Name	E JOHN LEONS	ID	MED120868245
Age & Gender	32Year(s)/MALE	Visit Date	3/7/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

EYE SCREENING

	Right Eye	**Left Eye**
DISTANT VISION	**6/6**	**6/6**
NEAR VISION	**N8**	**N8**
COLOUR VISION	**Normal**	**Normal**

IMPRESSION :

- **Normal Study**

Name	E JOHN LEONS	ID	MED120868245
Age & Gender	32Year(s)/MALE	Visit Date	3/7/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

Height	174cm
Weight	82kg
BP	121/82 mmhg
Pulse	73beats / mins

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USG ABDOMEN / PELVIS

REPORT :-

LIVER:

The liver is normal in size 12.5cm, shape and has smooth margins and shows diffuse fatty changes.
Portal and hepatic veins are normal.
No evidence of any focal lesion seen.
Intrahepatic biliary radicles are not dilated.

GALL BLADDER:

The gall bladder is distended, anechoic structure.
No evidence of gallstones seen.

COMMON BILE DUCT:

The CBD is normal in caliber. No evidence of calculus is seen.

SPLEEN:

The spleen is normal in size (8.0 cm)and shape and shows homogenous echotexture.
No evidence of focal lesion is noted.

PANCREAS:

The pancreas is normal in size, shape and shows normal echotexture.
No evidence of solid or cystic mass lesion is noted.

KIDNEYS:

Both kidneys are normal in size, shape and position and
normal parenchymal echotexture and normal central echocomplex.
Right kidney measures 9.9x 5.8 cm
Left kidney measures 9.7 x 5.3cm
No calculus or hydronephrosis

RETROPERITONEUM:

There is no evidence of enlarged para aortic or retroperitoneal

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lymphnodes or any mass lesion seen.
The great vessels- aorta and IVC are normal.

ASCITES:

There is no ascites seen.

URINARY BLADDER:

The urinary bladder is distended and shows normal outline.
The thickness of the wall of Urinary bladder is essentially normal.
No evidence of calculus is seen.
No evidence of any space occupying lesion or diverticulum is noted.

PROSTATE:

The prostate is normal in size, shape and parenchymal echoes.
The prostate measures 3.5x2.5x2.6 cm. Volume 12cc. No Focal lesion seen

BOTH ILIAC FOSSA : Appears normal. No mass / collection.

IMPRESSION :

- GRADE II FATTY LIVER.

DR. P.T. PRABAKARAN, M.B.B.S.,M.D.R.D.,

CONSULTANT RADIOLOGIST

Name	E JOHN LEONS	ID	MED120868245
Age & Gender	32Year(s)/MALE	Visit Date	3/7/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

Name	E JOHN LEONS	Customer ID	MED120868245
Age & Gender	32Y/M	Visit Date	Mar 7 2022 8:45AM
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*: *Essentially normal study.

DR. POOJA B.P , MDRD,DNB
CONSULTANT RADIOLOGIST

Name	: **Mr. E JOHN LEONS**	**Register On**	: 07/03/2022 8:49 AM
PID No.	: MED120868245	**Collection On**	: 07/03/2022 9:04 AM
SID No.	: 132204212	**Report On**	: 08/03/2022 7:56 AM
Age / Sex	: 32 Year(s) / Male	**Printed On**	: 10/03/2022 1:21 PM
Ref. Dr	: **MediWheel**	**Type**	: OP

Investigation	Observed Value	Unit	Biological Reference Interval
IMMUNOHAEMATOLOGY			
BLOOD GROUPING AND Rh TYPING (Blood /Agglutination)	'A' 'Positive'		
INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion			
BIOCHEMISTRY			
BUN / Creatinine Ratio	13.4		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	87.0	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)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/ GOD-PAP)	100	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/ Agglutination)	12.1	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.9	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)	5.5	mg/dL	3.5 - 7.2
Liver Function Test			
GGT(Gamma Glutamyl Transpeptidase) (Serum/Jaffe Kinetic)	20.0	U/L	< 55
Bilirubin(Total) (Serum/DCA with ATCS)	0.4	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/photometry)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/RIA)	0.30	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	25.0	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	33.0	U/L	5 - 41

DR.FAYIQAH MD(PATH)
CONSULTANT - PATHOLOGIST
REG NO:116685

Dr.E.Saravanan M.D(Path)
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Reg No : 73347

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Investigation	Observed Value	Unit	Biological Reference Interval
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	66.0	U/L	53 - 128
Total Protein (Serum/Phosphomolybdate/UV)	7.5	gm/dL	6.0 - 8.0
Albumin (Serum/Jaffe Kinetic / derived)	**5.4**	gm/dL	3.5 - 5.2
Globulin (Serum/RIA)	**2.10**	gm/dL	2.3 - 3.6
A : G RATIO (Serum/RIA)	**2.57**		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	**212**	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	80	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 ñusualò circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	**50.8**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	145.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	16	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	161.2	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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Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.2		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)	1.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	2.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/HPLC)	5.5	%	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 (Whole Blood)	111.15	mg/dL	

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.

Clinical Pathology

Stool Analysis - ROUTINE

Consistency (Stool)	Semi Solid	Semi Solid
Colour (Stool)	Brown	Brown
Blood (Stool)	Absent	Absent
Cysts (Stool)	Nil	NIL
PH(Stool) (Stool)	8.2	
Reducing Substances (Stool/Benedict's)	Negative	Negative
Occult Blood (Stool)	Negative	Negative

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Investigation	Observed Value	Unit	Biological Reference Interval
Reaction (Stool)	**Alkaline**		Acidic
Ova (Stool)	Nil		NIL
Mucus (Stool)	Absent		Absent
Others (Stool)	Nil		NIL
Pus Cells (Stool)	**2-3**	/hpf	NIL
RBCs (Stool)	Nil	/hpf	Nil

HAEMATOLOGY

Complete Blood Count With - ESR

Absolute Eosinophil Count (AEC) (Blood/ Automated Blood cell Counter)	**1.12**	10^3 / µl	0.04 - 0.44
Absolute Lymphocyte Count (Blood/ Automated Blood cell Counter)	2.61	10^3 / µl	1.5 - 3.5
MPV (Blood/Automated Blood cell Counter)	9.8	fL	7.9 - 13.7
Absolute Basophil count (Blood/Automated Blood cell Counter)	0.04	10^3 / µl	< 0.2
Absolute Monocyte Count (Blood/Automated Blood cell Counter)	0.66	10^3 / µl	< 1.0
Absolute Neutrophil count (Blood/ Automated Blood cell Counter)	4.63	10^3 / µl	1.5 - 6.6
RDW-SD (Blood)	40.5	fL	39 - 46
Haemoglobin (Blood/Automated Blood cell Counter)	16.9	g/dL	13.5 - 18.0
PCV (Packed Cell Volume) / Haematocrit (Blood/Automated Blood cell Counter)	50.1	%	42 - 52
RBC Count (Blood/Automated Blood cell Counter)	5.7	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (Blood/ Automated Blood cell Counter)	87	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (Blood/Automated Blood cell Counter)	29.7	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (Blood/Automated Blood cell Counter)	33.8	g/dL	32 - 36
Platelet Count (Blood/Automated Blood cell Counter)	192	10^3 / µl	150 - 450
Total WBC Count (TC) (Blood/Automated Blood cell Counter)	9000	cells/cu.mm	4000 - 11000

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Investigation	Observed Value	Unit	Biological Reference Interval
Diferential Leucocyte Count			
Neutrophils (Blood)	51.4	%	40 - 75
Lymphocytes (Blood)	28.8	%	20 - 45
Eosinophils (Blood)	**12.3**	%	01 - 06
Monocytes (Blood)	7.2	%	01 - 10
Basophils (Blood)	0.3	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	08	mm/hr	< 15

Immunology

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.96	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/ Chemiluminescent Immunometric Assay (CLIA))	9.16	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 /Chemiluminescent Immunometric Assay (CLIA))	0.74	µIU/mL	0.35 - 5.50

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.

Urine Analysis - Routine

BIOCHEMISTRY

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Investigation	Observed Value	Unit	Biological Reference Interval
Urine Sugar (Urine)	Negative		

INTERPRETATION:
Comments:
Reference Range for Glucose is not established for body fluids. Physician to correlate clinically.

Clinical Pathology

Colour (Urine)	Pale Yellow		Yellow to Amber
pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.010		1.002 - 1.035
Urine Protein / Albumin (Urine)	Negative		Negative
Ketone (Urine)	Negative		Negative
Bilirubin (Serum)	Negative	mg/dL	
Urobilinogen (Urine)	Normal		Normal
Pus Cells (Urine)	**2-3**	/hpf	NIL
Epithelial Cells (Urine)	**1-2**	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL
Casts (Urine)	Nil	/hpf	NIL
Urine Crystals (Stool)	Nil	/hpf	NIL
Others (Urine)	Nil		

INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy

-- End of Report --

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