2/1/23, 8:45 AM	Patient Details Print Page	
MYSORE-BALLAL	CIRCLE	
CUSTOME	LL COMPANY R CHECKLIST D-2023 8:45 AM DOB Age	:04 Apr 1975 :47Y/MALE
Customer Id : MED111492039	11492039	: ID :712304619
Email Id :	Phor No	ne :9008887278
Corp Name : MediWheel		

Address

# Package Name : Mediwheel Full Body Health Checkup Male Above 40

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN	-1			
		(BUN)	1			
2	LAB	GLUCOSE - FASTING				
3	LAB	GLUCOSE - POSTPRANDIAL				
		(2 HRS) ·				1.5.5
4	LAB	GLYCOSYLATED				
		HAEMOGLOBIN (HbA1c)				
5	LAB	LIPID PROFILE				
6	LAB	LIVER FUNCTION TEST (LFT)	5			
7	LAB	URIC ACID				a production in
8	LAB	URINE GLUCOSE - FASTING				Parent
9	LAB	URINE GLUCOSE -				
		POSTPRANDIAL (2 Hrs)				A state of
10	LAB	COMPLETE BLOOD COUNT				
	/	WITH ESR				
1 /L	4 <i>B</i> /T	HYROID PROFILE/ TFT( T3,				
	T4	4, TSH)				

ttps://uwinlite7.medallcorp.in/Blruwin/UwinLite/FrmPrintPatintDetails.aspx?AppId=2764383

	Patient Details Print Page				
	АВ	TOTAL PROSTATE SPECIFIC	23 day for Re		
-					
13	LAB	STOOL ANALYSIS - ROUTINE	~		
14	LAB	URINE ROUTINE			
15	LAB	CREATININE			
16	LAB	BLOOD GROUP & RH TYPE	-		
		(Forward Reverse)			
17	LAB	BUN/CREATININE RATIO			
18	OTHERS	physical examination	MYS2764383102651		
19	US	ULTRASOUND ABDOMEN	MYS2764383103462		
20	OTHERS	Treadmill / 2D Echo	MYS2764383127528		
21	OTHERS	Dental Consultation	MYS2764383134969		
22	OTHERS	EYE CHECKUP	MYS2764383135592		
23	X-RAY	X RAY CHEST	MYS2764383145199		
24	OTHERS	Consultation Physician	MYS2764383148004		
25	ECHO	ELECTROCARDIOGRAM ECG	MYS2764383149333		

Registerd By

(SOWMYA. RAJU)

1 C

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Customer Name	MR.SHASHIBHUSHANA R	Customer ID	MED111492039
Age & Gender	47Y/MALE	Visit Date	11/02/2023
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 is not visualised - contracted.

**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	9.7	1.9
Left Kidney	9.9	1.6

**URINARY BLADDER** show normal shape and wall thickness. It has clear contents.

**PROSTATE** shows normal shape, size and echopattern. No evidence of ascites.

### **IMPRESSION:**

**GRADE I FATTY CHANGES IN LIVER.** 

### **CONSULTANT RADIOLOGISTS**

DR. ANITHA ADARSH MB/MS

DŘ. MOHAN B

#

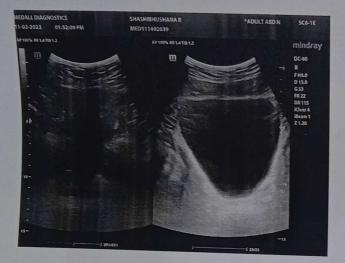


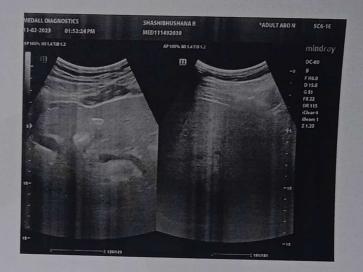
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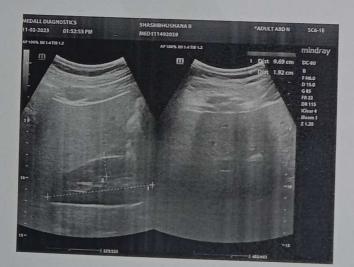


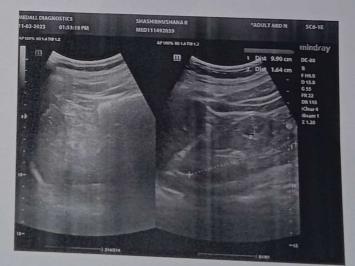
# Medall Diagnostics Ballal Circle(Ashoka circle) - Mysore

Customer Name	MR.SHASHIBHUSHANA R	Customer ID	MED111492039
Age & Gender	47Y/MALE	Visit Date	11/02/2023
Ref Doctor	MediWheel		11/02/2023





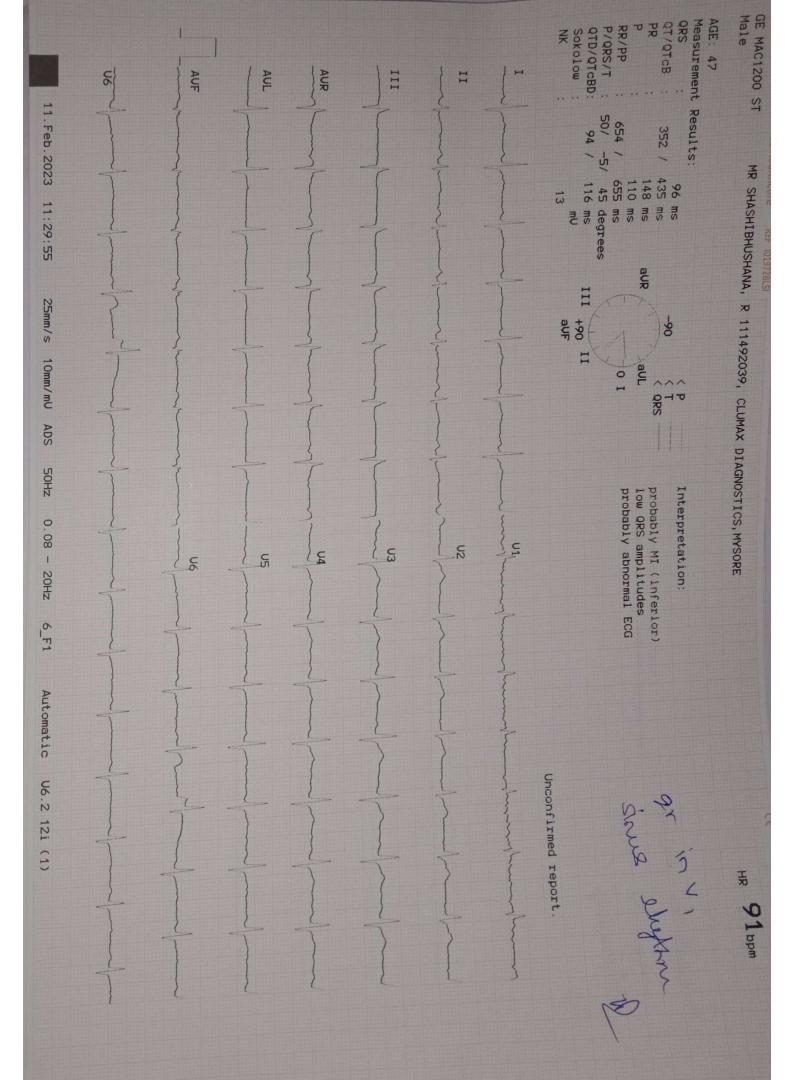




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Customer Name	MR.SHASHIBHUSHANA R	Customer ID	MED111492039
Age & Gender	47Y/MALE	Visit Date	11/02/2023
Ref Doctor	MediWheel		

# **2 D ECHOCARDIOGRAPHIC STUDY**

# M mode measurement:

AORTA		:	3.1cms
LEFT ATRIUM		:	2.9cms
LEFT VENTRICLE	(DIASTOLE)	:	3.9cms
	(SYSTOLE)	:	3.1cms
VENTRICULAR SEPTUM	(DIASTOLE)	:	1.1cms
	(SYSTOLE)	:	1.35cms
POSTERIOR WALL	(DIASTOLE)	:	1.0cms
	(SYSTOLE)	:	1.35cms
EDV		; :	72ml
ESV		:	24ml
FRACTIONAL SHORTENI	:	32%	
EJECTION FRACTION		: .	60%
RVID		:	1.4cms

# **DOPPLER MEASUREMENTS:**

MITRAL VALVE	: 'E' -	0.60m/s	'A' - 0.48m/s	NO MR
AORTIC VALVE	:	1.30m/s		NO AR
TRICUSPID VALVE	: 'E' -	0.50m/s	'A' – 0.60 m/s	NO TR
PULMONARY VALVE	:	0.80m/s		NO PR

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chall not	MR.SHASHIBHUSHANA R	Customer ID	MED111492039
Name			
Age & Gender	47Y/MALE	Visit Date	11/02/2023
Ref Doctor	MediWheel		

# 2D ECHOCARDIOGRAPHY FINDINGS:

tion at the time

and should be

Left ventricle	: Mild LV hypertrophy, Normal systolic function. No regional wall motion abnormalities.
Left Atrium	: Normal.
Right Ventricle	: Normal.
Right Atrium	: Normal.
Mitral valve	: Normal, No mitral valve prolapse.
Aortic valve	: Normal, Trileaflet.
Tricuspid valve	: Normal.
Pulmonary valve	: Normal.
IAS	: Intact.
IVS	: Intact.
Pericardium	: No pericardial effusion.

## **IMPRESSION:**

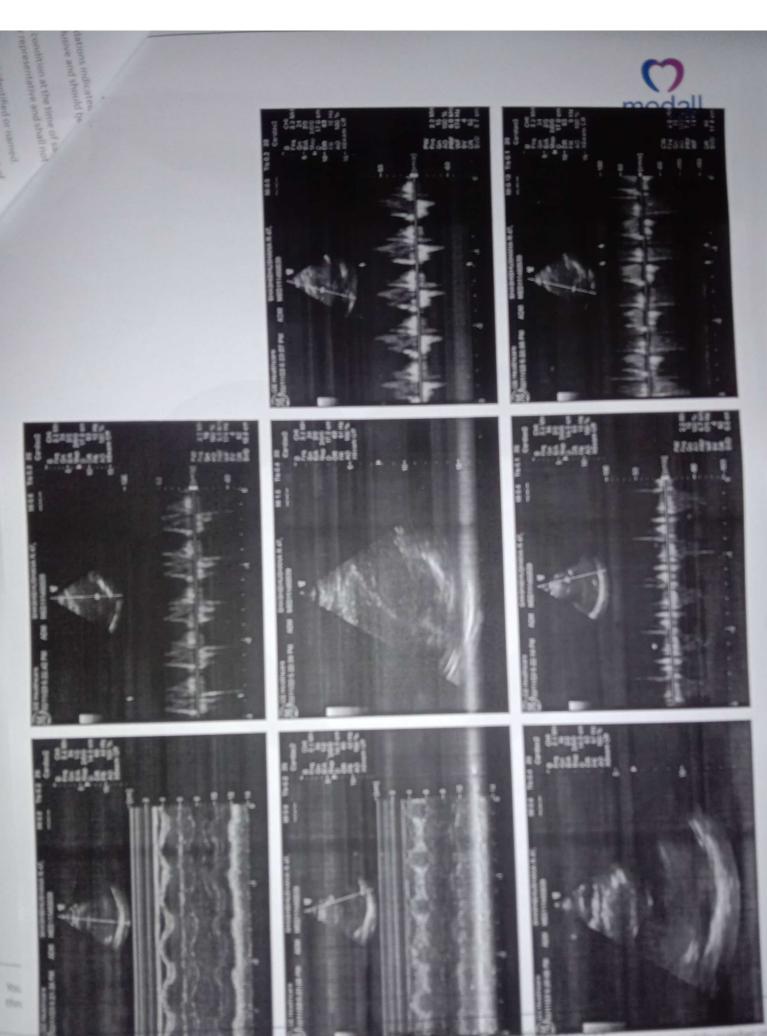
- > MILD CONCENTRIC LV HYPERTROPHY.
- > NORMAL LV SYSTOLIC FUNCTION. EF: 60%.
- > NO REGIONAL WALL MOTION ABNORMALITIES.
- > NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION. A

DR. NIKHIL B INTERVENTIONAL CARDIOLOGIST NB/SA

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PID No.	: MED111492039	Register On : 11/02/2023 8:45 AM	$\bigcirc$
SID No.	: 712304619	Collection On : 11/02/2023 9:45 AM	
Age / Sex	: 47 Year(s) / Male	Report On : 11/02/2023 5:49 PM	MEDALL
Туре	: OP	Printed On : 11/02/2023 7:32 PM	
Ref. Dr	: MediWheel		

Investigation HAEMATOLOGY	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>HAEMATOLOGI</u>			
<b>Complete Blood Count With - ESR</b>			
Haemoglobin (EDTA Blood/Spectrophotometry)	14.5	g/dL	13.5 - 18.0
<b>INTERPRETATION:</b> Haemoglobin values vary in Mer blood loss, renal failure etc. Higher values are often due			
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	43.3	%	42 - 52
RBC Count (EDTA Blood/Automated Blood cell Counter)	4.96	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	87.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	29.3	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	33.6	g/dL	32 - 36
RDW-CV (Derived)	13.1	%	11.5 - 16.0
RDW-SD (Derived)	39.89	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	9710	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	55	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	35	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	04	%	01 - 06



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
Monocytes (Blood/Impedance Variation & Flow Cytometry)	06	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.34	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.40	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.39	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.58	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)	269	10^3 / µl	150 - 450
MPV (Blood/Derived)	11.4	fL	7.9 - 13.7
РСТ	0.31	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate)	05	mm/hr	< 15

(Citrated Blood/Automated ESR analyser)



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Ref. Dr	: MediWheel			

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<b>BIOCHEMISTRY</b>			
Liver Function Test			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.4	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.20	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	8.0	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.7	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.30	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.42		1.1 - 2.2
INTERPRETATION: Remark : Electrophoresis is the p	preferred method		
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	36	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	66	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	64	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	72	U/L	< 55





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	265 (Rechecked)	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Remark: Kindly correlate clinically.			
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	240 (Rechecked)	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)	36	mg/dL	Optimal(Negative Risk Factor): ≻= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	181	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/Calculated)	48	mg/dL	< 30
Mr. S. Mohan Kumar Sr. LabTechnician VERIFIED BY		Dr.KIRANLH.S MD PATHALOGY KMC 86542	
		APPF	ROVED BY

Name	: Mr. SHASHIBHUSHANA R			
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Ref. Dr	: MediWheel			

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
Non HDL Cholesterol (Serum/ <i>Calculated</i> )	229.0	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)	7.4	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> )	6.7	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	5	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> )	7.7	%	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	174.29	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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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
<b>IMMUNOASSAY</b>			
<u>THYROID PROFILE / TFT</u>			
T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.08	ng/ml	0.7 - 2.04
<b>INTERPRETATION:</b> <b>Comment :</b> Total T3 variation can be seen in other condition like preg Metabolically active.	gnancy, drugs, nepł	nrosis etc. In such cases	Free T3 is recommended as it is
T4 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	9.66	Microg/dl	4.2 - 12.0
<b>INTERPRETATION:</b> <b>Comment :</b> Total T4 variation can be seen in other condition like preg 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))	7.13	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 Iodi 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 correl	peak levels betwee on the measured ser	n 2-4am and at a minim um TSH concentrations	num between 6-10PM. The variation can be
<b>Remark:</b> Kindly correlate clinically.			



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
CLINICAL PATHOLOGY			
PHYSICAL EXAMINATION			
Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Volume (Urine/Physical examination)	20		ml
Appearance (Urine)	Clear		
CHEMICAL EXAMINATION			
pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick <sup>-</sup> Reagent strip method)	1.020		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
Blood (Urine)	Nil		Nil





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





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

'A' 'Positive'



APPROVED BY

<u>Unit</u>

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Investigation	<u>Observed</u> <u>Value</u>	Unit	<u>Biological</u> <u>Reference Interval</u>
<b>BIOCHEMISTRY</b>			
BUN / Creatinine Ratio	9.7		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	123	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)	184	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)	11.7	mg/dL	7.0 - 21
Creatinine	1.2	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	9.5	mg/dL	3.5 - 7.2
(Serum/Uricase/Peroxidase)			





#### APPROVED BY

-- End of Report --



Name	SHASHIBHUSHANA R	ID	MED111492039
Age & Gender	47Y/M	Visit Date	Feb 11 2023 8:45AM
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.

*<u>Impression</u>*: No significant abnormality detected.

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



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