

Name : Mr. GULI MUDIYAPPA  
PID No. : MED121636622 Register On : 28/01/2023 10:51 AM  
SID No. : 522301429 Collection On : 28/01/2023 11:31 AM  
Age / Sex : 50 Year(s) / Male Report On : 28/01/2023 4:41 PM  
Type : OP Printed On : 30/01/2023 7:43 AM  
Ref. Dr : MediWheel

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<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)	16.1	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	49.0	%	42 - 52
RBC Count (EDTA Blood)	5.92	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	82.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	27.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.9	g/dL	32 - 36
RDW-CV	13.9	%	11.5 - 16.0
RDW-SD	40.3	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	<b>12200</b>	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	55.2	%	40 - 75
Lymphocytes (Blood)	35.0	%	20 - 45
Eosinophils (Blood)	3.5	%	01 - 06
Monocytes (Blood)	5.6	%	01 - 10

  
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Sr.Consultant Pathologist  
Reg No : 100674  
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Basophils (Blood)	0.7	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	<b>6.8</b>	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	<b>4.3</b>	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.4	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.7	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.1	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood)	284	10 <sup>3</sup> / µl	150 - 450
MPV (Blood)	9.0	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.254	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood)	<b>20</b>	mm/hr	< 15

  
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<b><u>BIOCHEMISTRY</u></b>			
<b><u>Liver Function Test</u></b>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.46	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.20	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.26	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	17.93	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	17.74	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	35.64	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	98.6	U/L	53 - 128
Total Protein (Serum/Biuret)	<b>8.33</b>	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.81	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.52	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.37		1.1 - 2.2

  
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<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	204.13	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	219.13	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)	35.98	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	124.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	43.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	168.2	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

  
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<b>INTERPRETATION:</b> 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)	5.7		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)	6.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.5		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>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	<b>11.6</b>	%	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 286.22 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 glyceemic 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)	1.31	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)	7.98	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)	2.88	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&amplt;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)	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)	1.022		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		
<b><u>MICROSCOPIC EXAMINATION</u></b> <b><u>(URINE COMPLETE)</u></b>			
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/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.

  
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**IMMUNOHAEMATOLOGY**

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

**INTERPRETATION:**Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.

  
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<b><u>BIOCHEMISTRY</u></b>			
BUN / Creatinine Ratio	14.28		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	<b>180.02</b>	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)	<b>312.76</b>	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.

Urine Glucose(PP-2 hours) (Urine - PP)	++++		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.0	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	<b>0.70</b>	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)	4.54	mg/dL	3.5 - 7.2
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<b><u>IMMUNOASSAY</u></b>			
Prostate specific antigen - Total(PSA) (Serum/ <i>Manometric method</i> )	0.595	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

  
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-- End of Report --

MR guli mudiyappa  
ID: MED121636622

50 Years Male

28.01.2023 12:14:06  
CLUMAX DIAGNOSTICS  
VYALIKAVAL  
BANGALORE

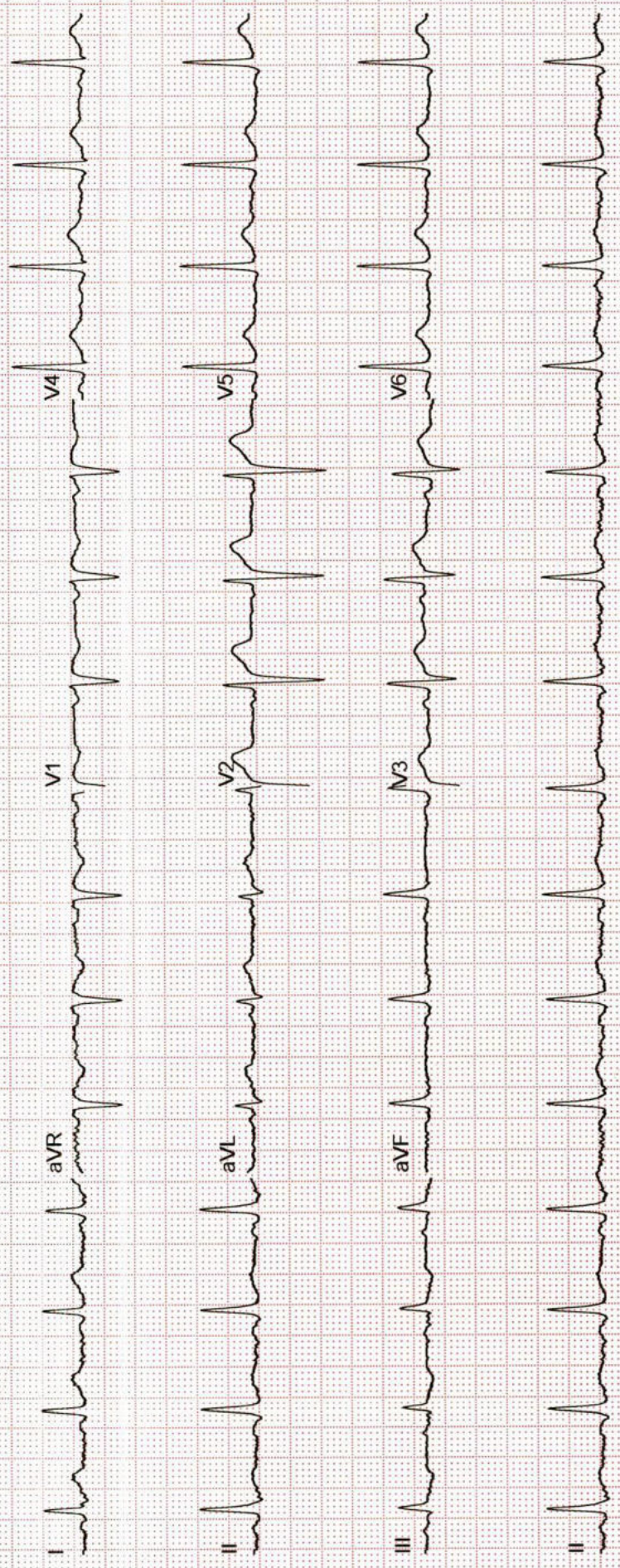
89 bpm  
--- / --- mmHg

Normal sinus rhythm  
Normal ECG

QRS : 88 ms  
QT / QTcBaz : 354 / 430 ms  
PR : 138 ms  
P : 118 ms  
RR / PP : 670 / 674 ms  
P / QRS / T : 57 / 47 / 17 degrees

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:

*[Handwritten signature]*



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Age & Gender	50Y/MALE	Visit Date	28 Jan 2023
Ref Doctor Name	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER is normal in size (14.9cms) and shows diffuse increased echogenicity with focal fatty sparing.** No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

**GALL BLADDER** is partially distended. 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.

#### **BOTH 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	12.9	2.1
Left Kidney	12.1	2.1

**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 2.8 x 2.5 x 3.6cms and vol: 13cc.

No evidence of ascites.

#### **IMPRESSION:**

- **Grade II fatty infiltration of the liver.**
- **No other significant abnormality detected in the Abdomen & Pelvis.**

**DR. HEMANANDINI V.N**

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**CONSULTANT RADIOLOGIST**

**Hn/an**

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Age & Gender	50Y/MALE	Visit Date	28 Jan 2023
Ref Doctor Name	MediWheel		

## ECHO CARDIOGRAPHIC STUDY

<b>M-Mode</b>				
AORTA	30			mm
LEFT ARTIUM	30			mm
RIGHT VENTRICLE	26			mm
LEFT VENTRICLE (Diastole)	45			mm
LEFT VENTRICLE (Systole)	27			mm
VENTRICULAR SEPTUM (Diastole)	09			mm
POSTERIOR WALL (Diastole)	10			mm
END DIASTOLIC VOLUME	92			ml
END SYSTOLIC VOLUME	26			ml
STROKE VOLUME	66			ml
FRACTIONAL SHORTENING	41			%
EJECTION FRACTION	72			%
<b>DOPPLER / COLOUR FLOW</b>				
MITRAL VALVE	E- 0.5	A -0.8	m/se c	NO MR
AORTIC VALVE	1.1	-	m/se c	GADE I AR
TRICUSPID VALVE	-	-	m/se c	NO TR
PULMONARY VALVE	0.8	-	m/se c	NO PR



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### FINDINGS

LEFT VENTRICLE	SIZE	NORMAL
	THICKNESS	NORMAL
LV FUNCTION	REGIONAL WALL MOTION ABNORMALITY	ABSENT
LEFT ATRIUM	NORMAL	
RIGHT VENTRICLE	NORMAL	
RIGHT ATRIUM	NORMAL	
MITRAL VALVE	NORMAL	
AORTIC VALVE	SCLEROTIC	
PULMONARY VALVE	NORMAL	
TRICUSPID VALVE	NORMAL	
INTER ATRIAL SEPTUM	INTACT	
INTER VENTRICULAR SEPTUM	INTACT	
PERICARDIUM	NORMAL, NO EFFUSION	
GREAT VESSELS	AORTA - NORMAL PULMONARY ARTERY - NORMAL	

### **CONCLUSION:**

- **NORMAL CHAMBER DIMENSIONS.**
- **SCLEROTIC AV, GRADE I AR**
- **GRADE I LV DIASTOLIC DYSFUNCTION**
- **NO REGIONAL WALL MOTION ABNORMALITIES**
- **NORMAL LV SYSTOLIC FUNCTION.LVEF- 72 %**
- **NO CLOTS / VEGETATION / PE.**

**DR NAGESH M B**  
**CONSULTANT**  
**CARDIOLOGIST**

(PLEASE CORRELATE WITH ECG & CLINICAL FINDINGS)

# OPTICAL STORE

Unique Collection

Ph: 9611444957

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

Name **Guli Mudiyappa**  
Age **50/M**

Ph No **8105909679**

## 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	6/6	6/6

RE =  $\overline{0.50DCX}$  100'  
LE =  $\overline{0.50DCX}$  30'  

---

ADD +2.00

Color Vision: **BE = Normal**

	RE				LE			
	SPH	CYL	AXIS	VN	SPH	CYL	AXIS	VN
Distance								
Near								

Advise: Constant Use / Near Use / Distance Only

**Ravikumar H L**  
Mr. Ravikumar H L 28/01/23  
(Consultant Optometrist)