#### **MYSORE-BALLAL CIRCLE**



5:30pm

--- A MEDALL COMPANY ---

Date 23-Jul-2022 9:53 AM

Customer Name	MR.PANDULA BALA BALAJI	DOB	:23 Jul 1991
Ref Dr Name	:MediWheel	Age	:31Y/MALE
Customer Id	:MED111209703	Visit ID	:712222375
Email Id		Phone No	:8187050506
Corp Name	:MediWheel		
Address			

Package Name : Mediwheel Full Body Health Checkup Male Below 40

S.N	o Modalit	sy Study	Accession No	Time	Seq	Signature
1	LAB	LIPID PROFILE	-			
2	LAB	LIVER FUNCTION TEST (LFT)	-			
3	LAB	URIC ACID				
4	LAB	URINE GLUCOSE - FASTING -				
5	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
6	LAB	COMPLETE BLOOD COUNT WITH ESR				
7	LAB	THYROID PROFILE/ TFT( T3, T4, TSH)				
8	LAB	STOOL ANALYSIS - ROUTINE	- neot give			
9	LAB	URINE ROUTINE				
10 1	LAB	CREATININE				
1 - L	LAB	BUN/CREATININE RATIO				
1.2 L	_AB	BLOOD UREA NITROGEN (BUN)	_			
.3 L	AB	GLUCOSE - FASTING				
.4 L		GLUCOSE - POSTPRANDIAL	/			
5 L.		GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
υL		BLOOD GROUP & RH TYPE				

tps://uwinlite7.medallcorp.in/Blruwin/UwinLite/FrmPrintPatintDetails.aspx?AppId=2704501

		(Forward Reverse)	
	OTHERS	physical examination	MYS2704501102651
18	US	ULTRASOUND ABDOMEN	MYS2704501103462
19	OTHERS	Treadmill / 2D Echo	MYS2704501127528 5:002 1
20	OTHERS	EYE CHECKUP	MYS2704501135592
21	X-RAY	X RAY CHEST	MYS2704501145199
22	OTHERS	Consultation Physician	MYS2704501148004
23	ЕСНО	ELECTROCARDIOGRAM ECG	MYS2704501149333

Registerd By (A.JAYASHREE)



# **FITNESS CERTIFICATE**

NAME: Mr. Pardeda Bala Rolaje	AGE: 31	
Ht: (6) CMS	Wt: 72 KGS	SEX: Mole

PARAMETERS	MEASUREMENTS				
PULSE / BP (supine)	72 / mt / /mmHg 130/8000000				
INSPIRATION	41 Cm				
EXPIRATION	Lo Cm				
CHEST CIRCUMFERENCE	AI Cm				
PREVIOUS ILLNESS	Mae				
VISION					
FAMILY HISTORY	FATHER: MOTHER:				

**REPORTS:** 

Hopsettiglescolderia

DATE:

PLACE:

**CONSULTANT PHYSICIAN** 

Dr. NIKHIL. B. M.D., D.M.(Cardiologist) Interventional Cardiologist KMC Reg. No.: 90111

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23 107/2090 Mysuu



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Customer Name	MR.PANDULA BALA BALAJI	Customer ID	MED111209703
Age & Gender	31Y/MALE	Visit Date	23/07/2022
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	10.4	1.8
Left Kidney	10.2	1.8

**URINARY BLADDER** show 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 CHANGES IN LIVER.

# **CONSULTANT RADIOLOGISTS**

DR. ANITHA ADARSH MB/SV

DR. MOHAN B



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# Medall Diagnostics Ballal Circle(Ashoka circle) - Mysore

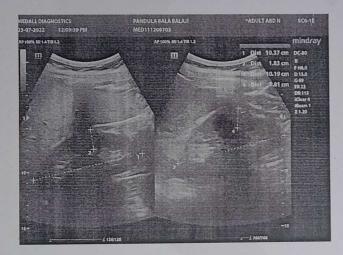
Customer Name	MR.PANDULA BALA BALAJI	Customer ID	MED111209703		
Age & Gender	31Y/MALE	Visit Date	23/07/2022		
Ref Doctor	MediWheel				



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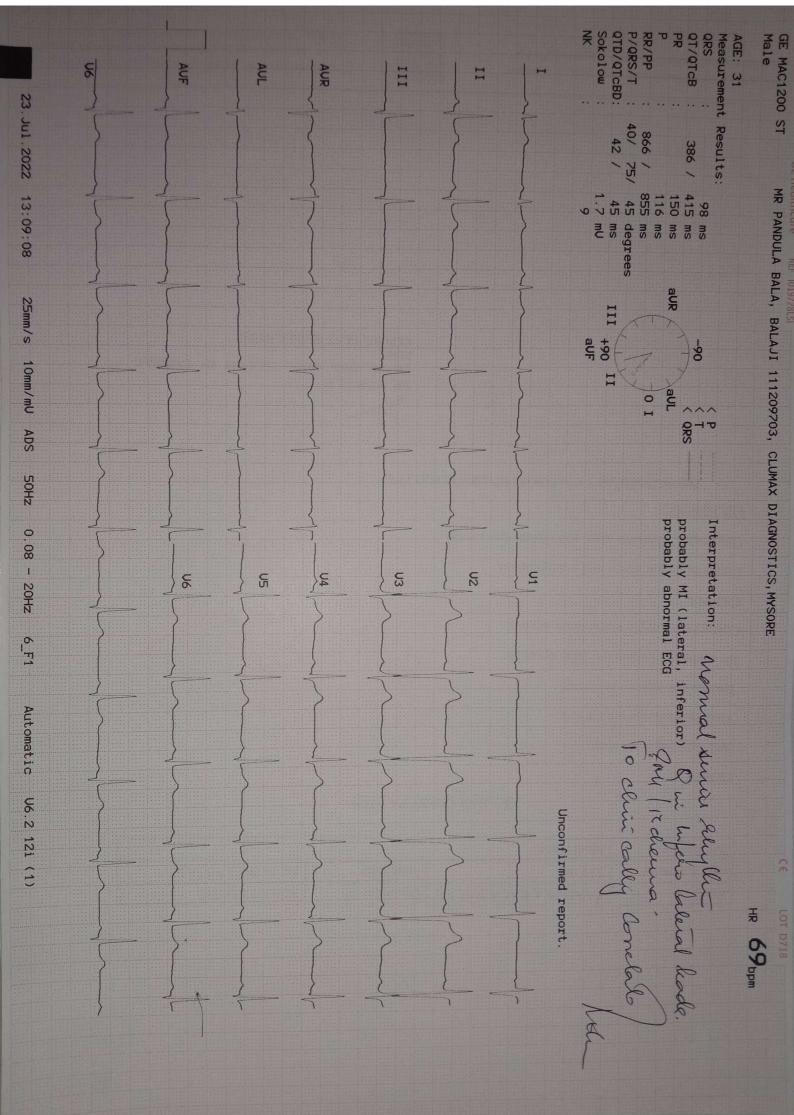




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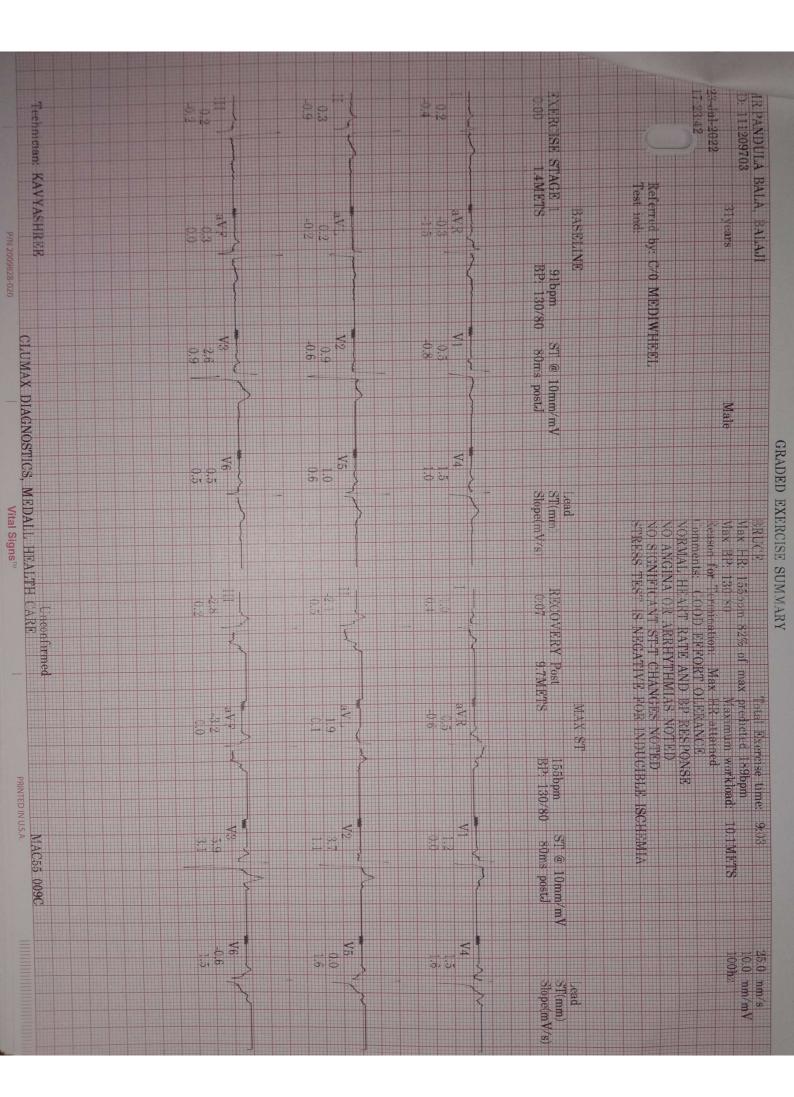


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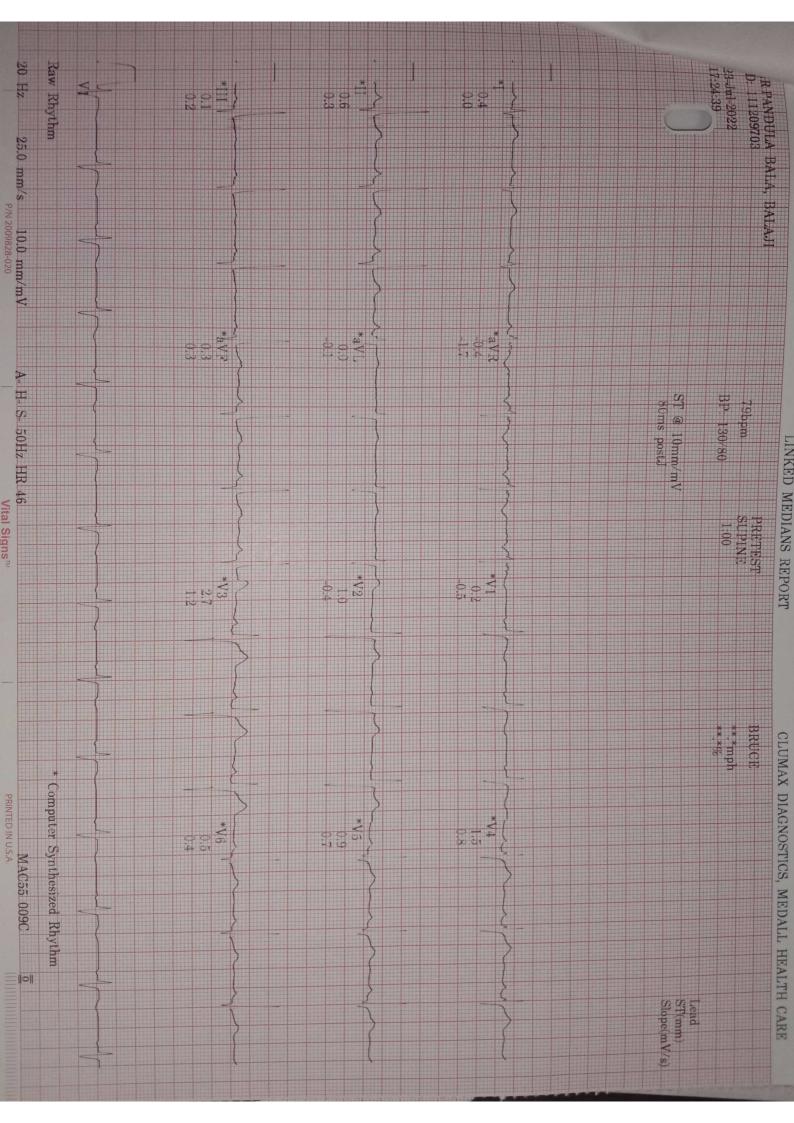
		ZECOVERY Post	STAGE 4	STAGE 3	STACE 2	EXERCISE STAGE 1	RETEST SUPINE	Name Name		Referred by: C 0 MEDIWHEEL Test ind:		31years	D: 111209703	
		4:14	0:03	3:00	3:00	3:00	96.1	Stage	Time in			Male		TABU
		* *	4.2	3.4	2.5		0.8	(mph)	Speed	Since a	Lomm	Max B	BRUC Max H	TABULAR SUMMARY REPORT
		- X	.D.				A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.	2. E	Grade	NO ANGINA OR ARREVTEMIAS NOTED NO SIGNEDICANT STE CHANGES NOTED STRESS TEST IS NEGATIVE FOR NOUCIBLE ISCHEMIA	AL HEART P	312 130 S0		RY REPORT
4 	AZ P	0.1	10.1	10.1	.0	+		(MEM)	WorkLoad	RREYTEMIAS ST T CHANGE VECATIVE PO	EFFORT OLE.	non Wax HR	Total Exercise time: 9:03 5560m 82% of max predicted 1896pm	
		45					5 C	(ppm)	£	NOTED S NOTED R NOUCIBL	RANCE	Max num workload.	a Exercise tin dicted 189bpm	
			120/80	0\$/081	08/08	08/08	08/03	(mmHg)	C.S.	E SCHEMIA		ad: 10.1METS	ne: 9:03	
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												100h	25.0	

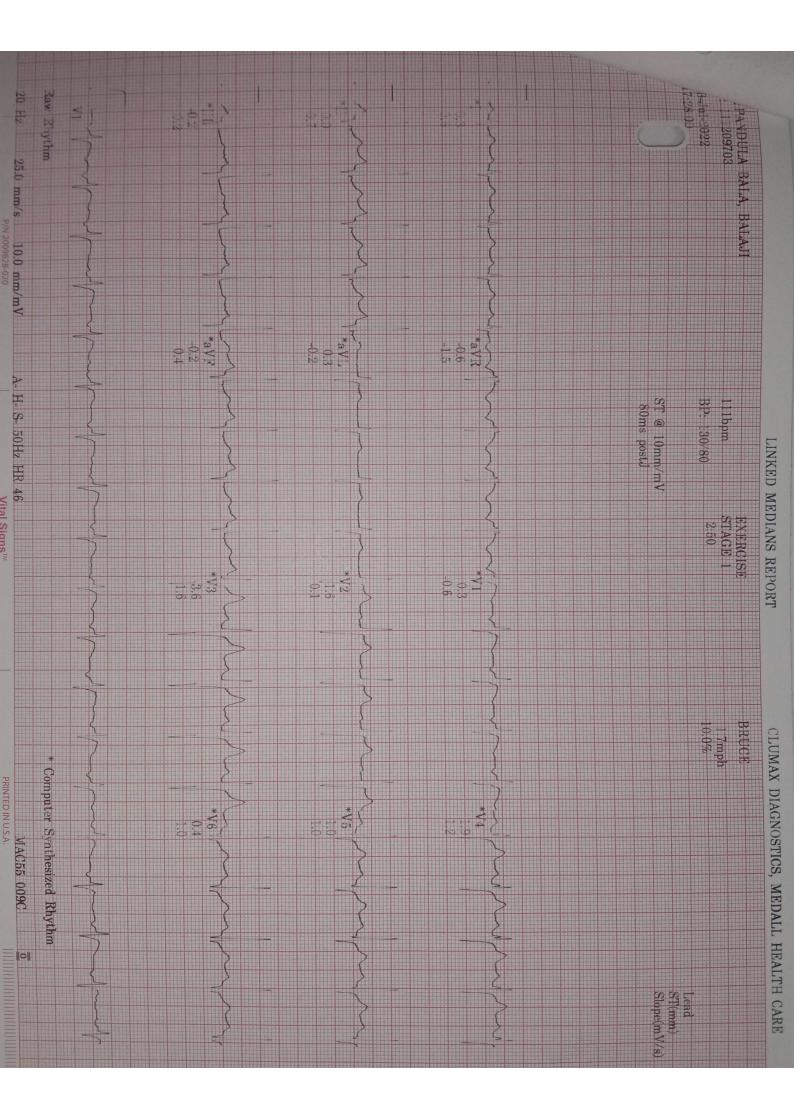
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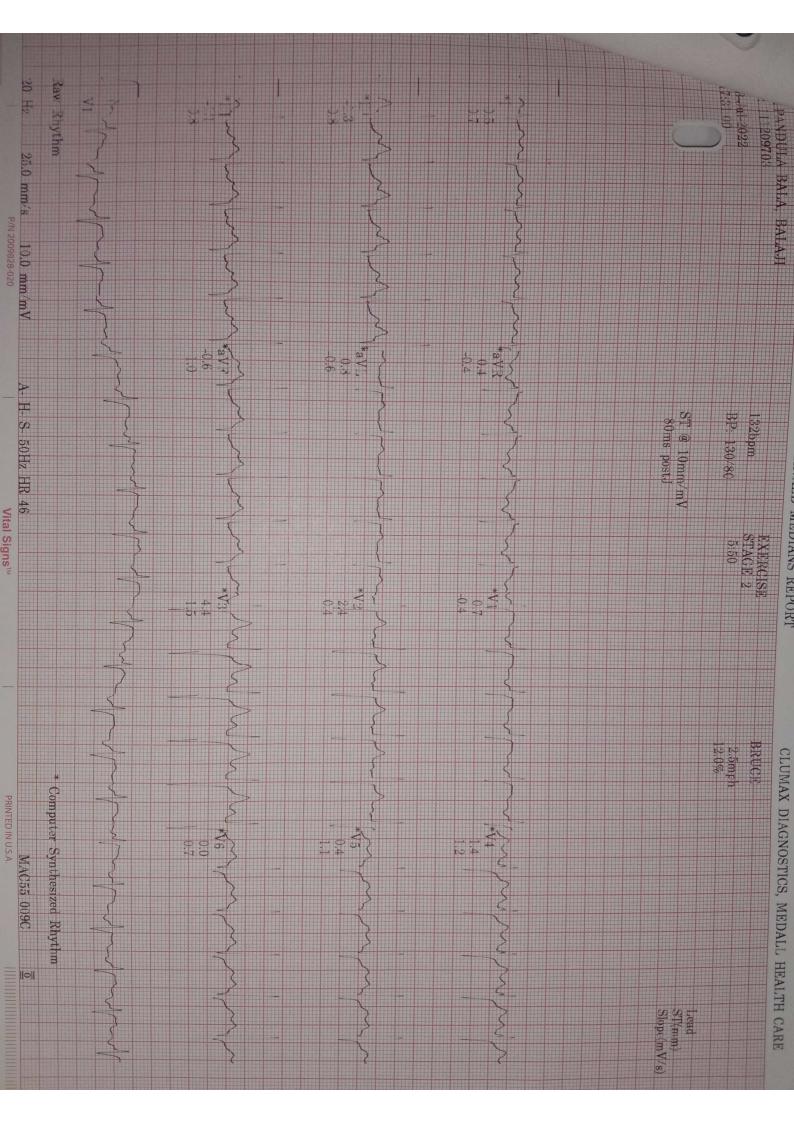


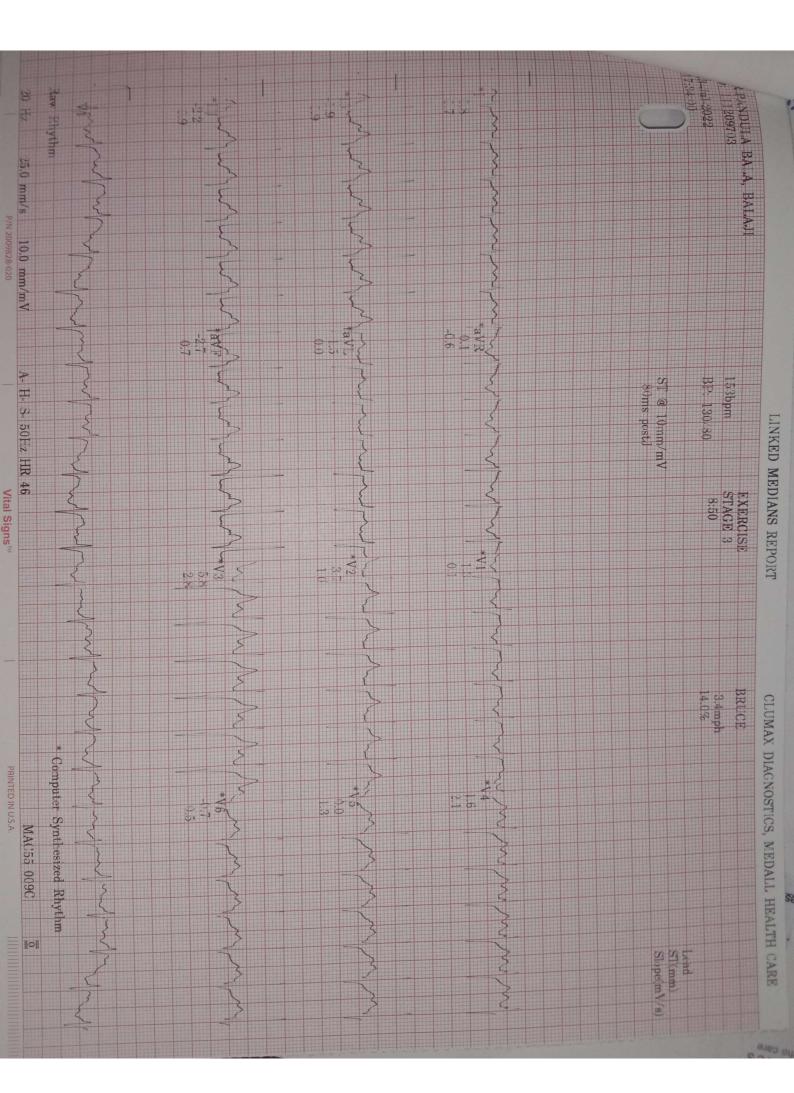
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nician: KAVYASHI?EE	ala		ate			81 087011 c	AAX ST DA	ty: C/0 MEDIW 1 CE	AI AJI
COUMAX DIAG	ave 1	all	ar ar			•	PEAK THE		Male
CUUMAX DIAGNOSTICS, MEDALL, H	a		al 3			4-14 130pm	TEST END RECOVERY	NORMAL NORMAL NO ST IN STRESS T	SELECTED MEDIAVS RE BRUCH Viax II RU Viax II
HE VIT & CAR III Med							X EN STAN	A CO ARRHYTHM A CO ARRHYTHM A CO ARRHYTHM A CO ARRHYTHM A CO ST.T. CHAN	REPERT
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Just Lisead ST(mm) Slope(mV		Vit vit		V 14.4		4:14 935pm	TEST END RECOVERY		5.0 mm/s 0.0 mm/mV 00hz mm/mV

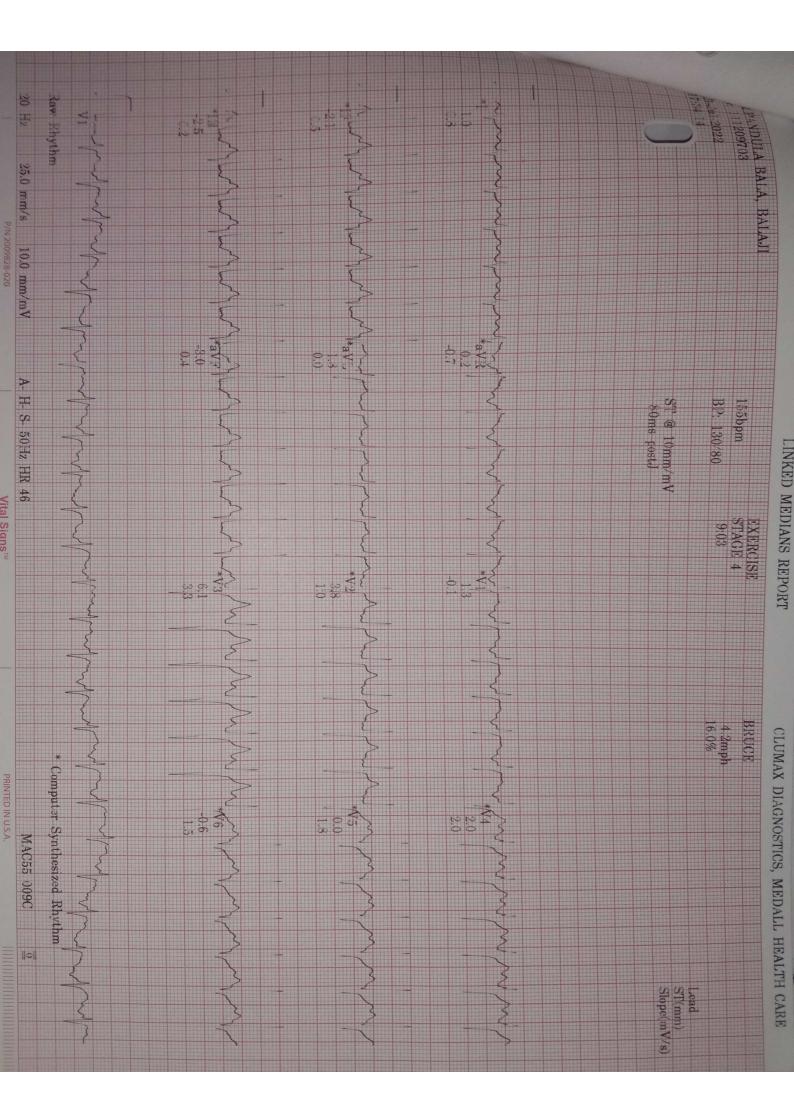
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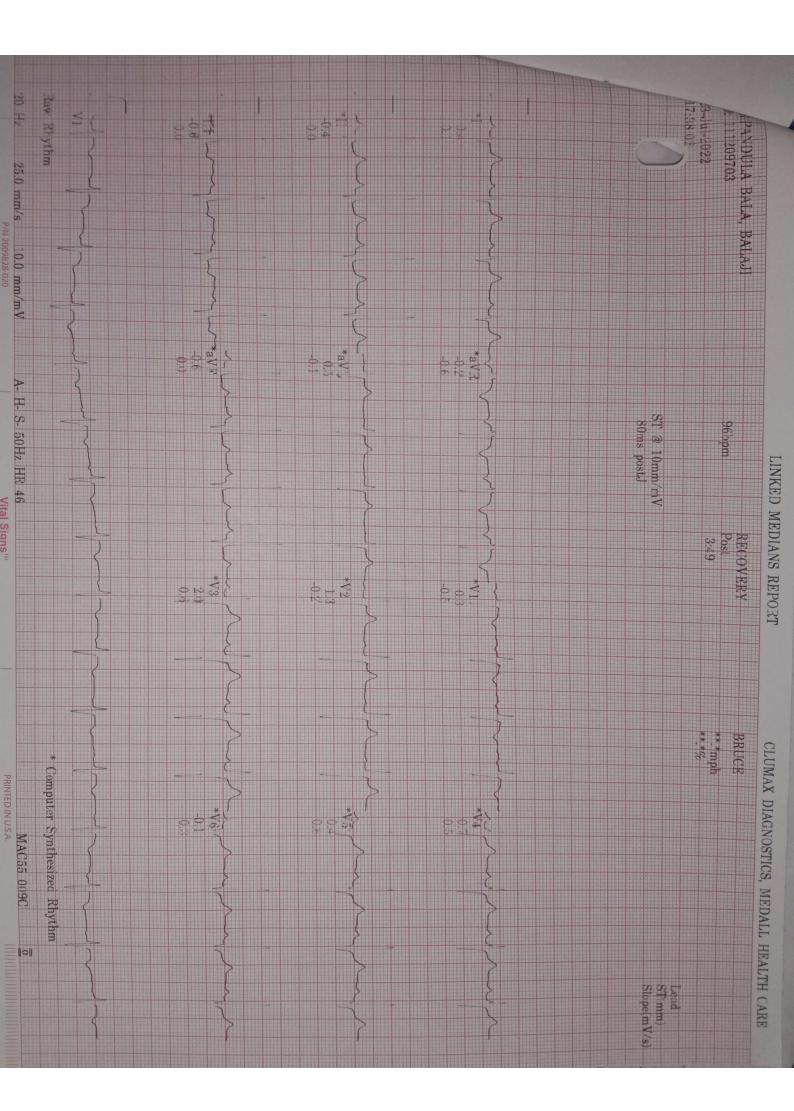


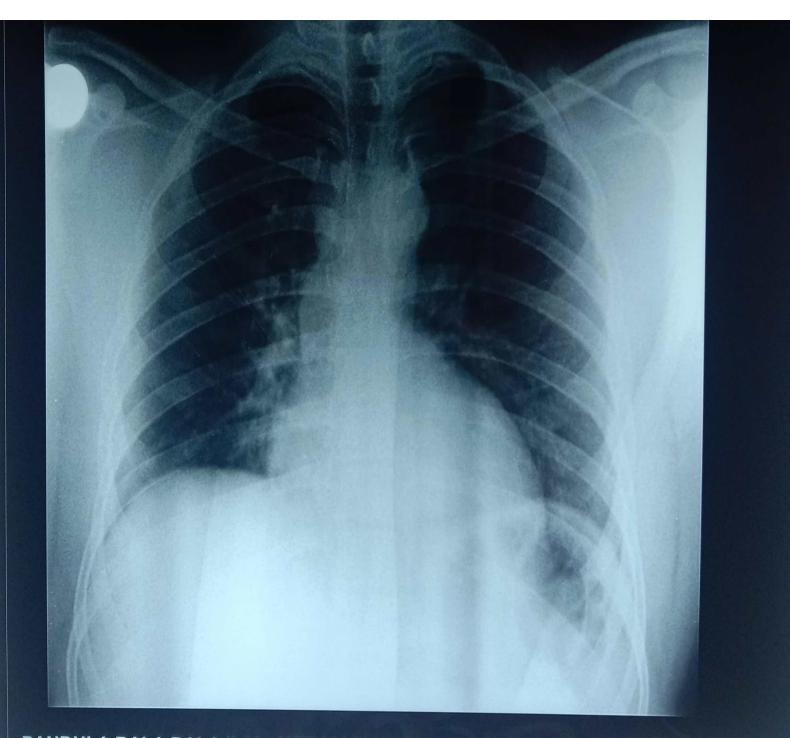












PANDULA BALA BALAJI 31 MED111209703 M CHEST PA 7/23/2022 11:00 AM MEDALL CLUMAX DIAGNOSTIC

Name	: Mr. PANDULA BALA BALA	JI	
PID No.	: MED111209703	Register On : 23/07/2022 9:53 AM	$\mathbf{O}$
SID No.	: 712222375	Collection On : 23/07/2022 11:28 AM	
Age / Sex	: 31 Year(s) / Male	Report On : 23/07/2022 5:51 PM	MEDALL
Туре	: OP	Printed On : 24/07/2022 10:50 AM	
Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<b>HAEMATOLOGY</b>			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Spectrophotometry)	15.8	g/dL	13.5 - 18.0
<b>INTERPRETATION:</b> Haemoglobin values vary in Men blood loss, renal failure etc. Higher values are often due t			
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	45.8	%	42 - 52
RBC Count (EDTA Blood/Automated Blood cell Counter)	5.39	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	85.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	29.4	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	34.6	g/dL	32 - 36
RDW-CV	13.2	%	11.5 - 16.0
(Derived) RDW-SD (Derived)	39.27	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	8730	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	42	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	47	%	20 - 45

Remark: Kindly correlate clinically.



APPROVED BY

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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	07	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	04	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.67	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.10	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.61	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.35	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10^3 / µl	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	290	10^3 / µl	150 - 450
MPV (Blood/Derived)	9.8	fL	7.9 - 13.7
РСТ	0.28	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/Automated ESR analyser)	08	mm/hr	< 15



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<b>BIOCHEMISTRY</b>			
Liver Function Test			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.3	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.20	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.7	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.7	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.00	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.57		1.1 - 2.2
INTERPRETATION: Remark : Electrophoresis is the	preferred method		
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	37	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	49	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	74	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	22	U/L	< 55



VERIFIED BY



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Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	257	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Remark: Kindly correlate clinically.			
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	288	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.

Remark: Kindly correlate clinically.

HDL Cholesterol (Serum/Immunoinhibition)	45	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/ <i>Calculated</i> )	154.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	57.6	mg/dL	< 30
Smohun Mr. Mr.S.Mohan Kumar Sr.LabTechnician			aree K.R

VERIFIED BY

APPROVED BY

Consultant Pathologist Reg No : KMC 103138

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Non HDL Cholesterol (Serum/ <i>Calculated</i> )	212.0	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)	5.7	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/ <i>Calculated</i> )	6.4	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.4	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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Investigation	<u>Observed</u>	<u>Unit</u>	<u>Biological</u>
Glycosylated Haemoglobin (HbA1c)	<u>Value</u>		Reference Interval
HbA1C (Whole Blood/ <i>HPLC</i> )	5.9	%	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	122.63	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 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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<b>IMMUNOASSAY</b>			
THYROID PROFILE / TFT			
T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA)) INTERPRETATION: Comment : Total T3 variation can be seen in other condition like pre Metabolically active.	1.22 gnancy, drugs, nepł	ng/ml nrosis etc. In such cases	0.7 - 2.04 , Free T3 is recommended as it is
T4 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	9.88	Microg/dl	4.2 - 12.0
<b>INTERPRETATION:</b> <b>Comment :</b> Total T4 variation can be seen in other condition like pre Metabolically active.	gnancy, drugs, nepł	nrosis etc. In such cases	, Free T4 is recommended as it is
TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	2.601	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) <b>Comment :</b> 1.TSH reference range during pregnancy depends on Iod 2.TSH Levels are subject to circadian variation, reaching of the order of 50%,hence time of the day has influence of 3.Values&amplt0.03 μIU/mL need to be clinically corre	peak levels betwee on the measured ser	n 2-4am and at a minin um TSH concentrations	num between 6-10PM. The variation can be

3.Values&amplt0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<b>CLINICAL PATHOLOGY</b>			
PHYSICAL EXAMINATION			
Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Volume (Urine/Physical examination)	30		ml
Appearance (Urine)	Clear		
CHEMICAL EXAMINATION			
pH (Urine)	7.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick <sup>-</sup> Reagent strip method)	1.010		1.002 - 1.035
Protein (Urine/Dip Stick <sup>-</sup> Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick <sup>-</sup> Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick <sup>-</sup> Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative



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Туре	: OP	Printed On	: 24/07/2022 10:50 AM		
Ref. Dr	: MediWheel				

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Blood	Nil		Nil
(Urine)			
Urobilinogen	Normal		Within normal limits
(Urine/Dip Stick - Reagent strip method)			
<u>Urine Microscopy Pictures</u>			
RBCs	Nil	/hpf	NIL
(Urine/Microscopy)			
Pus Cells	3-4	/hpf	< 5
(Urine/Microscopy)			
Epithelial Cells	1-2	/hpf	No ranges
(Urine/Microscopy)			
Others	Nil		Nil
(Urine)			

Dr Shouree K.R MBBS MD DNB Consultant Pathologist Reg No : KMC 103138 APPROVED BY

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Ref. Dr	: MediWheel			

### Investigation

# **IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination) **Remark:** Test to be confirmed by Gel method.

'B' 'Positive'

<u>Observed</u> <u>Value</u>



<u>Unit</u>

Biological Reference Interval

Name	: Mr. PANDULA BALA BALA	JI	
PID No.	: MED111209703	Register On : 23/07/2022 9:53 AM	M
SID No.	: 712222375	Collection On : 23/07/2022 11:28 AM	
Age / Sex	: 31 Year(s) / Male	Report On : 23/07/2022 5:51 PM	MEDALL
Туре	: OP	Printed On : 24/07/2022 10:50 AM	
Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<b>BIOCHEMISTRY</b>			
BUN / Creatinine Ratio	10.9		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	92	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	Nil		Nil
(Urine - F)			
Glucose Postprandial (PPBS)	100	mg/dL	70 - 140
(Plasma - PP/GOD - POD)			

#### **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)	13.1	mg/dL	7.0 - 21
Creatinine	1.3	mg/dL	0.9 - 1.3

### (Serum/Jaffe Kinetic)

**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	8.3	mg/dL	3.5 - 7.2
(Serum/Uricase/Peroxidase)			

Remark: Kindly correlate clinically.



VERIFIED BY



APPROVED BY

Name	: Mr. PANDULA BALA BALAJI				
PID No.	: MED111209703	Register On : 23/07/2022 9:53 AM	$\mathbf{C}$		
SID No.	: 712222375	Collection On : 23/07/2022 11:28 AM	-		
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Ref. Dr	: MediWheel				

-- End of Report --



Name	PANDULA BALA BALAJI	ID	MED111209703
Age & Gender	31Y/M	Visit Date	Jul 23 2022 9:53AM
Ref Doctor	MediWheel		

# X – RAY CHEST PA VIEW

### LUNGS:

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

# CARDIA:

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

# **IMPRESSION**:

• NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.

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