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

	Right Eye	Left Eye
DISTANT VISION	6/6	6/6
NEAR VISION	N8	N8
COLOUR VISION	Normal	Normal

IMPRESSION :

✤ Normal Study

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

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

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

USG ABDOMEN / PELVIS

REPORT :-

LIVER:

The liver is normal in size12.0cm, 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 measures9.0cm x 5.1cm Left kidney measures 9.5cm x 4.6cm No calculus or hydronephrosis

ASCITES:

There is no ascites seen.

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

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

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

Name	KARTHIKEYAN.A	Customer ID	PDY128728
Age & Gender	56Y/M	Visit Date	Mar 26 2022 9:06AM
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. HIMA BINDU P CONSULTANT RADIOLOGISTS

Name	: Mr. KARTHIKEYAN.A	Register On	:	26/03/2022 12:05 PM
PID No.	: PDY128728	Collection On	:	26/03/2022 12:19 PM
SID No.	: 132205250	Report On	:	27/03/2022 7:25 AM
Age / Sex	: 56 Year(s) / Male	Printed On	:	28/03/2022 5:19 PM
Ref. Dr	: MediWheel	Туре	:	OP

		11-11	
Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
<u>IMMUNOHAEMATOLOGY</u>			
BLOOD GROUPING AND Rh TYPING (Blood /Agglutination)	'O' 'Positive'		
INTERPRETATION: Reconfirm the Blood group	and Typing before bloc	d transfusion	
BIOCHEMISTRY			
BUN / Creatinine Ratio	11.6		
Glucose Fasting (FBS) (Plasma - F/GOD- PAP)	123	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126
INTERPRETATION: Factors such as type, quan influence blood glucose level.	ntity and time of food inta	ake, Physical ad	ctivity, Psychological stress, and drugs can
Glucose, Fasting (Urine) (Urine - F)	Sample Not Given		Negative
Glucose Postprandial (PPBS) (Plasma - PP/ GOD-PAP)	207	mg/dL	70 - 140
INTERPRETATION: Factors such as type, quantity and time of food glucose level. Fasting blood glucose level may Postprandial Insulin secretion, Insulin resistance medication during treatment for Diabetes.	be higher than Postpran	dial glucose, be	ecause of physiological surge in
Urine Glucose(PP-2 hours) (Urine - PP)	Trace		Negative
Blood Urea Nitrogen (BUN) (Serum/ Agglutination)	9.3	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.8	mg/dL	0.9 - 1.3
INTERPRETATION: Elevated Creatinine values increased ingestion of cooked meat, consuming dysfunction and drugs such as cefoxitin, cefazo chemotherapeutic agent such as flucytosine etc	Protein/ Creatine suppl lin, ACE inhibitors, angio	lements, Diabet	ic Ketoacidosis, prolonged fasting, renal
Uric Acid (Serum/Enzymatic)	5.2	mg/dL	3.5 - 7.2
Liver Function Test			
GGT(Gamma Glutamyl Transpeptidase) (Serum/Jaffe Kinetic)	23.0	U/L	< 55
Bilirubin(Total) (Serum/DCA with ATCS)	0.4	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/photometry)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/RIA)	0.30	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	19.0	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	18.0	U/L	5 - 41



Name	: Mr. KARTHIKEYAN.A	Register On	:	26/03/2022 12:05 PM
PID No.	: PDY128728	Collection On	:	26/03/2022 12:19 PM
SID No.	: 132205250	Report On	:	27/03/2022 7:25 AM
Age / Sex	: 56 Year(s) / Male	Printed On	:	28/03/2022 5:19 PM
Ref. Dr	: MediWheel	Туре	:	OP

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

HDL Cholesterol (Serum/Immunoinhibition)	50.8	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	68.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	27	mg/dL	< 30
Non HDL Cholesterol (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.



Name	: Mr. KARTHIKEYAN.A	Register On	:	26/03/2022 12:05 PM
PID No.	: PDY128728	Collection On	:	26/03/2022 12:19 PM
SID No.	: 132205250	Report On	:	27/03/2022 7:25 AM
Age / Sex	: 56 Year(s) / Male	Printed On	:	28/03/2022 5:19 PM
Ref. Dr	: MediWheel	Туре	:	OP

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

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.

ma/dL

HAEMATOLOGY

Complete Blood Count With - ESR

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



Name	: Mr. KARTHIKEYAN.A	Register On	:	26/03/2022 12:05 PM
PID No.	: PDY128728	Collection On	:	26/03/2022 12:19 PM
SID No.	: 132205250	Report On	:	27/03/2022 7:25 AM
Age / Sex	: 56 Year(s) / Male	Printed On	:	28/03/2022 5:19 PM
Ref. Dr	: MediWheel	Туре	:	OP

Investigation	Observed Value	Unit	Biological Reference Interval
Haemoglobin (Blood/Automated Blood cell Counter)	14.4	g/dL	13.5 - 18.0
PCV (Packed Cell Volume) / Haematocrit (Blood/Automated Blood cell Counter)	43.9	%	42 - 52
RBC Count (Blood/Automated Blood cell Counter)	5.3	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (Blood/ Automated Blood cell Counter)	82.8	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (Blood/Automated Blood cell Counter)	27.2	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (Blood/Automated Blood cell Counter)	32.8	g/dL	32 - 36
Platelet Count (Blood/Automated Blood cell Counter)	338	10^3 / µl	150 - 450
Total WBC Count (TC) (Blood/Automated Blood cell Counter)	9000	cells/cu.mm	4000 - 11000
Diferential Leucocyte Count			
Neutrophils (Blood)	60.1	%	40 - 75
Lymphocytes (Blood)	30.7	%	20 - 45
Eosinophils (Blood)	2.0	%	01 - 06
Monocytes (Blood)	6.7	%	01 - 10
Basophils (Blood)	0.3	%	00 - 02
INTERPRETATION: Tests done on Automater microscopically.	d Five Part cell counter.	. All abnormal rest	ults are reviewed and confirmed
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	08	mm/hr	< 20
<u>Immunology</u>			
Prostate specific antigen - Total(PSA) (Serum/Manometric method)	3.48	ng/mL	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinar system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0



Name	: Mr. KARTHIKEYAN.A	Register On	:	26/03/2022 12:05 PM
PID No.	: PDY128728	Collection On	:	26/03/2022 12:19 PM
SID No.	: 132205250	Report On	:	27/03/2022 7:25 AM
Age / Sex	: 56 Year(s) / Male	Printed On	:	28/03/2022 5:19 PM
Ref. Dr	: MediWheel	Туре	:	OP

Observed Value Unit **Investigation Biological Reference Interval** INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH). Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours. PSA levels tend to increase in all men as they age. Clinical Utility of PSA: "In the early detection of Prostate cancer. "As an aid in discriminating between Prostate cancer and Benign Prostatic disease. "To detect cancer recurrence or disease progression. THYROID PROFILE / TFT T3 (Triiodothyronine) - Total (Serum/ 0.85 ng/ml 0.4 - 1.81 Chemiluminescent Immunometric Assay (CLIA)) 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/ 8.82 µg/dl 4.2 - 12.0 Chemiluminescent Immunometric Assay (CLIA)) **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 1.34 µIU/mL 0.35 - 5.50 /Chemiluminescent Immunometric Assay (CLIA)) 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 lodine 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.

Urine Analysis - Routine

BIOCHEMISTRY

Urine Sugar (Urine)

Trace



The results pertain to sample tested.

Name	: Mr. KARTHIKEYAN.A	Register On	:	26/03/2022 12:05 PM
PID No.	: PDY128728	Collection On	:	26/03/2022 12:19 PM
SID No.	: 132205250	Report On	:	27/03/2022 7:25 AM
Age / Sex	: 56 Year(s) / Male	Printed On	:	28/03/2022 5:19 PM
Ref. Dr	: MediWheel	Туре	:	OP

Investigation INTERPRETATION: Comments: Reference Range for Glucose is not establish	Observed Value	<u>Unit</u> ian to correlate o	Biological Reference Interval
Clinical Pathology			
Colour (Urine)	Pale Yellow		Yellow to Amber
pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.010		1.002 - 1.035
Urine Protein / Albumin (Urine)	Negative		Negative
Ketone (Urine)	Negative		Negative
Bilirubin (Serum)	Negative	mg/dL	
Urobilinogen (Urine)	Normal	C C	Normal
Pus Cells (Urine)	2-3	/hpf	NIL
Epithelial Cells (Urine)	1-2	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL
Casts (Urine)	Nil	/hpf	NIL
Urine Crystals (Stool)	Nil	/hpf	NIL
Others (Urine)	Nil		

INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy

-- End of Report --

