



PATIENT NAME : SURESH DAMODARAN VENGATH

REF. DOCTOR : DR. MEDIWHEEL

CODE/NAME & ADDRESS : CA00010147 - MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED F701A, LADO SARAI, NEW DELHI,SOUTH DELHI, DELHI, SOUTH DELHI 110030 8800465156	ACCESSION NO : 4036XB003518	AGE/SEX : 55 Years Male
	PATIENT ID : DAMOM2805684036	DRAWN :
	CLIENT PATIENT ID:	RECEIVED : 20/02/2024 11:25:59
	ABHA NO :	REPORTED : 20/02/2024 17:22:24

Test Report Status	Final	Results	Biological Reference Interval	Units
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MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT

DENTAL CHECK UP

DENTAL CHECK UP COMPLETED

PRASEEDA S NAIR
BIOCHEMIST



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DDRC AGILUS PATHLABS LIMITED

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KERALA, INDIA
Tel : 93334 93334
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Patient Ref. No. 66600007932006

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MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT

TREADMILL TEST

TREADMILL TEST COMPLETED

OPHTHAL

OPHTHAL COMPLETED

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION COMPLETED

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MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT**ECG WITH REPORT****REPORT**

COMPLETED

USG ABDOMEN AND PELVIS**REPORT**

COMPLETED

CHEST X-RAY WITH REPORT**REPORT**

COMPLETED

HAEMATOLOGY**MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT****GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD**

HBA1C

10.1 HighNormal : 4.0 - %
5.6%.

Non-diabetic level : < 5.7%.

Diabetic : >6.5%

Glycemic control goal

More stringent goal : < 6.5 %.

General goal : < 7%.

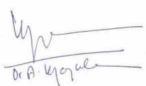
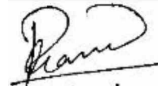
Less stringent goal : < 8%.

Glycemic targets in CKD :-

If eGFR > 60 : < 7%.

If eGFR < 60 : 7 - 8.5%.

METHOD : HPLC


Dr. A. Vijayalakshmi**Prof. Dr. A. VIJAYALAKSHMI**
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Formerly Professor of Pathology
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Reg.No-2306**PRASEEDA S NAIR**
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Page 3 Of 11



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BLOOD COUNTS,EDTA WHOLE BLOOD

HEMOGLOBIN	15.9	13.0 - 17.0	g/dL
METHOD : AUTOMATED CELL COUNTER NON-CYANIDE			
RED BLOOD CELL COUNT	5.38	4.5 - 5.5	mil/ μ L
METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE			
WHITE BLOOD CELL COUNT	6.99	4.0 - 10.0	thou/ μ L
METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE			
PLATELET COUNT	220	150 - 410	thou/ μ L
METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE			

RBC AND PLATELET INDICES

HEMATOCRIT	47.9	40 - 50	%
METHOD : RBC PULSE HEIGHT DETECTION			
MEAN CORPUSCULAR VOL	88.9	83 - 101	fL
METHOD : AUTOMATED CELL COUNTER / CALCULATED			
MEAN CORPUSCULAR HGB.	29.6	27.0 - 32.0	pg
METHOD : AUTOMATED CELL COUNTER / CALCULATED			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.3	31.5 - 34.5	g/dL
METHOD : AUTOMATED CELL COUNTER / CALCULATED			
RED CELL DISTRIBUTION WIDTH	11.7	11.6 - 14.0	%
METHOD : CALCULATED PARAMETER			
MENTZER INDEX	16.5		
METHOD : CALCULATED PARAMETER			

WBC DIFFERENTIAL COUNT

SEGMENTED NEUTROPHILS	54	40 - 80	%
METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE			
LYMPHOCYTES	42 High	20 - 40	%
METHOD : AUTOMATED CELL COUNTER			
MONOCYTES	00 Low	2 - 10	%
EOSINOPHILS	04	1 - 6	%

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METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE			
BASOPHILS	00	0 - 2	%
METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE			
ABSOLUTE NEUTROPHIL COUNT	3.77	2.0 - 7.0	thou/ μ L
METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE			
ABSOLUTE LYMPHOCYTE COUNT	2.94	1.0 - 3.0	thou/ μ L
METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE			
ABSOLUTE MONOCYTE COUNT	00 Low	0.2 - 1.0	thou/ μ L
METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE			
ABSOLUTE EOSINOPHIL COUNT	0.28	0.02 - 0.50	thou/ μ L
METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE			
ABSOLUTE BASOPHIL COUNT	00 Low	0.02 - 0.10	thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.3		
METHOD : AUTOMATED CELL COUNTER / ELECTRICAL IMPEDENCE			

ERYTHROCYTE SEDIMENTATION RATE (ESR),EDTA BLOOD

SEDIMENTATION RATE (ESR)	06	0 - 14	mm at 1 hr
METHOD : WESTERGREIN METHOD			

SUGAR URINE - POST PRANDIAL

SUGAR URINE - POST PRANDIAL	DETECTED (++++)	NOT DETECTED
------------------------------------	------------------------	--------------

SUGAR URINE - FASTING

SUGAR URINE - FASTING	DETECTED (++++)	NOT DETECTED
------------------------------	------------------------	--------------

Comments

NOTE - Kindly correlate clinically.

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IMMUNOHAEMATOLOGY

MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP

TYPE AB

METHOD : COLUMN AGGLUTINATION TECHNOLOGY

RH TYPE

POSITIVE

METHOD : COLUMN AGGLUTINATION TECHNOLOGY

Interpretation(s)

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.

BIO CHEMISTRY

MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN

8

Adult(<60 yrs) : 6 to 20

mg/dL

CREATININE, SERUM

CREATININE

0.62

18 - 60 yrs : 0.9 - 1.3

mg/dL

METHOD : KINETIC COLORIMETRIC

GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA

420 High

Diabetes Mellitus : > or = 200.

Impaired Glucose tolerance/

Prediabetes : 140 - 199.

Hypoglycemia : < 55.

mg/dL

METHOD : HEXOKINASE

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Micro)
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Page 6 Of 11



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GLUCOSE FASTING,FLUORIDE PLASMA

FBS (FASTING BLOOD SUGAR) **244 High** Diabetes Mellitus : > or = 126. mg/dL
Impaired fasting Glucose/
Prediabetes : 101 - 125.
Hypoglycemia : < 55.

METHOD : HEXOKINASE

LIVER FUNCTION TEST WITH GGT

BILIRUBIN, TOTAL	1.38	General Range : < 1.1	mg/dL
METHOD : DIAZO METHOD			
BILIRUBIN, DIRECT	0.42 High	General Range : < 0.3	mg/dL
METHOD : DIAZO METHOD			
BILIRUBIN, INDIRECT	0.96	0.00 - 1.00	mg/dL
TOTAL PROTEIN	6.9	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.8	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.1	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	2.3 High	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	16	Adults : < 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	28	Adults : < 45	U/L
ALKALINE PHOSPHATASE	62	Adult(<60yrs) : 40 - 130	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	56	Adult (male) : < 60	U/L

TOTAL PROTEIN, SERUM

TOTAL PROTEIN 6.9 Ambulatory : 6.4 - 8.3 g/dL
Recumbant : 6 - 7.8

METHOD : COLORIMETRIC

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URIC ACID, SERUM

URIC ACID	5.5	Adults : 3.4-7	mg/dL
METHOD : URICASE			

MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT
BUN/CREAT RATIO

BUN/CREAT RATIO	12.90	5 - 15
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BIOCHEMISTRY - LIPID
MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT
LIPID PROFILE, SERUM

CHOLESTEROL	180	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
METHOD : CHOD-POD			

TRIGLYCERIDES	129	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
METHOD : GPO - PAP			

HDL CHOLESTEROL	43	General range : 40-60	mg/dL
METHOD : HOMOGENOUS DIRECT ENZYMATIC COLORIMETRIC			

LDL CHOLESTEROL, DIRECT	124	Optimum : < 100 Above Optimum : 100-129 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
METHOD : HOMOGENOUS DIRECT ENZYMATIC COLORIMETRIC			

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Page 8 Of 11



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NON HDL CHOLESTEROL	137 High	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
METHOD : CALCULATED PARAMETER			
VERY LOW DENSITY LIPOPROTEIN	25.8	< or = 30.0	mg/dL
METHOD : CALCULATED PARAMETER			
CHOL/HDL RATIO	4.2	3.30 - 4.40	
METHOD : CALCULATED PARAMETER			
LDL/HDL RATIO	2.9	0.5 - 3.0	
METHOD : CALCULATED PARAMETER			

SPECIALISED CHEMISTRY - HORMONE

MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT

THYROID PANEL, SERUM

T3	108.55	Adult : 60-181	ng/dL
METHOD : CLIA			
T4	7.20	>20 yrs : 3.2-12.6	µg/dl
METHOD : CLIA			
TSH 3RD GENERATION	1.430	50-80 yrs : 0.35-4.5	µIU/mL
METHOD : CLIA			

SPECIALISED CHEMISTRY - TUMOR MARKER

MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT

PROSTATE SPECIFIC ANTIGEN, SERUM

PROSTATE SPECIFIC ANTIGEN	1.590	Age Specific :- <49yrs : <2.5 50-59yrs : <3.5 60-69yrs : <4.5 >70yrs : <6.5	ng/mL
METHOD : CLIA			

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CLINICAL PATH - URINALYSIS
MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT
PHYSICAL EXAMINATION, URINE
COLOR PALE YELLOW

METHOD : MACROSCOPY

APPEARANCE CLEAR

METHOD : MACROSCOPY

MICROSCOPIC EXAMINATION, URINE
RED BLOOD CELLS NOT DETECTED NOT DETECTED /HPF

WBC 1-2 0-5 /HPF

METHOD : LIGHT MICROSCOPY

EPITHELIAL CELLS NOT DETECTED NOT DETECTED /HPF

CASTS NOT DETECTED

CRYSTALS NOT DETECTED

BACTERIA NOT DETECTED NOT DETECTED

YEAST NOT DETECTED NOT DETECTED

METHOD : LIGHT MICROSCOPY

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Page 10 Of 11



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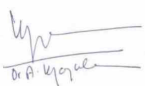

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CHEMICAL EXAMINATION, URINE

PH	5.0	4.8 - 7.4
METHOD : DIPSTICK		
SPECIFIC GRAVITY	1.020	1.015 - 1.030
METHOD : PKA CHANGE IN RELATION TO IONIC CONCENTRATION		
PROTEIN	NOT DETECTED	NOT DETECTED
METHOD : PROTEIN ERROR OF INDICATORS WITH REFLECTANCE		
GLUCOSE	DETECTED (++++)	NOT DETECTED
METHOD : GOD-POD METHOD		
KETONES	NOT DETECTED	NOT DETECTED
METHOD : NITROPRUSSIDE REACTION		
BLOOD	NOT DETECTED	NOT DETECTED
METHOD : DIPSTICK		
BILIRUBIN	NOT DETECTED	NOT DETECTED
METHOD : AZO COUPLING METHOD		
UROBILINOGEN	NORMAL	NORMAL
METHOD : EHRlich REACTION REFLECTANCE		



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Page 11 Of 11



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Dr. Rajendran T.R., B.Sc., BDS
Reg. No. 1385/A

PATIENT'S NAME: Suresh Damodhan AGE: 55 SEX: M
ADDRESS: gajaffri house Adora
CASE RECORD NO. Ref. by. DATE: 20-2-24

PATIENT'S CHIEF COMPLAINT: Regular Dental checkup

HISTORY:

RELEVANT MEDICAL HISTORY Covid 19 Vaccination - Status Single Double Booster Nil
Systemic Illness : Drug History/Allergy :
Pregnancy/Lactation : Family History :
Habits (Smoking,etc) : Others :

Key: D - Decay M - Missing / Extracted F - Filled R - Replaced X - Recommended Extraction # - Fractured Tooth I - Impacted P - Periodontal / Pockets.	E D C B A											A B C D E						
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28		
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38		
	M E D C B A											A B C D E						

Occlusion Evaluation					Radiographs existing/ advised / Investigation											
Lymph nodes					Comments											
TMJ																
Buccal mucosa																
Vestibules																
Tongue																
Floor of Mouth																
Palate																
Pharynx																
Alveolar bone																
Perio pockets																
Gingiva																
Oral Hygiene	Excellent	Good	Fair	Poor												
Calculus	None	Little	Moderate	Heavy												
Gingival Bleeding	Localized	General	None													

SPECIALIST OPINION IF ANY:

DIAGNOSIS & TREATMENT PLAN / EXPLAINED OPTIONS: Adv.

Treatment Expenses in estimation

CONSENT: I the undersigned in my full sense give my consent for the above procedure explained and advised to me in this clinic. The doctor has explained the risk involved in this procedure and satisfied my queries. എന്റെ അനുമതിയോടെ ചികിത്സാവശ്യമായ അതിന്റെ അനന്തരഫലങ്ങളും എന്താൽ വിശദീകരിച്ച് സംഭവമാകാതെയാണി സഹായപ്പെടുത്തിയിട്ടുള്ളതും ആയത് തന്നെ പ്രസ്തുത ചികിത്സ വേണ്ട മതിയിൽ ഈ അനുമതിയിൽ ഒരുപ്രകാരം തന്നെ എനിക്ക് പുരസ്കാരമാണെന്നു ഉണ്ടാകാതെയാണെന്നും ഇതിനാൽ ഞാൻ സാക്ഷ്യപ്പെടുത്തുന്നു.

Name: Suresh Damodhan Signature: [Signature]

TREATMENT PLAN SCHEDULE	
PRESCRIPTION	3 rd Visit
	4 th Visit
2 nd Visit	5 th Visit

The patient named Suresh, 55 years old had undergone general dental checkup. On examination Dental Care Present $\frac{8}{8}$, missing $\frac{1}{5}$ $\frac{8}{6}$, Restoration Present $\frac{1}{8}$, Root stump $\frac{1}{6}$, Calculus Present. Advice Restoration with decayed tooth, prosthetic rehabilitation with missing tooth, extraction of root-stump and oral prophylaxis.

Examination Fee: 100/-



Dr. Priya Jose.
Reg NO: 30402