

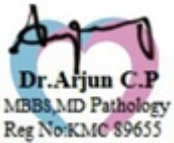
Name : Mr. SANJAY RAJ
PID No. : MED111186830 Register On : 04/07/2022 9:36 AM
SID No. : 922037486 Collection On : 04/07/2022 11:15 AM
Age / Sex : 38 Year(s) / Male Report On : 04/07/2022 3:13 PM
Type : OP Printed On : 05/07/2022 4:43 PM
Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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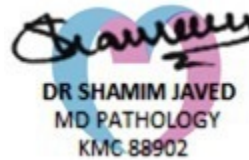
HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	14.8	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	44.2	%	42 - 52
RBC Count (EDTA Blood)	4.62	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	95.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	32.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.5	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.6	%	11.5 - 16.0
RDW-SD (EDTA Blood)	45.9	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6400	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	52.0	%	40 - 75
Lymphocytes (EDTA Blood)	37.3	%	20 - 45
Eosinophils (EDTA Blood)	2.2	%	01 - 06



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APPROVED BY

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Monocytes (EDTA Blood)	8.2	%	01 - 10
Basophils (EDTA Blood)	0.3	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.3	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.4	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.1	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.5	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.0	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	221	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	8.1	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.179	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	14	mm/hr	< 15



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

VERIFIED BY



DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

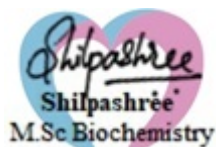
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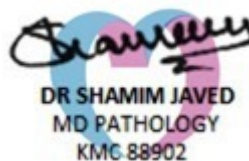
BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.68	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.29	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.39	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	26.81	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	40.14	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	29.01	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	103.02	U/L	53 - 128
Total Protein (Serum/Biuret)	7.18	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.99	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.19	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.25		1.1 - 2.2



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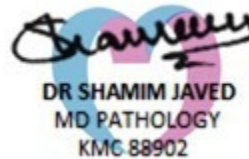
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	188.52	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	121.29	mg/dL	Optimal: < 150 Borderline: 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)	35.69	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	128.5	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	24.3	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	152.8	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.

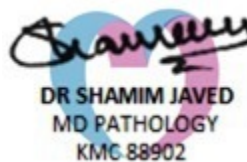
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.3		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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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)	5.8	%	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 %

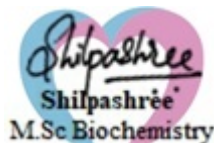
Estimated Average Glucose 119.76 mg/dL
(Whole Blood)

INTERPRETATION: Comments

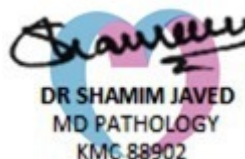
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.

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/ECLIA)	1.13	ng/ml	0.7 - 2.04
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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)	10.71	µg/dl	4.2 - 12.0
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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)	2.00	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

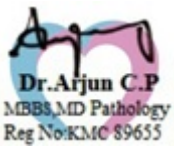
(Indian Thyroid Society Guidelines)

Comment :

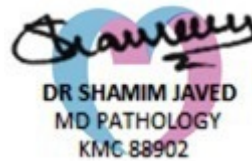
1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

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.



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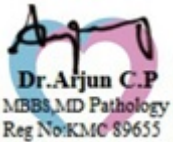
CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

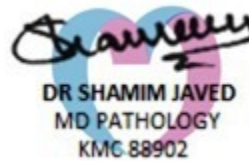
Colour (Urine)	Pale Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.020		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative



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Glucose (Urine/GOD - POD)	Negative		Negative

Leukocytes(CP) (Urine)	Negative		
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MICROSCOPIC EXAMINATION
(URINE COMPLETE)

Pus Cells (Urine)	0-1	/hpf	NIL
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Epithelial Cells (Urine)	0-1	/hpf	NIL
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RBCs (Urine)	NIL	/HPF	NIL
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Others (Urine)	NIL		
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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
---------------------	-----	------	-----



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

VERIFIED BY



DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	11		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	105.01	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.

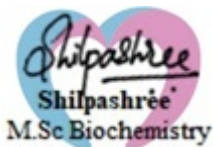
Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	96.98	mg/dL	70 - 140

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.

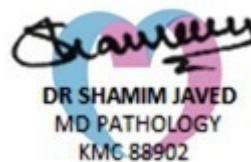
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	13.5	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.09	mg/dL	0.9 - 1.3

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/Enzymatic)	7.29	mg/dL	3.5 - 7.2
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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'B' 'Positive'		
--	----------------	--	--



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

VERIFIED BY



DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

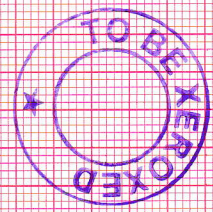
APPROVED BY

-- End of Report --

38 years
Male

Vent. rate	70 bpm
PR interval	170 ms
QRS duration	96 ms
QT/QTc	392/423 ms
P-R-T axes	69 16 35

Technician: MANJU
Test Ind:



Referred by: C/O MEDI WHEEL

Reviewed by:

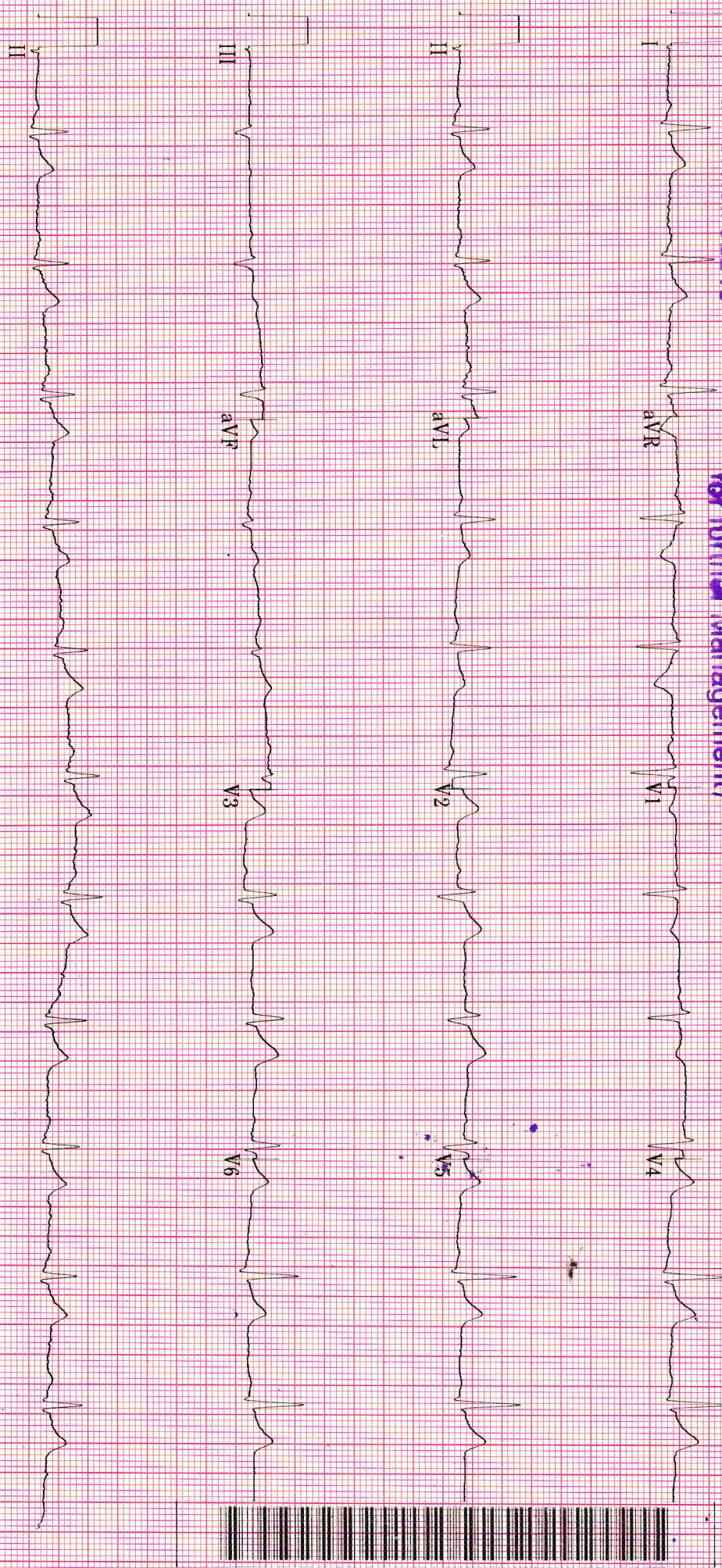
Handwritten: MR. RAJ

Handwritten: VV - 20°

Handwritten: Normal ECG

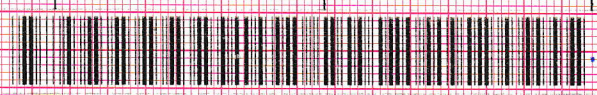
DR. SRIDHAR J.
MD (Med), DM (Cardio), FICC
Interventional Cardiologist
K.M.C. No.: 32248

Needs Clinical Correlation
for further management



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm lead



MAC55 010Bsp1 12SL™ V241 HD

Name	MR.SANJAY RAJ	ID	MED111186830
Age & Gender	38Y/MALE	Visit Date	04/07/2022
Ref Doctor	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.43	cms
LEFT ATRIUM	:	3.06	cms
AVS	:	1.47	cms
LEFT VENTRICLE (DIASTOLE)	:	4.90	cms
(SYSTOLE)	:	3.35	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.27	cms
(SYSTOLE)	:	1.84	cms
POSTERIOR WALL (DIASTOLE)	:	1.18	cms
(SYSTOLE)	:	2.69	cms
EDV	:	112	ml
ESV	:	45	ml
FRACTIONAL SHORTENING	:	31	%
EJECTION FRACTION	:	60	%
EPSS	:		cms
RVID	:	1.84	cms

DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' -0.68m/s 'A' -0.40m/s	NO MR
AORTIC VALVE	:0.94 m/s	NO AR
TRICUSPID VALVE	: 'E' -0.68m/s 'A' - m/s	NO TR
PULMONARY VALVE	:0.84 m/s	NO PR



Name	MR.SANJAY RAJ	ID	MED111186830
Age & Gender	38Y/MALE	Visit Date	04/07/2022
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 :

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 60 %
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

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

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

MEDALL CLUMAX DIAGNOSTICS

Customer Name	Sanjay Raj	Customer ID	111186830
Age & Gender	38 yrs Male	Visit Date	4/07/2022

Eye Screening

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

	Right Eye	Left Eye
Near Vision	106	106
Distance Vision	6/6	6/6
Colour Vision	Normal	Normal

Observation / Comments: Normal

**CLUMAX DIAGNOSTICS &
RESEARCH CENTRE PVT.LTD**
68/150/3, "Sri Lakshmi Towers"
9th Main, 3rd Block, Jayanagar
BANGALORE - 560 011

Name	MR.SANJAY RAJ	ID	MED111186830
Age & Gender	38Y/MALE	Visit Date	04/07/2022
Ref Doctor	MediWheel		

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 made out.
No evidence of calculus or hydronephrosis.
The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.2	1.7
Left Kidney	10.2	1.9

URINARY BLADDER show normal shape and wall thickness.
It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape, size (wt-19.3gms) and echopattern.

No evidence of ascites.

Impression: No sonological abnormality detected.

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND
Ms/so

DR. MAHESH. M. S

DR. HIMA BINDU.P

Name	SANJAY RAJ	Customer ID	MED111186830
Age & Gender	38Y/M	Visit Date	Jul 4 2022 9:36AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

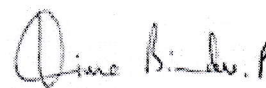
Cardiac size is within normal limits.

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. HIMA BINDU P
CONSULTANT RADIOLOGIST

