



SID No : 91026938
Branch : JP Nagar
Mr. VENKATESHAIAH -C10541
Age / Sex: 50 Y / Male
Ref. By : PGK HEALTHCARE SERVICES

Patient ID : 9100269505



Collected Date : 10/08/2024 / 12:38
Received Date : 10/08/2024 / 13:25
Reported Date : 10/08/2024 / 14:41

Final Test Report

Page 1 of 1

Specimen	Test Name	Result	Units	Reference Range / Method
IMMUNOLOGY				
Thyroid function tests:				
Serum	T3	1.21	ng/ml	0.80 - 2.00 (ECLIA)
Serum	T4	9.31	ug/dl	5.10 - 14.10 (ECLIA)
Serum	TSH	2.410	uIU/ml	0.270 - 5.350 (ECLIA)

Note: TSH has a diurnal rhythm; peaks at 3:00-4:00 am and has lowest level at 5:00-6:00 pm with ultradian variation. Hence thyroid test is only a snapshot of what is occurring within a dynamic system and for treatment purpose, the results should be assessed in conjunction with patient medical history, clinical examination & other tests/trials for confirmation. Many multivitamins (such as VC B7), supplements (especially hair, skin, and nail) and over-the-counter and prescription medications may affect thyroid test results, and their use should be discussed with the healthcare practitioner prior to testing. When a high serum TSH concentration and normal free T4 is found, repeat measurement 3-6 months later along with thyroid antibodies after excluding nonthyroidal illness and drug interference is recommended.

Serum	PSA	0.411	ng/ml	0.000 - 3.100 (ECLIA)
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This assay, a quantitative in vitro diagnostic test for total (free + complexed) prostate-specific antigen (tPSA) in human serum and plasma, is indicated for the measurement of total PSA in conjunction with digital rectal examination (DRE) as an aid in the detection of prostate cancer in men aged 50 years or older. Prostate biopsy is required for diagnosis of prostate cancer. This test is further indicated for serial measurement of tPSA to aid in the management of cancer patients.

The PSA test may give false-positive or false-negative results due to various factors. Rigorous physical activity affecting the prostate, such as bicycle riding, may cause a temporary rise in PSA level. Ejaculation within 24 hours of testing can be associated with elevated PSA levels and should be avoided. Large doses of some chemotherapeutic drugs, such as cyclophosphamide and methotrexate, may increase or decrease PSA levels. An inflammation or trauma of the prostate (e.g. in cases of urinary retention or following rectal examination, cystoscopy, colonoscopy, transurethral biopsy, laser treatment or argonometry) can lead to PSA elevations of varying duration and magnitude.

verified By
Mr.Mamikandaprabhu


Dr.Rudrambika R.N MD., Path
 Consultant Pathologist

----- **End of the Report** -----

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT OF INDIA

VENKATESHAIAH

THIMMAPPAIAH

06/06/1974
Permanent Account Number
AGGPV1030K

[Handwritten Signature]
Signature

[Portrait Photo]

[Stamp]



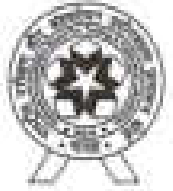


Bangalore Diagnostics & Multi-Speciality Centre

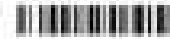
NABL Accreditation Certificate Number : MC - 5539

198, 12th Main, 3rd Block, (Above Namma MTR, Next to SBI), Rajajinagar, Bangalore- 560 010.

Ph. : 080-23505407, 9448079978 e-mail : bangalore.d.s@gmail.com



Name	: Mr. VENKATESHAIAH (C 10541)	REGLAB NO.	: 24080742 / 3801
AGE/SEX	: 50 Yrs / Male	DATE OF COLLECTION	: 10-08-2024 at 09:59 AM
REFERRED BY	: Dr. BANK OF BARODA	DATE OF RECEIVED	: 10-08-2024 at 09:59 AM
		DATE OF DISPATCH	: 10-08-2024 at 03:36 PM



TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
BLOOD GROUP	"O"		
RH TYPE	POSITIVE		

Signature

Dr. MAHADEVA. K.C.

MD(PATH)
KMC.No.17547



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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
COMPLETE BLOOD COUNT (CBC with ESR)			
HAEMOGLOBIN <i>Cyanmethemoglobin</i>	15.8 gm/dl	13 - 18 gm/dl	K3 EDTA Whole Blood
TOTAL W.B.C <i>Impedance</i>	7050 cells/cumm	4000 - 11000 cells/cumm	K3 EDTA Whole Blood
DIFFERENTIAL COUNT			
NEUTROPHILS <i>Impedance Followed by Microscopy</i>	57.1 %	40 - 75 %	K3 EDTA Whole Blood
LYMPHOCYTES <i>Impedance Followed by Microscopy</i>	30.5 %	20 - 45 %	K3 EDTA Whole Blood
EOSINOPHILS <i>Impedance Followed by Microscopy</i>	4.7 %	2 - 8 %	K3 EDTA Whole Blood
MONOCYTES <i>Impedance Followed by Microscopy</i>	6.2 %	1 - 10 %	K3 EDTA Whole Blood
BASOPHIL <i>Impedance Followed by Microscopy</i>	1.5 %	0 - 2 %	K3 EDTA Whole Blood
PLATELET COUNT <i>IMPEDANCE</i>	2.34 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm	K3 EDTA Whole Blood
R.B.C <i>IMPEDANCE</i>	5.79 mil/cumm	4.5 - 6.5 mil/cumm	K3 EDTA Whole Blood
P.C.V	82.0 %	40 - 54 %	K3 EDTA Whole Blood
M.C.V <i>Impedance Specific Lysr Action/Calculated Parameter</i>	27.3 fl	77 - 96 fl	K3 EDTA Whole Blood
M.C.H <i>Impedance Specific Lysr Action/Calculated Parameter</i>	39.3 pg	26 - 32 pg	K3 EDTA Whole Blood
ESR	03 mm/hr	0 - 15 mm/hr	K3 EDTA Whole Blood

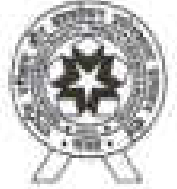
Dr. Mahadeva K.C.

Dr. MAHADEVA. K.C.

MD(PWH)
KMC.No.17047



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REG LAB NO. : 24080742 / 3801
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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
LIPID PROFILE TEST (LPT)			
TOTAL CHOLESTROL <small>CHOLESTEROL OXIDASE/PEROXIDASE METHOD</small>	243.3 mg/dl	DESIRABLE : < 200 mg/dl BORDERLINE HIGH RISK : 200 - 240 mg/dl HIGH RISK : > 240 mg/dl	SERUM
SERUM TRIGLYCERIDES <small>GLYCEROL PHOSPHATE OXIDASE/PEROXIDASE METHOD</small>	112.4 mg/dl	Desirable : < 200 mg/dl Borderline high risk : 200 - 400 mg/dl Elevated : > 400 mg/dl	SERUM
HDL CHOLESTEROL - DIRECT	40.6 mg/dl	35 - 55 mg/dl	SERUM
LDL CHOLESTEROL - DIRECT <small>CALCULATION</small>	180.2 mg/dl	up to 150 mg/dl	SERUM
VLDL CHOLESTEROL <small>CALCULATION</small>	22.5 mg/dl	0 - 60 mg/dl	SERUM
TC/HDL <small>CALCULATION</small>	6.0		SERUM
LIVER FUNCTION TEST (LFT)			
TOTAL BILIRUBIN <small>DIAZOTIZED SULFANILIC METHOD</small>	0.96 mg/dl	0 - 1 mg/dl	SERUM
DIRECT BILIRUBIN <small>DIAZOTIZED SULFANILIC METHOD</small>	0.20 mg/dl	0 - 0.25 mg/dl	SERUM
INDIRECT BILIRUBIN <small>CALCULATION</small>	0.76 mg/dl	0 - 0.75 mg/dl	SERUM
TOTAL PROTEIN <small>BURET METHOD</small>	7.9 g/dl	6 - 8.5 g/dl	SERUM
SERUM ALBUMIN <small>BROMOCRESOL GREEN</small>	4.5 g/dl	3.5 - 5.2 g/dl	SERUM
SERUM GLOBULIN <small>CALCULATION</small>	3.4 g/dl	2.3 - 3.5 g/dl	SERUM
A/G RATIO <small>Calculation</small>	1.3	1 - 1.5	SERUM
ASPARATE AMINOTRANSFERASE (SGOT/AST) <small>IFCC</small>	48.8 U/L	up to 40 U/L	SERUM
ALANINE AMINOTRANSFERASE (SGPT/ALT) <small>IFCC</small>	128.1 U/L	up to 40 U/L	SERUM
ALKALINE PHOSPHATASE <small>IFCC</small>	68.0 IU/L	40 - 129 IU/L	SERUM
GGT	59.3 U/L	11 - 43 U/L	SERUM

Dr. MAHADEVA, K.C.

MD(Path)
KMC.No. 17647

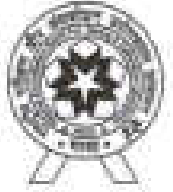


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TEST PARAMETER	RESULT	REFERENCE RANGE	SPECIMEN
SERUM CREATININE			
SERUM CREATININE JAFFE'S METHOD	0.83 mg/dL	0.7 - 1.4 mg/dL	SERUM
SERUM URIC ACID			
SERUM URIC ACID URICASE-PEROXIDASE METHOD	3.5 mg/dL	3.5 - 7.2 mg/dL	SERUM
COMPLETE URINE ANALYSIS			
PHYSICAL CHARACTERS			
COLOUR	YELLOW		
CLARITY/TURBIDITY	CLEAR		
pH	6.5		
SPECIFIC GRAVITY	1.023		
CHEMICAL CONSTITUENTS			
PROTEIN	NIL		
GLUCOSE	GREEN(+)		
BILE SALTS	ABSENT		
BILE PIGMENTS	ABSENT		
MICROSCOPY			
PUS CELLS	1 - 2 /hpf		
EPITHELIAL CELLS	1 - 2 /hpf		
RBCs	ABSENT /hpf		
CASTS	NIL		
CRYSTALS	NIL		
FASTING URINE SUGAR	1.0%		
POST PRANDIAL URINE SUGAR (PPUS)	2.0%		

K. Mahadeva K.C.

Dr. MAHADEVA. K.C.

MD(Path)
EMC.No.-17647



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Ph. : 080-23505407, 9448079978 e-mail : bangalore.d.s@gmail.com



Patient Name: MR. VENKATESHAIAH	GENDER	M
	Age	50 YRS
Ref. Doctor: BANK OF BARODA	DATE	10/08/2024

X-RAY CHEST PA VIEW

OBSERVATION:

Both hila are normal.

Cardiophrenic and costophrenic angles are normal.

The trachea is central.

Both Lung field are normal

No Plural Diffusion.

The mediastinal and cardiac silhouette are normal.

Cardiothoracic ratio is normal.

Bones of the thoracic ribcage Appear Normal.

Soft tissues of the chest wall are normal.

NO Consolidation seen.

IMPRESSION:

NORMAL STUDY

Dr. MOHAN KUMAR S R

MD (RADIOLOGY)
REG.NO: 8381



BANGALORE DIAGNOSTIC SERVICES

Summary

RAJANAGAR BANGALORE 560010

93202 / VENKATESHWAH 50 Yrs / Male 0 Kg/78 Cms

Date: 10-Aug-2024 10:47:42 AM

Ref. By: 1 NAME OF PATIENT

Indication:

Objective:

Protocol: Bruce
History:

Stage	StageTime (min:sec)	PhaseTime (min:sec)	Speed (kmph)	Grade (%)	METS	H.R. (b/min)	B.P. (mmHg)	R.P.P. (100)	PVC	Comments
Supine	0:01	1:17	0.0	0.0	1.0	73	130/80	94	-	
Standing	0:01	1:55	0.0	0.0	1.0	74	130/80	96	-	
HW	0:01	2:16	0.0	0.0	1.0	72	130/80	93	1	
ExStart	0:01	3:13	0.0	0.0	1.0	80	130/80	104	5	
Stage 1	3:00	3:01	1.7	10.0	4.7	107	134/84	143	34	
Stage 2	3:00	6:01	2.5	12.0	7.1	122	138/88	168	14	
PeakEx	0:54	6:55	3.4	14.0	8.0	128	142/92	181	10	
Recovery	1:00	6:56	0.0	0.0	1.3	77	140/90	107	5	
Recovery	2:00	6:56	0.0	0.0	1.0	73	138/88	100	-	
Recovery	3:00	6:56	0.0	0.0	1.0	73	136/86	99	-	

Findings:

Exercise Time : 6:55 minutes

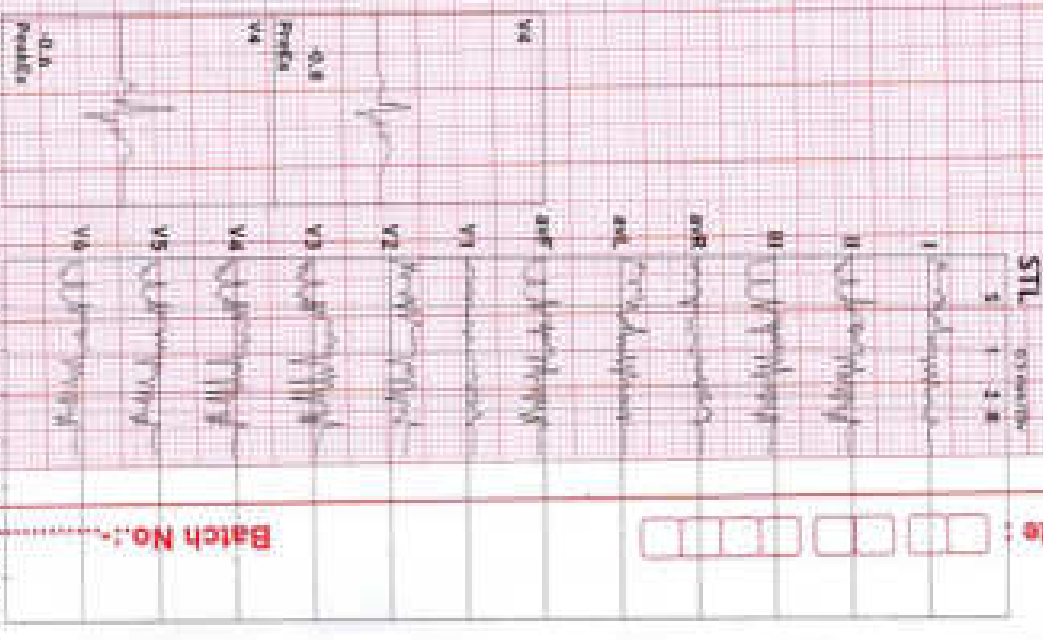
Max HR attained : 128 bpm 75% of Max Predictable HR 170

Max BP : 142/92(mmHg)

Workload attained : 8 (Fair Effort Tolerance)

FINAL IMPRESSION:
 FAIR EFFORT ATTAINED
 NORMAL HR AND BP RESPONSE
 NO ANGINA/ ARRYTHMIA/ LV DYSFUNCTION
 NO SIGNIFICANT ST-T WAVE CHANGES
 TMT NEGATIVE FOR INDUCIBLE ISCHEMIA

Adverse Comments:



Dr. Ashok
 MD (Internal Medicine)
 Reg No 13444

Date:

Batch No.:



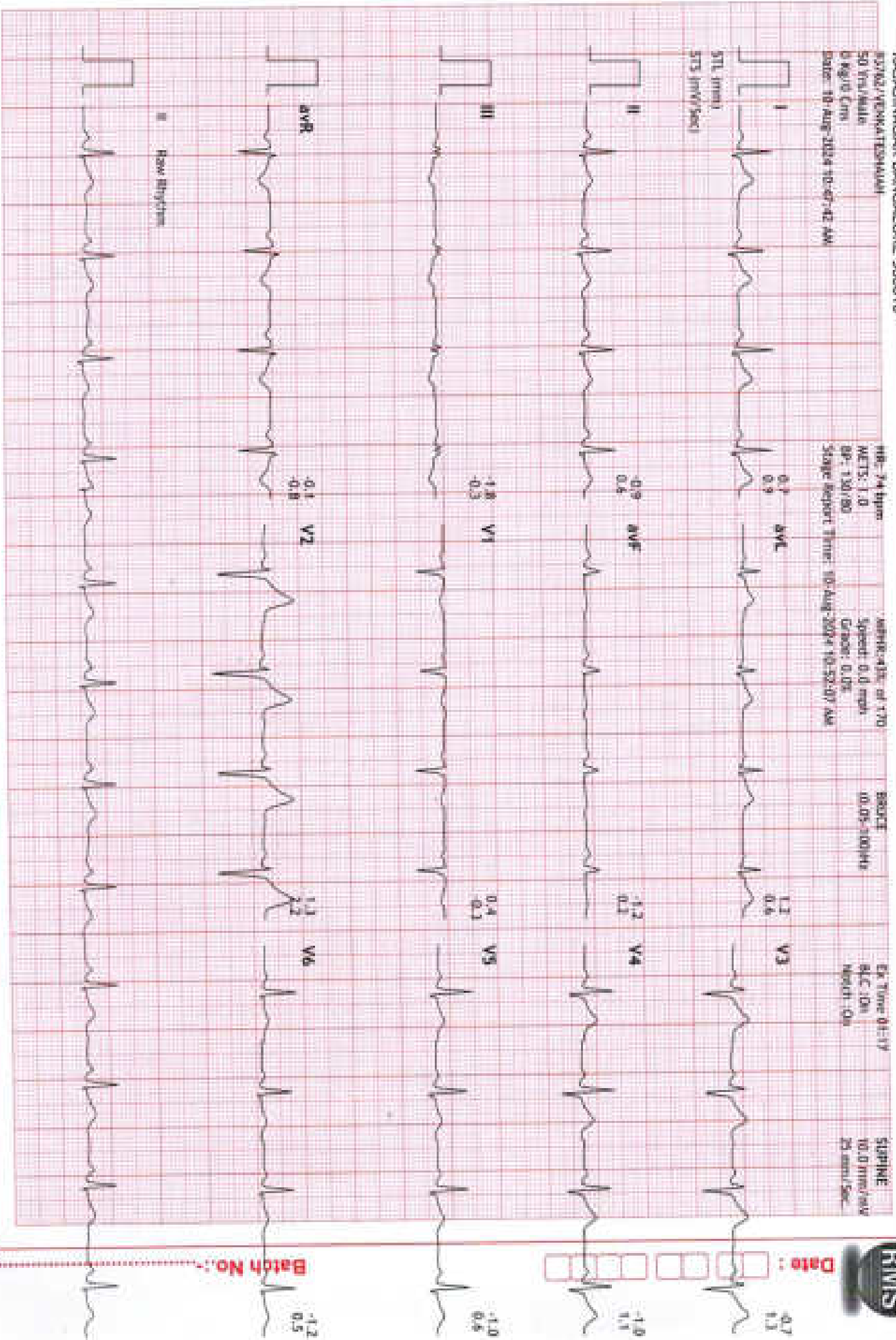
103762/400KARTASWAMI
 50 Years/Male
 Right Chest
 Date: 10-Aug-2024 10:57:42 AM

HR: 74 bpm
 METS: 1.0
 RR: 130/80
 Stage Report Time: 10-Aug-2024 10:57:07 AM

Rate: 74
 Speed: 0.1 m/s
 Filter: 0.15 Hz

Ex Time 0:17
 RLC On
 Heart On

Supine
 10.0 mV/Div
 25 mm/Sec



Date:

Batch No.



3152/VIKRANTSHAH

50 Year/Male
 0 kg/0 cms
 Date: 10-Aug-2024 10:47-42 AM

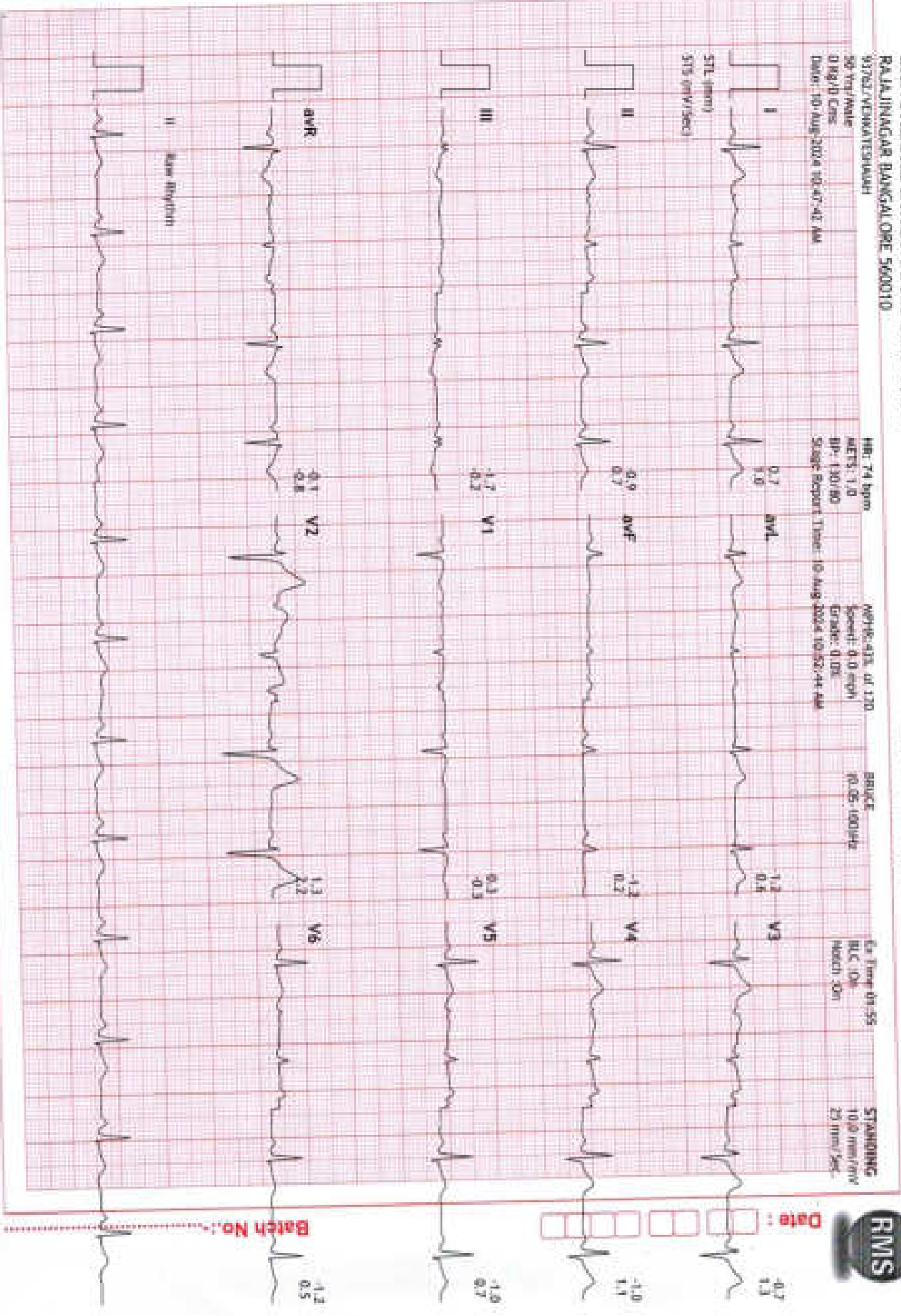
Ht: 74 bpm
 AETS: 1.0
 BP: 130/80
 Scale Report Time: 10-Aug-2024 10:50:44 AM

REF: 476 of 120
 Speed: 0.0 (cm/s)
 Grade: 0.0%

BRIDGE
 10.05: 100µV

Ex Time: 08:58
 BLC: 10µ
 March: 50%

STANDING
 10.0 mm/10V
 25 mm/Sec



Date:

Batch No.:



VINOD VENKATESHRAJ

HR: 72 bpm

WP: 118-121 of 170

BRUCE

Ex Time: 02:15

HR: 100 mm/mv
25 mm/Sec

50 Year/Male
 0 Kg/10 Cms
 Date: 10-Aug-2024 10:47:42 AM

MEFS: 1.0
 BP: 110/60
 Stage Report Time: 10-Aug-2024 10:53:04 AM

Speed: 0.0 mm/s
 Grade: 0.0%

(0:05-1:00:00)

EC: On
 Motion: On

I
 ST1 (mm)
 ST5 (mv/Sec)

0.4
 0.8
 AVL

1.0
 0.6
 V3

-1.2
 1.4

II

1.1
 0.4
 aVF

1.2
 0.1
 V4

-1.4
 1.1

III

1.8
 0.1
 V1

0.4
 0.0
 V5

-1.2
 0.6

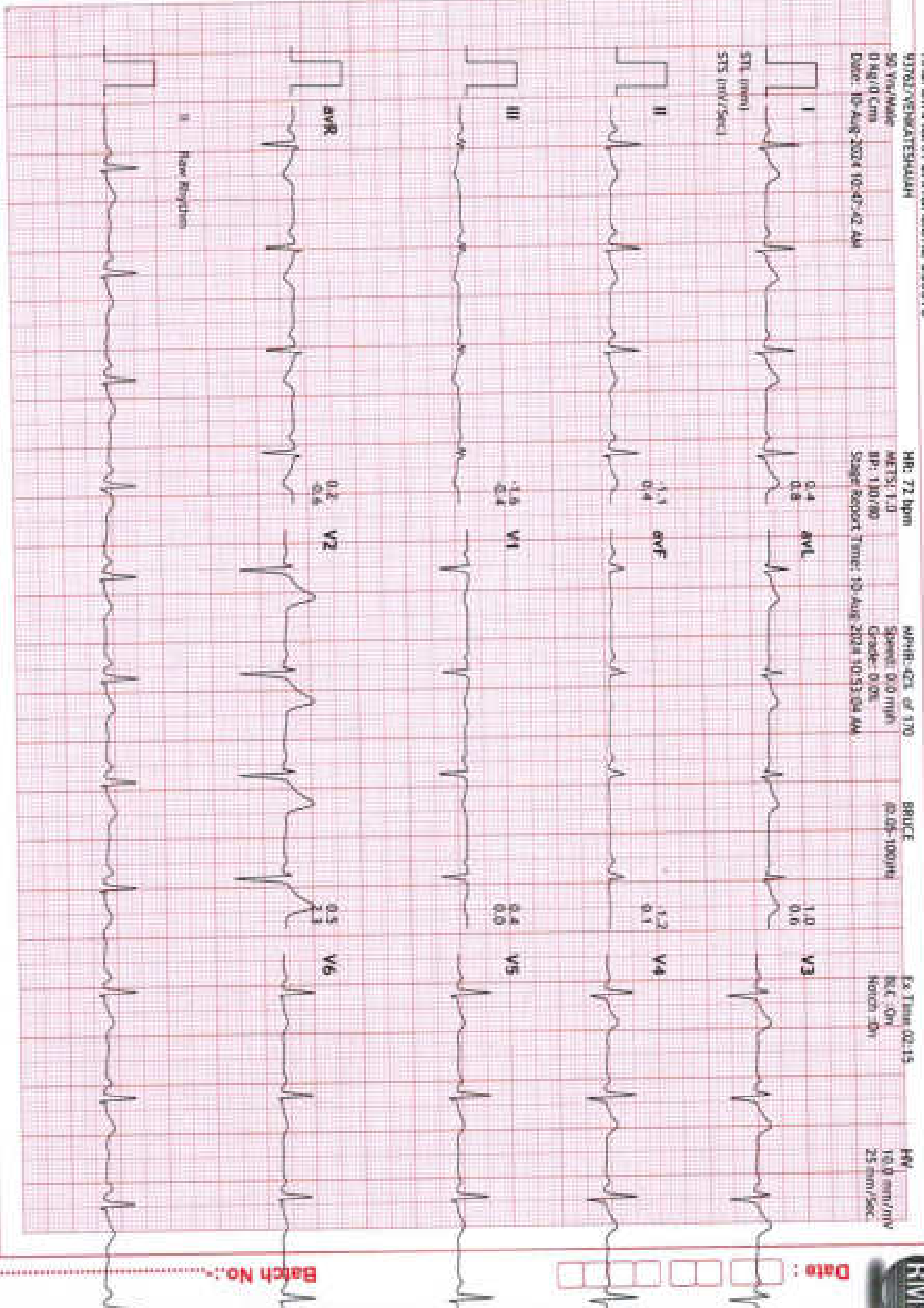
aVR

0.2
 0.4
 V2

0.5
 0.3
 V6

-1.4
 0.1

Flow Display



Batch No.:

Date :



93902/VINAYAKESHAM

30 Yrs/Male
 ID: KJ/D/006
 Date: 10-Aug-2024 10:47:43 AM

HR: 80 bpm
 MCT: 1.0
 BP: 100/60
 Scale Report Time: 10-Aug-2024 10:54:01 AM

AMPL: 47% of 5/10
 Speed: 0.6 mm/s
 Grid: 0.05

HRUCI
 60.05-100bpm

Ex Time: 00:00
 BLC: On
 Noch: On

ExStart
 40.0mm/mv
 25 mm/Sec

I
 STL (mm)
 STS (mm/Sec)



0.5 0.5 AVL

1.1 0.6 V3

0.5 1.1

II



0.4 0.7 aVF

1.0 0.5 V4

0.9 1.1

III



1.3 0.3 V1

0.0 0.2 V5

0.7 0.6

aVR



0.1 0.1 V2

1.3 0.1 V6

0.9 0.5

II - Normal Rhythm



Batch No.:

Date :



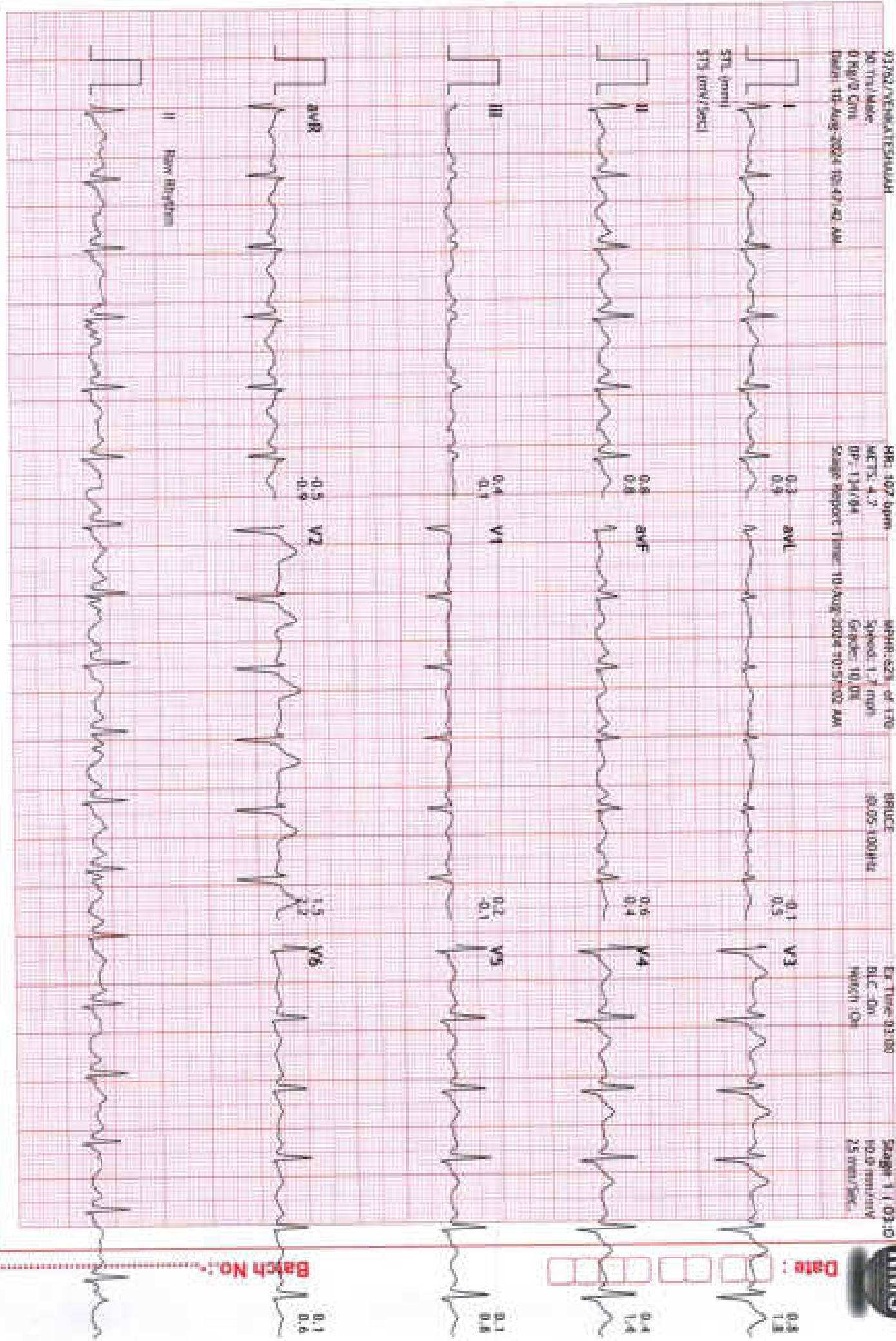
9386/VEENA/TESSAHH
 50 Yrs/Male
 6 Rg/0 Cm
 Patient: 10-Aug-2024 10:47:42 AM

HR: 107 bpm
 METS: 4.7
 BP: 134/84
 Scale Report Time: 10-Aug-2024 10:57:02 AM

BP: 134/84 at 100
 Speed: 1.7 mph
 Grade: 10.0%

EC Time: 03:00
 BLC: On
 Method: On

Scale: 1 (03:00)
 50.0 mm/mV
 25 mm/Sec



II Base Elevation

Date :



Batch No.:

3300/VEEPATESH/441
30 Year Male
6 Height cms
Date: 10 Aug 2024 10:47:42 AM

HR: 122 bpm
METS: 1.1
SpO2: 98%
Grade: 12.0%
Sample Report Time: 10 Aug 2024 11:00:05 AM

Rate: 0.05 100/Min

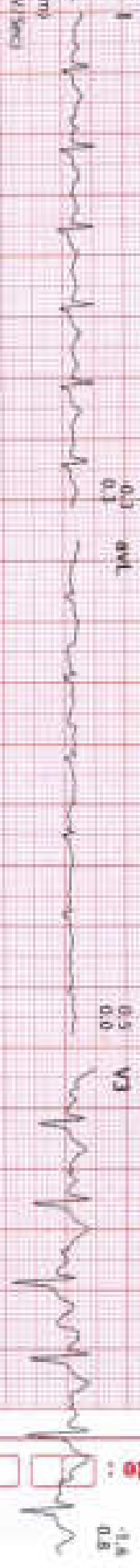
Dr. Praveen G. R.
M.D. - DM
March 07

Scale: 2.5 (0.1)
10.0 (0.1)
25.0 (0.1)



Date :

I
37L (mm)
37S (mm/sec)



II



III



aVR



aVL



aVF



V1



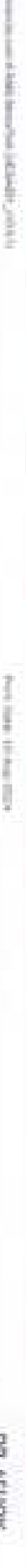
V2



V3



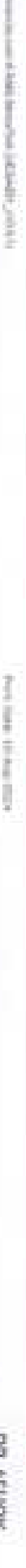
V4



V5



V6



Low Ectopic

Batch No. : 10

REF: V00047581431

30 Year Male
 6 Right Clin
 Date: 10-Aug-2024 10:47:42 AM

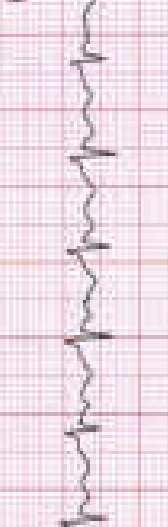
HR: 128 bpm
 METS: 6.0
 RR: 142/92
 Stage Report Time: 10-Aug-2024 11:00:54 AM

APPR: 75% of 170
 Speed: 1.4 mm/s
 Grade: 14.0%

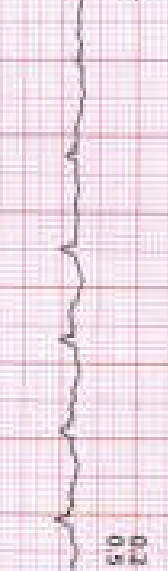
Ex Time 09:54
 SIC: On
 Month: On

Peaks: 10.0 mm/s
 25 mm/Sec.

STL (mm)
 STS (mm/Sec)



0.2
 0.8 aVL



0.2
 0.5 aVL



0.2
 2.4 aVL

II



-1.0
 0.5 aVF



0.8
 0.7 aVF



-0.7
 1.6 aVF

III



-0.7
 0.1 V1



0.5
 0.1 V5



-1.0
 0.7 V5

IV



0.7
 0.7 V2



1.0
 2.4 V6



-0.8
 0.7 V6

aVR



0.7
 0.7 V2



1.0
 2.4 V6



-0.8
 0.7 V6

II - Blue Strips



Date :

Batch No.:

91762/VENKATESHVAR

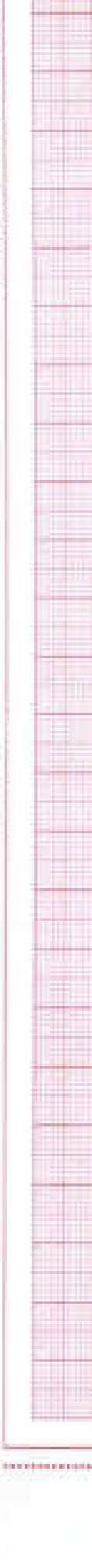
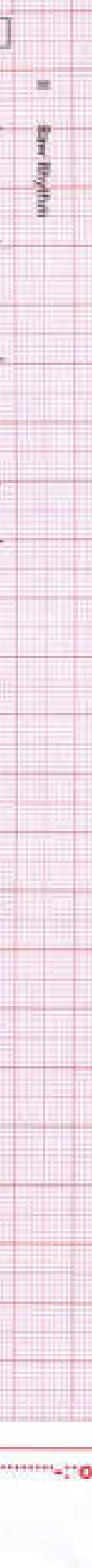
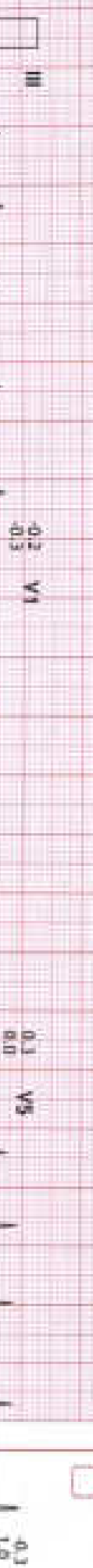
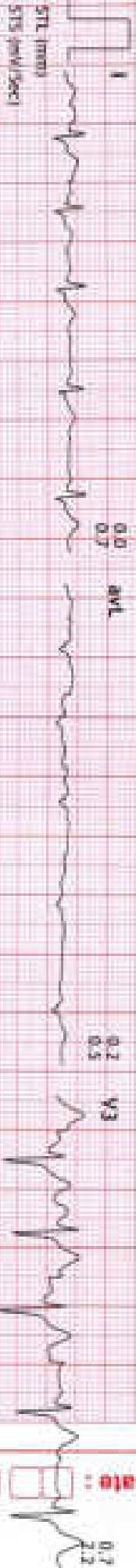
50 Trs/Lead
 0 Right Limb
 Date: 18-Aug-2024 10:47:41 AM

HR: 79 bpm
 METS: 1.1
 BP: 140/90
 Speed: 0.8 mm/s
 Scale Report Time: 18-Aug-2024 11:01:58 AM

APHR: 45% of 170

EC Time: 06:34
 RLC: 30s
 Wards: 30s

Recovery: 1.10
 10.0 min/lead
 25 mm/Sec



Date:

Batch No.:



RAJAJINAGAR BANGALORE 560010

92752/VENKATESHULU

50 Yrs/Male
0 kg/70 Cm
Date: 10-Aug-2024 10:47:42 AM

HR: 71 bpm
aVCL: 1.0
BP: 138/88
Stage Report Time: 10-Aug-2024 11:02:59 AM

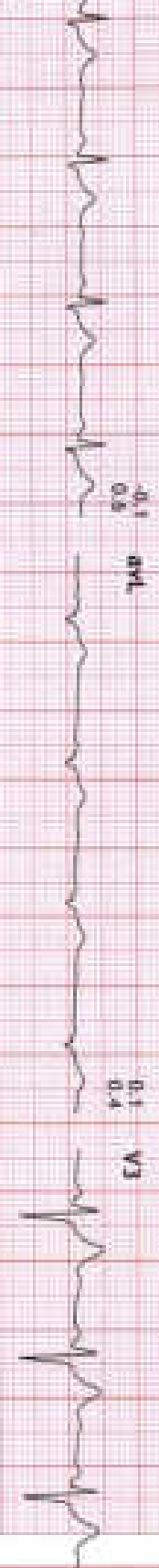
PR: 10.05-100bpm

EC Time: 09/24
RLC: 30s
Motion: 10s

Recovery: 1.0
10.0 mm/lead
25 mm/Sec



I
STL (mm)
STL (mm/Sec)



II
0.4
0.5



III
0.1
0.4



aVR
0.2
0.4



aVL
0.1
0.4



V1
0.3
0.2



V2
1.0
0.1



V3
0.1
0.4



V4
0.2
0.1



V5
0.3
0.5



V6
0.4
0.2



II Sinus Rhythm

Batch No.:

Date:



Bangalore Diagnostics & Multi-Speciality Centre

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Ph. : 080-23505407, 9448079978 e-mail : bangalore.d.s@gmail.com

Abdomino Pelvic Ultrasonography Scan Report

Name	Mr. Venkateshaiah	Date: 10-08-2024	
Age	50 Years		
Gender	Male	Referred By	Bank of Baroda

Liver is normal in size, shape and echotexture.No focal alteration is evident.Intrahepatic biliary radicles, Common bile duct, Main Portal Vein and Hepatic Venous channels appeared normal.

Gall bladder is well distended. Normal in wall thickness, intraluminal contents clear.No evidence of pericholecystic fluid collections.

Pancreas Head, Neck, Body and Tail is normal in size, contour and echotexture.Pancreatic duct appears normal.

Spleen appears normal in size, shape and echotexture.No evidence of Space Occupying Lesion.

	Bipolar Length	Cortical Thickness
Right Kidney	10.6 cm	1.8 cm
Left Kidney	10.5 cm	1.7 cm

Both kidneys appear normal in size, shape and echotexture.Cortex, Medulla & Collecting system appears normal.Cortico-Medullary differentiation is preserved.No Calculi/Hydronephrosis. Ureters appear normal, no dilatation seen on both sides.

Urinary bladder normal in distension and contour. Contents appeared clear.Wall thickness and mucosa appears normal. Both Vesico-Ureteric Junctions appeared normal .Post void = NIL.

Prostate Measures 3.1 x 3.2 x 3.7 cm , Volume = 20 cc , Normal in Size, shape and echotexture appear normal.

Visualized abdominal Aorta appears normal .Rest of the retroperitoneum is obscured by overlying bowel gas.Both Iliac fossa no obvious free fluid collection or bowel mass is evident. No evidence of thickened bowel loops.

IMPRESSION:

> Normal Sonologic Study .


Dr. Mohan Kumar
Radiologist





ELECTROCARDIOGRAM

NAME/AGE : Mr Venkateshiah 54 years male

Lab No.: C-10541

DATE: 10/08/24

ECG FINDINGS

Standardization	10 mm / mV	Rate	72 / min
Rhythm	Sinus	Axis	11°
P Wave	normal	PR Interval	146 ms
Q Wave	normal	QRS Voltage	normal
QRS Duration	98 ms	ST Segment	normal
QT Interval	368 / 403 ms		
U Wave	normal	Wave	normal
Recommendations	normal ECG		

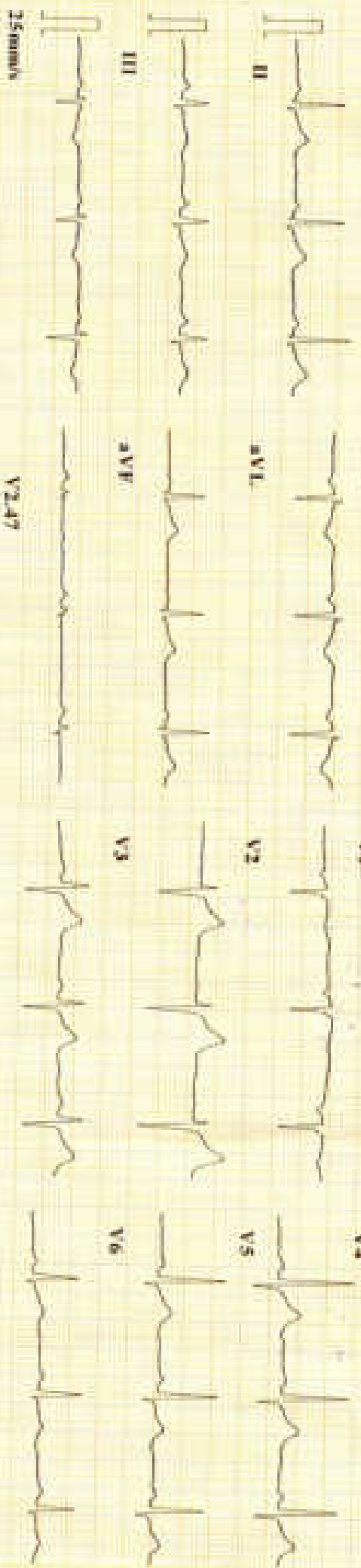
Dr. _____

Dr. ASHOK
MD (Internal Medicine)
Reg No 13444



Papua 0.15-35Hz AC50

2024-08-10 10:16:21



ID: 240810-1016
 Name: VENKATESHAIAH
 Age: 50 yr
 Sex: Male
 BP: / / mmHg
 Height: 172 cm
 Weight: 72 kg

HR: 72 bpm
 PR: 146 ms
 QRS Dur: 92 ms
 QT/QTc Int: 368/403 ms
 P/QRS/T axis: 59/0/11 °
 RV5/SV1 amp: 1.032/0.684 mV
 RV3+SV1 amp: 1.716 mV
 RV6/SV2 amp: 0.719/0.849 mV

Minirecords Code:

Diagnosis Information:
 800: Sinus Rhythm
 Normal ECG

Report Confirmed



7

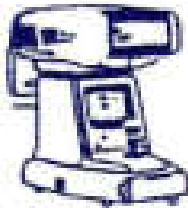
R +1.25 +0.75

T.R. Kalavathi D.R. Opt.
Qualified Opticians



V.R. OPTICIANS
Qualified Opticians &
Contact Lens Clinic

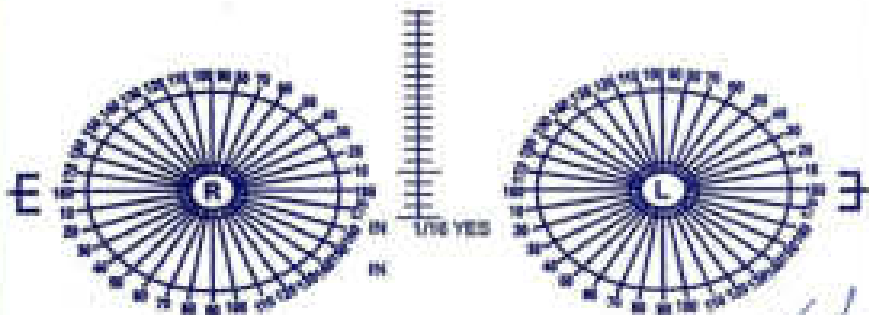
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Bengaluru - 560 010.
☎ : 23353406



Computerised
Eye Testing by latest
Japanese
Autorefractor

Date : 10/8/24

Mr./Mrs./Ms. SRI Venkatesh Age : 51 y



	SPH	CYL	AXIS	SPH	CYL	AXIS
Dist.	+0.75			+0.75		
Read		Del +		2.0		

PD. 63

Post Vertex Distance 16

For Constant use

- White
- Photogrey Extra
- Photobrown Extra
- Bifocals
- Progressive



[Handwritten Signature]
Signature

(PROGRESSIVE)

RIGHT		LEFT
+ 0.50	SPH	+ 0.50
+ 0.00	CYL	+ 0.00
0°	AXS	0°
I 0.00	PSM	0 0.00
U 0.00		U 0.00
***	ADD	+ 1.25

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V R OPTICIANS

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