MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 12-Nov-2022 10:05 AM

Customer Name: MR.ABDHUL KARIM

Ref Dr Name

:MediWheel

Customer Id

:MYS280469

Email Id

Corp Name

:MediWheel

Address

DOB

Age

:12 Nov 1984 W > 75 :37Y/MALE

Wisit ID

Phone No :712234255 PP - 120 80

ply - 71

4-17

Package Name: Mediwheel Full Body Health Checkup Male Below 40

wa = 33 497 - 36

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN		- " 7. / " "		
		(BUN)				
2	LAB	GLUCOSE - FASTING				
3	LAB	GLUCOSE - POSTPRANDIAL				
		(2 HRS) .			an Electric	Min-Lin
4	LAB	GLYCOSYLATED		u Rasia		
		HAEMOGLOBIN (HbA1c)			y- october	
5	LAB	LIPID PROFILE				
6	LAB	LIVER FUNCTION TEST (LFT)				4.2
7	LAB	URIC ACID	The state of the s	<u>.</u>		St. Commercial
8	LAB	URINE GLUCOSE - FASTING			ex.	
9	LAB	URINE GLUCOSE -			Jo.	
1		POSTPRANDIAL (2 Hrs)		0.4	Show The	
10	LAB	COMPLETE BLOOD COUNT		13ex		
. 1		WITH ESR		ed		A A STATE OF THE S
11	LAB	THYROID PROFILE/ TFT(73,	of given	, _		
		T4, TSH)	200	Leri enjan		
12	LAB	STOOL ANALYSIS - ROUTINE	The			
13	LAB	URINE ROUTINE		3	A Mines	
14	LAB	CREATININE		(maga)		
15	LAB	BLOOD GROUP & RH TYPE			5,	
		(Forward Reverse)				v.XX
1 4 1 1			The same	17. 11	y # 150	29.50

1

Registerd By
(A.JAYASHREE)



Customer Name	MR.ABDHUL KARIM	Customer ID	MYS280469
Customer Name Age & Gender	37Y/MALE	Visit Date	12/11/2022
Ref Dester	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA : 3.4cms

LEFT ATRIUM : 3.5cms

LEFT VENTRICLE (DIASTOLE) : 4.9cms

(SYSTOLE) : 2.1cms

VENTRICULAR SEPTUM (DIASTOLE) : 0.9cms

(SYSTOLE) : 1.3cms

POSTERIOR WALL (DIASTOLE) : 1.1cms

(SYSTOLE) : 1.6cms

EDV : 81ml

ESV : 29ml

FRACTIONAL SHORTENING : 38%

EJECTION FRACTION : 65%

RVID : 1.7cms

DOPPLER MEASUREMENTS:

MITRAL VALVE : 'E' - 0.90 m/s 'A' - 0.35 m/s NO MR

AORTIC VALVE : 1.13m/s NO AR

TRICUSPID VALVE : 'E' - 0.89m/s 'A' - 0.28 m/s NO TR

PULMONARY VALVE : 0.81m/s NO PR



Customer Name	MR.ABDHUL KARIM	Customer ID	MYS280469
Age & Gender	37Y/MALE	Visit Date	12/11/2022
Ref Doctor	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 prolapse.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

- > NORMAL SIZED CARDIAC CHAMBERS.
- > NORMAL LV SYSTOLIC FUNCTION. EF: 65%.
- > NO REGIONAL WALL MOTION ABNORMALITIES.
- > NORMAL VALVES.
- > NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.

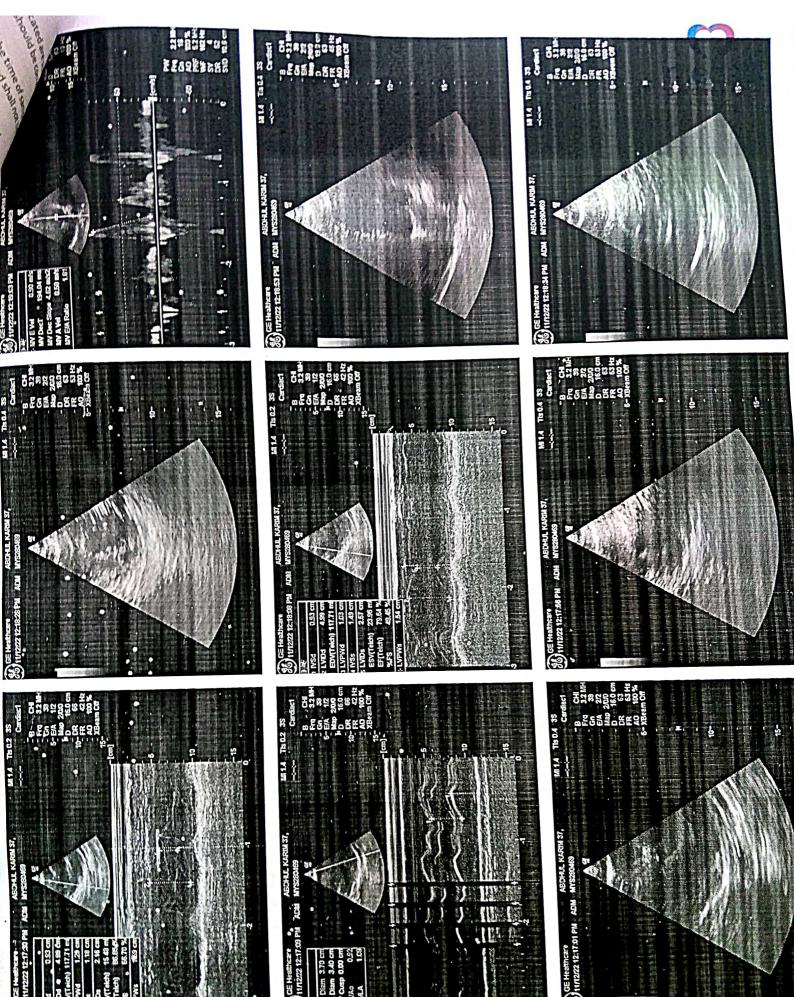
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DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/SA

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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern.

No evidence of focal lesion or intrahepatic biliary ductal dilatation.

Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended.

PANCREAS has normal shape, size and uniform echopattern.

No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

KIDNEYS move well with respiration and have normal shape, size and echopattern.

Cortico- medullary differentiations are well madeout.

No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.4	1.6
Left Kidney	9.1	1.9

URINARY BLADDER show normal shape and wall thickness.

It has clear contents.

PROSTATE shows normal shape, size and echopattern.

No evidence of ascites.

IMPRESSION:

> NO SIGNIFICANT ABNORMALITY DETECTED.

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH

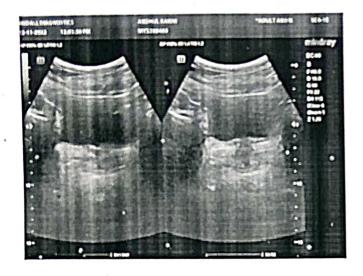
DR. MOHAN B

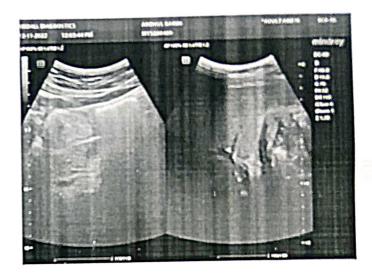


Medall Diagnostics Ballal Circle(Ashoka circle) - Mysore

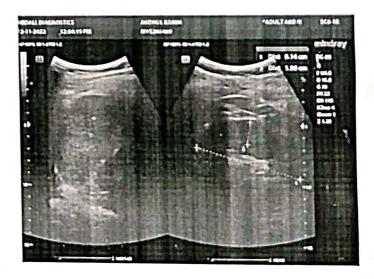


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Age & Gender	37Y/MALE	Visit Date	12/11/2022
Pet Doctor	MediWheel		





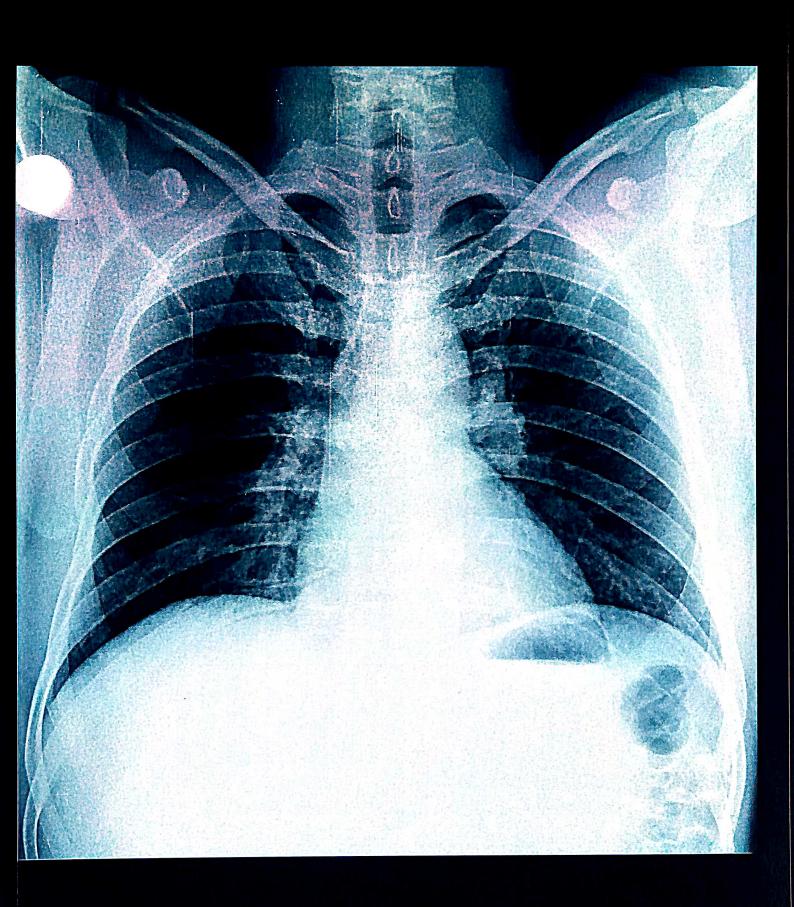




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ABDHUL KARIM 37 MYS280469 M CHEST PA 11/12/2022 12:53 MEDALL CLUMAX DIAGNOSTIC



NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

OPD SHEET

Date: 12 Lulas OP No. 1218799

Patient's Name: Mr. Abdlul Karlin

36 41 M

Dr. Roopashree. C.R

MBBS.MS, FPRS Consultant-Phaco & Refractiv.

KMC No: 105152

For Medical Certificate

PE, AS: BE WAL

UCNA (616, N6

fundus: BE ODR 0.3

Color Vignos
28/28 38

Ady -R/W SOS/2yo D.

Jayanagar Branch : 080-26088000 / 2663 3533 / 2663 3609 / 2245 Mobile : 94480 71816

Rajajinagar Branch : 080-4333 4111 / 2313 2777 / Mobile : 99728 53918

Indiranagar Branch: 080-4333 2555 Mobile: 81973 51609 Mysore Branch : 0821-4293000 Mobile : 94490 03771 Mangalore Lasik Centre: 0824-2213801 Mobile: 97410 26389 Davangere Lasik Centre: 08192-226607/08 Mobile: 94820 01795

PID No. : MYS280469 Register On : 12/11/2022 10:05 AM : 712234255 Collection On : 12/11/2022 11:18 AM SID No. Age / Sex : 37 Year(s) / Male Report On

Type : OP

Ref. Dr : MediWheel **Printed On** : 12/11/2022 6:32 PM

: 12/11/2022 5:54 PM

Investigation HAEMATOLOGY Complete Blood Count With - ESR	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Haemoglobin (EDTA Blood/Spectrophotometry)	14.5	g/dL	13.5 - 18.0
INTERPRETATION: Haemoglobin values vary in Menblood loss, renal failure etc. Higher values are often due to			
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	43.8	%	42 - 52
RBC Count (EDTA Blood/Automated Blood cell Counter)	4.99	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	87.8	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	29.2	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	33.2	g/dL	32 - 36
RDW-CV (Derived)	14.1	%	11.5 - 16.0

43.33

8660

40

49



Total WBC Count (TC)

 $({\rm EDTA}\ Blood \textit{Derived from Impedance})$

(Blood/Impedance Variation & Flow Cytometry)

(Blood/Impedance Variation & Flow Cytometry)

RDW-SD

Neutrophils

Lymphocytes

(Derived)

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39 - 46

4000 - 11000

40 - 75

20 - 45

fL

%

%

cells/cu.mm

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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	04	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	07	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.46	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.24	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.35	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.61	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10^3 / μl	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	270	10^3 / μl	150 - 450
MPV (Blood/ <i>Derived</i>)	12.1	fL	7.9 - 13.7
PCT	0.33	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/Automated ESR analyser)	08	mm/hr	< 15



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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.7	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.50	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.0	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.1	gm/dl	3.5 - 5.2
Globulin (Serum/ <i>Derived</i>)	2.90	gm/dL	2.3 - 3.6
A: G Ratio (Serum/Derived)	1.41		1.1 - 2.2
INTERPRETATION: Remark: Electrophoresis is the	preferred method		
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	23	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	19	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	111	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase)	23	U/L	< 55

: 12/11/2022 6:32 PM



(Serum/IFCC / Kinetic)

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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	188	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	174	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

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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.

Remark: Kindly correlate clinically.

HDL Cholesterol (Serum/Immunoinhibition)	34	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	119.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/Calculated)	34.8	mg/dL	< 30



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Age / Sex : 37 Year(s) / Male

<u>Investigation</u>	Observed Unit	<u>Biological</u>
	Value	Reference Interval

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Non HDL Cholesterol 154.0 mg/dL

(Serum/Calculated)

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	5.5	Optimal: < 3.3
(Serum/Calculated)		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	5.1	Optimal: < 2.5
(TG/HDL)		Mild to moderate risk: 2.5 - 5.0
(Serum/Calculated)		High Risk: > 5.0
LDL/HDL Cholesterol Ratio	3.5	Optimal: 0.5 - 3.0
(Serum/Calculated)		Borderline: 3.1 - 6.0
		High Risk: > 6.0



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/ <i>HPLC</i>)	5.8	%	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 %

Remark: Kindly Correlate Clinically.

Estimated Average Glucose 119.76 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.



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<u>Investigation</u>	<u>Observed</u> <u>Unit</u>	<u>Biological</u>
	Value	Reference Interval

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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.23 ng/ml 0.7 - 2.04

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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 7.56 Microg/dl 4.2 - 12.0

 $(Serum/{\it Chemiluminescent\ Immunometric\ Assay}$

(CLIA))

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) 0.614 µIU/mL 0.35 - 5.50

(Serum/Chemiluminescent Immunometric Assay

(CLIA))

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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-	Value	Reference Interval

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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour	Pale yellow	Yellow to Amber
(Urine/Physical examination)		

Volume 25 ml (Urine/Physical examination)

Appearance Clear

(Urine)

CHEMICAL EXAMINATION

pH	6.0	4.5 - 8.0

(Urine)

Specific Gravity 1.025 1.002 - 1.035

(Urine/Dip Stick Reagent strip method)

Protein Negative Negative

(Urine/Dip Stick Reagent strip method)

Glucose Nil Nil

(Urine)

Ketone Nil Nil

(Urine/Dip Stick Reagent strip method)

Leukocytes Negative leuco/uL Negative

(Urine)

Nitrite Nil Nil

(Urine/Dip Stick Reagent strip method)

Bilirubin Negative mg/dL Negative

(Urine)



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Nil

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	<u>Value</u>		Reference Interval

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Blood (Urine)

Urobilinogen Normal Within normal limits

Nil

(Urine/Dip Stick Reagent strip method)

Urine Microscopy Pictures

RBCs Nil /hpf NIL

(Urine/Microscopy)
Pus Cells 3-4 /hpf < 5

Pus Cells 3-4 /hpf < 5 (Urine/Microscopy)

Epithelial Cells 1-2 /hpf No ranges

(Urine/Microscopy)

Others Nil Nil (Urine)



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InvestigationObservedUnitBiologicalValueReference Interval

'O' 'Positive'

: 12/11/2022 6:32 PM

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING

(EDTA Blood/Agglutination)

Remark: test to be confirmed by gel method



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DR SHAMIM JAVED
MD PATHOLOGY
KM6 88902

: MediWheel

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
Urine sugar, Fasting (Urine - F)	Nil		Nil
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	78	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.

Blood Urea Nitrogen (BUN)	14.4	mg/dL	7.0 - 21
(Serum/ <i>Urease UV / derived</i>)			
Creatinine	1.0	mg/dL	0.9 - 1.3

(Serum/Jaffe Kinetic)

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

Uric Acid 5.1 3.5 - 7.2mg/dL

(Serum/Uricase/Peroxidase)



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APPROVED BY

-- End of Report --



Name	ABDHUL KARIM	ID	MYS280469
Age & Gender	37Y/M	Visit Date	Nov 12 2022 10:05AM
Ref Doctor	MediWheel		

X – RAY CHEST PA VIEW

LUNGS:

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

CARDIA:

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

IMPRESSION:

• NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.

DR. MOHAN, B

(DMRD, DNB, EDIR, FELLOW IN CARDIAC

MRI)

CONSULTANT RADIOLOGIST

Name	MR.ABDHUL KARIM	ID	MYS280469
Age & Gender	37Y/MALE	Visit Date	12/11/2022
Ref Doctor Name	MediWheel		



2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA : 3.4cms

LEFT ATRIUM : 3.5cms

LEFT VENTRICLE (DIASTOLE) : 4.9cms

(SYSTOLE) : 2.1cms

VENTRICULAR SEPTUM (DIASTOLE) : 0.9cms

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FRACTIONAL SHORTENING : 38%

EJECTION FRACTION : 65%

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DOPPLER MEASUREMENTS:

MITRAL VALVE : E' - 0.90 m/s A' - 0.35 m/s NO MR

AORTIC VALVE : 1.13m/s NO AR

TRICUSPID VALVE : E' - 0.89m/s A' - 0.28 m/s NO TR

PULMONARY VALVE : 0.81m/s NO PR

2D ECHOCARDIOGRAPHY FINDINGS:

Name	MR.ABDHUL KARIM	ID	MYS280469
Age & Gender	37Y/MALE	Visit Date	12/11/2022
Ref Doctor Name	MediWheel		



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 prolapse.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

- > NORMAL SIZED CARDIAC CHAMBERS.
- > NORMAL LV SYSTOLIC FUNCTION. EF: 65%.
- > NO REGIONAL WALL MOTION ABNORMALITIES.
- > NORMAL VALVES.
- > NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.



DR. NIKHIL B INTERVENTIONAL CARDIOLOGIST NB/SA