



ಭಾರತ ಚುನಾವಣಾ ಆಯೋಗ
ಗುರುತಿನ ಚೀಟಿ
ELECTION COMMISSION OF INDIA
IDENTITY CARD

INA9580457



ಮತದಾರರ ಹೆಸರು : ವಿನಯ್ ಆರ್
Elector's Name : Vinaya .R
ತಂದೆಯ ಹೆಸರು : ರಂಗಸ್ವಾಮಯ್ಯ
Father's Name : Rangaswamaiah
ಲಿಂಗ / Sex : ಪುರುಷ / Male
ಜನ್ಮದಿನಾಂಕ / Date of Birth : 08/06/1986

Name : Mr. VINAY
PID No. : MED111017196
SID No. : 922015888
Age / Sex : 35 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 12/03/2022 9:11 AM
Collection On : 12/03/2022 10:08 AM
Report On : 13/03/2022 4:37 PM
Printed On : 16/03/2022 7:22 PM

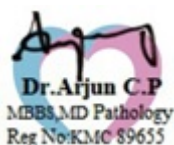


| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|----------------------|-----------------------|-------------|--------------------------------------|
|----------------------|-----------------------|-------------|--------------------------------------|

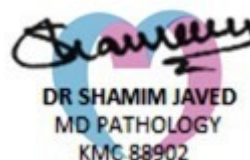
HAEMATOLOGY

Complete Blood Count With - ESR

| | | | |
|---|-------|-------------|--------------|
| Haemoglobin (EDTA Blood/Spectrophotometry) | 14.7 | g/dL | 13.5 - 18.0 |
| Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance) | 43.5 | % | 42 - 52 |
| RBC Count (EDTA Blood/Impedance Variation) | 5.09 | mill/cu.mm | 4.7 - 6.0 |
| Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance) | 86.0 | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance) | 29.0 | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance) | 33.9 | g/dL | 32 - 36 |
| RDW-CV (EDTA Blood/Derived from Impedance) | 13.9 | % | 11.5 - 16.0 |
| RDW-SD (EDTA Blood/Derived from Impedance) | 41.84 | fL | 39 - 46 |
| Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation) | 4400 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 46.4 | % | 40 - 75 |
| Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry) | 44.4 | % | 20 - 45 |
| Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 2.0 | % | 01 - 06 |



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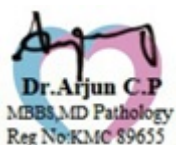
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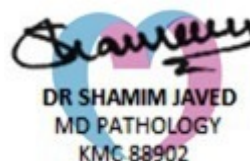
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| Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry) | 6.3 | % | 01 - 10 |
| Basophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.9 | % | 00 - 02 |
| Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry) | 2.04 | 10 ³ / μ l | 1.5 - 6.6 |
| Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) | 1.95 | 10 ³ / μ l | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.09 | 10 ³ / μ l | 0.04 - 0.44 |
| Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.28 | 10 ³ / μ l | < 1.0 |
| Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.04 | 10 ³ / μ l | < 0.2 |
| Platelet Count (EDTA Blood/Impedance Variation) | 284 | 10 ³ / μ l | 150 - 450 |
| MPV (EDTA Blood/Derived from Impedance) | 7.7 | fL | 7.9 - 13.7 |
| PCT (EDTA Blood/Automated Blood cell Counter) | 0.22 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren) | 6 | mm/hr | < 15 |



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|--|-----------------------|-------------|---|
| <u>Lipid Profile</u> | | | |
| Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase) | 199 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
| Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase) | 115 | mg/dL | Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500 |

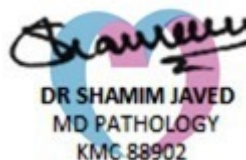
INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence 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/Immuno-inhibition) | 51 | mg/dL | Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40 |
| LDL Cholesterol (Serum/Calculated) | 125 | mg/dL | Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190 |
| VLDL Cholesterol (Serum/Calculated) | 23 | mg/dL | < 30 |
| Non HDL Cholesterol (Serum/Calculated) | 148.0 | 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.



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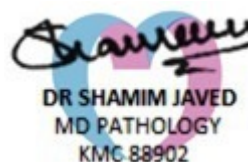
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|--|-----------------------|-------------|--|
| Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated) | 3.9 | | Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0 |
| Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated) | 2.3 | | Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0 |
| LDL/HDL Cholesterol Ratio (Serum/Calculated) | 2.5 | | 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: \geq 6.5 |

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

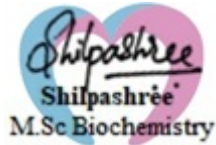
Estimated Average Glucose 114.02 mg/dL
(Whole Blood)

INTERPRETATION: Comments

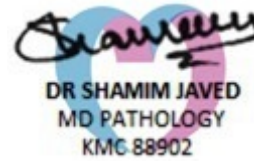
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.

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/CMIA) | 1.33 | ng/mL | 0.7 - 2.04 |
|---|------|-------|------------|

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 (Thyroxine) - Total (Serum/CMIA) | 9.40 | µg/dL | 4.2 - 12.0 |
|--|------|-------|------------|

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/Chemiluminescent Microparticle Immunoassay(CMIA)) | 5.57 | µIU/mL | 0.35 - 5.50 |
|---|------|--------|-------------|

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 .VANITHA.R.SWAMY MD
Consultant Pathologist
Reg No : 99049
VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902
APPROVED BY

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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

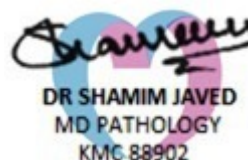
| | | | |
|--------------------|-------------|----|-------|
| Colour (Urine) | Pale Yellow | | |
| Appearance (Urine) | Clear | | Clear |
| Volume (Urine) | 15 | mL | |

CHEMICAL EXAMINATION(Automated-Urineanalyser)

| | | | |
|---|----------|--|---------------|
| pH (Urine/AUTOMATED URINANALYSER) | 6.5 | | 4.5 - 8.0 |
| Specific Gravity (Urine) | 1.015 | | 1.002 - 1.035 |
| Ketones (Urine) | Negative | | Negative |
| Urobilinogen (Urine/AUTOMATED URINANALYSER) | 0.2 | | 0.2 - 1.0 |
| Blood (Urine/AUTOMATED URINANALYSER) | Negative | | Negative |
| Nitrite (Urine/AUTOMATED URINANALYSER) | Negative | | Negative |
| Bilirubin (Urine/AUTOMATED URINANALYSER) | Negative | | Negative |
| Protein (Urine) | Negative | | Negative |
| Glucose (Urine) | Negative | | Negative |



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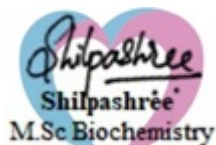
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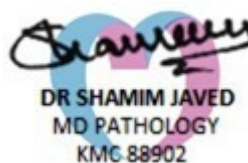
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| Leukocytes (Urine) | Negative | leuco/uL | Negative |
| <u>MICROSCOPY(URINE DEPOSITS)</u> | | | |
| Pus Cells (Urine/Flow cytometry) | 1-2 | /hpf | 3-5 |
| Epithelial Cells (Urine) | 1-2 | /hpf | 1-2 |
| RBCs (Urine/Flow cytometry) | Nil | /hpf | 2-3 |
| Others (Urine) | Nil | | Nil |
| Casts (Urine/Flow cytometry) | Nil | /hpf | 0 - 1 |
| Crystals (Urine) | Nil | | NIL |



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BIOCHEMISTRY

| | | | |
|---|----|-------|--|
| BUN / Creatinine Ratio | 6 | | 6 - 22 |
| Glucose Fasting (FBS) (Plasma - F/GOD - POD) | 81 | 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) | Negative | | Negative |
| Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD) | 92 | 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.

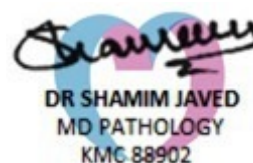
| | | | |
|--|----------|-------|-----------|
| Glucose Postprandial - Urine (Urine - PP) | Negative | | Negative |
| Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH) | 7 | mg/dL | 7.0 - 21 |
| Creatinine (Serum/Jaffe Kinetic) | 1.2 | mg/dL | 0.9 - 1.3 |

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/Uricase/Peroxidase) | 5.7 | mg/dL | 3.5 - 7.2 |
|---|-----|-------|-----------|



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Investigation

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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' 'Positive'

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

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

-- End of Report --

| | | | |
|--------------|-----------|------------|--------------|
| Name | MR.VINAY | ID | MED111017196 |
| Age & Gender | 35Y/MALE | Visit Date | 12/03/2022 |
| Ref Doctor | MediWheel | | |

:2:

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 prolapse.

Aortic valve : Normal, Trileaflet

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No Pericardial effusion.

IMPRESSION :

- TRIVIAL MITRAL REGURGITATION
- TRIVIAL TRICUSPID REGURGITATION (PASP 22 mmHg)
- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 60 %
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG) .

Dr. SRIDHAR.L
MD,(Med), DM(Cardio), FICC
Interventional Cardiologist
K.M.C. No.: 32248

DR.SRIDHAR.L MD,DM,FICC.
CONSULTANT CARDIOLOGIST
Ls/ml



| | | | |
|--------------|-----------|------------|--------------|
| Name | MR.VINAY | ID | MED111017196 |
| Age & Gender | 35Y/MALE | Visit Date | 12/03/2022 |
| Ref Doctor | MediWheel | | |

2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

| | | | |
|-------------------------------|---|------|-----|
| AORTA | : | 3.02 | cms |
| LEFT ATRIUM | : | 3.08 | cms |
| AVS | : | 1.71 | cms |
| LEFT VENTRICLE (DIASTOLE) | : | 4.78 | cms |
| (SYSTOLE) | : | 3.23 | cms |
| VENTRICULAR SEPTUM (DIASTOLE) | : | 1.14 | cms |
| (SYSTOLE) | : | 2.33 | cms |
| POSTERIOR WALL (DIASTOLE) | : | 1.31 | cms |
| (SYSTOLE) | : | 2.57 | cms |
| EDV | : | 106 | ml |
| ESV | : | 41 | ml |
| FRACTIONAL SHORTENING | : | 32 | % |
| EJECTION FRACTION | : | 60 | % |
| EPSS | : | | cms |
| RVID | : | 2.24 | cms |

DOPPLER MEASUREMENTS

| | | |
|-----------------|-----------------------------|------------|
| MITRAL VALVE | : 'E' -1.16m/s 'A' -0.68m/s | TRIVIAL MR |
| AORTIC VALVE | :1.12 m/s | NO AR |
| TRICUSPID VALVE | : PASP : 22 mmHg | TRIVIAL TR |
| PULMONARY VALVE | :0.84 m/s | NO PR |



| | | | |
|--------------|-----------|------------|--------------|
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| Age & Gender | 35Y/MALE | Visit Date | 12/03/2022 |
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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 show 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 show 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 | 9.6 | 1.4 |
| Left Kidney | 9.9 | 1.2 |

URINARY BLADDER show 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: Essentially normal study

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND

DR. PRAJNA SHENOY

DR. MAHESH. M. S

DR. RADHA KRISHNA. A.

DR. HIMA BINDU.P

Hbp/so



| | | | |
|--------------|-----------|-------------|--------------------|
| Name | VINAY | Customer ID | MED111017196 |
| Age & Gender | 35Y/M | Visit Date | Mar 12 2022 9:09AM |
| Ref Doctor | MediWheel | | |

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

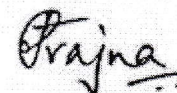
Cardiac size is within normal limits.

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. H.K. ANAND

DR. POOJA B.P

DR. SHWETHA S

DR. PRAJNA SHENOY

CONSULTANT RADIOLOGISTS



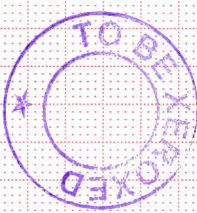
35 Years

Male

| | |
|---------------|----------------------|
| QRS : | 92 ms |
| QT / QTcBaz : | 406 / 418 ms |
| PR : | 156 ms |
| P : | 104 ms |
| RR / PP : | 934 / 937 ms |
| P / QRS / T : | 61 / 83 / 51 degrees |

Technician: BHAGYA
Ordering Ph. C/O MEDIWHEEL
Referring Ph. C/O MEDIWHEEL
Attending Ph.

DR. SRIDHAR L.
MD (Med), DM (Cardiology), FICG
Interventional Cardiologist
KIMC, No. 62248



(Needs Clearance for fibrillation)

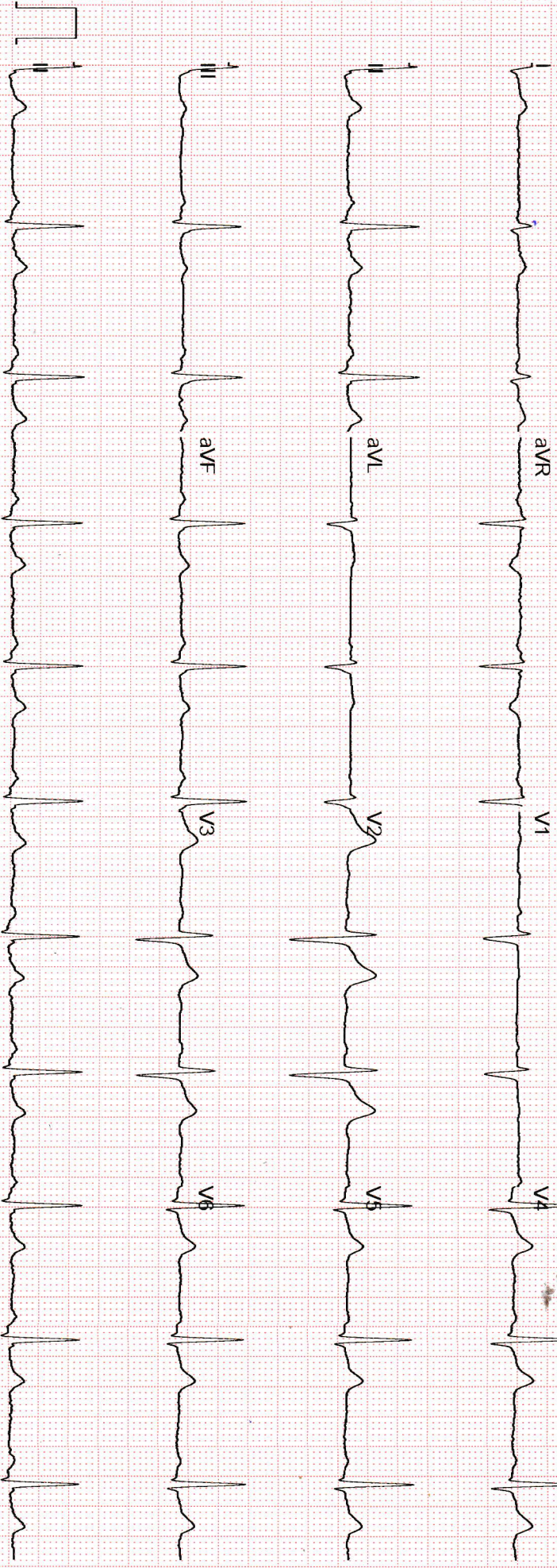
HR-64bpm

WNL

WV + 70°

Normal ECG

~



| | | | |
|---------------|-----------|-------------|-----------|
| Customer Name | Vinay R | Customer ID | 111017196 |
| Age & Gender | 36 / male | Visit Date | 12/3/22 |

Eye Screening



With spectacles / without spectacles (strike out whichever is not applicable)

| | Right Eye | Left Eye |
|-----------------|-----------|----------|
| Near Vision | N6 | N6 |
| Distance Vision | 6/6 | 6/6 |
| Colour Vision | Normal | Normal |

Observation / Comments: — Normal

Dr. Ravi

Dr. RAVI V. HALAKATTI
M.S. (OPHTH)
EYE SURGEON
Regd. No. 11801