

Name : Mr. AMAN SINGH

PID No. : MED121812918

Register On : 14/04/2023 7:55 AM

SID No. : 522305797

Collection On : 14/04/2023 8:56 AM

Age / Sex : 34 Year(s) / Male

Report On : 14/04/2023 4:48 PM

Type : OP

Printed On : 14/04/2023 6:20 PM

Ref. Dr : MediWheel

Investigation

Observed  
Value

Unit

Biological  
Reference Interval

**HAEMATOLOGY**

**Complete Blood Count With - ESR**

Haemoglobin (EDTA Blood/Spectrophotometry)	14.5	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	44.0	%	42 - 52
RBC Count (EDTA Blood)	<b>4.63</b>	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	95.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	31.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.0	g/dL	32 - 36
RDW-CV	14.0	%	11.5 - 16.0
RDW-SD	<b>46.55</b>	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6600	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	64.5	%	40 - 75
Lymphocytes (Blood)	26.3	%	20 - 45
Eosinophils (Blood)	1.4	%	01 - 06
Monocytes (Blood)	7.6	%	01 - 10



*Anusha*  
Dr Anusha.K.S  
Sr.Consultant Pathologist  
Reg No : 100674

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Basophils (Blood)	0.2	%	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)	4.26	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.74	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.09	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.50	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.01	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood)	150	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood)	13.4	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	<b>0.20</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood)	6	mm/hr	< 15



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<b><u>BIOCHEMISTRY</u></b>			
<b><u>Liver Function Test</u></b>			
Bilirubin(Total) (Serum/DCA with ATCS)	1.24	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.44	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.80	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	49.07	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	80.80	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	23.30	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	64.2	U/L	53 - 128
Total Protein (Serum/Biuret)	7.05	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.61	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.44	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.89		1.1 - 2.2



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	<b>211.93</b>	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	<b>170.57</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>48.79</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	129	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	34.1	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	163.1	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.



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.3		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)	3.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	4.5	%	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 %

Estimated Average Glucose 82.45 mg/dL  
(Whole Blood)

**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 glyemic 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/ECLIA)	1.26	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 (Tyroxine) - Total (Serum/ECLIA)	8.16	µg/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/ECLIA)	<b>6.07</b>	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 (URINE COMPLETE)

Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	35		

### CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5		4.5 - 8.0
Specific Gravity (Urine)	1.015		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative



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Leukocytes(CP) (Urine)	Negative		
<b><u>MICROSCOPIC EXAMINATION</u></b> <b><u>(URINE COMPLETE)</u></b>			
Pus Cells (Urine)	0-2	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	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.



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**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'A' 'Positive'

**INTERPRETATION:**Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.



Reg No:KMC 89655

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## BIOCHEMISTRY

BUN / Creatinine Ratio

9.7

6.0 - 22.0

Glucose Fasting (FBS)

81.26

mg/dL

(Plasma - F/GOD-PAP)

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.

Glucose, Fasting (Urine)

Negative

Negative

(Urine - F/GOD - POD)

Glucose Postprandial (PPBS)

70.86

mg/dL

(Plasma - PP/GOD-PAP)

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 Glucose(PP-2 hours)

Negative

Negative

(Urine - PP)

Blood Urea Nitrogen (BUN)

11.4

mg/dL

(Serum/Urease UV / derived)

7.0 - 21

Creatinine

1.18

mg/dL

(Serum/Modified Jaffe)

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.

Uric Acid

6.84

mg/dL

(Serum/Enzymatic)

3.5 - 7.2



APPROVED BY

-- End of Report --

Patient Name	Aman Singh	Date	14/4/23
Age	34Y	Visit Number	522305797
Sex	male	Corporate	mediawheel

### GENERAL PHYSICAL EXAMINATION

Identification Mark : —

Height : 172.5 cms

Weight : 93 kgs

Pulse : 78b/w /minute

Blood Pressure : 100/70 mmHg mm of Hg

BMI : 31.3 kg/m<sup>2</sup>

#### BMI INTERPRETATION

Underweight = <18.5

Normal weight = 18.5-24.9

Overweight = 25-29.9

Chest :

Expiration : 100 cms

Inspiration : 104 cms

Abdomen Measurement : 100 cms

Eyes : B/L pupils equal ⊕ Ears : NAD

Throat : NAD Neck nodes : no palpable no tender

RS : B/L RVS ⊕ CVS : S<sub>1</sub>S<sub>2</sub> sounds clear

PA : soft ⊕ not tender CNS : NAD

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO



Signature

Dr. RITESH RAJ, MBBS  
General Physician & Diabetologist  
KMC Reg. No. 85875



MIR. AMAN SINGH  
ID: MED121812918

34 Years

Male

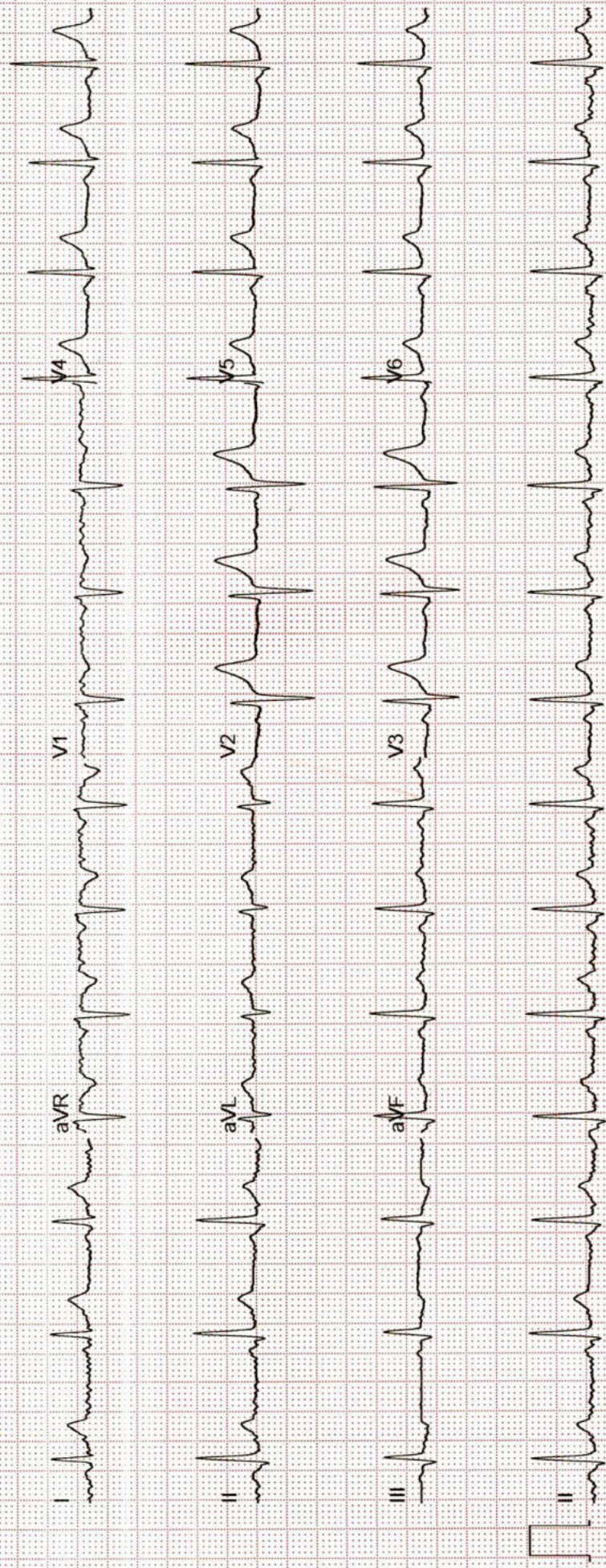
14.04.2023 8:56:46  
CLUMAX DIAGNOSTICS  
VYALIKAVAL  
BANGALORE

84 bpm  
/ / mmHg

QRS : 74 ms  
QT / QTcBaz : 350 / 413 ms  
PR : 110 ms  
P : 66 ms  
RR / PP : 718 / 714 ms  
P / QRS / T : 52 / 59 / 26 degrees

Sinus rhythm with sinus arrhythmia with ~~short QTc~~  
Otherwise normal ECG

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:





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Age & Gender	34Y/MALE	Visit Date	14 Apr 2023
Ref Doctor Name	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size (13.7cms) and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

**GALL BLADDER** is partially distended. No evidence of calculus. CBD is not dilated.

**PANCREAS** Head appears normal. Rest of the pancreas is obscured by bowel gas shadows. No evidence of ductal dilatation or calcification.

**SPLEEN** shows normal shape, size and echopattern.

#### **BOTH KIDNEYS**

**Bilateral kidneys are mildly enlarged in size and show multiple cysts of varying sizes are seen of scattered throughout largest cyst measuring 3.5 x 2.5mm in upper pole of right kidney and measuring 3.2 x 3.0 mm upper pole of left kidney. No septations/ internal echoes**

**Multiple echogenic foci are seen in bilateral kidneys ranging in size from 3 - 5mm.**

**Right kidney:** Cortico-medullary differentiation is well madeout. No evidence of hydronephrosis.

**Left kidney:** Cortico-medullary differentiation is well madeout. No evidence of hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	13.0	1.5
Left Kidney	13.3	1.6

**URINARY BLADDER** shows 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:**

- **Enlarged bilateral kidneys with multiple cysts of varying sizes as describe above -? Autosomal dominant polycystic kidneys.**
- **Bilateral non obstructive renal calculi**

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**DR.HJEMANANDINI V.N.**  
**CONSULTANT RADIOLOGIST**  
hn/Gk

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## ECHO CARDIOGRAPHIC STUDY

<b>M-Mode</b>				
AORTA			28	mm
LEFT ARTIUM			30	mm
RIGHT VENTRICLE			24	mm
LEFT VENTRICLE (Diastole)			49	mm
LEFT VENTRICLE (Systole)			32	mm
VENTRICULAR SEPTUM (Diastole)			09	mm
POSTERIOR WALL (Diastole)			08	mm
END DIASTOLIC VOLUME			112	ml
END SYSTOLIC VOLUME			41	ml
STROKE VOLUME			71	ml
FRACTIONAL SHORTENING			35	%
EJECTION FRACTION			64	%
<b>DOPPLER / COLOUR FLOW</b>				
MITRAL VALVE	E- 0.9	A -0.7	m/se c	NO MR
AORTIC VALVE	1.0	-	m/se c	NO AR
TRICUSPID VALVE	-	-	m/se c	NO TR
PULMONARY VALVE	0.9	-	m/se c	NO PR



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### FINDINGS

LEFT VENTRICLE	SIZE	NORMAL
	THICKNESS	NORMAL
LV FUNCTION	REGIONAL WALL MOTION ABNORMALITY	ABSENT
LEFT ATRIUM	NORMAL	
RIGHT VENTRICLE	NORMAL	
RIGHT ATRIUM	NORMAL	
MITRAL VALVE	NORMAL	
AORTIC VALVE	NORMAL	
PULMONARY VALVE	NORMAL	
TRICUSPID VALVE	NORMAL	
INTER ATRIAL SEPTUM	INTACT	
INTER VENTRICULAR SEPTUM	INTACT	
PERICARDIUM	NORMAL, NO EFFUSION	
GREAT VESSELS	AORTA - NORMAL PULMONARY ARTERY - NORMAL	

### **CONCLUSION:**

- **NORMAL CHAMBER DIMENSIONS.**
- **NORMAL VALVES**
- **NO REGIONAL WALL MOTION ABNORMALITIES**
- **NORMAL LV SYSTOLIC FUNCTION.LVEF- 64 %**
- **NO CLOTS / VEGETATION / PE.**

**DR NAGESH M B**  
**CONSULTANT**  
**CARDIOLOGIST**

(PLEASE CORRELATE WITH ECG & CLINICAL FINDINGS)

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Age & Gender	34Y/MALE	Visit Date	14 Apr 2023
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Age & Gender	34Y/M	Visit Date	Apr 14 2023 7:54AM
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.G KAMESH

CONSULTANT RADIOLOGIST