Name	RAHIM.E	ID	MED121303366
Age & Gender	32Year(s)/MALE	Visit Date	8/27/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

EYE SCREENING

	Right Eye	Left Eye
DISTANT VISION	**6/6**	**6/6**
NEAR VISION	**N8**	**N8**
COLOUR VISION	**Normal**	**Normal**

IMPRESSION :

❖ **Normal Study.**

Name	RAHIM.E	ID	MED121303366
Age & Gender	32Year(s)/MALE	Visit Date	8/27/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

Height	174cm
Weight	86.5kg
BP	110/63mmhg

Name	RAHIM.E		ID	MED121303366
Age & Gender	32Year(s)/MALE		Visit Date	8/27/2022 12:00:00 AM
Ref Doctor Name	MediWheel			

USG ABDOMEN / PELVIS

REPORT :-

LIVER:

The liver is normal in size14.5cm, shape and has smooth margins and shows **increased** echotexture.
Portal and hepatic veins are normal.
No evidence of any focal lesion seen.
Intrahepatic biliary radicles are not dilated.

GALL BLADDER:
GB appears Contracted

COMMON BILE DUCT:

The CBD is normal in caliber. No evidence of calculus is seen.

SPLEEN:

The spleen is normal in size (10.7cm)and shape and shows homogenous
echotexture.
No evidence of focal lesion is noted.

PANCREAS:

The pancreas is normal in size, shape and shows normal echotexture.
No evidence of solid or cystic mass lesion is noted.

KIDNEYS:

Both kidneys are normal in size, shape and position and
normal parenchymal echotexture and normal central echocomplex.
Right kidney measures 9.9cm x 4.8cm
Left kidney measures 11.3cm x 5.2cm
No calculus or hydronephrosis

ASCITES:

There is no ascites seen.

Name	RAHIM.E	ID	MED121303366
Age & Gender	32Year(s)/MALE	Visit Date	8/27/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

URINARY BLADDER:

The urinary bladder is distended and shows normal outline.
The thickness of the wall of Urinary bladder is essentially normal.
No evidence of calculus is seen.
No evidence of any space occupying lesion or diverticulum is noted.

PROSTATE:

The prostate is normal in size, shape and parenchymal echoes.
The prostate measures 3.7cm x 2.8cm x 2.4cm. volume 13cc. No Focal lesion

seen

BOTH ILIAC FOSSA : Appears normal. No mass / collection.

IMPRESSION :

➢ **GRADE II FATTY LIVER.**

DR. P.T. PRABAKARAN, M.B.B.S,M.D.R.D.,
CONSULTANT RADIOLOGIST

Name	RAHIM.E	ID	MED121303366
Age & Gender	32Year(s)/MALE	Visit Date	8/27/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

Name	RAHIM.E	Customer ID	MED121303366
Age & Gender	32Y/M	Visit Date	Aug 27 2022 10:00AM
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.

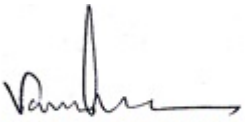The lung fields show normal broncho-vascular markings.

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.Tamilarasi.V M.D.R.D
Consultant Radiologist

Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (Blood /Agglutination) — 'O' 'Positive'

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

BIOCHEMISTRY

BUN / Creatinine Ratio	9.7		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	83.0	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-PAP)	129	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/ Agglutination)	8.8	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	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-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	5.7	mg/dL	3.5 - 7.2
Liver Function Test			
GGT(Gamma Glutamyl Transpeptidase) (Serum/Jaffe Kinetic)	22.0	U/L	< 55
Bilirubin(Total) (Serum/DCA with ATCS)	0.9	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/photometry)	0.3	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/RIA)	0.60	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	31.0	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	18.0	U/L	5 - 41

Dr.E.Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

The results pertain to sample tested.

Investigation	Observed Value	Unit	Biological Reference Interval
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	61.0	U/L	53 - 128
Total Protein (Serum/Phosphomolybdate/UV)	6.8	gm/dL	6.0 - 8.0
Albumin (Serum/Jaffe Kinetic / derived)	4.4	gm/dL	3.5 - 5.2
Globulin (Serum/RIA)	2.40	gm/dL	2.3 - 3.6
A : G RATIO (Serum/RIA)	1.83		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	164	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	84.0	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)	**41.0**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	**106.2**	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	16.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	123.0	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.

Dr.E.Saravanan M.D(Path)
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The results pertain to sample tested.

Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4		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)	2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.6		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

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	

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.

HAEMATOLOGY

Complete Blood Count With - ESR

Absolute Eosinophil Count (AEC) (Blood/Automated Blood cell Counter)	0.14	10^3 / µl	0.04 - 0.44
Absolute Lymphocyte Count (Blood/Automated Blood cell Counter)	2.2	10^3 / µl	1.5 - 3.5
PCT (Blood)	0.26	%	0.18 - 0.28
MPV (Blood/Automated Blood cell Counter)	**6.9**	fL	7.9 - 13.7
Absolute Basophil count (Blood/Automated Blood cell Counter)	0.01	10^3 / µl	< 0.2
Absolute Monocyte Count (Blood/Automated Blood cell Counter)	0.40	10^3 / µl	< 1.0
Absolute Neutrophil count (Blood/Automated Blood cell Counter)	3.8	10^3 / µl	1.5 - 6.6
RDW-CV (Blood)	13.4	%	11.5 - 16.0
RDW-SD (Blood)	39.2	fL	39 - 46

Dr.E.Saravanan M.D(Path)
Consultant Pathologist
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The results pertain to sample tested.

Investigation	Observed Value	Unit	Biological Reference Interval
Haemoglobin (Blood/Automated Blood cell Counter)	**13.4**	g/dL	13.5 - 18.0
PCV (Packed Cell Volume) / Haematocrit (Blood/Automated Blood cell Counter)	**39.9**	%	42 - 52
RBC Count (Blood/Automated Blood cell Counter)	4.7	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (Blood/ Automated Blood cell Counter)	84.3	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (Blood/Automated Blood cell Counter)	28.4	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (Blood/Automated Blood cell Counter)	33.6	g/dL	32 - 36
Platelet Count (Blood/Automated Blood cell Counter)	239	10^3 / µl	150 - 450
Total WBC Count (TC) (Blood/Automated Blood cell Counter)	6700	cells/cu.mm	4000 - 11000
**Diferential Leucocyte Count**			
Neutrophils (Blood)	57.9	%	40 - 75
Lymphocytes (Blood)	33.9	%	20 - 45
Eosinophils (Blood)	2.1	%	01 - 06
Monocytes (Blood)	5.9	%	01 - 10
Basophils (Blood)	0.2	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	07	mm/hr	< 15

Immunology

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.16	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/ Chemiluminescent Immunometric Assay (CLIA))	7.63	µg/dl	4.2 - 12.0

Dr.E.Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

The results pertain to sample tested.

Name	: **Mr. RAHIM.E**	**Register On**	: 27/08/2022 12:49 PM
PID No.	: MED121303366	**Collection On** :	27/08/2022 12:52 PM
SID No.	: 132213312	**Report On**	: 28/08/2022 10:06 AM
Age / Sex	: 32 Year(s) / Male	**Printed On**	: 29/08/2022 9:37 AM
Ref. Dr	: **MediWheel**	**Type**	: OP

Investigation	Observed Value	Unit	Biological Reference Interval

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))	0.70	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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

**Urine Analysis - Routine**

BIOCHEMISTRY

Urine Sugar (Urine)	Negative		

INTERPRETATION:
Comments:
Reference Range for Glucose is not established for body fluids. Physician to correlate clinically.

Clinical Pathology

Colour (Urine)	Pale yellow		Yellow to Amber
pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.020		1.002 - 1.035
Urine Protein / Albumin (Urine)	Negative		Negative
Ketone (Urine)	Negative		Negative
Bilirubin (Serum)	Nil	mg/dL	
Urobilinogen (Urine)	Normal		Normal
Pus Cells (Urine)	**1-2**	/hpf	NIL
Epithelial Cells (Urine)	**1-2**	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

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Reg No : 73347

The results pertain to sample tested.

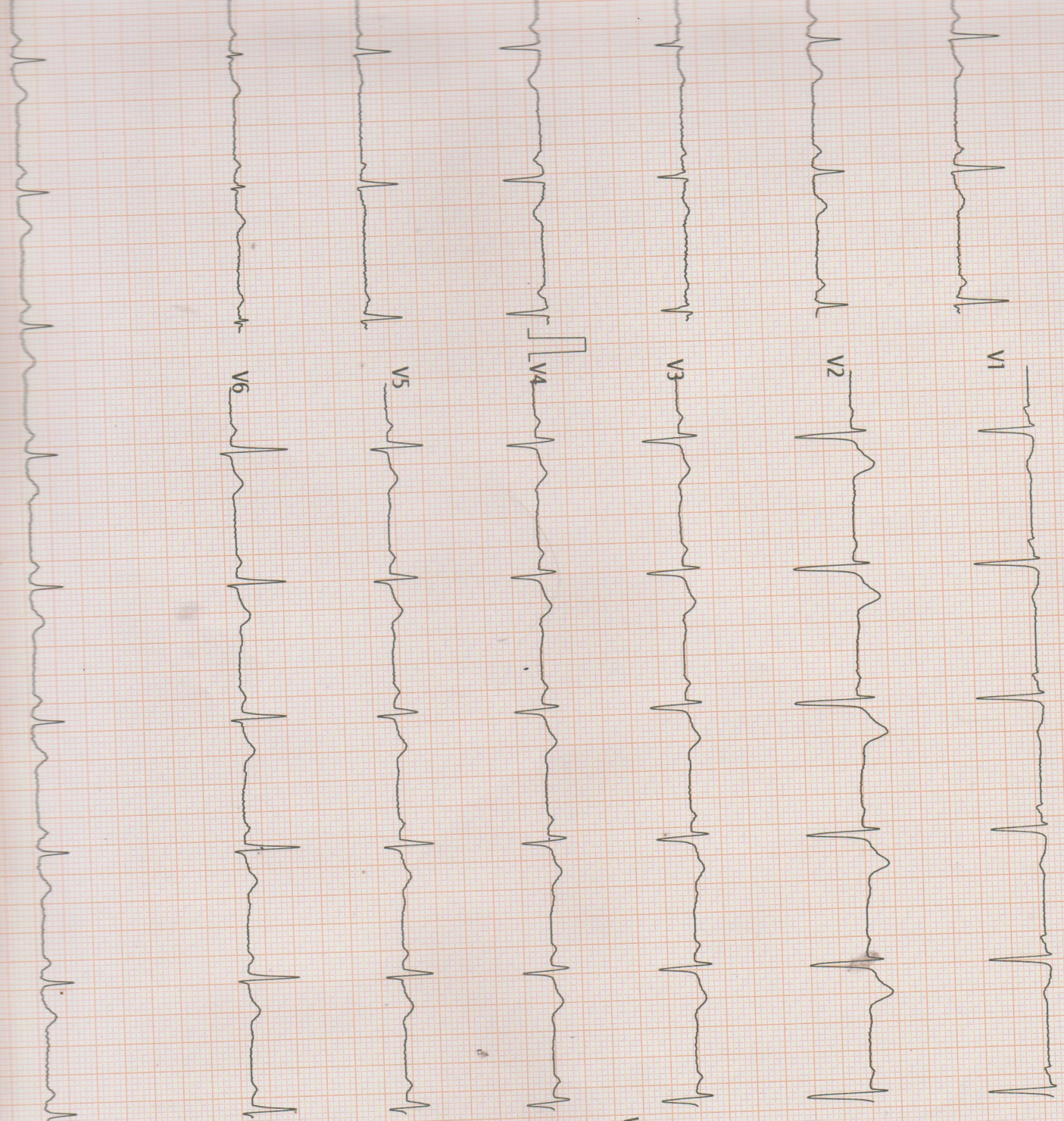| Investigation	Observed Value	Unit	Biological Reference Interval
Casts (Urine)	Nil	/hpf	NIL
Urine Crystals (Stool)	Nil	/hpf	NIL
Others (Urine)	Nil		

INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy

-- End of Report --

Dr.E.Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

The results pertain to sample tested.

27/08/22

10mm / mV

V1

V2

V3

V4

V5

V6

V2.33

Technician :

<ECG Analysis Result>:

800 Normal Sinus Rhythm

213 Mild Left Axis Deviation

*** Normal ECG ***

Vent. Rate(BPM) : 63

PR Int.(ms) : 162

P/QRS/T Int.(ms) : 119   97   183

QT/QTc Int.(ms) : 378   393

P/QRS/T Axis(Deg.) : 40   14   55

RV1/SV5 Amp.(mV) : 0.09   0.28

RV5/SV1 Amp.(mV) : 0.48   0.99

Note : Unconfirmed Report Need to

ST LEVEL(mV)

I	II	III	aVR	aVL	aVF
-0.00	+0.00	+0.00	+0.00	-0.00	+0.00
V1	V2	V3	V4	V5	V6
+0.05	+0.09	+0.04	+0.02	+0.01	+0.00

<

>

13288000495 -- -Y   / cm/Kg