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<u>Investigation</u>	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BLOOD GROUPING AND Rh	'B' 'Positive'		

**TYPING** 

 $({\rm EDTA~Blood} Agglutination)$ 

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)	46.9	%	42 - 52
RBC Count (EDTA Blood)	5.87	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	79.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	27.5	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.4	g/dL	32 - 36
RDW-CV	13.8	%	11.5 - 16.0
RDW-SD	38.54	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	5200	cells/cu.m m	4000 - 11000
Neutrophils (Blood)	53.2	%	40 - 75
Lymphocytes (Blood)	35.2	%	20 - 45
Eosinophils (Blood)	4.2	%	01 - 06





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Monocytes (Blood)	6.1	%	01 - 10
Basophils (Blood)	1.3	%	00 - 02
INTERPRETATION: Tests done on Automated Fiv	ve Part cell counter. All al	onormal results are	reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	2.77	10^3 / μ1	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.83	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.22	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.32	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood)	0.07	10^3 / μl	< 0.2
Platelet Count (EDTA Blood)	135 (Rechecked)	10^3 / μ1	150 - 450
Remark: Smear verified. Giant platelets seen.			
MPV (Blood)	12.6	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.17	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	2	mm/hr	< 15
BUN / Creatinine Ratio	12.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	94.39	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.





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<u>Investigation</u>	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS)	101.67	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		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.8	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.71	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)  Liver Function Test	6.01	mg/dL	3.5 - 7.2
Bilirubin(Total) (Serum/DCA with ATCS)	1.16	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.31	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.85	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	32.57	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	53.95	U/L	5 - 41





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	15.56	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	105.6	U/L	53 - 128
Total Protein (Serum/Biuret)	7.04	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.85	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.19	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	2.21		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	177.08	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	90.98	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 õusualö"circulating level of triglycerides during most part of the day.

HDL Cholesterol 36.22 mg/dL Optimal(Negative Risk Factor): >= 60 (Serum/Immunoinhibition) Borderline: 40 - 59 High Risk: < 40





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
LDL Cholesterol (Serum/Calculated)	122.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	18.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	140.9	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.

4.9	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
2.5	Optimal: < 2.5
	Mild to moderate risk: 2.5 - 5.0
	High Risk: > 5.0
3.4	Optimal: 0.5 - 3.0
	Borderline: 3.1 - 6.0
	High Risk: > 6.0
	2.5

## Glycosylated Haemoglobin (HbA1c)





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
HbA1C (Whole Blood/ <i>HPLC</i> )	5.0	%	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 96.8 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 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.

Prostate specific antigen - Total(PSA) 0.468 ng/ml Normal: 0.0 - 4.0 Inflammatory & Non Malignant (Serum/Manometric method)

> conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of

> > Prostate: > 10.0

### THYROID PROFILE / TFT

1.08 0.7 - 2.04T3 (Triiodothyronine) - Total ng/ml

(Serum/ECLIA)

### 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 8.35 µg/dl 4.2 - 12.0

(Serum/ECLIA)

### 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.





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
TSH (Thyroid Stimulating Hormone) (Serum/ECLIA)	2.07	$\mu IU/mL$	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.

### **URINE ROUTINE**

# PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	20	
<u>CHEMICAL EXAMINATION (URI</u> <u>COMPLETE)</u>	<u>'NE</u>	
pH (Urine)	6	4.5 - 8.0
Specific Gravity (Urine)	1.015	1.002 - 1.035
Ketone (Urine)	Negative	Negative





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
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
Leukocytes(CP) (Urine)	Negative		
MICROSCOPIC EXAMINATION (URINE COMPLETE)			
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		
<b>INTERPRETATION:</b> Note: Done with Automa reviewed and confirmed microscopically.	ated Urine Analyser & Auto	nated urine sedim	nentation analyser. All abnormal reports are
Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL





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-- End of Report --

Name	MR.NAVEEN KUMAR	ID	MED122253351
Age & Gender	42Y/MALE	Visit Date	01 Nov 2023
Ref Doctor Name	MediWheel		

## ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size(12.6 cm) and shows increased echogenicity. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

**GALL BLADDER** shows normal shape and has clear contents. Wall is of normal thickness. CBD is of normal calibre.

PANCREAS- Obscured by bowel gas shadows.

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

### **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	9.2	1.9
Left Kidney	10.0	1.7

**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 3.2 x 3.4 x 2.6 cms and vol: 14.2cc.

No evidence of ascites.

## **IMPRESSION:**

• Grade I fatty infiltration of liver

DR. KARTHIK VIJAY DATTANI, MD, PDCC CONSULTANT RADIOLOGIST Kv/Sp

Name	MR.NAVEEN KUMAR	ID	MED122253351
Age & Gender	42Y/MALE	Visit Date	01 Nov 2023
Ref Doctor Name	MediWheel		

## 2D ECHOCARDIOGRAPHIC STUDY

## **M-mode measurement:**

2.54 **AORTA** cms. LEFT ATRIUM 2.90 cms. **AVS** 1.47 cms. LEFT VENTRICLE (DIASTOLE) 4.08 cms. (SYSTOLE) 2.27 cms. **VENTRICULAR SEPTUM** (DIASTOLE) 0.90 cms. (SYSTOLE) 1.22 cms. POSTERIOR WALL (DIASTOLE) 1.04 cms. (SYSTOLE) 1.45 cms. **EDV** 29 ml. **ESV** 16 ml. FRACTIONAL SHORTENING 35 % **EJECTION FRACTION** 60 % **EPSS** cms. **RVID** 1.80 cms.

## **DOPPLER MEASUREMENTS:**

MITRAL VALVE: E - 1.0 m/s A - 0.6 m/s NO MR.

AORTIC VALVE: 1.1 m/s NO AR.

TRICUSPID VALVE: E - 0.5 m/s A - 0.3 m/s NO TR.

PULMONARY VALVE: 0.8 m/s NO PR.

Name	MR.NAVEEN KUMAR	ID	MED122253351
Age & Gender	42Y/MALE	Visit Date	01 Nov 2023
Ref Doctor Name	MediWheel	-	

## 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	MR.NAVEEN KUMAR	ID	MED122253351
Age & Gender	42Y/MALE	Visit Date	01 Nov 2023
Ref Doctor Name	MediWheel	-	

Name	Mr. NAVEEN KUMAR	Customer ID	MED122253351
Age & Gender	42Y/M	Visit Date	Nov 1 2023 8:52AM
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: No significant abnormality detected.

DR KARTHIK VIJAY DATTANI. MD., PDCC CONSULTANT RADIOLOGIST

