

Name : Mr. MALADRI P
PID No. : MED122014731 **Register On** : 19/07/2023 8:59 AM
SID No. : 522311573 **Collection On** : 19/07/2023 9:51 AM
Age / Sex : 53 Year(s) / Male **Report On** : 19/07/2023 5:25 PM
Type : OP **Printed On** : 20/07/2023 1:23 PM
Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh TYPING	'O' 'Positive'		
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(EDTA Blood/Agglutination)

INTERPRETATION:Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.

Complete Blood Count With - ESR

Haemoglobin	18.3	g/dL	13.5 - 18.0
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(EDTA Blood/Spectrophotometry)

Packed Cell Volume(PCV)/Haematocrit	52.0	%	42 - 52
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(EDTA Blood)

RBC Count	5.90	mill/cu.mm	4.7 - 6.0
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(EDTA Blood)

Mean Corpuscular Volume(MCV)	88.2	fL	78 - 100
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(EDTA Blood)

Mean Corpuscular Haemoglobin(MCH)	31.0	pg	27 - 32
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(EDTA Blood)

Mean Corpuscular Haemoglobin concentration(MCHC)	35.1	g/dL	32 - 36
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(EDTA Blood)

RDW-CV	13.2	%	11.5 - 16.0
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RDW-SD	41.1	fL	39 - 46
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Total Leukocyte Count (TC)	6200	cells/cu.m	4000 - 11000
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(EDTA Blood)

Neutrophils	60.8	%	40 - 75
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(Blood)

Lymphocytes	27.8	%	20 - 45
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(Blood)

Eosinophils	1.8	%	01 - 06
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(Blood)



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The results pertain to sample tested.

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Monocytes (Blood)	8.9	%	01 - 10
Basophils (Blood)	0.7	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.8	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.7	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.1	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.5	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.0	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	231	10 ³ / μ l	150 - 450
MPV (Blood)	7.8	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.180	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood)	6	mm/hr	< 20
BUN / Creatinine Ratio	12.7		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	247.23	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: \geq 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.



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Glucose, Fasting (Urine) (Urine - F/GOD - POD)	++		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	367.75	mg/dL	70 - 140
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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.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.4	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.58	mg/dL	0.9 - 1.3
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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)	2.98	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	1.02	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.43	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.59	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	80.90	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	59.72	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	507.31	U/L	< 55
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	120.0	U/L	56 - 119
Total Protein (Serum/Biuret)	7.54	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.83	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.71	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.78		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	241.96	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	98.62	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/Immunoinhibition)	73.90	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL Cholesterol (Serum/Calculated)	148.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	19.7	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	168.1	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)	3.3		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)	1.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
HbA1C (Whole Blood/HPLC)	10.7	%	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 %

Estimated Average Glucose (Whole Blood)	260.39	mg/dL
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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.

Prostate specific antigen - Total (PSA) (Serum/Manometric method)	1.89	ng/ml	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0
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THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.23	ng/ml	0.4 - 1.81
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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 (Serum/ECLIA)	16.70	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.



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TSH (Thyroid Stimulating Hormone) (Serum/ECLIA)	1.33	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.

URINE ROUTINE

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	40	

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	6	4.5 - 8.0
Specific Gravity (Urine)	1.026	1.002 - 1.035
Ketone (Urine)	Positive(+)	Negative



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Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Positive(+)		Negative
Glucose (Urine/GOD - POD)	Positive(++)		Negative
Leukocytes(CP) (Urine)	Negative		

MICROSCOPIC EXAMINATION
(URINE COMPLETE)

Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/hpf	NIL
Others (Urine)	NIL		

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

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL



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-- End of Report --

Patient Name	Maladri.P	Date	19/01/2023
Age	53yrs	Visit Number	522311573
Sex	Male	Corporate	Mediwheel

GENERAL PHYSICAL EXAMINATION

Identification Mark : 

Height : 160 cms

Weight : 56.7 kgs

Pulse : 90b/w /minute

Blood Pressure : 180/90 mm of Hg

BMI :

BMI INTERPRETATION

Underweight = <18.5

Normal weight = 18.5-24.9

Overweight = 25-29.9

Chest :

Expiration : 84 cms

Inspiration : 91 cms

Abdomen Measurement : 93. cms

Eyes : NAD

Ears : NAD

Throat : NAD

Neck nodes : no palpable nodes

RS : B/L N V B S ⊕

CVS : S, J - sounds

PA : soft C no tendr. CNS : NAD

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO



Signature

Dr. Saara Neeha

M.B.B.S

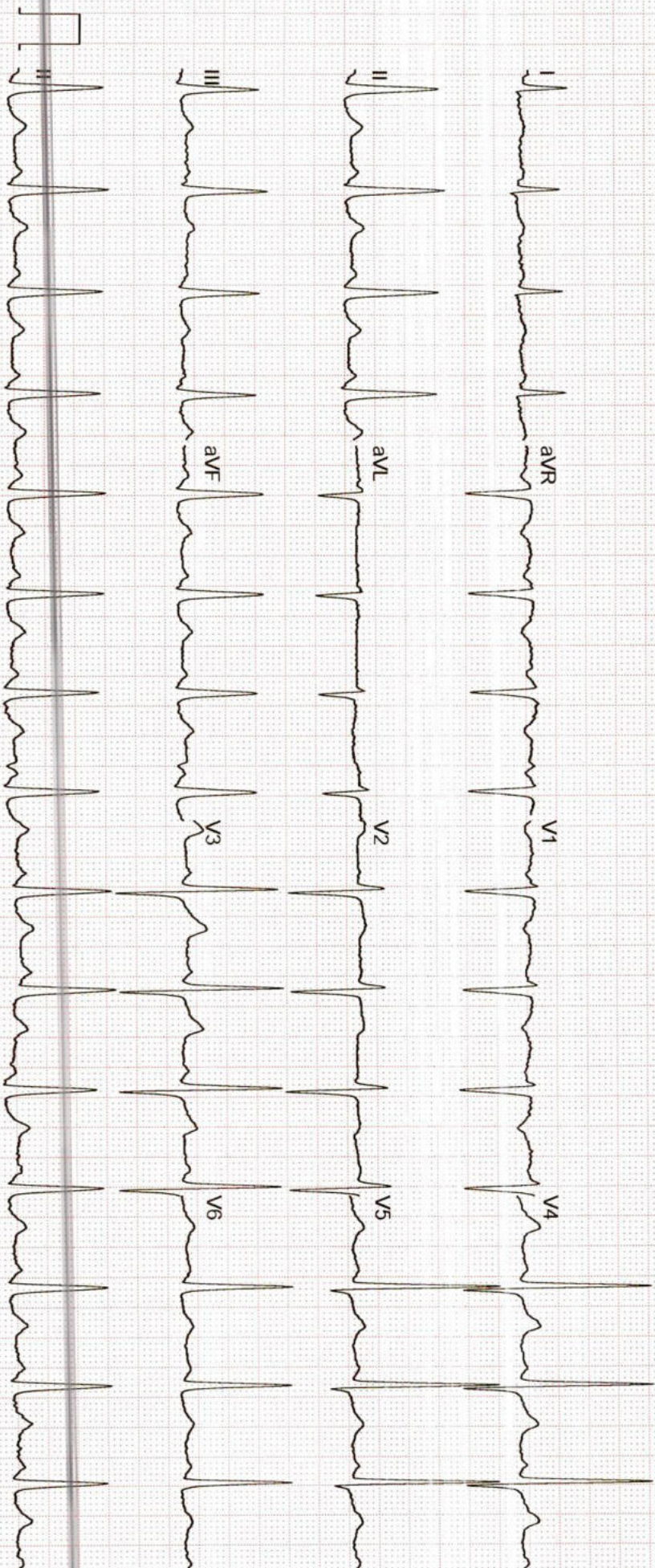
KMC. Reg. No. 99137

53 Years

Male

QRS : 98 ms
QT / QTcBaz : 388 / 474 ms
PR : 110 ms
P : 74 ms
RR / PP : 664 / 666 ms
P / QRS / T : 56 / 72 / 74 degrees

SLUR D



Name	MR.MALADRI P	ID	MED122014731
Age & Gender	53Y/MALE	Visit Date	19 Jul 2023
Ref Doctor Name	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA	:	2.70	cms.
LEFT ATRIUM	:	2.43	cms.
AVS	:	1.47	cms.
LEFT VENTRICLE			
(DIASTOLE)	:	4.55	cms.
(SYSTOLE)	:	3.24	cms.
VENTRICULAR SEPTUM	:		
(DIASTOLE)	:	1.17	cms.
(SYSTOLE)	:	1.31	cms.
POSTERIOR WALL	:		
(DIASTOLE)	:	1.22	cms.
(SYSTOLE)	:	1.31	cms.
EDV	:	94	ml.
ESV	:	42	ml.
FRACTIONAL SHORTENING	:	26	%
EJECTION FRACTION	:	50	%
EPSS	:	----	cms.
RVID	:	1.80	cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE:	E - 0.6 m/s	A - 0.4 m/s	NO MR.
AORTIC VALVE:	1.1 m/s		NO AR.
TRICUSPID VALVE:	E - 0.3 m/s	A - 0.2 m/s	NO TR.
PULMONARY VALVE:	0.8 m/s		NO PR.

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2D ECHOCARDIOGRAPHY FINDINGS:

Left Ventricle : Normal size, Adequate systolic function EF (50%).
: No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral Valve : Normal. No mitral valve prolapsed.

Aortic Valve : Sclerotic. Trileaflet.

Tricuspid Valve : Normal.

Pulmonary Valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

- **NORMAL SIZED CARDIAC CHAMBERS.**
- **ADEQUATE LV SYSTOLIC FUNCTION. EF: 50%.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

DR. YASHODA RAVI
CONSULTANT CARDIOLOGIST

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Name	Mr. MALADRI P	Customer ID	MED122014731
Age & Gender	53Y/M	Visit Date	Jul 19 2023 8:58AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Unfolding of aorta is noted.

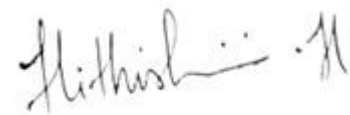
Aortic knuckle calcification is seen.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Sugg: Clinical Correlation.



**Dr.H.Hithishini MBBS.,MD.,DNB
Consultant Radiologist**