PID No.
 : MED121051882
 Register On
 : 23/09/2023 8:23 AM

 SID No.
 : 522315124
 Collection On
 : 23/09/2023 10:25 AM

 Age / Sex
 : 39 Year(s) / Male
 Report On
 : 23/09/2023 1:47 PM

 Type
 : OP
 Printed On
 : 25/09/2023 11:21 AM

Ref. Dr : MediWheel

Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BLOOD GROUPING AND Rh TYPING	'A' 'Positive'		

 $({\rm EDTA~Blood} Agglutination)$

INTERPRETATION: Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood'Spectrophotometry)	14.1	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	43.3	%	42 - 52
RBC Count (EDTA Blood)	5.56	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	77.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	25.4	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.6	g/dL	32 - 36
RDW-CV	14.6	%	11.5 - 16.0
RDW-SD	39.81	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	8100	cells/cu.m m	4000 - 11000
Neutrophils (Blood)	50.6	%	40 - 75
Lymphocytes (Blood)	37.1	%	20 - 45
Eosinophils (Blood)	3.9	%	01 - 06





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Monocytes (Blood)	7.9	%	01 - 10
Basophils (Blood)	0.5	%	00 - 02
INTERPRETATION: Tests done on Automated Five	Part cell counter. All	abnormal results are	e reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	4.10	10^3 / μ1	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	3.01	10^3 / μ1	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.32	10^3 / μ1	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.64	10^3 / μ1	< 1.0
Absolute Basophil count (EDTA Blood)	0.04	10^3 / μ1	< 0.2
Platelet Count (EDTA Blood)	389	10^3 / μ1	150 - 450
MPV (Blood)	7.4	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.29	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	14	mm/hr	< 15
BUN / Creatinine Ratio	12.6		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	93.68	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.





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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	113.26	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		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.9	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.87	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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	5.89	mg/dL	3.5 - 7.2
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.40	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.14	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.26	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	16.25	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	22.73	U/L	5 - 41





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	64.98	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	104.3	U/L	53 - 128
Total Protein (Serum/Biuret)	7.23	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.60	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.63	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.75		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	159.07	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	204.72	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 õusualö"circulating level of triglycerides during most part of the day.

HDL Cholesterol 38.35 mg/dL Optimal(Negative Risk Factor): >= 60 (Serum/Immunoinhibition) Borderline: 40 - 59 High Risk: < 40





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LDL Cholesterol (Serum/Calculated)	79.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	40.9	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	120.7	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)	4.1	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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	5.3	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.1	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
HbA1C (Whole Blood/ <i>HPLC</i>)	5.9	%	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 122.63 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 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 HbAlC 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 HbAlc.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.15 ng/ml 0.7 - 2.04 (Serum/ECLIA)

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 6.75 μ g/dl 4.2 - 12.0

(Serum/ECLIA)

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) 1.92 µIU/mL 0.35 - 5.50

(Serum/ECLIA)





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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:

Colour

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

Pale vellow

- 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.

URINE ROUTINE

PHYSICAL EXAMINATION (URINE COMPLETE)

Appearance (Urine) Volume(CLU) 20 (Urine) CHEMICAL EXAMINATION (URINE COMPLETE) PH 6 4.5 - 8.0 (Urine)	(Urine)	Tule Jello II	10110 11 10 11 11 11 10 11
(Urine) CHEMICAL EXAMINATION (URINE COMPLETE) PH 6 (Urine) Specific Gravity (Urine) Ketone (Urine) Ketone (Urine) Urobilinogen Normal Normal	Appearance	Clear	Clear
pH 6 4.5 - 8.0 (Urine) Specific Gravity 1.011 1.002 - 1.035 (Urine) Ketone Negative (Urine) Urobilinogen Normal Normal		20	
(Urine) Specific Gravity (Urine) Ketone (Urine) Vegative (Urine) Urobilinogen Normal Normal		N <u>E</u>	
(Urine) Ketone Negative (Urine) Urobilinogen Normal Normal	-	6	4.5 - 8.0
(Urine) Urobilinogen Normal Normal	ž ,	1.011	1.002 - 1.035
<u> </u>		Negative	Negative
	_	Normal	Normal





Yellow to Amber

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<u>Investigation</u>	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		
<u>MICROSCOPIC EXAMINATIO</u> (<u>URINE COMPLETE)</u>	<u> </u>		
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		
INTERPRETATION: Note: Done wit reviewed and confirmed microscopical		mated urine sedimen	ntation analyser. All abnormal reports are
Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL





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-- End of Report --

The results pertain to sample tested.

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Name	MR.AKRAM WASEEM G	ID	MED121051882
Age & Gender	39Y/MALE	Visit Date	23 Sep 2023
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (13.6 cm) and shows increased echogenicity with focal fatty sparing. No evidence of intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended. CBD is not dilated.

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

SPLEEN shows normal shape, size and echopattern.

BOTH KIDNEYS

Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	11.2	1.7
Left Kidney	11.3	1.6

URINARY BLADDER is moderately distended. No evidence of diverticula.

PROSTATE shows normal shape, size and echopattern. It measures 3.3 x 2.6 x 3.1 cms and Vol: 14 cc.

No evidence of ascites.

IMPRESSION:

- Grade I fatty infiltration of liver.
- No other significant abnormality detected.

DR. HEMANANDINI V.N CONSULTANT RADIOLOGIST

Name	MR.AKRAM WASEEM G	ID	MED121051882
Age & Gender	39Y/MALE	Visit Date	23 Sep 2023
Ref Doctor Name	MediWheel		

Hn/Mi

Name	MR.AKRAM WASEEM G	ID	MED121051882
Age & Gender	39Y/MALE	Visit Date	23 Sep 2023
Ref Doctor Name	MediWheel	-	

2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA 2.54 cms. LEFT ATRIUM 3.35 cms. AVS 1.47 cms. LEFT VENTRICLE (DIASTOLE) 4.22 cms. (SYSTOLE) 2.81 cms. **VENTRICULAR SEPTUM** 0.90 (DIASTOLE) cms. (SYSTOLE) 1.36 cms. **POSTERIOR WALL** (DIASTOLE) 1.13 cms. (SYSTOLE) 1.41 cms. **EDV** 29 ml. **ESV** ml. 16 FRACTIONAL SHORTENING 35 % **EJECTION FRACTION** % 60 **EPSS** cms. **RVID** 1.80 cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE: E - 0.8 m/s A - 0.6 m/s NO MR.

AORTIC VALVE: 1.1 m/s NO AR.

TRICUSPID VALVE: E - 0.4 m/s A - 0.3 m/s NO TR.

PULMONARY VALVE: 0.8 m/s NO PR.

Name	MR.AKRAM WASEEM G	ID	MED121051882
Age & Gender	39Y/MALE	Visit Date	23 Sep 2023
Ref Doctor Name	MediWheel	-	

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 prolapsed.

Aortic Valve : Normal.Trileaflet.

Tricuspid Valve : Normal.

Pulmonary Valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:(FAIR APICAL WINDOW)

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 60 %.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

DR. YASHODA RAVI CONSULTANT CARDIOLOGIST

Name	MR.AKRAM WASEEM G	ID	MED121051882
Age & Gender	39Y/MALE	Visit Date	23 Sep 2023
Ref Doctor Name	MediWheel		

Name	Mr. AKRAM WASEEM G	Customer ID	MED121051882
Age & Gender	39Y/M	Visit Date	Sep 23 2023 8:22AM
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. Hemanandini Consultant Radiologist

OPTICAL STORE

Unique Collection

Ph: 9611444957

Vyalikaval Main road No:12 Lakshmi Nilaya, Ground Floor. 2nd Main Road, Vyalikaval, Bengaluru Karnataka - 560003

Name Aknon Waseem Grage 39/M

Ph No

CHIEF COMPLAINTS

RE/LE/BE

DOV / Blurring / Eyeache / Burning

Itening / Pricking / Redness Ni

Visual Activity

VIII.		RE	LE	1
Distance/ Near	6	6	6	6
With PH				_
With Glasses/Ct		_	_	

Color Vision: RE= Normal

			E			L	E		
Memo III	5PH	CAI	AXIS	VN	SPH	CYL	AXIS	1	/N
Distance	4	to or	2	66	-	Plan	2	6	16
Near									

Advise Constant Use / Near Use / Distance Only

KAVINGENETRIST Reg. No. 051619

Patient Name	Akram was	Date	23/9/2023
Age	29495	Visit Number	5223 5124
Sex	Male	Corporate	Medi wheel

GENERAL PHYSICAL EXAMINATION

Identification Mark:

Height: 168

cms

Weight: 90.

kgs

Pulse:

986 m.

/minute

Blood Pressure : 120 ₹ ∋0

min of Hg

BMI

BMI INTERPRETATION

Underweight = <18.5

Normal weight = 18.5-24.9

Overweight = 25-29.9

Chest:

Expiration : 100

cms

Inspiration:

[0]

cms

Abdomen Measurement : \03

cms

Eyes: NAD

Ears: NAD

Throat: NAD

Neck nodes: no palpable no tend

RS: BILNUBCO

cvs: 5152 sounds

PA: soft intenduol

CNS:

NAD

No abnormality is detected. His 7 Her general physical examination is within normal limits.

NOTE: MEDICAL FIT FOR EMPLOYMENT YES / NO

Or. RITESH RAJ, MBBS Gesignatureian & Diabetologies MC Reg. No: 85875 CLUMAX DIAGNOSTICS

