

Name : Mr. MANIMEGAN S

PID No. : MED111268676

Register On : 27/08/2022 8:40 AM

SID No. : 922046187

Collection On : 27/08/2022 10:16 AM

Age / Sex : 54 Year(s) / Male

Report On : 27/08/2022 4:38 PM

Type : OP

Printed On : 28/08/2022 2:59 PM


Ref. Dr : MediWheel

<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)	12.8	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	39.7	%	42 - 52
RBC Count (EDTA Blood)	4.78	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	83.1	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	26.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.3	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.9	%	11.5 - 16.0
RDW-SD (EDTA Blood)	40.43	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	10000	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	62.1	%	40 - 75
Lymphocytes (EDTA Blood)	27.3	%	20 - 45
Eosinophils (EDTA Blood)	3.5	%	01 - 06


Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

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Monocytes (EDTA Blood)	6.2	%	01 - 10
Basophils (EDTA Blood)	0.9	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	6.21	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.73	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.35	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.62	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.09	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	471	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	7.9	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.37	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	14	mm/hr	< 20


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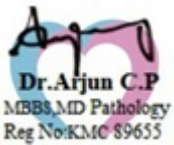
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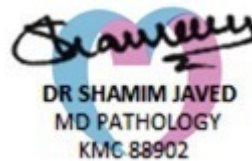
BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.26	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.10	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	11.04	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	8.99	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	22.67	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	89.3	U/L	56 - 119
Total Protein (Serum/Biuret)	6.82	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.09	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.73	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.50		1.1 - 2.2



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	103.02	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	237.71	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)	25.14	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	30.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	47.5	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	77.9	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220


Dr. Arjun C.P
 MBBS, MD Pathology
 Reg No: KMC 89655

VERIFIED BY


DR SHAMIM JAVED
 MD PATHOLOGY
 KMC 88902

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)	4.1		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)	9.5		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)	1.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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Dr. Arjun C.P
 MBBS, MD Pathology
 Reg No/KMC 89655

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	9.4	%	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 %

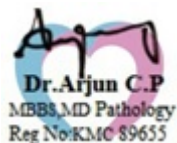
Estimated Average Glucose 223.08 mg/dL
(Whole Blood)

INTERPRETATION: Comments

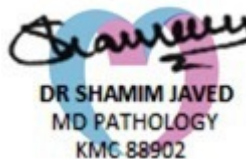
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glyceimic control as compared to blood and urinary glucose determinations.

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/ECLIA)	1.28	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 (Tyroxine) - Total (Serum/ECLIA)	7.37	µg/dl	4.2 - 12.0
--	------	-------	------------

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/ECLIA)	1.62	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&lt;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 (URINE COMPLETE)


Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	15		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5		4.5 - 8.0
Specific Gravity (Urine)	1.017		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative



Dr RAVIKUMAR R
 MBBS, MD BIOCHEMISTRY
 CONSULTANT BIOCHEMIST
 Reg No : 78771
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Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

MICROSCOPIC EXAMINATION
(URINE COMPLETE)

Pus Cells (Urine)	0-2	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	Nil	/HPF	NIL
Others (Urine)	Nil		

INTERPRETATION:Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts (Urine)	Nil	/hpf	NIL
Crystals (Urine)	Nil	/hpf	NIL


Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	9.54		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	146.96	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.

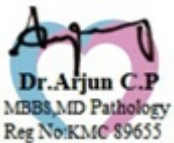
Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	267.95	mg/dL	70 - 140

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.

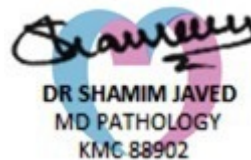
Urine Glucose(PP-2 hours) (Urine - PP)	+		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	6.3	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.66	mg/dL	0.9 - 1.3

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)	2.92	mg/dL	3.5 - 7.2
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<u>IMMUNOASSAY</u>			
Prostate specific antigen - Total(PSA) (Serum/ <i>Manometric method</i>)	0.324	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: Analytical sensitivity: 0.008 - 100 ng/mL

PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).

Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.

PSA levels tend to increase in all men as they age.

Clinical Utility of PSA:

• In the early detection of Prostate cancer.

• As an aid in discriminating between Prostate cancer and Benign Prostatic disease.

• To detect cancer recurrence or disease progression.


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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'B' 'Positive'		
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Dr Anusha.K.S
Sr.Consultant Pathologist
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KMC 88902

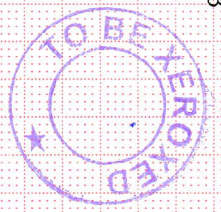
APPROVED BY

-- End of Report --

Male

54 Years

27.08.2022 11:17:33
CLUMAX DIAGNOSTICS
JAYANAGAR
BANGALORE



Dr. Srinivas

Technician: BHAVYA
Ordering Ph: MEDIWHEEL
Referring Ph: MEDIWHEEL
Attending Ph:

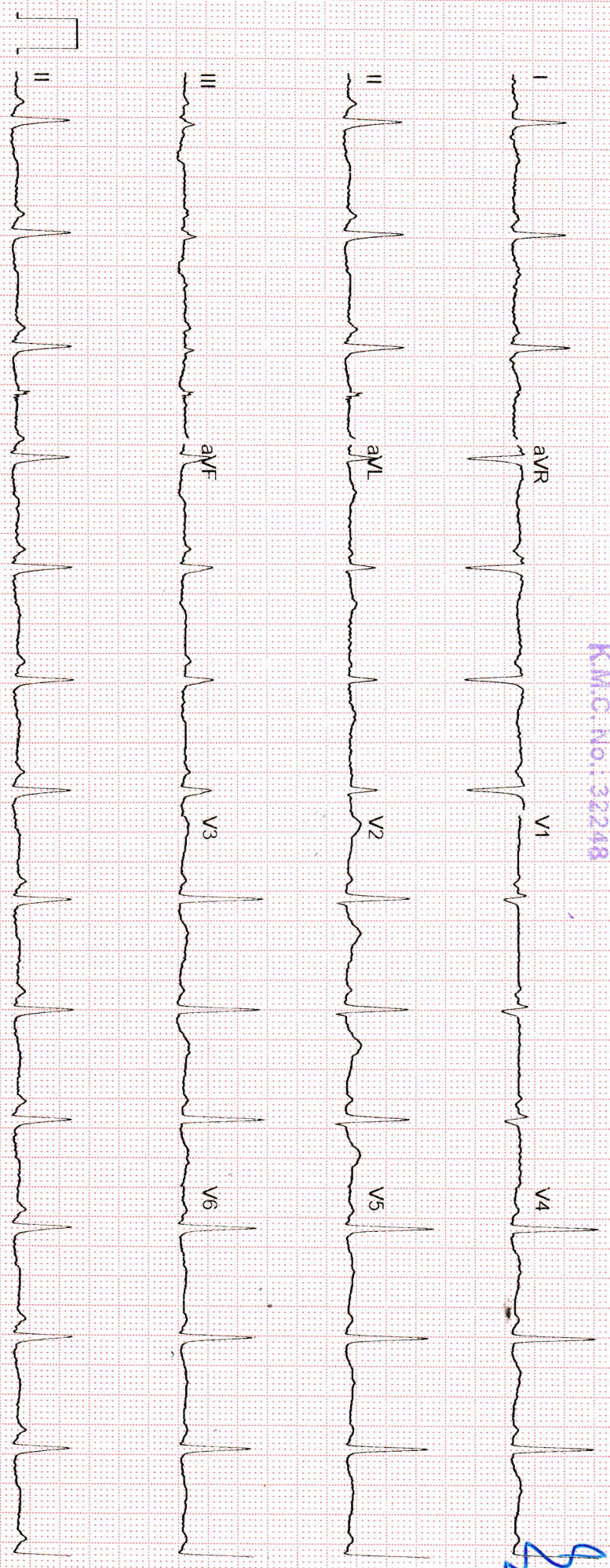
QRS : 76 ms
QT / QTcBaz : 376 / 436 ms
PR : 130 ms
P : 92 ms
RR / PP : 744 / 740 ms
P / QRS / T : 48 / 38 / 0 degrees

(Needs Clinical Correlation
for further management)

Dr. SRINIVAS L.
MD (Medicine), FICCI
Interventional Cardiologist
K.M.C. No: 32248

W + 40°

SRDQ mfs
non-specific ST changes



GE MAC2000 1 1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 Unconfirmed 1/1

Name	MR.MANIMEGAN S	ID	MED111268676
Age & Gender	54Y/MALE	Visit Date	27/08/2022
Ref Doctor	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.27	cms
LEFT ATRIUM	:	2.82	cms
AVS	:	1.59	cms
LEFT VENTRICLE (DIASTOLE)	:	4.04	cms
(SYSTOLE)	:	2.86	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.31	cms
(SYSTOLE)	:	1.80	cms
POSTERIOR WALL (DIASTOLE)	:	1.51	cms
(SYSTOLE)	:	1.96	cms
EDV	:	71	ml
ESV	:	31	ml
FRACTIONAL SHORTENING	:	29	%
EJECTION FRACTION	:	55	%
EPSS	:		cms
RVID	:	1.88	cms

DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' -0.72m/s 'A' -1.01m/s	TRIVIAL MR
	E/A REVERSED	
AORTIC VALVE	:1.31 m/s	NO AR
TRICUSPID VALVE	: 'E' -0.68m/s 'A' - m/s	NO TR
PULMONARY VALVE	:0.84 m/s	NO PR



Name	MR.MANIMEGAN S	ID	MED111268676
Age & Gender	54Y/MALE	Visit Date	27/08/2022
Ref Doctor	MediWheel		

:2:

2D ECHOCARDIOGRAPHY FINDINGS:

Left Ventricle : **Concentric Left Ventricular Hypertrophy**

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 :

*****POOR ECHO WINDOW ******

- **CONCENTRIC LEFT VENTRICULAR HYPERTROPHY**
- **TRIVIAL MITRAL REGURGITATION**
- **LV DIASTOLIC DYSFUNCTION**
- **ADEQUATE LV SYSTOLIC FUNCTION. EF: 55 %**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

**DR.SRIDHAR.L MD,DM,FICC.
CONSULTANT CARDIOLOGIST**

Ls/ml

MD.(Med. Cardio), FICC
Interventional Cardiologist
K.M.C. No.: 32248



MEDALL CLUMAX DIAGNOSTICS

Customer Name	MR. Manimegan. S	Customer ID	MED111268676
Age & Gender	54 yrs / male	Visit Date	27/08/2022

Eye Screening

✓
With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye	
Near Vision	NB	NB	to glasses.
Distance Vision	6/6	6/6	
Colour Vision	Normal	Normal	

Observation / Comments: K1c10. Dm. on medication,

Continue to same glasses. get yearly follow up.

CLUMAX DIAGNOSTICS &
RESEARCH CENTRE PVT.LTD
68/150/3, "Sri Lakshmi Towers"
9th Main, 3rd Block, Jayanagar
BANGALORE - 560 011

Name	MR.MANIMEGAN S	ID	MED111268676
Age & Gender	54Y/MALE	Visit Date	27/08/2022
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

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

GALL BLADDER show normal shape and has clear contents.
Gall bladder wall is of normal thickness.
CBD is of normal calibre.

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 made out.
No evidence of calculus or hydronephrosis.
The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	11.0	1.9
Left Kidney	10.5	1.8

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

PROSTATE shows normal shape, size (wt – 18gms) and echopattern.

No evidence of ascites.

Impression: Increased hepatic echopattern suggestive of fatty infiltration

CONSULTANT RADIOLOGISTS:


DR. MAHESH. M. S
Ms/pu

DR. HIMA BINDU.P



Name	MANIMEGAN S	Customer ID	MED111268676
Age & Gender	54Y/M	Visit Date	Aug 27 2022 8:40AM
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. MAHESH M S
CONSULTANT RADIOLOGIST

