

Name : Mr. SANTOSH CHOUDHARY
PID No. : MED121796773 Register On : 08/04/2023 9:02 AM
SID No. : 522305454 Collection On : 08/04/2023 10:31 AM
Age / Sex : 38 Year(s) / Male Report On : 08/04/2023 4:45 PM
Type : OP Printed On : 10/04/2023 10:22 AM
Ref. Dr : MediWheel

Investigation Observed Value Unit Biological Reference Interval

HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	13.9	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	43.1	%	42 - 52
RBC Count (EDTA Blood)	5.01	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	86.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	27.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.3	g/dL	32 - 36
RDW-CV	15.6	%	11.5 - 16.0
RDW-SD	46.96	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7500	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	61.6	%	40 - 75
Lymphocytes (Blood)	27.1	%	20 - 45
Eosinophils (Blood)	5.1	%	01 - 06
Monocytes (Blood)	5.6	%	01 - 10



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Basophils (Blood)	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)	4.62	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.03	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.38	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.42	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.04	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	200	10 ³ / μ l	150 - 450
MPV (Blood)	10.3	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	5	mm/hr	< 15



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<u>BIOCHEMISTRY</u>			
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.51	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.22	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.29	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.90	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	16.67	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	12.81	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	72.5	U/L	53 - 128
Total Protein (Serum/Biuret)	7.31	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.57	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.74	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.67		1.1 - 2.2



Anusha
Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	119.09	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	138.74	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)	34.52	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	56.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	27.7	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	84.6	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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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		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



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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.3	%	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 105.41 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 glyemic 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)	1.30	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 (Tyroxine) - Total (Serum/ECLIA)	7.36	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/ECLIA)	2.55	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.



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CLINICAL PATHOLOGY


PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	35		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5		4.5 - 8.0
Specific Gravity (Urine)	1.008		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




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Leukocytes(CP) (Urine)	Negative		
<u>MICROSCOPIC EXAMINATION</u> <u>(URINE COMPLETE)</u>			
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.



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Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' 'Positive'

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



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BIOCHEMISTRY

BUN / Creatinine Ratio	6.55		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	78.43	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)	96.37	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)	6.1	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.93	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)	6.17	mg/dL	3.5 - 7.2
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 Sr.Consultant Pathologist
 Reg No : 100674

APPROVED BY

-- End of Report --

OPTICAL STORE

Unique Collection

Ph: 9611444957

Vyalikaval Main road No:12 Lakshmi Nilaya, Ground Floor,
2nd Main Road, Vyalikaval, Bengaluru Karnataka - 560003

Name: **SANTOSH CHOUHARY**

Ph No: **9899475522**

Age: **29**

CHIEF COMPLAINTS

RE / LE / BE : DOV / Blurring / Eyeache / Burning
Itching / Pricking / Redness


Visual Activity:

	RE	LE
Distance/ Near	6/6	6/6
With PH		
With Glasses/CL		

Color Vision: **Was fine**

	RE				LE			
	SPH	CYL	AXIS	VN	SPH	CYL	AXIS	VN
Distance		Plan				Plan		
Near								

Advise: Constant Use / Near Use / Distance Only


Mr. Ravikumar H L
(Consultant Optometrist)



Patient Name	Sanjiv	Date	8/4/23
Age	38 Y	Visit Number	522305454
Sex	male	Corporate	medihub

GENERAL PHYSICAL EXAMINATION

Identification Mark : —

Height : 170 cms
 Weight : 85.8 kgs
 Pulse : 61b/min /minute
 Blood Pressure : 112/84 mm of Hg
 BMI : 29.7 kg/m²

BMI INTERPRETATION

Underweight = <18.5
Normal weight = 18.5–24.9
Overweight = 25–29.9

Chest :

Expiration : cms
 Inspiration : cms
 Abdomen Measurement : cms

Eyes : B/L pupils reactive Ears : NAD

Throat : NAD Neck nodes : no palpable nodes

RS : B/L NVBS ⊕ CVS : S1S2 sounds clear

PA : soft no tenderness CNS : NAD

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO ✓



Signature

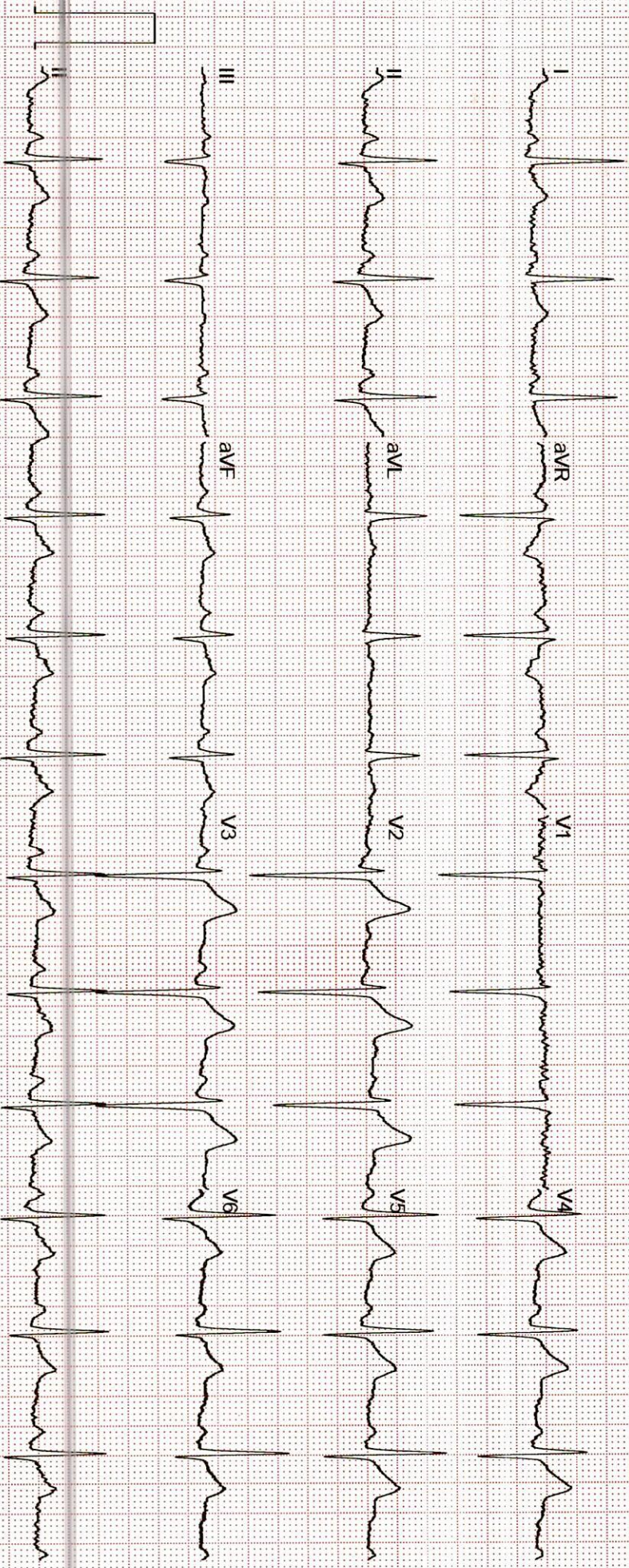
Dr. RITESH RAJ, MBBS
 General Physician & Diabetologist
 KMC Reg. No. 85875

38 Years Male

QRS : 72 ms
QT / QTcBaz : 384 / 432 ms
PR : 160 ms
P : 40 ms
RR / PP : 786 / 789 ms
P / QRS / T : 83 / 10 / 43 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



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Age & Gender	38Y/MALE	Visit Date	08 Apr 2023
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (13.1 cm) and shows increased echogenicity. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended.
CBD is not dilated.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size and echopattern.

BOTH 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 (cms)	Parenchymal thickness (cms)
Right Kidney	11.2	2.0
Left Kidney	12.1	2.2

URINARY BLADDER is partially distended. No evidence of diverticula.

PROSTATE shows normal shape, size and echopattern. It measures 2.6 x 3.1 x 3.8 cm, volume:15.8 cm.

No evidence of ascites.

IMPRESSION:

- **Grade I fatty infiltration of liver.**
- **No other significant abnormality detected.**

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Age & Gender	38Y/MALE	Visit Date	08 Apr 2023
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DR. HEMANANDINI V.N
CONSULTANT RADIOLOGISTS

Name	MR.SANTOSH CHOUDHARY	ID	MED121796773
Age & Gender	38Y/MALE	Visit Date	08 Apr 2023
Ref Doctor Name	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA	:	2.42	cms.
LEFT ATRIUM	:	3.05	cms.
AVS	:	1.47	cms.
LEFT VENTRICLE			
(DIASTOLE)	:	3.97	cms.
(SYSTOLE)	:	2.55	cms.
VENTRICULAR SEPTUM	:		
(DIASTOLE)	:	1.00	cms.
(SYSTOLE)	:	1.17	cms.
POSTERIOR WALL	:		
(DIASTOLE)	:	1.13	cms.
(SYSTOLE)	:	1.30	cms.
EDV	:	68	ml.
ESV	:	23	ml.
FRACTIONAL SHORTENING	:	35	%
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	NO TR.
PULMONARY VALVE:	0.8 m/s		NO PR.

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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: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

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Ref Doctor Name	MediWheel		

DR. YASHODA RAVI
CONSULTANT CARDIOLOGIST

Name	SANTOSH CHOUDHARY	Customer ID	MED121796773
Age & Gender	38Y/M	Visit Date	Apr 8 2023 9:01AM
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.

N. Sandhya

**Dr.N.Sandhya, DMRD
Consultant Radiologist**