Name	: **Mr. NATARAJ N**			
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SID No.	: 422027625	**Collection On**	: 30/03/2022 11:02 AM	
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Ref. Dr	: **MediWheel**			

Investigation	Observed Value	Unit	Biological Reference Interval

HAEMATOLOGY

Complete Blood Count With - ESR

Investigation	Observed Value	Unit	Biological Reference Interval
Haemoglobin (EDTA Blood/*Spectrophotometry)*	13.9	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/*Derived from Impedance)*	43.6	%	42 - 52
RBC Count (EDTA Blood/*Impedance Variation)*	5.10	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/*Derived from Impedance)*	86.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/*Derived from Impedance)*	27.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/*Derived from Impedance)*	**31.9**	g/dL	32 - 36
RDW-CV (EDTA Blood/*Derived from Impedance)*	14.9	%	11.5 - 16.0
RDW-SD (EDTA Blood/*Derived from Impedance)*	44.85	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/*Impedance Variation)*	6600	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	48.3	%	40 - 75
Lymphocytes (EDTA Blood/*Impedance Variation & Flow Cytometry)*	40.9	%	20 - 45

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Investigation	Observed Value	Unit	Biological Reference Interval
Eosinophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	1.9	%	01 - 06
Monocytes (EDTA Blood/*Impedance Variation & Flow Cytometry)*	7.7	%	01 - 10
Basophils (Blood/*Impedance Variation & Flow Cytometry)*	1.2	%	00 - 02
Absolute Neutrophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	3.19	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	2.70	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.13	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.51	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.08	10^3 / µl	< 0.2
Platelet Count (EDTA Blood/*Impedance Variation)*	333	10^3 / µl	150 - 450
MPV (EDTA Blood/*Derived from Impedance)*	**7.7**	fL	7.9 - 13.7
PCT (EDTA Blood/*Automated Blood cell Counter)*	0.26	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/*Modified Westergren)*	7	mm/hr	< 20

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Investigation	Observed Value	Unit	Biological Reference Interval

BIOCHEMISTRY

Liver Function Test

Investigation	Observed Value	Unit	Biological Reference Interval
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)*	7.3	gm/dL	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	4.8	gm/dL	3.5 - 5.2
Globulin (Serum/*Derived)*	2.5	gm/dL	2.3 - 3.6
A : G Ratio (Serum/*Derived)*	1.9		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/*IFCC Kinetic)*	25	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*IFCC / Kinetic)*	28	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/*IFCC Kinetic)*	60	U/L	56 - 119
GGT(Gamma Glutamyl Transpeptidase) (Serum/*SZASZ standarised IFCC)*	44	U/L	< 55

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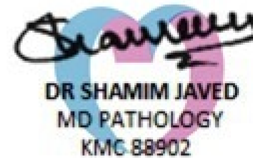

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Investigation	Observed Value	Unit	Biological Reference Interval
Lipid Profile			
Cholesterol Total (Serum/*Cholesterol oxidase/Peroxidase)*	**211**	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*Glycerol phosphate oxidase / peroxidase)*	127	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.

Investigation	Observed Value	Unit	Biological Reference Interval
HDL Cholesterol (Serum/*Immunoinhibition)*	**36**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/*Calculated)*	149.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated)*	25.4	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated)*	175.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

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Investigation	Observed Value	Unit	Biological Reference Interval

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.

Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated)*	5.9		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)*	3.5		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

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Investigation	Observed Value	Unit	Biological Reference Interval
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/*HPLC*)	**7.7**	%	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)	174.29	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.

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Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

Investigation	Observed Value	Unit	Biological Reference Interval
T3 (Triiodothyronine) - Total (Serum/*CMIA)*	1.40	ng/mL	0.4 - 1.81

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.

Investigation	Observed Value	Unit	Biological Reference Interval
T4 (Thyroxine) - Total (Serum/*CMIA)*	8.77	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.

Investigation	Observed Value	Unit	Biological Reference Interval
TSH (Thyroid Stimulating Hormone) (Serum/*Chemiluminescent Microparticle Immunoassay(CMIA))*	1.49	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<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

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Investigation	Observed Value	Unit	Biological Reference Interval
Colour (Urine)	Yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	20	mL	

CHEMICAL EXAMINATION(Automated-Urineanalyser)

Investigation	Observed Value	Unit	Biological Reference Interval
pH (Urine/*AUTOMATED URINANALYSER*)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.030		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

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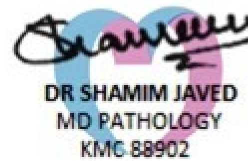

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Investigation	Observed Value	Unit	Biological Reference Interval
Glucose (Urine)	Negative		Negative
Leukocytes (Urine)	Negative	leuco/uL	Negative
MICROSCOPY(URINE DEPOSITS)			
Pus Cells (Urine/*Flow cytometry*)	2-3	/hpf	3-5
Epithelial Cells (Urine)	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

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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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Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
BUN / Creatinine Ratio	16.3		6 - 22
Glucose Fasting (FBS) (Plasma - F/*GOD - POD)*	**118**	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.

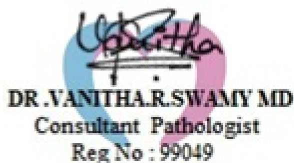
Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Fasting - Urine (Urine - F*)*	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD - POD)*	**159**	mg/dL	70 - 140

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.

Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Postprandial - Urine (Urine - PP*)*	**Trace**		Negative
Blood Urea Nitrogen (BUN) (Serum/*Urease-GLDH)*	13	mg/dL	7.0 - 21
Creatinine (Serum/*Jaffe Kinetic)*	**0.8**	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.

Investigation	Observed Value	Unit	Biological Reference Interval
Uric Acid (Serum/*Uricase/Peroxidase)*	5.7	mg/dL	3.5 - 7.2



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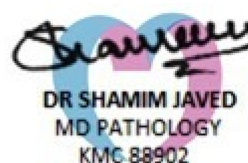

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The results pertain to sample tested.

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Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOASSAY

Prostate specific antigen - Total(PSA) (Serum/*Chemiluminescent Microparticle Immunoassay(CMIA)*)	0.387	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:
•In the early detection of Prostate cancer.
•As an aid in discriminating between Prostate cancer and Benign Prostatic disease.
•To detect cancer recurrence or disease progression.

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MD PATHOLOGY
KMC 88902
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-- End of Report --

Name	NATARAJ N	ID	MED111039246
Age & Gender	55/Male	Visit Date	30-03-2022 00:00:00
Ref Doctor Name	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA		: 2.6cms
LEFT ATRIUM		: 3.0cms
AVS		: ----
LEFT VENTRICLE	(DIASTOLE)	: 4.5cms
	(SYSTOLE)	: 3.1cms
VENTRICULAR SEPTUM	(DIASTOLE)	: 1.1cms
	(SYSTOLE)	: 1.4cms
POSTERIOR WALL	(DIASTOLE)	: 1.2cms
	(SYSTOLE)	: 1.7cms
EDV		: 93ml
ESV		: 39ml
FRACTIONAL SHORTENING		: 31%
EJECTION FRACTION		: 58%
EPSS		: ---
RVID		: 1.9cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	: E' 0.73 m/s	A' 0.91 m/s	NO MR
AORTIC VALVE	: 1.50 m/s		NO AR
TRICUSPID VALVE	: E' 2.05 m/s	A' - m/s	NO TR
PULMONARY VALVE	: 0.92 m/s		NO PR

Name	NATARAJ N	ID	MED111039246
Age & Gender	55/Male	Visit Date	30-03-2022 00:00:00
Ref Doctor Name	MediWheel		

2D ECHOCARDIOGRAPHY FINDINGS:

Left ventricle : Mild Concentric LVH , 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 : Thickened, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

- **CONCENTRIC LVH.**
- **LV DIASTOLIC DYSFUNCTION.**
- **NORMAL LV SYSTOLIC FUNCTION. EF:58 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

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

Name	NATARAJ N	ID	MED111039246
Age & Gender	55/Male	Visit Date	30-03-2022 00:00:00
Ref Doctor Name	MediWheel		

Note:
*** Report to be interpreted by qualified medical professional.**
*** To be correlated with other clinical findings.**
*** Parameters may be subjected to inter and intra observer variations.**

Name	NATARAJ N	ID	MED111039246
Age & Gender	55/Male	Visit Date	30-03-2022 00:00:00
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	**10.8**	**1.3**
Left Kidney	**11.2**	**1.8**

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 3.6 x 3.2 x 3.0cms (Vol:18cc).

No evidence of ascites / pleural effusion.

IMPRESSION:

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

DR. H.K. ANAND DR. APARNA
CONSULTANT RADIOLOGISTS:
A/

Name	NATARAJ N	ID	MED111039246
Age & Gender	55/Male	Visit Date	30-03-2022 00:00:00
Ref Doctor Name	MediWheel		

Name	NATARAJ N	Customer ID	MED111039246
Age & Gender	55Y/M	Visit Date	Mar 30 2022 9:32AM
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