

Name : Mr. VIVEK KUMAR

PID No. : MED111034654

SID No. : 712209540

Age / Sex : 33 Year(s) / Male

Type : OP

Ref. Dr : MediWheel

Register On : 26/03/2022 9:54 AM

Collection On : 26/03/2022 12:21 PM

Report On : 27/03/2022 10:52 AM

Printed On : 30/03/2022 7:45 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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## **HAEMATOLOGY**

### **Complete Blood Count With - ESR**

Haemoglobin (EDTA Blood/Spectrophotometry)	16.7	g/dL	13.5 - 18.0
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**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)	50.2	%	42 - 52
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RBC Count (EDTA Blood/Automated Blood cell Counter)	5.75	mill/cu.mm	4.7 - 6.0
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MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	87.0	fL	78 - 100
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MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	29.1	pg	27 - 32
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MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	33.3	g/dL	32 - 36
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RDW-CV (Derived)	13.6	%	11.5 - 16.0
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RDW-SD (Derived)	41.41	fL	39 - 46
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Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	8500	cells/cu.mm	4000 - 11000
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Neutrophils (Blood/Impedance Variation & Flow Cytometry)	56	%	40 - 75
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Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	38	%	20 - 45
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**Dr Shouree K.R**  
MBBS MD DNB  
Consultant Pathologist  
Reg No : KMC 103138

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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	04	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	02	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.76	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.23	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.34	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.17	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	<b>135</b>	10 <sup>3</sup> / $\mu$ l	150 - 450
<b>Remark:</b> Rechecked on smear, kindly correlate clinically.			
MPV (Blood/Derived)	10.0	fL	7.9 - 13.7
PCT	0.14	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	12	mm/hr	< 15

  
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## **BIOCHEMISTRY**

### **Liver Function Test**

Bilirubin(Total)	0.7	mg/dL	0.1 - 1.2
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(Serum/Diazotized Sulfanilic Acid)

Bilirubin(Direct)	0.2	mg/dL	0.0 - 0.3
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(Serum/Diazotized Sulfanilic Acid)

Bilirubin(Indirect)	0.50	mg/dL	0.1 - 1.0
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(Serum/Derived)

Total Protein	7.9	gm/dl	6.0 - 8.0
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(Serum/Biuret)

Albumin	4.6	gm/dl	3.5 - 5.2
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(Serum/Bromocresol green)

Globulin	3.30	gm/dL	2.3 - 3.6
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(Serum/Derived)

A : G Ratio	1.39		1.1 - 2.2
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(Serum/Derived)

**INTERPRETATION:** Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase)	37	U/L	5 - 40
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(Serum/IFCC / Kinetic)

SGPT/ALT (Alanine Aminotransferase)	<b>80</b>	U/L	5 - 41
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(Serum/IFCC / Kinetic)

Alkaline Phosphatase (SAP)	105	U/L	53 - 128
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(Serum/PNPP / Kinetic)

GGT(Gamma Glutamyl Transpeptidase)	32	U/L	< 55
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(Serum/IFCC / Kinetic)

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MD PATHOLOGY  
KMC 88902

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**Lipid Profile**

Cholesterol Total (Serum/Oxidase / Peroxidase method)	287	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
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**Remark:** kindly correlate clinically

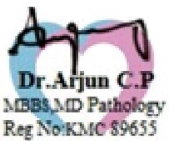
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	202	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
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**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically 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)	44	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	202.6	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)	40.4	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	243.0	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)	6.5		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	4.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	4.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
---	-----	--	---

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**Glycosylated Haemoglobin (HbA1c)**

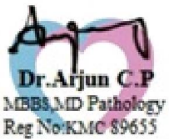
HbA1C (Whole Blood/HPLC)	5.6	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	114.02	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 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.



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## **IMMUNOASSAY**

### **THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.09	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))	8.92	Microg/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/Chemiluminescent Immunometric Assay (CLIA))	2.291	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.

  
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## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION


Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Volume (Urine/Physical examination)	30		ml
Appearance (Urine)	Clear		

### CHEMICAL EXAMINATION

pH (Urine)	6.5		4.5 - 8.0
Specific Gravity (Urine/Dip Stick <i>£</i> Reagent strip method)	1.015		1.002 - 1.035
Protein (Urine/Dip Stick <i>£</i> Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick <i>£</i> Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick <i>£</i> Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative

  
Mr. S. Mohan Kumar  
Sr. Lab Technician

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Blood (Urine)	Nil		Nil
Urobilinogen (Urine/Dip Stick <i>£</i> Reagent strip method)	Normal		Within normal limits
<b><u>Urine Microscopy Pictures</u></b>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	2-3	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil

  
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Investigation

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**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'B' Positive'

**Remark:** Test to be confirmed by Gel method .

Mr. S. Mohan Kumar  
Sr. Lab Technician

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## **BIOCHEMISTRY**

BUN / Creatinine Ratio	8		6-22
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	78	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.

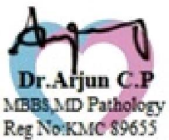
Urine sugar, Fasting (Urine - F)	Nil		Nil
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9	mg/dL	7.0 - 21
--	---	-------	----------

Creatinine (Serum/Jaffe Kinetic)	1.1	mg/dL	0.9 - 1.3
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**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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	5.9	mg/dL	3.5 - 7.2
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-- End of Report --

Name	VIVEK KUMAR	ID	MED111034654
Age & Gender	33Y/M	Visit Date	Mar 26 2022 9:54AM
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

Name	MR. VIVEK KUMAR	ID	MED111034654
Age & Gender	33Y/MALE	Visit Date	26/03/2022
Ref Doctor Name	MediWheel		



## 2 D ECHOCARDIOGRAPHIC STUDY

### M mode measurement:

AORTA	:	2.8cms
LEFT ATRIUM	:	2.8cms
LEFT VENTRICLE (DIASTOLE)	:	4.5cms
(SYSTOLE)	:	2.9cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.1cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.2cms
EDV	:	75ml
ESV	:	31ml
FRACTIONAL SHORTENING	:	35%
EJECTION FRACTION	:	59%
RVID	:	1.6cms

### DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' - 0.85m/s	A' - 0.36m/s	NO MR
AORTIC VALVE	:	1.05m/s		NO AR
TRICUSPID VALVE	:	E' - 0.79m/s	A' - 0.45m/s	NO TR
PULMONARY VALVE	:	0.69m/s		NO PR

### 2D ECHOCARDIOGRAPHY FINDINGS:

Name	MR. VIVEK KUMAR	ID	MED111034654
Age & Gender	33Y/MALE	Visit Date	26/03/2022
Ref Doctor Name	MediWheel		



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:69 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.**

A handwritten signature in black ink, appearing to read "Nikhil B".

**DR. NIKHIL B**  
**INTERVENTIONAL CARDIOLOGIST**  
NB/SA

Customer Name	MR. VIVEK KUMAR	Customer ID	MED111034654
Age & Gender	33Y/MALE	Visit Date	26/03/2022
Ref Doctor	MediWheel		

**2 D ECHOCARDIOGRAPHIC STUDY**

**M mode measurement:**

AORTA	:	2.8cms
LEFT ATRIUM	:	2.8cms
LEFT VENTRICLE (DIASTOLE)	:	4.5cms
(SYSTOLE)	:	2.9cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.1cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.2cms
EDV	:	75ml
ESV	:	31ml
FRACTIONAL SHORTENING	:	35%
EJECTION FRACTION	:	59%
RVID	:	1.6cms

**DOPPLER MEASUREMENTS:**

MITRAL VALVE	:	'E' - 0.85m/s	'A' - 0.36m/s	NO MR
AORTIC VALVE	:	1.05m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.79m/s	'A' - 0.45m/s	NO TR
PULMONARY VALVE	:	0.69m/s		NO PR

Customer Name	MR. VIVEK KUMAR	Customer ID	MED111034654
Age & Gender	33Y/MALE	Visit Date	26/03/2022
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Pulmonary valve : Normal.

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Pericardium : No pericardial effusion.

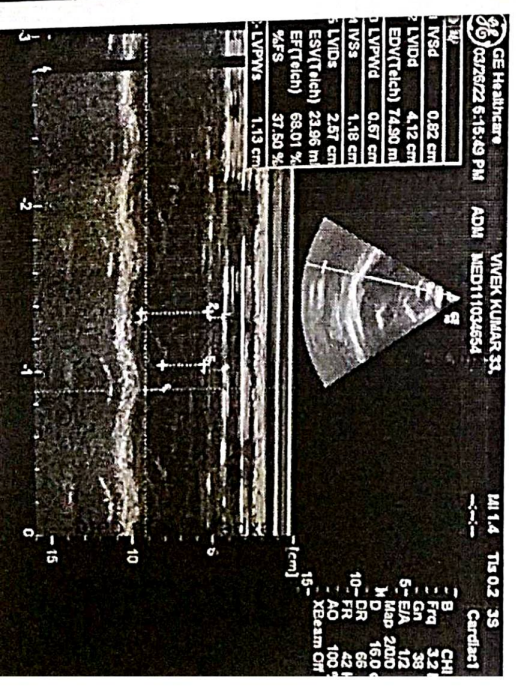
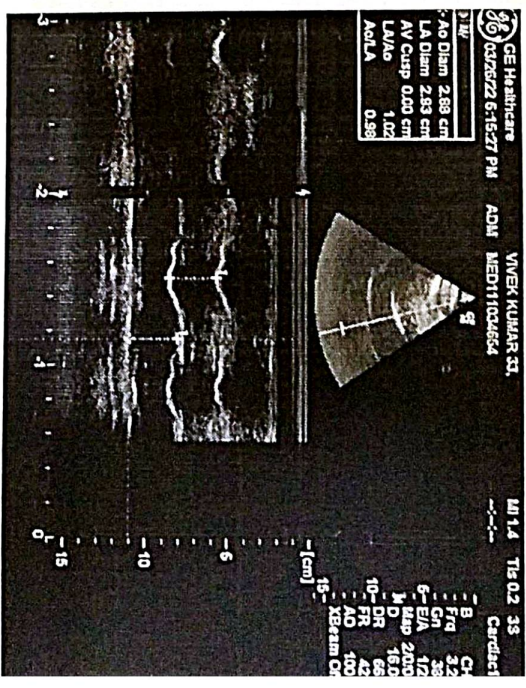
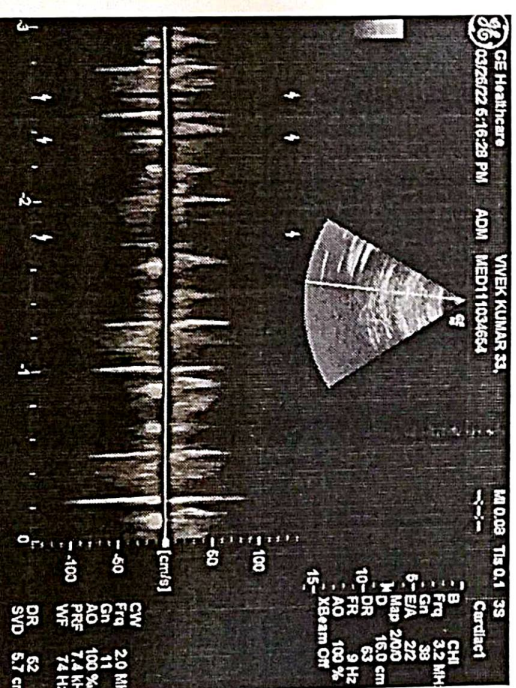
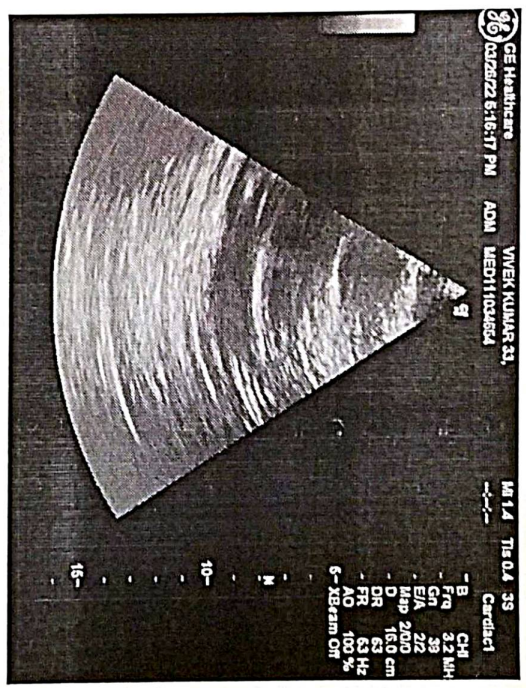
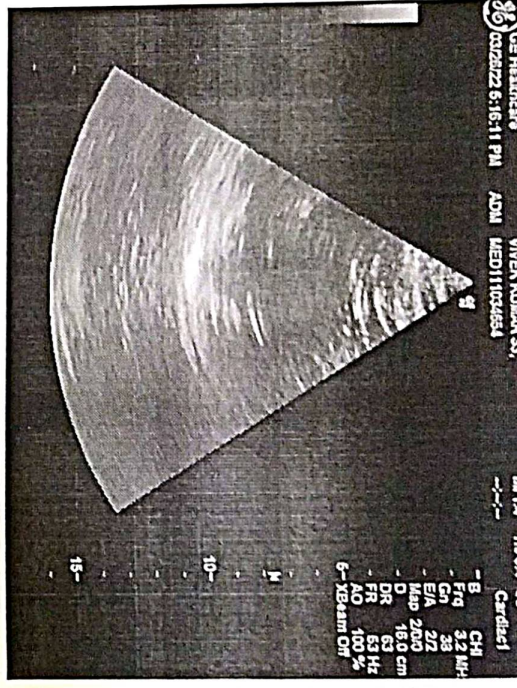
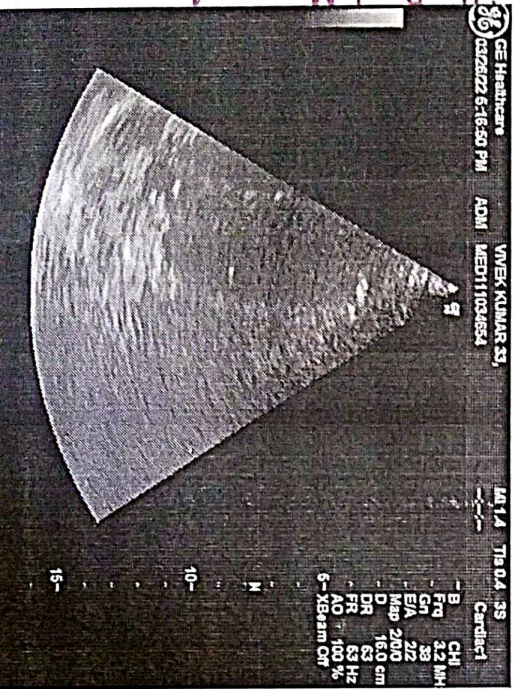
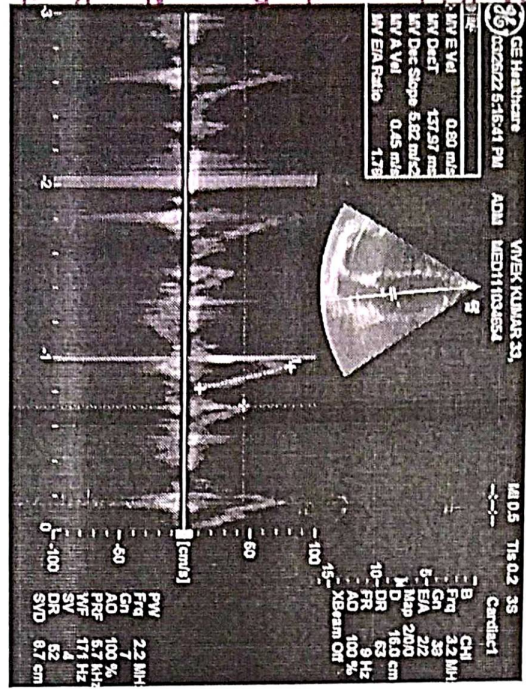
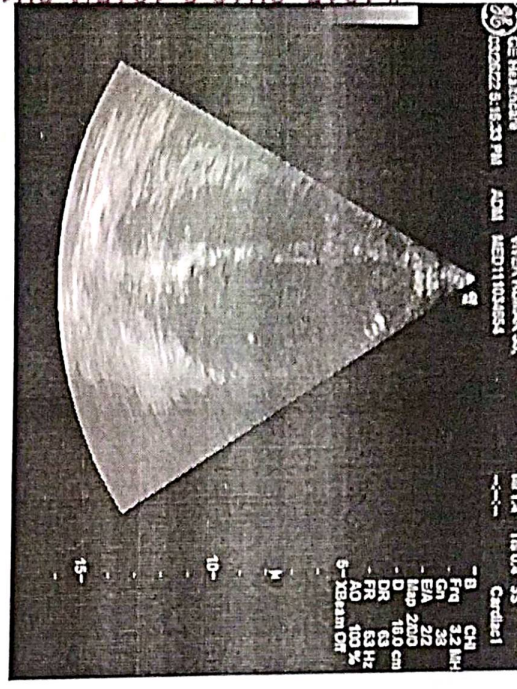
**IMPRESSION:**

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF:69 %.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.

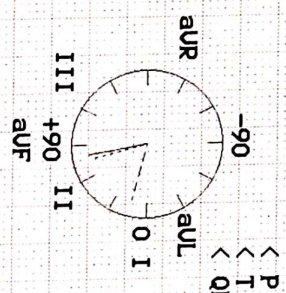


**DR. NIKHIL B**  
**INTERVENTIONAL CARDIOLOGIST**  
NB/SA





AGE: 33  
 Measurement Results:  
 QRS : 98 ms  
 QT/QTcB : 348 / 412 ms  
 PR : 150 ms  
 P : 106 ms  
 RR/PP : 714 / 710 ms  
 P/QRS/T : 75 / 80 / 15 degrees  
 QTd/QTcBD: 50 / 59 ms  
 Sokolow : 2.6 mV  
 NK : 12

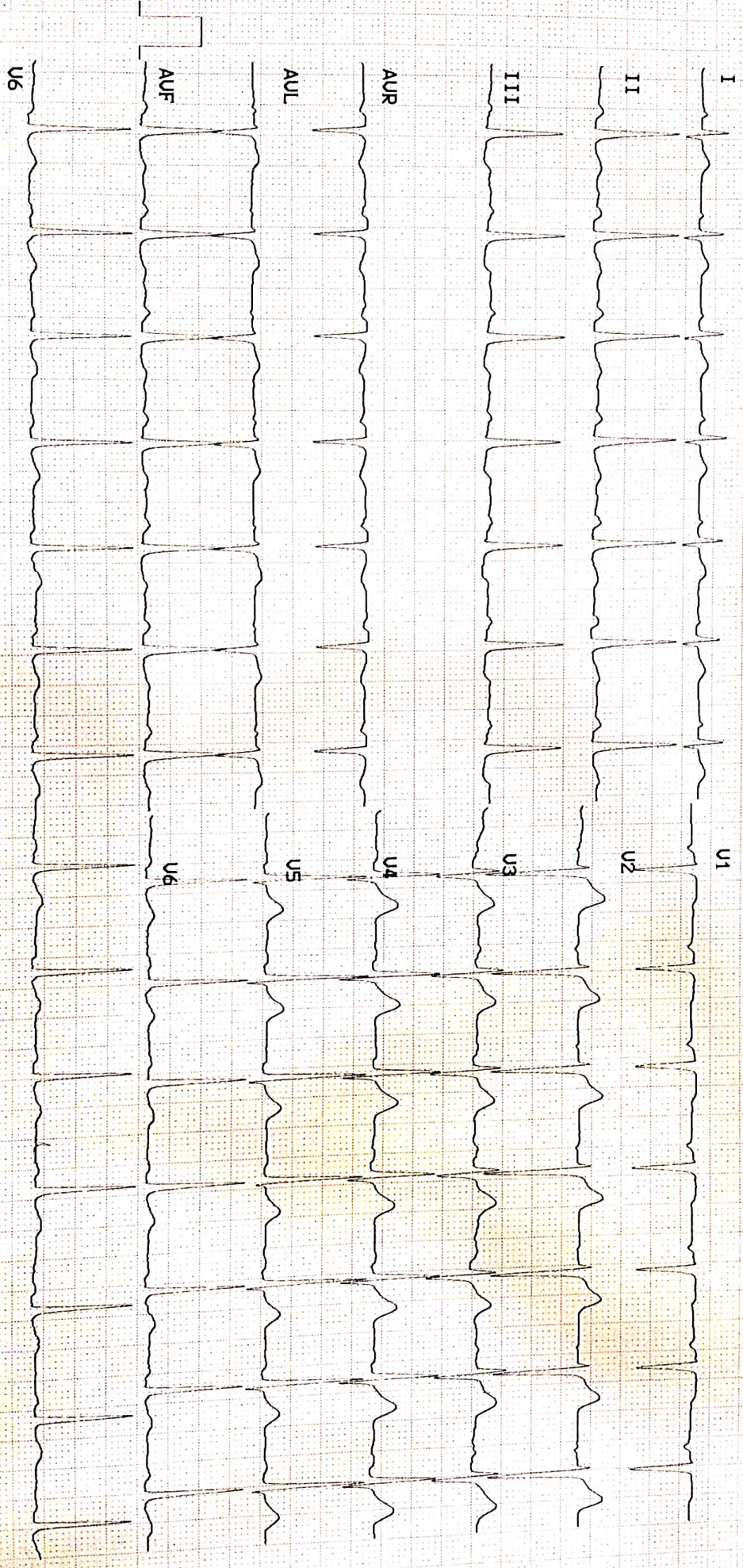


Interpretation:  
 normal ECG

*Normal sinus rhythm*

*[Signature]*

Unconfirmed report.





**medall**  
DIAGNOSTICS  
experts who care

Customer Name	MR. VIVEK KUMAR	Customer ID	MED111034654
Age & Gender	33Y/MALE	Visit Date	26/03/2022
Ref Doctor	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size and has uniform echopattern.  
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.  
No demonstrable Para-aortic lymphadenopathy.

**KIDNEYS** move well with respiration and have normal shape, size and echopattern.  
Cortico- medullary differentiations are well made out.  
No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	8.8	1.3
Left Kidney	9.9	1.4

**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.

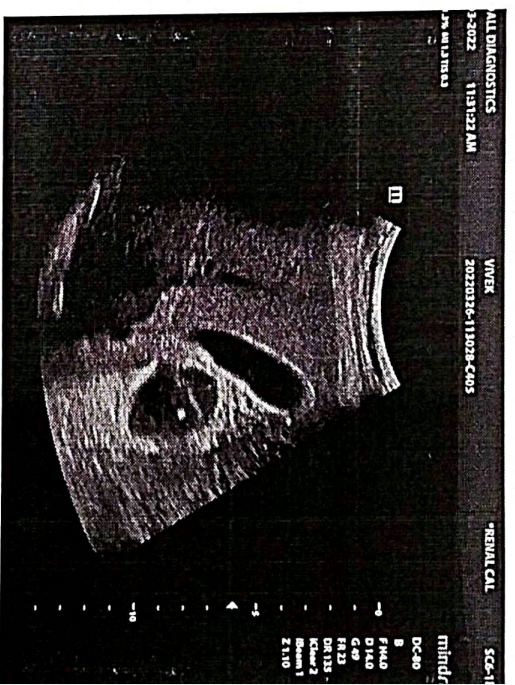
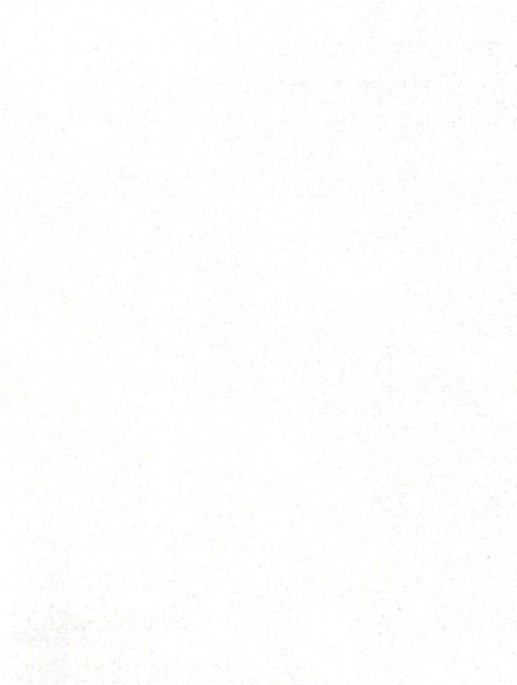
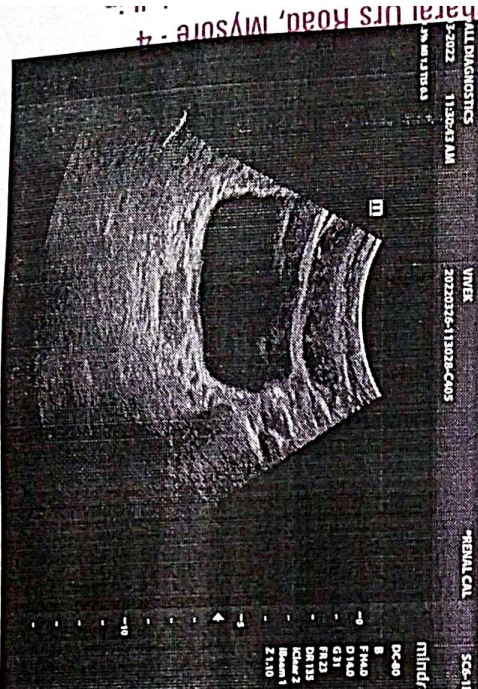
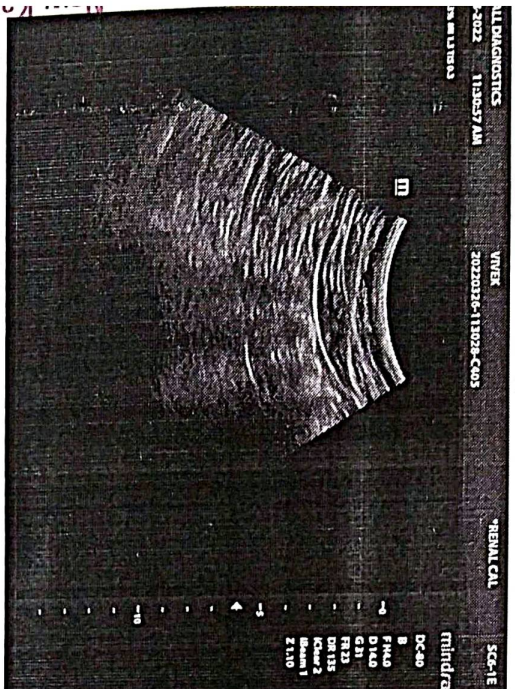
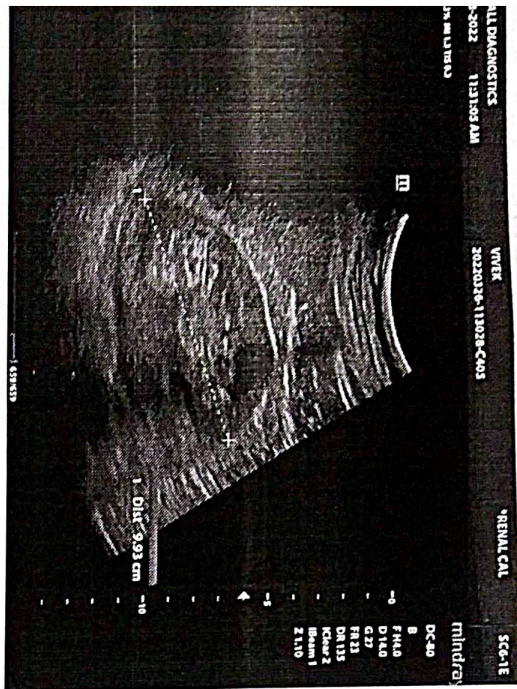
#### IMPRESSION:

➤ **ESSENTIALLY NORMAL STUDY.**

#### CONSULTANT RADIOLOGISTS

**DR. ANITHA ADARSH**  
AA/SV

**DR. MOHAN B**



2:00pm

MEDALL



# NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

## OPD SHEET

Date: 26/3/22

Patient's Name: Mr. Vivek Kumar

OP No: 1187737

33/M

1:49 PM

VN 16/6, N6

NCT 13/15

for routine eye check up

**Dr. Monica Anand**  
MBS, MS, FG  
Consultant-Glaucoma & Cataract  
KMC No. 102734

delayed vision  
1 WNL (OU)

OD



OS



cornea clear

VN 4 (OU)

adv:- related

refraction BE due.

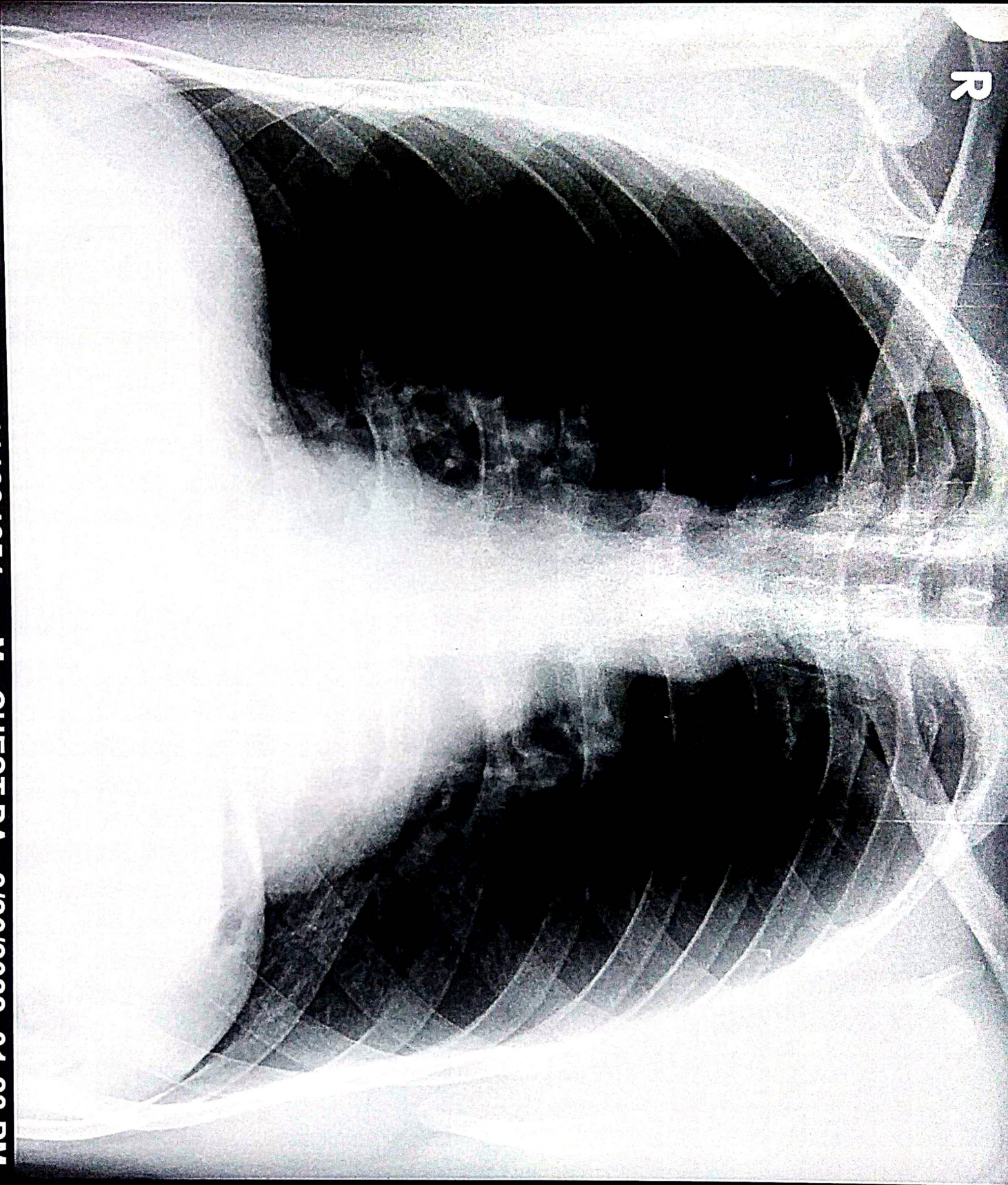
2:40pm

Jayanagar Branch : 080-26088000 / 2663 3533 / 2663 3609 / 2245 Mobile : 94480 71816  
Rajajinagar Branch : 080-4333 4111 / 2313 2777 / Mobile : 99728 53918  
Indiranagar Branch : 080-4333 2555 Mobile : 81973 51609  
Mysore Branch : 0821-4293000 Mobile : 94490 03771  
Mangalore Lasik Centre : 0824-2213801 Mobile : 97410 26389  
Davangere Lasik Centre : 08192-226607/08 Mobile : 94820 01795

R / FD / 07 / 13

Phone : 0821-2332000, 4232111 (W) www.medall.in

R



VIVEK KUMAR 33 MED111034654 M CHEST PA 3/26/2022 01:23 PM  
MEDALL CLUMAX DIAGNOSTIC