. No. :	4028068	
Contact No.	750064147		Sex	<input checked="" type="checkbox"/> M	Age : <input type="checkbox"/> 39
Type	Pre-Emp		Emp. No.:	7753	
	Overseas		Height	168	
	Annual	<input checked="" type="checkbox"/>	Weight	60kgs	
Remarks	<p>Impaired glucose tolerance ⊕. Advice follow up.</p> <p>- Hypercholesterolemia ⊕. Advice follow up.</p> <p>- Rest all physical &amp; lab parameters wnl.</p>				
Fitness Status	Medically Fit / Unfit		<p>Dr. PRIYANKA SANNIDHI</p> <p>Physician's Signatures</p> <p>Regn. No. 11351</p>		



**Distant Vision : Near Vision :**

Right Eye: 6/9 - 1.0 90° 6/6

Right Eye: N6

With glasses / Without glasses

With glasses / Without glasses

left Eye: 6/9 - 1.0 90° 6/6

left Eye: N6

with glasses / without glasses

with glasses / without glasses

Colour Vision: BE normal

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

**Right Ear**

**Left Ear**

Hearing :

Rinee's Test ;

Weber Test : Right

Discharge :

**SYSTEMIC EXAMINATION**

Pulse : 80 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

**Nervous System**

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

A. Higher Function :  
B. Cranial Nerves :  
C. Sensory System : (N)  
D. Motor System :  
E. Jerks :

**General :**  
A. Hernia  
B. Hydrocele  
C. Varicocele  
NAD

**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 : 09-03-2024

Signature

*Paipy A.*

Place : Hyderabad

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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NABL Accredited  
Certificate No. MC-2566

## ENT EXAMINATION

S. No. 4026065

Emp. No. :

Date 9/3/2024

Name Mr. Kumar Sanjay

Age 39 Yrs

Sex M/F

### EARS :

### Right

### Left

EAC : Palms no cerumen - do -

TM : antart perchy white - do -  
cone of light (+)

TFT : Rinne's +ve Rinne's +ve  
Weber's - Central

NOSE : Septa (N). Bil. Turbinate (N). Puss (N) anterior

THROAT : Oropharynx (N). Bil. Uvula (N) moving

NECK : (N) Asymmetry b.l.

IMPRESSION : ENT clinically NAD.

Consultant ENT

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

Name : ..... *Sanjay Kumar* ..... Sex : ..... *M* ..... Age : ..... *39* .....

Date : ..... *9/3/24* .....

OPD No : .....

*cat m + + +*

*Adv oral prophylaxis.*

  
**Smilesss**   
MULTI SPECIALITY DENTAL CLINIC

*Smile Confidential... Not Confidential...*  
B.D.S, IMPLANTOLOGIST (USA)  
1-3-1, Rajamudaliar Street, Kalasiguda,  
Secunderabad, Cell : 8977910590,

*Sowmya*







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## TEST REPORT

Name : MR.KUMAR SANJAY [77573] TID/SID : UMR1382485/  
Age / Gender : 39 Years / Male Registered on : 09-Mar-2024 / 08:26 AM  
Ref.By : - Collected on : 09-Mar-2024 / 08:27 AM  
Reported on : 09-Mar-2024 / 09:14 AM  
Reference : Medi Wheel  
Req.No   
BIL4026065

### DEPARTMENT OF CARDIOLOGY

### 2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.53 cm
Left Atrium	3.58 cm
Left Ventricle	LVDd: 4.21 cm IVSd : 0.9 cm EF: 65% LVDs: 2.73 cm LVPwd: 0.9 cm FS: 35%
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: 1.10 m/sec A: 0.6 m/sec Aortic flow : 1.09 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. LV EF 65% 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



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7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com

## TEST REPORT

Name : **Mr . KUMAR SANJAY [77573]**  
Age / Gender : 39 Years / Male  
Ref.By :  
Req. No : BIL4026065

TID : UMR1382485  
Registered on : 09-Mar-2024 08:26 AM  
Reported On : 09-Mar-2024 10:30 AM  
Reference : Medi Wheel

### DEPARTMENT OF ULTRASOUND Ultrasound Whole Abdomen

**LIVER** : Normal in size and 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** : 11.4 x 5.1 cms.  
Normal in size and echotexture.  
Cortical thickness is normal.  
No evidence of calculi / sol.  
Pelvi calyceal system is normal.

**LEFT KIDNEY** : 11.2 x 5.8 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 3.2 x 3.1 x 2.9 cms(Vol: 15.8 cc). Normal in size and echotexture.  
No calcification / sol.  
No pre or para aortic adenopathy / ascites noted.

**IMPRESSION** : Normal Study.

**Clinical correlation**

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



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## TEST REPORT

Name : Mr . KUMAR SANJAY [77573]  
Age / Gender : 39 Years / Male  
Ref.By :  
Req. No : BIL4026065

TID : UMR1382485  
Registered on : 09-Mar-2024 08:26 AM  
Reported On : 09-Mar-2024 12:10 PM  
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. SATHVINDER**  
MDRD  
Regd.No: 56064  
Consultant Radiologist

ID: 4026065  
MR. KUMAR SANJAY  
Male 39Years

09-03-2024 09:07:59 AM

HR : 76 bpm  
P : 103 ms  
PR : 151 ms  
QRS : 84 ms  
QT/QTc : 327/368 ms  
P/QRS/T : 68/101/52 °  
RV5/SV1 : 1.377/0.086 mV

Diagnosis Information:

Sinus Rhythm  
Slight ST Elevation(V4)  
Right Axis Deviation

*Handwritten signature*

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

Report Confirmed by:



