PID No.
 : MED121983869
 Register On
 : 08/07/2023 9:54 AM

 SID No.
 : 522310939
 Collection On
 : 08/07/2023 1:46 PM

 Age / Sex
 : 41 Year(s) / Male
 Report On
 : 08/07/2023 8:32 PM

 Type
 : 0P
 Printed On
 : 10/07/2023 9:15 AM

Ref. Dr : MediWheel

Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Spectrophotometry)	13.5	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	39.1	%	42 - 52
RBC Count (EDTA Blood)	4.41	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	88.6	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	30.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.6	g/dL	32 - 36
RDW-CV	13.8	%	11.5 - 16.0
RDW-SD	42.79	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	5700	cells/cu.m m	4000 - 11000
Neutrophils (Blood)	67.6	%	40 - 75
Lymphocytes (Blood)	21.0	%	20 - 45
Eosinophils (Blood)	1.8	%	01 - 06
Monocytes (Blood)	9.2	%	01 - 10
Basophils (Blood)	0.4	%	00 - 02





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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
INTERPRETATION: Tests done on Automated Fiv	ve Part cell counter. All	abnormal results are r	eviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	3.85	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.20	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.10	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.52	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood)	0.02	10^3 / μl	< 0.2
Platelet Count (EDTA Blood)	215	10^3 / μl	150 - 450
MPV (Blood)	6.7	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.14	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	4	mm/hr	< 15
BUN / Creatinine Ratio	10.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	81.33	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)	Negative		Negative
(Urine - F/GOD - POD)			
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	98.17	mg/dL	70 - 140





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

#### 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)	9.7	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.93	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/Enzymatic)	6.90	mg/dL	3.5 - 7.2
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	1.52	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.42	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	1.10	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	22.44	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	17.84	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	16.63	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	134.6	U/L	53 - 128





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The results pertain to sample tested.

Page 3 of 8

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<u>Investigation</u>	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Total Protein (Serum/Biuret)	7.10	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.60	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.50	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.84		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	139.04	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	166.41	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 õusualö"circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	27.41	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	78.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189





Very High: >= 190

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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
VLDL Cholesterol (Serum/Calculated)	33.3	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	111.6	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)	5.1		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)	6.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
Glycosylated Haemoglobin (HbA1c)			
HbA1C	5.0	%	Normal: 4.5 - 5.6

INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

mg/dL Estimated Average Glucose 96.8

(Whole Blood)

(Whole Blood/HPLC)





Prediabetes: 5.7 - 6.4

Diabetic:  $\geq 6.5$ 

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

#### **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.

Prostate specific antigen - Total(PSA)

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

#### THYROID PROFILE / TFT

(Serum/Manometric method)

T3 (Triiodothyronine) - Total

0.941

ng/ml

0.7 - 2.04

(Serum/ECLIA)

#### 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

9.42

μg/dl

4.2 - 12.0

(Serum/ECLIA)

#### 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)

2.63

 $\mu IU/mL$ 

0.35 - 5.50

(Serum/ECLIA)





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The results pertain to sample tested.

Page 6 of 8

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	<u>Value</u>		Reference Interval

#### 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:**

Colour

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

Yellow

- 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 ROUTINE**

# PHYSICAL EXAMINATION (URINE COMPLETE)

(Urine)		
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	20	
<u>CHEMICAL EXAMINATION (URINE</u> <u>COMPLETE)</u>		
pH (Urine)	5.5	4.5 - 8.0
Specific Gravity (Urine)	1.013	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal





Yellow to Amber

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<u>Investigation</u>	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		
MICROSCOPIC EXAMINATION (URINE COMPLETE)			
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		
<b>INTERPRETATION:</b> Note: Done with Automa reviewed and confirmed microscopically.	ted Urine Analyser & Autor	nated urine sedir	nentation analyser. All abnormal reports are
Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL





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-- End of Report --

The results pertain to sample tested.

Page 8 of 8

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Name	MR.NARENDRA N	ID	MED121983869
Age & Gender	41Y/MALE	Visit Date	08 Jul 2023
Ref Doctor Name	MediWheel	-	

## ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size (14.4 cm) and shows increased echogenicity with focal fatty sparing. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

## **GALL BLADDER** is partially distended.

CBD is not dilated.

**PANCREAS** has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

**SPLEEN** shows normal shape, size and echopattern.

### **BOTH KIDNEYS**

**Right kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

**Left kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

·	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	12.4	1.4
Left Kidney	11.2	1.9

### **URINARY BLADDER** is partially distended.

**PROSTATE** shows normal shape, size and echopattern. It measures 2.9 x 3.1 x 4.1 cm, volume 19 cc.

No evidence of ascites.

## **IMPRESSION:**

- Grade I fatty infiltration of liver.
- No other significant abnormality detected.

## DR. HEMANANDINI V.N

Name	MR.NARENDRA N	ID	MED121983869
Age & Gender	41Y/MALE	Visit Date	08 Jul 2023
Ref Doctor Name	MediWheel	-	

## **CONSULTANT RADIOLOGISTS**

Hn/mj

Name	MR.NARENDRA N	ID	MED121983869
Age & Gender	41Y/MALE	Visit Date	08 Jul 2023
Ref Doctor Name	MediWheel		

### 2D ECHOCARDIOGRAPHIC STUDY

## **M-mode measurement:**

**AORTA** 2.22 cms. LEFT ATRIUM 3.19 cms. **AVS** 1.47 cms. LEFT VENTRICLE (DIASTOLE) 4.14 cms. (SYSTOLE) 2.47 cms. **VENTRICULAR SEPTUM** (DIASTOLE) 0.92 cms. (SYSTOLE) 1.50 cms. POSTERIOR WALL (DIASTOLE) 1.34 cms. (SYSTOLE) 1.48 cms. **EDV** 75 ml. **ESV** 21 ml. % FRACTIONAL SHORTENING 40 **EJECTION FRACTION** 60 % **EPSS** cms. **RVID** 1.80 cms.

## **DOPPLER MEASUREMENTS:**

MITRAL VALVE: E - 0.8 m/s A - 0.6 m/s NO MR.

AORTIC VALVE: 1.1 m/s NO AR.

TRICUSPID VALVE: E - 0.4 m/s A - 0.3 m/s NO TR.

PULMONARY VALVE: 0.8 m/s NO PR.

Name	MR.NARENDRA N	ID	MED121983869
Age & Gender	41Y/MALE	Visit Date	08 Jul 2023
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: 60 %.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

DR. YASHODA RAVI CONSULTANT CARDIOLOGIST

Name	MR.NARENDRA N	ID	MED121983869
Age & Gender	41Y/MALE	Visit Date	08 Jul 2023
Ref Doctor Name	MediWheel		

Name	Mr. NARENDRA N	Customer ID	MED121983869
Age & Gender	41Y/M	Visit Date	Jul 8 2023 9:53AM
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. APARNA

CONSULTANT RADIOLOGIST

Patient Name	Narendra.N	Date	
Age	4148	Visit Number	
Sex	Male	Corporate	- 10 mg

# GENERAL PHYSICAL EXAMINATION

Identification Mark:

Height: 174.5 cms

Weight: 80 - 2 . kgs

Pulse: 76 /minute

Blood Pressure: 110 20 mm of Hg

вмі : 26.4

BMI INTERPRETATION

Underweight = <18.5 Normal weight = 18.5-24.9 Overweight = 25-29.9

Chest:

Expiration: 94 cms

Inspiration: (02

Abdomen Measurement : 96 cms

Eyes: NAD Ears: NAD.

Throat: NAD Neck nodes: no pulpable no tender

RS: BILANBSED CVS: 4,52 courde clear

PA: BOSTE NO tender CNS: NAD

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE: MEDICAL FIT FOR EMPLOYMENT YES / NO

Dr. Signature Dr. Saara Neeha

KMC. Reg. No. 99137

