

Name	VIJAYA KUMAR S	ID	MED111062582
Age & Gender	42Year(s)/MALE	Visit Date	4/21/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.7cms
LEFT ATRIUM	:	3.5cms
AVS	:	----
LEFT VENTRICLE (DIASTOLE)	:	4.6cms
(SYSTOLE)	:	3.1cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.2cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.1cms
EDV	:	97ml
ESV	:	38ml
FRACTIONAL SHORTENING	:	32%
EJECTION FRACTION	:	61%
EPSS	:	---
RVID	:	1.9cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' 0.68 m/s	A' 0.56 m/s	NO MR
AORTIC VALVE	:	0.99 m/s		NO AR
TRICUSPID VALVE	:	E' 1.84 m/s	A' - m/s	NO TR
PULMONARY VALVE	:	0.69 m/s		NO PR

Name	VIJAYA KUMAR S	ID	MED111062582
Age & Gender	42Year(s)/MALE	Visit Date	4/21/2022 12:00:00 AM
Ref Doctor Name	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 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: 61%.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

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

Note:

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

Name	VIJAYA KUMAR S	ID	MED111062582
Age & Gender	42Year(s)/MALE	Visit Date	4/21/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

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

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



ಶ್ರೀ ಪಾರ್ವತಿ ಆಪ್ಟಿಕ್ಸ್

Mahesh

Mob:8618385220

9901569756

SRI PARVATHI OPTICS

Multi Branded Opticals Store

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

SPECTACLE PRESCRIPTION

Name: Vijaya Kumar S.

No. 427

Mobil No: 9742819884

Date: 21/04/22

Age / Gender 48y/m

Ref. No.

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
DISTANCE	Plano			6/6	Plano			6/6
NEAR	Add	+1.00	B.E	6/6				6/6

PD 66mm

Advice to use glasses for:

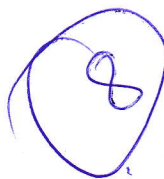
DISTANCE FAR & NEAR READING COMPUTER PURPOSE

We Care Your Eyes

SRI PARVATHI OPTICS

NEW THIPPASANDRA

CLUMAX DIAGNOSTICS



--- A MEDALL COMPANY ---

Date 21-Apr-2022 7:44 AM

Customer Name : **MR.VIJAYA KUMAR S**DOB : **21 Aug 1979**Ref Dr Name : **MediWheel**Age : **42Y/MALE**Customer Id : **MED111062582**Visit ID : **422034283**

Email Id :

Phone No : **9742819884**Corp Name : **MediWheel**

Address :

ht 174
wt 90.1
BP 120/80
pulsu - 76

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

106250 (1.0. 2) 21-04-2207 .95



363-P K1MAP S (ADY/M)

QRS

QT / QTcBaz

PR

P

RR / PP

P / QRS / T

78 ms

374 / 420 ms

180 ms

96 ms

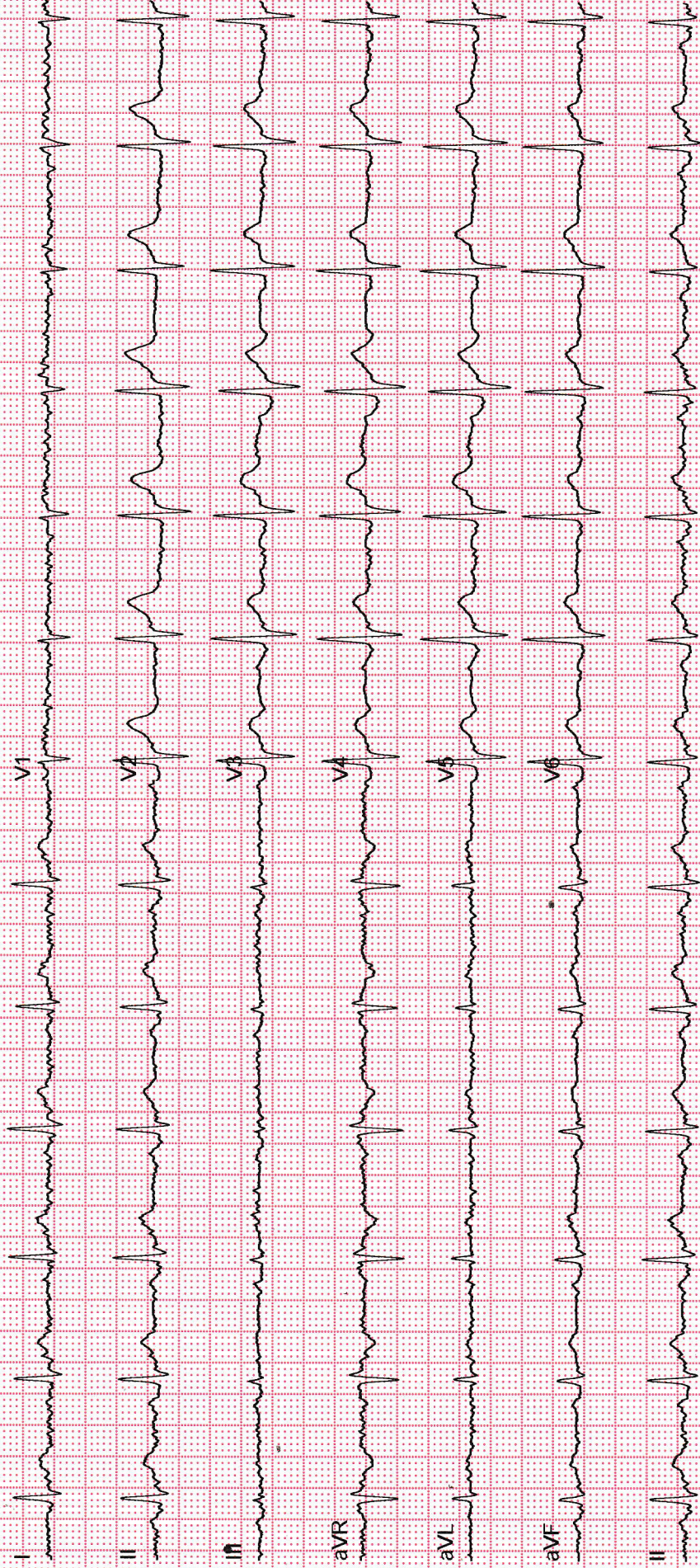
790 / 789 ms

73 / 32 / 43 degrees

21.04.2022 8:33:34
CLUMAX DIAGNOSTICS
THIPPASANDRA
BANGALORE

76 bpm

-- / -- mmHg



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

MICRO MED CARE

Name	VIJAYA KUMAR S	ID	MED111062582
Age & Gender	42Year(s)/MALE	Visit Date	4/21/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

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 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 10.6cms in long axis and 3.6cms in short 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	1.2
Left Kidney	10.6	1.5

URINARY BLADDER is minimally distended.

PROSTATE shows normal shape, size and echopattern. It measures 2.9 x 2.7 x 2.7cms (Vol:12cc).

No evidence of ascites / pleural effusion.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY.**

DR. H.K. ANAND
CONSULTANT RADIOLOGISTS

DR. MEERA S

MS/vp

Name	VIJAYA KUMAR S	Customer ID	MED111062582
Age & Gender	42Y/M	Visit Date	Apr 21 2022 7:44AM
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: Essentially normal study.

DR. H.K. ANAND

DR. SHWETHA S

DR. CHARUL



DR. APARNA

CONSULTANT RADIOLOGISTS

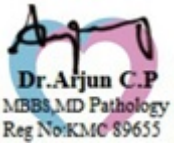
Name : Mr. VIJAYA KUMAR S
PID No. : MED111062582 **Register On** : 21/04/2022 7:50 AM
SID No. : 422034283 **Collection On** : 21/04/2022 8:26 AM
Age / Sex : 42 Year(s) / Male **Report On** : 22/04/2022 10:46 AM
Type : OP **Printed On** : 23/04/2022 2:50 PM
Ref. Dr : MediWheel

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

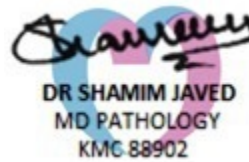
HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	15.1	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	46.2	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	5.24	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	88.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	28.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.7	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.1	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	40.35	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	9330	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	57.22	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	31.82	%	20 - 45



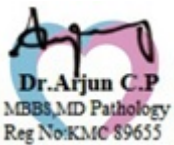
VERIFIED BY



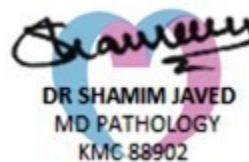
APPROVED BY

Name : Mr. VIJAYA KUMAR S
PID No. : MED111062582 **Register On** : 21/04/2022 7:50 AM
SID No. : 422034283 **Collection On** : 21/04/2022 8:26 AM
Age / Sex : 42 Year(s) / Male **Report On** : 22/04/2022 10:46 AM
Type : OP **Printed On** : 23/04/2022 2:50 PM
Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	2.23	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	8.53	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.20	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.34	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.97	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.21	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.80	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.02	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	289.9	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.09	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.23	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Modified Westergren)	7	mm/hr	< 15



VERIFIED BY



APPROVED BY

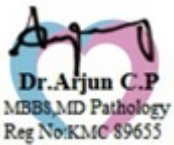
Name : Mr. VIJAYA KUMAR S
PID No. : MED111062582 **Register On** : 21/04/2022 7:50 AM
SID No. : 422034283 **Collection On** : 21/04/2022 8:26 AM
Age / Sex : 42 Year(s) / Male **Report On** : 22/04/2022 10:46 AM
Type : OP **Printed On** : 23/04/2022 2:50 PM
Ref. Dr : MediWheel

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

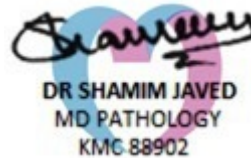
BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.9	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.3	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.6	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.5	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.8	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.7	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.8		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	19	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	19	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	85	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	27	U/L	< 55



VERIFIED BY




APPROVED BY

Name : Mr. VIJAYA KUMAR S
PID No. : MED111062582 **Register On** : 21/04/2022 7:50 AM
SID No. : 422034283 **Collection On** : 21/04/2022 8:26 AM
Age / Sex : 42 Year(s) / Male **Report On** : 22/04/2022 10:46 AM
Type : OP **Printed On** : 23/04/2022 2:50 PM
Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	245	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	134	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)	42	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	176.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	26.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	203.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



Dr. Arjun C.P
 MBBS, MD Pathology
 Reg No: KMC 89655

VERIFIED BY



DR SHAMIM JAVED
 MD PATHOLOGY
 KMC 88902

APPROVED BY

Name : Mr. VIJAYA KUMAR S
PID No. : MED111062582 **Register On** : 21/04/2022 7:50 AM
SID No. : 422034283 **Collection On** : 21/04/2022 8:26 AM
Age / Sex : 42 Year(s) / Male **Report On** : 22/04/2022 10:46 AM
Type : OP **Printed On** : 23/04/2022 2:50 PM
Ref. Dr : MediWheel


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

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)	5.8		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)	3.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
--	-----	--	--

LDL/HDL Cholesterol Ratio (Serum/Calculated)	4.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
---	-----	--	---



Dr. Arjun C.P
 MBBS, MD Pathology
 Reg No/KMC 89655

VERIFIED BY



DR SHAMIM JAVED
 MD PATHOLOGY
 KMC 88902

APPROVED BY

Name : Mr. VIJAYA KUMAR S
PID No. : MED111062582 **Register On** : 21/04/2022 7:50 AM
SID No. : 422034283 **Collection On** : 21/04/2022 8:26 AM
Age / Sex : 42 Year(s) / Male **Report On** : 22/04/2022 10:46 AM
Type : OP **Printed On** : 23/04/2022 2:50 PM
Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.5	%	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 %

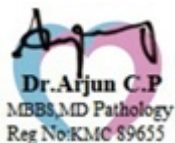
Estimated Average Glucose 111.15 mg/dL
(Whole Blood)

INTERPRETATION: Comments

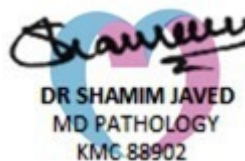
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.

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.



VERIFIED BY



APPROVED BY

Name : Mr. VIJAYA KUMAR S
PID No. : MED111062582 **Register On** : 21/04/2022 7:50 AM
SID No. : 422034283 **Collection On** : 21/04/2022 8:26 AM
Age / Sex : 42 Year(s) / Male **Report On** : 22/04/2022 10:46 AM
Type : OP **Printed On** : 23/04/2022 2:50 PM
Ref. Dr : MediWheel

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

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/CMIA)	1.31	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 (Thyroxine) - Total (Serum/CMIA)	6.85	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 Microparticle Immunoassay(CMIA))	3.12	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

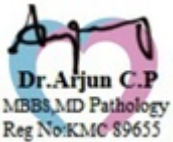
(Indian Thyroid Society Guidelines)

Comment :

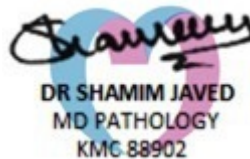
1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

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.



VERIFIED BY



APPROVED BY

Name : Mr. VIJAYA KUMAR S
PID No. : MED111062582 **Register On** : 21/04/2022 7:50 AM
SID No. : 422034283 **Collection On** : 21/04/2022 8:26 AM
Age / Sex : 42 Year(s) / Male **Report On** : 22/04/2022 10:46 AM
Type : OP **Printed On** : 23/04/2022 2:50 PM
Ref. Dr : MediWheel

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

CLINICAL PATHOLOGY


PHYSICAL EXAMINATION

Colour (Urine)	Pale Yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	20	mL	

CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.020		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Protein (Urine)	Negative		Negative



Dr RAVIKUMAR R
 MBBS, MD BIOCHEMISTRY
 CONSULTANT BIOCHEMIST
 Reg No : 78771
VERIFIED BY


DR SHAMIM JAVED
 MD PATHOLOGY
 KMC 88902
APPROVED BY

Name : Mr. VIJAYA KUMAR S
PID No. : MED111062582 Register On : 21/04/2022 7:50 AM
SID No. : 422034283 Collection On : 21/04/2022 8:26 AM
Age / Sex : 42 Year(s) / Male Report On : 22/04/2022 10:46 AM
Type : OP Printed On : 23/04/2022 2:50 PM
Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Glucose (Urine)	Negative		Negative
Leukocytes (Urine)	Negative	leuco/uL	Negative
<u>MICROSCOPY(URINE DEPOSITS)</u>			
Pus Cells (Urine/Flow cytometry)	2-4	/hpf	3-5
Epithelial Cells (Urine)	0-1	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	NIL
Others (Urine)	Nil		Nil
Casts (Urine/Flow cytometry)	Nil	/hpf	0 - 1
Crystals (Urine)	Nil		NIL


Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771
VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902


APPROVED BY

Name : Mr. VIJAYA KUMAR S
PID No. : MED111062582 Register On : 21/04/2022 7:50 AM
SID No. : 422034283 Collection On : 21/04/2022 8:26 AM
Age / Sex : 42 Year(s) / Male Report On : 22/04/2022 10:46 AM
Type : OP Printed On : 23/04/2022 2:50 PM
Ref. Dr : MediWheel

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


IMMUNOHAEMATOLOGY
BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' Positive'



Dr. Arjun C.P
MBBS, MD Pathology
Reg No:KMC 89655

VERIFIED BY



DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name : Mr. VIJAYA KUMAR S
PID No. : MED111062582 **Register On** : 21/04/2022 7:50 AM
SID No. : 422034283 **Collection On** : 21/04/2022 8:26 AM
Age / Sex : 42 Year(s) / Male **Report On** : 22/04/2022 10:46 AM
Type : OP **Printed On** : 23/04/2022 2:50 PM
Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	9.0		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	116	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 - POD)	76	mg/dL	70 - 140

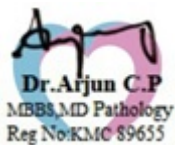
INTERPRETATION:

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.

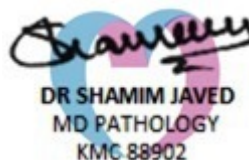
Glucose Postprandial - Urine (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	10	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	1.1	mg/dL	0.9 - 1.3

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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	6.5	mg/dL	3.5 - 7.2
---	-----	-------	-----------



VERIFIED BY



APPROVED BY

Name : Mr. VIJAYA KUMAR S
PID No. : MED111062582 Register On : 21/04/2022 7:50 AM
SID No. : 422034283 Collection On : 21/04/2022 8:26 AM
Age / Sex : 42 Year(s) / Male Report On : 22/04/2022 10:46 AM
Type : OP Printed On : 23/04/2022 2:50 PM
Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>IMMUNOASSAY</u>			
Prostate specific antigen - Total(PSA) (Serum/Chemiluminescent Microparticle Immunoassay(CMIA))	0.373	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.



Dr. Arjun C.P
MBBS, MD Pathology
Reg No:KMC 89655

VERIFIED BY



DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

-- End of Report --