

Name	KARTHIKEYAN.A	ID	PDY128728
Age & Gender	56Year(s)/MALE	Visit Date	3/26/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

**EYE SCREENING**

	<b>Right Eye</b>	<b>Left Eye</b>
<b>DISTANT VISION</b>	<b>6/6</b>	<b>6/6</b>
<b>NEAR VISION</b>	<b>N8</b>	<b>N8</b>
<b>COLOUR VISION</b>	<b>Normal</b>	<b>Normal</b>

**IMPRESSION :**

❖ **Normal Study**

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Height	156cm
Weight	68kg
BP	132/84mmhg
Pulse	79beats /mins

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## USG ABDOMEN / PELVIS

### REPORT :-

#### **LIVER:**

The liver is normal in size 12.0cm, shape and has smooth margins and shows normal homogenous echotexture.

Portal and hepatic veins are normal.

No evidence of any focal lesion seen.

Intrahepatic biliary radicles are not dilated.

#### **GALL BLADDER:**

**Multiple calculi largest measuring 1.4 x 1.3cm noted in the GB lumen.**

No Pericholecystic fluid / collection.

#### **COMMON BILE DUCT:**

The CBD is normal in caliber. No evidence of calculus is seen.

#### **SPLEEN:**

The spleen is normal in size ( 7.2cm )and shape and shows homogenous echotexture.

No evidence of focal lesion is noted.

#### **PANCREAS:**

The pancreas is normal in size, shape and shows normal echotexture.

No evidence of solid or cystic mass lesion is noted.

#### **KIDNEYS:**

Both kidneys are normal in size, shape and position and normal parenchymal echotexture and normal central echo complex.

Right kidney measures 9.0cm x 5.1cm

Left kidney measures 9.5cm x 4.6cm

No calculus or hydronephrosis

#### **ASCITES:**

There is no ascites seen.

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**URINARY BLADDER:**

The urinary bladder is distended and shows normal outline.  
The thickness of the wall of Urinary bladder is essentially normal.  
No evidence of calculus is seen.  
No evidence of any space occupying lesion or diverticulum is noted.

**PROSTATE:**

**The prostate is enlarged in size**, shape and parenchymal echoes.  
**The prostate measures 5.4cm 4.2cm x 4.1cm. Volume 50cc.** No Focal lesion  
seen

**BOTH ILIAC FOSSA :** Appears normal. No mass / collection.

**IMPRESSION :**

- CHOLELITHIASIS.
- PROSTATOMEGALY.

- Suggested clinical correlation

DR. P.T. PRABAKARAN, M.B.B.S.,M.D.R.D.,

CONSULTANT RADIOLOGIST

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Name	KARTHIKEYAN.A	Customer ID	PDY128728
Age & Gender	56Y/M	Visit Date	Mar 26 2022 9:06AM
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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. H.K. ANAND

DR. POOJA B.P

DR. HIMA BINDU P



DR. SHWETHA S

CONSULTANT RADIOLOGISTS



**Name** : Mr. KARTHIKEYAN.A  
**PID No.** : PDY128728  
**SID No.** : 132205250  
**Age / Sex** : 56 Year(s) / Male  
**Ref. Dr** : MediWheel

**Register On** : 26/03/2022 12:05 PM  
**Collection On** : 26/03/2022 12:19 PM  
**Report On** : 27/03/2022 7:25 AM  
**Printed On** : 28/03/2022 5:19 PM  
**Type** : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>Alkaline Phosphatase (SAP)</b> (Serum/Modified IFCC)	80.0	U/L	56 - 119
<b>Total Protein</b> (Serum/Phosphomolybdate/UV)	6.5	gm/dL	6.0 - 8.0
<b>Albumin</b> (Serum/Jaffe Kinetic / derived)	4.9	gm/dL	3.5 - 5.2
<b>Globulin</b> (Serum/RIA)	<b>1.60</b>	gm/dL	2.3 - 3.6
<b>A : G RATIO</b> (Serum/RIA)	3.06		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
<b>Cholesterol Total</b> (Serum/CHOD-PAP with ATCS)	146	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
<b>Triglycerides</b> (Serum/GPO-PAP with ATCS)	135	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.

<b>HDL Cholesterol</b> (Serum/Immunoinhibition)	<b>50.8</b>	mg/dL	Optimal(Negative Risk Factor): >= 80 Borderline: 40 - 59 High Risk: < 40
<b>LDL Cholesterol</b> (Serum/Calculated)	68.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
<b>VLDL Cholesterol</b> (Serum/Calculated)	27	mg/dL	< 30
<b>Non HDL Cholesterol</b> (Serum/Calculated)	95.2	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.

  
**Dr.E.Saravanan M.D(Path)**  
**Consultant Pathologist**  
**Reg No : 73347**



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>Total Cholesterol/HDL Cholesterol Ratio</b> (Serum/Calculated)	2.9		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
<b>Triglyceride/HDL Cholesterol Ratio (TG/HDL)</b> (Serum/Calculated)	2.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
<b>LDL/HDL Cholesterol Ratio</b> (Serum/Calculated)	1.3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
<b>HbA1C</b> (Whole Blood/HPLC)	<b>8.4</b>	%	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) 194.38 mg/dL

**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 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.

**HAEMATOLOGY**

**Complete Blood Count With - ESR**

<b>Absolute Eosinophil Count (AEC)</b> (Blood/Automated Blood cell Counter)	0.18	10 <sup>3</sup> / µl	0.04 - 0.44
<b>Absolute Lymphocyte Count</b> (Blood/Automated Blood cell Counter)	2.78	10 <sup>3</sup> / µl	1.5 - 3.5
<b>PCT</b> (Blood)	0.28	%	0.18 - 0.28
<b>MPV</b> (Blood/Automated Blood cell Counter)	<b>7.5</b>	fL	7.9 - 13.7
<b>Absolute Basophil count</b> (Blood/Automated Blood cell Counter)	0.03	10 <sup>3</sup> / µl	< 0.2
<b>Absolute Monocyte Count</b> (Blood/Automated Blood cell Counter)	0.61	10 <sup>3</sup> / µl	< 1.0
<b>Absolute Neutrophil count</b> (Blood/Automated Blood cell Counter)	5.45	10 <sup>3</sup> / µl	1.5 - 6.6
<b>RDW-CV</b> (Blood)	<b>16.3</b>	%	11.5 - 16.0
<b>RDW-SD</b> (Blood)	<b>47.8</b>	fL	39 - 46



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>Haemoglobin</b> (Blood/Automated Blood cell Counter)	14.4	g/dL	13.5 - 18.0
<b>PCV (Packed Cell Volume) / Haematocrit</b> (Blood/Automated Blood cell Counter)	43.9	%	42 - 52
<b>RBC Count</b> (Blood/Automated Blood cell Counter)	5.3	mill/cu.mm	4.7 - 6.0
<b>MCV (Mean Corpuscular Volume)</b> (Blood/Automated Blood cell Counter)	82.8	fL	78 - 100
<b>MCH (Mean Corpuscular Haemoglobin)</b> (Blood/Automated Blood cell Counter)	27.2	pg	27 - 32
<b>MCHC (Mean Corpuscular Haemoglobin concentration)</b> (Blood/Automated Blood cell Counter)	32.8	g/dL	32 - 36
<b>Platelet Count</b> (Blood/Automated Blood cell Counter)	338	10 <sup>3</sup> / µl	150 - 450
<b>Total WBC Count (TC)</b> (Blood/Automated Blood cell Counter)	9000	cells/cu.mm	4000 - 11000
<b><u>Diferential Leucocyte Count</u></b>			
<b>Neutrophils</b> (Blood)	60.1	%	40 - 75
<b>Lymphocytes</b> (Blood)	30.7	%	20 - 45
<b>Eosinophils</b> (Blood)	2.0	%	01 - 06
<b>Monocytes</b> (Blood)	6.7	%	01 - 10
<b>Basophils</b> (Blood)	0.3	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
<b>ESR (Erythrocyte Sedimentation Rate)</b> (Blood/Automated ESR analyser)	08	mm/hr	< 20
<b><u>Immunology</u></b>			
<b>Prostate specific antigen - Total(PSA)</b> (Serum/Manometric method)	3.48	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

  
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