

**Name** : Mr. VISHWAS H V  
**PID No.** : MED122271770 **Register On** : 10/11/2023 8:39 AM  
**SID No.** : 522317574 **Collection On** : 10/11/2023 9:46 AM  
**Age / Sex** : 33 Year(s) / Male **Report On** : 10/11/2023 7:46 PM  
**Type** : OP **Printed On** : 11/11/2023 7:52 AM  
**Ref. Dr** : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh TYPING	'B' Positive'		
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(EDTA Blood/Agglutination)

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

**Complete Blood Count With - ESR**

Haemoglobin (EDTA Blood/Spectrophotometry)	16.1	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	49.6	%	42 - 52
RBC Count (EDTA Blood)	5.50	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	90.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	29.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.4	g/dL	32 - 36
RDW-CV	13.8	%	11.5 - 16.0
RDW-SD	44.2	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6400	cells/cu.m m	4000 - 11000
Neutrophils (Blood)	52.8	%	40 - 75
Lymphocytes (Blood)	35.5	%	20 - 45
Eosinophils (Blood)	1.9	%	01 - 06



APPROVED BY

The results pertain to sample tested.

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Monocytes (Blood)	9.1	%	01 - 10
Basophils (Blood)	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)	3.4	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.3	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.1	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.6	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.0	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood)	199	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood)	10.1	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.201	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	10	mm/hr	< 15
BUN / Creatinine Ratio	13.1		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	90.07	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: $\geq$ 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.



The results pertain to sample tested.

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Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	<b>159.37</b>	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)	<b>Trace</b>		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	14.2	mg/dL	7.0 - 21
----------------------------------------------------------	------	-------	----------

Creatinine (Serum/Modified Jaffe)	1.08	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/Enzymatic)	<b>8.74</b>	mg/dL	3.5 - 7.2
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.54	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.38	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	22.47	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	<b>42.66</b>	U/L	5 - 41
--------------------------------------------------------------	--------------	-----	--------



  
**DR SUHAS L MD**  
 Consultant Pathologist  
 KMC No. 111687  
**APPROVED BY**

The results pertain to sample tested.

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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	73.28	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	70.4	U/L	53 - 128
Total Protein (Serum/Biuret)	6.12	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.04	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.08	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.94		1.1 - 2.2

**Lipid Profile**

Cholesterol Total (Serum/CHOD-PAP with ATCS)	272.16	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	345.05	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)	40.40	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	162.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	69	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	231.8	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)	6.7		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)	8.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

**Glycosylated Haemoglobin (HbA1c)**



  
**DR SUHAS L.M.D.**  
 Consultant Pathologist  
 KMC No. 111687  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
HbA1C (Whole Blood/HPLC)	<b>6.2 (Rechecked)</b>	%	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:** Values rechecked.

Estimated Average Glucose (Whole Blood)	131.24	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 glyceimic 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.

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/ECLIA)	0.930	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)	5.22	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)	1.09	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<math>\leq 0.03 \mu\text{IU/mL}</math> need to be clinically correlated due to presence of rare TSH variant in some individuals.

**URINE ROUTINE**

**PHYSICAL EXAMINATION (URINE COMPLETE)**

Colour (Urine)	Pale yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	20	

**CHEMICAL EXAMINATION (URINE COMPLETE)**

pH (Urine)	5.5	4.5 - 8.0
Specific Gravity (Urine)	1.011	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal



  
**DR SUHAS L MD**  
 Consultant Pathologist  
 KMC No. 111687  
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Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		


**MICROSCOPIC EXAMINATION**  
**(URINE COMPLETE)**

Pus Cells (Urine)	<b>0-1</b>	/hpf	NIL
Epithelial Cells (Urine)	<b>0-1</b>	/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.

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL



  
**DR SUHAS L M D**  
Consultant Pathologist  
KMC No. 111687  
APPROVED BY

-- End of Report --



Name	MR.VISHWAS H V	ID	MED122271770
Age & Gender	33Y/MALE	Visit Date	10 Nov 2023
Ref Doctor Name	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size (14.8 cm) and shows increased echogenicity with focal fatty sparing. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

**GALL BLADDER** is partially distended. CBD is not dilated.

**PANCREAS** has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

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

#### **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	9.8	1.3
Left Kidney	11.1	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:**

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

**DR. HEMANANDINI V.N**  
**CONSULTANT RADIOLOGIST**

Name	MR.VISHWAS H V	ID	MED122271770
Age & Gender	33Y/MALE	Visit Date	10 Nov 2023
Ref Doctor Name	MediWheel		

Hn/Mi

Name	MR.VISHWAS H V	ID	MED122271770
Age & Gender	33Y/MALE	Visit Date	10 Nov 2023
Ref Doctor Name	MediWheel		

## 2D ECHOCARDIOGRAPHIC STUDY

### M-mode measurement:

AORTA	:	2.42	cms.
LEFT ATRIUM	:	3.09	cms.
AVS	:	1.47	cms.
<b>LEFT VENTRICLE</b>			
(DIASTOLE)	:	4.22	cms.
(SYSTOLE)	:	2.42	cms.
<b>VENTRICULAR SEPTUM</b>	:		
(DIASTOLE)	:	1.08	cms.
(SYSTOLE)	:	1.80	cms.
<b>POSTERIOR WALL</b>	:		
(DIASTOLE)	:	1.34	cms.
(SYSTOLE)	:	1.54	cms.
EDV	:	79	ml.
ESV	:	20	ml.
FRACTIONAL SHORTENING	:	42	%
EJECTION FRACTION	:	60	%
EPSS	:	---	cms.
RVID	:	1.80	cms.

### DOPPLER MEASUREMENTS:

MITRAL VALVE:	E - 0.8 m/s	A - 0.4 m/s	NO MR.
AORTIC VALVE:	1.1 m/s		NO AR.
TRICUSPID VALVE:	E - 0.4 m/s	A - 0.2 m/s	NO TR.
PULMONARY VALVE:	0.8 m/s		NO PR.

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## **2D ECHOCARDIOGRAPHY FINDINGS:**

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: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

**DR. YASHODA RAVI**  
**CONSULTANT CARDIOLOGIST**

Name	MR.VISHWAS H V	ID	MED122271770
Age & Gender	33Y/MALE	Visit Date	10 Nov 2023
Ref Doctor Name	MediWheel		

Name	Mr. VISHWAS H V	Customer ID	MED122271770
Age & Gender	33Y/M	Visit Date	Nov 10 2023 8:38AM
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 KARTHIK VIJAY DATTANI. MD., PDCC  
CONSULTANT RADIOLOGIST**

# OPTICAL STORE

Unique Collection

Ph: 9611444957

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

Name: **Vishwas H.V**  
Age: **33/M**

Ph No

### 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/Ci	—	

Color Vision: **BE: Normal**

	RE				LE			
	SPH	CYL	AXIS	VN	SPH	CYL	AXIS	VN
Distance	Plane 6/6				Plane 6/6			
Near								

Advise: Constant Use / Near Use / Distance Only

**Ravi Kumar H L**  
10/1/23  
(Consultant Optometrist)

Patient Name	Vishwas.H.V	Date	10/11/2023
Age	33yrs	Visit Number	522312574
Sex	Male	Corporate	Medi wheel

### GENERAL PHYSICAL EXAMINATION

Identification Mark :

Height : 169 cm

Weight : 88.3 kgs

Pulse : 88 /minute

Blood Pressure : 130/90 mm of Hg

BMI : 31.1

#### BMI INTERPRETATION

**Underweight = <18.5**

**Normal weight = 18.5-24.9**

**Overweight = 25-29.9**

Chest :

Expiration : 89 cm

Inspiration : 93 cm

Abdomen Measurement : 92 cm

Eyes : clinically NAD Ears : clinically NAD

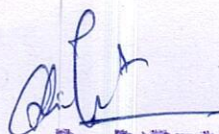
Throat : NAD Neck nodes : no lymphadenopathy

RS : RLL A5 (+) CVS : S2 @

PA : Soft, non tender CNS : conscious & oriented

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 & Diabetologies  
KMC Reg. No: 85875  
CLIMAX DIAGNOSTICS





33 Years

Male

QRS : 96 ms  
QT / QTcBaz : 356 / 415 ms  
PR : 144 ms  
P : 106 ms  
RR / PP : 732 / 731 ms  
P / QRS / T : 45 / 86 / 33 degrees

Normal sinus rhythm with sinus arrhythmia  
Normal ECG

