

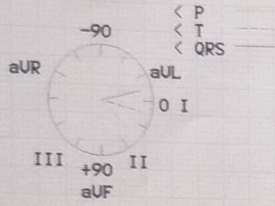
GE MAC1200 ST
Male

GE Healthcare REF 1019728LSI
VINAY PRASAD M.S., 110726200, CLUMAX DIAGNOSTICS, MYSORE

CE LOT D664

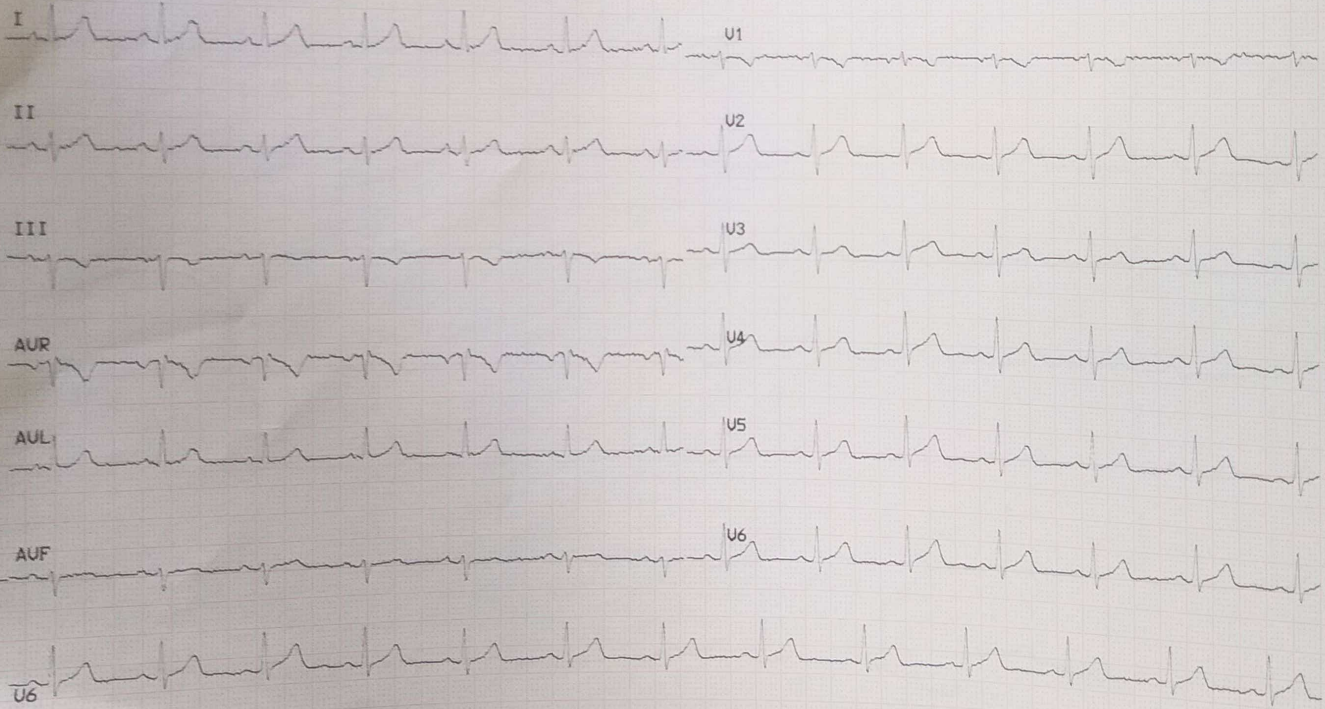
HR 77 bpm

AGE: 35
Measurement Results:
QRS : 90 ms
QT/QTcB : 358 / 406 ms
PR : 136 ms
P : 102 ms
RR/PP : 776 / 785 ms
P/QRS/T : 45/ -15/ 15 degrees
QTD/QTcBD : 30 / 34 ms
Sokolow : 0.9 mV
NK : 11



Interpretation:
normal sinus rhythm
low QRS amplitudes
R/S inversion area between U1 and U2
probably abnormal ECG

Unconfirmed report.



Customer Name	MR.VINAY PRASAD M S	Customer ID	MED110726200
Age & Gender	35Y/MALE	Visit Date	22/11/2021
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows slightly increased echotexture.

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	10.2	1.9
Left Kidney	10.8	1.7

URINARY BLADDER show normal shape and wall thickness.

It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape, size and echopattern.

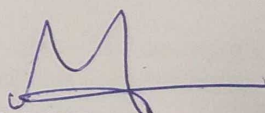
No evidence of ascites.

Impression:

➤ **GRADE I FATTY CHANGES IN LIVER.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MB/MG


DR. MOHAN B

Medall Diagnostics
Ballal Circle(Ashoka circle) - Mysore



Customer Name	MR.VINAY PRASAD M S	Customer ID	MED110726200
Age & Gender	35Y/MALE	Visit Date	22/11/2021
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1215, CH12 & 1215/A CH12A, Krishnamurthy Puram, New Kantharaj Urs Road, Mysore - 4
Phone : 0821-2332000, 4232111 Email Id: clumax.mysore@medallcorp.in (W) www.medall.in

Customer Name	MR.VINAY PRASAD M S	Customer ID	MED110726200
Age & Gender	35Y/MALE	Visit Date	22/11/2021
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2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.9cms
LEFT ATRIUM	:	2.9cms
LEFT VENTRICLE (DIASTOLE)	:	4.5cms
(SYSTOLE)	:	2.9cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.2cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.1cms
EDV	:	83ml
ESV	:	32ml
FRACTIONAL SHORTENING	:	36%
EJECTION FRACTION	:	64%
RVID	:	1.2cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.82m/s	'A' - 0.45m/s	NO MR
AORTIC VALVE	:	1.02m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.79m/s	'A' - 0.28 m/s	NO TR
PULMONARY VALVE	:	0.79m/s		NO PR

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2D ECHOCARDIOGRAPHY FINDINGS:

Left ventricle : Normal size, Normal systolic function.
No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapsed.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

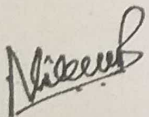
IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

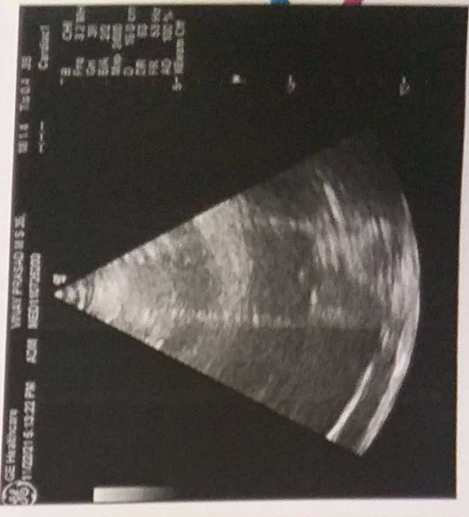
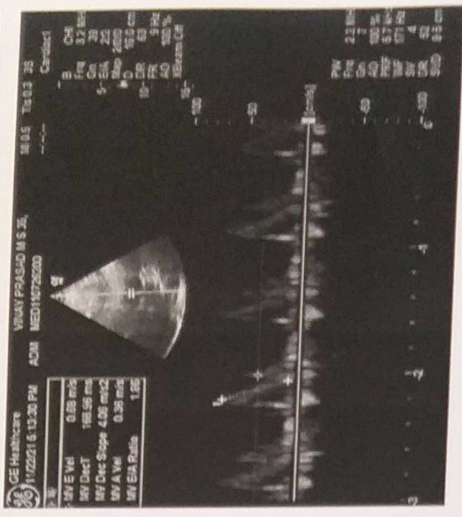
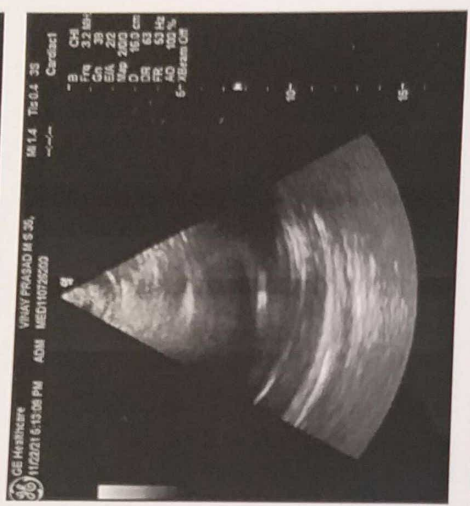
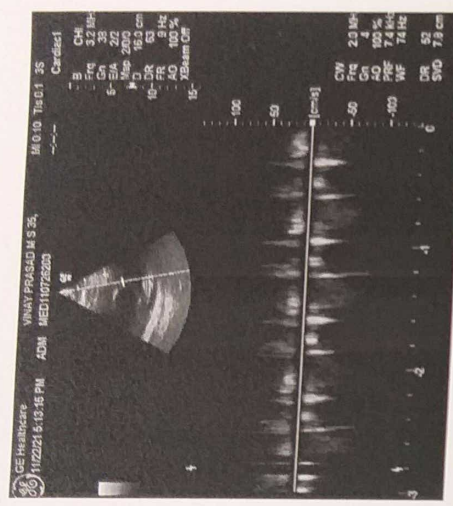
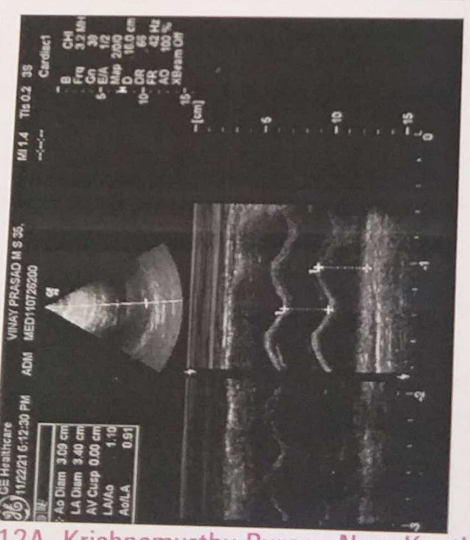
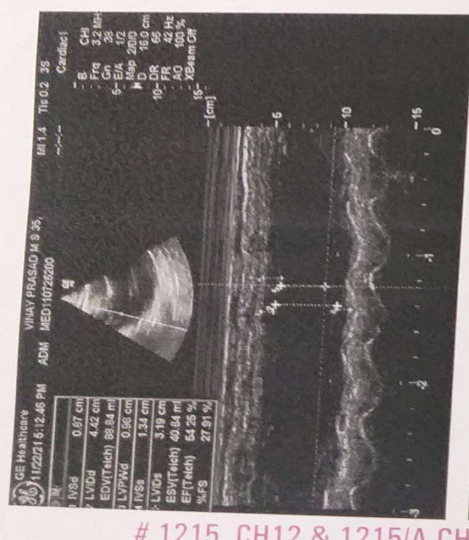
- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF:64 %.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.



DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/SA

Interpretation by qualified medical

MER



Name	VINAY PRASAD M S	ID	MED110726200
Age & Gender	35Y/M	Visit Date	Nov 22 2021 12:00AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

LUNGS:

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

CARDIA:

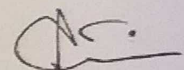
Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

IMPRESSION:

- NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.

AA/SV



Dr. Anitha Adarsh
Consultant Radiologist

11/23/2021 9:27 AM

Name : Mr. VINAY PRASAD M S
 PID No. : MED110726200
 SID No. : 712139802
 Age / Sex : 35 Year(s) / Male
 Type : OP
 Ref. Dr : MediWheel

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Investigation Observed Value Unit Biological Reference Interval

HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	13.9	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)	40.1	%	42 - 52
RBC Count (EDTA Blood/Automated Blood cell Counter)	4.86	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	82.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	28.6	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	34.6	g/dL	32 - 36
RDW-CV (Derived)	11.88	%	11.5 - 16.0
RDW-SD (Derived)	34.10	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	9000	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	48	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	38	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	08	%	01 - 06

Sukanya
 Dr. Sukanya S.K.
 MBBS, DCP, DNB
 Consultant Pathologist
 KMC No: 100727

APPROVED BY

The results pertain to sample tested.

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Remark: Kindly correlate clinically			
Monocytes (Blood/Impedance Variation & Flow Cytometry)	06	%	02 - 08
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 01
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.32	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.42	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.72	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.54	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	260	10 ³ / μ l	150 - 450
MPV (Blood/Derived)	08.32	fL	7.9 - 13.7
PCT	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	05	mm/hr	< 10

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Investigation **Observed Value** **Unit** **Biological Reference Interval**

BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.7	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.50	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.3	gm/dl	6.2 - 8.0
Albumin (Serum/Bromocresol green)	5.1	gm/dl	3.0 - 5.0

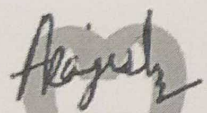
Remark: kindly correlate clinically

Globulin (Serum/Derived)	2.20	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	2.32		1.2 - 2.5

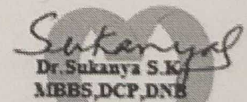
INTERPRETATION: Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	31	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	42	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	107	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	68	U/L	< 55

Remark: kindly correlate clinically


A. RAJESH
BIOCHEMIST

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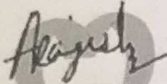
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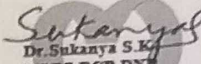
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Investigation	Observed Value	Unit	Biological Reference Interval
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Remark: kindly correlate clinically


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med 30d-m-5

Mr. VINAY PRASAD M S
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712139802
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OP
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Investigation	Observed Value	Unit	Biological Reference Interval
Lipid Profile			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	176	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	116	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)	39	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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Remark: kindly correlate clinically

LDL Cholesterol (Serum/Calculated)	113.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
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VLDL Cholesterol (Serum/Calculated)	23.2	mg/dL	< 30
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Arajesh
ARAJESH
BIOCHEMIST
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MBBS, DCP, DNB
Consultant Pathologist
KMC No: 100727

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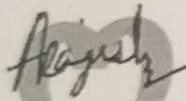
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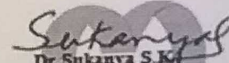


Investigation	Observed Value	Unit	Biological Reference Interval
Non HDL Cholesterol (Serum/Calculated)	137.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: \geq 220

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)	4.5		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		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0


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ation by qualified medical

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Investigation	Observed Value	Unit	Biological Reference Interval
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	6.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %
Remark: kindly correlate clinically.

Estimated Average Glucose (Whole Blood) 125.5 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.

Arajesh
ARAJESH
BIOCHEMIST
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Dr. Sukanya S.K.
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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.19	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))	10.47	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))	1.432	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 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&l;0.03 μIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

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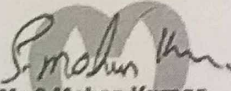
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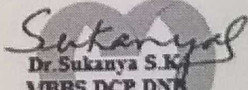
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CLINICAL PATHOLOGY			
PHYSICAL EXAMINATION			
Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		ml
Volume (Urine/Physical examination)	25		
CHEMICAL EXAMINATION			
pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.005		1.002 - 1.035
Ketone (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Bile Salts (Urine/Manual)	Absent		Absent
Bile Pigments (Urine/Dip Stick - Reagent strip method)	Absent		Absent
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
Blood (Urine)	Nil		Nil
Nitrite (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Protein (Urine/Dip Stick - Reagent strip method)	Negative		Negative


 Mr. S. Mohan Kumar
 Sr. Lab Technician

VERIFIED BY


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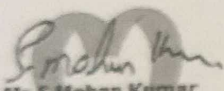
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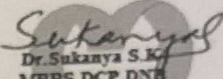
Mr. VINAY PRASAD M S
 MED110726200
 712138802
 35 Year(s) / Male
 OP
 Med/Wheel

Register On : 22/11/2021 9:26 AM
 Collection On : 22/11/2021 10:40 AM
 Report On : 22/11/2021 6:07 PM
 Printed On : 23/11/2021 2:25 PM



Investigation	Observed Value	Unit	Biological Reference Interval
Glucose (Urine)	Nil		Nil
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	Nil	/hpf	00 - 02
Pus Cells (Urine/Microscopy)	2-3	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil


 Mr. S. Mohan Kumar
 Sr. Lab Technician
 VERIFIED BY

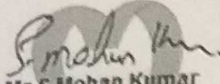

 Dr. Sukanya S.K.
 MBBS, DCP, DNB
 Consultant Pathologist
 KMC No: 100727
 APPROVED BY

MR
: Mr. VINAY PRASAD M S
: MED110726200
: 712139802
: 35 Year(s) / Male
: OP
: MediWheel
Ref. Dr

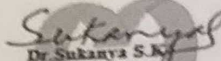
Register On : 22/11/2021 9:26 AM
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Investigation	Observed Value	Unit	Biological Reference Interval
IMMUNOHAEMATOLOGY			
BLOOD GROUPING AND Rh TYPING (EDTA Blood Agglutination)	'A' 'Positive'		
Remark: Test to be confirmed by Gel Method			


Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY


Dr. Sukanya S.K.
MBBS, DCP, DNB
Consultant Pathologist
KMC No: 100927

APPROVED BY

Mr. VINAY PRASAD M S
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 Ref. Dr : MediWheel

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Investigation	Observed Value	Unit	Biological Reference Interval
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BIOCHEMISTRY

BUN / Creatinine Ratio

12

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

91

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)

122

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)

8.4

mg/dL

7.0 - 21

Creatinine
(Serum/Jaffe Kinetic)

0.7

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-acetylcysteine , chemotherapeutic agent such as flucytosine etc.

Remark: kindly correlate clinically

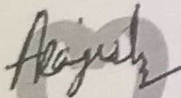
Uric Acid

4.9

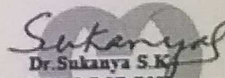
mg/dL

3.5 - 7.2

(Serum/Uricase/Peroxidase)


A. RAJESH
BIOCHEMIST

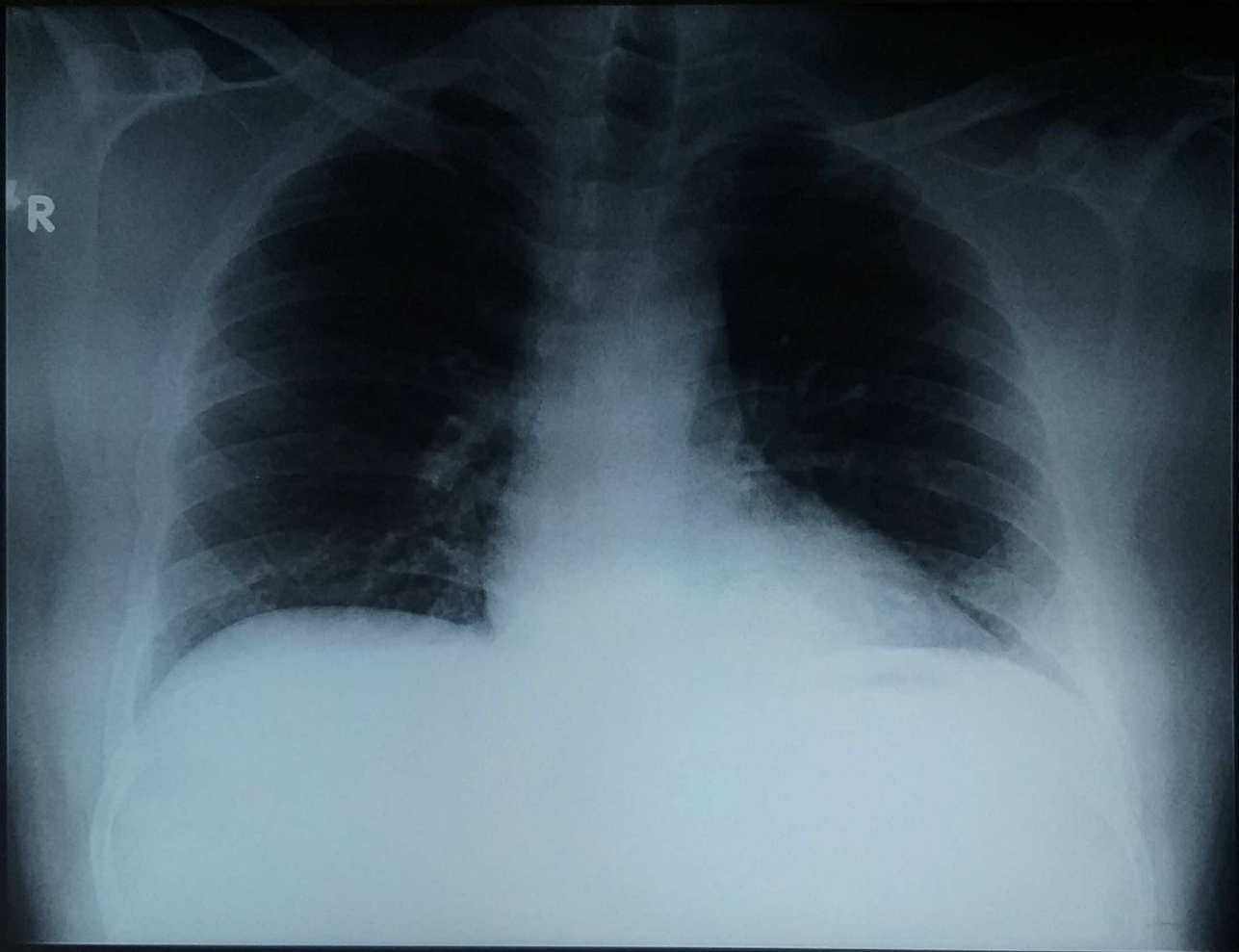
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MBBS, DCP, DNB
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 KMC No: 100727

APPROVED BY

The results pertain to sample tested.

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VINAY PRASAD M S 35 MED110726200 M CHEST PA 11/22/2021 11:27 AM
MEDALL CLUMAX DIAGNOSTIC