

Name : Mr. P RAVI CHANDER

PID No. : MED111553484

Register On : 27/03/2023 8:05 AM

SID No. : 423017592

Collection On : 27/03/2023 8:20 AM

Age / Sex : 35 Year(s) / Male

Report On : 27/03/2023 2:10 PM

Type : OP

Printed On : 27/03/2023 6:15 PM

Ref. Dr : MediWheel

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

HAEMATOLOGY

Complete Blood Count With - ESR

| | | | |
|--|-------|-------------|--------------|
| Haemoglobin (EDTA Blood/Spectrophotometry) | 15.2 | g/dL | 13.5 - 18.0 |
| Packed Cell Volume(PCV)/Haematocrit (EDTA Blood) | 45.6 | % | 42 - 52 |
| RBC Count (EDTA Blood) | 5.36 | mill/cu.mm | 4.7 - 6.0 |
| Mean Corpuscular Volume(MCV) (EDTA Blood) | 85.0 | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH) (EDTA Blood) | 28.4 | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood) | 33.4 | g/dL | 32 - 36 |
| RDW-CV (EDTA Blood) | 14.9 | % | 11.5 - 16.0 |
| RDW-SD (EDTA Blood) | 44.33 | fL | 39 - 46 |
| Total Leukocyte Count (TC) (EDTA Blood) | 8900 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (EDTA Blood) | 60.5 | % | 40 - 75 |
| Lymphocytes (EDTA Blood) | 26.9 | % | 20 - 45 |
| Eosinophils (EDTA Blood) | 5.0 | % | 01 - 06 |
| Monocytes (EDTA Blood) | 7.0 | % | 01 - 10 |




DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

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|---|-----------------------|---------------------------|--------------------------------------|
| Basophils (Blood) | 0.6 | % | 00 - 02 |
| INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically. | | | |
| Absolute Neutrophil count (EDTA Blood) | 5.38 | 10 ³ / μ l | 1.5 - 6.6 |
| Absolute Lymphocyte Count (EDTA Blood) | 2.39 | 10 ³ / μ l | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (EDTA Blood) | 0.45 | 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) | 0.05 | 10 ³ / μ l | < 0.2 |
| Platelet Count (EDTA Blood) | 306 | 10 ³ / μ l | 150 - 450 |
| MPV (EDTA Blood) | 7.9 | fL | 7.9 - 13.7 |
| PCT (EDTA Blood/Automated Blood cell Counter) | 0.24 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (Citratd Blood) | 7 | mm/hr | < 15 |




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| <u>BIOCHEMISTRY</u> | | | |
| <u>Liver Function Test</u> | | | |
| Bilirubin(Total) (Serum/DCA with ATCS) | 0.81 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) | 0.26 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect) (Serum/Derived) | 0.55 | mg/dL | 0.1 - 1.0 |
| SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC) | 17.65 | U/L | 5 - 40 |
| SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC) | 17.97 | U/L | 5 - 41 |
| GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) | 27.76 | U/L | < 55 |
| Alkaline Phosphatase (SAP) (Serum/Modified IFCC) | 71.8 | U/L | 53 - 128 |
| Total Protein (Serum/Biuret) | 7.05 | gm/dl | 6.0 - 8.0 |
| Albumin (Serum/Bromocresol green) | 4.41 | gm/dl | 3.5 - 5.2 |
| Globulin (Serum/Derived) | 2.64 | gm/dL | 2.3 - 3.6 |
| A : G RATIO (Serum/Derived) | 1.67 | | 1.1 - 2.2 |



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

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|---|-----------------------|-------------|---|
| <u>Lipid Profile</u> | | | |
| Cholesterol Total (Serum/CHOD-PAP with ATCS) | 221.14 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
| Triglycerides (Serum/GPO-PAP with ATCS) | 152.44 | 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) | 28.82 | mg/dL | Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40 |
| LDL Cholesterol (Serum/Calculated) | 161.8 | mg/dL | Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190 |
| VLDL Cholesterol (Serum/Calculated) | 30.5 | mg/dL | < 30 |
| Non HDL Cholesterol (Serum/Calculated) | 192.3 | 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) | 7.7 | | 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) | 5.6 | | 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) | 5.2 | % | 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 102.54 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) | 1.35 | ng/ml | 0.7 - 2.04 |
|--|------|-------|------------|

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) | 8.12 | 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) | 2.92 | µIU/mL | 0.35 - 5.50 |
|--|------|--------|-------------|

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) | 20 | | |

CHEMICAL EXAMINATION (URINE COMPLETE)

| | | | |
|------------------------------|----------|--|---------------|
| pH (Urine) | 5 | | 4.5 - 8.0 |
| Specific Gravity (Urine) | 1.015 | | 1.002 - 1.035 |
| Ketone (Urine) | Negative | | Negative |
| Urobilinogen (Urine) | Normal | | Normal |
| Blood (Urine) | Negative | | Negative |
| Nitrite (Urine) | Negative | | Negative |
| Bilirubin (Urine) | Negative | | Negative |
| Protein (Urine) | Negative | | Negative |
| Glucose (Urine/GOD - POD) | Negative | | Negative |




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|--|-----------------------|-------------|--------------------------------------|
| Leukocytes(CP) (Urine) | Negative | | |
| <u>MICROSCOPIC EXAMINATION</u> <u>(URINE COMPLETE)</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 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 |



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Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' 'Positive'



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BIOCHEMISTRY

| | | | |
|---|-------|-------|--|
| BUN / Creatinine Ratio | 11.47 | | 6.0 - 22.0 |
| Glucose Fasting (FBS) (Plasma - F/GOD-PAP) | 85.48 | 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) | 111.03 | 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) | 10.1 | mg/dL | 7.0 - 21 |
| Creatinine (Serum/Modified Jaffe) | 0.88 | 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) | 6.75 | mg/dL | 3.5 - 7.2 |
|--------------------------------|------|-------|-----------|




Dr Anusha.K.S
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 Reg No : 100674

APPROVED BY

-- End of Report --

CLUMAX DIAGNOSTICS

--- A MEDALL COMPANY ---

CUSTOMER CHECKLIST

Date 27-Mar-2023 8:05 AM

Customer Name : **MR.P RAVI CHANDER**DOB : **21 Aug 1987**Ref Dr Name : **MediWheel**Age : **35Y/MALE**Customer Id : **MED111553484**

Visit ID : 423017592

MED111553484

Email Id :

Phone : **9590496731**

No

Corp Name : MediWheel

Address :

*Old one*Package Name : **Mediwheel Full Body Health Checkup Male Below 40**

| S.No | Modality | Study | Accession No | Time | Seq | Signature |
|------|----------|---|--------------|------|-----|-----------|
| 1 | LAB | BLOOD UREA NITROGEN (BUN) | | | | |
| 2 | LAB | CREATININE | | | | |
| 3 | LAB | GLUCOSE - FASTING | | | | |
| 4 | LAB | GLUCOSE - POSTPRANDIAL (2 HRS) | | | | |
| 5 | LAB | GLYCOSYLATED HAEMOGLOBIN (HbA1c) | | | | |
| 6 | LAB | URIC ACID | | | | |
| 7 | LAB | LIPID PROFILE | | | | |
| 8 | LAB | LIVER FUNCTION TEST (LFT) | | | | |
| 9 | LAB | THYROID PROFILE/ TFT(T3, T4, TSH) | | | | |
| 10 | LAB | URINE GLUCOSE - FASTING | | | | |
| 11 | LAB | URINE GLUCOSE - POSTPRANDIAL (2 Hrs) | | | | |
| 12 | LAB | COMPLETE BLOOD COUNT WITH ESR | | | | |
| 13 | LAB | STOOL ANALYSIS - ROUTINE | | | | |
| 14 | LAB | URINE ROUTINE | | | | |

| | | | | | | |
|----|--------|--|-----------------|--|--|----|
| 15 | LAB | BUN/CREATININE RATIO | | | | |
| 16 | LAB | BLOOD GROUP & RH TYPE (Forward Reverse) | | | | |
| 17 | ECG | ECG ✓ | IND13781291138 | | | |
| 18 | OTHERS | Treadmill / 2D Echo | IND137812914690 | | | |
| 19 | OTHERS | physical examination | IND137812915279 | | | |
| 20 | US | ULTRASOUND ABDOMEN | IND137812915292 | | | |
| 21 | OTHERS | EYE CHECKUP | IND137812917756 | | | |
| 22 | X-RAY | X RAY CHEST | IND137812918659 | | | AK |
| 23 | OTHERS | Consultation Physician | IND137812918736 | | | |

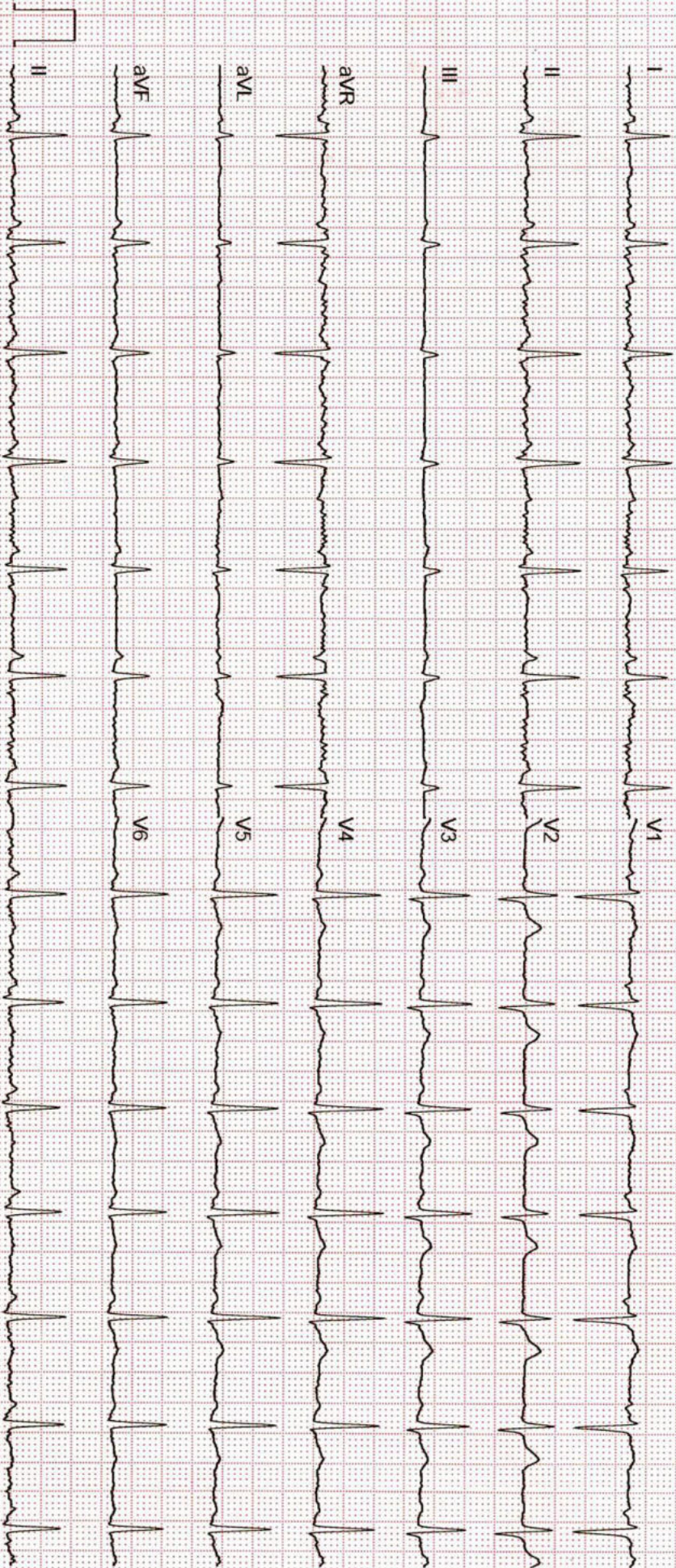
Registered By

(HARI.O)

35 Years

Male

QRS : 80 ms
QT / QTcBaz : 350 / 413 ms
PR : 140 ms
P : 92 ms
RR / PP : 714 / 714 ms
P / QRS / T : 54 / 47 / 45 degrees



GE MAC2000 1 1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz 2x5x6 25 R1

Unconfirmed

1/1

Mahesh

Mob:8618385220

9901569756



ಶ್ರೀ ಪಾರ್ವತಿ ಆಪ್ಟಿಕ್ಸ್

SRI PARVATHI OPTICS

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Computerized Eye Testing & Spectacles Clinic

333.8th Main 5th Cross Near Cambridge & Miranda School HAL 3rd Stage
Behind Vishveshvariah Park New Thippasandra, Bangalore - 560075,
Email: parvathiopticals@gmail.com / www.sriparvathioptics.in

SPECTACLE PRESCRIPTION

Name: *P. Ravi chander*

No. **2644**

Mobil No:

Date : *27/03/23*

Age / Gender *35 y / m*

Ref. No.

| | RIGHT EYE | | | | LEFT EYE | | | |
|----------|-----------|-------------|------------|------------|-------------|-------------|----------|------------|
| | SPH | CYL | AXIS | VISION | SPH | CYL | AXIS | VISION |
| DISTANCE | | <i>0.50</i> | <i>154</i> | <i>6/6</i> | <i>0.50</i> | <i>0.50</i> | <i>3</i> | <i>6/6</i> |
| NEAR | | | | | | | | |

PD *59mm*

Advice to use glasses for:

DISTANCE FAR & NEAR READING COMPUTER PURPOSE

We Care Your Eyes

SRI PARVATHI OPTICS

NEW THIPPASANDRA

| | | | |
|-----------------|-------------------|------------|--------------|
| Name | MR.P RAVI CHANDER | ID | MED111553484 |
| Age & Gender | 35Y/MALE | Visit Date | 27 Mar 2023 |
| Ref Doctor Name | MediWheel | | |

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

| | | |
|-------------------------------|---|--------|
| AORTA | : | 2.9cms |
| LEFT ATRIUM | : | 3.0cms |
| AVS | : | ---- |
| LEFT VENTRICLE (DIASTOLE) | : | 4.0cms |
| (SYSTOLE) | : | 2.8cms |
| VENTRICULAR SEPTUM (DIASTOLE) | : | 0.9cms |
| (SYSTOLE) | : | 1.1cms |
| POSTERIOR WALL (DIASTOLE) | : | 0.8cms |
| (SYSTOLE) | : | 1.4cms |
| EDV | : | 71ml |
| ESV | : | 30ml |
| FRACTIONAL SHORTENING | : | 30% |
| EJECTION FRACTION | : | 30% |
| EPSS | : | --- |
| RVID | : | 1.9cms |

DOPPLER MEASUREMENTS:

| | | | | |
|-----------------|---|-------------|-------------|-------|
| MITRAL VALVE | : | E' 0.73 m/s | A' 0.59 m/s | NO MR |
| AORTIC VALVE | : | 0.97 m/s | | NO AR |
| TRICUSPID VALVE | : | E' - m/s | A' - m/s | NO TR |
| PULMONARY VALVE | : | 1.06 m/s | | NO PR |

| | | | |
|-----------------|-------------------|------------|--------------|
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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:

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

DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC
SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST
Kss/da

Note:

*** Report to be interpreted by qualified medical professional.**

| | | | |
|-----------------|-------------------|------------|--------------|
| Name | MR.P RAVI CHANDER | ID | MED111553484 |
| Age & Gender | 35Y/MALE | Visit Date | 27 Mar 2023 |
| Ref Doctor Name | MediWheel | | |

*** To be correlated with other clinical findings.**

*** Parameters may be subjected to inter and intra observer variations.**

*** Any discrepancy in reports due to typing errors should be corrected as soon as possible.**

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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows diffuse fatty changes. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER shows 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 shows normal shape, size and echopattern. Spleen measures 9.6cms in long axis. 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 | 10.6 | 1.7 |
| Left Kidney | 10.9 | 1.7 |

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

PROSTATE shows normal shape, size and echopattern. It measures 3.5 x 4.4 x 2.9cms (Vol:23cc).

No evidence of ascites / pleural effusion.

IMPRESSION:

- **GRADE I FATTY LIVER.**
- **NO OTHER SIGNIFICANT ABNORMALITY DETECTED.**

DR. MANIMALA RUPA
CONSULTANT RADIOLOGIST
 MR/np

| | | | |
|-----------------|-------------------|------------|--------------|
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|--------------|----------------|-------------|--------------------|
| Name | P RAVI CHANDER | Customer ID | MED111553484 |
| Age & Gender | 35Y/M | Visit Date | Mar 27 2023 8:05AM |
| Ref Doctor | MediWheel | | |

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

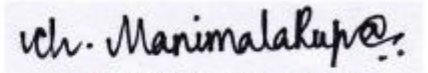
Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

IMPRESSION:

- **No significant abnormality detected.**


DR. MANIMALA RUPA
CONSULTANT RADIOLOGIST