

## MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 10-Sep-2022 10:42 AM

Customer Name : **MR.DEEPAK M**DOB : **26 Oct 1978**Ref Dr Name : **MediWheel**Age : **43Y/MALE**Customer Id : **MED111293245**Visit ID : **712227749**

Email Id :

Phone No : **8867777231**Corp Name : **MediWheel**Address : **RAMAIAH M P 51 KRSHNADHAMA NAGAR SRIRAMPURA MYSORE**Package Name : **Mediwheel Full Body Health Checkup Male Above 40**

| S.No | Modality | Study  | Accession No | Time  | Seq | Signature |
|------|----------|--|--------------|-------|-----|-----------|
| 1    | LAB      | BLOOD UREA NITROGEN<br>(BUN)                 |              |       |     |           |
| 2    | LAB      | GLUCOSE - FASTING                            |              | 11.05 |     |           |
| 3    | LAB      | GLUCOSE - POSTPRANDIAL<br>(2 HRS)            |              |       |     |           |
| 4    | LAB      | GLYCOSYLATED<br>HAEMOGLOBIN (HbA1c)          |              |       |     |           |
| 5    | LAB      | LIPID PROFILE                                |              |       |     |           |
| 6    | LAB      | LIVER FUNCTION TEST (LFT)                    |              |       |     |           |
| 7    | LAB      | URIC ACID                                    |              |       |     |           |
| 8    | LAB      | URINE GLUCOSE - FASTING                      |              |       |     |           |
| 9    | LAB      | URINE GLUCOSE -<br>POSTPRANDIAL (2 Hrs)      |              |       |     |           |
| 10   | LAB      | COMPLETE BLOOD COUNT<br>WITH ESR             |              |       |     |           |
| 11   | LAB      | THYROID PROFILE/ TFT( T3,<br>T4, TSH) - P    |              |       |     |           |
| 12   | LAB      | TOTAL PROSTATE SPECIFIC<br>ANTIGEN - PSA - P |              |       |     |           |
| 13   | LAB      | STOOL ANALYSIS - ROUTINE                     |              |       |     |           |
| 14   | LAB      | URINE ROUTINE                                |              |       |     |           |
| 15   | LAB      | CREATININE                                   |              |       |     |           |

| LAB | BLOOD GROUP & RH TYPE<br>(Forward Reverse) |                                |                  |  |  |
|-----|--|--------------------------------|------------------|--|--|
| 17  | LAB  | BUN/CREATININE RATIO           |                  |  |  |
| 18  | OTHERS                                     | physical examination           | MYS2722155102651 |  |  |
| 19  | US   | ULTRASOUND ABDOMEN             | MYS2722155103462 |  |  |
| 20  | OTHERS                                     | <del>Treadmill</del> / 2D Echo | MYS2722155127528 |  |  |
| 21  | OTHERS                                     | Dental Consultation            | MYS2722155134969 |  |  |
| 22  | OTHERS                                     | EYE CHECKUP                    | MYS2722155135592 |  |  |
| 23  | X-RAY                                      | X RAY CHEST                    | MYS2722155145199 |  |  |
| 24  | OTHERS                                     | Consultation Physician         | MYS2722155148004 |  |  |
| 25  | ECHO                                       | ELECTROCARDIOGRAM ECG          | MYS2722155149333 |  |  |

Registered By  
(SOWMYA.RAJU)

H - 186 cm

W - 96 kg

Bp - 120/80 mmHg

Plus - 75

Hip - 39 inch

Wrist - 39 inch

|               |             |             |              |
|---------------|-------------|-------------|--------------|
| Customer Name | MR.DEEPAK M | Customer ID | MED111293245 |
| Age & Gender  | 43Y/MALE    | Visit Date  | 10/09/2022   |
| Ref Doctor    | MediWheel   |             |              |

### 2 D ECHOCARDIOGRAPHIC STUDY

#### M mode measurement:

|                               |   |        |
|-------------------------------|---|--------|
| AORTA                         | : | 3.1cms |
| LEFT ATRIUM                   | : | 3.2cms |
| LEFT VENTRICLE (DIASTOLE)     | : | 4.8cms |
| (SYSTOLE)                     | : | 2.9cms |
| VENTRICULAR SEPTUM (DIASTOLE) | : | 0.9cms |
| (SYSTOLE)                     | : | 1.1cms |
| POSTERIOR WALL (DIASTOLE)     | : | 0.9cms |
| (SYSTOLE)                     | : | 1.2cms |
| EDV                           | : | 83ml   |
| ESV                           | : | 36ml   |
| FRACTIONAL SHORTENING         | : | 37%    |
| EJECTION FRACTION             | : | 59%    |
| RVID                          | : | 1.6cms |

#### DOPPLER MEASUREMENTS:

|                 |   |               |               |       |
|-----------------|---|---------------|---------------|-------|
| MITRAL VALVE    | : | 'E' - 0.85m/s | 'A' - 0.28m/s | NO MR |
| AORTIC VALVE    | : | 1.15m/s       |               | NO AR |
| TRICUSPID VALVE | : | 'E' - 0.80m/s | 'A' - 0.42m/s | NO TR |
| PULMONARY VALVE | : | 0.79m/s       |               | NO PR |



Conditions indicated are  
 representative and shall not be  
 taken as a guarantee of  
 accuracy and should be co-  
 nfirmatory at the time of sampl-  
 ing.

|               |             |             |              |
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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: 59%.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.



**DR. NIKHIL B**  
**INTERVENTIONAL CARDIOLOGIST**  
 NB/TG

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# NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

## OPD SHEET

Date : 10/9/22

Patient's Name : Mr. Deepak M  
43 /m

OP No. 1210098

1:10 Pm

Dr. Roopashree C.R  
MBBS, MS, FPRS  
Consultant-Phaco & Refractive  
KMC No : 105152

ROPK<sup>13</sup>  
14

For medical checkup/

BCVA ← 6/6, N6  
6/6, N6

Afs; BE: CDR 0.35  
BEWNL FR ⊕

Color Vision

38/38 38/38

ASV

- Glasses
- Rho sos / 1yr

|               |             |             |              |
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### 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** show 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** 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 | 11.0                 | 1.9                         |
| Left Kidney  | 10.4                 | 2.0                         |

**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



DR. MOHAN B

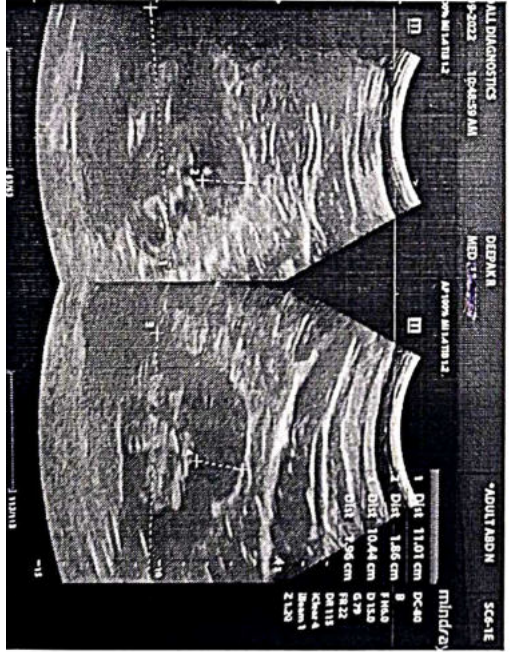
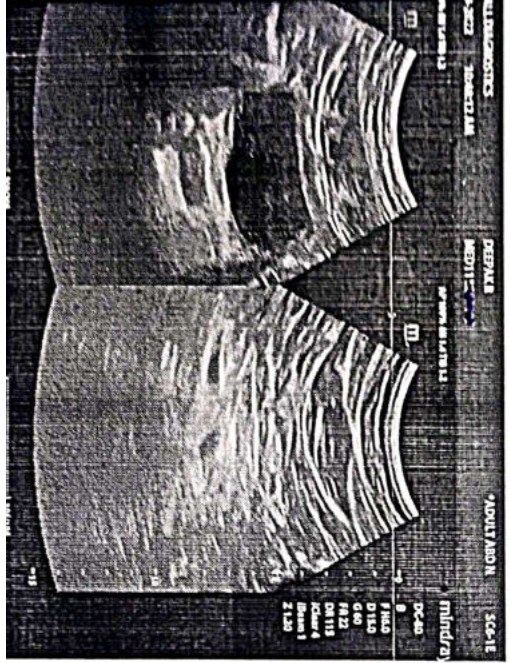
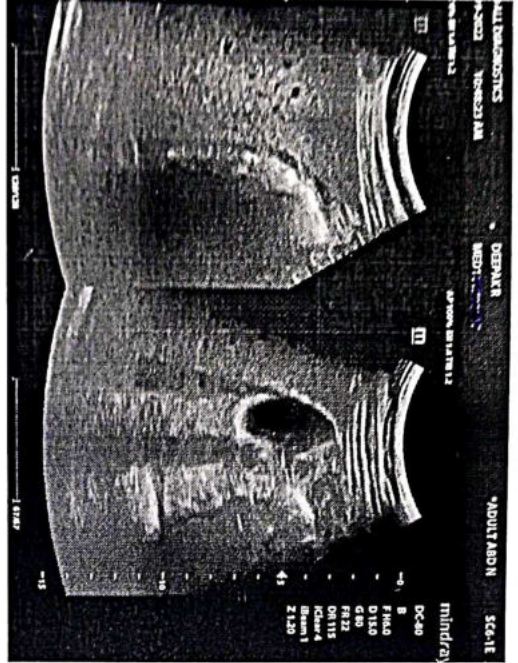


are solely for  
correlated

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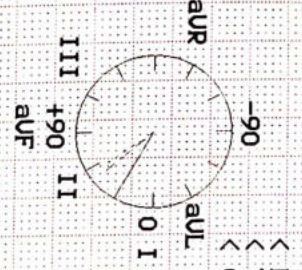


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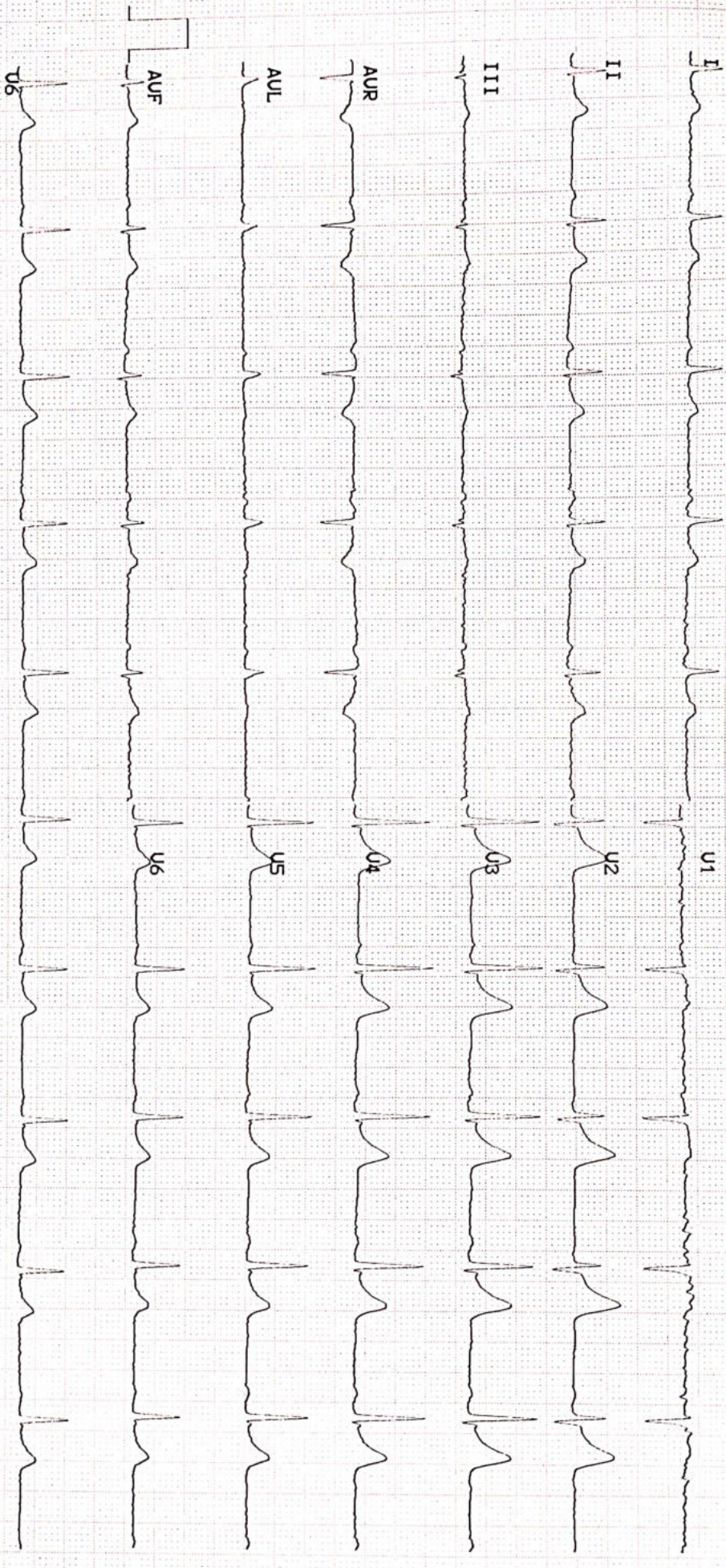


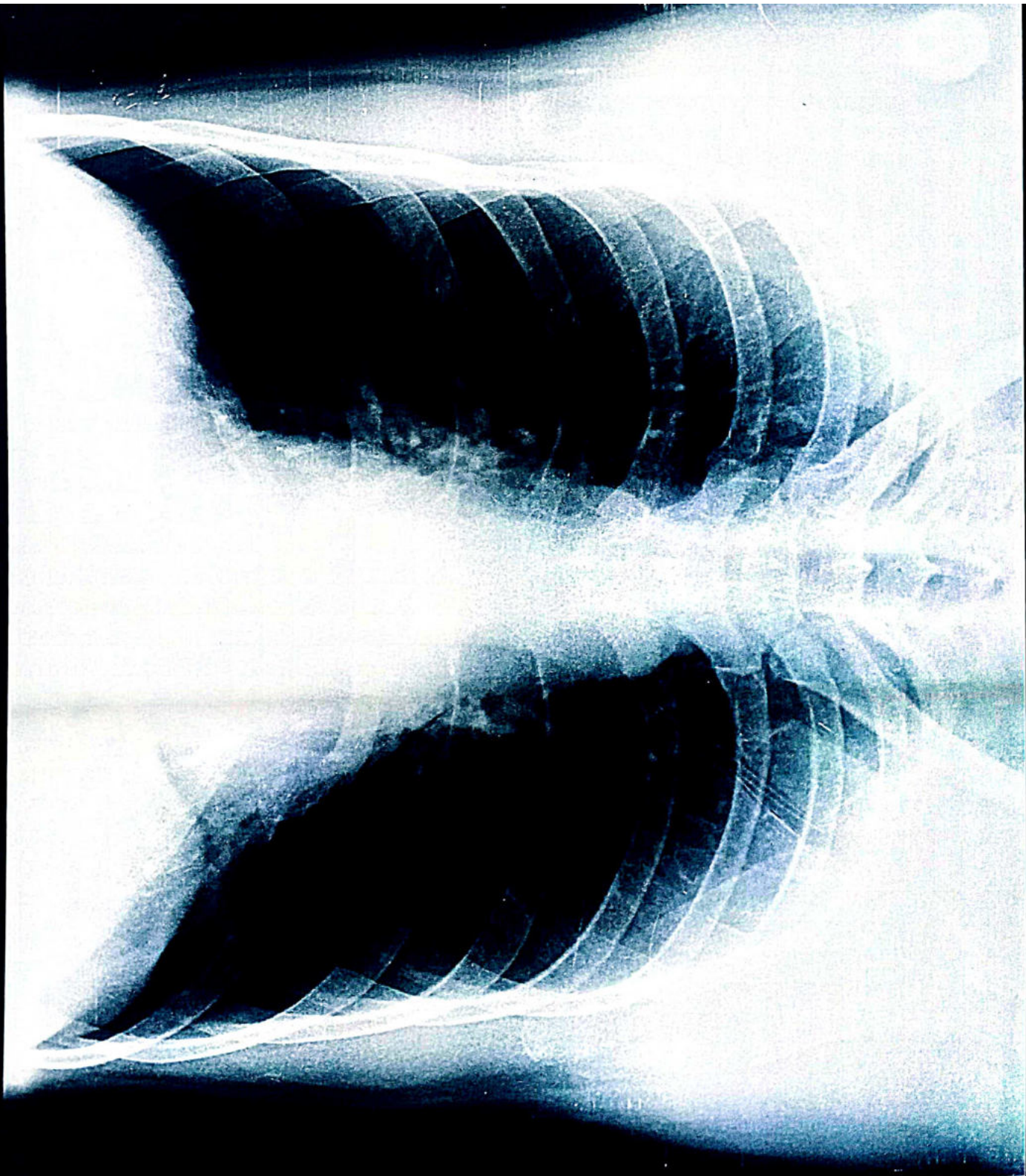
AGE: 43  
 Measurement Results:  
 QRS : 88 ms  
 QT/QTcB : 400 / 400 ms  
 PR : 170 ms  
 P : 108 ms  
 RR/PP : 1002 / 1005 ms  
 P/QRS/T : 55 / 30 / 50 degrees  
 QT/QTcBD : 32 / 32 ms  
 Sokolow : 1.7 mV  
 NK : ?



Interpretation:  
*sinus bradycardia*  
 R/S inversion area between U1 and U2  
 borderline ECG  
*Wahy*

Unconfirmed report.





DEEPAK M 43 MED111293245 M CHEST PA 9/10/2022 12:54 PM  
MEDALL CLUMAX DIAGNOSTIC

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PID No. : MED111293245  
SID No. : 712227749  
Age / Sex : 43 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 10/09/2022 10:42 AM  
Collection On : 10/09/2022 11:25 AM  
Report On : 10/09/2022 7:20 PM  
Printed On : 12/09/2022 11:07 AM



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

## HAEMATOLOGY

### Complete Blood Count With - ESR

|   |      |      |             |
|---|------|------|-------------|
| Haemoglobin<br>(EDTA Blood/Spectrophotometry) | 13.1 | g/dL | 13.5 - 18.0 |
|---|------|------|-------------|

**INTERPRETATION:** Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

**Remark:** Kindly correlate clinically.

|   |       |             |              |
|---|-------|-------------|--------------|
| PCV (Packed Cell Volume) / Haematocrit<br>(EDTA Blood/Derived)            | 43.4  | %           | 42 - 52      |
| RBC Count<br>(EDTA Blood/Automated Blood cell Counter)                    | 4.94  | mill/cu.mm  | 4.7 - 6.0    |
| MCV (Mean Corpuscular Volume)<br>(EDTA Blood/Derived from Impedance)      | 88.0  | fL          | 78 - 100     |
| MCH (Mean Corpuscular Haemoglobin)<br>(EDTA Blood/Derived)                | 26.6  | pg          | 27 - 32      |
| MCHC (Mean Corpuscular Haemoglobin concentration)<br>(EDTA Blood/Derived) | 30.2  | g/dL        | 32 - 36      |
| RDW-CV<br>(Derived)   | 15.9  | %           | 11.5 - 16.0  |
| RDW-SD<br>(Derived)   | 48.97 | fL          | 39 - 46      |
| Total WBC Count (TC)<br>(EDTA Blood/Derived from Impedance)               | 7340  | cells/cu.mm | 4000 - 11000 |
| Neutrophils<br>(Blood/Impedance Variation & Flow Cytometry)               | 37    | %           | 40 - 75      |

**Remark:** Kindly correlate clinically.

  
Dr Shouree K.R.  
MBBS MD DNB  
Consultant Pathologist  
Reg No : KMC 103138


APPROVED BY

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| Lymphocytes<br>(Blood/Impedance Variation & Flow Cytometry)                          | 43                    | %                         | 20 - 45                              |
| Eosinophils<br>(Blood/Impedance Variation & Flow Cytometry)                          | 14                    | %                         | 01 - 06                              |
| <b>Remark:</b> Kindly correlate clinically.  |                       |                           |                                      |
| Monocytes<br>(Blood/Impedance Variation & Flow Cytometry)                            | 06                    | %                         | 01 - 10                              |
| Basophils<br>(Blood/Impedance Variation & Flow Cytometry)                            | 00                    | %                         | 00 - 02                              |
| Absolute Neutrophil count<br>(EDTA Blood/Impedance Variation & Flow Cytometry)       | 2.72                  | 10 <sup>3</sup> / $\mu$ l | 1.5 - 6.6                            |
| Absolute Lymphocyte Count<br>(EDTA Blood/Impedance Variation & Flow Cytometry)       | 3.16                  | 10 <sup>3</sup> / $\mu$ l | 1.5 - 3.5                            |
| Absolute Eosinophil Count (AEC)<br>(EDTA Blood/Impedance Variation & Flow Cytometry) | 1.03                  | 10 <sup>3</sup> / $\mu$ l | 0.04 - 0.44                          |
| Absolute Monocyte Count<br>(EDTA Blood/Impedance Variation & Flow Cytometry)         | 0.44                  | 10 <sup>3</sup> / $\mu$ l | < 1.0                                |
| Absolute Basophil count<br>(EDTA Blood/Impedance Variation & Flow Cytometry)         | 0.00                  | 10 <sup>3</sup> / $\mu$ l | < 0.2                                |
| Platelet Count<br>(EDTA Blood/Derived from Impedance)                                | 186                   | 10 <sup>3</sup> / $\mu$ l | 150 - 450                            |
| MPV<br>(Blood/Derived)   | 13.5                  | fL                        | 7.9 - 13.7                           |
| PCT  | 0.25                  | %                         | 0.18 - 0.28                          |

  
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|--|-----------------------|-------------|--------------------------------------|
| ESR (Erythrocyte Sedimentation Rate)<br>(Citratd Blood/Automated ESR analyser) | 18                    | mm/hr       | < 15                                 |

A handwritten signature in black ink, appearing to read "Shouree", is written over a circular pink and blue background.

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|--|-----------------------|-------------|---|
| <b><u>Lipid Profile</u></b>                                      |                       |             |   |
| Cholesterol Total<br>(Serum/Oxidase / Peroxidase method)         | 238                   | mg/dL       | Optimal: < 200<br>Borderline: 200 - 239<br>High Risk: >= 240                    |
| Triglycerides<br>(Serum/Glycerol phosphate oxidase / peroxidase) | 174                   | 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<br>(Serum/Immunoinhibition) | 37    | mg/dL | Optimal(Negative Risk Factor): >= 60<br>Borderline: 40 - 59<br>High Risk: < 40                                   |
| LDL Cholesterol<br>(Serum/Calculated)       | 165.8 | mg/dL | Optimal: < 100<br>Above Optimal: 100 - 129<br>Borderline: 130 - 159<br>High: 160 - 189<br>Very High: >= 190      |
| VLDL Cholesterol<br>(Serum/Calculated)      | 34.7  | mg/dL | < 30   |
| Non HDL Cholesterol<br>(Serum/Calculated)   | 201.0 | mg/dL | Optimal: < 130<br>Above Optimal: 130 - 159<br>Borderline High: 160 - 189<br>High: 190 - 219<br>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<br>(Serum/Calculated) | 6.3 |  | 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<br>(TG/HDL)<br>(Serum/Calculated) | 4.6 |  | Optimal: < 2.5<br>Mild to moderate risk: 2.5 - 5.0<br>High Risk: > 5.0 |
|--|-----|--|--|

|   |     |  |   |
|---|-----|--|---|
| LDL/HDL Cholesterol Ratio<br>(Serum/Calculated) | 4.4 |  | Optimal: 0.5 - 3.0<br>Borderline: 3.1 - 6.0<br>High Risk: > 6.0 |
|---|-----|--|---|

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|--|-----------------------|-------------|---|
| <b><u>Glycosylated Haemoglobin (HbA1c)</u></b> |                       |             |   |
| HbA1C<br>(Whole Blood/HPLC)                    | 6.3                   | %           | Normal: 4.5 - 5.6<br>Prediabetes: 5.7 - 6.4<br>Diabetic: $\geq$ 6.5 |

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

**Remark:** Kindly correlate clinically.

|  |        |       |
|--|--------|-------|
| Estimated Average Glucose<br>(Whole Blood) | 134.11 | 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.

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**CLINICAL PATHOLOGY**

**PHYSICAL EXAMINATION**

|  |             |  |                 |
|--|-------------|--|-----------------|
| Colour<br>(Urine/Physical examination) | Pale yellow |  | Yellow to Amber |
| Volume<br>(Urine/Physical examination) | 20          |  | ml              |
| Appearance<br>(Urine)                  | Clear       |  |                 |

**CHEMICAL EXAMINATION**

|  |          |          |               |
|--|----------|----------|---------------|
| pH<br>(Urine)  | 6.5      |          | 4.5 - 8.0     |
| Specific Gravity<br>(Urine/Dip Stick - Reagent strip method) | 1.015    |          | 1.002 - 1.035 |
| Protein<br>(Urine/Dip Stick - Reagent strip method)          | Negative |          | Negative      |
| Glucose<br>(Urine)   | Nil      |          | Nil           |
| Ketone<br>(Urine/Dip Stick - Reagent strip method)           | Nil      |          | Nil           |
| Leukocytes<br>(Urine)  | Negative | leuco/uL | Negative      |
| Nitrite<br>(Urine/Dip Stick - Reagent strip method)          | Nil      |          | Nil           |
| Bilirubin<br>(Urine)   | Negative | mg/dL    | Negative      |

  
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|--|-----------------------|-------------|--------------------------------------|
| Blood<br>(Urine)   | Nil                   |             | Nil                                  |
| Urobilinogen<br>(Urine/Dip Stick - Reagent strip method) | Normal                |             | Within normal limits                 |
| <b><u>Urine Microscopy Pictures</u></b>                  |                       |             |                                      |
| RBCs<br>(Urine/Microscopy)                               | Nil                   | /hpf        | NIL                                  |
| Pus Cells<br>(Urine/Microscopy)                          | 3-4                   | /hpf        | < 5                                  |
| Epithelial Cells<br>(Urine/Microscopy)                   | 1-2                   | /hpf        | No ranges                            |
| Others<br>(Urine)  | Nil                   |             | Nil                                  |

  
Dr Shouree K.R  
MBBS MD DNB  
Consultant Pathologist  
Reg No : KMC 103138

APPROVED BY

Name : Mr. DEEPAK M  
PID No. : MED111293245  
SID No. : 712227749  
Age / Sex : 43 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 10/09/2022 10:42 AM  
Collection On : 10/09/2022 11:25 AM  
Report On : 10/09/2022 7:20 PM  
Printed On : 12/09/2022 11:07 AM



| <u>Investigation</u>                   | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|--|-----------------------|-------------|--------------------------------------|
| <b><u>Stool Analysis - ROUTINE</u></b> |                       |             |                                      |
| Colour<br>(Stool)                      | Brownish              |             | Brown                                |
| Blood<br>(Stool)                       | Nil                   |             | Not present                          |
| Mucus<br>(Stool)                       | Absent                |             | Not present                          |
| Reaction<br>(Stool)                    | Alkaline              |             | Alkaline                             |
| Consistency<br>(Stool)                 | Semi Solid            |             | Semi solid                           |
| Ova<br>(Stool)                         | Nil                   |             | Nil                                  |
| Others<br>(Stool)                      | Nil                   |             | Nil                                  |
| Cysts<br>(Stool)                       | Nil                   |             | Nil                                  |
| Trophozoites<br>(Stool)                | Nil                   |             | Nil                                  |
| RBCs<br>(Stool)                        | Nil                   | /hpf        | Nil                                  |
| Pus Cells<br>(Stool)                   | 2-3                   | /hpf        | Nil                                  |
| Macrophages<br>(Stool)                 | Nil                   |             | Nil                                  |
| Epithelial Cells<br>(Stool)            | Nil                   | /hpf        | Nil                                  |

  
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|----------------------|-----------------------|-------------|--------------------------------------|

**IMMUNOHAEMATOLOGY**  
BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'A' 'Positive'

**Remark:** Test to be confirmed by gel method.

A handwritten signature in black ink, appearing to read "Shouree", is written over a circular logo with blue and pink segments.

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|----------------------|-----------------------|-------------|--------------------------------------|
|----------------------|-----------------------|-------------|--------------------------------------|

## BIOCHEMISTRY

|  |     |       |  |
|--|-----|-------|--|
| BUN / Creatinine Ratio                         | 8.1 |       |  |
| Glucose Fasting (FBS)<br>(Plasma - F/GOD- POD) | 93  | 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.

|  |     |       |          |
|--|-----|-------|----------|
| Urine sugar, Fasting<br>(Urine - F)                    | Nil |       | Nil      |
| Glucose Postprandial (PPBS)<br>(Plasma - PP/GOD - POD) | 80  | 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 Sugar (PP-2 hours)<br>(Urine - PP)                 | Negative |       | Negative  |
| Blood Urea Nitrogen (BUN)<br>(Serum/Urease UV / derived) | 7.3      | mg/dL | 7.0 - 21  |
| Creatinine<br>(Serum/Jaffe Kinetic)                      | 0.9      | 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<br>(Serum/Uricase/Peroxidase) | 5.2 | mg/dL | 3.5 - 7.2 |
|---|-----|-------|-----------|

  
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|--|-----------------------|-------------|--|
| <b><u>IMMUNOASSAY</u></b>  |                       |             |  |
| Prostate specific antigen - Total(PSA)<br>(Serum/ <i>Manometric method</i> ) | 1.00                  | ng/ml       | Normal: 0.0 - 4.0<br>Inflammatory & Non Malignant<br>conditions of Prostate & genitourinary<br>system: 4.01 - 10.0<br>Suspicious of Malignant disease of<br>Prostate: > 10.0 |

**INTERPRETATION:REMARK** : PSA alone should not be used as an absolute indicator of malignancy.



Dr RAVIKUMAR R  
MBBS, MD BIOCHEMISTRY  
CONSULTANT BIOCHEMIST  
Reg No : 78771

VERIFIED BY



DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

APPROVED BY

-- End of Report --



|              |           |            |                     |
|--------------|-----------|------------|---------------------|
| Name         | DEEPAK M  | ID         | MED111293245        |
| Age & Gender | 43Y/M     | Visit Date | Sep 10 2022 10:42AM |
| Ref Doctor   | MediWheel |            |                     |

**X – RAY CHEST PA VIEW**

**LUNGS:**

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

**CARDIA:**

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

**IMPRESSION:**

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.**



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