

Name : Mr. SWAMY MEENUGA  
VANNUR  
PID No. : MED120799602  
SID No. : 522305466  
Age / Sex : 33 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 08/04/2023 9:32 AM  
Collection On : 08/04/2023 10:33 AM  
Report On : 08/04/2023 8:54 PM  
Printed On : 10/04/2023 10:59 AM

| <u>Investigation</u> | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|----------------------|-----------------------|-------------|--------------------------------------|
|----------------------|-----------------------|-------------|--------------------------------------|

## HAEMATOLOGY

### Complete Blood Count With - ESR

|   |              |             |              |
|---|--------------|-------------|--------------|
| Haemoglobin<br>(EDTA Blood/Spectrophotometry)                       | 14.3         | g/dL        | 13.5 - 18.0  |
| Packed Cell Volume(PCV)/Haematocrit<br>(EDTA Blood)                 | 43.3         | %           | 42 - 52      |
| RBC Count<br>(EDTA Blood)   | 5.41         | mill/cu.mm  | 4.7 - 6.0    |
| Mean Corpuscular Volume(MCV)<br>(EDTA Blood)                        | 80.0         | fL          | 78 - 100     |
| Mean Corpuscular Haemoglobin(MCH)<br>(EDTA Blood)                   | <b>26.4</b>  | pg          | 27 - 32      |
| Mean Corpuscular Haemoglobin<br>concentration(MCHC)<br>(EDTA Blood) | 33.0         | g/dL        | 32 - 36      |
| RDW-CV  | 13.4         | %           | 11.5 - 16.0  |
| RDW-SD  | <b>37.52</b> | fL          | 39 - 46      |
| Total Leukocyte Count (TC)<br>(EDTA Blood)                          | 5900         | cells/cu.mm | 4000 - 11000 |
| Neutrophils<br>(Blood)  | 63.1         | %           | 40 - 75      |
| Lymphocytes<br>(Blood)  | 29.5         | %           | 20 - 45      |
| Eosinophils<br>(Blood)  | 2.4          | %           | 01 - 06      |
| Monocytes<br>(Blood)  | 4.7          | %           | 01 - 10      |



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

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| Basophils<br>(Blood)  | 0.3                   | %                         | 00 - 02                              |
| <b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically. |                       |                           |                                      |
| Absolute Neutrophil count<br>(EDTA Blood)   | 3.72                  | 10 <sup>3</sup> / $\mu$ l | 1.5 - 6.6                            |
| Absolute Lymphocyte Count<br>(EDTA Blood)   | 1.74                  | 10 <sup>3</sup> / $\mu$ l | 1.5 - 3.5                            |
| Absolute Eosinophil Count (AEC)<br>(EDTA Blood)   | 0.14                  | 10 <sup>3</sup> / $\mu$ l | 0.04 - 0.44                          |
| Absolute Monocyte Count<br>(EDTA Blood)   | 0.28                  | 10 <sup>3</sup> / $\mu$ l | < 1.0                                |
| Absolute Basophil count<br>(EDTA Blood)   | 0.02                  | 10 <sup>3</sup> / $\mu$ l | < 0.2                                |
| Platelet Count<br>(EDTA Blood)  | 179                   | 10 <sup>3</sup> / $\mu$ l | 150 - 450                            |
| MPV<br>(Blood)  | 8.7                   | fL                        | 7.9 - 13.7                           |
| PCT<br>(Automated Blood cell Counter)   | <b>0.16</b>           | %                         | 0.18 - 0.28                          |
| ESR (Erythrocyte Sedimentation Rate)<br>(Citrate Blood)   | 8                     | mm/hr                     | < 15                                 |



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## BIOCHEMISTRY

### Liver Function Test

|  |       |       |           |
|--|-------|-------|-----------|
| Bilirubin(Total)<br>(Serum/DCA with ATCS)                      | 0.40  | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct)<br>(Serum/Diazotized Sulfanilic Acid)        | 0.17  | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect)<br>(Serum/Derived)                         | 0.23  | mg/dL | 0.1 - 1.0 |
| SGOT/AST (Aspartate Aminotransferase)<br>(Serum/Modified IFCC) | 18.23 | U/L   | 5 - 40    |
| SGPT/ALT (Alanine Aminotransferase)<br>(Serum/Modified IFCC)   | 29.74 | U/L   | 5 - 41    |
| GGT(Gamma Glutamyl Transpeptidase)<br>(Serum/IFCC / Kinetic)   | 24.03 | U/L   | < 55      |
| Alkaline Phosphatase (SAP)<br>(Serum/Modified IFCC)            | 85.4  | U/L   | 53 - 128  |
| Total Protein<br>(Serum/Biuret)                                | 6.87  | gm/dl | 6.0 - 8.0 |
| Albumin<br>(Serum/Bromocresol green)                           | 4.45  | gm/dl | 3.5 - 5.2 |
| Globulin<br>(Serum/Derived)                                    | 2.42  | gm/dL | 2.3 - 3.6 |
| A : G RATIO<br>(Serum/Derived)                                 | 1.84  |       | 1.1 - 2.2 |



  
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|---|-----------------------|-------------|---|
| <b><u>Lipid Profile</u></b>                     |                       |             |   |
| Cholesterol Total<br>(Serum/CHOD-PAP with ATCS) | 146.37                | mg/dL       | Optimal: < 200<br>Borderline: 200 - 239<br>High Risk: >= 240                    |
| Triglycerides<br>(Serum/GPO-PAP with ATCS)      | 87.68                 | mg/dL       | Optimal: < 150<br>Borderline: 150 - 199<br>High: 200 - 499<br>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<br>(Serum/Immunoinhibition) | <b>41.54</b> | mg/dL | Optimal(Negative Risk Factor): >= 60<br>Borderline: 40 - 59<br>High Risk: < 40                                   |
| LDL Cholesterol<br>(Serum/Calculated)       | 87.3         | mg/dL | Optimal: < 100<br>Above Optimal: 100 - 129<br>Borderline: 130 - 159<br>High: 160 - 189<br>Very High: >= 190      |
| VLDL Cholesterol<br>(Serum/Calculated)      | 17.5         | mg/dL | < 30   |
| Non HDL Cholesterol<br>(Serum/Calculated)   | 104.8        | mg/dL | Optimal: < 130<br>Above Optimal: 130 - 159<br>Borderline High: 160 - 189<br>High: 190 - 219<br>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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|--|-----------------------|-------------|--|
| Total Cholesterol/HDL Cholesterol Ratio<br>(Serum/Calculated)        | 3.5                   |             | Optimal: < 3.3<br>Low Risk: 3.4 - 4.4<br>Average Risk: 4.5 - 7.1<br>Moderate Risk: 7.2 - 11.0<br>High Risk: > 11.0 |
| Triglyceride/HDL Cholesterol Ratio<br>(TG/HDL)<br>(Serum/Calculated) | 2.1                   |             | Optimal: < 2.5<br>Mild to moderate risk: 2.5 - 5.0<br>High Risk: > 5.0   |
| LDL/HDL Cholesterol Ratio<br>(Serum/Calculated)                      | 2.1                   |             | Optimal: 0.5 - 3.0<br>Borderline: 3.1 - 6.0<br>High Risk: > 6.0  |



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|--|-----------------------|-------------|---|
| <b><u>Glycosylated Haemoglobin (HbA1c)</u></b> |                       |             |   |
| HbA1C<br>(Whole Blood/HPLC)                    | 5.3                   | %           | Normal: 4.5 - 5.6<br>Prediabetes: 5.7 - 6.4<br>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 105.41 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<br>(Serum/ECLIA) | 1.08 | ng/ml | 0.7 - 2.04 |
|--|------|-------|------------|

**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<br>(Serum/ECLIA) | 8.25 | µg/dl | 4.2 - 12.0 |
|--|------|-------|------------|

**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)<br>(Serum/ECLIA) | 1.74 | µIU/mL | 0.35 - 5.50 |
|--|------|--------|-------------|

**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) | 30     |  |                 |

### CHEMICAL EXAMINATION (URINE COMPLETE)

|                           |          |  |               |
|---------------------------|----------|--|---------------|
| pH (Urine)                | 5        |  | 4.5 - 8.0     |
| Specific Gravity (Urine)  | 1.023    |  | 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      |



  
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|---|-----------------------|-------------|--------------------------------------|
| Leukocytes(CP)<br>(Urine)   | Negative              |             |                                      |
| <b><u>MICROSCOPIC EXAMINATION</u></b><br><b><u>(URINE COMPLETE)</u></b> |                       |             |                                      |
| Pus Cells<br>(Urine)  | 0-2                   | /hpf        | NIL                                  |
| Epithelial Cells<br>(Urine)   | 0-1                   | /hpf        | NIL                                  |
| RBCs<br>(Urine)   | NIL                   | /hpf        | NIL                                  |
| Others<br>(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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Investigation

Observed  
Value

Unit

Biological  
Reference Interval

**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'B' 'Positive'

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



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## BIOCHEMISTRY

|   |       |       |  |
|---|-------|-------|--|
| BUN / Creatinine Ratio                        | 10.7  |       | 6.0 - 22.0   |
| Glucose Fasting (FBS)<br>(Plasma - F/GOD-PAP) | 80.75 | mg/dL | Normal: < 100<br>Pre Diabetic: 100 - 125<br>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)<br>(Urine - F/GOD - POD) | Negative |  | Negative |
|---|----------|--|----------|

|  |       |       |          |
|--|-------|-------|----------|
| Glucose Postprandial (PPBS)<br>(Plasma - PP/GOD-PAP) | 87.21 | 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)<br>(Urine - PP) | Negative |  | Negative |
|---|----------|--|----------|

|  |      |       |          |
|--|------|-------|----------|
| Blood Urea Nitrogen (BUN)<br>(Serum/Urease UV / derived) | 13.1 | mg/dL | 7.0 - 21 |
|--|------|-------|----------|

|                                      |      |       |           |
|--------------------------------------|------|-------|-----------|
| Creatinine<br>(Serum/Modified Jaffe) | 1.22 | 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<br>(Serum/Enzymatic) | 6.65 | mg/dL | 3.5 - 7.2 |
|--------------------------------|------|-------|-----------|



  
DR SHAMIM JAVED  
MD PATHOLOGY  
KMC 88902

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-- End of Report --

# OPTICAL STORE

Unique Collection

Ph: 9611444957

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

Name: SWAMYMEENVA

Ph No 9618643688

Age

## 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 |

Color Vision: Normal

|          | RE  |     |      |    | LE  |     |      |    |
|----------|-----|-----|------|----|-----|-----|------|----|
|          | SPH | CYL | AXIS | VN | SPH | CYL | AXIS | VN |
| Distance |     | 050 | 180  |    |     | 050 | 180  |    |
| Near     |     |     |      |    |     |     |      |    |

Advise: Constant Use / Near Use / Distance Only

  
M. Ravikumar H L  
(Consultant Optometrist)



|              |              |              |           |
|--------------|--------------|--------------|-----------|
| Patient Name | Summy menuga | Date         | 8/11/23   |
| Age          | 33           | Visit Number | 522305466 |
| Sex          | male         | Corporate    | medwheel  |

### GENERAL PHYSICAL EXAMINATION

Identification Mark : —

Height : 166 cms cms

Weight : 66.2 kgs kgs

Pulse : 87b/m /minute

Blood Pressure : 117/73 mm of Hg

BMI : 24 kg/m<sup>2</sup>

#### BMI INTERPRETATION

Underweight = <18.5

Normal weight = 18.5-24.9

Overweight = 25-29.9

Chest :

Expiration : cms

Inspiration : cms

Abdomen Measurement : cms

Eyes : B/L pupils equal Ears : NAD.

Throat : NAD Neck nodes : no palpable <sup>no</sup> tender

RS : B/L CO NVBS ⊕ CVS : S<sub>1</sub>S<sub>2</sub> sounds clear,

PA : soft no tender CNS : NAD

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

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO



Signature

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



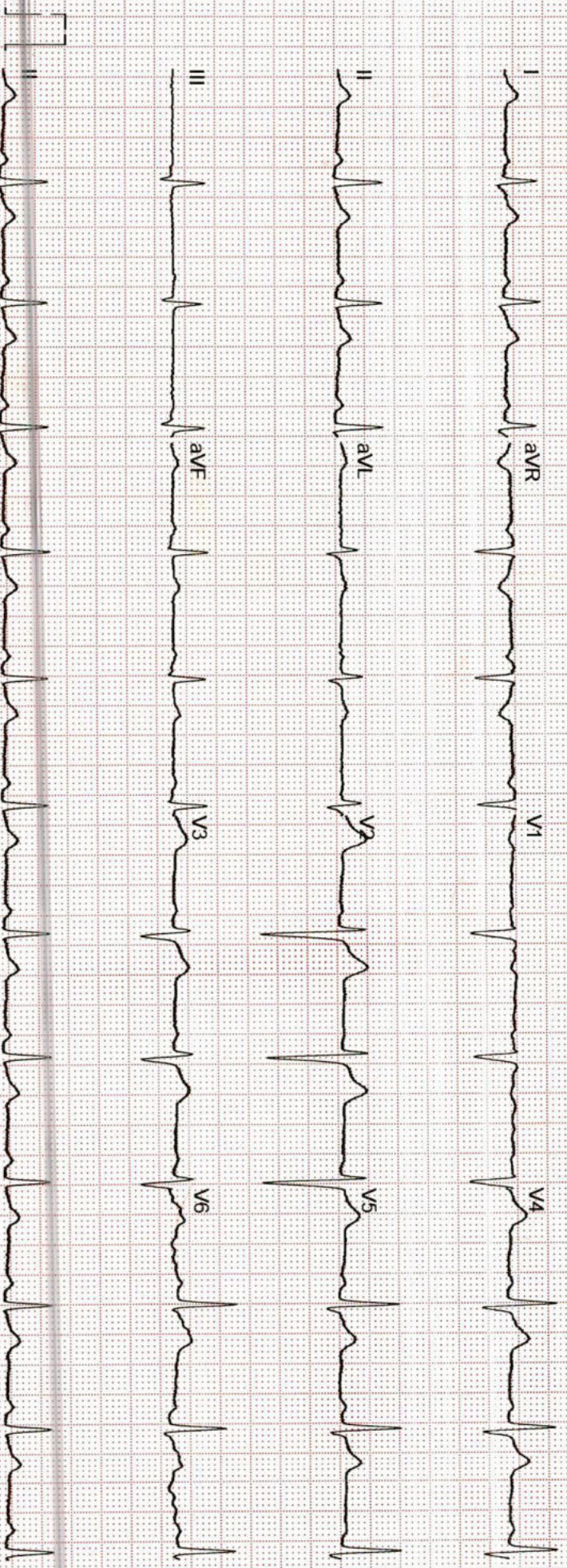
33 Years Male

QRS : 86 ms  
QT / QTcBaz : 382 / 418 ms  
PR : - ms  
P : - ms  
RR / PP : 834 / 1538 ms  
P / QRS / T : - / 52 / 34 degrees

Accelerated Junctional rhythm  
Junctional ST depression, probably normal  
Abnormal ECG

*SR*  
*Prora M*

Technician:  
Ordering Ph:  
Referring Ph:  
Attending Ph:



Unconfirmed



OFFICE OF THE SECRETARY OF THE ARMY

WASHINGTON, D. C.

RECEIVED  
MAY 10 1964

Mr. [Name]

Dear Mr. [Name]:

[Faint, mostly illegible typed text follows]

[Faint, mostly illegible typed text follows]

|                 |                         |            |              |
|-----------------|-------------------------|------------|--------------|
| Name            | MR.SWAMY MEENUGA VANNUR | ID         | MED120799602 |
| Age & Gender    | 33Y/MALE                | Visit Date | 08 Apr 2023  |
| Ref Doctor Name | MediWheel               |            |              |

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size (13.4 cm) and shows increased echogenicity. 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 | 10.1                 | 1.7                         |
| Left Kidney  | 10.1                 | 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:**

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

|                 |                         |            |              |
|-----------------|-------------------------|------------|--------------|
| Name            | MR.SWAMY MEENUGA VANNUR | ID         | MED120799602 |
| Age & Gender    | 33Y/MALE                | Visit Date | 08 Apr 2023  |
| Ref Doctor Name | MediWheel               |            |              |

**DR. HEMANANDINI V.N**  
**CONSULTANT RADIOLOGIST**