


Name : Mr. GOWTHAMAN
PID No. : MED111217599
SID No. : 422058018
Age / Sex : 34 Year(s) / Male
Type : OP
Ref. Dr : MediWheel


Register On : 30/07/2022 10:04 AM
Collection On : 30/07/2022 11:05 AM
Report On : 30/07/2022 5:26 PM
Printed On : 04/08/2022 11:39 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Monocytes (EDTA Blood)	8.1	%	01 - 10
Basophils (Blood)	0.5	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	2.48	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.66	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.16	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.47	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.03	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	235	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	7.9	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	2	mm/hr	< 15


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

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	300.99	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	201.70	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)	37.91	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	222.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	40.3	mg/dL	< 30


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CONSULTANT BIOCHEMIST
Reg No : 78771
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Non HDL Cholesterol (Serum/Calculated)	263.1	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)	7.9		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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	5.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	5.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0


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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u><i>Glycosylated Haemoglobin (HbA1c)</i></u>			
HbA1C (Whole Blood/HPLC)	5.5	%	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 111.15 mg/dL
(Whole Blood)

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 glycaemic 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)	1.14	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)	8.30	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)	5.24	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

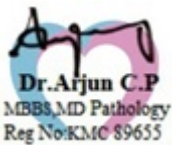
(Indian Thyroid Society Guidelines)

Comment :

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

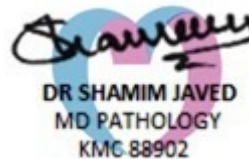
2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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

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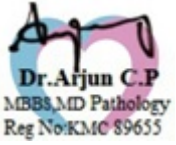
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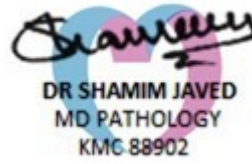
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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IMMUNOHAEMATOLOGY
BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'A' Positive'



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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	8		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	89.25	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)	127.12	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)	7.8	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.99	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-acetylcysteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	5.61	mg/dL	3.5 - 7.2
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-- End of Report --

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Age & Gender	34-Male	Visit Date	7/30/2022 6:30:34 PM
Ref Doctor Name	MediWheel		



2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.1cms
LEFT ATRIUM	:	2.7cms
AVS	:	----
LEFT VENTRICLE (DIASTOLE)	:	4.2cms
(SYSTOLE)	:	2.8cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.1cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.3cms
EDV	:	79ml
ESV	:	30ml
FRACTIONAL SHORTENING	:	33%
EJECTION FRACTION	:	62%
EPSS	:	---
RVID	:	1.6cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' 0.57 m/s	A' 0.41 m/s	NO MR
AORTIC VALVE	:	0.87 m/s		NO AR
TRICUSPID VALVE	:	E' 1.83 m/s	A' - m/s	NO TR
PULMONARY VALVE	:	0.87 m/s		NO PR

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- 8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
- 9.Liability is limited to the extend of amount billed.
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- 11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

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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: 62%.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

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

Note:

- * **Report to be interpreted by qualified medical professional.**
- * **To be correlated with other clinical findings.**
- * **Parameters may be subjected to inter and intra observer variations.**

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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows diffuse fatty changes. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended. Few polyps measuring about 5-6mm in size are noted along the anterior and posterior wall. 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. 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	9.7	1.6
Left Kidney	10.4	1.4

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 2.4 x 2.4 x 3.3cms (Vol:10cc).

No evidence of ascites / pleural effusion.

IMPRESSION:

➤ **FATTY LIVER.**

➤ **GALL BLADDER POLYPS.**

DR. APARNA
CONSULTANT RADIOLOGIST
A/vp

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Name	GOWTHAMAN	ID	MED111217599
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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. APARNA

CONSULTANT RADIOLOGIST



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Mahesh

Mob:8618385220

9901569756

SRI PARVATHI OPTICS

Multi Branded Optical Store

Computerized Eye Testing & Spectacles Clinic

333.8th Main 5th Cross Near Cambridge & Miranda School HAL 3rd Stage
Behind Vishveshvariah Park New Thippasandra, Bangalore - 560075,
Email: parvathiopticals@gmail.com

SPECTACLE PRESCRIPTION

Name: *Rowthaman.*

No. **981**

Mobil No:

Date: *30/7/2022*

Age / Gender *34y/M*

Ref. No.

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
DISTANCE		<i>-0.75</i>	<i>16</i>	<i>6/6</i>	<i>-0.25</i>	<i>-0.25</i>	<i>161</i>	<i>6/6</i>
NEAR								

PD *60mm*

Advice to use glasses for:

DISTANCE FAR & NEAR READING COMPUTER PURPOSE

We Care Your Eyes

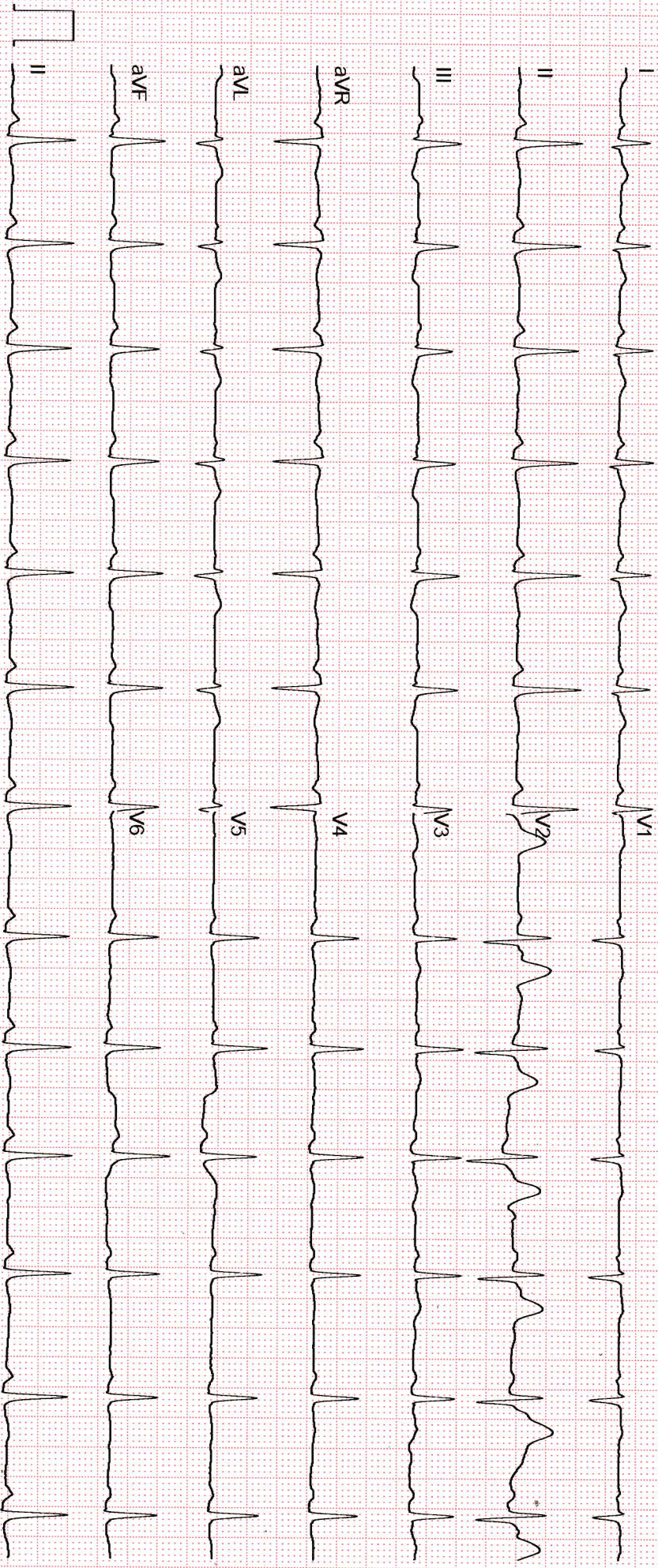
SRI PARVATHI OPTICS

NEW THIPPASANDRA



422058018-P
MR. GOVINDHARAN(34Y/M)

RS : 76 ms
V1/V2/V3/V4/V5/V6 : 362 / 412 ms
PR : 152 ms
P : 98 ms
RR / PP : 766 / 769 ms
P / QRS / T : 47 / 60 / 11 degrees



SUBRAMANIK.S.
MD DM CARDIOLOGY
Consultant Cardiologist
KMC REG No: 46600
Thippasandra, Bangalore

GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 2x5x6 25 R1

Unconfirmed