

NANJUNDASWAMY 46 MED110999181 M CHEST PA 2/26/2022  
MEDALL CLUMAX DIAGNOSTIC

## MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 26-Feb-2022 7:21 AM

Customer Name : **MR.NANJUNDASWAMY**DOB : **25 Feb 1976**Ref Dr Name : **MediWheel**Age : **46Y/MALE**Customer Id : **MED110999181**Visit ID : **712206391**

Email Id :

Phone No : **8150938692**Corp Name : **MediWheel**Address : **RAMAIAH M P 51 KRSHNADHAMA NAGAR SRIRAMPURA MYSORE**

5:00 pm

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	GLUCOSE - FASTING				
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
5	LAB	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	LAB	COMPLETE BLOOD COUNT WITH ESR				
11	LAB	THYROID PROFILE/ TFT( T3, T4, TSH)				
12	LAB	TOTAL PROSTATE SPECIFIC ANTIGEN - PSA				
13	LAB	STOOL ANALYSIS - ROUTINE				Not given.
14	LAB	URINE ROUTINE				
15	LAB	CREATININE				

6	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)				
17	LAB	BUN/CREATININE RATIO				
18	OTHERS	physical examination	MYS2643568102651			
19	US	ULTRASOUND ABDOMEN	MYS2643568103462	Ground Floor		
20	OTHERS	Treadmill / 2D Echo	MYS2643568127528	1st Floor	→ 4 <sup>th</sup>	30 or 5.00 PM
21	OTHERS	Dental Consultation	MYS2643568134969			
22	OTHERS	EYE CHECKUP	MYS2643568135592			
23	X-RAY	X RAY CHEST ✓	MYS2643568145199	1st Floor		
24	OTHERS	Consultation Physician	MYS2643568148004			
25	ECHO	ELECTROCARDIOGRAM ECG	MYS2643568149333	1st Floor		

Registered By

(R.SUNILKUMAR)

H - 173 cm

W - 74 kg.

BP - 130/90 mmHg.

Pulse - 68 bpm.

Htg - 37 inch

Waist - 36 inch



**medall**  
DIAGNOSTICS  
experts who care

Customer Name	MR.NANJUNDASWAMY	Customer ID	MED110999181
Age & Gender	46Y/MALE	Visit Date	26/02/2022
Ref Doctor	MediWheel		

### 2 D ECHOCARDIOGRAPHIC STUDY

#### M mode measurement:

AORTA	:	2.9cms
LEFT ATRIUM	:	3.0cms
LEFT VENTRICLE (DIASTOLE)	:	4.8cms
(SYSTOLE)	:	3.5cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.0cms
(SYSTOLE)	:	1.3cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.1cms
EDV	:	81ml
ESV	:	32ml
FRACTIONAL SHORTENING	:	36%
EJECTION FRACTION	:	63%
RVID	:	1.5cms

#### DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.92m/s	'A' - 0.61m/s	NO MR
AORTIC VALVE	:	1.02m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.78m/s	'A' - 0.35m/s	NO TR
PULMONARY VALVE	:	0.79m/s		NO PR

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**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.

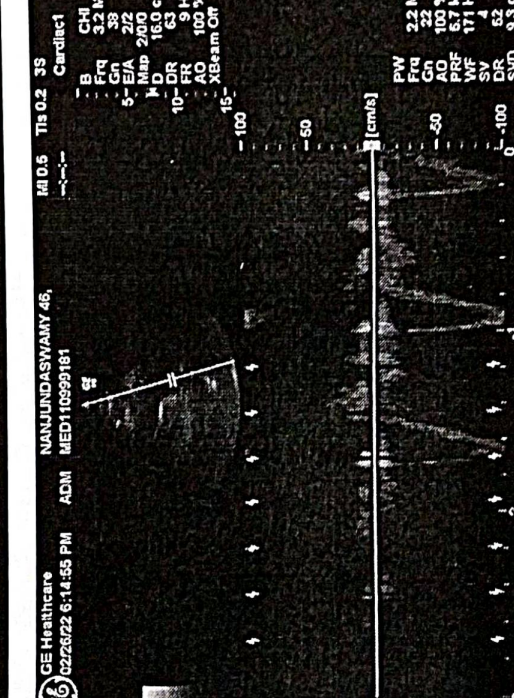
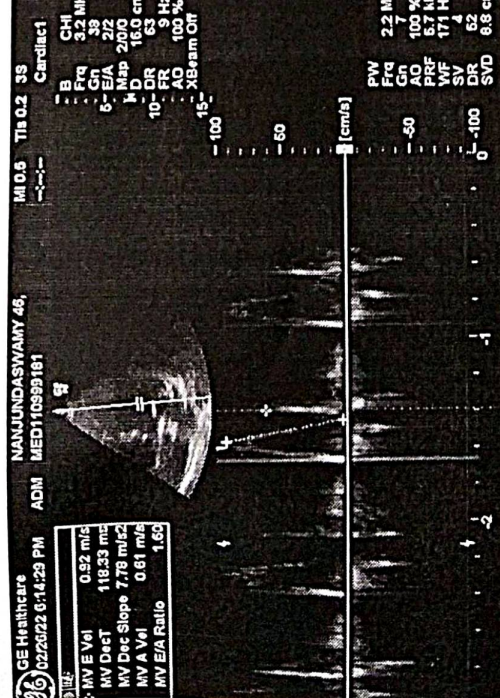
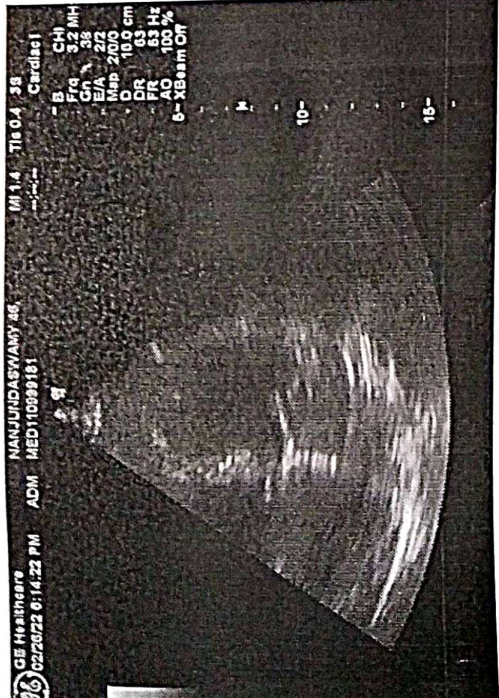
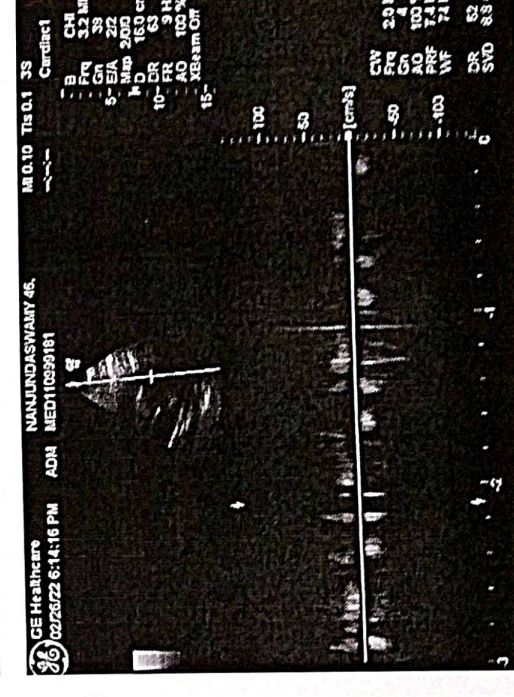
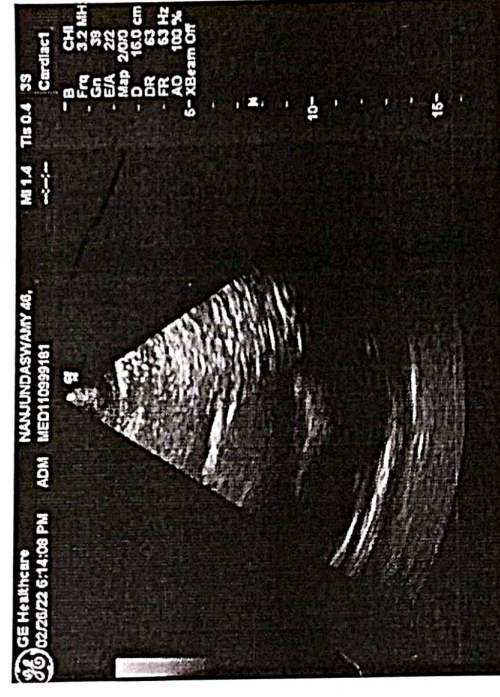
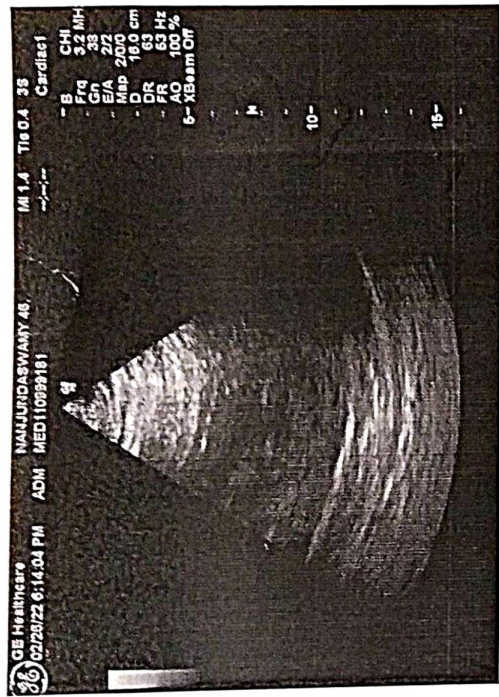
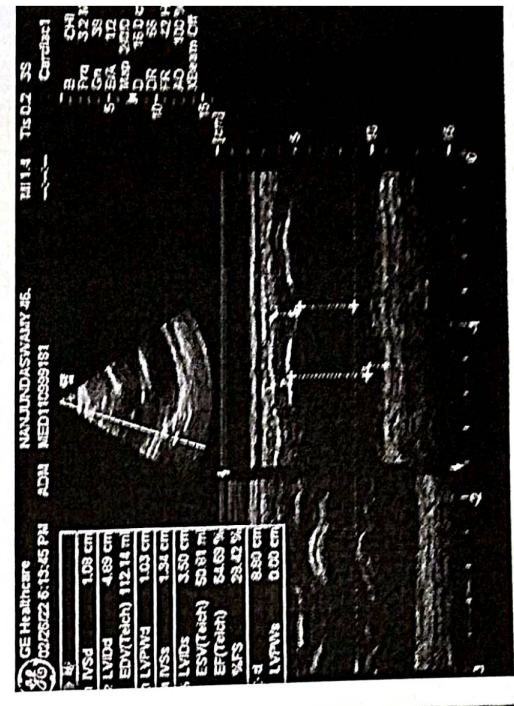
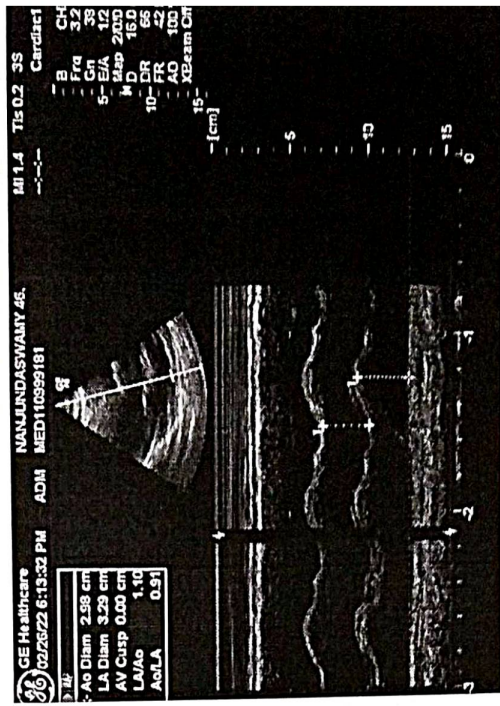
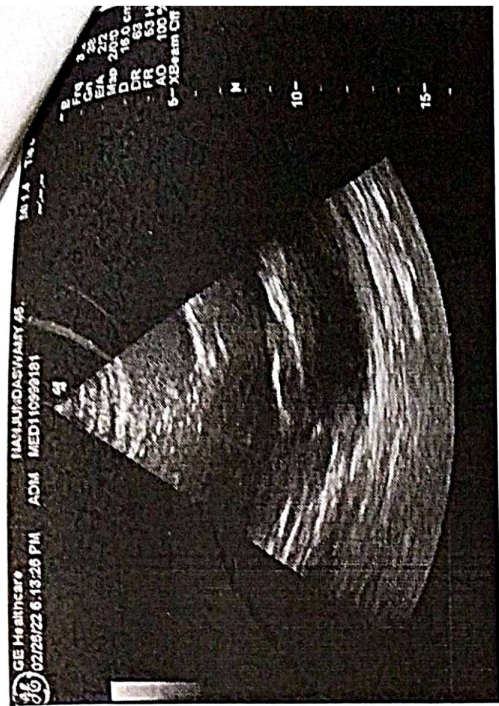
Pericardium : No pericardial effusion.

**IMPRESSION:**

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 63%.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.



**DR. NIKHIL B**  
**INTERVENTIONAL CARDIOLOGIST**  
NB/MG



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Age & Gender	46Y/MALE	Visit Date	26/02/2022
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**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** is partially distended.

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

**SPLEEN** show 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.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	11.7	1.4
Left Kidney	12.4	1.4

**URINARY BLADDER** show normal shape and wall thickness.  
It has clear contents. No evidence of diverticula.

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

**IMPRESSION:**

➤ **ESSENTIALLY NORMAL STUDY.**

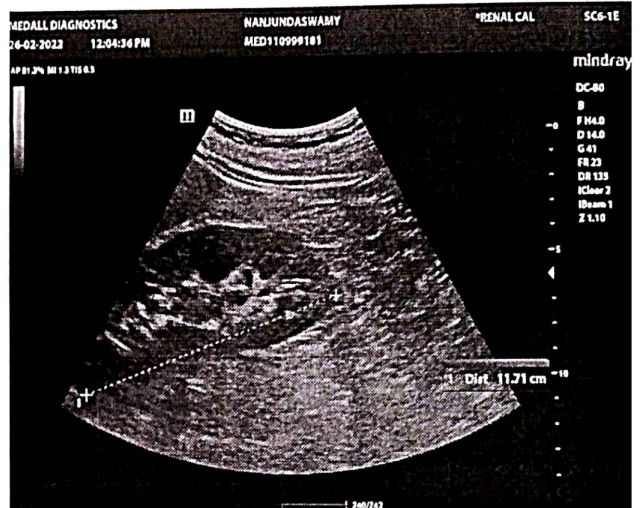
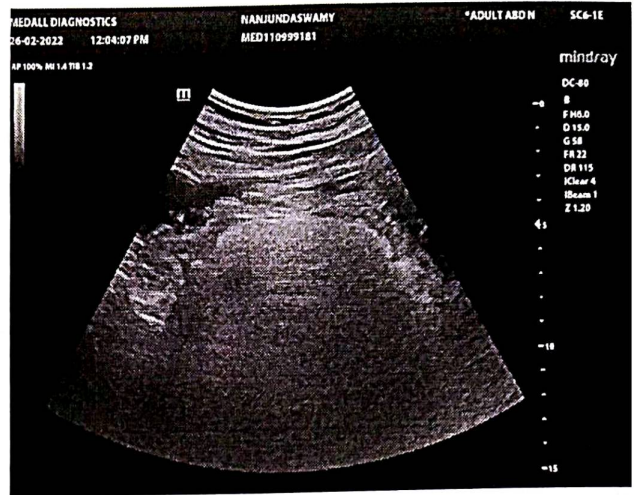
**CONSULTANT RADIOLOGISTS**



**DR. ANITHA ADARSH**  
AA/MS

**DR. MOHAN B**

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# NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

## OPD SHEET

Date : 26/02/2022

Patient's Name : Mr. Nanjunda Swamy

OP No. 1183955

46/m

1:00PM

Dr. Roopashree. C.R  
MBBS.MS, FPRS  
Consultant-Phaco & Refractive  
KMC No : 105152

for medical certificate

RE - Exo arsur  
10°

IOP <sup>10</sup>  
20

O/E,

Afs : BE WNR

BCVA <sup>6/6, NG</sup>  
6/6, NG

Fundus: CDR 0.3  
FR OK  
BE

Color Vision <sup>38/38</sup>  
38/38

- Glasses Af  
- R/W 305/6mm  
for Dilated fundus scope  
R

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Age / Sex : 46 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 26/02/2022 7:22 AM  
Collection On : 26/02/2022 8:56 AM  
Report On : 28/02/2022 6:07 PM  
Printed On : 01/03/2022 6:16 PM



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


### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	<b>8.3</b>	g/dL	13.5 - 18.0
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**INTERPRETATION:** Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking , high altitudes , hypoxia etc.

**Remark:** Kindly correlate clinically.

PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	<b>30.4</b>	%	42 - 52
RBC Count (EDTA Blood/Automated Blood cell Counter)	5.17	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	<b>59.0</b>	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	<b>16.1</b>	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	<b>27.4</b>	g/dL	32 - 36
RDW-CV (Derived)	<b>18.0</b>	%	11.5 - 16.0
RDW-SD (Derived)	<b>37.17</b>	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	6400	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	68	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	26	%	20 - 45

  
Dr Shouree K.R  
MBBS MD DNB  
Consultant Pathologist  
Reg No : KMC 103138


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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	03	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	03	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.35	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.66	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.19	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.19	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	279	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood/Derived)	8.1	fL	7.9 - 13.7
PCT	0.23	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	18	mm/hr	< 15

  
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<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	179	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	<b>192</b>	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.

**Remark:** kindly correlate clinically.

HDL Cholesterol (Serum/Immunoinhibition)	<b>48</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	92.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	<b>38.4</b>	mg/dL	< 30

**A. RAJESH**  
BIOCHEMIST

VERIFIED BY

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Reg No : KMC 103138

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Non HDL Cholesterol (Serum/Calculated)	131.0	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)	3.7		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	9.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

**Remark:** kindly correlate clinically.

Estimated Average Glucose (Whole Blood)	223.08	mg/dL
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**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 glyceemic control as compared to blood and urinary glucose determinations.

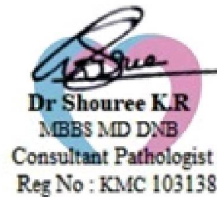
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency,

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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## **IMMUNOASSAY**

### **THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.08	ng/ml	0.7 - 2.04
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#### **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/Chemiluminescent Immunometric Assay (CLIA))	9.59	Microg/dl	4.2 - 12.0
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#### **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 Immunometric Assay (CLIA))	2.418	µIU/mL	0.35 - 5.50
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#### **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<math>0.03 \mu\text{IU/mL}</math> need to be clinically correlated due to presence of rare TSH variant in some individuals.

DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

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## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		
Volume (Urine/Physical examination)	40		ml

### CHEMICAL EXAMINATION

pH (Urine)	7.5		4.5 - 8.0
Specific Gravity (Urine/Dip Stick <i>£</i> Reagent strip method)	1.025		1.002 - 1.035
Ketone (Urine/Dip Stick <i>£</i> Reagent strip method)	Nil		Nil
Urobilinogen (Urine/Dip Stick <i>£</i> Reagent strip method)	Normal		Within normal limits
Blood (Urine)	Nil		Nil
Nitrite (Urine/Dip Stick <i>£</i> Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative
Protein (Urine/Dip Stick <i>£</i> Reagent strip method)	Negative		Negative

  
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Glucose (Urine)	Positive(+++)		Nil
<b><u>Urine Microscopy Pictures</u></b>			
RBCs (Urine/Microscopy)	Nil	/hpf	00 - 02
Pus Cells (Urine/Microscopy)	2-3	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil

  
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**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'AB' 'Positive'

**Remark:** Test to be confirmed by Gel method

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

BUN / Creatinine Ratio	9.1		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	150	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.

**Remark:** kindly correlate clinically.

Urine sugar, Fasting (Urine - F)	Present(+++)		Nil
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**Remark:** kindly correlate clinically.

Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	213	mg/dL	70 - 140
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**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.

**Remark:** kindly correlate clinically.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.2	mg/dL	7.0 - 21
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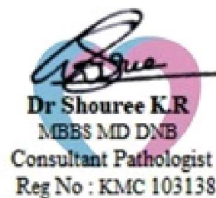
Creatinine (Serum/Jaffe Kinetic)	0.9	mg/dL	0.9 - 1.3
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**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, 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)	2.9	mg/dL	3.5 - 7.2
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VERIFIED BY



APPROVED BY

Name : Mr. NANJUNDASWAMY  
PID No. : MED110999181  
SID No. : 712206391  
Age / Sex : 46 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 26/02/2022 7:22 AM  
Collection On : 26/02/2022 8:56 AM  
Report On : 28/02/2022 6:07 PM  
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Investigation

Observed  
Value

Unit


Biological  
Reference Interval

Remark: kindly correlate clinically.



A. RAJESH  
BIOCHEMIST

VERIFIED BY



Dr Shouree K.R  
MBBS MD DNB  
Consultant Pathologist  
Reg No : KMC 103138

APPROVED BY

Name : Mr. NANJUNDASWAMY  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>IMMUNOASSAY</u></b>			
Prostate specific antigen - Total(PSA) (Serum/Chemiluminescent Microparticle Immunoassay(CMIA))	0.392	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:REMARK** : PSA alone should not be used as an absolute indicator of malignancy.

A handwritten signature in black ink, appearing to read "Shamim Javed", is written over a circular stamp. The stamp contains the text "DR SHAMIM JAVED MD PATHOLOGY KMC 88902 APPROVED BY".

DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902  
APPROVED BY

-- End of Report --

Name	NANJUNDASWAMY	ID	MED110999181
Age & Gender	46Y/M	Visit Date	Feb 26 2022 7:21AM
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.**

AA/MS



**Dr. Anitha Adarsh**  
Consultant Radiologist