

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

N K B VIZHIARASAN
NATHAMPALAYAM KARUPPUSAMY
BALASUBRAMANIAN

11/06/1988
Permanent Account Number

AKFPV9511Q

N. K. B. Vizhiarasan
Signature



Name	MR.VIZHIARASAN N K B	ID	MED110815766
Age & Gender	33Y/MALE	Visit Date	17/12/2021
Ref Doctor	DR. SELF ,,BANGALORE		

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	10.1	1.7
Left Kidney	10.0	1.8

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

PROSTATE shows normal shape, size (wt-14.2gms) and echopattern.

No evidence of ascites.

Impression: *No sonological abnormality detected.*

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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. SHWETHA S

DR. PRAJNA SHENOY


DR. MAHESH M S

CONSULTANT RADIOLOGISTS

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2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.67	cms
LEFT ATRIUM	:	2.86	cms
AVS	:	1.55	cms
LEFT VENTRICLE (DIASTOLE)	:	4.53	cms
(SYSTOLE)	:	3.27	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.27	cms
(SYSTOLE)	:	1.84	cms
POSTERIOR WALL (DIASTOLE)	:	1.02	cms
(SYSTOLE)	:	2.37	cms
EDV	:	93	ml
ESV	:	43	ml
FRACTIONAL SHORTENING	:	30	%
EJECTION FRACTION	:	60	%
EPSS	:		cms
RVID	:	1.51	cms

DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' -0.98m/s 'A' -0.73m/s	NO MR
AORTIC VALVE	:1.23 m/s	NO AR
TRICUSPID VALVE	: 'E' -0.68m/s 'A' - m/s	NO TR
PULMONARY VALVE	:0.84 m/s	NO PR

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:2:

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 prolapse.

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.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

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

Dr. SRIDHAR .L
MD,(Med), DM(Cardio), FICG
Interventional Cardiologist

K.M.C. No: 32248

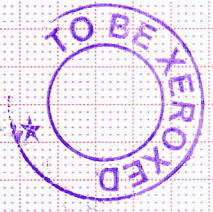


Male

17.12.2021 11:30:25
CLUMAX DIAGNOSTICS
JAYANAGAR
BANGALORE

33 Years

QRS : 82 ms
QT / QTcBaz : 374 / 388 ms
PR : 130 ms
P : 100 ms
RR / PP : 920 / 923 ms
P / QRS / T : 53 / 68 / 75 degrees



HR-65bpm

WE

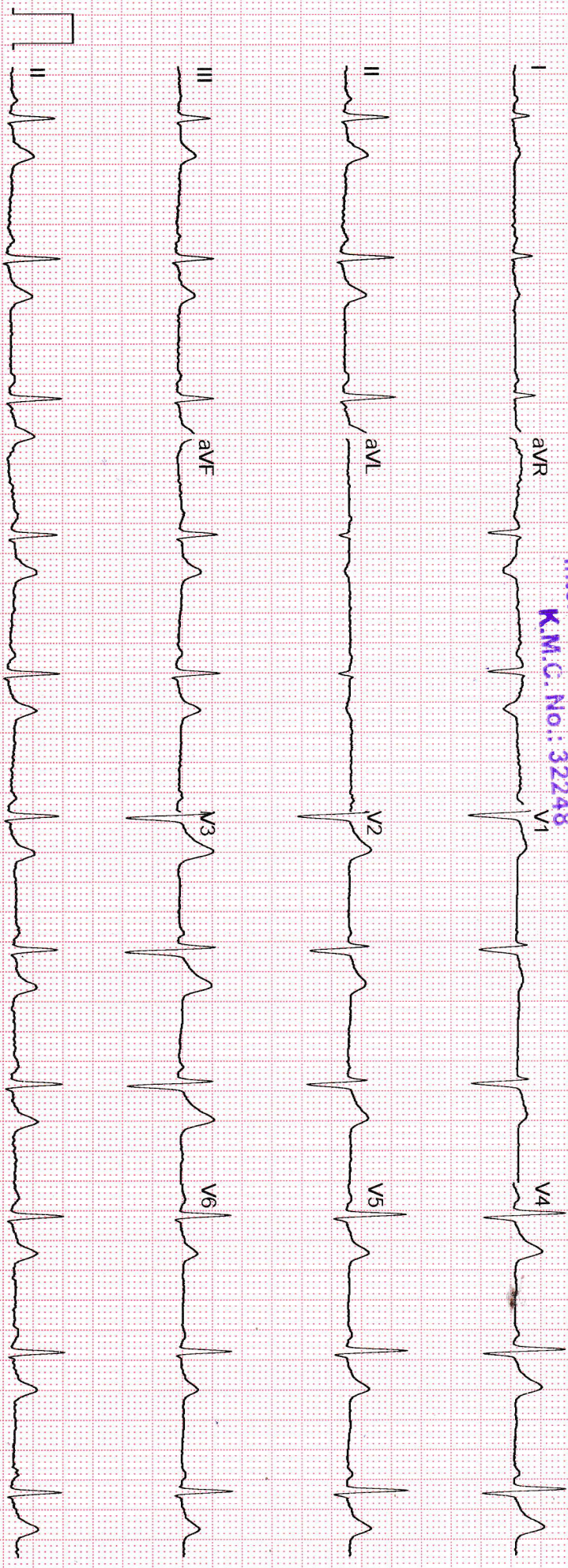
WA +70°

Normal ECG

Technician: Manju
Ordering Ph: _____
Referring Ph: Self
Attending Ph: _____

(Needs Clinical Correlation
for further Management)

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



GE MAC2000 1 1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2 5x3_25_R1 1/1

Unconfirmed



Sign-up & Health Assessment Form

To be filled by Customer

Name: Mr/Ms/Mrs **V I Z H I A R A S A N N K B**

Gender: Male Female Age: **33** years DOB: / /

Mobile: Pincode:

Email:

To be filled by Customer

Medical History

Have you been previously diagnosed with?

Diabetes (Sugar) Yes No

Hypertension (BP) Yes No

Cardiovascular Disease (Heart) Yes No

Asthma/Allergies (Dust, Pollen, Food, Animals, etc.) Yes No

Neurological Problems (Nerve) Yes No

Are you currently taking medications for?

Diabetes (Sugar) Yes No

Hypertension (BP) Yes No

Cardiovascular Disease (Heart) Yes No

Liver Disease Yes No

Cancer Yes No

Tuberculosis (TB) Yes No

Family History

Is there a history of below diseases in your family?

Diabetes (Sugar) Yes No

Hypertension (BP) Yes No

Cardiovascular Disease (Heart) Yes No

Cancer Yes No

Lifestyle

Do you exercise regularly? Yes No

Do you consume alcohol more than 2 times a week? Yes No

Do you smoke/chew tobacco? Yes No

Are you vegetarian? Yes No

General

Do you see a doctor at least once in 6 months? Yes No

Do you undergo a health checkup every year? Yes No

How would you rate your overall Health? Excellent Good Normal Poor Very Poor

Women's Health

Is there a family history of Breast Cancer? Yes No

Is there a family history of Endometrial (Uterus) Cancer? Yes No

Is there a family history of Ovarian Cancer? Yes No

Do you have irregular periods? Yes No

Do you have heavy bleeding during periods? Yes No

Do you have scanty periods? Yes No

Have you attained Menopause? Yes No

Do you have children? Yes No

Was it a normal delivery? Yes No

Did you have diabetes/hypertension during delivery? Yes No

Bar code

Vitals

To be filled by Technician

Height: **172** cms

Waist: **37** in.

Hip: **40** in.

Weight: **78.3** kg

Fat: **24.2** %

Visc. Fat: **11.0** %

RM: **1734** cal

BMI: **26.5** kg/m²

Body Age: **45** years

Sys. BP: **102** mmHg

Dia. BP: **75** mmHg

Pulse: 67

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Register On : 17/12/2021 9:25 AM
Collection On : 17/12/2021 11:15 AM
Report On : 20/12/2021 9:59 AM
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<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)	16.2	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	47.2	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	5.28	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	89.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	30.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	34.5	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.4	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	41.74	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	5600	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	54.2	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	34.6	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	3.1	%	01 - 06

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902


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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	7.5	%	02 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.6	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.04	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.94	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.17	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.42	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.03	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	222	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.1	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.18	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	6	mm/hr	0 - 15


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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.8	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.6	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	6.9	g/dL	6.0 - 8.3
Albumin (Serum/Bromocresol green)	3.6	g/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.3	g/dL	2.3 - 3.5
A : G Ratio (Serum/Derived)	1.1		1.5 - 2.5
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	23	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	21	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	71	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	14	U/L	< 55


Dr BIDISHA DE MD
CONSULTANT PATHOLOGIST
KMC NO.110691

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MD PATHOLOGY
KMC 88902

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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	147	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	113	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/Immuno-inhibition)	41	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	83.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	22.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	106.0	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 BIDISHA DE MD
CONSULTANT PATHOLOGIST
KMC NO:110691

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MD PATHOLOGY
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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.6		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)	2.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2		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)	4.98	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

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

Estimated Average Glucose 96.23 mg/dL
(Whole Blood)

INTERPRETATION: Comments

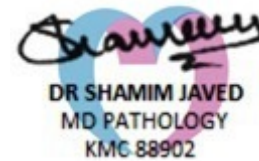
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemc control as compared to blood and urinary glucose determinations.

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))	1.32	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 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	8.75	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 Immunometric Assay (CLIA))	4.27	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.


Dr. GOKULADHAS K Ph.D
Consultant Biochemist

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Dr. Ramesh Dayanand Kinha
Chief Pathologist
Reg No : 142072

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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION


Colour (Urine)	Pale yellow		
Volume (Urine)	20	mL	
Appearance (Urine)	Clear		Clear

CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.025		1.002 - 1.035
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Ketones (Urine)	Negative		Negative
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative


DR MANJUNATHA T.M
Consultant Pathologist
KMC Reg No : 112205

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KMC 88902

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Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
<u>MICROSCOPY(URINE DEPOSITS)</u>			
Pus Cells (Urine/Flow cytometry)	0-2	/hpf	3-5
Epithelial Cells (Urine)	0-1	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	2-3
Others (Urine)	Nil		Nil


DR MANJUNATHA T.M
Consultant Pathologist
KMC Reg No: 112205

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BIOCHEMISTRY

BUN / Creatinine Ratio	9		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	81	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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	67	mg/dL	70 - 140
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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)	Sample Not Given		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	8	mg/dL	7.0 - 21
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Creatinine (Serum/Jaffe Kinetic)	0.9	mg/dL	0.9 - 1.3
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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)	8.3	mg/dL	3.5 - 7.2
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Dr BIDISHA DE MD
 CONSULTANT PATHOLOGIST
 KMC NO-110691

VERIFIED BY

DR SHAMIM JAVED
 MD PATHOLOGY
 KMC 88902

APPROVED BY

Name : Mr. VIZHIARASAN N K B
PID No. : MED110815766
SID No. : 921071846
Age / Sex : 33 Year(s) / Male
Type : OP
Ref. Dr : DR. SELF ,,BANGALORE

Register On : 17/12/2021 9:25 AM
Collection On : 17/12/2021 11:15 AM
Report On : 20/12/2021 9:59 AM
Printed On : 21/12/2021 3:39 PM



Investigation

Observed
Value

Unit

Biological
Reference Interval


IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood Agglutination)

'AB' Positive'


DR MANJUNATHA T.M
Consultant Pathologist
KMC Reg No : 112205

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
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APPROVED BY

-- End of Report --