

TRANS-THORACIC ECHO REPORT

Patient MRN :10020001289114

Date : 10.12.2022

Patient Name : MR.SURESH PATTAR

Age/Gender : 38 yrs/male

M-MODE / 2D MEASUREMENTS

LVEF (>55)% : 55%	LVID(d) (40-56)mm : 45mm	LVID (s) mm : 31mm
TAPSE (>16) mm : 20mm	IVS (d) (6-10)mm : 12 mm	LV-EDV ml : --
LA (<39) mm : 28mm	PWD (d) (6-10)mm : 11 mm	LV-ESV ml : --
RA (<44)mm : 30mm	RV (<35) mm : 26 mm	BSA m ² : --

DOPPLER MEASUREMENTS

MITRAL VALVE : E/A - 0.6/0.4 M/S, NORMAL LV DIASTOLIC FUNCTION, MR-TRIVIAL

AORTIC VALVE : PG - 3 MMHG /AR-TRIVIAL

TRICUSPID VALVE : TR -TRIVIAL

PULMONARY VALVE : PG - 5 MMHG

PA PRESSURE : PASP- 24 MMHG/ NORMAL PA PRESSURE.

FINDINGS

SITUS SOLITUS, LEVOCARDIA, AV AND VA CONCORDANT, NORMAL GREAT ARTERY RELATIONSHIP

VALVES

MITRAL : NORMAL

AORTIC : NORMAL

TRICUSPID : NORMAL

PULMONARY : NORMAL

CHAMBERS

LV : NORMAL SIZED, MILD LVH, BORDERLINE LV SYSTOLIC FUNCTION.

RV : NORMAL SIZED, NORMAL RV FUNCTION.

RWMA : NO RWMA

LVOT : NORMAL

LEFT ATRIUM : NORMAL SIZED

RIGHT ATRIUM : NORMAL SIZED

SEPTAE

IVS : INTACT

IAS : INTACT

ARTERIES & VEINS

AORTA : AORTIC ANNULUS -18 MM, ASCENDING AORTA- 27 MM,
NORMAL ARCH NORMAL SIZED.

PULMONARY ARTERY : NORMAL

IVC, SVC & CS : IVC - 13 MM, NORMAL SIZED, COLLAPSING, NORMAL RA PRESSURE.

PULMONARY VEINS : NORMAL

PERICARDIUM : NORMAL

VEGETATION / THROMBUS / TUMOR: NIL

OTHER FINDINGS:

SINUS TACHYCARDIA - 102 BPM
NO PREVIOUS ECHO REPORT

CONCLUSION

NORMAL CHAMBER DIMENSIONS
MILD LVH PRESENT
NORMAL PA PRESSURE
NO RWMA
BORDERLINE LV SYSTOLIC FUNCTION
LVEF:- 55%


CHANDANA V
CARDIAC-SONOGRAPHER

Health Check up Booking Confirmed Request(bobS22073),Package Code-
PKG10000248, Beneficiary Code-69674

Mediwheel <customercare@policywheel.com>

Tue 12/6/2022 2:33 AM

To: Info Sarjapur <info.sarjapur@narayanahealth.org>

Cc: Mediwheel CC <customercare@mediwheel.in>;Mediwheel CC <mediwheelwellness@gmail.com>

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Mediwheel
...Your wellness partner



011-41195959

Email:wellness@mediwheel.in

Hi Narayana Hrudayalaya,

Diagnostic/Hospital Location :83/3 Doddakanneli,Sarjapur,Main Road , Near Wipro Gate-
560035,City:Bangalore

We have received the confirmation for the following booking .

Beneficiary Name : PKG10000248

Beneficiary Name : SURESH PATTAR

Member Age : 37

Member Gender : Male

Member Relation : Spouse

Package Name : Mediwheel Metro Full Body Health Checkup Male Below 40

Location : BENGALURU,Karnataka-560066

Contact Details : 9449193585

Booking Date : 02-12-2022

Appointment Date : 10-12-2022

Instructions to undergo Health Check:

1. Please ensure you are on complete fasting for 10-To-12-Hours prior to check.
2. During fasting time do not take any kind of medication, alcohol, cigarettes, tobacco or any other liquids (except Water) in the morning.
3. Bring urine sample in a container if possible (containers are available at the Health Check centre).
4. Please bring all your medical prescriptions and previous health medical records with you.
5. Kindly inform the health check reception in case if you have a history of diabetes and cardiac problems.

For Women:

1. Pregnant Women or those suspecting are advised not to undergo any X-Ray test.
2. It is advisable not to undergo any Health Check during menstrual cycle.

We request you to facilitate the employee on priority.

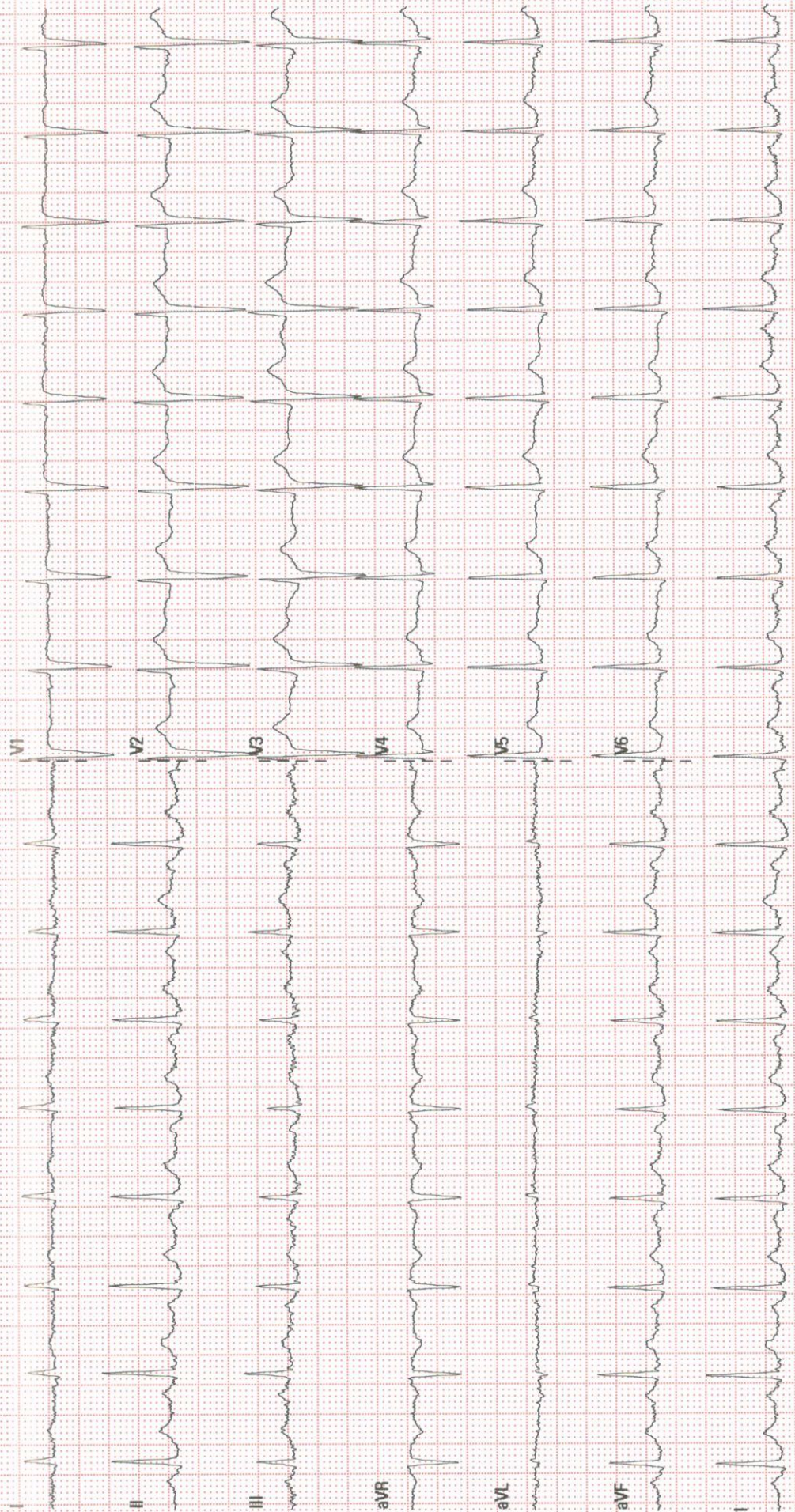
1002-1289114
MR SURESH PATTAR
38 Years
Male

10-12-2022 09:58:10

Vent. Rate 102 bpm
PR Interval 138 ms
QRS Duration 88 ms
QT/QTc Interval 326/400 ms
P/QRS/T Axes 78/66/66 deg
RV5/SV1 1.383/1.081 mV
RV5 + SV1 2.464 mV
QTc:Hodges

Sinus tachycardia
Normal ECG except for rate

Unconfirmed Diagnosis



Patient Name : Mr.SURESH PATTAR

Patient ID : 1002-1289114

Age : 40Years

Sex : male

Referring Doctor : PKG

Date : 10 .12.2022

ULTRASOUND ABDOMEN AND PELVIS**FINDINGS:**

Liver is normal in size (14cm), and echopattern. No intra or extra hepatic biliary duct dilatation. No focal lesions.

Portal vein is normal in size, course and caliber. **CBD** is not dilated.

Gall bladder is normal without evidence of calculi, wall thickening or pericholecystic fluid.

Pancreas to the extent visualized, appears normal in size, contour and echogenicity.

Spleen is normal in size (10.8cm), shape, contour and echopattern. No evidence of mass or focal lesions.

Right Kidney is normal in size (measures 10.9 cm in length & 1 cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Left Kidney is normal in size (measures 10.5 cm in length & 0.9 cm in parenchymal thickness), position, shape and echopattern. Corticomedullary differentiation is maintained. No evidence of calculi or hydronephrosis.

Retroperitoneum – Obscured by bowel gas.

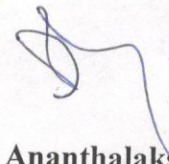
Urinary Bladder is well distended. Wall thickness is normal. No evidence of calculi, mass or mural lesion.

Prostate is normal in echopattern and size, measures 2.3 X 3 X 3.2 cm (Volume =12cc).

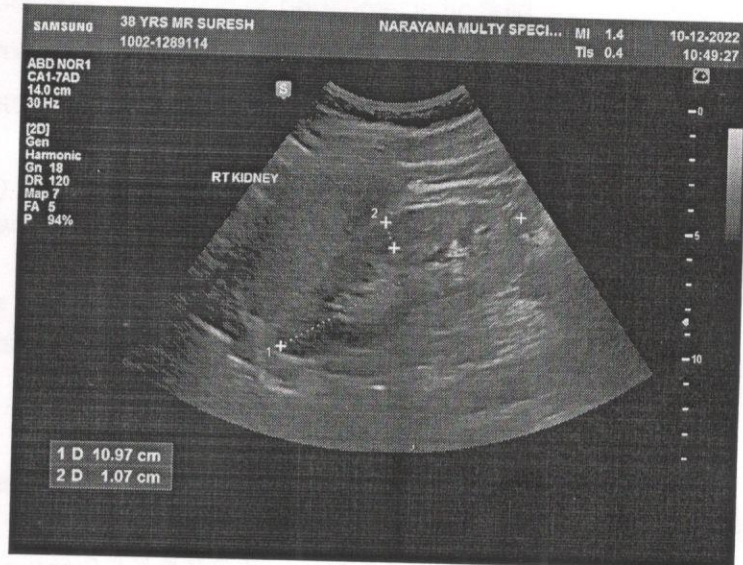
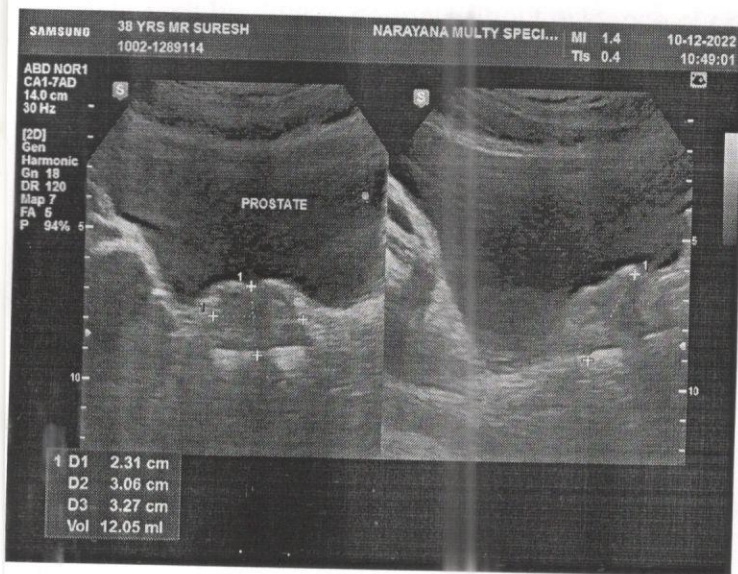
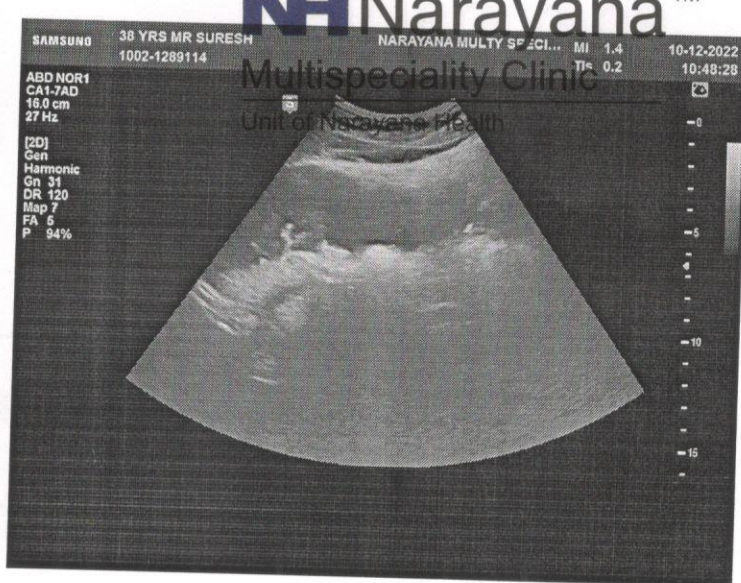
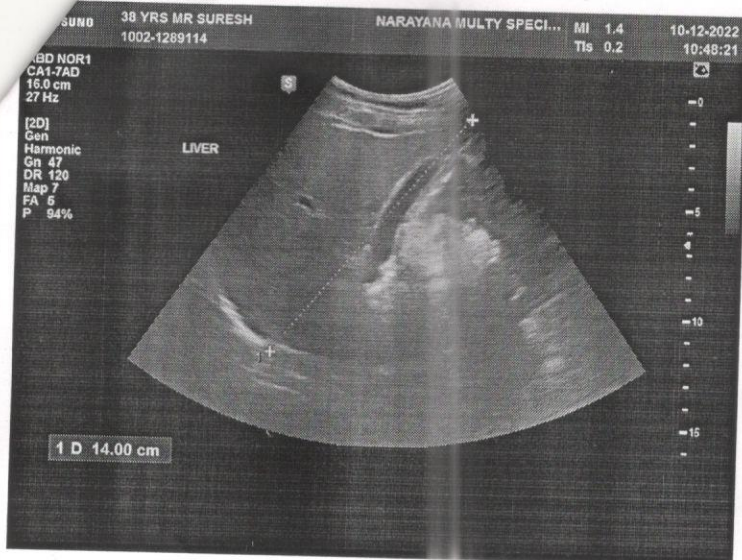
Fluid - There is no ascites or pleural effusion.

IMPRESSION:

- UNREMARKABLE STUDY OF ABDOMEN AND PELVIS



Dr. Ananthalakshmi.S
Sonologist





COGNIZANT SUMMARY REPORT

Employee Name	Mr. Suresh Pattar
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Employee ID	BOB822073
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Age	37yr
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Gender	Male
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Date	10/12/2022
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Name of center	NIH SARJAPUR
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City	Bangalore
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BASIC PARAMTERS:

Height (in mts)	175cm
Weight (in Kgs)	68.1kg
BMI	22.2

Waist circumference (in cms)	90cm
Hip circumference (in cms)	94cm
Waist-to-hip ratio	

Systolic BP	110
Diastolic BP	70



SBK

Package Details

Patient Name : Mr Suresh Pattar, 10020001289114, male, 38y 6m
Package Name : EHP Mediwheel Full Body Health checkup Below 40 Male
Start Date : 10/12/2022 08:47 End Date : 11/12/2022 08:47
Generated By: Hemanth Kumar
Generated On : 10-12-2022 08:47

Service Name	Ordered Date	Service Center	Consultant	Qty	Explicit
CONSULTATION - FIRST VISIT	10/12/2022 08:47 AM	OPD-2F	Dr. Sharma Vasant Kumar	1	No
USG ABDOMEN	10/12/2022 08:47 AM	ULTRA SOUND-2F	Dr. Sharma Vasant Kumar	1	No
XRAY CHEST PA	10/12/2022 08:47 AM	X-RAY	Dr. Sharma Vasant Kumar	1	No
ECHO COLOR DOPPLER	10/12/2022 08:47 AM	OPD-2F	Dr. Sharma Vasant Kumar	1	No
TREADMILL TEST	10/12/2022 08:47 AM	OPD-2F	Dr. Sharma Vasant Kumar	1	No
ECG	10/12/2022 08:47 AM	OPD-2F	Dr. Sharma Vasant Kumar	1	No
BLOOD UREA NITROGEN (BUN)	10/12/2022 08:47 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
URIC ACID	10/12/2022 08:47 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
THYROID PROFILE (T3, T4, TSH)	10/12/2022 08:47 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
LIVER FUNCTION TEST (LFT)	10/12/2022 08:47 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
SERUM CREATININE	10/12/2022 08:47 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
LIPID PROFILE (CHOL, TRIG, HDL, LDL, VLDL)	10/12/2022 08:47 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
HBA1C	10/12/2022 08:47 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
URINE FOR SUGAR (FASTING)	10/12/2022 08:47 AM	CLINICAL PATHOLOGY	Dr. Sharma Vasant Kumar	1	No
URINE FOR SUGAR (POST PRANDIAL)	10/12/2022 08:47 AM	CLINICAL PATHOLOGY	Dr. Sharma Vasant Kumar	1	No
POST PRANDIAL BLOOD SUGAR (PPBS)	10/12/2022 08:47 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
FASTING BLOOD SUGAR (FBS)	10/12/2022 08:47 AM	BIOCHEMISTRY	Dr. Sharma Vasant Kumar	1	No
BLOOD GROUP & RH TYPING	10/12/2022 08:47 AM	NARAYANA HRUDAYALAYA BLOOD CENTRE	Dr. Sharma Vasant Kumar	1	No
STOOL ROUTINE EXAMINATION	10/12/2022 08:47 AM	CLINICAL PATHOLOGY	Dr. Sharma Vasant Kumar	1	No
URINE ROUTINE & MICROSCOPY	10/12/2022 08:47 AM	CLINICAL PATHOLOGY	Dr. Sharma Vasant Kumar	1	No
ERYTHROCYTE SEDIMENTATION RATE (ESR)	10/12/2022 08:47 AM	HEMATOLOGY	Dr. Sharma Vasant Kumar	1	No

Waist: 90cm
Hip: 94cm

SK



Service Name	Ordered Date	Service Center	Consultant	Qty	Explicit
✓ COMPLETE BLOOD COUNT (CBC)	10/12/2022 08:47 AM	HEMATOLOGY	Dr. Sharma Vasant Kumar	1	No

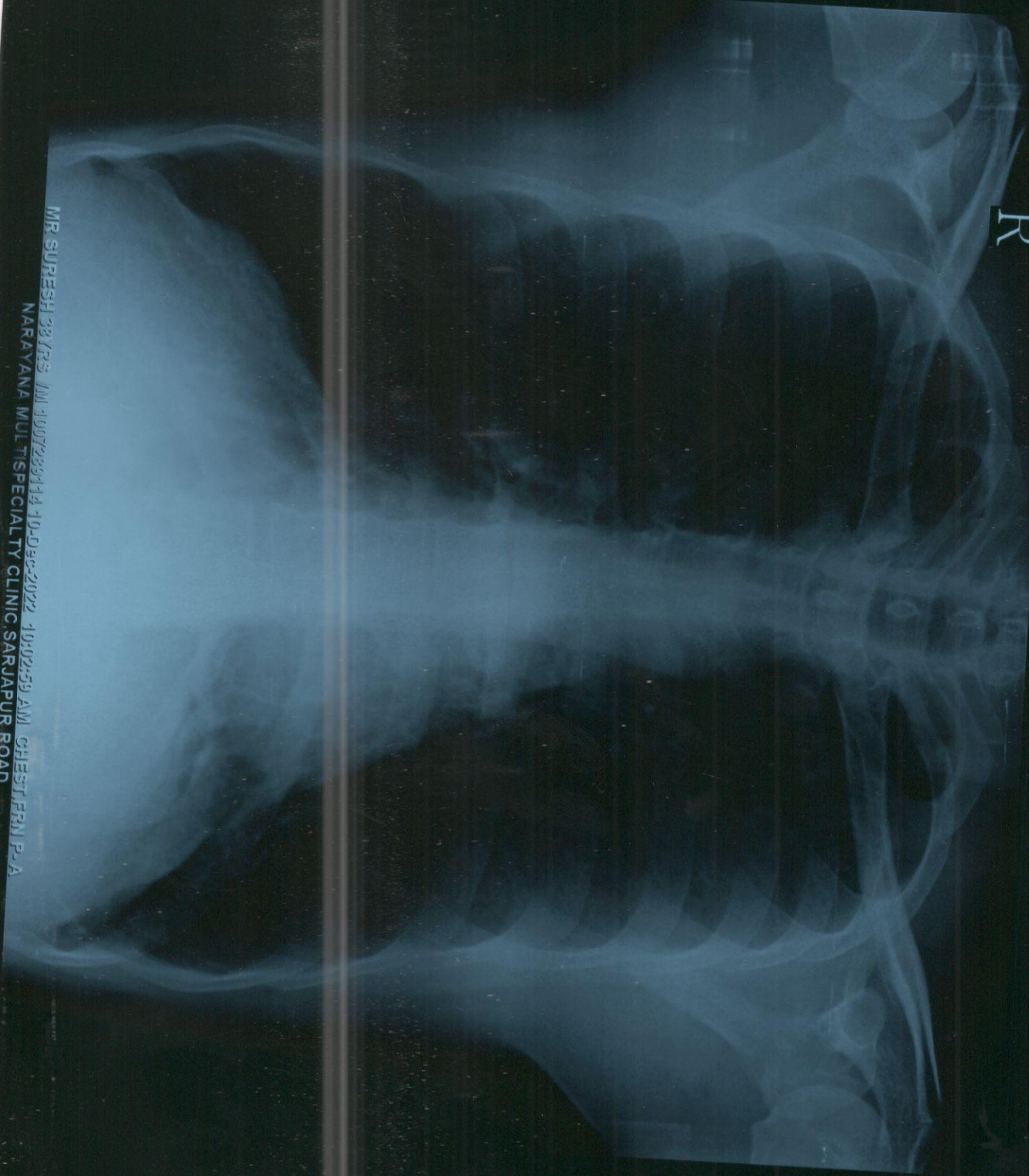
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10-12-2022 08:47

R

MR SURESH 38/RS IM 1907233114 10-Dec-2022 10:02:59 AM CHEST.FRN P-A
NARAYANA MULTISPECIALTY CLINIC SARJAPUR ROAD



DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr Suresh Pattar MRN : 10020001289114 Gender/Age : MALE , 38y (01/06/1984)

Collected On : 10/12/2022 08:53 AM Received On : 10/12/2022 11:05 AM Reported On : 10/12/2022 11:22 AM

Barcode : 022212100416 Specimen : Whole Blood Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9164776107

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
COMPLETE BLOOD COUNT (CBC)			
Haemoglobin (Hb%) (Photometric Measurement)	14.6	g/dL	13.0-17.0
Red Blood Cell Count (Electrical Impedance)	5.54 H	million/ μ L	4.5-5.5
PCV (Packed Cell Volume) / Hematocrit (Calculated)	44.9	%	40.0-50.0
MCV (Mean Corpuscular Volume) (Derived)	80.9 L	fL	83.0-101.0
MCH (Mean Corpuscular Haemoglobin) (Calculated)	26.4 L	pg	27.0-32.0
MCHC (Mean Corpuscular Haemoglobin Concentration) (Calculated)	32.6	%	31.5-34.5
Red Cell Distribution Width (RDW) (Derived)	14.5 H	%	11.6-14.0
Platelet Count (Electrical Impedance Plus Microscopy)	214	$10^3/\mu$ L	150.0-450.0
Total Leucocyte Count(WBC) (Electrical Impedance)	6.3	$10^3/\mu$ L	4.0-10.0
DIFFERENTIAL COUNT (DC)			
Neutrophils (VCS Technology Plus Microscopy)	61.1	%	40.0-75.0
Lymphocytes (VCS Technology Plus Microscopy)	24.5	%	20.0-40.0
Monocytes (VCS Technology Plus Microscopy)	5.9	%	2.0-10.0
Eosinophils (VCS Technology Plus Microscopy)	8.1 H	%	1.0-6.0
Basophils (VCS Technology Plus Microscopy)	0.4	%	0.0-2.0

Patient Name : Mr Suresh Pattar MRN : 10020001289114 Gender/Age : MALE , 38y (01/06/1984)

Absolute Neutrophil Count (Calculated)	3.9	$\times 10^3$ cells/ μ l	2.0-7.0
Absolute Lymphocyte Count (Calculated)	1.6	$\times 10^3$ cells/ μ l	1.0-3.0
Absolute Monocyte Count (Calculated)	0.4	$\times 10^3$ cells/ μ l	0.2-1.0
Absolute Eosinophil Count (Calculated)	0.6 H	$\times 10^3$ cells/ μ l	0.02-0.5
Absolute Basophil Count (Calculated)	0.1	-	-

As per the recommendation of International Council for Standardization in Hematology, the differential counts are additionally being reported as absolute numbers.

Interpretation Notes

- Haemoglobin , RBC Count and PCV: If below reference range, indicates Anemia. Further evaluation is suggested .
- RBC Indices aid in typing of anemia.
- WBC Count: If below reference range, susceptibility to infection.
- If above reference range- Infection*
- If very high in lakhs-Leukemia
- Neutrophils -If above reference range-acute infection, mostly bacterial
- Lymphocytes -If above reference range-chronic infection/ viral infection
- Monocytes -If above reference range- TB,Typhoid,UTI
- Eosinophils -If above reference range -Allergy,cough,Common cold,Asthma & worms
- Basophils - If above reference range, Leukemia, allergy
- Platelets: If below reference range- bleeding disorder, Dengue, drug- induced, malignancies
- * In bacterial infection with fever total WBC count increases.
- Eg Tonsillitis,Sinusitis,Bronchitis,Pneumonia,Appendicitis,UTI -12000-25000 cells/cumm.
- In typhoid and viral fever WBC may be normal.

DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert.

--End of Report-



Dr. Sudarshan Chougule
MBBS, MD, Pathology
Consultant & Head - Hematology & Flow Cytometry

DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Suresh Pattar MRN : 10020001289114 Gender/Age : MALE , 38y (01/06/1984)

Collected On : 10/12/2022 08:53 AM Received On : 10/12/2022 11:06 AM Reported On : 10/12/2022 12:01 PM

Barcode : 022212100417 Specimen : Whole Blood - ESR Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9164776107

HEMATOLOGY

Test	Result	Unit	Biological Reference Interval
Erythrocyte Sedimentation Rate (ESR) (Westergren Method)	6	mm/1hr	0.0-10.0

Interpretation Notes

- ESR high - Infections, chronic disorders,, plasma cell dyscrasias.

DISCLAIMER:All the laboratory findings should mandatorily interpreted in correlation with clinical findings by a medical expert

--End of Report--

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



MC-2688



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Suresh Pattar MRN : 10020001289114 Gender/Age : MALE , 38y (01/06/1984)

Collected On : 10/12/2022 08:53 AM Received On : 10/12/2022 11:05 AM Reported On : 10/12/2022 11:23 AM

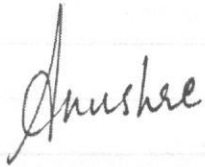
Barcode : 012212100697 Specimen : Plasma Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9164776107

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Fasting Blood Sugar (FBS) (Colorimetric - Glucose Oxidase Peroxidase)	97	mg/dL	70 to 99 : Normal 100 to 125 : Pre-diabetes =>126 : Diabetes ADA standards 2020

--End of Report--



Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry



Mrs. Latha B S
MSc, Mphil, Biochemistry
Incharge, Consultant Biochemistry

Note

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- Kindly correlate clinically.
(Fasting Blood Sugar (FBS) -> autoAuthorised)



DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr Suresh Pattar MRN : 10020001289114 Gender/Age : MALE , 38y (01/06/1984)

Collected On : 10/12/2022 08:53 AM Received On : 10/12/2022 11:05 AM Reported On : 10/12/2022 11:40 AM

Barcode : 012212100698 Specimen : Whole Blood Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9164776107

Test	BIOCHEMISTRY		Biological Reference Interval
	Result	Unit	
HBA1C			
HbA1c (HPLC NGSP Certified)	5.4	%	Normal: 4.0-5.6 Prediabetes: 5.7-6.4 Diabetes: => 6.5 ADA standards 2020
Estimated Average Glucose (Calculated)	108.29	-	-

Interpretation:

- HbA1C above 6.5% can be used to diagnose diabetes provided the patient has symptoms. If the patient does not have symptoms with HbA1C > 6.5%, repeat measurement on further sample. If the repeat test result is < 6.5%, consider as diabetes high risk and repeat measurement after 6 months.
- HbA1C measurement is not appropriate in diagnosing diabetes in children, suspicion of type 1 diabetes, symptoms of diabetes for less than 2 months, pregnancy, hemoglobinopathies, medications that may result sudden increase in glucose, anemia, renal failure, HIV infection, malignancies, severe chronic hepatic, and renal disease.
- Any sample with > 15% should be suspected of having a haemoglobin variant.

Interpretation Notes

CLINICAL INFORMATION AND CLINICAL INTERPRETATION:

Diabetes mellitus is a chronic disorder associated with disturbances in carbohydrate, fat, and protein metabolism characterized by hyperglycemia. HbA1c level reflects the mean glucose concentration over the previous period (approximately 8-12 weeks, depending on the individual) and provides a much better indication of long-term glycemic control than blood and urinary glucose determinations.

Diagnosing diabetes: American Diabetes Association (ADA)

- Hemoglobin A1c (HbA1c): > or = 6.5%

Therapeutic goals for glycemic control (ADA)

- Adults:

- Goal of therapy: < 7.0% HbA1c

- Action suggested: > 8.0% HbA1c

- Pediatric patients:

- Toddlers and preschoolers: < 8.5% (but > 7.5%)

- School age (6-12 years): < 8%

- Adolescents and young adults (13-19 years): < 7.5%

The ADA recommendations for clinical practice suggest maintaining a HbA1c value closer to normal yields improved microvascular outcomes for diabetics. Target goals of less than 7% may be beneficial in patients such as those with short duration of diabetes, long life expectancy, and no significant cardiovascular disease.

POTENTIAL SOURCE OF VARIATION:

The presence of hemoglobin variants can interfere with the measurement of hemoglobin A1c (HbA1c). The advantage of using ion exchange chromatography methods is most variants that would affect HbA1c results can be detected from analysis of the chromatogram so inaccurate results are less likely to be reported.

0288

Patient Name : Mr Suresh Pattar MRN : 10020001289114 Gender/Age : MALE , 38y (01/06/1984)

HbA1c results less than 4.0% are reported with the comment:

--End of Report--

Mrs. Latha B S
MSc, Mphil, Biochemistry
Incharge, Consultant Biochemistry

Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant Biochemistry

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.



DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr Suresh Pattar MRN : 10020001289114 Gender/Age : MALE , 38y (01/06/1984)
 Collected On : 10/12/2022 08:53 AM Received On : 10/12/2022 11:05 AM Reported On : 10/12/2022 11:54 AM
 Barcode : 012212100699 Specimen : Serum Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)
 Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9164776107

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
SERUM CREATININE			
Serum Creatinine (Two Point Rate - Creatinine Aminohydrolase)	0.79	mg/dL	0.66-1.25
eGFR (Calculated)	109.8	mL/min/1.73m ²	Indicative of renal impairment < 60 Note:eGFR is inaccurate for Hemodynamically unstable patients eGFR is not applicable for less than 18 years of age.

Interpretation Notes

CLINICAL INFORMATION AND CLINICAL INTERPRETATION:

Diagnosing and monitoring treatment of acute and chronic kidney diseases
 Adjusting dosage of renally excreted medications
 Monitoring kidney transplant recipients
 Estimating glomerular filtration rate for people with chronic kidney disease (CKD) and those with risk factors for CKD (diabetes, hypertension, cardiovascular disease, and family history of kidney disease). Several factors may influence serum creatinine independent of changes in GFR. For instance, creatinine generation is dependent upon muscle mass. Thus, young, muscular male patients may have significantly higher serum creatinine levels than older adult female patients, despite having similar GFRs. Also, because some renal clearance of creatinine is due to tubular secretion, drugs that inhibit this secretory component (eg, cimetidine and trimethoprim) may cause small increases in serum creatinine without an actual decrease in GFR.

POTENTIAL SOURCE OF VARIATION:

Hemolyzed specimens from patients with hemoglobin F values of 600 mg/dL and higher interfere with the test.
 2-Phenyl-1,3-indandion (phenindione) at therapeutic concentrations interferes with the assay. In patients receiving catecholamines (dopamine, dobutamine, epinephrine, and norepinephrine) falsely low results might be observed.

Blood Urea Nitrogen (BUN) (Endpoint) 10 mg/dL 9.0-20.0
 /Colorimetric - Urease)

Interpretation Notes

CLINICAL INFORMATION AND INTERPRETATION:

For evaluation if Renal function tests. Increased blood urea nitrogen (BUN) may be due to prerenal causes (cardiac decompensation, water depletion due to decreased intake and excessive loss, increased protein catabolism, and high protein diet), renal causes (acute glomerulonephritis, chronic nephritis, polycystic kidney disease, nephrosclerosis, and tubular necrosis), and post renal causes (eg, all types of obstruction of the urinary tract, such as stones, enlarged prostate gland, tumors).
Serum / plasma concentration is increased in:

Patient Name : Mr Suresh Pattar MRN : 10020001289114 Gender/Age : MALE , 38y (01/06/1984)

Glomerulonephritis, Shock, Urinary tract obstruction, Pyelonephritis, Acute and chronic renal failure, severe congestive heart failure, Hyperalbuminemia, Diabetic ketoacidosis, Dehydration

Serum / plasma concentration is decreased in:

Pregnancy, decreased protein intake, acute liver, intravenous fluid administration.

POTENTIAL SOURCE OF VARIATION:

Ammonium ions may cause an increase in measured BUN/UREA value equivalent to the specimen's nitrogen content.

Serum Uric Acid (Colorimetric - Uricase, Peroxidase)	5.1	mg/dL	3.5-8.5
LIPID PROFILE (CHOL, TRIG, HDL, LDL, VLDL)			
Cholesterol Total (Colorimetric - Cholesterol Oxidase)	189	mg/dL	Desirable: < 200 Borderline High: 200-239 High: > 240
Triglycerides (Colorimetric - Lip/Glycerol Kinase)	114	mg/dL	Normal: < 150 Borderline: 150-199 High: 200-499 Very High: > 500
HDL Cholesterol (HDLC) (Colorimetric: Non HDL Precipitation Phosphotungstic Acid Method)	49	mg/dL	40.0-60.0
Non-HDL Cholesterol (Calculated)	140.0 H	mg/dL	Desirable: < 130 Above Desirable: 130-159 Borderline High: 160-189 High: 190-219 Very High: => 220
LDL Cholesterol (Colorimetric)	103 L	mg/dL	Optimal: < 100 Near to above optimal: 100-129 Borderline High: 130-159 High: 160-189 Very High: > 190
VLDL Cholesterol (Calculated)	22.8	mg/dL	0.0-40.0
Cholesterol /HDL Ratio (Calculated)	3.9	-	0.0-5.0

Interpretation Notes

Clinical Information and Interpretation:

Diagnosing dyslipoproteinemia, Quantitation of cholesterol and triglycerides in very-low-density lipoprotein, low-density lipoprotein (LDL), high-density lipoproteins (HDL), and chylomicrons, Identification of LpX, classifying hyperlipoproteinemias (lipoprotein phenotyping), Evaluating patients with abnormal lipid values (cholesterol, triglyceride, HDL, LDL) for specific phenotypes, Quantifying lipoprotein a cholesterol.

These elevations can be indicative of a genetic deficiency in lipid metabolism or transport, nephrotic syndrome, endocrine dysfunction, or even cholestasis. Proper characterization of a patient's dyslipidemic phenotype aids clinical decisions and guides appropriate therapy.

Total Cholesterol in serum is increased in:

Obesity, Smoking, Alcohol, Diet high cholesterol and fats, Renal failure, Hypothyroidism

Total Cholesterol in serum is decreased in:

Malnutrition, Liver disease, Myeloproliferative disease

Patient Name : Mr Suresh Pattar MRN : 10020001289114 Gender/Age : MALE , 38y (01/06/1984)

Cholesterol measurements are used to evaluate the risk of developing coronary artery occlusion, atherosclerosis, myocardial infarction, and cerebrovascular disease. Coronary atherosclerosis correlates with a high cholesterol level.

1. Triglycerides concentration are increased in
2. Hyperlipoproteinemia, Von Gierke disease, Diabetes, Hypothyroidism, Liver disease, alcoholism
3. Triglycerides concentration are Decreased in

Abetalipoproteinemia, Malnutrition, Hyperparathyroidism, Hyperthyroidism, Malabsorption.

dHDL concentration are increased in

Hyperalphalipoproteinemia ,Regular physical activity or exercise ,Weight loss ,Chronic liver disease

dHDL concentration are Decreased in

Uncontrolled diabetes , Hepatocellular disease ,Chronic renal failure, nephrosis, uremia

Cholestasis ,Abetalipoproteinemia.

Chol/HDL ratio is helpful in for predicting the risk of heart disease. According to the American Heart Association (AHA), the ratio should be aimed to be kept below 5 for men and below 4.4 for women, with the ideal cholesterol ratio being 3.5.

Low Density Lipoprotein (LDL) cholesterol is used to evaluate the risk of developing coronary heart disease (CHD). The risk of CHD increases with higher LDL cholesterol concentrations. Lowering the LDL cholesterol level in the blood is a primary target of various cholesterol-lowering therapeutic agents.

dLDL concentration are increased in

Familial hypercholesterolemia, Nephrotic syndrome, Hepatic disease, Hepatic obstruction chronic renal failure, Hyperlipidemia type II and III, Diabetes mellitus

dLDL concentration are Decreased in

Abetalipoproteinemia, Hyperthyroidism, Tangier disease, Hypolipoproteinemia

Chronic anemia.

POTENTIAL SOURCE OF VARIATION:

Cholesterol results can be falsely decreased in patients with elevated levels of N-acetyl-p-benzoquinone imine (NAPQI), a metabolite of acetaminophen, N-acetylcysteine (NAC), and metamizole. Potassium Oxalate/Sodium Fluoride can decrease cholesterol results an average of 12%.

Small amounts of free glycerol may be found in blood samples from healthy individuals due to natural lipolysis. The concentration of free glycerol may be increased by stress, disease states or administration of intravenous infusates. Free glycerol or other polyols may cause a positive interference.

Certain drugs and clinical conditions are known to alter HDL cholesterol concentration in vivo.

LDL Cholesterol values may be high because of a diet high in saturated fats, pregnancy or use of steroids

LDL Cholesterol may be decreased because of acute stress, recent illness, and estrogen supplements

LIVER FUNCTION TEST(LFT)

Bilirubin Total (Colorimetric -Diazo Method)	0.60	mg/dL	0.2-1.3
Conjugated Bilirubin (Direct) (Dual Wavelength - Reflectance Spectrophotometry)	0.10	mg/dL	0.0-0.4
Unconjugated Bilirubin (Indirect) (Calculated)	0.5	mg/dL	0.0-1.1
Total Protein (Colorimetric - Biuret Method)	7.90	gm/dL	6.3-8.2
Serum Albumin (Colorimetric - Bromo-Cresol Green)	4.30	gm/dL	3.5-5.0
Serum Globulin (Calculated)	3.7 H	gm/dL	2.0-3.5

10-15

Patient Name : Mr Suresh Pattar MRN : 10020001289114 Gender/Age : MALE , 38y (01/06/1984)

Albumin To Globulin (A/G)Ratio (Calculated)	1.17	-	1.0-2.1
SGOT (AST) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	26	U/L	17.0-59.0
SGPT (ALT) (Multipoint-Rate With P-5-P (pyridoxal-5-phosphate))	14	U/L	<50.0
Alkaline Phosphatase (ALP) (Multipoint-Rate - P-nitro Phenyl Phosphate, AMP Buffer)	99	U/L	38.0-126.0
Gamma Glutamyl Transferase (GGT) (Multipoint Rate - L-glutamyl-p-nitroanilide (Szasz Method))	19	U/L	15.0-73.0

Interpretation Notes

- Indirect Bilirubin result is a calculated parameter (Indirect Bilirubin = Total Bilirubin - Direct Bilirubin). Indirect bilirubin result includes the delta bilirubin fraction also. Delta Bilirubin is the bilirubin which is covalently bound to albumin. Delta Bilirubin is not expected to be present in healthy adults or neonates.

CLINICAL INFORMATION AND CLINICAL INTERPRETATION:

Initial screening for hepatobiliary inflammation. Panel includes albumin; ALP; AST; ALT; bilirubin, direct; protein, total; and bilirubin, total. The hepatic function panel may be used to help diagnose liver disease if a person has signs and symptoms that indicate possible liver dysfunction. Indications for liver function testing include investigating and monitoring patients with suspected liver disease, at risk patient groups, or monitoring malignancy; and before initiating and monitoring hepatotoxic medications

Hepatic function panel results are not diagnostic of a specific condition. Results of liver panels are usually evaluated together. Several sets of results from tests performed over a few days or weeks are often assessed together to determine if a pattern is present.

POTENTIAL SOURCE OF VARIATION:

- Pyridoxal phosphate is a cofactor in the reaction and must be present for optimal enzyme activity.
- In Vitro exposure to light may alter bilirubin chemical and spectral properties because of the formation of photobilirubin.
- Bc results flagged with a Potential Interferent (PI) code should be repeated with the VITROSTBIL slide, which is not sensitive to the same spectral Interferents.
- Bu result flagged with a Potential Interferent (PI) code should be diluted with a normal patient sample or VITROS7% BSA and return on the BuBc Slide.
- Certain drugs and Clinical conditions are known to alter Bu and Bc concentration in vivo.
- Falsely elevated proteins (pseudohyperproteinemia) can be caused by hemoconcentration due to dehydration or sample desiccation.
- Upright posture for several hours after rising increases Total Protein and several other analytes.
- An average positive bias of 6% with an individual sample bias up to 10% may be observed with heparin plasma results compared to serum results.
- CMPF (3-carboxy-4-methyl-5-propyl-2-furanpropanoic acid) present in sera of patients with renal failure has been reported to give falsely low albumin values.
- Certain drugs and clinical conditions are known to alter alkaline phosphatase activity.
- ALKP day-to-day variation is 5 -10 %. Recent food ingestion can increase as much as 30 U/L.
- ALKP is 25% higher with increased body mass index, 10% higher with smoking, and 20% lower with the use of oral contraceptives.
- GGT in Certain drugs and clinical conditions are known to alter gamma glutamyltransferase activity *in vivo*.
- GGT shows 25 -50 % activity increase with higher body mass index.
- GGT Values are 25% lower during early pregnancy.

THYROID PROFILE (T3, T4, TSH)



Patient Name : Mr Suresh Pattar MRN : 10020001289114 Gender/Age : MALE , 38y (01/06/1984)

Tri Iodo Thyronine (T3) (Enhanced Chemiluminescence)	1.05	ng/mL	0.97-1.69
Thyroxine (T4) (Enhanced Chemiluminescence)	6.66	µg/dl	5.53-11.0
TSH (Thyroid Stimulating Hormone) (Enhanced Chemiluminescence)	2.746	µIU/mL	0.4-4.049

Interpretation Notes

CLINICAL INFORMATION AND INTERPRETATION:

TSH is measured quantitatively to aid in the differential diagnosis of Thyroid disease.
TSH concentration is increased in: Primary Hypothyroidism, Hashimoto Thyroiditis, Iodide deficiency goiter, Myxedema

TSH concentration is decreased in

Toxic multinodular goitre, Thyroid Adenoma, Thyroiditis, Secondary pituitary or hypothalamic hypothyroidism
 TSH measurement help in differential diagnosis of primary (thyroid) from secondary (pituitary) and tertiary (hypothalamus) hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hypothyroidism, TSH levels are low or normal. Elevated or low TSH in the context of normal free thyroxine is often referred to as subclinical hypo- or hyperthyroidism, respectively.

POTENTIAL SOURCES OF VARIATION:

Certain drugs and clinical conditions are known to alter TSH concentrations *in vivo*.
 TSH levels are subject to circadian variation, reaching peak levels between 2 – 4 a.m. and at a minimum between 6 – 10 pm. The variation is of the order 50%, hence time of the day has influence on the measured serum TSH concentrations.
 Transient increase in TSH levels or abnormal TSH levels can be seen in various non-thyroidal diseases. Simultaneous measurement of TSH with free T4 is useful in evaluating the differential diagnosis.
 The possibility of interference of human heterophile antibodies in the patient specimen may interfere with the measurement of TSH, that interfere with immunoassays. This may falsely elevate or falsely decrease the results.
 Interference due to extremely high titers of antibodies to analyte-specific antibodies, streptavidin, or ruthenium can occur.
 Pregnancy also affects TSH levels. They are often a little low during the first three months. But sometimes, thyroid disease develops during pregnancy.

TT3

CLINICAL INFORMATION AND INTERPRETATION:

- A fall in T3 concentrations of up to 50% is known to occur in a variety of clinical situations, including acute and chronic disease.
 In hyperthyroidism, both T4 and T3 levels are usually elevated, but in a small subset of hyperthyroid patients, only T3 is elevated (T3 toxicosis).
 In hypothyroidism T4 and T3 levels are decreased. T3 levels are frequently low in sick or hospitalized euthyroid patients.

Increased levels: Pregnancy, Grave's disease, T3 thyrotoxicosis, TSH dependent hyperthyroidism, Increased TBG
Decreased levels: Non thyroidal illness, hypothyroidism, Nutritional deficiency, systemic illness, Decreased TBG

Abnormal levels (high or low) of thyroid hormone-binding proteins (primarily albumin and thyroid-binding globulin) may cause abnormal T3 concentrations in euthyroid patients.

POTENTIAL SOURCES OF VARIATION:

Therapy with amiodarone can lead to depressed T3 values.
 Phenytoin, phenylbutazone, and salicylates cause release of T3 from the binding proteins, thus leading to a reduction in the total T3 hormone level at normal free T3 levels.
 Autoantibodies to thyroid hormones can interfere with the assay.
 Binding protein anomalies may cause values that deviate from the expected results. Pathological concentrations of binding proteins can lead to results outside the reference range, although the patient may be in a euthyroid state. Free T3 or free T4 testing is indicated in these cases

Patient Name : Mr Suresh Pattar MRN : 10020001289114 Gender/Age : MALE , 38y (01/06/1984)

Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedures, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.
 T3 has a 15-fold higher affinity for thyroid receptor compared to T4.

CLINICAL INFORMATION AND INTERPRETATION:

TT4 concentration is increased in:

Hyperthyroidism, Pregnancy, Euthyroid sick syndrome, Increase in Thyroxine-binding globulin (TBG), Familial dysalbuminemic hyperthyroxinemia, much higher in first 2 months of life than in normal adults

TT4 concentration is decreased in

Hypothyroidism, Hypoproteinemia, Euthyroid sick syndrome, Decrease in TBG

POTENTIAL SOURCES OF VARIATION:

In pregnancy, incomplete release of thyroxine (T4) from its binding proteins might result in falsely low total T4 levels. Therefore, total T4 should not be used as the only marker for thyroid function evaluation.
 Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating anti-animal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

Autoantibodies to thyroid hormones can interfere with testing.
 In rare cases, interference due to extremely high titers of antibodies to analyte-specific antibodies, ruthenium or streptavidin can occur.

* For 12 hours before specimen collection for any thyroid function test, the patient should not take multivitamins or dietary supplements containing biotin (vitamin B7), which is commonly found in hair, skin, and nail supplements and multivitamins.

--End of Report--

Anushree

Dr. Anushree Prasad
 MBBS, MD, Biochemistry
 Consultant Biochemistry

L

Mrs. Latha B S
 MSc, Mphil, Biochemistry
 Incharge, Consultant Biochemistry

Note

- Abnormal results are highlighted.
- Results relate to the sample only.
- Kindly correlate clinically.
- (Lipid Profile, -> autoAuthorised)
- (CR, -> autoAuthorised)
- (LFT, -> autoAuthorised)
- (, -> autoAuthorised)
- (Uric Acid, -> autoAuthorised)



DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr Suresh Pattar MRN : 10020001289114 Gender/Age : MALE , 38y (01/06/1984)

Collected On : 10/12/2022 08:53 AM Received On : 10/12/2022 11:05 AM Reported On : 10/12/2022 11:30 AM

Barcode : 032212100098 Specimen : Urine Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9164776107

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar (Fasting) (Enzyme Method (GOD POD))	Not Present	-

--End of Report--

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

Note

- * Abnormal results are highlighted.
- * Results relate to the sample only.
- * Kindly correlate clinically.



MC-2688



DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr Suresh Pattar MRN : 10020001289114 Gender/Age : MALE , 38y (01/06/1984)

Collected On : 10/12/2022 08:53 AM Received On : 10/12/2022 11:05 AM Reported On : 10/12/2022 11:51 AM

Barcode : 032212100098 Specimen : Urine Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9164776107

CLINICAL PATHOLOGY

Test	Result	Unit	Biological Reference Interval
URINE ROUTINE & MICROSCOPY			
PHYSICAL EXAMINATION			
Colour	Yellow	-	-
Appearance	Clear	-	-
CHEMICAL EXAMINATION			
pH(Reaction) (pH Indicator Method)	7.0	-	4.5-7.5
Sp. Gravity (Refractive Index)	1.006	-	1.002 - 1.030
Protein (Automated Protein Error Or Ph Indicator)	Not Present	-	Not Present
Urine Glucose (Enzyme Method (GOD POD))	Not Present	-	Not Present
Ketone Bodies (Nitroprusside Method)	Not Present	-	Not Present
Bile Salts (Azo Coupling Method)	Not Present	-	Not Present
Bile Pigment (Bilirubin) (Azo Coupling Method)	Not Present	-	Not Present
Urobilinogen (Azo Coupling Method)	Normal	-	Normal
Urine Leucocyte Esterase (Measurement Of Leukocyte Esterase Activity)	Not Present	-	Not Present
Blood Urine (Peroxidase Reaction)	Not Present	-	Not Present
Nitrite (Gries Method)	Not Present	-	Not Present
MICROSCOPIC EXAMINATION			
Pus Cells	0.2	/hpf	0-5

Patient Name : Mr Suresh Pattar MRN : 10020001289114 Gender/Age : MALE , 38y (01/06/1984)

RBC	0.3	/hpf	0-4
Epithelial Cells	0.0	/hpf	0-6
Crystals	0.0	/hpf	0-2
Casts	0.00	/hpf	0-1
Bacteria	0.1	/hpf	0-200
Yeast Cells	0.0	/hpf	0-1
Mucus	Not Present	-	Not Present

--End of Report--



Dr. Sudarshan Chougule
MBBS, MD, Pathology
Consultant & Head - Hematology & Flow Cytometry

Note

- * Abnormal results are highlighted.
- * Results relate to the sample only.
- * Kindly correlate clinically.



DEPARTMENT OF LABORATORY MEDICINE

Final Report

Patient Name : Mr Suresh Pattar MRN : 10020001289114 Gender/Age : MALE , 38y (01/06/1984)

Collected On : 10/12/2022 11:14 AM Received On : 10/12/2022 02:10 PM Reported On : 10/12/2022 02:50 PM

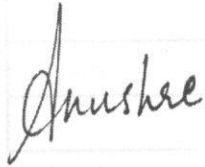
Barcode : 012212101177 Specimen : Plasma Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9164776107

BIOCHEMISTRY

Test	Result	Unit	Biological Reference Interval
Post Prandial Blood Sugar (PPBS) (Colorimetric - Glucose Oxidase Peroxidase)	93	mg/dL	70 to 139 : Normal 140 to 199 : Pre-diabetes =>200 : Diabetes ADA standards 2020

--End of Report--

Dr. Anushre Prasad
MBBS,MD, Biochemistry
Consultant BiochemistryMrs. Latha B S
MSc, Mphil, Biochemistry
Incharge, Consultant Biochemistry**Note**

- Abnormal results are highlighted.
 - Results relate to the sample only.
 - Kindly correlate clinically.
- (Post Prandial Blood Sugar (PPBS) -> autoAuthorised)



MC-2688



DEPARTMENT OF LABORATORY MEDICINE

Patient Name : Mr Suresh Pattar MRN : 10020001289114 Gender/Age : MALE , 38y (01/06/1984)

Collected On : 10/12/2022 11:14 AM Received On : 10/12/2022 02:21 PM Reported On : 10/12/2022 03:04 PM

Barcode : 032212100188 Specimen : Urine Consultant : Dr. Sharma Vasant Kumar(GENERAL MEDICINE)

Sample adequacy : Satisfactory Visit No : OP-001 Patient Mobile No : 9164776107

CLINICAL PATHOLOGY

Test	Result	Unit
Urine For Sugar (Post Prandial) (Enzyme Method (GOD POD))	Not Present	-

--End of Report--

Hema S

Dr. Hema S
MD, DNB, Pathology
Associate Consultant

Note

- * Abnormal results are highlighted.
- * Results relate to the sample only.
- * Kindly correlate clinically.




TO WHOMSOEVER IT MAY CONCERN

I hereby give a consent 1002-1289114 (Patient Name) Mr. Suresh pattan
(MRN No) that I have not taken service eye checkup
(ECG/ECHO/Doppler/TMT/X-Ray/Investigation/Consultation against
Package/Health Checkup) Mediwheel pkg. (Package Name/HC
Name) against Invoice number 2010-22/2000513
dated 10/12/2021.


Patient Sign


Dept Sign


Unit Head Sign/Seal

9164776107
Mobile Number

352996
EC Number

316370
EC Number

