

Medical Summary

Name: *Duric Genesha* Date of Birth: *03.02.1989* Customer ID: *MED121811861*
 Ref Doctor: Sex: *(M)* Date: *15.04.2023*

Present Complaints: *panic disorder* *LP* *heart*

Past Illness: *(-)*

Major medical Illness:

Surgery: *→ ~~SA~~ hysterectomy done in both* *(Doe)*

Accident: *(-)*

Others: *(-)*

Personal history:

Smoking: *(-)*

Tobacco: *(-)*

Alcohol: *(-)*

Menstrual history: *(-)*

Obstetric history: *(-)*

Diet: *mixed diet*

Exercise: *walking*

Personality: *type A*

Marital status: *(-)*

Children: *(-)* *→ married*

Family history:

Tuberculosis: *(-)*

Diabetes: *father*

Asthma: *(-)*

Drug history: *(-)*

Allergy: *(-)*

Hypertension: *(-)*

Heart Disease: *(-)*

Others: *(-)*

Present Medications: *(-)*

General Examination:

Height: *170cm*

Conjunctiva: *(-)*

Oedema: *(-)*

Tongue: *(-)*

Throat: *(-)*

Weight: *76.8kg*

Lymphnodes: *(-)*

Nails: *(-)*

Others: *(-)*

Skin: *(-)*

BP: *150/92*

Eyes: *(-)*

Genitals: *(-)*

Eye Screening:

Vision	R/E	L/E
Distant Vision	<i>6/6</i>	<i>6/6</i>
Near Vision	<i>N/6</i>	<i>N/6</i>
Colour Vision	<i>(-)</i>	<i>(-)</i>

Systemic Examination:

Cardiovascular system:

Peripheral Pulsations: *Pe/pab*

Heart: *8 and 5/10*

Respiratory System: *B/L A/c. No crackles and w*

Gastrointestinal System:

Higher Function: *Normal*

Cranial Nerves: *3/6*

Motor System:

Sensory system: *Ⓟ*

Superficial Reflexes: *Ⓟ*

Deep Reflexes:

Rectal Examination:

Others:

Impression: *Ⓟ*

Diet: *Regular diet*

Medication: *Ⓟ*

Advice & Follow up:

Dr. *Carbara* *12/26/17*
Consultant General Physician

Name : Mr. DURKA GANESH
PID No. : MED121811861 **Register On** : 13/04/2023 7:07 AM
SID No. : 123006159 **Collection On** : 13/04/2023 8:54 AM
Age / Sex : 34 Year(s) / Male **Report On** : 13/04/2023 4:43 PM
Type : OP **Printed On** : 15/04/2023 12:23 PM
Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'A' 'Positive'		
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INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	14.3	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	42.1	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.55	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	92.6	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	31.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.8	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.3	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	43.11	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6200	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	35.3	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	43.8	%	20 - 45



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Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	12.0	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	7.5	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.4	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.19	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.72	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.74	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.47	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.09	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	221	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.0	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.20	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	3	mm/hr	< 15



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BUN / Creatinine Ratio	7.86		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	94.2	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)	122.2	mg/dL	70 - 140

INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.1	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.03	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)	6.8	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.78	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.17	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.61	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	17.3	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	24.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	19.2	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	49.5	U/L	53 - 128
Total Protein (Serum/Biuret)	6.90	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.21	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.69	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.57		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	203.5	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	179.4	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.			
HDL Cholesterol (Serum/Immunoinhibition)	55.3	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	112.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	35.9	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	148.2	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.7		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.9	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	122.63	mg/dL
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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 glycaemic 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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.90	ng/ml	0.7 - 2.04
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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.



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	7.18	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/Chemiluminescent Immunometric Assay (CLIA))	1.96	µIU/mL	0.35 - 5.50
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INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment :

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.

Urine Analysis - Routine

COLOUR (Urine)	Pale yellow	Yellow to Amber
APPEARANCE (Urine)	Clear	Clear
Protein (Urine/Protein error of indicator)	Negative	Negative
Glucose (Urine/GOD - POD)	Negative	Negative
Pus Cells (Urine/Automated ~ Flow cytometry)	1 - 2 /hpf	NIL



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Epithelial Cells (Urine/Automated ~ Flow cytometry)	0 - 1	/hpf	NIL
RBCs (Urine/Automated ~ Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated ~ Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated ~ Flow cytometry)	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.

Stool Analysis - ROUTINE

Colour (Stool)	Brown	Brown
Blood (Stool)	Absent	Absent
Mucus (Stool)	Absent	Absent
Reaction (Stool)	Acidic	Acidic
Consistency (Stool)	Semi Solid	Semi Solid
Ova (Stool)	NIL	NIL
Others (Stool)	NIL	NIL
Cysts (Stool)	NIL	NIL



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Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	1 - 2	/hpf	NIL
Macrophages (Stool)	NIL		NIL
Epithelial Cells (Stool)	NIL	/hpf	NIL



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-- End of Report --

Name	MR.DURKA GANESH	ID	MED121811861
Age & Gender	34Y/MALE	Visit Date	13 Apr 2023
Ref Doctor Name	MediWheel		

ULTRASOUND SCAN

WHOLE ABDOMEN

Liver is normal in size and shows uniform echotexture with no focal abnormality. There is no intra or extra hepatic biliary ductal dilatation. Portal vein and IVC are normal.

Gall bladder is normal sized and smooth walled. No evidence of calculi. Wall thickness is normal.

Pancreas shows a normal configuration and echotexture. Pancreatic duct is normal.

Spleen is normal in size and echotexture.

Bilateral kidneys are normal in size, shape and position. Cortical echoes are normal

bilaterally. There is no calculus or calyceal dilatation.

Right kidney measures 9.1 x 4.0 cm.

Left kidney measures 9.7 x 4.9 cm.

Ureters are not dilated.

No abnormality is seen in the region of the **adrenal glands**.

No para aortic lymphadenopathy is seen.

Urinary bladder is smooth walled and uniformly transonic. No intravesical mass or calculus.

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Prostate is normal in size, measures 3.8 x 3.7 x 3.0 cm (Vol - 22 cc).
Echotexture is homogenous.

Seminal vesicles is normal.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.

IMPRESSION:

- **Normal study.**


Dr. SATHWIKHA
SONOLOGIST

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Age & Gender	34Y/MALE	Visit Date	13 Apr 2023
Ref Doctor Name	MediWheel		

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Age & Gender	34Y/M	Visit Date	Apr 13 2023 7:07AM
Ref Doctor	MediWheel		

X-RAY CHEST (PA VIEW)

The cardio thoracic ratio is normal.

The heart size and configuration are within normal limits.

The aortic arch is normal.

The lung fields show normal broncho-vascular markings.

Both the pulmonary hila are normal in size.

The costophrenic and cardiophrenic recesses and the domes of diaphragm are normal.

The bones and soft tissues of the chest wall show no abnormality.

IMPRESSION :

- **No significant abnormality detected.**

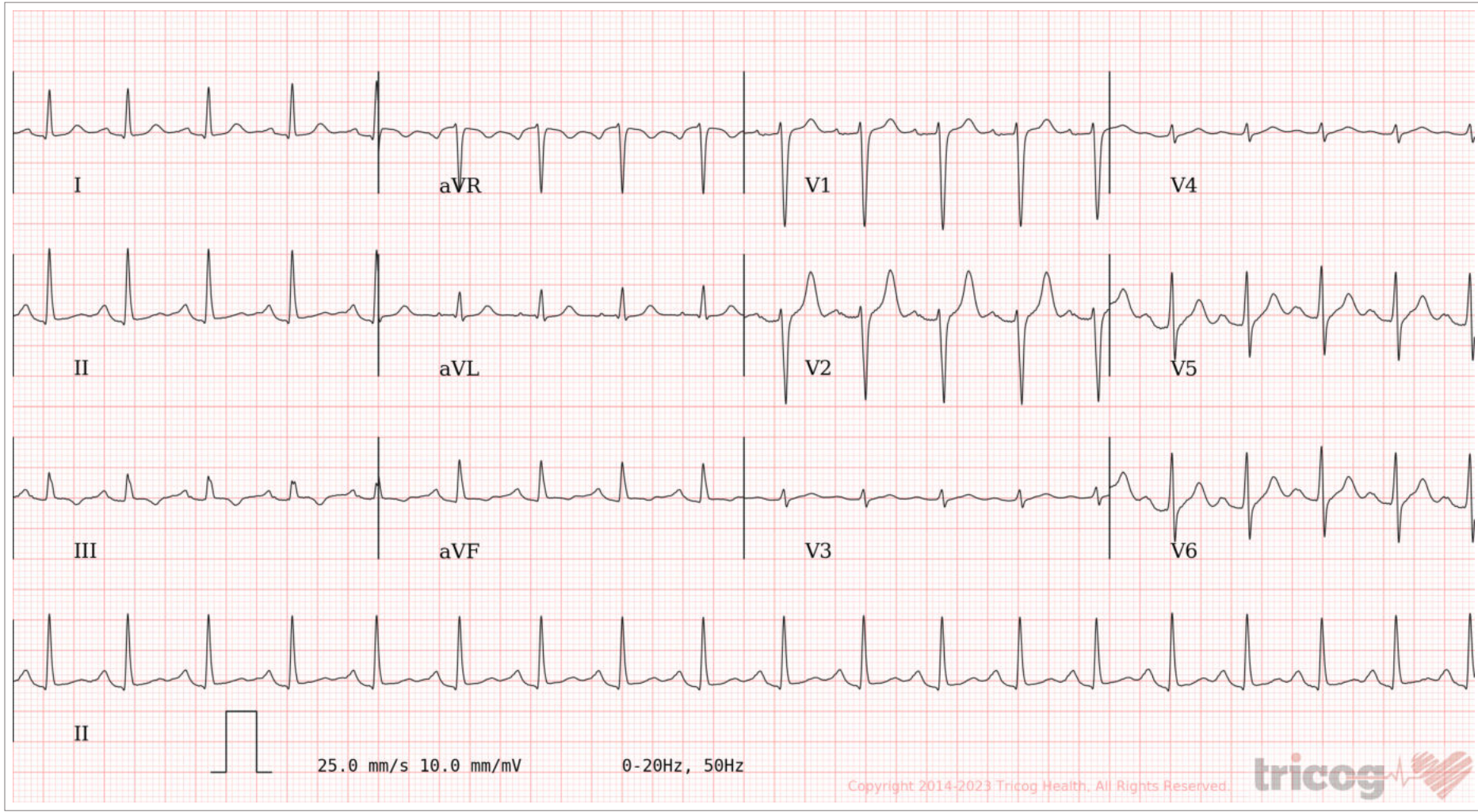
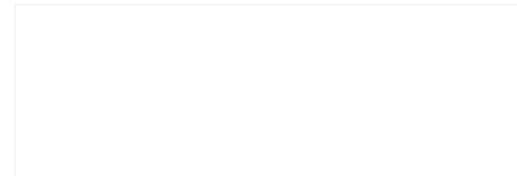

Dr. Vishnu Dakshin MD.,
Consultant Radiologist

MEDALL DIAGNOSTIC CENTER KILPAUK



Age / Gender: 34/Male
Patient ID: Med1218161
Patient Name: Mr durka ganesh

Date and Time: 13th Apr 23 10:29 AM



AR: 116bpm VR: 116bpm QRSD: 86ms QT: 292ms QTcB: 406.01ms PRI: 188ms P-R-T: 59° 44° -41°

Sinus Tachycardia. Please correlate clinically.

REPORTED BY
Avinash
ASSURED
Dr. Avinash K
DIAGNOSIS

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.