



ಭಾರತೀಯ ವಿಶಿಷ್ಟ ಗುರುತು ಪ್ರಾಧಿಕಾರ
ಭಾರತ ಸರ್ಕಾರ
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Government of India

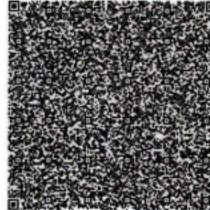
ನೋಂದಣಿ ಸಂಖ್ಯೆ/ Enrolment No.: 0129/92008/80682

Download Date: 20/09/2019

To
 Hidangmayum Sushindro Sharma
 Hidangmayum Sushindro Sharma
 KHONGMAM MANGJIN ZONE I
 Singjamei
 Singjamei
 Imphal East Manipur - 795008
 9620022003

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ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8716 5248 0111

VID : 9117 2756 0180 1404

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು



ಭಾರತ ಸರ್ಕಾರ
Government of India



Hidangmayum Sushindro Sharma
 Hidangmayum Sushindro Sharma
 ಜನ್ಮ ದಿನಾಂಕ/DOB: 15/09/1983
 ಪುರುಷ/ MALE



8716 5248 0111

VID : 9117 2756 0180 1404

ನನ್ನ ಆಧಾರ್, ನನ್ನ ಗುರುತು

To be filled by Customer

Name: Mr/Ms/Mrs **Hidangmayum Sushindra Shagma**
 Gender: Male Female Age: **38** years DOB: / /
 Mobile: Pincode:
 Email:

Bar code

Vitals

To be filled by Technician

Height: **168** cms
 Waist: **36** in.
 Hip: **38** in.
 Weight: **78.1** kg
 Fat: **30.8** %
 Visc. Fat: **13.5** %
 RM: **1687** cal
 BMI: **27.7** kg/m²
 Body Age: **52** years
 Sys. BP: **135** mmHg
 Dia. BP: **100** mmHg

Pulse - 121/min

To be filled by Customer

Medical History

Have you been previously diagnosed with?

Diabetes (Sugar) Yes No
 Hypertension (BP) Yes No
 Cardiovascular Disease (Heart) Yes No
 Asthma/Allergies (Dust, Pollen, Food, Animals, etc.) Yes No
 Neurological Problems (Nerve) Yes No

Are you currently taking medications for?

Diabetes (Sugar) Yes No
 Hypertension (BP) Yes No
 Cardiovascular Disease (Heart) Yes No
 Liver Disease Yes No
 Cancer Yes No
 Tuberculosis (TB) Yes No

Family History

Is there a history of below diseases in your family?

Diabetes (Sugar) Yes No
 Hypertension (BP) Yes No
 Cardiovascular Disease (Heart) Yes No
 Cancer Yes No

Lifestyle

Do you exercise regularly? Yes No
 Do you consume alcohol more than 2 times a week? Yes No
 Do you smoke/chew tobacco? Yes No
 Are you vegetarian? Yes No

General

Do you see a doctor at least once in 6 months? Yes No
 Do you undergo a health checkup every year? Yes No
 How would you rate your overall Health? Excellent Good Normal Poor Very Poor

Women's Health

Is there a family history of Breast Cancer? Yes No
 Is there a family history of Endometrial (Uterus) Cancer? Yes No
 Is there a family history of Ovarian Cancer? Yes No
 Do you have irregular periods? Yes No
 Do you have heavy bleeding during periods? Yes No
 Do you have scanty periods? Yes No
 Have you attained Menopause? Yes No
 Do you have children? Yes No
 Was it a normal delivery? Yes No
 Did you have diabetes/hypertension during delivery? Yes No

Name	HIDANGMAYUM SUSHINDRO SHARMA	Customer ID	MED110908156
Age & Gender	38Y/M	Visit Date	Jan 27 2022 9:32AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

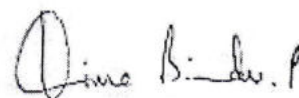
Bilateral hilar regions appear normal.

Right diaphragmatic hump is noted.

Left dome of diaphragm and bilateral costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Suggested Clinical correlation.



DR. H.K. ANAND

DR. POOJA B.P

DR. SHWETHA S

DR. HIMA BINDU P

CONSULTANT RADIOLOGISTS



Name	MR.HIDANGMAYUM SUSHINDRO SHARMA	ID	MED110908156
Age & Gender	38Y/MALE	Visit Date	27/01/2022
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has increased 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	9.4	1.4
Left Kidney	9.5	1.6

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

PROSTATE shows normal shape, size (wt-19.3gms) and echopattern.

No evidence of ascites.

Impression: Grade I fatty change in the liver.

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND

DR. PRAJNA SHENOY

DR. MAHESH. M. S

DR. RADHA KRISHNA. A.

DR. HIMA BINDU.P

Hbp/so

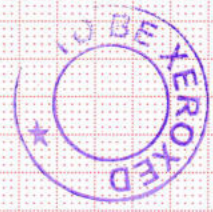


38 Years
Male

QRS : 92 ms
QT / QTcBaz : 316 / 427 ms
PR : 124 ms
P : 94 ms
RR / PP : 544 / 545 ms
P / QRS / T : 63 / 43 / 3 degrees

(Needs Clinical Correlation
for further Management)

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



HR-110bpm

HR

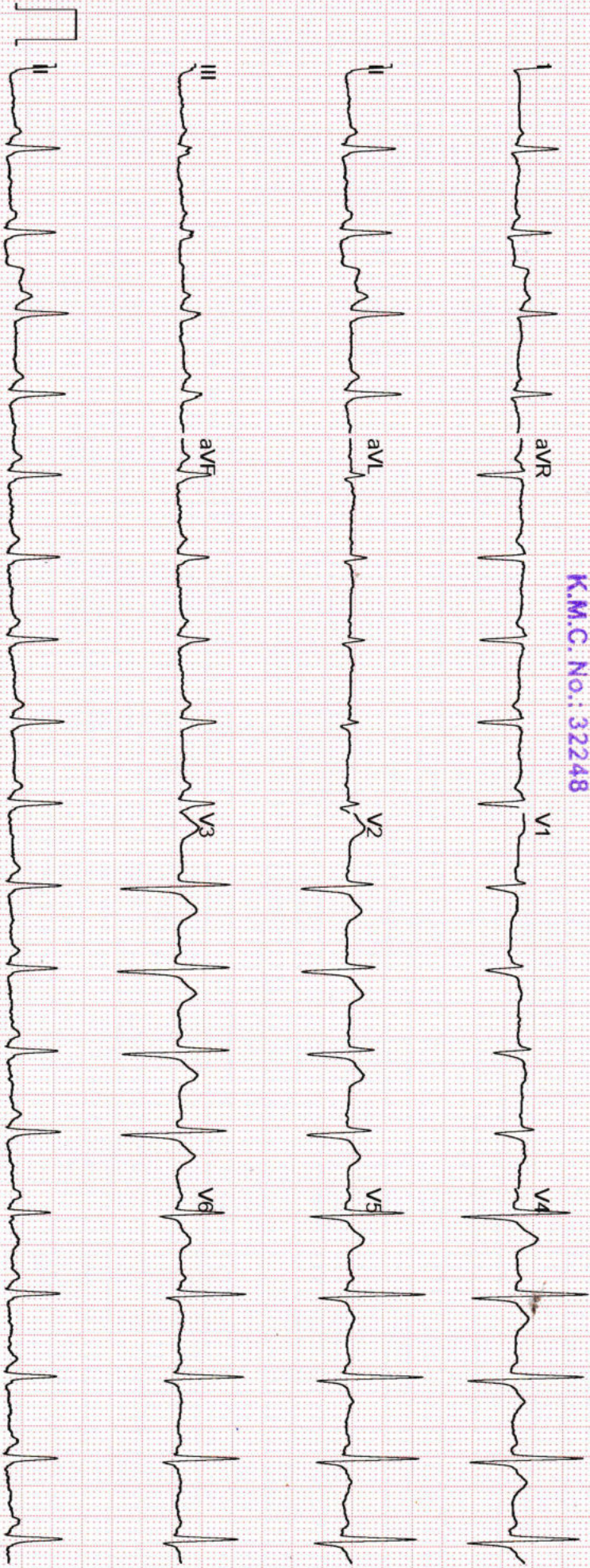
hw + 70°

6mm

Palpitations

Σ

Technician: Bhagyashree
Ordering Ph: MEDIWHHEEL
Referring Ph: MEDIWHHEEL
Attending Ph:



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz 4x2 5x3 25_R1

Unconfirmed

Name	MR.HIDANGMAYUM SUSHINDRO SHARMA	ID	MED110908156
Age & Gender	38Y/MALE	Visit Date	27/01/2022
Ref Doctor	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.27	cms
LEFT ATRIUM	:	3.27	cms
AVS	:	1.47	cms
LEFT VENTRICLE (DIASTOLE)	:	4.16	cms
(SYSTOLE)	:	2.78	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.18	cms
(SYSTOLE)	:	1.88	cms
POSTERIOR WALL (DIASTOLE)	:	0.98	cms
(SYSTOLE)	:	1.86	cms
EDV	:	76	ml
ESV	:	29	ml
FRACTIONAL SHORTENING	:	33	%
EJECTION FRACTION	:	65	%
EPSS	:		cms
RVID	:	2.08	cms

DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' -0.87m/s 'A' -0.64 m/s	NO MR
AORTIC VALVE	:1.41. m/s	NO AR
TRICUSPID VALVE	: 'E' -0.68m/s 'A' - m/s	NO TR
PULMONARY VALVE	:0.84 m/s	NO PR



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:2:

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 prolapse.

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: 65 %
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

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

DR.SRIDHAR.L MD,DM,FICC.
CONSULTANT CARDIOLOGIST
Ls/ml



Name : Mr. HIDANGMAYUM
SUSHINDRO SHARMA
PID No. : MED110908156
SID No. : 922007558
Age / Sex : 38 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

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<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)	15.3	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	47.8	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	5.62	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	85.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	27.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.0	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	15.0	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	44.63	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	8530	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	65.06	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	25.27	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	2.68	%	01 - 06


Dr BIDISHA DE MD
CONSULTANT PATHOLOGIST
KMC NO-110691

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

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SUSHINDRO SHARMA

PID No. : MED110908156

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.68	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.32	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.55	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.16	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.23	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.57	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)	206.1	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	10.85	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	8	mm/hr	< 15


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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)	7.8	g/dL	6.0 - 8.3
Albumin (Serum/Bromocresol green)	4.8	g/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.0	g/dL	2.3 - 3.5
A : G Ratio (Serum/Derived)	1.6		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	33	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	43	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	49	U/L	< 55

DR MANJUNATHA T.M
Consultant Pathologist
KMC Reg No: 112205

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MD PATHOLOGY
KMC 88902

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SUSHINDRO SHARMA

PID No. : MED110908156

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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	239	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	150	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)	60	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	149	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	30	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	179.0	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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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)	2.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.5		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)	5.9	%	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 122.63 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.

DR MANJUNATHA T.M
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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/CMIA)	0.964	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)	7.45	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))	3.00	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&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine)	Pale Yellow		
Volume (Urine)	20	mL	
Appearance (Urine)	Clear		Clear

CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.025		1.002 - 1.035
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Ketones (Urine)	Negative		Negative
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative

Dr. Arjun C.P
MBBS, MD Pathology
Reg No:KMC 89655

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MD PATHOLOGY
KMC 88902

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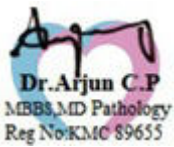
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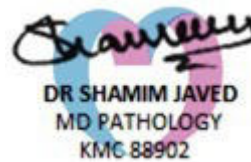
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Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
<u>MICROSCOPY(URINE DEPOSITS)</u>			
Pus Cells (Urine/Flow cytometry)	2-3	/hpf	3-5
Epithelial Cells (Urine)	1-2	/hpf	1-2
RBCs (Urine/Flow cytometry)	0-2	/hpf	2-3
Others (Urine)	Nil		Nil



VERIFIED BY



APPROVED BY

Name : Mr. HIDANGMAYUM
SUSHINDRO SHARMA

PID No. : MED110908156

SID No. : 922007558

Age / Sex : 38 Year(s) / Male

Type : OP

Ref. Dr : MediWheel

Register On : 27/01/2022 9:33 AM

Collection On : 27/01/2022 12:14 PM

Report On : 28/01/2022 12:28 PM

Printed On : 28/01/2022 3:37 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BIOCHEMISTRY

BUN / Creatinine Ratio

14

6 - 22

Glucose Fasting (FBS)

93

mg/dL

Normal: < 100
Pre Diabetic: 100 - 125
Diabetic: >= 126

(Plasma - F/GOD - POD)

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

Negative

Negative

(Urine - F)

Glucose Postprandial (PPBS)

87

mg/dL

70 - 140

(Plasma - PP/GOD - POD)

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.

Blood Urea Nitrogen (BUN)

15

mg/dL

7.0 - 21

(Serum/Urease-GLDH)

Creatinine

1.1

mg/dL

0.9 - 1.3

(Serum/Jaffe Kinetic)

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

7.5


mg/dL

3.5 - 7.2

(Serum/Uricase/Peroxidase)


DR MANJUNATHA T.M
Consultant Pathologist
KMC Reg No: 112205

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

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Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'A' 'Positive'

DR MANJUNATHA T.M
Consultant Pathologist
KMC Reg No: 112205

VERIFIED BY

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MD PATHOLOGY
KMC 88902

APPROVED BY

-- End of Report --