Patient Name	: Mr.KARTIK KANSAL	Collected	: 24/Mar/2024 10:27AM
Age/Gender	: 38 Y 6 M 14 D/M	Received	: 24/Mar/2024 12:59PM
UHID/MR No	: CMAR.0000344581	Reported	: 24/Mar/2024 02:41PM
Visit ID	: CMAROPV790683	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 173828 D		

DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
HEMOGRAM , *WHOLE BLOOD EDTA*				
HAEMOGLOBIN	14.2	g/dL	13-17	Spectrophotometer
PCV	42.40	%	40-50	Electronic pulse & Calculation
RBC COUNT	4.89	Million/cu.mm	4.5-5.5	Electrical Impedence
MCV	86.8	fL	83-101	Calculated
MCH	29.1	pg	27-32	Calculated
MCHC	33.5	g/dL	31.5-34.5	Calculated
R.D.W	**15.1**	%	11.6-14	Calculated
TOTAL LEUCOCYTE COUNT (TLC)	8,650	cells/cu.mm	4000-10000	Electrical Impedance
DIFFERENTIAL LEUCOCYTIC COUNT (DLC)				
NEUTROPHILS	57.3	%	40-80	Electrical Impedance
LYMPHOCYTES	**18.7**	%	20-40	Electrical Impedance
EOSINOPHILS	**15.4**	%	1-6	Electrical Impedance
MONOCYTES	8	%	2-10	Electrical Impedance
BASOPHILS	0.6	%	<1-2	Electrical Impedance
ABSOLUTE LEUCOCYTE COUNT				
NEUTROPHILS	4956.45	Cells/cu.mm	2000-7000	Calculated
LYMPHOCYTES	1617.55	Cells/cu.mm	1000-3000	Calculated
EOSINOPHILS	**1332.1**	Cells/cu.mm	20-500	Calculated
MONOCYTES	692	Cells/cu.mm	200-1000	Calculated
BASOPHILS	51.9	Cells/cu.mm	0-100	Calculated
Neutrophil lymphocyte ratio (NLR)	3.06		0.78- 3.53	Calculated
PLATELET COUNT	273000	cells/cu.mm	150000-410000	Electrical impedence
ERYTHROCYTE SEDIMENTATION RATE (ESR)	**17**	mm at the end of 1 hour	0-15	Modified Westegren method
PERIPHERAL SMEAR				

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Consultant Pathologist

Dr Priya Murthy
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Consultant Pathologist

SIN No:BED240081168

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

RBCs: are normocytic normochromic

WBCs: are normal in total number with increase in eosinophils count and proportion.

PLATELETS: appear adequate, normal morphology.

HEMOPARASITES: negative

IMPRESSION: NORMOCYTIC NORMOCHROMIC BLOOD PICTURE WITH MILD EOSINOPHILIA.

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UHID/MR No	: CMAR.0000344581	Reported	: 24/Mar/2024 04:03PM
Visit ID	: CMAROPV790683	Status	: Final Report
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DEPARTMENT OF HAEMATOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
BLOOD GROUP ABO AND RH FACTOR , *WHOLE BLOOD EDTA*				
BLOOD GROUP TYPE	O			Microplate Hemagglutination
Rh TYPE	Positive			Microplate Hemagglutination

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Age/Gender	: 38 Y 6 M 14 D/M	Received	: 24/Mar/2024 01:04PM
UHID/MR No	: CMAR.0000344581	Reported	: 24/Mar/2024 03:23PM
Visit ID	: CMAROPV790683	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GLUCOSE, FASTING , *NAF PLASMA*	98	mg/dL	70-100	HEXOKINASE

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:

1.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.

2. 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)*	114	mg/dL	70-140	HEXOKINASE

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.

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C (GLYCATED HEMOGLOBIN) , *WHOLE BLOOD EDTA*				

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SIN No:EDT240037309

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Age/Gender	: 38 Y 6 M 14 D/M	Received	: 24/Mar/2024 01:04PM
UHID/MR No	: CMAR.0000344581	Reported	: 24/Mar/2024 03:23PM
Visit ID	: CMAROPV790683	Status	: Final Report
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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

HBA1C, GLYCATED HEMOGLOBIN	**6.2**	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	131	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.

1. HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
2. Trends in HbA1C values is a better indicator of Glycemic control than a single test.
3. 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.
4. 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.
5. 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)

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SIN No:EDT240037309

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIPID PROFILE , *SERUM*				
TOTAL CHOLESTEROL	**202**	mg/dL	<200	CHO-POD
TRIGLYCERIDES	114	mg/dL	<150	GPO-POD
HDL CHOLESTEROL	50	mg/dL	40-60	Enzymatic Immunoinhibition
NON-HDL CHOLESTEROL	**152**	mg/dL	<130	Calculated
LDL CHOLESTEROL	**129.3**	mg/dL	<100	Calculated
VLDL CHOLESTEROL	22.8	mg/dL	<30	Calculated
CHOL / HDL RATIO	4.04		0-4.97	Calculated
ATHEROGENIC INDEX (AIP)	< 0.01		<0.11	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
ATHEROGENIC INDEX(AIP)	<0.11	0.12 – 0.20	>0.21	

Note:

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SIN No:SE04674360

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

1) Measurements in the same patient on different days can show physiological and analytical variations.
2) NCEP ATP III identifies non-HDL cholesterol as a secondary target of therapy in persons with high triglycerides.
3) Primary prevention algorithm now includes absolute risk estimation and lower LDL Cholesterol target levels to determine eligibility of drug therapy.
4) 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.
5) 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.
6) VLDL, LDL Cholesterol Non-HDL Cholesterol, CHOL/HDL RATIO, LDL/HDL RATIO are calculated parameters when Triglycerides are below 400 mg/dl. When
Triglycerides are more than 400 mg/dl LDL cholesterol is a direct measurement.
7) Triglycerides and HDL-cholesterol in Atherogenic index (AIP) reflect the balance between the atherogenic and protective lipoproteins. Clinical studies have shown that AIP (log (TG/HDL) & values used are in mmol/L) predicts cardiovascular risk and a useful measure of response to treatment (pharmacological intervention).

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
LIVER FUNCTION TEST (LFT) , *SERUM*				
BILIRUBIN, TOTAL	**1.33**	mg/dL	0.3–1.2	DPD
BILIRUBIN CONJUGATED (DIRECT)	0.18	mg/dL	<0.2	DPD
BILIRUBIN (INDIRECT)	**1.15**	mg/dL	0.0-1.1	Dual Wavelength
ALANINE AMINOTRANSFERASE (ALT/SGPT)	16	U/L	<50	IFCC
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	14.0	U/L	<50	IFCC
ALKALINE PHOSPHATASE	81.00	U/L	30-120	IFCC
PROTEIN, TOTAL	7.01	g/dL	6.6-8.3	Biuret
ALBUMIN	4.39	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.62	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		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 > 1In Alcoholic Liver Disease AST: ALT usually >2. This ratio is also seen to be increased in NAFLD, Wilsons'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.

• 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.

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
RENAL PROFILE/KIDNEY FUNCTION TEST (RFT/KFT) , *SERUM*				
CREATININE	0.77	mg/dL	0.67-1.17	Jaffe's, Method
UREA	22.20	mg/dL	17-43	GLDH, Kinetic Assay
BLOOD UREA NITROGEN	10.4	mg/dL	8.0 - 23.0	Calculated
URIC ACID	5.53	mg/dL	3.5–7.2	Uricase PAP
CALCIUM	9.50	mg/dL	8.8-10.6	Arsenazo III
PHOSPHORUS, INORGANIC	**5.13**	mg/dL	2.5-4.5	Phosphomolybdate Complex
SODIUM	140	mmol/L	136–146	ISE (Indirect)
POTASSIUM	4.7	mmol/L	3.5–5.1	ISE (Indirect)
CHLORIDE	105	mmol/L	101–109	ISE (Indirect)
PROTEIN, TOTAL	7.01	g/dL	6.6-8.3	Biuret
ALBUMIN	4.39	g/dL	3.5-5.2	BROMO CRESOL GREEN
GLOBULIN	2.62	g/dL	2.0-3.5	Calculated
A/G RATIO	1.68		0.9-2.0	Calculated

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DEPARTMENT OF BIOCHEMISTRY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
GAMMA GLUTAMYL TRANSPEPTIDASE (GGT) , *SERUM*	24.00	U/L	<55	IFCC

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
THYROID PROFILE TOTAL (T3, T4, TSH) , *SERUM*				
TRI-IODOTHYRONINE (T3, TOTAL)	1.21	ng/mL	0.7-2.04	CLIA
THYROXINE (T4, TOTAL)	14.16	µg/dL	5.48-14.28	CLIA
THYROID STIMULATING HORMONE (TSH)	1.052	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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SIN No:SPL24054649

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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DEPARTMENT OF IMMUNOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

High	High	High	High	Pituitary Adenoma; TSHoma/Thyrotropinoma

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SIN No:SPL24054649

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

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Age/Gender	: 38 Y 6 M 14 D/M	Received	: 24/Mar/2024 12:53PM
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DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

Test Name	Result	Unit	Bio. Ref. Range	Method
COMPLETE URINE EXAMINATION (CUE) , *URINE*				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLEAR		CLEAR	Visual
pH	6.0		5-7.5	Bromothymol Blue
SP. GRAVITY	1.025		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	PROTEIN ERROR OF INDICATOR
GLUCOSE	NEGATIVE		NEGATIVE	GOD-POD
URINE BILIRUBIN	NEGATIVE		NEGATIVE	AZO COUPLING
URINE KETONES (RANDOM)	NEGATIVE		NEGATIVE	NITROPRUSSIDE
UROBILINOGEN	NORMAL		NORMAL	EHRLICH
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	NEGATIVE		NEGATIVE	PYRROLE HYDROLYSIS
CENTRIFUGED SEDIMENT WET MOUNT AND MICROSCOPY				
PUS CELLS	2-3	/hpf	0-5	Microscopy
EPITHELIAL CELLS	1-2	/hpf	<10	MICROSCOPY
RBC	NIL	/hpf	0-2	MICROSCOPY
CASTS	NIL		0-2 Hyaline Cast	MICROSCOPY
CRYSTALS	ABSENT		ABSENT	MICROSCOPY

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

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

SIN No:UR2315242

This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Patient Name	: Mr.KARTIK KANSAL	Collected	: 24/Mar/2024 10:27AM
Age/Gender	: 38 Y 6 M 14 D/M	Received	: 24/Mar/2024 12:53PM
UHID/MR No	: CMAR.0000344581	Reported	: 24/Mar/2024 01:55PM
Visit ID	: CMAROPV790683	Status	: Final Report
Ref Doctor	: Dr.SELF	Sponsor Name	: ARCOFEMI HEALTHCARE LIMITED
Emp/Auth/TPA ID	: 173828 D		

DEPARTMENT OF CLINICAL PATHOLOGY

ARCOFEMI - MEDIWHEEL - FULL BODY ANNUAL PLUS MALE - 2D ECHO - PAN INDIA - FY2324

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

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

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

Result/s to Follow:
PERIPHERAL SMEAR

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

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

SIN No:UF011453
This test has been performed at Apollo Health & Lifestyle Ltd, RRL BANGALORE Laboratory

Apollo HOSPITALS

Apollo Medical Centre
Expertise. Closer to you.

Date : 24-03-2024

MR NO : CMAR.0000344581

Name : Mr. Kartik Kansal

Age/ Gender : 38 Y / Male

Department : GENERAL

Doctor :

Registration No :

Qualification :

Consultation Timing: 10:00

Height : 170 Cm.	Weight : 93 KG	BMI :	Waist Circum :
Temp :	Pulse : 92 b/M.	Resp :	B.P : 160/110 mmHg

General Examination / Allergies History

Clinical Diagnosis & Management Plan

Follow up date:

Doctor Signature

ARROW CE

GE MAC1200 ST KARTIK K, 00344581, APOLLO
38 Years (10.09.1985)

HR 85bpm

Measurement Results:

QRS	:	96	ms
QT/QTcB	:	350 / 418	ms
PR	:	142	ms
P	:	112	ms
RR/PP	:	702 / 720	ms
P/QRS/T	:	70/ 55/ 60	degrees
QTD/QTcBD	:	72 / 86	ms
Sokolow	:	1.5	mV
NK	:	12	

-90 < P < T < QRS

aVR aVL

0 I

III +90 aVF II

Interpretation:

normal ECG

Unconfirmed report.

I V1

II V2

III V3

AVR V4

AVL V5

AVF V6

II

Apollo HOSPITALS

Apollo Medical Centre
Expertise. Closer to you.

Patient Name	: Mr. Kartik Kansal	Age	: 38 Y/M
UHID	: CMAR.0000344581	OP Visit No	: CMAROPV790683
Conducted By:	:	Conducted Date	: 24-03-2024 12:59
Referred By	: SELF		

ECHO (2D & COLOUR DOPPLER)

DIMENSIONS	VALUES	VALUES(RANGE)	DIMENSIONS	VALUES	VALUES(RANGE)
AO(ed)	30mm	25 - 37 mm	IVS(ed)	10mm	06 - 11 mm
LA(es)	34mm	19 - 40 mm	LVPW(ed)	10mm	06 - 11 mm
LVID(ed)	41mm	35 - 55 mm	EF	60 %	(50 – 70 %)
LVID(es)	26mm	24 - 42 mm			

MORPHOLOGICAL DATA

Situs	Solitus
Cardiac position	Levocardia
Systemic veins	Normal
Pulmonary veins	Normal
Mitral valve	Normal, MVE- 0.57m/s, MVA-0.69 m/s, MVE/A-0.82
Aortic Valve	Normal, 1.31m/s
Tricuspid Valve	Normal, Trace TR PASP-mmHg
Pulmonary Valve	Normal, 1.28m/s
Right Ventricle	Normal
Left Ventricle	Normal
Interatrial Septum	Intact
Interventricular Septum	Intact
Pulmonary Artery	Normal
Aorta	Normal
Right Atrium	Normal
Left Atrium	Normal
LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
Pericardium	Normal Study
Doppler Studies	Normal
Doppler Summary	Normal

Rhythm	Sinus
IMPRESSION	Normal cardiac chambers Normal valves No RWMA at rest Normal LV Systolic function Diastolic dysfunction-Type I No pulmonary hypertension Normal pericardium, No intracardiac masses / thrombi

Dr. Prashant Ramdas
Consultant Cardiologist
DMC No. 53011

Patient Name	: Mr. Kartik Kansal	**Age/Gender**	: 38 Y/M
UHID/MR No.	: CMAR.0000344581	**OP Visit No**	: CMAROPV790683
Sample Collected on	:	**Reported on**	: 25-03-2024 12:26
LRN#	: RAD2280077	**Specimen**	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 173828 D		

DEPARTMENT OF RADIOLOGY

X-RAY CHEST PA

Both lung fields and hila are normal .

No obvious active pleuro-parenchymal lesion seen .

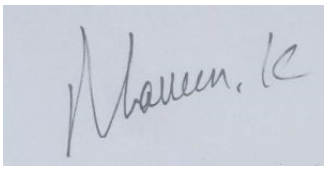
Both costophrenic and cardiophrenic angles are clear .

Both diaphragms are normal in position and contour .

Thoracic wall and soft tissues appear normal.

CONCLUSION :

No obvious abnormality seen



Dr. NAVEEN KUMAR K
MBBS, DMRD Radiology, (DNB)
Radiology

Patient Name	: Mr. Kartik Kansal	**Age/Gender**	: 38 Y/M
UHID/MR No.	: CMAR.0000344581	**OP Visit No**	: CMAROPV790683
Sample Collected on	:	**Reported on**	: 24-03-2024 13:38
LRN#	: RAD2280077	**Specimen**	:
Ref Doctor	: SELF		
Emp/Auth/TPA ID	: 173828 D		

DEPARTMENT OF RADIOLOGY

ULTRASOUND - WHOLE ABDOMEN

LIVER: Appears normal in size , shape and echopattern. No focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be of normal size.

GALLBLADDER: Minimally distended.

SPLEEN: Appears normal in size , and shows normal echopattern. No focal parenchymal lesions identified.

PANCREAS: Obscured by bowel gas. However the visualized parts of pancreas are appearing grossly normal .

KIDNEYS: Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis on either side.
Right kidney measures 10.3 x 4.4 cm
Left kidney measures 11.0 x 5.9 cm

URINARY BLADDER: Partially distended and appears normal. No evidence of abnormal wall thickening noted.

PROSTATE: Prostate is normal in size and echo-pattern.

IMPRESSION:
NO SIGNIFICANT SONOGRAPHIC ABNORMALITY DETECTED.

Suggested clinical correlation and further evaluation with higher imaging techniques if clinically needed.

Report disclaimer :
1.Not all diseases/ pathologies can be detected in USG due to certain technical limitation , obesity, bowel gas , patient preparation and organ location .
2. USG scan being an investigation with technical limitation has to be correlated clinically;this report is not valid for medicolegal purpose
3.Printing mistakes should immediately be brought to notice for correction.

Dr. RAMESH G
MBBS DMRD
RADIOLOGY

Patient Name	: Mr. Kartik Kansal	Age	: 38 Y/M
UHID	: CMAR.0000344581	OP Visit No	: CMAROPV790683
Conducted By:	:	Conducted Date	: 24-03-2024 12:59
Referred By	: SELF		

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Interventricular Septum	Intact
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Aorta	Normal

Patient Name	: Mr. Kartik Kansal	Age	: 38 Y/M
UHID	: CMAR.0000344581	OP Visit No	: CMAROPV790683
Conducted By:	:	Conducted Date	: 24-03-2024 12:59
Referred By	: SELF		

Right Atrium	Normal
Left Atrium	Normal
LV – RWMA	No RWMA at rest.
LV – FUNCTION	Normal systolic function
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Doppler Summary	Normal
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Dr. Prashant Ramdas
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