




# PARKLINE DIAGNOSTICS PVT. LTD.

L.G. 3, 4 & 5, Bhuvana Towers, S.D. Road, Secunderabad - 500 003 Tel : 040-42038139, 27845852  
7995421787, 7093445852 Email : parklinediagnostics@gmail.com www.parklinediagnostics.com



NABL Accredited  
Certificate No.:MC-2566

## TEST REPORT

Name : **MR.PATHAN AYUBKHAN SAHEBKHAN** TID/SID : UMR1384836/ 27313653  
 Age / Gender : **[47303]** / Male Registered on : 11-Mar-2024 / 08:31 AM  
 Ref.By : - Collected on : 11-Mar-2024 / 08:29 AM  
 Req.No  Reported on : 11-Mar-2024 / 12:58 PM  
 BIL4032045 Reference : Medi Wheel

### DEPARTMENT OF CLINICAL PATHOLOGY

### Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Colour Method:Photo detectors(instrument)	Yellow		Light Yellow
Appearance Method:Photo diode array sensor	Hazy		Clear
Specific gravity Method:Ion concentration/colour indicator	1.030		1.003-1.030
Reaction and pH Method:Double Indicator	5.5		5.0-8.0
Protein Method:Protein Error of pH indicators	Negative		Negative
Glucose Method:Double sequential enzymatic/GOD-PAP	Negative		Negative
Urobilinogen Method:Reagent strip/Reflectance photometry	Negative		0.2-1.0 mg%
Ketones Method:Strip method/Nitroprusside method	Negative		Negative
Blood Method:Peroxidase	Negative		Negative
Bile Salt Method:Hays Method	Negative		Negative
Bile Pigment Method:Fouchets Method	Negative		Negative
<b>Microscopic Examination</b>			
Pus cells (leukocytes) Method:Microscopy Of Sediment	Occasional	/hpf	0-5 /hpf
RBC (erythrocytes) Method:Microscopy Of Sediment	Nil	/hpf	0-2 /hpf
Epithelial cells Method:Microscopy Of Sediment	Nil	/hpf	0-8 /hpf
Crystals Method:Microscopy Of Sediment	Nil	/lpf	Nil /lpf

Lab Timings (Weekdays) : 7.00 am to 8.30 pm  
Sundays & Holidays : 7.00 am to 1.00 pm

Radiologists Timings (Weekdays) : 7.30 am to 1.30 pm  
& 5.45 pm to 7.45 pm  
Sundays & Holidays : 7.30 am to 9.30 am




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DEPARTMENT OF CLINICAL PATHOLOGY

### Complete Urine Examination (CUE), Urine

Investigation	Observed Value	Units	Biological Reference Interval
Casts	Nil	/lpf	Nil
Method:Microscopy Of Sediment			/lpf
Others	Nil		Nil
Method:Microscopy Of Sediment			

\* Sample processed at Parkline

--- End Of Report ---



**Dr.Jyothi Kiranmai**  
Regd. No: 52272  
MD PATHOLOGY




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DEPARTMENT OF HEMATOLOGY

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

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

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### DEPARTMENT OF HEMATOLOGY

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

Investigation	Observed Value	Units	Biological Reference Interval
Hemoglobin Method:Spectrophotometry	14.9	g/dL	13.0-17.0 g/dL
Erythrocyte Count(RBC) Method:Electrical Impedence	4.8	mill /cu.mm	4.5-5.5 mill /cu.mm
PCV/HCT Method:Numeric Integration	43	%	40-50 %
MCV Method:Calculated	90	fL	83-101 fL
MCH Method:Calculated	30.9	pg	27-32 pg
MCHC Method:Calculated	34.2	gm/dL	31.5-34.5 gm/dL
RDW (CV) Method:Calculated	<b>15.6</b>	%	11.6-14.0 %
Total WBC Count Method:Impedence flowcytometry/Light scattering	8.6	10 <sup>3</sup> /μL	4-10 10 <sup>3</sup> /μL
<b>Differential Count</b>			
Neutrophils Method:Flowcytometry/Microscopy	51	%	40-80 %
Lymphocytes Method:Flowcytometry/Microscopy	38	%	20-40 %
Monocytes Method:Flowcytometry/Microscopy	6	%	2-10 %
Eosinophils Method:Flowcytometry/Microscopy	5	%	1-6 %
Basophils Method:Flowcytometry/Microscopy	0	%	0-2 %
Absolute Neutrophil Count	4.39	10 <sup>3</sup> /μL	2.0-7.0 10 <sup>3</sup> /μL
Absolute Lymphocyte Count	<b>3.27</b>	10 <sup>3</sup> /μL	1.0-3.0 10 <sup>3</sup> /μL

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### DEPARTMENT OF HEMATOLOGY

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

Investigation	Observed Value	Units	Biological Reference Interval
Absolute Monocyte Count	0.52	10 <sup>3</sup> /μL	0.20-1.0 10 <sup>3</sup> /μL
Absolute Eosinophils Count	0.43	10 <sup>3</sup> /μL	0.02-0.5 10 <sup>3</sup> /μL
Absolute Basophil Count	<b>0</b>	10 <sup>3</sup> /μL	0.02-0.1 10 <sup>3</sup> /μL
Platelet Count	250	10 <sup>3</sup> /μL	150-410 10 <sup>3</sup> /μL
Method:Electrical Impedence			

#### Peripheral Smear

RBC Method:Microscopy Normocytic and Normochromic, Macrocytes +  
 WBC Method:Microscopy Within normal limits.No abnormal cells seen.  
 Platelets Method:Microscopy Discrete and adequate.Normal in morphology

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## TEST REPORT

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### DEPARTMENT OF HEMATOLOGY

### Erythrocyte Sedimentation Rate (ESR), Sodium Citrate Whole Blood

Investigation	Observed Value	Units	Biological Reference Intervals
ESR 1st Hour	25	mm/hour	0-10 mm/hour
Method:Westergren			

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### DEPARTMENT OF CARDIOLOGY

### 2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.41 cm
Left Atrium	3.24 cm
Left Ventricle	LVDd:5.01 cm IVSd :0.8 cm EF:64% LVDs:3.2 cm LVPwd:1.34cm FS:35%
RWMA	Nil
Right Atrium	Normal
Right Ventricle	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Pericardium	Normal
Svc / Ivc	Normal
Intracardiac Masses	Nil
Doppler Study	Mitral flow: E: 0.8 m/sec A: 0.9 m/sec Aortic flow : 1.18 m/sec Pulmonary flow : 0.6 m/sec
Colour Doppler	No MR / AR / TR / PR
Conclusion	No RWMA. Normal valves/ Normal chambers. No MR/ AR/ TR / PR Good LV(LVEF 64 %) / RV function. Grade I Diastolic dysfunction. No PE/ clot/ vegetation.

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: **[473031]**  
: 59 Years / Male

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Age / Gender

Ref.By : -

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### DEPARTMENT OF CLINICAL CHEMISTRY I

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

Investigation	Observed Value	Units	Biological Reference Interval
Blood Urea Nitrogen.	10.6	mg/dL	7-23 mg/dL
Method:Calculated			

#### Creatinine, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Creatinine.	1.13	mg/dL	0.60-1.30 mg/dL
Method:Alkaline Picrate			

#### Glucose Urine Fasting

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

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DEPARTMENT OF CLINICAL CHEMISTRY I

### Glucose Fasting (FBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Fasting Method:GOD - PAP	<b>117</b>	mg/dL	Normal: <100 Impaired FG: 100-125 Diabetic : >/=126 mg/dL

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 : **[473031]**  
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DEPARTMENT OF CLINICAL CHEMISTRY I

### Glucose Post Prandial (PPBS), Sodium Fluoride Plasma

Investigation	Observed Value	Units	Biological Reference Interval
Glucose Post Prandial Method:GOD - PAP	135	mg/dL	Normal : 90 - 140 Impaired Glucose Tolerance: 141-199 Diabetic : $\geq$ 200 mg/dL

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### DEPARTMENT OF CLINICAL CHEMISTRY I

### Glycosylated Hemoglobin (HbA1C), EDTA Whole Blood

Investigation	Observed Value	Units	Biological Reference Interval
Glycosylated Haemoglobin Method:High Performance Liquid Chromatography(HPLC)	5.5	%	< 5.7% : Normal 5.7% - 6.4% : Prediabetes > 6.4% Diabetes
Mean Plasma Glucose (MPG) Estimate Method:Derived from HBA1c	111	mg/dL	Excellent Control : 90 to 120 Good Control : 121 to 150 Average Control : 151 to 180 Panic Value : > 211 mg/dL

**Note:**Mean Plasma Glucose is calculated from HBA1c value and it indicates Average Blood Sugar level over the past three months.

#### INTERPRETATION :

- Glycated hemoglobin (glycohemoglobin / HbA1c) is a form of hemoglobin (Hb) that is chemically linked to a sugar.
- A1c is measured primarily to determine the three-month average blood sugar level and can be used as a diagnostic test for diabetes mellitus and as an assessment test for glycemic control in people with diabetes.
- In diabetes, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, neuropathy, and retinopathy.
- American diabetes Association (ADA) recommends an A1C goal for many non pregnant adults of < 7% (without significant hypoglycemia). On the basis of provider judgment and patient preference, achievement of lower A1C levels than the goal of 7% may be acceptable, and even beneficial, if it can be achieved safely without significant hypoglycemia or other adverse effects of treatment. Less stringent A1C goals (such as < 8%) may be appropriate for patients with severe hypoglycemia, extensive co morbid conditions etc, or where the harms of treatment are greater than the benefits.
- Glycemic goals for some older adults might reasonably be relaxed as part of individualized care, but hyperglycemia leading to symptoms or risk of acute hyperglycemia complications should be avoided in all patients.

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DEPARTMENT OF CLINICAL CHEMISTRY I

### Lipid Profile, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Cholesterol Method:CHOD-PAP	175	mg/dL	Desirable Level: < 200 Borderline : 200 - 239 High : > 240 mg/dL
HDL Cholesterol Method:Enzymatic Reaction	43	mg/dL	<40:Major risk factor for heart disease 40-59:The higher,the better >=60:Considered protective against heart disease mg/dL
LDL Cholesterol Method:Calculated	<b>114</b>	mg/dL	< 100 mg/dL
VLDL Cholesterol Method:Calculated	18	mg/dL	10-55 mg/dL
Triglycerides Method:GPO-POD	91	mg/dL	Normal:<150 Borderline:150-199 High:200-499 Very High:>=500 mg/dL
Chol/HDL Ratio Method:Calculated	4.07		Normal : <4 Low risk : 4 - 6 High risk : >6
LDL Cholesterol/HDL Ratio Method:Calculated	2.65		Ideal : < 2 Good : 2 – 5 Bad : > 5

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### DEPARTMENT OF CLINICAL CHEMISTRY I

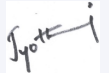
### Liver Function Test (LFT), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Total Bilirubin. Method:Diazo with sulphanilic acid	1.03	mg/dL	0.3-1.2 mg/dL
Direct Bilirubin. Method:Diazo with sulphanilic acid	0.30	mg/dL	0.00-0.40 mg/dL
Indirect Bilirubin. Method:Calculated	0.73	mg/dL	0.2-0.8 mg/dL
Alanine Aminotransferase ,(ALT/SGPT) Method:IFCC without P5P	17	U/L	10-40 U/L
Aspartate Aminotransferase,(AST/SGOT) Method:IFCC without P5P	26	U/L	10-40 U/L
ALP (Alkaline Phosphatase). Method:AMP-IFCC	85	U/L	30-115 U/L
<b>PROTEINS</b>			
Total Protein. Method:Biuret	6.70	g/dL	6.0-8.0 g/dL
Albumin. Method:Bromocresol Green (BCG)	3.85	g/dL	3.5-4.8 g/dL
Globulin. Method:Calculated	2.85	g/dL	2.3-3.5 g/dL
A/GRatio. Method:Calculated	1.35		0.8-2.0
Gamma GT. Method:IFCC-Enzymatic	28	U/L	7.0-50.0 U/L

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### DEPARTMENT OF CLINICAL CHEMISTRY I

### Prostate Specific Antigen (PSA) Total, Serum

Investigation	Observed Value	Biological Reference Interval
Prostate Specific Antigen (PSA) Total	0.271 ng/mL	0-3.9 ng/mL
Method:Enhanced chemiluminescence		

#### Interpretation:

- 1.Prostate specific antigen (PSA) is a glycoprotein that is expressed by both normal and neoplastic prostate tissue
- 2.Elevated serum PSA concentrations are found in men with prostate cancer, benign prostatic hyperplasia (BPH) or inflammatory conditions of other adjacent genitourinary tissues. PSA can also be elevated after digital rectal examination,prostatic massage,cystoscopy,needle biopsy etc
- 3.Measurement of serum PSA by itself is not recommended as a screening procedure for the diagnosis of cancer because elevated PSA levels are also observed in patients with benign prostatic hyperplasia.
4. When employed for the management of prostate cancer patients, serial measurement of PSA is useful in detecting residual tumor and recurrent cancer after radical prostatectomy.
- 5.PSA has been demonstrated to be an accurate marker for monitoring advanced clinical stage in untreated patients and for monitoring response to therapy by radical prostatectomy, radiation therapy and anti-androgen therapy.

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### DEPARTMENT OF CLINICAL CHEMISTRY I

### Thyroid Profile (T3,T4,TSH), Serum

Investigation	Observed Value	Units	Biological Reference Interval
Triiodothyronine Total (T3) Method:Enhanced chemiluminescence	1.63	ng/mL	0.970-1.69 ng/mL
Thyroxine Total (T4) Method:Enhanced chemiluminescence	10.6	µg/dL	5.53-11.0 µg/dL
Thyroid Stimulating Hormone (TSH) Method:Enhanced chemiluminescence	<b>4.63</b>	µIU/mL	0.400-4.049 µIU/mL

Note: Change in method and reference range  
NOTE:

TSH - Reference ranges during pregnancy:\*

1st Trimester : 0.10 - 2.50

2nd Trimester : 0.20 - 3.00

3dr Trimester : 0.30 - 3.00

\*As per the Guidelines of American Thyroid Association for the diagnosis and management of thyroid disease during pregnancy and post partum.

1.Primary Hyperthyroidism is accompanied by elevated T3 & T4 values along with depressed TSH level.

2.Primary Hypothyroidism is accompanied by depressed T3 & T4 levels and elevated TSH levels.

3.Normal T4 levels accompanied by high T3 levels are seen in patients with T3 Thyrotoxicosis.

4.Slightly elevated T3 levels may be found in pregnancy and estrogen therapy, while depressed levels may be encountered in severe illness, malnutrition, renal failure and during therapy with drugs like propranolol and propylthiouracil.

5.Although elevated TSH levels are nearly always indicative of primary hypothyroidism, rarely they can result form TSH secreting pituitary tumors(secondary).

\* Sample processed at Parkline

--- End Of Report ---



**Dr.Jyothi Kiranmai**  
Regd. No: 52272  
MD PATHOLOGY






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NABL Accredited  
Certificate No.:MC-2566

## TEST REPORT

Name : **MR.PATHAN AYUBKHAN SAHEBKHAN** TID/SID : UMR1384836/ 27313652  
 Age / Gender : **[47303]** / Male Registered on : 11-Mar-2024 / 08:31 AM  
 Ref.By : - Collected on : 11-Mar-2024 / 08:29 AM  
 Req.No :  Reported on : 11-Mar-2024 / 13:57 PM  
 BIL4032045 Reference : Medi Wheel

DEPARTMENT OF CLINICAL CHEMISTRY I

### Uric Acid, Serum

Investigation	Observed Value	Units	Biological Reference Interval
Uric Acid. Method:Uricase	6.6	mg/dL	2.5-8.0 mg/dL

\* Sample processed at Parkline

--- End Of Report ---



**Dr.Jyothi Kiranmai**  
Regd. No: 52272  
MD PATHOLOGY






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## TEST REPORT

Name : **MR.PATHAN AYUBKHAN SAHEBKHAN** TID/SID : UMR1384836/ 27313653  
Age / Gender : **[47303]** / Male Registered on : 11-Mar-2024 / 08:31 AM  
Ref.By : - Collected on : 11-Mar-2024 / 08:29 AM  
Req.No :  Reported on : 11-Mar-2024 / 17:13 PM  
Reference : Medi Wheel

BIL4032045

DEPARTMENT OF HEALTH CHECKUP

### Glucose Urine Post Prandial

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

\* Sample processed at Parkline

--- End Of Report ---



*Yatish Sai*

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



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Email parklinediagnostics@gmail.com www.parklinediagnostics.com



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Certificate No.MC-2566

## MEDICAL EXAMINATION REPORT

Name	Mr. pathan Ayub Khan Sahab Khan		Date :	11/3/24
Company	C/o Mediwheel		Reg. No. :	4032045
Contact No.	9096201658		Sex	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
			Age :	<input type="checkbox"/> 50 <input checked="" type="checkbox"/> 59 <input type="checkbox"/> 60
Type	Pre-Emp		Emp. No.:	47303
	Overseas		Height	166
	Annual		Weight	82
Remarks	<p>USG: Mild hepatomegaly ⊕ Advice follow up.</p> <p>- Rest all physical &amp; Lab parameter wnl.</p>			
Fitness Status	Medically Fit / Unfit		<p>Physician's Signature</p> <p>MBBS</p> <p>REG. NO. 11351</p>	

# COMPREHENSIVE MEDICAL EXAMINATION REPORT

NAME Mr. Pathan Ayub Khan Sahab Khan

AGE 59 yrs / Male

MARITAL STATUS married CHILDREN : M  2  F  1

IDENTIFICATION (IF ANY) A mole on the RT shoulder.

## PAST HISTORY

Any family H/o : High Blood Pressure, Heart Disease, Tuberculosis, Diabetes, Asthma, Cancer

Any personal H/o Major illness like : Typhoid..... NIL..... Jaundice..... NIL..... Etc.

Any H/o STD..... Skin infection..... NIL

H/o Blood Transfusion..... Recent Vaccination..... ROVISHIEW x 2 Doses.

H/o Epilepsy..... NIL..... Giddiness..... NIL

H/o Surgery..... Fracture in the past..... NIL

### Any Personal H/O.

High Blood Pressure, Heart Disease Tuberculosis, Diabetes, Asthma, Cancer

Drug Abuse, Drug Allergy, Micturition, Bowels, Alcohol, Smoking, Sleep, MC, Wt. Loss/Wt. Gain

Present illness / Medication \_\_\_\_\_

## GENERAL EXAMINATION

Conjunctiva :

Skin :

Ears :

Nose :

Throat & Oral Cavity :

NAD

Bone, Joints :

Nutritional Status :

Lymph Nodes :

Edema Feet :

Varicose Veins :

(N)  
well nourished  
NPD  
NIL  
NIL

**Distant Vision : Near Vision :**

Right Eye: 9/12 + 1.50 sph 6/6

With glasses / Without glasses

left Eye: 9/12 + 1.50 sph 6/6

with glasses / without glasses

Right Eye: N10 + 4.50 sph N6

With glasses / Without glasses

left Eye: N10 + 4.50 sph N6

with glasses / without glasses

Colour Vision: BE normal

**DR. KATTA**  
M.B.S., D.O., F.R.F.  
Regd. (AMC)  
**Ophthalmologist's Signature**

**Right Ear**

**Left Ear**

Hearing :

Rinee's Test :

Weber Test :

Discharge :

**SYSTEMIC EXAMINATION**

Pulse : 20 bpm

B.P. : 120/80 mmHg

**Lungs :**  
A. Shape of Chest B/C symmetrical  
B. Breath Sounds NI - clear ⊕  
C. Adventitious Sounds NO

**Heart :**  
A. Sounds S1 S2 ⊕  
B. Murmurs NO

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

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

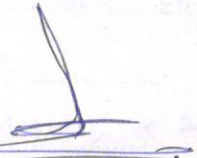
**General :**  
A. Hernia  
B. Hydrocele  
C. Varicocele  
NAD

**Breast :** Rt \_\_\_\_\_ Lt. \_\_\_\_\_

# CANDIDATE'S DECLARATION

I hereby solemnly declare that I am not suffering from Asthma, Hypertension, Diabetes, Occult Psychological disorders or any other ailment which can be suppressed without my voluntary declaration.

Date :

  
Signature

Place :

Note : General Physical Examination and Investigation included in the health check-up Have certain limitations and may not be able to detect all latent and asymptomatic diseases. Any new symptoms developing after the health check-up or persisting thereafter should be brought to the attention of the treating physician.



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## ENT EXAMINATION

S. No. 4032045

Emp. No. :

Date 11/3/20

Name Mr. Pathan Ayub Khan  
Sahab Khan

Age Yrs

Sex M/F

### EARS :

#### Right

#### Left

EAC : patent. no Cerumen.

- do.

TM : Intact, pearly white.

- do.

TFT : Cone of light (+)

Rinne's +ve

Rinne's +ve.

Weber's - Central

### NOSE

: Septum (N). Bil. T'symmetry (N). PWS (N) not tender

### THROAT

: Oropharynx (N). Bil. v.c's (N) moving  
Asymmetry bil.

### NECK

: (N)

### IMPRESSION :

ENT: clinically NAD

Consultant ENT

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

11/3/24

To

Parcline Diagnostics

I Mr. Pathan Ayub Khan. Sahel Khan.

~~Dear~~ I am not willing to do dental consultation.

Thanking you

A handwritten signature consisting of several overlapping, stylized strokes.A second handwritten signature, similar in style to the first, with overlapping strokes.






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## TEST REPORT


Name : **MR.PATHAN AYUBKHAN SAHEBKHAN** TID/SID : UMR1384836/  
Age / Gender : **59 Years / Male** Registered on : 11-Mar-2024 / 08:31 AM  
Ref.By : - Collected on : 11-Mar-2024 / 08:29 AM  
Req.No :  Reported on : 11-Mar-2024 / 09:10 AM  
Reference : Medi Wheel  
BIL4032045

### DEPARTMENT OF CARDIOLOGY 2D Echo/Doppler Study

Mitral Valve	Normal
Aortic valve	Normal
Tricuspid valve	Normal
Pulmonary valve	Normal
Aorta	2.41 cm
Left Atrium	3.24 cm
Left Ventricle	LVDd:5.01 cm IVSd :0.8 cm EF:64% LVDs:3.2 cm LVPwd:1.34cm FS:35%
RWMA	Nil
Right Atrium	Normal
Right Ventricle	Normal
Pulmonary Artery	Normal
IAS	Intact
IVS	Intact
Pericardium	Normal
Svc / Ivc	Normal
Intracardiac Masses	Nil
Doppler Study	Mitral flow: E: 0.8 m/sec A: 0.9 m/sec Aortic flow : 1.18 m/sec Pulmonary flow : 0.6 m/sec
Colour Doppler	No MR / AR / TR / PR
Conclusion	No RWMA. Normal valves/ Normal chambers. No MR/ AR/ TR / PR Good LV(LVEF 64 %) / RV function. Grade I Diastolic dysfunction. No PE/ clot/ vegetation.

\* Sample processed at Parkline

--- End Of Report ---

  
**Dr. P. PRASHANT MARUTI**  
DM., Cardiology  
Consultant Interventional Cardiologist  
Reg. No. TSMC/FMR/25860 Page 1 of 2



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## TEST REPORT

Name	: Mr . PATHAN AYUBKHAN SAHEBKHAN [473	TID	: UMR1384836
Age / Gender	: 59 Years / Male	Registered on	: 11-Mar-2024 08:31 AM
Ref.By	:	Reported On	: 11-Mar-2024 10:44 AM
Req. No	: BIL4032045	Reference	: Medi Wheel

### DEPARTMENT OF ULTRASOUND Ultrasound Whole Abdomen

**LIVER** : 16.0 cms - Enlarged in size and increased echotexture. No focal lesions.

No IHBD /CBD dilatation. Portal vein is normal in size.

**SPLEEN** : Normal in size and echotexture. No focal lesion seen.

**GALL BLADDER** : Well distended. No sludge / gall stones / sol.  
Gall bladder -Wall thickness is normal.  
No pericholecystic oedema.

**PANCREAS** : Normal in size and echotexture.No calcification / sol.  
Pancreatic duct is normal. No peripancreatic fluid collection.

**RIGHT KIDNEY** : 9.4 x 4.4 cms  
Normal in size and echotexture.  
Cortical thickness is normal.  
No evidence of calculi / sol.  
Pelvi calyceal system is normal.

**LEFT KIDNEY** : 9.2 x 5.3 cms  
Normal in size and echotexture.  
Cortical thickness is normal.  
No evidence of calculi / sol.  
Pelvi calyceal system is normal.

**URINARY BLADDER** : Well distended. Normal in contour.  
Wall thickness is normal. No calculus / sol.

**PROSTATE** : Measuring 3.6 x 3.1 x 2.8 cms (vol : 17.4 cc) Normal in size and echotexture.  
No calcification / sol.  
No pre or para aortic adenopathy / ascites noted.

**IMPRESSION** : Mild hepatomegaly with Grade I fatty liver.

**Clinical correlation**

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



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## TEST REPORT

Name	: Mr . PATHAN AYUBKHAN SAHEBKHAN [473	TID	: UMR1384836
Age / Gender	: 59 Years / Male	Registered on	: 11-Mar-2024 08:31 AM
Ref.By	:	Reported On	: 11-Mar-2024 09:56 AM
Req. No	: BIL4032045	Reference	: Medi Wheel

### X-RAY CHEST PA VIEW

Lung fields are clear.

Cardia is normal.

Hila are normal.

C P angles are free.

Bony cage is normal.

Soft tissues are normal.

IMPRESSION : NORMAL CHEST X-RAY


12

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

HR : 68 bpm  
P : 109 ms  
PR : 146 ms  
QRS : 91 ms  
QT/QTc : 377/403 ms  
P/QRS/T : 57/-2/42 °  
RV5/SV1 : 0.977/0.682 mV

Diagnosis Information:  
Sinus Rhythm  
Poor R Wave Progression(V3)

WMC

  
**Dr. P. PRASHANT MARUTI**  
DM., Cardiology  
Consultant Interventional Cardiologist  
Reg. No. TCMC/FMR/125850

Report Confirmed by:

