

Name	NARAYAN RAO L MENGAI	ID	MED121928149
Age & Gender	39Year(s)/MALE	Visit Date	6/10/2023 12:00:00 AM
Ref Doctor Name	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA	:	2.25	cms.
LEFT ATRIUM	:	2.75	cms.
AVS	:	1.47	cms.
LEFT VENTRICLE			
(DIASTOLE)	:	4.37	cms.
(SYSTOLE)	:	2.70	cms.
VENTRICULAR SEPTUM	:		
(DIASTOLE)	:	1.08	cms.
(SYSTOLE)	:	1.31	cms.
POSTERIOR WALL	:		
(DIASTOLE)	:	1.31	cms.
(SYSTOLE)	:	1.62	cms.
EDV	:	86	ml.
ESV	:	27	ml.
FRACTIONAL SHORTENING	:	38	%
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

Name	NARAYAN RAO L MENGAJI	ID	MED121928149
Age & Gender	39Year(s)/MALE	Visit Date	6/10/2023 12:00:00 AM
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OPTICAL STORE

Unique Collection

Ph: 9611444957

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

Name: **Narayana Rao**
Age: **39/M**

Ph No

CHIEF COMPLAINTS

RE / LE / BE

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

Visual Activity

	RE	LE
Distance/ Near	6/6	6/6
With Ph		
With Glasses/Cl	—	—

Color Vision **BE = Normal**

	RE				LE			
	SPH	CYL	AXIS	VN	SPH	CYL	AXIS	VN
Distance	—	Plano	—	6/6	—	Plano	—	6/6
Near								

Advise: Constant Use / Near Use / Distance Only

Ravi Kumar
Dr. Ravikumar H
(10/06/23)
(Consultant Optometrist)


Dr. Saara Neeha

M.B.B.S

KMC. Reg. No. 99137

Patient Name	MR. NARAYAN.	Date	10/6/23
Age	39Y	Visit Number	522309248
Sex	male	Corporate	medhubee1

GENERAL PHYSICAL EXAMINATION

Identification Mark : 

Height : 171 cms

Weight : 69.2 kgs

Pulse : 78b/m /minute

Blood Pressure : 110/70 mmHg mm of Hg

BMI : 23.60

BMI INTERPRETATION

Underweight = <18.5

Normal weight = 18.5-24.9

Overweight = 25-29.9

Chest :

Expiration : 89 cms

Inspiration : 96 cms

Abdomen Measurement : 94 cms

Eyes : B/L papilloeoeal (⊕) Ears : NAD

Throat : NAD Neck nodes : no palpable, no tendr

RS : B/L NVBS (⊕) CVS : S1S2 sounds clear

PA : soft E no tendr CNS : NAD

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO



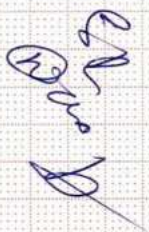
Signature
Dr. Saara Necha
M.B.B.S
KMC. Reg. No. 522309248

39 Years

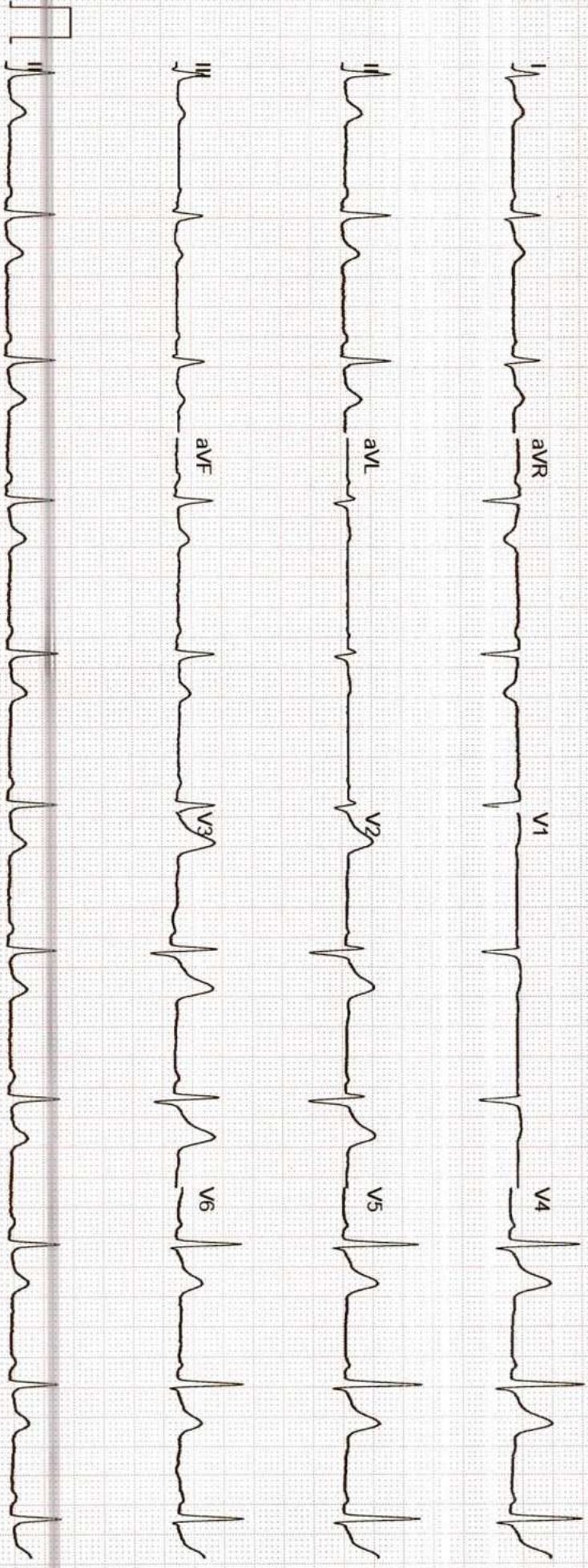
Male

QRS : 70 ms
QT / QTcBaz : 394 / 399 ms
PR : - ms
P : - ms
RR / PP : 966 / 967 ms
P / QRS / T : - / 65 / 52 degrees

Junctional rhythm
Junctional ST depression, probably normal
Abnormal ECG



Technician:
Ordering Ph:
Referring Ph:
Attending Ph:



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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size 12.3cm and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended. CBD is not dilated.

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	11.0	1.7
Left Kidney	10.7	1.9

URINARY BLADDER shows 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:

- **No significant abnormality detected.**

DR. HEMANANDINI V.N
CONSULTANT RADIOLOGIST
Hn/Gk

Name	Mr. NARAYAN RAO L MENGAJI	Customer ID	MED121928149
Age & Gender	39Y/M	Visit Date	Jun 10 2023 8:36AM
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. APARNA

CONSULTANT RADIOLOGIST

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Report On : 10/06/2023 5:14 PM

Type : OP

Printed On : 18/07/2023 2:36 PM

Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'B' 'Positive'		

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

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	16.1	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	46.4	%	42 - 52
RBC Count (EDTA Blood)	5.66	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	82.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.4	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.7	g/dL	32 - 36
RDW-CV	14.7	%	11.5 - 16.0
RDW-SD	42.19	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	5300	cells/cu.m m	4000 - 11000
Neutrophils (Blood)	58.2	%	40 - 75
Lymphocytes (Blood)	29.0	%	20 - 45
Eosinophils (Blood)	5.6	%	01 - 06



Anusha
Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

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The results pertain to sample tested.

Page 1 of 8

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Monocytes (Blood)	6.4	%	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)	3.08	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.54	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.30	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.34	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.04	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	269	10 ³ / μ l	150 - 450
MPV (Blood)	8.1	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood)	4	mm/hr	< 15
BUN / Creatinine Ratio	8.9		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	92.12	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: \geq 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.



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Page 2 of 8

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Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	75.49	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)	6.1	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.68	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-acetylcysteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	4.96	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.81	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.27	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.54	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	23.01	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	16.43	U/L	5 - 41
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Page 3 of 8

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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	5.53	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	91.7	U/L	53 - 128
Total Protein (Serum/Biuret)	6.72	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.73	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.99	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.25		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	133.31	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	111.98	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)	32.62	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL Cholesterol (Serum/Calculated)	78.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	22.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	100.7	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.1	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)	2.4	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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Glycosylated Haemoglobin (HbA1c)



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HbA1C (Whole Blood/HPLC)	5.7	%	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 (Whole Blood)	116.89	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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.20	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)	9.94	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)	1.64	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 μ IU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

URINE ROUTINE

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Pale yellow	Yellow to Amber
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Appearance (Urine)	Clear	Clear
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Volume(CLU) (Urine)	30	
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CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	7.0	4.5 - 8.0
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Specific Gravity (Urine)	1.005	1.002 - 1.035
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Ketone (Urine)	Negative	Negative
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Urobilinogen (Urine)	Normal	Normal
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Page 7 of 8

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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)

Pus Cells (Urine)	0-2	/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.

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL



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-- End of Report --