

Adv for Accused

(56)

20/2/18

CS-426/18
21/2/18



Government of Karnataka
Bangalore Medical College & Research Institute
(An Autonomous Institute of Government of Karnataka)
Victoria Hospital, Bangalore

No : V H/GNL/51/14-15

15/09/2014
Bangalore

To
The Deputy Superintendent of Police
Special Enquiries, CID, Palace Road
Bangalore- 560001

Sir,

Sub: Report of the Medical Examination of Sri Nithyananda Swami

Ref : No 11/CRM/SE/CID/2010 Dated 04/09/2014
V H/GNL/37/14-15 Dated 05/09/2014

With reference to above mentioned subject, I am herewith submitting the report of the Medical Examination of Sri Nithyananda Swami on 08/09/2014 at the Institute of Nephro-Urology for your kind perusal.

This document has been signed by all the Members of the Medical team which has examined Sri Nithyananda Swami on 08/09/2014.

This is for your information and needful.

Thanking you

TRUE COPY
EXAMINED

Yours Truly

Dr Durganna T
Medical Superintendent
Victoria Hospital
Bangalore
Medical Superintendent
Victoria Hospital
Bangalore

Enclosures : All revelant records pertaining to Medical Examination and consent of Sri Nithyananda Swami

RECEIVED
COURT
at 17/9/14
at 17/9/14
at 17/9/14

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Institute of Nephro-urology
Department of Radiodiagnosis
Bangalore



Name : INU 0809
Age/Sex : 37yrs/M
Ref By : Dr. C R CHANDRASHEKAR
Date : 08-09-2014
IP/OP no. : 120319

Examination : SCROTAL DOPPLER

FINDINGS:

- Both testes are normal in shape, position and vascularity. No focal lesions. Seen on either side.
- Both epididymal heads appear normal.
- No significant hydrocele seen on either side.
- Significant varicocele seen on either side.
- No flow reversal seen on valsalva on either side.
- Right testis size : 3.5x1.7x2.9cms
- Right epididymis head : 0.7 x 0.7cms.
- Left testis size : 3.2x 1.7x2.9 cms.
- Left epididymis head : 0.9 x 0.7 cms.
- Right scrotal sac shows calcification measuring ~ 0.29 cm.

IMPRESSION:

- CALCIFICATION IN RIGHT SCROTAL SAC AS MENTIONED ABOVE.

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Examiner


Dr. Ramalingaiah K H
MBBS, MDRD
RADIOLOGIST

24/5/14



INSTITUTE OF NEPHRO-UROLOGY

Victoria Hospital Campus, Bangalore-560002.

Department of Radio Diagnosis & Imaging

Name	Age	Sex	Ref by prof Dr	Unit	IP/OP No	Date
INU 0809	12y	Male	C R Chandrashekar	Uro-II	120319	08-09-2014

Real time sonography of Abdomen and pelvis with KUB region was performed and following features were noted.

- LIVER** : Normal in size, shape with diffuse increase in echogenicity.
Portal and biliary radicals are normal.
PV and CBD are normal.
- GALL BLADDER** : Moderately distended, wall thickness appears normal. Contents clear.
- PANCREAS** : Head and body appear normal in size and echotexture.
- SPLEEN** : Normal in size & echotexture. No focal lesions.
- KIDNEYS** : Both kidneys are normal shape, position.
There is no calculus/ hydronephrosis.
Both kidneys show normal in cortical echogenicity.

	Length(cm)	Width(cm)	Cortical width(cm)
RK	11.6	4.6	1.3
LK	11.2	5.0	0.9

- URINARY BLADDER** : Well distended, wall thickness appears normal
- PROSTATE** : Measures ~ 3.9 x 3.2 x 2.7 cm, ~18.1 cm in volume.
Normal in size and echotexture

- OTHERS** : There is no evidence of free fluid in the peritoneal cavity.

IMPRESSION:

- **HEPATIC STEATOSIS.**

Dr. Ramalingaiah K H
MBBS, MDRD
RADIOLOGIST
INSTITUTE OF NEPHRO-UROLOGY

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Examiner



(61)



**Institute of Nephro-urology
Department of Radiodiagnosis
Bangalore**

Name : INU 0809
Age/Sex : 37 y /M
Ref by : Dr. C R CHANDRASHEKAR
IP / OP No. : 120319
Date : 08-09-2014

**PENILE DOPPLER STUDY
(WITHOUT INTRACAVERNOSAL INJECTION)**

Flaccid state Doppler assessment showed insignificant blood flow.
Both the cavernosal arteries show normal anatomy with adequate side branches (min of 3) in the root, proximal & mid shaft regions. Few collaterals from the dorsal penile artery are noted in the root augmenting both the cavernosal arteries bilaterally

Flow parameters in the Cavernosal arteries are as follows:

RIGHT SIDE			LEFT SIDE	
	PSV	EDV(cms/sec)	PSV	EDV(cms/sec)
BASELINE	6.7	-	14.1	-

Both corpora cavernosa are normal in echotexture with no focal lesion seen.

Right cavernosal artery measures ~ 0.085 cm in diameter.

Left cavernosal artery measures ~ 0.072 cm in diameter.

IMPRESSION:

PENILE DOPPLER STUDY WITHOUT INTRACAVERNOSAL INJECTION WAS PERFORMED.

- BASELINE STUDY SHOWED THE ABOVE PEAK SYSTOLIC VELOCITIES AS MENTIONED.**

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[Signature]
Examiner

[Signature]

**Dr. Ramalingaiah K H
MBBS, MDRD
RADIOLOGIST
INSTITUTE OF NEPHRO-UROLOGY**

[Signature]
24/9/14

INSTITUTE OF NEPHRO UROLOGY

(Government of Karnataka – Autonomous Institute – Regd. No. 1052/03-04)

(A Post Graduate Institute of Higher Medical Sciences

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Recognized by Medical Council of India)

Victoria Hospital Campus, Bangalore – 560 002

Email : nephrourology.institute@gmail.com

Website: www.nephrourology.in

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Lab patient ID NO-0809

date-8/9/14

Time:8.15 am

Biochemistry tests

Test	result	range
Fasting blood sugar	193mg/dl	70-110mg/dl
Serum Blood urea	23mg/dl	10-50mg/dl
Serum creatinine	1.0mg/dl	0.7-1.5mg/dl
Serum sodium	138meq/L	136-145meq/L
Serum potassium	4.1meq/L	3.5-5.0meq/L
Serum chloride	106meq/L	97-111meq/L

Dr R kowsala

Associate proff

Biochemistry

Department of lab medicine

Associate Professor of Biochemistry

Institute of Nephro-Urology

Victoria Hospital Campus

Bangalore - 560 002

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Dr. R. K. Kowsala
20/9/14

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Patient ID :0809

REFERD BY Dr chandershekar CR

DATE 8/9/14

BIO-CHEMISTRY**LIPID PROFILE FASTING SAMPLE**

TOTAL CHOLESTROL	235MG/dl	LESS THAN 200MG/DL –DESIRABLE ,200-239MG/DL –BORDERLINE HIGH ,MORE THAN 239MG/DL-HIGH
TRIGLYCERIDES (FASTING SAMPLE)	80.0MG/dl	Less than 150mg/dl - Normal 150-199mg/dl – Borderline high 200 -499 mg/dl – High More than 500mg/dl – Very high
HDL CHOLESTEROL	48 MG/dl	Male ; No risk - >55 Moderate risk – 35 – 55 High risk < 35
LDL CHOLESTEROL	169.1MG/dl	< 100 – Optimal 100 -129 – Near Optimal 130 – 159 – Borderline High 160-189 – High >190 – Very High
VLDL CHOLESTEROL	17.9MG/dl	<40mg/DL
TOTAL : HDL RATIO	4.90	Less than 4.5
LDL : HDL RATIO	3.52	Less than 3.5

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APOLIPOPROTEIN – A I	118MG/dl	Men : 104-202mg/dl
APOLIPOPROTEIN – B	118MG/dl	Male 66-133
APO B: APO A RATIO	1.00	Baseline – 1.07 -1.25 On treatment – 1.10-1.43
HIGH SENSITIVITY CRP	0.33MG/dl	Adults < 0.5
LIPOPROTEIN (a)	25.3MG/dl	> 30MG/dl
CORTISOL LEVEL (MORNING SAMPLE)	1.62 mcg/dl	6.2 -19.4
ESTRADIOL	8.64 pg/ml	Men – 7.63 – 42.6 Note :Patients taking Vitamin B-Complex Can have falsely elevated estradiol levels
PROGESTERONE	0.6 ng/ml	Males : 0.2 – 1.4
THYROID FUNCTION TESTS		
TRI IODOTHYRONINE (T 3)	1.00NG/ML	Adults : 0.7 -2.0
THYROXINE (T 4)	11.20 mcg/dl	Adult – 4.5 – 11
TSH	0.47 mIU/ml	Adult – 0.4 – 4.2

Dr. KOWSALYA R

Associate Professor of Bio Chemistry

Department of Lab Medicine

Associate Professor of Bio Chemistry
Institute of Nephro-Urology
Victoria Hospital Campus
Bangalore - 560 002

(Tests done in consultation with Anand Diagnostic #no 11 blue cross chambers

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Dr. Kowshalya R
24/11/14

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Patient ID :0809

referred by Dr chanderashekar .C.R

data-8/9/14

Bio-chemistry

Parameters	observed values	biological reference range
------------	-----------------	----------------------------

Fertility profile

Follicle stimulating hormone	2.50mIU/ml	FSH males :1.5-12.4
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Luteinizing hormone	<0.216mIU/ml	male:1.7-8.6
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Prolactin	9.90 ng/ml	men-4.04-15.3
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Note when determining prolactin it should be remembered that the measured concentration is dependent on when the blood was taken ,since secretion of prolactin occurs in episodes and is subject to 24 hr cycle .Tether release of prolactin is promoted physiologically by stress. In addition elevated serum prolactin concentrations are caused by a no of pharmaceutical agents e.g.dibenzodizepines,phenothiazine),TRH and estrogens ,the release of prolactins is inhibited by dopamine ,L-dopa and ergotamine derivatives ,ng/ml

Total and free testosterone

Testosterone	12.50 ng/dl	men :20-49:249-83>50yrs:193-740
--------------	-------------	---------------------------------

Sex hormone binding globulin (SHBG)	23.59 nmol/L	males 14.5 to 48.4nmol/L
-------------------------------------	--------------	--------------------------

Free testosterone	0.25ng/dl	males 5.88to 18.35 females ;0.12to 1.12
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Bioavailability of testosterone	6.59ng/dl	male 137.7 to 429.1,female 2.30 to 26.8
---------------------------------	-----------	---

Serum albumin (BCG)method	4.8 gm%	3.5-5.2 gm%
---------------------------	---------	-------------

Dr kowsalya R

Associate prof biochemistry

Department of laboratory medicine

Note tests were done in consultation with anand diagnostic laboratory ;#11 blue cross chambers

Associate Professor of Biochemistry

Institute of Nephro-Urology

Victoria Hospital Campus

Bangalore - 560 002

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Dated 25/9/14

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Website: www.nephrourology.in

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patient ID 0809

date-8/9/14

microbiology report

urine culture and sensitivity report –no growth at the end of 24 hours

Mythri

Dr Mythri KM

Associate proff

Microbiology

Department of lab medicine

Dr. MYTHRI .K.M

Assoc. Professor of Microbiology

INSTITUTE OF NEPHRO UROLOGY

Victoria Hospital Campus

Bangalore - 560 002



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Patient ID-INU 0809

date-8/9/14

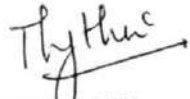
MICROBIOLOGY

Parameter	observed values	biological reference range
Human immunodeficiency virus 1&11 (chemiluminescence)		
Human immunodeficiency virus 1&11(enhanced chemiluminescence)		
	Non reactive	non reactive

The results of this or any other diagnostic kit should be used and interpreted only in the context of the overall clinical picture

A negative test does not exclude a possibility of exposure or infection HIV levels of HIV antibodies may be undetectable in the early stages of infection. Heterophilic antibodies in the serum or plasma samples may cause interference in immunoassays. These antibodies may be present in blood samples from individuals regularly exposed to animals or animal serum PRODUCTS. Results of which are inconsistent with clinical observations indicate the need of additional testing.

Hepatitis "B" surface antigen	negative	negative
Antibody to herpes Simplex Virus- IgG(ELISA)		
Antibody to herpes simplex	<2RU/ml	<16RU/ml:negative
Virus-type1-(IgG)(ELISA)		>=16 to <22RU/ml: borderline
		>=22RU/ml: positive RU/ml



Dr. Mythri KM

Associate prof

microbiology

department of laboratory medicine

Dr. MYTHRI.K.M

Assoc. Professor of Microbiology

INSTITUTE OF NEPHRO UROLOGY

Victoria Hospital Campus

Bangalore - 560 002

tests done in consultation with anand diagnostic laboratory




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patient ID :0809


DATE -8/9/14

PARAMETERS	OBSERVED VALUES	BIOLOGICAL REFERENCE RANGE
Antibody to herpes simplex type 11 –(IgG class against glycoprotein G2)(ELIZA)	<2RU/ML	<16RU/ml:negative >=16 to <22RU/ml:borderline >=22RU/ml:positiveRU/ml
antibody to herpes simplex virus-IgM (ELISA)		
antibody to herpes simplex virus type-1-IgM(ELISA)	0.13	>=1.1:positive <0.8:negative >=0.8/<=1.1:equivocal
Antibody to herpes simplex Virus-type 11 –(IgM class against glycoproteinG2) -(ELISA)	0.42	>=1.1:positive <0.8:negative >=1.1:equivocal
V.D.R.L		
VDRL(RPR TEST)	nonreactive	
V.D.R.L		
Anti treponemal antibodies	non reactive	

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 Dr. MYTHRI K.M.
 Associate prof Microbiology
 Department of lab medicine
 Dr. MYTHRI K.M.
 Assoc. Professor of Microbiology
 INSTITUTE OF NEPHRO UROLOGY
 Victoria Hospital Campus
 Bangalore - 560 002
 OF THE SESSIONS

tests done in consultation of anand diagnostic laboratory #11blue cross chambers


 24/8/14

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Lab patient ID NO-0809

DATE-8/9/14

TIME:8:15 am

Clinical pathology

Urine examination physical	result	normal appearance/values
Colour	yellow	straw coloured
Appearance	clear	clear
Ph	6.0	measurable range 5.0-9.0
Sp Gravity	1.030	1.001-1.035
Sugar	1.5%	nil
Protein	traces	nil
Ketone bodies	nil	nil
Urine microscopic examination		
Pus cells	0-1/hpf	0-1/hpf
Epithelial cells	nil	nil
RBCs	nil	nil
Casts and crystals	nil	nil

Sujatha S

Dr sujatha siddappa

Associate proff

pathology

department of lab medicine

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Examiner*Dr. Sujatha S*
25/9/14

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Patient ID:0809

referred by Dr chandrashekar CR

DATE-8/9/14

PARAMETERS

OBSERVED VALUES

BIOLOGICAL REFERENCE RANGE

Complete blood count (automated cell counter)

Haemoglobin percentage	13.9g/dl	adult -male-13.5-18g/dl,female-11.5-16g/dl
Packed cell volume	43.7%	adult:M:39-54% ,F:34-48,%
Total WBC count	7070/cmm	adult ;4000-1100/cmm
Neutrophils	88.5%	adult: 40-75%
Lymphocytes	10.3%	adult:20-45%
Eosinophils	0.0%	1-6%
Monocytes	1.1%	1-10%
Basophils	0.1%	0-1%
Red cell count	5.00mill/cmm	male:4.2-6.5,female:3.7-5.6 mill/cmm
Mean corpuscular volume	87.4fl	adults:75-95
Mean corpuscular haemoglobin	27.8 pg	adult :26-32
Mean corpuscular haemoglobin concentration	31.8g/dl	adult:32.5+/-2.5g/dl
Platelet count (automated cell	305000/cmm	1,40,000-4,40,000/cmm

Counter)

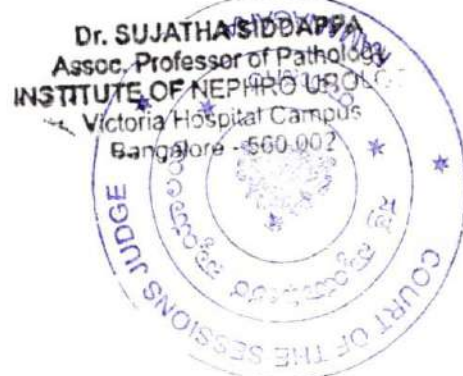
Sujatha

Dr sujathasiddappa

Associate prof pathology

Department of lab medicine

done in consultation with anand diagnostic center :#11 blue cross chambers

*Dr. Sujatha Siddappa*
15/9/14TRUE COPY
Examiner

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Government of Karnataka
Bangalore Medical College & Research Institute
(An Autonomous Institute of Government of Karnataka)
Victoria Hospital, Bangalore

NO.BMCRI/FM/SO/ 79 /2014

DATE: 08/09/2014

Received the requisition from Deputy Superintendent of Police, Special Enquiry , CID, Bangalore on 08/09/2014 to examine the accused Sri Nithyananda Swami and to issue necessary certificate concerned in CR No 141/14 & 142/14, U/S 376,377,506,417,201,212 r/w 120(b) IPC of Bidadi Police station..

The individual is accompanied by PC/HC/WPC/WHC - Self

Name and address of PC/HC/WPC/WHC : Not Applicable

Police Details:

Name, Rank and contact details of investigating officer:

B.Lokesh

Dy SP , Special Enquiry

Division, CID, Bangalore-1

Name of the complainant: Lenin

Complaint Details : As per requisition from Deputy Superintendent of Police letter no 11/CRM/SE/CID/2010 dated 24/7/2014 & 04/09/2014

Examination Details

Place of examination: Institute of Nephro-Urology, Victoria Hospital campus, Bangalore-2

Date and time of examination: 08/09/2014, 8am to 1pm

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Examiner

(Dr. Veeranna Gowda H.N.)

(Dr. H. Chandrashekar)

(Dr. S. Venkata Raghava)

Dr. S. Venkata Raghava
Dy SP 15/9/14

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**Government of Karnataka
Bangalore Medical College & Research Institute
(An Autonomous Institute of Government of Karnataka)
Victoria Hospital, Bangalore**

Sri Nithyananda Swamy aged 37 years submitted himself for Medical examination as per circular number V H/GNL/37/14-15 Dated 5th September 2014 at Institute of Nephro-Urology, Victoria Hospital campus, Bangalore on 8th September 2014 at 8am.

He was received at the hospital by the Medical Superintendent of Institute of Nephro-Urology and taken to Special ward No 1 in second floor of Institute of Nephro-Urology where the Medical examination was planned.

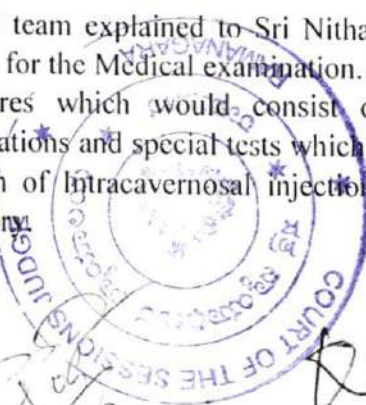
The Medical team which was formed by the Superintendent, Victoria Hospital to conduct the Medical examination of Sri Nithyananda swamy comprised of

1. Dr C R Chandrashekar – Professor and Head of the Department, Department of Urology, Institute of Nephro-Urology, Victoria Hospital campus, Bangalore
2. Dr Veeranna Gowda K M – Professor of Medicine, Victoria Hospital , Bangalore
3. Dr Chandrashekar H – Professor & Head of Department of Psychiatry, Victoria Hospital, Bangalore
4. Dr Venkat Raghava S – Professor & Head of Department of Forensic Medicine, Victoria Hospital, Bangalore

The Medical team was introduced to Sri Nithyananda Swamy by the Medical Superintendent of Victoria Hospital and Medical Superintendent of Institute of Nephro-Urology, Bangalore.

Medical team explained to Sri Nithaynanda Swamy regarding the procedure which would be adopted for the Medical examination. He was explained in detail regarding the consent for all the procedures which would consist of History taking, Physical Examination , Laboratory investigations and special tests which would include Ultrasound scan, Penile Doppler study with injection of Intracavernosal injection and Blood samples to be sent to the Forensic science laboratory.

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Examiner



2
Deef

Deef

S. Venkata Raghava S

Deef
29/9/14

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Bangalore Medical College & Research Institute
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Victoria Hospital, Bangalore

Sri Nithyananda Swamy consented for History taking , Physical Examination , Laboratory investigations but did not consent for Penile Doppler study with Intracavernosal injection in spite of counselling him regarding the need for test. He refused to document it in writing regarding refusal of consent for penile Doppler study with intracavernosal injection.

The Medical team recorded his refusal to consent for Penile Doppler study with intracavernosal injection and tests of Blood and Urine in Forensic science laboratory in the presence of two witnesses , the document has since been handed over to the Investigating officer.

Sri Nithyananda Swamy refused to permit Audio-video recording of the tests which was conveyed to the Investigating officer.

Medical team decided to perform the examination as explained earlier and the details of which are as follows

Identification :

Sri Nithyananda Swamy
s/o Late Sri Arunachalam,
Nithyananda Dhyanapeetam
Nithyananda Puri, Kallugopahalli
Off Mysore road, Bidadi - 562109

Identification Marks :

1. A pin head sized Black mole over tip of nose.
 2. A pin head sized Black mole over upper part of outer aspect of left arm.
- He was well built and nourished. Height : 175cm Weight : 80.8kgs

Chest measurement at level of Nipple : 95-100cm

Abdominal girth at the level of Umbilicus : 97cm

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Examiner

S. Venkata Raghava

21/5/2014

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Bangalore Medical College & Research Institute
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Victoria Hospital, Bangalore

Development of Hair

- A) Beard & Moustache – Cleanly shaven, Hair follicles present.
- B) Axillary region – Shaven, Hair present at places, black in color, 2-3cm in length
- C) Pubic hair – Shaven, Hair present at places, Black in color, 4-5cm in length

Local examination : Thighs – Normal

Scrotum – Normal

Testes – Both testes present in Scrotal sac

Penis length – 10cm Circumference at the mid shaft – 8.5cm in flaccid state.

Foreskin – Intact. Glans penis – Normal

HISTORY TAKEN BY THE MEDICAL TEAM :

He is a known Diabetic since 2004 and Hypertensive since 2003. He is on following medications since then

1. TABLET GALVUS MET 50/500 TWICE DAILY
2. TABLET GLYCOMET GP2 TWICE DAILY
3. TABLET HOPACE – H TWICE DAILY
4. CAPSULE BIORSTAR GOLD TWICE DAILY

As per his statement he is not consuming any other medications.

He states that he was given Sanyasa at the age of 10 years and continued to be spiritual and reports to perform Kundalini yoga which makes his body unresponsive to sexual urge. He states that he had no sexual activities during his life time. He has no history of Masturbation or wet dreams. Denies having any erections. No history of Urinary symptoms or Urinary tract infections in the past. No history of headache. No history of smell disturbances. No history of visual disturbances. History of having undergone surgery in the past on his Right forearm.

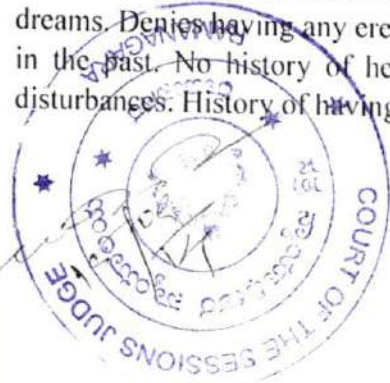
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4
Keepp

Jack

Shruti Kapane

Blush
Dysp 15/9/14



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Bangalore Medical College & Research Institute
(An Autonomous Institute of Government of Karnataka)
Victoria Hospital, Bangalore

PHYSICAL EXAMINATION FINDINGS OF THE MEDICAL TEAM

He is well built and nourished. Not anaemic. No jaundice. No thyromegaly. Clinically euthyroid. No pedal edema. Face is moon shaped. Bilateral Gynecomastia present. Phenotypically appears male.

Vitals signs : Pulse : 82 per minute, regular, sinus rhythm. Vessel wall not thickened.

Blood pressure : 140/90 mm of Hg in Left Upper limb.

Temperature : Normal

Respiratory rate : 18 per minute.

SYSTEMIC EXAMINATION

Respiratory System : Bilateral Vesicular breath sounds heard. No abnormal sounds heard

Cardiovascular System : S1 S2 Normal. No added sounds, No murmurs.

All peripheral pulses well felt

Per Abdominal Examination : No organomegaly, No bladder distension. Hernial orifices intact

No abdominal striae

Central Nervous system : Conscious, well oriented to time and place. Pupils – 3mm, bilateral, equal and reactive to light. No neurological deficits. Gait – Normal.

Attention could be aroused and sustained . Memory was normal. Judgement intact. Speech – Normal

Thought – Stream

Form

Possession

Content



TRUE COPY
Examiner

S. Harshad

Dr. S. Harshad
15/3/14

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Victoria Hospital, Bangalore

RBC COUNT – 5 million/cu.mm
Mean Corpuscular Volume – 87.4fl
Mean Corpuscular Hemoglobin – 27.8pg
Mean Corpuscular Hb concentration – 31.8g/dl
Platelet count – 305000/cu.mm
Fasting Blood sugar – 193mg/dl
Blood Urea – 23mg/dl
Serum Creatinine – 1.0mg/dl
Serum Sodium – 138meq/l
Serum Potassium – 4.1meq/l
Serum Chloride – 106meq/l
SERUM FSH – 2.50Miu/ml
SERUM LH - < 0.216Miu/ml
SERUM PROLACTIN – 9.90ng/ml
SERUM TESTOSTERONE – 12.50ng/dl
FREE TESTOSTERONE – 0.25ng/dl

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Examiner



for

S. Venkata Lakshmi

Dr. S. Venkata Lakshmi
15/11/14



Government of Karnataka
Bangalore Medical College & Research Institute
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Victoria Hospital, Bangalore

BIOAVAILABLE TESTOSTERONE – 6.59ng/dl

SHBG – 23.59nmol/l

SERUM ALBUMIN – 4.8gms%

SERUM T 3 – 1.00ng/ml

SERUM T 4 – 11.20mcg/dl

SERUM TSH – 0.47mcIU/ml

LIPID PROFILE

TOTAL CHOLESTEROL – 235 mg/dl

TRIGLYCERIDES – 80mg/dl

HDL CHOLESTEROL – 48mg/dl

LDL CHOLESTEROL – 169.1mg/dl

VLDL CHOLESTEROL – 17.9 mg/dl

TOTAL HDL RATIO : 4.90

LDL : HDL RATIO : 3.52

APOLIPOPROTEIN –A1 – 118mg/dl

APOLIPOPROTEIN B – 118mg/dl

APO B : APO A RATIO : 1.00



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EXHIBIT

S. Venkata Lakshmi

Recd
15/9/14



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HIGH SENSITIVITY CRP – 0.33mg/dl

LIPOPROTEIN – 25.3 mg/dl

SERUM CORTISOL LEVEL – 1.62mcg/dl

HIV I & II – NON REACTIVE

HEPATITIS B SURFACE ANTIGEN – NEGATIVE

VDRL – NON REACTIVE

HERPES SIMPLEX VIRUS – IgG – Antibody to Herpes Simplex Type 1 < 2RU/ml

Antibody to Herpes Simplex Type 2 < 2 RU/ml

HERPES SIMPLEX VIRUS – IgM – Antibody to Herpes Simplex Type 1- 0.13

Antibody to Herpes Simplex Type 2 – 0.42

SERUM OESTRADIOL – 8.64pg/dl

SERUM PROGESTERONE – 0.6ng/ml

ECG IN ALL LEADS – NORMAL

ABDOMINAL ULTRASOUND SCAN – Opined as Hepatic Steatosis



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Examiner

S. Venkata Rayhan

*Dr. S. Venkata Rayhan
15/5/14*



**Government of Karnataka
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Victoria Hospital, Bangalore**

SCROTAL ULTRASOUND SCAN :

Both testes normal in shape , position

Right testis – 3.5 x 1.7 x 2.9 cms Volume of 12.04cc

Left testis – 3.2 x 1.7 x 2.9 cms Volume of 11.4cc

Both Epididymis normal. Right scrotal sac calcification measuring 0.29cm.

PENILE DOPPLER STUDY (Without intracavernosal injection)

Flaccid state Doppler assessment showed normal blood flow. Both cavernosal arteries show normal anatomy with adequate side branches (min of 3) in the root, proximal and mid shaft regions. Few collateral from the dorsal penile artery are noted in the root augmenting both the cavernosal arteries bilaterally.

Flow parameters in Cavernosal arteries are

Right side – Baseline – Peak systolic velocity – 6.7cm/sec

Left side – Baseline – Peak systolic velocity – 14.1 cms/sec

Both the corpora are normal in echotexture with no focal lesion seen.

Right cavernosal artery measures 0.085cm in diameter

Left cavernosal artery measures 0.072cm in diameter.

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Examiner

S. Varada Lakshmi

Deep
15/3/14





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Victoria Hospital, Bangalore**

INTERPRETATION

History and Psychological examination did not reveal any gross psychopathology. On Physical examination he appears to be phenotypically male with well built physique for his age with BMI of 26.40. He has features of moon face with Bilateral Gynaecomastia. The External Genitalia is well developed and normal for his age which indicates that he did not have any testosterone deficiency during his pubertal age. His systemic examination is normal. His urine routine examination is normal except for sugar which is 1.5%. His complete blood picture is normal except for eosinophil count which is 0%. This suggests he is not suffering from anaemia and his blood cell components are being produced normally. His renal biochemical investigations is normal. The tests done in the blood do not point towards any sexually transmitted disease. His fasting blood sugar is high (193mg%)

His Serum FSH and Serum Prolactin levels are within normal limits. Serum Lutenizing hormone is very low. His Serum Testosterone (Total, Free, Bioavailable) levels are low with normal serum albumin levels. His Serum FSH and Prolactin levels being normal with a very low Serum LH rules out Primary Hypogonadism. His Serum TSH and Serum T3 are normal. His Serum T4 levels are slightly raised. He does not have any clinical and laboratory findings which point towards pituitary causes of Hypogonadism. His Serum Testosterone being very low with a low leutinizing hormone suggest secondary causes of Hypogonadism which could be due to various causes including blockage of testosterone by exogenous sources. His serum cortisol levels are low.

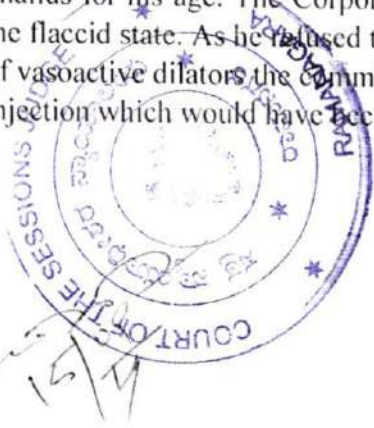
His radiological investigations show he has near normal testicular size with well developed phallus for his age. The Corporal bodies are developed normally and has normal blood flow in the flaccid state. As he refused to consent for Penile Doppler study with intracavernosal injection of vasoactive dilators the committee decided not to go ahead with the injection of intracavernosal injection which would have been useful to assess the vascular causes of impotence.

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11
Deep

S. Harata Rayhan

Deep
24/5/14





Government of Karnataka
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Victoria Hospital, Bangalore

OPINION:

The Medical team which has examined Sri Nithyananda Swamy is of unanimous opinion on basis of relevant History, thorough physical examination aided by Bio-chemical investigation supported by Abdominal Ultrasound and Penile Doppler study that there is no evidence to suggest that the person is incapable of performing sexual act.

There is no clinical signs to suggest that the person was involved in unnatural sexual acts.

He is taking Tablet Metformin for Diabetes Mellitus and Tablet Hydrochlorthiazides for hypertension both of which may reduce potency. As per the request of the Investigating officer remaining sample of Blood and urine which was collected for Medical tests have been sent to Forensic Science laboratory to detect presence of any drugs which could affect the potency of a person as it was not available at Victoria Hospital. Reports of the Forensic science laboratory are awaited.

[Signature]
15/9/14

Dr C R Chandrashekar

Professor & H.O.D. Urology
 Institute of Nephro-Urology,
 Victoria Hospital Campus,
 Bangalore-560 002.

[Signature]
15.09.2014.

Dr Veeranna Gowda K M

Professor
 Department of Medicine
 Bangalore Medical College and Research Centre
 Bangalore

[Signature]
15/9/14

Dr Venkata Raghava S
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 Professor & HOD
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 Victoria, Bowring & Lady Curzon Hospital's
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 Fort, Bangalore.

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15/9/2014

Professor & H.O.D
 Department of Psychiatry
 BMCRI, Bangalore

NOTE : This document contains Pages 1 to 12.

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 Examiner



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15/9/14