



భారత ప్రభుత్వం

GOVERNMENT OF INDIA



గుండాం సురేంద్ర రెడ్డి  
Gundala Surendra Reddy

పుట్టిన సంవత్సరం/Year of Birth: 1987  
పురుషుడు / Male



4970 9214 8576

ఆధార్ - సామాన్యుని హక్కు

Name : Mr. SURENDRA REDDY  
PID No. : MED111017302  
SID No. : 922015910  
Age / Sex : 34 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 12/03/2022 9:41 AM  
Collection On : 12/03/2022 10:24 AM  
Report On : 13/03/2022 2:54 PM  
Printed On : 16/03/2022 7:39 PM



<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)	15.1	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	45.3	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.99	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)	30.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.2	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.2	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	42.4	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6600	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	57.7	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	29.8	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	4.0	%	01 - 06

DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902


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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	7.6	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.9	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.8	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.0	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.30	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.5	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.1	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	264	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.8	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.258	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	2	mm/hr	< 15

  
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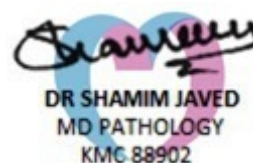
## BIOCHEMISTRY

### Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.6	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.4	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	8.0	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	5.2	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.8	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.9		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	24	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	27	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	72	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	39	U/L	< 55



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Lipid Profile

Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	220	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
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Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	196	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
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**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.

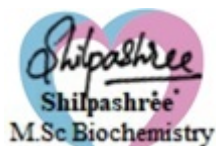
HDL Cholesterol (Serum/Immuno-inhibition)	43	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	137.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
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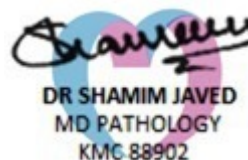
VLDL Cholesterol (Serum/Calculated)	39.2	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	177.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220
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**INTERPRETATION:** 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.



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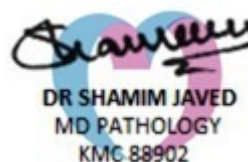
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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.1		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	4.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.7	%	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 %

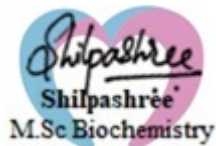
Estimated Average Glucose 116.89 mg/dL  
(Whole Blood)

**INTERPRETATION: Comments**

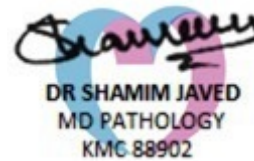
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

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/CMIA)	1.32	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/CMIA)	7.45	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 Microparticle Immunoassay(CMIA))	1.53	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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

  
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MD PATHOLOGY  
KMC 88902  
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## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION


Colour (Urine)	Pale Yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	15	mL	

### CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.020		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative

  
DR .VANITHA.R.SWAMY MD  
Consultant Pathologist  
Reg No : 99049

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DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

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Leukocytes (Urine)	Negative	leuco/uL	Negative
<b><u>MICROSCOPY(URINE DEPOSITS)</u></b>			
Pus Cells (Urine/Flow cytometry)	0-1	/hpf	3-5
Epithelial Cells (Urine)	0-1	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	2-3
Others (Urine)	Nil		Nil
Casts (Urine/Flow cytometry)	Nil	/hpf	0 - 1
Crystals (Urine)	Nil		NIL

  
DR .VANITHA.R.SWAMY MD  
Consultant Pathologist  
Reg.No : 99049  
VERIFIED BY

  
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KMC 88902  
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**BIOCHEMISTRY**

BUN / Creatinine Ratio	8.9		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	80	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 - POD)	98	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.

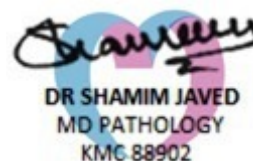
Glucose Postprandial - Urine (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	8	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.9	mg/dL	0.9 - 1.3

**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-acetylcyteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	6.4	mg/dL	3.5 - 7.2
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**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'O' 'Positive'

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

VERIFIED BY

DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

APPROVED BY

-- End of Report --

Name	MR.SURENDRA REDDY	ID	MED111017302
Age & Gender	34Y/MALE	Visit Date	12/03/2022
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** show normal shape and has clear contents.  
Gall bladder wall is of normal thickness.  
CBD is of normal calibre.

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

**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.  
The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	8.7	1.2
Left Kidney	8.8	1.6

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

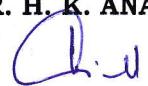
**PROSTATE** shows normal shape, size and echopattern.

No evidence of ascites.

**Impression: Essentially normal study**

#### CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND      DR. PRAJNA SHENOY      DR. MAHESH. M. S      DR. RADHA KRISHNA. A.

  
DR. HIMA BINDU.P  
Hbp/so



Name	SURENDRA REDDY	Customer ID	MED111017302
Age & Gender	34Y/M	Visit Date	Mar 12 2022 9:39AM
Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

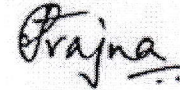
Cardiac size is within normal limits.

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. H.K. ANAND

DR. POOJA B.P

DR. SHWETHA S

DR. PRAJNA SHENOY

CONSULTANT RADIOLOGISTS





ID: MED

34years

Male

BRUCE

Total Exercise time: 10:10

25.0 mm/s

12-Mar-2022  
13:44:17

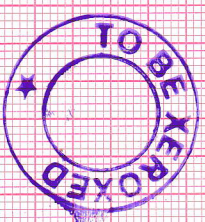
10.0 mm/mV  
100hz

Referred by: C/O MEDIWHEEL  
Test ind: IHD SCREENING

Max HR: 150bpm 80% of max predicted 186bpm  
Max BP: 130/70 Maximum workload: 12.0METS  
Reason for Termination: Patient fatigue  
Comments: GOOD EFFORT TOLERANCE. NORMAL HR AND BP RESPONSE.  
NO SIGNIFICANT ST-T CHANGES SEEN DURING EXERCISE & RECOVERY.  
NO ANGINA/ARRHYTHMIAS.  
IMP:STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA.  
## NEEDS CLINICAL CORRELATION FOR FURTHER MANAGEMENT ##  
\*\*\* DRSRIDHARL MD,DM,FICC. CARDIOLOGIST \*\*\*

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	11:48	0.8	0.0	1.6	103	110/70	113
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	109		
	STAGE 2	3:00	2.5	12.0	7.0	116		
	STAGE 3	3:00	3.4	14.0	10.1	135	130/70	176
	STAGE 4	1:10	4.2	16.0	12.0	148	130/70	192
RECOVERY	Post	4:57	***	***	1.0	105	120/70	126

**Dr. SRIDHAR L**  
MD (Med), DM (Cardio), FICG  
Interventional Cardiologist  
K.M.C. No.: 32248



Technician: MANJU

CLUMAX DIAGNOSTICS

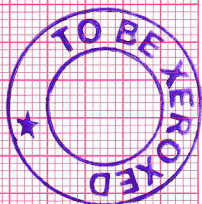
Unconfirmed

MAC55 010Bsp1



ID: MED

12-Mar-2022  
13:46:10



89bpm  
BP: 110/70  
ST @ 10mm/mV  
80ms postJ

PRETEST  
SUPINE  
1:54

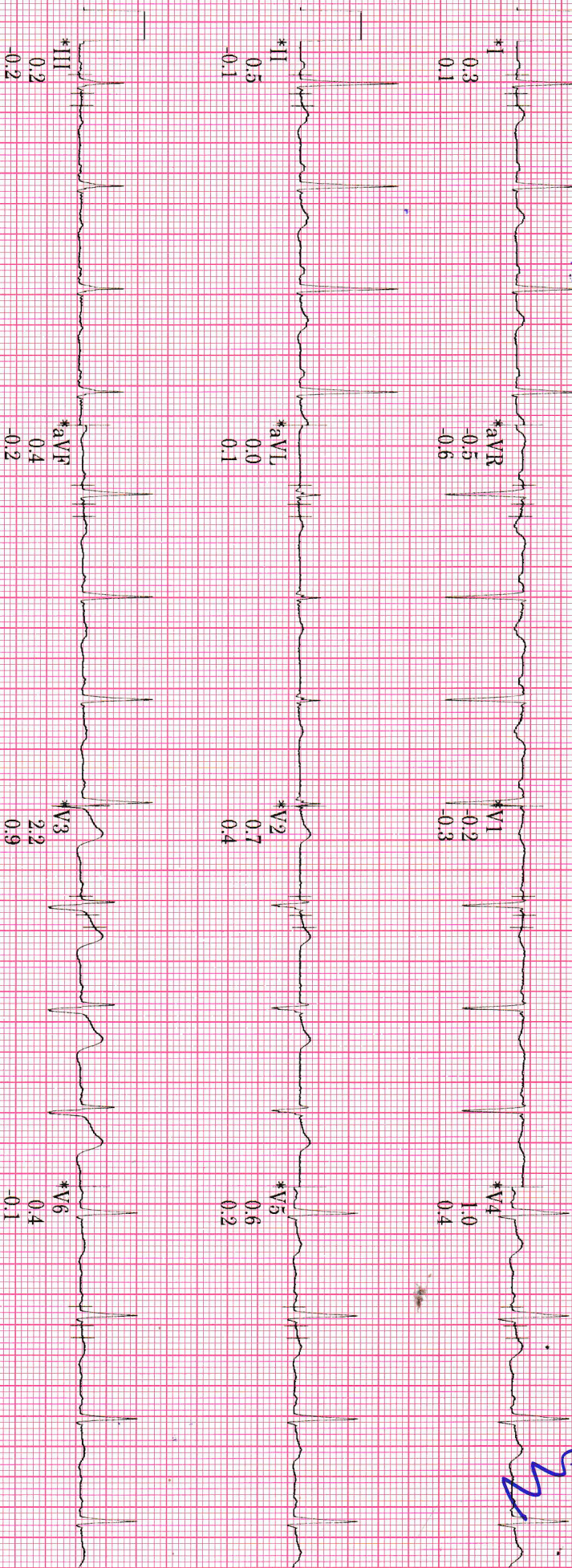
BRUCE  
\*\*\*mph  
\*\*\*%

Lead  
ST(mm)  
Slope(mV/s)

**Dr. SRIDHAR .L**  
MD(Med), DM(Cardio), FICC  
Interventional Cardiologist  
L.M.C. No.: 32248

(Needs Clinical Correlation  
for further Management)

*MR 89 in*  
*WRR*  
*WV + 70*  
*Normal Sg*



Raw Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A-H-S-50Hz HR 46

\* Computer Synthesized Rhythm

MAC55 010Bsp1



Customer Name	G. Sundia Reddy	Customer ID	111017302
Age & Gender	34yrs male	Visit Date	12/03/24

Eye Screening



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

	Right Eye	Left Eye
Near Vision	N6	N6
Distance Vision	6/6	6/6
Colour Vision	Normal	Normal

Observation / Comments: Normal

*Dr. Ravi*

Dr. RAVI V. HALAKATTI  
M.S. (OPHTH)  
EYE SURGEON  
Regd. No. 11501