

Patient Name : Mr.DIWAKARAN S .  
Age/Gender : 44 Y 6 M 28 D/M  
UHID/MR No : SALW.0000135653  
Visit ID : SALWOPV201233  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 62734

Collected : 09/Dec/2023 09:41AM  
Received : 09/Dec/2023 10:45AM  
Reported : 09/Dec/2023 11:54AM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**PERIPHERAL SMEAR , WHOLE BLOOD EDTA**

METHODOLOGY: MICROSCOPIC


RBC : Predominantly Normocytic Normochromic RBCS.

WBC : Normal in count and distribution. No abnormal cells seen..

PLATELET : Adequate on smear.

PARASITES : No haemoparasites seen.

IMPRESSION : Normal blood picture.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:BED230304041

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**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HEMOGRAM , WHOLE BLOOD EDTA</b>				
<b>HAEMOGLOBIN</b>	14.5	g/dL	13-17	Spectrophotometer
PCV	45.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	5.27	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86	fL	83-101	Calculated
MCH	27.5	pg	27-32	Calculated
MCHC	31.9	g/dL	31.5-34.5	Calculated
R.D.W	13.7	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	6,000	cells/cu.mm	4000-10000	Electrical Impedence
<b>DIFFERENTIAL LEUCOCYTIC COUNT (DLC)</b>				
NEUTROPHILS	66	%	40-80	Electrical Impedence
LYMPHOCYTES	28	%	20-40	Electrical Impedence
EOSINOPHILS	01	%	1-6	Electrical Impedence
MONOCYTES	05	%	2-10	Electrical Impedence
<b>ABSOLUTE LEUCOCYTE COUNT</b>				
NEUTROPHILS	3960	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1680	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	60	Cells/cu.mm	20-500	Calculated
MONOCYTES	300	Cells/cu.mm	200-1000	Calculated
<b>PLATELET COUNT</b>	381000	cells/cu.mm	150000-410000	Electrical impedence
<b>ERYTHROCYTE SEDIMENTATION RATE (ESR)</b>	08	mm at the end of 1 hour	0-15	Modified Westergren
<b>PERIPHERAL SMEAR</b>				
..				

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
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Collected : 09/Dec/2023 09:41AM  
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF HAEMATOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>BLOOD GROUP ABO AND RH FACTOR , WHOLE BLOOD EDTA</b>				
BLOOD GROUP TYPE	B			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

PLEASE NOTE THIS SAMPLE HAS BEEN TESTED ONLY FOR ABO MAJOR GROUPING AND ANTI D ONLY



Dr THILAGA  
M.B.B.S,M.D(Pathology)  
Consultant Pathologist

SIN No:HA06156842

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.



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Visit ID : SALWOPV201233  
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Collected : 09/Dec/2023 11:26AM  
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Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , NAF PLASMA	205	mg/dL	70-100	GOD - POD

**Comment:**

As per American Diabetes Guidelines, 2023

Fasting Glucose Values in mg/dL	Interpretation
70-100 mg/dL	Normal
100-125 mg/dL	Prediabetes
≥126 mg/dL	Diabetes
<70 mg/dL	Hypoglycemia

**Note:**

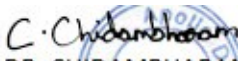
- The diagnosis of Diabetes requires a fasting plasma glucose of  $>$  or  $=$  126 mg/dL and/or a random / 2 hr post glucose value of  $>$  or  $=$  200 mg/dL on at least 2 occasions.
- Very high glucose levels ( $>$ 450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical.

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, POST PRANDIAL (PP), 2 HOURS , SODIUM FLUORIDE PLASMA (2 HR)	345	mg/dL	70-140	GOD - POD

**Comment:**

It is recommended that FBS and PPBS should be interpreted with respect to their Biological reference ranges and not with each other.

Conditions which may lead to lower postprandial glucose levels as compared to fasting glucose levels may be due to reactive hypoglycemia, dietary meal content, duration or timing of sampling after food digestion and absorption, medications such as insulin preparations, sulfonylureas, amylin analogues, or conditions such as overproduction of insulin.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:PLP1395059





Patient Name : Mr.DIWAKARAN S .  
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Collected : 09/Dec/2023 09:41AM  
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Reported : 09/Dec/2023 12:40PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>HBA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA</b>				
HBA1C, GLYCATED HEMOGLOBIN	10.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	263	mg/dL		Calculated

**Comment:**

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

REFERENCE GROUP	HBA1C %
NON DIABETIC	<5.7
PREDIABETES	5.7 – 6.4
DIABETES	≥ 6.5
DIABETICS	
EXCELLENT CONTROL	6 – 7
FAIR TO GOOD CONTROL	7 – 8
UNSATISFACTORY CONTROL	8 – 10
POOR CONTROL	>10

**Note:** Dietary preparation or fasting is not required.

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1C values is a better indicator of Glycemic control than a single test.
- Low HbA1C in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference of Hemoglobin variants in HbA1C, alternative methods (Fructosamine) estimation is recommended for Glycemic Control
  - A: HbF >25%
  - B: Homozygous Hemoglobinopathy.
 (Hb Electrophoresis is recommended method for detection of Hemoglobinopathy)



DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:EDT230111879

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIPID PROFILE , SERUM</b>				
TOTAL CHOLESTEROL	<b>245</b>	mg/dL	<200	CHE/CHO/POD
TRIGLYCERIDES	114	mg/dL	<150	
HDL CHOLESTEROL	<b>29</b>	mg/dL	>40	CHE/CHO/POD
NON-HDL CHOLESTEROL	<b>216</b>	mg/dL	<130	Calculated
LDL CHOLESTEROL	<b>193.2</b>	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	<b>8.45</b>		0-4.97	Calculated


**Comment:**

Reference Interval as per National Cholesterol Education Program (NCEP) Adult Treatment Panel III Report.

	Desirable	Borderline High	High	Very High
TOTAL CHOLESTEROL	< 200	200 - 239	≥ 240	
TRIGLYCERIDES	<150	150 - 199	200 - 499	≥ 500
LDL	Optimal < 100 Near Optimal 100-129	130 - 159	160 - 189	≥ 190
HDL	≥ 60			
NON-HDL CHOLESTEROL	Optimal <130; Above Optimal 130-159	160-189	190-219	>220

- Measurements in the same patient on different days can show physiological and analytical variations.
- NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
- Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
- Low HDL levels are associated with Coronary Heart Disease due to insufficient HDL being available to participate in reverse cholesterol transport, the process by which cholesterol is eliminated from peripheral tissues.
- As per NCEP guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol is recommended.
- VLDL, LDL Cholesterol Non HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 350mg/dl. When Triglycerides are more than 350 mg/dl LDL cholesterol is a direct measurement.

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04564513




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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

  
DR. CHIDAMBHARAM C  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>LIVER FUNCTION TEST (LFT) , SERUM</b>				
BILIRUBIN, TOTAL	0.50	mg/dL	0.1-1.2	Azobilirubin
BILIRUBIN CONJUGATED (DIRECT)	0.20	mg/dL	0.1-0.4	DIAZO DYE
BILIRUBIN (INDIRECT)	0.30	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	26	U/L	4-44	JSCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	19.0	U/L	8-38	JSCC
ALKALINE PHOSPHATASE	64.00	U/L	32-111	IFCC
PROTEIN, TOTAL	7.30	g/dL	6.7-8.3	BIURET
ALBUMIN	<b>5.10</b>	g/dL	3.8-5.0	BROMOCRESOL GREEN
GLOBULIN	2.20	g/dL	2.0-3.5	Calculated
A/G RATIO	<b>2.32</b>		0.9-2.0	Calculated

**Comment:**

LFT results reflect different aspects of the health of the liver, i.e., hepatocyte integrity (AST & ALT), synthesis and secretion of bile (Bilirubin, ALP), cholestasis (ALP, GGT), protein synthesis (Albumin)

Common patterns seen:


**1. Hepatocellular Injury:**

- AST – Elevated levels can be seen. However, it is not specific to liver and can be raised in cardiac and skeletal injuries.
- ALT – Elevated levels indicate hepatocellular damage. It is considered to be most specific lab test for hepatocellular injury. Values also correlate well with increasing BMI.
- Disproportionate increase in AST, ALT compared with ALP.
- Bilirubin may be elevated.
- AST: ALT (ratio) – In case of hepatocellular injury AST: ALT > 1 In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilson's diseases, Cirrhosis, but the increase is usually not >2.

**2. Cholestatic Pattern:**

- ALP – Disproportionate increase in ALP compared with AST, ALT.
- Bilirubin may be elevated.
- ALP elevation also seen in pregnancy, impacted by age and sex.

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DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04564513






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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

- To establish the hepatic origin correlation with GGT helps. If GGT elevated indicates hepatic cause of increased ALP.
- 3. **Synthetic function impairment:**
- Albumin- Liver disease reduces albumin levels.
- Correlation with PT (Prothrombin Time) helps.

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
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**DEPARTMENT OF BIOCHEMISTRY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , SERUM</b>				
CREATININE	0.62	mg/dL	0.6-1.1	ENZYMATIC METHOD
UREA	22.47	mg/dL	17-48	Urease
BLOOD UREA NITROGEN	10.5	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.00	mg/dL	4.0-7.0	URICASE
CALCIUM	8.80	mg/dL	8.4-10.2	CPC
PHOSPHORUS, INORGANIC	4.00	mg/dL	2.6-4.4	PNP-XOD
SODIUM	140	mmol/L	135-145	Direct ISE
POTASSIUM	4.4	mmol/L	3.5-5.1	Direct ISE
CHLORIDE	100	mmol/L	98 - 107	Direct ISE

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

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**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , SERUM</b>	23.00	U/L	16-73	Glycylglycine Kinetic method

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:SE04564513

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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>THYROID PROFILE TOTAL (T3, T4, TSH) , SERUM</b>				
TRI-IODOTHYRONINE (T3, TOTAL)	0.91	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	12.09	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	4.800	µIU/mL	0.34-5.60	CLIA

**Comment:**

For pregnant females	Bio Ref Range for TSH in uIU/ml (As per American Thyroid Association)
First trimester	0.1 - 2.5
Second trimester	0.2 - 3.0
Third trimester	0.3 - 3.0

1. TSH is a glycoprotein hormone secreted by the anterior pituitary. TSH activates production of T3 (Triiodothyronine) and its prohormone T4 (Thyroxine). Increased blood level of T3 and T4 inhibit production of TSH.
2. TSH is elevated in primary hypothyroidism and will be low in primary hyperthyroidism. Elevated or low TSH in the context of normal free thyroxine is often referred to as sub-clinical hypo- or hyperthyroidism respectively.
3. Both T4 & T3 provides limited clinical information as both are highly bound to proteins in circulation and reflects mostly inactive hormone. Only a very small fraction of circulating hormone is free and biologically active.
4. Significant variations in TSH can occur with circadian rhythm, hormonal status, stress, sleep deprivation, medication & circulating antibodies.

TSH	T3	T4	FT4	Conditions
High	Low	Low	Low	Primary Hypothyroidism, Post Thyroidectomy, Chronic Autoimmune Thyroiditis
High	N	N	N	Subclinical Hypothyroidism, Autoimmune Thyroiditis, Insufficient Hormone Replacement Therapy.
N/Low	Low	Low	Low	Secondary and Tertiary Hypothyroidism
Low	High	High	High	Primary Hyperthyroidism, Goitre, Thyroiditis, Drug effects, Early Pregnancy
Low	N	N	N	Subclinical Hyperthyroidism
Low	Low	Low	Low	Central Hypothyroidism, Treatment with Hyperthyroidism
Low	N	High	High	Thyroiditis, Interfering Antibodies
N/Low	High	N	N	T3 Thyrotoxicosis, Non thyroidal causes

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DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL23178301

This test has been performed at Apollo Health and Lifestyle Ltd - Chennai, Diagnostics Laboratory.

**APOLLO SPECIALTY HOSPITALS PRIVATE LIMITED**

(Formerly Known as Nova Specialty Hospitals Private Limited)

CIN : U85100TG2009PTC099414

Registered Office:No.7-1-617A,615&616, Imperial Towers, 7th Floor, Opp.Ameerpet Metro Station Ameerpet, Hyderabad, Telangana-500 038.

**BENGALURU | CHENNAI | DELHI | JAIPUR | KANPUR | MUMBAI | PUNE**



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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

High High High High Pituitary Adenoma; TSHoma/Thyrotropinoma



DR.R.SRIVATSAN  
M.D.(Biochemistry)



SIN No:SPL23178301

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**DEPARTMENT OF IMMUNOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
TOTAL PROSTATIC SPECIFIC ANTIGEN (tPSA) , SERUM	1.040	ng/mL	0-4	CLIA



**Dr. RAJESH BATTINA**  
PhD.(Biochemistry)  
Consultant Biochemist

SIN No:IM06594960

This test has been performed at Apollo Health & Lifestyle Ltd, Global Reference Laboratory,Hyderabad



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Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
<b>COMPLETE URINE EXAMINATION (CUE) , URINE</b>				
<b>PHYSICAL EXAMINATION</b>				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.030		1.002-1.030	Dipstick
<b>BIOCHEMICAL EXAMINATION</b>				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	POSITIVE (++)		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRlich
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
<b>CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY</b>				
PUS CELLS	2-4	/hpf	0-5	Microscopy
EPITHELIAL CELLS	2-3	/hpf	<10	MICROSCOPY
RBC	ABSENT	/hpf	0-2	MICROSCOPY
CASTS	ABSENT		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

Page 15 of 16

  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST

SIN No:UR2237619



Patient Name : Mr.DIWAKARAN S .  
Age/Gender : 44 Y 6 M 28 D/M  
UHID/MR No : SALW.0000135653  
Visit ID : SALWOPV201233  
Ref Doctor : Dr.SELF  
Emp/Auth/TPA ID : 62734

Collected : 09/Dec/2023 09:41AM  
Received : 09/Dec/2023 01:46PM  
Reported : 09/Dec/2023 02:02PM  
Status : Final Report  
Sponsor Name : ARCOFEMI HEALTHCARE LIMITED

**DEPARTMENT OF CLINICAL PATHOLOGY**

**ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS ABOVE 50Y MALE - 2D ECHO - PAN INDIA - FY2324**

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(POST PRANDIAL)	POSITIVE (+++)		NEGATIVE	Dipstick

Test Name	Result	Unit	Bio. Ref. Range	Method
URINE GLUCOSE(FASTING)	POSITIVE (++)		NEGATIVE	Dipstick

\*\*\* End Of Report \*\*\*

*C. Chidambaram*  
DR. CHIDAMBHARAM C  
M.D., D.N.B.  
CONSULTANT PATHOLOGIST  
SIN No:UF009978

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<b>Patient Name</b>	: Mr. DIWAKARAN S .	<b>Age/Gender</b>	: 44 Y/M
<b>UHID/MR No.</b>	: SALW.0000135653	<b>OP Visit No</b>	: SALWOPV201233
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 11-12-2023 15:17
<b>LRN#</b>	: RAD2173598	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 62734		

**DEPARTMENT OF RADIOLOGY**

**ULTRASOUND - WHOLE ABDOMEN**

Liver measures about 17.0cm with fatty changes (Grade I).  
Intra and extra hepatic biliary passages are not dilated.

Gall bladder - Partially distended. No calculi imaged.  
Wall thickness appear normal.

Pancreas / Para aortic / Portal region obscured.  
Spleen measures 7.9cm and shows uniform echotexture.

Visualised aorta and IVC are normal.  
No evidence of ascites .

Right kidney measures 10.5 x 5.2cm.  
Left kidney measures 10.3 x 6.0cm.  
Both kidneys show normal echopattern with no evidence of calculi or calyceal dilatation.

Prostate measures 3.1 x 3.4 x 3.1cm(Vol-18ml).

Bladder - Inadequately distended.

**IMPRESSION:**

HEPATOMEGALY WITH FATTY CHANGES.

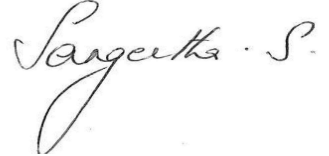
PANCREAS / PARA AORTIC / PORTAL REGION OBSCURED.

**Patient Name** : Mr. DIWAKARAN S .

**Age/Gender** : 44 Y/M

**SUGGESTED CLINICAL CORRELATION.**

(The sonography findings should always be considered in correlation with the clinical and other investigation finding where applicable).



**Dr. S SANGEETHA**  
**MBBS., TRAINED IN ULTRASONOGRAPHY**  
Radiology



બંક ઝીંઘ બરોડા  
Bank of Baroda

S. DIWAKARAN

કર્તા  
Name

62734

NO.

Issuing Authority

મુદ્રા  
Signature



Signature of Holder

મુદ્રા  
Signature

12/05/1979

9790129159

12/05/1979

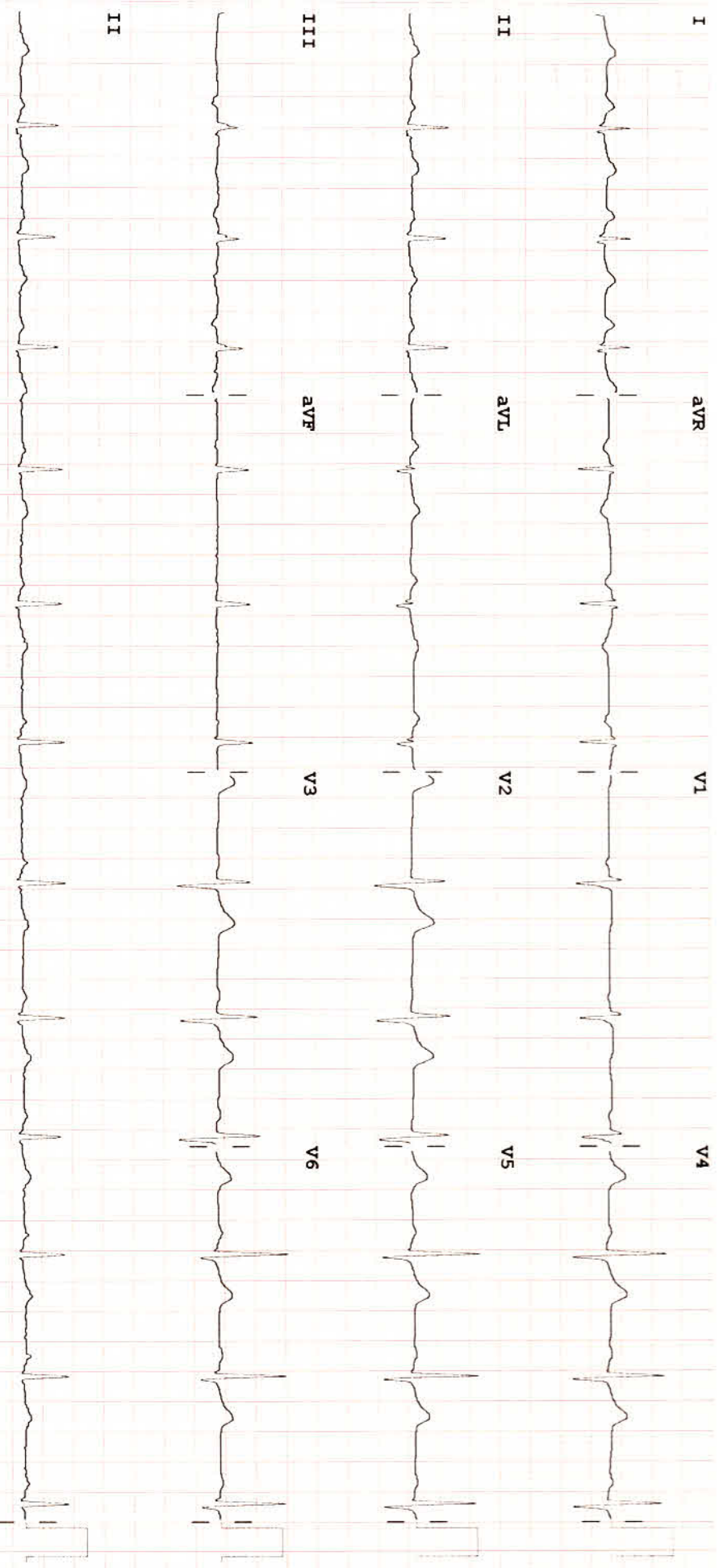
Rate 73 Sinus rhythm.....normal P axis, V-rate 50- 99

PR 167  
QRSD 87  
QT 394  
QTc 435

--AXIS--  
P 0  
QRS 75  
T 10

- NORMAL ECG -

Unconfirmed Diagnosis



Dev:

Speed: 25 mm/sec  
Limb: 10 mm/mV  
Chest: 10.0 mm/mV

PHILIPS

REORDER NUMBER

F 50 ~ 0.50 ~ 40 Hz W

PH100B CL P?



Patient Name : Mr. DIWAKARAN S.  
UHID : SALW.0000135653  
Conducted By :  
Referred By : SELF  
Age : 44 Y/M  
OP Visit No : SALWOPV201233  
Conducted Date : 09-12-2023 15:10

**2D-ECHO WITH COLOUR DOPPLER**

Dimensions:  
Ao (cd) 3.0 CM  
LA (es) 2.7 CM  
LVID (ed) 4.6 CM  
LVID (es) 3.0 CM  
IVS (Ed) 0.8 CM  
LVPW (Ed) 0.8 CM  
EF 65%  
%FD 35%  
MITRAL VALVE : NORMAL  
AMI NORMAL  
PML NORMAL  
AORTIC VALVE NORMAL  
TRICUSPID VALVE NORMAL  
RIGHT VENTRICLE NORMAL  
INTER ATRIAL SEPTUM INTACT  
INTER VENTRICULAR SEPTUM INTACT  
AORTA NORMAL  
RIGHT ATRIUM NORMAL  
LEFT ATRIUM NORMAL  
Pulmonary Valve NORMAL  
PERICARDIUM NORMAL  
LEFT VENTRICLE:

NO REGIONAL WALL MOTION ABNORMALITY  
NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION

**COLOUR AND DOPPLER STUDIES**

PWD: A<E AT MITRAL INFLOW

E/A-E: 0.6m/sec A: 0.4m/sec

VELOCITY ACROSS THE PULMONIC VALVE UPTO  
0.9m/sec

VELOCITY ACROSS THE AV UPTO 0.8m/sec

TR VELOCITY UPTO 1.9m/sec 15mmHg

IMPRESSION

NO REGIONAL WALL MOTION ABNORMALITY  
LEFT VENTRICLE NORMAL IN SIZE  
NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION(LVEF-65%)  
TRIVIAL MITRAL REGURGITATION  
TRIVIAL TRICUSPID REGURGITATION  
NO PULMONARY ARTERY HYPERTENSION  
NO PERICARDIAL EFFUSION / CLOT.

Done By Mrs. KALAIYARASI

  
DR J CECILY MARY MAJELLA MD.DM (Cardio)

# OPHTHALMIC RECORD

NAME : Mr. DIWAKARAN S.  
AGE : SALW.0000135653 44/M  
I.D. NO.:

DATE: 09/12/23

REFERRAL DETAILS : MHC

ALLERGIES : Not aware of any

OCULAR HISTORY : NO specific ocular c/o  
H/O: Using spectacles x 10yrs

SYSTEMIC ILLNESS :  
H/O: Thyroid x 10yrs ↓ Rx

CURRENT MEDICATION: T. Thyronom 1-0-0

INVESTIGATIONS :

MAIN DIAGNOSIS

TREATMENT GIVEN

RE

LE

PRESENT GLASSES :  
NV ADD :

$\pm | \overline{1.25 \times 80}$

$\pm | \overline{0.75 \times 70}$

VN. WITH PG :

6/6, NB

6/6, NB

VISION UNAIDED :

VN WITH PH :

RETINOSCOPY :

AR

$\pm | \overline{2.25 \times 80}$

$0.75 | \overline{0.50 \times 69}$

SUBJECTIVE :

$\pm | \overline{1.25 \times 80}$   
(6/6)

$-0.50 | \overline{0.75 \times 70}$   
(6/6)

ANTERIOR SEGMENT :

Add OU: +1.50 DS (NB)  
(senne asok Rx)

Pupils OU: RTL

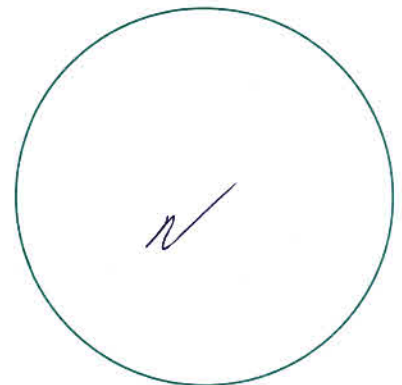
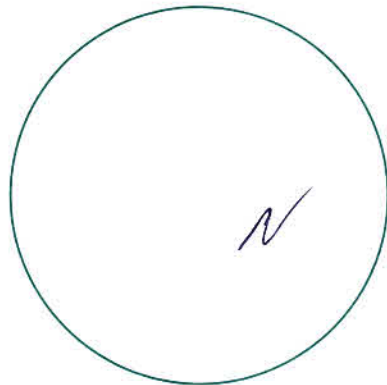
Color vn: Normal  
(00) (21/21)

IOP

(R) 14 mmHg  
(L) 14 mmHg

@ 11.10 AM

FUNDUS :



1 day +

MAIN DIAGNOSIS

*Ref. en.*

ADVICE / DISCUSSION :

*Alm.*

REVIEW :

*J. D. Clara Rumbi*  
SIGNATURE



<b>Patient Name</b>	: Mr. DIWAKARAN S .	<b>Age/Gender</b>	: 44 Y/M
<b>UHID/MR No.</b>	: SALW.0000135653	<b>OP Visit No</b>	: SALWOPV201233
<b>Sample Collected on</b>	:	<b>Reported on</b>	: 09-12-2023 17:50
<b>LRN#</b>	: RAD2173598	<b>Specimen</b>	:
<b>Ref Doctor</b>	: SELF		
<b>Emp/Auth/TPA ID</b>	: 62734		

**DEPARTMENT OF RADIOLOGY**

**X-RAY CHEST PA**

Lung fields are clear.

Cardio thoracic ratio is normal.

Apices, costo and cardiophrenic angles are free.

Cardio vascular shadow and hila show no abnormal feature.

Bony thorax shows no significant abnormality.

Domes of diaphragm are well delineated.

**Impression:**

Normal study.



**Dr. ARUN KUMAR S**  
**MBBS, DMRD, DNB**  
Radiology