MYSORE-BALLAL CIRCLE

--- A MEDALL COMPANY ---Date 26-Nov-2022 8:54 AM MEDALL

Customer Name: MR.H K SOMSHEKAR

:MediWheel Ref Dr Name

:MED111393789 Customer Id

Email Id

Con Name :MediWheel

Address

DOB :05 Mar 1976 U ~ 85

Age :46Y/MALE BP - 130 80.

Wisit ID :712235802

Phone No :9902151555 Puler 66 bpm

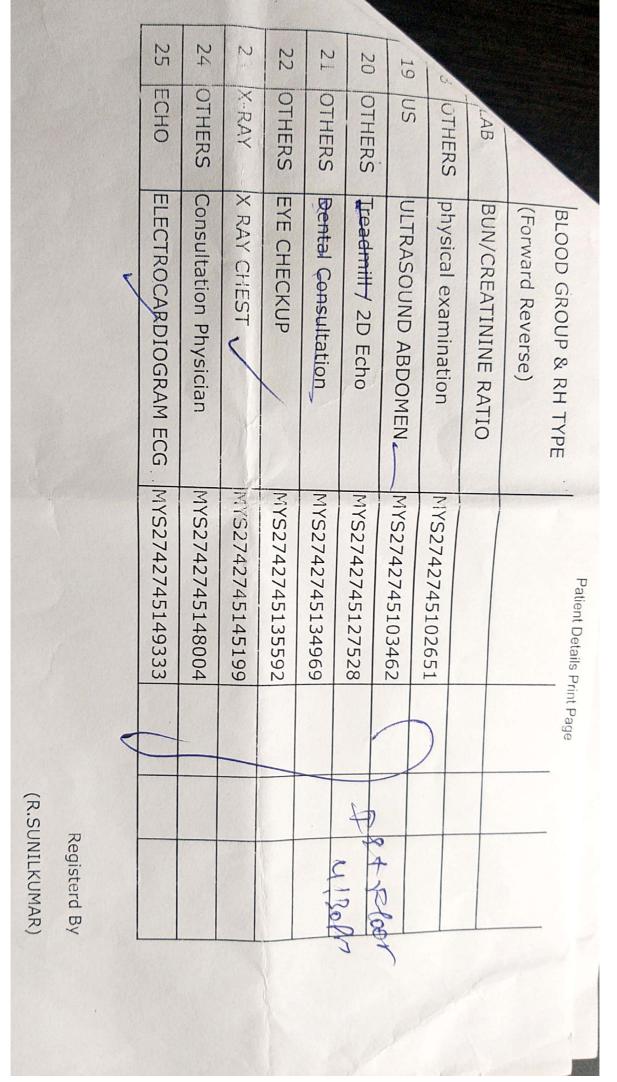
(+1/1-40)

West - 40

Pac age Name: Mediwheel Full Body Health Checkup Male Above 40

S.N	Modality	Study	Accession No	Time	Seq	Signatur
1	LAB	BLOOD UREA NITROGEN (BUN)				
2	LAB	GLUCOSE - FASTING				
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
5	IAB	LIPID PROFILE				
6	LAB	LIVER FUNCTION TEST (LFT)				
7	LAB	URIC ACID				
8	LAB	URINE GLUCOSE - FASTING				
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
10		COMPLETE BLOOD COUNT WITH ESR				
11		THYROID PROFILE/ TFT//T3, T4, TSH)				
12		TOTAL PROSTATE SPECIFIC ANTIGEN - PSA				
13	LAB S	STOOL ANALYSIS - ROUTINE	/			
14	LAB (JRINE ROUTINE				
15	L^B	CREATININE				

https://uwinlite7.medallcorp.in/Blruwin/UwinLite/FrmPrintPatintDetails.aspx? Appld = 2742745





Customer Name	MR.H K SOMSHEKAR	6		
1-00	46Y/MALE	Customer ID	MED111393789	
Ref Doctor	MediWheel	Visit Date	26/11/2022	

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA

: 2.9cms

LEFT ATRIUM : 3.0cms

LEFT VENTRICLE (DIASTOLE) : 4.4cms

(SYSTOLE) : 2.8cms

VENTRICULAR SEPTUM (DIASTOLE) : 0.8cms

(SYSTOLE) : 1.1cms

POSTERIOR WALL (DIASTOLE) : 0.8cms

(SYSTOLE) : 1.2cms

EDV : 75ml

ESV : 28ml

FRACTIONAL SHORTENING : 37%

EJECTION FRACTION : 63%

RVID : 1.6cms

DOPPLER MEASUREMENTS:

MITRAL VALVE : 'E' - 0.88m/s 'A' - 0.29 m/s NO MR

AORTIC VALVE : 1.05m/s NO AR

TRICUSPID VALVE : 'E' - 0.79m/s 'A' - 0.38 m/s NO TR

PULMONARY VALVE : 0.77m/s NO PR

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Customer Name	MR.H K SOMSHEKAR	Customer ID	MED111393789	
Age & Gender	46Y/MALE	THE CONTRACTOR		
Ref Doctor	MediWheel	Visit Date	26/11/2022	

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 prolapse.

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: 63 %.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- > NORMAL VALVES.
- > NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.

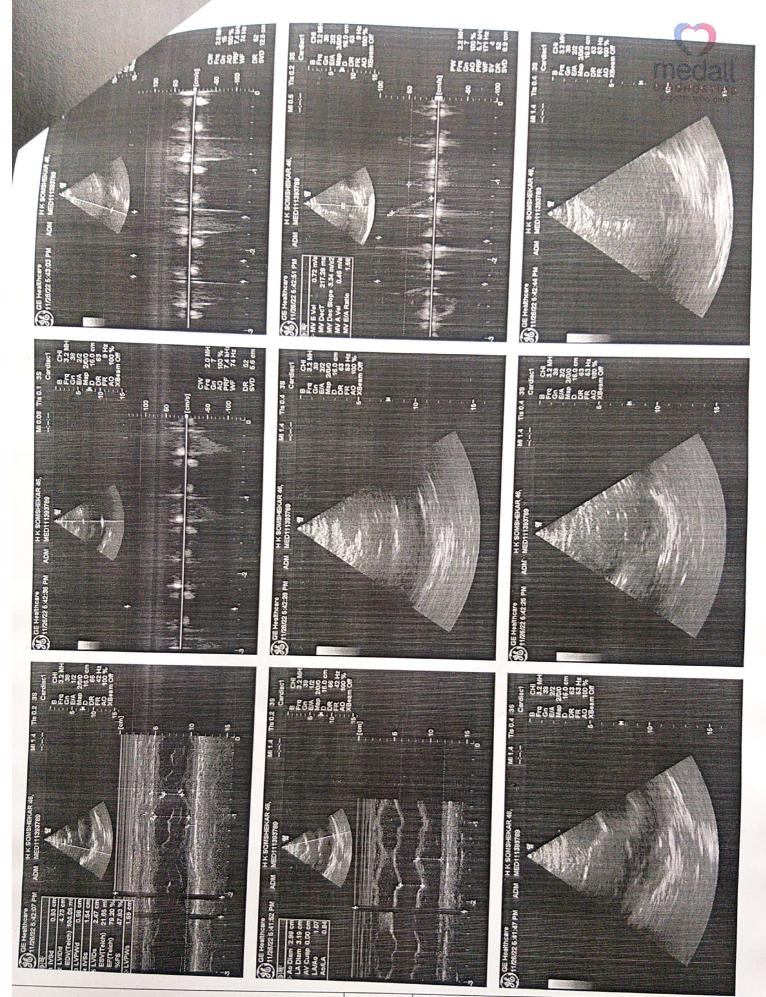
Vicent

DR. NIKHIL B INTERVENTIONAL CARDIOLOGIST NB/SA

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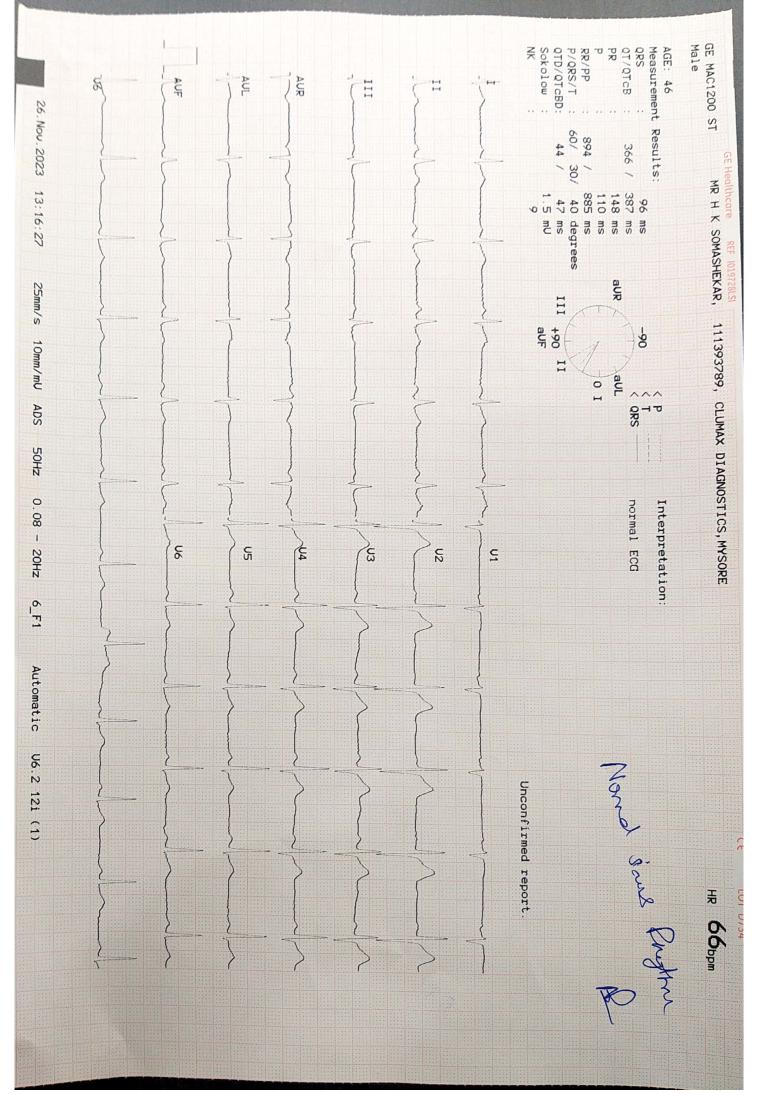
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Customer Name	MR.H K SOMSHEKAR	Customer ID	MED111393789	
Age & Gender 46Y/MALE		Vist Det	26/11/2022	
Ref Doctor	MediWheel	Visit Date	26/11/2022	

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows slightly increased echotexture.

No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER show 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 show normal shape, size and echopattern.

KIDNEYS move well with respiration and have normal shape, size and echopattern. Cortico- medullary differentiations are well madeout. No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cn		
Right Kidney	10.5	2.0		
Left Kidney	10.4	1.9		

URINARY BLADDER show normal shape and wall thickness. It has clear contents.

PROSTATE shows normal shape, size and echopattern. No evidence of ascites.

IMPRESSION:

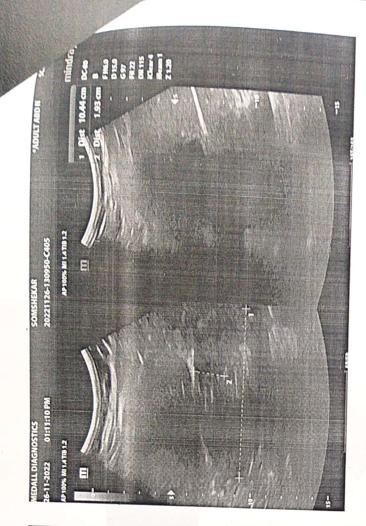
GRADE I FATTY CHANGES IN LIVER.

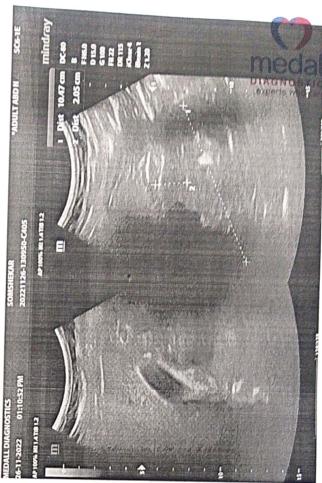
CONSULTANT RADIOLOGISTS

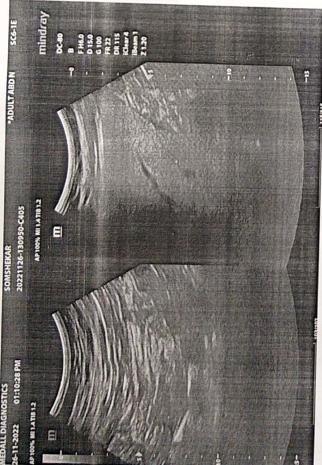
DR. ANITHA ADARSH

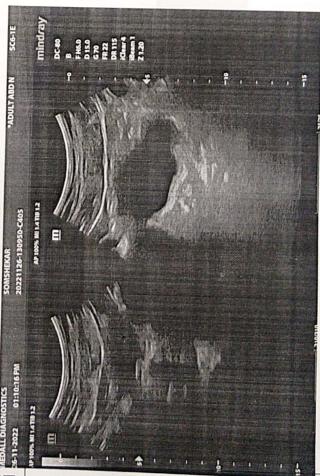
DR. MOHAN B











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NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

OPD SHEET

Date 96/11/2099

Patient's Name: M. H. H. SomaShe Fray

OP No. 1220803

46/m

4:40 PM

Dr. Roopashree, C.R MBBS.MS, FPP Consultant-Phaco & Ref

for medical checkup.

ofe, As: BE WAR

Andre: BE CORO:3 FROK

> - RIN SØSSDIGATED - Glasses Endoscopy

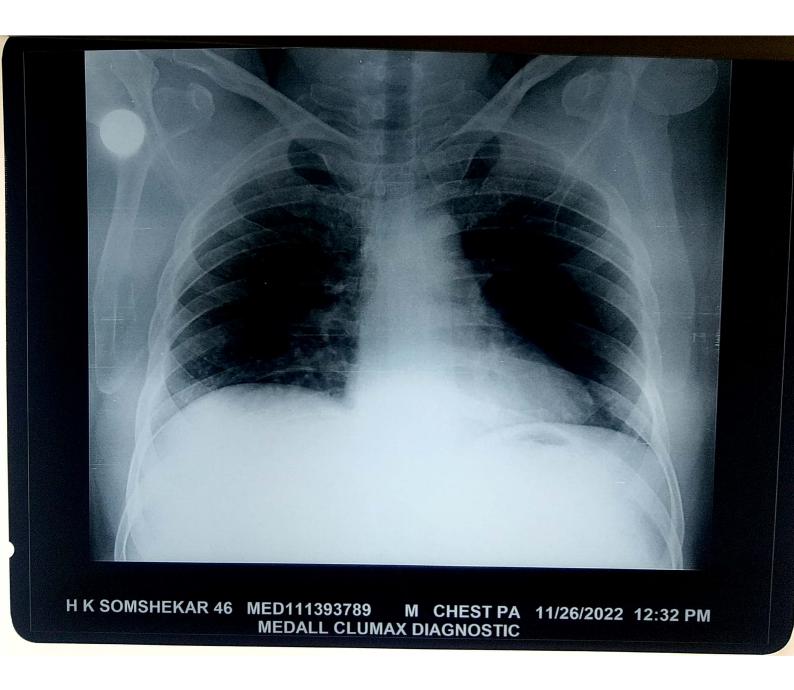
3/6, NG 3/8 3/8

Jayanagar Branch : 080-26088000 / 2663 3533 / 2663 3609 / 2245 Mobile : 94480 71816

Rajajinagar Branch: 080-4333 4111 / 2313 2777 / Mobile: 99728 53918

Indiranagar Branch : 080-4333 2555 Mobile : 81973 51609 Mysore Branch : 0821-4293000 Mobile : 94490 03771 Mangalore Lasik Centre : 0824-2213801 Mobile : 97410 26389 Davangere Lasik Centre : 08192-226607/08 Mobile : 94820 01795

R/FD/07/13



 PID No.
 : MED111393789
 Register On : 26/11/2022 8:54 AM

 SID No.
 : 712235802
 Collection On : 26/11/2022 9:53 AM

Age / Sex : 46 Year(s) / Male Report On : 27/11/2022 10:50 AM

Type : OP **Printed On** : 30/11/2022 9:14 AM

Ref. Dr : MediWheel



Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Spectrophotometry)	13.8	g/dL	13.5 - 18.0
INTERPRETATION: Haemoglobin values vary in Men, blood loss, renal failure etc. Higher values are often due to			
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	46.6	%	42 - 52
RBC Count (EDTA Blood/Automated Blood cell Counter)	7.94	mill/cu.mm	4.7 - 6.0
Remark: Kindly correlate clinically			
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	59.0	fL	78 - 100
Remark: Kindly correlate clinically			
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	17.4	pg	27 - 32
Remark: Kindly correlate clinically			
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	29.6	g/dL	32 - 36
Remark: Kindly correlate clinically			
RDW-CV (Derived)	16.8	%	11.5 - 16.0
Remark: Kindly correlate clinically			
RDW-SD (Derived)	34.69	fL	39 - 46



Remark: Kindly correlate clinically

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	7000	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	55	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	37	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	01	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	07	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.85	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.59	10^3 / μΙ	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.07	10^3 / μΙ	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.49	10^3 / μΙ	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10^3 / μΙ	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	163	10^3 / μl	150 - 450
MPV	8.1	fL	7.9 - 13.7



(Blood/Derived)

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
PCT	0.13	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/Automated ESR analyser)	05	mm/hr	< 15



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Ref. Dr : MediWheel

Register On



Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	1.6	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.5	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	1.10	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	8.0	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.5	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.50	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.29		1.1 - 2.2
INTERPRETATION: Remark: Electrophoresis is the p	preferred method		
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	51	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	89	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	48	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	32	U/L	< 55



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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	189	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	500	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

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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)	31	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	58	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/Calculated)	100	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	158.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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Investigation Observed **Unit Biological** <u>Value</u> 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.

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Total Cholesterol/HDL Cholesterol Ratio 6.1 Optimal: < 3.3

(Serum/Calculated)

Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0

High Risk: > 5.0

Triglyceride/HDL Cholesterol Ratio 16.1 Optimal: < 2.5Mild to moderate risk: 2.5 - 5.0

(TG/HDL)

(Serum/Calculated)

LDL/HDL Cholesterol Ratio 1.9 Optimal: 0.5 - 3.0

Borderline: 3.1 - 6.0 (Serum/Calculated) High Risk: > 6.0



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/ <i>HPLC</i>)	5.6	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

: 30/11/2022 9:14 AM

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

Estimated Average Glucose 114.02 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 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 HbAlC 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 HbAlc.



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

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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.27 ng/ml 0.7 - 2.04

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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 8.09 Microg/dl 4.2 - 12.0

(Serum/Chemiluminescent Immunometric Assay

(CLIA))

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) 2.518 µIU/mL 0.35 - 5.50

(Serum/Chemiluminescent Immunometric Assay

(CLIA))

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0 3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)

Comment:

- 1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.
- 2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.
- 3. Values&lt 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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Type

Age / Sex : 46 Year(s) / Male

: OP



Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
CLINICAL PATHOLOGY			
PHYSICAL EXAMINATION			

Colour PALE YELLOW Yellow to Amber (Urine/Physical examination) 30 ml

Volume (Urine/Physical examination)

CLEAR Appearance

(Urine)

CHEMICAL EXAMINATION

4.5 - 8.0 pН 6.0

(Urine)

1.015 1.002 - 1.035 Specific Gravity

(Urine/Dip Stick Reagent strip method)

Negative Negative Protein

(Urine/Dip Stick Reagent strip method)

Glucose Nil Nil

(Urine)

Nil Nil Ketone

(Urine/Dip Stick Reagent strip method)

NEGATIVE leuco/uL Leukocytes Negative

(Urine)

Nil Nil Nitrite

(Urine/Dip Stick Reagent strip method)

Bilirubin Negative Negative mg/dL

(Urine)



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<u>Investigation</u>	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Blood	Nil		Nil
(Urine)			
Urobilinogen	NORMAL		Within normal limits
(Urine/Dip Stick Reagent strip method)			
<u>Urine Microscopy Pictures</u>			
RBCs	NIL	/hpf	NIL
(Urine/Microscopy)			
Pus Cells	1-2	/hpf	< 5
(Urine/Microscopy)			
Epithelial Cells	1-2	/hpf	No ranges
(Urine/Microscopy)			
Others	NIL		Nil



(Urine)

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Investigation Stool Analysis - ROUTINE	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Colour (Stool)	Brown		Brown
Blood (Stool)	Not present		Not present
Mucus (Stool)	Not present		Not present
Reaction (Stool)	Alkaline		Alkaline
Consistency (Stool)	Semi solid		Semi solid
Ova (Stool)	Nil		Nil
Others (Stool)	Nil		Nil
Cysts (Stool)	Nil		Nil
Trophozoites (Stool)	Nil		Nil
RBCs (Stool)	Nil	/hpf	Nil
Pus Cells (Stool)	2-4	/hpf	Nil
Macrophages (Stool)	Nil		Nil
Epithelial Cells (Stool)	Nil	/hpf	Nil



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InvestigationObservedUnitBiologicalValueReference Interval

'A' 'Positive'

: 30/11/2022 9:14 AM

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING

(EDTA Blood/Agglutination)

Remark: test to be confirmed by gel method



VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

PID No. : MED111393789

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

BIOCHEMISTRY

8.1 BUN / Creatinine Ratio

Glucose Fasting (FBS) 105 mg/dL Normal: < 100

(Plasma - F/GOD- POD) 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.

Nil Urine sugar, Fasting Nil

(Urine - F)

Glucose Postprandial (PPBS) 177 mg/dL 70 - 140

(Plasma - PP/GOD - POD)

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.

7.3 mg/dL Blood Urea Nitrogen (BUN)

(Serum/*Urease UV* / *derived*)

0.9 0.9 - 1.3Creatinine mg/dL

(Serum/Jaffe Kinetic)

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

Uric Acid 5.5 3.5 - 7.2mg/dL

(Serum/Uricase/Peroxidase)



VERIFIED BY



PID No. : MED111393789 Register On

: 712235802 Collection On : 26/11/2022 9:53 AM

Printed On

Age / Sex: 46 Year(s) / Male **Report On**: 27/11/2022 10:50 AM

Type : OP

SID No.

Ref. Dr : MediWheel



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

IMMUNOASSAY

Prostate specific antigen - Total(PSA) 0.720 ng/ml

(Serum/Manometric method)

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: REMARK: PSA alone should not be used as an absolute indicator of malignancy.



: 26/11/2022 8:54 AM

: 30/11/2022 9:14 AM

APPROVED BY

-- End of Report --



Name	H K SOMSHEKAR	ID	MED111393789
Age & Gender	46Y/M	Visit Date	Nov 26 2022 8:54AM
Ref Doctor	MediWheel		

X – RAY CHEST PA VIEW

LUNGS:

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

CARDIA:

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

IMPRESSION:

• NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.

DR. MOHAN. B

(DMRD, DNB, EDIR, FELLOW IN CARDIAC

MRI)

CONSULTANT RADIOLOGIST