

## MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

## CUSTOMER CHECKLIST

Date 28-Dec-2022 7:28 AM

Customer Name : MR.N KUMARA

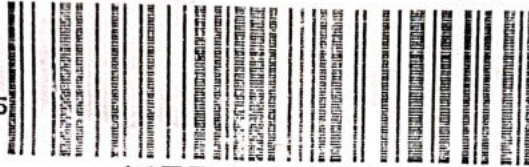
DOB : 19 Jan 1969

Ref Dr Name : MediWheel

Age : 53Y/MALE

Customer Id : MED111426485

Visit ID : 712239451



MED111426485

Email Id :

Phone No : 9483831400

Corp Name : MediWheel

Address : RAMAIAH M P 51 KRSHNADHAMA NAGAR SRIRAMPURA MYSORE

H - 179

W - 90

BP - 180/90

Pulse - 80

HIP - 42

Weight - 38

Package Name : Mediwheel Full Body Health Checkup Male Above 40

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)				
2	LAB	GLUCOSE - FASTING				
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
5	LAB	LIPID PROFILE				
6	LAB	LIVER FUNCTION TEST (LFT)				
7	LAB	URIC ACID				
8	LAB	URINE GLUCOSE - FASTING				
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
10	LAB	COMPLETE BLOOD COUNT WITH ESR				
11	LAB	THYROID PROFILE/ TFT( T3, T4, TSH)				

12: AM

	LAB	TOTAL PROSTATE SPECIFIC ANTIGEN - PSA			
13	LAB	STOOL ANALYSIS - ROUTINE			
14	LAB	URINE ROUTINE			
15	LAB	CREATININE			
16	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)			
17	LAB	BUN/CREATININE RATIO			
18	OTHERS	physical examination	MYS2751597102651		
19	US	ULTRASOUND ABDOMEN	MYS2751597103462	Ground Floor	
20	OTHERS	Treadmill 7 2D Echo ✓	MYS2751597127528	4th floor	
21	OTHERS	Dental Consultation	MYS2751597134969		1st Floor
22	OTHERS	EYE CHECKUP	MYS2751597135592		
23	X-RAY	X RAY CHEST ✓	MYS2751597145199		
24	OTHERS	Consultation Physician	MYS2751597148004		
25	ECHO	ELECTROCARDIOGRAM ECG ✓	MYS2751597149333		

Registered By

MEDAL



# NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

## OPD SHEET

Date: 28/10/2022

Patient's Name: Mr. N. Kumara

OP No: 1295729

33/m

11:40 AM

Dr. Roopashree. C.R.  
MBBS, MS, FPRS  
Consultant-Phaco & Refractive  
KMC No: 105152

for medical certificate

IOP  $\left\{ \begin{array}{l} 13 \\ 12 \end{array} \right.$

H70Y  
Eon } 6y

Q/E, A/R: BE WNL

BCVA  $\left\{ \begin{array}{l} 6/6-1, N6 \\ 6/6-2, N6 \end{array} \right.$

Fundus : CDR 0.3  
(RE) FR OK

Adv.

- Repeat Refraction after RT suture control
- R/W SOS / Dilated Fundoscopy

Jayanagar Branch : 080-28088000 / 2663 3533 / 2663 3609 / 2245 Mobile : 94480 71816  
 Rajajinagar Branch : 080-4333 4111 Mobile : 99728 53918  
 Indiranagar Branch : 080-4333 2555 Mobile : 81973 51609  
 Mysore Branch : 0821-4293000 Mobile : 94490 03771  
 Mangalore Lasik Centre : 0824-2213801 Mobile : 97410 26389  
 Davanagere Lasik Centre : 08192-226607/08 Mobile : 94820 01795

SR

R / FD / 07 / 13

Customer Name	MR.N KUMARA	Customer ID	MED111426485
Age & Gender	53Y/MALE	Visit Date	28/12/2022
Ref Doctor	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in size and shows slightly increased echotexture.  
No evidence of focal lesion or intrahepatic biliary ductal dilatation.  
Hepatic and portal vein radicals are normal.

**GALL BLADDER** partially distended.

**PANCREAS** has normal shape, size and uniform echopattern.  
No evidence of ductal dilatation or calcification.

**SPLEEN** show normal shape, size and echopattern.  
No demonstrable Para-aortic lymphadenopathy.

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

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.5	1.4
Left Kidney	11.0	1.5

**URINARY BLADDER** show normal shape and wall thickness.  
It has clear contents. No evidence of diverticula.

**PROSTATE** shows normal shape, size and echopattern.  
No evidence of ascites.

#### IMPRESSION:

➤ **GRADE I FATTY CHANGES IN LIVER.**

#### CONSULTANT RADIOLOGISTS

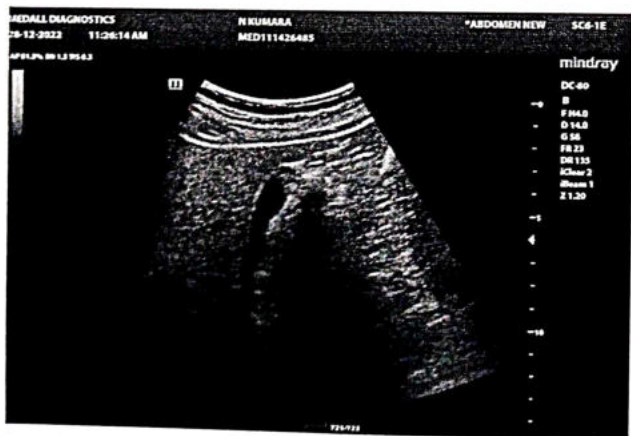
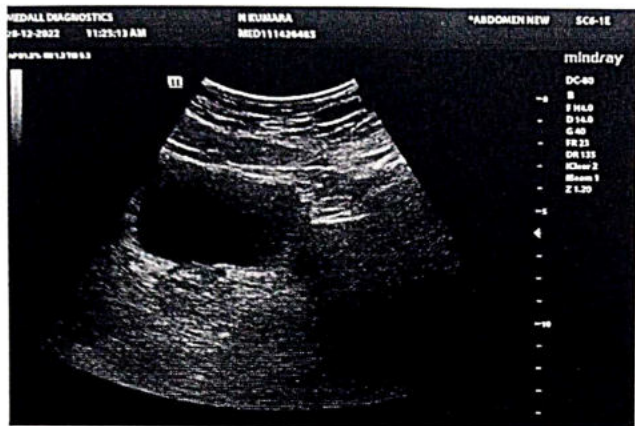
**DR. ANITHA ADARSH**  
AA/SV

**DR. MOHAN B**



Medall Diagnostics  
Ballal Circle(Ashoka circle) - Mysore

Customer Name	MR.N KUMARA	Customer ID	MED111426485
Age & Gender	53Y/MALE	Visit Date	28/12/2022
Ref Doctor	MediWheel		



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Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

GE MAC1200 ST N KUMARA, 111426485, CLUMAX DIAGNOSTICS, MYSORE

Male

HR 80 bpm

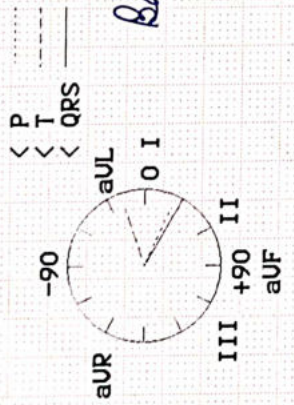
AGE: 53

Measurement Results:

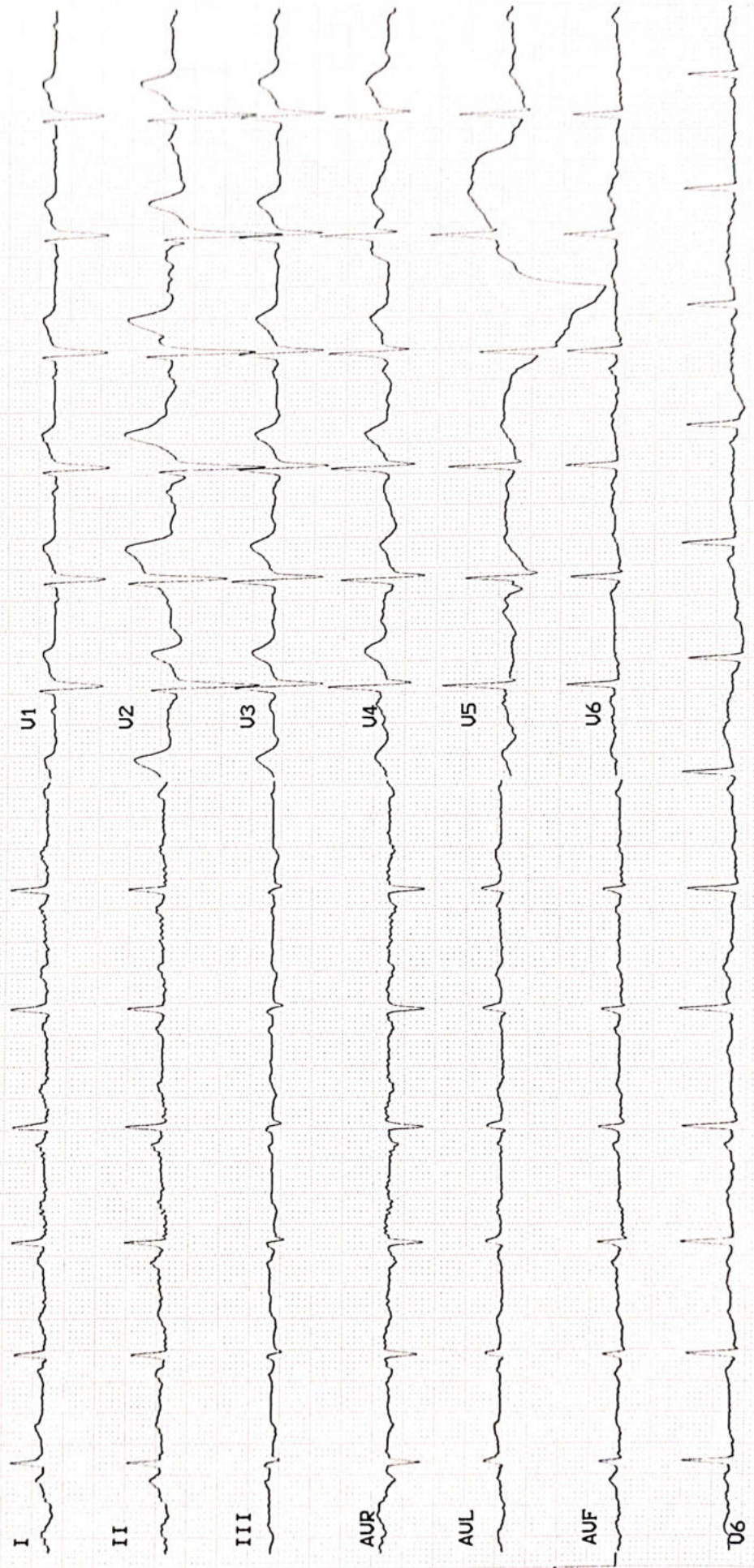
QRS : 100 ms  
 QT/QTcB : 368 / 425 ms  
 PR : 134 ms  
 P : 108 ms  
 RR/PP : 750 / 750 ms  
 P/QRS/T : 25 / 30 / -20 degrees  
 QTd/QTcBD : 112 / 129 ms  
 Sokolow : 1.8 mV  
 NK : 8

Interpretation:

normal sinus rhythm  
 T-wave near baseline (anterior) - ? ischemia, to clinically correlate  
 borderline ECG  
 Baseline artifacts



Unconfirmed report.



Customer Name	MR.N KUMARA	Customer ID	MED111426485
Age & Gender	53Y/MALE	Visit Date	28/12/2022
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## 2 D ECHOCARDIOGRAPHIC STUDY

### M mode measurement:

AORTA	:	2.9cms
LEFT ATRIUM	:	3.5cms
LEFT VENTRICLE (DIASTOLE)	:	4.9cms
(SYSTOLE)	:	3.0cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.0cms
(SYSTOLE)	:	1.3cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.3cms
EDV	:	81ml
ESV	:	31ml
FRACTIONAL SHORTENING	:	37%
EJECTION FRACTION	:	62%
RVID	:	1.5cms

### DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.69 m/s	'A' - 0.85 m/s	NO MR
AORTIC VALVE	:	1.13m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.85m/s	'A' - 0.48 m/s	NO TR
PULMONARY VALVE	:	0.80m/s		NO PR



e solely fo  
correlated

Customer Name	MR.N KUMARA	Customer ID	MED111426485
Age & Gender	53Y/MALE	Visit Date	28/12/2022
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**2D ECHOCARDIOGRAPHY FINDINGS:**

Left ventricle : Normal size, Normal systolic function.  
No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapse.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

**IMPRESSION:**

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 62%.
- GRADE I LV DIASTOLIC DYSFUNCTION.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.



**DR. NIKHIL B**  
**INTERVENTIONAL CARDIOLOGIST**  
NB/SA

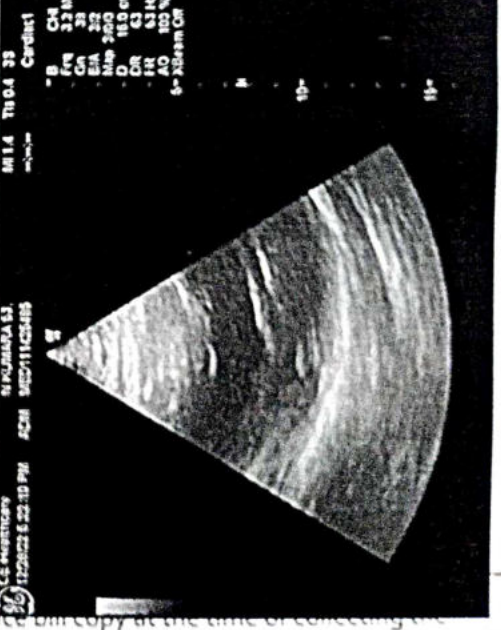
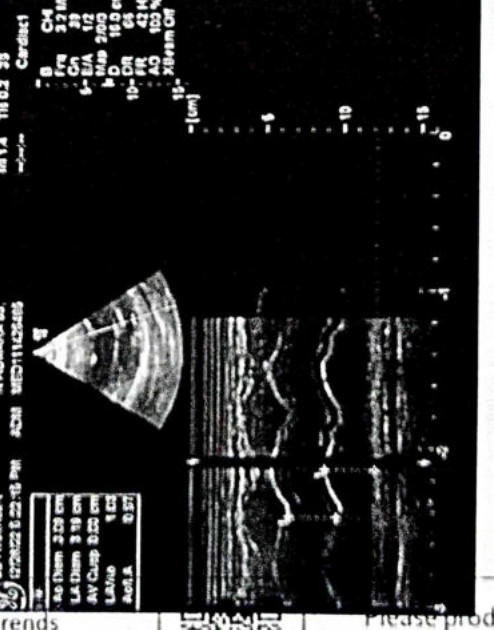
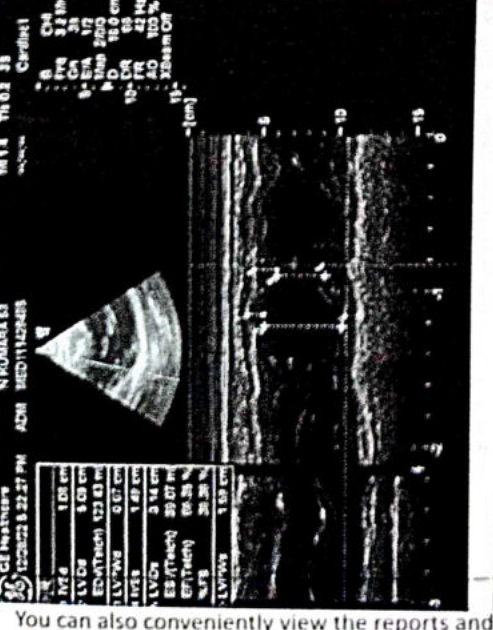
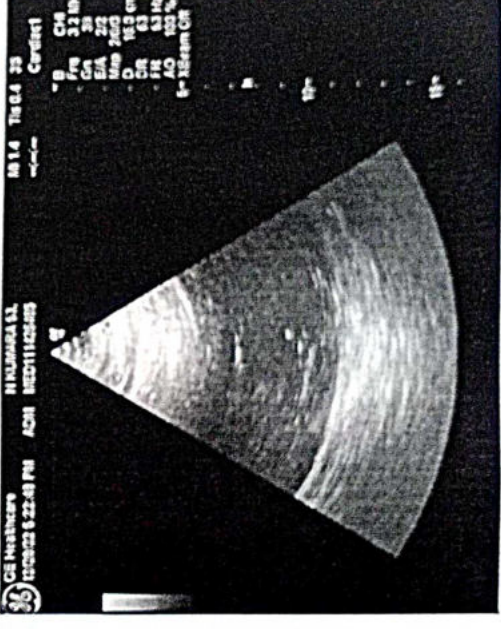
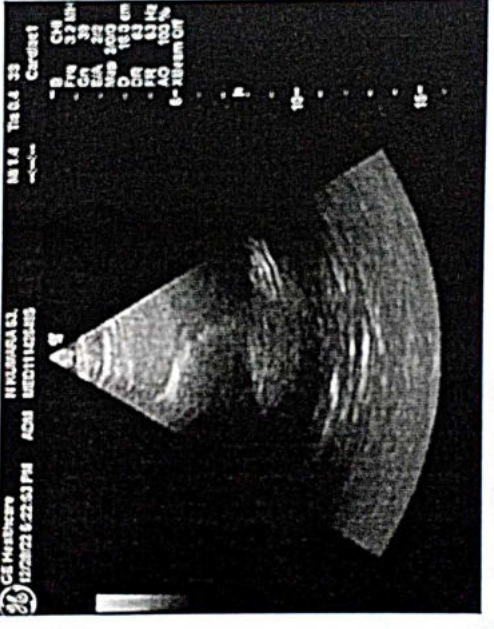
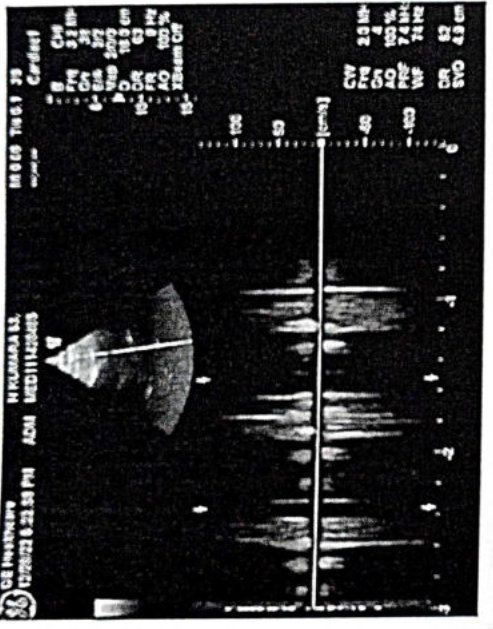
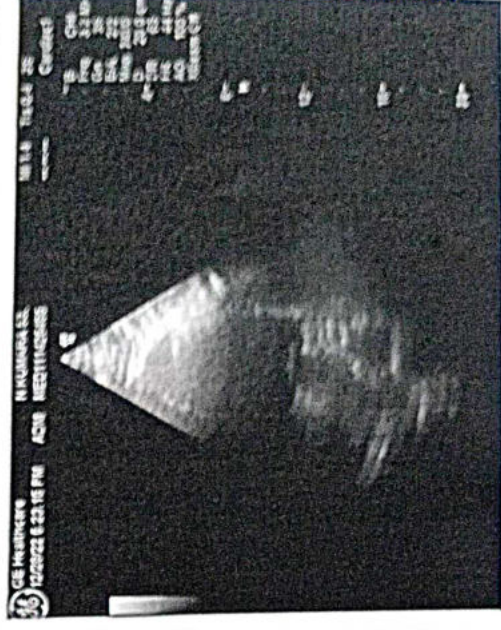
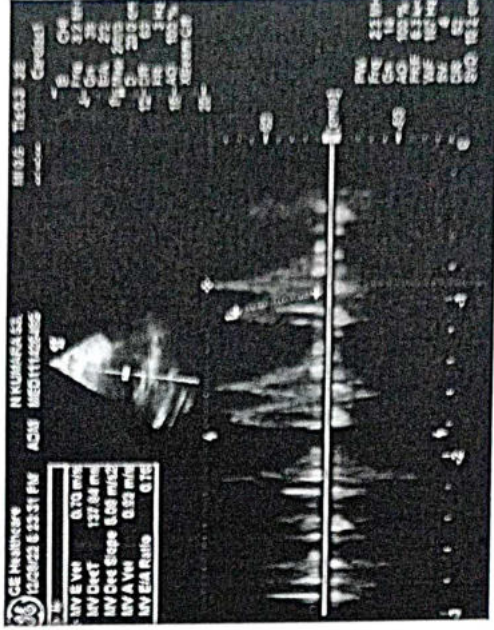
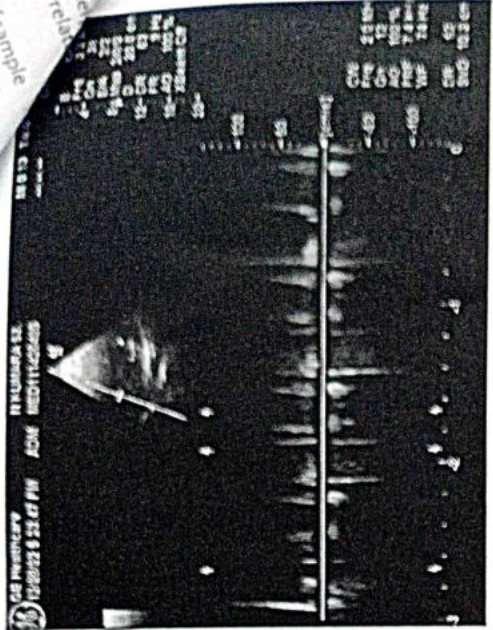
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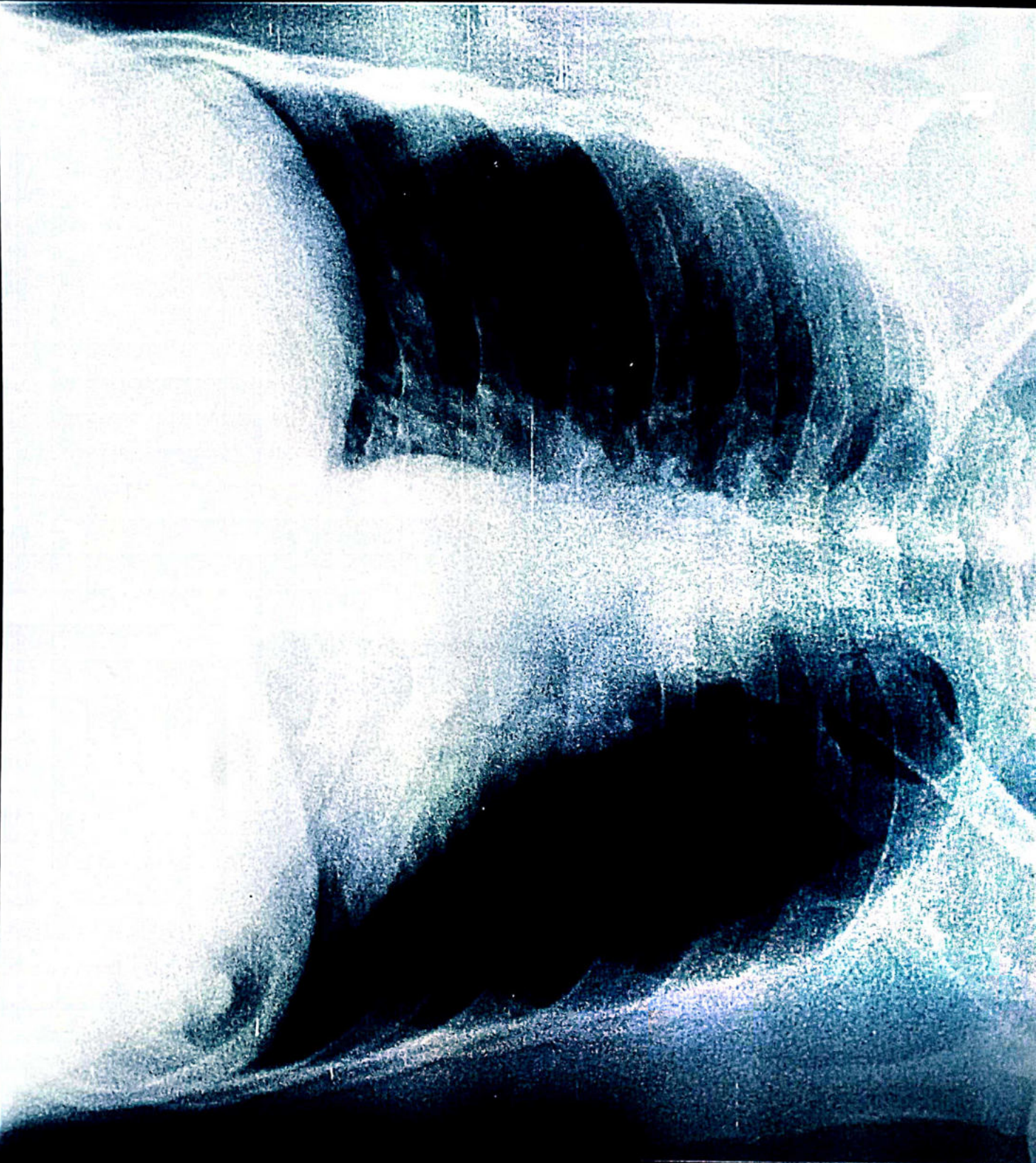
Indicated are solely  
and should be correlated  
at the time of sample  
will not be



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N KUMARA 53 MED111426485 M CHEST PA 12/28/2022 09:32 AM  
MEDALL CLUMAX DIAGNOSTIC

Name	N KUMARA	ID	MED111426485
Age & Gender	53Y/M	Visit Date	Dec 28 2022 7:28AM
Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

**Impression:**

- *No significant abnormality detected.*



**Dr. Anitha Adarsh**  
Consultant Radiologist

Name	MR.N KUMARA	ID	MED111426485
Age & Gender	53Y/MALE	Visit Date	28/12/2022
Ref Doctor Name	MediWheel		



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**DR. ANITHA ADARSH**  
AA/SV

**DR. MOHAN B**



Name : Mr. N KUMARA  
PID No. : MED111426485  
SID No. : 712239451  
Age / Sex : 53 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 28/12/2022 7:30 AM  
Collection On : 28/12/2022 7:46 AM  
Report On : 29/12/2022 11:10 AM  
Printed On : 29/12/2022 6:08 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	01	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	10	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.31	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.21	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.08	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.85	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	337	10 <sup>3</sup> / µl	150 - 450
MPV (Blood/Derived)	10.8	fL	7.9 - 13.7
PCT	<b>0.36</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	<b>31</b>	mm/hr	< 20

  
Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY

  
Dr. KIRAN.H.S  
MD PATHALOGY  
KMC 86542

APPROVED BY



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	209	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	387 (Rechecked)	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the 'usual\_ circulating level of triglycerides during most part of the day.

**Remark:** Kindly correlate clinically.

HDL Cholesterol (Serum/Immunoinhibition)	31	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	100.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	77.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	178.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

  
Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY

  
Dr. KIRAN.H.S  
MD PATHALOGY  
KMC 86542

APPROVED BY



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**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.  
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	6.7		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	12.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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A handwritten signature in blue ink, appearing to read "S. Mohan Kumar".

Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY

A handwritten signature in blue ink, appearing to read "Dr. Kiran H.S.".

Dr. KIRAN.H.S  
MD PATHALOGY  
KMC 86542

APPROVED BY

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	7.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

**Remark:** Kindly correlate clinically.

Estimated Average Glucose (Whole Blood)	154.2	mg/dL
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**INTERPRETATION: Comments**

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

Mr. S. Mohan Kumar  
Sr. Lab Technician

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## IMMUNOASSAY

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.25	ng/ml	0.4 - 1.81
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#### **INTERPRETATION:**

##### **Comment :**

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	11.46	Microg/dl	4.2 - 12.0
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#### **INTERPRETATION:**

##### **Comment :**

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	2.607	µIU/mL	0.35 - 5.50
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#### **INTERPRETATION:**

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

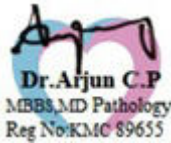
(Indian Thyroid Society Guidelines)

##### **Comment :**

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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**CLINICAL PATHOLOGY**

**PHYSICAL EXAMINATION**

Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Volume (Urine/Physical examination)	30		ml
Appearance (Urine)	CLEAR		

**CHEMICAL EXAMINATION**

pH (Urine)	6.5		4.5 - 8.0
Specific Gravity (Urine/Dip Stick ~ Reagent strip method)	1.020		1.002 - 1.035
Protein (Urine/Dip Stick ~ Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick ~ Reagent strip method)	Nil		Nil
Leukocytes (Urine)	NEGATIVE	leuco/uL	Negative
Nitrite (Urine/Dip Stick ~ Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative
Blood (Urine)	Nil		Nil



APPROVED BY

Name : Mr. N KUMARA  
PID No. : MED111426485  
SID No. : 712239451  
Age / Sex : 53 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 28/12/2022 7:30 AM  
Collection On : 28/12/2022 7:46 AM  
Report On : 29/12/2022 11:10 AM  
Printed On : 29/12/2022 6:08 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Urobilinogen (Urine/Dip Stick - Reagent strip method)	NORMAL		Within normal limits
<b><u>Urine Microscopy Pictures</u></b>			
RBCs (Urine/Microscopy)	NIL	/hpf	NIL
Pus Cells (Urine/Microscopy)	1.2	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1.2	/hpf	No ranges
Others (Urine)	NIL		Nil



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Investigation

Observed  
Value

Unit

Biological  
Reference Interval

**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'O' Positive'

**Remark:** Test to be confirmed by gel method



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>IMMUNOASSAY</u></b>			
Prostate specific antigen - Total(PSA) (Serum/ <i>Manometric method</i> )	0.475	ng/ml	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0

**INTERPRETATION:REMARK** : PSA alone should not be used as an absolute indicator of malignancy.



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-- End of Report --