

Name : Mr. KATTI BASAVANNI BUGADI  
PID No. : MED122387824  
SID No. : 522400436  
Age / Sex : 59 Year(s) / Male  
Ref. Dr : MediWheel  
Source : MediWheel

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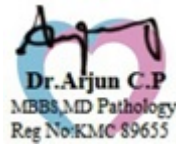
## REPORT

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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### IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'A' 'Positive'		
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**INTERPRETATION:** Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.



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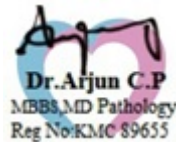
### HAEMATOLOGY

#### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/ Spectrophotometry)	16.3	g/dL	13.5 - 18.0
Packed Cell Volume (PCV)/Haematocrit (EDTA Blood)	47.0	%	42 - 52
RBC Count (EDTA Blood)	5.45	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	86.3	fL	78 - 100
Mean Corpuscular Haemoglobin (MCH) (EDTA Blood)	29.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.6	g/dL	32 - 36
RDW-CV	13.3	%	11.5 - 16.0
RDW-SD	40.7	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7800	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	49.7	%	40 - 75
Lymphocytes (Blood)	36.7	%	20 - 45
Eosinophils (Blood)	3.6	%	01 - 06
Monocytes (Blood)	9.2	%	01 - 10
Basophils (Blood)	0.8	%	00 - 02

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

Absolute Neutrophil count (EDTA Blood)	3.9	$10^3 / \mu\text{l}$	1.5 - 6.6
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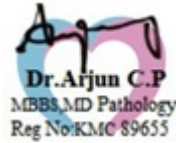
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Absolute Lymphocyte Count (EDTA Blood)	2.9	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.3	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.7	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood )	0.1	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood)	374	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood)	<b>6.3</b>	fL	7.9 - 13.7
PCT(Automated Blood cell Counter)	0.237	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	9	mm/hr	< 20



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### BIOCHEMISTRY

BUN / Creatinine Ratio	10.6		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/ GOD-PAP)	118.65	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)	138.28	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.

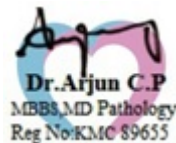
Blood Urea Nitrogen (BUN) (Serum/ Urease UV / derived)	11.8	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.11	mg/dL	0.9 - 1.3

**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)	7.75	mg/dL	3.5 - 7.2
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### Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.53	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.18	mg/dL	0.0 - 0.3



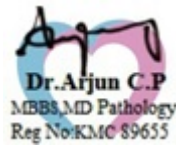
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Bilirubin(Indirect) (Serum/Derived)	0.35	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	24.30	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	23.64	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	<b>88.37</b>	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	83.1	U/L	56 - 119
Total Protein (Serum/Biuret)	6.44	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.35	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.09	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	2.08		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	<b>227.43</b>	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	107.26	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500



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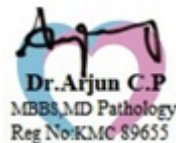
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<b>INTERPRETATION:</b> The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels 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/ Immuno-inhibition)	40.88	mg/dL	Optimal(Negative Risk Factor): $\geq 60$ Borderline: 40 - 59 High Risk: $< 40$
LDL Cholesterol (Serum/Calculated)	165.1	mg/dL	Optimal: $< 100$ Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: $\geq 190$
VLDL Cholesterol (Serum/Calculated)	21.5	mg/dL	$< 30$
Non HDL Cholesterol (Serum/ Calculated)	186.6	mg/dL	Optimal: $< 130$ Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: $\geq 220$

**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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.6		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)	2.6		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)	4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

### Glycosylated Haemoglobin (HbA1c)

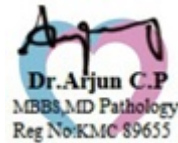
HbA1C (Whole Blood/HPLC)	6.6	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	142.72	mg/dL
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#### **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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<b><u>IMMUNOASSAY</u></b>			
Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.680	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

### **THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/ ECLIA)	1.39	ng/ml	0.4 - 1.81
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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)	11.37	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)	3.42	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

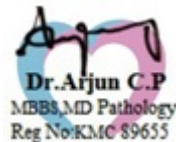
(Indian Thyroid Society Guidelines)

##### **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

#### URINE ROUTINE

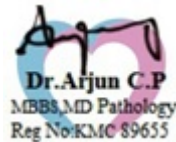
#### PHYSICAL EXAMINATION (URINE COMPLETE)

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

#### CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.015		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
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

#### MICROSCOPIC EXAMINATION (URINE COMPLETE)



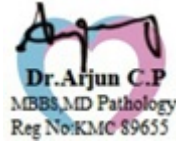
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Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/hpf	NIL
Others (Urine)	NIL		
<b>INTERPRETATION:</b> Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.			
Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL



-- End of Report --

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Age & Gender	59Y/MALE	Visit Date	09 Jan 2024
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### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size (13.5 cm) and shows increased echogenicity. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

**GALL BLADDER** shows normal shape and has clear contents. 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** shows normal shape, size and echopattern.

#### **KIDNEYS**

**Right kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

**Left kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	11.1	1.3
Left Kidney	11.6	1.5

**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 3.8 x 3.3 x 3.8 cms, Vol: 25.94 cc.

No evidence of ascites.

A small defect measuring 11.6 mm is noted in the level of umbilicus with herniation of omentum. Contents are partially reducible - Small umbilical hernia.

#### **IMPRESSION:**

- **Grade I fatty infiltration of liver.**
- **No other significant abnormality detected.**

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**DR. HEMANANDINI V.N**  
**CONSULTANT RADIOLOGIST**  
Hn/Mi

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## 2D ECHOCARDIOGRAPHIC STUDY

### M-mode measurement:

AORTA	:	2.83	cms.
LEFT ATRIUM	:	3.09	cms.
AVS	:	1.47	cms.
<b>LEFT VENTRICLE</b>			
(DIASTOLE)	:	4.27	cms.
(SYSTOLE)	:	2.47	cms.
<b>VENTRICULAR SEPTUM</b>	:		
(DIASTOLE)	:	1.08	cms.
(SYSTOLE)	:	1.80	cms.
<b>POSTERIOR WALL</b>	:		
(DIASTOLE)	:	1.39	cms.
(SYSTOLE)	:	1.54	cms.
EDV	:	81	ml.
ESV	:	21	ml.
FRACTIONAL SHORTENING	:	42	%
EJECTION FRACTION	:	60	%
EPSS	:	***	cms.
RVID	:	1.80	cms.

### DOPPLER MEASUREMENTS:

MITRAL VALVE:	E - 0.8 m/s	A - 0.6 m/s	NO MR.
AORTIC VALVE:	1.1 m/s		NO AR.
TRICUSPID VALVE:	E - 0.4 m/s	A - 0.3 m/s	NO TR.
PULMONARY VALVE:	0.8 m/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 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: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

**DR. YASHODA RAVI**  
**CONSULTANT CARDIOLOGIST**

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**X - RAY CHEST PA VIEW**

No obvious lung opacity.

Cardiac size is within normal limits. Aortic unfolding is noted.

Bilateral perihilar bronchovascular marking are prominent

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualized bones and soft tissues appear normal.

**Impression:**

**No obvious lung opacity.**



**Dr.Hemanandini  
Consultant Radiologist**



# OPTICAL STORE

Unique Collection

Vyalikaval Main road No.12 Lakshmi Nilaya, Ground Floor,  
2nd Main Road, Vyalikaval, Bengaluru Karnataka - 560003

Ph: 9611444957

Name **Katti Dasovanni**  
Age **59/m**

Ph No **9616616180**

CHIEF COMPLAINTS

RE / LE / BE

DOV / Blurring / Eyeache / Burning  
Itching / Pricking / Redness

Visual Activity

	RE	LE
Distance/ Near	6/9	6/9
With PH		
With Glasses/Cl		

Color Vision: **BE = Normal**

	RE				LE			
	SPH	CYL	AXIS	VN	SPH	CYL	AXIS	VN
Distance	+1.25	—	—	—	6/6	+1.00	—	—
Near	—	—	—	—	ADD +2.00	—	—	6/6

Advise Constant use / Near Use / Distance Only

**N6 (BE)**

**Ravi Kumar H.L.**  
RAVI KUMAR H.L.  
Consultant Optometrist  
OPTOMETRIST  
Reg. No. 051619

Katti Basavanna	Date	9/1/24
59425	Visit Number	522400436
Male	Corporate	Mediawheel

### GENERAL PHYSICAL EXAMINATION

Attention Mark :

65 cms  
 79.9 kgs  
 33 /minute  
 Pressure : 170/90 mm of Hg  
 29.3

### INTERPRETATION

Weight = <18.5  
 Normal weight = 18.5-24.9  
 Overweight = 25-29.9

Height : cms  
 Weight : cms  
 Heart Rate Measurement : cms

Ears : clinically NAD  
 Neck nodes : No lymphadenopathy  
 CVS : S<sub>1</sub>S<sub>2</sub> ⊕  
 CNS : conscious & alert

Advised - 2D ECHO

Abnormality is detected. His / Her general physical examination is within normal limits.

MEDICAL FIT FOR EMPLOYMENT YES / NO

  
 Signature

Dr. RITESH RAJ, MBBS  
 General Physician & Diabetologist  
 KMC Reg. No: 85875  
 CLIVAX DIAGNOSTICS

Instantly view the reports and trends and 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.

59 Years Male

09.01.2024 10:21:37  
CLUMAX DIAGNOSTICS  
VYALIKAVAL  
BANGALORE

QRS : 64 ms  
QT / QTcBaz : 406 / 450 ms  
PR : 214 ms  
P : 100 ms  
RR / pp : 808 / 810 ms  
P / QRS / T : 36 / -16 / -1 degrees

Sinus rhythm with 1st degree AV block  
Inferior infarct, age undetermined  
Abnormal ECG

*Dr. Arvind*

74 bpm  
--/-- mmHg

