

# Name: MR. PRAVEEN KUMAR K

# Age & Sex: 37YEARS / MALE

Date : 11/03/2023

3		Right Eye	Left Eye
DISTANT VISION	<u>Without Glasses</u> With Glass	<u>6/6</u>	<u>6/6</u>
NEAR VISION	<u>Without Glasses</u> With Glass	<u>N6</u>	<u>N6</u>
COLOUR VISION		NORM	AL

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Name : Mr. PRAVEEN KUMAR K   PID No. : MED111535074   SID No. : 1802308973   Age / Sex : 37 Year(s) / Male   Type : OP   Ref. Dr : MediWheel	Collection On 1 Report On 1	1/03/2023 10:29 AM 11/03/2023 11:10 AM 11/03/2023 8:06 PM 14/03/2023 3:07 PM <u>Unit</u>	<u>Biological</u> Reference Interval
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination) INTERPRETATION: Reconfirm the Blood a Complete Blood Count With - ESR	'B' 'Negative' group and Typing before	e blood transfusion	
Haemoglobin (EDTA Blood/Spectrophotometry)	15.4	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocri (EDTA Blood/Derived from Impedance)	it 43.5	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.96	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	87.6	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH (EDTA Blood/Derived from Impedance)	) 31.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	35.5	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.1	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	40.16	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	5800	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	44.3	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	45.1	%	20 - 45







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Page 1 of 9

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	: MED111535074 : 1802308973 : 37 Year(s) / Male	MED111535074   Register On     : 1802308973   Collection On     : 37 Year(s) / Male   Report On

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	2.0	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	8.4	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.2	%	00 - 02
INTERPRETATION: Tests done on Automated	Five Part cell count	er. All abnormal results	s are reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.57	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.62	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.12	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.49	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.01	10^3 / μl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	272	10^3 / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.2	fL	7.9 - 13.7
PCT (EDTA Blood'Automated Blood cell Counter)	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	12	mm/hr	< 15







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Page 2 of 9

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
BUN / Creatinine Ratio	19.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	89.0	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
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	106.9	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.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	18.3	mg/dL	7.0 - 21
Creatinine (Serum/ <i>Modified Jaffe</i> )	0.94	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-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/ <i>Enzymatic</i> )	7.2	mg/dL	3.5 - 7.2
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	1.08	mg/dL	0.1 - 1.2
Venkatrayan T P Lab Manager VERIFIED BY			DR.SUNDAR ELAYAPERUMAL MD, CIC CONSULTANT MICROBIOLOGIST REG NO.41854 APPROVED BY

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Page 3 of 9

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Ref. Dr	: MediWheel	

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.24	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.84	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/ <i>Modified IFCC</i> )	31.0	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/ <i>Modified IFCC</i> )	65.1	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	87.8	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/ <i>Modified IFCC</i> )	65.6	U/L	53 - 128
Total Protein (Serum/Biuret)	7.30	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.30	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.00	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.43		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	246.5	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/ <i>GPO-PAP with ATCS</i> )	106.0	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500







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Page 4 of 9

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Ref. Dr	: MediWheel			
<u>Investiga</u>	ation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
increasing variation to	oo. There is evidence recommending for metabolic syndrome, as non-fasti	levels, just a few hours triglycerides estimation	after eating. Fasting triglyce	inge drastically in response to food, ride levels show considerable diurnal r evaluating the risk of heart disease and alating level of triglycerides during most
HDL Cho (Serum/ <i>Imr</i>	olesterol munoinhibition)	55.8	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cho (Serum/Cal		169.5	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL C	holesterol lculated)	21.2	mg/dL	< 30
Non HDI (Serum/Cal	L Cholesterol <i>lculated</i> )	190.7	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.

4.4

Total Cholesterol/HDL Cholesterol
Ratio
(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





DR.SUNDAR ELAYAPERUMAL MD, CIC CONSULTANT MICROBIOLOGIST REG NO. 41834

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Page 5 of 9

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/ <i>Calculated</i> )	1.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/ <i>HPLC</i> )	5.3	%	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	105.41	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 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.

#### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total	1.17	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.







APPROVED BY

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Page 6 of 9

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Investiga	ation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
	oxine) - Total nemiluminescent Immunometric Assay	7.75	µg/dl	4.2 - 12.0
<b>Comment</b> Total T4 v		on like pregnancy, drugs	, nephrosis etc. In such	cases, Free T4 is recommended as it is
	yroid Stimulating Hormone) memiluminescent Immunometric Assay	1.88	µIU/mL	0.35 - 5.50
Reference 1 st trimes 2 nd trime 3 rd trimes (Indian Th <b>Comment</b> 1.TSH ref 2.TSH Le be of the c	erence range during pregnancy depen	n, reaching peak levels b as influence on the meas	etween 2-4am and at a sured serum TSH conce	
<u>Urine A</u>	nalysis - Routine			
COLOU (Urine)	R	yellow		Yellow to Amber
APPEAF (Urine)	RANCE	Clear		Clear
Protein (Urine/Pro	tein error of indicator)	Negative		Negative
Glucose (Urine/GO	D - POD)	Negative		Negative
Pus Cells (Urine/Aut	S omated <sup>–</sup> Flow cytometry )	Occasional	/hpf	NIL
	nkatrayan T P ab Manager ERIFIED BY			DR.SUNDAR ELAYAPERUMAL MD, CIC CONSULTANT MICOBIOLOGIST REG NO.41854 APPROVED BY

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Page 7 of 9

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Epithelial Cells (Urine/Automated <sup>-</sup> Flow cytometry)	Occasional	/hpf	NIL
RBCs (Urine/Automated <sup>-</sup> Flow cytometry )	NIL	/hpf	NIL
Casts (Urine/Automated <sup>-</sup> Flow cytometry )	NIL	/hpf	NIL
Crystals (Urine/Automated <sup>-</sup> Flow cytometry )	NIL	/hpf	NIL
Others (Urine)	NIL		

**INTERPRETATION:** Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

#### Stool Analysis - ROUTINE

Colour (Stool)	Brown	Brown
Blood (Stool)	Absent	Absent
Mucus (Stool)	Absent	Absent
Reaction (Stool)	Acidic	Acidic
Consistency (Stool)	Semi Solid	Semi Solid
Ova (Stool)	NIL	NIL
Others (Stool)	NIL	NIL
Cysts (Stool)	NIL	NIL







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Page 8 of 9

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	1 - 2	/hpf	NIL
Macrophages (Stool)	NIL		NIL
Epithelial Cells (Stool)	NIL	/hpf	NIL





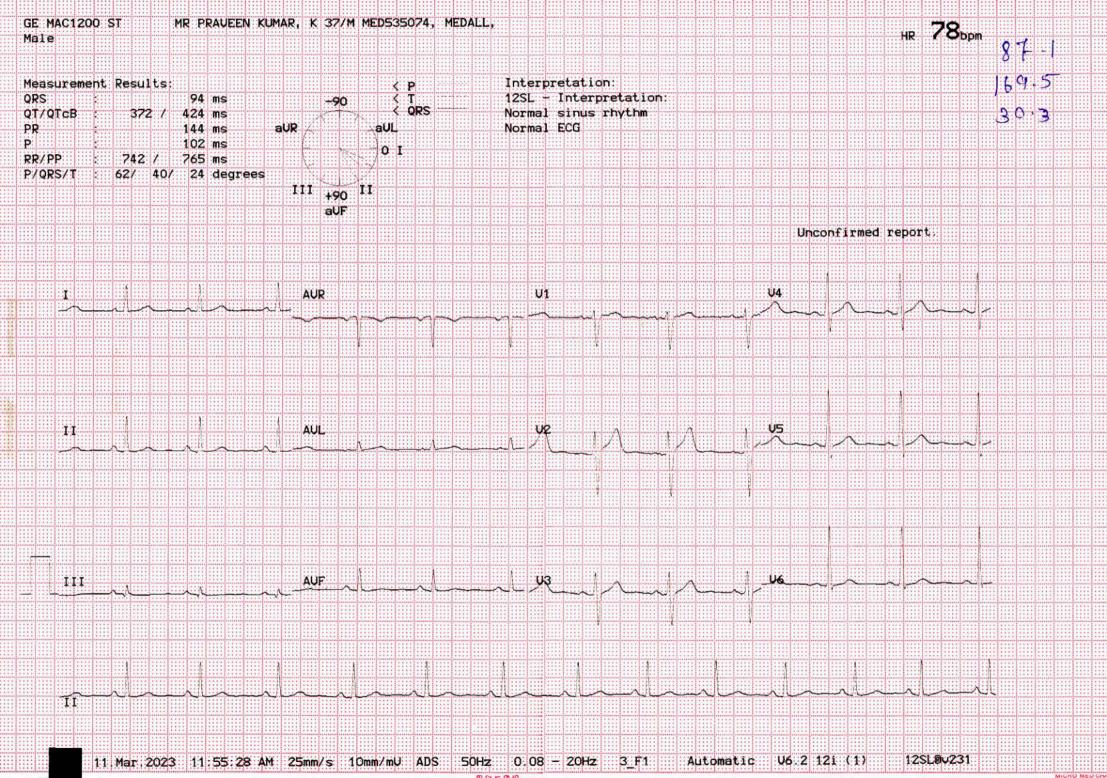


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-- End of Report --

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Page 9 of 9



Name	MR.PRAVEEN KUMAR K	ID	MED111535074
Age & Gender	37Y/MALE		Mar 11 2023 10:28AM
Ref Doctor Name	MediWheel		

#### SONOGRAM REPORT

#### WHOLE ABDOMEN

#### The liver is normal in size and increased echotexture. No abscess or mass lesion in the liver.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 9.8 x 3.7 cms.

The left kidney measures 9.9 x 3.8 cms.

Both kidneys are normal in size, shape and position. Cortical echoes are

normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass

Name	MR.PRAVEEN KUMAR K	ID	MED111535074
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Ref Doctor Name	MediWheel		

or calculus.

The prostate measures  $3.5 \times 3.0 \times 2.9$  cms and is normal sized with a volume of 15 cc.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

#### **IMPRESSION**:

• Fatty liver grade I.

DR.AZAKU TAMIL SELVI D.M.R.D.M.D.R.D. CONSULTANT RADIOL OGIST

Name	MR.PRAVEEN KUMAR K	ID	MED111535074
Age & Gender	37Y/MALE	Visit Date	Mar 11 2023 10:28AM
Ref Doctor Name	MediWheel		

## ECHO CARDIOGRAPHY REPORT

## Measurements:-

## M Mode:

IVS d	1.0cm	IVS s	1.4cm
LVID d	4.0cm	LVID s	2.4cm
LVPW d	0.9cm	LVPW s	1.3cm
AO	3.2cm	LA	3.4cm

# **Doppler study:**

Location	m/sec	Location	m/sec
MP A vel	0.7	MV E	0.5
PGT	2mmHg	Α	0.7
AV vel	0.9	Ratio	0.8
PGT	3mmHg	Τν ε	0.5
EF	69%	Α	0.5
FS	39%	Ratio	1.0

<u>2D:</u>

LA	:	NORMAL	R	A :	NORMAL
LV	:	NORMAL	RV	:	NORMAL
AV	:	NORMAL	<b>PV</b> :	NORM	IAL
MV	:	NORMAL	<b>TV</b> :	NORM	IAL
AO	:	NORMAL	PA	:	NORMAL

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Age & Gender	37Y/MALE		Mar 11 2023 10:28AM
Ref Doctor Name	MediWheel		

#### **Observations:**

- Cardiac chambers dimension-normal
- No regional wall motion abnormality
- Normal LV systolic and diastolic function
- Valves are morphologically and functionally normal
- No stenosis / prolapse / regurgitation
- Doppler flow pattern normal
- No pulmonary hypertension
- Normal Pericardium
- IAS/ IVS appear Intact
- No mass

#### **CONCLUSIONS:**

- NORMAL CARDIAC DIMENSIONS.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- GOOD LV SYSTOLIC FUNCTION.
- LVEF 69%

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• NORMAL STUDY.

AL

<sub>ca</sub> Binodini Prof. N. Subramanian MD, DM(CARD) FRCP, FACC Done By :-Consultant Cardiologist

Name	PRAVEEN KUMAR K	Customer ID	MED111535074
Age & Gender	37Y/M	Visit Date	Mar 11 2023 10:28AM
Ref Doctor	MediWheel		

## 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: No significant abnormality detected.



Dr.B.GAN ESH SHETTY, MBBS, MDRD,