

MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---
CUSTOMER CHECKLIST

Date 14-Jan-2023 10:26 AM

Customer Name : MR.T D UPENDRA KUMAR

DOB : 01 Jan 1985

Ref Dr Name : MediWheel

Age : 38Y/MALE

Customer Id : MED111453865



Visit ID : 712301581

MED111453865

Email Id :

Phone : 7259192029

Corp Name : MediWheel

No

Address :

Package Name : Mediwheel Full Body Health Checkup Male Below 40

6:00

H-154
W-66
BP-160/90
Pulse-82
HIP-35
Weight-34

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)				
2	LAB	GLUCOSE - FASTING				
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
5	LAB	LIPID PROFILE				
6	LAB	LIVER FUNCTION TEST (LFT)				
7	LAB	URIC ACID				
8	LAB	URINE GLUCOSE - FASTING				
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
10	LAB	COMPLETE BLOOD COUNT WITH ESR				
11	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)				
12	LAB	STOOL ANALYSIS - ROUTINE				

ALL
/heel

Patient Details Print Page

	LAB	URINE ROUTINE ✓			
	LAB	CREATININE			
	LAB	BLOOD GROUP & RH TYPE (Forward Reverse) ✓			
16	LAB	BUN/CREATININE RATIO ✓			
17	OTHERS	physical examination	MYS2756649102651		
18	US	ULTRASOUND ABDOMEN ✓	MYS2756649103462		Ground floor
19	OTHERS	Treadmill / 2D Echo	MYS2756649127528		Monday
20	OTHERS	EYE CHECKUP	MYS2756649135592		
21	X-RAY	X RAY CHEST ✓	MYS2756649145199		2nd floor
22	OTHERS	Consultation Physician	MYS2756649148004		
23	ECHO	ELECTROCARDIOGRAM ECG ✓	MYS2756649149333		

Registered By
(R.SUNILKUMAR)

Customer Name	MRT D UPENDRA KUMAR	Customer ID	MED111453865
Age & Gender	38Y/MALE	Visit Date	14/01/2023
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	9.7	1.7
Left Kidney	9.8	1.7

URINARY BLADDER is partially distended.

PROSTATE shows normal shape, size and echopattern.

No evidence of ascites.


IMPRESSION:

> **GRADE I FATTY CHANGES IN LIVER.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH

MB/MS



DR. MOHAN B

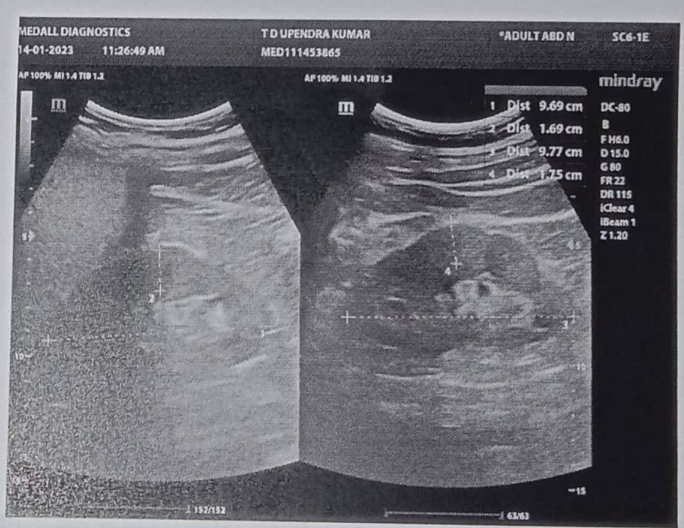
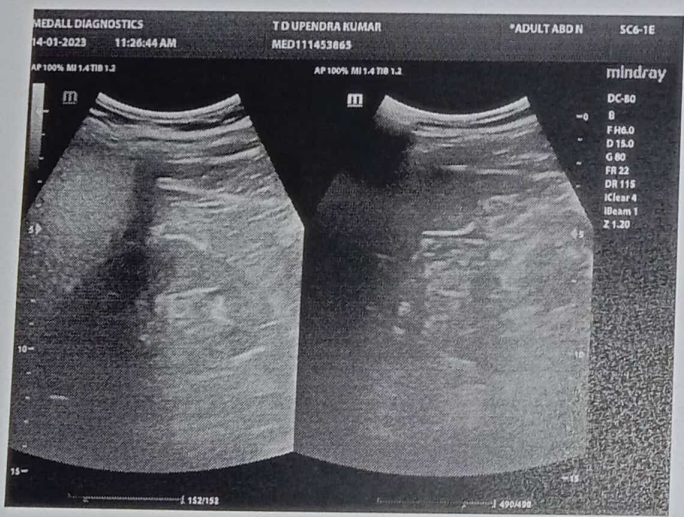
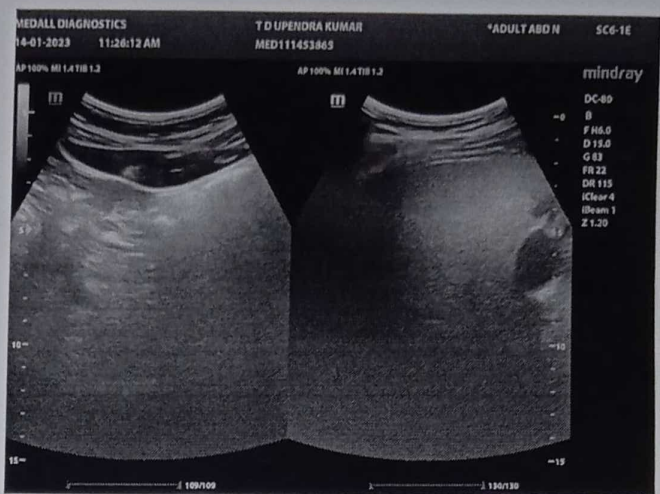


ons indicated
ive and should be
er representative and shall no
identified or named
procedure of

Medall Diagnostics
Ballal Circle(Ashoka circle) - Mysore



Customer Name	MR. T D UPENDRA KUMAR	Customer ID	MED111453865
Age & Gender	38Y/MALE	Visit Date	14/01/2023
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Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

MEDALL



NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

OPD SHEET

Date: 14/01/2023

Patient's Name: Mr. UPENDRA KUMAR T.D OP No. 1288353

40/m

11:20 PM

Dr. Richa

MBBS, DOMS, DNB
Consultant-Vitreo Retina
KMC Reg. No. : 105719

NCF 14
12

BCVA 6/6, N6
6/6, N6

Colour vision - BE - 38/38 - Normal on Ishihare chart

ant ref BE - WNL

Funders - uncl - BE - large disc
CD - 0.6

FR +

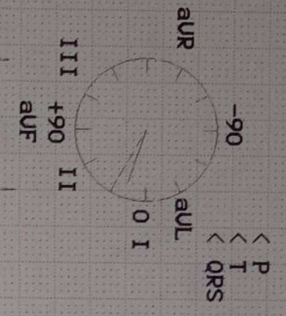
note

WNL

R/A 1 yr / 505

Richa

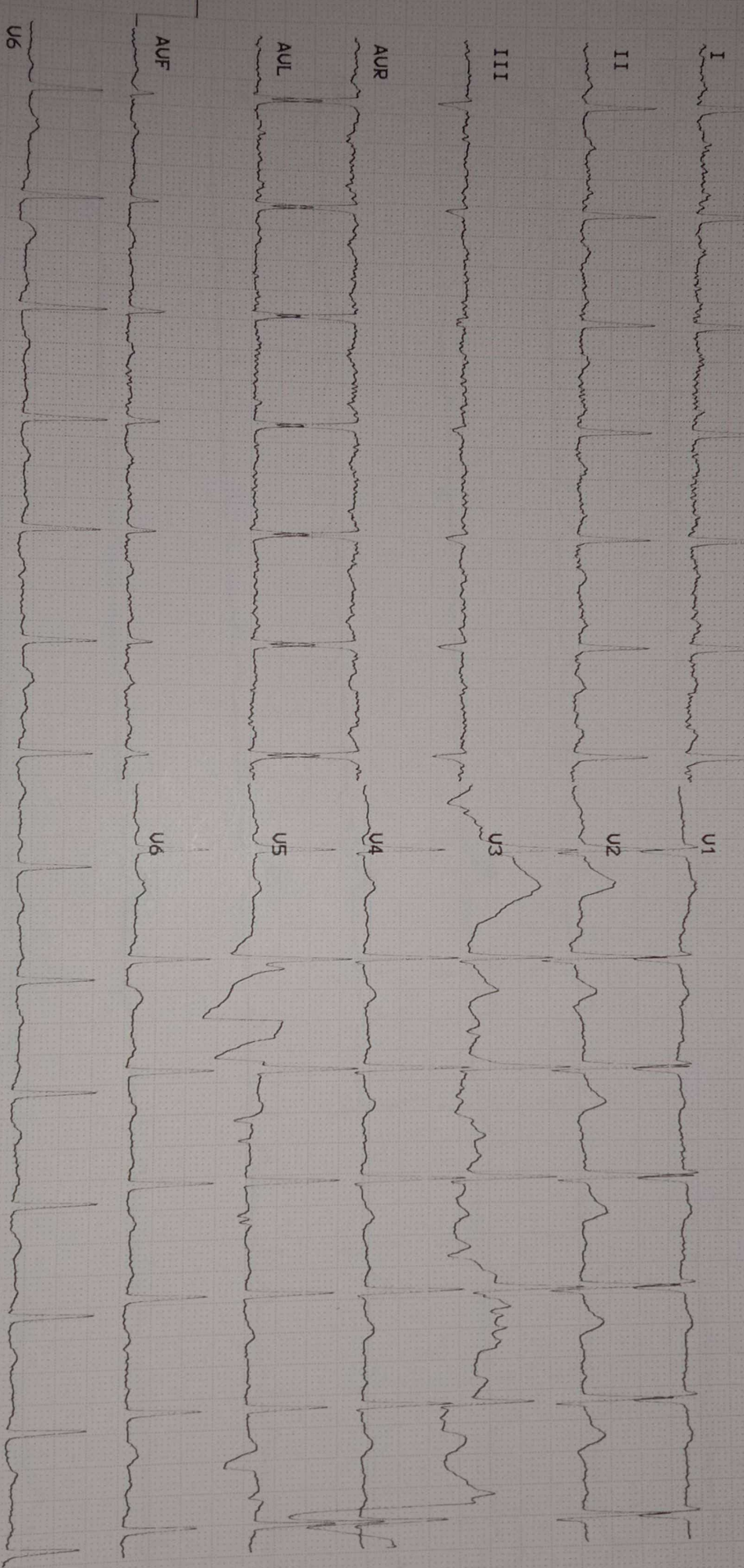
AGE: 38
 Measurement Results:
 QRS : 92 ms
 QT/QTcB : 380 / 446 ms
 PR : 158 ms
 P : 112 ms
 RR/PP : 726 / 725 ms
 P/QRS/T : 20 / 20 / 30 degrees
 QTd/QTcBD : 106 / 124 ms
 Sokolow NK : 2.2 mV
 11

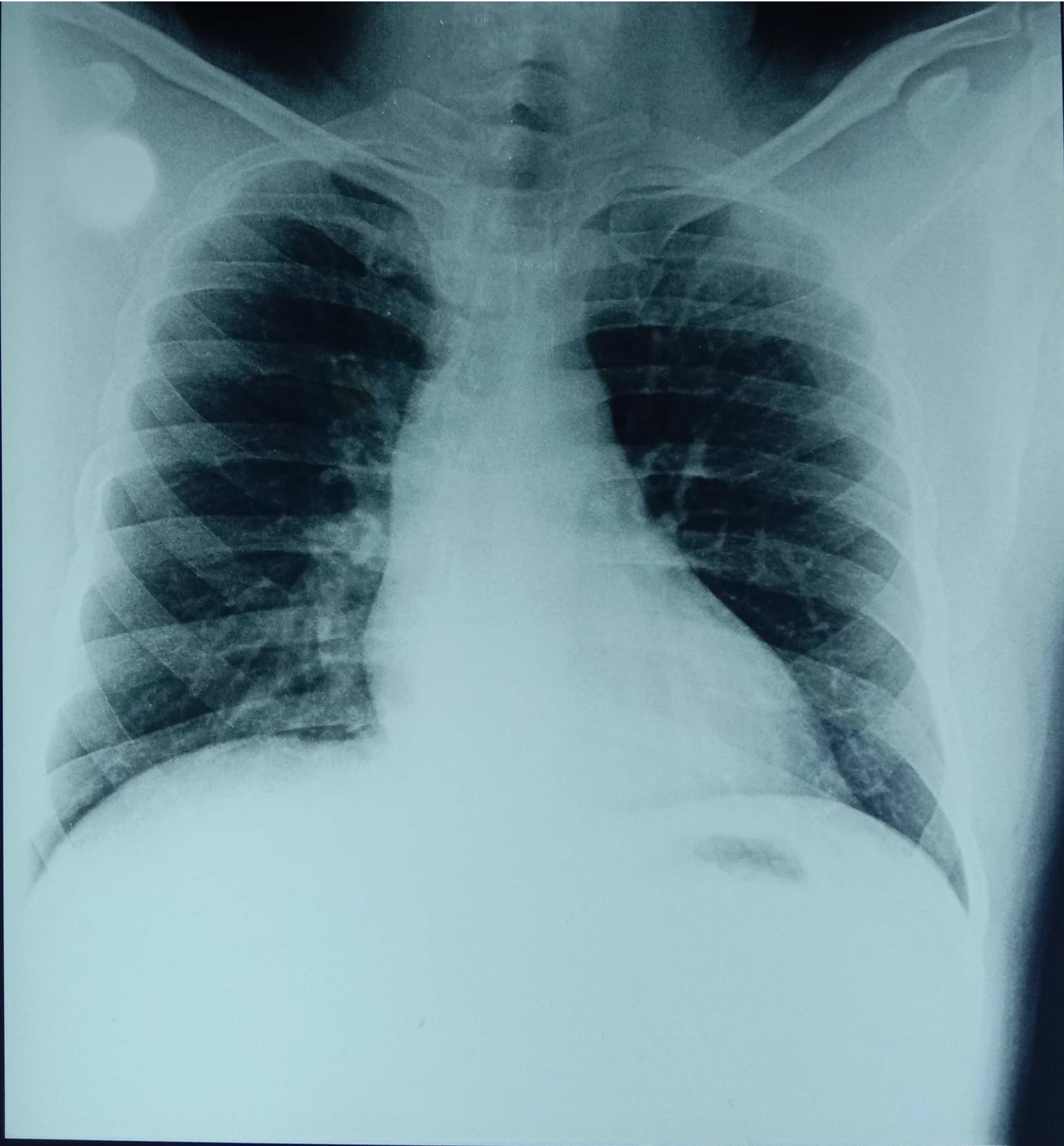


Interpretation:
 Normal sinus rhythm
 negative T-wave (anterior)
 R/S inversion area between U1 and U2
 probably normal ECG

*Baseline ECGs
 Technically complete*

Unconfirmed report.





**T D UPENDRA KUMAR 38 MED111453865 M CHEST PA
MEDALL CLUMAX DIAGNOSTIC**

Name : Mr. T D UPENDRA KUMAR
PID No. : MED111453865
SID No. : 712301581
Age / Sex : 38 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 14/01/2023 10:30 AM
Collection On : 14/01/2023 10:50 AM
Report On : 14/01/2023 4:34 PM
Printed On : 16/01/2023 4:28 PM



<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)	16.5	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)	48.5	%	42 - 52
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RBC Count (EDTA Blood/Automated Blood cell Counter)	5.21	mill/cu.mm	4.7 - 6.0
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MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	93.0	fL	78 - 100
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MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	31.7	pg	27 - 32
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MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	34.0	g/dL	32 - 36
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RDW-CV (Derived)	15.9	%	11.5 - 16.0
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RDW-SD (Derived)	51.75	fL	39 - 46
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Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	7820	cells/cu.mm	4000 - 11000
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Neutrophils (Blood/Impedance Variation & Flow Cytometry)	49	%	40 - 75
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Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	39	%	20 - 45
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Mr. S. Mohan Kumar
Sr. Lab Technician

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MD PATHALOGY
KMC 86542

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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	04	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	08	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.83	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.05	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.31	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.63	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)	368	10 ³ / μ l	150 - 450
MPV (Blood/Derived)	9.5	fL	7.9 - 13.7
PCT	0.35	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	07	mm/hr	< 15


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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)	7.8	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.6	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.20	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.44		1.1 - 2.2

INTERPRETATION: Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	44	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	75	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	60	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	67	U/L	< 55


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Lipid Profile

Cholesterol Total (Serum/Oxidase / Peroxidase method)	215	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
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Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	156	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)	37	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	146.8	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)	31.2	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	178.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220
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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)	5.8	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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	4.2	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	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	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 %

Remark: Kindly correlate clinically

Estimated Average 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 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))	1.11	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))	10.02	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))	7.36	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&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Remark: Kindly correlate clinically


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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 ~ Reagent strip method)	1.030		1.002 - 1.035
Protein (Urine/Dip Stick ~ Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick ~ Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick ~ Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative
Blood (Urine)	Nil		Nil

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Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits

Urine Microscopy Pictures

RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	4-5	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	Nil	/hpf	No ranges
Others (Urine)	Nil		Nil

A handwritten signature in blue ink, appearing to read "S. Mohan Kumar".

Mr. S. Mohan Kumar
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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood Agglutination)

'A' Positive'

Remark: Test to be confirmed by Gel method.

A handwritten signature in blue ink, appearing to read "S. Mohan Kumar".

Mr. S. Mohan Kumar
Sr. Lab Technician

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Dr. KIRAN.H.S
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BIOCHEMISTRY

BUN / Creatinine Ratio	6.8		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	119	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)	185	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)	7.5	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	1.1	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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	7.1	mg/dL	3.5 - 7.2
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Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY


Dr. KIRAN.H.S
MD PATHALOGY
KMC 86542

APPROVED BY

-- End of Report --

Name	T D UPENDRA KUMAR	ID	MED111453865
Age & Gender	38Y/M	Visit Date	Jan 14 2023 10:26AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: No significant abnormality detected.



DR. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST