

Name : Mr. VENKATESWARA RAO
ANKEM

PID No. : MED110999527

Register On : 26/02/2022 9:38 AM

SID No. : 78393813

Collection On : 26/02/2022 10:07 AM

Age / Sex : 32 Year(s) / Male

Report On : 27/02/2022 6:24 PM

Type : OP

Printed On : 01/03/2022 6:44 PM

Ref. Dr : MediWheel



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

Complete Blood Count With - ESR

Haemoglobin (Blood/Photometry ~ Cell counter)	13.03	g/dL	13.5 - 18.0
PCV (Packed Cell Volume) / Haematocrit (Blood/Numeric Integration of MCV)	44.91	%	42 - 52
RBC Count (Whole Blood/Electrical Impedance)	05.09	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (Blood/Calculated)	88.17	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (Blood/Calculated)	25.59	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (Blood/Calculated)	29.02	g/dL	32 - 36
RDW-CV	11.06	%	11.5 - 16.0
RDW-SD	35.22	fL	39 - 46
Total WBC Count (TC) (Whole Blood/Electrical Impedance)	10190	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance and absorbance)	63.20	%	40 - 75
Lymphocytes (Blood/Impedance and absorbance)	29.20	%	20 - 45
Eosinophils (Blood/Impedance and absorbance)	02.20	%	01 - 06
Monocytes (Blood/Impedance and absorbance)	05.30	%	01 - 10

P. Deepthy Saranya
DR. P. Deepthy Saranya
M.B.B.S & M.D. Pathology
Consultant Pathologist
Reg.No: AP/AFMC - FMR 81632

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Basophils (Blood/Impedance and absorbance)	00.10	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (Blood/Impedance and absorbance)	06.44	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (Blood/Impedance and absorbance)	02.97	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/Impedance and absorbance)	00.22	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (Blood/Impedance and absorbance)	00.54	10 ³ / μ l	< 1.0
Absolute Basophil count (Blood/Impedance and absorbance)	00.01	10 ³ / μ l	< 0.2
Platelet Count (Blood/Electrical Impedance)	2.58	lakh/cu.mm	1.4 - 4.5
INTERPRETATION: Platelet count less than 1.5 lakhs will be confirmed microscopically.			
MPV (Blood/Automated Blood cell Counter)	07.94	fL	7.9 - 13.7
PCT	0.15	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	20	mm/hr	< 15


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BIOCHEMISTRY

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.4	%	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 (Whole Blood)	108.28	mg/dL
--------------------------------------------	--------	-------

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 glycaemic 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.

K. R. Mukilarasi
Dr. K.R. MUKILARASI M.D., (Path)
Consultant Pathologist
TNMC Reg.No: 116296

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<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/Diazotized Sulphanilic acid)	0.5	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulphanilic acid)	0.11	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.39	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC without P-5-P)	14	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC without P-5-P)	11	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	22	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/IFCC AMP Buffer)	69	U/L	53 - 128
Total Protein (Serum/Biuret)	6.76	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.22	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.54	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Calculated)	1.66		1.1 - 2.2

INTERPRETATION:Enclosure : Graph


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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	138	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol-phosphate oxidase/Peroxidase)	113	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/Direct Detergent)	58.78	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	56.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	22.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	79.2	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220


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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)

2.3

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)

1.9

Optimal: < 2.5
Mild to moderate risk: 2.5 - 5.0
High Risk: > 5.0

LDL/HDL Cholesterol Ratio
(Serum/Calculated)

1

Optimal: 0.5 - 3.0
Borderline: 3.1 - 6.0
High Risk: > 6.0


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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.21	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 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	9.1	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/Chemiluminescence)	3.63	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 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.

Dr. JYOSTNALATHA PALA,
MBBS MD (Pathology)
Reg No. : 62150

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DR. ARFAITHUNNISA M.
MD Pathology
CONSULTANT PATHOLOGIST
Reg.No : APMC/FMR.93509

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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale Yellow		Yellow to Amber
Appearance (Urine/Physical examination)	clear		
Volume(CLU)	35 ml		

CHEMICAL EXAMINATION

Leukocytes(CP)	Negative		
pH (Urine/Double Indicator)	6.5		4.5 - 8.0
Specific Gravity (Urine/Ionic concentration)	1.020		1.002 - 1.035
Ketone (Urine/Dip Stick Reagent strip Method / Rothera's mixture.)	Negative		Negative
Urobilinogen (Urine/Dipstick - Reagent strip method / Ehrlich's Reaction)	Normal		Within normal limits
Blood (Urine/Dip-Stick Method Peroxidase like activity of HB)	Negative		Negative
Nitrite (Urine/Dip Stick - Reagent strip method.)	Negative		Negative



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Bilirubin (Urine/Dip Stick Diazotized Dichloro aniline/Fouchets method.)	Negative		Negative
Protein (Urine/Dipstick-Error of indicator/ Sulphosalicylic acid method)	Negative		Negative
Glucose (Urine/Dip Stick Method / Glucose Oxidase - Peroxidase / Benedict's semi quantitative method.)	Negative		Negative

Urine Microscopy Pictures

RBCs (Urine/Microscopy exam of urine sediment)	Nil	/hpf	Nil
Pus Cells (Urine/Microscopy exam of urine sediment)	2-4	/hpf	NIL
Casts (Urine/Microscopy exam of urine sediment)	Nil	/hpf	NIL
Epithelial Cells (Urine/Microscopy exam of urine sediment)	3-5	/hpf	Nil
Urine Crystals (Stool)	Nil	/hpf	NIL
Others (Urine)	Nil		Nil

INTERPRETATION:Note: Done with Automated Urine Analyser & microscopy



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<u>Stool Analysis - ROUTINE</u>			
Colour (Stool/Physical examination)	Brown		Brown
Blood (Stool/Saline mount)	Not present		Not present
Mucus (Stool/Saline mount)	Not present		Not present
Reaction (Stool/PH)	Alkaline		Alkaline
Consistency (Stool/Physical examination)	Well Formed		Well Formed
Ova (Stool/Saline mount)	Nil		
Others (Stool/Saline mount)	Nil		Nil
Cysts (Stool/Saline mount)	Nil		
Trophozoites (Stool/Saline mount)	Nil		
RBCs (Stool/Saline mount)	Nil	/hpf	
Pus Cells (Stool/Saline mount)	2-4	/hpf	
Macrophages (Stool/Saline mount)	Nil		
Epithelial Cells (Stool/Saline mount)	2-3	/hpf	



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HAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(Blood/Agglutination)

'O' 'Positive'

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BIOCHEMISTRY

BUN / Creatinine Ratio	11.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/Glucose oxidase/Peroxidase)	87	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) (Urine - F)	Negative		Negative
-----------------------------------------	----------	--	----------

Glucose Postprandial (PPBS) (Plasma - PP/Glucose oxidase/Peroxidase)	92	mg/dL	70 - 140
-------------------------------------------------------------------------	----	-------	----------

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)	Negative		Negative
-------------------------------------------	----------	--	----------

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	11.4	mg/dL	7.0 - 21
----------------------------------------------------------	------	-------	----------

Creatinine (Serum/Jaffe - Alkaline Picrate)	0.95	mg/dL	0.9 - 1.3
------------------------------------------------	------	-------	-----------

Uric Acid (Serum/Enzymatic)	7.4	mg/dL	3.5 - 7.2
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K. R. Mukilarasi
Dr. K. R. MUKILARASI M.D., (Path)
Consultant Pathologist
TNMC Reg.No: 116296

APPROVED BY

-- End of Report --

HRUDEYAA HEART CARE

Near Mamatha Scanning Center, Bhanugudi Jn., KAKINADA

NAME: S.VENKATESWARA RAO

MALE /32YEARS

Ref Dr: MEDALL

DATE-26-02-2022

2D ECHO/DOPPLER STUDY

MITRAL VALVE	NORMAL
AORTIC VALVE	NORMAL
PULMONARY VALVE	NORMAL
TRICUSPID VALVE	NORMAL
AORTA:	2.1 cm,
PULMONARY ARTERY:	NORMAL
IAS:	INTACT
IVS:	1.2cm,
LEFT ATRIUM	3.4cm,
LEFT VENTRICLE	EDD : 4.5cm, EF :65%
	ESD : 2.9cm
RWMA:	NIL
RIGHT ATRIUM	NORMAL
RIGHT VENTRICLE	NORMAL
PERICARDIUM	NORMAL
DOPPLER	
MITRAL FLOW	E > A
AORTIC FLOW	Vmax 1.2m/sec.,
PULMONARY FLOW	Vmax 0.9 m/sec.,
TRICUSPID FLOW	NORMAL
COLOR DOPPLER :	NO MR/ AR/TR
IMP NORMAL CARDIAC CHAMBERS	
NORMAL LV FUNCTION	
NORMAL VALVES	
NO RWMA	

Dr. SUMALATHA
M.B.B.S.,D.C. (Card)
(CELL- 7075575437)

26-02-2022 04:01:11 AM

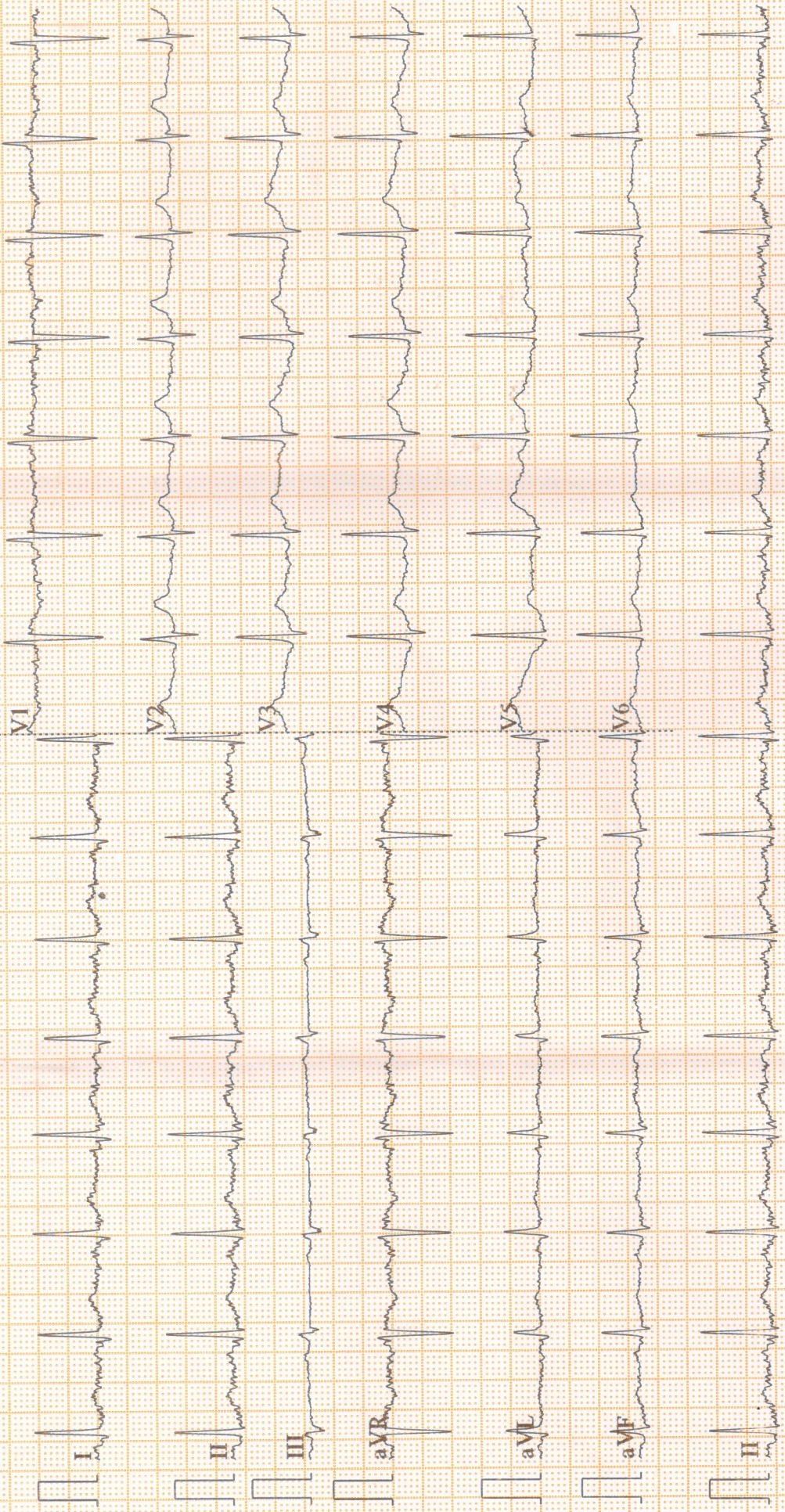
ID: 363
SVENKATESWARA RAO
Male 32Years

HR : 87 bpm
P : 130 ms
PR : 163 ms
QRS : 91 ms
QT/QTc : 359/433 ms
P/QRS/T : 49/29/33 °
RV5/SV1 : 1.2/1.1/1.160 mV

Diagnosis Information:
Sinus Rhythm
Normal ECG

Dr. F. SURESH KATHA
Clinical Cardiologist
Regd. 69457
Cell: 8500000896

Report Confirmed by:





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www.spectsworld.com

Date : 26.2.21

Name : A Venkateshwaranna Age: 39 Gender : M/F

PRESCRIPTION

RIGHT EYE				
	Sph.	Cyl.	Axis	VA
Distant Vision		<u>-0.25</u>	<u>170°</u>	<u>6/6</u>
ADD	<u>—</u>			<u>Nil</u>

LEFT EYE				
	Sph.	Cyl.	Axis	VA
Distant Vision	<u>-</u>	<u>—</u>	<u>—</u>	<u>6/6</u>
ADD	<u>—</u>			<u>Nil</u>

Lens Advise

- Type : Single Vision Kryptok D-Bifocal/Executive Progressive
Material : Resilens Polycarbonate Glass Polarized
Coating : Hard coat Anti reflection coat Blue cut Uv Protection
Tint : White Sp2 Photo grey Special Tint
Spl Lens : High refractive index Asperic Digital Contact Lens

IPD

Special Instructions : For Constant use / Near work only

[Signature]
Optometrist

DIVISION OF 4D ULTRASOUND & COLOUR DOPPLER

ANKEM. VENKATESWARA RAO

Date: 26-02-2022

Age / Sex: 32 Y / M

Ref: MEDALL DIAGNOSTICS

ULTRA SONOGRAPHY – ABDOMEN & PELVIS

- LIVER:** Normal in size (14.0 cm) with diffuse increase in echogenicity. No focal / diffuse mass lesions. No Intrahepatic / extrahepatic biliary radicle dilatation.
- PV :** Normal in calibre.
- GALL BLADDER:** Normally distended. No calculi / wall thickening.
- CBD:** Normal in calibre
- PANCREAS:** Normal in size & echotexture. No dilatation of Main pancreatic duct. No parenchymal / ductal calcifications.
- SPLEEN:** Normal in size & echotexture.
- KIDNEYS:** Right kidney: 9.1 X 4.8 cm, Left kidney: 10.6 X 5.0 cm
Normal in size & echotexture.
Normal cortico-medullary differentiation maintained.
No calculi / dilatation of collecting system.
- RETROPERITONEUM:** Normal.
- URINARY BLADDER:** Well distended. Normal wall thickness. No calculi / no focal masses.
- PROSTATE:** Normal in size & echotexture. No focal lesion.
- BOWEL:** Bowel appears grossly normal.
No free fluid in peritoneal cavity. No Pleural effusions.
- IMPRESSION:** Grade I fatty changes in liver.

Note: These are COVID-19 pandemic days and no place is secure as also the diagnostic Centre.
For clinical correlation & further evaluation


Dr.S.BHASKARA RAO, MD
Consultant Radiologist
Regd. No:72607

Dr.A.CHENNA RAYUDU, DMRD
Consultant Radiologist
Regd. No: 97975

This is a professional opinion only for the interpretation of referring doctors. This report is not valid for medico- legal purpose



(Medall Healthcare Pvt Ltd)

SASH SELF REFERRAL FORM

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78393813

Customer Information

I, give consent to Medall Healthcare Pvt Ltd to perform the SASH Package investigation requested by me. I declare that **my age is 18 years or above 18 years** and I don't have any metal implants inside my body and don't have a pacemaker or stents. I am also aware that the blood tests are done in non-fasting (Random) Sample

Name: Mr/Ms/Mrs

A	.	V	E	N	K	A	T	E	S	W	A	R	A	O
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Company Name Occupation

For Corporate customers only Employee id: Department:

Date of Birth :

--	--	--	--	--	--	--	--	--	--

 or Age: Gender: Male Female

Contact Number :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Pin Code

--	--	--	--	--	--	--	--	--	--

Email ID :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Vitals Observations (to be filled by Medall team)

Place of service : In store Camp – (mention Location)

Height

1	7	7	.		
---	---	---	---	--	--

 Cms

--	--	--	--	--

 feet

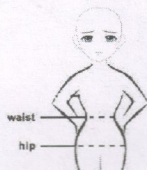
--	--

 Inches

--	--

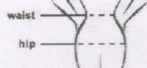
Waist

4	3	.		
---	---	---	--	--

 Inches 

Hip

4	4	.		
---	---	---	--	--

 Inches 

Weight

9	1	.	9		
---	---	---	---	--	--

 Kgs 

Fat

3	4	.	5	
---	---	---	---	--

 % 

Visceral Fat

1	5	.	0	
---	---	---	---	--

 %

RM

1	0	9	1
---	---	---	---

 Cal

BMI

2	9	.	4
---	---	---	---

Body Age

5	5
---	---

 Yrs

Systolic BP

1	3	4
---	---	---

 mm/Hg

Diastolic BP

8	7
---	---

 mm/Hg

(Always Ensure that the customer is relaxed and in sitting position while doing BP check)

Clinical History / Medicines Taken

	Use Tobacco Products	Drink Alcohol
Never	<input type="checkbox"/>	<input type="checkbox"/>
Some days	<input type="checkbox"/>	<input type="checkbox"/>
Daily	<input type="checkbox"/>	<input type="checkbox"/>
Check in the appropriate box		

Date Medall Employee Name & Id:

Report Language option (English is default) Hindi Kannada Malayalam Odiya Tamil Telugu

How did you come to know about SASH Store Communication Social Media Friends /Family Theatres Radio Posters Others

I have verified and agree with all the data in this sheet. Customer Signature

Shri Sai Bhargava Scan Centre

2-26-19, Mythili Street,
Behind Janmabhumi Park,
Srinagar, Kakinada - 533003
Ph: 0884 - 2354989, 9618737866

ADIVISION OF COMPUTED RADIOGRAPHY

VENKATESWARA RAO.ANKEM

Date: 26-02-2022

Age / Sex: 32 Y / M

Ref: MEDALL DIAGNOSTICS

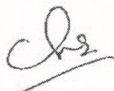
X - RAY CHEST – (PA View)

- * Trachea midline position.
- * Cardiac silhouette appears normal in size and density.
- * Mediastinum and bilateral hila appear normal.
- * Bilateral lung fields appear normal.
- * Bilateral hemi diaphragms and costo-phrenic angles appear normal.
- * Rib cage is normal.

IMPRESSION: No obvious abnormality.

Note: These are COVID-19 pandemic days and no place is secure as also the diagnostic Centre.
For clinical correlation & further evaluation

Dr.S.BHASKARA RAO, MD
Consultant Radiologist
Regd. No:72607


Dr.A.CHENNA RAYUDU, DMRD
Consultant Radiologist
Regd. No: 97975

This is a professional opinion only for the interpretation of referring doctors. This report is not valid for medico-legal purpose