



MEDICAL EXAMINATION REPORT (MER)

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. <u>Pradeesh Kumar</u>
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	<u>24/M</u> Gender: <u>F/M</u>
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height <u>169</u> (cms)	b. Weight <u>90</u> (Kgs)	c. Girth of Abdomen <u>88</u> (cms)
d. Pulse Rate <u>74</u> (/Min)	e. Blood Pressure:	Systolic Diastolic
	1 st Reading	<u>120</u> <u>80</u>
	2 nd Reading	

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father			
Mother			
Brother(s)			
Sister(s)			

Global Diagnostics Network



HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol

PERSONAL HISTORY

- a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. Y/N
- b. Have you undergone/been advised any surgical procedure? Y/N
- c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? Y/N
- d. Have you lost or gained weight in past 12 months? Y/N

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? Y/N
- Any disorders of Respiratory system? Y/N
- Any Cardiac or Circulatory Disorders? Y/N
- Enlarged glands or any form of Cancer/Tumour? Y/N
- Any Musculoskeletal disorder? Y/N
- Any disorder of Gastrointestinal System? Y/N
- Unexplained recurrent or persistent fever, and/or weight loss Y/N
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports Y/N
- Are you presently taking medication of any kind? Y/N

• Any disorders of Urinary System? Y/N

• Any disorder of the Eyes, Ears Nose, Throat or Mouth & Skin Y/N

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs? Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports) Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries? Y/N

d. Do you have any history of miscarriage/abortion or MTP Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc Y/N

f. Are you now pregnant? If yes, how many months? Y/N

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

- Was the examinee co-operative? Y/N
- Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job? Y/N
- Are there any points on which you suggest further information be obtained? Y/N
- Based on your clinical impression, please provide your suggestions and recommendations below;

➤ Do you think he/she is **MEDICALLY FIT** or **UNFIT** for employment.

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner

Dr. SERIN LOPEZ, MBBS
MEDICAL OFFICER

DDRC SRL Diagnostics Ltd.
Aster Square, Medical College P.O., TVM
Reg. No. 77656

Seal of Medical Examiner



Name & Seal of DDRC SRL Branch

Date & Time

26/11/2020

DDRC SRL Diagnostics Private Limited

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

V1

V2

V3

V4

ID: 011419

Diagnosis Information:

Male / mmHg
34 Years / kg
cm

Mr. pardeep kumar

S.S

HR : 64 bpm
P : 111 ms
PR : 230 ms
QRS : 83 ms
QT/QTc : 386/400 ms
P/QRST : 474/17 °
RV5/SVI : 1.267/0.634 mV

Report Confirmed by:



DR. SERIN LOPEZ, MBBS

/6 MEDICAL OFFICER Standard

DDRC SRL Diagnostics Ltd.
Aster Square, Medical College P.O., TVM
Reg. No. 77656

Acc no:4182VK011419	Name: Mr. Pradeesh Kumar S S	Age: 34 y	Sex: Male	Date:26.11.20
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US SCAN WHOLE ABDOMEN

LIVER is normal in size (13.4 cm). Margins are regular. **Hepatic parenchyma shows increased echogenicity.** No focal lesions seen. No dilatation of intrahepatic biliary radicles. CBD is not dilated. Portal vein is normal in caliber (10 mm).

GALL BLADDER is partially distended and grossly normal. No pericholecystic fluid seen.

SPLEEN is normal in size (9.5 cm) and parenchymal echotexture. No focal lesion seen.

PANCREAS Part of head and body visualized, appears normal in size and parenchymal echotexture. Pancreatic duct is not dilated.

RIGHT KIDNEY is normal in size (10.1 x 4.7 cm) and shows normal parenchymal echotexture. Cortico medullary differentiation is maintained. Parenchymal thickness is normal. No echogenic focus with shadowing suggestive of renal calculi seen. **Cortico medullary cyst noted at upper third, measuring 2.1 x 1.8 cm. Punctate (1.5 mm) echogenic interphase noted at middle third - possibly microcystic spaces.** No dilatation of pelvicalyceal system seen. Ureter is not dilated. Perinephric spaces are normal.

LEFT KIDNEY is normal in size (10.5 x 4.7 cm) and shows normal parenchymal echotexture. Cortico medullary differentiation is maintained. Parenchymal thickness is normal. No echogenic focus with shadowing suggestive of renal calculi seen. **Tiny cyst measuring 6.8 mm at upper third. A few punctate echogenic interphase noted - possibly microcystic spaces.** No dilatation of pelvicalyceal system seen. Ureter is not dilated. Perinephric spaces are normal.

PARAAORTIC AREA No retroperitoneal lymphadenopathy or mass seen.

URINARY BLADDER is distended, normal in wall thickness, lumen clear.

PROSTATE is normal in size (vol - 13.7 cc) and **shows parenchymal calcifications.** No focal lesion seen.

No ascites or pleural effusion.

CONCLUSION:-

- **Grade II fatty liver - Suggest LFT correlation.**
- **Bilateral renal cysts.**
- **No echogenic focus with shadowing suggestive of renal calculi seen bilaterally - CT KUB correlation may be done if clinically indicated.**


Dr. Nisha Unni MD , DNB (RD)
Consultant radiologist.

COMPLETE IMAGING SOLUTIONS

Thanks, your feedback will be appreciated.

(Please bring relevant investigation reports during all visits).

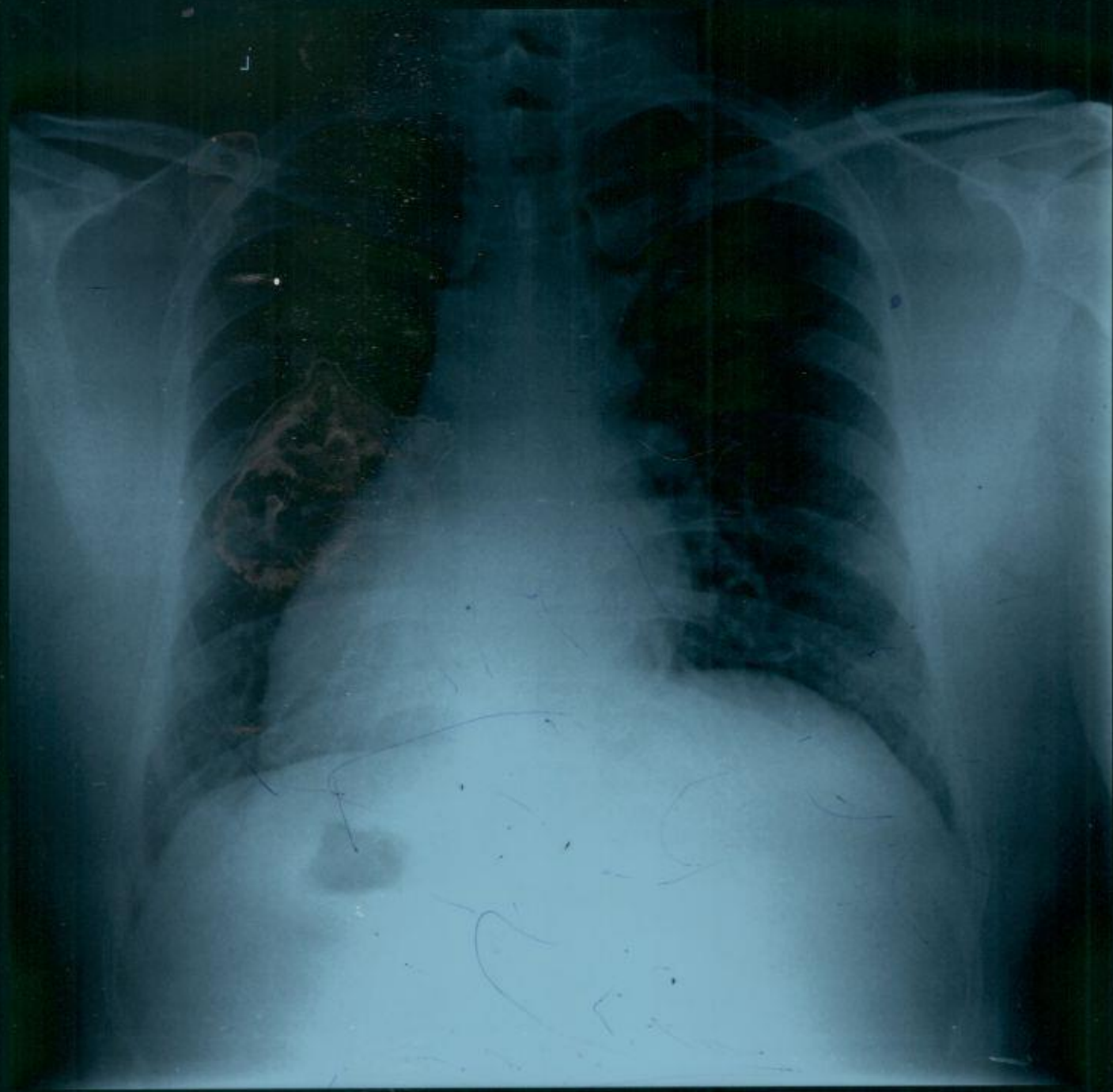
Because of technical and technological limitations complete accuracy cannot be assured on imaging.

Suggested correlation with clinical findings and other relevant investigations consultations, and if required repeat imaging recommended in the event of controversies. AR

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MR. PRADEESH KUMAR S. 34Y F 11/26/2022-CHEST- PA VK011419 V
DRC SRL

NAME : MR. PRADEESH KUMAR S S	AGE:34/M	DATE:26/11/2022
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CHEST X-RAY REPORT

CHEST X-RAY PA VIEW : Trachea central
No cardiomegaly
Normal vascularity
No parenchymal lesion.
Costophrenic and cardiophrenic angles clear

➤ **IMPRESSION** : Normal Chest Xray

ELECTRO CARDIOGRAM : NSR:64/minute
No evidence of ischaemia.

➤ **IMPRESSION** : Normal Ecg.



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DR SERIN LOPEZ MBBS
Reg No 77656
DDRC SRL DIAGNOSTICS LTD

DIAGNOSTIC REPORT

Patient Ref. No. 666000002443298



Cert. No. MC-2812



CLIENT CODE : CA00010147 - MEDIWHEEL
ARCOFEMI HEALTHCARE LIMITED
CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
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Tel : 93334 93334, Fax : CIN - U85190MH2006PTC161480
Email : customercare.ddrc@srl.in

PATIENT NAME : MR PRADEESH KUMAR S S**PATIENT ID : MRPRM2611884182**ACCESSION NO : **4182VK011419** AGE : 34 Years SEX : Male

ABHA NO :

DRAWN : RECEIVED : 26/11/2022 06:55

REPORTED : 28/11/2022 12:03

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Results	Biological Reference Interval	Units
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MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT**OPHTHAL**

OPHTHAL

REPORT ATTACHED

*** TREADMILL TEST**

TREADMILL TEST

REPORT ATTACHED

*** PHYSICAL EXAMINATION**

PHYSICAL EXAMINATION

REPORT ATTACHED



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MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

*** BUN/CREAT RATIO**

BUN/CREAT RATIO 12.5

CREATININE, SERUM

CREATININE 1.20 18 - 60 yrs : 0.9 - 1.3 mg/dL

*** GLUCOSE, POST-PRANDIAL, PLASMA**

GLUCOSE, POST-PRANDIAL, PLASMA **155** **High** Diabetes Mellitus : > or = 200. mg/dL
 Impaired Glucose tolerance/
 Prediabetes : 140 - 199.
 Hypoglycemia : < 55.

GLUCOSE, FASTING, PLASMA

GLUCOSE, FASTING, PLASMA 120 Diabetes Mellitus : > or = 126. mg/dL
 Impaired fasting Glucose/
 Prediabetes : 101 - 125.
 Hypoglycemia : < 55.

*** GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD**

GLYCOSYLATED HEMOGLOBIN (HBA1C) 6.4 Normal : 4.0 - 5.6%.
 Non-diabetic level : < 5.7%.
 Diabetic : >6.5%
 Glycemic control goal
 More stringent goal : < 6.5 %.
 General goal : < 7%.
 Less stringent goal : < 8%.

MEAN PLASMA GLUCOSE 137.0 mg/dL

*** LIPID PROFILE, SERUM**

CHOLESTEROL 212 Desirable : < 200 mg/dL
 Borderline : 200-239

TRIGLYCERIDES 111 High : >or= 240 mg/dL
 Normal : < 150
 High : 150-199
 Hypertriglyceridemia : 200-499

HDL CHOLESTEROL **38** **Low** Very High : > 499
 General range : 40-60 mg/dL



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DIRECT LDL CHOLESTEROL	160	Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	174	High Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
CHOL/HDL RATIO	5.6	High 3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO	4.2	High 0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
VERY LOW DENSITY LIPOPROTEIN	22.2	Desirable value : 10 - 35	mg/dL
* LIVER FUNCTION TEST WITH GGT			
BILIRUBIN, TOTAL	0.36	General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.13	General Range : < 0.2	mg/dL
BILIRUBIN, INDIRECT	0.23	0.00 - 0.60	mg/dL
TOTAL PROTEIN	7.4	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.5	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.9	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO	1.6	General Range : 1.1 - 2.5	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	28	Adults : < 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	41	Adults : < 45	U/L
ALKALINE PHOSPHATASE	97	Adult(<60yrs) : 40 -130	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	34	Adult (Male) : < 60	U/L
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN	7.4	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
URIC ACID, SERUM			
URIC ACID	6.6	Adults : 3.4-7	mg/dL



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ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP TYPE O
 RH TYPE NEGATIVE

BLOOD COUNTS, EDTA WHOLE BLOOD

HEMOGLOBIN	15.3		13.0 - 17.0	g/dL
RED BLOOD CELL COUNT	5.69	High	4.5 - 5.5	mil/μL
WHITE BLOOD CELL COUNT	7.10		4.0 - 10.0	thou/μL
PLATELET COUNT	207		150 - 410	thou/μL

RBC AND PLATELET INDICES

HEMATOCRIT	45.2		40 - 50	%
MEAN CORPUSCULAR VOL	79.6	Low	83 - 101	fL
MEAN CORPUSCULAR HGB.	26.9	Low	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.8		31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	15.9		12.0 - 18.0	%
MENTZER INDEX	14.0			
MEAN PLATELET VOLUME	10.1		6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

SEGMENTED NEUTROPHILS	59		40 - 80	%
LYMPHOCYTES	30		20 - 40	%
MONOCYTES	6		2 - 10	%
EOSINOPHILS	5		1 - 6	%
BASOPHILS	0		0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	4.19		2.0 - 7.0	thou/μL
ABSOLUTE LYMPHOCYTE COUNT	2.13		1 - 3	thou/μL
ABSOLUTE MONOCYTE COUNT	0.43		0.20 - 1.00	thou/μL
ABSOLUTE EOSINOPHIL COUNT	0.36		0.02 - 0.50	thou/μL
ABSOLUTE BASOPHIL COUNT	0.00	Low	0.02 - 0.10	thou/μL

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD

SEDIMENTATION RATE (ESR) 14 0 - 14 mm at 1 hr

STOOL: OVA & PARASITE RESULT PENDING

*** SUGAR URINE - POST PRANDIAL**

SUGAR URINE - POST PRANDIAL NOT DETECTED NOT DETECTED



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*** THYROID PANEL, SERUM**

T3	136.60	80 - 200	ng/dL
T4	9.56	5.1 - 14.1	µg/dl
TSH 3RD GENERATION	1.540	21-50 yrs : 0.4 - 4.2	µIU/mL

PHYSICAL EXAMINATION, URINE

COLOR: YELLOWISH
 APPEARANCE: CLEAR

CHEMICAL EXAMINATION, URINE

PH	5.0	4.7 - 7.5	
SPECIFIC GRAVITY	1.023	1.003 - 1.035	
PROTEIN	NEGATIVE	NOT DETECTED	
GLUCOSE	NEGATIVE	NOT DETECTED	
KETONES	NEGATIVE	NOT DETECTED	
BLOOD	NEGATIVE	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
NITRITE	NEGATIVE	NOT DETECTED	

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
WBC	0-1	0-5	/HPF
EPITHELIAL CELLS	0-1	0-5	/HPF
CASTS	NEGATIVE		
CRYSTALS	NEGATIVE		
REMARKS	NIL		

*** SERUM BLOOD UREA NITROGEN**

BLOOD UREA NITROGEN: 15 Adult(<60 yrs) : 6 to 20 mg/dL

*** SUGAR URINE - FASTING**

SUGAR URINE - FASTING: NOT DETECTED NOT DETECTED

Interpretation(s)

- CREATININE, SERUM-Higher than normal level may be due to:
- Blockage in the urinary tract
 - Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
 - Loss of body fluid (dehydration)



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- Muscle problems, such as breakdown of muscle fibers
- Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:

- Myasthenia Gravis
- Muscular dystrophy

GLUCOSE, POST-PRANDIAL, PLASMA-

ADA Guidelines for 2hr post prandial glucose levels is only after ingestion of 75grams of glucose in 300 ml water,over a period of 5 minutes.

GLUCOSE, FASTING, PLASMA-

ADA 2012 guidelines for adults as follows:

Pre-diabetics: 100 - 125 mg/dL

Diabetic: > or = 126 mg/dL

(Ref: Tietz 4th Edition & ADA 2012 Guidelines)

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-Used For:

- 1.Evaluating the long-term control of blood glucose concentrations in diabetic patients.
 - 2.Diagnosing diabetes.
 - 3.Identifying patients at increased risk for diabetes (prediabetes).
- The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patients metabolic control has remained continuously within the target range.
1. eAG (Estimated average glucose) converts percentage HbA1c to md/dl, to compare blood glucose levels.
 2. eAG gives an evaluation of blood glucose levels for the last couple of months.
 3. eAG is calculated as eAG (mg/dl) = 28.7 * HbA1c - 46.7

HbA1c Estimation can get affected due to :

- I.Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
 - II.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.
 - III.Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates addition are reported to interfere with some assay methods,falsely increasing results.
 - IV.Interference of hemoglobinopathies in HbA1c estimation is seen in
 - a.Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
 - b.Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
 - c.HbF > 25% on alternate paltform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy
- LIPID PROFILE, SERUM-Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, or having diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk.It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the "good" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely.HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease. Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

Recommendations:

Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in



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Patient Ref. No. 66600002443298



Cert. No. MC-2812



CLIENT CODE : CA00010147 - MEDIWHEEL
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CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
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KERALA, INDIA
Tel : 93334 93334, Fax : CIN - U85190MH2006PTC161480
Email : customercare.ddrc@srl.in

PATIENT NAME : MR PRADEESH KUMAR S S**PATIENT ID : MRPRM2611884182**ACCESSION NO : **4182VK011419** AGE : 34 Years SEX : Male

ABHA NO :

DRAWN : RECEIVED : 26/11/2022 06:55

REPORTED : 28/11/2022 12:03

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
--------------------	-------------	---------	-------

patients for whom fasting is difficult.

TOTAL PROTEIN, SERUM-

Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease
Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.

URIC ACID, SERUM-

Causes of Increased levels

Dietary

- High Protein Intake.
- Prolonged Fasting,
- Rapid weight loss.

Gout

Lesch nyhan syndrome.

Type 2 DM.

Metabolic syndrome.

Causes of decreased levels

- Low Zinc Intake
- OCP's
- Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels

- Drink plenty of fluids
- Limit animal proteins
- High Fibre foods
- Vit C Intake
- Antioxidant rich foods

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.

BLOOD COUNTS, EDTA WHOLE BLOOD-

The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

RBC AND PLATELET INDICES-

Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia (>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.

WBC DIFFERENTIAL COUNT-

The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.

(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504 This ratio element is a calculated parameter and out of NABL scope.

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD- **TEST DESCRIPTION** :-

Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition. CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

TEST INTERPRETATION**Increase** in: Infections, Vasculitides, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.

Finding a very accelerated ESR (>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy BRI in first trimester is 0-48 mm/hr (62 if anemic) and in second trimester (0-70 mm/hr (95 if anemic)). ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

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Patient Ref. No. 66600002443298



Cert. No. MC-2812



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PATIENT NAME : MR PRADEESH KUMAR S S**PATIENT ID : MRPRM2611884182**ACCESSION NO : **4182VK011419** AGE : 34 Years SEX : Male

ABHA NO :

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LIMITATIONS**False elevated** ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia**False Decreased** : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.

SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT'S TEST

THYROID PANEL, SERUM-

Triiodothyronine T3, is a thyroid hormone. It affects almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.

Thyroxine T4, Thyroxine's principal function is to stimulate the metabolism of all cells and tissues in the body. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active.

In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low.

Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3

Levels in Pregnancy	TOTAL T4 (µg/dL)	TSH3G (µIU/mL)	TOTAL T3 (ng/dL)
First Trimester	6.6 - 12.4	0.1 - 2.5	81 - 190
2nd Trimester	6.6 - 15.5	0.2 - 3.0	100 - 260
3rd Trimester	6.6 - 15.5	0.3 - 3.0	100 - 260

Below mentioned are the guidelines for age related reference ranges for T3 and T4.

	T3 (ng/dL)	T4 (µg/dL)
New Born:	75 - 260	1-3 day: 8.2 - 19.9
.	.	1 Week: 6.0 - 15.9

NOTE: TSH concentrations in apparently normal euthyroid subjects are known to be highly skewed, with a strong tailed distribution towards higher TSH values. This is well documented in the pediatric population including the infant age group.

Kindly note: Method specific reference ranges are appearing on the report under biological reference range.

Reference:

1. Burtis C.A., Ashwood E. R. Bruns D.E. Teitz textbook of Clinical Chemistry and Molecular Diagnostics, 4th Edition.

2. Gowenlock A.H. Varley's Practical Clinical Biochemistry, 6th Edition.

3. Behrman R.E. Kilegman R.M., Jenson H. B. Nelson Text Book of Pediatrics, 17th Edition

SERUM BLOOD UREA NITROGEN-

Causes of Increased levels

Pre renal

- High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
- Renal Failure

Post Renal

- Malignancy, Nephrolithiasis, Prostatism

Causes of decreased levels

- Liver disease
- SIADH.

SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST



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DIAGNOSTIC REPORT

Patient Ref. No. 666000002443298



Cert. No. MC-2812



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MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT*** ECG WITH REPORT****REPORT**

REPORT GIVEN

*** USG ABDOMEN AND PELVIS****REPORT**

REPORT GIVEN

*** CHEST X-RAY WITH REPORT****REPORT**

REPORT GIVEN

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession
 TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

BABU K MATHEW
 HOD -BIOCHEMISTRY

DR.VAISHALI RAJAN
 HOD - HAEMATOLOGY

PADMANABHAN NAIR
 HOD - HORMONES

DR. SRI SRUTHY
 CONSULTANT
 MICROBIOLOGIST



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DDRC SRL

Patient Details

Date: 26-Nov-22

Time: 9:59:10 AM

Name: PRADEESH KUMAR S S ID: 4182VK011419

Age: 34 y

Sex: M

Height: 169 cms

Weight: 90 Kgs

Clinical History: NIL

Medications: NIL

Test Details

Protocol: Bruce

Pr.MHR: 186 bpm

THR: 167 (90 % of Pr.MHR) bpm

Total Exec. Time: 9 m 33 s

Max. HR: 160 (86% of Pr.MHR) bpm

Max. Mets: 13.50

Max. BP: 170 / 80 mmHg

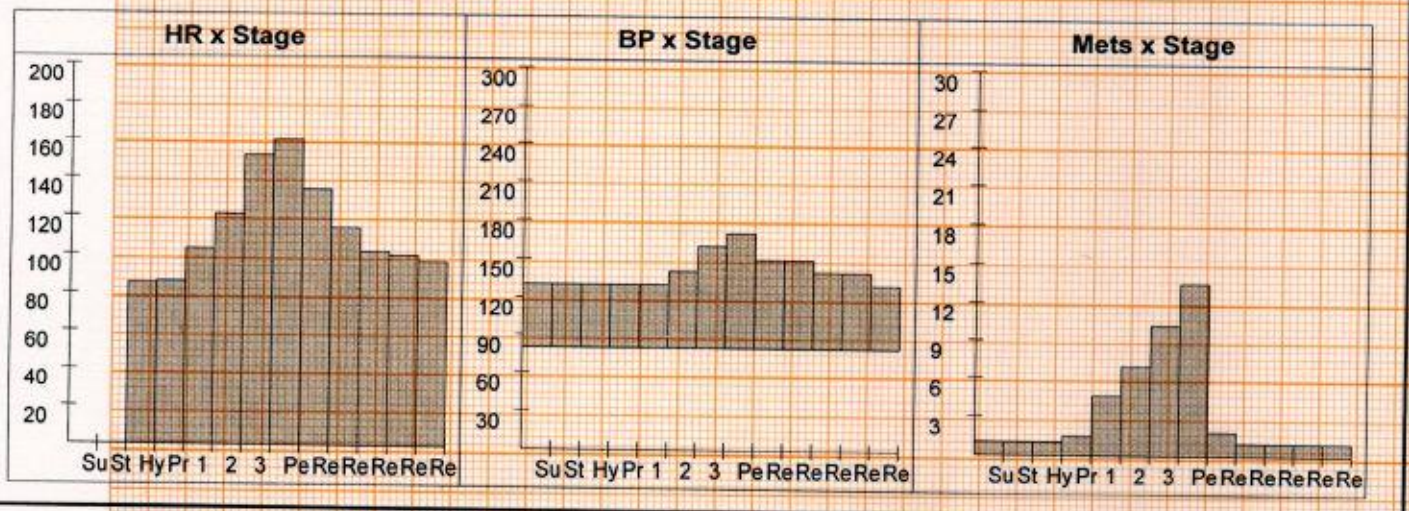
Max. BP x HR: 27200 mmHg/min

Min. BP x HR: 6800 mmHg/min

Test Termination Criteria: THR ATTAINED

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 9	1.0	0	0	0	130 / 80	0.00 I	0.00 II
Standing	0 : 0	1.0	0	0	0	130 / 80	0.00 I	0.00 II
Hyperventilation	0 : 20	1.0	0	0	85	130 / 80	-1.49 aVR	1.42 II
1	3 : 0	4.6	1.7	10	103	130 / 80	-5.31 III	5.66 II
2	3 : 0	7.0	2.5	12	121	140 / 80	-1.49 aVR	2.83 II
3	3 : 0	10.2	3.4	14	152	160 / 80	-1.70 III	4.60 II
Peak Ex	0 : 33	13.5	4.2	16	160	170 / 80	-1.91 aVR	4.25 II
Recovery(1)	1 : 0	1.8	1	0	134	150 / 80	-3.61 aVR	5.66 II
Recovery(2)	1 : 0	1.0	0	0	114	150 / 80	-2.97 aVR	5.66 II
Recovery(3)	1 : 0	1.0	0	0	102	140 / 80	-2.12 aVR	4.60 II
Recovery(4)	1 : 0	1.0	0	0	100	140 / 80	-1.49 aVR	3.54 II
Recovery(5)	0 : 17	1.0	0	0	97	130 / 80	-1.27 aVR	2.12 II



DDRC SRL

Patient Details

Date: 26-Nov-22

Time: 9:59:10 AM

Name: PRADEESH KUMAR S S ID: 4182VK011419

Age: 34 y

Sex: M

Height: 169 cms

Weight: 90 Kgs

Interpretation

The patient exercised according to the Bruce protocol for 9 m 33 s achieving a work level of Max. METS : 13.50. Resting heart rate initially 0 bpm, rose to a max. heart rate of 160 (86% of Pr.MHR) bpm. Resting blood Pressure 130 / 80 mmHg, rose to a maximum blood pressure of 170 / 80 mmHg.

NO ANGINA/ARRHYTHMIAS/SOB

GOOD EFFORT TOLERANCE

NO SIGNIFICANT ST CHANGES

TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA



Ref. Doctor: MEDIWHEEL

(Summary Report edited by user)

Doctor: DR.J.PRABAKARAN

DR. J. PRABAKARAN
Consulting Cardiologist
TCMC Reg No: 72354

DDRC SRL

PRADEESH KUMAR S S (34 M)

ID: 4182VK011419

Date: 26-Nov-22

B.P: 130 / 80

Protocol: Bruce

Stage: Supine

Speed: 0 mph

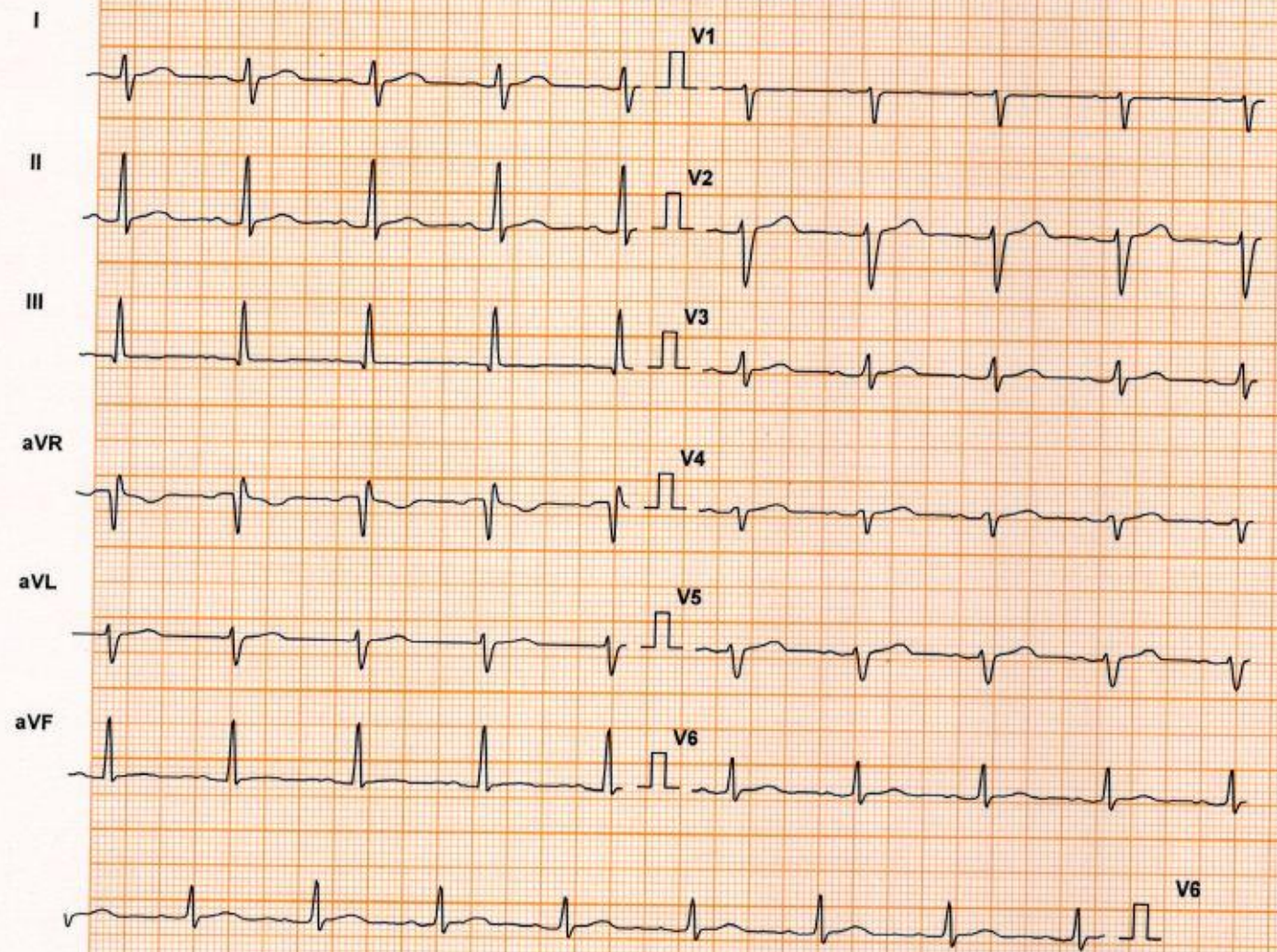
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 3 s

HR: 82 bpm

(THR: 167 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	1.3	0.7
II	1.7	1.1
III	0.0	0.4
aVR	-1.5	-0.7
aVL	0.4	0.4
aVF	0.6	0.7
V1	0.0	0.0
V2	1.9	1.1
V3	1.3	0.4
V4	1.1	0.7
V5	1.3	1.1
V6	0.8	0.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 5 mm

Schiller Spandan V 4.7

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL

PRADEESH KUMAR S S (34 M)

ID: 4182VK011419

Date: 26-Nov-22

B.P: 130 / 80

Protocol: Bruce

Stage: Standing

Speed: 0 mph

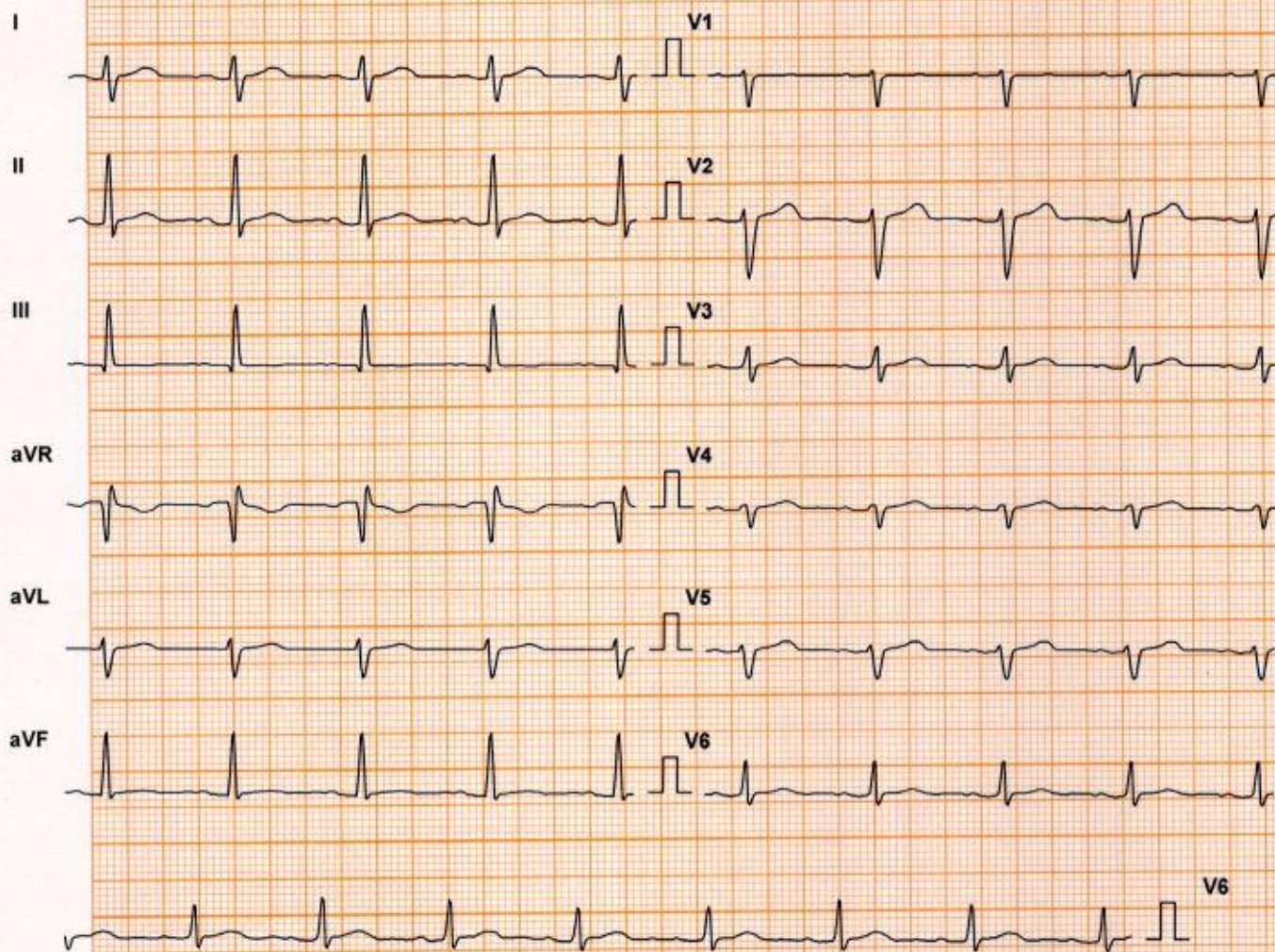
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 3 s

HR: 82 bpm

(THR: 167 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	1.3	0.7
aVR	-1.5	-0.7
V1	0.0	0.0
V4	1.1	0.7
II	1.7	1.1
aVL	0.4	0.4
V2	1.9	1.1
V5	1.3	1.1
III	0.0	0.4
aVF	0.6	0.7
V3	1.3	0.4
V6	0.8	0.4

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL

PRADEESH KUMAR S S (34 M)

ID: 4182VK011419

Date: 26-Nov-22

B.P: 130 / 80

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

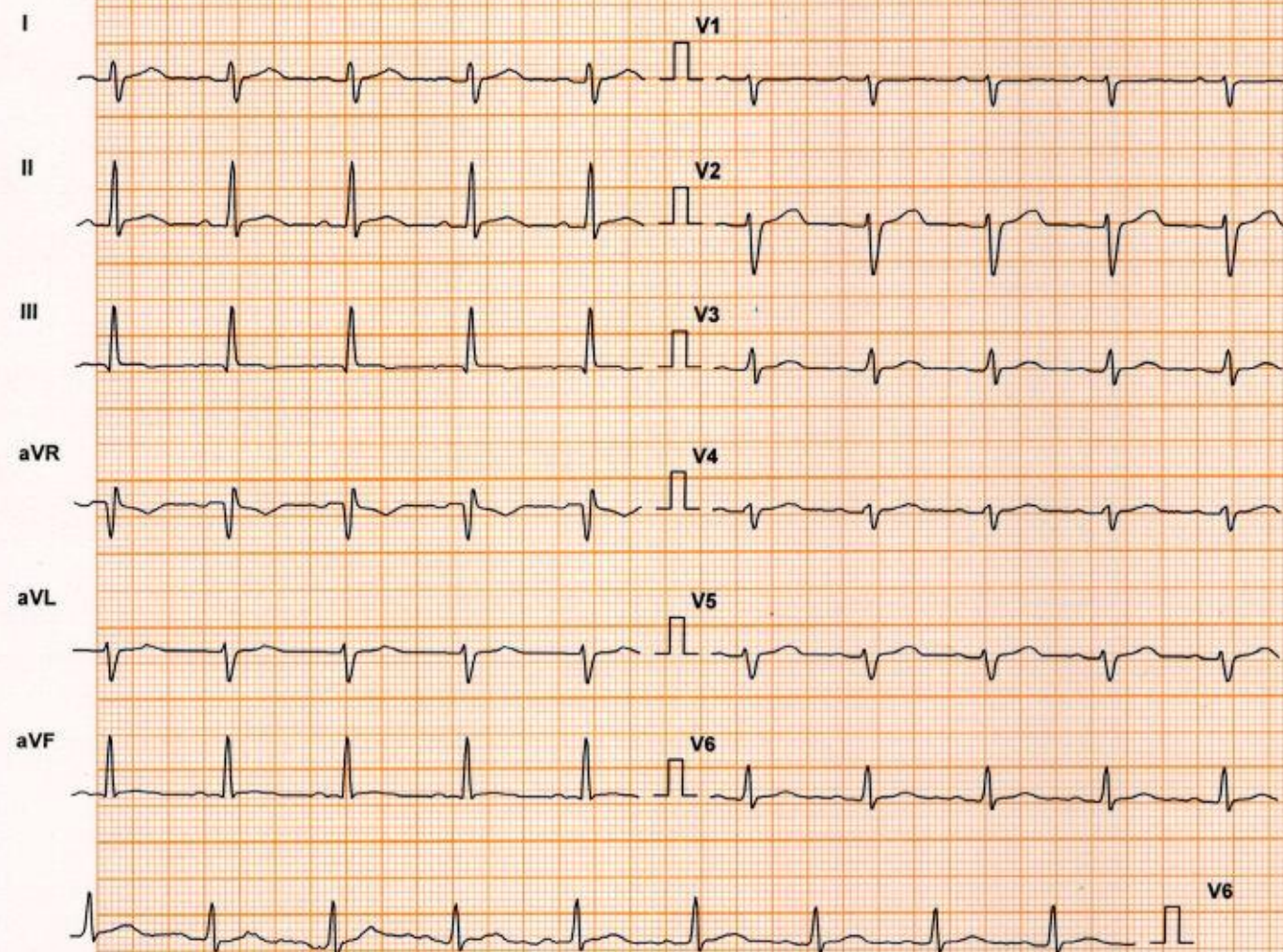
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 14 s

HR: 88 bpm

(THR: 167 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	1.3	0.7
aVR	-1.5	-0.7
V1	0.0	0.0
V4	0.8	0.4
II	1.9	1.1
aVL	0.4	0.4
V2	1.9	1.4
V5	1.1	0.7
III	0.2	0.0
aVF	1.1	0.7
V3	1.1	0.4
V6	1.1	0.4

Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL

PRADEESH KUMAR S S (34 M)

ID: 4182VK011419

Date: 26-Nov-22

B.P: 130 / 80

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

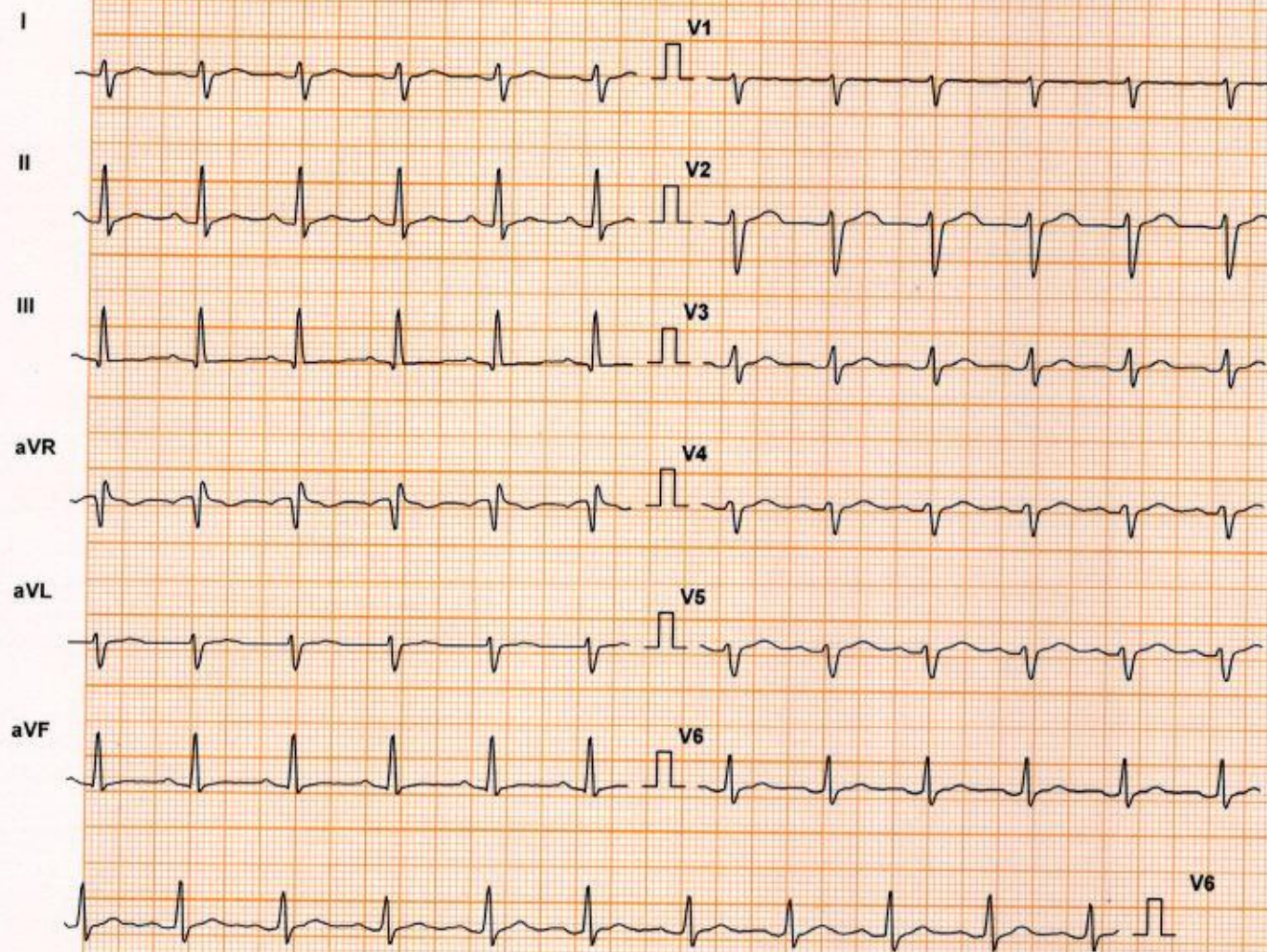
Grade: 10 %

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 104 bpm

(THR: 167 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	1.1	0.7
aVR	-1.1	-0.7
V1	0.2	0.0
V4	1.3	1.1
II	1.5	1.8
aVL	0.4	0.4
V2	1.9	1.8
V5	1.9	1.8
III	0.0	0.4
aVF	0.4	1.1
V3	1.5	1.1
V6	1.1	0.7

Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

DDRC SRL

PRADEESH KUMAR S S (34 M)

ID: 4182VK011419

Date: 26-Nov-22

B.P: 140 / 80

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

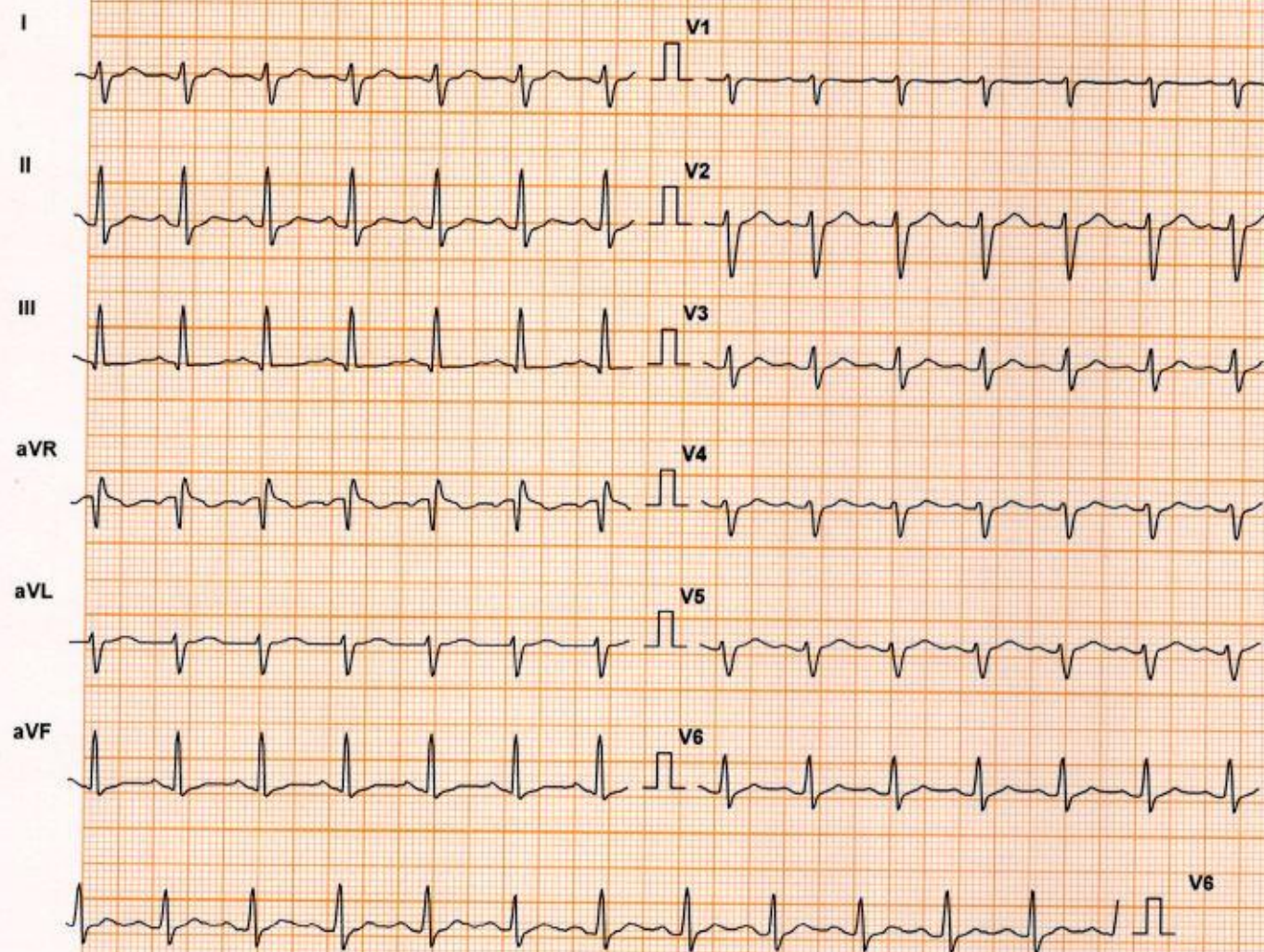
Grade: 12 %

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 121 bpm

(THR: 167 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	1.3	1.1
aVR	-1.1	-1.8
V1	0.2	-0.4
V4	1.1	1.8
II	0.8	1.8
aVL	0.8	1.1
V2	1.9	2.1
V5	2.1	2.1
III	-0.6	0.0
aVF	0.2	1.1
V3	1.7	2.1
V6	1.3	1.8

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Past J = J + 60 ms

Amp: 5 mm

Linked Median

DDRC SRL

PRADEESH KUMAR S S (34 M)

ID: 4182VK011419

Date: 26-Nov-22

B.P: 160 / 80

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

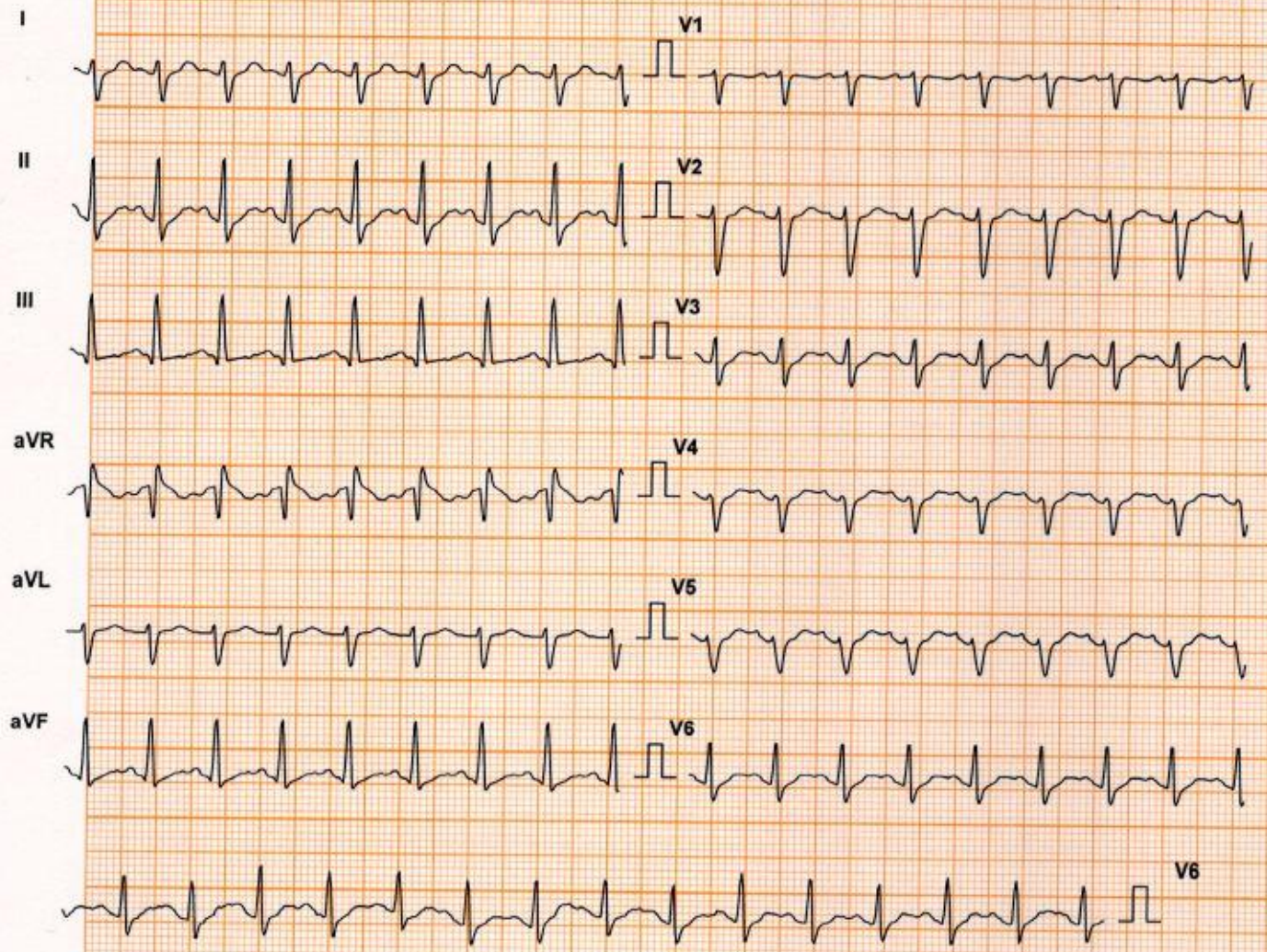
Grade: 14 %

Exec Time : 8 m 54 s

Stage Time : 2 m 54 s

HR: 152 bpm

(THR: 167 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	1.5	2.5
aVR	-1.3	-3.2
V1	0.0	-0.7
V4	1.7	2.8
II	1.5	4.2
aVL	0.8	1.1
V2	2.3	3.2
V5	2.1	2.5
III	-0.4	1.1
aVF	0.4	2.5
V3	1.7	3.5
V6	1.3	3.2

Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

DDRC SRL

PRADEESH KUMAR S S (34 M)

ID: 4182VK011419

Date: 26-Nov-22

B.P: 170 / 80

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

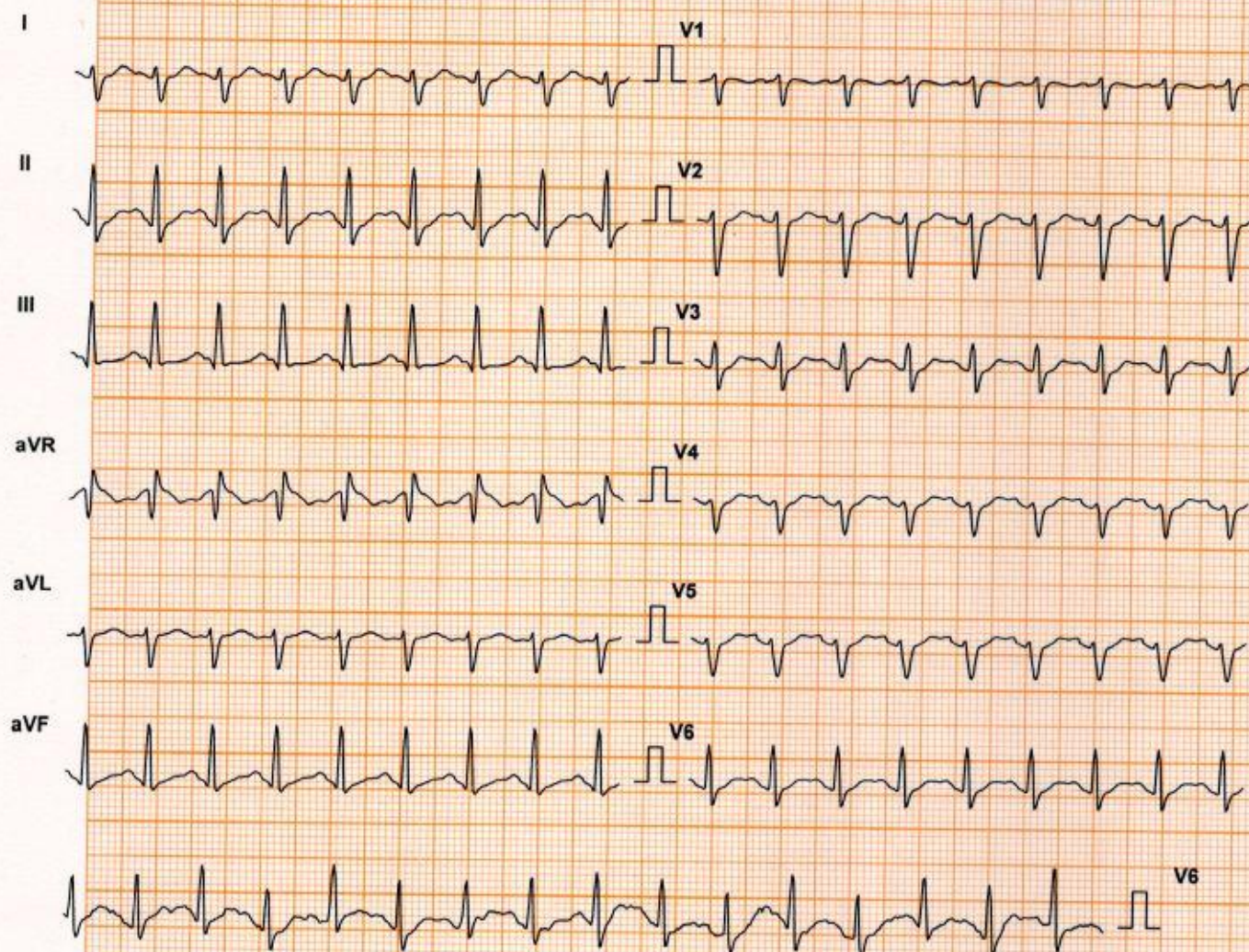
Grade: 16 %

Exec Time : 9 m 27 s

Stage Time : 0 m 27 s

HR: 160 bpm

(THR: 167 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	1.7	2.5
aVR	-1.3	-2.8
V1	0.0	-0.7
V4	1.5	2.8
II	1.1	3.5
aVL	1.1	1.4
V2	2.1	2.8
V5	1.7	3.2
III	-0.8	0.4
aVF	0.0	1.8
V3	1.7	3.9
V6	1.5	3.5

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

DDRC SRL

PRADEESH KUMAR S S (34 M)

ID: 4182VK011419

Date: 26-Nov-22

B.P: 150 / 80

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

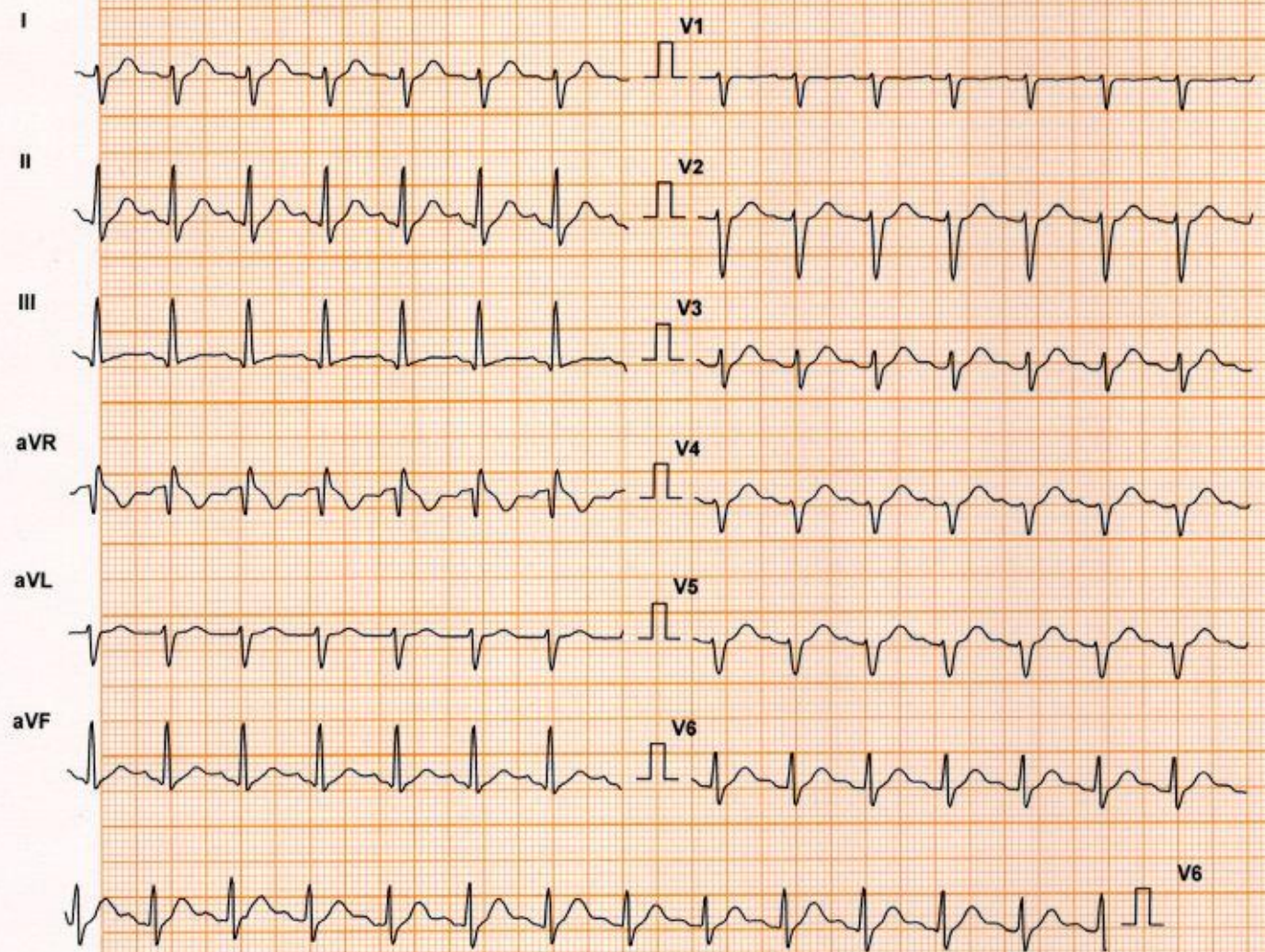
Grade: 0 %

Exec Time : 9 m 33 s

Stage Time : 0 m 54 s

HR: 132 bpm

(THR: 167 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	2.5	3.5
aVR	-2.8	-4.2
V1	0.2	0.0
V4	3.4	4.2
II	3.0	5.0
aVL	1.1	1.4
V2	3.2	4.6
V5	3.4	3.9
III	0.4	1.4
aVF	1.7	3.2
V3	3.6	5.0
V6	3.4	4.6

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL

PRADEESH KUMAR S S (34 M)

ID: 4182VK011419

Date: 26-Nov-22

B.P: 150 / 80

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

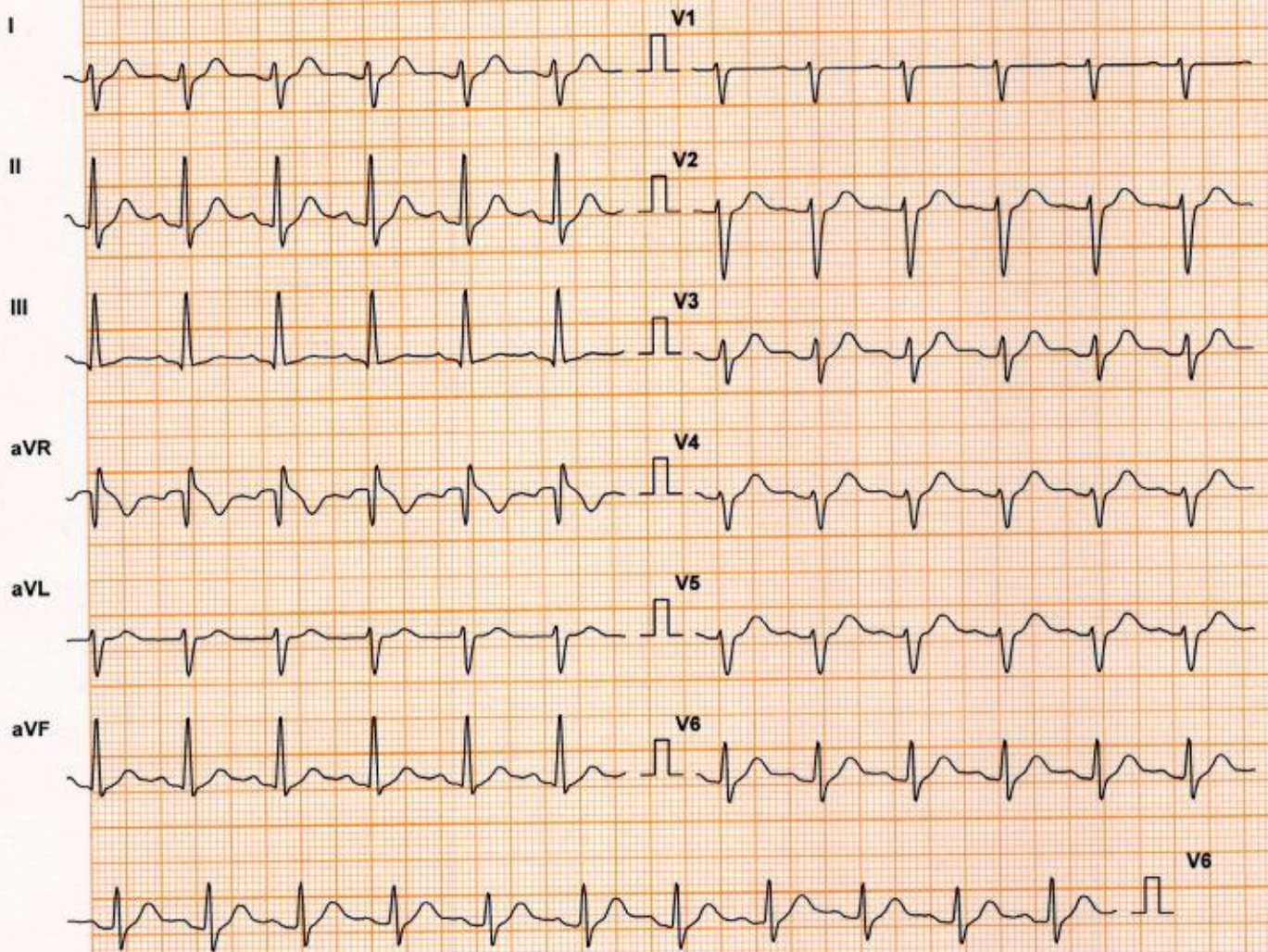
Grade: 0 %

Exec Time : 9 m 33 s

Stage Time : 0 m 54 s

HR: 112 bpm

(THR: 167 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	1.7	2.5
aVR	-2.1	-3.5
V1	0.2	0.0
V4	3.0	3.9
II	2.5	5.0
aVL	0.8	1.1
V2	2.5	3.5
V5	2.5	2.8
III	0.4	1.4
aVF	1.5	3.2
V3	2.8	3.9
V6	2.5	3.9

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz
Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON
Post J = J + 60 ms

Amp: 5 mm
Linked Median

DDRC SRL

PRADEESH KUMAR S S (34 M)

ID: 4182VK011419

Date: 26-Nov-22

B.P: 140 / 80

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

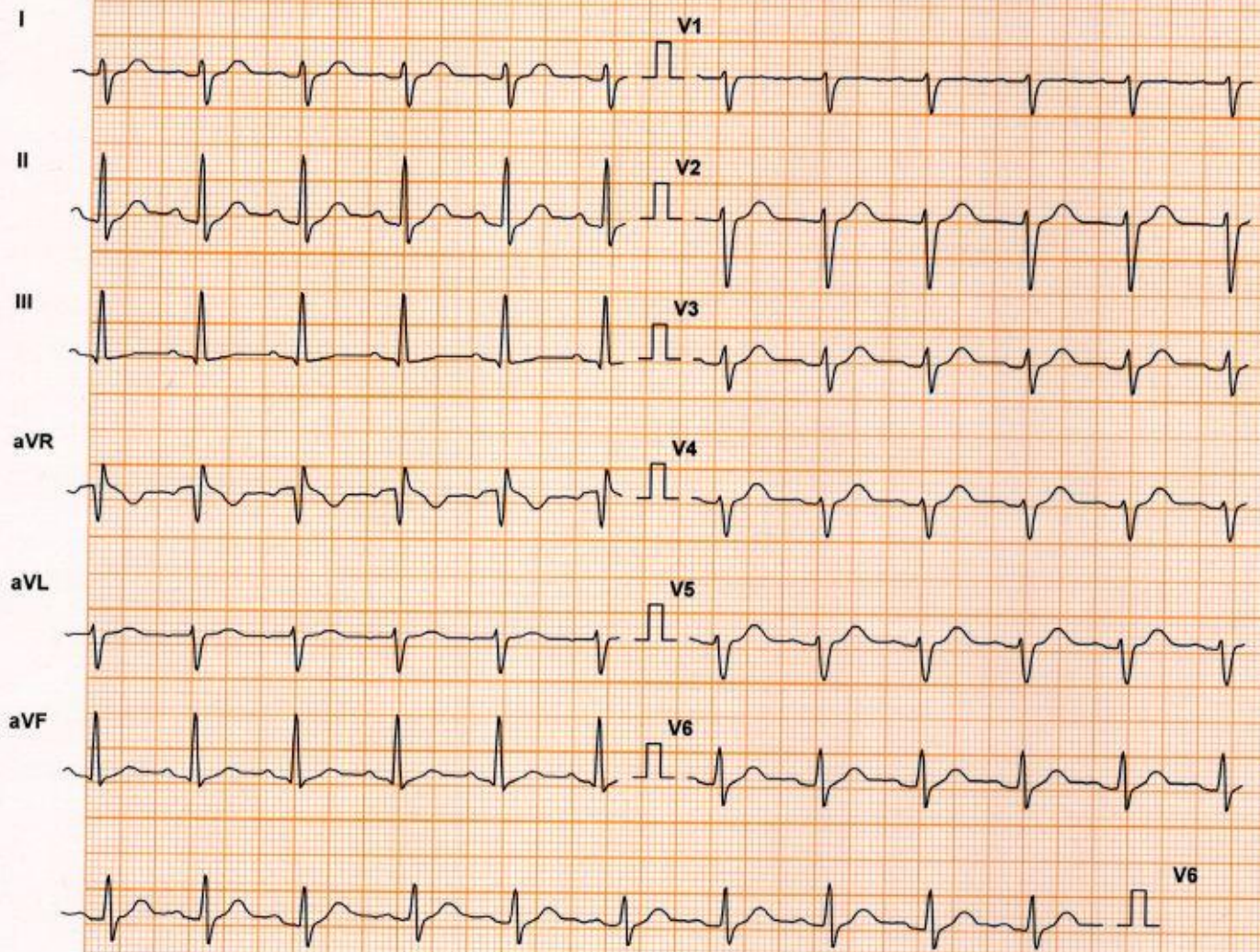
Grade: 0 %

Exec Time : 9 m 33 s

Stage Time : 0 m 54 s

HR: 101 bpm

(THR: 167 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	1.1	1.1
aVR	-1.5	-2.5
V1	0.2	0.0
V4	1.9	2.1
II	1.7	3.2
aVL	0.4	0.4
V2	1.9	2.5
V5	1.9	1.8
III	0.0	1.1
aVF	0.8	2.1
V3	1.7	2.1
V6	1.5	2.1

Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

DDRC SRL

PRADEESH KUMAR S S (34 M)

ID: 4182VK011419

Date: 26-Nov-22

B.P: 140 / 80

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

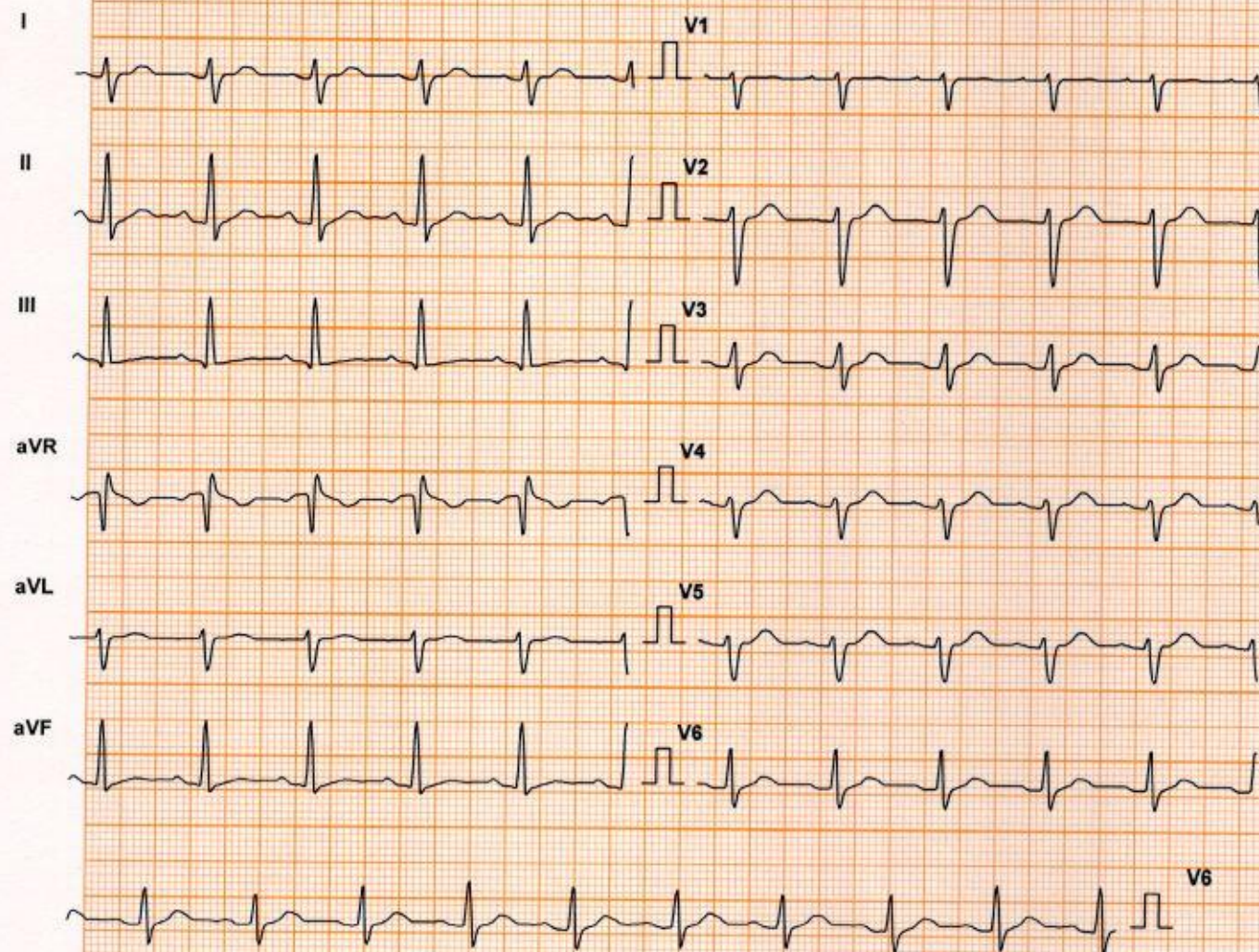
Grade: 0 %

Exec Time : 9 m 33 s

Stage Time : 0 m 54 s

HR: 99 bpm

(THR: 167 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.8	0.4
II	1.3	2.5
III	-0.2	0.7
aVR	-1.3	-1.8
aVL	0.4	0.4
aVF	0.6	1.4
V1	0.2	0.0
V2	1.5	1.8
V3	1.3	1.4
V4	1.5	1.4
V5	1.3	1.1
V6	1.3	1.8

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 5 mm

Schiller Spandan V4.7

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL

PRADEESH KUMAR S S (34 M)

ID: 4182VK011419

Date: 26-Nov-22

B.P: 130 / 80

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

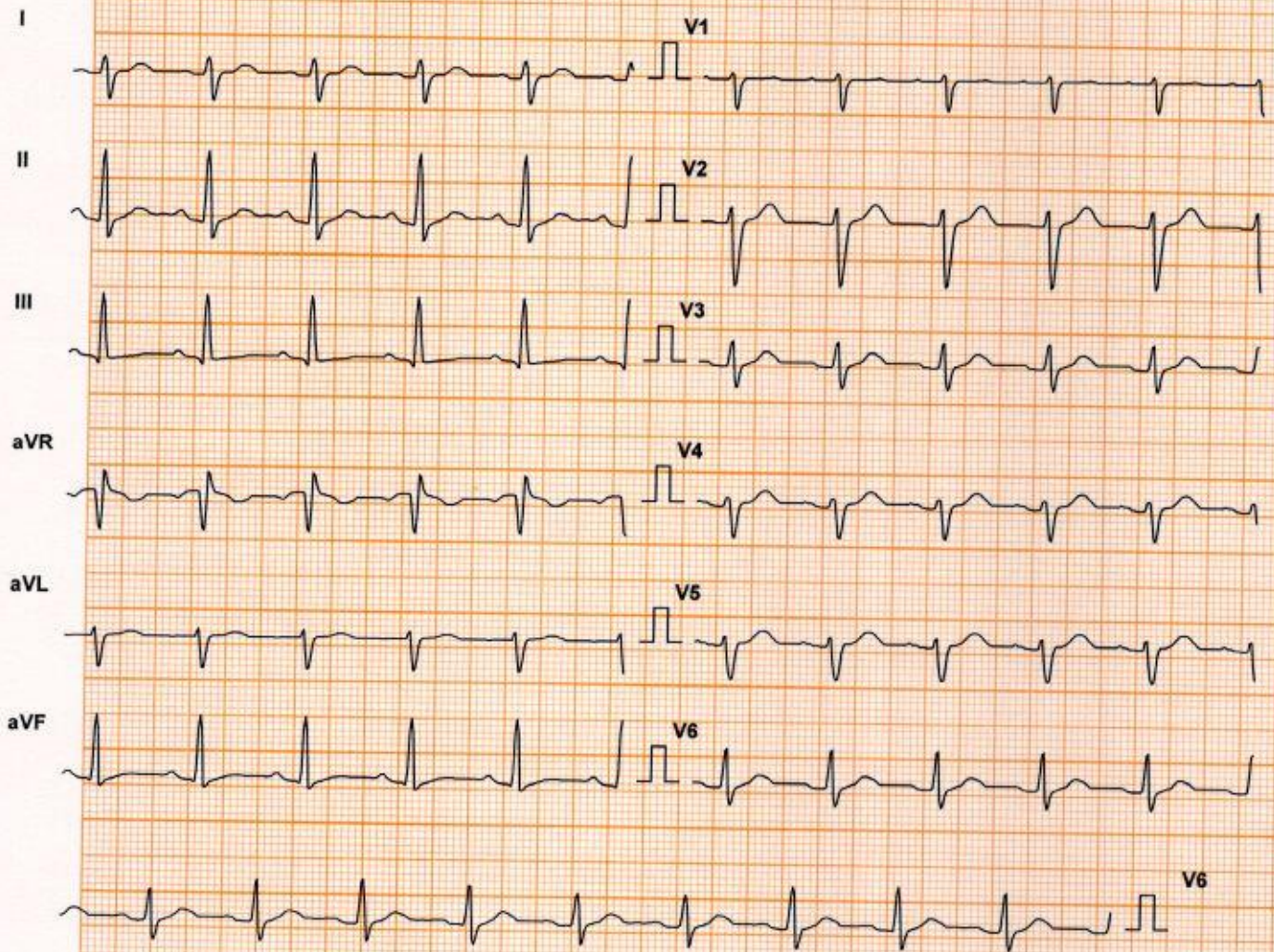
Grade: 0 %

Exec Time : 9 m 33 s

Stage Time : 0 m 11 s

HR: 98 bpm

(THR: 167 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.6	0.4
aVR	-1.3	-1.4
V1	0.2	0.0
V4	1.5	1.1
II	1.3	2.1
aVL	0.4	0.4
V2	1.9	1.8
V5	1.7	1.4
III	0.2	1.1
aVF	0.6	1.4
V3	1.3	1.4
V6	1.3	1.8

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 5 mm

Schiller Spandan V 4.7

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median