OPTICAL STORE

Unique Collection

Ph: 9611444957

Vyalikaval Main road No.12 Lakshmi Nilaya, Ground Floor,
2nd Main Road, Vyalikaval, Bengaluru Karnataka - 560003

Name VADDADI SRINIVASA Ph No 8698185243

Age 30 L

CHIEF COMPLAINTS

RE / LE / BE DOV / Blurring / Eyeache / Burning
Itching / Pricking / Redness

Visual Activity

	RE	LE
Distance/ Near	6/6	6/6
With PH		
With Glasses/CL	6/6	6/6

Color Vision: N-A

	RE				LE			
	SPH	CYL	AXIS	VN	SPH	CYL	AXIS	VN
Distance		Plan				Plan		
Near								

Advise: Constant Use / Near Use / Distance Only

Mr. Ravikumar H L
(Consultant Optometrist)

, MR.Vaddadi srinivas
ID: MED120883173

30.03.2023 9:43:36
CLUMAX DIAGNOSTICS
VYALIKAVAL
BANGALORE

82 bpm
-- / -- mmHg

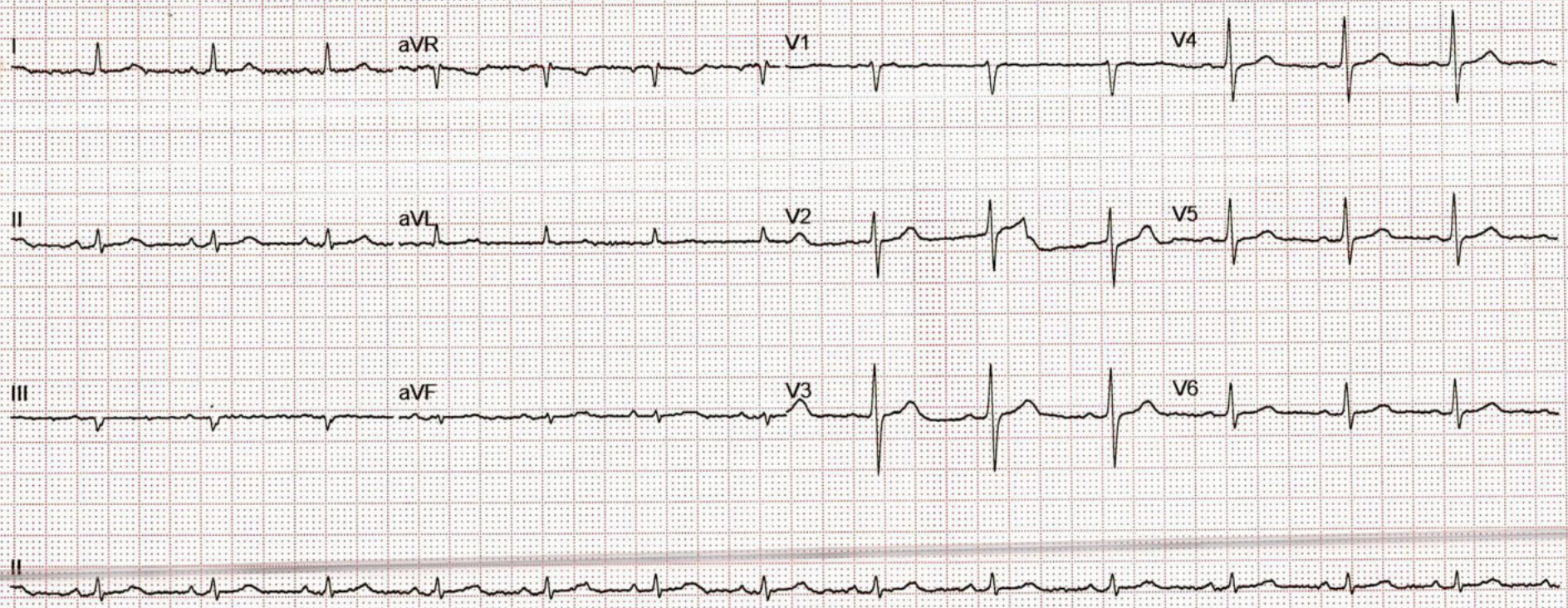
Male

38 Years

QRS	78 ms
QT / QTcBaz	366 / 427 ms
PR	148 ms
P	78 ms
RR / PP	730 / 731 ms
P / QRS / T	62 / -1 / 38 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

Patient Name	Vaddadi	Date	30/3/23
Age	38 Y	Visit Number	522304894
Sex	male	Corporate	mediwheel

GENERAL PHYSICAL EXAMINATION

Identification Mark : Left shoulder black mole.

Height : 168 cm cms

Weight : 93 Kg kgs

Pulse : 85 b/m. /minute

Blood Pressure : 130/90 mm of Hg

BMI : 33

BMI INTERPRETATION
Underweight = <18.5
Normal weight = 18.5–24.9
Overweight = 25–29.9

Chest :

Expiration : 93 cms

Inspiration : 95 cms

Abdomen Measurement : 94. cms

Eyes : B/L pupils Ears : NAD

Throat : NAD Neck nodes : no palpable no tender

RS : B/L NVBS (+) CVS : S_1, S_2 sounds clear

PA : Soft & no 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

Name	VADDADI SRINIVASA RAO	ID	MED120883173
Age & Gender	38Year(s)/MALE	Visit Date	3/30/2023 12:00:00 AM
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (14.1cms) **and has increased echogenicity.** No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER shows normal shape and has clear contents. Wall is of normal thickness.
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
Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	8.7	1.2
Left Kidney	9.9	1.2

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:

- **Grade I fatty infiltration of liver.**
- **No other significant sonological abnormality detected.**

DR.KAMESH G
CONSULTANT RADIOLOGIST
Kg/Lr

Name	VADDADI SRINIVASA RAO	Customer ID	MED120883173
Age & Gender	38Y/M	Visit Date	Mar 30 2023 9:14AM
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.***

G. Kamesh

DR.G KAMESH

CONSULTANT RADIOLOGIST

Name	: **Mr. VADDADI SRINIVASA RAO**		
PID No.	: MED120883173	**Register On**	: 30/03/2023 9:14 AM
SID No.	: 522304894	**Collection On**	: 30/03/2023 10:11 AM
Age / Sex	: 38 Year(s) / Male	**Report On**	: 30/03/2023 3:42 PM
Type	: OP	**Printed On**	: 31/03/2023 9:04 AM
Ref. Dr	: **MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/*Spectrophotometry*)	15.4	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	45.1	%	42 - 52
RBC Count (EDTA Blood)	4.75	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	94.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	**32.3**	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.1	g/dL	32 - 36
RDW-CV	13.6	%	11.5 - 16.0
RDW-SD	45.17	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	5600	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	69.2	%	40 - 75
Lymphocytes (Blood)	21.0	%	20 - 45
Eosinophils (Blood)	2.0	%	01 - 06
Monocytes (Blood)	7.3	%	01 - 10

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

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Investigation	Observed Value	Unit	Biological Reference Interval
Basophils (Blood)	0.5	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.88	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	**1.18**	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.11	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.41	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.03	10^3 / µl	< 0.2
Platelet Count (EDTA Blood)	220	10^3 / µl	150 - 450
MPV (Blood)	8.1	fL	7.9 - 13.7
PCT (*Automated Blood cell Counter*)	**0.18**	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	7	mm/hr	< 15

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Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/*DCA with ATCS)*	0.80	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid)*	0.25	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived)*	0.55	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC)*	16.59	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC)*	19.65	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	17.10	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC)*	83.4	U/L	53 - 128
Total Protein (Serum/*Biuret)*	7.47	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	4.70	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived)*	2.77	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived)*	1.70		1.1 - 2.2

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Investigation	Observed Value	Unit	Biological Reference Interval
Lipid Profile			
Cholesterol Total (Serum/*CHOD-PAP with ATCS)*	184.24	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS)*	**215.59**	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)*	**29.57**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/*Calculated)*	111.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated)*	43.1	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated)*	154.7	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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Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated*)	6.2		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*)	7.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	3.8		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

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Investigation	Observed Value	Unit	Biological Reference Interval
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/*HPLC)*	5.3	%	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 (Whole Blood*)*	105.41	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.

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Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*ECLIA*)	1.56	ng/ml	0.7 - 2.04

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*)	9.53	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*)	3.28	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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

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Investigation	Observed Value	Unit	Biological Reference Interval
CLINICAL PATHOLOGY			
PHYSICAL EXAMINATION (URINE COMPLETE)			
Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	25		
CHEMICAL EXAMINATION (URINE COMPLETE)			
pH (Urine)	5		4.5 - 8.0
Specific Gravity (Urine)	1.012		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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Investigation	Observed Value	Unit	Biological Reference Interval
Leukocytes(CP) (Urine)	Negative		
MICROSCOPIC EXAMINATION (URINE COMPLETE)			
Pus Cells (Urine)	**0-1**	/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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Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/*Agglutination)*	'O' 'Positive'		

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

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Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
BUN / Creatinine Ratio	7.61		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP)*	88.76	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.

Glucose, Fasting (Urine) (Urine - F/*GOD - POD)*	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD-PAP)*	86.92	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 Glucose(PP-2 hours) (Urine - PP*)*	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived)*	10.2	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe)*	**1.34**	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/*Enzymatic)*	5.05	mg/dL	3.5 - 7.2

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-- End of Report --