

# FITNESS CERTIFICATE



NAME: GUDAPATI NAGA RAO	AGE: 57
HT: 57.5 CMS:	WT: 102 KGS: SEX: M

PARAMETERS	MEASUREMENTS
PULSE/BP(supine)	72 / 130/90
INSPIRATION	43
EXPIRATION	45
CHEST CIRCUMFERENCE	44
PREVIOUS ILLNESS	Blood Sugar, B.P
VISION	b/b, now
FAMILY HISTORY	FATHER: Diabetic MOTHER: "

REPORTS: **FIT**

DATE: 9.9.23  
PLACE: Visakhapatnam

*[Signature]*  
 CONSULTANT PHYSICIAN  
 Dr. Lanka Prasad, M. B. B. S.,  
 Reg. No. 18363  
 CIVIL ASSISTANT SURGEON  
 MEDICAL OFFICER  
 Primary Health Centre  
 KASIMKOTA-531 031  
 VISAKHA Dist.

☎: 0891-2706431  
Cell: 9246674691



# SHARADA EYE HOSPITAL

H.No. APGV KHN B00 146, Sharada Eye Hospital Complex  
Krishnanagar, VISAKHAPATNAM-530 002

**Dr. K. Venkateswarlu**

MD (AIIMS) FRF

EYE SURGEON  
Reg. No. 12677

Date 9.9.23

G. N. Raju

57 M

Vision

Ⓡ

6/6 NS

Ⓛ

DM roye

6/6 NS

Glasses

+1.0  
+0.5 180

BE Add +2.0

Ant Seg

normal

normal

Fundus

normal

normal

Color vision

normal

normal

Eyes normal



Dr. K. VENKATESWARLU  
M.B., M.D. (Dip. AIIMS), F.R.F.  
Sharada Eye Hospital  
VISAKHAPATNAM-2  
Reg. No. 12677

Mr. g naga raju

57 years

Male

09.09.2023 9:15:07  
MEDICAL HEALTHCARE PVT LTD  
OFFICIAL COLONY MAHARAJAPETA  
VISAKHAPATNAM

Location:  
Order Number:  
Visit:

Room:

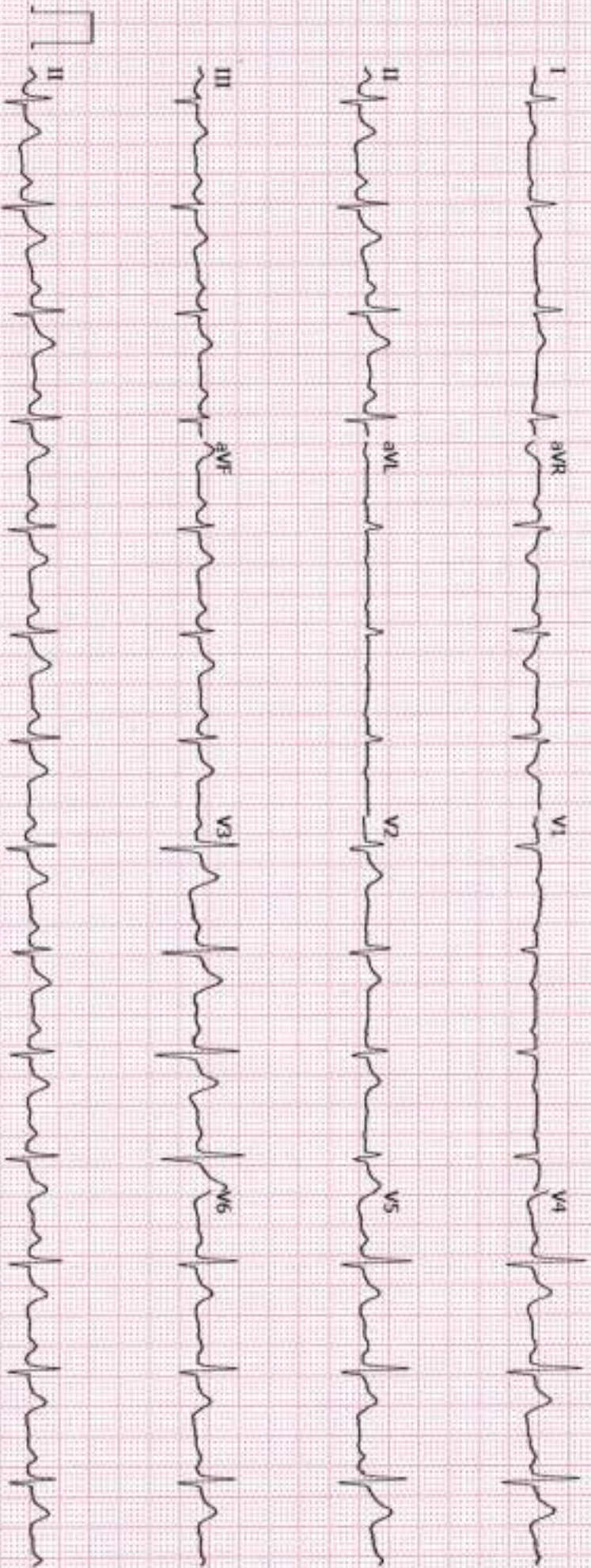
85 bpm  
/ / mmHg

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

QRS : 80 ms  
QT / QT Baz : 342 / 406 ms  
PR : 162 ms  
P : 106 ms  
RR / PP : 708 / 705 ms  
P / QRS / T : 74 / 6 / 65 degrees

Normal sinus rhythm  
Normal ECG

Indication:  
Medication 1:  
Medication 2:  
Medication 3:



GE MAC2000

1.1

12SL™ V241

25 mm/s

10 mm/mV

ADS

0.56-20 Hz

50 Hz

4x2.5x3\_25\_R1

1/1

Unconfirmed

**M.R.G. NAGA RAJU,**  
 Patient ID: MED111826380  
 09/09/2023  
 10:02:07

Male  
 57 yrs Indian  
 Meds:

Test Reason:  
 Medical History:

Ref. MD: Ordering MD:  
 Technician: Test Type:  
 Comment:

**BRIUCE: Exercise Time 06:01**  
 Max HR: 144 bpm 88 % of max predicted 163 bpm HR at rest: 85  
 Max BP: 130/90 mmHg Max RPP: 18720 mmHg\*bpm  
 Maximum Workload: 7.00 METS  
 Max. ST: -1.90 mm, 1.20 mV/s in II: EXERCISE STAGE 2 5:50  
 Arrhythmia: A:36, PVC:3, PSVC:6  
 ST/HR index: 1.77  $\mu$ V/bpm  
 ST/HR slope: 1.83  $\mu$ V/bpm (III)  
 HR reserve used: 75 %  
 HR recovery: 28 bpm  
 VE recovery: 0 VE/min  
 ST/HR hysteresis: 0.020 mV (V2)  
 QRS duration: BASELINE: 82 ms, PEAK EX: 78 ms, REC: 82 ms  
**Reasons for Termination:** Fatigue  
**Summary:**  
 Resting ECG: normal. **Functional Capacity:** normal. **HR Response to Exercise:** appropriate. **BP Response to Exercise:** normal resting BP - appropriate response.  
**Chest Pain:** none. **Arrhythmias:** none. **ST Changes:** none. **Overall Impression:** Normal stress test.  
 Room:  
 Location: \* 0 \*

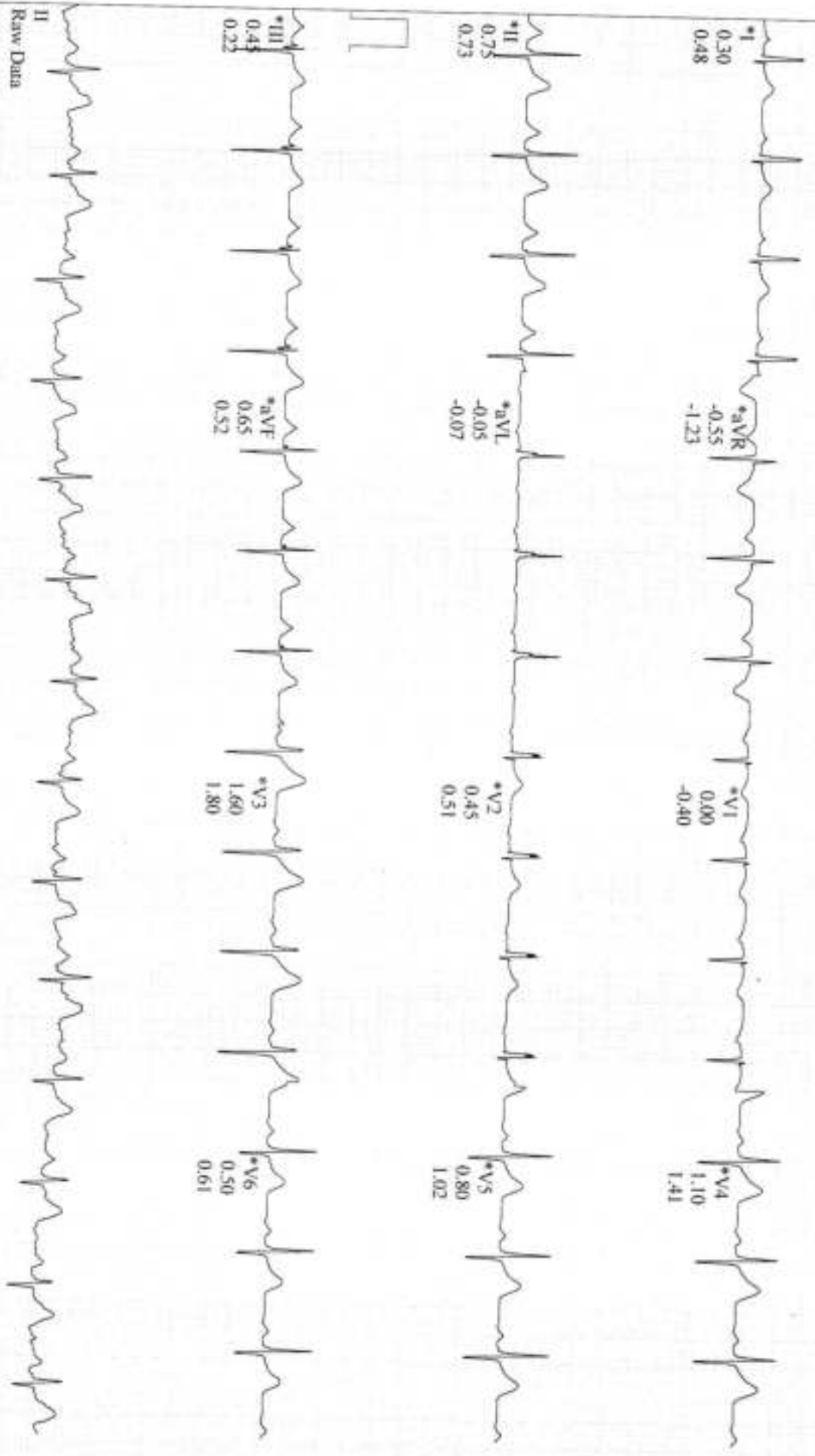
Phase Name	Stage Name	Time in Stage	Speed [ km/h ]	Grade [ % ]	Workload [ METS ]	HR [ bpm ]	BP [ mmHg ]	RPP [ mmHg*bpm /min ]	VE [ l/min ]	ST Level II [ mm ]	Comment
PRE-TEST	SUPINE	00:03	0.00	0.00	1.0	85			0	0.75	
	STANDING	00:03	0.00	0.00	1.0	85			0	0.70	
	HYPERV.	00:03	0.00	0.00	1.0	84			0	0.75	
	WARM-UP	00:04	0.00	0.00	1.0	85			0	0.85	
EXERCISE	STAGE 1	03:00	2.70	10.00	4.6	122	120/80	14640	0	-0.50	
	STAGE 2	03:00	4.00	12.00	7.0	144	130/90	18720	1	-1.10	
	STAGE 3	00:01	4.00	12.00	7.0	144	18720	18720	1	-1.05	
RECOVERY		03:03	0.00	0.00	1.0	97	120/80	11640	0	0.15	

*Stress Test Negative*

*GNW*

85 bpm

Lead  
ST Level (mm)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms

GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.05 - 20 Hz FRF- HR(V3,D)

Start of Test: 10:02:07

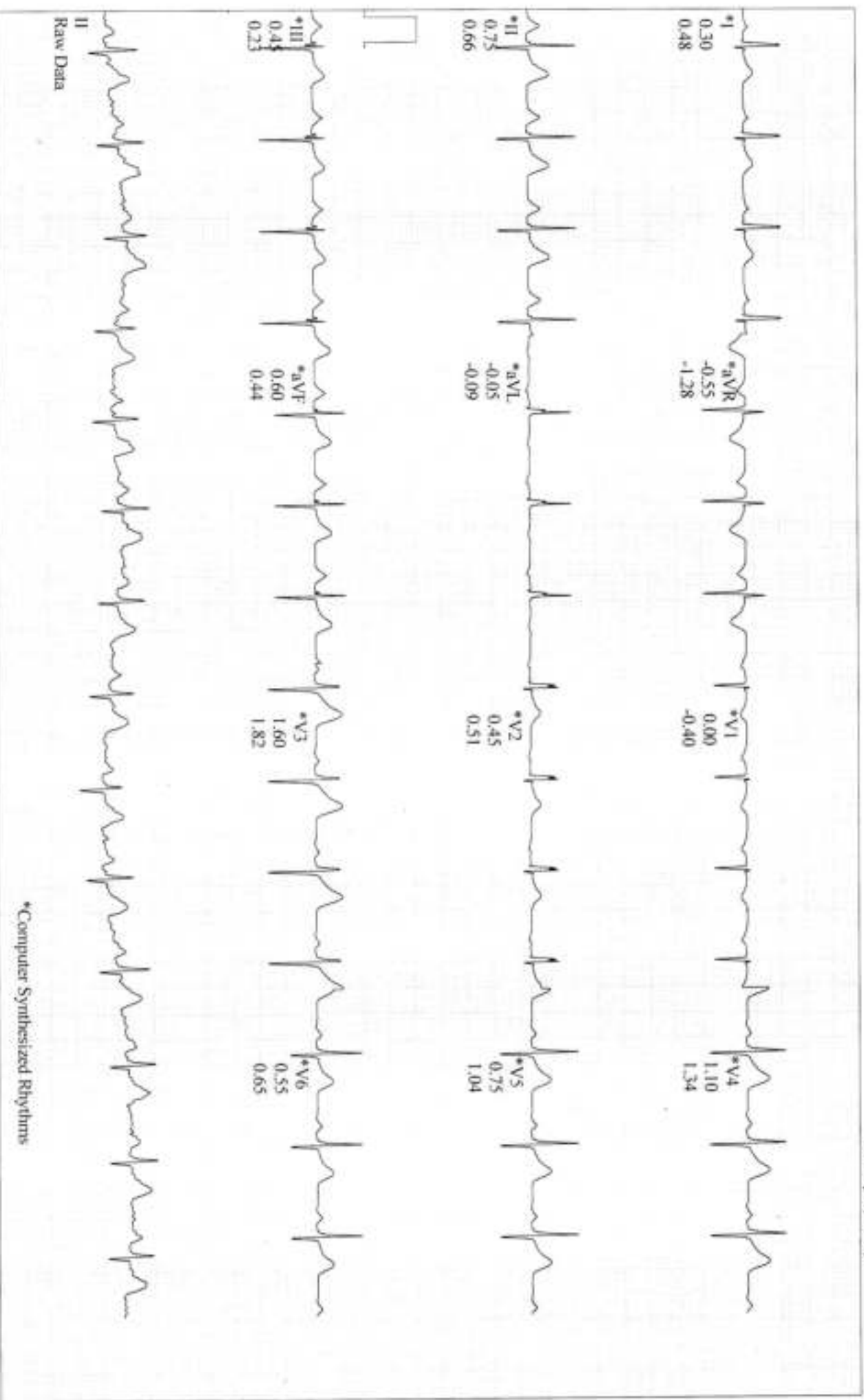
85 bpm

PRETEST  
SUPINE  
00-01

BRUCE

MEDALL HEALTHCARE PVT LTD

Lead  
ST Level (mm)  
ST Slope (mV/s)



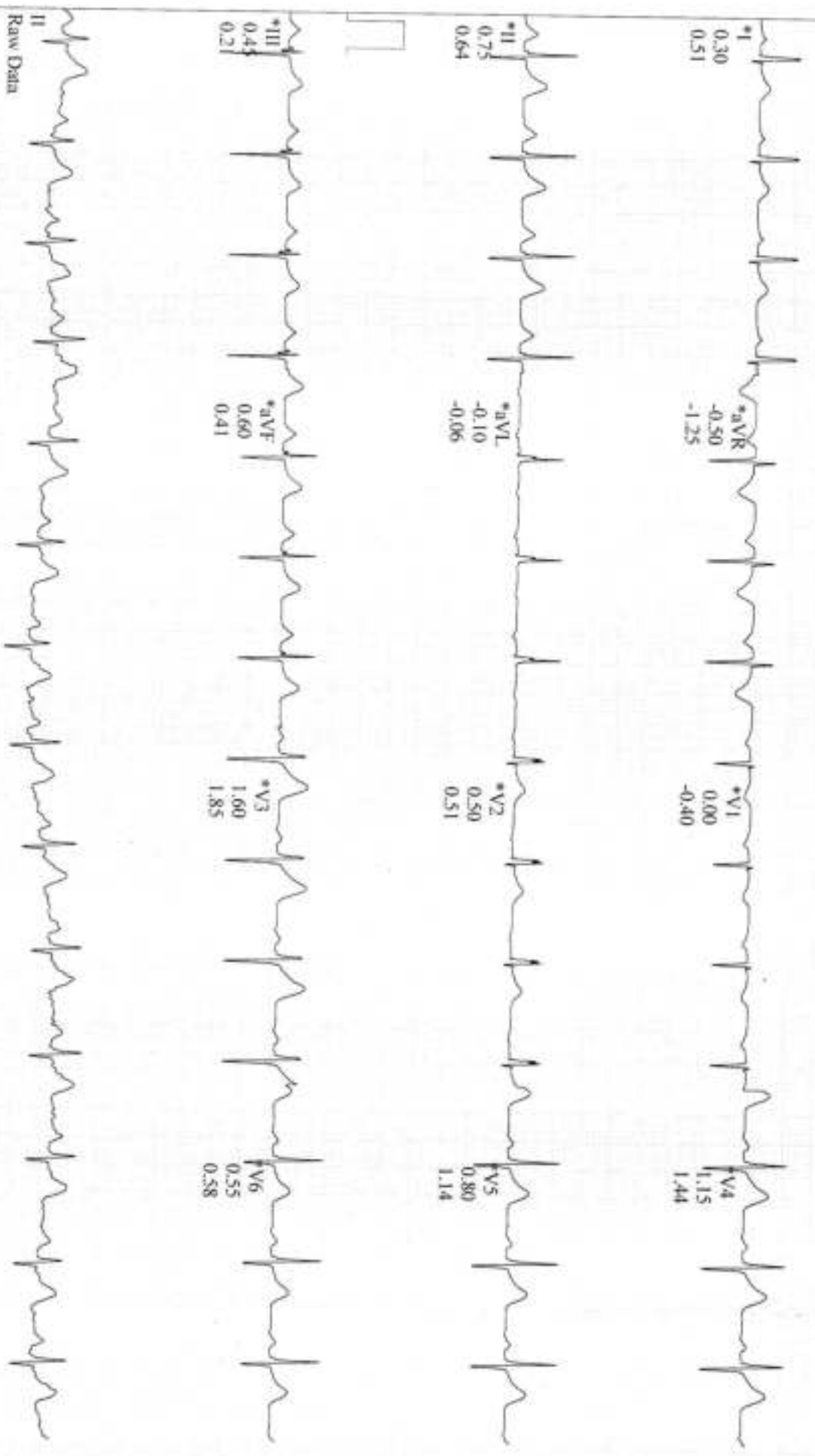
PATIENT: NAGA RAJU,  
Patient ID: MED111826380  
09/09/2023 Male  
10:02:10 57 yrs Indian

Exercise Test / Linked Medians  
PRETEST  
STANDING  
00:03

BRUCE  
0.0 km/h  
0.0 %

MEDALL HEALTHCARE PVT LTD

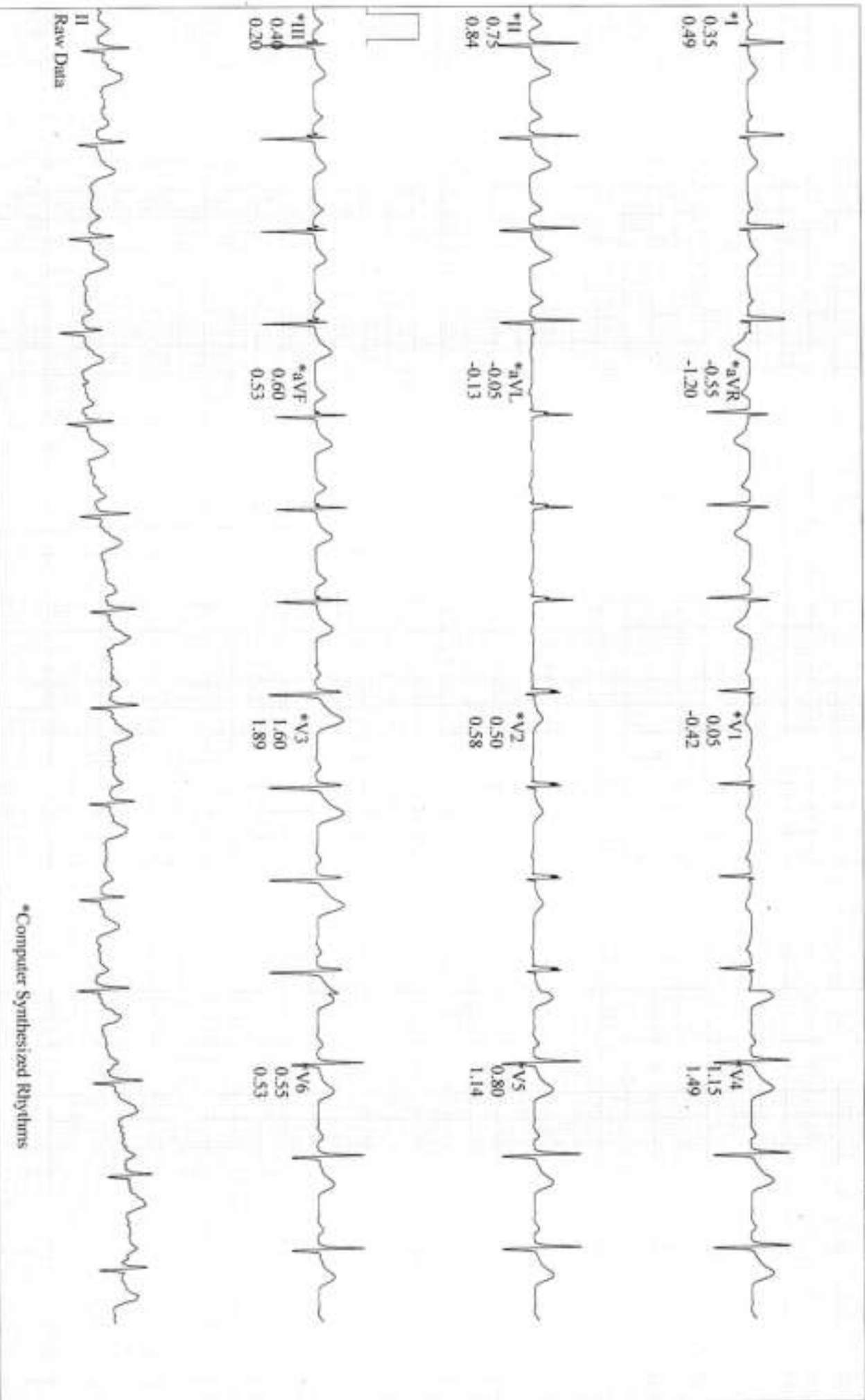
Lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

GE CardioSoft V7.0.(10)  
25 mm/s 10 mm/mV 50 Hz 0.05 - 20 Hz FRF - HRQV3.1J

Start of Test: 10:02:07



\*Computer Synthesized Rhythms

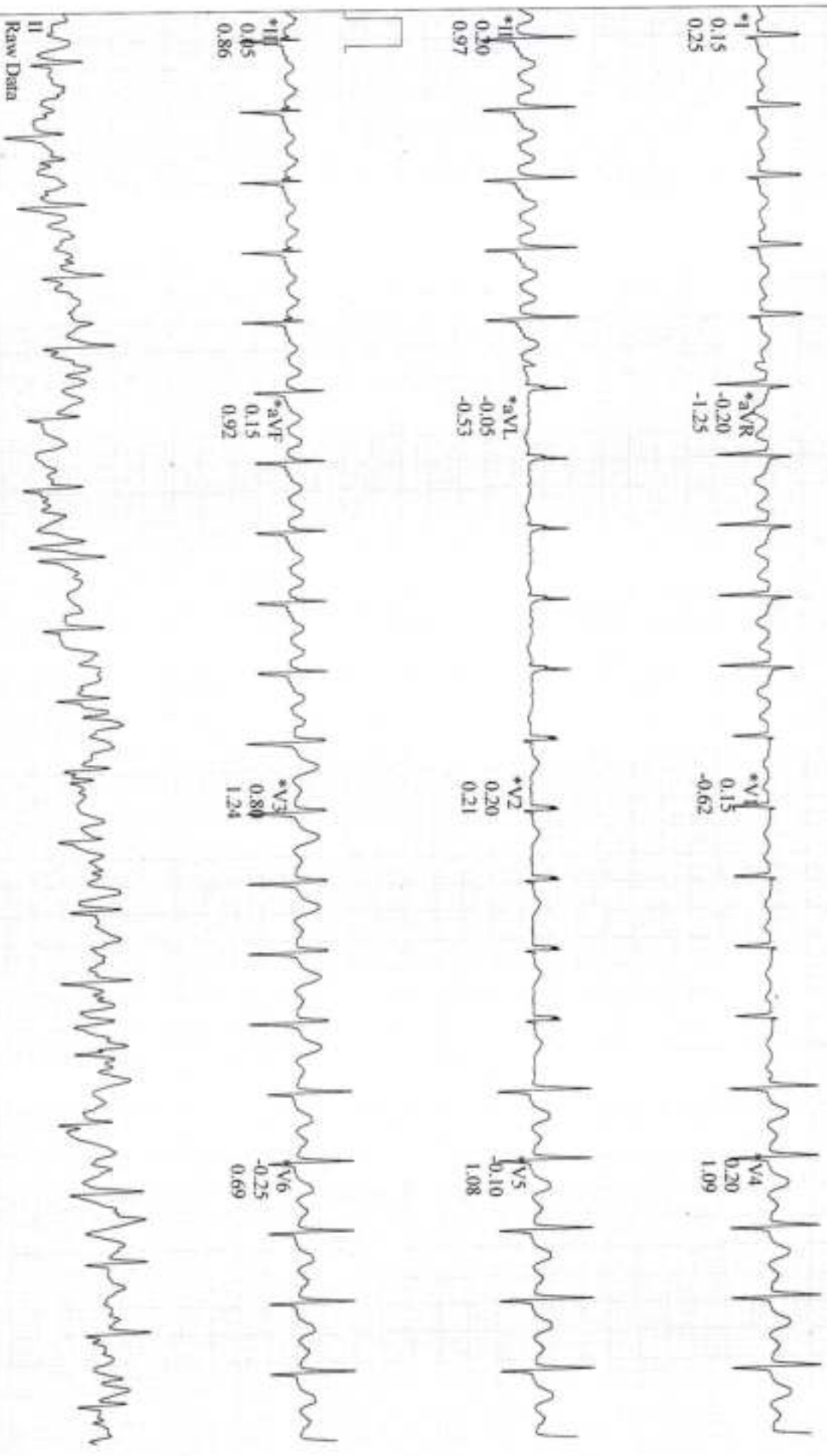


M.R.G. NAGA RAJU,  
Patient ID: MED111826380  
09/09/2023 Male  
10:05:08 57 yrs Indian

EXERCISE 1 est / LINKED MEASUREMENTS  
EXERCISE STAGE 1  
122 bpm  
120/80 mmHg  
02:50

BRUCE  
2.7 km/h  
10.0 %

MEDALL HEALTHCARE PVT LTD  
Lead  
ST Level (mm)  
ST Slope (mV/s)



GE CardiacSoft V7.0 (110)  
25 mm/s 10 mm/mV 50 Hz 0.05 - 20 Hz FRF- HR(V3,1)

Start of Test: 10:02:07

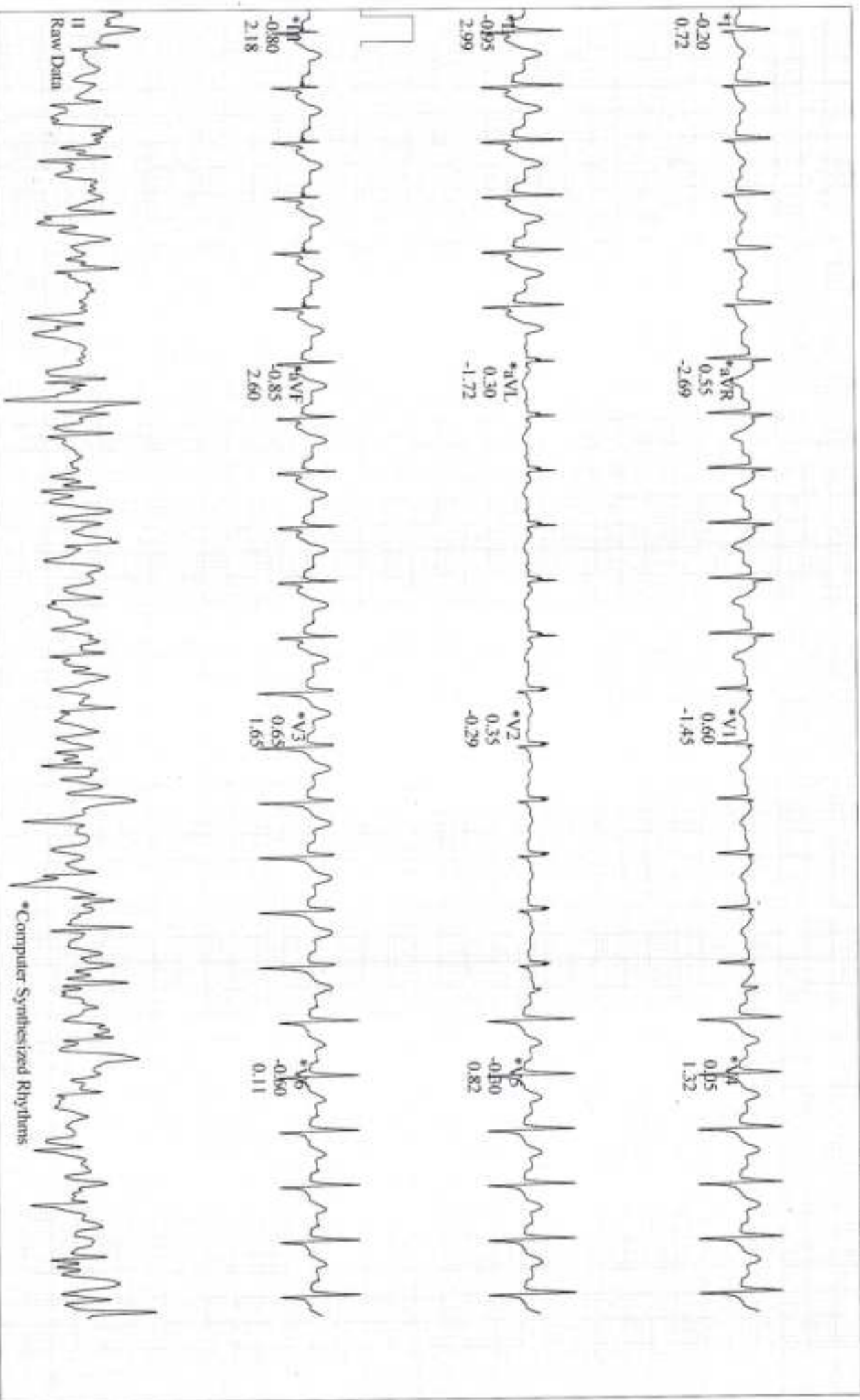
DR. G. NAGA RAJU,  
Patient ID: MED111826380  
09/09/2023 Male  
10:08:09 57 yrs Indian

Exercise Test / Linked Medians  
EXERCISE  
STAGE 2  
142 bpm  
130/90 mmHg  
05:50

BRUCE  
4.0 km/h  
12.0 %

MEDALL HEALTHCARE PVT LTD

Lead  
ST Level (mm)  
ST Slope (mV/s)

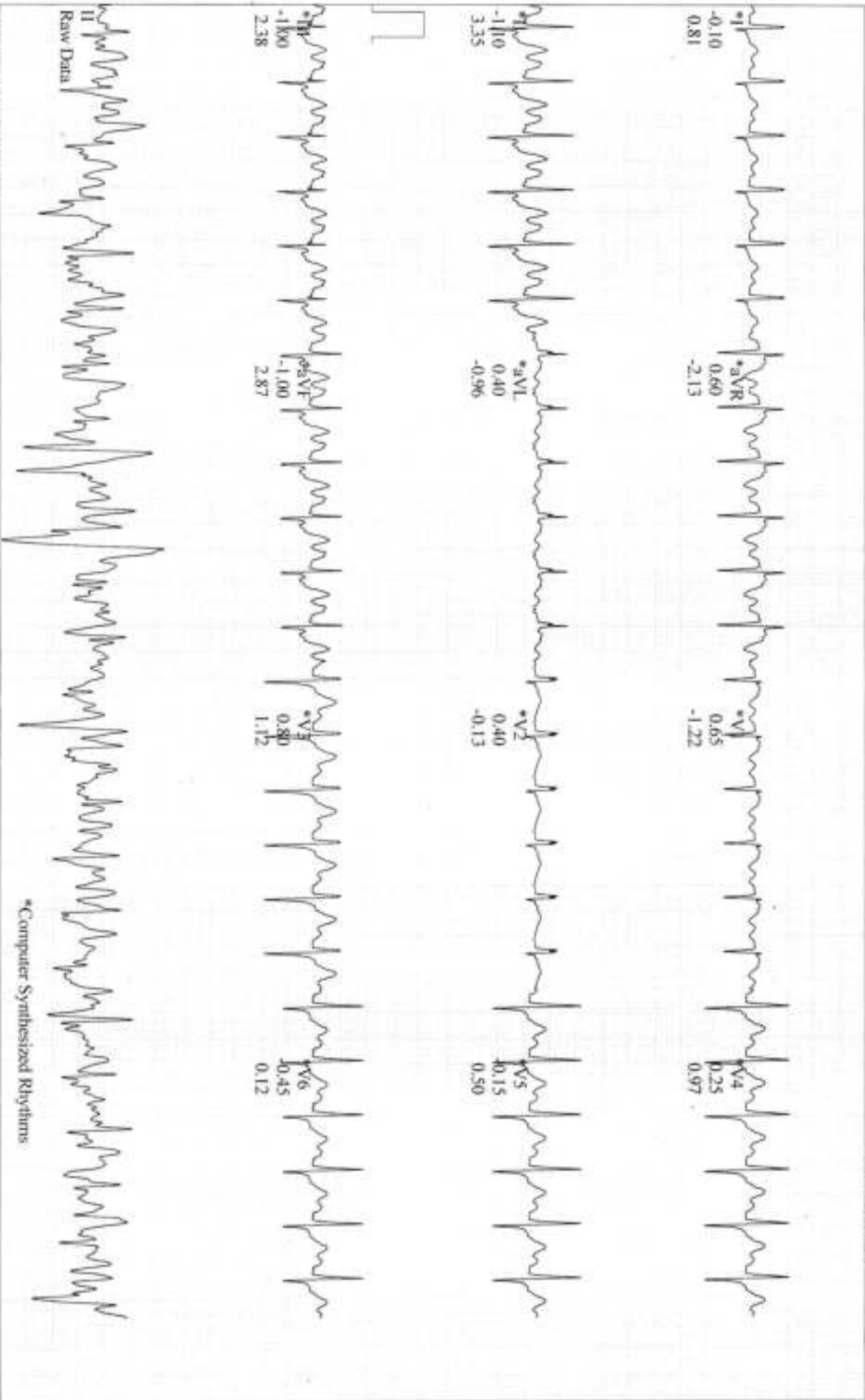


GE CardioSoft V7.0 (10)  
25 mm/s 10 mm/mV 50 Hz 0.05 - 20 Hz FRF - HR(V4,V5)

Start of Test: 10:02:07

144 bpm  
130-90 mmHg

Lead  
ST Level (mm)  
ST Slope (mV/s)



\*Computer Synthesized Rhythms

MIR.G.NAGA RAJU,

Patient ID: MED111826380

09/09/2023 Male  
10:09:09 57 yrs Indian

Exercise Test / Linked Medians

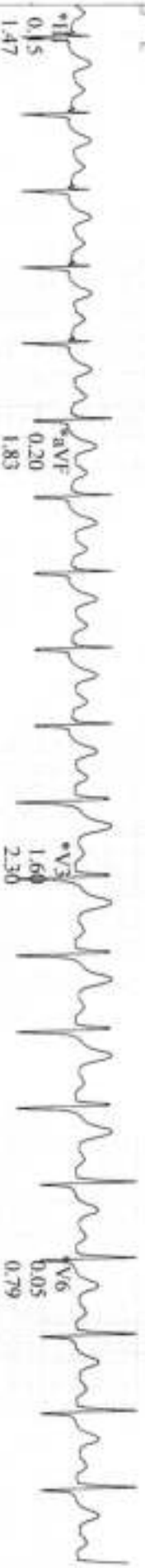
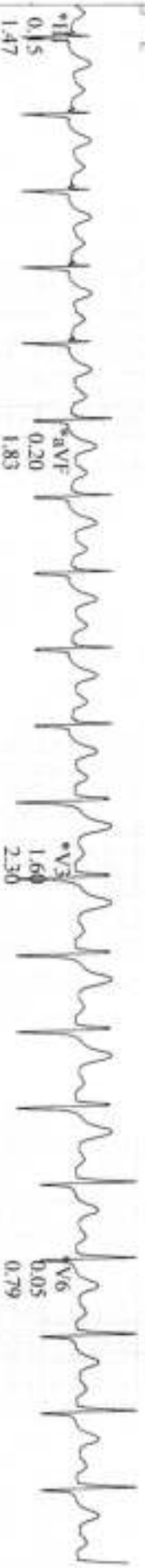
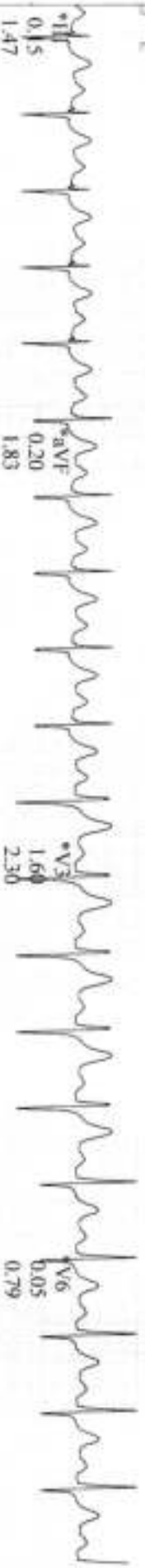
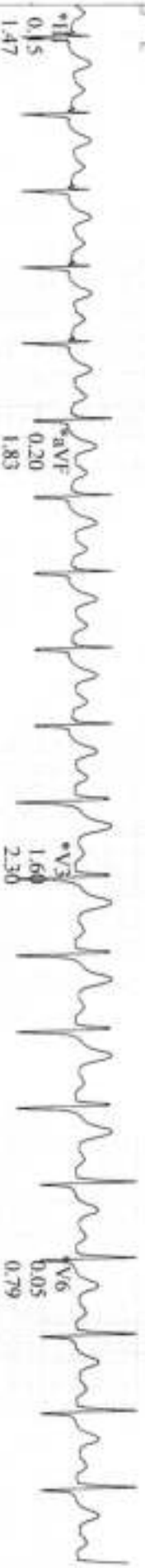
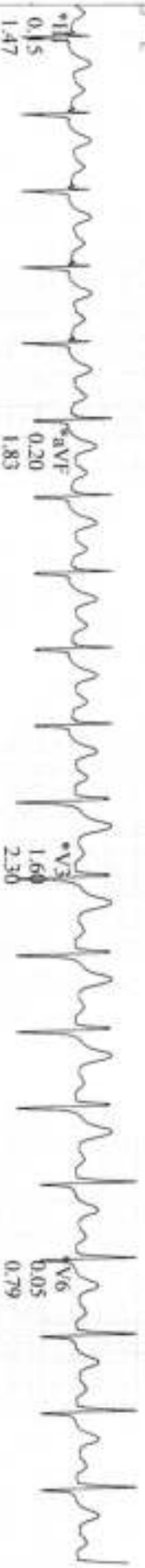
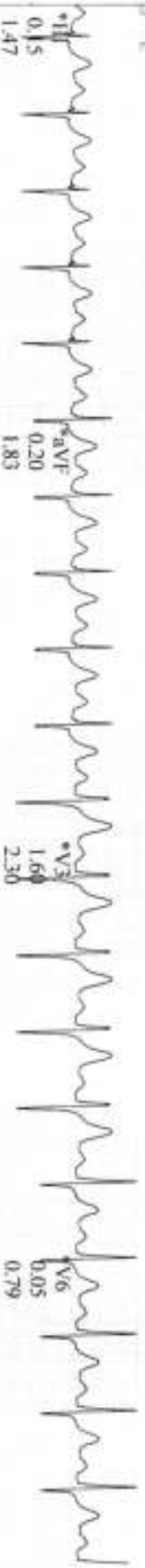
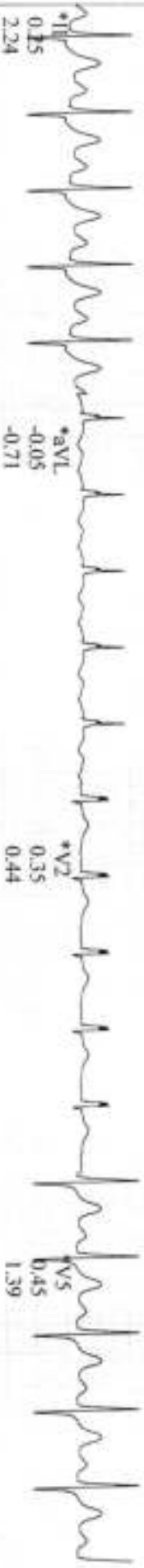
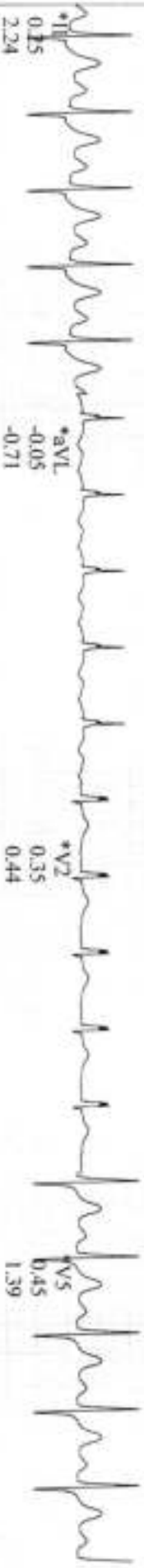
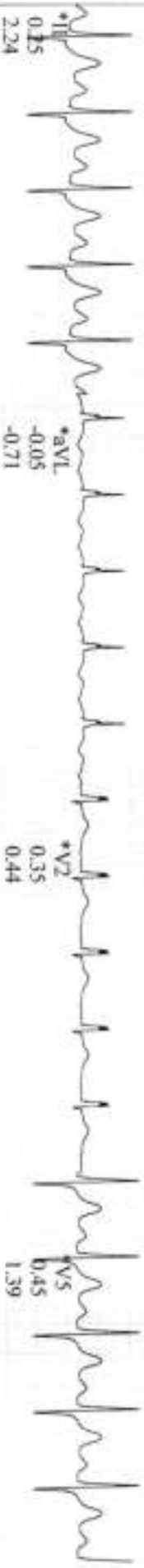
123 bpm

RECOVERY #1  
00:50

BRUCE  
0.0 km/h  
0.0 %

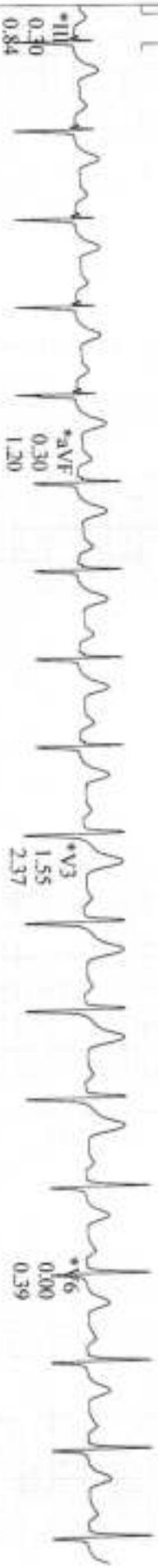
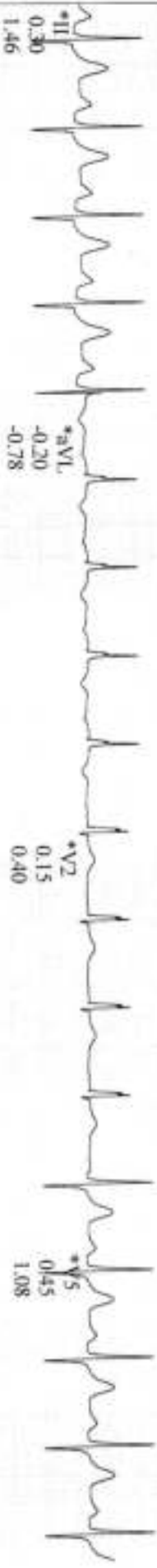
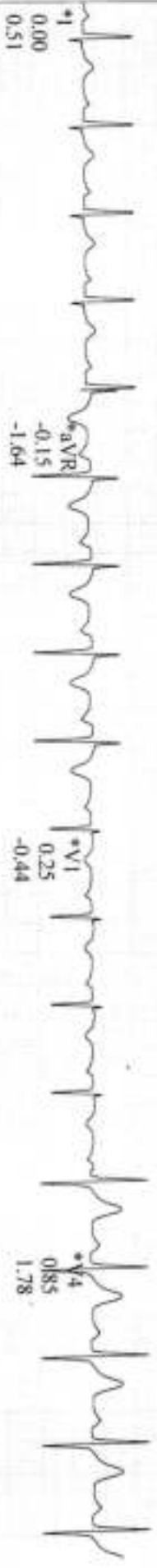
MEDALL HEALTHCARE PVT LTD

Lead  
ST Level (mm)  
ST Slope (mV/s)



Raw Data

\*Computer Synthesized Rhythms



\*Computer Synthesized Rhythms



**Name** : Mr. GUDAPATI NAGA RAJU  
**PID No.** : MED111826380 **Register On** : 09/09/2023 8:02 AM  
**SID No.** : 80407449 **Collection On** : 09/09/2023 8:33 AM  
**Age / Sex** : 57 Year(s) / Male **Report On** : 09/09/2023 2:18 PM  
**Type** : OP **Printed On** : 13/09/2023 8:15 PM  
**Ref. Dr** : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (Blood/Agglutination)	'O' Positive'		
<b><u>Complete Blood Count With - ESR</u></b>			
Haemoglobin (Blood/Spectrophotometry)	13.8	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Numeric Integration of MCV)	42.0	%	42 - 52
RBC Count (Blood/Electrical Impedance )	<b>4.69</b>	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/Calculated)	89.5	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Calculated)	29.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Calculated)	33.0	g/dL	32 - 36
RDW-CV (Calculated)	14.0	%	11.5 - 16.0
RDW-SD (Calculated)	43.85	fL	39 - 46
Total Leukocyte Count (TC) (Blood/Electrical Impedance )	6990	cells/cu.m m	4000 - 11000
Neutrophils (Blood/Impedance and absorbance)	50.29	%	40 - 75
Lymphocytes (Blood/Impedance and absorbance)	42.05	%	20 - 45
Eosinophils (Blood/Impedance and absorbance)	1.40	%	01 - 06

  
**CHINTHA SHIVAJI**  
 Lab Manager

VERIFIED BY



  
**Dr K. NEEHARIKA**  
 MD PATHOLOGY  
 Reg No : 96545

APPROVED BY

The results pertain to sample tested.

Page 1 of 8

Lab Address: MEDALL HEALTH CARE PVT LTD,#17-11-3/4,DR.GKS MANSION,OFFICIAL COLONY,MAHARANI PETA, VIZAG 530002,.

**Name** : Mr. GUDAPATI NAGA RAJU  
**PID No.** : MED111826380 **Register On** : 09/09/2023 8:02 AM  
**SID No.** : 80407449 **Collection On** : 09/09/2023 8:33 AM  
**Age / Sex** : 57 Year(s) / Male **Report On** : 09/09/2023 2:18 PM  
**Type** : OP **Printed On** : 13/09/2023 8:15 PM  
**Ref. Dr** : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Monocytes (Blood/Impedance and absorbance)	5.90	%	01 - 10
Basophils (Blood/Impedance and absorbance)	0.35	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (Blood/Impedance and absorbance)	3.52	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (Blood/Impedance)	2.94	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/Impedance)	0.10	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (Blood/Impedance)	0.41	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (Blood/Impedance)	0.02	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (Blood/Impedance)	2.296	lakh/cu.m m	1.4 - 4.5
<b>INTERPRETATION:</b> Platelet count less than 1.5 lakhs will be confirmed microscopically.			
MPV (Blood/Derived from Impedance)	9.36	fL	7.9 - 13.7
PCT (Calculated)	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	12	mm/hr	< 20
BUN / Creatinine Ratio	7		
Glucose Fasting (FBS) (Plasma - F/Glucose oxidase/Peroxidase)	<b>141</b>	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

  
**CHINTHA SHIVAJI**  
 Lab Manager

VERIFIED BY



  
**Dr K. NEEHARIKA**  
 MD PATHOLOGY  
 Reg No : 96545

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The results pertain to sample tested.

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	219	mg/dL	70 - 140
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**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 Glucose(PP-2 hours) (Urine - PP)	Positive(+)		Negative
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Blood Urea Nitrogen (BUN) (Serum/Calculated)	8.4	mg/dL	7.0 - 21
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Creatinine (Serum/Jaffe - Alkaline Picrate)	1.2	mg/dL	0.9 - 1.3
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Uric Acid (Serum/Urlicase/Peroxidase)	7.4	mg/dL	3.5 - 7.2
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**Liver Function Test**

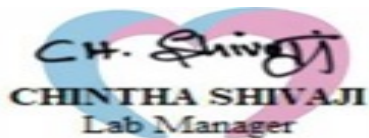
Bilirubin(Total) (Serum/Diazotized Sulphanilic acid)	0.7	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulphanilic acid)	0.3	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Calculated)	0.40	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC without P-5-P)	17	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC without P-5-P)	29	U/L	5 - 41
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VERIFIED BY



APPROVED BY

The results pertain to sample tested.

Page 3 of 8

Lab Address: MEDALL HEALTH CARE PVT LTD, #17-11-3/4, DR. GKS MANSION, OFFICIAL COLONY, MAHARANI PETA, VIZAG 530002,.

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Alkaline Phosphatase (SAP) (Serum/IFCC AMP Buffer)	95	U/L	56 - 119
Total Protein (Serum/Biuret)	7.3	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.3	gm/dl	3.5 - 5.2
Globulin (Serum/Calculated)	3.00	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Calculated)	1.43		1.1 - 2.2

**INTERPRETATION:** Enclosure : Graph

GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	30	U/L	< 55
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**Lipid Profile**

Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	166	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol-phosphate oxidase/Peroxidase)	<b>219</b>	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)	<b>59</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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VERIFIED BY



APPROVED BY

The results pertain to sample tested.

Page 4 of 8

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**Ref. Dr** : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL Cholesterol (Serum/Calculated)	63.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	43.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	107.0	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	2.8		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)	3.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

**Glycosylated Haemoglobin (HbA1c)**



VERIFIED BY



APPROVED BY

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**Type** : OP **Printed On** : 13/09/2023 8:15 PM  
**Ref. Dr** : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
HbA1C (Whole Blood/HPLC-Ion exchange)	6.9	%	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 %

Mean Blood Glucose (Whole Blood)	151.33	mg/dl
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**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 glycemc 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.

Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.242	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))	1.04	ng/ml	0.4 - 1.81
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**CHINTHA SHIVAJI**  
 Lab Manager

VERIFIED BY



  
**Dr K. NEEHARIKA**  
 MD PATHOLOGY  
 Reg No : 96545

APPROVED BY

The results pertain to sample tested.

Page 6 of 8

Lab Address: MEDALL HEALTH CARE PVT LTD, #17-11-3/4, DR.GKS MANSION, OFFICIAL COLONY, MAHARANI PETA, VIZAG 530002,.

**Name** : Mr. GUDAPATI NAGA RAJU  
**PID No.** : MED111826380 **Register On** : 09/09/2023 8:02 AM  
**SID No.** : 80407449 **Collection On** : 09/09/2023 8:33 AM  
**Age / Sex** : 57 Year(s) / Male **Report On** : 09/09/2023 2:18 PM  
**Type** : OP **Printed On** : 13/09/2023 8:15 PM  
**Ref. Dr** : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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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))	12.24	µg/dl	4.2 - 12.0
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**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/Chemiluminescence)	4.82	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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

**Urine Analysis - Routine**

Others (Urine/Microscopy)	Nil
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**INTERPRETATION:**Note: Done with Automated Urine Analyser & microscopy

**Physical Examination(Urine Routine)**

Colour (Urine/Physical examination)	Pale yellow	Yellow to Amber
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**CHINTHA SHIVAJI**  
 Lab Manager

VERIFIED BY



  
**Dr K. NEEHARIKA**  
 MD PATHOLOGY  
 Reg No : 96545

APPROVED BY

**Name** : Mr. GUDAPATI NAGA RAJU  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Appearance (Urine/Physical examination)	clear		Clear
<b><u>Chemical Examination(Urine Routine)</u></b>			
Protein (Urine/Dipstick-Error of indicator/ Sulphosalicylic acid method )	Negative		Negative
Glucose (Urine/Dip Stick Method / Glucose Oxidase - Peroxidase / Benedict's semi quantitative method.)	Negative		Negative
<b><u>Microscopic Examination(Urine Routine)</u></b>			
Pus Cells (Urine/Microscopy exam of urine sediment)	4-5	/hpf	0 - 5
Epithelial Cells (Urine/Microscopy exam of urine sediment)	1-2	/hpf	NIL
RBCs (Urine/Microscopy exam of urine sediment)	1-2	/hpf	0 - 5



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APPROVED BY

-- End of Report --

Name	Mr. GUDAPATI NAGA RAJU	Customer ID	MED111826380
Age & Gender	57Y/M	Visit Date	Sep 9 2023 8:02AM
Ref Doctor	MediWheel		

**ULTRASOUND WHOLE ABDOMEN**

**Suboptimal study in view of thick abdominal wall.**

- Liver** : Mildly enlarged in size (17.6 cm) and shows diffuse increase in echotexture.  
**There is no evidence of IHBR / EHBR dilatation seen.**  
**No focal space occupying lesions seen.**  
**CBD is normal. PV normal.**
- Gall Bladder : Normal in volume and wall thickness.  
No e/o intraluminal calculi seen.
- Pancreas : Head, body and tail are identified with normal echopattern and smooth outlines.
- Spleen : Measured 11.9 cm, in size with normal echotexture.
- Right kidney : Measured 10.4 x 4.9 cm in size.
- Left kidney : Measured 10.9 x 5.3 cm in size.  
Both kidneys are normal in size, position, with well preserved cortico medullary differentiation and normal pelvicalyceal anatomy.  
No e/o calculi / space occupying lesion seen.  
No e/o suprarenal / retroperitoneal masses noted.
- Urinary bladder : Normal in volume and wall thickness.  
No e/o intraluminal calculi / masses seen.
- Prostate : Measured 2.7 x 3.1 x 2.9 cm in size (Vol : 18.4cc) with normal echotexture.
- No e/o ascites / pleural effusion seen.  
No e/o detectable bowel pathology seen.

**IMPRESSION :**

Name	Mr. GUDAPATI NAGA RAJU	Customer ID	MED111826380
Age & Gender	57Y/M	Visit Date	Sep 9 2023 8:02AM
Ref Doctor	MediWheel		

- Mild hepatomegaly with grade II steatosis – *To correlate with LFT.*

- *For clinical correlation.*



**Dr. Jahnavi Barla, MD (RD)**

**Consultant Radiologist**



Name	Mr. GUDAPATI NAGA RAJU	Customer ID	MED111826380
Age & Gender	57Y/M	Visit Date	Sep 9 2023 8:02AM
Ref Doctor	MediWheel		

### **RADIOGRAPH CHEST P.A. VIEW**

The Cardiac size and configuration are normal.

The Aorta and Pulmonary Vasculature are normal.

Both the lungs are clear.

Both Costophrenic angles are normal.

The soft tissues and bones of thorax are normal.

#### **IMPRESSION :**

- **Essentially normal study.**

*- For clinical correlation.*



**Dr. Jahnavi Barla, MD (RD)**

**Consultant Radiologist**