

## MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 27-Aug-2022 11:06 AM

Customer Name : MR.NAGESHWESHWARA RAO M

DOB : 07 Aug 1988

Ref Dr Name : MediWheel

Age : 34Y/MALE

Customer Id : MED111269014

Visit ID : 712226224

Email Id :

Phone No : 9052296362

Corp Name : MediWheel

Address :

Package Name : Mediwheel Full Body Health Checkup Male Below 40

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)	/			
2	LAB	GLUCOSE - FASTING	not given			
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)	/			
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)	/			
5	LAB	LIPID PROFILE	not given			
6	LAB	LIVER FUNCTION TEST (LFT)	/			
7	LAB	URIC ACID	/			
8	LAB	URINE GLUCOSE - FASTING	not given			
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)	/			
10	LAB	COMPLETE BLOOD COUNT WITH ESR	/			
11	LAB	THYROID PROFILE/ TFT( T3, T4, TSH)	/			
12	LAB	STOOL ANALYSIS - ROUTINE	Not given			
13	LAB	URINE ROUTINE	/			
14	LAB	CREATININE	/			
15	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)	/			

LAB	BUN/CREATININE RATIO			
7	OTHERS	physical examination	MYS2718182102651	
18	US	ULTRASOUND ABDOMEN	MYS2718182103462	2 floor
19	OTHERS	Treadmill / 2D Echo	MYS2718182127528	D floor
20	OTHERS	EYE CHECKUP	MYS2718182135592	
21	X-RAY	X RAY CHEST	MYS2718182145199	
22	OTHERS	Consultation Physician	MYS2718182148004	
23	ECHO	ELECTROCARDIOGRAM ECG	MYS2718182149333	

Ht - 168  
 wt - 62  
 Bp - 130/80 mmHg  
 pulse - 63 bpm  
 Hip - 32 inch  
 waist - 31 inch

Registered By  
 (A.JAYASHREE)

Customer Name	MR.NAGESHWESHWARA RAO M	Customer ID	MED111269014
Age & Gender	34Y/MALE	Visit Date	27/08/2022
Ref Doctor	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size and has uniform echopattern.  
No evidence of focal lesion or intrahepatic biliary ductal dilatation.  
Hepatic and portal vein radicals are normal.

**GALL BLADDER** is partially distended.

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

**SPLEEN** show normal shape, size and echopattern.

**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	8.7	1.6
Left Kidney	8.7	1.6

**URINARY BLADDER** partially distended.


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

#### IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

#### CONSULTANT RADIOLOGISTS

**DR. ANITHA ADARSH**  
MB/MS



**DR. MOHAN B**

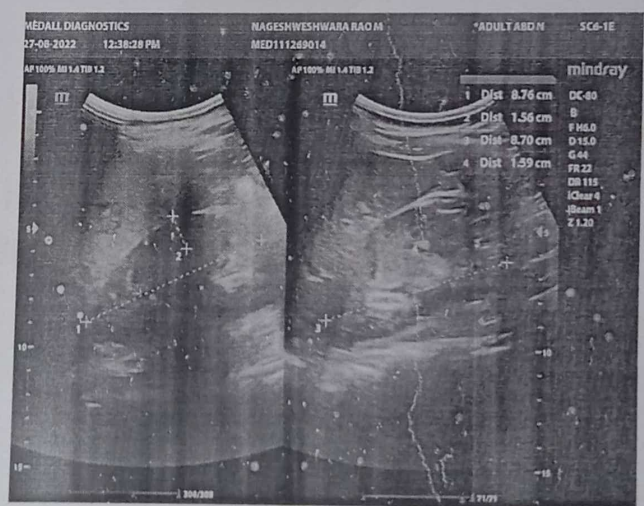
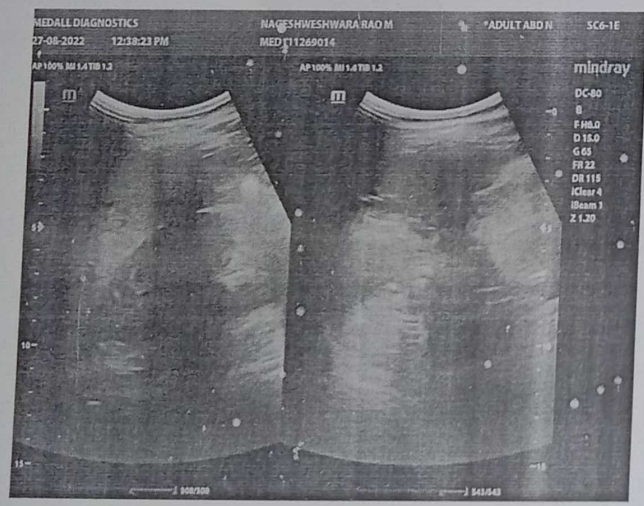
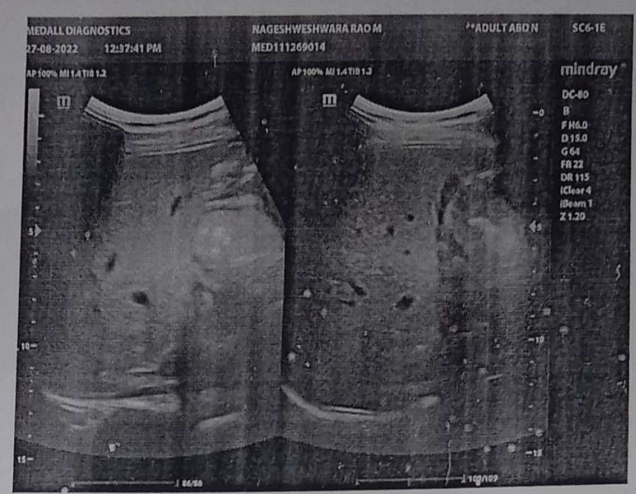
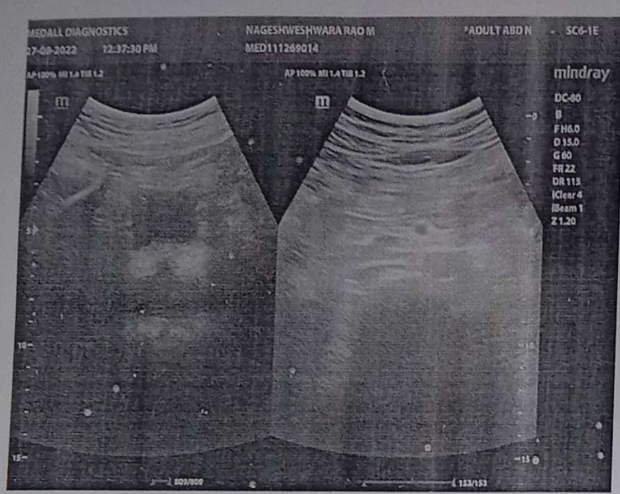


Conditions indicated are representative and shall not be taken as a condition at the time of scan. The patient identified or named. Validity of the procedure of

Medall Diagnostics  
Ballal Circle(Ashoka circle) - Mysore



Customer Name	MR.NAGESHWESHWAR A RAO M	Customer ID	MED111269014
Age & Gender	34Y/MALE	Visit Date	27/08/2022
Ref Doctor	MediWheel		



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ME PAU



# NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

## OPD SHEET

Date: 27/8/22

Patient's Name: Mr. Nageshwara Rao M OP No. 1208409

34 yrs M

2:20 PM

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

For Medical Certificate.

IOP: 10/12

A/S: BE WNL

UCVA 6/6 IN6  
6/6 IN6

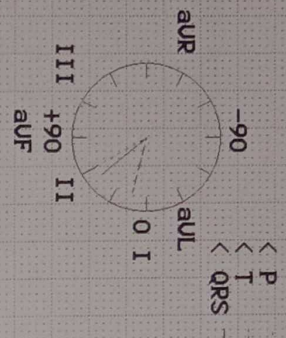
Fundus: BE CDR 0.3  
FR (+)

Color Vision 38/38  
38/38

Adx.

- R/W SOS / 4 yrs

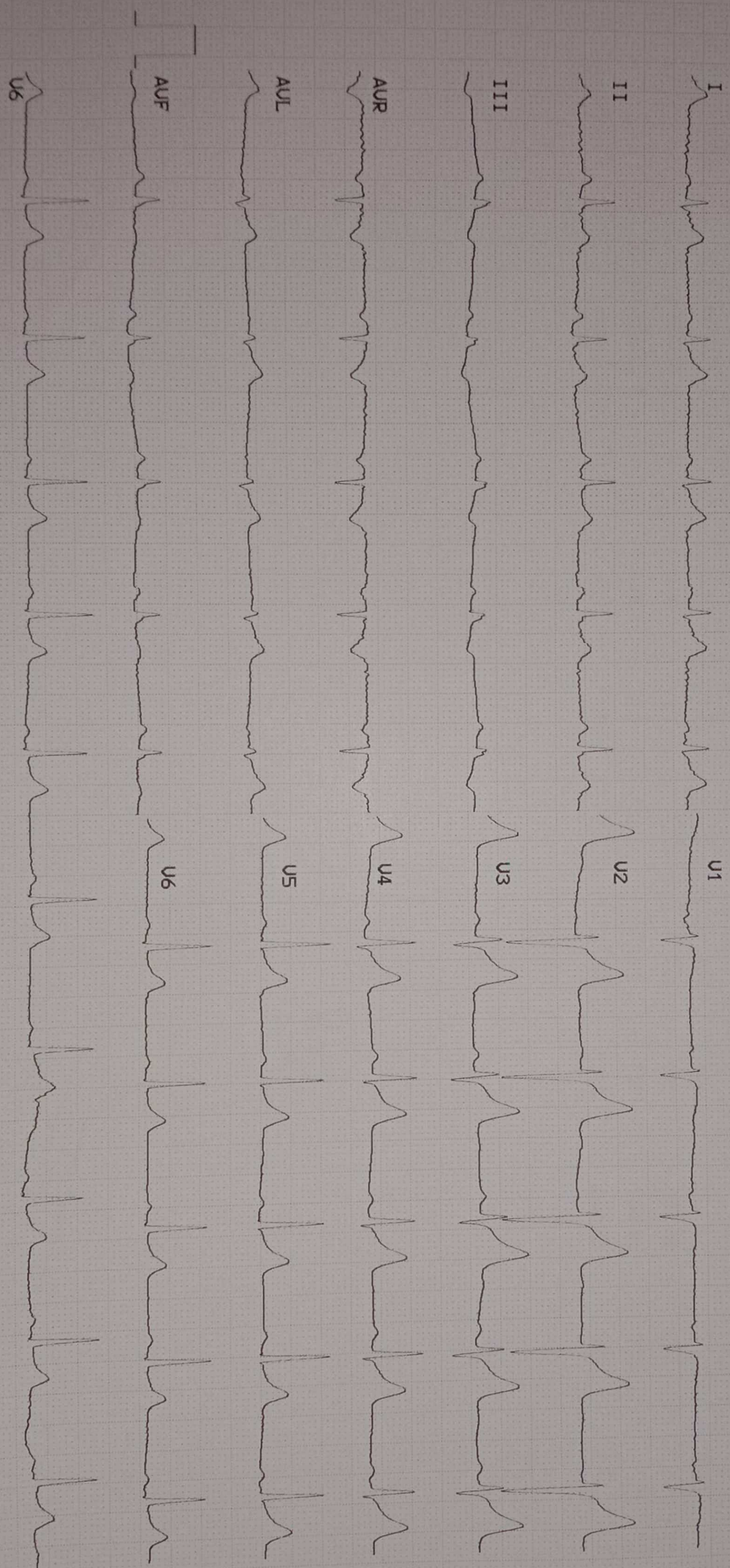
AGE: 34  
 Measurement Results:  
 QRS : 98 ms  
 QT/QTcB : 376 / 386 ms  
 PR : 164 ms  
 P : 108 ms  
 RR/PP : 950 / 950 ms  
 P/QRS/T : 60 / 50 / 15 degrees  
 QTd/QTcBD : 58 / 60 ms  
 Sokolow : 1.6 mV  
 NK : 8



Interpretation:  
 normal ECG

*Normal sinus rhythm*  
*Msk*

Unconfirmed report.



MR NAGESHWARA, RAO M

Dr. 111269014

34years

Male

Max HR 56bpm 82% of max predicted 186bpm  
Max HR 30/80  
Reason for Termination: Max HR attained  
GOOD EFFORT TOLERANCE  
NORMAL HEART RATE AND BP RESPONSE  
NO ANGINA OR ARRHYTHMIAS NOTED  
NO SIGNIFICANT ST CHANGES NOTED  
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Total Exercise time: 9:00

25.0 mm/s  
10.0 mm/mV  
100hz

Referred by: C/O MEDI WHEEL  
Test ind:

Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METs)	HR (bpm)	BP (mmHg)	RPP (x100)
SUPINE	1:21	0.8	0	1.4	90	120/80	108
STAGE 1	3:00	1.7	0	4.8	117		
STAGE 2	3:40	2.5	2	7.0	126	130/80	177
STAGE 3	3:00	3.4	4	10.1	158	130/80	203
Post	3:21	0.8	0	1.0	102	130/80	133

*K. R.*

Technician KAVYA

CLUMAX DIAGNOSTICS, MEDICAL HEALTH CARE

Unconfirmed

MAC55 009C

AGESHWARA, AFOIM  
111269014

34 years

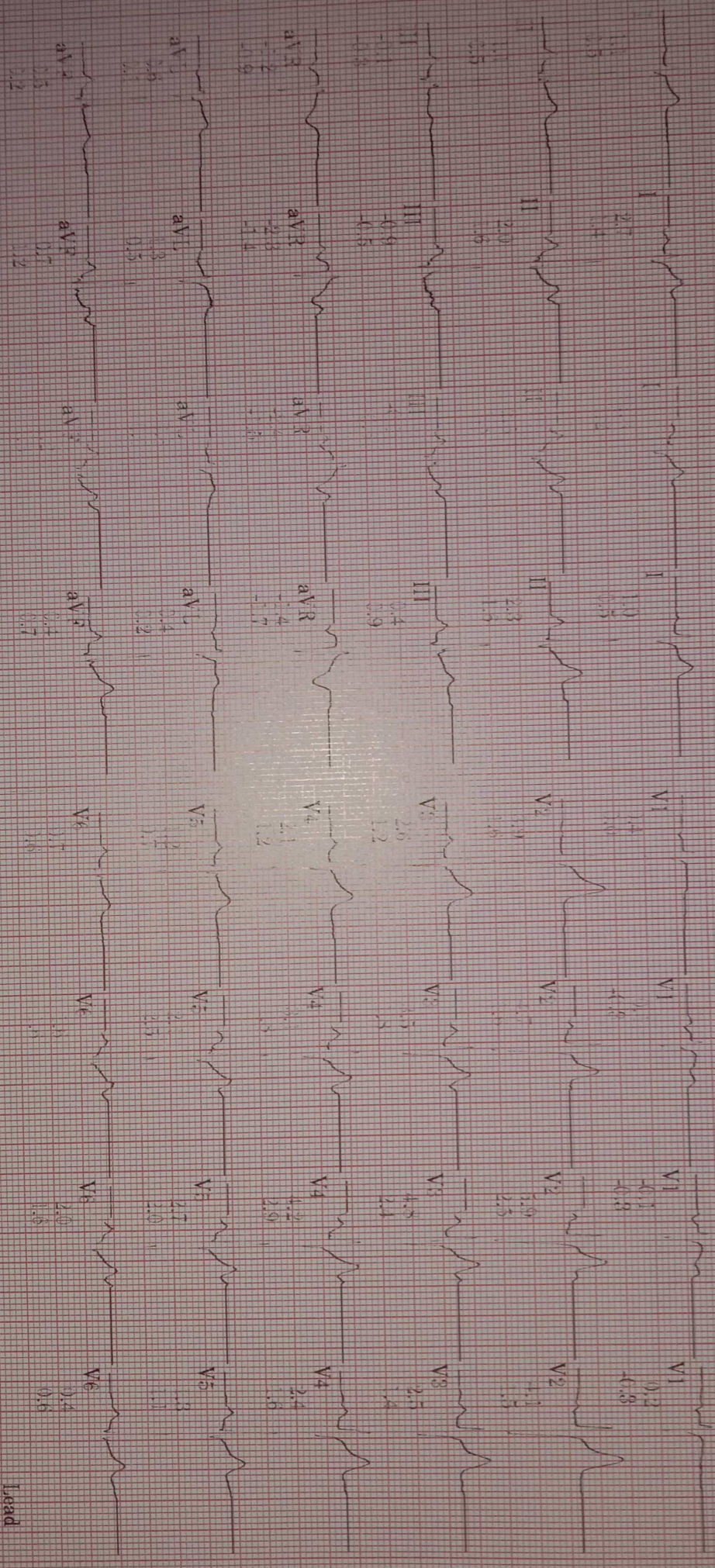
Male

1-Aug-2022  
17:23:21

Referred by: C/O MEDICAL WHEEL  
Test Indt

Max HR: 156bpm 83% of max predicted 186bpm  
Max BP: 156/80  
Maximum workload: 10.1 METS  
Reason for Termination:  
Comments: GOOD EFFORT TOLERANCE  
NORMAL HEART RATE AND 3<sup>rd</sup> RESPONSE  
NO ANGINA OR ARRHYTHMIAS NOTED  
NO SIGNIFICANT ST-T CHANGES NOTED  
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
50bpm BP: 130/80	154bpm 7:34	156bpm 9:00	102bpm 8:11
BASELINE EXERCISE	MAX ST EXERCISE	PEAK EXERCISE	TEST END RECOVERY
50bpm BP: 130/80	154bpm 7:34	156bpm 9:00	102bpm 8:11



Technician: KAVYA

CUMAX DIAGNOSTICS, MEDALL HEALTH CARE

Unconfirmed

MAC55 009C

Lead  
ST(mm)  
Slope(mV/s)



111269014

34years

Male

PRVU

Total Exercise time: 9:00

25.0 mm/s  
10.0 mm/mV  
100hz

7 Aug 2022  
17:22:21

Referred by: C/O MEDICAL WHEEL  
Test ind:

Max HR: 156bpm 83% of max predicted 186bpm  
Max BP: 130/80  
Maximum workload: 10.1METS  
Reason for Termination: Max HR attained  
Comments: GOOD EFFORT TOLERANCE  
NORMAL HEART RATE AND BP RESPONSE  
NO ANGINA OR ARRHYTHMIAS NOTED  
NO SIGNIFICANT ST-T CHANGES NOTED  
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

BASELINE

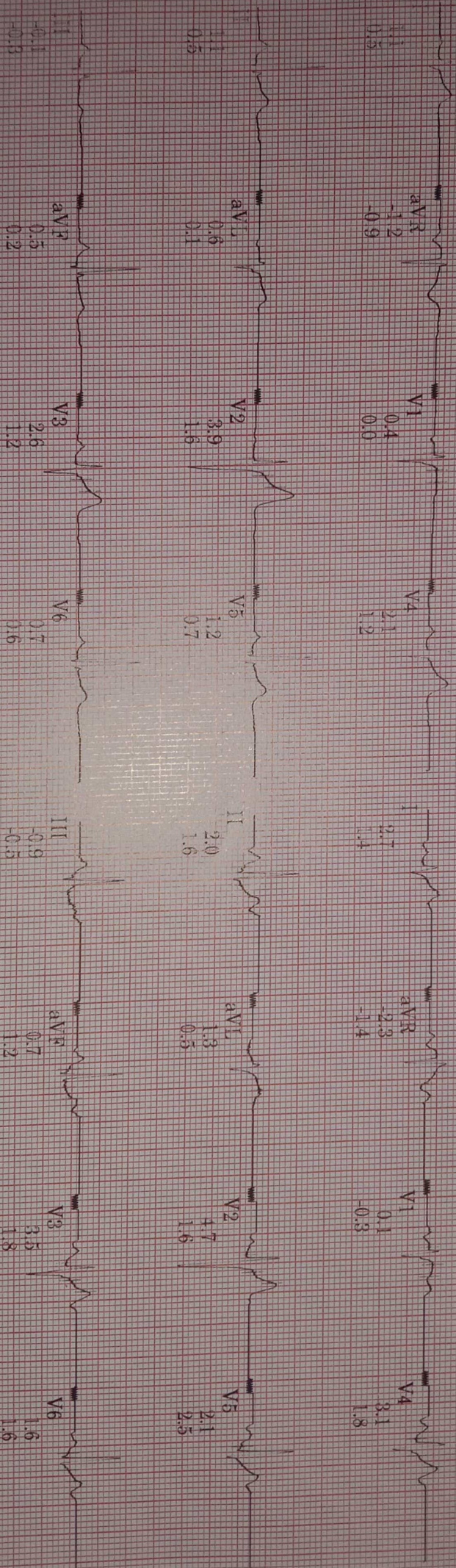
EXERCISE STAGE 1  
14METS  
90bpm  
BP: 120/80  
ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)

EXERCISE STAGE 3  
9.4METS

MAX ST  
154bpm  
ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Technician: KAVYA

OLUMAX DIAGNOSTICS, MEDICAL HEALTH CARE

Unconfirmed

MAC55 009C

NAGESHWAIKA, KAO M  
111269014

Aug-2022  
7:23:19

90bpm  
BP: 120/80

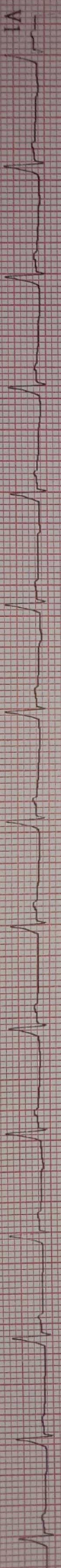
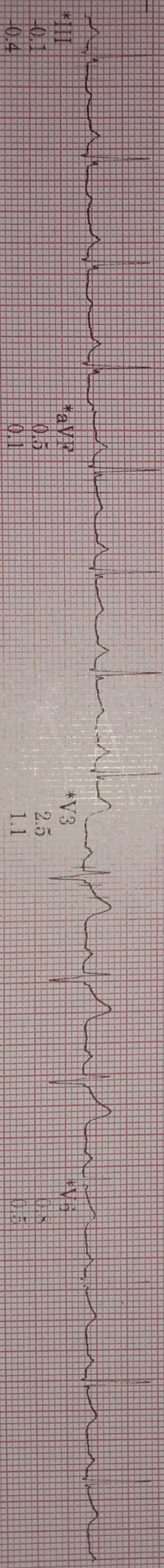
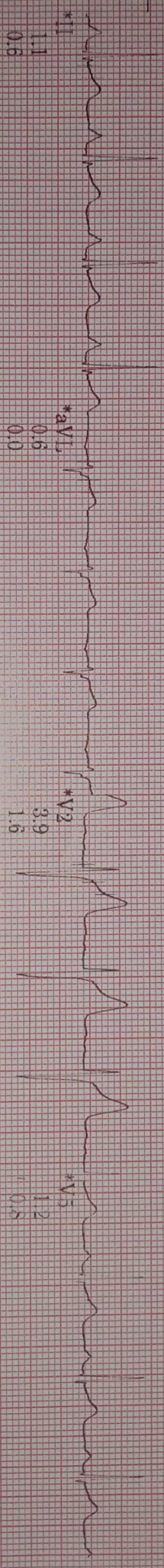
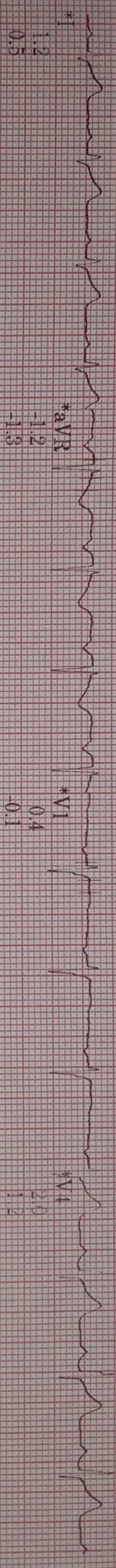
PRETEST  
SUPINE  
1:00

BRUCE  
\*\*mph  
\*\*%



ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

PRINTED IN U.S.A. MAC 009C 2

NAGESHWARA, RAO M  
111269014

Aug-2022  
1:26:32

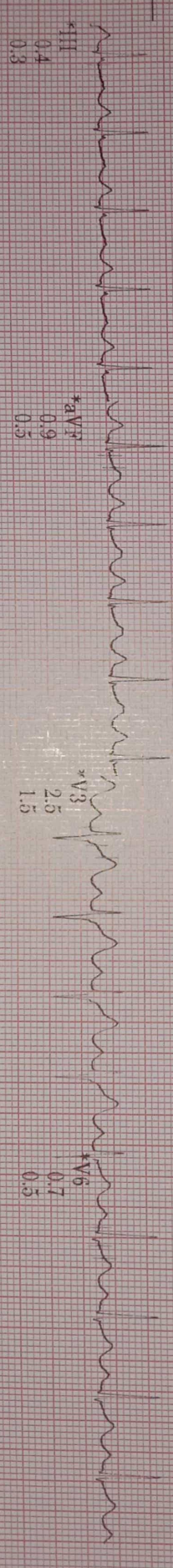
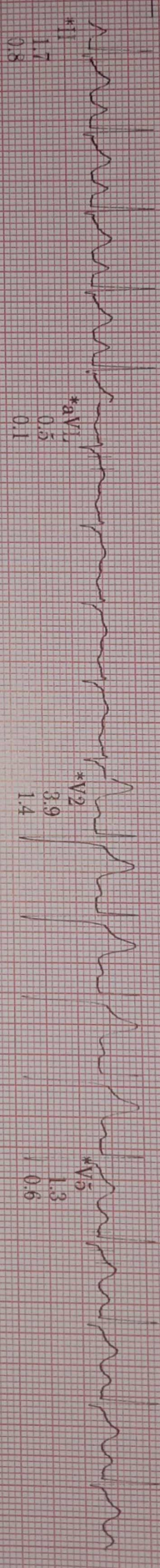
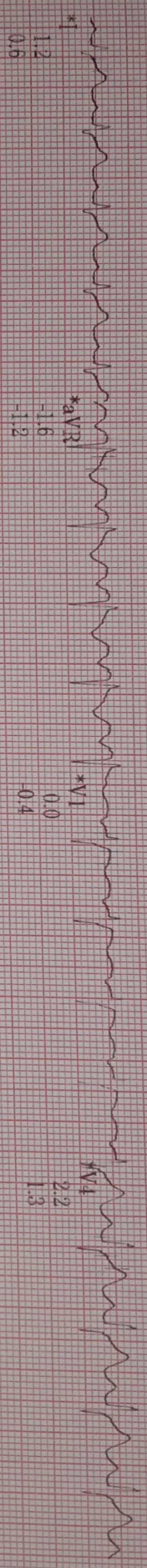
115bpm

EXERCISE  
STAGE 1  
2:50

BRUC3  
1.7mph  
10.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm

\* Computer Synthesized Rhythm

20 Hz  
p/250.0mm/s  
10.0 mm/mV  
A-H-S 50Hz HR 46

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MAC55 009C

0



NAGESHWARA, RAO M  
11269014

AUG 2022  
12:32

156bpm

Bp: 130/80

EXERCISE  
STAGE 3

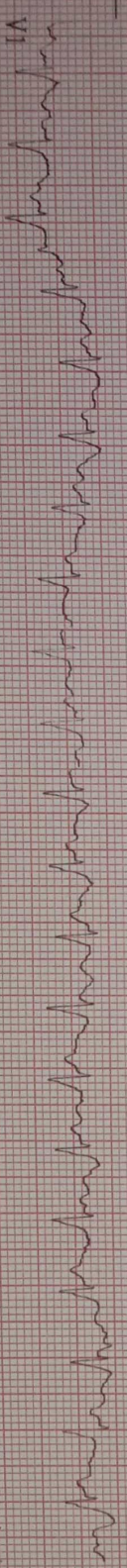
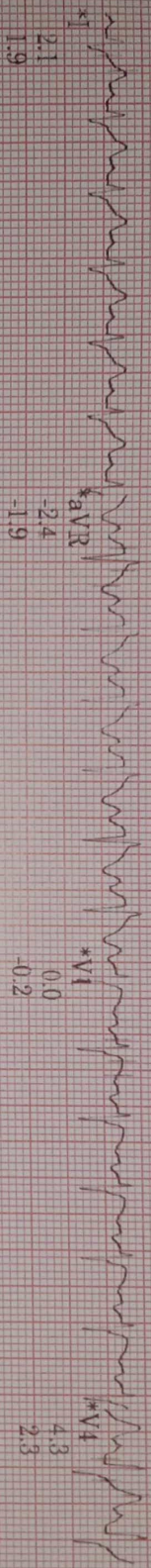
8:50

BRUCE

3.4mph

14.0%

ST @ 10mm/mV  
80ms postJ



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

\* Computer Synthesized

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MAC55-0K

NADESHWARA, KAO M  
1289014  
AGE: 2022  
11/15

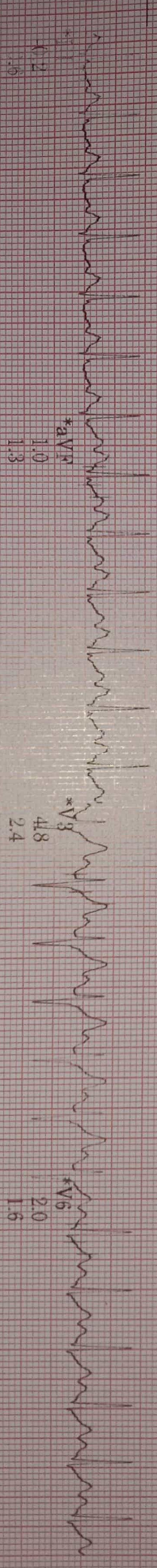
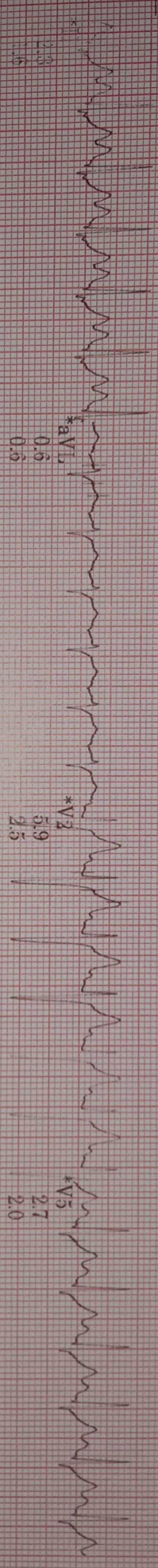
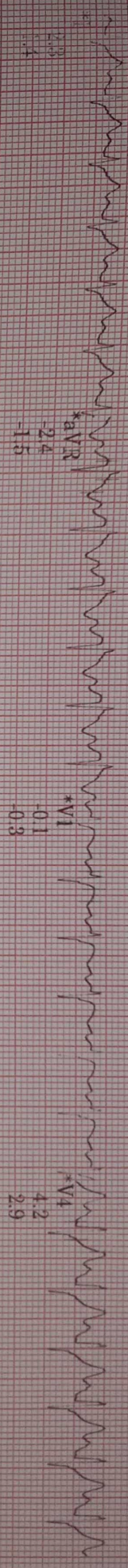
156bpm  
BP: 130/80

EXERCISE  
STAGE 3  
9:00

BRUCE  
3.4mph  
14.0%

ST @ 10mm/mV  
80ms postJ

Lead  
ST'(mm)  
Slope(mV/s)



Raw Rhythm  
25.0 mm/s  
10.0 mm/mV  
A H S 50Hz HR 46  
Computer Synthesized Rhythm  
MAC55 009C  
PRINTED IN U.S.A.  
2

AGNESWARA, RAO M  
1369014  
2022

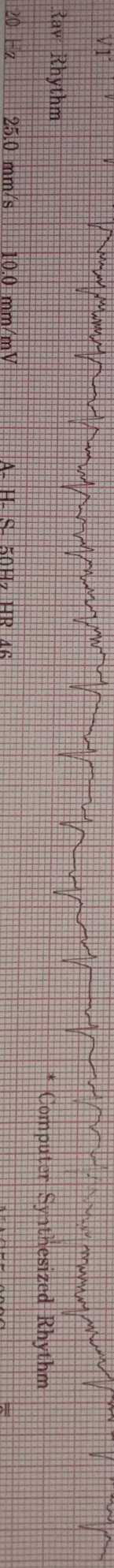
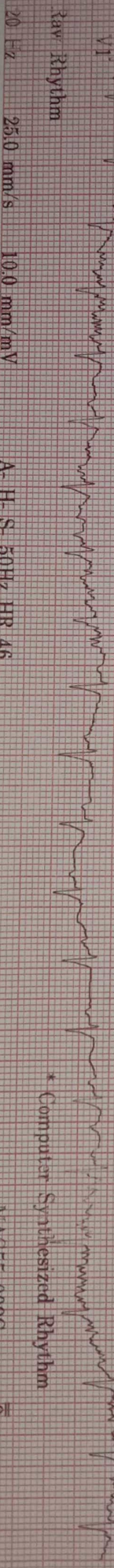
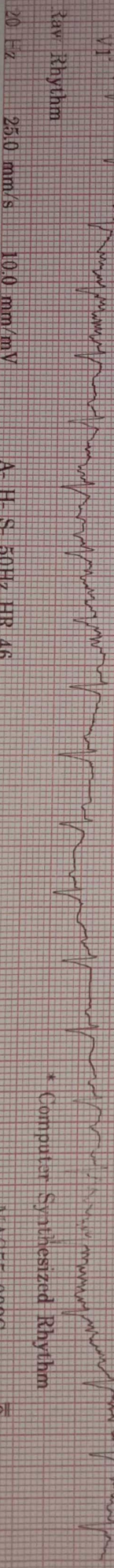
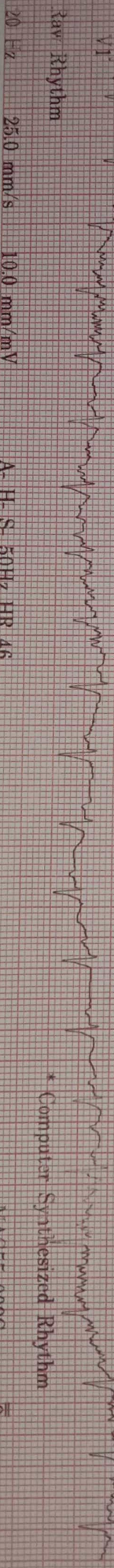
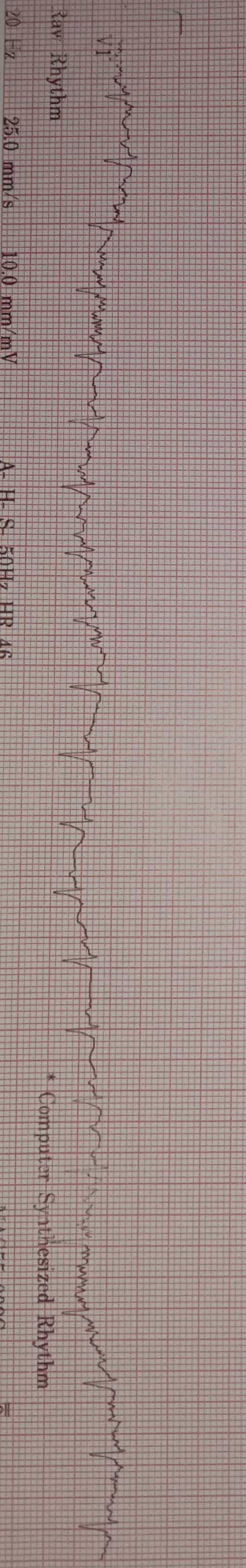
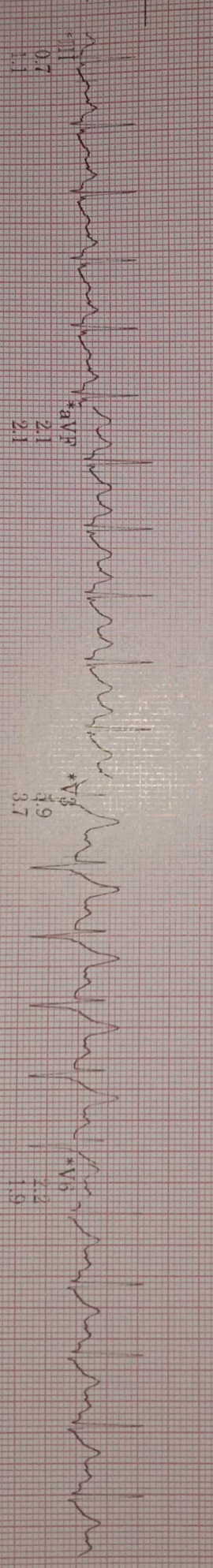
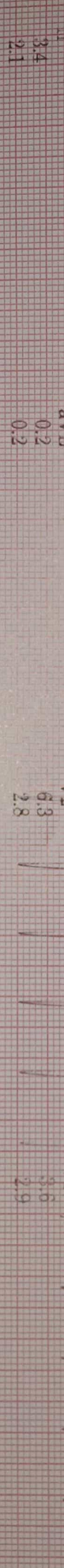
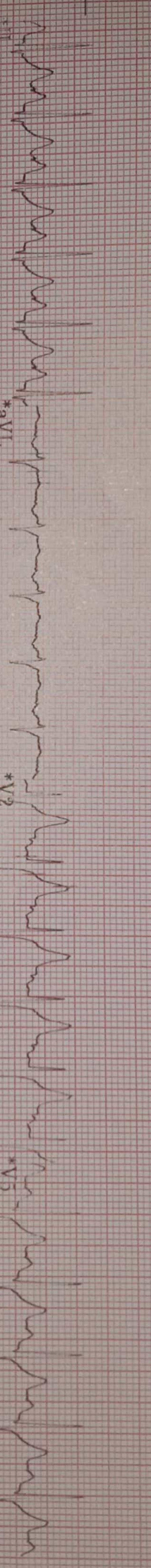
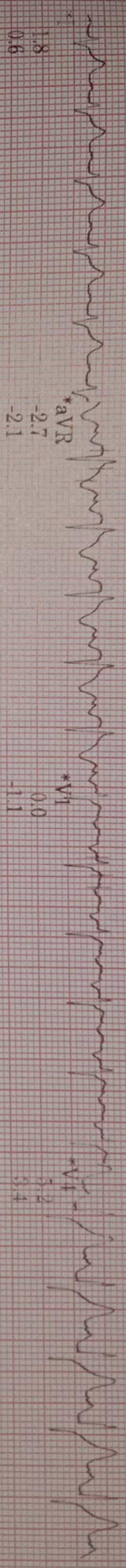
133bpm

RECOVERY  
Post  
1:00

BRUCE  
\*\*\*mph  
\*\*\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm  
20 Hz 25.0 mm/s 10.0 mm/mV  
A-H-S 50Hz HR 46  
Computer Synthesized Rhythm  
NAC055 009C

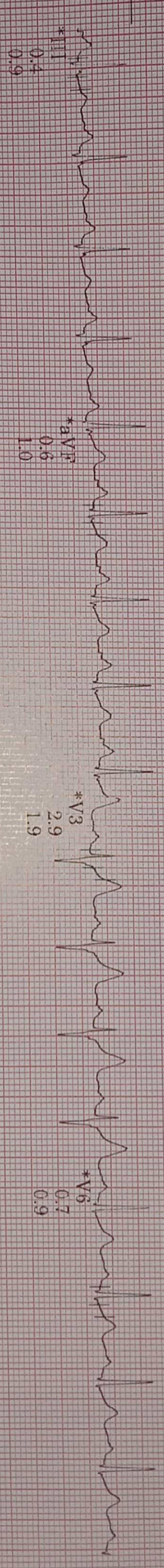
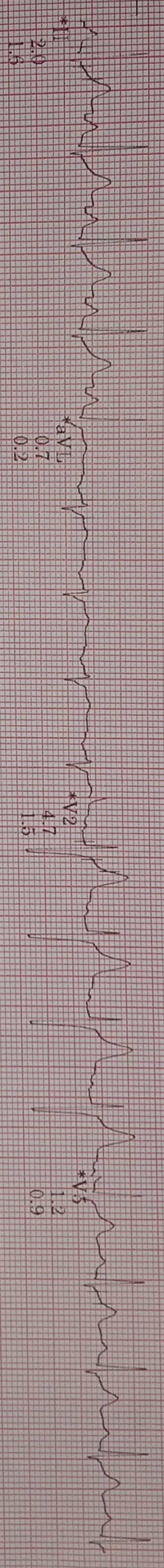
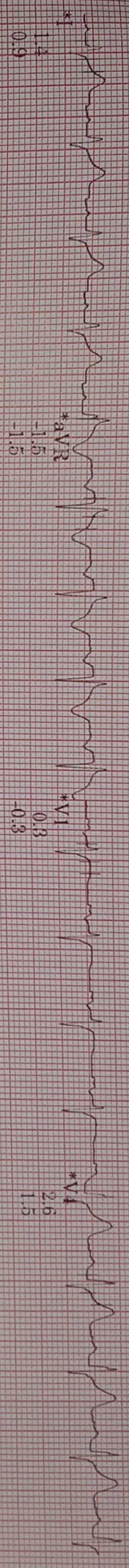
11/06/90 14  
2022

RECOVERY  
Post  
3:00

BRUCE  
\*\*\*mph  
\*\*\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



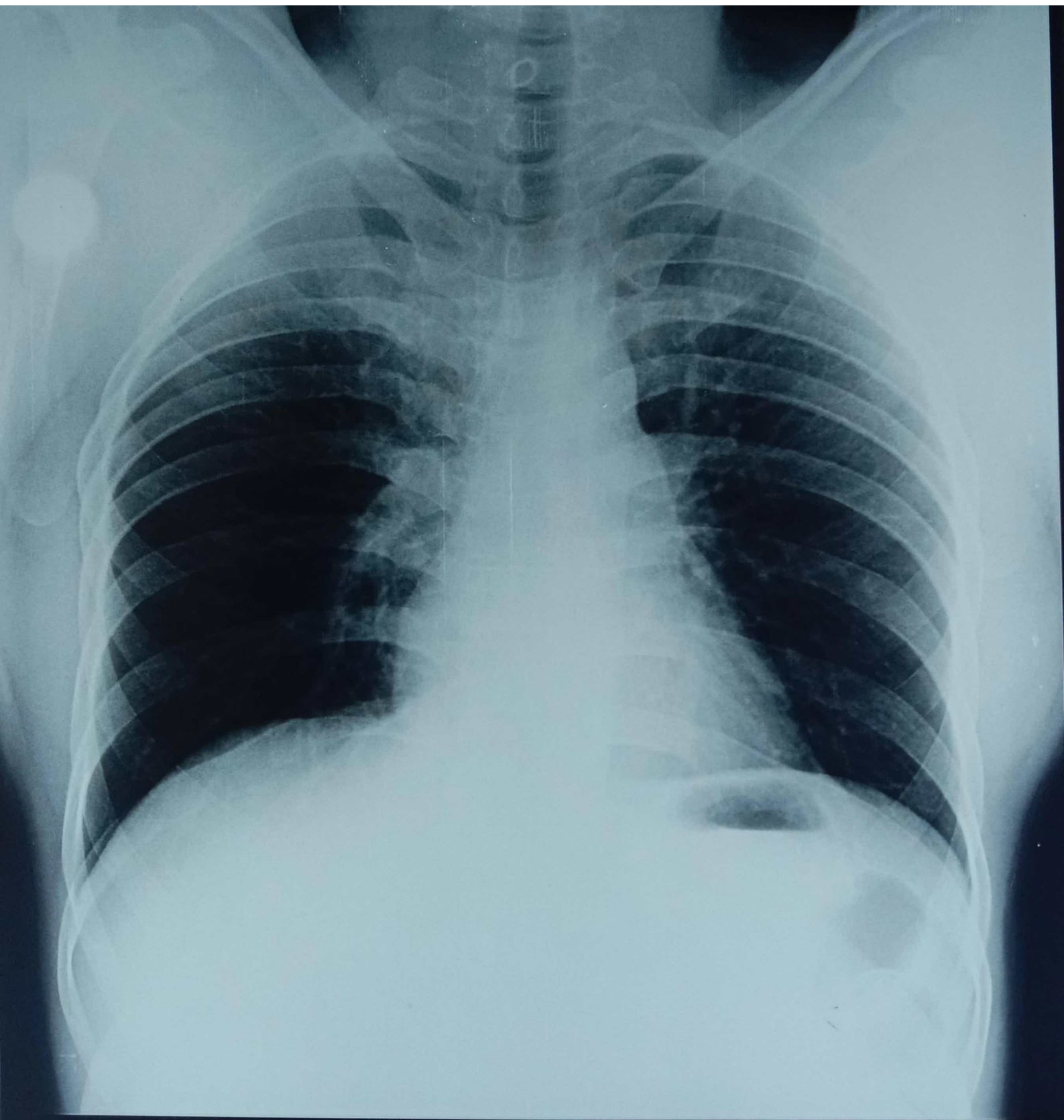
Raw Rhythm  
20 Hz  
25.0 mm/s  
10.0 mm/mV  
A H-S 50Hz HIR 46

\* Computer Synthesized Rhythm

MAC55 009C

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**NAGESHWARA RAO M 34 MED111269014 M CHEST PA**  
**MEDALL CLUMAX DIAGNOSTIC**

Name : Mr. NAGESHWARARAO M  
PID No. : MED111269014  
SID No. : 712226224  
Age / Sex : 34 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 27/08/2022 11:06 AM  
Collection On : 27/08/2022 1:09 PM  
Report On : 27/08/2022 5:43 PM  
Printed On : 28/08/2022 3:06 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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## HAEMATOLOGY

### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	15.3	g/dL	13.5 - 18.0
---	------	------	-------------

**INTERPRETATION:** Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	44.6	%	42 - 52
--	------	---	---------

RBC Count (EDTA Blood/Automated Blood cell Counter)	5.16	mill/cu.mm	4.7 - 6.0
--	------	------------	-----------

MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	87.0	fL	78 - 100
--	------	----	----------

MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	29.7	pg	27 - 32
--	------	----	---------

MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	34.3	g/dL	32 - 36
---	------	------	---------


RDW-CV (Derived)	12.8	%	11.5 - 16.0
---------------------	------	---	-------------

RDW-SD (Derived)	<b>38.98</b>	fL	39 - 46
---------------------	--------------	----	---------

Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	8270	cells/cu.mm	4000 - 11000
---	------	-------------	--------------

Neutrophils (Blood/Impedance Variation & Flow Cytometry)	55	%	40 - 75
---	----	---	---------

Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	33	%	20 - 45
---	----	---	---------

  
Dr Shouree K.R  
MBBS MD DNB  
Consultant Pathologist  
Reg No : KMC 103138


APPROVED BY

Name : Mr. NAGESHWARARAO M  
PID No. : MED111269014  
SID No. : 712226224  
Age / Sex : 34 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 27/08/2022 11:06 AM  
Collection On : 27/08/2022 1:09 PM  
Report On : 27/08/2022 5:43 PM  
Printed On : 28/08/2022 3:06 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	04	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	08	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.55	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.73	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.33	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.66	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)	319	10 <sup>3</sup> / µl	150 - 450
MPV (Blood/Derived)	9.2	fL	7.9 - 13.7
PCT	<b>0.29</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	08	mm/hr	< 15

  
Dr Shouree K.R  
MBBS MD DNB  
Consultant Pathologist  
Reg No : KMC 103138

APPROVED BY



Name : Mr. NAGESHWARARAO M  
PID No. : MED111269014  
SID No. : 712226224  
Age / Sex : 34 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 27/08/2022 11:06 AM  
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Printed On : 28/08/2022 3:06 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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**Lipid Profile**

Cholesterol Total (Serum/Oxidase / Peroxidase method)	205	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
--	-----	-------	--

**Remark:** Kindly correlate clinically.

Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	226	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
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**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.

HDL Cholesterol (Serum/Immunoinhibition)	38	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	121.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
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VLDL Cholesterol (Serum/Calculated)	45.2	mg/dL	< 30
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Consultant Pathologist  
Reg No : KMC 103138

APPROVED BY

Name : Mr. NAGESHWARARAO M

PID No. : MED111269014

Register On : 27/08/2022 11:06 AM

SID No. : 712226224

Collection On : 27/08/2022 1:09 PM

Age / Sex : 34 Year(s) / Male

Report On : 27/08/2022 5:43 PM

Type : OP

Printed On : 28/08/2022 3:06 PM

Ref. Dr : MediWheel




<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Non HDL Cholesterol (Serum/Calculated)	167.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >=220

**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)	5.4		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	5.9		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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<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)	5.9	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

**Remark:** Kindly correlate clinically.


Estimated Average Glucose (Whole Blood)	122.63	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.

  
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## IMMUNOASSAY

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.11	ng/ml	0.7 - 2.04
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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))	<b>15.98</b>	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.

**Remark:** Kindly correlate clinically.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.16	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)	20		ml
Appearance (Urine)	Clear		

**CHEMICAL EXAMINATION**

pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.015		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

  
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Blood (Urine)	Nil		Nil
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)	3-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil

  
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**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'O' Positive'

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

A handwritten signature in black ink, appearing to read "Shouree", is written over a circular stamp. The stamp has a blue and pink background.

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## BIOCHEMISTRY

BUN / Creatinine Ratio	12.8		
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Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	96	mg/dL	70 - 140
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### **INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.


Urine Sugar (PP-2 hours) (Urine - PP)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.3	mg/dL	7.0 - 21
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Creatinine (Serum/Jaffe Kinetic)	<b>0.8</b>	mg/dL	0.9 - 1.3
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**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	6.3	mg/dL	3.5 - 7.2
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-- End of Report --

Name	NAGESHWESHWARA RAO M	ID	MED111269014
Age & Gender	34Y/M	Visit Date	Aug 27 2022 11:06AM
Ref Doctor	MediWheel		

**X – RAY CHEST PA VIEW**

**LUNGS:**

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

**CARDIA:**

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

**IMPRESSION:**

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.**

AA/SV



**Dr. Anitha Adarsh**  
Consultant Radiologist