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

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

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 size12.1cm, 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.

Name	A.VENKATESAN	ID	MED120924655
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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
Age & Gender	44Y/M	Visit Date	Mar 26 2022 9:23AM
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. H.K. ANAND

DR. POOJA B.P DR. HIMA BINDU P CONSULTANT RADIOLOGISTS

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Age / Sex	: 44 Year(s) / Male	Printed On	:	28/03/2022 5:20 PM
Ref. Dr	: MediWheel	Туре	:	OP

		11	
Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
<u>IMMUNOHAEMATOLOGY</u>			
BLOOD GROUPING AND Rh TYPING (Blood /Agglutination)	'O' 'Positive'		
INTERPRETATION: Reconfirm the Blood group	and Typing before bloc	d transfusion	
<b>BIOCHEMISTRY</b>			
BUN / Creatinine Ratio	12.0		
<b>Glucose Fasting (FBS)</b> (Plasma - F/GOD- PAP)	93.0	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126
<b>INTERPRETATION:</b> Factors such as type, quant influence blood glucose level.	ntity and time of food inta	ake, Physical ac	tivity, Psychological stress, and drugs can
Glucose, Fasting (Urine) (Urine - F)	Negative		Negative
<b>Glucose Postprandial (PPBS)</b> (Plasma - PP/ GOD-PAP)	157	mg/dL	70 - 140
<b>INTERPRETATION:</b> Factors such as type, quantity and time of food glucose level. Fasting blood glucose level may Postprandial Insulin secretion, Insulin resistance medication during treatment for Diabetes.	be higher than Postpran	dial glucose, be	ecause of physiological surge in
Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/ Agglutination)	8.4	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.7	mg/dL	0.9 - 1.3
<b>INTERPRETATION:</b> Elevated Creatinine values increased ingestion of cooked meat, consuming dysfunction and drugs such as cefoxitin, cefazo chemotherapeutic agent such as flucytosine etc	Protein/ Creatine suppl lin, ACE inhibitors, angio	ements, Diabet	ic Ketoacidosis, prolonged fasting, renal
Uric Acid (Serum/Enzymatic)	5.0	mg/dL	3.5 - 7.2
Liver Function Test			
GGT(Gamma Glutamyl Transpeptidase) (Serum/Jaffe Kinetic)	20.0	U/L	< 55
Bilirubin(Total) (Serum/DCA with ATCS)	0.8	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/photometry)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/RIA)	0.70	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	26.0	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	36.0	U/L	5 - 41



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Investigation	<b>Observed Value</b>	<u>Unit</u>	Biological Reference Interval
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
Lipid Profile			
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+kcirculating 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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Investigation Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	Observed Value 3.3	<u>Unit</u>	Biological Reference Interval 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
Glycosylated Haemoglobin (HbA1c)			
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

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



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Investigation Reaction (Stool)	Observed Value Alkaline	<u>Unit</u>	Biological Reference Interval 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
HAEMATOLOGY			
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
<b>RBC Count</b> (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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Investigation	Observed Value	Unit	Biological Reference Interval
Total WBC Count (TC) (Blood/Automated Blood cell Counter)	8400	cells/cu.mm	4000 - 11000
Diferential Leucocyte Count			
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
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**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
<u>Immunology</u>			
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

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/1.35ng/ml0.7 - 2.04Chemiluminescent Immunometric Assay<br/>(CLIA))

#### 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/	12.09	µg/dl	4.2 - 12.0
Chemiluminescent Immunometric Assay			
(CLIA))			



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Investigation	Observed Value	<u>Unit</u>	<b>Biological Reference Interval</b>
<b>INTERPRETATION:</b> <b>Comment :</b> Total T4 variation can be seen in other condition it is Metabolically active.	on like pregnancy, drugs	, nephrosis etc.	In such cases, Free T4 is recommended as
TSH (Thyroid Stimulating Hormone) (Serum /Chemiluminescent Immunometric Assay (CLIA))	n <b>7.59</b>	µIU/mL	0.35 - 5.50
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 depe BMI.	ends on lodine intake, T	PO status, Seru	IM HCG concentration, race, Ethnicity and
2.TSH Levels are subject to circadian variation variation can be of the order of 50%,hence time			

3.Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

## Urine Analysis - Routine

## **BIOCHEMISTRY**

Urine Sugar (Urine)

Negative

#### INTERPRETATION:

Comments:

Reference Range for Glucose is not established for body fluids. Physician to correlate clinically.

# Clinical Pathology

Colour (Urine) pH (Urine) Specific Gravity (Urine) Urine Protein / Albumin (Urine)	Pale Yellow 6.0 1.025 Negative		Yellow to Amber 4.5 - 8.0 1.002 - 1.035 Negative
Ketone (Urine)	Negative		Negative
Bilirubin (Serum) Urobilinogen (Urine)	Negative Normal	mg/dL	Normal
Pus Cells (Urine)	2-3	/hpf	NIL
Epithelial Cells (Urine) RBCs (Urine)	<b>1-2</b> Nil	/hpf /hpf	NIL



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Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
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 --

