

Name : Mr. R MANJU KEERTHI
PID No. : MED111517818 Register On : 25/02/2023 7:45 AM
SID No. : 423010509 Collection On : 25/02/2023 8:14 AM
Age / Sex : 42 Year(s) / Male Report On : 25/02/2023 2:17 PM
Type : OP Printed On : 27/02/2023 10:33 AM
Ref. Dr : MediWheel

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

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	15.89	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	46.6	%	42 - 52
RBC Count (EDTA Blood)	5.33	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	87.4	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	29.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.1	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.7	%	11.5 - 16.0
RDW-SD (EDTA Blood)	41.91	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6530	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	56.89	%	40 - 75
Lymphocytes (EDTA Blood)	31.86	%	20 - 45
Eosinophils (EDTA Blood)	5.13	%	01 - 06
Monocytes (EDTA Blood)	5.89	%	01 - 10


Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674
APPROVED BY

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Basophils (Blood)	0.23	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.71	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.08	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.33	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.38	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.02	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	195.5	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	7.40	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.14	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood)	3	mm/hr	< 15


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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.63	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.22	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.41	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	26.11	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	28.19	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	17.95	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	74.2	U/L	53 - 128
Total Protein (Serum/Biuret)	6.78	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.51	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.27	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.99		1.1 - 2.2


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902
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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	158.68	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	153.22	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)	32.38	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	95.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	30.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	126.3	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.9		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	4.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.6	%	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)	114.02	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 glyceimic 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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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.17	ng/ml	0.7 - 2.04
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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)	5.76	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/ECLIA)	2.21	µIU/mL	0.35 - 5.50
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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.


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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.014		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative


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Glucose (Urine/GOD - POD)	Negative		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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Investigation

Observed
Value


Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' Positive'



Dr. Arjun C.P
MBBS, MD Pathology
Reg No:KMC 89655

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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	8.6		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	88.95	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

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

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	78.58	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.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.4	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.20	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 (Serum/Enzymatic)	6.13	mg/dL	3.5 - 7.2
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<u>IMMUNOASSAY</u>			
Prostate specific antigen - Total(PSA) (Serum/ <i>Manometric method</i>)	0.612	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

INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL

PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).

Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.

PSA levels tend to increase in all men as they age.

Clinical Utility of PSA:

• In the early detection of Prostate cancer.

• As an aid in discriminating between Prostate cancer and Benign Prostatic disease.

• To detect cancer recurrence or disease progression.


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-- End of Report --

CLUMAX DIAGNOSTICS

--- A MEDALL COMPANY ---

CUSTOMER CHECKLIST

Date 25-Feb-2023 7:44 AM

Customer Name : **MR.R MANJU KEERTHI**DOB : **30 Sep 1980**Ref Dr Name : **MediWheel**Age : **42Y/MALE**Customer Id : **MED111517818**Visit ID : **423010509****MED111517818**

Email Id :

Phone No : **9980838960**Corp Name : **MediWheel**

Address :

*H-184
wt-75.6
B.p-116/80
Pul-62*Package Name : **Mediwheel Full Body Health Checkup Male Above 40**

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

14	LAB	STOOL ANALYSIS - ROUTINE				
15	LAB	URINE ROUTINE				
16	LAB	BUN/CREATININE RATIO				
17	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)				
18	ECG	ECG	IND13712391138	_____		_____
19	OTHERS	Treadmill / 2D Echo	IND137123914690	_____		
20	OTHERS	physical examination	IND137123915279			
21	US	ULTRASOUND ABDOMEN	IND137123915292	_____		_____
22	OTHERS	Dental Consultation	IND137123916289			
23	OTHERS	EYE CHECKUP	IND137123917756			
24	X-RAY	X RAY CHEST	IND137123918659	_____		
25	OTHERS	Consultation Physician	IND137123918736			

Registered By

(HARI.O)

MR R MANJU KEERTHI
ID: MED111517818

42 Years

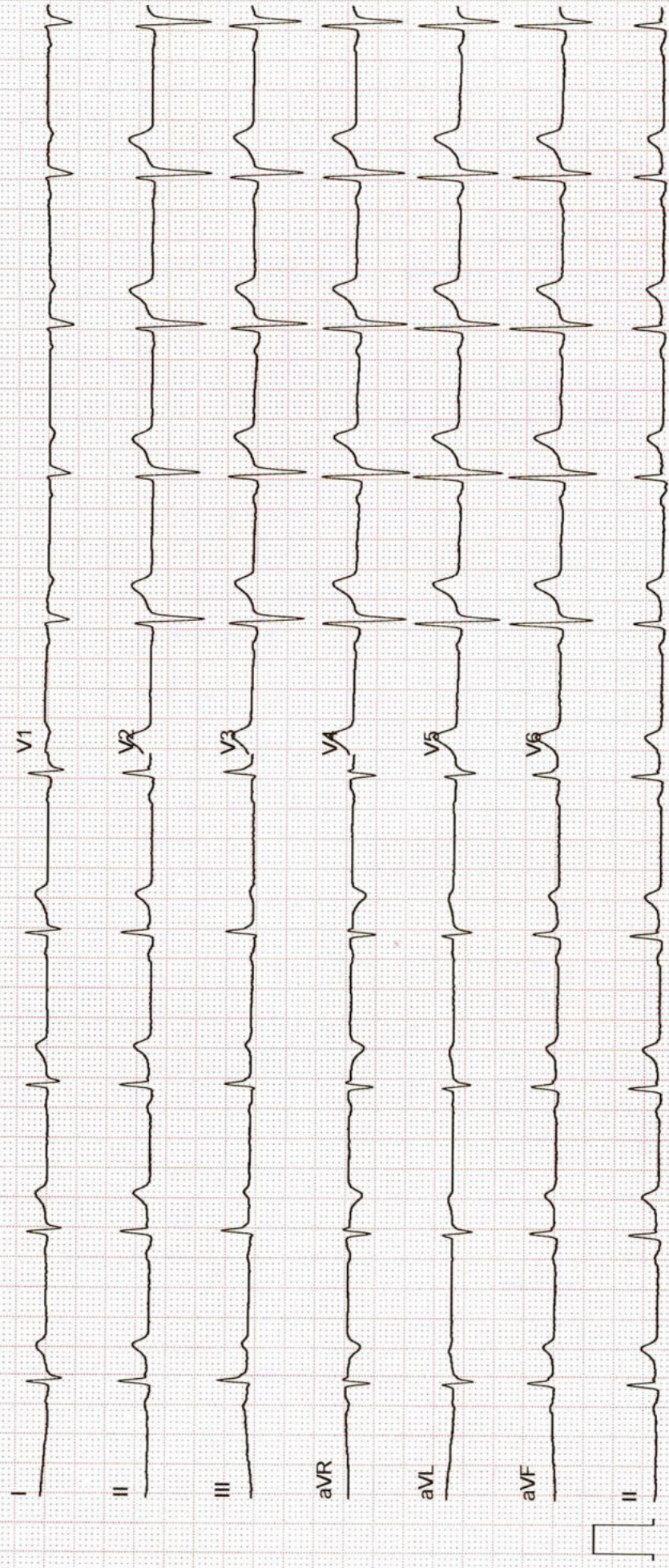
Male

25 02 2023 7:53:46
CLUMAX DIAGNOSTICS
THIPPASANDRA
BANGALORE

Sinu Bradycardia
Dr. SUBRAMANIAM, K.S
MD, DM (Cardiology)
Consultant Cardiologist
KMC Reg. No.: 46604
MEDALL DIAGNOSTICS

59 bpm
-- / -- mmHg

QRS : 96 ms
QT / QTcBaz : 384 / 380 ms
PR : 164 ms
P : 118 ms
RR / PP : 1010 / 1016 ms
P / QRS / T : 68 / 74 / 46 degrees



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2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.0cms
LEFT ATRIUM	:	3.6cms
AVS	:	----
LEFT VENTRICLE (DIASTOLE)	:	4.6cms
(SYSTOLE)	:	3.1cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.6cms
(SYSTOLE)	:	0.9cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.3cms
EDV	:	98ml
ESV	:	38ml
FRACTIONAL SHORTENING	:	33%
EJECTION FRACTION	:	61%
EPSS	:	---
RVID	:	1.9cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' 0.75 m/s	A' 0.56 m/s	NO MR
AORTIC VALVE	:	1.04 m/s		NO AR
TRICUSPID VALVE	:	E' - m/s	A' - m/s	NO TR
PULMONARY VALVE	:	0.96 m/s		NO PR

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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: 61%.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC
SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST
Kss/vp

Note:

*** Report to be interpreted by qualified medical professional.**

Name	MR.R MANJU KEERTHI	ID	MED111517818
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*** To be correlated with other clinical findings.**

*** Parameters may be subjected to inter and intra observer variations.**

*** Any discrepancy in reports due to typing errors should be corrected as soon as possible.**

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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER shows 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 shows normal shape, size and echopattern. Spleen measures 11.2cms in long axis. No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern. Cortico- medullary differentiations are well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	8.9	1.1
Left Kidney		

URINARY BLADDER shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape, size and echopattern. It measures 3.7 x 2.1 x 2.4cms (Vol:10cc).

No evidence of ascites / pleural effusion.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

DR. SOMU K
CONSULTANT RADIOLOGIST
SK/vp

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Age & Gender	42Y/MALE	Visit Date	25 Feb 2023
Ref Doctor Name	MediWheel		

Name	R MANJU KEERTHI	Customer ID	MED111517818
Age & Gender	42Y/M	Visit Date	Feb 25 2023 7:44AM
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. SOMU K

CONSULTANT RADIOLOGISTS