

Name : Mr. ANIVENI KOMURIAIAH
PID No. : MED111551750 Register On : 25/03/2023 9:38 AM
SID No. : 423017267 Collection On : 25/03/2023 11:16 AM
Age / Sex : 37 Year(s) / Male Report On : 25/03/2023 6:22 PM
Type : OP Printed On : 27/03/2023 3:09 PM
Ref. Dr : MediWheel

Investigation Observed Value Unit Biological Reference Interval

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)	45.6	%	42 - 52
RBC Count (EDTA Blood)	4.54	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	100.5	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	33.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.1	g/dL	32 - 36
RDW-CV (EDTA Blood)	12.9	%	11.5 - 16.0
RDW-SD (EDTA Blood)	45.38	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6200	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	51.8	%	40 - 75
Lymphocytes (EDTA Blood)	37.0	%	20 - 45
Eosinophils (EDTA Blood)	3.0	%	01 - 06
Monocytes (EDTA Blood)	7.7	%	01 - 10



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

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Basophils (Blood)	0.5	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.21	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.29	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.19	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.48	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.03	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	300	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	8.6	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.26	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	8	mm/hr	< 15



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<u>BIOCHEMISTRY</u>			
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.56	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.17	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.39	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	15.77	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	13.09	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	18.11	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	58.3	U/L	53 - 128
Total Protein (Serum/Biuret)	8.10	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	5.02	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.08	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.63		1.1 - 2.2




Dr. Atira Mirza (MD)
Consultant Pathologist
KMC: DLH 2018 0000230 KTK
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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)	221.14	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	324.49	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)	34.83	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	121.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	64.9	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	186.3	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)	6.3		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)	9.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0




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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.1	%	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 99.67 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)	0.712	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)	5.81	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)	8.10	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)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.5		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 RAVIKUMAR R
 MBBS, MD BIOCHEMISTRY
 CONSULTANT BIOCHEMIST
 Reg No : 78771

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

Pus Cells (Urine)	0-1	/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.

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL




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Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' 'Positive'




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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	7.6		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	78.90	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
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.6	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.00	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)	6.05	mg/dL	3.5 - 7.2
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Consultant Pathologist
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APPROVED BY

-- End of Report --

CLUMAX DIAGNOSTICS

--- A MEDALL COMPANY ---

CUSTOMER CHECKLIST

Date 25-Mar-2023 9:38 AM

Customer Name : **MR. ANIVENI KOMURIAH**DOB : **06 Apr 1985**Ref Dr Name : **MediWheel**Age : **37Y/MALE**Customer Id : **MED111551750**

Visit ID : 423017267

MED111551750

Email Id :




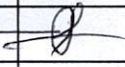


Phone No : **9618220055**

Corp Name : MediWheel

Address :

Package Name : **Mediwheel Full Body Health Checkup Male Below 40**

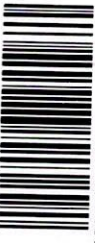
S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)				
2	LAB	CREATININE				
3	LAB	GLUCOSE - FASTING				
4	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
5	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
6	LAB	URIC ACID				
7	LAB	LIPID PROFILE				
8	LAB	LIVER FUNCTION TEST (LFT)				
9	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)				
10	LAB	URINE GLUCOSE - FASTING				
11	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
12	LAB	COMPLETE BLOOD COUNT WITH ESR				
13	LAB	STOOL ANALYSIS - ROUTINE				
14	LAB	URINE ROUTINE				

15	LAB	BUN/CREATININE RATIO				
16	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)				
17	ECG	ECG ✓	IND13777771138			
18	OTHERS	Treadmill / 2D Echo	IND137777714690			
19	OTHERS	physical examination	IND137777715279			
20	US	ULTRASOUND ABDOMEN	IND137777715292			
21	OTHERS	EYE CHECKUP	IND137777717756			
22	X-RAY	X RAY CHEST	IND137777718659			
23	OTHERS	Consultation Physician	IND137777718736			

Registered By

(HARI.O)

MED1155173210.2125-03-2309.38



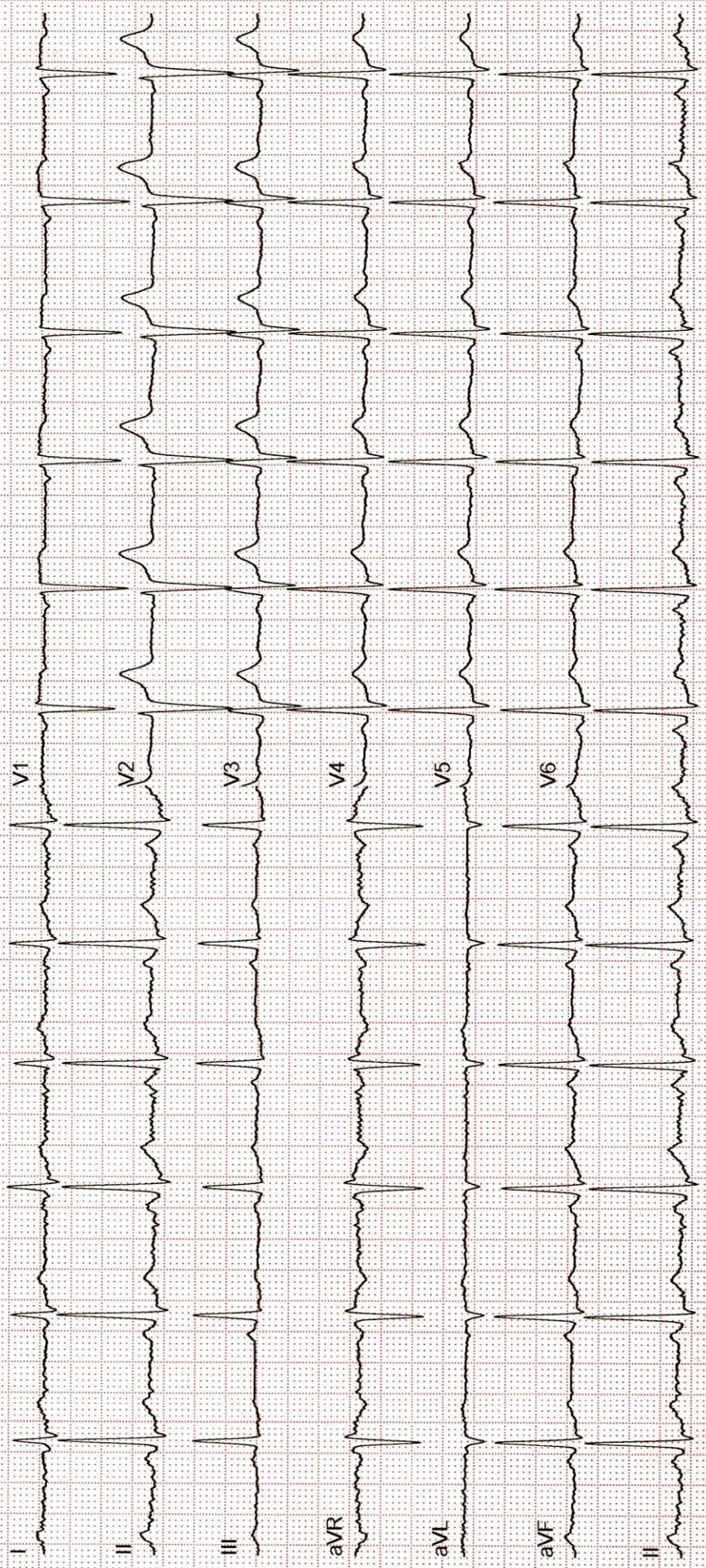
423017267-P
MR ANIVENI KOMURIAH(37Y/M)

25.03.2023 11:54:00
CLUMAX DIAGNOSTICS
THIPPASANDRA
BANGALORE

74 bpm
--/-- mmHg

Nimala
J. SUBRAMANIAN S.
MD, DM (Cardiology)
Consultant Cardiologist
KMC Reg. No.: 466034
MEDICAL DIAGNOSTICS

QRS 88 ms
QT / QTcBaz 368 / 408 ms
PR 128 ms
P 102 ms
RR / PP 804 / 810 ms
P / QRS / T 78 / 73 / 53 degrees



GE Healthcare

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Age & Gender	37Y/MALE	Visit Date	25 Mar 2023
Ref Doctor Name	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.1cms
LEFT ATRIUM	:	3.4cms
AVS	:	----
LEFT VENTRICLE (DIASTOLE)	:	4.4cms
(SYSTOLE)	:	3.0cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.5cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.6cms
EDV	:	87ml
ESV	:	34ml
FRACTIONAL SHORTENING	:	32%
EJECTION FRACTION	:	60%
EPSS	:	---
RVID	:	1.9cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' 1.10 m/s	A' 0.51 m/s	NO MR
AORTIC VALVE	:	1.04 m/s		NO AR
TRICUSPID VALVE	:	E' - m/s	A' - m/s	NO TR
PULMONARY VALVE	:	1.09 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.**

DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC, FICC
SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST
Kss/vp

Note:

*** Report to be interpreted by qualified medical professional.**

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*** To be correlated with other clinical findings.**

*** Parameters may be subjected to inter and intra observer variations.**

*** Any discrepancy in reports due to typing errors should be corrected as soon as possible.**

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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 shows 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 shows 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 made out. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.8	1.3
Left Kidney	9.3	1.2

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

PROSTATE shows normal shape, size and echopattern. It measures 3.2 x 2.8 x 3.1cms (Vol:14cc).

No evidence of ascites / pleural effusion.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

DR. APARNA
CONSULTANT RADIOLOGIST

A/da

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Age & Gender	37Y/M	Visit Date	Mar 25 2023 9:38AM
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. APARNA

CONSULTANT RADIOLOGIST