

**Name** : Mr. KUMAR SYEDAM ANIL  
**PID No.** : MED111867394 **Register On** : 28/09/2023 9:33 AM  
**SID No.** : 423060472 **Collection On** : 28/09/2023 11:17 AM  
**Age / Sex** : 39 Year(s) / Male **Report On** : 28/09/2023 7:21 PM  
**Type** : OP **Printed On** : 29/09/2023 9:51 AM  
**Ref. Dr** : MediWheel

<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)	15.1	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	42.0	%	42 - 52
RBC Count (EDTA Blood)	4.77	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	88.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	31.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	36.0	g/dL	32 - 36
RDW-CV (EDTA Blood)	12.4	%	11.5 - 16.0
RDW-SD (EDTA Blood)	<b>38.19</b>	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7000	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	52.0	%	40 - 75
Lymphocytes (EDTA Blood)	35.2	%	20 - 45
Eosinophils (EDTA Blood)	5.1	%	01 - 06
Monocytes (EDTA Blood)	7.0	%	01 - 10



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Basophils (Blood)	0.7	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.64	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.46	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.36	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.49	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.05	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood)	255	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood)	<b>6.8</b>	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	<b>0.17</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	6	mm/hr	< 15



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<b><u>BIOCHEMISTRY</u></b>			
<b><u>Liver Function Test</u></b>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.78	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	<b>0.31</b>	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.47	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	24.16	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	37.63	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	26.08	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	<b>135.4</b>	U/L	53 - 128
Total Protein (Serum/Biuret)	7.81	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	5.11	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.70	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.89		1.1 - 2.2



  
**DR SUHAS L MD**  
Consultant Pathologist  
KMC No. 111687  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	186.43	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	<b>258.81</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.

HDL Cholesterol (Serum/Immunoinhibition)	<b>32.40</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	102.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	51.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	154.0	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.



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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.8		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)	8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



  
DR SUHAS L.M.D.  
Consultant Pathologist  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.8	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

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

Estimated Average Glucose 119.76 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 glyceimic 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/ECLIA)	1.61	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 (Tyroxine) - Total (Serum/ECLIA)	10.68	µg/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/ECLIA)	1.37	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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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Investigation

Observed  
Value

Unit

Biological  
Reference Interval

**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'B' 'Positive'



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**BIOCHEMISTRY**

BUN / Creatinine Ratio	11.0		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	92.34	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) (Urine - F/GOD - POD)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	129.47	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.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.8	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	<b>0.89</b>	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-acetylcysteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	<b>8.42</b>	mg/dL	3.5 - 7.2
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APPROVED BY

-- End of Report --



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Mahesh

Mob:8618385220

9901569756

## SRI PARVATHI OPTICS

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### Computerized Eye Testing & Spectacles Clinic

# 333.8th Main 5th Cross Near Cambridge & Miranda School HAL 3rd Stage

Behind Vishveshvariah Park New Thippasandra, Bangalore - 560075,

Email: parvathiopticals@gmail.com

### SPECTACLE PRESCRIPTION

Name: *Kumar Syedam Anil* No. *3709*

Mobil No:

Date: *28/9/2023*

Age / Gender *39y/M*

Ref. No.

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
DISTANCE	<i>Plano</i>			<i>6/6</i>	<i>Plano</i>			<i>6/6</i>
NEAR								

PD *60mm*

Advice to use glasses for:

DISTANCE  FAR & NEAR  READING  COMPUTER PURPOSE

We Care Your Eyes

**SRI PARVATHI OPTICS**

NEW THIPPASANDRA



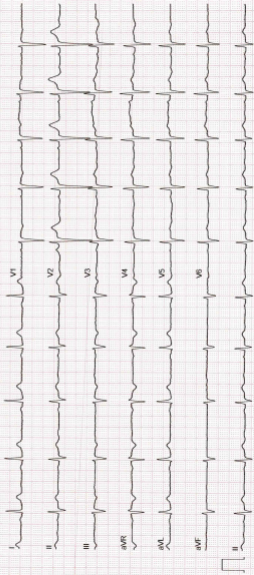
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28.09.2023 11:16:22  
CLIMAX DIAGNOSTICS  
TRIPPA SANJARA  
BANGALORE



432005212 - EVIDIAN SMI11397 (M)  
MR. KUMAR SIVESHAN SMI11397 (M)

QRS : 100 ms  
QT / QTc Baz : 412 / 421 ms  
PR : 138 ms  
P : 48 ms  
RR / PP : 948 / 952 ms  
P / QRS T : 64 / -8 / 12 degrees



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Age & Gender	39Y/MALE	Visit Date	28 Sep 2023
Ref Doctor Name	MediWheel		

## 2 D ECHOCARDIOGRAPHIC STUDY

### M mode measurement:

AORTA	:	3.6cms
LEFT ATRIUM	:	3.6cms
AVS	:	----
LEFT VENTRICLE (DIASTOLE)	:	5.3cms
(SYSTOLE)	:	3.5cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.3cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.8cms
EDV	:	133ml
ESV	:	51ml
FRACTIONAL SHORTENING	:	33%
EJECTION FRACTION	:	62%
EPSS	:	---
RVID	:	1.9cms

### DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' 0.79 m/s	A' 0.47 m/s	NO MR
AORTIC VALVE	:	1.16 m/s		NO AR
TRICUSPID VALVE	:	E' - m/s	A' - m/s	NO TR
PULMONARY VALVE	:	0.94 m/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:62 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

**DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC**  
**SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST**  
**SRI JAYADEVA INSTITUTE OF CARDIOLOGY, BANGALORE**  
*Kss/da*

## **Note:**

- \* **Report to be interpreted by qualified medical professional.**
- \* **To be correlated with other clinical findings.**

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**\* Parameters may be subjected to inter and intra observer variations.**

**\*Any discrepancy in reports due to typing errors should be corrected as soon as possible.**

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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** shows normal shape and has clear contents. Gall bladder wall is of normal thickness. CBD is of normal calibre.

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

**SPLEEN** shows normal shape, size and echopattern. No demonstrable Para -aortic lymphadenopathy.

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

**The kidney measures as follows:**

	<b>Bipolar length (cms)</b>	<b>Parenchymal thickness (cms)</b>
<b>Right Kidney</b>	<b>10.5</b>	<b>1.4</b>
<b>Left Kidney</b>	<b>11.9</b>	<b>1.4</b>

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

**PROSTATE** shows normal shape, size and echopattern. It measures 3.2 x 2.9 x 3.2cms (Vol:16cc).

No evidence of ascites / pleural effusion.

**IMPRESSION:**

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

**DR. APARNA**  
**CONSULTANT RADIOLOGIST**  
*A/vp*



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**X - RAY CHEST PA VIEW**

**FINDINGS:**

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

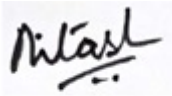
Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

**IMPRESSION:**

**No significant abnormality detected.**

  
Dr. Nitash Prakash MBBS., MD  
Consultant Radiologist