

ANAND KONDLI 36 MED111034977 M CHEST PA 3/26/2022
MEDALL CLUMAX DIAGNOSTIC

Customer Name	MR.ANAND KONDLI	Customer ID	MED111034977
Age & Gender	36Y/MALE	Visit Date	26/03/2022
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

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

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

PANCREAS visualised extent of head and body of pancreas appears normal in size and echopattern.
Rest of the pancreas could not be evaluated due to bowel gas disturbances.

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.
No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.4	1.4
Left Kidney	11.8	2.1

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

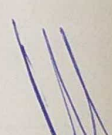
PROSTATE shows normal shape, size and echopattern.
No evidence of ascites.

Impression:

➤ *No Significant Abnormality Detected.*

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MN/MG


DR. MANUPRATAP N

Customer Name	MR.ANAND KONDLI	Customer ID	MED111034977
Age & Gender	36Y/MALE	Visit Date	26/03/2022
Ref Doctor	MediWheel		



Customer Name	MR. ANAND KONDLA	Customer ID	MRD111634977
Age & Gender	36Y/MALE	Visit Date	26/03/2022
Ref Doctor	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.9cm/s
LEFT ATRIUM	:	2.9cm/s
LEFT VENTRICLE (DIASTOLE)	:	4.9cm/s
(SYSTOLE)	:	2.9cm/s
VENTRICULAR SEPTUM (DIASTOLE)	:	1.6cm/s
(SYSTOLE)	:	1.3cm/s
POSTERIOR WALL (DIASTOLE)	:	0.9cm/s
(SYSTOLE)	:	1.2cm/s
EDV	:	81ml
ESV	:	31ml
FRACTIONAL SHORTENING	:	37%
EJECTION FRACTION	:	63%
RVID	:	1.6cm/s

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.88m/s	'A' - 0.35m/s	NO MR
AORTIC VALVE	:	0.99m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.76m/s	'A' - 0.30m/s	NO TR
PULMONARY VALVE	:	0.78m/s		NO PR

Investigations
al reports should
findings.



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2D ECHOCARDIOGRAPHY FINDINGS:

Left ventricle : Normal size, 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:

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF:63%.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.

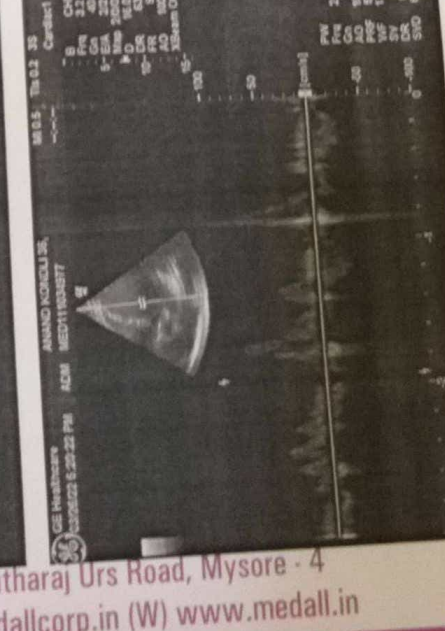
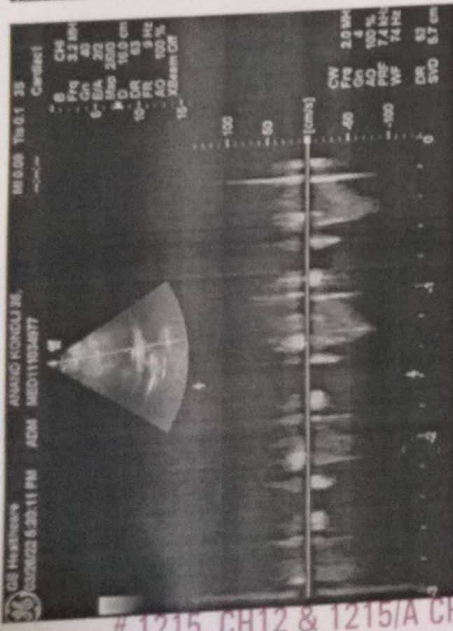
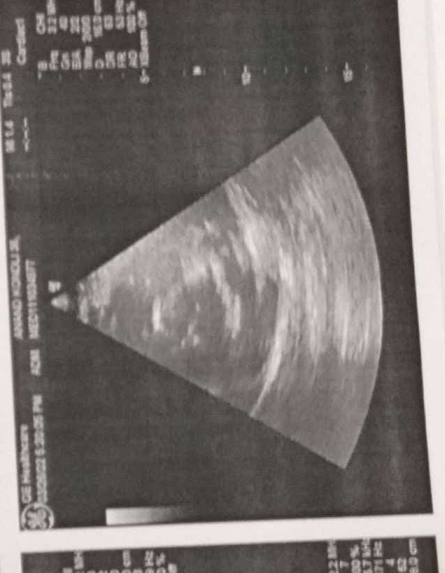
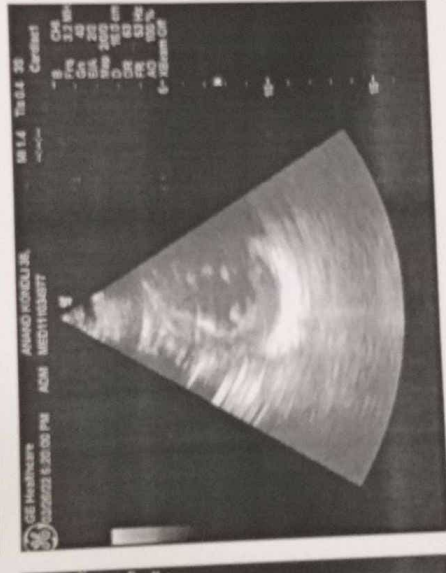
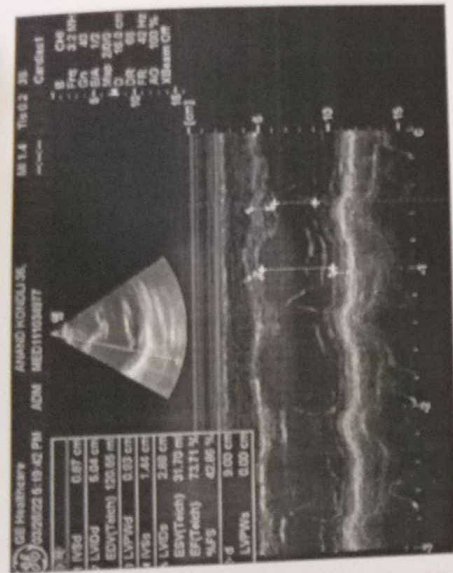
DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/SA

1215, CH12 & 1215/A CH12A, Krishnamurthy Puram, New Kantharaj Urs Road, Mysore - 4
Phone : 0821-2332000, 4232111 Email Id: clumax.mysore@medallcorp.in (W) www.medall.in

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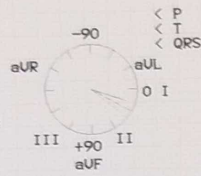
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GE Healthcare REF 019728LS
GE MAC1200 ST ANAND KONDLI, 111034977, CLUMAX DIAGNOSTICS, MYSORE
Male

CE LOT 0798
HR 76bpm

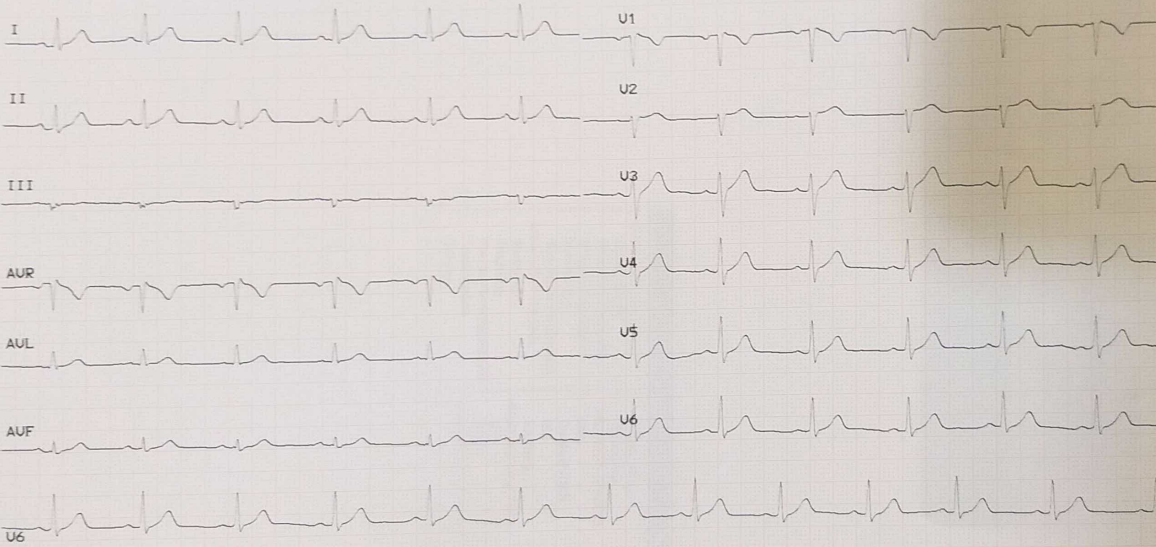
AGE: 36
 Measurement Results:
 QRS : 96 ms
 QT/QTcB : 362 / 409 ms
 PR : 146 ms
 P : 100 ms
 RR/PP : 784 / 790 ms
 P/QRS/T : 40 / 20 / 30 degrees
 QTd/QTcBD : 24 / 27 ms
 Sokolow : 1.5 mV
 NK : 11



Interpretation:
 normal ECG

normal sinus rhythm

Unconfirmed report.



Printed: 0021-20020000/4202111 (VV) WWW.MEGALIN

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SID No. : 712209569

Age / Sex : 36 Year(s) / Male

Type : OP

Ref. Dr : MediWheel

Register On : 26/03/2022 11:31 AM

Collection On : 26/03/2022 12:20 PM

Report On : 26/03/2022 10:31 PM

Printed On : 30/03/2022 7:55 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	15.9	g/dL	13.5 - 18.0
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INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	48.3	%	42 - 52
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RBC Count (EDTA Blood/Automated Blood cell Counter)	5.81	mill/cu.mm	4.7 - 6.0
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MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	83.0	fL	78 - 100
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MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	27.3	pg	27 - 32
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MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	32.8	g/dL	32 - 36
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RDW-CV (Derived)	12.4	%	11.5 - 16.0
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RDW-SD (Derived)	36.02	fL	39 - 46
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Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	8400	cells/cu.mm	4000 - 11000
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Neutrophils (Blood/Impedance Variation & Flow Cytometry)	61	%	40 - 75
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Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	34	%	20 - 45
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Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138


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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	02	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	03	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.12	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.86	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.17	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.25	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	247	10 ³ / μ l	150 - 450
MPV (Blood/Derived)	7.6	fL	7.9 - 13.7
PCT	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	06	mm/hr	< 15


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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)

3.4

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)

4.4

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.ROHINI KUMAR Ph.D,
Consultant Microbiologist

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

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Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.9	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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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
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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.

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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.28	ng/ml	0.7 - 2.04
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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 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	9.23	Microg/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))	6.65	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&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Remark: kindly correlate clinically.


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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Volume (Urine/Physical examination)	20		ml
Appearance (Urine)	Clear		

CHEMICAL EXAMINATION

pH (Urine)	7.5		4.5 - 8.0
Specific Gravity (Urine/Dip Stick <i>£</i> Reagent strip method)	1.020		1.002 - 1.035
Protein (Urine/Dip Stick <i>£</i> Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick <i>£</i> Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick <i>£</i> Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative


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Blood (Urine)	Nil		Nil
Urobilinogen (Urine/Dip Stick £Reagent strip method)	Normal		Within normal limits
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	3-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil


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Investigation

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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' Positive'

Remark: Test to be confirmed by Gel method .

A handwritten signature in blue ink over a circular logo with blue and pink segments.

Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY

A handwritten signature in blue ink over a circular logo with blue and pink segments.

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Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name	ANAND KONDLI	ID	MED111034977
Age & Gender	36Y/M	Visit Date	Mar 26 2022 11:31AM
Ref Doctor	MediWheel		

X – RAY CHEST PA VIEW

LUNGS:

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

CARDIA:

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

IMPRESSION:

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.**

AA/SV



Dr. Anitha Adarsh
Consultant Radiologist