



| | | | |
|--------------|--|---------------|------------------------------|
| Name | : MR.SATYANAND K | TID/SID | : UMR1963910/ 28246825 |
| Age / Gender | : 46 Years / Male | Registered on | : 14-Sep-2024 / 09:31 AM |
| Ref.By | : ARCOFEMI HEALTH CARE LTD - MEDI WHEELS | Collected on | : 14-Sep-2024 / 09:37 AM |
| Req.No | : BIL4711037 | Reported on | : 14-Sep-2024 / 17:11 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 | Pale yellow | Straw to Yellow |
| Appearance Method:Physical | Clear | Clear |
| Chemical Examination | | |
| Reaction and pH Method:pH- Methyl red & Bromothymol blue | 8.0 | 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 | 1-2 | 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 | Absent | Phosphate, oxalate, or urate crystals may be seen |
| Method:Microscopy | | |
| Others | Nil | Nil |
| Method:Microscopy | | |

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 infection 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 ---

Debleena Thakur

**Dr Debleena Thakur
Consultant Pathologist**





Name : MR.SATYANAND K TID/SID : UMR1963910/ 28246826
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Ref.By : ARCOFEMI HEALTH CARE LTD - MEDI WHEELS Collected on : 14-Sep-2024 / 09:37 AM
Req.No : BIL4711037 Reported on : 14-Sep-2024 / 15:25 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 expressed 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





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 Ref.By : ARCOFEMI HEALTH CARE LTD - MEDI WHEELS Collected on : 14-Sep-2024 / 09:37 AM
 Req.No : BIL4711037 Reported on : 14-Sep-2024 / 13:00 PM
 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 | 03 | <=15 mm/hour |

Complete Blood Count (CBC), EDTA Whole Blood

| Investigation | Observed Value | Biological Reference Interval |
|--|----------------|-------------------------------|
| Hemoglobin Method:Spectrophotometry | 16.2 | 13.0-18.0 g/dL |
| Packed Cell Volume Method:Derived from Impedance | 48.2 | 40-54 % |
| Red Blood Cell Count. Method:Impedance Variation | 5.15 | 4.3-6.0 Mill/Cumm |
| Mean Corpuscular Volume Method:Derived from Impedance | 93.6 | 78-100 fL |
| Mean Corpuscular Hemoglobin Method:Derived from Impedance | 31.4 | 27-32 pg |
| Mean Corpuscular Hemoglobin Concentration Method:Derived from Impedance | 33.6 | 31.5-36 g/dL |
| Red Cell Distribution Width - CV Method:Derived from Impedance | 12.7 | 11.5-16.0 % |
| Red Cell Distribution Width - SD Method:Derived from Impedance | 43.5 | 39-46 fL |
| Total WBC Count. Method:Impedance Variation | 6400 | 4000-11000 cells/cumm |
| Neutrophils Method:Impedance Variation, Flowcytometry | 58.8 | 40-75 % |
| Lymphocytes Method:Microscopy | 26.6 | 20-45 % |
| Eosinophils Method:Impedance Variation,Method_Desc= Flow Cytometry | 5.1 | 01-06 % |
| Monocytes Method:Impedance Variation, Flowcytometry | 9.2 | 01-10 % |
| Basophils. Method:Impedance Variation,Method_Desc= Flow Cytometry | 0.3 | 00-02 % |



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TEST REPORT

| | | |
|--|------|----------------------|
| Absolute Neutrophils Count. Method:Calculated | 3763 | 1500-6600 cells/cumm |
| Absolute Lymphocyte Count Method:Calculated | 1702 | 1500-3500 cells/cumm |
| Absolute Eosinophils count. Method:Calculated | 326 | 40-440 cells/cumm |
| Absolute Monocytes Count. Method:Calculated | 589 | <1000 cells/cumm |
| Absolute Basophils count. Method:Calculated | 19 | <200 cells/cumm |
| Platelet Count. Method:Impedance Variation | 2.69 | 1.4-4.4 lakhs/cumm |
| Mean Platelet Volume. Method:Derived from Impedance | 8.5 | 7.9-13.7 fL |
| Plateletcrit. Method:Derived from Impedance | 0.22 | 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 ---

Debleena Thakur

**Dr Debleena Thakur
Consultant Pathologist**





| | | | |
|--------------|--|---------------|------------------------------|
| Name | : MR.SATYANAND K | TID/SID | : UMR1963910/ 28246828F |
| Age / Gender | : 46 Years / Male | Registered on | : 14-Sep-2024 / 09:31 AM |
| Ref.By | : ARCOFEMI HEALTH CARE LTD - MEDI WHEELS | Collected on | : 14-Sep-2024 / 09:37 AM |
| Req.No | : BIL4711037 | Reported on | : 14-Sep-2024 / 13:56 PM |
| | | Reference | : Arcofemi Health Care Ltd - |

TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Blood Urea Nitrogen (BUN), Serum

| Investigation | Observed Value | Biological Reference Interval |
|---|----------------|-------------------------------|
| Blood Urea Nitrogen. | 7 | 6-20 mg/dL |
| Method:Kinetic, Urease - GLDH, Calculated | | |

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. | 0.74 | 0.7-1.3 mg/dL |
| Method:Spectrophotometry, Jaffe - IDMS Traceable | | |

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 | 80 | Normal: <100 mg/dL Impaired FG: 100-125 mg/dL Diabetes mellitus: >=126 mg/dL |
| Method:Hexokinase | | |

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



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TEST REPORT

Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

| Investigation | Observed Value | Biological Reference Interval |
|--|----------------|---|
| Glucose Post Prandial Method:Hexokinase | 84 | 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 | 5.6 | Non-diabetic: <= 5.6 % Pre-diabetic: 5.7 - 6.4 % Diabetic: >= 6.5 % |
| Estimated Average Glucose (eAG) Method:High-Performance Liquid Chromatography | 114 | 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 | 9 |

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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Ref.By : ARCOFEMI HEALTH CARE LTD - MEDI WHEELS Collected on :
Req.No : BIL4711037 Reported on :
Reference : Arcofemi Health Care Ltd -

TEST REPORT

Debleena Thakur
Dr Debleena Thakur
Consultant Pathologist





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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Lipid Profile, Serum

| Investigation | Observed Value | Biological Reference Interval |
|--|----------------|--|
| Total Cholesterol Method:Spectrophotometry , CHOD - POD | 148 | Desirable: < 200 mg/dL Borderline: 200-239 mg/dL High: >= 240 mg/dL |
| HDL Cholesterol Method:Spectrophotometry , Direct Measurement | 37 | Optimal : >=60 mg/dL Borderline : 40-59 mg/dL High Risk <40 mg/dL |
| Non HDL Cholesterol Method:Calculated | 111 | 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 | 77.6 | 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 | 33.40 | <30 mg/dL |
| Total Cholesterol/HDL Ratio Method:Calculated | 4 | Optimal : <3.3 Low Risk : 3.4-4.4 Average Risk : 4.5-7.1 Moderate Risk : 7.2-11.0 High Risk : >11.0 |
| LDL/HDL Ratio Method:Calculated | 2.10 | Optimal : 0.5-3.0 Borderline : 3.1-6.0 High Risk : >6.0 |
| Triglycerides Method:Spectrophotometry, Enzymatic - GPO/POD | 167 | 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 | : 46 Years / Male | Registered on | : 14-Sep-2024 / 09:31 AM |
| Ref.By | : ARCOFEMI HEALTH CARE LTD - MEDI WHEELS | Collected on | : |
| Req.No | : BIL4711037 | Reported on | : |
| | | Reference | : Arcofemi Health Care Ltd - |

TEST REPORT

Debleena Thakur

Dr Debleena Thakur
Consultant Pathologist





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|--------------|--|---------------|------------------------------|
| Name | : MR.SATYANAND K | TID/SID | : UMR1963910/ 28246827 |
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| Req.No | : BIL4711037 | Reported on | : 14-Sep-2024 / 13:56 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 | 2.09 | Neonates: <=15.0 mg/dL Adults: <=1.2 mg/dL |
| Direct Bilirubin. Method:Spectrophotometry, Diazo method | 0.8 | <=0.30 mg/dL |
| Indirect Bilirubin. Method:Calculated | 1.29 | Neonates: <= 14.7 mg/dL Adults: <= 1.0 mg/dL |
| Alanine Aminotransferase ,(ALT/SGPT) Method: IFCC without pyridoxal phosphate activation | 17 | <=41 U/L |
| Aspartate Aminotransferase,(AST/SGOT) Method: IFCC without pyridoxal phosphate activation | 19 | <=40 U/L |
| ALP (Alkaline Phosphatase). Method:Spectrophotometry , IFCC | 80 | 40-129 U/L |
| Gamma GT. Method:Spectrophotometry , IFCC | 9 | <60 U/L |
| Total Protein. Method:Spectrophotometry, Biuret | 6.8 | 6.4-8.3 g/dL |
| Albumin. Method:Spectrophotometry, Bromcresol Green | 4.3 | 3.5-5.2 g/dL |
| Globulin. Method:Spectrophotometry, Bromcresol Green | 2.50 | 2.0-3.5 g/dL |
| A/GRatio. Method:Calculated | 1.72 | 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



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| Req.No | : BIL4711037 | Reported on | : 14-Sep-2024 / 14:45 PM |
| | | 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:CMIA | 0.978 | 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.SATYANAND K TID/SID : UMR1963910/ 28246827
 Age / Gender : 46 Years / Male Registered on : 14-Sep-2024 / 09:31 AM
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 Req.No : BIL4711037 Reported on : 14-Sep-2024 / 14:45 PM
 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 | 0.915 | 0.80-2.00 ng/mL Note: Biological Reference Ranges are changed due to change in method of testing. |
| Thyroxine Total (T4) Method:ECLIA | 6.37 | 4.6-12.0 µg/dL |
| Thyroid Stimulating Hormone (TSH) Method:ECLIA | 2.67 | 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





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TEST REPORT

DEPARTMENT OF CLINICAL CHEMISTRY I

Uric Acid, Serum

| Investigation | Observed Value | Biological Reference Interval |
|--------------------------------|----------------|-------------------------------|
| Uric Acid. Method:Enzymatic | 6.1 | 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 ---

Debleena Thakur

**Dr Debleena Thakur
Consultant Pathologist**



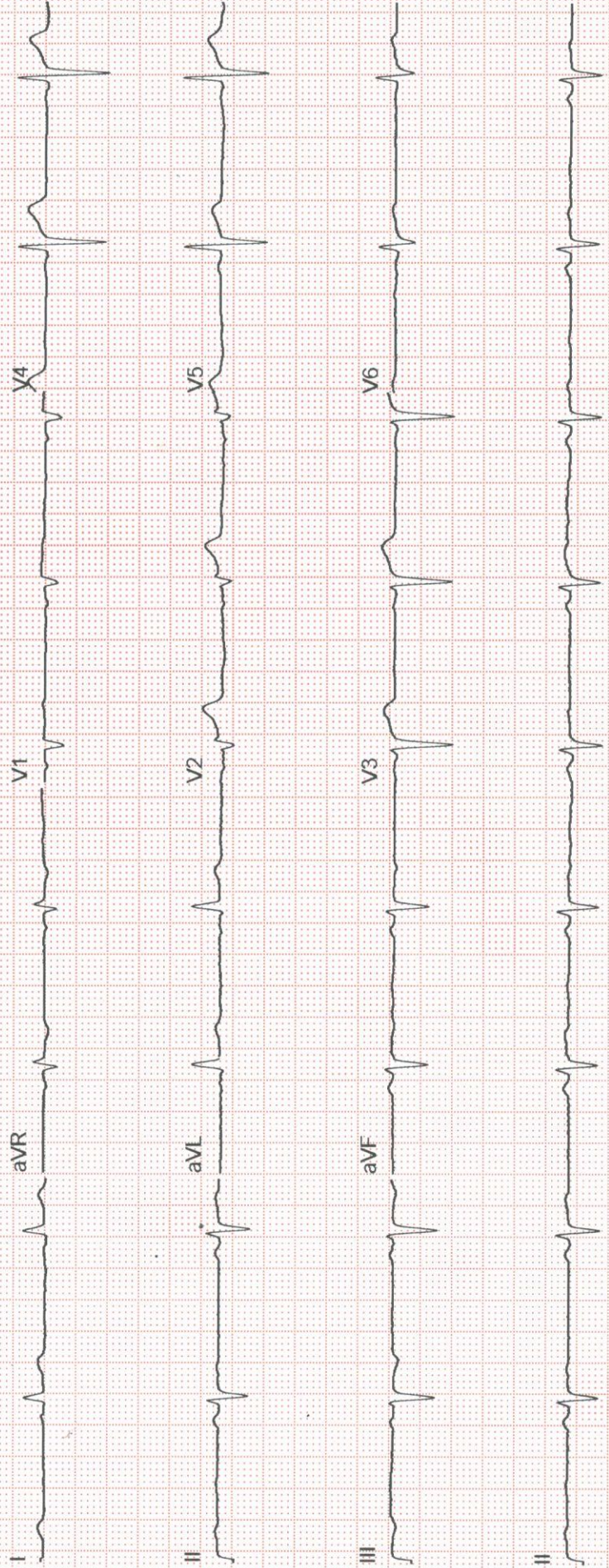
QRS : 90 ms
QT / QTcBaz : 368 / 358 ms
PR : 154 ms
P : 116 ms
RR / PP : 1058 / 1052 ms
P / QRS / T : 73 / -53 / -16 degrees

Sinus bradycardia
Left axis deviation
Abnormal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

LEFT AXIS DEVIATION
NM

Dr. MAHADEV SYNAMY B
MBBS, MD (Internal Medicine)
DM Cardiology (IPMER), FSCAI, FICC
Consultant - Interventional Cardiology



| | | |
|--------------|-----------------|--------------------------|
| Name | MR.SATAYANAND K | Req NO :4711037 |
| Age & Gender | Y46/MALE | Registered on:14.09.2024 |
| Ref Doctor | CREDIT CLIENTS | Reported on:14.09.2024 |

2D ECHOCARDIOGRAPHY & COLOUR DOPPLER REPORT

M-mode:

| | Value | Normal range |
|--------------|-------|----------------|
| LA dimension | 3.2 | (1.9 – 4.0 cm) |
| Aorta | 3.1 | (2.5 – 3.7 cm) |
| IVS (d) | 1.3 | (0.6 – 1.1 cm) |
| LV PW (d) | 1.2 | (0.6- 1.1 cm) |
| LVID (d) | 4.6 | (3.5 – 5.5 cm) |
| LVID (s) | 3.0 | (2.4 – 4.2 cm) |
| EDV | 98 | ml |
| ESV | 34 | ml |
| LV EF | 64% | 50 – 70 % |

CHAMBERS:

LEFT ATRIUM: Normal

RIGHT ATRIUM: Normal

LEFT VENTRICLE: CONCENTRIC LVH+

RIGHT VENTRICLE: Normal

VALVES:

MITRAL VALVE: Normal

AORTIC VALVE: Normal

TRICUSPID VALVE: Normal

PULMONARY VALVE: Normal

GREAT ARTERIES:

AORTA: Normal

PULMONARY ARTERY: Normal

Tenet Diagnostics Pvt. Ltd.

CIN: U85110KA2021PTC149219

No.46, 27th Cross, 3rd Main Road, Municipal No. 6A, 7th Block, Jayanagar, Bangalore, Karnataka-560011.

Ph.: +91 98863 48863, 080-49364444 | www.tenetdiagnostics.in | info@tenetmedcorp.com

SEPTAE:

IAS/IVS: Intact

WALL MOTION ABNORMALITIES:

REGIONAL : No RWMA

GLOBAL: Normal

COLOUR DOPPLER:

MITRAL VALVE: TRIVIAL MR , E/A : 1.11

AORTIC VALVE: Normal

TRICUSPID VALVE: TRIVIAL TR PASP-30mmHg

PULMONARY VALVE: Normal


CLOT/ VEGETATION: Nil

PERICARDIUM: No effusion

IVC : NORMAL & COLLAPSING

CONCLUSION:

- CONCENTRIC LVH+
- NORMAL VALVES
- NO REGIONAL WALL MOTION ABNORMALITIES
- NORMAL LV SYSTOLIC FUNCTION (EF: 64%)
- NORMAL PA PRESSURE
- NO CLOT/ VEG / PERICARDIAL EFFUSION


Dr. MAHADEV SWAMY B
 MBBS, MD, DM Cardiology (JIPMER), FSCAI, FICC
 Consultant & Interventional Cardiologist
 KMC No 75242

Tenet Diagnostics Pvt. Ltd.

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PLEASE SCAN QR CODE

| | | | |
|------------|--|---------------|--|
| Name | : Mr . SATYANAND K | TID | : UMR1963910 |
| Age/Gender | : 46 Years/Male | Registered On | : 14-Sep-2024 09:31 AM |
| Ref By | : ARCOFEMI HEALTH CARE LTD - MEDI WHEELS | Reported On | : 14-Sep-2024 12:43 PM |
| Reg.No | : BIL4711037 | Reference | : Arcofemi Health Care Ltd - Medi Whe |

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size (13.5cms) with uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is moderately distended and has clear contents. Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS is normal in size and echopattern. No evidence of ductal dilatation or calcification.

SPLEEN is normal in size and echopattern.

KIDNEYS move well with respiration and are normal in size and echopattern.
Cortico- medullary differentiations are well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

| | Bipolar length (cms) | Parenchymal thickness (cms) |
|---------------------|-----------------------------|------------------------------------|
| Right Kidney | 11.5 | 1.9 |
| Left Kidney | 11.1 | 2.3 |

URINARY BLADDER is moderately distended with normal wall thickness. It has clear contents.
No evidence of diverticula.

PROSTATE is normal in size and echopattern. It measures 2.4 x 3.3 x 3.2 cms (Vol: 13cc).

No evidence of ascites / pleural effusion.

IMPRESSION:

- *No significant abnormality detected.*

*** End Of Report ***

Dr Mudunuri Saithejas
Consultant Radiologist



PLEASE SCAN QR CODE

| | | | |
|------------|--|---------------|--|
| Name | : Mr . SATYANAND K | TID | : UMR1963910 |
| Age/Gender | : 46 Years/Male | Registered On | : 14-Sep-2024 09:31 AM |
| Ref By | : ARCOFEMI HEALTH CARE LTD - MEDI WHEELS | Reported On | : 14-Sep-2024 01:41 PM |
| Reg.No | : BIL4711037 | Reference | : Arcofemi Health Care Ltd - Medi Whe |

X-Ray Chest PA View

FINDINGS:

Lung fields appear normal.

Cardiac size is within normal limits.

Aorta and pulmonary vasculature is normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

IMPRESSION:

Normal study.

*** End Of Report ***

Dr Mudunuri Saithejas
Consultant Radiologist