

Name : Mr. KRISHNA G
PID No. : MED111166418
SID No. : 922034564
Age / Sex : 55 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 17/06/2022 8:16 AM
Collection On : 17/06/2022 8:39 AM
Report On : 17/06/2022 7:31 PM
Printed On : 18/06/2022 4:20 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Basophils (EDTA Blood)	1.1	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.31	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.69	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.19	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.44	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.06	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood)	179	10 ³ / µl	150 - 450
MPV (EDTA Blood)	8.2	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.15	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	15	mm/hr	< 20


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


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902
APPROVED BY

Name : Mr. KRISHNA G
PID No. : MED111166418
SID No. : 922034564
Age / Sex : 55 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 17/06/2022 8:16 AM
Collection On : 17/06/2022 8:39 AM
Report On : 17/06/2022 7:31 PM
Printed On : 18/06/2022 4:20 PM




<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)	209.09	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	264.99	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)	38.23	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	117.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	53	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	170.9	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.


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

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

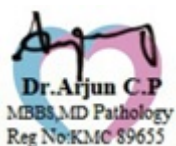
APPROVED BY

Name : Mr. KRISHNA G
PID No. : MED111166418
SID No. : 922034564
Age / Sex : 55 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

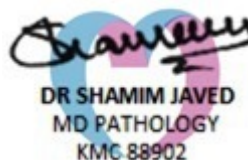
Register On : 17/06/2022 8:16 AM
Collection On : 17/06/2022 8:39 AM
Report On : 17/06/2022 7:31 PM
Printed On : 18/06/2022 4:20 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.5		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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	6.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



VERIFIED BY



APPROVED BY

Name : Mr. KRISHNA G
PID No. : MED111166418
SID No. : 922034564
Age / Sex : 55 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 17/06/2022 8:16 AM
Collection On : 17/06/2022 8:39 AM
Report On : 17/06/2022 7:31 PM
Printed On : 18/06/2022 4:20 PM



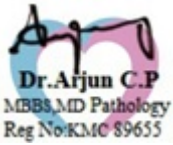
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	6.8	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

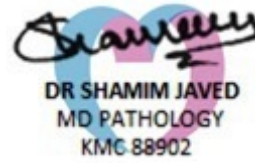
Estimated Average Glucose 148.46 mg/dL
(Whole Blood)

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 glycaemic 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.



VERIFIED BY



APPROVED BY

Name : Mr. KRISHNA G
PID No. : MED111166418
SID No. : 922034564
Age / Sex : 55 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 17/06/2022 8:16 AM
Collection On : 17/06/2022 8:39 AM
Report On : 17/06/2022 7:31 PM
Printed On : 18/06/2022 4:20 PM



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

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.42	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)	8.47	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)	2.06	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&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.


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


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902
APPROVED BY

Name : Mr. KRISHNA G
PID No. : MED111166418
SID No. : 922034564
Age / Sex : 55 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 17/06/2022 8:16 AM
Collection On : 17/06/2022 8:39 AM
Report On : 17/06/2022 7:31 PM
Printed On : 18/06/2022 4:20 PM



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


CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)


Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	15		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.010		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

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name : Mr. KRISHNA G
PID No. : MED111166418
SID No. : 922034564
Age / Sex : 55 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 17/06/2022 8:16 AM
Collection On : 17/06/2022 8:39 AM
Report On : 17/06/2022 7:31 PM
Printed On : 18/06/2022 4:20 PM



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

Leukocytes(CP)
(Urine)

Negative

MICROSCOPIC EXAMINATION
(URINE COMPLETE)

Pus Cells
(Urine)

0-2

/hpf

NIL

Epithelial Cells
(Urine)

0-2

/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.

Casts
(Urine)

NIL

/hpf

NIL

Crystals
(Urine)

NIL

/hpf

NIL

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

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name : Mr. KRISHNA G
PID No. : MED111166418
SID No. : 922034564
Age / Sex : 55 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 17/06/2022 8:16 AM
Collection On : 17/06/2022 8:39 AM
Report On : 17/06/2022 7:31 PM
Printed On : 18/06/2022 4:20 PM



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

BIOCHEMISTRY

BUN / Creatinine Ratio	16.18		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	136.83	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)	144.06	mg/dL	70 - 140
--	---------------	-------	----------

INTERPRETATION:

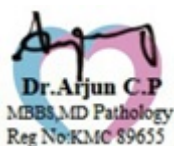
Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti- diabetic medication during treatment for Diabetes.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.9	mg/dL	7.0 - 21
--	-----	-------	----------

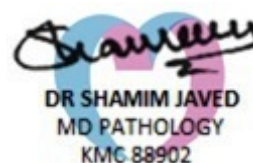
Creatinine (Serum/Modified Jaffe)	0.55	mg/dL	0.9 - 1.3
--------------------------------------	-------------	-------	-----------

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)	4.73	mg/dL	3.5 - 7.2
--------------------------------	------	-------	-----------



VERIFIED BY



APPROVED BY

Name : Mr. KRISHNA G
PID No. : MED111166418
SID No. : 922034564
Age / Sex : 55 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 17/06/2022 8:16 AM
Collection On : 17/06/2022 8:39 AM
Report On : 17/06/2022 7:31 PM
Printed On : 18/06/2022 4:20 PM



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

IMMUNOASSAY

Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.501	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.


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

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

Name : Mr. KRISHNA G
PID No. : MED111166418
SID No. : 922034564
Age / Sex : 55 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 17/06/2022 8:16 AM
Collection On : 17/06/2022 8:39 AM
Report On : 17/06/2022 7:31 PM
Printed On : 18/06/2022 4:20 PM



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

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' 'Positive'

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

VERIFIED BY

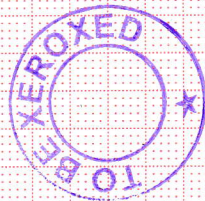
DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

-- End of Report --

RISHNA G
11166418

17.06.2022 10:12:34
CLUMAX DIAGNOSTICS
JAYANAGAR
BANGALORE



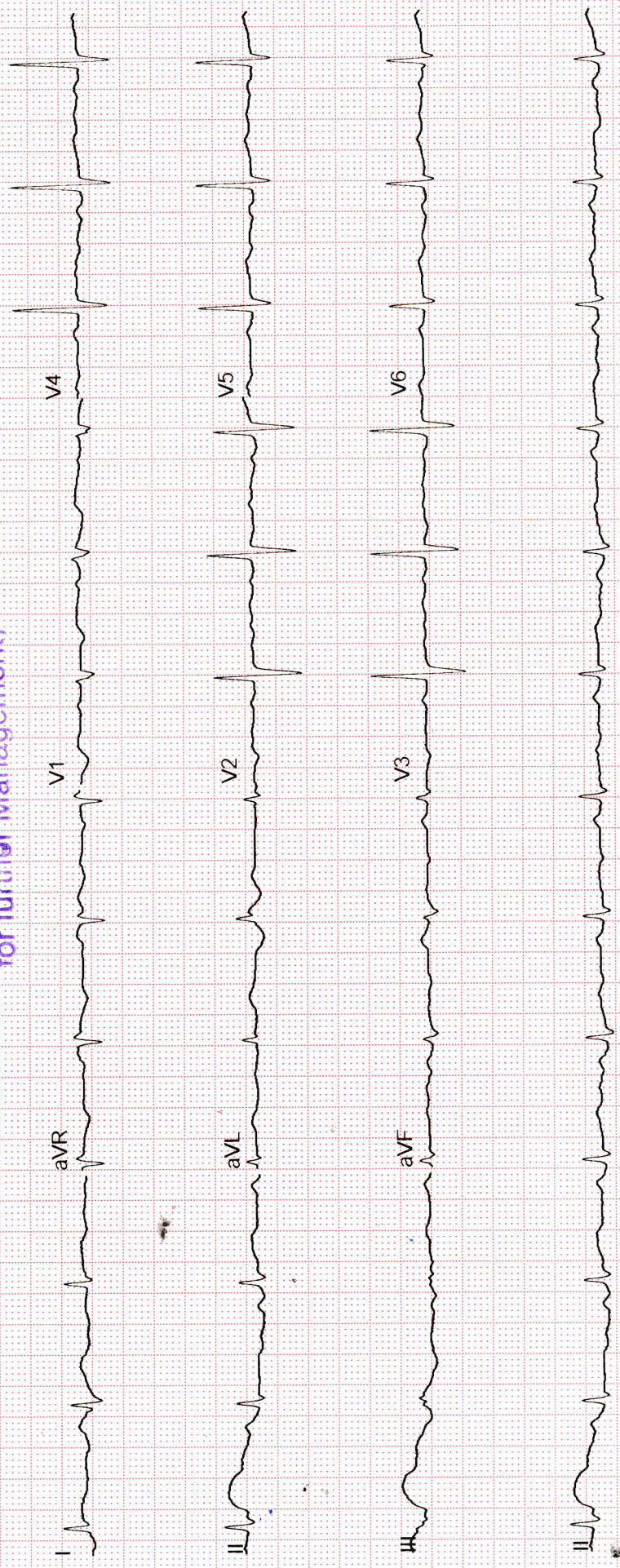
Male

QRS 88 ms
QT / QTcBaz 412 / 463 ms
PR 172 ms
P 96 ms
RR / PP 790 / 789 ms
P / QRS / T 67 / 27 / 30 degrees

Technician: koms
Ordering Ph: MEDIWHEEL
Referring Ph: MEDIWHEEL
Attending Ph:

Normal sinus rhythm
No significant ST-T changes

(Needs Clinical Correlation
for further Management)



Name	MR.KRISHNA G	ID	MED111166418
Age & Gender	55Y/MALE	Visit Date	17/06/2022
Ref Doctor	MediWheel		

:2:

2D ECHOCARDIOGRAPHY FINDINGS:

Left Ventricle : **Concentric Left Ventricular Hypertrophy**

Left Atrium : Normal

Right Ventricle : Normal

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapse.

Aortic valve : Normal, Trileaflet

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No Pericardial effusion.

IMPRESSION :

- **CONCENTRIC LEFT VENTRICULAR HYPERTROPHY**
- **TRIVIAL MITRAL REGURGITATION**
- **TRIVIAL TRICUSPID REGURGITATION (PASP : 22 mmHg)**
- **LV DIASTOLIC DYSFUNCTION**
- **ADEQUATE LV SYSTOLIC FUNCTION. EF: 61 %**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

DR.SRIDHAR.L MD,DM,FICC.
CONSULTANT CARDIOLOGIST
Ls/ml

MEDALL CLUMAX DIAGNOSTICS

Customer Name	Krishna G	Customer ID	111166418
Age & Gender	55 yrs / Male	Visit Date	17/6/22

Eye Screening

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

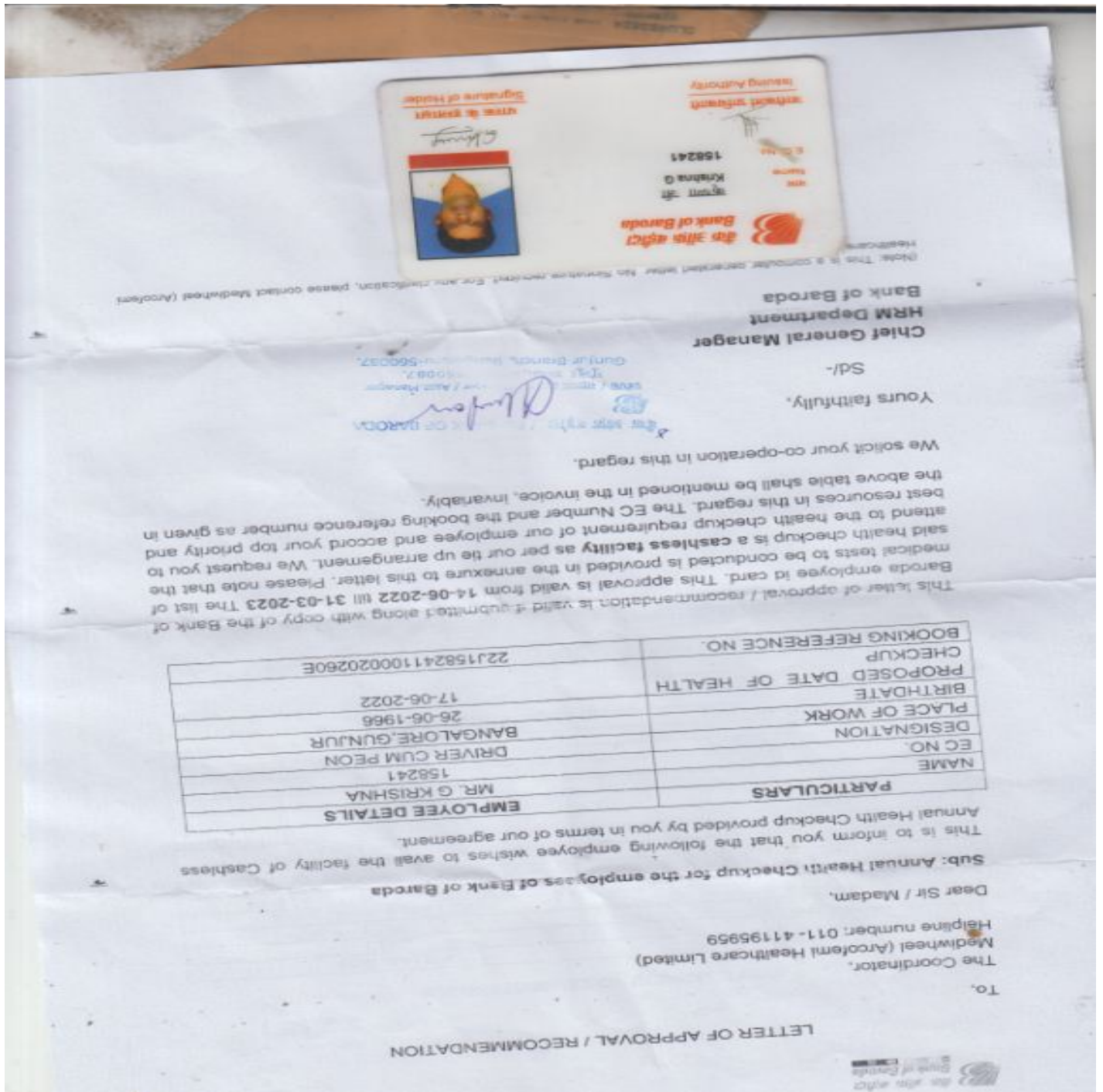
	Right Eye	Left Eye
Near Vision	NB	NB
Distance Vision	6/8	6/8
Colour Vision	Normal	Normal

Observation / Comments: Normal.

KICLO - HTN - on medication

CLUMAX DIAGNOSTICS &
RESEARCH CENTRE PVT.LTD
68/150/3, "Sri Lakshmi Towers"
9th Main, 3rd Block, Jayanagar
BANGALORE - 560011

Patient Id **MED111166418**
Patient Name **MR. KRISHNA G(55Y/MALE)**



Name	MR.KRISHNA G	ID	MED111166418
Age & Gender	55Y/MALE	Visit Date	17/06/2022
Ref Doctor	MediWheel		

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 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.

Left kidney shows a calculus measuring 5.0mm in the lower calyx. No evidence of hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.2	1.5
Left Kidney	10.5	1.7

URINARY BLADDER show normal shape and wall thickness.

It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape, size (wt – 15.3gms) and echopattern. No evidence of ascites.

Impression:

- *Left renal calculus*
- *Increased hepatic echopattern suggestive of fatty infiltration.*

**** Note: No previous reports available for comparison.**

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND
Ms/pu


DR. MAHESH. M. S

DR. HIMA BINDU.P





नाम
Name

कृष्णा जी
Krishna G

E.C. No.

158241




जारीकर्ता प्राधिकारी
Issuing Authority

धारक के हस्ताक्षर
Signature of Holder