

Name : Mr. PRASAD P

PID No. : MED121762232

SID No. : 123004903

Age / Sex : 52 Year(s) / Male

Type : OP

Ref. Dr : MediWheel


Register On : 25/03/2023 8:02 AM

Collection On : 25/03/2023 9:36 AM

Report On : 25/03/2023 6:14 PM


Printed On : 25/03/2023 8:28 PM

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'O' 'Positive'		
INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion			
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood/Spectrophotometry)	12.7	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	36.6	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.02	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	91.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	31.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	34.8	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	12.6	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	40.13	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6300	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	38.1	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	50.7	%	20 - 45



Dr. Manjula Ramesh
Consultant Biochemist

VERIFIED BY

DR. SUNDAR ELAYAPERUMAL MD, CIC
CONSULTANT MICROBIOLOGIST
REG NO. 41854

APPROVED BY

The results pertain to sample tested.

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Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.1	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	9.5	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.6	%	00 - 02

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

Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.40	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.19	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.07	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.60	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.04	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	180	10 ³ / μ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.4	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.17	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	3	mm/hr	< 20

Manjularamesh
Dr. Manjula Ramesh
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VERIFIED BY



Sundar Elayaperumal
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	8.94		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	146.3	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)	Positive(+)	Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	239.6	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)	Positive(++)	Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	11.0	mg/dL	7.0 - 21
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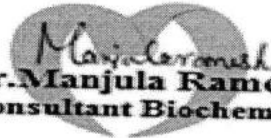
Creatinine (Serum/Modified Jaffe)	1.23	mg/dL	0.9 - 1.3
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INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, 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)	6.5	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	1.09	mg/dL	0.1 - 1.2
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Dr. Manjula Ramesh
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.29	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.80	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	38.5	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	47.0	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	39.9	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	58.0	U/L	56 - 119
Total Protein (Serum/Biuret)	7.05	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.51	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.54	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.78		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	123.5	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	151.5	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<p>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.</p>			
HDL Cholesterol (Serum/Immunoinhibition)	35.7	mg/dL	Optimal(Negative Risk Factor): \geq 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	57.5	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: \geq 190
VLDL Cholesterol (Serum/Calculated)	30.3	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	87.8	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: \geq 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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.5		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
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Dr. Manjula Ramesh
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Investigation	Observed Value	Unit	Biological Reference Interval
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	4.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	7.5	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Estimated Average Glucose (Whole Blood)	168.55	mg/dL
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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.

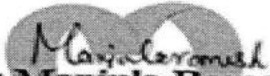
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1c values.

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.

Prostate specific antigen - Total (PSA) (Serum/Manometric method)	0.87	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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INTERPRETATION: REMARK : PSA alone should not be used as an absolute indicator of malignancy.

THYROID PROFILE / TFT



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Investigation	Observed Value	Unit	Biological Reference Interval
T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.97	ng/ml	0.4 - 1.81

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))	6.02	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 Immunometric Assay (CLIA))	2.07	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.

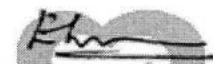
Urine Analysis - Routine

COLOUR (Urine)	Pale yellow	Yellow to Amber
APPEARANCE (Urine)	Clear	Clear


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Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Positive(+)		Negative
Pus Cells (Urine/Automated - Flow cytometry)	Occasional	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry)	Occasional	/hpf	NIL
RBCs (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated - 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



Dr. Manjula Ramesh
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Ova (Stool)	NIL		NIL
Others (Stool)	NIL		NIL
Cysts (Stool)	NIL		NIL
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



Dr. Manjula Ramesh
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VERIFIED BY




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

APPROVED BY

-- End of Report --

MED12176223 210 2125-03-2309:46 AM

Customer Name		Patient ID	Visit Date
	123004903 MR PRASAD P 52/Y		

PARAMETERS	MEASUREMENTS
Height (Cms)	158
Weight (Kgs)	79.6
BMI	31.9
Systolic (mm/Hg)	127
Diastolic (mm/Hg)	89
Spo2	98
Waist (Inches)	38
Hip (Inches)	42
Fat (%)	30.9
Visceral Fat (%)	21.5
Body age (Yrs)	63
RM	1699

Medall Seal & Signature




Customer Signature

Name	MR.PRASAD P	ID	MED121762232
Age & Gender	52Y/MALE	Visit Date	25/03/2023
Ref Doctor	MediWheel		

ECHO CARDIOGRAM REPORT

2D ECHO STUDY:

- Normal LV / RV size and systolic function (EF: 64%)
- No Regional wall motion abnormality.
- No ventricular hypertrophy.
- IAS and IVS are intact.
- No e/o of clot / Aneurysm.
- Normal pericardium.

FINAL IMPRESSION:

- NORMAL LV / RV SIZE AND SYSTOLIC FUNCTION. (EF: 64%)
- NO REGIONAL WALL MOTION ABNORMALITY.
- NORMAL VALVES FOR AGE.
- GRADE I LV DIASTOLIC DYSFUNCTION PRESENT.
- NORMAL COLOUR FLOW STUDIES.

LEFT VENTRICULAR MEASUREMENT:

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
AO (ed)- 3.2cm(1.5cm/3.5cm)		IVS (ed) - 1.1cm	(0.6cm/1.2cm)
LA (ed)- 3.3cm(1.5cm/3.5cm)		LVPW(ed) - 1.0 cm	(0.6cm/1.1cm)
RVID(ed)- 1.2 cm(0.9cm/2.8cm)		EF 64 %	(62 %-85 %)
LVID (ed)- 5.1cm(2.6cm/5.5cm)		FS 35 %	
LVID (es)- 3.3cm			

MORPHOLOGICAL DATA:

Mitral valve

Anterior mitral leaflet (AML) : Normal

Posterior mitral leaflet (PML) : Normal

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Tricuspid Valve : Normal
Pulmonary Valve : Normal
Interatrial Septum : Intact
Interventricular Septum : Intact
Right Ventricle : Normal
Right Atrium : Normal
Pulmonary Artery : Normal
Left Ventricle : Normal
Left Atrium : Normal

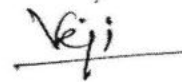
PERICARDIUM:

- Normal.

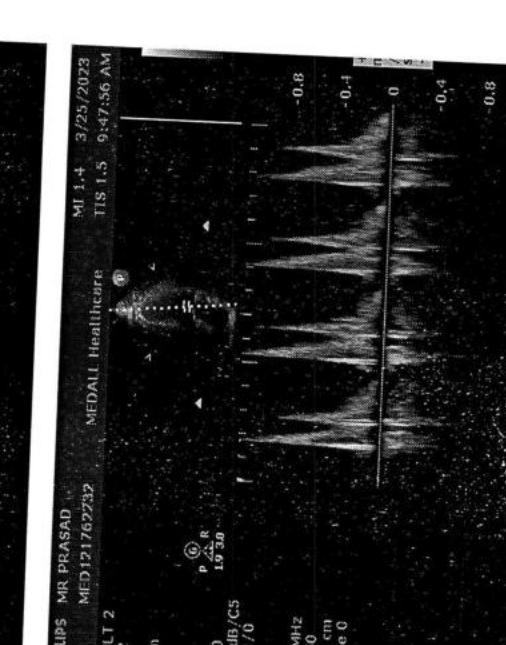
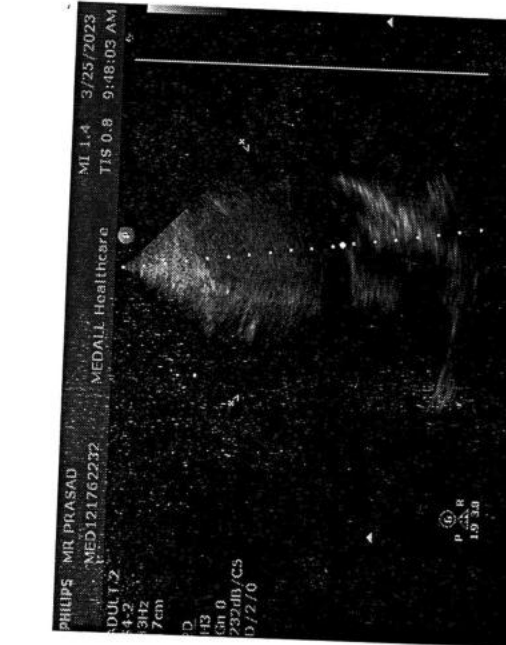
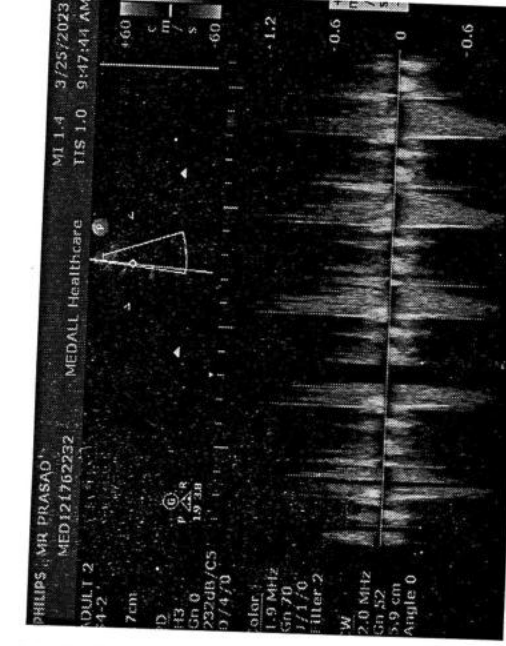
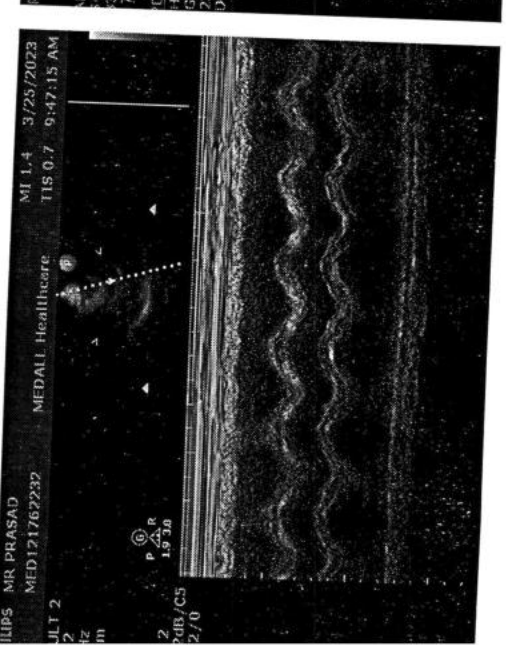
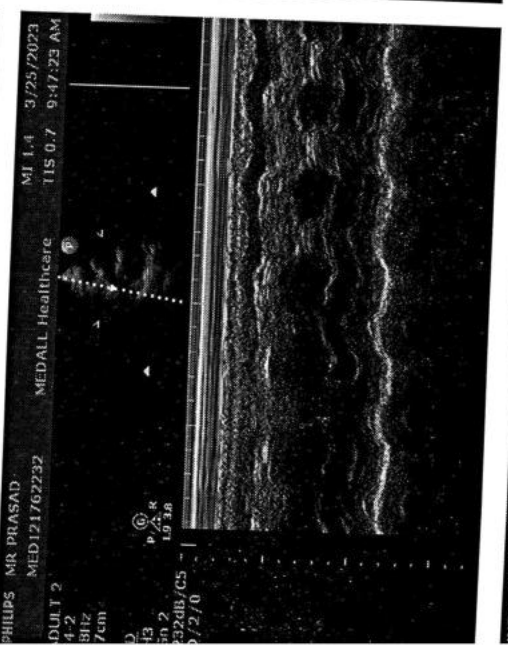
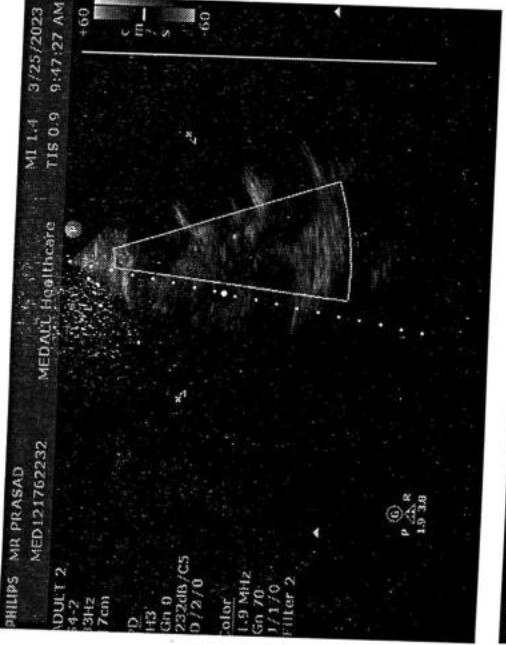
DOPPLER STUDY:

Continuous Wave Doppler & Colour Flow Study:

- *Grade I LV diastolic dysfunction present.*



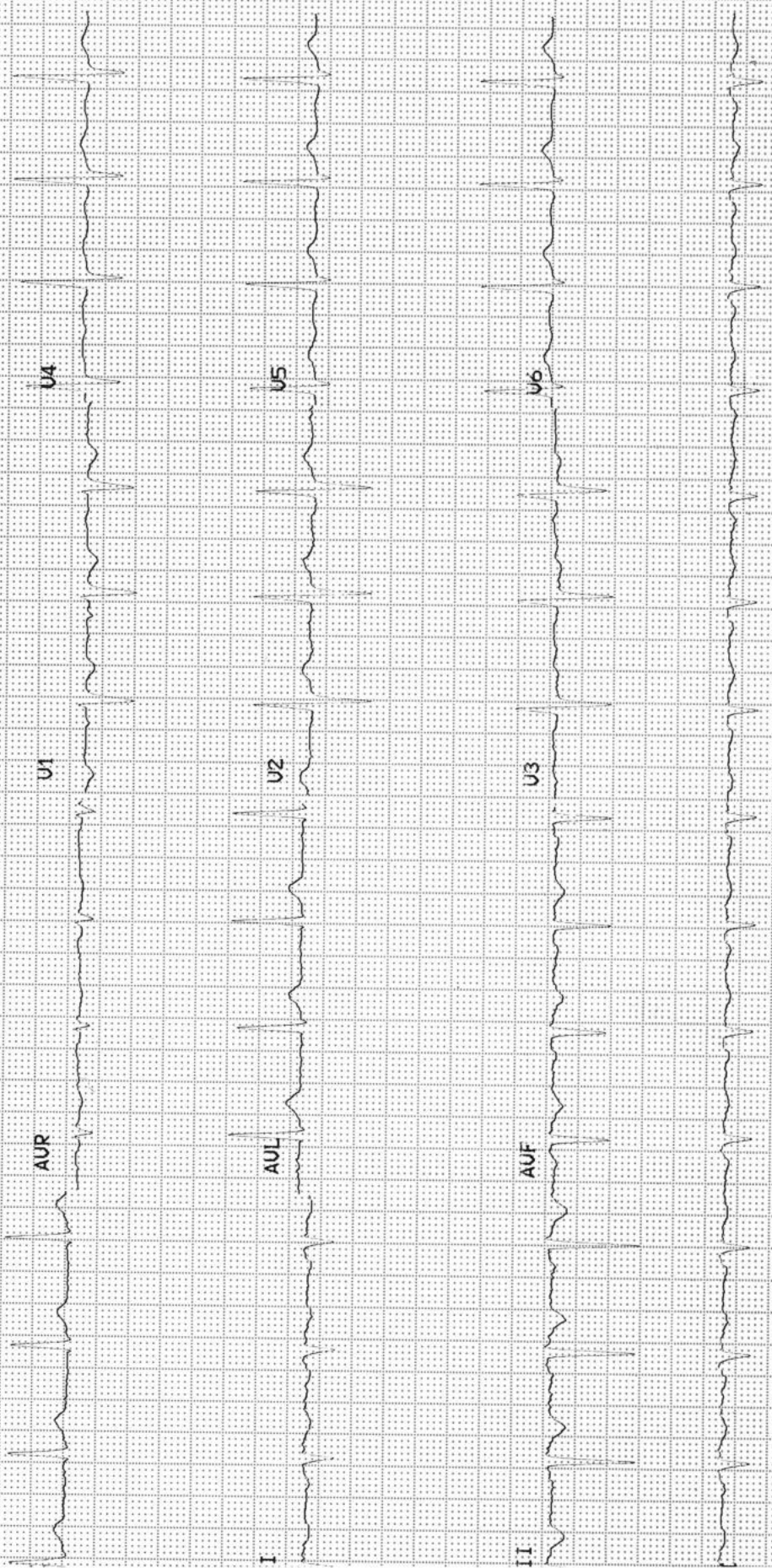
**P. VIJAYA LAKSHMI
ECHO TECHNICIAN**



ement Results.
PR : 368 / 445 ms
QR : 160 ms
ST : 124 ms
QT : 678 / 680 ms
QT : 253 / -53 / -61 degrees

Interpretation:
12SL - Interpretation:
Unusual P axis, possible ectopic atrial rhythm
Left axis deviation
Inferior infarct, age undetermined

Unconfirmed report.



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Age & Gender	52Y/MALE	Visit Date	25/03/2023
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ULTRASOUND SCAN

WHOLE ABDOMEN

Liver is enlarged in size (15.9 cm) and shows homogenously increased parenchymal echoes with no focal abnormality.

There is no intra or extra hepatic biliary ductal dilatation. Portal vein and IVC are normal.

Gall bladder is normal sized and smooth walled. No evidence of calculi. Wall thickness is normal.

Pancreas shows a normal configuration and echotexture. Pancreatic duct is normal.

Spleen is normal in size and echotexture.

Bilateral kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.

Right kidney measures 11.2 x 4.7 cm.

Left kidney measures 9.9 x 3.8 cm.

Ureters are not dilated.

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

No para aortic lymphadenopathy is seen.

Urinary bladder is smooth walled and uniformly transonic. No intravesical mass or calculus.

Pre void urinary bladder volume is 152 ml.

Post void residual urine volume is 25 ml.

Prostate is mildly enlarged in size, measures 4.2 x 3.8 x 3.1 cm (Vol – 27 cc).

Echotexture is homogenous.

Seminal vesicles is normal.

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Iliac fossae are normal.

There is no free or loculated peritoneal fluid.

IMPRESSION:

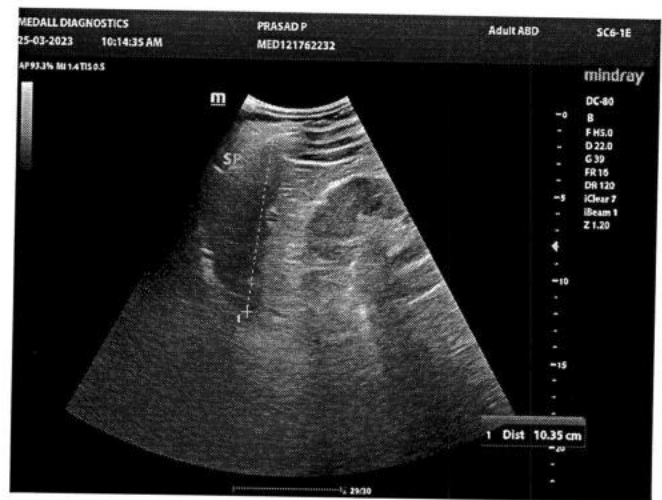
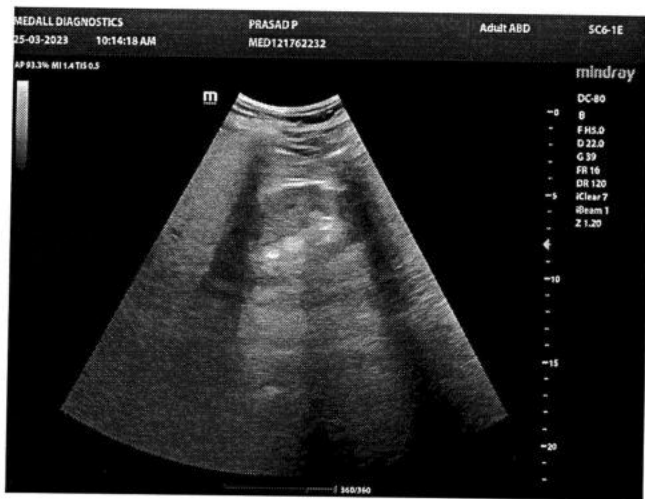
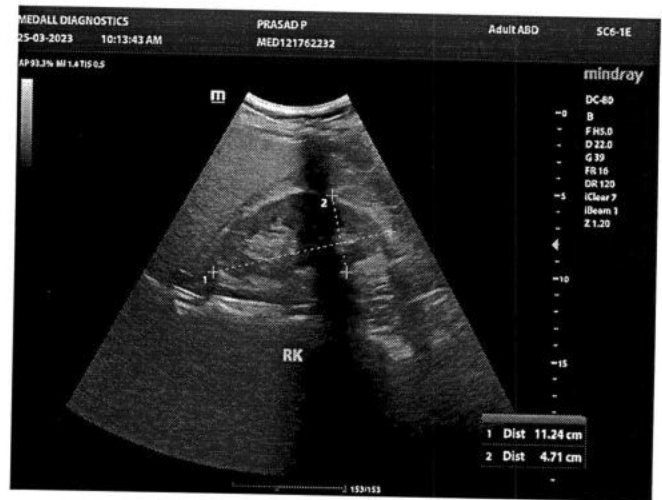
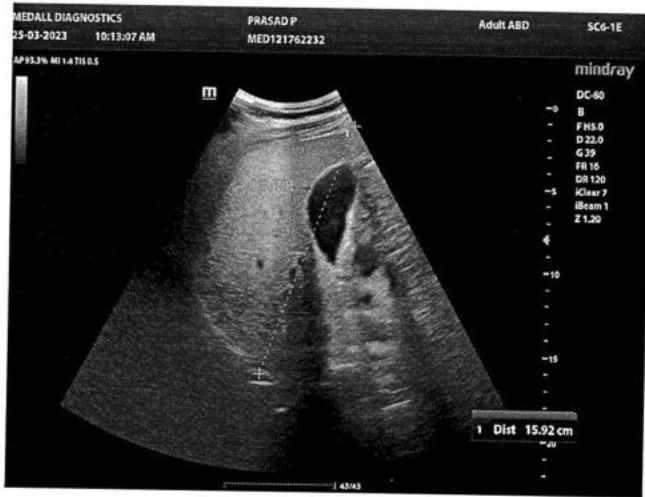
- Enlarged fatty liver.
- Mildly enlarged prostate.

Needs clinical correlation.

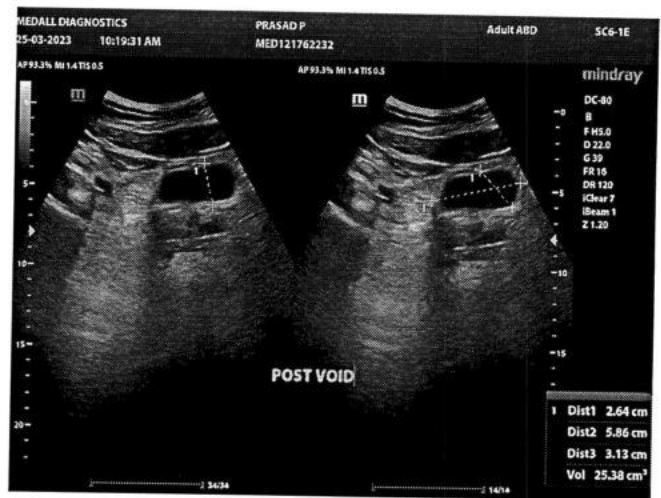
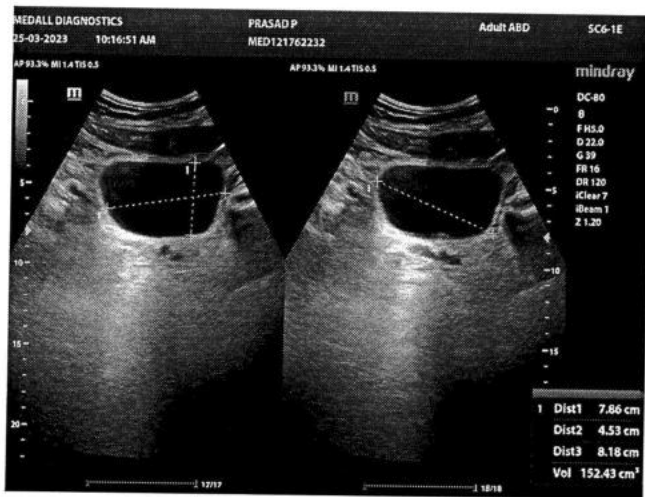
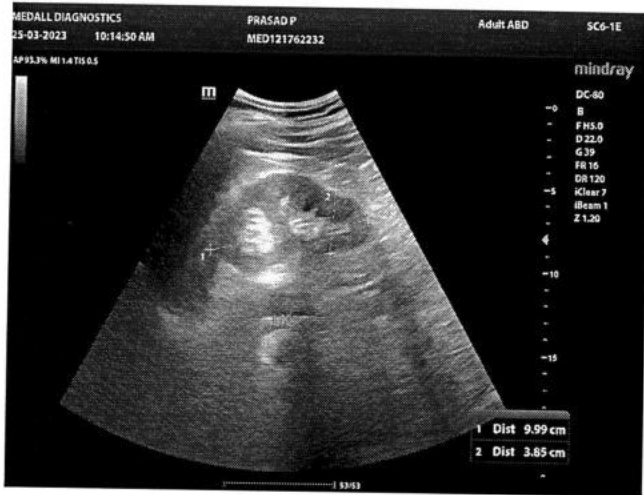


Dr. SUMITHA
SONOLOGIST

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Name	PRASAD P	Customer ID	MED121762232
Age & Gender	52Y/M	Visit Date	Mar 25 2023 2:02PM
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. SOMU K

CONSULTANT RADIOLOGISTS

