



INDIA'S LEADING DIAGNOSTICS NETWORK

Name: RAMESH.T.K Age/Sex: 59 yrs/M

Accession No: 4036VK004948

Report Date: 26.11.2022

Ref.by: Mediwheel

# **USG ABDOMEN & PELVIS**

### **OBSERVATIONS:**

Liver:

Normal in size. Shows normal parenchymal echotexture. A small cystic

lesion measuring 1 x 0.8 cm is noted in segment IV. No other focal parenchymal lesion noted. The biliary radicals appear normal. Portal

vein is normal (8 mm).

Gall bladder:

Distended. No calculus seen. No e/o of any wall thickening / edema. No

e/o any pericholecystic collection.

CBD:

Not dilated (4 mm).

Spleen:

Normal in size (7.3 cm) and echotexture. No focal lesion.

Pancreas:

Head (2.1 cm) and body (1.2 cm) appear normal. Tail obscured by

bowel gas. No focal lesion. No calcification or duct dilatation noted.

Kidneys:

Right kidney length measures 9.6 cm. Parenchymal thickness 1.5 cm

Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus or mass lesion

seen. No hydronephrosis.

Left kidney length measures 9.7 cm. Parenchymal thickness 1.4 cm

Normal in position & size. Cortical echogenicity is normal. There is good cortico-medullary differentiation. No calculus seen. A cortical cyst measuring 1.6 x 1.5 cm is noted in the mid pole. No

hydronephrosis.

Ureters:

Not dilated.

Urinary Bladder: Distended, No luminal or wall abnormality noted.

Prostate:

Normal in size, volume 23 cc. Shows homogenous parenchymal

texture. No evidence of any mass lesion.

Others:

No evident lymphadenopathy. No evidence of bowel wall

thickening/echogenic mesentery/dilated bowel loops. Normal peristalsis seen. No free fluid in the peritoneal cavity. No pleural effusion noted.

### IMPRESSION:

No significant abnormality detected.

Dr. Deepak.V, MB

Radiologist

Note: Please correlate clinically and investigate further as needed.

### Patient

ID Name Birth Date Gender

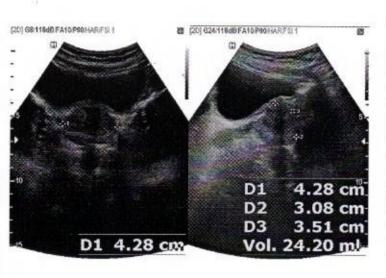
26-11-2022-0015 Accession #

Other

### Exam

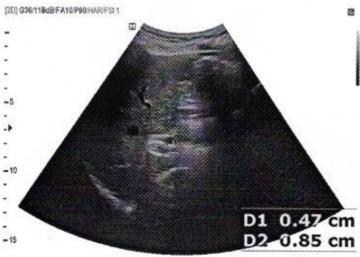
Accession # Exam Date Description Sonographer

26112022

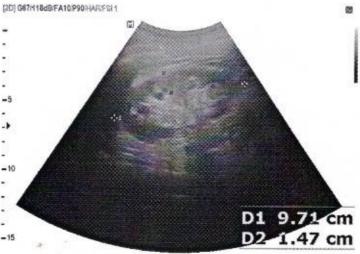
















DDRC SRL DIAGNOSTICS

GANDHI NAGAR, KTM KERALA, INDIA Tel: 93334 93334

Email: customercare.ddrc@srl.in

PATIENT NAME: REMESH T K PATIENT ID: REMRM2611634036

ACCESSION NO: 4036VK004948 AGE: 59 Years SEX: Male

DRAWN: RECEIVED: 26/11/2022 12:04 REPORTED: 26/11/2022 19:22

REFERRING DOCTOR: DR. MEDIWHEEL CLIENT PATIENT ID:

Test Report Status Results Biological Reference Interval Units

#### MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT

TREADMILL TEST

TREADMILL TEST COMPLETED

**DENTAL CHECK UP** 

DENTAL CHECK UP COMPLETED

**OPTHAL** 

OPTHAL COMPLETED

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION COMPLETED





Details Scan to View Pend





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#### MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT

CEDIIM		IIDEA	NTTROGEN
SERUM	חו טעוו	UKFA	NIKUUTIN

BLOOD UREA NITROGEN	10	Adult(<60 vrs): 6 to 20	ma/dL
DECOD CINEA INTINOCEIN	10	Addit( \00 y13) . 0 to 20	IIIq/uL

**BUN/CREAT RATIO** 

**BUN/CREAT RATIO** 11.3

**CREATININE, SERUM** 

CREATININE 0.88 18 - 60 yrs : 0.9 - 1.3 mg/dL

**GLUCOSE, POST-PRANDIAL, PLASMA** 

GLUCOSE, POST-PRANDIAL, PLASMA 112 Diabetes Mellitus : > or = 200. mg/dL

Impaired Glucose tolerance/ Prediabetes: 140 - 199. Hypoglycemia: < 55.

**GLUCOSE, FASTING, PLASMA** 

GLUCOSE, FASTING, PLASMA 103 Diabetes Mellitus: > or = 126. mg/dL

> Impaired fasting Glucose/ Prediabetes: 101 - 125. Hypoglycemia

**GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD** 

GLYCOSYLATED HEMOGLOBIN (HBA1C) : 4.0 - 5.6%.% 5.7 Normal

Non-diabetic level : < 5.7%. Diabetic : >6.5%

Glycemic control goal

More stringent goal : < 6.5 %. General goal : < 7%. Less stringent goal : < 8%.

Glycemic targets in CKD :-If eGFR > 60 : < 7%. If eGFR < 60:7-8.5%.

MEAN PLASMA GLUCOSE 116.9 High < 116.0mg/dL

LIPID PROFILE, SERUM

Desirable: < 200 **CHOLESTEROL** 190 mg/dL

Borderline: 200-239

: >or= 240 High

**TRIGLYCERIDES** 54 Normal : < 150 mg/dL

: 150-199 High

Hypertriglyceridemia: 200-499

Very High: > 499

HDL CHOLESTEROL General range: 40-60 46 mg/dL





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DIRECT LDL CHOLESTEROL   147	Test Report Status	Results			Units
NON HDL CHOLESTEROL         144         High Now Desirable: Less than 130 A 159 Borderline High: 160 - 189 High: 190 - 219 Very high: 190	DIRECT LDL CHOLESTEROL	147		Above Optimum: 100-139 Borderline High: 130-159 High: 160-189	mg/dL
No.	NON HDL CHOLESTEROL	144	High	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219	mg/dL
VERY LOW DENSITY LIPOPROTEIN         10.8         < or = 30.0         mg/dL           LIVER FUNCTION TEST WITH GGT         FUNCTION TEST WITH GGT         FUNCTION TEST WITH GGT         General Range : < 1.1         mg/dL           BILIRUBIN, TOTAL         0.67         General Range : < 1.1	CHOL/HDL RATIO	4.1		3.30 - 4.40	
LIVER FUNCTION TEST WITH GGT           BILIRUBIN, TOTAL         0.67         General Range: < 1.1	LDL/HDL RATIO	3.2	High	0.5 - 3.0	
BILIRUBIN, TOTAL         0.67         General Range : < 1.1	VERY LOW DENSITY LIPOPROTEIN	10.8		< or = 30.0	mg/dL
BILIRUBIN, DIRECT         0.15         0.0 - 0.2         mg/dl           BILIRUBIN, INDIRECT         0.52         0.00 - 1.00         mg/dl           TOTAL PROTEIN         6.7         Ambulatory: 6.4 - 8.3 Recumbant: 6 - 7.8         g/dl           ALBUMIN         4.6         20-60yrs: 3.5 - 5.2         g/dl           GLOBULIN         2.1         2.0 - 4.1         g/dl           ALBUMIN/GLOBULIN RATIO         2.2         High         1.0 - 2.0         RATIO           ASPARTATE AMINOTRANSFERASE (AST/SGOT)         20         Adults: < 40	LIVER FUNCTION TEST WITH GGT				
BILIRUBIN, INDIRECT         0.52         0.00 - 1.00         mg/dL           TOTAL PROTEIN         6.7         Ambulatory: 6.4 - 8.3 Recumbant: 6 - 7.8         g/dL           ALBUMIN         4.6         20-60yrs: 3.5 - 5.2         g/dL           GLOBULIN         2.1         2.0 - 4.1         g/dL           ALBUMIN/GLOBULIN RATIO         2.2         High         1.0 - 2.0         RATIO           ASPARTATE AMINOTRANSFERASE (AST/SGOT)         20         Adults: < 40	BILIRUBIN, TOTAL	0.67		General Range : < 1.1	mg/dL
TOTAL PROTEIN         6.7         Ambulatory: 6.4 - 8.3 Recumbant: 6 - 7.8         g/dL           ALBUMIN         4.6         20-60yrs: 3.5 - 5.2         g/dL           GLOBULIN         2.1         2.0 - 4.1         g/dL           ALBUMIN/GLOBULIN RATIO         2.2         High         1.0 - 2.0         RATIO           ASPARTATE AMINOTRANSFERASE (AST/SGOT)         20         Adults: < 40	BILIRUBIN, DIRECT	0.15		0.0 - 0.2	mg/dL
ALBUMIN         4.6         20-60yrs: 3.5 - 5.2         9/dL           GLOBULIN         2.1         2.0 - 4.1         9/dL           ALBUMIN/GLOBULIN RATIO         2.2         High         1.0 - 2.0         RATIO           ASPARTATE AMINOTRANSFERASE (AST/SGOT)         20         Adults: < 40	BILIRUBIN, INDIRECT	0.52		0.00 - 1.00	mg/dL
GLOBULIN         2.1         2.0 - 4.1         g/dL           ALBUMIN/GLOBULIN RATIO         2.2         High         1.0 - 2.0         RATIO           ASPARTATE AMINOTRANSFERASE (AST/SGOT)         20         Adults: < 40	TOTAL PROTEIN	6.7			g/dL
ALBUMIN/GLOBULIN RATIO         2.2         High         1.0 - 2.0         RATIO           ASPARTATE AMINOTRANSFERASE (AST/SGOT)         20         Adults: < 40	ALBUMIN	4.6		20-60yrs : 3.5 - 5.2	g/dL
ASPARTATE AMINOTRANSFERASE (AST/SGOT)         20         Adults: < 40	GLOBULIN	2.1		2.0 - 4.1	g/dL
ALANINE AMINOTRANSFERASE (ALT/SGPT) 12 Adults: < 45 U/L ALKALINE PHOSPHATASE 36 Adult(<60yrs): 40 - 130 U/L GAMMA GLUTAMYL TRANSFERASE (GGT) 14 Adult (male): < 60 U/L  **TOTAL PROTEIN, SERUM**  **TOTAL PROTEIN**  **URIC ACID, SERUM**  URIC ACID, SERUM**  URIC ACID 5.4 Adults: 3.4-7 mg/dL  **ABO GROUP & RH TYPE, EDTA WHOLE BLOOD**  RH TYPE POSITIVE**  **BLOOD COUNTS, EDTA WHOLE BLOOD**  HEMOGLOBIN 12.6 Low 13.0 - 17.0 g/dL  **RED BLOOD CELL COUNT**  **Adults: < 45 U/L  **Adult(<60yrs): 40 - 130 U/L  **Adult (male): < 60 U/L  **Adult	ALBUMIN/GLOBULIN RATIO	2.2	High	1.0 - 2.0	RATIO
ALKALINE PHOSPHATASE       36       Adult(<60yrs): 40 - 130	ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20		Adults: < 40	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)       14       Adult (male): < 60       U/L         TOTAL PROTEIN, SERUM         TOTAL PROTEIN       6.7       Ambulatory: 6.4 - 8.3 Recumbant: 6 - 7.8       g/dL         URIC ACID, SERUM         URIC ACID       5.4       Adults: 3.4-7       mg/dL         ABO GROUP & RH TYPE, EDTA WHOLE BLOOD       TYPE O       TYPE O       FRH TYPE       POSITIVE         BLOOD COUNTS,EDTA WHOLE BLOOD       12.6       Low 13.0 - 17.0       g/dL         HEMOGLOBIN       12.6       Low 4.5 - 5.5       mil/μL	ALANINE AMINOTRANSFERASE (ALT/SGPT)	12		Adults: < 45	U/L
TOTAL PROTEIN, SERUM  TOTAL PROTEIN  6.7  Ambulatory: 6.4 - 8.3 Recumbant: 6 - 7.8  URIC ACID, SERUM  URIC ACID  5.4  Adults: 3.4-7  mg/dL  ABO GROUP & RH TYPE, EDTA WHOLE BLOOD  RH TYPE  POSITIVE  BLOOD COUNTS,EDTA WHOLE BLOOD  HEMOGLOBIN  12.6  Low  13.0 - 17.0  g/dL  mii/µL	ALKALINE PHOSPHATASE	36		Adult(<60yrs): 40 - 130	U/L
TOTAL PROTEIN6.7Ambulatory: 6.4 - 8.3 Recumbant: 6 - 7.8g/dLURIC ACID, SERUMURIC ACID5.4Adults: 3.4-7mg/dLABO GROUP & RH TYPE, EDTA WHOLE BLOODRH TYPETYPE ORH TYPEPOSITIVEBLOOD COUNTS,EDTA WHOLE BLOODHEMOGLOBIN12.6Low13.0 - 17.0g/dLRED BLOOD CELL COUNT4.29Low4.5 - 5.5mil/µL	GAMMA GLUTAMYL TRANSFERASE (GGT)	14		Adult (male) : < 60	U/L
Recumbant: 6 - 7.8         URIC ACID, SERUM         URIC ACID       5.4       Adults: 3.4-7       mg/dL         ABO GROUP & RH TYPE, EDTA WHOLE BLOOD         RH TYPE       POSITIVE       FOSITIVE         BLOOD COUNTS,EDTA WHOLE BLOOD         HEMOGLOBIN       12.6       Low       13.0 - 17.0       g/dL         RED BLOOD CELL COUNT       4.29       Low       4.5 - 5.5       mil/µL	TOTAL PROTEIN, SERUM				
URIC ACID       5.4       Adults: 3.4-7       mg/dL         ABO GROUP & RH TYPE, EDTA WHOLE BLOOD       TYPE O       FOSITIVE       FOS	TOTAL PROTEIN	6.7		•	g/dL
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD         ABO GROUP       TYPE 0         RH TYPE       POSITIVE         BLOOD COUNTS,EDTA WHOLE BLOOD         HEMOGLOBIN       12.6       Low 13.0 - 17.0       g/dL         RED BLOOD CELL COUNT       4.29       Low 4.5 - 5.5       mil/µL	URIC ACID, SERUM				
ABO GROUP       TYPE O         RH TYPE       POSITIVE         BLOOD COUNTS,EDTA WHOLE BLOOD         HEMOGLOBIN       12.6       Low 13.0 - 17.0       g/dL         RED BLOOD CELL COUNT       4.29       Low 4.5 - 5.5       mil/μL	URIC ACID	5.4		Adults: 3.4-7	mg/dL
RH TYPE         POSITIVE           BLOOD COUNTS,EDTA WHOLE BLOOD         Low         13.0 - 17.0         g/dL           RED BLOOD CELL COUNT         4.29         Low         4.5 - 5.5         mil/μL	ABO GROUP & RH TYPE, EDTA WHOLE BLOOD				
BLOOD COUNTS,EDTA WHOLE BLOOD         HEMOGLOBIN       12.6       Low 13.0 - 17.0       g/dL         RED BLOOD CELL COUNT       4.29       Low 4.5 - 5.5       mil/μL	ABO GROUP	TYPE O			
HEMOGLOBIN         12.6         Low         13.0 - 17.0         g/dL           RED BLOOD CELL COUNT         4.29         Low         4.5 - 5.5         mil/μL	RH TYPE	POSITIVE			
RED BLOOD CELL COUNT         4.29         Low 4.5 - 5.5         mil/μL	BLOOD COUNTS,EDTA WHOLE BLOOD				
	HEMOGLOBIN	12.6	Low	13.0 - 17.0	g/dL
WHITE BLOOD CELL COUNT <b>3.30 Low</b> 4.0 - 10.0 thou/μL	RED BLOOD CELL COUNT	4.29	Low	4.5 - 5.5	mil/μL
	WHITE BLOOD CELL COUNT	3.30	Low	4.0 - 10.0	thou/µL



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REFERRING DOCTOR: DR. MEDIWHEEL CLIENT PATIENT ID:

Test Report Status	Results			Units
DI ATELET, COUNT	356		150 410	
PLATELET COUNT	256		150 - 410	thou/µL
RBC AND PLATELET INDICES	07.4	•	40 50	0/
HEMATOCRIT	37.4	Low	40 - 50	%
MEAN CORPUSCULAR VOL	87.0		83 - 101	fL
MEAN CORPUSCULAR HGB.	29.5		27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.8		31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	12.4		11.6 - 14.0	%
WBC DIFFERENTIAL COUNT				
SEGMENTED NEUTROPHILS	60		40 - 80	%
LYMPHOCYTES	39		20 - 40	%
EOSINOPHILS	01		1 - 6	%
ABSOLUTE NEUTROPHIL COUNT	1.98	Low	2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT	1.29		1.0 - 3.0	thou/µL
ABSOLUTE EOSINOPHIL COUNT	0.03		0.02 - 0.50	thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.5			
ERYTHROCYTE SEDIMENTATION RATE (ESR BLOOD	),WHOLE			
SEDIMENTATION RATE (ESR)	09		0 - 14	mm at 1 hr
STOOL: OVA & PARASITE	RESULT PENDING	i		
SUGAR URINE - POST PRANDIAL				
SUGAR URINE - POST PRANDIAL	NOT DETECTED		NOT DETECTED	
PROSTATE SPECIFIC ANTIGEN, SERUM				
PROSTATE SPECIFIC ANTIGEN	2.420		< 3.5	ng/mL
THYROID PANEL, SERUM				-
Т3	84.31		Adult : 60-181	ng/dL
T4	9.10		3.2 - 12.6	μg/dl
TSH 3RD GENERATION	1.100		50-80 Yrs: 0.35 - 4.5	μIU/mL
PHYSICAL EXAMINATION, URINE				
COLOR	YELLOWISH			
APPEARANCE	CLEAR			
CHEMICAL EXAMINATION, URINE				
PH	6.0		4.7 - 7.5	
SPECIFIC GRAVITY	1.020		1.003 - 1.035	
PROTEIN	DETECTED (TRAC	E)	NOT DETECTED	



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Test Report Status	Results		Units
GLUCOSE	NOT DETECTED	NOT DETECTED	
KETONES	NOT DETECTED	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
MICROSCOPIC EXAMINATION, URI	NE		
RED BLOOD CELLS	1 - 2	NOT DETECTED	/HPF
WBC	3-5	0-5	/HPF
EPITHELIAL CELLS	NOT DETECTED	NOT DETECTED	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
SUGAR URINE - FASTING			
SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED	
KETONES BILIRUBIN UROBILINOGEN MICROSCOPIC EXAMINATION, URIL RED BLOOD CELLS WBC EPITHELIAL CELLS CASTS CRYSTALS BACTERIA SUGAR URINE - FASTING	NOT DETECTED NOT DETECTED NORMAL  NE  1 - 2 3-5 NOT DETECTED NOT DETECTED NOT DETECTED NOT DETECTED NOT DETECTED	NOT DETECTED NOT DETECTED NORMAL  NOT DETECTED 0-5 NOT DETECTED  NOT DETECTED	/HPF

#### Comments

NOTE - Kindly correlate clinically.

Interpretation(s)
SERUM BLOOD UREA NITROGEN-

Causes of Increased levels

Pre renal

- High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal Renal Failure
- Post Renal
- Malignancy, Nephrolithiasis, Prostatism

## Causes of decreased levels • Liver disease

- SIADH.

CREATININE, SERUM-Higher than normal level may be due to:

- Blockage in the urinary tract
- Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
  Loss of body fluid (dehydration)
  Muscle problems, such as breakdown of muscle fibers

- Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:
• Myasthenia Gravis

Muscular dystrophy
GLUCOSE, POST-PRANDIAL, PLASMAADA Guidelines for 2hr post prandial glucose levels is only after ingestion of 75grams of glucose in 300 ml water, over a period of 5 minutes.

GLUCOSE, FASTING, PLASMA-ADA 2012 guidelines for adults as follows:

Pre-diabetics: 100 - 125 mg/dL Diabetic: > or = 126 mg/dL

(Ref: Tietz 4th Edition & ADA 2012 Guidelines)



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GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-Used For:

- 1. Evaluating the long-term control of blood glucose concentrations in diabetic patients.
- 2.Diagnosing diabetes.
  3.Identifying patients at increased risk for diabetes (prediabetes).

The ADA recommends measurement of HbAIc (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patients metabolic control has remained continuously within the target range.

- 1.eAG (Estimated average glucose) converts percentage HbA1c to md/dl, to compare blood glucose levels.
- 2. eAG gives an evaluation of blood glucose levels for the last couple of months.
  3. eAG is calculated as eAG (mg/dl) = 28.7 \* HbA1c 46.7

**HbA1c Estimation can get affected due to :**I.Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days II.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.

III.Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia, uremia, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiates addiction are reported to interfere with some assay methods, falsely increasing results. IV.Interference of hemoglobinopathies in HbA1c estimation is seen in

a.Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c. b.Heterozygous state detected (D10 is corrected for HbS & HbC trait.)

c.HbF > 25% on alternate paltform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is

LIPID PROFILE, SERUM-Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease This test can help determine your risk provides throughout your body (atherosclerosis). High cholesterol levels usually don' of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn''''''''''''' t need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk.It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the ""good"" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely. HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease. Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

#### Recommendations:

Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol, It does not include trialycerides and may be best used in patients for whom fasting is difficult.

TOTAL PROTEIN, SERUM

Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.

URIC ACID, SERUM-Causes of Increased levels

- Dietary

   High Protein Intake.
- Prolonged Fasting,
- Rapid weight loss.



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DDRC SRL DIAGNOSTICS

GANDHI NAGAR, KTM KERALA, INDIA Tel: 93334 93334

Email: customercare.ddrc@srl.in

**PATIENT NAME: REMESH T K** PATIENT ID: REMRM2611634036

4036VK004948 AGE: 59 Years SEX: Male ACCESSION NO:

DRAWN: RECEIVED: 26/11/2022 12:04 REPORTED: 26/11/2022 19:22

REFERRING DOCTOR: DR. MEDIWHEEL CLIENT PATIENT ID:

**Test Report Status** Results Units

Lesch nyhan syndrome. Type 2 DM. Metabolic syndrome

Causes of decreased levels

- Low Zinc Intake
- OCP's
- Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels

- Drink plenty of fluids
  Limit animal proteins
- High Fibre foodsVit C Intake

Antioxidant rich foods
 ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same.

The test is performed by both forward as well as reverse grouping methods. BLOOD COUNTS,EDTA WHOLE BLOOD-

The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology. RBC AND PLATELET INDICES-

Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait. WBC DIFFERENTIAL COUNT-

The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.

(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504 This ratio element is a calculated parameter and out of NABL scope.

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD-**TEST DESCRIPTION**:

Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

#### TEST INTERPRETATION

**Increase** in: Infections, Vasculities, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.

Finding a very accelerated ESR(>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythermia vera, Sickle cell anemia

#### LIMITATIONS

False elevated ESR: Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia
False Decreased: Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine,

salicylates)

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition; 2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin; 3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis, 10th edition.

SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT'S TEST
PROSTATE SPECIFIC ANTIGEN, SERUMProstate Specific Antigen (PSA) is a single-chain glycoprotein normally found in the cytoplasm of the epithelial cells lining the acini and ducts of the prostate gland. PSA is detected in the serum of males with normal, benign hyperplastic and malignant prostate tissue and in patients with prostatitis. PSA is not detected (or detected at very low levels) in the serum of males without prostate tissue (because of radical prostatectomy or cystoprostatectomy) or in the serum of most females.



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The fact that PSA is unique to prostate tissue makes it a suitable marker for monitoring men with cancer of the prostate. PSA is also useful for determining possible recurrence after therapy when used in conjunction with other diagnostic indices. PSA levels increase in men with cancer of the prostate. After radical prostatectomy PSA levels routinely fall to a very low level, which may not be seen in patients undergoing radiation therapy. Monitoring PSA levels appears to be useful in detecting residual disease and early recurrence of tumor. Therefore, serial PSA levels can help determine the success of prostatectomy and the need for further treatment, such as radiation, endocrine or chemotherapy and in the monitoring of the effectiveness of therapy.

PSA levels should not be interpreted as absolute evidence of the presence or the absence of malignant disease. Before treatment, patients with confirmed prostate carcinoma frequently have levels of PSA within the range observed in healthy individuals. Elevated levels of PSA can be observed in the patients with nonmalignant diseases. Measurement of PSA should always be used in conjunction with other diagnostic procedures, including information from the patient's clinical evaluation. The concentration of total PSA in a given specimen determined with assays from different manufacturers can vary due to differences in assay methods, calibration, and reagent specificity. Values obtained with different assay method cannot be used interchangeably.

Heterophilic antibodies in human serum can react with reagent immunoglobulins, interfering with in vitro immunoassays. Patients routinely exposed to animals or to animal serum products can be prone to this interference and anomalous values may be observed. Specimens for total PSA assay should be obtained before biopsy, prostatectomy or prostatic massage, since manipulation of the prostate gland may lead to elevated PSA levels persisting upto 3 weeks.

THYROID PANEL, SERUMTriiodothyronine T3, is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.

Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is

hyperthyroidism, and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the

circulating hormone is free and biologically active.

In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3

Levels in TOTAL T4 TSH3G TOTAL T3

Pregnancy First Trimester (µg/dL) (µIU/mL) (ng/dL) 6.6 - 12.4 0.1 - 2.5 0.2 - 3.0 81 - 190 2nd Trimester 6.6 - 15.5 100 - 260 3rd Trimester 6.6 - 15.50.3 - 3.0100 - 260

Below mentioned are the guidelines for age related reference ranges for T3 and T4.

T4 (ng/dL) (µg/dL) 1-3 day: 8.2 - 19.9 1 Week: 6.0 - 15.9 New Born: 75 - 260

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.

Kindly note: Method specific reference ranges are appearing on the report under biological reference range.

- 1. Burtis C.A., Ashwood E. R. Bruns D.E. Teitz textbook of Clinical Chemistry and Molecular Diagnostics, 4th Edition.
  2. Gowenlock A.H. Varley's Practical Clinical Biochemistry, 6th Edition.
  3. Behrman R.E. Kilegman R.M., Jenson H. B. Nelson Text Book of Pediatrics, 17th Edition

SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST



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ACCESSION NO: 4036VK004948 AGE: 59 Years SEX: Male

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REFERRING DOCTOR: DR. MEDIWHEEL CLIENT PATIENT ID:

Test Report Status Results Units

### **MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT**

**ECG WITH REPORT** 

REPORT

**COMPLETED** 

**USG ABDOMEN AND PELVIS** 

**REPORT** 

**COMPLETED** 

**CHEST X-RAY WITH REPORT** 

**REPORT** 

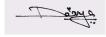
COMPLETED

\*\*End Of Report\*\*
Please visit www.srlworld.com for related Test Information for this accession

PRASEEDA S NAIR LAB TECHNICIAN Jesna

JOSNA KURIAN LAB TECHNICIAN (not)

SMITHA BIJU LAB TECHNICIAN



DIVYA B LAB TECHNICIAN







· Any Cardiac or Circulatory Disorders?

Enlarged glands or any form of Cancer/Tumour?

Any Musculoskeletal disorder?

## MEDICAL EXAMINATION REPORT (MER)

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the

medical examination			2 /	11		
<ol> <li>Name of the c</li> <li>Mark of Iden</li> <li>Age/Date of I</li> <li>Photo ID Che</li> </ol>	tification : (Mo Birth : 59	le/Scar/an	Ramesh y other (specify 1963 tion Card/PAN (	Gender:	F/M Mong Licence/Compan	lac ny ID)
PHYSICAL DETA	ILS:		1100 12 17 17	-1316-1/2	217 217 217 217	DI TAGRITAN
a. Height		-	59(Kgs) re: 150 100		olic Diasto	
			1st Reading			
		1000	2 <sup>nd</sup> Reading		CIPTURES INTERIOR	special sections
FAMILY HISTOR	RY:					
Relation			Health Status		eased, age at the tim	e and cause
Father	1.6			At 84 thage, due to		
Mother				A	1 80th age	, due to
Brother(s)	54	OK				7.0
Sister(s)	62, 68, 70	OF.			THE STATE OF THE S	120 Establishment
		inaa cons	ume any of the fo	ollowing?		
	CTIONS: Does the exam	imee cons	Sedative	onowing.	Alco	ohol
Tobac	co in any form		THE PARTY OF		13	fadiningthnos (CE)
APORTA ALIUDINA	16		14		and the second	no bar but one
a. Are you prese from any ment If No, please a	ntly in good health and en tal or Physical impairmen	tirely free t or deform	c. Durir mity. exam Y/N admi	ig the last ined, rece tted to any	once had s 5 years have you be ived any advice or to hospital?	reatment or
b. Have you und procedure?	ergone/been advised any	iin Varghe	Pr. Aus	you lost of	or gained weight in	past 12 months? Y/N
Psychological the Nervous S	Disorders or any kind of system?	disorders	of • Any Y/N • Unex		f Gastrointestinal S ecurrent or persisten loss	t fever,

Have you been tested for HIV/HBsAg / HCV

before? If yes attach reports

 Are you presently taking medication of any kind? Kes

DDRC SRL Diagnostics Private Limited

Y/N

Y/N

Y/N

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036 Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036, Ph No: 2310688, 231822, web: www.ddrcsrl.com

	Mouth & Skin
FOR FEMALE CANDIDATES ONLY NA	Disunostic Services
a. Is there any history of diseases of breast/genital organs?	d. Do you have any history of miscarriage/ abortion or MTP
b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)  Y/N	e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc
c. Do you suspect any disease of Uterus, Cervix or Ovaries?	f. Are you now pregnant? If yes, how many months?  Y/N
CONFIDENTAIL COMMENTS FROM MEDICAL EX	CAMINER
➤ Was the examinee co-operative?	YA
Is there anything about the examine's health, lifestyle t his/her job?	that might affect him/her in the near future with regard to
> Are there any points on which you suggest further info	
➤ Based on your clinical impression, please provide your	-11
*	STANDARD VALL
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	790
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Do you think he/she is MEDICALLY FIT or UNFIT for	or employment
	A COMPANY OF THE PARTY OF THE P
Companies of Fit	SECTIONS SOMETHINGS SET SET SET SET SET SET SET SET SET SE
MEDICAL EXAMINER'S DECLARATION	
hereby confirm that I have examined the above individual above are true and correct to the best of my knowledge.	after verification of his/her identity and the findings stated
when on hel to b. Tulu	movernment In Ed - Section
7-2 Agreement and the same of the same feating of	Are two trees with a great manufactured best and
Name & Signature of the Medical Examiner : 07 . Av	arm vakaueer
Li Hare you less or cained welcht in past 12 months?	lustral
MY . V . V	
Seal of Medical Examiner :	Dr. Austin Varghees MBBS
	TCMC Reg. No:77017
	SIAGNOS
Name & Seal of DDRC SRL Branch :	
	GMADA MISSON
Mary Desired - Mary 11 to 100mm	(C) 800383 /C//
Date & Time :	
	*
Name & Seal of DDRC SRL Branch :  Date & Time :	DIAGNOS

· Any disorder of the Eyes, Ears Nose, Throat or

· Any disorders of Urinary System?

## **DDRC SRL** Diagnostics Private Limited

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036 Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.



# OPHTHALMOLOGY REPORT

ACCESSION NO:4036VK004948	ACCESSION	NO:4036\	/K004948
---------------------------	-----------	----------	----------

This is to certify that I have examined

MR/MS REMESH-T-K- Aged 591M and

His / her visual standard is as follows.

Acuity of Vision

For Far

R. 6/8

6/8...

For Near

R...../\12

L. NIO

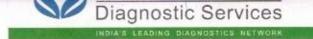
Colour Vision

NORMAL

DATE: 26/11/2022

GANDHINAGAR CO KOTTAYAM 686008

OPTOMETRIST



# X - RAY CHEST - REPORT

ACCESSION NO : 4036VK004948

NAME

: REMESH T.K

AGE

: 59

SEX

: MALE

DATE

: 26.11.20222

COMPANY

: MEDIWHEEL

**EXPOSURE** 

: good

**POSITIONING** 

: central

SOFT TISSUES

LUNG FIELDS

HEART SHADOW

CARDIOPHRENIC ANGLE

no condianegaly, nound

COSTOPHRENIC ANGLE

HILUM

: Normal, No ymphodenopathy

OPINION

: Named chest xkay

CIN: U85190MH2006PTC161480

(Refer to "CONDITIONS OF REPORTING" overleaf)

Dr. Austin Varghees TCMC Reg. No:77017



RAMESH T.K 59Y 4783 CHEST-PA 26-11-2022

DDRC SRL DIAGNOSTICS, GANDHI NAGAR, KOTTAYAM

211/(2)1



# **ECG REPORT**

ACCESSION NO : 4036VK004948

NAME

: REMESH T.K

AGE

: 59

SEX

: MALE

DATE

: 26.11.20222

COMPANY

: MEDIWHEEL

RATE

RHYTHM

: Novel some rythe

P. WAVE

P-R INTERVAL

: 162 me

Q,R,S,T. WAVES

: Nornal

AXIS

ARRHYTHMIAS

· Nil

QT INTERVAL

: 363 ms

**OTHERS** 

: 101

OPINION

: Normal GCh

TCMC Reg. No:77047