

Name	A.VENKATESAN	ID	MED120924655
Age & Gender	44Year(s)/MALE	Visit Date	3/26/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

EYE SCREENING

	Right Eye	Left Eye
DISTANT VISION	6/6	6/6
NEAR VISION	N8	N8
COLOUR VISION	Normal	Normal

IMPRESSION :

❖ **Normal Study**

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Height	175cm
Weight	83.0kg
BP	124/80 mmhg
Pulse	75beats / mins

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USG ABDOMEN / PELVIS

REPORT :-

LIVER:

The liver is normal in size 12.1cm, shape and has smooth margins and shows normal homogenous echotexture.

Portal and hepatic veins are normal.

No evidence of any focal lesion seen.

Intrahepatic biliary radicles are not dilated.

GALL BLADDER:

The gall bladder is distended, anechoic structure.

No evidence of gallstones seen.

COMMON BILE DUCT:

The CBD is normal in caliber. No evidence of calculus is seen.

SPLEEN:

The spleen is normal in size (10.3cm)and shape and shows homogenous echotexture.

No evidence of focal lesion is noted.

PANCREAS:

The pancreas is normal in size, shape and shows normal echotexture.

No evidence of solid or cystic mass lesion is noted.

KIDNEYS:

Both kidneys are normal in size, shape and position and normal parenchymal echotexture and normal central echo complex.

Right kidney measures 9.6cm x 6.3cm

Left kidney measures 10.0cm x 4.8cm

No calculus or hydronephrosis

ASCITES:

There is no ascites seen.

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URINARY BLADDER:

The urinary bladder is distended and shows normal outline.
The thickness of the wall of Urinary bladder is essentially normal.
No evidence of calculus is seen.
No evidence of any space occupying lesion or diverticulum is noted.

PROSTATE:

The prostate is normal in size, shape and parenchymal echoes.
The prostate measures 3.1cm 2.8cm x 2.8cm. Volume 13cc. No Focal lesion seen

BOTH ILIAC FOSSA : Appears normal. No mass / collection.

IMPRESSION :

➤ NO SIGNIFICANT ABNORMALITY DETECTED.

DR. P.T. PRABAKARAN, M.B.B.S.,M.D.R.D.,

CONSULTANT RADIOLOGIST

Name	A.VENKATESAN	Customer ID	MED120924655
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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. POOJA B.P

DR. HIMA BINDU P



DR. SHWETHA S

CONSULTANT RADIOLOGISTS

Name : Mr. A.VENKATESAN
PID No. : MED120924655
SID No. : 132205251
Age / Sex : 44 Year(s) / Male
Ref. Dr : MediWheel

Register On : 26/03/2022 12:05 PM
Collection On : 26/03/2022 12:17 PM
Report On : 27/03/2022 7:26 AM
Printed On : 28/03/2022 5:20 PM
Type : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	61.0	U/L	53 - 128
Total Protein (Serum/Phosphomolybdate/UV)	7.1	gm/dL	6.0 - 8.0
Albumin (Serum/Jaffe Kinetic / derived)	5.0	gm/dL	3.5 - 5.2
Globulin (Serum/RIA)	2.10	gm/dL	2.3 - 3.6
A : G RATIO (Serum/RIA)	2.38		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	151	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	89	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)	45.9	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	87.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	17.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	105.1	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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 Consultant Pathologist
 Reg No : 73347

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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.3		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)	1.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	1.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.9	%	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 (Whole Blood) 122.63 mg/dL

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.

Clinical Pathology

Stool Analysis - ROUTINE

Consistency (Stool)	Semi Solid	Semi Solid
Colour (Stool)	Brown	Brown
Blood (Stool)	Absent	Absent
Cysts (Stool)	Nil	NIL
PH(Stool) (Stool)	8.2	
Reducing Substances (Stool/Benedict's)	Negative	Negative
Occult Blood (Stool)	Negative	Negative


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Reaction (Stool)	Alkaline		Acidic
Ova (Stool)	Nil		NIL
Mucus (Stool)	Absent		Absent
Others (Stool)	Nil		NIL
Pus Cells (Stool)	1-2	/hpf	NIL
RBCs (Stool)	Nil	/hpf	Nil

HAEMATOTOLOGY

Complete Blood Count With - ESR

Absolute Eosinophil Count (AEC) (Blood/Automated Blood cell Counter)	0.16	10 ³ / µl	0.04 - 0.44
Absolute Lymphocyte Count (Blood/Automated Blood cell Counter)	2.17	10 ³ / µl	1.5 - 3.5
PCT (Blood)	0.26	%	0.18 - 0.28
MPV (Blood/Automated Blood cell Counter)	7.5	fL	7.9 - 13.7
Absolute Basophil count (Blood/Automated Blood cell Counter)	0.02	10 ³ / µl	< 0.2
Absolute Monocyte Count (Blood/Automated Blood cell Counter)	0.76	10 ³ / µl	< 1.0
Absolute Neutrophil count (Blood/Automated Blood cell Counter)	5.32	10 ³ / µl	1.5 - 6.6
RDW-CV (Blood)	15.9	%	11.5 - 16.0
RDW-SD (Blood)	46.2	fL	39 - 46
Haemoglobin (Blood/Automated Blood cell Counter)	15.1	g/dL	13.5 - 18.0
PCV (Packed Cell Volume) / Haematocrit (Blood/Automated Blood cell Counter)	45.5	%	42 - 52
RBC Count (Blood/Automated Blood cell Counter)	4.9	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (Blood/Automated Blood cell Counter)	91	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (Blood/Automated Blood cell Counter)	30.3	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (Blood/Automated Blood cell Counter)	33.3	g/dL	32 - 36
Platelet Count (Blood/Automated Blood cell Counter)	254	10 ³ / µl	150 - 450


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Total WBC Count (TC) (Blood/Automated Blood cell Counter)	8400	cells/cu.mm	4000 - 11000
<u>Diferential Leucocyte Count</u>			
Neutrophils (Blood)	63.2	%	40 - 75
Lymphocytes (Blood)	25.7	%	20 - 45
Eosinophils (Blood)	1.9	%	01 - 06
Monocytes (Blood)	9.0	%	01 - 10
Basophils (Blood)	0.2	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	12	mm/hr	< 15
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Immunology

Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.19	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
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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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.35	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))	12.09	µg/dl	4.2 - 12.0
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Casts (Urine)	Nil	/hpf	NIL
Urine Crystals (Stool)	Nil	/hpf	NIL
Others (Urine)	Nil		

INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy

-- End of Report --



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