| | | | |
|---|---|---|---|
| Name | HARIHARAN.I | Customer ID | MED121237317 |
| Age & Gender | 28Y/M | Visit Date | Aug 9 2022 9:33AM |
| Ref Doctor | MediWheel | | |

## X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

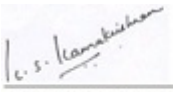
Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

***Impression*: *Essentially normal study.***



**Dr. Rama Krishnan. MD, DNB.,**
**Consultant Radiologist.**
**Medall Healthcare Pvt Ltd.**

| | | | |
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| **Ref. Dr** | : **MediWheel** | **Type** | : OP |

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| **IMMUNOHAEMATOLOGY** | | | |
| **BLOOD GROUPING AND Rh TYPING** (Blood /Agglutination) | 'O' 'Positive' | | |
| **INTERPRETATION:** Reconfirm the Blood group and Typing before blood transfusion | | | |
| **BIOCHEMISTRY** | | | |
| **BUN / Creatinine Ratio** | 12.7 | | |
| **Glucose Fasting (FBS)** (Plasma - F/GOD-PAP) | 86 | mg/dL | Normal: < 100<br>Pre Diabetic: 100 - 125<br>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/ GOD-PAP) | 116 | mg/dL | 70 - 140 |
| **INTERPRETATION:**<br>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/ Agglutination) | 11.2 | mg/dL | 7.0 - 21 |
| **Creatinine** (Serum/Modified Jaffe) | **0.8** | 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-acetylcysteine, chemotherapeutic agent such as flucytosine etc. | | | |
| **Uric Acid** (Serum/Enzymatic) | 6.8 | mg/dL | 3.5 - 7.2 |
| ***Liver Function Test*** | | | |
| **GGT(Gamma Glutamyl Transpeptidase)** (Serum/Jaffe Kinetic) | **59.0** | U/L | < 55 |
| **Bilirubin(Total)** (Serum/DCA with ATCS) | 0.4 | mg/dL | 0.1 - 1.2 |
| **Bilirubin(Direct)** (Serum/photometry) | 0.1 | mg/dL | 0.0 - 0.3 |
| **Bilirubin(Indirect)** (Serum/RIA) | 0.30 | mg/dL | 0.1 - 1.0 |
| **SGOT/AST (Aspartate Aminotransferase)** (Serum/Modified IFCC) | 35.0 | U/L | 5 - 40 |
| **SGPT/ALT (Alanine Aminotransferase)** (Serum/Modified IFCC) | 34.0 | U/L | 5 - 41 |

Dr.E.Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

*The results pertain to sample tested.*

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| **Alkaline Phosphatase (SAP)** (Serum/ Modified IFCC) | 87.0 | U/L | 53 - 128 |
| **Total Protein** (Serum/Phosphomolybdate/UV) | 7.2 | gm/dL | 6.0 - 8.0 |
| **Albumin** (Serum/Jaffe Kinetic / derived) | 3.5 | gm/dL | 3.5 - 5.2 |
| **Globulin** (Serum/RIA) | **3.70** | gm/dL | 2.3 - 3.6 |
| **A : G RATIO** (Serum/RIA) | 0.95 | | 1.1 - 2.2 |
| ***Lipid Profile*** | | | |
| **Cholesterol Total** (Serum/CHOD-PAP with ATCS) | 154 | mg/dL | Optimal: < 200<br>Borderline: 200 - 239<br>High Risk: >= 240 |
| **Triglycerides** (Serum/GPO-PAP with ATCS) | 107 | mg/dL | Optimal: < 150<br>Borderline: 150 - 199<br>High: 200 - 499<br>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/Immunoinhibition) | **45.2** | mg/dL | Optimal(Negative Risk Factor): >= 60<br>Borderline: 40 - 59<br>High Risk: < 40 |
| **LDL Cholesterol** (Serum/Calculated) | 87.4 | mg/dL | Optimal: < 100<br>Above Optimal: 100 - 129<br>Borderline: 130 - 159<br>High: 160 - 189<br>Very High: >= 190 |
| **VLDL Cholesterol** (Serum/Calculated) | 21.4 | mg/dL | < 30 |
| **Non HDL Cholesterol** (Serum/Calculated) | **108.8** | mg/dL | Optimal: < 130<br>Above Optimal: 130 - 159<br>Borderline High: 160 - 189<br>High: 190 - 219<br>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.

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|---|---|---|---|
| **Total Cholesterol/HDL Cholesterol Ratio** (Serum/Calculated) | 3.4 | | Optimal: < 3.3<br>Low Risk: 3.4 - 4.4<br>Average Risk: 4.5 - 7.1<br>Moderate Risk: 7.2 - 11.0<br>High Risk: > 11.0 |
| **Triglyceride/HDL Cholesterol Ratio (TG/HDL)** (Serum/Calculated) | 2.4 | | Optimal: < 2.5<br>Mild to moderate risk: 2.5 - 5.0<br>High Risk: > 5.0 |
| **LDL/HDL Cholesterol Ratio** (Serum/ Calculated) | 1.9 | | Optimal: 0.5 - 3.0<br>Borderline: 3.1 - 6.0<br>High Risk: > 6.0 |
| ***Glycosylated Haemoglobin (HbA1c)*** | | | |
| **HbA1C** (Whole Blood/HPLC) | **6.0** | % | Normal: 4.5 - 5.6<br>Prediabetes: 5.7 - 6.4<br>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) | 125.5 | 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 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.

# HAEMATOLOGY

***Complete Blood Count With - ESR***

| | | | |
|---|---|---|---|
| **Absolute Eosinophil Count (AEC)** (Blood/ Automated Blood cell Counter) | 0.33 | 10^3 / µl | 0.04 - 0.44 |
| **Absolute Lymphocyte Count** (Blood/ Automated Blood cell Counter) | 2.38 | 10^3 / µl | 1.5 - 3.5 |
| **PCT** (Blood) | 0.26 | % | 0.18 - 0.28 |
| **MPV** (Blood/Automated Blood cell Counter) | **7.7** | fL | 7.9 - 13.7 |
| **Absolute Basophil count** (Blood/Automated Blood cell Counter) | 0.04 | 10^3 / µl | < 0.2 |
| **Absolute Monocyte Count** (Blood/Automated Blood cell Counter) | 0.64 | 10^3 / µl | < 1.0 |
| **Absolute Neutrophil count** (Blood/ Automated Blood cell Counter) | 6.1 | 10^3 / µl | 1.5 - 6.6 |
| **RDW-CV** (Blood) | 13.3 | % | 11.5 - 16.0 |
| **RDW-SD** (Blood) | 42.7 | fL | 39 - 46 |

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|---|---|---|---|
| **Haemoglobin** (Blood/Automated Blood cell Counter) | 16.2 | g/dL | 13.5 - 18.0 |
| **PCV (Packed Cell Volume)** / **Haematocrit** (Blood/Automated Blood cell Counter) | 47.1 | % | 42 - 52 |
| **RBC Count** (Blood/Automated Blood cell Counter) | 5.4 | mill/cu.mm | 4.7 - 6.0 |
| **MCV (Mean Corpuscular Volume)** (Blood/ Automated Blood cell Counter) | 87.2 | fL | 78 - 100 |
| **MCH (Mean Corpuscular Haemoglobin)** (Blood/Automated Blood cell Counter) | 30.1 | pg | 27 - 32 |
| **MCHC (Mean Corpuscular Haemoglobin concentration)** (Blood/Automated Blood cell Counter) | 34.5 | g/dL | 32 - 36 |
| **Platelet Count** (Blood/Automated Blood cell Counter) | 236 | 10^3 / µl | 150 - 450 |
| **Total WBC Count (TC)** (Blood/Automated Blood cell Counter) | 9500 | cells/cu.mm | 4000 - 11000 |
| ***Diferential Leucocyte Count*** | | | |
| **Neutrophils** (Blood) | 64.6 | % | 40 - 75 |
| **Lymphocytes** (Blood) | 24.8 | % | 20 - 45 |
| **Eosinophils** (Blood) | 3.4 | % | 01 - 06 |
| **Monocytes** (Blood) | 6.6 | % | 01 - 10 |
| **Basophils** (Blood) | 0.4 | % | 00 - 02 |
| **INTERPRETATION:** Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically. | | | |
| **ESR (Erythrocyte Sedimentation Rate)** (Blood/Automated ESR analyser) | 10 | mm/hr | < 15 |

## Immunology

| | | | |
|---|---|---|---|
| ***THYROID PROFILE / TFT*** | | | |
| **T3 (Triiodothyronine) - Total** (Serum/ Chemiluminescent Immunometric Assay (CLIA)) | 1.12 | ng/ml | 0.7 - 2.04 |
| **INTERPRETATION:**<br>**Comment :**<br>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** (Serum/ Chemiluminescent Immunometric Assay (CLIA)) | 5.00 | µg/dl | 4.2 - 12.0 |


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|---|---|---|---|
| **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 /Chemiluminescent Immunometric Assay (CLIA)) | 1.20 | µIU/mL | 0.35 - 5.50 |
| **INTERPRETATION:** | | | |
| Reference range for cord blood - upto 20<br>1 st trimester: 0.1-2.5<br>2 nd trimester 0.2-3.0<br>3 rd trimester : 0.3-3.0<br>(Indian Thyroid Society Guidelines) | | | |
| **Comment :** | | | |
| 1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.<br>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.<br>3.Values&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals. | | | |

***Urine Analysis - Routine***

## BIOCHEMISTRY

| | | | |
|---|---|---|---|
| **Urine Sugar** (Urine) | Negative | | |
| **INTERPRETATION:** | | | |
| **Comments:** | | | |
| Reference Range for Glucose is not established for body fluids. Physician to correlate clinically. | | | |

## Clinical Pathology

| | | | |
|---|---|---|---|
| **Colour** (Urine) | Pale yellow | | Yellow to Amber |
| **pH** (Urine) | 6.0 | | 4.5 - 8.0 |
| **Specific Gravity** (Urine) | 1.020 | | 1.002 - 1.035 |
| **Urine Protein** / **Albumin** (Urine) | Negative | | Negative |
| **Ketone** (Urine) | Negative | | Negative |
| **Bilirubin** (Serum) | Nil | mg/dL | |
| **Urobilinogen** (Urine) | Normal | | Normal |
| **Pus Cells** (Urine) | **2-3** | /hpf | NIL |
| **Epithelial Cells** (Urine) | **1-2** | /hpf | NIL |
| **RBCs** (Urine) | Nil | /hpf | NIL |


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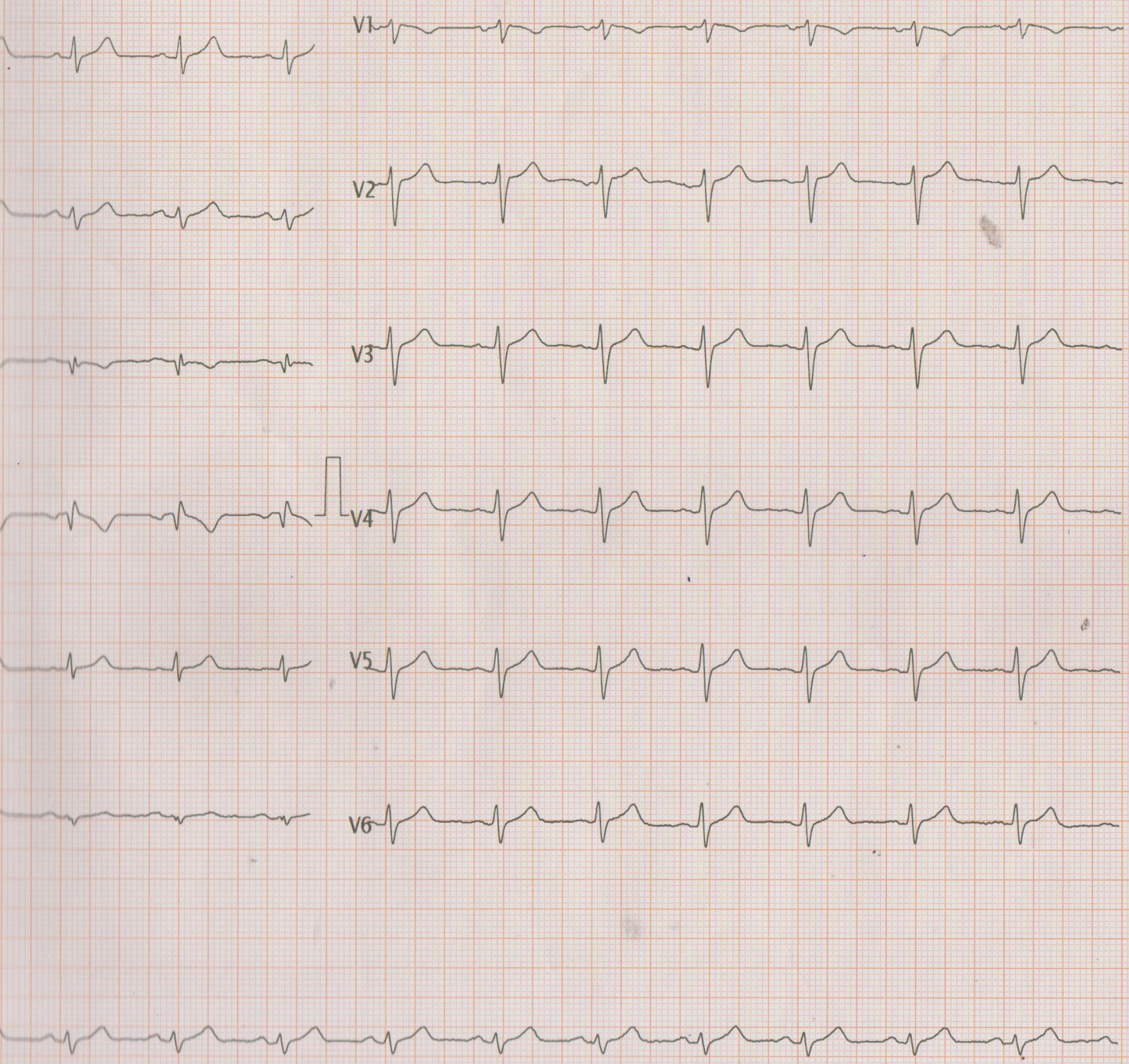
|---|---|---|---|
| **Casts** (Urine) | Nil | /hpf | NIL |
| **Urine Crystals** (Stool) | Nil | /hpf | NIL |
| **Others** (Urine) | Nil | | |

**INTERPRETATION:** Note: Done with Automated Urine Analyser & microscopy

-- End of Report --


*The results pertain to sample tested.*




| | | | |
|---|---|---|---|
| Vent. Rate(BPM) : | 82 | | |
| PR Int.(ms) : | 111 | | |
| P/QRS/T Int.(ms) : | 78 | 117 | 170 |
| QT/QTc Int.(ms) : | 364 | 428 | |
| P/QRS/T Axis(Deg.) : | 44 | -67 | 18 |
| RV1/SV5 Amp.(mV) : | 0.12 | 0.47 | |
| RV5/SV1 Amp.(mV) : | 0.40 | 0.25 | |

<ECG Analysis Result>:

800 Normal Sinus Rhythm

132 Low Voltage(Chest Leads)

401 Short P-R Interval

211 Marked Left Axis Deviation

*** Borderline Abnormal ECG ***

MED1212373 (V10.2)09-08-2210:04 AM

132212383

MR.HARIHARAN.I 28/Y

V2.33 Technician :

Note : Unconfirmed Report Need to Revi

ST LEVEL(mV)

| I | II | III | aVR | aVL | aVF |
|---|---|---|---|---|---|
| +0.04 | +0.03 | -0.01 | -0.03 | +0.02 | +0.01 |
| V1 | V2 | V3 | V4 | V5 | V6 |
| +0.02 | +0.09 | +0.07 | +0.06 | +0.06 | +0.04 |

< > 132880009307 -- -Y / cm/Kg /

ARROW CE