

MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

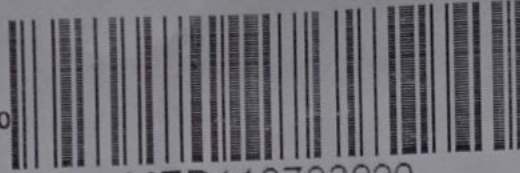
Date 26-Dec-2022 7:49 AM

Customer Name : MR.THANGIRALA CHINNA ANJANEYA REDDY DOB : 10 May 1985

Ref Dr Name : MediWheel

Age : 37Y/MALE

Customer Id : MED110703990



Visit ID : 712239161

MED110703990

Email Id :

Phone : 9885026932

No

Corp Name : MediWheel

Address : RAMAIAH M P 51 KRSHNADHAMA NAGAR SRIRAMPURA MYSORE

6:30 pm

Package Name : Mediwheel Full Body Health Checkup Male Below 40

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

Patient Details Print Page

		URIC ACID			
		URINE GLUCOSE - FASTING			
AB		BLOOD GROUP & RH TYPE (Forward Reverse)			
	OTHERS	physical examination	MYS2750946102651		
13	US	ULTRASOUND ABDOMEN	MYS2750946103462		
19	OTHERS	Treadmill 2D Echo TMT	MYS2750946127528	NOT DONE	
20	OTHERS	EYE CHECKUP	MYS2750946135592		
21	X-RAY	X RAY CHEST	MYS2750946145199		
22	OTHERS	Consultation Physician	MYS2750946148004		
23	ECHO	ELECTROCARDIOGRAM ECG	MYS2750946149333		

BP. 120/80

P - 59

W - 67kg

H - 172

HIP - 38

aw - 32

Registered By
(R.SUNILKUMAR)

Medall



NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

OPD SHEET

Date: 26/12/22

Patient's Name: Mr. Thangirala Chinna
Anjaneya Reddy
37 y / M

OP No. 1225376
2:10 Pm

Dr. Roopashree. C.R
MBBS, MS, FPRS
Consultant-Phaco & Refractive
KMC No : 105152

For Medical Certificate

13
12

OPC, AL: BE WMR

BCVA 6/6, N6
6/6, N6

Indms: BE CD 0.35-0.4
FR ⊕

Color Vision
38/38 38/38

AL
RW SAS / Digital Refraction
⊕

Customer Name	MR.THANGIRALA CHINNA ANJANEYA REDDY	Customer ID	MED110703990
Age & Gender	37Y/MALE	Visit Date	26/12/2022
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern.
No evidence of focal lesion or intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents.
Gall bladder wall is of normal thickness. CBD is of normal calibre.

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

SPLEEN show normal shape, size and echopattern.

KIDNEYS move well with respiration and have normal shape, size and echopattern.
Cortico- medullary differentiations are well madeout.
No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.0	1.6
Left Kidney	10.2	1.6

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

PROSTATE shows normal shape, size and echopattern.
No evidence of ascites.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MB/SV



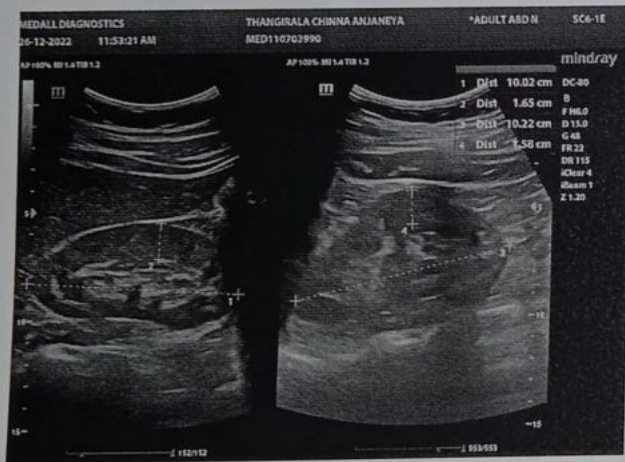
DR. MOHAN B



condition at the time of presentation and should be noted or named.

Medall Diagnostics
Ballal Circle(Ashoka circle) - Mysore

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AGE: 37

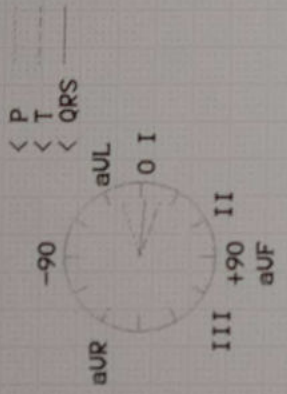
Measurement Results:

QRS : 92 ms
 QT/QTcB : 382 / 447 ms
 PR : 126 ms
 P : 102 ms
 RR/PP : 730 / 745 ms
 P/QRS/T : -20 / 5 / 20 degrees
 QTd/QTcBD : 40 / 47 ms
 Sokolow : 1.6 mV
 NK : 12

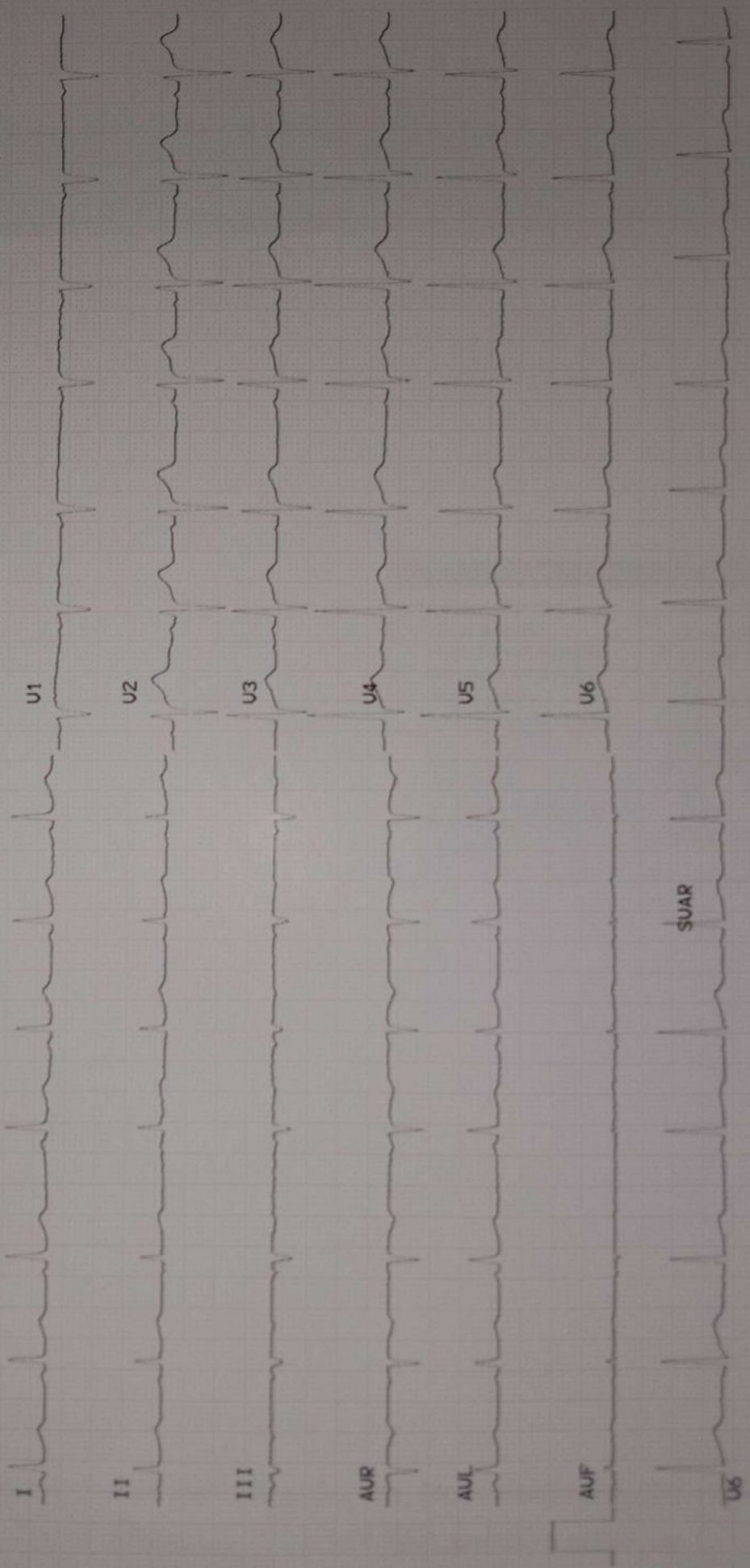
Interpretation:

normal ECG

Normal sinus rhythm



Unconfirmed report.





THANGIRALA CHINNA ANJANEYA REDDY 37 MED110703990 M CHEST PA
MEDALL CLUMAX DIAGNOSTIC

Name	THANGIRALA CHINNA ANJANEYA REDDY	ID	MED110703990
Age & Gender	37Y/M	Visit Date	Dec 26 2022 7:49AM
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:

- *No significant abnormality detected.*



DR. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST

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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	14.9	g/dL	13.5 - 18.0
INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking , high altitudes , hypoxia etc.			
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	44.4	%	42 - 52
RBC Count (EDTA Blood/Automated Blood cell Counter)	4.79	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	93.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	31.1	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	33.6	g/dL	32 - 36
RDW-CV (Derived)	15.7	%	11.5 - 16.0
RDW-SD (Derived)	51.10	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	7100	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	53	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	36	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	03	%	01 - 06



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Monocytes (Blood/Impedance Variation & Flow Cytometry)	08	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.76	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.56	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.21	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.57	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	236	10 ³ / µl	150 - 450
MPV (Blood/Derived)	12.4	fL	7.9 - 13.7
PCT	0.29	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood/Automated ESR analyser)	09	mm/hr	< 15



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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	1.6	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.3	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	1.30	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.0	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.2	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.80	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.50		1.1 - 2.2
INTERPRETATION: Remark : Electrophoresis is the preferred method			
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	21	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	23	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	133	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	13	U/L	< 55



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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	160	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	132	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)	40	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	93.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	26.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	120.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio
(Serum/Calculated)

4

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)

3.3

Optimal: < 2.5
Mild to moderate risk: 2.5 - 5.0
High Risk: > 5.0

LDL/HDL Cholesterol Ratio
(Serum/Calculated)

2.3

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)	4.8	%	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 91.06 mg/dL
(Whole Blood)

INTERPRETATION: Comments

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

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.



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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.31	ng/ml	0.7 - 2.04
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INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	9.60	Microg/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/Chemiluminescent Immunometric Assay (CLIA))	1.943	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 SHAMIM JAVED
MD PATHOLOGY
KMC 88902
APPROVED BY

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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Volume (Urine/Physical examination)	20		ml
Appearance (Urine)	Clear		

CHEMICAL EXAMINATION

pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.015		1.002 - 1.035
Protein (Urine/Dip Stick - Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative
Blood (Urine)	Nil		Nil



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Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	3-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil



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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' Positive'

Remark: Test to be confirmed by gel method.



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BIOCHEMISTRY

BUN / Creatinine Ratio

7.2

Glucose Fasting (FBS)
(Plasma - F/GOD- POD)

94

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.

Urine sugar, Fasting
(Urine - F)

Nil

Nil

Glucose Postprandial (PPBS)
(Plasma - PP/GOD - POD)

91

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.

Urine Sugar (PP-2 hours)
(Urine - PP)

Negative

Negative

Blood Urea Nitrogen (BUN)
(Serum/Urease UV / derived)

7.2

mg/dL

7.0 - 21

Creatinine
(Serum/Jaffe Kinetic)

1.0

mg/dL

0.9 - 1.3

INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid
(Serum/Uricase/Peroxidase)

5.9

mg/dL

3.5 - 7.2



APPROVED BY

-- End of Report --