

Mahesh
Mob : 8618385220
9901569756



SRI PARVATHI OPTICS

Multi Branded Opticals 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 : Jose cyntia

No. 5203

Mobil No :

Date : 8/6/2024

Age / Gender 46Y/M

Ref. No.

4/0045208

| | RIGHT EYE | | | | LEFT EYE | | | |
|----------|-----------|-------|------|--------|----------|-------|------|--------|
| | SPH | CYL | AXIS | VISION | SPH | CYL | AXIS | VISION |
| | +1.50 | +0.50 | S | 6/6 | +0.75 | +0.50 | 180 | 6/8 |
| DISTANCE | | | | | | | | |
| NEAR | | | | | | | | |

PD 60mm

Advice to use glasses for:

DISTANCE FAR & NEAR READING COMPUTER PURPOSE

We Care Your Eyes

SRI PARVATHI OPTICS
NEW THIPPASANDRA

CLUMAX DIAGNOSTICS

MEDALL HEALTHCARE PVT LTD

CUSTOMER CHECKLIST

Print Date :08/06/2024 08:05 AM

**MEDALL**

Customer Name : **MR.JOSE CYRIAC**
Ref Dr Name : **MediWheel**
Customer Id : **MED410045206** Visit ID : **424036878**
Age : **46Y/MALE** Phone No : **9460968241**
DOB : **11 Mar 1978** Visit Date : **08/06/2024**
Company Name : **MediWheel**

Package Name : **Mediwheel Full Body Health Checkup Male Above 40**

| S.No | Modality | Study | AccessionNo | Time | Signature |
|------|----------|---|-----------------|------|-----------|
| 1 | LAB | BLOOD UREA NITROGEN (BUN) | | | |
| 2 | LAB | CREATININE | | | |
| 3 | LAB | GLUCOSE - FASTING | | | |
| 4 | LAB | GLUCOSE - POSTPRANDIAL (2 HRS) | | | |
| 5 | LAB | GLYCOSYLATED HAEMOGLOBIN (HbA1c) | | | |
| 6 | LAB | URIC ACID | | | |
| 7 | LAB | LIPID PROFILE | | | |
| 8 | LAB | LIVER FUNCTION TEST (LFT) | | | |
| 9 | LAB | TOTAL PROSTATE SPECIFIC ANTIGEN - PSA | | | |
| 10 | LAB | THYROID PROFILE/ TFT(T3, T4, TSH) | | | |
| 11 | LAB | URINE GLUCOSE - FASTING | | | |
| 12 | LAB | URINE GLUCOSE - POSTPRANDIAL (2 Hrs) | POS | | |
| 13 | LAB | COMPLETE BLOOD COUNT WITH ESR | | | |
| 14 | LAB | STOOL ANALYSIS - ROUTINE | | | |
| 15 | LAB | URINE ROUTINE | | | |
| 16 | LAB | BUN/CREATININE RATIO | | | |
| 17 | LAB | BLOOD GROUP & RH TYPE (Forward Reverse) | | | |
| 18 | ECG | ECG | IND14696251138 | | |
| 19 | OTHERS | Treadmill / 2D Echo | IND146962514690 | | |
| 20 | OTHERS | physical examination | IND146962515279 | | |
| 21 | US | ULTRASOUND ABDOMEN | IND146962515292 | | |
| 22 | OTHERS | Dental Consultation | IND146962516289 | | |
| 23 | OTHERS | EYE CHECKUP | IND146962517756 | | |
| 24 | X-RAY | X RAY CHEST | IND146962518659 | | |
| 25 | OTHERS | Consultation Physician | IND146962518736 | | |

Registered By
(S.LALITHA)

Male

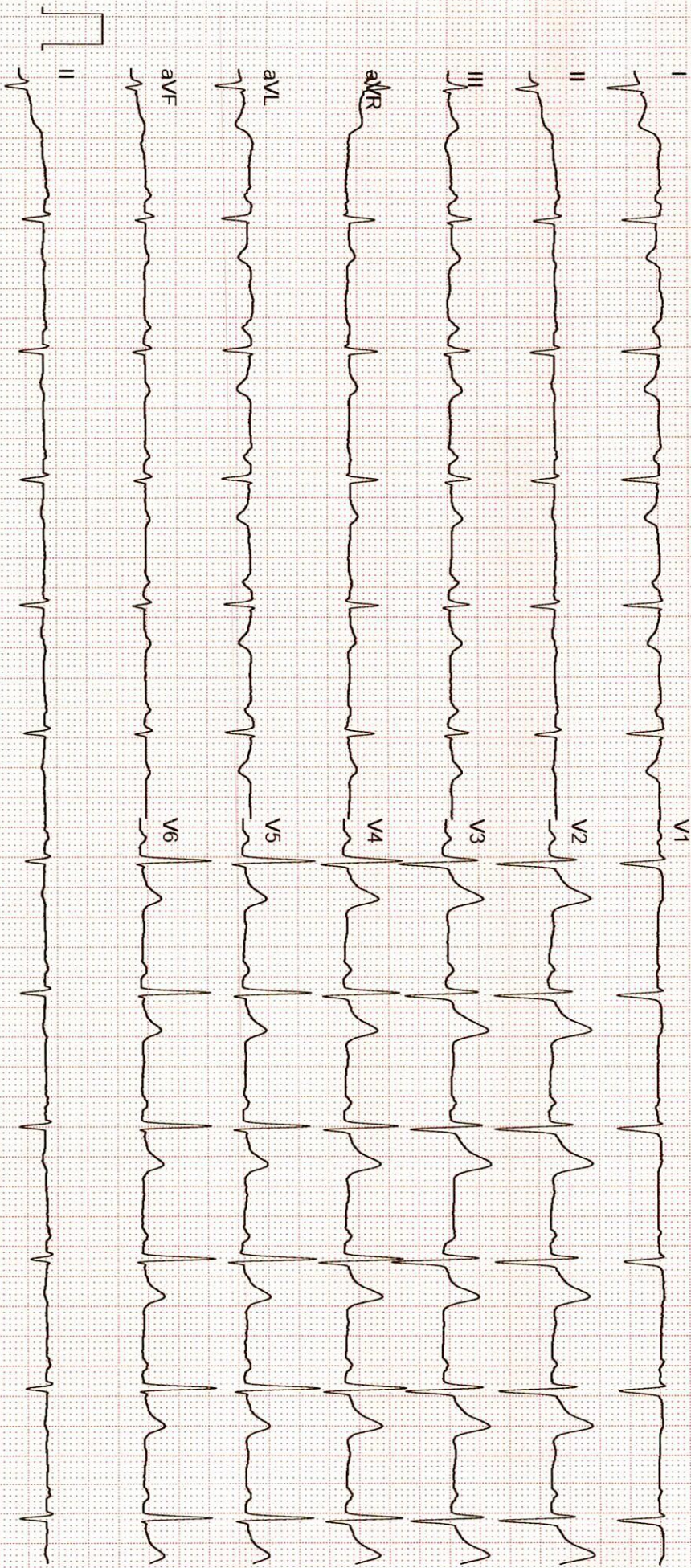
08.06.2024 10:26:14
CLUMAX DIAGNOSTICS
THIPPASANDRA
BANGALORE

69 bpm
-- / -- mmHg

Handwritten Signature

QRS : 86 ms
QT / QTcBaz : 386 / 413 ms
PR : - ms
P : - ms
RR / PP : 870 / 869 ms
P / QRS / T : - / 182 / 160 degrees

Dr. SUBRAMANI. K.S
MD, DM (Cardiology)
Consultant Cardiologist
KMC Reg. No. : 46604
MEDALL DIAGNOSTICS



Name : Mr. jose cyriac
PID No. : MED410045206
SID No. : 424036878
Age / Sex : 46 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 08/06/2024 8:06 AM
Collection On : 08/06/2024 8:19 AM
Report On : 08/06/2024 2:37 PM
Printed On : 10/06/2024 3:22 PM

| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|---|-----------------------|-------------|--------------------------------------|
| <u>Complete Blood Count With - ESR</u> | | | |
| Haemoglobin (EDTA Blood/SLS Hemoglobin method) | 14.4 | g/dL | 13.5 - 18.0 |
| Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/RBC pulse height detection method) | 42.8 | % | 42 - 52 |
| RBC Count (EDTA Blood/Impedance/Coulter Principle) | 5.05 | mill/cu.mm | 4.7 - 6.0 |
| Mean Corpuscular Volume(MCV) (EDTA Blood/Calculated) | 84.8 | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Calculated) | 28.6 | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Calculated) | 33.7 | g/dL | 32 - 36 |
| RDW-CV (EDTA Blood/Calculated) | 13.5 | % | 11.5 - 16.0 |
| RDW-SD (EDTA Blood/Calculated) | 40.07 | fL | 39 - 46 |
| Total Leukocyte Count (TC) (EDTA Blood/Impedance/Coulter Principle) | 4600 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (EDTA Blood/Flow cytometry) | 55.5 | % | 40 - 75 |
| Lymphocytes (EDTA Blood/Flow cytometry) | 30.2 | % | 20 - 45 |
| Eosinophils (EDTA Blood/Flow cytometry) | 3.4 | % | 01 - 06 |
| Monocytes (EDTA Blood/Flow cytometry) | 9.9 | % | 01 - 10 |
| Basophils (Blood/Flow cytometry) | 1.0 | % | 00 - 02 |

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.



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|---|-----------------------|----------------------|--|
| Absolute Neutrophil count (EDTA Blood/Calculated) | 2.55 | 10 ³ / µl | 1.5 - 6.6 |
| Absolute Lymphocyte Count (EDTA Blood/Calculated) | 1.39 | 10 ³ / µl | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (EDTA Blood/Calculated) | 0.16 | 10 ³ / µl | 0.04 - 0.44 |
| Absolute Monocyte Count (EDTA Blood/Calculated) | 0.46 | 10 ³ / µl | < 1.0 |
| Absolute Basophil count (EDTA Blood/Calculated) | 0.05 | 10 ³ / µl | < 0.2 |
| Platelet Count (EDTA Blood/Impedance/Coulter Principle) | 236 | 10 ³ / µl | 150 - 450 |
| MPV (EDTA Blood/Calculated) | 7.4 | fL | 7.9 - 13.7 |
| PCT (EDTA Blood/Calculated) | 0.17 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Capillary Photometry Technology) | 2 | mm/hr | < 15 |
| Glucose Fasting (FBS) (Plasma - F/Hexokinase) | 87.41 | 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/Hexokinase) | Negative | Negative |
| Glucose Postprandial (PPBS) (Plasma - PP/Hexokinase) | 65.05 | 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.

| | | |
|--|----------|----------|
| Urine Glucose(PP-2 hours) (Urine - PP/Hexokinase) | Negative | Negative |
|--|----------|----------|



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|--|-----------------------|-------------|--------------------------------------|
| Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived) | 12.7 | mg/dL | 7.0 - 21 |
| Creatinine (Serum/Modified Jaffe) | 1.14 | 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) | 6.08 | mg/dL | 3.5 - 7.2 |
|--------------------------------|------|-------|-----------|

Liver Function Test

| | | | |
|--|-------------|-------|-----------|
| Bilirubin(Total) (Serum/DCA with ATCS) | 2.44 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) | 0.66 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect) (Serum/Derived) | 1.78 | mg/dL | 0.1 - 1.0 |
| SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC) | 26.45 | U/L | 5 - 40 |
| SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC) | 23.00 | U/L | 5 - 41 |
| GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) | 13.48 | U/L | < 55 |
| Alkaline Phosphatase (SAP) (Serum/Modified IFCC) | 67.5 | U/L | 53 - 128 |
| Total Protein (Serum/Biuret) | 7.41 | gm/dl | 6.0 - 8.0 |
| Albumin (Serum/Bromocresol green) | 4.90 | gm/dl | 3.5 - 5.2 |
| Globulin (Serum/Derived) | 2.51 | gm/dL | 2.3 - 3.6 |



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|---|-----------------------|-------------|---|
| A : G RATIO (Serum/Derived) | 1.95 | | 1.1 - 2.2 |
| <u>Lipid Profile</u> | | | |
| Cholesterol Total (Serum/CHOD-PAP with ATCS) | 178.71 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
| Triglycerides (Serum/GPO-PAP with ATCS) | 157.71 | 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) | 45.15 | mg/dL | Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40 |
| LDL Cholesterol (Serum/Calculated) | 102.1 | mg/dL | Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190 |
| VLDL Cholesterol (Serum/Calculated) | 31.5 | mg/dL | < 30 |
| Non HDL Cholesterol (Serum/Calculated) | 133.6 | mg/dL | Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220 |



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|----------------------|-----------------------|-------------|--------------------------------------|
|----------------------|-----------------------|-------------|--------------------------------------|

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) | 4 | | 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) | 3.5 | | Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0 |
|---|-----|--|--|

| | | | |
|---|-----|--|---|
| LDL/HDL Cholesterol Ratio (Serum/Calculated) | 2.3 | | Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0 |
|---|-----|--|---|

Glycosylated Haemoglobin (HbA1c)

| | | | |
|-----------------------------|-----|---|---|
| HbA1c (Whole Blood/HPLC) | 5.2 | % | 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) | 102.54 | | 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.



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|---|-----------------------|-------------|---|
| Prostate specific antigen - Total(PSA) (Serum/Manometric method) | 1.36 | 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 |

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/ECLIA) | 0.968 | 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 (Tyroxine) - Total (Serum/ECLIA) | 7.35 | 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/ECLIA) | 1.91 | 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.

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) | 5.0 | 4.5 - 8.0 |
| Specific Gravity (Urine) | 1.011 | 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) | 0-2 | /hpf | NIL |
| Epithelial Cells (Urine) | 0-2 | /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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|------------------------|-----------------------|-------------|--------------------------------------|
| BUN / Creatinine Ratio | 11.1 | | 6.0 - 22.0 |



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Investigation

Observed
Value

Unit

Biological
Reference Interval

URINE ROUTINE



APPROVED BY

-- End of Report --

| | | | |
|-----------------|----------------|------------|--------------|
| Name | MR.JOSE CYRIAC | ID | MED410045206 |
| Age & Gender | 46Y/MALE | Visit Date | 08 Jun 2024 |
| Ref Doctor Name | MediWheel | | |

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

| | | |
|-------------------------------|---|--------|
| AORTA | : | 3.3cms |
| LEFT ATRIUM | : | 3.2cms |
| AVS | : | ---- |
| LEFT VENTRICLE (DIASTOLE) | : | 4.4cms |
| (SYSTOLE) | : | 2.9cms |
| VENTRICULAR SEPTUM (DIASTOLE) | : | 0.9cms |
| (SYSTOLE) | : | 1.4cms |
| POSTERIOR WALL (DIASTOLE) | : | 0.9cms |
| (SYSTOLE) | : | 1.5cms |
| EDV | : | 89ml |
| ESV | : | 31ml |
| FRACTIONAL SHORTENING | : | 36% |
| EJECTION FRACTION | : | 65% |
| EPSS | : | --- |
| RVID | : | 1.9cms |

DOPPLER MEASUREMENTS:

| | | | | |
|-----------------|---|-------------|-------------|-------|
| MITRAL VALVE | : | E' 0.99 m/s | A' 0.69 m/s | NO MR |
| AORTIC VALVE | : | 1.07 m/s | | NO AR |
| TRICUSPID VALVE | : | E' - m/s | A' - m/s | NO TR |
| PULMONARY VALVE | : | 0.76 m/s | | NO PR |

| | | | |
|-----------------|----------------|------------|--------------|
| Name | MR.JOSE CYRIAC | ID | MED410045206 |
| Age & Gender | 46Y/MALE | Visit Date | 08 Jun 2024 |
| Ref Doctor Name | MediWheel | | |

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:65 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

DR. K.S. SUBRAMANI, MBBS, MD, DM (CARDIOLOGY) FESC
SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST
SRI JAYADEVA INSTITUTE OF CARDIOLOGY, BANGALORE
Kss/da

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.**
- * **Any discrepancy in reports due to typing errors should be corrected as soon as possible.**

| | | | |
|-----------------|----------------|------------|--------------|
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| Age & Gender | 46Y/MALE | Visit Date | 08 Jun 2024 |
| Ref Doctor Name | MediWheel | | |

| | | | |
|-----------------|----------------|------------|--------------|
| Name | MR.JOSE CYRIAC | ID | MED410045206 |
| Age & Gender | 46Y/MALE | Visit Date | 08 Jun 2024 |
| Ref Doctor Name | MediWheel | | |

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows diffusely increased echogenicity. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is contracted.
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 | 10.0 | 1.2 |
| Left Kidney | 10.6 | 1.1 |

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 3.3 x 3.4 x 3.3cms (Vol:20cc).

No evidence of ascites / pleural effusion.

IMPRESSION:

➤ **GRADE I FATTY LIVER.**

DR. SURESH N.M
CONSULTANT RADIOLOGIST
Snm/da

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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. TRISHUL SHETTY
CONSULTANT RADIOLOGIST**