

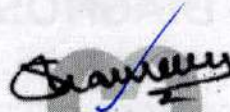
Name : Mr. N VENKATANARAYANA
 PID No. : MED121195713 Register Qn : 16/07/2022 8:50 AM
 SID No. : 522221379 Collection On : 16/07/2022 9:56 AM
 Age / Sex : 50 Year(s) / Male Report On : 16/07/2022 4:38 PM
 Type : OP Printed On : 16/07/2022 6:08 PM
 Ref. Dr : MediWheel

Investigation	Observed Value	Unit	Biological Reference Interval
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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	15.2	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	44.4	%	42 - 52
RBC Count (EDTA Blood)	5.10	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	87.1	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	29.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.3	g/dL	32 - 36
RDW-CV	12.9	%	11.5 - 16.0
RDW-SD	39.8	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6100	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	53.2	%	40 - 75
Lymphocytes (Blood)	34.2	%	20 - 45
Eosinophils (Blood)	5.8	%	01 - 06



DR SHAMIM JAVED
 MD PATHOLOGY
 KMC 88902

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The results pertain to sample tested.

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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	1.25	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.33	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.92	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	30.83	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	46.42	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	39.91	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	63.9	U/L	53 - 128
Total Protein (Serum/Biuret)	6.77	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.61	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.16	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	2.13		1.1 - 2.2



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Investigation **Observed Value** **Unit** **Biological Reference Interval**

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	290 <	214.37	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	150 <	184.02	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)	40.54	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	100 <	137	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
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VLDL Cholesterol (Serum/Calculated)	30 <	36.8	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	135 <	173.8	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220
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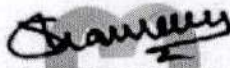
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<p>INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.</p>			
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.3		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)	4.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0


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Investigation	Observed Value	Unit	Biological Reference Interval
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	6.7	%	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 : 145.59 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.


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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.14	ng/ml	0.7 - 2.04
--	------	-------	------------

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)	6.40	µg/dl	4.2 - 12.0
--	------	-------	------------

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)	1.34	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.

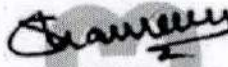
2. TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM. The variation can be of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

3. Values < 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 (URINE COMPLETE)

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	15		

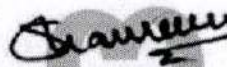
CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.004		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative



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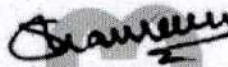
Investigation	Observed Value	Unit	Biological Reference Interval
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		
<u>MICROSCOPIC EXAMINATION</u> <u>(URINE COMPLETE)</u>			
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		

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



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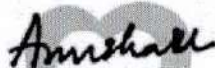
IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING

'AB' 'Positive'

(EDTA Blood Agglutination)

INTERPRETATION: Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.



Dr Anusha.K.S

Sr.Consultant Pathologist

Reg No : 100674

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BIOCHEMISTRY

BUN / Creatinine Ratio	8.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	123.85	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)	133.64	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.

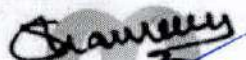
Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.9	mg/dL	7.0 - 21
--	------	-------	----------

Creatinine (Serum/Modified Jaffe)	1.29	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/Enzymatic)	6.68	mg/dL	3.5 - 7.2
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IMMUNOASSAY			
Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.603	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



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-- End of Report --



Dr. SHYLESH REDDY
M.B.B.S, Dip. DIAB, [A.U]
KMC # 66843
Cons. Physician & Diabetologist
Email: drshyleshreddy@yahoo.com

Venkatunarayana

50/M.

BP: - 140/90 mm of Hg

Imp: T2DM, Dyslipidemia, HTN

- Strict diet, regular exercise 1hr/day

- check fasting lipid profile, S. creatinine, HbA1c
'after 2 months'

H - 190
W - 98.2
HbP - 42
Coast - 41


16/7/22



Customer Name	MR. N VENKATANARAYANA	Customer ID	MED121195713
Age & Gender	50Y/MALE	Visit Date	16/07/2022
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (12.8cm) and has **increased echogenicity**. 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. 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 (10.9cm) and echopattern.

No demonstrable Para-aortic lymphadenopathy.

KIDNEYS

Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cm)	Parenchymal thickness (cm)
Right Kidney	11.1	1.5
Left Kidney	11.9	1.6

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

PROSTATE shows normal shape, size and echopattern. It volume: 16cc.

No evidence of ascites.

IMPRESSION:

- **Grade I fatty infiltration of liver.**


DR. HEMANANDINI V.N

CONSULTANT RADIOLOGIST

Hn/lr



Customer Name	MR. N VENKATANARAYANA	Customer ID	MED121195713
Age & Gender	50Y/MALE	Visit Date	16/07/2022
Ref Doctor	MediWheel		



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MIR N VENKATANARAYANA, MEDIWHEEL
 Patient ID MED121195713
 16:07:2022
 1:22:21pm

71 bpm
 130/80 mmHg

Linked Medians
 PRETEST
 SUPINE
 00:51

BRUCE
 0.0 km/h
 0.0 %

Medall Clumax

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Handwritten notes:
 CR
 deep T → I, II, III, aVF
 Lead V5
 ST Level (mm)
 ST Slope (mV/s)

CardioSoft V6.73 (2)
 25 mm/s 10 mm/mV 50Hz 0.01 - 20Hz S+ HR(II,V6)

*Computer Synthesized Rhythms

Start of Test: 1:21:19pm



Customer Name	MR. N VENKATANARAYANA	Customer ID	MED121195713
Age & Gender	50Y/MALE	Visit Date	16/07/2022
Ref Doctor	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA	:	2.51	cms.
LEFT ATRIUM	:	2.70	cms.
AVS	:	1.47	cms.
LEFT VENTRICLE			
(DIASTOLE)	:	4.68	cms.
(SYSTOLE)	:	2.80	cms.
VENTRICULAR SEPTUM	:		
(DIASTOLE)	:	1.21	cms.
(SYSTOLE)	:	1.74	cms.
POSTERIOR WALL	:		
(DIASTOLE)	:	1.59	cms.
(SYSTOLE)	:	1.40	cms.
EDV	:	101	ml.
ESV	:	29	ml.
FRACTIONAL SHORTENING	:	40	%
EJECTION FRACTION	:	60	%
EPSS	:	-----	cms.
RVID	:	1.80	cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE:	E - 0.8 m/s	A -0.6 m/s	NO MR.
AORTIC VALVE:	1.1 m/s		NO AR.
TRICUSPID VALVE:	E - 0.4 m/s	A -0.3 m/s	TRIVIAL TR.PASP-10mmHg
PULMONARY VALVE:	0.8 m/s		NO PR.



Customer Name	MR. N VENKATANARAYANA	Customer ID	MED121195713
Age & Gender	50Y/MALE	Visit Date	16/07/2022
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2D ECHOCARDIOGRAPHY FINDINGS:

Left Ventricle	:	Concentric L V H, 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.

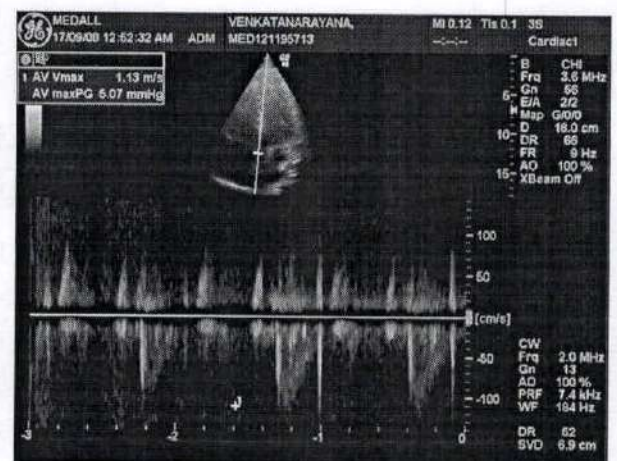
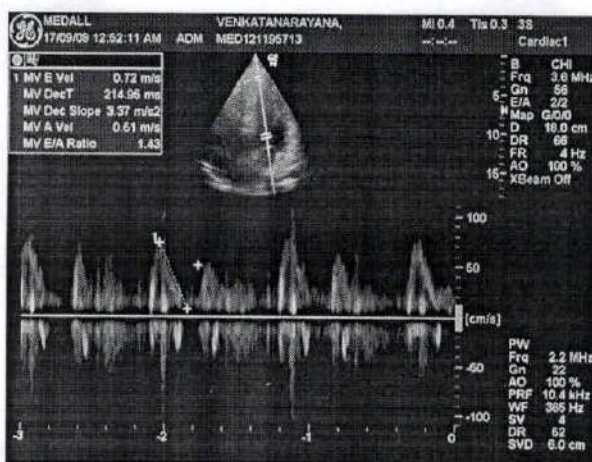
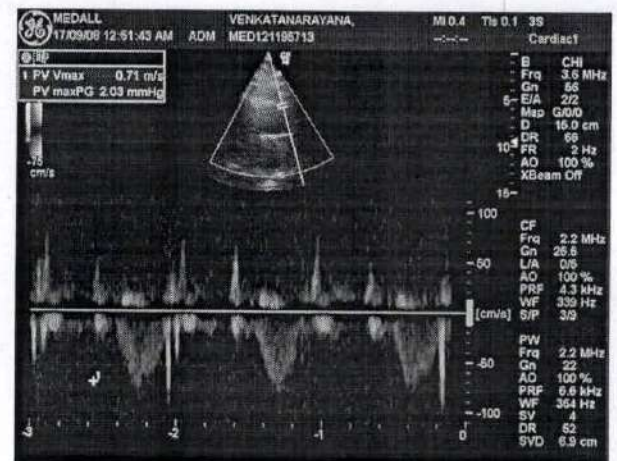
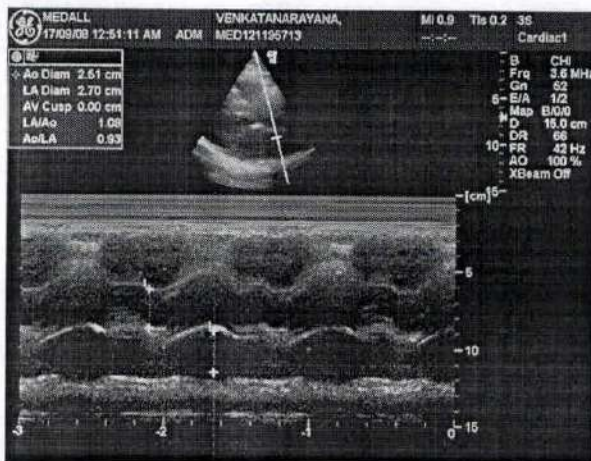
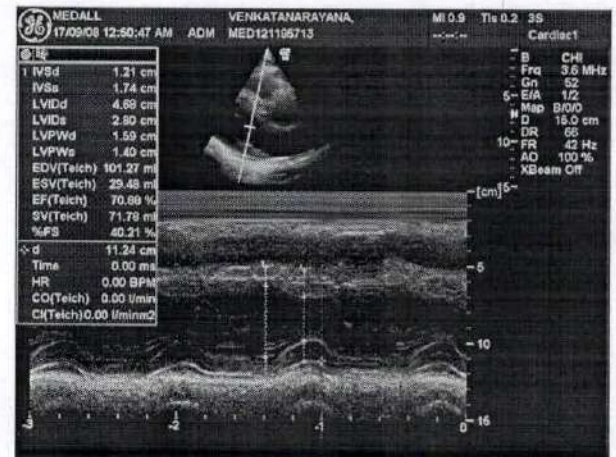
IMPRESSION:

- **CONCENTRIC L V H.**
- **NORMAL LV SYSTOLIC FUNCTION. EF: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **TRIVIAL TR, PASP 10mmHg.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**


DR. YASHODA RAVI
CONSULTANT CARDIOLOGIST



Customer Name	MR. N VENKATANARAYANA	Customer ID	MED121195713
Age & Gender	50Y/MALE	Visit Date	16/07/2022
Ref Doctor	MediWheel		



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Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

Name	N VENKATANARAYANA	Customer ID	MED121195713
Age & Gender	50Y/M	Visit Date	Jul 16 2022 8:49AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Patient rotation is noted.

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. HEMANANDHINI
CONSULTANT RADIOLOGIST

