

MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

CUSTOMER CHECKLIST

Date 11-Mar-2023 8:53 AM

Customer Name : MR.HARISH BASAVARAJU

DOB : 25 Dec 1970

Ref Dr Name : MediWheel

Age : 52Y/MALE

Customer Id : MED111534764

Visit ID : 712308126



MED111534764

Email Id :

Phone : 9880076795

No

Corp Name : MediWheel

Address :

Package Name : Mediwheel Full Body Health Checkup Male Above 40

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	STOOL ANALYSIS - ROUTINE				
2	LAB	URINE ROUTINE				
3	LAB	CREATININE				
4	LAB	BLOOD UREA NITROGEN (BUN)				
5	LAB	BUN/CREATININE RATIO				
6	LAB	GLUCOSE - FASTING				
7	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
8	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
9	LAB	LIPID PROFILE				
10	LAB	LIVER FUNCTION TEST (LFT)				
11	LAB	URIC ACID				
12	LAB	URINE GLUCOSE - FASTING				
13	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				

	LAB	COMPLETE BLOOD COUNT WITH ESR ✓			
15	LAB	THYROID PROFILE/ TFT(T3, T4, TSH) ✓			
16	LAB	TOTAL PROSTATE SPECIFIC ANTIGEN - PSA ✓			
17	LAB	BLOOD GROUP & RH TYPE (Forward Reverse) ✓			
18	OTHERS	physical examination	MYS2772793102651		
19	US	ULTRASOUND ABDOMEN	MYS2772793103462		
20	OTHERS	Treadmill/ 2D Echo <i>low</i>	MYS2772793127528		
21	OTHERS	Dental Consultation	MYS2772793134969		
22	OTHERS	EYE CHECKUP ✓	MYS2772793135592		
23	X-RAY	X RAY CHEST ✓	MYS2772793145199		
24	OTHERS	Consultation Physician	MYS2772793148004		
25	ECHO	ELECTROCARDIOGRAM ECG ✓	MYS2772793149333		

H — 162
 W — 72
 BP — 150/90
 Pulse — 73
 HIP — 35
 waist — 33

Registered By
(SOWMYA.RAJU)

Customer Name	MR.HARISH BASAVARAJU	Customer ID	MED111534764
Age & Gender	52Y/MALE	Visit Date	11/03/2023
Ref Doctor	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.7cms
LEFT ATRIUM	:	2.7cms
LEFT VENTRICLE (DIASTOLE)	:	4.8cms
(SYSTOLE)	:	2.9cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.0cms
(SYSTOLE)	:	1.4cms
POSTERIOR WALL (DIASTOLE)	:	1.0cms
(SYSTOLE)	:	1.5cms
EDV	:	83ml
ESV	:	36ml
FRACTIONAL SHORTENING	:	37%
EJECTION FRACTION	:	59%
RVID	:	1.6cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.95 m/s	'A' - 0.45 m/s	NO MR
AORTIC VALVE	:	1.25m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.89m/s	'A' - 0.39 m/s	NO TR
PULMONARY VALVE	:	0.86m/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 prolapse.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

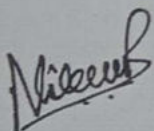
IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 59 %.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.

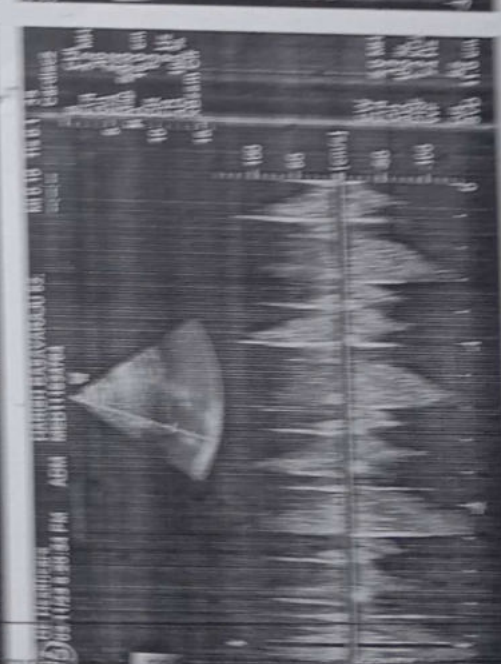
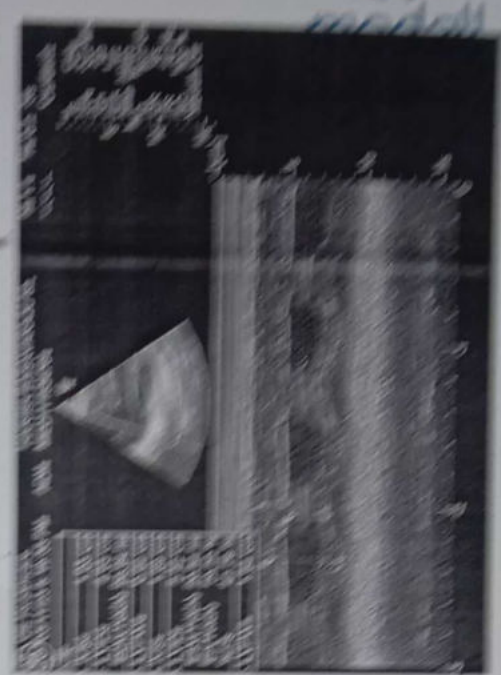
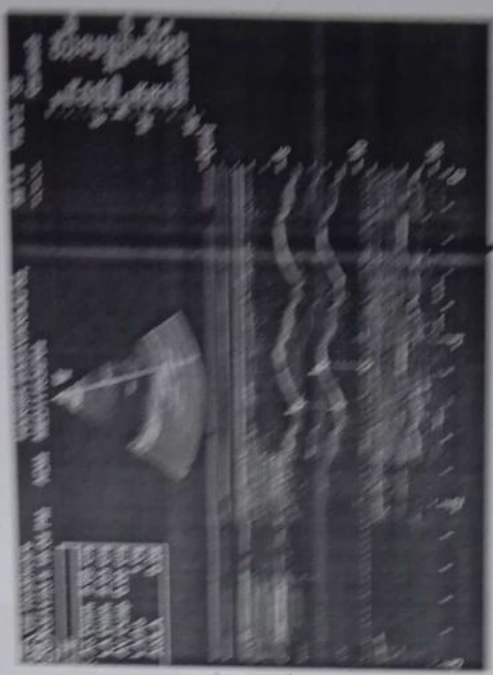


DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/SA

You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.



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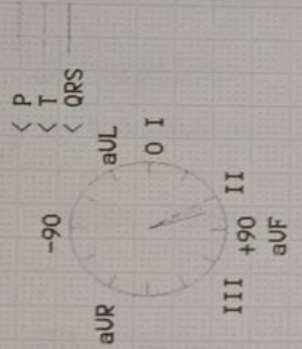
HR 74 bpm
Nand Suresh
(Signature)

GE MAC1200 ST
Male
HARISH BASAUARAJU, 111534764, CLUMAX DIAGNOSTICS, MYSORE

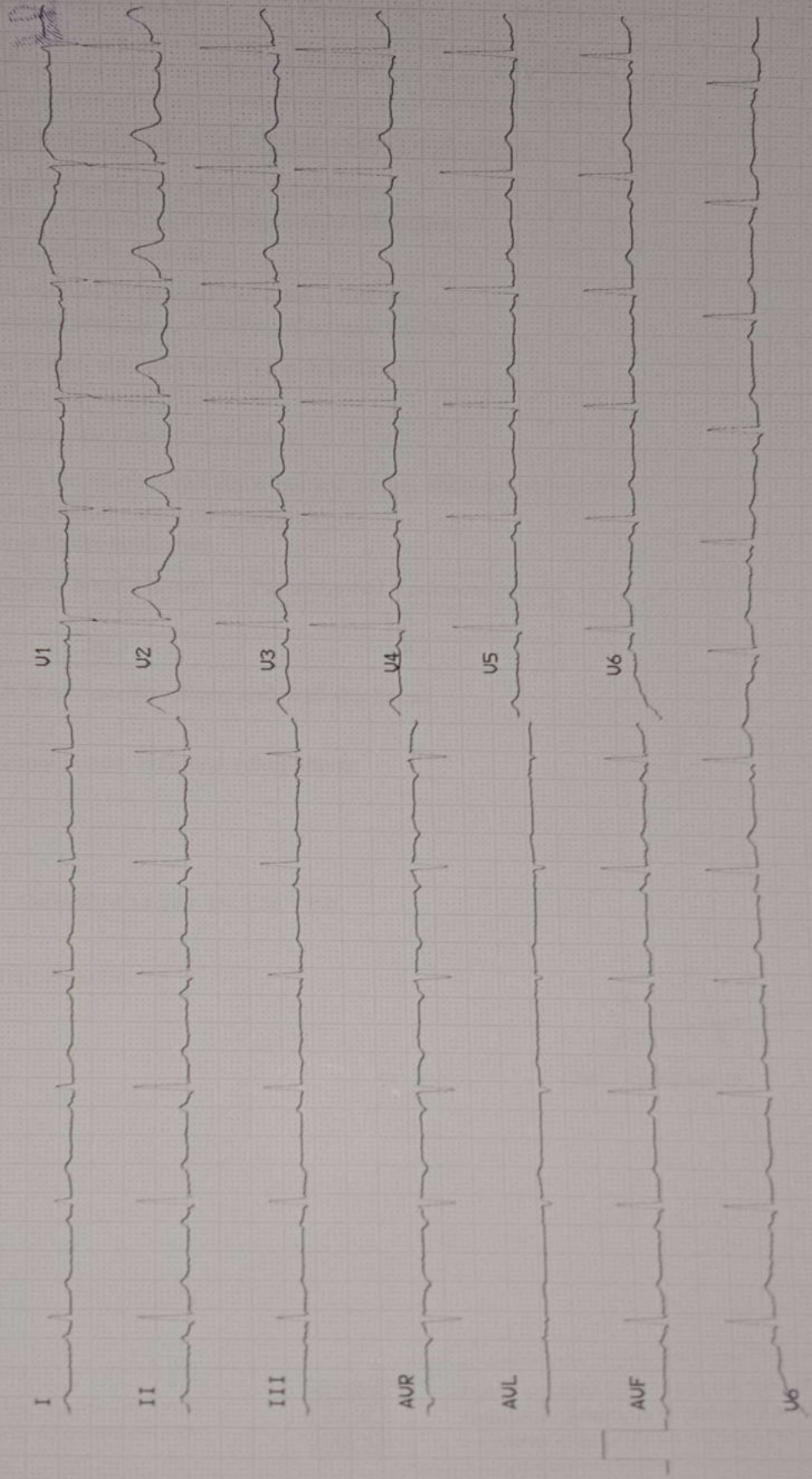
AGE: 52
Measurement Results:
QRS : 86 ms
QT/QTcB : 366 / 408 ms
PR : 142 ms
P : 102 ms
RR/PP : 804 / 805 ms
P/QRS/T : 65/ 70/ 60 degrees
QTd/QTcBD : 54 / 60 ms
Sokolow : 1.6 mV
NK : 10

Interpretation:

R/S inversion area between U1 and U2 probably normal ECG



Unconfirmed report.



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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.

KIDNEYS move well with respiration and have normal shape, size and echopattern.

Cortico- medullary differentiations are well madeout.

No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.0	1.3
Left Kidney	10.3	1.8

URINARY BLADDER show normal shape and wall thickness.

It has clear contents.

PROSTATE shows normal shape, size and echopattern.

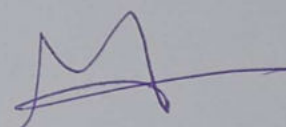
No evidence of ascites.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MB/MS



DR. MOHAN B

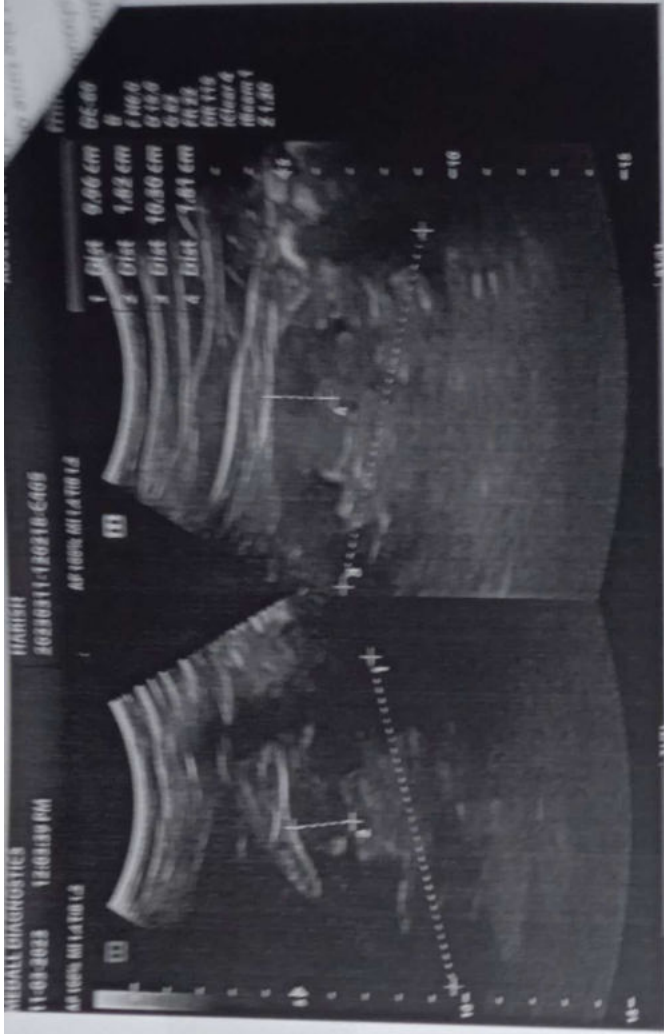




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customer id during your subsequent visits.



(W) Medall
NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

OPD SHEET

Date: 11/3/23

Patient's Name: Mr. Harish basavaraju OP No. 1.2.26.861

52y/m

1:20 pm

Dr. Varsha uday

Came for certificate.

Nil systemic.

NCT 17
IOP 13 mm Hg

BLVA 6/6, N6
6/6, N6

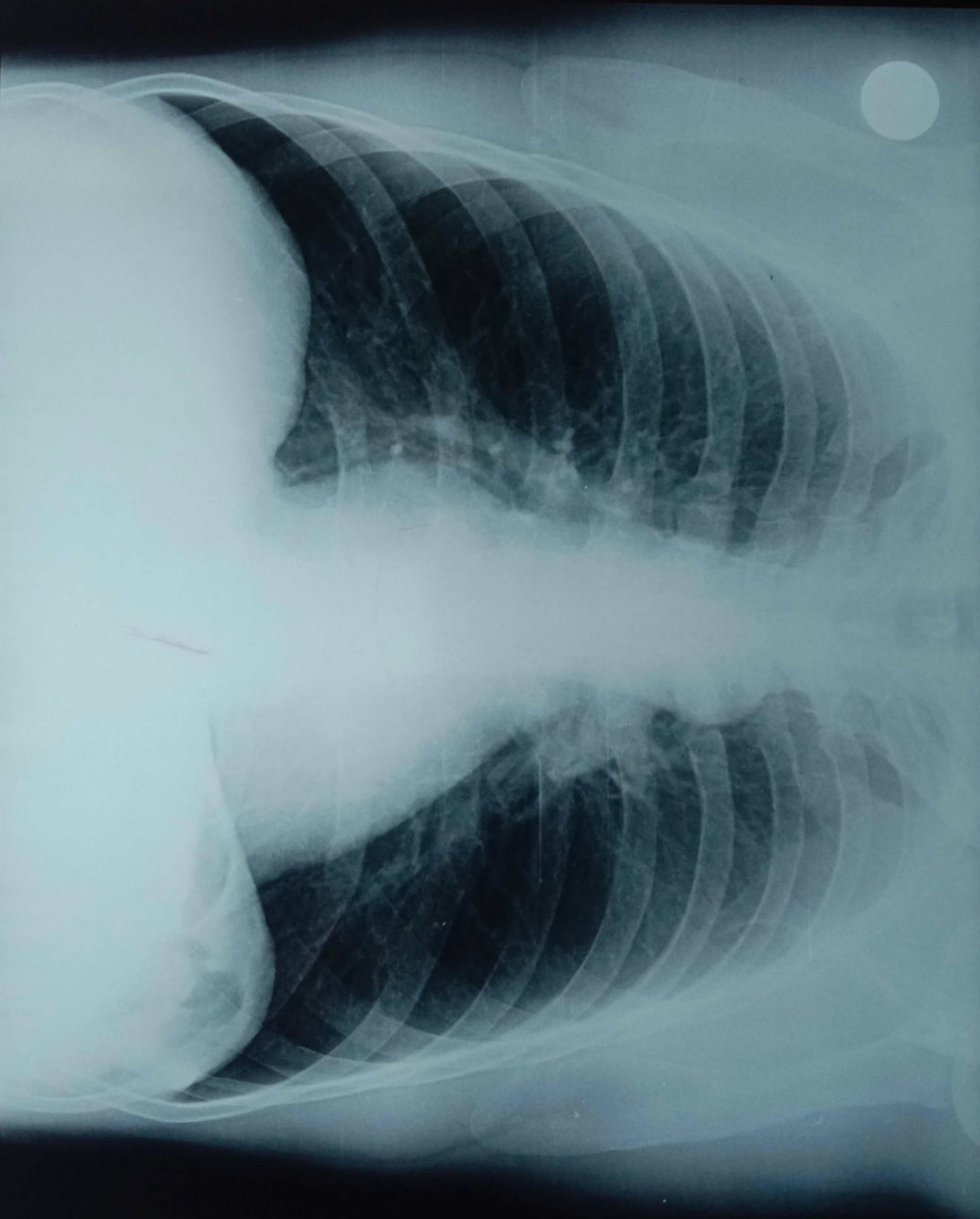
A/s: BE K clear, Ac Vh3, pupil RRR,
lens clear.

Fundus: BE CDR 0.3, HNRK, Macula PPO.

Colour V_n - WNL.

Adv: Glasses.

R/A 1 year/SIS.



HARISH BASAVARAJU 52 MED111534764 M CHEST PA 3/11/2023 10:14 AM
MEDALL CLUMAX DIAGNOSTIC

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Type : OP

Printed On : 13/03/2023 7:29 PM

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Investigation Observed Value Unit Biological Reference Interval

HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin 16.6 g/dL 13.5 - 18.0

(EDTA Blood/Spectrophotometry)

INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit 50.0 % 42 - 52

(EDTA Blood/Derived)

RBC Count **6.12** mill/cu.mm 4.7 - 6.0

(EDTA Blood/Automated Blood cell Counter)

MCV (Mean Corpuscular Volume) 82.0 fL 78 - 100

(EDTA Blood/Derived from Impedance)

MCH (Mean Corpuscular Haemoglobin) 27.1 pg 27 - 32

(EDTA Blood/Derived)

MCHC (Mean Corpuscular Haemoglobin concentration) 33.2 g/dL 32 - 36

(EDTA Blood/Derived)

RDW-CV 12.5 % 11.5 - 16.0

(Derived)

RDW-SD **35.88** fL 39 - 46

(Derived)

Total WBC Count (TC) 7520 cells/cu.mm 4000 - 11000

(EDTA Blood/Derived from Impedance)

Neutrophils 58 % 40 - 75

(Blood/Impedance Variation & Flow Cytometry)

Lymphocytes 34 % 20 - 45

(Blood/Impedance Variation & Flow Cytometry)

Eosinophils 03 % 01 - 06

(Blood/Impedance Variation & Flow Cytometry)



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Monocytes (Blood/Impedance Variation & Flow Cytometry)	05	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.36	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.56	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.23	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.38	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	274	10 ³ / μ l	150 - 450
MPV (Blood/Derived)	9.7	fL	7.9 - 13.7
PCT	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	04	mm/hr	< 20



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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.4	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.20	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	8.0	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.8	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.20	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.50		1.1 - 2.2

INTERPRETATION: Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	24	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	19	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	89	U/L	56 - 119
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	21	U/L	< 55


Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY




Dr. KIRAN H.S.
MD PATHOLOGY
KMC 86542

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	195	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	89	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	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	132.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	17.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	150.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220


Mr. S. Mohan Kumar
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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)

4.3

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

Optimal: < 2.5
Mild to moderate risk: 2.5 - 5.0
High Risk: > 5.0

LDL/HDL Cholesterol Ratio
(Serum/Calculated)

2.9

Optimal: 0.5 - 3.0
Borderline: 3.1 - 6.0
High Risk: > 6.0


Mr. S. Mohan Kumar
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	6.1	%	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 %

Remark: Kindly correlate clinically.

Estimated Average Glucose (Whole Blood)	128.37	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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Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits

Urine Microscopy Pictures

RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	3-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil



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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood Agglutination)

'A' 'Positive'

Remark: Test to be confirmed by gel method

A handwritten signature in black ink, appearing to read "S. Mohan Kumar".

Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY

A handwritten signature in black ink, appearing to read "Dr. Kiran H.S.".

Dr. KIRAN H.S.
MD PATHOLOGY
KMC 86542

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BIOCHEMISTRY

BUN / Creatinine Ratio

5.8

Glucose Fasting (FBS)

92

mg/dL

(Plasma - F/GOD- POD)

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.

Urine sugar, Fasting

Nil

Nil

(Urine - F)

Glucose Postprandial (PPBS)

93

mg/dL

(Plasma - PP/GOD - POD)

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 Sugar (PP-2 hours)

Negative

Negative

(Urine - PP)

Blood Urea Nitrogen (BUN)

7.0

mg/dL

(Serum/Urease UV / derived)

7.0 - 21

Creatinine

1.2

mg/dL

(Serum/Jaffe Kinetic)

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

5.2

mg/dL

(Serum/Uricase/Peroxidase)

3.5 - 7.2



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IMMUNOASSAY

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

0.384

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:REMARK : PSA alone should not be used as an absolute indicator of malignancy.



DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

-- End of Report --

Name	HARISH BASAVARAJU	ID	MED111534764
Age & Gender	52Y/M	Visit Date	Mar 11 2023 8:53AM
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: No significant abnormality detected.



DR. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST