Name	MR.KALLOL KUMAR GOSWAMI	ID	MED111981810
Age & Gender	53Y/MALE	Visit Date	30/11/2023
Ref Doctor	MediWheel		

2D ECHOCARDIOGRAPHY

Chambers

- Left ventricle : normal in size, No RWMA at Rest.
- Left Atrium : Normal
- Right Ventricle : Normal
- Right Atrium : Normal

Septa

- IVS : Intact
- IAS : Intact

Valves

- Mitral Valve : Normal.
- Tricuspid Valve : Normal, trace TR, No PAH
- Aortic valve : Tricuspid, Normal Mobility
- Pulmonary Valve : Normal

Great Vessels

- Aorta : Normal
- Pulmonary Artery : Normal

Pericardium : Normal

Doppler Echocardiography

Mitral valve	E	0.69	m/sec	A	0.61	m/sec	E/a: 1.13
Aortic Valve	V max	1.34	m/sec	PG	7.2	mm	
Diastolic Dysfunction				NONE			

Name	MR.KALLOL KUMAR GOSWAMI	ID	MED111981810
Age & Gender	53Y/MALE	Visit Date	30/11/2023
Ref Doctor	MediWheel		

:2:

M – Mode Measurement

| Parameter	Observed Valve	Normal Range	
Aorta	28	26-36	Mm
Left Atrium	26	27-38	Mm
IVS	11	09-11	Mm
Left Ventricle - Diastole	49	42-59	Mm
Posterior wall - Diastole	11	09-11	Mm
IVS - Systole	15	13 - 15	Mm
Left Ventricle - Systole	29	21-40	Mm
Posterior Wall - Systole	15	13-15	Mm
Ejection Fraction	60	- >50	%

IMPRESSION:

- NORMAL SIZED CARDIAC VALVES AND CHAMBERS
- NO RWMA'S AT REST
- NORMAL LV & RV SYSTOLIC FUNCTION LVEF – 60%
- NORMAL DIASTOLIC FUNCTION
- NO PERICARDIAL EFFUSION / VEGETATION / CLOT.

DR RAMNARESH SOUDRI
MD DM (CARDIOLOGY) FSCAI
INTERVENTIONAL CARDIOLOGIST
Rs/ s

Clumax Diagnostic and Research Centre Pvt. Ltd.
68/150/3, Sri Lakshmi Towers

medall DIAGNOSTICS
experts who care

Name	MR.KALLOL KUMAR GOSWAMI	ID	MED111981810
Age & Gender	53Y/MALE	Visit Date	30/11/2023
Ref Doctor	MediWheel		
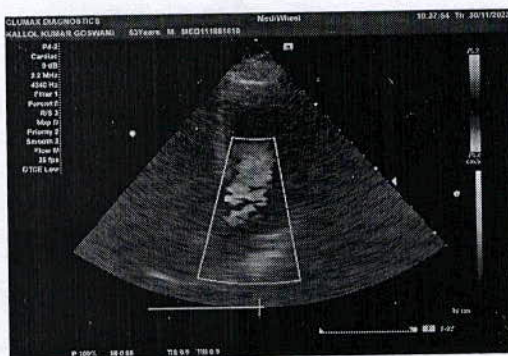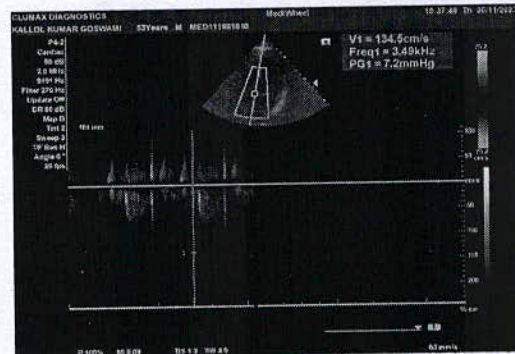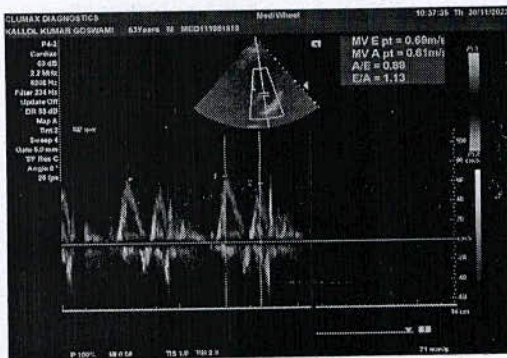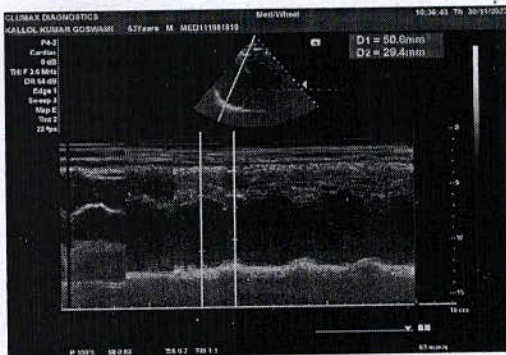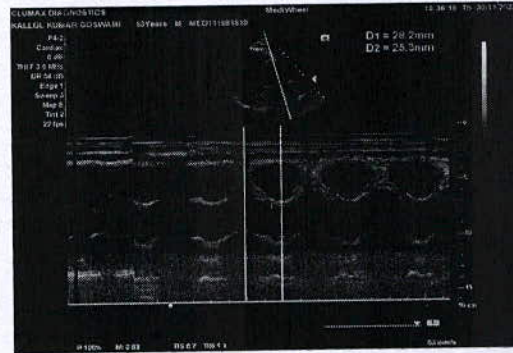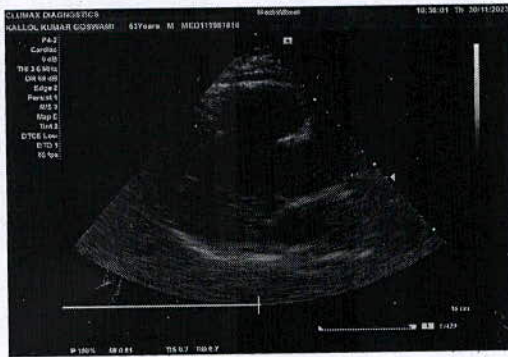
You can also conveniently view the reports and trends through our App. Scan QR code to download the App.

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.

MEDALL CLUMAX DIAGNOSTICS

Customer Name	Mdr. Kailol Kumar Goawami.	Customer ID	TJED. 111981810
Age & Gender	53 yrs. / Male	Visit Date	30·11·2023

Eye Screening

With spectacles / ~~without spectacles~~ (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	N6	N6
Distance Vision	6/12	6/12
Colour Vision	(N)	(N)

Observation / Comments:

Normal vision -near, colour vision.
clear Raviep slight power, ① islain reading.
6/12.

You can also conveniently view the reports and trends through our App. Scan QR code to download the App.

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.

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has increased echopattern.
No evidence of focal lesion or intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended.
Gall bladder wall is of normal thickness.
CBD is of normal calibre.

PANCREAS visualized portion of head and body appear normal.
Tail is obscured by bowel gas.

SPLEEN show 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.
Left kidney shows few calculi largest measuring 3.3mm in the interpolar region
No evidence of hydronephrosis.
The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	11.1	1.3
Left Kidney	10.8	1.4

URINARY BLADDER show normal shape and wall thickness. It has clear contents.

PROSTATE shows normal shape, size (wt-23.3gms) and echopattern.

No evidence of ascites.
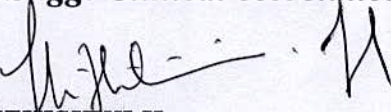
You can also conveniently view the reports and trends
through our App. Scan QR code to download the App.

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	MR.KALLOL KUMAR GOSWAMI	ID	MED111981810
Age & Gender	53Y/MALE	Visit Date	30/11/2023
Ref Doctor	MediWheel		

Impression:

- *Grade I fatty change in the liver.*

- *Non-obstructive left renal calculi.*

Sugg: Clinical correlation.

DR. HITHISHINI H
CONSULTANT RADIOLOGIST
Hh/d

You can also conveniently view the reports and trends through our App. Scan QR code to download the App.

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.

Clumax Diagnostic and Research Centre Pvt. Ltd.
68/150/3, Sri Lakshmi Towers

medall
DIAGNOSTICS
experts who care

Name	MR.KALLOL KUMAR GOSWAMI	ID	MED111981810
Age & Gender	53Y/MALE	Visit Date	30/11/2023
Ref Doctor	MediWheel		

You can also conveniently view the reports and trends through our App. Scan QR code to download the App.

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.

Clumax Diagnostic and Research Centre Pvt. Ltd.
68/150/3, Sri Lakshmi Towers

medall
DIAGNOSTICS
experts who care

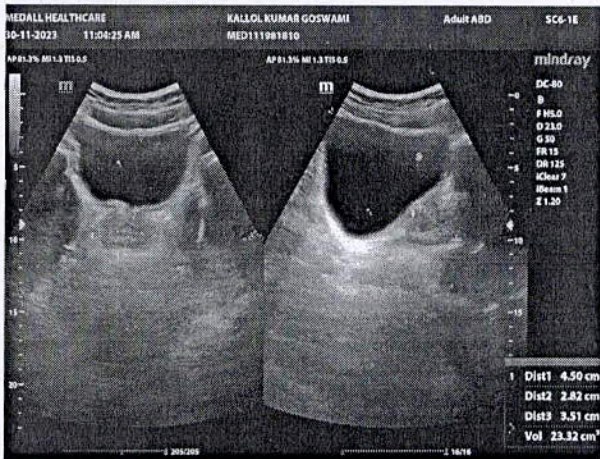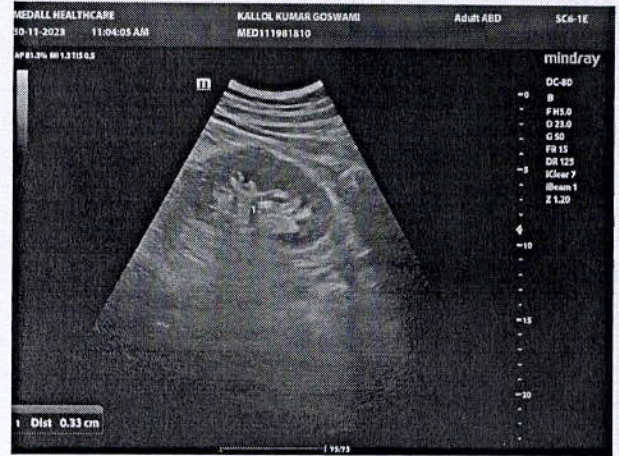| Name	MR.KALLOL KUMAR GOSWAMI	ID	MED111981810
Age & Gender	53Y/MALE	Visit Date	30/11/2023
Ref Doctor	MediWheel		

You can also conveniently view the reports and trends through our App. Scan QR code to download the App.

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.

, **MR KALLOL KUMAR**
ID: 111981810

73 bpm

30.11.2023   9:30:15
CLUMAX DIAGNOSTICS
JAYANAGAR
BANGALORE

-- / -- mmHg

Male

53 Years

QRS :	114 ms
QT / QTcBaz :	370 / 407 ms
PR :	176 ms
P :	108 ms
RR / PP :	822 / 821 ms
P / QRS / T :	54 / 9 / 21 degrees

Technician : MEGHA
Ordering Ph :
Referring Ph : MEDIWHEEL
Attending Ph :

TO BE XEROXED

(Needs Clinical Correlation
for further Management)

Dr. Ramnaresh Soudri
MD, DM (Cardiology) FSCAI
Interventional Cardiologist
KMC Reg. No: 81603

I   aVR   V1   V4

II   aVL   V2   V5

III   aVF   V3   V6

II

Unconfirmed

GE   MAC2000   1.1   12SL™ v241   25 mm/s   10 mm/mV   ADS   0.56-20 Hz   50 Hz   4x2.5x3_25_R1   1/1
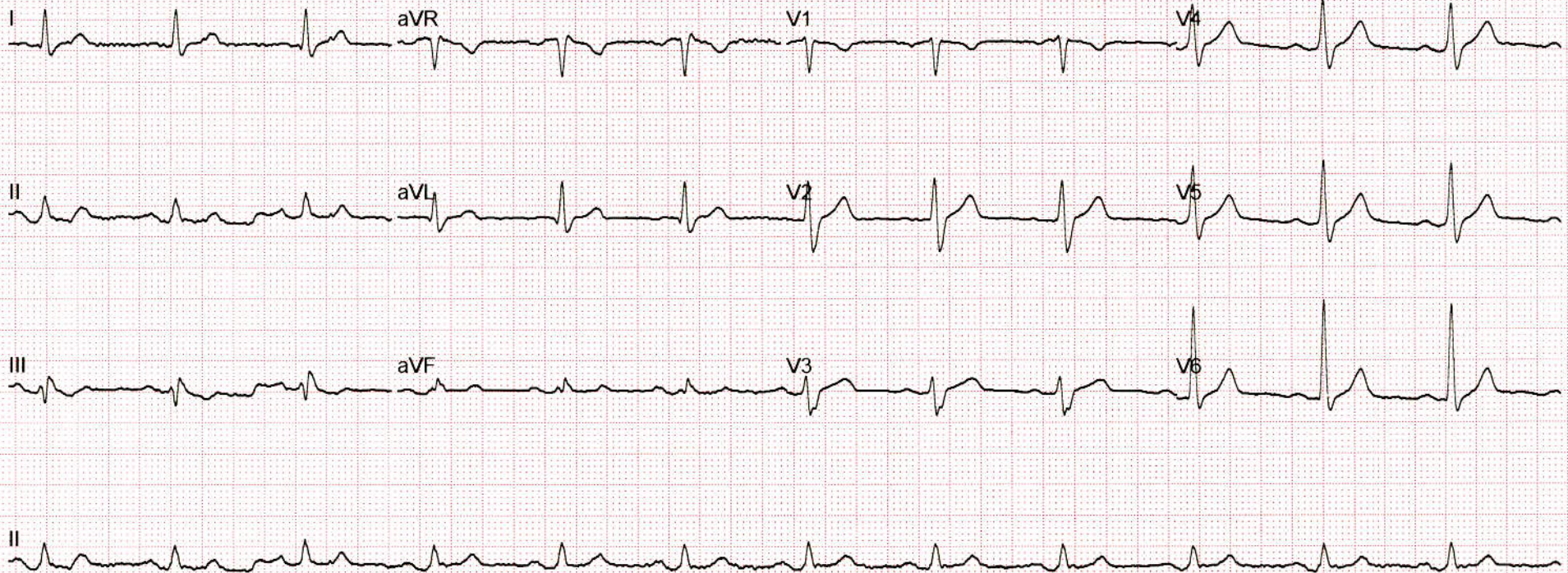
Name	Mr. KALLOL KUMAR GOSWAMI	Customer ID	MED111981810
Age & Gender	53Y/M	Visit Date	Nov 30 2023 8:43AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits. Aortic unfolding is noted.

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.Hemanandini
Consultant Radiologist

You can also conveniently view the reports and trends through our App. Scan QR code to download the App.

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.

Page 1 of 1

Name	:	**Mr. KALLOL KUMAR GOSWAMI**			
PID No.	:	MED111981810	Register On	:	30/11/2023 8:44 AM
SID No.	:	923041113	Collection On	:	30/11/2023 9:17 AM
Age / Sex	:	53 Year(s) / Male	Report On	:	30/11/2023 6:36 PM
Type	:	OP	Printed On	:	01/12/2023 12:41 PM
Ref. Dr	:	MediWheel			

Investigation	Observed Value	Unit	Biological Reference Interval

HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	14.4	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	42.1	%	42 - 52
RBC Count (EDTA Blood)	4.78	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	88.1	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	30.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.3	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.0	%	11.5 - 16.0
RDW-SD (EDTA Blood)	40.7	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6500	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	56.8	%	40 - 75
Lymphocytes (EDTA Blood)	30.8	%	20 - 45
Eosinophils (EDTA Blood)	2.2	%	01 - 06
Monocytes (EDTA Blood)	9.3	%	01 - 10

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name	:	**Mr. KALLOL KUMAR GOSWAMI**		
PID No.	:	MED111981810	**Register On**	: 30/11/2023 8:44 AM
SID No.	:	923041113	**Collection On**	: 30/11/2023 9:17 AM
Age / Sex	:	53 Year(s) / Male	**Report On**	: 30/11/2023 6:36 PM
Type	:	OP	**Printed On**	: 01/12/2023 12:41 PM
Ref. Dr	:	**MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
Basophils (EDTA Blood)	0.9	%	00 - 02

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

Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Neutrophil count (EDTA Blood)	3.7	$10^3 / \mu l$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.0	$10^3 / \mu l$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.1	$10^3 / \mu l$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.6	$10^3 / \mu l$	< 1.0
Absolute Basophil count (EDTA Blood)	0.1	$10^3 / \mu l$	< 0.2
Platelet Count (EDTA Blood)	217	$10^3 / \mu l$	150 - 450
MPV (EDTA Blood)	8.6	fL	7.9 - 13.7
PCT (EDTA Blood) (Automated Blood cell Counter)	0.186	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	3	mm/hr	< 20

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name	:	**Mr. KALLOL KUMAR GOSWAMI**			
PID No.	:	MED111981810	**Register On**	:	30/11/2023 8:44 AM
SID No.	:	923041113	**Collection On**	:	30/11/2023 9:17 AM
Age / Sex	:	53 Year(s) / Male	**Report On**	:	30/11/2023 6:36 PM
Type	:	OP	**Printed On**	:	01/12/2023 12:41 PM
Ref. Dr	:	**MediWheel**			

Investigation	Observed Value	Unit	Biological Reference Interval

BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/_DCA with ATCS_)	**1.74**	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/_Diazotized Sulfanilic Acid_)	**0.56**	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/_Derived_)	1.18	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/_Modified IFCC_)	16.97	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/_Modified IFCC_)	14.64	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/_IFCC / Kinetic_)	26.83	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/_Modified IFCC_)	65.5	U/L	56 - 119
Total Protein (Serum/_Biuret_)	6.52	gm/dl	6.0 - 8.0
Albumin (Serum/_Bromocresol green_)	4.74	gm/dl	3.5 - 5.2
Globulin (Serum/_Derived_)	1.78	gm/dL	2.3 - 3.6
A : G RATIO (Serum/_Derived_)	2.66		1.1 - 2.2

APPROVED BY

Name	:	**Mr. KALLOL KUMAR GOSWAMI**		
PID No.	:	MED111981810	Register On	: 30/11/2023 8:44 AM
SID No.	:	923041113	Collection On	: 30/11/2023 9:17 AM
Age / Sex	:	53 Year(s) / Male	Report On	: 30/11/2023 6:36 PM
Type	:	OP	Printed On	: 01/12/2023 12:41 PM
Ref. Dr	:	MediWheel		

Investigation	Observed Value	Unit	Biological Reference Interval
Lipid Profile			
Cholesterol Total (Serum/_CHOD-PAP with ATCS_)	119.94	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/_GPO-PAP with ATCS_)	148.64	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_)	**36.41**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/_Calculated_)	53.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/_Calculated_)	29.7	mg/dL	< 30
Non HDL Cholesterol (Serum/_Calculated_)	83.5	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.

APPROVED BY

The results pertain to sample tested. Page 4 of 14

Name	:	**Mr. KALLOL KUMAR GOSWAMI**			
PID No.	:	MED111981810	**Register On**	:	30/11/2023 8:44 AM
SID No.	:	923041113	**Collection On**	:	30/11/2023 9:17 AM
Age / Sex	:	53 Year(s) / Male	**Report On**	:	30/11/2023 6:36 PM
Type	:	OP	**Printed On**	:	01/12/2023 12:41 PM
Ref. Dr	:	**MediWheel**			

Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated*)	3.3		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*)	4.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	1.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

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

APPROVED BY

Name	:	**Mr. KALLOL KUMAR GOSWAMI**		
PID No.	:	MED111981810	Register On	: 30/11/2023 8:44 AM
SID No.	:	923041113	Collection On	: 30/11/2023 9:17 AM
Age / Sex	:	53 Year(s) / Male	Report On	: 30/11/2023 6:36 PM
Type	:	OP	Printed On	: 01/12/2023 12:41 PM
Ref. Dr	:	MediWheel		

Investigation	Observed Value	Unit	Biological Reference Interval
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/*HPLC*)	**5.9**	*%*	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*)*	122.63	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.

APPROVED BY

Name : **Mr. KALLOL KUMAR GOSWAMI**

PID No. : MED111981810

SID No. : 923041113

Age / Sex : 53 Year(s) / Male

Type : OP

Ref. Dr : **MediWheel**

Register On : 30/11/2023 8:44 AM

Collection On : 30/11/2023 9:17 AM

Report On : 30/11/2023 6:36 PM

Printed On : 01/12/2023 12:41 PM

Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*ECLIA)*	1.06	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/*ECLIA)*	8.81	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)*	4.71	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.

APPROVED BY

Name	:	**Mr. KALLOL KUMAR GOSWAMI**			
PID No.	:	MED111981810	**Register On**	:	30/11/2023 8:44 AM
SID No.	:	923041113	**Collection On**	:	30/11/2023 9:17 AM
Age / Sex	:	53 Year(s) / Male	**Report On**	:	30/11/2023 6:36 PM
Type	:	OP	**Printed On**	:	01/12/2023 12:41 PM
Ref. Dr	:	**MediWheel**			

Investigation	Observed Value	Unit	Biological Reference Interval

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

Investigation	Observed Value	Unit	Biological Reference Interval
Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	25		

CHEMICAL EXAMINATION (URINE COMPLETE)

Investigation	Observed Value	Unit	Biological Reference Interval
pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.007		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
Glucose (Urine/GOD - POD)	Negative		Negative

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

APPROVED BY

Name	:	**Mr. KALLOL KUMAR GOSWAMI**			
PID No.	:	MED111981810	**Register On**	:	30/11/2023 8:44 AM
SID No.	:	923041113	**Collection On**	:	30/11/2023 9:17 AM
Age / Sex	:	53 Year(s) / Male	**Report On**	:	30/11/2023 6:36 PM
Type	:	OP	**Printed On**	:	01/12/2023 12:41 PM
Ref. Dr	:	**MediWheel**			

Investigation	Observed Value	Unit	Biological Reference Interval
Leukocytes(CP) (Urine)	Negative		

MICROSCOPIC EXAMINATION (URINE COMPLETE)

Investigation	Observed Value	Unit	Biological Reference Interval
Pus Cells (Urine)	**0-2**	/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.

Investigation	Observed Value	Unit	Biological Reference Interval
Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL

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

APPROVED BY

The results pertain to sample tested.

Name : **Mr. KALLOL KUMAR GOSWAMI**

PID No. : MED111981810

SID No. : 923041113

Age / Sex : 53 Year(s) / Male

Type : OP

Ref. Dr : **MediWheel**

Register On : 30/11/2023 8:44 AM

Collection On : 30/11/2023 9:17 AM

Report On : 30/11/2023 6:36 PM

Printed On : 01/12/2023 12:41 PM

Name	:	**Mr. KALLOL KUMAR GOSWAMI**
PID No.	:	MED111981810
SID No.	:	923041113
Age / Sex	:	53 Year(s) / Male
Type	:	OP
Ref. Dr	:	**MediWheel**

Register On	:	30/11/2023 8:44 AM
Collection On	:	30/11/2023 9:17 AM
Report On	:	30/11/2023 6:36 PM
Printed On	:	01/12/2023 12:41 PM

Investigation	Observed Value	Unit	Biological Reference Interval
PHYSICAL EXAMINATION(STOOL COMPLETE)			
Mucus (Stool)	Absent		Absent
Consistency (Stool)	**Semi Solid t**		Semi Solid to Solid
Colour (Stool)	Brown		Brown
Blood (Stool)	Absent		Absent
MICROSCOPIC EXAMINATION(STOOL COMPLETE)			
Ova (Stool)	NIL		NIL
Cysts (Stool)	NIL		NIL
Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	**0-2**	/hpf	NIL
Others (Stool)	NIL		
CHEMICAL EXAMINATION(STOOL ROUTINE)			
Reaction (Stool)	**Acidic**		Alkaline
Reducing Substances (Stool/*Benedict's*)	Negative		Negative

APPROVED BY

Name	: **Mr. KALLOL KUMAR GOSWAMI**		
PID No.	: MED111981810	Register On	: 30/11/2023 8:44 AM
SID No.	: 923041113	Collection On	: 30/11/2023 9:17 AM
Age / Sex	: 53 Year(s) / Male	Report On	: 30/11/2023 6:36 PM
Type	: OP	Printed On	: 01/12/2023 12:41 PM
Ref. Dr	: MediWheel		

Investigation	Observed Value	Unit	Biological Reference Interval

BIOCHEMISTRY

BUN / Creatinine Ratio	14.0		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP)*	**104.05**	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)*	122.30	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)*	11.5	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe)*	**0.82**	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/*Enzymatic)*	**7.68**	mg/dL	3.5 - 7.2

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

APPROVED BY

Name	:	**Mr. KALLOL KUMAR GOSWAMI**

PID No.	:	MED111981810	**Register On**	:	30/11/2023 8:44 AM
SID No.	:	923041113	**Collection On**	:	30/11/2023 9:17 AM
Age / Sex	:	53 Year(s) / Male	**Report On**	:	30/11/2023 6:36 PM
Type	:	OP	**Printed On**	:	01/12/2023 12:41 PM
Ref. Dr	:	**MediWheel**			

Investigation	Observed Value	Unit	Biological Reference Interval
IMMUNOASSAY			
Prostate specific antigen - Total(PSA) (Serum/*Manometric method*)	1.16	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

INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL

PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).

Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.

PSA levels tend to increase in all men as they age.

Clinical Utility of PSA:

In the early detection of Prostate cancer.

As an aid in discriminating between Prostate cancer and Benign Prostatic disease.

To detect cancer recurrence or disease progression.

APPROVED BY

Name	: **Mr. KALLOL KUMAR GOSWAMI**		
PID No.	: MED111981810	**Register On** :	30/11/2023 8:44 AM
SID No.	: 923041113	**Collection On** :	30/11/2023 9:17 AM
Age / Sex	: 53 Year(s) / Male	**Report On** :	30/11/2023 6:36 PM
Type	: OP	**Printed On** :	01/12/2023 12:41 PM
Ref. Dr	: **MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING   'A' 'Positive'
(EDTA Blood/*Agglutination*)

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

APPROVED BY

-- End of Report --