

Name : Mr. RAVI KUMAR N  
PID No. : MED122507699  
SID No. : 522404107  
Age / Sex : 32 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 11/03/2024 9:38 AM  
Collection On : 11/03/2024 11:26 AM  
Report On : 11/03/2024 5:02 PM  
Printed On : 12/03/2024 12:28 PM

Investigation                      Observed Value                      Unit                      Biological Reference Interval

BLOOD GROUPING AND Rh TYPING

'B' 'Positive'

(EDTA Blood/Agglutination)

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

**Complete Blood Count With - ESR**

Haemoglobin (EDTA Blood/Spectrophotometry)	14.8	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	44.2	%	42 - 52
RBC Count (EDTA Blood)	5.29	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	83.5	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.5	g/dL	32 - 36
RDW-CV	13.8	%	11.5 - 16.0
RDW-SD	41.1	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6200	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	54.6	%	40 - 75
Lymphocytes (Blood)	36.0	%	20 - 45
Eosinophils (Blood)	1.6	%	01 - 06
Monocytes (Blood)	7.2	%	01 - 10



MC-5606



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Basophils (Blood)	0.6	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.4	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.2	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.1	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.4	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.0	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood)	373	10 <sup>3</sup> / µl	150 - 450
MPV (Blood)	8.0	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	<b>0.298</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	3	mm/hr	< 15
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	89.89	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)	82.38	70 - 140



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**INTERPRETATION:**

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.0	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.90	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)	5.61	mg/dL	3.5 - 7.2
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.62	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.24	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.38	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	15.18	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	28.15	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	17.71	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	80.1	U/L	53 - 128



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Total Protein (Serum/Biuret)	7.24	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.84	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.40	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	2.02		1.1 - 2.2

**Lipid Profile**

Cholesterol Total (Serum/CHOD-PAP with ATCS)	184.35	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	<b>439.21</b>	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)	<b>31.79</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	64.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	87.8	mg/dL	< 30



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Non HDL Cholesterol (Serum/Calculated)	152.6	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)	5.8		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)	13.8		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)	2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	5.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	108.28	mg/dL	
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<b>INTERPRETATION: Comments</b>			
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.			
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.			
Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.			
Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.423	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

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.68	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)	19.49	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)	0.990	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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

**PHYSICAL EXAMINATION (URINE)**

**COMPLETE)**

Colour (Urine)	Pale yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	25	

**CHEMICAL EXAMINATION (URINE)**

**COMPLETE)**

pH (Urine)	7.0	4.5 - 8.0
Specific Gravity (Urine)	1.003	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal
Blood (Urine)	Negative	Negative
Nitrite (Urine)	Negative	Negative



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Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

**MICROSCOPIC EXAMINATION**  
**(URINE COMPLETE)**

Pus Cells (Urine)	1-2	/hpf	NIL
Epithelial Cells (Urine)	1-2	/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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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	6.0		6.0 - 22.0



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Investigation

Observed  
Value

Unit

Biological  
Reference Interval

URINE ROUTINE



APPROVED BY

-- End of Report --

Name	MR.RAVI KUMAR N	ID	MED122507699
Age & Gender	32Y/MALE	Visit Date	11 Mar 2024
Ref Doctor Name	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size (14.5 cm) and shows increased echogenicity with focal fatty sparing. No evidence of intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

**GALL BLADDER** is partially distended. CBD is not dilated.

**PANCREAS** has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

**SPLEEN** shows normal shape, size and echopattern.

#### **KIDNEYS**

**Right kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

**Left kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	12.0	1.7
Left Kidney	11.8	1.8

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

**PROSTATE** shows normal shape, size and echopattern.

No evidence of ascites.

#### IMPRESSION:

- **Grade I fatty infiltration of liver.**
- **No other significant abnormality detected.**

**DR. HEMANANDINI V.N**  
**CONSULTANT RADIOLOGIST**  
 Hn/Mi

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Age & Gender	32Y/MALE	Visit Date	11 Mar 2024
Ref Doctor Name	MediWheel		

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Age & Gender	32Y/MALE	Visit Date	11 Mar 2024
Ref Doctor Name	MediWheel		

## 2D ECHOCARDIOGRAPHIC STUDY

### M-mode measurement:

AORTA	:	2.68	cms.
LEFT ATRIUM	:	3.29	cms.
AVS	:	1.47	cms.
<b>LEFT VENTRICLE</b>			
(DIASTOLE)	:	4.53	cms.
(SYSTOLE)	:	2.83	cms.
<b>VENTRICULAR SEPTUM</b>	:		
(DIASTOLE)	:	1.29	cms.
(SYSTOLE)	:	1.29	cms.
<b>POSTERIOR WALL</b>	:		
(DIASTOLE)	:	0.87	cms.
(SYSTOLE)	:	1.30	cms.
EDV	:	93	ml.
ESV	:	33	ml.
FRACTIONAL SHORTENING	:	38	%
EJECTION FRACTION	:	60	%
EPSS	:	---	cms.
RVID	:	1.80	cms.

### DOPPLER MEASUREMENTS:

MITRAL VALVE:	E - 0.8 m/s	A -0.6 m/s	NO MR.
AORTIC VALVE:	1.1 m/s		NO AR.
TRICUSPID VALVE:	E - 0.4 m/s	A - 0.3 m/s	NO TR.
PULMONARY VALVE:	0.8 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: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

**DR. YASHODA RAVI**  
**CONSULTANT CARDIOLOGIST**

Regn. No. 4364A

Mob : 98454 91190

98450 06782

# MARUTHI DENTAL CARE

# 144, 11th Cross, Malleshwaram, Bengaluru - 560 003

Dr. B. INDUMATHI MARUTHI

Timings : 11 a.m. to 1.30 p.m.

Dental Surgeon

5 p.m. to 8.30 p.m.

Patient Name. *Ravikumar* Age: .....

Rx

Date : *11/3/24*

D.C  $\frac{76}{76/67}$

*Impacted*

$\frac{8}{8}$





# OPTICAL STORE

#12 LAKSHMI NILAYA, GROUND FLOOR,  
2ND MAIN ROAD, VYALIKAVAL,  
BENGALURU-560003  
PH. 9611444957

Name Ravi Kumar N

Ph. 9886632295

Age 32/M

### Chief Complaints

RE / LE / DOV / Blurring / Burning / Itching / Pricking  
Redness / Headache -Nil

### Past History

DM -ve  
HTN -ve

Asthama -ve  
Others -Nil

### Visual Acuity

	RE	LE
Distance / Near	6/6	6/6
With PH		
With Glasses		-

Colour Vision BE = Normal

	RE		
	SPH	CYL	AXIS
Distance		<u>Plano</u>	<u>6/6</u>
Near			

	LE		
	SPH	CYL	AXIS
Distance		<u>Plano</u>	<u>6/6</u>
Near			

Advise .....

**RAVI KUMAR H.L.**  
Optician  
(Consultant Optometrist)  
Reg. No. 051619



32 Years

Male

QRS : 88 ms  
QT / QTcBaz : 376 / 425 ms  
PR : 142 ms  
P : 74 ms  
RR / PP : 778 / 779 ms  
P / QRS / T : -5 / 3 / -2 degrees

Normal sinus rhythm  
Normal ECG

