

PREVENTIVE HEALTH CHECKS

Name: Mr./Mrs./Miss. Ramesh
 Age: 57 Sex: Male Female
 Case Examined by Dr. Moica M
 Ref. by Dr. mediwheel

Date: 17/07/2024
 PID No: 807

Present Complaint: ASD device closure - 9y back

Known Case of DM: Yes No HTN: Yes No CAD: Yes No Ashma: Yes No
 Anyothers: None

Present medication:

Past History: Medical:

Surgical: ASD device closure - 9y back.

Gynaec. & Obstetric:

Family History: a) Allergy Yes No b) Pressure Yes both No c) Diabetes Yes M No d) Thyroid Yes No e) Cancer Yes No f) Others Yes No

Personal History Status: Smoking: Non-smoker Smoker Alcohol: Nil Social Since: ___ Years Habitual No Diet: Vegetarian Non-vegetarian Physical Activity: Exercise: Regular Irregular No

Customer's Signature

PHYSICAL EXAMINATION

Height: 164 cms

Weight: 61 kgs

Gen. Examination: Anaemia Oedema Jaundice Others Normal

Blood Pressure 130/90 mmHg Pulse Rate 100 /min Normal

C.V.S.: S1S2 1st & 2nd Sound, Murmurs Yes No

Abdomen: soft C.N.S.: nrn R.S.: nrn

Breast Examination:

LABORATORY INVESTIGATIONS

Haematology: CBC - WMC LDL - 127.20

Biochemistry: FBS - 89 ; HbA1c - 5.30 TFT - WMC
RFT - WMC
LFT - WMC

Clinical Pathology: Urine Routine (N) Vit - D - 20

ECG (Resting): Sinus Rhythm Tachycardia

X-Ray (Chest): (N)

SCAN (Abdomen): (N)

Echocardiogram:

Treadmill (CST):

SPIROMETRY:

PAP SMEAR:

OTHERS:

CLINICAL IMPRESSION: Normal Health

S/P ASD Device closure (? 2016) / vit D Insufficiency

ADVICE:

General physician consultation ^{for} Vit-D Supplements.

Doctor's Signature

TEST REPORT
Vision Screening

 Name : Mr. Ramesh . Y

 PID No : H0794600807

 Age : 51 years

 Date : 16/07/2024

 Sex: Male / Female: _____

 Company: NDPL - Mediwheel

With/Without Corrections		RIGHT EYE	LEFT EYE
	Distance Vision		6/6
Near Vision		nb	nb
Cover Test	ortho		
Colour Vision		normal	normal
Anterior Segment		normal	normal
Findings	BB Relative Error.		
Advice	Continue Glasses.		

 Optometrist: Thilak.s

 Signature : S

நெறல்த் ஈஸியா ஂடுக்காதிங்க டெஸ்ட் ஈஸியா ஂடுங்க

Neuberg Ehrlich Lab

Patient Details

Name: MR.RAMESH Y ID: 0807

Date: 17-Jul-24

Time: 14:02:49

Age: 51 y

Sex: M

Height: 164 cms

Weight: 61 Kgs

Clinical History:

Medications:

Test Details

Protocol: Bruce

Total Exec. Time: 8 m 30 s

Max. BP: 150 / 100 mmHg

Test Termination Criteria: Target HR Attained

Pr.MHR: 169 bpm

Max. HR: 167 (99% of Pr.MHR) bpm

Max. BP x HR: 25050 mmHg/min

THR: 152 (90 % of Pr.MHR) bpm

Max. Mets: 10.20

Min. BP x HR: 9090 mmHg/min

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 15	1.0	0	0	101	130 / 90	-0.51 aVR	1.27 II
Standing	0 : 6	1.0	0	0	101	130 / 90	-0.51 aVR	1.27 II
Hyperventilation	0 : 6	1.0	0	0	105	130 / 90	-0.51 aVR	1.69 II
1	3 : 0	4.6	1.7	10	123	130 / 90	-1.01 aVR	2.11 II
2	3 : 0	7.0	2.5	12	147	140 / 90	-1.01 aVR	3.38 V2
Peak Ex	2 : 30	10.2	3.4	14	167	150 / 100	-1.52 aVR	5.91 V2
Recovery(1)	1 : 0	1.8	1	0	146	150 / 100	-2.78 aVR	5.91 II
Recovery(2)	1 : 0	1.0	0	0	143	140 / 90	-2.78 aVR	5.91 II
Recovery(3)	1 : 0	1.0	0	0	130	140 / 90	-1.77 aVR	5.49 V2
Recovery(4)	0 : 9	1.0	0	0	126	140 / 90	-2.28 aVR	3.38 II

Neuberg Ehrlich Lab

Patient Details

Name: MR.RAMESH Y ID: 0807 Date: 17-Jul-24 Time: 14:02:49

Age: 51 y Sex: M Height: 164 cms Weight: 61 Kgs

Interpretation

The patient exercised according to the Bruce protocol for 8 m 30 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 101 bpm, rose to a max. heart rate of 167 (99% of P_rMHR) bpm. Resting blood Pressure 130 / 90 mmHg, rose to a maximum blood pressure of 150 / 100 mmHg.

C.S.A. is negative for indicates ischaemia at

99% of the time and good MET level. R.P. response is

normal. ECG response is good. No symptoms

discomfort seen.

Dr. Madhavi Prasad
19/7/2024
Consultant Cardiologist

Ref. Doctor: NDPL

Doctor: DR.MALATHI

MR. RAMESH Y (51 M)

ID: 0807

Date: 17-Jul-24

(THR: 152 bpm)

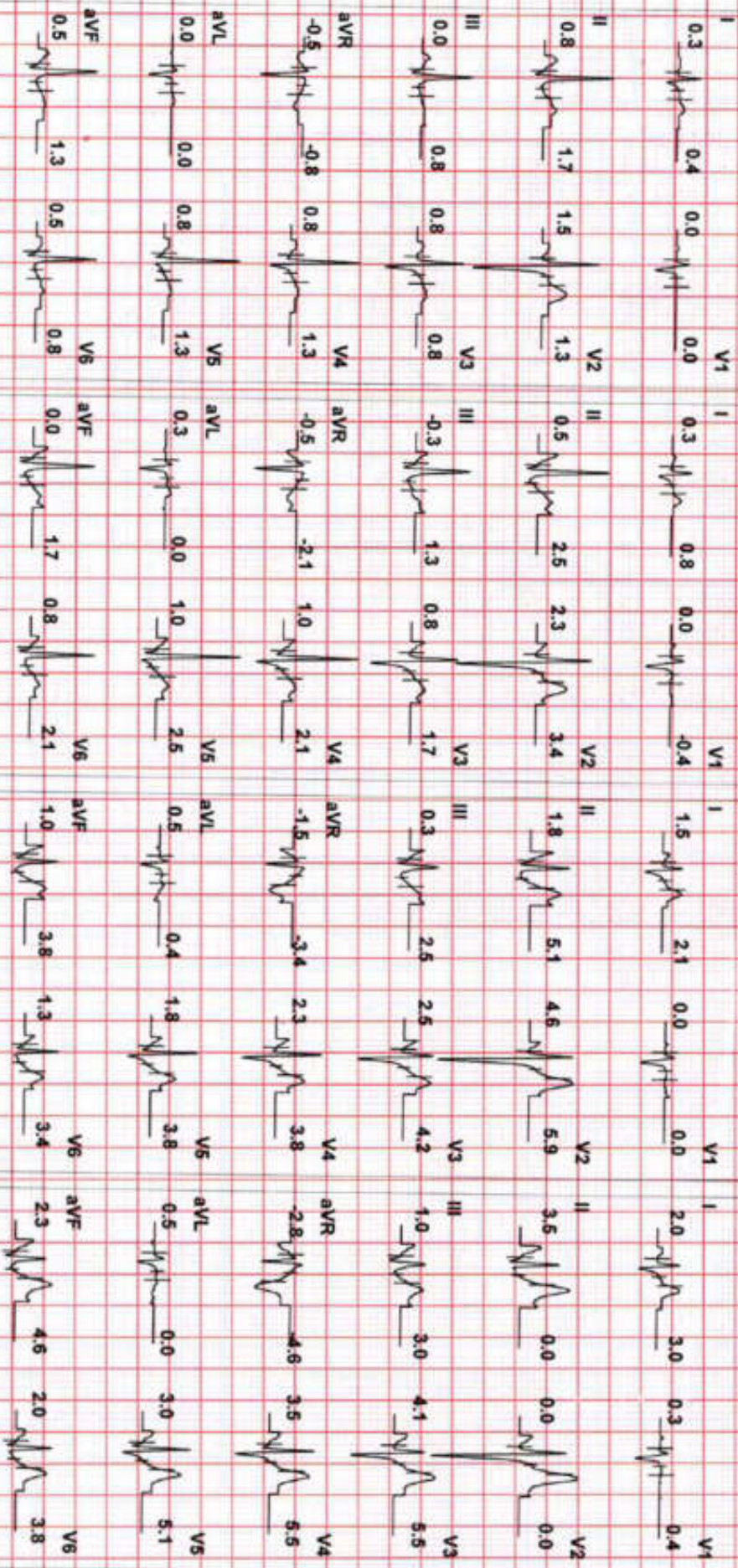
Protocol: Bruce

Neuberg Ehrlich Lab

Avg. Summary

1 2 Peak Ex Recovery(1)

ST Level (mm) ST Slope (mV/s)



1st Stage: $t_{90} = R - 60$ ms, $J = R + 60$ ms, Post J = J + 60 ms
 2nd Stage: $t_{90} = R - 60$ ms, $J = R + 60$ ms, Post J = J + 60 ms
 3rd Stage: $t_{90} = R - 60$ ms, $J = R + 60$ ms, Post J = J + 60 ms
 4th Stage: $t_{90} = R - 60$ ms, $J = R + 60$ ms, Post J = J + 60 ms

Exec Time: 2 m 54 s | Exec Time: 5 m 54 s | Exec Time: 8 m 24 s | Exec Time: 8 m 30 s
 Stage Time: 2 m 54 s | Stage Time: 2 m 54 s | Stage Time: 2 m 24 s | Stage Time: 0 m 54 s

Speed: 0 mph | Speed: 0 mph | Speed: 0 mph | Speed: 0 mph
 Grade: 10% | Grade: 12% | Grade: 14% | Grade: 0%

B.P: 130/90 | B.P: 140/90 | B.P: 150/100 | B.P: 150/100
 HR: 125 bpm | HR: 147 bpm | HR: 167 bpm | HR: 145 bpm
 Chart Speed: 25 mm/sec | Filter: 35 Hz | Amp: 10 mm | Mains Filt: ON
 Scanner: CS-20V-19

MR.RAMESH Y (51 M)

ID: 0807

Date: 17-Jul-24

(THR: 152 bpm)

Protocol: Bruce

Neuberg Ehrlich Lab

Avg. Summary

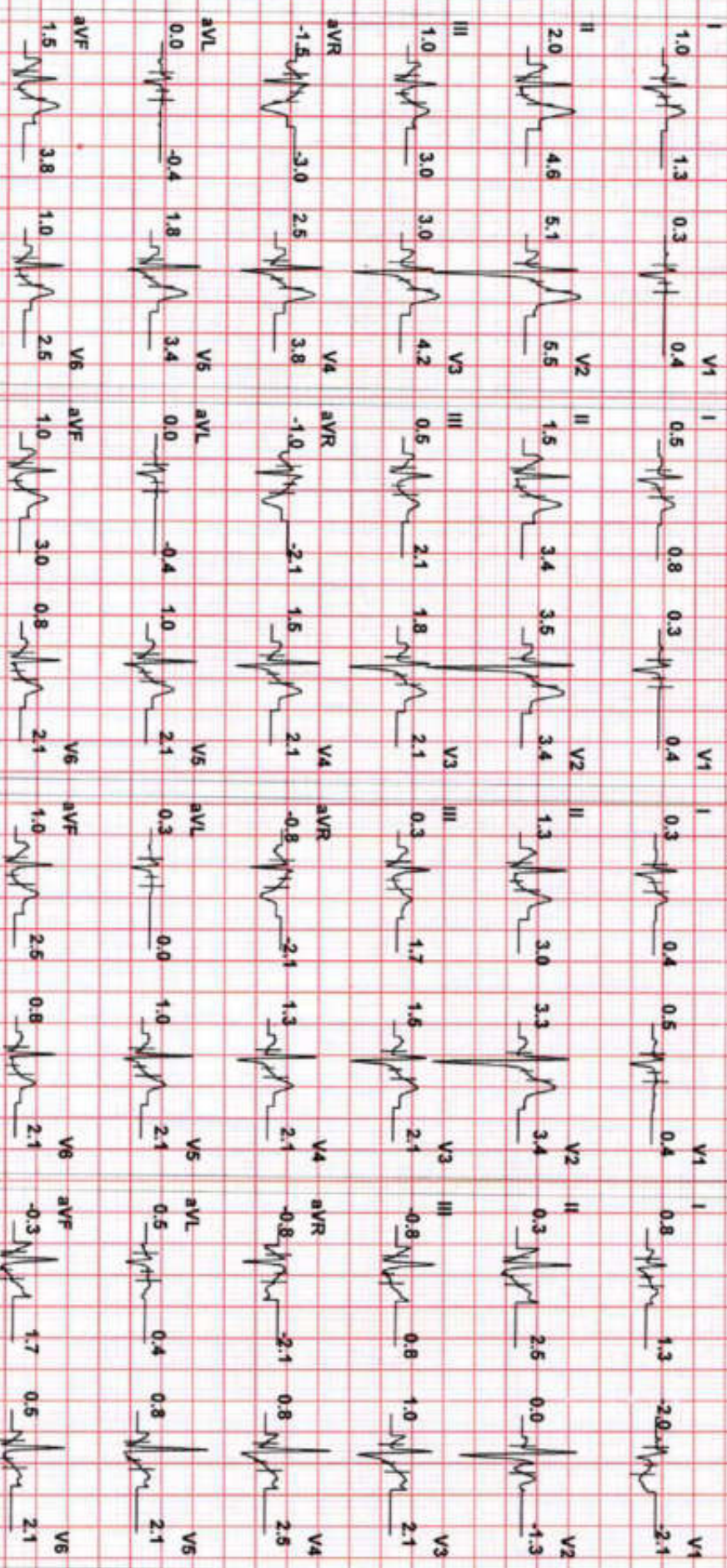
Recovery(2)

Recovery(3)

Recovery(4)

Max ST

ST Level (mm) | ST Slope (mV/s)



140 = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Exec Time : 8 m 30 s

Stage Time : 0 m 54 s

Speed: 0 mph Grade: 0 %

B.P. 140 / 90 HR: 137 bpm

Chart Speed: 25 mm/sec

140 = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Exec Time : 8 m 30 s

Stage Time : 0 m 54 s

Speed: 0 mph Grade: 0 %

B.P. 140 / 90 HR: 131 bpm

Filter: 35 Hz

140 = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Exec Time : 8 m 30 s

Stage Time : 0 m 3 s

Speed: 0 mph Grade: 0 %

B.P. 140 / 90 HR: 126 bpm

Amp: 10 mm

140 = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Exec Time : 6 m 51 s

Stage Time : 0 m 51 s

Speed: 3.4 mph Grade: 14 %

B.P. 150 / 100 HR: 166 bpm

Scanner CS-20 V1.9

Neuberg Ehrlich Lab

MR. RAMESH Y (51 M)

ID: 0807

Date: 17-Jul-24

Exec Time : 0 m 0 s

Stage Time : 0 m 15 s HR: 101 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 152 bpm)

B.P: 130 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

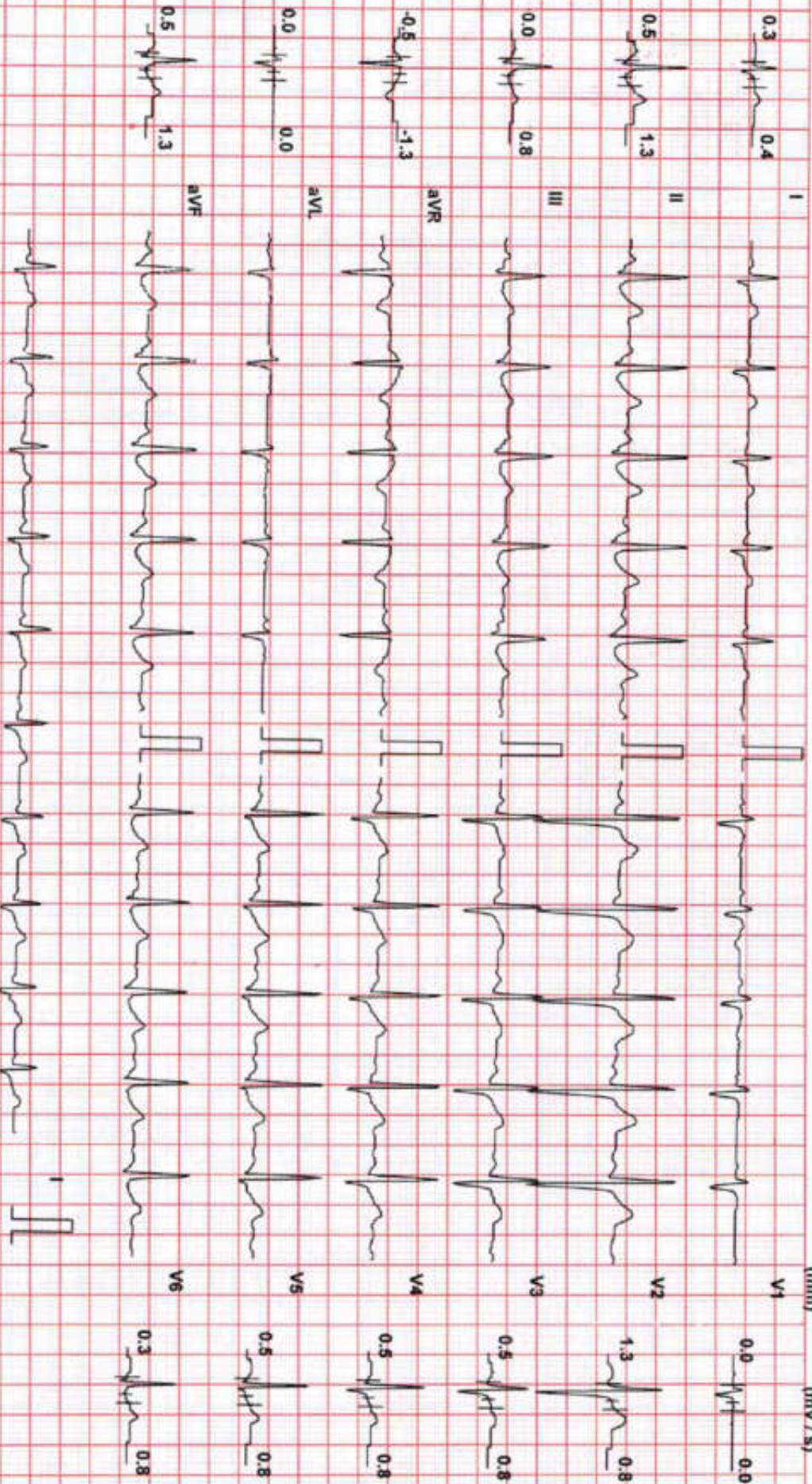


Chart Speed: 25 mm/sec
Scale/CS: 10 V 19

Filter: 35 Hz

Main Filter: ON

Amp: 10 mm

Imp = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Neuberg Ehrlich Lab

MR. RAMESH Y (51 M)

ID: 0807

Date: 17-Jul-24

Exec Time : 0 m 0 s Stage Time : 0 m 6 s

HR: 101 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 152 bpm)

B.P.: 130 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

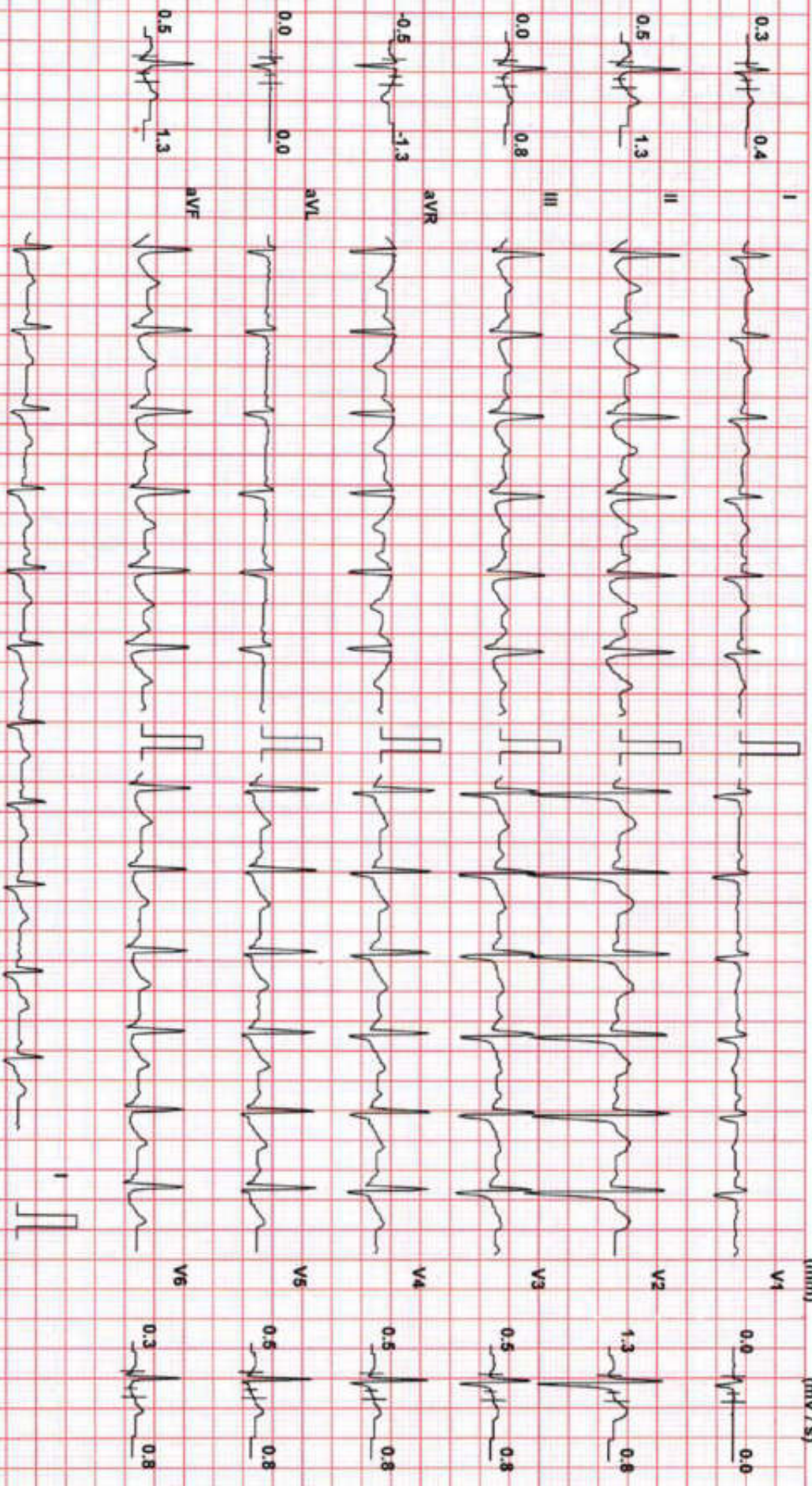


Chart Speed: 25 mm/sec
Schlur: CS-10 V 1.9

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

1sp = R + 60 ms

J = R + 60 ms

Post J = J + 60 ms

Neuberg Ehrlich Lab

MR. RAMESH Y (51 M)

ID: 0807

Date: 17-Jul-24

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 105 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 152 bpm)

B.P: 130 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

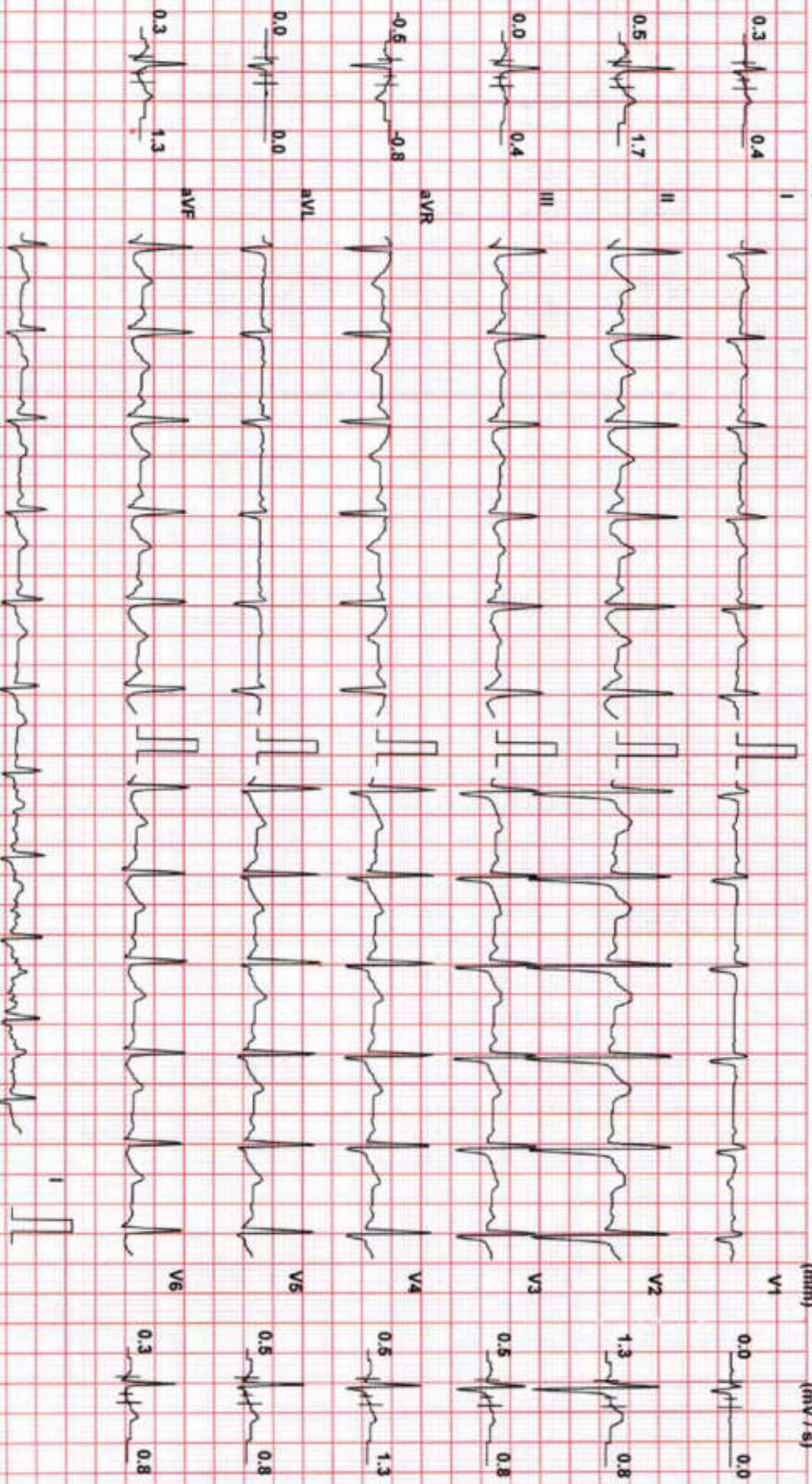


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filtr: ON Amp: 10 mm 150 = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Schiller CS-30 V 1.9

Neuberg Ehrlich Lab

MR. RAMESH Y (51 M)

ID: 0807

Date: 17-Jul-24

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 123 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 152 bpm)

B.P: 130 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

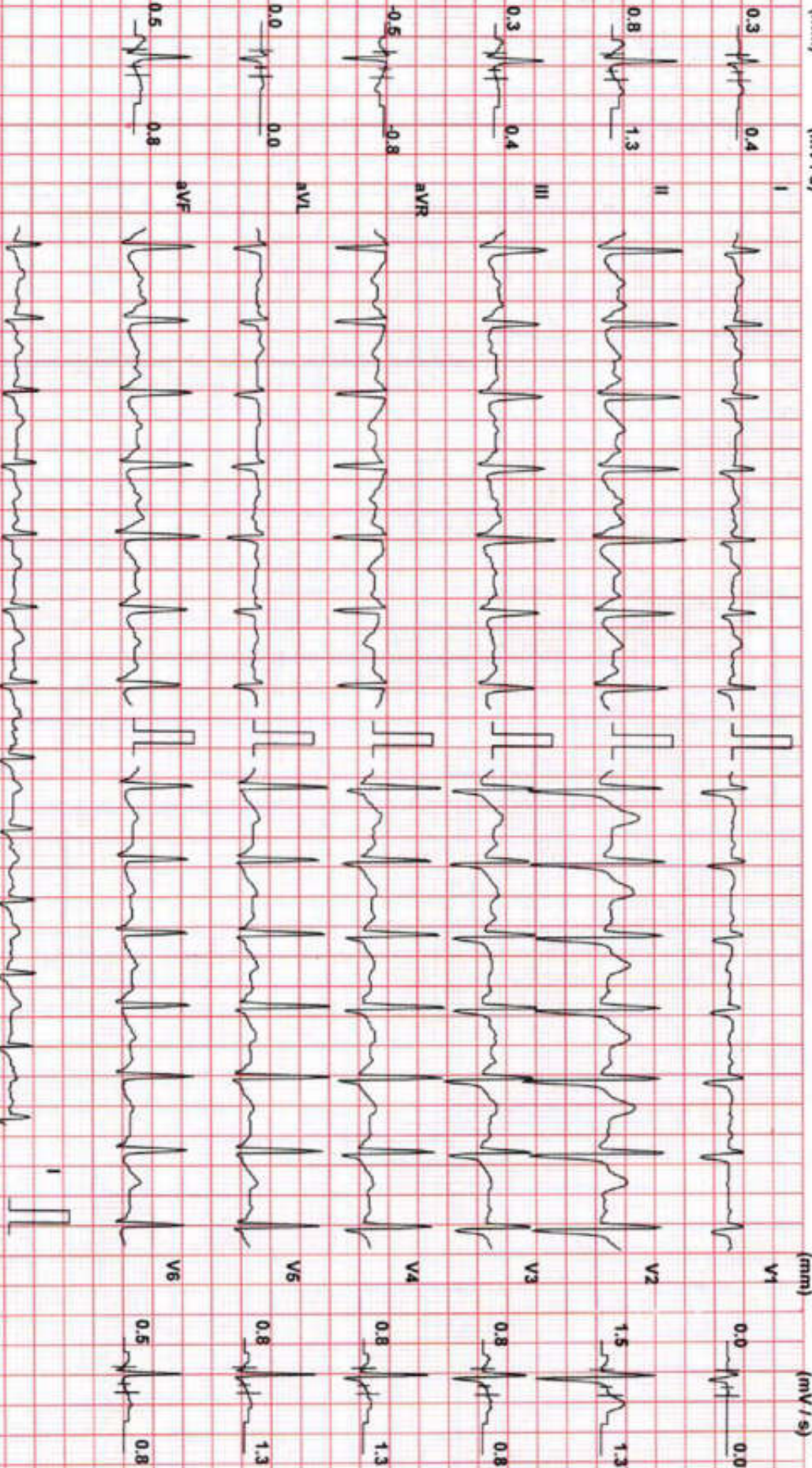


Chart Speed: 25 mm/sec
Schiller CS-40 V1.9

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

1sp = R = 60 ms

J = R = 60 ms

Post J = J = 60 ms

Neuberg Ehrlich Lab

MR. RAMESH Y (51 M)

ID: 0807

Date: 17-Jul-24

Exec Time : 6 m 0 s Stage Time : 3 m 0 s

HR: 147 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 152 bpm)

B.P: 140 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

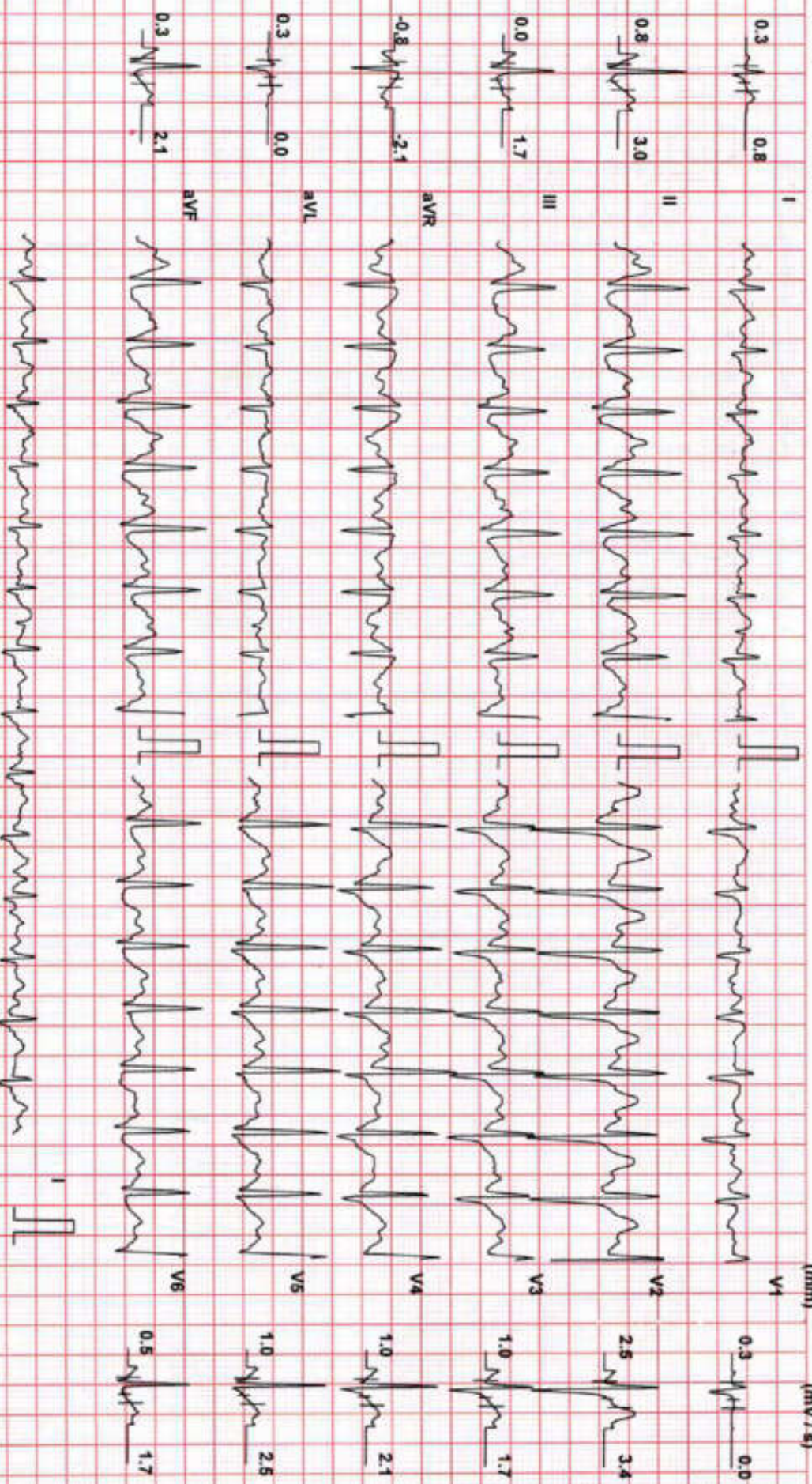


Chart Speed: 25 mm/sec
Schluter CS-20 V 19

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

ISO = R = 60 ms

J = R + 60 ms

Post J = J + 60 ms

Neuberg Ehrlich Lab

MR. RAMESH Y (51 M)

ID: 0807

Date: 17-Jul-24

Exec Time : 8 m 30 s Stage Time : 2 m 30 s HR: 167 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 152 bpm)

B.P.: 150 / 100

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

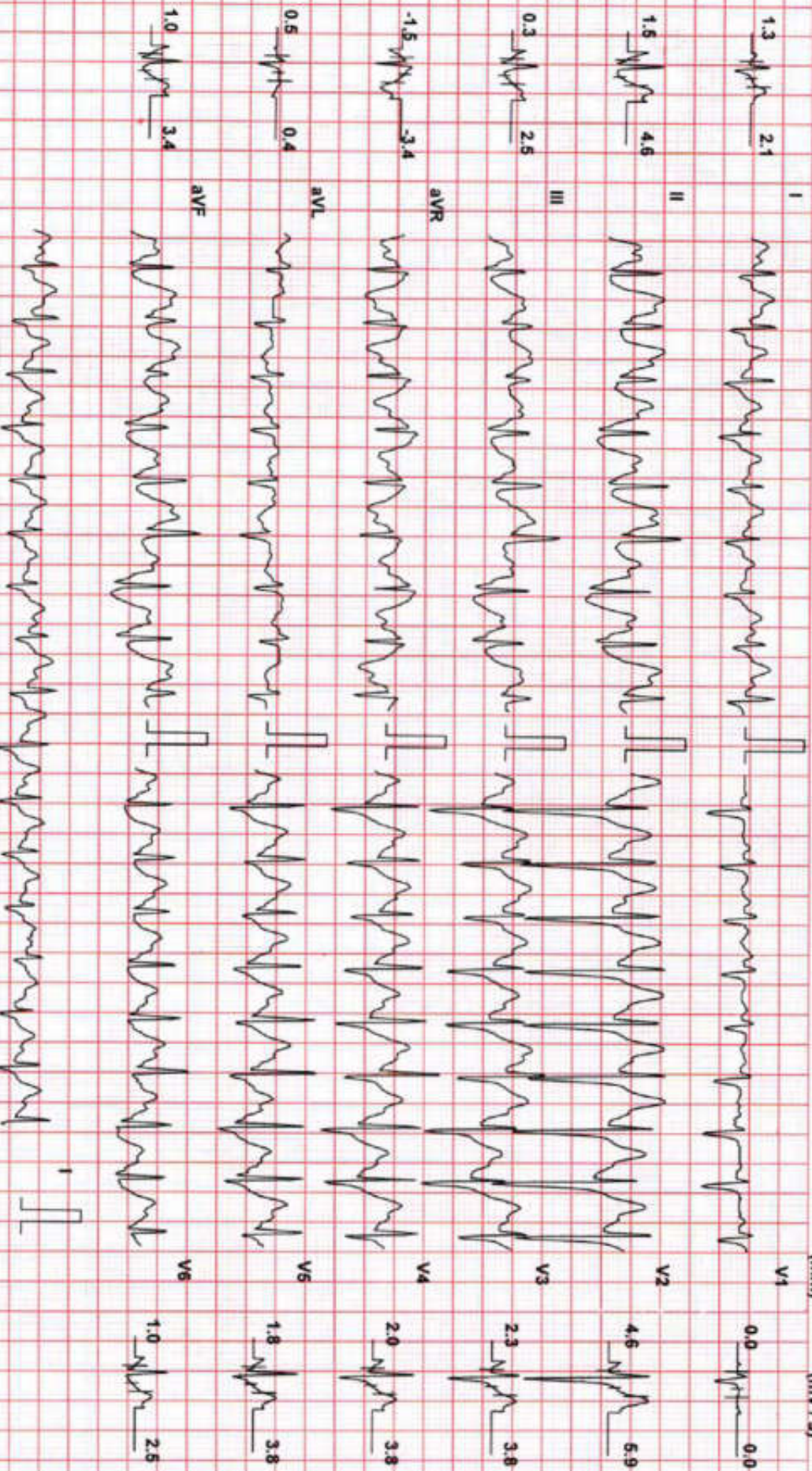


Chart Speed: 25 mm/sec
Scholar CS-20 V1.9

Filter: 35 Hz

Mainfs Filt: ON

Amp: 10 mm

40 = R - 60 ms

J = R + 60 ms

Pect J = J + 60 ms

Neuberg Ehrlich Lab

MR. RAMESH Y (51 M)

ID: 0807

Date: 17-Jul-24

Recovery: 1 m 0 s

Stage Time: 1 m 0 s

HR: 146 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 152 bpm)

B.P.: 150 / 100

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)



Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filt: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms

Schiller CS 20 V 1.9

Neuberg Ehrlich Lab

MR. RAMESH Y (51 M)

ID: 0807

Date: 17-Jul-24

Recovery : 2 m 0 s

Stage Time : 1 m 0 s

HR: 143 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 152 bpm)

B.P.: 140 / 90

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)



Chart Speed: 25 mm/sec
Sensitiser CS-20 V/1.8

Filter: 35 Hz

Mains Filter: ON

Amp: 10 mm

iso - R - 60 ms

J - R + 60 ms

Prod J - J + 60 ms

Neuberg Ehrlich Lab

MR. RAMESH Y (51 M)

ID: 0807

Date: 17-Jul-24

Recovery : 3 m 0 s

Stage Time : 1 m 0 s

HR: 130 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 152 bpm)

B.P: 140 / 90

ST Level (mm) ST Slope (mV / s)

ST Level (mm) ST Slope (mV / s)

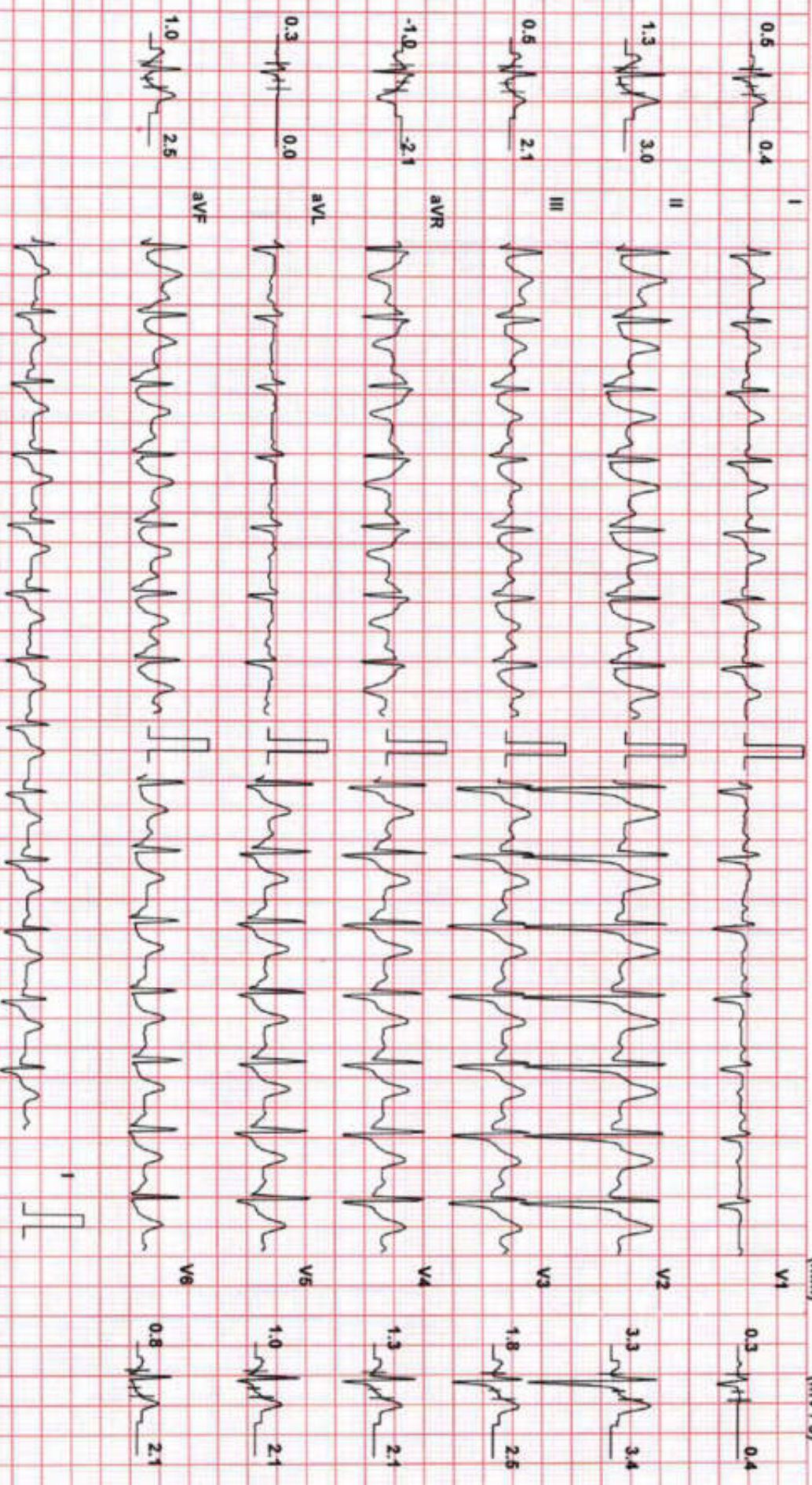


Chart Speed: 25 mm/sec
Schuler CS-20 V 1.9

Filter: 35 Hz

Main: Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

TEST REPORT



LABORATORY REPORT

PID : :

Name : Mr RAMESH Y	Sex/Age : Male/51 Years	Lab ID : 40734600807
Ref. By :		Ref. ID :
Corporate : NDPL - Mediwheel		UID :
Reg Dt. Time : 17-Jul-2024 08:58	Report Released @ : 17-Jul-2024 14:15	Sample Type : Ultrasound
Sample Dt. Time : 17-Jul-2024 09:00	Report Printed @ : 20-Jul-2024 13:30	

WholeAbdomen :

ULTRASOUND WHOLE ABDOMEN

The liver is normal in size and shows uniform echotexture with no focal abnormality.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures: 9.5 x 4.5 cms.

The left kidney measures: 10.1 x 4.8 cms.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.

Page 1 of 2

Ranjani S
Verified By

செறல்த் ரனியா எடுக்காதீங்க செக்ஸ் டாக்டர் DR. RAMYA
Sonologist

TEST REPORT**LABORATORY REPORT**

PID :

Name : Mr RAMESH Y

Sex/Age : Male/51 Years

Lab ID : 40734600807

Ref. By :

Ref. ID :

Corporate : NDPL - Mediwheel

UID :

Reg Dt. Time : 17-Jul-2024 08:58

Report Released @ : 17-Jul-2024 14:15

Sample Type : Ultrasound

Sample Dt. Time : 17-Jul-2024 09:00

Report Printed @ : 20-Jul-2024 13:30

The ureters are not dilated.

The urinary bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The prostate measures: 3.1 x 3.9 x 3.3 cms, volume: 21.7 cc and is normal sized.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

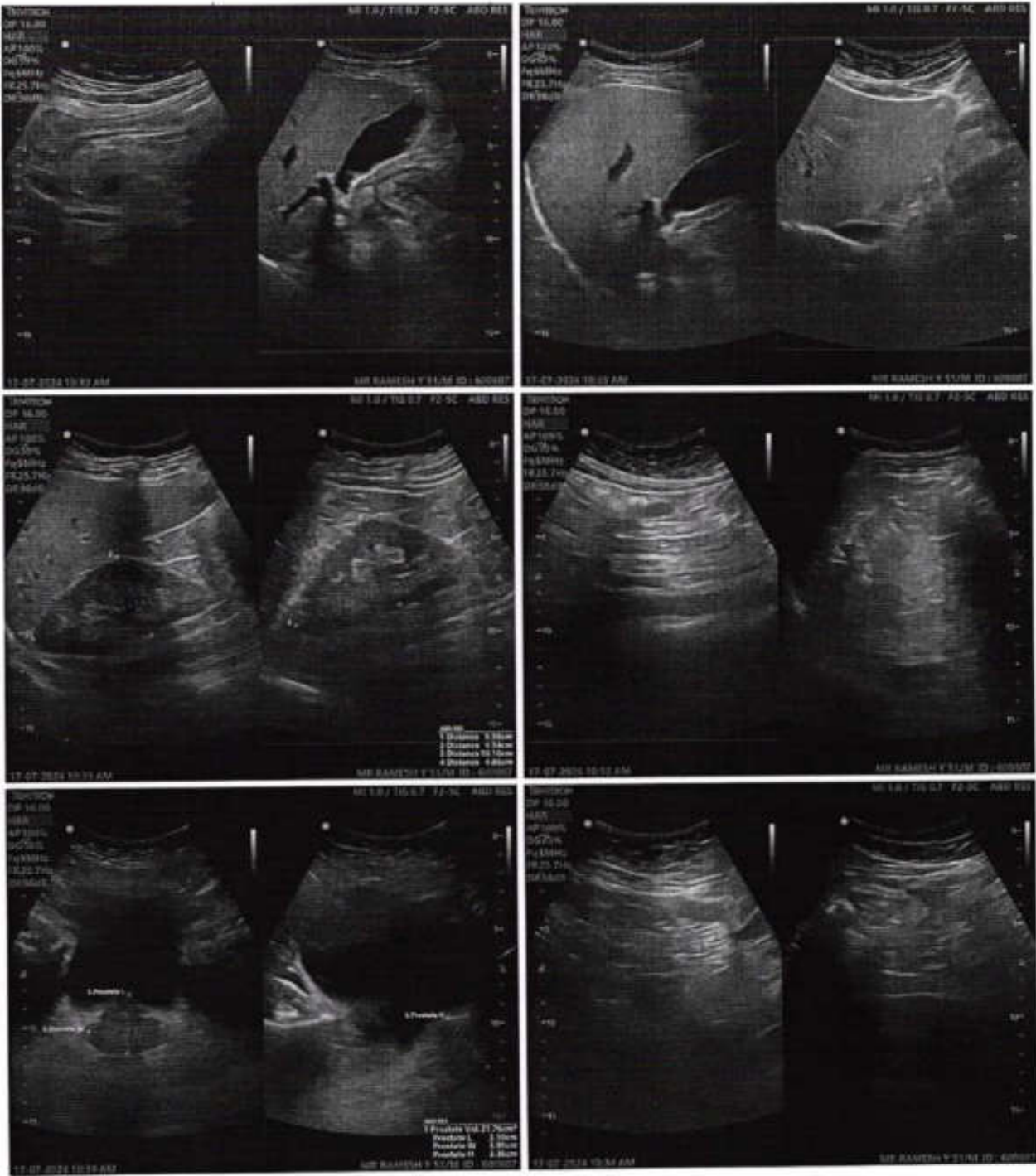
No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

IMPRESSION :

- ***NORMAL STUDY***

----- End Of Report -----

Ranjani S
Verified Byசென்னை மலையாள எடுக்காதிங்க சி.கே.எம். டி.ரமியா
DR. RAMYA
Sonologist



தெலுத் ஈஸியா எடுக்காதிங்க சென்ட். ஈஸியா எடுக்க



Final Laboratory Report			PID :
Name : Mr RAMESH Y	Sex/Age : Male / 51 Years	Lab ID : 40734600807	
Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel		UHID :	
Col Dt. Time : 17-Jul-2024 09:00	Recv Dt. Time : 17-Jul-2024 09:00	Sample Type :	
Reg Dt. Time : 17-Jul-2024 08:58	Report Released @ :	Report Printed : 20-Jul-2024 16:27	

Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
Lipid Profile			
LDL Cholesterol	127.20	mg/dL	0 - 100
LDL/HDL Ratio	3.03		
25 OH Cholecalciferol (D2+D3)	20	ng/mL	Below 20 ng/ml : Deficient 20-30 ng/ml : Insufficient 30 - 100 ng/ml : Sufficient

Abnormal Result(s) Summary End



Final Laboratory Report			PID :
Name : Mr RAMESH Y	Sex/Age : Male / 51 Years	Lab ID : 40734600807	
Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel		UHID :	
Col Dt. Time : 17-Jul-2024 09:36	Recv Dt. Time : 17-Jul-2024 09:36	Sample Type : Serum	
Reg Dt. Time : 17-Jul-2024 08:58	Report Released @ : 17-Jul-2024 18:24	Report Printed : 20-Jul-2024 16:27	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
25 OH Cholecalciferol (D2+D3) <i>CMIA</i>	L 20	ng/mL	Below 20 ng/ml : Deficient 20-30 ng/ml : Insufficient 30 - 100 ng/ml : Sufficient	

25-OH-VitD plays a primary role in the maintenance of calcium homeostasis. It promotes intestinal calcium absorption and, in concert with PTH, skeletal calcium deposition, or less commonly, calcium mobilization. Modest 25-OH-VitD deficiency is common; in institutionalised elderly, its prevalence may be >50%. Although much less common, severe deficiency is not rare either. Reasons for suboptimal 25-OH-VitD levels include lack of sunshine exposure, a particular problem in Northern latitudes during winter; inadequate intake; malabsorption (e.g. due to Celiac disease); depressed hepatic vitamin D 25-hydroxylase activity, secondary to advanced liver disease; and enzyme-inducing drugs, in particular many antiepileptic drugs, including phenytoin, phenobarbital, and carbamazepine, that increase 25-OH-VitD metabolism. Hypervitaminosis D is rare, and is only seen after prolonged exposure to extremely high doses of vitamin D. When it occurs, it can result in severe hypercalcemia and hyperphosphatemia.

INTERPRETATION

- Levels <10 ng/mL may be associated with more severe abnormalities and can lead to inadequate mineralization of newly formed osteoid, resulting in rickets in children and osteomalacia in adults. In these individuals, serum calcium levels may be marginally low, and parathyroid hormone (PTH) and serum alkaline phosphatase are usually elevated. Definitive diagnosis rests on the typical radiographic findings or bone biopsy/histomorphometry.
- Patients who present with hypercalcemia, hyperphosphatemia, and low PTH may suffer either from ectopic, unregulated conversion of 25-OH-VitD to 1,25 (OH)²-VitD, as can occur in granulomatous diseases, particularly sarcoidosis, or from nutritionally-induced hypervitaminosis D. Serum 1,25 (OH)²-VitD levels will be high in both groups, but only patients with hypervitaminosis D will have serum 25-OH-VitD concentrations of >80 ng/mL, typically >150 ng/mL.
- Patients with CKD have an exceptionally high rate of severe vitamin D deficiency that is further exacerbated by the reduced ability to convert 25-OH-VitD into the active form, 1,25 (OH)²-VitD. Emerging evidence also suggests that the progression of CKD & many of the cardiovascular complications may be linked to hypovitaminosis D.
- Approximately half of Stage 2 and 3 CKD patients are nutritional vitamin D deficient (25-OH-VitD, less than 30 ng/mL), and this deficiency is more common among stage 4 CKD patients. Additionally, calcitriol (1,25 (OH)²-VitD) levels are also overtly low (less than 22 pg/mL) in CKD patients. Similarly, vast majority of dialysis patients are found to be deficient in nutritional vitamin D and have low calcitriol levels. Recent data suggest an elevated PTH is a poor indicator of deficiencies of nutritional vitamin D and calcitriol in CKD patients. CAUTIONS Long term use of anticonvulsant medications may result in vitamin D deficiency that could lead to bone disease; the anticonvulsants most implicated are phenytoin, phenobarbital, carbamazepine, and valproic acid.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)


P. Anitha
Anitha Ceciliya P

Dr. P. Mahendranath
Dr. P. Mahendranath
MD Pathologist

Verified by

இறந்த சலியா எடுக்காதீங்க வெள்ள சலியா எடுங்க



		Final Laboratory Report		PID :	
Name	: Mr RAMESH Y	Sex/Age	: Male / 51 Years	Lab ID	: 40734600807
Ref. By	:	SRF ID	:	Ref. ID	:
Corporate	: NDPL - Mediwheel	UHID	:		
Col Dt. Time	: 17-Jul-2024 09:36	Recv Dt. Time	: 17-Jul-2024 09:36	Sample Type	: Serum
Reg Dt. Time	: 17-Jul-2024 08:58	Report Released @	: 17-Jul-2024 18:24	Report Printed	: 20-Jul-2024 16:27

VITAMIN B - 12

Vitamin B - 12 Level **240.0** pg/mL 187 - 883
CMIA

Introduction :

Vitamin B12, a member of the corrin family, is a cofactor for the formation of myelin, and along with folate, is required for DNA synthesis. Levels above 300 or 400 are rarely associated with B12 deficiency induced hematological or neurological disease.

Clinical Significance :

Causes of Vitamin B12 deficiency can be divided into three classes: Nutritional, malabsorption syndromes and gastrointestinal causes. B12 deficiency can cause Megaloblastic anemia (MA), nerve damage and degeneration of the spinal cord. Lack of B12 even mild deficiencies damages the myelin sheath. The nerve damage caused by a lack of B12 may become permanently debilitating.

The relationship between B12 and MA is not always clear that some patients with MA will have normal B12 levels; conversely, many individuals with B12 deficiency are not afflicted with MA.

Decreased in:

Iron deficiency, normal near-term pregnancy, vegetarianism, partial gastrectomy/ileal damage, celiac disease, use of oral contraception, parasitic competition, pancreatic deficiency, treated epilepsy and advancing age.

Increased in:

Renal failure, liver disease and myeloproliferative diseases.

Variations due to age Increases: with age.

Temporarily Increased after Drug.

Falsely high in Deteriorated sample.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)



Anitha Ceciliya P

Verified by



Dr. P. Mahendranath
MD Pathologist

நெறல்த் ஈஸரியா ஂடுக்காதீங்க டெஸ்ட் ஈஸரியா ஂடுங்க



TEST REPORT

LABORATORY REPORT		PID	:
Name	: Mr RAMESH Y	Sex/Age	: Male/51 Years
Ref. By	:	Lab ID	: 40734600807
Corporate	: NDPL - Mediwheel	Ref. ID	:
		UID	:
Reg Dt. Time	: 17-Jul-2024 08:58	Report Released @	: 20-Jul-2024 06:28
Sample Dt. Time	: 17-Jul-2024 09:00	Report Printed @	: 20-Jul-2024 16:27
		Sample Type	: Health Check

Tread Mill Test :

Tmt Negative For Inducible Ischemia

Monica.M

Dr.Monica.M

Sri Vani
Verified By

தெறல்த் ஈஸரியா ஂடுக்காதீங்க டெஸ்ட் ஈஸரியா ஂடுங்க



Final Laboratory Report		PID :
Name : Mr RAMESH Y	Sex/Age : Male / 51 Years	Lab ID : 40734600807
Ref. By :	SRF ID :	Ref. ID :
Corporate : NDPL - Mediwheel	UHID :	

Col Dt. Time : 17-Jul-2024 09:36	Recv Dt. Time : 17-Jul-2024 09:36	Sample Type : Whole Blood
Reg Dt. Time : 17-Jul-2024 08:58	Report Released @ :	EDTA, Plasma Fluoride PP, Urine PP

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

Complete Blood Counts

RBC Count <i>Electrical Impedance</i>	5.37	millions/cmm	4.5 - 6.5	
Haemoglobin <i>SLS</i>	15.7	g/dL	13.5 - 18	
PCV	47.0	%	40 - 54	
Mean Corpuscular Volume <i>Calculated</i>	87.5	fL	76 - 96	
Mean Corpuscular Hemoglobin <i>Calculated</i>	29.2	pg	27 - 32	
Mean Corpuscular Hb Concentration <i>Calculated</i>	33.4	g/dL	30 - 35	
Red Cell Distribution Width (RDW) <i>Calculated</i>	11.9	%	11.5 - 14	
Total Leucocyte Count (TLC) <i>Fluorescent Flowcytometry</i>	5860	Cells/cmm	4000 - 11000	
<u>Differential Counts</u>				
Neutrophils <i>Fluorescent Flowcytometry</i>	65.7	%	40 - 75	
Lymphocytes <i>Fluorescent Flowcytometry</i>	25.3	%	20 - 45	
Monocytes <i>Fluorescent Flowcytometry</i>	5.1	%	2 - 10	
Eosinophils	3.2	%	1 - 6	
Basophils <i>Fluorescent Flowcytometry</i>	0.7	%	0 - 1	
<u>Absolute Counts</u>				
Absolute Neutrophil Count <i>Calculated</i>	3850	Cells/cmm	2000-7000	
Absolute Lymphocyte Count <i>Calculated</i>	1480	Cells/cmm	1000-5000	
Absolute Monocyte Count <i>Calculated</i>	300	Cells/cmm	200-1000	
Absolute Eosinophil Count <i>Calculated</i>	190	Cells/cmm	20-500	
Absolute Basophil Count <i>Calculated</i>	40	Cell/cmm	20-100	
Platelet Count <i>Electrical Impedance</i>	273000	Cells/cmm	150000 - 400000	
Mean Platelet Volume (MPV)	8.8	fL	7.2 - 11.7	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)


ARUN KUMAR


Dr. P. Mahendranath
MD Pathologist

Verified by





Final Laboratory Report			PID :
Name : Mr RAMESH Y	Sex/Age : Male / 51 Years	Lab ID : 40734600807	
Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel		UHID :	
Col Dt. Time : 17-Jul-2024 09:36	Recv Dt. Time : 17-Jul-2024 09:36	Sample Type : Whole Blood	
Reg Dt. Time : 17-Jul-2024 08:58	Report Released @ :	EDTA, Plasma Fluoride	
		PP, Urine PP	

According to ICSH guideline (international Council for Standardisation in Hematology), the differential counts should be reported in absolute numbers.

BIOCHEMICAL INVESTIGATIONS

Plasma Glucose - PP **126.00** mg/dL Normal : 70-140 mg/dL
HEXOKINASE/G-6-PDH Impaired Tolerance : 141 -
199 Diabetic : => 200

Clinical Pathology

Urine Glucose (Post Prandial) **Not Present** Absent

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)


ARUN KUMAR


Dr. P. Mahendranath
MD Pathologist

Verified by

தெறல்த் ஈஸரியா ஂடுக்காதீங்க ஡ெஸ்ட் ஈஸரியா ஂடுங்க



Final Laboratory Report		PID :
Name : Mr RAMESH Y	Sex/Age : Male / 51 Years	Lab ID : 40734600807
Ref. By :	SRF ID :	Ref. ID :
Corporate : NDPL - Mediwheel		UHID :
Col Dt. Time : 17-Jul-2024 09:36	Recv Dt. Time : 17-Jul-2024 09:36	Sample Type : Whole Blood
Reg Dt. Time : 17-Jul-2024 08:58	Report Released @ :	EDTA, Plasma Fluoride F, Serum
TEST	RESULTS	UNIT BIOLOGICAL REF RANGE REMARKS

ESR **6** mm after 1hr 3 - 20
Westergren Method

Blood Group & Rh Type **B Positive**
Manual Method (Forward & Reverse Typing)

This is a screening method. Advise higher method for confirmation.

BIOCHEMICAL INVESTIGATIONS

Plasma Glucose - F **89** mg/dL Fasting blood glucose : 70 - 99 mg/dl - Normal 100 - 125 mg/dl - Impaired
HEXOKINASE/G-6-PDH Fasting : Diabetic : =>126.

Glycated Haemoglobin Estimation

HbA1C **5.30** % Non Diabetic : Less than 5.7 %
High Performance Liquid Chromatography (HPLC) Pre Diabetic : 5.7 - 6.4
Diabetic : => 6.5 %

Estimated Avg Glucose (3 Mths) **105.41** mg/dL Not available
Calculated

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation :

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemc control.
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.
In such circumstances glycemc control can be monitored using plasma glucose levels or serum Fructosamine.
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)


P. Anitha
Anitha Ceciliya P

Dr. Selvi R
Dr.Selvi R
Consultant Biochemist

Verified by

நெறல்த் ஈஸியா ஂடுக்காதிங்க ஂடஸ்ட் ஈஸியா ஂடுங்க



		Final Laboratory Report		PID :
Name : Mr RAMESH Y	Sex/Age : Male / 51 Years	Lab ID : 40734600807		
Ref. By :	SRF ID :	Ref. ID :		
Corporate : NDPL - Mediwheel	UHID :			
Col Dt. Time : 17-Jul-2024 09:36	Recv Dt. Time : 17-Jul-2024 09:36	Sample Type : Whole Blood		
Reg Dt. Time : 17-Jul-2024 08:58	Report Released @ :	EDTA, Plasma Fluoride F, Serum		
		17-Jul-2024 14:04 Report Printed: 20-Jul-2024 10:07		

BIOCHEMICAL INVESTIGATIONS

Prostate Specific Antigen (PSA)

Prostate Specific Antigen **0.614** ng/mL 0.0 - 4.0

	0 - 0.5 *(ng/mL)	>0.5 - 2.5 (ng/mL)	>2.5 - 5.0 (ng/mL)	>5.0 - 10 (ng/mL)	>10 (ng/mL)
Healthy Males	87.2	12.8	0.0	0.0	0.0
BPH	51.9	42.9	4.2	0.5	0.5
Stage A Prostate Cancer	38.5	42.3	11.5	3.8	3.8
Stage B Prostate Cancer	23.9	68.7	7.5	0.0	0.0

*% of population

Use

The total PSA test and digital rectal exam (DRE) are used together to help determine the need for a prostate biopsy. The goal of screening is to minimize unnecessary biopsies and to detect clinically significant prostate cancer while it is still confined to the prostate.

Clinical Significance of elevated levels of PSA are associated with prostate cancer, but they may also be seen with prostatitis and benign prostatic hyperplasia (BPH). Mild to moderately increased concentrations of PSA may be seen in those of African American heritage, and levels tend to increase in all men as they age.

Prostate biopsy is required for the diagnosis of cancer.

FREE PSA:TOTAL PSA

Males:

When Total PSA concentration is in the range of 4.0-10.0 ng/mL:

Free PSA/total PSA ratio	Probability of cancer		
	50-59 years	60-69 years	> or =70 years
< or =0.10	49%	58%	65%
0.11-0.18	27%	34%	41%
0.19-0.25	18%	24%	30%
>0.25	9%	12%	16%

Thyroid Function Test

Triiodothyronine (T3) **115.94** ng/dL 58 - 159

CMA

Thyroxine (T4) **11.42** µg/dL 4.87 - 11.72

CMA

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

P. Anitha

Anitha Ceciliya P

Verified by

Dr. Selvi R

Dr.Selvi R
Consultant Biochemist

தொழில் சலியா எடுக்காதீங்க டெஸ்ட் சலியா எடுங்க



Final Laboratory Report			PID :
Name : Mr RAMESH Y	Sex/Age : Male / 51 Years	Lab ID : 40734600807	
Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel		UHID :	
Col Dt. Time : 17-Jul-2024 09:36	Recv Dt. Time : 17-Jul-2024 09:36	Sample Type : Whole Blood	
Reg Dt. Time : 17-Jul-2024 08:58	Report Released @ :	EDTA, Plasma Fluoride F, Serum	
	17-Jul-2024 14:04	Report Printed : 20-Jul-2024 10:07	

BIOCHEMICAL INVESTIGATIONS

Thyroid Function Test

TSH **1.41** $\mu\text{U/mL}$ 0.35 - 4.94
CMIA

INTERPRETATIONS

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 $\mu\text{U/mL}$) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 $\mu\text{U/mL}$) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PPTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

CAUTIONS

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

P. Anitha
Anitha Ceciliya P

Dr. Selvi R
Dr.Selvi R
 Consultant Biochemist

Verified by



		Final Laboratory Report		PID : _____	
Name : Mr RAMESH Y		Sex/Age : Male / 51 Years		Lab ID : 40734600807	
Ref. By : _____		SRF ID : _____		Ref. ID : _____	
Corporate : NDPL - Mediwheel				UHID : _____	
Col Dt. Time : 17-Jul-2024 09:36	Recv Dt. Time : 17-Jul-2024 09:36	Sample Type : Whole Blood			
Reg Dt. Time : 17-Jul-2024 08:58	Report Released @ : _____	EDTA, Plasma Fluoride F, Serum			
		17-Jul-2024 14:04		Report Printed : 20-Jul-2024 10:07	

BIOCHEMICAL INVESTIGATIONS

Interpretation Note:

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test) when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

P. Anitha

Anitha Ceciliya P

Verified by

Dr. Selvi R

Dr.Selvi R
Consultant Biochemist

தெற்குள் சலியா எடுக்காதீங்க வெள்குள் சலியா எடுங்க





Final Laboratory Report			PID :
Name : Mr RAMESH Y	Sex/Age : Male / 51 Years	Lab ID : 40734600807	
Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel	UHID :		
Col Dt. Time : 17-Jul-2024 09:36	Recv Dt. Time : 17-Jul-2024 09:36	Sample Type : Serum	
Reg Dt. Time : 17-Jul-2024 08:58	Report Released @ : 17-Jul-2024 13:07	Report Printed : 20-Jul-2024 16:27	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Cholesterol <i>Enzymatic</i>	184.00	mg/dL	<200 - Desirable 200 - 239 - Borderline High > 240 - High "NCEP Guidelines ATP III".	
Triglyceride <i>Glycerol Phosphate Oxidase</i>	74.00	mg/dL	< 150 - Normal 150 - 199 - Borderline 200 - 499 - High > 500 - Very High "NCEP Guidelines ATP III".	
HDL Cholesterol <i>Accelerator Selective Detergent</i>	42.0	mg/dL	< 40 - Low Level 40 - 60 - Average Level > 60 - High Level NCEP Guidelines ATP III.	
LDL Cholesterol <i>Calculated</i>	H 127.20	mg/dL	0 - 100	
VLDL <i>Calculated</i>	14.80	mg/dL	<30	
Non-HDL Cholesterol <i>Calculated</i>	142		< 130 Optimal 130-159 Near Optimal 160-189 Borderline high 190-219-High >or = 220- Very high	
LDL/HDL Ratio <i>Calculated</i>	H 3.03			
Chol/HDL <i>Calculated</i>	4.38		< 3.5 – Low risk 3.5 – 5.0 - Normal risk > 5.0 - High risk	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)


P. Anitha
Anitha Ceciliya P

Dr. Selvi R
Dr.Selvi R
Consultant Biochemist

Verified by

தெற்கல் சலியா எடுக்காதீங்க தெற்கல் சலியா எடுங்க



		Final Laboratory Report		PID :
Name :	Mr RAMESH Y	Sex/Age :	Male / 51 Years	Lab ID : 40734600807
Ref. By :		SRF ID :		Ref. ID :
Corporate :	NDPL - Mediwheel	UHID :		
Col Dt. Time :	17-Jul-2024 09:36	Recv Dt. Time :	17-Jul-2024 09:36	Sample Type : Serum
Reg Dt. Time :	17-Jul-2024 08:58	Report Released @ :	17-Jul-2024 14:04	Report Printed : 20-Jul-2024 16:27

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Kidney Function Test				
Urea <i>Calculated</i>	23.54	mg/dL	17.97 - 54.99	
Creatinine <i>Kinetic Alkaline Picrate</i>	0.83	mg/dL	0.5 - 1.4	
Uric Acid <i>Uricase</i>	6.60	mg/dL	3.5 - 7.2	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Page 12 of 29



Anitha Ceciliya P

Verified by




Dr.Selvi R
Consultant Biochemist

தெற்கல் த் சஸலயா ஂடுக்காதீங்க ஂடல் சஸலயா ஂடுங்க





			Final Laboratory Report	PID :
Name : Mr RAMESH Y	Sex/Age : Male / 51 Years	Lab ID : 40734600807		
Ref. By :	SRF ID :	Ref. ID :		
Corporate : NDPL - Mediwheel			UHID :	
Col Dt. Time : 17-Jul-2024 09:36	Recv Dt. Time : 17-Jul-2024 09:36	Sample Type : Serum		
Reg Dt. Time : 17-Jul-2024 08:58	Report Released @ : 17-Jul-2024 14:04	Report Printed : 20-Jul-2024 16:27		

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Bilirubin Total <i>Diazonium Salt</i>	0.70	mg/dL	0.2 - 1.2	
Bilirubin Direct <i>DIAZO REACTION</i>	0.20	mg/dL	0 - 0.5	
Bilirubin Indirect	0.50	mg/dL	0.1 - 1	
S.G.P.T. <i>NADH (Without P-5-P)</i>	17.00	U/L	0 - 55	
S.G.O.T. <i>NADH (Without P-5-P)</i>	24.00	U/L	5 - 34	
Alkaline Phosphatase <i>Para-Nitrophenyl Phosphate</i>	96.00	U/L	40-150	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	27.00	U/L	12 -64	
Proteins (Total) <i>Biuret</i>	8.00	gm/dL	6.4 - 8.3	
Albumin <i>Bromo Cresol Green</i>	4.90	g/dL	3.5-5.2	
Globulin <i>Calculated</i>	3.10		2.0 - 3.5	
A/G Ratio <i>Calculated</i>	1.6		1 - 2	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

P. Anitha

Anitha Ceciliya P

Verified by

Dr. Selvi R

Dr.Selvi R
Consultant Biochemist

நெறல்த் ஈஸியா ஂடுக்காதீங்க ஡ெஸ்ட் ஈஸியா ஂடுங்க





Final Laboratory Report			PID :
Name : Mr RAMESH Y	Sex/Age : Male / 51 Years	Lab ID : 40734600807	
Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel		UHID :	
Col Dt. Time : 17-Jul-2024 09:36	Recv Dt. Time : 17-Jul-2024 09:36	Sample Type : Urine	
Reg Dt. Time : 17-Jul-2024 08:58	Report Released @ : 17-Jul-2024 16:30	Report Printed : 20-Jul-2024 16:27	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
<u>Urine Routine Examination</u>				
Appearance <i>Manual</i>	Clear		Clear	
Colour	Straw		Straw to Yellow	
Reaction (pH) <i>Ion concentration</i>	6.5		4.6 - 8	
Specific gravity <i>pKa change</i>	1.005		1.003 - 1.035	
<u>Chemical Examination</u>				
Protein <i>Tetrabromophenol blue</i>	Negative		Negative	
Glucose <i>GOD-POD</i>	Negative		Negative	
Bile Pigments <i>Biochemical</i>	Negative		Negative	
Urobilinogen <i>Diazotization reaction</i>	Not Increased		Negative	
Ketones <i>Nitroprusside</i>	Negative		Negative	
Nitrites <i>N-(1-naphthyl)-ethylenediamine</i>	Negative		Negative	
Blood <i>Peroxidase</i>	Negative		Negative	
Leucocyte <i>Microscopy</i>	Nil	/HPF	0 - 5 cells/hpf	
<u>Microscopic Examination</u>				
Red Blood Cells <i>Ion concentration</i>	Nil		Nil	
Pus Cells	3.5	/HPF	Nil	
Epithelial Cells <i>Ion concentration</i>	1.2		0-1.1 cells/hpf	
Hyaline Casts	Nil	/HPF	Nil	
Pathological Casts	Nil	/HPF	Nil	
<u>Crystals</u>				
Calcium oxalate Monohydrate	Nil	/HPF	Nil	
Calcium oxalate Dihydrate	Nil	/HPF	Nil	
Triple phosphate	Nil	/HPF	Nil	
Uric Acid	Nil	/HPF	Nil	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Page 14 of 29


ARUN KUMAR

Verified by


Dr. Mellonie P
MBBS,MD (Pathology),FIOP

தெற்கல் தனியா எடுக்காதீங்க வெல்லு தனியா எடுங்க

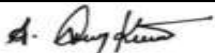


Final Laboratory Report			PID :
Name : Mr RAMESH Y	Sex/Age : Male / 51 Years	Lab ID : 40734600807	
Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel		UHID :	
Col Dt. Time : 17-Jul-2024 09:36	Recv Dt. Time : 17-Jul-2024 09:36	Sample Type : Urine	
Reg Dt. Time : 17-Jul-2024 08:58	Report Released @ : 17-Jul-2024 16:30	Report Printed : 20-Jul-2024 16:27	

Bacteria <i>Ion concentration</i>	Nil	0-29.5 p/hpf
Yeast <i>Ion concentration</i>	Nil	Nil
Amorphous Deposits	Nil	/HPF Nil

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Page 15 of 29



ARUN KUMAR

Verified by



Dr. Mellonie P
MBBS,MD (Pathology),FIOP

தெறல்த் சஸலயா எடுக்காதீங்க டெஸ்ட் சஸலயா எடுங்க



Final Laboratory Report			PID :
Name : Mr RAMESH Y	Sex/Age : Male / 51 Years	Lab ID : 40734600807	
Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel	UHID :		
Col Dt. Time : 17-Jul-2024 09:00	Recv Dt. Time : 17-Jul-2024 09:00	Sample Type : Health Check	
Reg Dt. Time : 17-Jul-2024 08:58	Report Released @ : 20-Jul-2024 16:27	Report Printed : 20-Jul-2024 16:27	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Physician Examination				

CNS **NFND**

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Page 16 of 29

Nithya S S

Verified by

Monica M
Dr.Monica.M

தெறல்த் ஈஸலயா ஂடுக்காதீங்க ஡ெஸ்ட் ஈஸலயா ஂடுங்க



PREVENTIVE HEALTH CHECKS

Name: Mr./Mrs./Miss. Ramesh **Date:** 17/07/2024

Age: 57 **Sex:** Male Female **PID No:** 807

Case Examined by Dr.: Moica M

Ref. by Dr.: mediwheel

Present Complaint: ASD device closure - 9y back.

Known Case of

DM: Yes No HTN: Yes No CAD: Yes No Ashma: Yes No

Anyothers: Pace

Present medication:

Past History:

Medical:

Surgical: ASD device closure - 9y back.

Gynaec. & Obstetric:

Family History:

a) Allergy	b) Pressure	c) Diabetes	d) Thyroid	e) Cancer	f) Others
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes <u>both</u>	<input checked="" type="checkbox"/> Yes <u>M</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Personal History Status:

Smoking:	<input checked="" type="checkbox"/> Non-smoker	<input type="checkbox"/> Smoker	Since: <u> </u> Years
Alcohol:	<input type="checkbox"/> Nil	<input checked="" type="checkbox"/> Social	<input type="checkbox"/> Habitual
Diet:	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Non-vegetarian	
Physical Activity:	<input type="checkbox"/> Exercise:	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular	<input type="checkbox"/> No

Customer's Signature

PHYSICAL EXAMINATION

Height: 164 cms

Weight: 61 kgs

Gen. Examination: Anaemia Oedema Jaundice Others Normal

Blood Pressure 130/90 mmHg Pulse Rate 100 /min Normal

C.V.S.: S1S2 1st & 2nd Sound, Murmurs Yes No

Abdomen: Sft C.N.S.: NRM R.S.: NRS

Breast Examination:

LABORATORY INVESTIGATIONS

Haematology: CBC - WMC LDL - 127 - 20

Biochemistry: FBS - 89 ; HbA1c - 5.30 TFT - WMC
RFT - WMC
LFT - WMC

Clinical Pathology:
Urine Routine (N) Vit - D - 20

ECG (Resting): Sinus Rhythm Tachycardia

X-Ray (Chest): (N)

SCAN (Abdomen): (N)

Echocardiogram:

Treadmill (CST):

SPIROMETRY:

PAP SMEAR:

OTHERS:

CLINICAL IMPRESSION: Normal Health

S/P ASD Device closure (? 2016) / vit D Insufficiency

ADVICE:

General physician consultation ^{for} Vit-D Supplements.

[Signature]

Doctor's Signature

TEST REPORT
Vision Screening

 Name : Mr. Ramesh . Y

 PID No : 40734600807

 Age : 51 years

 Date : 16/07/2024

Sex: Male / Female: _____

 Company: NDD - Medihealth

		RIGHT EYE	LEFT EYE
With/Without Corrections	Distance Vision	6/6	6/6
	Near Vision	N6	N6
Cover Test		ortho	
Colour Vision		normal	normal
Anterior Segment		normal	normal
Findings		BB Refractive Error.	
Advice		Continue Glasses.	

 Optometrist: Thilaks

 Signature : S

TEST REPORT

LABORATORY REPORT		PID :
Name : Mr RAMESH Y	Sex/Age : Male/51 Years	Lab ID : 40734600807
Ref. By :		Ref. ID :
Corporate : NDPL - Mediwheel		UID :
Reg Dt. Time : 17-Jul-2024 08:58	Report Released @ : 17-Jul-2024 14:15	Sample Type : Ultrasound
Sample Dt. Time : 17-Jul-2024 09:00	Report Printed @ : 20-Jul-2024 13:30	

WholeAbdomen :

ULTRASOUND WHOLE ABDOMEN

The liver is normal in size and shows uniform echotexture with no focal abnormality.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures: 9.5 x 4.5 cms.

The left kidney measures: 10.1 x 4.8 cms.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.

Page 20 of 29

Ranjani S
Verified By

தொகுத்த மலரியா எடுக்காதீங்க சென்னை DR. RAMYA
Sonologist



TEST REPORT



LABORATORY REPORT

PID : _____

Name : Mr RAMESH Y	Sex/Age : Male/51 Years	Lab ID : 40734600807
Ref. By :		Ref. ID :
Corporate : NDPL - Mediwheel		UID :
Reg Dt. Time : 17-Jul-2024 08:58	Report Released @ : 17-Jul-2024 14:15	Sample Type : Ultrasound
Sample Dt. Time : 17-Jul-2024 09:00	Report Printed @ : 20-Jul-2024 13:30	

The ureters are not dilated.

The urinary bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The prostate measures: 3.1 x 3.9 x 3.3 cms, volume: 21.7 cc and is normal sized.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

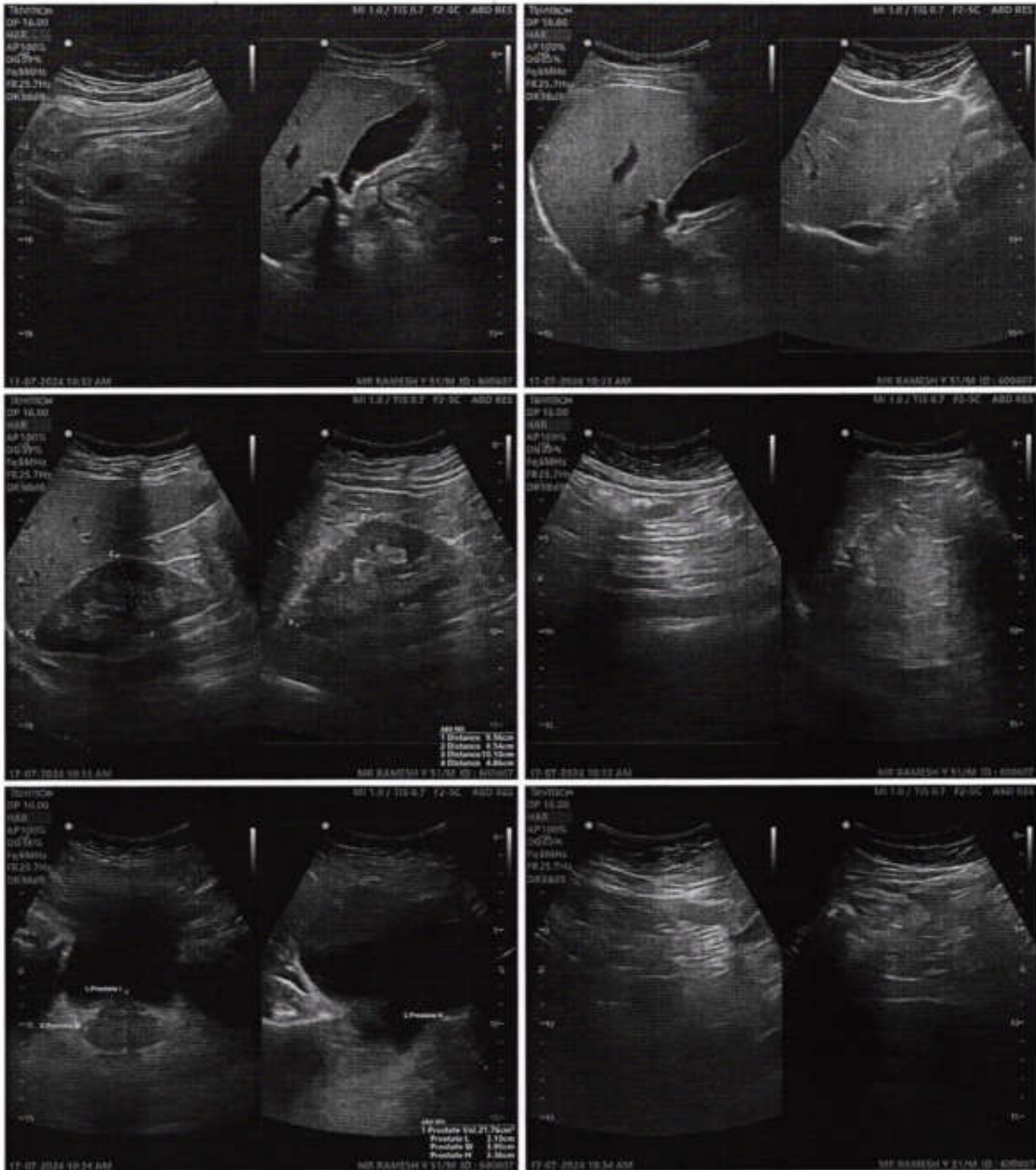
IMPRESSION :

- **NORMAL STUDY**

----- End Of Report -----

Ranjani S
Verified By

தொழில் சனியா எடுக்காதீங்க டெஸ்ட் சனியா **DR. RAMYA**
Sonologist





Final Laboratory Report			PID :
Name : Mr RAMESH Y	Sex/Age : Male / 51 Years	Lab ID : 40734600807	
Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel	UHID :		
Col Dt. Time : 17-Jul-2024 09:00	Recv Dt. Time : 17-Jul-2024 09:00	Sample Type : Health Check,,Other	
Reg Dt. Time : 17-Jul-2024 08:58	Report Released @ : 20-Jul-2024 06:28	Report Printed : 20-Jul-2024 16:27	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
------	---------	------	----------------------	---------

DENTAL EXAMINATION **Not Done**

Physical Examination

Height **164**
Blood Pressure **130/90** mmHg
Body Weight **61**
Body Mass Index **22.7**

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

Page 23 of 29

Kalaiselvi


Dr.Monica.M

Verified by

தெறல்த் சஸலயா எடுக்காதீங்க டெஸ்ட் சஸலயா எடுங்க

TEST REPORT

Vision Screening

Name : Mr. Ramesh . Y

PID No : H0724600807

Age: 51 Year

Date: 16/07/2024

Sex: Male / Female: Male

Company: NDD - Medihealth

With/Without Corrections		RIGHT EYE	LEFT EYE
	Distance Vision		6/6
Near Vision		N6	N6
Cover Test	ortho		
Colour Vision		normal	normal
Anterior Segment		normal	normal
Findings	BB Refractive Error.		
Advice	Continue Glasses.		

Optometrist: Thilak . S

Signature : [Signature] Page 24 of 29

Personal Details
 UHID: 01VLL2K26X10Y6K
 Patient ID: 807
 Name: Ramesh Y
 Age: 51
 Gender: Male
 Mobile: 9866542922

Pre-Existing Medical Conditions

Symptoms

Vitals

Measurements

Interpretation

HR: 104 BPM
 PR: 135 ms
 PD: 105 ms
 QRSD: 93 ms
 QRS Axis: 43 deg
 QT/QTc: 335/335 ms

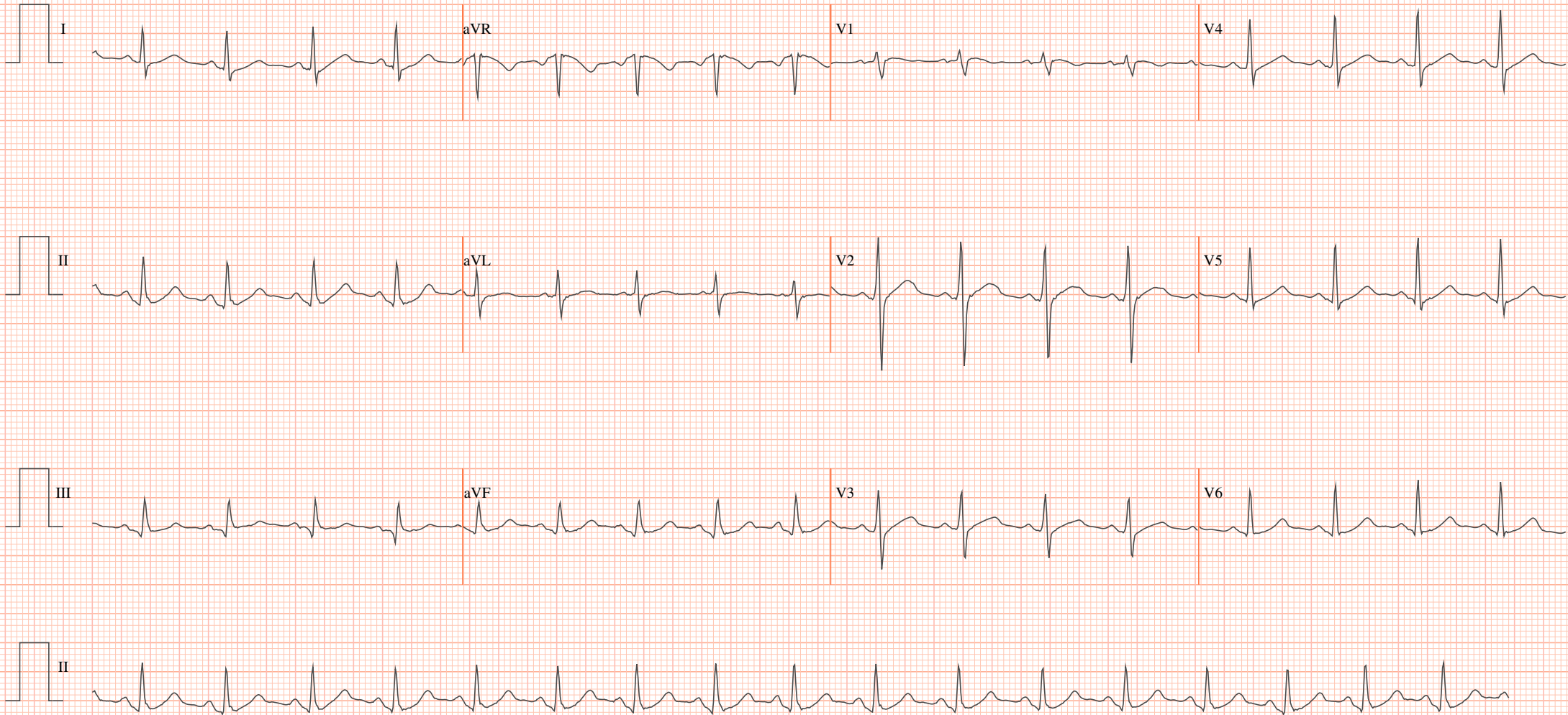
Sinus Rhythm Tachycardia
 Normal Axis

TEST REPORT

Authorized by

 Dr. Yogesh Kothari
 MD, DNB, FESC, FEP
 Reg No- KMC 44065

This trace is generated by **KardioScreen**; Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from **IMEDRIX**



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

<i>Patient Name</i>	Mr RAMESH Y	<i>Patient ID</i>	600807
<i>Age/D.O.B</i>	51Y	<i>Gender</i>	M
<i>Referring Doctor</i>	NA	<i>Date</i>	17 Jul 24

XRAY RADIOGRAPH CHEST - PA

History

.

Observations

Pulmonary vasculature:- Appears normal.
Bones and soft tissue shadows:- Appear normal.
Cardia:- Is normal in size.
Both Costophrenic Recesses:- Are clear.
Visualised lung fields:- Appear normal.
Hilar Shadows:- Are within normal limits.
Domes of Diaphragm:- Are smooth.

Impression

Essentially normal study.

Reported By,



Page 26 of 29
Dr. Farid Khan

MBBS, MD
Consultant Radiologist
MPMC - 23324

Disclaimer

This medical diagnostic report is generated based on the image and patient information obtained from the source of origin, 5C Network assumes no responsibility for errors or omission of or in the image, or in the contents of the report, which are a direct interpretation of the image sent from source. In no event shall 5C Network be liable for any special, direct, indirect, consequential, or incidental damages or any damages whatsoever, whether in an action of negligence or other tort, arising out of or in connection with the use of the 5C Network Service or the contents of the Service. This report does not replace professional medical advice, additional diagnoses, or treatment.

Kindly call Help Desk (+91-95872 74858) for any report related query.

Powered by 5C Network. All Rights Reserved.



LABORATORY REPORT		PID	:
Name	: Mr RAMESH Y	Sex/Age	: Male/51 Years
Ref. By	:	Lab ID	: 40734600807
Corporate	: NDPL - Mediwheel	Ref. ID	:
		UID	:
Reg Dt. Time	: 17-Jul-2024 08:58	Report Released @	: 17-Jul-2024 14:15
Sample Dt. Time	: 17-Jul-2024 09:00	Report Printed @	: 20-Jul-2024 16:27
		Sample Type	: Ultrasound

WholeAbdomen :

ULTRASOUND WHOLE ABDOMEN

The liver is normal in size and shows uniform echotexture with no focal abnormality.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures: 9.5 x 4.5 cms.

The left kidney measures: 10.1 x 4.8 cms.


Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.



Ranjani S
Verified By

தெறல்த் ஈஸியா எடுக்காதீங்க டெஸ்ட் ஈஸியா எடுக்கீங்க
DR. RAMYA
Sonologist

TEST REPORT

		LABORATORY REPORT		PID :
Name :	Mr RAMESH Y	Sex/Age :	Male/51 Years	Lab ID : 40734600807
Ref. By :				Ref. ID :
Corporate :	NDPL - Mediwheel			UID :
Reg Dt. Time :	17-Jul-2024 08:58	Report Released @ :	17-Jul-2024 14:15	Sample Type : Ultrasound
Sample Dt. Time :	17-Jul-2024 09:00	Report Printed @ :	20-Jul-2024 16:27	

The ureters are not dilated.

The urinary bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The prostate measures: 3.1 x 3.9 x 3.3 cms, volume: 21.7 cc and is normal sized.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

IMPRESSION :

- ***NORMAL STUDY***

----- End Of Report -----

Ranjani S
Verified By


DR. RAMYA
 Sonologist