

Name : Mr. A MANIGANDAN

PID No. : MED111867277

Register On : 28/09/2023 8:49 AM

SID No. : 423060435

Collection On : 28/09/2023 9:40 AM

Age / Sex : 47 Year(s) / Male

Report On : 28/09/2023 3:53 PM

Type : OP

Printed On : 29/09/2023 9:44 AM

Ref. Dr : MediWheel

<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)	9.5	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	32.2	%	42 - 52
RBC Count (EDTA Blood)	5.59	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	57.6	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	17.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	29.6	g/dL	32 - 36
RDW-CV (EDTA Blood)	18.6	%	11.5 - 16.0
RDW-SD (EDTA Blood)	37.50	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6200	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	62.8	%	40 - 75
Lymphocytes (EDTA Blood)	24.1	%	20 - 45
Eosinophils (EDTA Blood)	3.3	%	01 - 06
Monocytes (EDTA Blood)	9.4	%	01 - 10



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Basophils (Blood)	0.4	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.89	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.49	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.20	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.58	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.02	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	295	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	8.7	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.26	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	6	mm/hr	< 15



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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.53	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.19	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.34	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	10.42	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	10.60	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	47.94	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	100.5	U/L	53 - 128
Total Protein (Serum/Biuret)	7.42	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.68	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.74	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.71		1.1 - 2.2



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	135.66	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	144.95	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)	32.83	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	73.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	29	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	102.8	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)	4.1		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)	4.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	10.2	%	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 246.04 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 glyemic 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)	0.994	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.

T4 (Tyroxine) - Total (Serum/ECLIA)	6.21	µg/dl	4.2 - 12.0
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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)	4.51	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.



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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	18.3		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	219.45	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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	357.86	mg/dL	70 - 140
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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) (Serum/Urease UV / derived)	11.2	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.61	mg/dL	0.9 - 1.3
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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/Enzymatic)	3.95	mg/dL	3.5 - 7.2
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<u>IMMUNOASSAY</u>			
Prostate specific antigen - Total(PSA) (Serum/ <i>Manometric method</i>)	0.467	ng/ml	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0

INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL

PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH). Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.

PSA levels tend to increase in all men as they age.

Clinical Utility of PSA:

ÉIn the early detection of Prostate cancer.

ÉAs an aid in discriminating between Prostate cancer and Benign Prostatic disease.

ÉTo detect cancer recurrence or disease progression.



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-- End of Report --

Mahesh
Mob: 8618385220
9901569756



SRI PARVATHI OPTICS

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

SPECTACLE PRESCRIPTION

Name: *Manigandan*

No. **3707**

Mobil No:

Date: *28/9/2013*

Age / Gender *47y/M*

Ref. No. *111867277*

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
DISTANCE	<i>Plano</i>				<i>Plano</i>			
NEAR	<i>Add +1.0 B.C.</i>							

PD *63MM*

Advice to use glasses for:

DISTANCE FAR & NEAR READING COMPUTER PURPOSE

We Care Your Eyes

SRI PARVATHI OPTICS
NEW THIPPASANDRA

CLUMAX DIAGNOSTICS

MEDALL HEALTHCARE PVT LTD

CUSTOMER CHECKLIST

Print Date :28/09/2023 08:49 AM



MED111867277

Customer Name : **MR.A MANIGANDAN**Ref Dr Name : **MediWheel**Customer Id : **MED111867277** Visit ID : **423060435**Age : **47Y/MALE** Phone No : **8310433480**DOB : **19 Sep 1976** Visit Date : **28/09/2023**

Company Name : MediWheel

Package Name : **Mediwheel Full Body Health Checkup Male Above 40**

S.No	Modality	Study	AccessionNo	Time	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	TOTAL PROSTATE SPECIFIC ANTIGEN - PSA			
10	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)			
11	LAB	URINE GLUCOSE - FASTING			
12	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)			
13	LAB	COMPLETE BLOOD COUNT WITH ESR			
14	LAB	STOOL ANALYSIS - ROUTINE			
15	LAB	URINE ROUTINE			
16	LAB	BUN/CREATININE RATIO			
17	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)			
18	ECG	ECG	IND14226761138		
19	OTHERS	Transthoracic / 2D Echo	IND142267614690		
20	OTHERS	physical examination	IND142267615279		
21	US	ULTRASOUND ABDOMEN	IND142267615292		
22	OTHERS	Dental Consultation	IND142267616289		
23	OTHERS	EYE CHECKUP	IND142267617756		
24	X-RAY	X RAY CHEST	IND142267618659		
25	OTHERS	Consultation Physician	IND142267618736		

Registered By
(HARI.O)

HF - 16
 WF - 669
 DS - 109/75
 PUL - 82



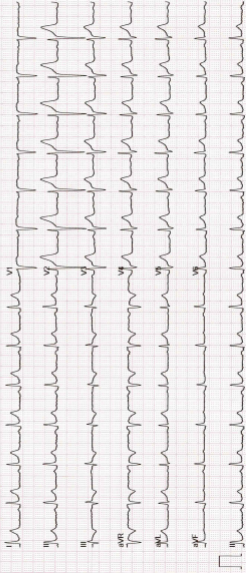
423260432-2
2 N611EP0001147Y (R)

QT / QTcBaz
PR
P
RR / PP
P / QRS / T

84 ms
330 / 380 ms
130 ms
104 ms
710 / 714 ms
47 / 27 / 12 degrees

25.09.2023 9:58:04
CLIPSWAY DIAGNOSTICS
CLIPSWAY CENTER
BANGSALORE

84 bpm
- / - mmHg



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Age & Gender	47Y/MALE	Visit Date	28 Sep 2023
Ref Doctor Name	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.5cms
LEFT ATRIUM	:	3.7cms
AVS	:	----
LEFT VENTRICLE (DIASTOLE)	:	4.4cms
(SYSTOLE)	:	3.0cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.3cms
POSTERIOR WALL (DIASTOLE)	:	1.2cms
(SYSTOLE)	:	1.7cms
EDV	:	87ml
ESV	:	34ml
FRACTIONAL SHORTENING	:	32%
EJECTION FRACTION	:	60%
EPSS	:	---
RVID	:	1.9cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' 0.84 m/s	A' 0.66 m/s	NO MR
AORTIC VALVE	:	1.30 m/s		NO AR
TRICUSPID VALVE	:	E' - m/s	A' - m/s	NO TR
PULMONARY VALVE	:	0.96 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
SRI JAYADEVA INSTITUTE OF CARDIOLOGY, BANGALORE
Kss/da

Note:

- * **Report to be interpreted by qualified medical professional.**
- * **To be correlated with other clinical findings.**

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Age & Gender	47Y/MALE	Visit Date	28 Sep 2023
Ref Doctor Name	MediWheel		

*** 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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Ref Doctor Name	MediWheel		

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. 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	9.9	1.5
Left Kidney	11.1	1.5

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 2.9 x 2.8 x 3.2cms (Vol:14cc).

No evidence of ascites / pleural effusion.

IMPRESSION:

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

DR. APARNA
CONSULTANT RADIOLOGIST

A/vp

Name	Mr. A MANIGANDAN	Customer ID	MED111867277
Age & Gender	47Y/M	Visit Date	Sep 28 2023 8:48AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

FINDINGS:

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. Nitash Prakash MBBS, MD
Consultant Radiologist