

Name : Mr. RAGHUNATH RAO N
PID No. : MED110806491
SID No. : 79192948
Age / Sex : 38 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 11/12/2021 9:24 AM
Collection On : 11/12/2021 10:04 AM
Report On : 12/12/2021 11:23 AM
Printed On : 13/12/2021 5:30 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)	14.8	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	45.1	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	5.13	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	88.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	29.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.9	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.2	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	40.66	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	9300	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	54.5	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	27.3	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	9.9	%	01 - 06


Dr BIDISHA DE MD
CONSULTANT PATHOLOGIST
KMC NO-110691

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902


APPROVED BY

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	7.0	%	02 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.3	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.07	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.54	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.92	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.65	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.12	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	303	10 ³ / μ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	7.9	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.24	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	7	mm /1st hr	0 - 15


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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.8	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.3	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.5	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.8	g/dL	6.0 - 8.3
Albumin (Serum/Bromocresol green)	4.3	g/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.5	g/dL	2.3 - 3.5
A : G Ratio (Serum/Derived)	1.2		1.5 - 2.5
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	13	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	21	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	97	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	22	U/L	< 55

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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	249	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	152	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/Immuno-inhibition)	35	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	183.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	30.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	214.0	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.



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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	7.1		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)	4.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	5.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0


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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	6.1	%	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 %

Estimated Average Glucose 128.37 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 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.

A handwritten signature in black ink, appearing to read "Shamim Javed".

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

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total **0.67** ng/mL 0.7 - 2.04
(Serum/CMIA)

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 **5.06** µg/dL 4.2 - 12.0
(Serum/CMIA)

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) **1.70** µIU/mL 0.35 - 5.50
(Serum/Chemiluminescent Microparticle Immunoassay(CMIA))

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.


Dr SONAL H K MD
CONSULTANT PATHOLOGIST
KMC No - 110249

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MD PATHOLOGY
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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION


Colour (Urine)	Pale Yellow		
Volume (Urine)	15	mL	
Appearance (Urine)	Clear		Clear

CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.015		1.002 - 1.035
Protein (Urine)	Negative	mg/dL	Negative
Glucose (Urine)	Negative	mg/dL	Negative
Ketones (Urine)	Negative	mg/dL	Negative
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative	mg/dL	Negative
Blood (Urine/AUTOMATED URINANALYSER)	Negative	Ery/uL	Negative


 DR MANJUNATHA T.M
 Consultant Pathologist
 KMC Reg No : 112205

VERIFIED BY


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 MD PATHOLOGY
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Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2	mg/dL	0.2 - 1.0
<u>MICROSCOPY(URINE DEPOSITS)</u>			
Pus Cells (Urine/Flow cytometry)	2-4	/hpf	3-5
Epithelial Cells (Urine)	0-2	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	2-3
Others (Urine)	Nil		Nil


DR MANJUNATHA T.M
Consultant Pathologist
KMC Reg No: 112205

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BIOCHEMISTRY

BUN / Creatinine Ratio	10		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	92	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
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	111	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.

Glucose Postprandial - Urine (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	9	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.9	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/Uricase/Peroxidase)	7.7	mg/dL	3.5 - 7.2
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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'A' 'Positive'

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KMC Reg No : 112205

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KMC 88902

APPROVED BY

-- End of Report --



भारत सरकार

Government of India



Issue Date: 30/09/2013



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Raghunath Rao N

ಜನ್ಮ ದಿನಾಂಕ / DOB: 29/12/1982

ಪುರುಷ / Male

6371 7242 0433



6371 7242 0433

मेरा आधार, मेरी पहचान

Name	MR.RAGHUNATH RAO N	ID	MED110806491
Age & Gender	38Y/MALE	Visit Date	11/12/2021
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 madeout.
No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.1	1.6
Left Kidney	9.6	1.6

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

PROSTATE shows normal shape, size (wt – 14.8gms) and echopattern.

No evidence of ascites.

Impression: *Increased hepatic echopattern suggestive of fatty infiltration.*

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND

DR. PRAJNA SHENOY

DR. MAHESH. M. S

DR. RADHA KRISHNA. A.

DR. HIMA BINDU.P

Ms/pu

Customer Name	Raghunath Rao	Customer ID	110806491
Age & Gender	32 / male	Visit Date	11/12/21

Eye Screening

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

	Right Eye	Left Eye	(R)	(L)
Near Vision	6/6	6/6	NG	NG
Distance Vision	6/6	6/6	6/6	6/6
Colour Vision	Normal	Normal		

Observation / Comments: - Normal.

Dr. Ravi V. HALAKATTI
M.S. (OPHTH)
EYE SURGEON
Regd. No. 11801

Name	RAGHUNATH RAO N	ID	MED110806491
Age & Gender	38Y/M	Visit Date	Dec 11 2021 9:22AM
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: *Essentially normal study.*

DR. H.K. ANAND

DR. SHWETHA S

DR. PRAJNA SHENOY

DR. MAHESH M S

CONSULTANT RADIOLOGISTS



Sign-up & Health Assessment Form

To be filled by Customer

Name: Mr/Ms/Mrs **Kashunath Rao**

Gender: Male Female Age: **38** years DOB: / /

Address: Pincode:

Mobile:

To be filled by Customer

Medical History

Have you been previously diagnosed with?

- Diabetes (Sugar) Yes No
- Hypertension (BP) Yes No
- Cardiovascular Disease (Heart) Yes No
- Asthma/Allergies (Dust, Pollen, Food, Animals, etc.) Yes No
- Neurological Problems (Nerve) Yes No

Are you currently taking medications for?

- Diabetes (Sugar) Yes No
- Hypertension (BP) Yes No
- Cardiovascular Disease (Heart) Yes No
- Liver Disease Yes No
- Cancer Yes No
- Tuberculosis (TB) Yes No

Family History

Is there a history of below diseases in your family?

- Diabetes (Sugar) Yes No
- Hypertension (BP) Yes No
- Cardiovascular Disease (Heart) Yes No
- Cancer Yes No

Lifestyle

- Do you exercise regularly? Yes No
- Do you consume alcohol more than 2 times a week? Yes No
- Do you smoke/chew tobacco? Yes No
- Are you vegetarian? Yes No

General

- Do you see a doctor at least once in 6 months? Yes No
- Do you undergo a health checkup every year? Yes No
- How would you rate your overall Health? Excellent Good Normal Poor Very Poor

Women's Health

- Is there a family history of Breast Cancer? Yes No
- Is there a family history of Endometrial (Uterus) Cancer? Yes No
- Is there a family history of Ovarian Cancer? Yes No
- Do you have irregular periods? Yes No
- Do you have heavy bleeding during periods? Yes No
- Do you have scanty periods? Yes No
- Have you attained Menopause? Yes No
- Do you have children? Yes No
- Was it a normal delivery? Yes No

Bar code

Vitals

To be filled by Technician

Height: **165.5** cms

Waist: **48** in.

Wrist: **46** in.

Weight: **96.6** kg

Heart Rate: **36.5** %

Visc. Fat: **23.5** %

BMR: **1933** cal

BMI: **35.3** kg/m²

Body Age: **64** years

Sys. BP: **112** mmHg

Dia. BP: **70** mmHg

pulse-83

MR. RAGHUNATH, RAO
ID: 110806491

11-Dec-2021
10:44:49

60bpm
BP: 120/80

PRETEST
SUPINE
4:00

BRUCE
***mph
***%

ST @ 10mm/mV
80ms postJ



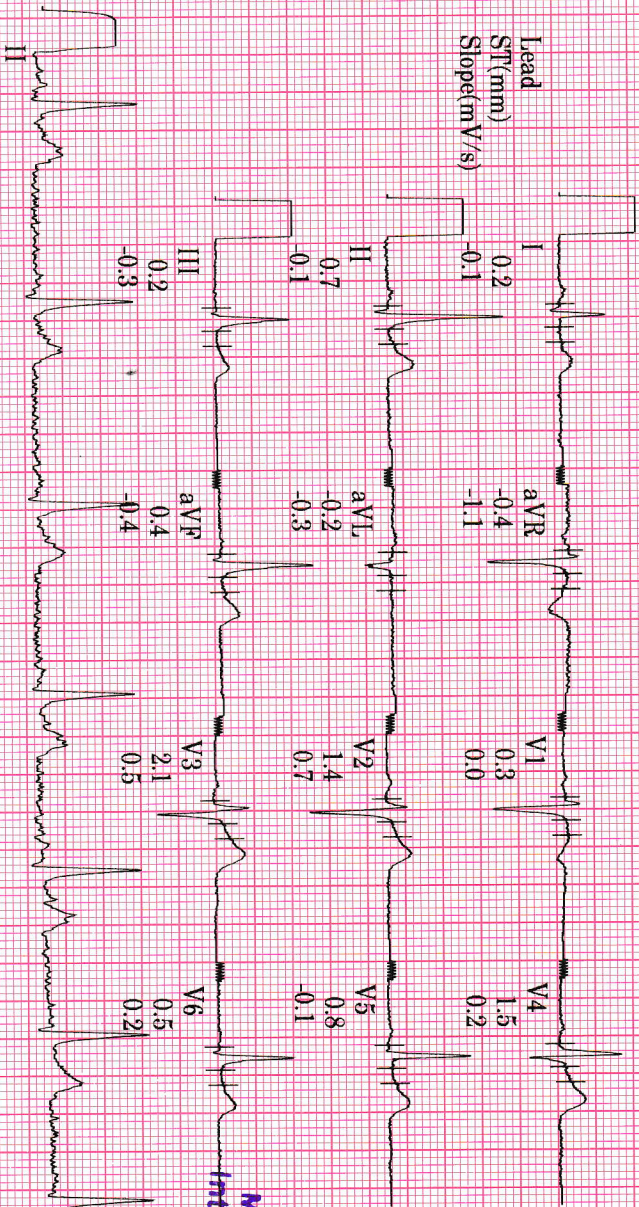
(Needs Clinical Correlation
for further Management)

NR

RM +70°

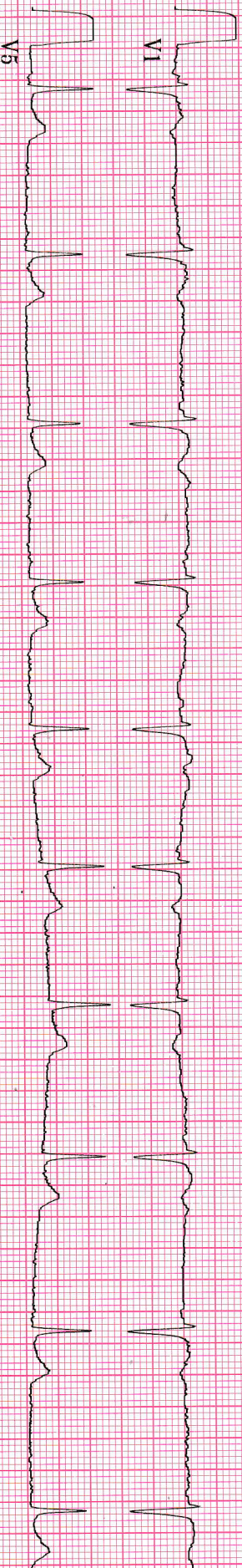
HR 60b/min

Lead
STT(mm)
Slope(mV/s)



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

Signature



20 Hz

25.0 mm/s

10.0 mm/mV

A-H-S 50Hz HR 46

MAG55 009C

TABULAR SUMMARY REPORT

MR. RAGHUNATH, RAO
 ID: 110806491

11-Dec-2021
 10:40:48

38years

Male

Referred by: MEDIWHEEL
 Test ind: IHD SCREENING



BRUCE Total Exercise time: 8:19
 Max HR: 160bpm 87% of max predicted 182bpm
 Max Bp: 120/80 Maximum workload: 10.1METS
 Reason for Termination: Patient fatigue
 Comments: GOOD EFFORT TOLERANCE. NORMAL HR & BP RESPONSE
 NO SIGNIFICANT ST T CHANGES SEEN DURING EXE OR RECOVERY
 NO ANGINA / ARRHYTHMIAS
 **IMP-STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA **
 ***NEEDS CLINICAL CORRELATION FOR FURTHER MANAGEMENT **
 DR.SRIDHAR.L MD DM FICC CARDIOLOGIST **

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	4:20	0.8	0.0	1.6	59	120/80	
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	106	120/80	
	STAGE 2	3:00	2.5	12.0	7.0	119		
	STAGE 3	2:19	3.3	14.0	9.8	160		
RECOVERY	Post	4:32	***	***	1.0	88		

DR. SRIDHAR.L
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 Interventional Cardiologist
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CLUMAX DIAGNOSTICS

Unconfirmed

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