

Mediclu Diagnostics & Speciality Centre

Patient Details

Date: 11-Feb-23

Time: 14:03:40

Name: MR. KRISHNA MURTHY D ID: 258741547

Age: 43 y

Sex: M

Height: 170 cms

Weight: 70 Kgs

Interpretation

- Target heart rate achieved 90%.
- Average effort tolerance, Normal HR & BP response.
- No significant ST-T changes during exercise and recovery.
- No angina / Arrhythmias.

IMPRESSION:

- TMT NEGATIVE FOR INDUCIBLE ISCHEMIA.

To correlate clinically.

Ref. Doctor: MEDIWHEEL

Doctor: DR LOKESH KM

(Summary Report edited by user)

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Name: MR. KRISHNA MURTHY D **ID:** 258741547
Age: 43 y **Sex:** M **Height:** 170 cms **Weight:** 70 Kgs
Clinical History:

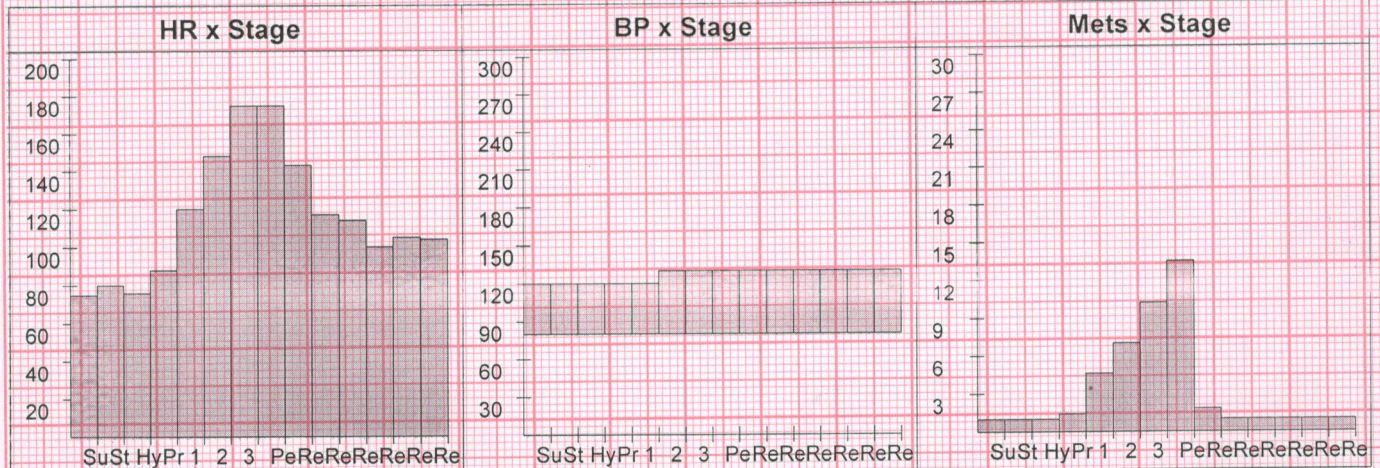
Medications:

Test Details

Protocol: Bruce **Pr.MHR:** 177 bpm **THR:** 159 (90 % of Pr.MHR) bpm
Total Exec. Time: 9 m 7 s **Max. HR:** 175 (99% of Pr.MHR)bpm **Max. Mets:** 13.50
Max. BP: 130 / 80 mmHg **Max. BP x HR:** 22750 mmHg/min **Min. BP x HR:** 6000 mmHg/min
Test Termination Criteria:

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 21	1.0	0	0	75	120 / 80	-0.64 aVR	1.06 V3
Standing	0 : 6	1.0	0	0	80	120 / 80	-1.06 aVR	1.06 II
Hyperventilation	0 : 4	1.0	0	0	76	120 / 80	-1.27 aVR	1.42 V4
1	3 : 0	4.6	1.7	10	120	120 / 80	-1.27 aVR	2.83 V3
2	3 : 0	7.0	2.5	12	148	130 / 80	-1.27 aVR	3.89 V3
3	3 : 0	10.2	3.4	14	175	130 / 80	-1.49 aVR	4.95 V3
Peak Ex	0 : 7	13.5	4.2	16	175	130 / 80	-1.70 aVR	5.31 V3
Recovery(1)	1 : 0	1.8	1	0	143	130 / 80	-2.34 aVR	5.66 V2
Recovery(2)	1 : 0	1.0	0	0	117	130 / 80	-2.34 aVR	5.66 V3
Recovery(3)	1 : 0	1.0	0	0	114	130 / 80	-1.91 aVR	5.66 V3
Recovery(4)	1 : 0	1.0	0	0	100	130 / 80	-1.27 aVR	3.54 V3
Recovery(5)	1 : 0	1.0	0	0	105	130 / 80	-1.06 aVR	2.12 V3
Recovery(6)	0 : 17	1.0	0	0	104	130 / 80	-1.27 aVR	1.77 V3



NAME:	Mr. KRISHNA MURTHY D	DATE:	11-02-2023
AGE:	43 YEARS	ID. NO:	201611
GENDER:	MALE	REFERRED BY:	OLYMPUS DIAGNOSTICS

USG REPORT - ABDOMEN AND PELVIS

OBSERVATION:

LIVER:

Liver is normal in size (15.8 cm) and shows homogenous echotexture. No obvious focal lesion is seen. Intrahepatic biliary radicles not dilated. Hepatic and portal veins are normal. CBD is normal.

GALL BLADDER:

Normal in distension. Lumen echo free. Wall thickness is normal.

PANCREAS:

Head and body visualized appears normal. No focal lesion is seen. Pancreatic duct not dilated. Tail not visualized.

SPLEEN:

Normal in size (9.4 cm) with homogenous echotexture. No focal lesion seen.

RIGHT KIDNEY:

Right kidney measures 11.6 x 1.2 cm (length x parenchymal thickness) with normal echo pattern and cortical thickness.

The shape, size and contour of the right kidney appear normal.

Cortico- medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.

LEFT KIDNEY:

Left kidney measures 11.1 x 1.5 cm (length x parenchymal thickness) with normal echo pattern and cortical thickness.

The shape, size and contour of the left kidney appear normal.

Cortico-medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.

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X-RAY REPORT- CHEST (PA VIEW)

OBSERVATIONS:

The lung fields are clear bilaterally.

CP angles are clear.

Both the hila appear normal.

Cardiac diameter is within normal limits.

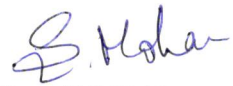
Trachea is midline.

Visible bony thoracic cage is normal.

Adjacent soft tissues appear normal.

IMPRESSION:

- **No significant abnormality in the visualized lung fields.**



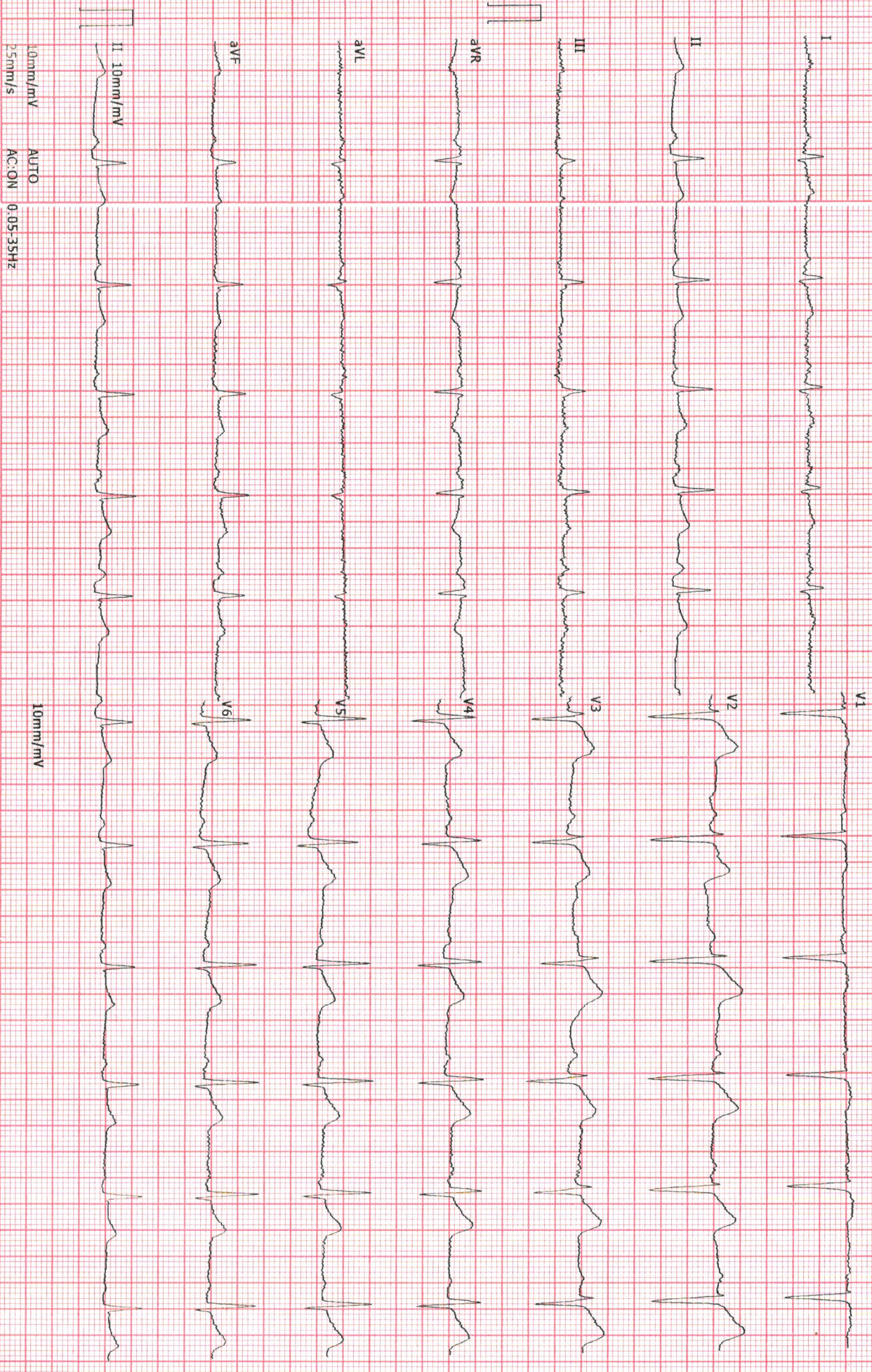
Dr. MOHAN S. MDRD
Consultant radiologist

ID Card:
 Name: KRISHNAMURTHY D Gender: Male
 Age: 43 Height(cm):
 Weight(kg): 70 Bp(mmHg): 111/73

P-R..... ms 140
 Q-R-S..... ms 116
 QT/QTc..... ms 400/423
 P/QRS/T AXES..... deg 55/77/55
 RV5/SV1..... mV 0.92/1.07
 RV5+SV1..... mV 1.99

*The result must be confirmed by doctor!

861 PAC-Premature Atrial Contraction
 ** SUSPECTED ABNORMAL ECG **
 Report Confirmed by:



10mm/mV
 25mm/s
 AUTO
 AC:ON 0.05-35Hz

10mm/mV



Name	: Mr. KRISHNA MURTHY D	REG/LAB NO.	: 23020088 / 1249
AGE/SEX	: 43 Yrs / Male	DATE OF COLLECTION	: 11-02-2023 at 08:31 AM
REFERRED BY	:	DATE OF REPORT	: 13-02-2023 at 05:23 PM
REF CENTER	: MEDIWHEEL		



TEST PARAMETER	RESULT	REFERENCE RANGE
COMPLETE BLOOD COUNT(CBC)		
HAEMOGLOBIN	14.2 gm/dl	14 - 18 gm/dl
TOTAL COUNT	8600 cells/cumm	4000 - 11000 cells/cumm
DIFFERENTIAL COUNT		
NEUTROPHILS	61 %	40 - 70 %
LYMPHOCYTES	26 %	20 - 45 %
EOSINOPHILS	06 %	2 - 8 %
MONOCYTES	07 %	1 - 6 %
BASOPHILS	00 %	0 - 1 %
PLATELET COUNT	3.2 Lakhs/cumm	1.5 - 4.5 Lakhs/cumm
R.B.C COUNT	5.6 mill/cumm	4.5 - 6.2 mill/cumm
PACKED CELL VOLUME (PCV)	45 %	37 - 47 %
M.C.V	79 fl	80 - 98 fl
M.C.H	25 pg	26 - 34 pg
M.C.H.C	31 %	31 - 38 %
ESR	10 mm/hr	0 - 20 mm/hr

Interpretation:

ESR is non specific marker of inflammatory process. Its main clinical utility is in monitoring the course or response to treatment of various acute and chronic disorders like hematologic diseases, malignancy, collagen vascular disorders and renal diseases.



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TEST PARAMETER	RESULT	REFERENCE RANGE
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COMPLETE URINE ANALYSIS

PHYSICAL CHARACTERS

COLOUR	PALE YELLOW	PALE YELLOW
APPEARANCE	CLEAR	CLEAR
SPECIFIC GRAVITY	1.015	1.005-1.030
pH	5.0	4.5-7.0

CHEMICAL CONSTITUENTS

ALBUMIN	ABSENT	ABSENT
SUGAR	GREEN(+)	ABSENT
BILE SALTS	ABSENT	ABSENT
BILE PIGMENTS	ABSENT	ABSENT
KETONE BODIES	ABSENT	ABSENT

MICROSCOPY

PUS CELLS	4 - 5 /hpf	4-6
R.B.C	NIL	0-4
EPITHELIAL CELLS	0 - 1 /hpf	0-2
CASTS	ABSENT	ABSENT
CRYSTALS	ABSENT	ABSENT

STOOL ANALYSIS

PHYSICAL EXAMINATION

CONSISTANCY	SEMI SOLID
COLOUR	BROWNISH
MUCUS	ABSENT
REDUCING SUGAR	ABSENT

MICROSCOPIC EXAMINATION

OVA	NIL
CYST	NIL
PUS CELLS	1-2 /hpf
RBC	NIL
MISCELLANEOUS	ABSENT
BLOOD GROUP	"O"
RH TYPE	POSITIVE



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TEST PARAMETER	RESULT	REFERENCE RANGE
FASTING BLOOD SUGAR	261 mg/dl	60 - 110 mg/dl

COMMENTS :

80 - 99 mg/dL : Normal, 100 - 125 mg/dL : Impaired Fasting Glucose (Pre-Diabetes), >126 mg/ dL : Diabetes.
reference intervals for FBS from ADA RECOMMENDATION 2015.
A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes.
Impaired fasting glucose (IFG) : Fasting glucose repeatedly is at upper limit, family history or abnormal lipid profile.
Advised : HbA1c and clinical correlation.

NOTE :

In absence of pregnancy, IGT and IFG are risk factors for future DM and cardiovascular disease ; they are not clinical entities.
A person's blood glucose levels normally move up and down depending on meals , Exercise, sickness, and stress.

Remarks: Note:- values rechecked. Kindly correlate clinically

POST PRANDIAL BLOOD SUGAR	430 mg/dl	70 - 140 mg/dl
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Remarks: Note:- values rechecked. Kindly correlate clinically

FASTING URINE SUGAR	1.0%	NIL
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POST PRANDIAL URINE SUGAR (PPUS)	2.0%	NIL
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HbA1c (GLYCOSYLATED Hb) <small>HPLC</small>	9.4 %	Normal: <5.7 Pre-Diabetes: 5.7-6.4 Diabetes: 6.5
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MEAN BLOOD GLUCOSE <small>Calculated</small>	231.9
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Degree of Control	HbA1c	MBG
Normal	< 6.0 %	61-124 mg/dl
Good Control	6.0-7.0 %	124-156 mg/dl
Fair Control	7.0-8.0 %	158-188 mg/dl
Poor Control	> 8.0 %	>188 mg/dl

Note:

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c.
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

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. ADA criteria for correlation between HbA1c & Mean plasma glucose levels.



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TEST PARAMETER	RESULT	REFERENCE RANGE
THYROID PROFILE (T3, T4, TSH)		
TOTAL TRIIODOTHYRONINE (T3) <small>CLIA</small>	1.10 ng/mL	0.60-1.81 1st Trimester :0.71 - 1.75 2nd Trimester :0.91 - 1.95 3rd Trimester :1.04 - 1.82
TOTAL THYROXINE (T4) <small>CLIA</small>	9.32 µg/dL	4.5-10.9 1st Trimester :6.5 - 10.1 2nd Trimester :7.5 - 10.03 3rd Trimester :6.3 - 9.7
THYROID STIMULATING HORMONE (TSH) <small>CLIA</small>	2.307 µIU/ml	0.35-5.5 1st Trimester :0.1 - 2.5 2nd Trimester :0.2 - 3.0 3rd Trimester :0.3 - 3.0

Note:

- 1.TSH levels are subject to circadian variation, reaching peak levels between 2 – 4 a.m. and at a minimum between 6-10 p.m. The variation is of the order of 50% hence time of the day has influence on the measured serum TSH concentrations.
- 2.Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.
- 3.Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use:

Primary Hypothyroidism, Hyperthyroidism, Hypothalamic – Pituitary hypothyroidism, Inappropriate TSH secretion, Non thyroidal illness, Autoimmune thyroid disease, Pregnancy ,associated thyroid disorders, Thyroid dysfunction in infancy and early childhood

LIPID PROFILE TEST (LPT)

TOTAL CHOLESTEROL	374 mg/dl	up to 200 mg/dl
TRIGLYCERIDES	190 mg/dl	up to 200 mg/dl Special condition: Borderline high risk : 200 - 400 mg/dL Elevated : > 400 mg/dL
HDL CHOLESTEROL - DIRECT	74 mg/dl	35 - 55 mg/dl
LDL CHOLESTEROL - DIRECT	262.0 mg/dl	up to 150 mg/dl
VLDL CHOLESTEROL	38.0 mg/dl	0 - 60 mg/dl
TC/HDL	5.1	
LDL/HDL	3.5	





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TEST PARAMETER	RESULT	REFERENCE RANGE
RENAL FUNCTION TEST (RFT)		
BLOOD UREA	24 mg/dL	11 - 45 mg/dL
SERUM URIC ACID	3.5 mg/dL	4.5 - 8.1 mg/dL
SERUM CREATININE	0.9 mg/dL	0.6 - 1.4 mg/dL
LIVER FUNCTION TEST (LFT)		
TOTAL BILIRUBIN	0.4 mg/dl	0 - 1 mg/dl
DIRECT BILIRUBIN	0.1 mg/dl	0 - 0.25 mg/dl
INDIRECT BILIRUBIN	0.3 mg/dl	0 - 0.75 mg/dl
TOTAL PROTEIN	8.2 g/dl	6 - 8.5 g/dl
SERUM ALBUMIN	4.7 g/dl	3.5 - 5.2 g/dl
SERUM GLOBULIN	3.5 g/dL	2.3 - 3.5 g/dL
A/G RATIO	1.3	1 - 1.5
ASPARATE AMINOTRANSFERASE (SGOT/AST)	23 U/L	up to 40 U/L
ALANINE AMINOTRANSFERASE (SGPT/ALT)	34 U/L	up to 40 U/L
ALKALINE PHOSPHATASE	91 IU/L	25 - 147 IU/L



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TEST PARAMETER	RESULT	REFERENCE RANGE
P.S.A	0.75 ng/ml	0 - 4.0

Interpretation

Prostate specific antigen (PSA) is prostate tissue specific, expressed by both normal and neoplastic prostate tissue. PSA total is the collective measurement of its three forms in serum, two forms are complexed to protease inhibitors- alpha 2 macroglobulin and alpha 2 anti-chymotrypsin and third form is not complexed to a protease inhibitor, hence termed free PSA. TPSA =Complex PSA+FPSA.

Use:

Monitoring patients with history of Prostate cancer as an early indicator of recurrence and response to treatment. Prostate cancer screening: Patients with PSA levels >10 ng/mL have >50% probability of prostate cancer.

Increased in:

Prostate diseases: Cancer, Prostatitis, benign prostatic hyperplasia, prostate ischemia, acute urinary retention. Manipulations such as Prostatic massage, cystoscopy, needle biopsy, Transurethral resection, digital rectal examination, indwelling catheter, vigorous bicycle exercise. Physiological fluctuations

Decreased in:


Castration, Antiandrogen drugs, Radiation therapy, Prostatectomy Limitation: It is recommended to use same assay method for long term monitoring. Care should be taken in interpreting results from patients taking drugs such as Buserelin, Finasteride and Flutamide which are known to decrease PSA levels

Dispatched by: Somashekara h c

**** End of Report ****

Printed by: Somashekara h c on 13-02-2023 at 05:23 PM

Lab Technician



Dr. Sowmya T.M
DNB ,PDF
Consultant Pathologist

