

Name : Mr. BHASKARAN B  
PID No. : MED110120386  
SID No. : 222006095  
Age / Sex : 59 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 26/03/2022 10:27 AM  
Collection On : 26/03/2022 10:57 AM  
Report On : 26/03/2022 7:32 PM  
Printed On : 28/03/2022 12:49 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'A' 'Positive'		
<b>INTERPRETATION:</b> Reconfirm the Blood group and Typing before blood transfusion			
<b><u>Complete Blood Count With - ESR</u></b>			
Haemoglobin (EDTA Blood/Spectrophotometry)	13.3	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	38.9	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.42	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	88.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	30.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	34.1	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.3	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	40.96	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	5400	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	52.8	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	36.3	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	3.5	%	01 - 06

  
Dr. Ramesh Dayanand Kinha  
Chief Pathologist  
Reg No : 442072

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.7	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.7	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.85	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.96	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.19	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.36	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.04	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	279	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	<b>7.6</b>	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	8	mm/hr	< 20
BUN / Creatinine Ratio	9.59		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	98.6	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: $\geq$ 126

  
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The results pertain to sample tested.

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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/GOD - POD)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	123.4	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)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.4	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.98	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-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	7.0	mg/dL	3.5 - 7.2
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.61	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.12	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.49	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	22.2	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	27.8	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	18.0	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	65.8	U/L	56 - 119
Total Protein (Serum/Biuret)	6.68	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.14	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.54	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.63		1.1 - 2.2

**Lipid Profile**

Cholesterol Total (Serum/CHOD-PAP with ATCS)	<b>239.1</b>	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	128.0	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/Immuno-inhibition)	<b>52.0</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	161.5	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	25.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	187.1	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.  
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.6		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)	2.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	6.1	%	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 %

  
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Estimated Average Glucose (Whole Blood)	128.37	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.

Prostate specific antigen - Total (PSA) (Serum/Manometric method)	1.31	ng/mL	
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Normal: 0.0 - 4.0  
Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0  
Suspicious of Malignant disease of Prostate: > 10.0

**INTERPRETATION:REMARK** : PSA alone should not be used as an absolute indicator of malignancy.

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.99	ng/ml	0.4 - 1.81
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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 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	8.33	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/Chemiluminescent Immunometric Assay (CLIA))	1.22	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**

COLOUR (Urine)	Pale Yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated – Flow cytometry )	4 - 6	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry )	1 - 2	/hpf	NIL
RBCs (Urine/Automated – Flow cytometry )	NIL	/hpf	NIL
Casts (Urine/Automated – Flow cytometry )	NIL	/hpf	NIL
Crystals (Urine/Automated – Flow cytometry )	NIL	/hpf	NIL
Others (Urine)	NIL		

**INTERPRETATION:**Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

  
Dr. Ramesh Dayanand Kinha  
Chief Pathologist  
Reg No : 142072

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-- End of Report --

Name	BHASKARAN B	ID	MED110120386
Age & Gender	59/Male	Visit Date	26-03-2022 00:00:00
Ref Doctor Name	MediWheel		

## SONOGRAM REPORT

### WHOLE ABDOMEN

The liver is normal-sized and shows diffuse fatty changes. No focal lesion is seen.

The gall bladder is normal sized, smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 9.7 x 5.3 cm.

The left kidney measures 10.2 x 6.0 cm.

Few concretions seen in the left kidney, largest measures 1-2mm.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.



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The prostate measures 4.1 x 3.2 x 3.0cm (Volume : 20cc) and is normal sized.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

IMPRESSION:

- Fatty liver.
- Left renal concretions.

DR. UMALAKSHMI  
SONOLOGIST

Name	BHASKARAN B	ID	MED110120386
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Ref Doctor Name	MediWheel		

DEPARTMENT OF CARDIOLOGY  
TRANSTHORACIC RESTING ECHO CARDIOGRAPHY REPORT

ECHO INDICATION: Assessment  
M MODE & 2-D PARAMETERS:

ACOUSTIC WINDOW : GOOD

LV STUDY

IVS(d)	cm	0.7
IVS(s)	cm	1.2
LPW(d)	cm	0.8
LPW(s)	cm	1.3
LVID(d)	cm	4.8
LVID(s)	cm	3.1
EDV	ml	112
ESV	ml	30
SV	ml	82
EF	%	73
FS	%	35
Parameters		Patient Value
LA	cm	3.1
AO	cm	2.1

DOPPLER PARAMETERS

Valves	Velocity max(m/sec mm/Hg)
AV	0.7/3 m/s
PV	0.7/2 m/s
MV (E)	0.6 m/s
(A)	0.6 m/s
TV (E)	1.0/4 m/s

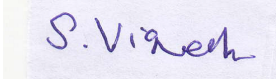
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FINDINGS:

- ❖ Concentric LVH.
- ❖ No regional wall motion abnormality.
- ❖ Normal left ventricle systolic function. (EF: 73% ).
- ❖ No diastolic dysfunction.
- ❖ Normal chambers dimension.
- ❖ Trivial AR.
- ❖ Normal pericardium/Intact septae.
- ❖ No clot/aneurysm.

IMPRESSION:

CONCENTRIC LVH.  
NO REGIONAL WALL MOTION ABNORMALITY.  
NORMAL LEFT VENTRICLE SYSTOLIC FUNCTION.



S. VIGNESH M.Sc.  
ECHO TECHNICIAN

Name	BHASKARAN B	Customer ID	MED110120386
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Ref Doctor	MediWheel		

**X- RAY CHEST PA VIEW**

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

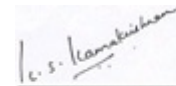
Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

**IMPRESSION:**

- *Chest x-ray shows no significant abnormality.*



**Dr. Rama Krishnan. MD, DNB.,  
Consultant Radiologist.  
Medall Healthcare Pvt Ltd.**

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### Personal Health Report

#### General Examination:

Height : 165.5 cms  
Weight : 78.0 kg  
BMI : 28.5 kg/m<sup>2</sup>

BP: 170/100 mmhg  
Pulse: 74/min, regular

#### Systemic Examination:

CVS: S1 S2 heard;  
RS : NVBS +.  
Abd : Soft.  
CNS : NAD

#### Blood report:

Haemoglobin : 13.3g/dL - Low (Anaemia) .

Lipid profile : Total cholesterol - 239.1mg/dL - Elevated.

HbA1C - 6.1% - Elevated.

All other blood parameters are well within normal limits. (Report enclosed).

Urine Analysis - Pus cells - 4-6/hpf

X-Ray Chest - Normal study.

ECG - Normal ECG.

ECHO Cardiography - Concentric LVH.

USG Whole Abdomen - Fatty liver, Left renal concretions.

Eye Test - Distant vision defect.

Vision	Right eye	Left eye
Distant Vision	6/12	6/9
Near Vision	N6	N6

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Colour Vision	Normal	Normal
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Impression & Advice:

Haemoglobin : 13.3g/dL - Low (Anaemia). Advised to have iron rich diet and iron supplement prescribed by the physician.

Lipid profile : Total cholesterol - 239.1mg/dL - Elevated. To be brought down to the desirable level of 200mg/dl by having low cholesterol, high fiber diet recommended by the dietician.

HbA1C - 6.1% - Elevated. To consult a diabetologist for further evaluation and management.

Urine Analysis - Pus cells - 4-6/hpf. To consult general physician for further evaluation and management.

ECHO Cardiography - Concentric LVH. To consult cardiologist for further evaluation.

USG Whole Abdomen - Fatty liver, To take low fat diet, and high fiber diets. Regular brisk walking for 45 minutes daily, 5 days a week is essential.

USG Whole Abdomen - Left renal concretions. To consult an nephrologist.

Eye Test - Distant vision defect. To consult an ophthalmologist for further evaluation and management.

All other health parameters are well within normal limits.

DR. NOOR MOHAMMED RIZWAN A. M.B.B.S, FDM  
MHC Physician Consultant