

Name : Mr. BIBIN JENALD D  
PID No. : MED111148883  
SID No. : 922033482  
Age / Sex : 28 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 11/06/2022 8:19 AM  
Collection On : 11/06/2022 9:04 AM  
Report On : 11/06/2022 5:49 PM  
Printed On : 12/06/2022 12:39 PM




<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)	15.25	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	44.2	%	42 - 52
RBC Count (EDTA Blood)	4.71	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	93.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	<b>32.4</b>	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.5	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.3	%	11.5 - 16.0
RDW-SD (EDTA Blood)	43.71	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	5690	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	46.83	%	40 - 75
Lymphocytes (EDTA Blood)	38.56	%	20 - 45
Eosinophils (EDTA Blood)	<b>9.91</b>	%	01 - 06
Monocytes (EDTA Blood)	4.50	%	01 - 10
Basophils (EDTA Blood)	0.20	%	00 - 02

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902  
APPROVED BY

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<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	2.66	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.19	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	<b>0.56</b>	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.26	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.01	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood)	267.0	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood)	7.94	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	2	mm/hr	< 15

  
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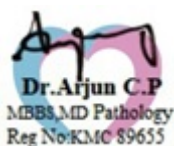


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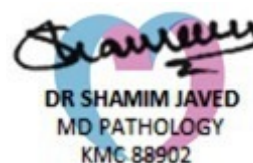
## BIOCHEMISTRY

### Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.56	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.09	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.47	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	<-0.14	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	<-3.14	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	20.23	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	56.7	U/L	53 - 128
Total Protein (Serum/Biuret)	7.57	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	5.10	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.47	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	2.06		1.1 - 2.2



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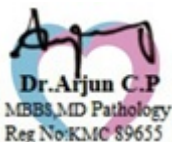


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	192.98	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	63.24	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

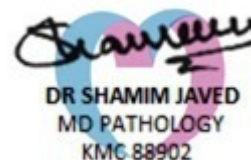
**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence 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)	<b>55.18</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	125.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	12.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	137.8	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 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.



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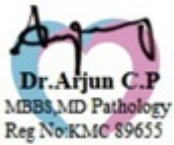
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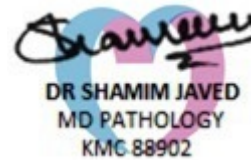
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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.5		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.1		Optimal: < 2.5 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



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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)	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 %

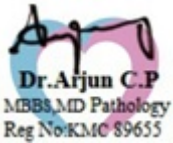
Estimated Average Glucose 102.54 mg/dL  
(Whole Blood)

**INTERPRETATION: Comments**

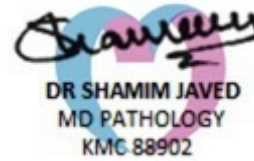
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemc control as compared to blood and urinary glucose determinations.

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)	<b>0.475</b>	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)	<b>1.82</b>	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)	<b>&gt;100.0 (Rechecked)</b>	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

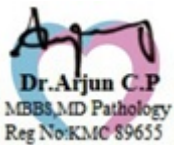
(Indian Thyroid Society Guidelines)

##### **Comment :**

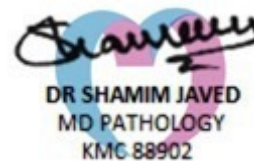
1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

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)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	15		

### CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.009		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

  
DR .VANITHA.R.SWAMY MD  
Consultant Pathologist  
Reg No : 99049  
VERIFIED BY

  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

APPROVED BY




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Leukocytes(CP) (Urine)	Negative		
<b><u>MICROSCOPIC EXAMINATION</u></b> <b><u>(URINE COMPLETE)</u></b>			
Pus Cells (Urine)	0-2	/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

  
DR .VANITHA.R.SWAMY MD  
Consultant Pathologist  
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**BIOCHEMISTRY**

BUN / Creatinine Ratio	10		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	83.69	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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	<b>63.43</b>	mg/dL	70 - 140
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**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		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.1	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.92	mg/dL	0.9 - 1.3
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**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)	5.86	mg/dL	3.5 - 7.2
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Dr. Arjun C.P  
 MBBB, MD Pathology  
 Reg No:KMC 89655

VERIFIED BY

DR SHAMIM JAVED  
 MD PATHOLOGY  
 KMC 88902

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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 --

MR. BIBIN JENALD, D  
ID: 111148883

11-Jun-2022  
10:53:44

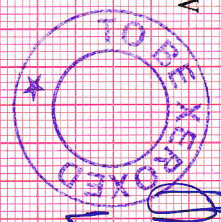
89bpm  
BP: 130/80

PRETEST  
SUPINE  
2:12

BRUCE  
\*\*\*mph  
\*\*\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST(mm)  
Slope(mV/s)



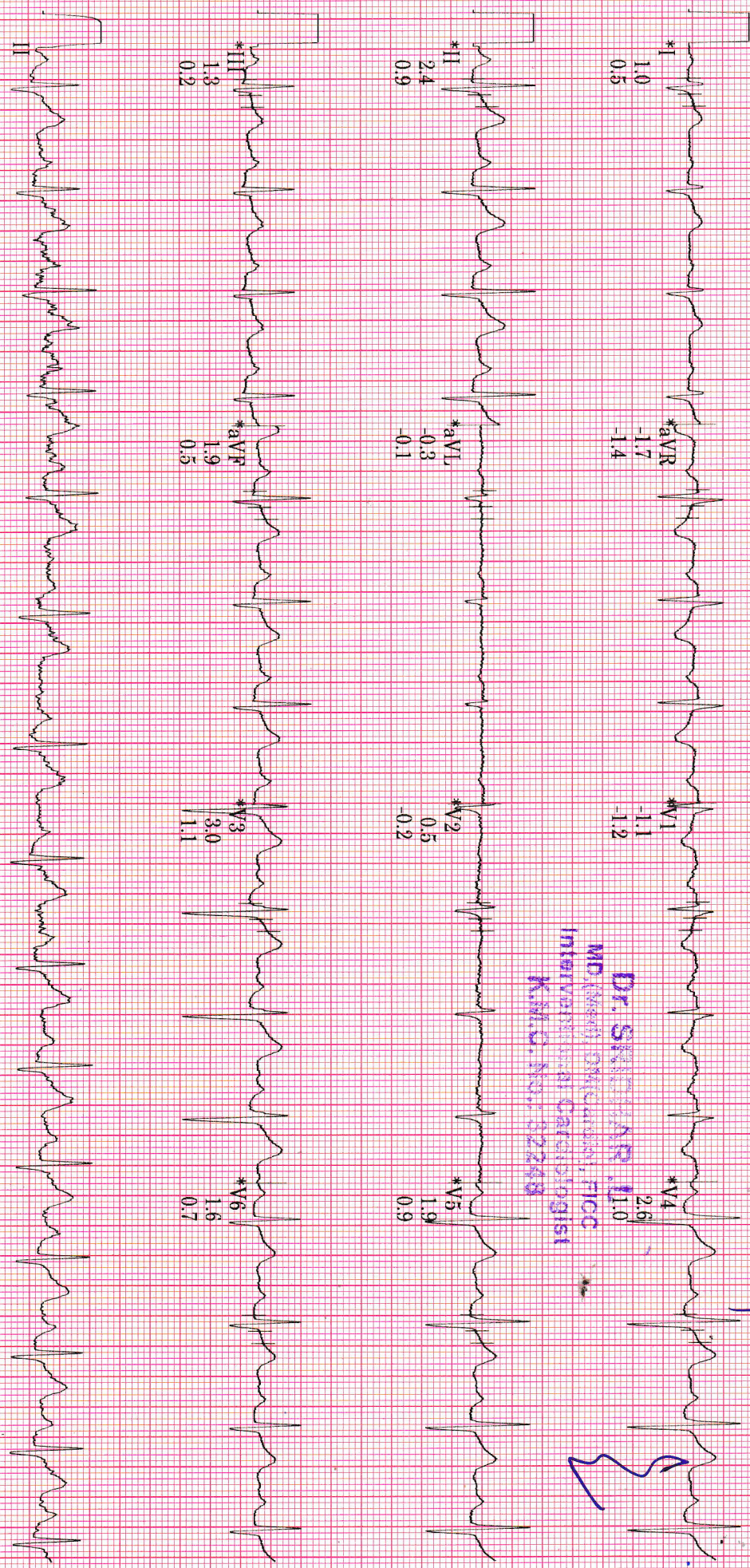
*Dr. Srinivas*

(Needs Clinical Correlation  
for further Management)

*Kv + 70°*

*Asymmetric RRRR*

**DR. SRINIVAS RAO**  
MD (med) Cardiologist, FCC  
Interventional Cardiologist  
K.M.C. No. 32243



Raw Rhythm

\* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

Customer Name	M/R. Bibin Jenald. D.	Customer ID	MED 11198883
Age & Gender	28yrs / male	Visit Date	11.6.2022

Mediwell

Eye Screening

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

	Right Eye	Left Eye
Near Vision	6/6	6/6
Distance Vision	6/6	6/6
Colour Vision	(N)	(N)

Observation / Comments:

NO comments

Both eye vision normal.

**CLUMAX DIAGNOSTICS &  
RESEARCH CENTRE PVT.LTD**  
# 88/150/3, "Sri Lakshmi Towers"  
9th Main, 3rd Block, Jayanagar  
BANGALORE - 560 011



India Driving Licence(Tamil Nadu)

TN NT

TN75 2018 0008280



Date of Issue

01-06-2018

Validity

31-05-2038

Nationality

INDIA

Date of Birth

01-03-1994

Blood Group

A+

Name

BIBIN JENALD D

Father's Name

DHAS K



TABULAR SUMMARY REPORT

MR. BIRIN JENALD, D  
ID: 111148883

28years

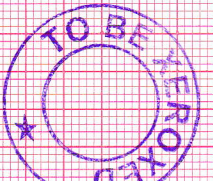
Male

BRUCE  
Max HR: 154bpm 80% of max predicted 192bpm  
Max BP: 130/80  
Maximum workload: 11.8METS

25.0 mm/s  
10.0 mm/mV  
100hz

11-Jun-2022  
10:51:33

Referred by: MEDIWHEEL  
Test ind: IHD SCREENING



Reason for Termination: Patient fatigue  
Comments: GOOD EFFORT TOLERANCE. NORMAL HR & BP RESPONSE  
NO SIGNIFICANT ST T CHANGES SEEN DURING EXE OR RECOVERY  
NO ANGINA / ARRHYTHMIAS  
\*\*IMP STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA \*\*  
\*\*\*NEEDS CLINICAL CORRELATION FOR FURTHER MANAGEMENT \*\*  
\*\*\*\*DR. SRIDHAR L MD DM FCC CARDIOLOGIST \*\*\*\*

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	2:43	0.2	0.0	1.1	74	130/80	96
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	100		
	STAGE 2	3:00	2.5	12.0	7.0	116		
	STAGE 3	3:00	3.4	14.0	10.1	133		
	STAGE 4	1:02	4.2	16.0	11.8	154		
RECOVERY	Post	5:06	***	***	1.0	84		

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

Technician: KOMS

CLUMAX DIAGNOSTICS

Unconfirmed

MAC35 009C

Name	MR.BIBIN JENALD D	ID	MED111148883
Age & Gender	28Y/MALE	Visit Date	11/06/2022
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 madeout.  
No evidence of calculus or hydronephrosis.  
The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.5	1.3
Left Kidney	9.0	1.0

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

**PROSTATE** shows normal shape, size and echopattern.

No evidence of ascites.

**Impression: Essentially normal study**

**CONSULTANT RADIOLOGISTS:**

**DR. H. K. ANAND**  
Hbp/d

**DR. MAHESH. M. S**

  
**DR. HIMA BINDU.P**



Name	BIBIN JENALD D	Customer ID	MED111148883
Age & Gender	28Y/M	Visit Date	Jun 11 2022 8:18AM
Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

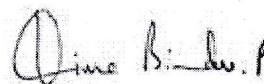
Cardiac size is within normal limits.

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