

Name	PAL SANJIT	ID	MED120799880
Age & Gender	33Year(s)/MALE	Visit Date	2/12/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

EYE SCREENING

	Right Eye	Left Eye
DISTANT VISION	6/6	6/6
NEAR VISION	N8	N8
COLOUR VISION	Normal	Normal

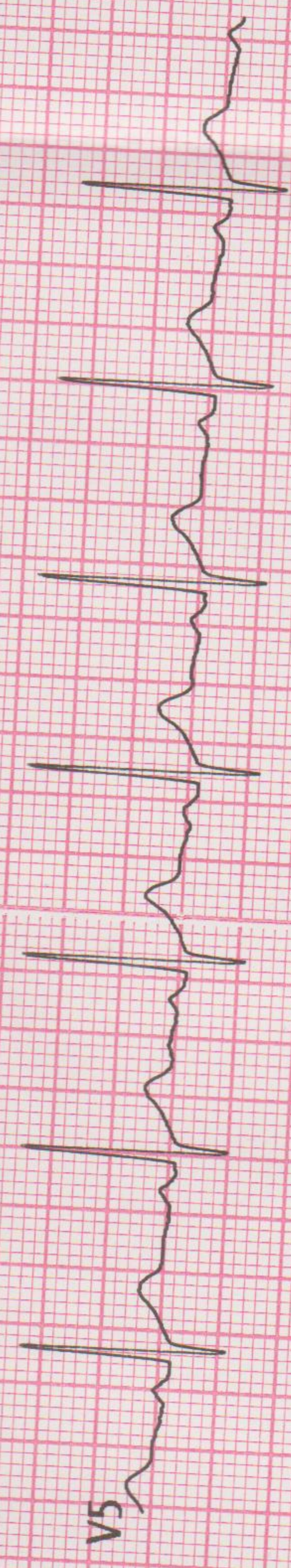
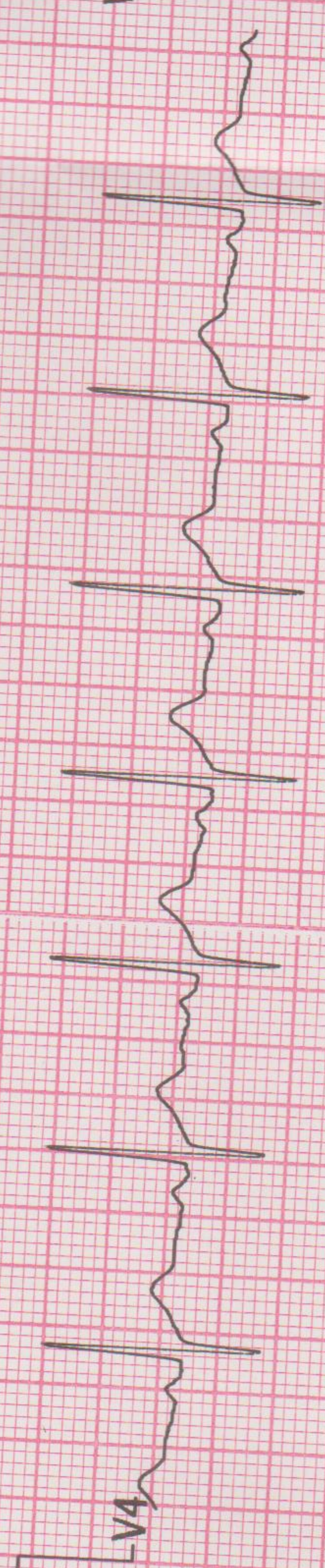
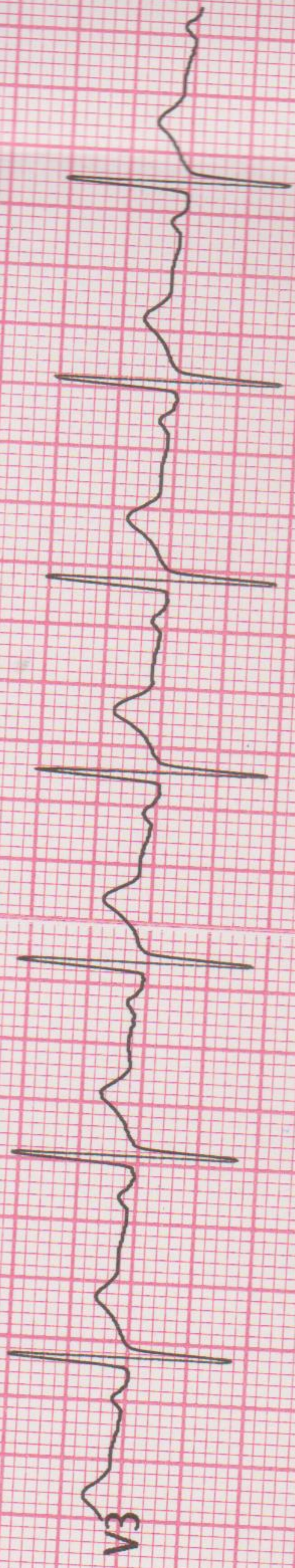
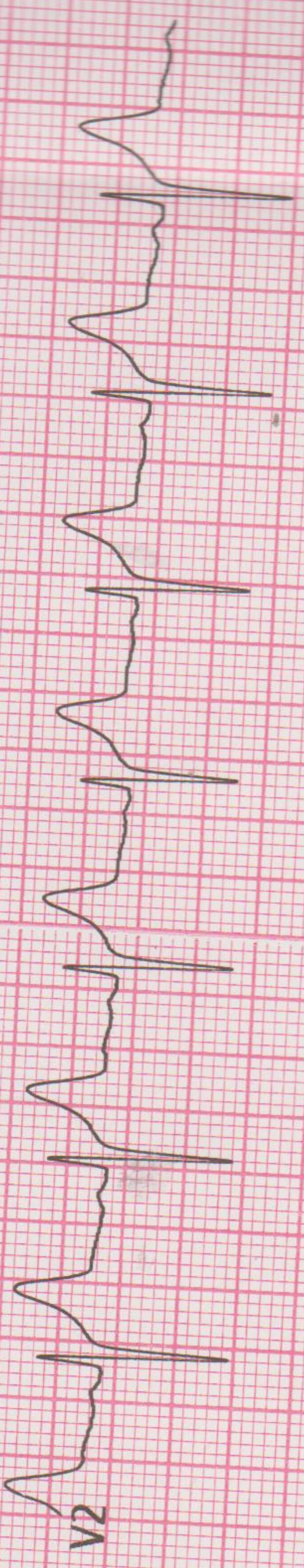
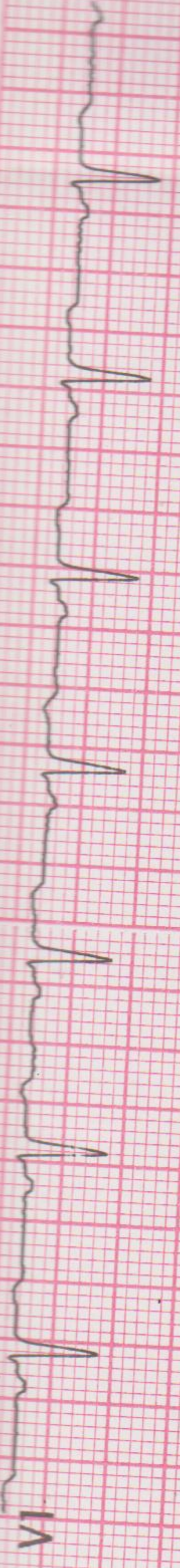
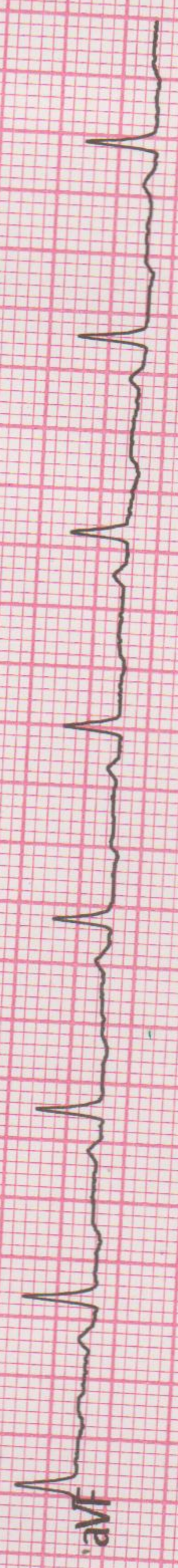
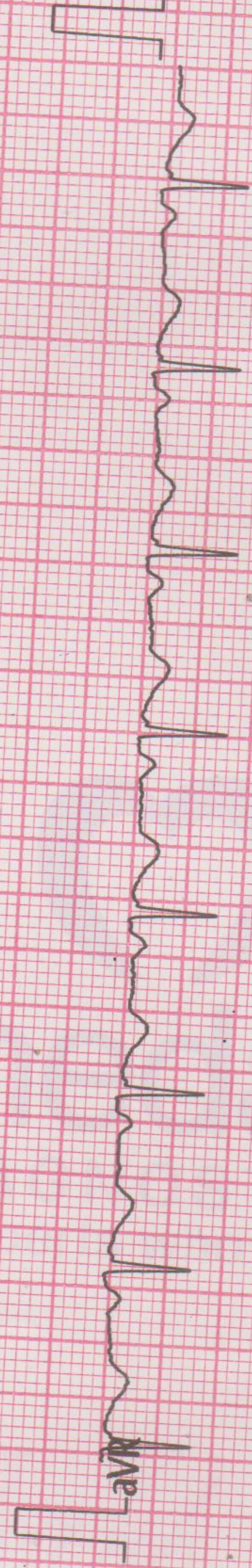
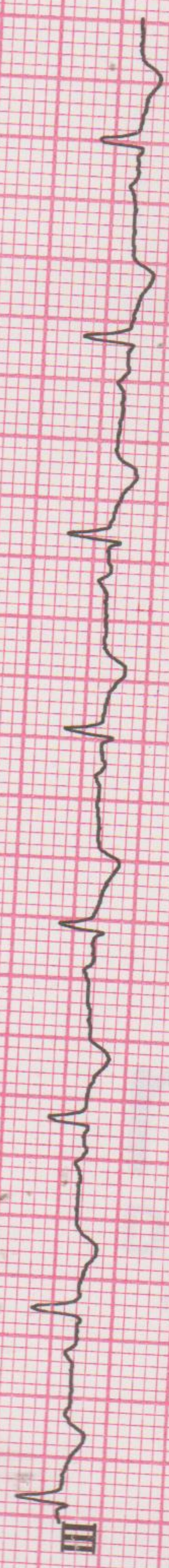
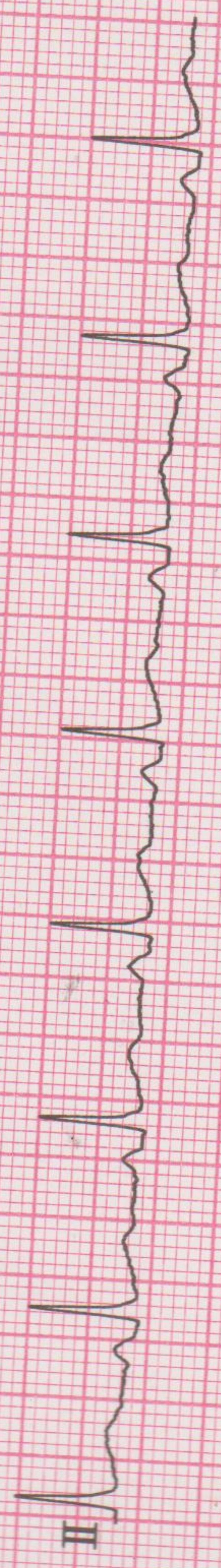
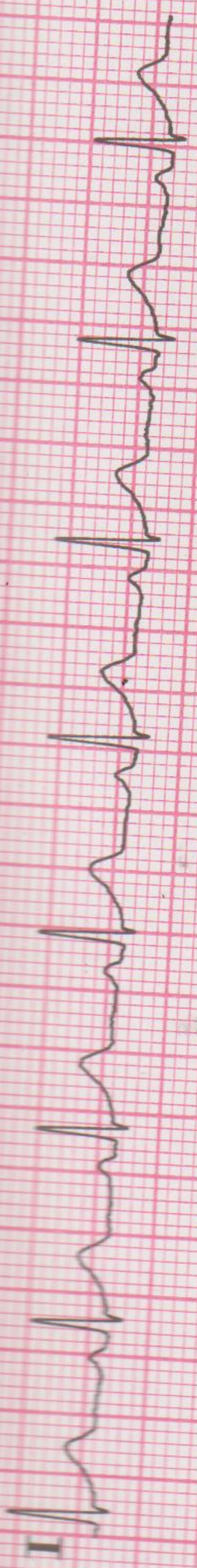
IMPRESSION :

- ❖ **Normal Study with specs.**

Height	172cm
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Age & Gender	33Year(s)/MALE	Visit Date	2/12/2022 12:00:00 AM
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Weight	74.5kg
BP	122/91 mmhg
Pulse	73beats / mins
BMI	25.2kg/m2



25mm/s ACSO EMG ADS 2009-11-12 08:05:12

<SANDRA

P/QT
RV1/
RV5/

V2:33

Name	PAL SANJIT	ID	MED120799880
Age & Gender	33Year(s)/MALE	Visit Date	2/12/2022 12:00:00 AM
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USG ABDOMEN / PELVIS

REPORT :-

LIVER:

The liver is normal in size 12.5cm, shape and has smooth margins and shows **increased** echotexture.

Portal and hepatic veins are normal.

No evidence of any focal lesion seen.

Intrahepatic biliary radicles are not dilated.

GALL BLADDER:

The gall bladder is distended, anechoic structure.

No evidence of gallstones seen.

COMMON BILE DUCT:

The CBD is normal in caliber. No evidence of calculus is seen.

SPLEEN:

The spleen is normal in size (11.8cm)and shape and shows homogenous echotexture.

No evidence of focal lesion is noted.

PANCREAS:

The pancreas is normal in size, shape and shows normal echotexture.

No evidence of solid or cystic mass lesion is noted.

KIDNEYS:

Both kidneys are normal in size, shape and position and normal parenchymal echotexture and normal central echo complex.

Right kidney measures 10.5cm x 5.7cm

Left kidney measures 9.8cm x 5.1cm

No calculus or hydronephrosis

ASCITES:

There is no ascites seen.

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URINARY BLADDER:

The urinary bladder is distended and shows normal outline.
The thickness of the wall of Urinary bladder is essentially normal.
No evidence of calculus is seen.
No evidence of any space occupying lesion or diverticulum is noted.

PROSTATE:

The prostate is normal in size, shape and parenchymal echoes.
The prostate measures 3.7cmx 3.4cm x 3.2cm. Volume 21cc. No Focal lesion seen

BOTH ILIAC FOSSA : Appears normal. No mass / collection.

IMPRESSION :

➤ GRADE I FATTY LIVER.

DR. P.T. PRABAKARAN, M.B.B.S.,M.D.R.D.,

CONSULTANT RADIOLOGIST

Name	PAL SANJIT	Customer ID	MED120799880
Age & Gender	33Y/M	Visit Date	Feb 12 2022 12:29PM
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: ***Essentially normal study.***

DR. H.K. ANAND

DR. POOJA B.P

DR. HIMA BINDU P


DR. SHWETHA S

CONSULTANT RADIOLOGISTS

Name : Mr. PAL SANJIT
PID No. : MED120799880
SID No. : 132202975
Age / Sex : 33 Year(s) / Male
Ref. Dr : MediWheel

Register On : 12/02/2022 12:30 PM
Collection On : 12/02/2022 12:47 PM
Report On : 13/02/2022 8:55 AM
Printed On : 16/02/2022 11:13 AM
Type : OP

Investigation **Observed Value** **Unit** **Biological Reference Interval**

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (Blood 'A1' 'Positive' /Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

BIOCHEMISTRY

BUN / Creatinine Ratio	8.80		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	116	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Agglutination)	8.4	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	1.1	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/Enzymatic)	4.0	mg/dL	3.5 - 7.2
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Liver Function Test

GGT(Gamma Glutamyl Transpeptidase) (Serum/Jaffe Kinetic)	89.0	U/L	< 55
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Bilirubin(Total) (Serum/DCA with ATCS)	0.8	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/photometry)	0.2	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/RIA)	0.60	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	104 (Rechecked)	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	184 (Rechecked)	U/L	5 - 41
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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	161 (Rechecked)	U/L	53 - 128
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Total Protein (Serum/Phosphomolybdate/UV)	7.9	gm/dL	6.0 - 8.0
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Albumin (Serum/Jaffe Kinetic / derived)	5.0	gm/dL	3.5 - 5.2
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Globulin (Serum/RIA)	2.90	gm/dL	2.3 - 3.6
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A : G RATIO (Serum/RIA)	1.72		1.1 - 2.2
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Lipid Profile



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Cholesterol Total (Serum/CHOD-PAP with ATCS)	166	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	200	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.

HDL Cholesterol (Serum/Immunoinhibition)	35.8	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	90.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	40	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	130.2	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)	4.6		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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	5.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0

K. R. Mukilarasi
Dr. K.R. MUKILARASI M.D.,(Path)
 Consultant Pathologist
 TNMC Reg.No: 116296

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	2.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	8.5	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	197.25	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.

HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (Blood/Automated Blood cell Counter)	15.0	g/dL	13.5 - 18.0
PCV (Packed Cell Volume) / Haematocrit (Blood/Automated Blood cell Counter)	45.5	%	42 - 52
RBC Count (Blood/Automated Blood cell Counter)	4.9	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (Blood/Automated Blood cell Counter)	92	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (Blood/Automated Blood cell Counter)	30.4	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (Blood/Automated Blood cell Counter)	33.0	g/dL	32 - 36
Platelet Count (Blood/Automated Blood cell Counter)	142 (Rechecked)	10 ³ / µl	150 - 450
Total WBC Count (TC) (Blood/Automated Blood cell Counter)	7400	cells/cu.mm	4000 - 11000

Diferential Leucocyte Count

Neutrophils (Blood)	48.7	%	40 - 75
Lymphocytes (Blood)	43.8	%	20 - 45
Eosinophils (Blood)	1.6	%	01 - 06
Monocytes (Blood)	5.6	%	01 - 10

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Basophils (Blood)	0.3	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	08	mm/hr	< 15
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Immunology

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.36	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 (Tyroxine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	10.85	µg/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))	4.04	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>0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Urine Analysis - Routine

BIOCHEMISTRY

Urine Sugar (Urine)	Negative
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INTERPRETATION:

Comments:

Reference Range for Glucose is not established for body fluids. Physician to correlate clinically.

Clinical Pathology

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Colour (Urine)	Pale yellow		Yellow to Amber
pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.020		1.002 - 1.035
Urine Protein / Albumin (Urine)	Negative		Negative
Ketone (Urine)	Negative		Negative
Bilirubin (Serum)	Nil	mg/dL	
Urobilinogen (Urine)	Normal		Normal
Pus Cells (Urine)	2-3	/hpf	NIL
Epithelial Cells (Urine)	1-2	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL
Casts (Urine)	Nil	/hpf	NIL
Urine Crystals (Stool)	Nil	/hpf	NIL
Others (Urine)	Nil		

INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy

-- End of Report --

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