Name	prasenjeet	ID	MED111077564
Age & Gender	32Year(s)/MALE	Visit Date	5/5/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA : 2.7cms

LEFT ATRIUM : 3.5cms

AVS :----

LEFT VENTRICLE (DIASTOLE) : 4.8cms

(SYSTOLE) : 3.2cms

VENTRICULAR SEPTUM (DIASTOLE) : 0.9cms

(SYSTOLE) : 1.4cms

POSTERIOR WALL (DIASTOLE) : 1.0cms

(SYSTOLE) : 1.5cms

EDV : 107ml

ESV : 42ml

FRACTIONAL SHORTENING : 33%

EJECTION FRACTION : 61%

EPSS :---

RVID : 1.8cms

DOPPLER MEASUREMENTS:

MITRAL VALVE : E' 0.98 m/s A' 0.66 m/s NO MR

AORTIC VALVE : 1.03 m/s NO AR

TRICUSPID VALVE : E' 1.66 m/s A' - m/s NO TR

PULMONARY VALVE : 0.77 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:61 %.
- > NO REGIONAL WALL MOTION ABNORMALITIES.
- > NORMAL VALVES.
- > NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST

Note:

^{*} Report to be interpreted by qualified medical professional.

Name	prasenjeet	ID	MED111077564
Age & Gender	32Year(s)/MALE		5/5/2022 12:00:00 AM
Ref Doctor Name	MediWheel	-	

^{*} To be correlated with other clinical findings.
* Parameters may be subjected to inter and intra observer variations.

Mahesh

Mob:8618385220 9901569756



SRI PARVATHI OPTICS

Multi Branded Opticals Store

Computerized Eye Testing & Spectacles Clinic

333.8th Main 5th Cross Near Cambridge & Miranda School HAL 3rd Stage Behind Vishveshvariah Park New Thippasandra, Bangalore - 560075, Email: parvathiopticals@gmail.com

SPECTACLE PRESCRIPTION

Name: Pousevicet

482

Mobil No: 980 79 7 4032

Date: 05/05/22

Age / Gender 324 M

Ref. No.

ſ			RIGHT	EYE			LEF	T EYE	, n n n n
		SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
	a Le Egis en i	01			6/6	DI	ano		6/6
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dvice to use glasses for DISTANCE	: FAR & NEAI	R READING	□ СОМРИ	TER PURFOSE
We Care Your	Eyes	SR	I PARVA	гні ортіс

NEW THIPPASANDRA

MAX DIAGNOSTICS





--- A MEDALL COMPANY ---

Date 05-May-2022 9:31 AM

Customer Name: MR.PRASENJEET

:MediWheel

Customer Id

Ref Dr Name

TED1110775E

:MED111077564

Email Id

. :MediWheel

Address

MED1

Corp Name

41- 179

BP (120/80

pusi 86

DOB

:11 Sep 1989

Age

:32Y/MALE

Wisit ID

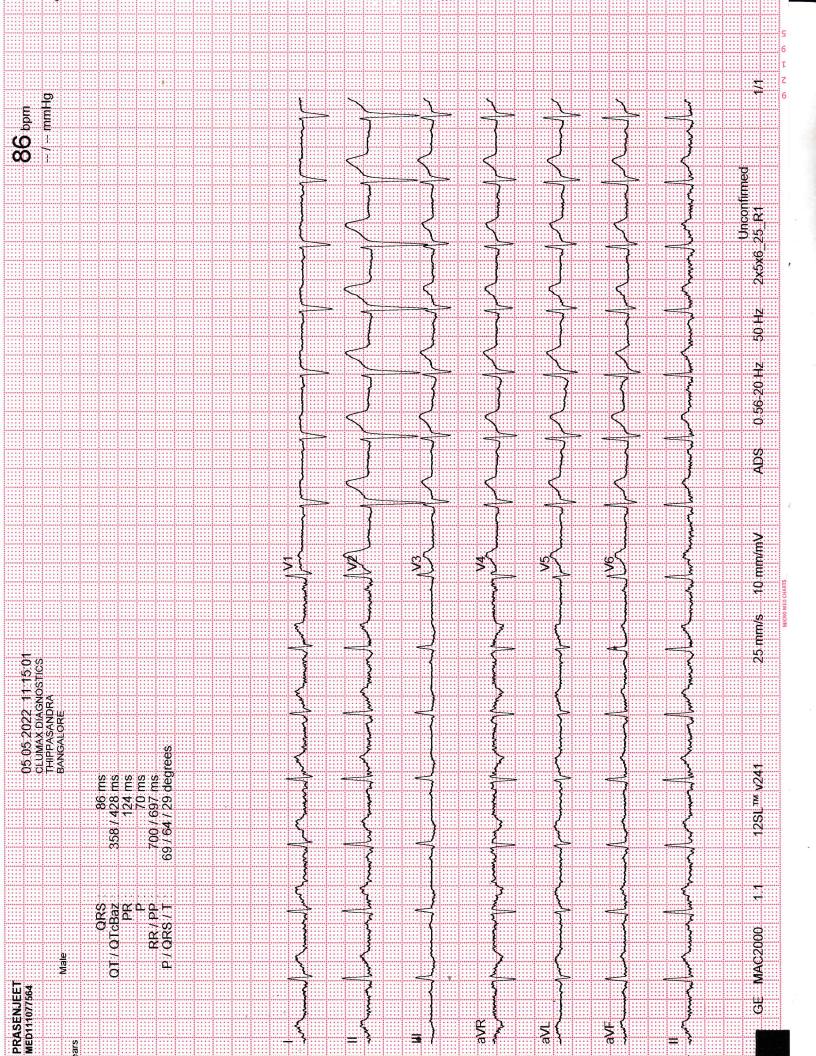
:422039693

Phone No :9807974032

N/8-doy

Package Name: Mediwheel Full Body Health Checkup Male Below 40

S.No	Modality	Study	Accession No	Time		Seq	Signature
1	LAB	BLOOD UREA NITROGEN					
	2	(BUN)	,			4	
2	LAB	CREATININE	* a				
3	LAB	GLUCOSE - FASTING					
4	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)					
5	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)					
6	LAB	URIC ACID					
7	LAB	LIPID PROFILE			^		
8	LAB	LIVER FUNCTION TEST (LFT)			4		
9	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)			•		
10	LAB	URINE GLUCOSE - FASTING					
11	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)					
12	LAB	COMPLETE BLOOD COUNT WITH ESR	2		¥		
13	LAB	STOOL ANALYSIS - ROUTINE					
14	LAB	URINE ROUTINE					
15	LAB	BUN/CREATININE RATIO	8				
16	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)	·			01	<u> </u>
		- L : 11 / 2D Faha *	TND1310170146	901 -	15 (Cui	4



Name	prasenjeet	ID	MED111077564
Age & Gender	32Year(s)/MALE	Visit Date	5/5/2022 12:00:00 AM
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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows diffuse moderate fatty changes. 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. 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 shows normal shape, size and echopattern. Spleen measures 10.3cms in long axis and 4.8cms in short axis.

No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern. Cortico- medullary differentiations are well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

· ·	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	12.0	1.3
Left Kidney	11.9	1.3

URINARY BLADDER shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

PROSTATE is normal in size. **Parenchymal calcifications noted.** It measures 3.6 x 3.3 x 3.5cms (Vol:21cc).

No evidence of ascites / pleural effusion.

IMPRESSION:

> FATTY LIVER.

DR. H.K. ANAND CONSULTANT RADIOLOGISTS DR. MEERA S

Name	prasenjeet	ID	MED111077564
Age & Gender	32Year(s)/MALE	Visit Date	5/5/2022 12:00:00 AM
Ref Doctor Name	MediWheel	-	-

Name	prasenjeet	Customer ID	MED111077564
Age & Gender	32Y/M	Visit Date	May 5 2022 9:31AM
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. H.K. ANAND DR. SHWETHA S DR. CHARUL

CONSULTANT RADIOLOGISTS

DR. APARNA

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 : 06/05/2022 2:59 PM

Ref. Dr : MediWheel

Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood'Spectrophotometry)	15.3	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	46.1	%	42 - 52
RBC Count (EDTA Blood)	5.43	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	84.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.2	g/dL	32 - 36
RDW-CV (EDTA Blood)	14.5	%	11.5 - 16.0
RDW-SD (EDTA Blood)	43.09	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	9000	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	55.0	%	40 - 75
Lymphocytes (EDTA Blood)	36.3	%	20 - 45
Eosinophils (EDTA Blood)	1.5	%	01 - 06



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Monocytes (EDTA Blood)	6.6	%	01 - 10
Basophils (Blood)	0.6	%	00 - 02
INTERPRETATION: Tests done on Automated Five	Part cell counter. All a	abnormal results are	reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	4.95	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	3.27	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.14	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.59	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood)	0.05	10^3 / μl	< 0.2
Platelet Count (EDTA Blood)	180	$10^3 / \mu l$	150 - 450
MPV (EDTA Blood)	11.2	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.20	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	8	mm/hr	< 15



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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.57	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.23	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.34	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	68.27	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	128.86	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	60.96	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	101.6	U/L	53 - 128
Total Protein (Serum/Biuret)	7.65	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	5.22	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.43	gm/dL	2.3 - 3.6
A: G RATIO (Serum/Derived)	2.15		1.1 - 2.2



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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	181.55	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	210.36	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 õusualö circulating level of triglycerides during most part of the day.

r			
HDL Cholesterol (Serum/Immunoinhibition)	39.40	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	100.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	42.1	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	142.2	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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<u>Investigation</u> <u>Observed</u> <u>Unit</u> <u>Biological</u> <u>Value</u> <u>Reference Interval</u>

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	4.6	Optimal: < 3.3
(Serum/Calculated)		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 5.3 Optimal: < 2.5 (TG/HDL) Mild to moderate risk: 2.5 - 5.0

(Serum/Calculated) High Risk: > 5.0

LDL/HDL Cholesterol Ratio 2.5 Optimal: 0.5 - 3.0 (Serum/Calculated) Borderline: 3.1 - 6.0 High Risk: > 6.0



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/HPLC)	7.1	%	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 157.07 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 HbAlC 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 HbAlc.



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Investigation	<u>Observed</u> <u>Unit</u>	<u>Biological</u>
-	Value	Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.35 ng/ml 0.7 - 2.04

(Serum/ECLIA)

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 10.05 µg/dl 4.2 - 12.0

(Serum/ECLIA)

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) 3.30 µIU/mL 0.35 - 5.50

(Serum/ECLIA)

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&lt 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.





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InvestigationObserved
ValueUnit
Reference Interval

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour Pale Yellow Yellow to Amber

(Urine)

Appearance Clear Clear

(Urine)

Volume(CLU) 20

(Urine)

CHEMICAL EXAMINATION (URINE

COMPLETE)

pH 5.0 4.5 - 8.0

(Urine)

Specific Gravity 1.010 1.002 - 1.035

(Urine)

Ketone Negative Negative

(Urine)

Urobilinogen Normal Normal

(Urine)

Blood Negative Negative

(Urine)

Nitrite Negative Negative

(Urine)

Bilirubin Negative Negative

(Urine)

Protein Negative Negative

(Urine)



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InvestigationObservedUnitBiologicalValueReference Interval

Glucose Negative Negative

(Urine/GOD - POD)

Leukocytes(CP) Negative

(Urine)

MICROSCOPIC EXAMINATION (URINE COMPLETE)

Pus Cells 2-3 /hpf NIL

(Urine)

Epithelial Cells (Urine) 2-3 /hpf NIL

RBCs Nil /hpf NIL

(Urine)

Others Nil (Urine)

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts Nil /hpf NIL

(Urine)

Crystals Nil /hpf NIL

(Urine)



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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING 'B' 'Positive'

(EDTA Blood/Agglutination)





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
BUN / Creatinine Ratio	11		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	99.09	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)	Negative		Negative
(Urine - F/GOD - POD)			
Glucose Postprandial (PPBS)	192.45	mg/dL	70 - 140

(Plasma - PP/GOD-PAP)

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 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	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.93	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 8.22 mg/dL 3.5 - 7.2 (Serum/Enzymatic)



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-- End of Report --