

Name : Mr. HARISH KUMAR  
KRISHNAPPAN  
PID No. : MED111034799  
SID No. : 422024607  
Age / Sex : 34 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 26/03/2022 10:37 AM  
Collection On : 26/03/2022 1:14 PM  
Report On : 28/03/2022 12:18 PM  
Printed On : 30/03/2022 2:36 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)	14.9	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	45.7	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	5.44	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	84.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	27.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.5	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.5	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	39.69	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	7100	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	52.1	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	41.5	%	20 - 45

DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

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Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.5	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	4.7	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.2	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.70	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.95	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.11	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.33	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.01	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	227	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	10.5	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.24	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Modified Westergren)	8	mm/hr	< 15

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<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	178	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	<b>194</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>39</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	<b>100.2</b>	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	38.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	139.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

  
Dr. Arjun C.P  
MBBS, MD Pathology  
Reg No: KMC 89655

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**Investigation**

**Observed  
Value**

**Unit**

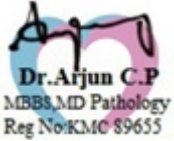
**Biological  
Reference Interval**

**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.

Total Cholesterol/HDL Cholesterol Ratio 4.6  
(Serum/Calculated)  
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

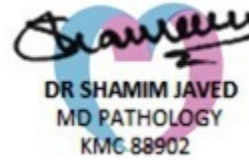
Triglyceride/HDL Cholesterol Ratio 5  
(TG/HDL)  
(Serum/Calculated)  
Optimal: < 2.5  
Mild to moderate risk: 2.5 - 5.0  
High Risk: > 5.0

LDL/HDL Cholesterol Ratio 2.6  
(Serum/Calculated)  
Optimal: 0.5 - 3.0  
Borderline: 3.1 - 6.0  
High Risk: > 6.0



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<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	<b>5.9</b>	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

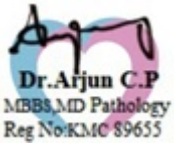
Estimated Average Glucose 122.63 mg/dL  
(Whole Blood)

**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 glycaemic control as compared to blood and urinary glucose determinations.

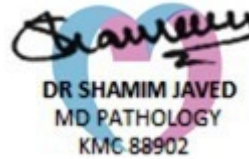
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

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/CMIA)	1.25	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/CMIA)	9.40	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/Chemiluminescent Microparticle Immunoassay(CMIA))	1.72	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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## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION

Colour (Urine)	Yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	10	mL	

### CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	7.0		4.5 - 8.0
Specific Gravity (Urine)	1.025		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Protein (Urine)	Negative		Negative

DR .VANITHA.R.SWAMY MD  
Consultant Pathologist  
Reg No : 99049

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Glucose (Urine)	Negative		Negative
Leukocytes (Urine)	Negative	leuco/uL	Negative
<b><u>MICROSCOPY(URINE DEPOSITS)</u></b>			
Pus Cells (Urine/Flow cytometry)	3-4	/hpf	3-5
Epithelial Cells (Urine)	2-3	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	NIL
Others (Urine)	Nil		Nil
Casts (Urine/Flow cytometry)	Nil	/hpf	0 - 1
Crystals (Urine)	Nil		NIL

  
DR .VANITHA.R.SWAMY MD  
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<b><u>PHYSICAL EXAMINATION</u></b>			
Colour (Stool)	Brownish		
Consistency (Stool)	Semi solid		Semi solid to solid
Mucus (Stool)	Absent		Absent
Blood (Stool)	Absent		Absent
<b><u>CHEMICAL EXAMINATION</u></b>			
Reducing Substances (Stool)	Negative		Negative
Reaction (Stool)	Alkaline		Alkaline
<b><u>MICROSCOPIC EXAMINATION(STOOL COMPLETE)</u></b>			
Ova (Stool)	Not Found		Not Found
Cysts (Stool)	Not Found		Not Found
Trophozoites (Stool)	Not Found		Not Found
Pus Cells (Stool/Microscopy)	2-4	/hpf	Nil
RBCs (Stool/Microscopy)	Nil	/hpf	Nil

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Others (Stool)	Nil		Nil



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**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'O' Positive'

A stylized signature in blue and pink ink.

Dr SURAJ JAIN  
Consultant Pathologist  
Reg No : 80423

VERIFIED BY

A stylized signature in blue and pink ink.

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<b><u>BIOCHEMISTRY</u></b>			
BUN / Creatinine Ratio	15		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	82	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.

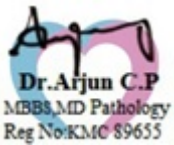
Glucose Fasting - Urine (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	118	mg/dL	70 - 140

**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.

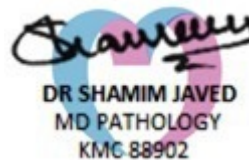
Glucose Postprandial - Urine (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	13	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	1.0	mg/dL	0.9 - 1.3

**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	4.7	mg/dL	3.5 - 7.2
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APPROVED BY

-- End of Report --

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Age & Gender	34/Male	Visit Date	26-03-2022 00:00:00
Ref Doctor Name	MediWheel		



## 2 D ECHOCARDIOGRAPHIC STUDY

### M mode measurement:

AORTA	:	2.5cms
LEFT ATRIUM	:	3.3cms
AVS	:	----
LEFT VENTRICLE (DIASTOLE)	:	4.4cms
(SYSTOLE)	:	2.9cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.7cms
(SYSTOLE)	:	1.3cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.2cms
EDV	:	87ml
ESV	:	33ml
FRACTIONAL SHORTENING	:	33%
EJECTION FRACTION	:	62%
EPSS	:	---
RVID	:	2.0cms

### DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' 0.88 m/s	A' 0.52 m/s	NO MR
AORTIC VALVE	:	1.07 m/s		NO AR
TRICUSPID VALVE	:	E' 1.75 m/s	A' - m/s	NO TR
PULMONARY VALVE	:	0.78 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

Name	HARISH KUMAR KRISHNAPPAN	ID	MED111034799
Age & Gender	34/Male	Visit Date	26-03-2022 00:00:00
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Kss/an

**Note:**

- \* Report to be interpreted by qualified medical professional.**
- \* To be correlated with other clinical findings.**
- \* Parameters may be subjected to inter and intra observer variations.**



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### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER is normal in size and shows diffuse fatty changes.** No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

**GALL BLADDER is partially distended and shows few calculi measuring about 6-7mm within the lumen.**

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>11.6</b>	<b>1.4</b>
<b>Left Kidney</b>	<b>10.9</b>	<b>1.2</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 2.8 x 3.0cms (Vol:14cc).

No evidence of ascites / pleural effusion.

**IMPRESSION:**

- **FATTY LIVER.**
- **CHOLELITHIASIS. NO BILIARY DILATATION.**

DR. H.K. ANAND  
CONSULTANT RADIOLOGISTS:  
A/da

DR. APARNA

Name	HARISH KUMAR KRISHNAPPAN	ID	MED111034799
Age & Gender	34/Male	Visit Date	26-03-2022 00:00:00
Ref Doctor Name	MediWheel		



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### X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

**Impression: Essentially normal study.**