



If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. LAL KRISHNA
2. Mark of Identification	:	(Mole/Scar/any other (specify location)): ⊖ Thumb
3. Age/Date of Birth	:	31, 24-09-1991 Gender: F/M
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height 152 (cms)	b. Weight 64 (Kgs)	c. Girth of Abdomen 83 (cms)
d. Pulse Rate 76 (/Min)	e. Blood Pressure:	Systolic Diastolic
	1 st Reading	120 90
	2 nd Reading	120 90

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father			38, Renal failure.
Mother	51	Good	
Brother(s)			
Sister(s) (1)	26	Good	

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
No	No	No

PERSONAL HISTORY

- a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. **Y/N** ✓
- b. Have you undergone/been advised any surgical procedure? **Y/N** ✓
- c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? **Y/N** ✓
- d. Have you lost or gained weight in past 12 months? **Y/N** ✓

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? **Y/N** ✓
- Any disorders of Respiratory system? **Y/N** ✓
- Any Cardiac or Circulatory Disorders? **Y/N** ✓
- Enlarged glands or any form of Cancer/Tumour? **Y/N** ✓
- Any Musculoskeletal disorder? **Y/N** ✓
- Any disorder of Gastrointestinal System? **Y/N** ✓
- Unexplained recurrent or persistent fever, and/or weight loss? **Y/N** ✓
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports? **Y/N** ✓
- Are you presently taking medication of any kind? **Y/N** ✓

DDRC SRL Diagnostics Private Limited

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

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• Any disorders of Urinary System?

Y/N ✓

• Any disorder of the Eyes, Ears Nose, Throat or Mouth & Skin

Y/N ✓

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs?

Y/N

d. Do you have any history of miscarriage/abortion or MTP

Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)

Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

Y/N

f. Are you now pregnant? If yes, how many months?

Y/N

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

➤ Was the examinee co-operative?

Y/N ✓

➤ Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job?

Y/N ✓

➤ Are there any points on which you suggest further information be obtained?

Y/N ✓

➤ Based on your clinical impression, please provide your suggestions and recommendations below;

Small single hepatic cyst. Carbs count suggested

➤ Do you think he/she is **MEDICALLY FIT** or UNFIT for employment.

FIT

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

Signature of Dr. Sindhu George

Seal of Medical Examiner :

DR. SINDHU GEORGE
MBBS, MD (Biochemistry)
Reg. No: 28380
Consultant Biochemist

Name & Seal of DDRC SRL Branch :



Date & Time :

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Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.



Patient Ref. No. 666000001778407

CLIENT CODE : CA00010147

CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
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Email : thrissur.ddrc@srl.in

PATIENT NAME : LAL KRISHNA M V

PATIENT ID : LALKM0310914177

ACCESSION NO : 4177VJ000352 AGE : 31 Years SEX : Male

ABHA NO :

DRAWN : RECEIVED : 03/10/2022 12:30

REPORTED : 03/10/2022 15:49

REFERRING DOCTOR : DR. DR . SINDHU

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
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MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

OPHTHAL

OPHTHAL ATTACHED

TREADMILL TEST

TREADMILL TEST COMPLETED

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION COMPLETED





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MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

BUN/CREAT RATIO

BUN/CREAT RATIO 8.9 5.00 - 15.00

CREATININE, SERUM

CREATININE 0.90 0.9 - 1.3 mg/dL

GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA 61 Diabetes Mellitus : > or = 200 mg/dL
mg/dL.
Impaired Glucose tolerance/
Prediabetes : 140 to 199 mg/dL.
Hypoglycemia : < 55 mg/dL.

GLUCOSE, FASTING, PLASMA

GLUCOSE, FASTING, PLASMA 101 Diabetes Mellitus : > or = 126 mg/dL
mg/dL.
Impaired fasting Glucose/
Prediabetes : 101 to 125 mg/dL.
Hypoglycemia : < 55 mg/dL.

GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD

GLYCOSYLATED HEMOGLOBIN (HBA1C) 4.7 Normal : 4.0 - 5.6 %. %
Non-diabetic level : < 5.7%.
More stringent goal : < 6.5 %.
General goal : < 7%.
Less stringent goal : < 8%.
Glycemic targets in CKD :-
If eGFR > 60 : < 7%.
If eGFR < 60 : 7 - 8.5%.

MEAN PLASMA GLUCOSE 88.2 < 116.0 mg/dL

CORONARY RISK PROFILE (LIPID PROFILE), SERUM

CHOLESTEROL 166 Desirable: <200 mg/dL
BorderlineHigh : 200-239
High : > or = 240

TRIGLYCERIDES 59 Normal : < 150 mg/dL
High : 150-199
Hypertriglyceridemia : 200-499
Very High: > 499

HDL CHOLESTEROL 35 Low 40 - 60 mg/dL



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DIRECT LDL CHOLESTEROL 130 High Adult levels: mg/dL
Optimal < 100
Near optimal/above optimal: 100-129
Borderline high : 130-159
High : 160-189
Very high : = 190

NON HDL CHOLESTEROL 131 High Desirable: Less than 130 mg/dL
Above Desirable: 130 - 159
Borderline High: 160 - 189
High: 190 - 219
Very high: > or = 220

CHOL/HDL RATIO 4.7 High 3.30 - 4.40

LDL/HDL RATIO 3.7 High 0.5 - 3.0

VERY LOW DENSITY LIPOPROTEIN 11.8 < or = 30.0 mg/dL

LIVER FUNCTION TEST WITH GGT

BILIRUBIN, TOTAL 0.78 < 1.1 mg/dL

BILIRUBIN, DIRECT 0.31 High 0.0 - 0.2 mg/dL

BILIRUBIN, INDIRECT 0.47 0.00 - 1.00 mg/dL

TOTAL PROTEIN 6.7 Ambulatory : 6.4 - 8.3 g/dL
Recumbant : 6 - 7.8

ALBUMIN 4.4 3.5 - 5.2 g/dL

GLOBULIN 2.3 2.0 - 4.1 g/dL

ALBUMIN/GLOBULIN RATIO 1.9 1.0 - 2.0 RATIO

ASPARTATE AMINOTRANSFERASE 20 < 40 U/L

(AST/SGOT)

ALANINE AMINOTRANSFERASE 26 < 45 U/L

(ALT/SGPT)

ALKALINE PHOSPHATASE 63 40 - 130 U/L

GAMMA GLUTAMYL TRANSFERASE (GGT) 21 < 60 U/L

TOTAL PROTEIN, SERUM

TOTAL PROTEIN 6.7 Ambulatory : 6.4 - 8.3 g/dL
Recumbant : 6 - 7.8

URIC ACID, SERUM

URIC ACID 7.6 High 3.4 - 7.0 mg/dL

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP O

METHOD : GEL CARD METHOD

RH TYPE POSITIVE



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Table with 4 columns: Test Report Status, Final, Results, Units

BLOOD COUNTS

Table with 4 columns: Test Name, Result, Reference Range, Units. Rows include Hemoglobin, Red Blood Cell Count, White Blood Cell Count, Platelet Count.

RBC AND PLATELET INDICES

Table with 4 columns: Test Name, Result, Reference Range, Units. Rows include Hematocrit, Mean Corpuscular Vol, Mean Corpuscular Hgb, Mean Corpuscular Hemoglobin Concentration, Red Cell Distribution Width, Mean Platelet Volume.

WBC DIFFERENTIAL COUNT - NLR

Table with 4 columns: Test Name, Result, Reference Range, Units. Rows include Segmented Neutrophils, Absolute Neutrophil Count, Lymphocytes, Absolute Lymphocyte Count, Neutrophil Lymphocyte Ratio (NLR), Eosinophils, Absolute Eosinophil Count, Monocytes, Absolute Monocyte Count, Basophils, Absolute Basophil Count.

ERYTHRO SEDIMENTATION RATE, BLOOD

Table with 4 columns: Test Name, Result, Reference Range, Units. Row: Sedimentation Rate (ESR).

STOOL: OVA & PARASITE

Table with 4 columns: Test Name, Result, Reference Range, Units. Rows include Colour, Consistency, Odour, Mucus, Visible Blood, Polymorphonuclear Leukocytes.



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Table with 4 columns: Test Report Status, Final, Results, Units

Main test results table with columns: Test Name, Results, Reference Range, Units. Includes sections for SUGAR URINE, THYROID PANEL, URINE ANALYSIS, and SERUM BLOOD UREA NITROGEN.



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Test Report Status Final Results Units

SUGAR URINE - FASTING

SUGAR URINE - FASTING NOT DETECTED NOT DETECTED

Interpretation(s)

CREATININE, SERUM-

Higher than normal level may be due to:

- Blockage in the urinary tract
Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
Loss of body fluid (dehydration)
Muscle problems, such as breakdown of muscle fibers
Problems during pregnancy, such as seizures (eclampsia), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:

- Myasthenia Gravis
Muscular dystrophy

GLUCOSE, POST-PRANDIAL, PLASMA-

ADA Guidelines for 2hr post prandial glucose levels is only after ingestion of 75grams of glucose in 300 ml water,over a period of 5 minutes.

GLUCOSE, FASTING, PLASMA-

ADA 2012 guidelines for adults as follows:

- Pre-diabetics: 100 - 125 mg/dL
Diabetic: > or = 126 mg/dL

(Ref: Tietz 4th Edition & ADA 2012 Guidelines)

GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD-

Glycosylated hemoglobin (GHb) has been firmly established as an index of long-term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. Formation of GHb is essentially irreversible, and the concentration in the blood depends on both the life span of the red blood cell (average 120 days) and the blood glucose concentration. Because the rate of formation of GHb is directly proportional to the concentration of glucose in the blood, the GHb concentration represents the integrated values for glucose over the preceding 6-8 weeks.

Any condition that alters the life span of the red blood cells has the potential to alter the GHb level. Samples from patients with hemolytic anemias will exhibit decreased glycated hemoglobin values due to the shortened life span of the red cells. This effect will depend upon the severity of the anemia. Samples from patients with polycythemia or post-splenectomy may exhibit increased glycated hemoglobin values due to a somewhat longer life span of the red cells.

Glycosylated hemoglobins results from patients with HbSS, HbCC, and HbSC and HbD must be interpreted with caution, given the pathological processes, including anemia, increased red cell turnover, transfusion requirements, that adversely impact HbA1c as a marker of long-term glycemic control. In these conditions, alternative forms of testing such as glycated serum protein (fructosamine) should be considered.

"Targets should be individualized; More or less stringent glycemic goals may be appropriate for individual patients. Goals should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycemia unawareness, and individual patient considerations."

References

- Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R.Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 879-884.
Forsham PH. Diabetes Mellitus:A rational plan for management. Postgrad Med 1982, 71,139-154.
Mayer TK, Freedman ZR: Protein glycosylation in Diabetes Mellitus: A review of laboratory measurements and their clinical utility. Clin Chim Acta 1983, 127, 147-184.

CORONARY RISK PROFILE (LIPID PROFILE), SERUM-

Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk.It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the "good" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely.HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.



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ACCESSION NO : 4177VJ000352 AGE : 31 Years SEX : Male

ABHA NO :

DRAWN : RECEIVED : 03/10/2022 12:30

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Test Report Status Final Results Units

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease. Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

Recommendations:
Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.
TOTAL PROTEIN, SERUM-
Serum total protein,also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease
Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage),Burns,Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome,Protein-losing enteropathy etc.

URIC ACID, SERUM-
Causes of Increased levels
Dietary

- High Protein Intake.
• Prolonged Fasting,
• Rapid weight loss.

Gout
Lesch nyhan syndrome.
Type 2 DM.
Metabolic syndrome.

Causes of decreased levels
• Low Zinc Intake
• OCP's
• Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels

- Drink plenty of fluids
• Limit animal proteins
• High Fibre foods
• Vit C Intake
• Antioxidant rich foods

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.

BLOOD COUNTS-

The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

RBC AND PLATELET INDICES-

The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

WBC DIFFERENTIAL COUNT - NLR-

The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.

(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504

This ratio element is a calculated parameter and out of NABL scope.

ERYTHRO SEDIMENTATION RATE, BLOOD-





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Test Report Status Final Results Units

Erythrocyte sedimentation rate (ESR) is a non-specific phenomena and is clinically useful in the diagnosis and monitoring of disorders associated with an increased production of acute phase reactants. The ESR is increased in pregnancy from about the 3rd month and returns to normal by the 4th week post partum. ESR is influenced by age, sex, menstrual cycle and drugs (eg. corticosteroids, contraceptives). It is especially low (0-1mm) in polycythaemia, hypofibrinogenemia or congestive cardiac failure and when there are abnormalities of the red cells such as poikilocytosis, spherocytosis or sickle cells.

Reference :

- 1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition
2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin
3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis, 10th Edition"
SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT'S TEST

THYROID PANEL, SERUM-

Triiodothyronine T3, is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.

Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active.

In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3

Table with 4 columns: Levels in, TOTAL T4 (µg/dL), TSH3G (µIU/mL), TOTAL T3 (ng/dL). Rows include Pregnancy, First Trimester, 2nd Trimester, and 3rd Trimester.

Below mentioned are the guidelines for age related reference ranges for T3 and T4.

Table with 2 columns: T3 (ng/dL) and T4 (µg/dL). Rows include New Born: 75 - 260 and 1 Week: 6.0 - 15.9.

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.

Kindly note: Method specific reference ranges are appearing on the report under biological reference range.

Reference:

- 1. Burtis C.A., Ashwood E. R. Bruns D.E. Teitz textbook of Clinical Chemistry and Molecular Diagnostics, 4th Edition.
2. Gowenlock A.H. Varley's Practical Clinical Biochemistry, 6th Edition.
3. Behrman R.E. Kilegman R.M., Jenson H. B. Nelson Text Book of Pediatrics, 17th Edition

MICROSCOPIC EXAMINATION, URINE-

Routine urine analysis assists in screening and diagnosis of various metabolic, urological, kidney and liver disorders

Protein: Elevated proteins can be an early sign of kidney disease. Urinary protein excretion can also be temporarily elevated by strenuous exercise, orthostatic proteinuria, dehydration, urinary tract infections and acute illness with fever

Glucose: Uncontrolled diabetes mellitus can lead to presence of glucose in urine. Other causes include pregnancy, hormonal disturbances, liver disease and certain medications.

Ketones: Uncontrolled diabetes mellitus can lead to presence of ketones in urine. Ketones can also be seen in starvation, frequent vomiting, pregnancy and strenuous exercise.

Blood: Occult blood can occur in urine as intact erythrocytes or haemoglobin, which can occur in various urological, nephrological and bleeding disorders.

Leukocytes: An increase in leukocytes is an indication of inflammation in urinary tract or kidneys. Most common cause is bacterial urinary tract infection.

Nitrite: Many bacteria give positive results when their number is high. Nitrite concentration during infection increases with length of time the urine specimen is retained in bladder prior to collection.

pH: The kidneys play an important role in maintaining acid base balance of the body. Conditions of the body producing acidosis/ alkalosis or ingestion of certain type of food can affect the pH of urine.

Specific gravity: Specific gravity gives an indication of how concentrated the urine is. Increased specific gravity is seen in conditions like dehydration, glycosuria and proteinuria while decreased specific gravity is seen in excessive fluid intake, renal failure and diabetes insipidus.

Bilirubin: In certain liver diseases such as biliary obstruction or hepatitis, bilirubin gets excreted in urine.

Urobilinogen: Positive results are seen in liver diseases like hepatitis and cirrhosis and in cases of hemolytic anemia

SERUM BLOOD UREA NITROGEN-

Causes of Increased levels

Pre renal

- High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
• Renal Failure

Post Renal

- Malignancy, Nephrolithiasis, Prostatism

Causes of decreased levels

- Liver disease



Scan to View Details



Scan to View Report



Patient Ref. No. 666000001778407

CLIENT CODE : CA00010147

CLIENT'S NAME AND ADDRESS :

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156

DDRC SRL DIAGNOSTICS
Capital City,26/548/5,6,Ground Floor,Korappath Lane,Round
North,Thrissur
TRICHUR, 680020
KERALA, INDIA
Tel : 9446425900
Email : thrissur.ddrc@srl.in

PATIENT NAME : LAL KRISHNA M V

PATIENT ID : **LALKM0310914177**

ACCESSION NO : **4177VJ000352** AGE : 31 Years SEX : Male

ABHA NO :

DRAWN :

RECEIVED : 03/10/2022 12:30

REPORTED : 03/10/2022 15:49

REFERRING DOCTOR : DR. DR . SINDHU

CLIENT PATIENT ID :

Test Report Status	Final	Results	Units
--------------------	-------	---------	-------

- SIADH.
SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST





Patient Ref. No. 666000001778407

CLIENT CODE : CA00010147

CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
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Capital City,26/548/5,6,Ground Floor,Korappath Lane,Round
North,Thrissur
TRICHUR, 680020
KERALA, INDIA
Tel : 9446425900
Email : thrissur.ddrc@srl.in

PATIENT NAME : LAL KRISHNA M V

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REFERRING DOCTOR : DR. DR . SINDHU

CLIENT PATIENT ID :

Test Report Status	Final	Results	Units
--------------------	-------	---------	-------

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

ECG WITH REPORT

REPORT

COMPLETED

USG ABDOMEN AND PELVIS

REPORT

COMPLETED

CHEST X-RAY WITH REPORT

REPORT

COMPLETED

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession

DR.HARI SHANKAR, MBBS MD
HEAD - Biochemistry &
Immunology

SYALMA P THOMAS
LAB TECHNICIAN

DR. SINDHU GEORGE
QUALITY MANAGER

MANJU SHAJI
RADIOGRAPHER



Scan to View Details



Scan to View Report

**Name: LALKRISHNA M V****Age/Sex: 31 Y/ M****Date: 03.10.2022****AC 0352****CHEST X-RAY (PA View):**

Trachea is central.

Cardiac shadow appears normal in size and configuration.

Both lung fields are clear.

Bilateral costophrenic and cardiophrenic angles are clear.

No focal consolidation, effusion, pulmonary edema, or pneumothorax.

Both hila appear normal.

Bony thorax and soft tissues are unremarkable.

IMPRESSION:

- **No significant abnormality detected.**

**DR. JESWIN PAULSON DMRD****CONSULTANT RADIOLOGIST**

Dr. Jeswin Paulson MBBS, DMRD
Reg. No. 43581
Consultant Radiologist



Drishyam Eye Care Hospital LLP

See The World With Us



VISION CERTIFICATE

This is to certify that LAL KRISHNA.MV 31/m has been examined and results are as follows

	Right Eye	Left Eye
Distant vision	: 6/6	6/6
Near vision	: N6	N6.
IOP(Intra ocular pressure)	: 16	(mmHg) 17
Anterior segment	: normal	normal
Fundus	: normal	normal
Squint	: nil	nil
Colour vision	: normal	normal

Doctor's Signature

Place: THRISSUR

Date: 3/10/2022



DR. RESHMI E. GEORGE
M.B.B.S., M.S(OPH)
OPHTHALMOLOGIST
REG NO: 44076

Contact: 0487 22 222 99
www.drishyameye.com
info@drishyameye.com

Drishyam Eye Care Hospital LLP

Near Aswini Junction, Opp. BSNL Kovilakathumpadam,
Thrissur, Kerala -680022 | Mob: +91 7025 11 11 99



Patient Name: Mr. LALKRISHNA	Age: 31 Y	Sex: Male
Ref. Consultant:	AC No: 4177VJ002	Date: 03.10.2022
Clinical details:		

USG ABDOMEN

Liver measures 11 cm, normal in size and echotexture. **Small simple anechoic cyst measuring 8 x 8 mm noted in the right lobe (segment VI).** No other focal lesions seen. PV and CBD are normal in course and calibre. No dilatation of intrahepatic biliary radicles seen. Subphrenic spaces are normal.

Gall bladder is distended and appears normal. No calculus or mass seen.

Spleen measures 8.8 cm, normal in size and echotexture. No focal or diffuse lesions seen.

Pancreas: Head and body visualized, normal in size and echotexture. No focal lesions seen. No duct dilatation or calcification seen. Tail of pancreas and para-aortic area is obscured by bowel gas.

Right kidney measures 9 x 4.1 cm and left kidney measures 9 x 4 cm. Both kidneys are normal in size and cortical echogenicity. Cortico medullary differentiation is maintained. No calculus or dilatation of pelvicalyceal system on both sides.

Urinary bladder is distended and appears normal. No calculus or mass seen.

Prostate measures 10 cc, normal in size and echotexture.

No ascites. No definite evidence of any abnormal bowel dilatation / wall thickening seen.

IMPRESSION

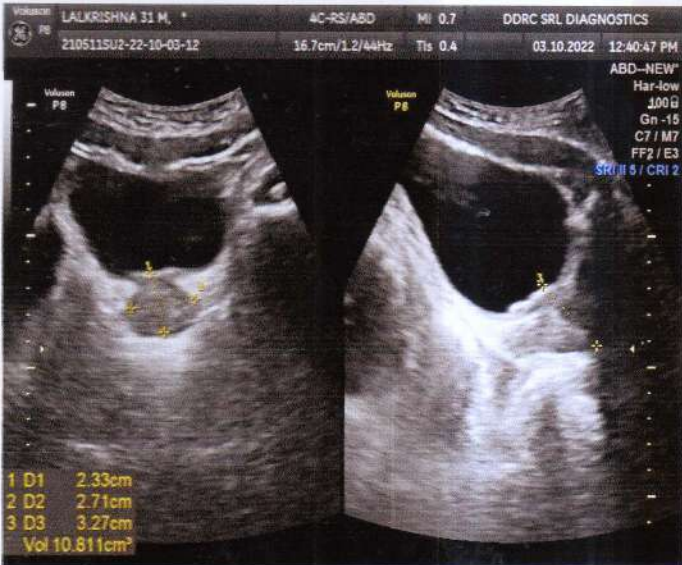
- **Small simple hepatic cyst.**

DR. JESWIN PAULSON DMRD
CONSULTANT RADIOLOGIST

Thanks for your referral. Ultrasound reports need not be fully accurate. It has to be correlated clinically and with relevant investigations.

Dr. Jeswin Paulson MBBS, DMP
Reg. No. 43581
Consultant Radiologist

Patient name	Mr. LALKRISHNA 31 M	Age/Sex	31 Years / Male
Patient ID	210511SU2-22-10-03-12	Visit No	1
Referred by	Dr. SELF	Visit Date	03/10/2022



**INDIAN UNION
KERALA STATE
DRIVING LICENCE**



No.: 8/8839/2013 Date: 17/08/2013

Name : LAL KRISHNA M.V. TRUE COPY

S/W/D of : VIJAYAN

Address : MOOTHEDATH HOUSE
CHITTELAPPILLY RD.
THRISSUR 680 551

Date of Birth : 24/09/1991

Blood Group : O+

Category : Valid from Valid To

Non-Transport 17/08/2013 16/08/2033

Transport

SANGETH - 228407

JOE KUDIAROSE
 Senior
 Veterinary Officer




Jayalal



LALKRISHNA M V (31 M)

ID: 26111

Date: 03-Oct-22

Exec Time : 0 m 0 s

Stage Time : 0 m 30 s HR: 81 bpm

B.P.: 120 / 90

Stage: Supine

Speed: 0 Km/h

Grade: 0 %

(THR: 170 bpm)

Protocol: Bruce

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

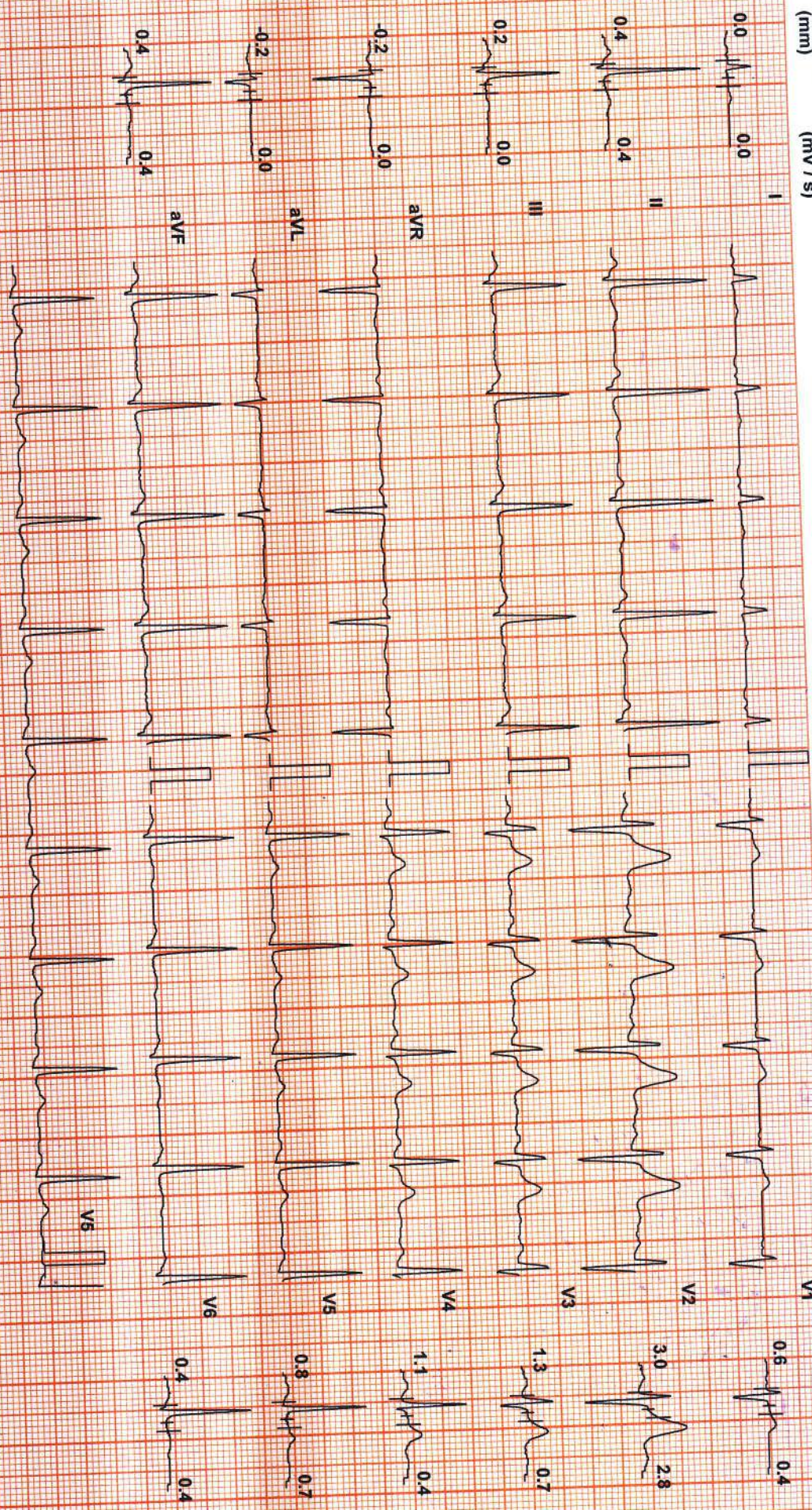


Chart Speed: 25 mm/sec
Schiller CS-20 V1.4

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm
Linked Median

Isq = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

LALKRISHNA M V (31 M)

ID: 26111

Date: 03-Oct-22

Exec Time : 0 m 0 s

Stage Time : 0 m 31 s HR: 84 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 Km/h

Grade: 0 %

(THR: 170 bpm)

B.P: 120 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

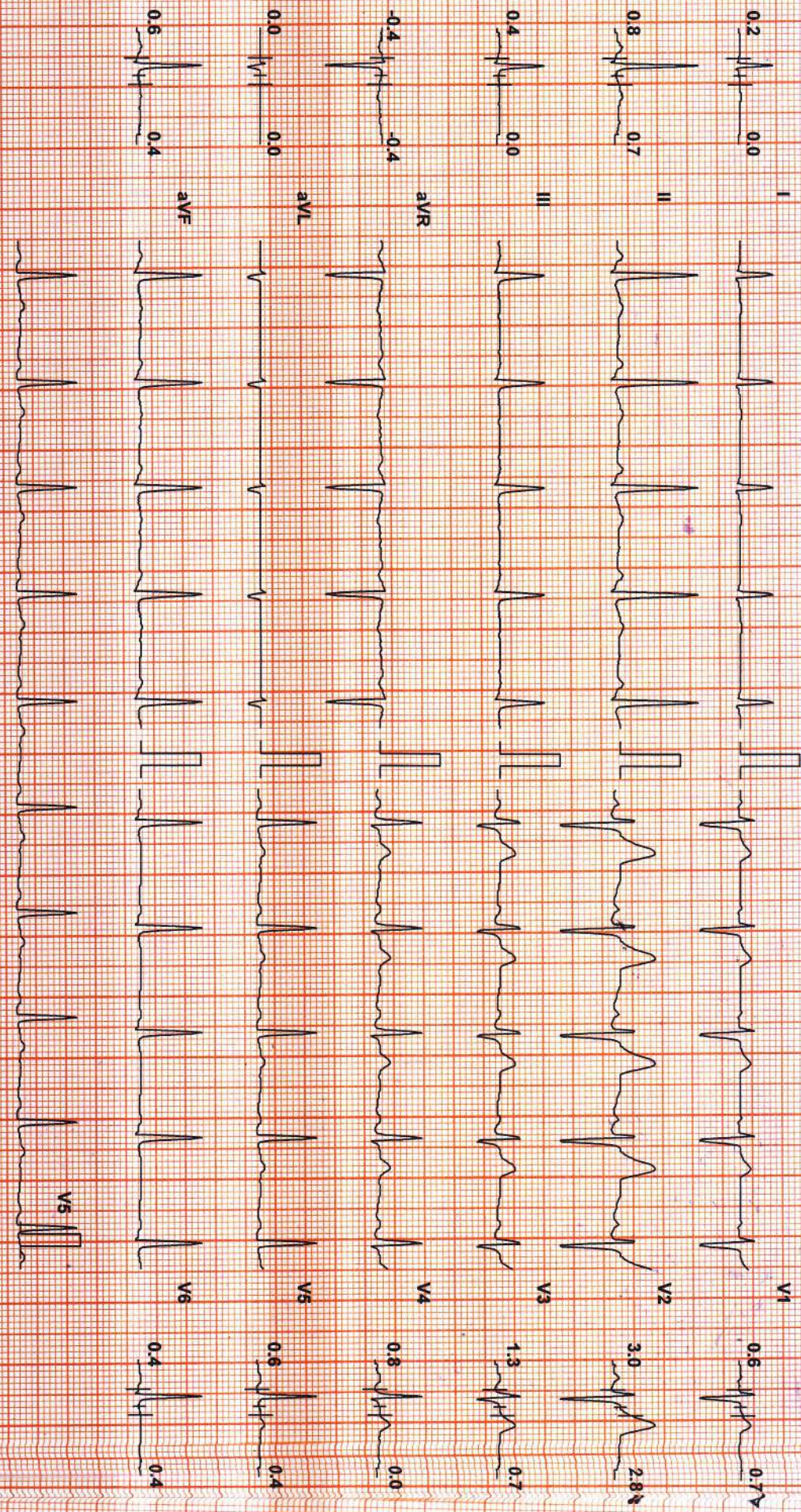


Chart Speed: 25 mm/sec
Schiller GS-20 V1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm
Linked Median

ISO + R - 60 ms

J - R + 60 ms

Post J = J + 60 ms

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

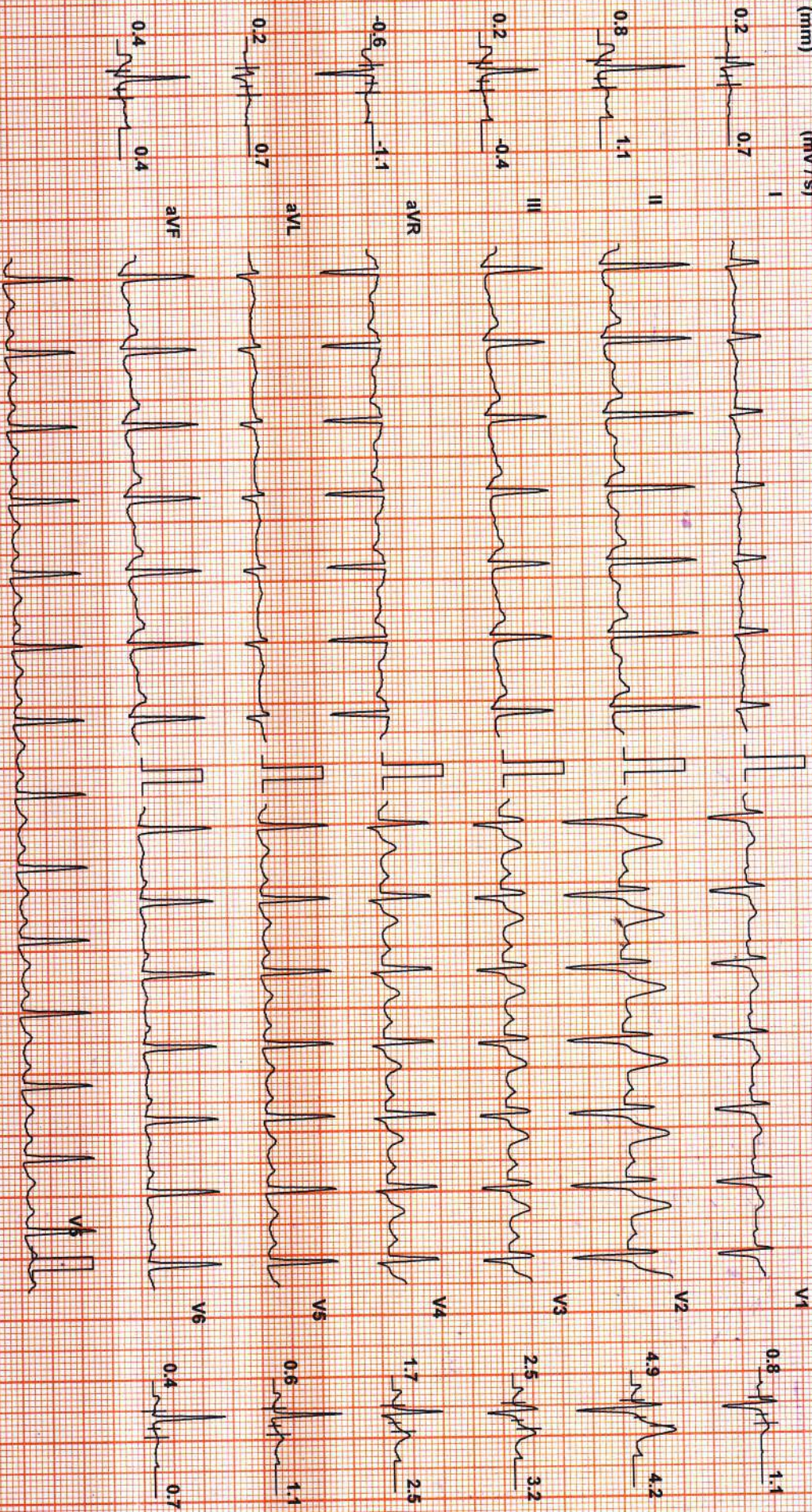


Chart Speed: 25 mm/sec
Schlier CS-20 V 14

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm
Linked Median

ISO = R - 60 ms J = R + 60 ms Post J = J + 60 ms

LALKRISHNA M V (31 M)

ID: 26111

Date: 03-Oct-22

Exec Time : 6 m 0 s

Stage Time : 3 m 0 s

HR: 140 bpm

DDRC SRL

Protocol: Bruce

Stage: 2

Speed: 4 Km/h

Grade: 12 %

(THR: 170 bpm)

B.P: 120 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

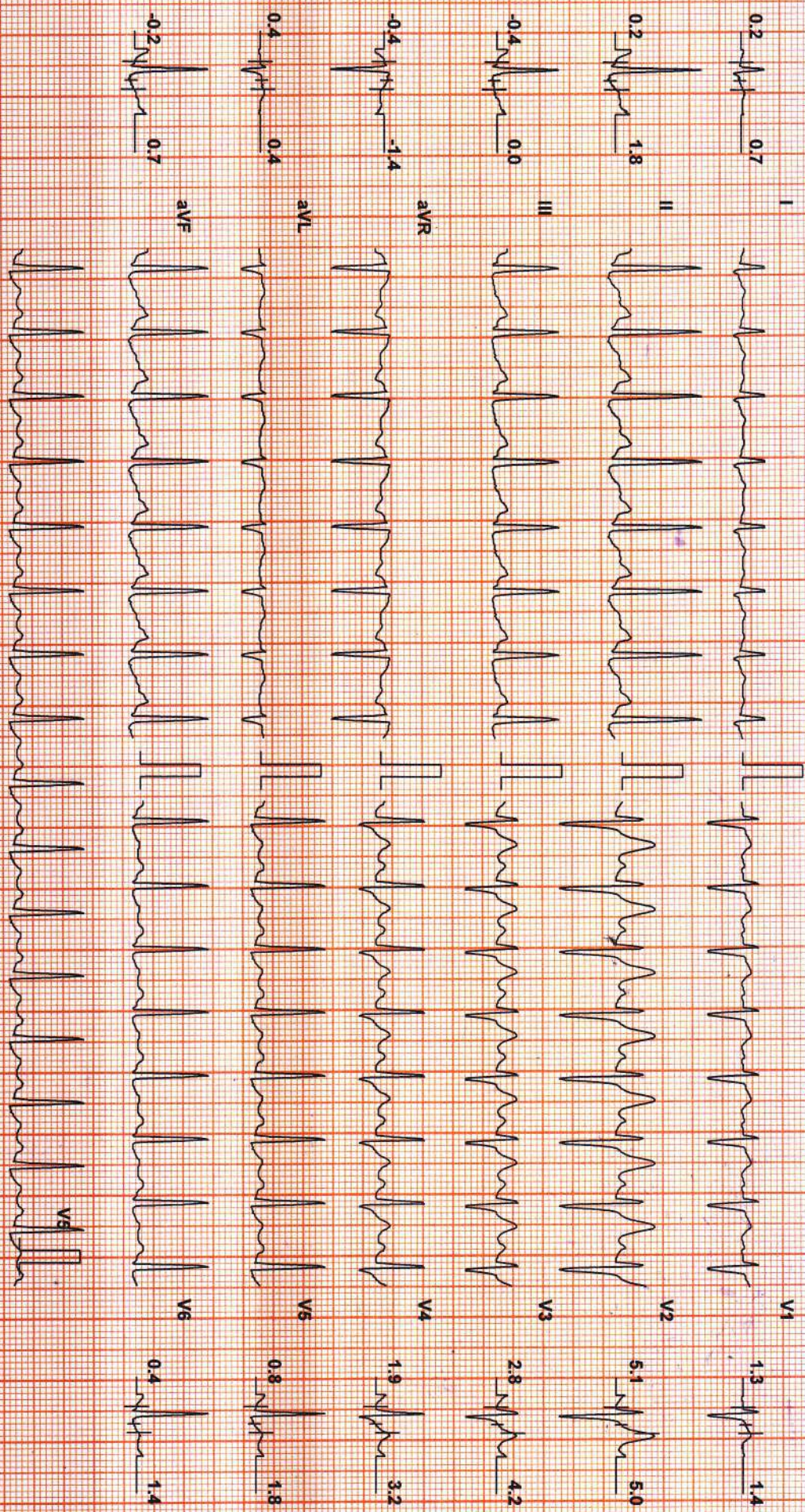


Chart Speed: 25 mm/Sec
Schiller CS-20 V14

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm
Linked Median

150 ± R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

LALKRISHNA M V (31 M)

ID: 26111

Date: 03-Oct-22

Exec Time : 9 m 0 s

Stage Time : 3 m 0 s

HR: 165 bpm

Protocol: Bruce

Stage: 3

Speed: 5.4 Km/h

Grade: 14 %

(THR: 170 bpm)

B.P: 120 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

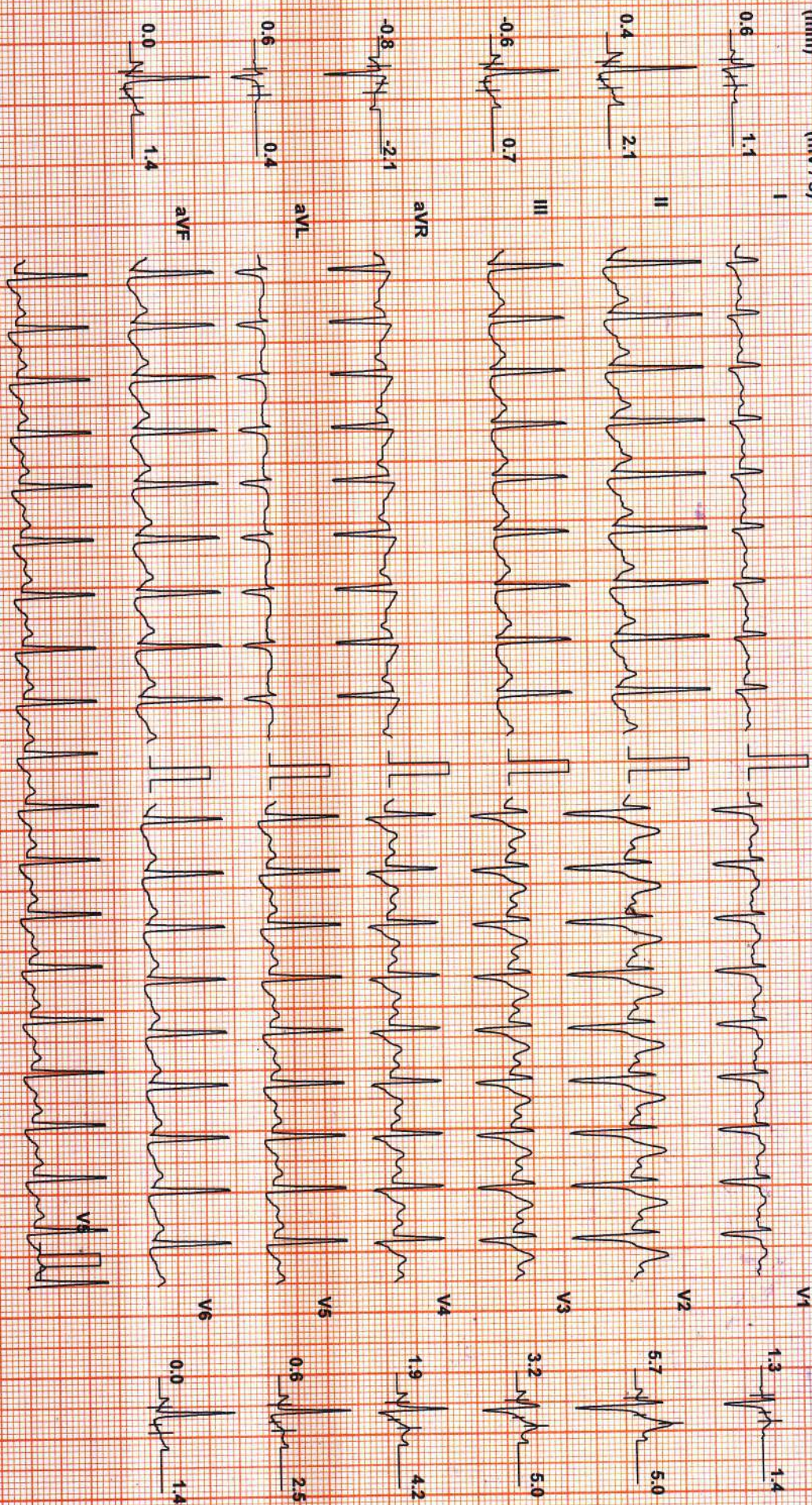


Chart Speed: 25 mm/sec
Schiller GS-20 V1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm
Linked Median

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

LALKRISHNA M V (31 M)

ID: 26111

Date: 03-Oct-22

Exec Time : 9 m 10 s Stage Time : 0 m 10 s HR: 166 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 6.7 Km/h

Grade: 16 %

(THR: 170 bpm)

B.P: 120 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

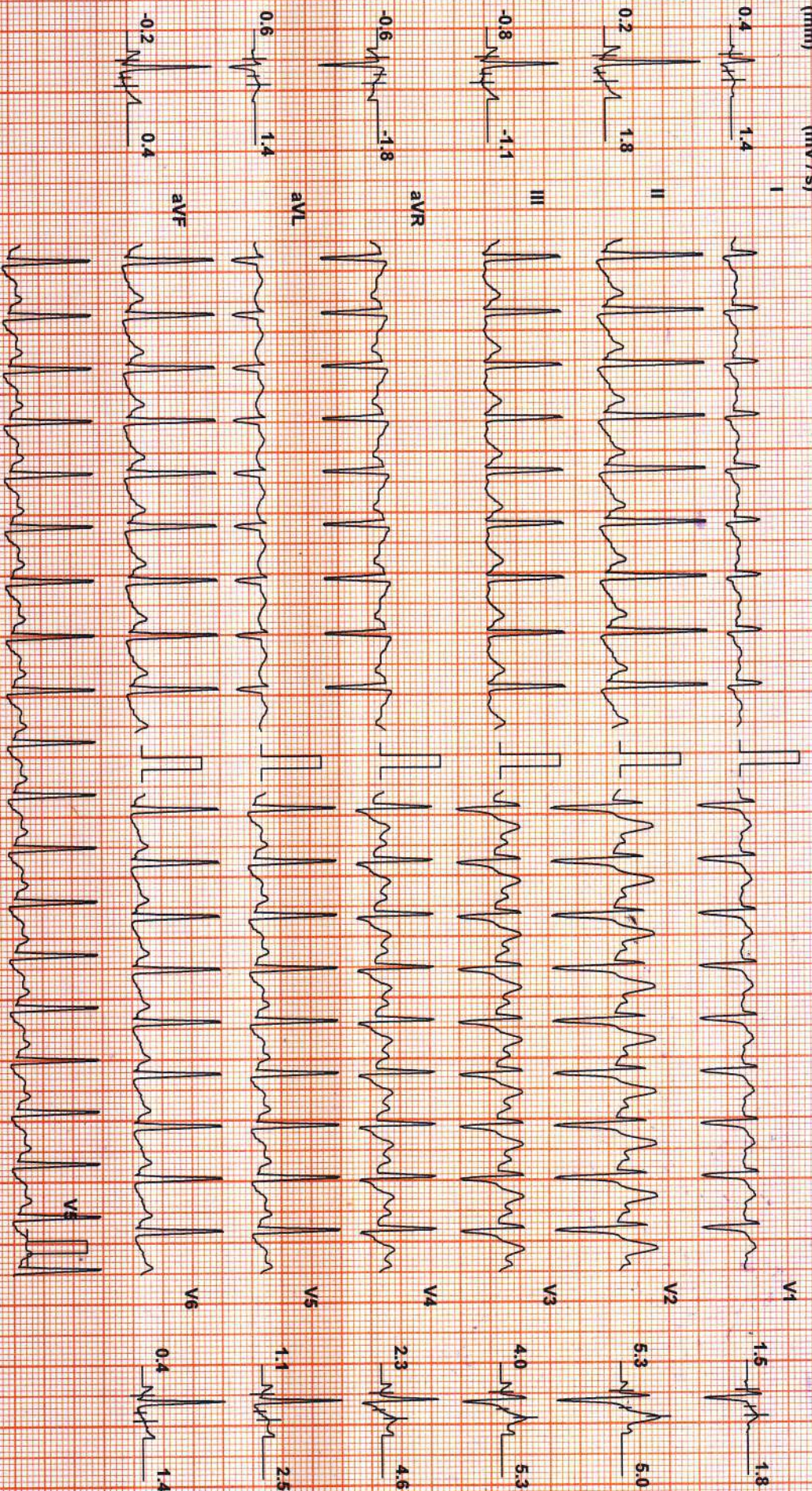


Chart Speed: 25 mm/sec
Schiller CS-20 V1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm
Linked Median

ISO = R - 60 ms J - R + 60 ms Post J = J + 60 ms

LALKRISHNA M V (31 M)

ID: 26111

Date: 03-Oct-22

Recovery : 2 m 0 s

Stage Time : 2 m 0 s

HR: 110 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 Km/h

Grade: 0 %

(THR: 170 bpm)

B.P: 120 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

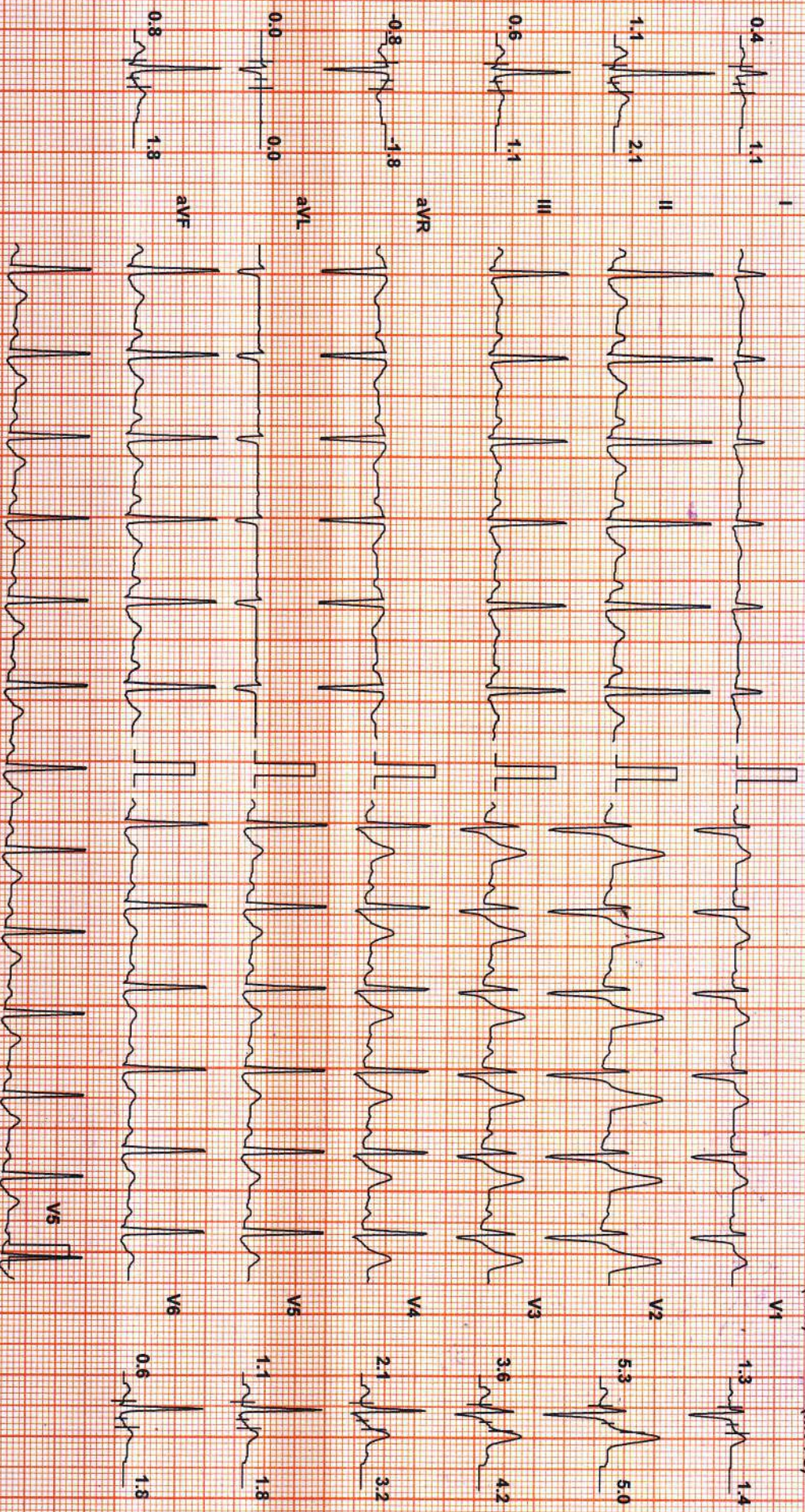


Chart Speed: 25 mm/sec
Schiller-CS-20 V1.4

Filter: 35 Hz

Mains Fil: ON

Ampl: 10 mm

ISO = R - 80 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

LALKRISHNA M V (31 M)

ID: 26111

Date: 03-Oct-22

Recovery : 4 m 0 s

Stage Time : 2 m 0 s

HR: 105 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 Km/h

Grade: 0 %

(THR: 170 bpm)

B.P: 120 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

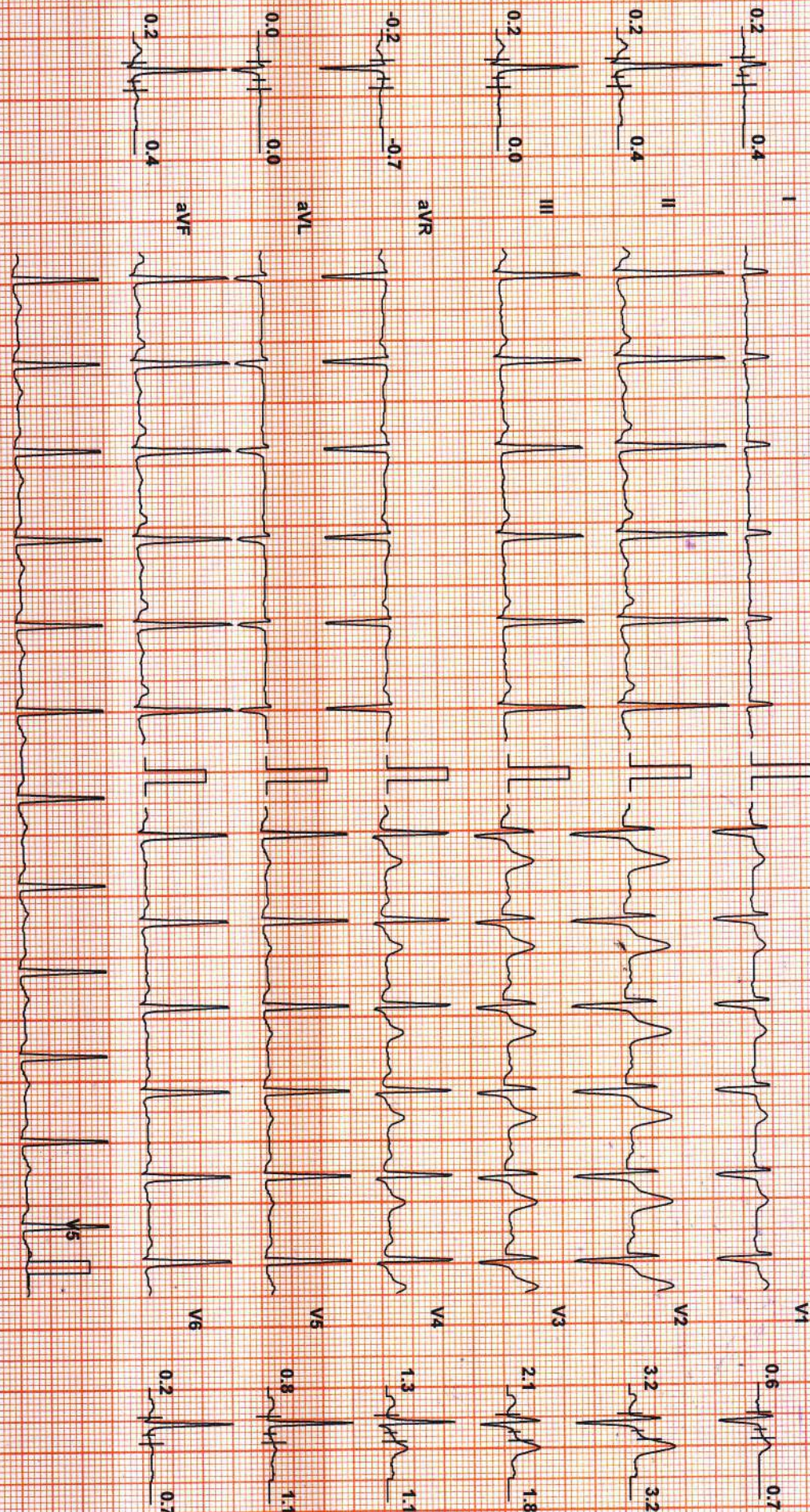


Chart Speed: 25 mm/sec
Schiller CS-20 V1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm
Linked Median

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

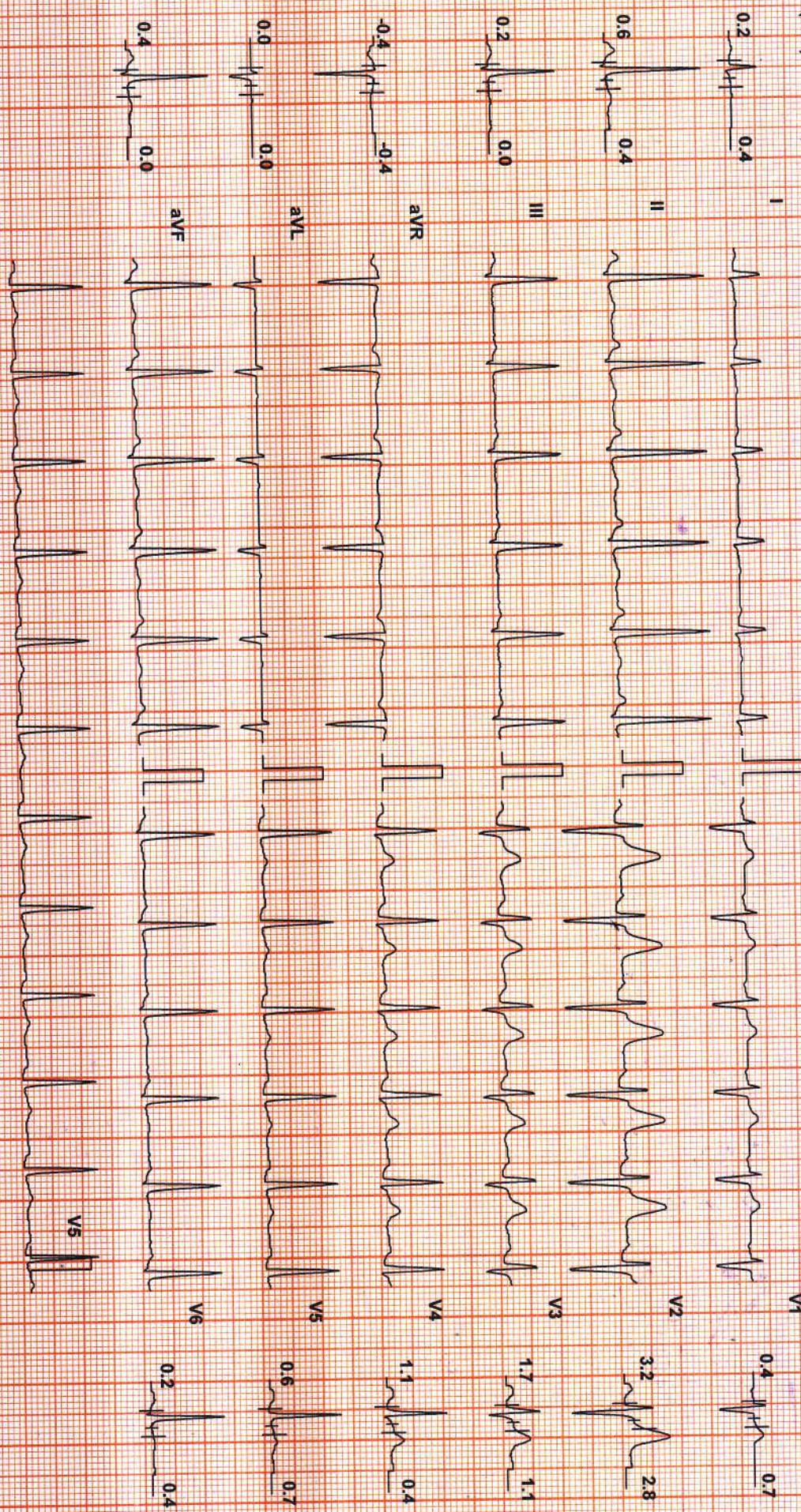


Chart Speed: 25 mm/sec
Schiller CS-20 V1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm
Linked Median

ISO = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms

DDRC SRL

Patient Details

Date: 03-Oct-22

Time: 11:54:53 AM

Name: LALKRISHNA M V ID: 26111

Age: 31 y

Sex: M

Height: 152 cms

Weight: 64 Kgs

Clinical History:
Medications:
Test Details

Protocol: Bruce

Pr.MHR: 189 bpm

THR: 170 (90 % of Pr.MHR) bpm

Total Exec. Time: 9 m 10 s

Max. HR: 166 (88% of Pr.MHR) bpm

Max. Mets: 13.50

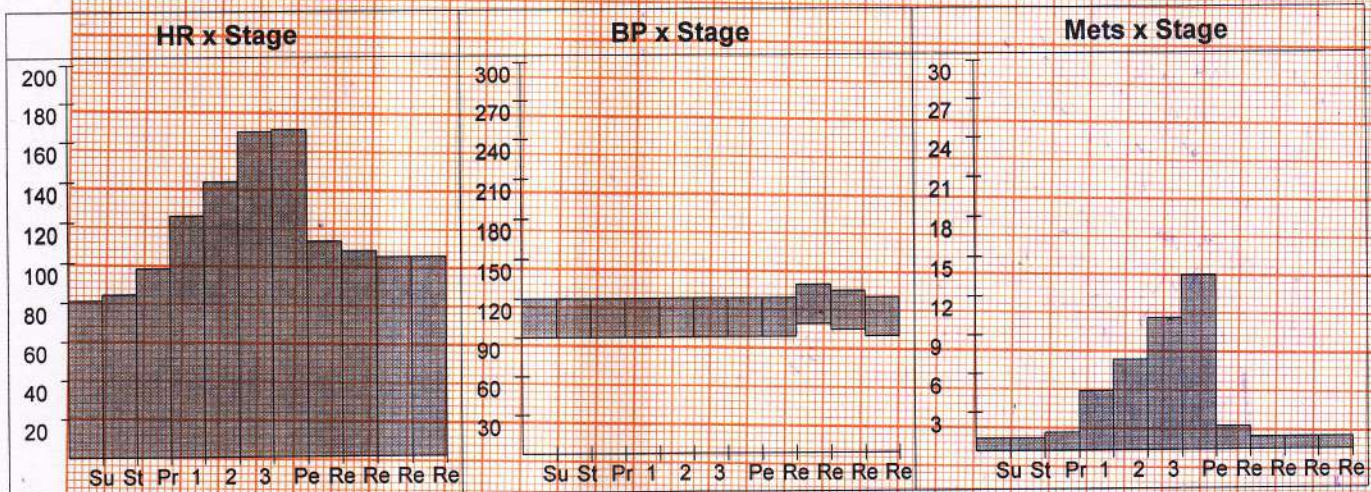
Max. BP: 130 / 100 mmHg

Max. BP x HR: 21580 mmHg/min

Min. BP x HR: 7290 mmHg/min

Test Termination Criteria:
Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 30	1.0	0	0	81	120 / 90	-0.42 aVR	3.54 V2
Standing	0 : 31	1.0	0	0	84	120 / 90	-0.42 aVR	2.83 V2
1	3 : 0	4.6	2.7	10	123	120 / 90	-3.18 aVF	5.31 V2
2	3 : 0	7.0	4	12	140	120 / 90	-1.06 aVF	5.66 V2
3	3 : 0	10.2	5.4	14	165	120 / 90	-1.06 aVR	5.31 V3
Peak Ex	0 : 10	13.5	6.7	16	166	120 / 90	-0.85 III	5.31 V3
Recovery(1)	2 : 0	1.8	1.6	0	110	120 / 90	-1.06 aVR	5.66 V3
Recovery(2)	2 : 0	1.0	0	0	105	130/100	-0.85 aVR	5.66 V2
Recovery(3)	2 : 0	1.0	0	0	102	125/95	-0.64 aVR	3.89 V2
Recovery(4)	0 : 3	1.0	0	0	102	120 / 90	-0.42 aVR	3.54 V2



DDRC SRL

Patient Details

Date: 03-Oct-22

Time: 11:54:53 AM

Name: LALKRISHNA M V ID: 26111

Age: 31 y

Sex: M

Height: 152 cms

Weight: 64 Kgs

Interpretation

Exercised upto 9 minutes 10 sec.

No angina

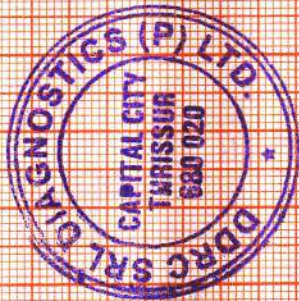
No arrhythmias

No ST depression

TMT negative for inducible ischemia

Dr. PRAMOD. P. K.
MD(Medicine), DM(Card)
Reg. No: 27265
Consultant Cardiologist
DDRC SRL, TRISSUR
Ph: 0471-2524900

LALKRISHNA M V
[Signature]



Ref. Doctor: -----

Doctor: -----

(Summary Report edited by user)