



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
 ಭಾರತ ಸರ್ಕಾರ
 Unique Identification Authority of India
 Government of India

ನೋಂದಾವಣೆ ಕ್ರಮ ಸಂಖ್ಯೆ / Enrollment No.: 2086/10260/01524

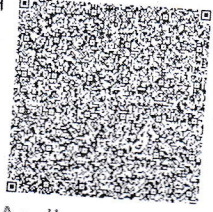
To,
 ದೇವಪ್ಪ ದಾಸರ್
 Devappa Dasar
 S/O Kanakappa Dasar
 Muddebihal Taluk
 Gotakandi Bhantrur
 Bhantrur (tk) Muddebihal Bijapur
 Karnataka 586214
 8867761958

22/09/2015

Ref: 2995 / 23M / 242565 / 242628 / P



SB856797450FH



ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

9172 8575 8108

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
 Government of India



ದೇವಪ್ಪ ದಾಸರ್
 Devappa Dasar
 ಜನ್ಮ ದಿನಾಂಕ / DOB : 20/06/1979
 ಪುರುಷ / Male



9172 8575 8108

→→ 9172 8575 8108 →→

Name : Mr. DEVAPPA DASAR
PID No. : MED111017511
SID No. : 922015934
Age / Sex : 42 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 12/03/2022 10:45 AM
Collection On : 12/03/2022 11:01 AM
Report On : 13/03/2022 2:10 PM
Printed On : 16/03/2022 7:53 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	7.7	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.6	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.36	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.37	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.12	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.41	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.03	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	150	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	10.9	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.16	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	2	mm/hr	< 15


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Consultant Pathologist
Reg No : 99049
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MD PATHOLOGY
KMC 88902
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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.7	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.5	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.2	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.5	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.7	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.7		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	26	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	34	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	65	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	19	U/L	< 55


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Lipid Profile

Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	136	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
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Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	75	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/Immuno-inhibition)	34	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
--	----	-------	--

LDL Cholesterol (Serum/Calculated)	87	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
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VLDL Cholesterol (Serum/Calculated)	15	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	102.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220
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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 (Serum/Calculated)	4		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)	2.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0


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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.8	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Estimated Average Glucose 119.76 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 (Serum/CMIA)	1.32	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 (Thyroxine) - Total (Serum/CMIA)	8.00	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) (Serum/Chemiluminescent Microparticle Immunoassay(CMIA))	2.09	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

PHYSICAL EXAMINATION


Colour (Urine)	Pale Yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	15	mL	

CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.020		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative


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Leukocytes (Urine)	Negative	leuco/uL	Negative
<u>MICROSCOPY(URINE DEPOSITS)</u>			
Pus Cells (Urine/Flow cytometry)	0-2	/hpf	3-5
Epithelial Cells (Urine)	0-2	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	2-3
Others (Urine)	Nil		Nil
Casts (Urine/Flow cytometry)	Nil	/hpf	0 - 1
Crystals (Urine)	Nil		NIL


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BIOCHEMISTRY

BUN / Creatinine Ratio	11.6		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	75	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)	Negative		Negative
--	----------	--	----------

Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	93	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.


Glucose Postprandial - Urine (Urine - PP)	Negative		Negative
--	----------	--	----------

Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	14	mg/dL	7.0 - 21
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Creatinine (Serum/Jaffe Kinetic)	1.2	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/Uricase/Peroxidase)	5.4	mg/dL	3.5 - 7.2
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<u>IMMUNOASSAY</u>			
Prostate specific antigen - Total(PSA) (Serum/Chemiluminescent Microparticle Immunoassay(CMIA))	0.514	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

INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL

PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).

Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.

PSA levels tend to increase in all men as they age.

Clinical Utility of PSA:

- In the early detection of Prostate cancer.
- As an aid in discriminating between Prostate cancer and Benign Prostatic disease.
- To detect cancer recurrence or disease progression.

A handwritten signature in blue ink, appearing to read "Shamim Javed", is written over a circular stamp. The stamp contains the text "DR SHAMIM JAVED MD PATHOLOGY KMC 88902" and "APPROVED BY" below it.

DR SHAMIM JAVED
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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'A' 'Positive'



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-- End of Report --

Name	MR.DEVAPPA DASAR	ID	MED111017511
Age & Gender	42Y/MALE	Visit Date	12/03/2022
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 made out.
No evidence of calculus or hydronephrosis.
The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	8.0	1.2
Left Kidney	8.6	1.4

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

DR. PRAJNA SHENOY

DR. MAHESH. M. S

DR. RADHA KRISHNA. A.

DR. HIMA BINDU.P

Hbp/so



Name	DEVAPPA DASAR	Customer ID	MED111017511
Age & Gender	42Y/M	Visit Date	Mar 12 2022 10:44AM
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.

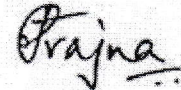
DR. H.K. ANAND

DR. POOJA B.P

DR. SHWETHA S

DR. PRAJNA SHENOY

CONSULTANT RADIOLOGISTS




ID: MED

41years

Male

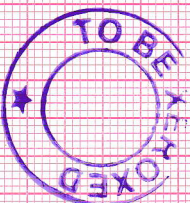
12-Mar-2022
14:19:50

Referred by: C/O MEDI WHEEL
Test ind: IHD SCREENING

BRUCE Total Exercise time: 8:00
 Max HR: 153bpm 85% of max predicted 179bpm
 Max BP: 140/70 Maximum workload: 10.1METS
 Reason for Termination: Patient fatigue
 Comments: GOOD EFFORT TOLERANCE. NORMAL HR AND BP RESPONSE.
 NO SIGNIFICANT ST-T CHANGES SEEN DURING EXERCISE & RECOVERY.
 NO ANGINA/ARRHYTHMIAS.
 IMP-STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA.
 ## NEEDS CLINICAL CORRELATION FOR FURTHER MANAGEMENT ##
 *** DR.SRIDHAR.L MD,DM,FGCC. CARDIOLOGIST ***

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	6:04	1.0	0.0	1.7	81	110/70	89
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	115	120/70	138
	STAGE 2	3:00	2.5	12.0	7.0	127	130/70	165
	STAGE 3	2:00	3.4	14.0	10.1	153	130/70	199
RECOVERY	Post	5:12	***	***	1.0	95		

Dr. SRIDHAR.L
 MD (Med), DM (Cardio), FGCC
 Interventional Cardiologist
 K.M.C. No. 2248



Technician: MANJU

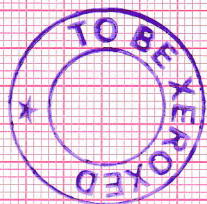
CLUMAX DIAGNOSTICS

Unconfirmed

MAC65 010Bsp1

ID: MED

12-Mar-2022
14:25:37



73bpm
BP: 110/70
ST @ 10mm/mV
80ms postJ

PRETEST
SUPINE
5:48

BRUCE
**mph
**%

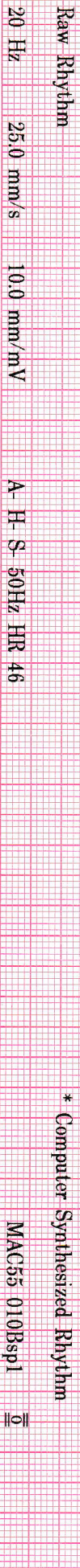
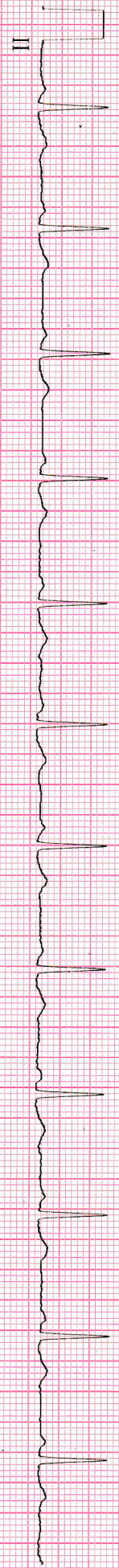
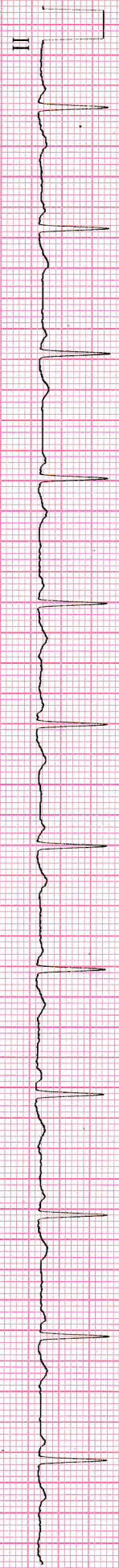
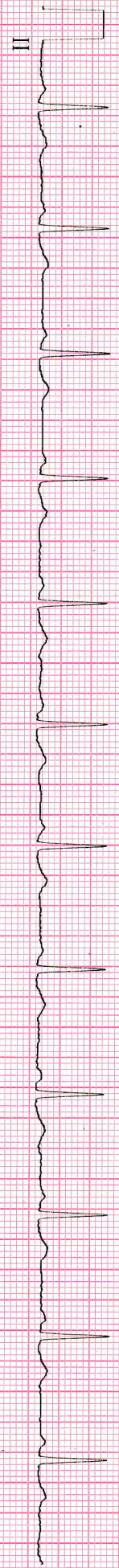
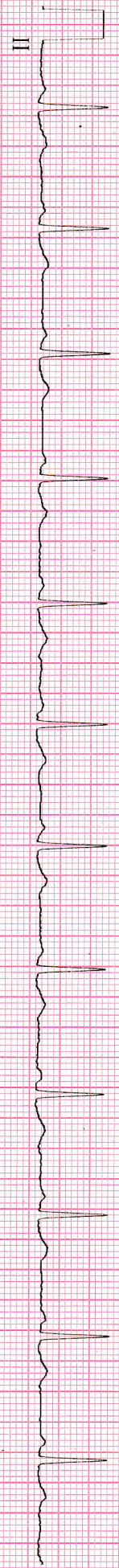
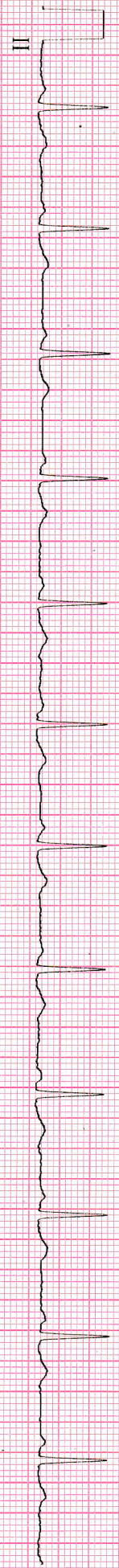
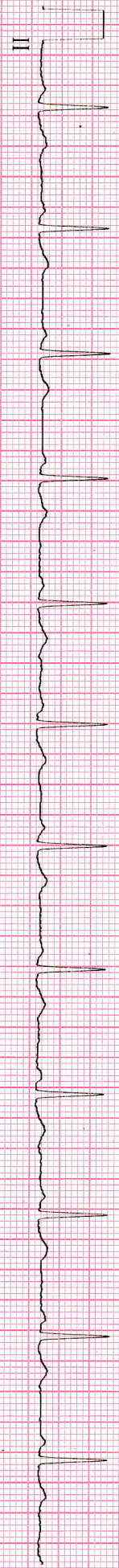
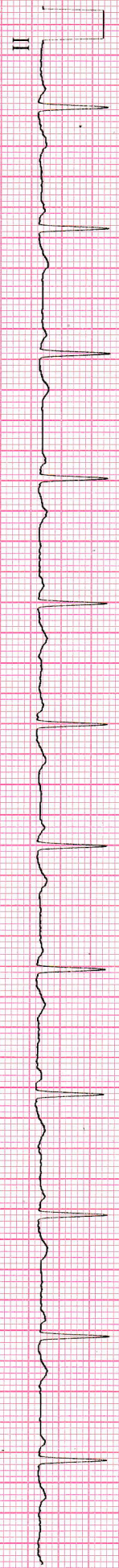
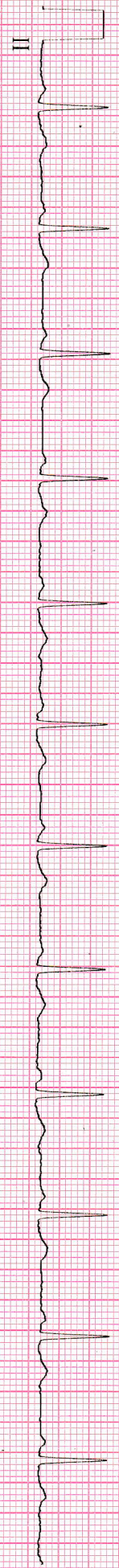
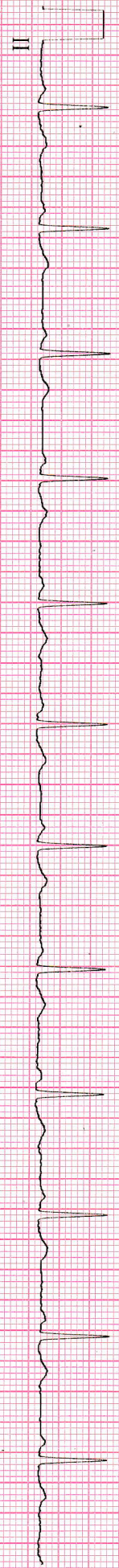
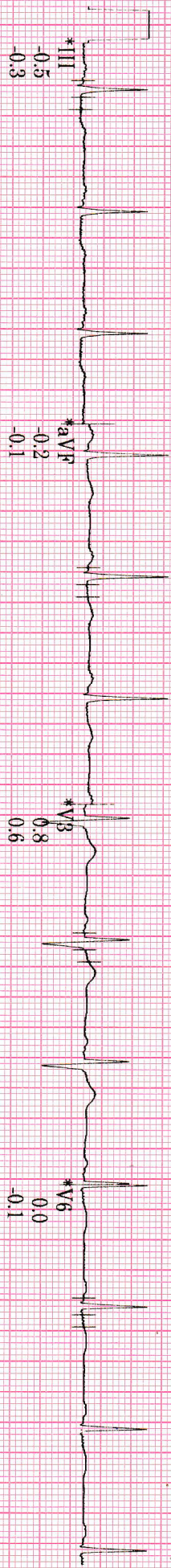
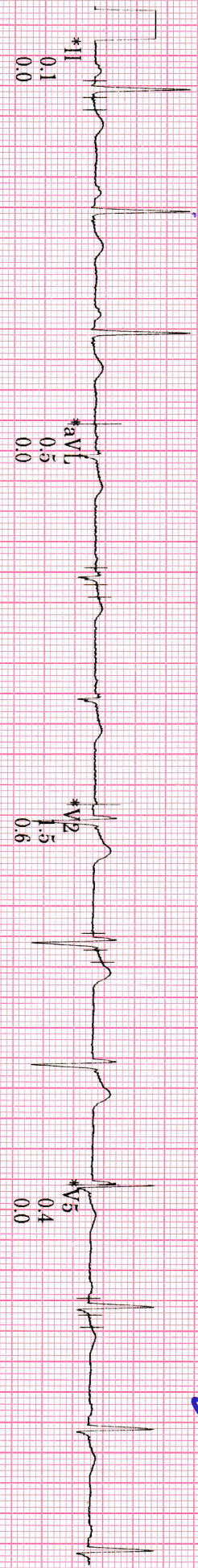
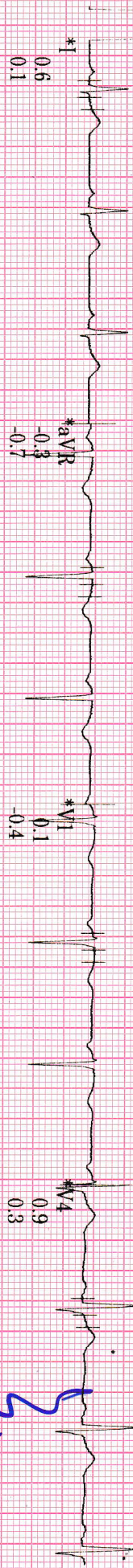
Lead
ST(mm)
Slope(mV/s)

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

(Needs Clinical Correlation
for further Management)

HR 75bpm
WNL + 70°

Normal ECG



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46
Computer Synthesized Rhythm
MAC55 010Bsp1

Customer Name	Devappa . D	Customer ID	111017511
Age & Gender	41/M	Visit Date	12/03/22

Eye Screening



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

	Right Eye	Left Eye
Near Vision	N8	N8
Distance Vision	6/6	6/6
Colour Vision	normal	normal

Observation / Comments: Advise to wear
NV. Glasses

Dhaw

Dr. RAVI V. HALAKATTI
M.S. (OPHTH)
EYE SURGEON
Regd. No. 11601