

DIAGNOSTIC REPORT

Patient Ref. No. 66600003531978

**CLIENT CODE :** CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESS:MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156DDRC SRL DIAGNOSTICS
Room A1, Ground Floor, Sitaram Tejal,
Opp.110KV Substation, Ashwini Junction
TRICHUR, 680022
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in**PATIENT NAME :** CHANDRA PRASAD T C**PATIENT ID :** CHANM2502914177**ACCESSION NO :** 4177WB002454 **AGE :** 32 Years **SEX :** Male**ABHA NO :****DRAWN :****RECEIVED :** 25/02/2023 12:55**REPORTED :** 25/02/2023 19:17**REFERRING DOCTOR :** DR. A M ANTO**CLIENT PATIENT ID :**

Test Report Status	Final	Results	Biological Reference Interval	Units
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MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT**OPHAL**

OPHAL COMPLETED

TREADMILL TEST

TREADMILL TEST COMPLETED

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION COMPLETED



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MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

BUN/CREAT RATIO

BUN/CREAT RATIO 7.8

CREATININE, SERUM

CREATININE 0.96 18 - 60 yrs : 0.9 - 1.3 mg/dL

GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA 95 Diabetes Mellitus : > or = 200. mg/dL
 Impaired Glucose tolerance/
 Prediabetes : 140 - 199.
 Hypoglycemia : < 55.

GLUCOSE FASTING,FLUORIDE PLASMA

GLUCOSE, FASTING, PLASMA 91 Diabetes Mellitus : > or = 126. mg/dL
 Impaired fasting Glucose/
 Prediabetes : 101 - 125.
 Hypoglycemia : < 55.

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

GLYCOSYLATED HEMOGLOBIN (HBA1C) 5.3 Normal : 4.0 - 5.6%. %
 Non-diabetic level : < 5.7%.
 Diabetic : >6.5%

Glycemic control goal
 More stringent goal : < 6.5 %.
 General goal : < 7%.
 Less stringent goal : < 8%.

Glycemic targets in CKD :-
 If eGFR > 60 : < 7%.
 If eGFR < 60 : 7 - 8.5%.
 < 116.0 mg/dL

MEAN PLASMA GLUCOSE 105.4

LIPID PROFILE, SERUM

CHOLESTEROL 189 Desirable : < 200 mg/dL
 Borderline : 200-239
 High : >or= 240

TRIGLYCERIDES 120 Normal : < 150 mg/dL
 High : 150-199
 Hypertriglyceridemia : 200-499
 Very High : > 499

HDL CHOLESTEROL 34 **Low** General range : 40-60 mg/dL



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DIRECT LDL CHOLESTEROL		144	mg/dL
		Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	
NON HDL CHOLESTEROL		155	mg/dL
		High Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	
VERY LOW DENSITY LIPOPROTEIN CHOL/HDL RATIO		24.0	mg/dL
		< or = 30.0	
LDL/HDL RATIO		5.6	
		High 3.30 - 4.40	
		4.2	
		High 0.5 - 3.0	





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Interpretation(s)

- 1) Cholesterol levels help assess the patient risk status and to follow the progress of patient under treatment to lower serum cholesterol concentrations.
- 2) Serum Triglyceride (TG) are a type of fat and a major source of energy for the body. Both quantity and composition of the diet impact on plasma triglyceride concentrations. Elevations in TG levels are the result of overproduction and impaired clearance. High TG are associated with increased risk for CAD (Coronary artery disease) in patients with other risk factors, such as low HDL-C, some patient groups with elevated apolipoprotein B concentrations, and patients with forms of LDL that may be particularly atherogenic.
- 3) HDL-C plays a crucial role in the initial step of reverse cholesterol transport, this considered to be the primary atheroprotective function of HDL
- 4) LDL -C plays a key role in causing and influencing the progression of atherosclerosis and, in particular, coronary sclerosis. The majority of cholesterol stored in atherosclerotic plaques originates from LDL, thus LDL-C value is the most powerful clinical predictor.
- 5) Non HDL cholesterol: Non-HDL-C measures the cholesterol content of all atherogenic lipoproteins, including LDL hence it is a better marker of risk in both primary and secondary prevention studies. Non-HDL-C also covers, to some extent, the excess ASCVD risk imparted by the sdLDL, which is significantly more atherogenic than the normal large buoyant particles, an elevated non-HDL-C indirectly suggests greater proportion of the small, dense variety of LDL particles

Serum lipid profile is measured for cardiovascular risk prediction. Lipid Association of India recommends LDL-C as primary target and Non HDL-C as co-primary treatment target.

Risk Stratification for ASCVD (Atherosclerotic cardiovascular disease) by Lipid Association of India

Risk Category	
Extreme risk group	A. CAD with > 1 feature of high risk group B. CAD with > 1 feature of Very high risk group or recurrent ACS (within 1 year) despite LDL-C < or = 50 mg/dl or polyvascular disease
Very High Risk	1. Established ASCVD 2. Diabetes with 2 major risk factors or evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
High Risk	1. Three major ASCVD risk factors. 2. Diabetes with 1 major risk factor or no evidence of end organ damage. 3. CKD stage 3B or 4. 4. LDL >190 mg/dl 5. Extreme of a single risk factor. 6. Coronary Artery Calcium - CAC >300 AU. 7. Lipoprotein a >= 50mg/dl 8. Non stenotic carotid plaque
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors	
1. Age > or = 45 years in males and > or = 55 years in females	3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD	4. High blood pressure
5. Low HDL	

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by LAI in 2020.

Risk Group	Treatment Goals	Consider Drug Therapy
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	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal <OR = 30)	< 80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	<OR = 30	<OR = 60	> 30	>60
Very High Risk	<50	<80	>OR= 50	>OR= 80
High Risk	<70	<100	>OR= 70	>OR= 100
Moderate Risk	<100	<130	>OR= 100	>OR= 130
Low Risk	<100	<130	>OR= 130*	>OR= 160

*After an adequate non-pharmacological intervention for at least 3 months.

References: Management of Dyslipidaemia for the Prevention of Stroke: Clinical Practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology, 2022, 20, 134-155.

LIVER FUNCTION TEST WITH GGT

BILIRUBIN, TOTAL	0.53	General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.23	General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	0.30	0.00 - 1.00	mg/dL
TOTAL PROTEIN	6.7	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.5	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.2	2.0 - 4.1	g/dL
ALBUMIN/GLOBULIN RATIO	2.1	High 1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	20	Adults : < 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	Adults : < 45	U/L
ALKALINE PHOSPHATASE	56	Adult(<60yrs) : 40 - 130	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	13	Adult (male) : < 60	U/L

URIC ACID, SERUM

URIC ACID	8.4	High Adults : 3.4-7	mg/dL
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ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP	B
METHOD : GEL CARD METHOD	
RH TYPE	POSITIVE

BLOOD COUNTS, EDTA WHOLE BLOOD

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HEMOGLOBIN		14.5	13.0 - 17.0 g/dL
RED BLOOD CELL COUNT		5.05	4.5 - 5.5 mil/ μ L
WHITE BLOOD CELL COUNT		4.72	4.0 - 10.0 thou/ μ L
PLATELET COUNT		239	150 - 410 thou/ μ L
RBC AND PLATELET INDICES			
HEMATOCRIT		43.1	40 - 50 %
MEAN CORPUSCULAR VOL		85.3	83 - 101 fL
MEAN CORPUSCULAR HGB.		28.7	27.0 - 32.0 pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION		33.7	31.5 - 34.5 g/dL
RED CELL DISTRIBUTION WIDTH		12.5	11.6 - 14.0 %
MENTZER INDEX		16.9	
MEAN PLATELET VOLUME		8.5	6.8 - 10.9 fL
WBC DIFFERENTIAL COUNT			
SEGMENTED NEUTROPHILS		52	40 - 80 %
LYMPHOCYTES		40	20 - 40 %
MONOCYTES		05	2 - 10 %
EOSINOPHILS		03	1 - 6 %
BASOPHILS		00	< 1 - 2 %
ABSOLUTE NEUTROPHIL COUNT		2.45	2.0 - 7.0 thou/ μ L
ABSOLUTE LYMPHOCYTE COUNT		1.89	1 - 3 thou/ μ L
ABSOLUTE MONOCYTE COUNT		0.24	0.20 - 1.00 thou/ μ L
ABSOLUTE EOSINOPHIL COUNT		0.14	0.02 - 0.50 thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		1.4	
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD			
SEDIMENTATION RATE (ESR)		08	0 - 14 mm at 1 hr
SUGAR URINE - POST PRANDIAL			
SUGAR URINE - POST PRANDIAL		NOT DETECTED	NOT DETECTED
THYROID PANEL, SERUM			
T3		112.34	20-50 yrs : 60-181 ng/dL
T4		7.70	3.2 - 12.6 μ g/dl
TSH 3RD GENERATION		6.170	18-49 yrs : 0.4 - 4.2 μ IU/mL



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Interpretation(s)

Triiodothyronine T3 , Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1)Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3)Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

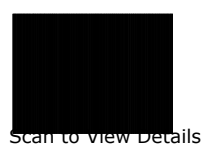
REF: 1. TIETZ Fundamentals of Clinical chemistry 2.Guidlines of the American Thyroid association during pregnancy and Postpartum, 2011.
NOTE: It is advisable to detect Free T3,FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

PHYSICAL EXAMINATION, URINE

COLOR PALE YELLOW
 APPEARANCE CLEAR

CHEMICAL EXAMINATION, URINE

PH 6.5 4.7 - 7.5



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SPECIFIC GRAVITY		1.025	1.003 - 1.035
PROTEIN		NOT DETECTED	NOT DETECTED
GLUCOSE		NOT DETECTED	NOT DETECTED
KETONES		NOT DETECTED	NOT DETECTED
BLOOD		NOT DETECTED	NOT DETECTED
BILIRUBIN		NOT DETECTED	NOT DETECTED
UROBILINOGEN		NORMAL	NORMAL
NITRITE		NOT DETECTED	NOT DETECTED
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS		NOT DETECTED	/HPF
WBC		1-2	/HPF
EPITHELIAL CELLS		0-1	/HPF
CASTS		NOT DETECTED	
CRYSTALS		NOT DETECTED	
BACTERIA		NOT DETECTED	NOT DETECTED



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Interpretation(s)

The following table describes the probable conditions, in which the analytes are present in urine

Presence of	Conditions
Proteins	Inflammation or immune illnesses
Pus (White Blood Cells)	Urinary tract infection, urinary tract or kidney stone, tumors or any kind of kidney impairment
Glucose	Diabetes or kidney disease
Ketones	Diabetic ketoacidosis (DKA), starvation or thirst
Urobilinogen	Liver disease such as hepatitis or cirrhosis
Blood	Renal or genital disorders/trauma
Bilirubin	Liver disease
Erythrocytes	Urological diseases (e.g. kidney and bladder cancer, urolithiasis), urinary tract infection and glomerular diseases
Leukocytes	Urinary tract infection, glomerulonephritis, interstitial nephritis either acute or chronic, polycystic kidney disease, urolithiasis, contamination by genital secretions
Epithelial cells	Urolithiasis, bladder carcinoma or hydronephrosis, ureteric stents or bladder catheters for prolonged periods of time
Granular Casts	Low intratubular pH, high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration, acute congestive heart failure, renal diseases
Calcium oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of vitamin C, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit (Averrhoa carambola) or its juice
Uric acid	arthritis
Bacteria	Urinary infection when present in significant numbers & with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

BLOOD UREA NITROGEN (BUN), SERUM

BLOOD UREA NITROGEN 7 Adult(<60 yrs) : 6 to 20 mg/dL

SUGAR URINE - FASTING

SUGAR URINE - FASTING NOT DETECTED NOT DETECTED

PHYSICAL EXAMINATION, STOOL

COLOUR BROWN
 CONSISTENCY SEMI FORMED



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MUCUS		ABSENT	NOT DETECTED
VISIBLE BLOOD		ABSENT	ABSENT
MICROSCOPIC EXAMINATION,STOOL			
PUS CELLS		1-3	/hpf
RED BLOOD CELLS		NOT DETECTED	NOT DETECTED /HPF
CYSTS		NOT DETECTED	NOT DETECTED
OVA		NOT DETECTED	





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 Email : customercare.ddrc@srl.in

PATIENT NAME : CHANDRA PRASAD T C

PATIENT ID : CHANM2502914177

ACCESSION NO : 4177WB002454 AGE : 32 Years SEX : Male

ABHA NO :

DRAWN :

RECEIVED : 25/02/2023 12:55

REPORTED : 25/02/2023 19:17

REFERRING DOCTOR : DR. A M ANTO

CLIENT PATIENT ID :

Test Report Status	Final	Results	Units
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Interpretation(s)

Stool routine analysis is only a screening test for disorders of gastrointestinal tract like infection, malabsorption, etc. The following table describes the probable conditions, in which the analytes are present in stool.

PRESENCE OF	CONDITION
Pus cells	Pus in the stool is an indication of infection
Red Blood cells	Parasitic or bacterial infection or an inflammatory bowel condition such as ulcerative colitis
Parasites	Infection of the digestive system. Stool examination for ova and parasite detects presence of parasitic infestation of gastrointestinal tract. Various forms of parasite that can be detected include cyst, trophozoite and larvae. One negative result does not rule out the possibility of parasitic infestation. Intermittent shedding of parasites warrants examinations of multiple specimens tested on consecutive days. Stool specimens for parasitic examination should be collected before initiation of anti-diarrheal therapy or antiparasitic therapy. This test does not detect presence of opportunistic parasites like Cyclospora, Cryptosporidia and Isospora species. Examination of Ova and Parasite has been carried out by direct and concentration techniques.
Mucus	Mucus is a protective layer that lubricates, protects & reduces damage due to bacteria or viruses.
Charcot-Leyden crystal	Parasitic diseases.
Ova & cyst	Ova & cyst indicate parasitic infestation of intestine.
Frank blood	Bleeding in the rectum or colon.
Occult blood	Occult blood indicates upper GI bleeding.
Macrophages	Macrophages in stool are an indication of infection as they are protective cells.
Epithelial cells	Epithelial cells that normally line the body surface and internal organs show up in stool when there is inflammation or infection.
Fat	Increased fat in stool maybe seen in conditions like diarrhoea or malabsorption.
pH	Normal stool pH is slightly acidic to neutral. Breast-fed babies generally have an acidic stool.

ADDITIONAL STOOL TESTS :

- Stool Culture**:- This test is done to find cause of GI infection, make decision about best treatment for GI infection & to find out if treatment for GI infection worked.
- Fecal Calprotectin**: It is a marker of intestinal inflammation. This test is done to differentiate Inflammatory Bowel Disease (IBD) from Irritable Bowel Syndrome (IBS).
- Fecal Occult Blood Test (FOBT)**: This test is done to screen for colon cancer & to evaluate possible cause of unexplained anaemia.
- Clostridium Difficile Toxin Assay**: This test is strongly recommended in healthcare associated bloody or watery diarrhoea, due to overuse of broad spectrum antibiotics which alter the normal GI flora.
- Biofire (Film Array) GI PANEL**: In patients of Diarrhoea, Dysentery, Rice watery Stool, FDA approved, Biofire Film Array Test, (Real Time Multiplex PCR) is strongly recommended as it identifies organisms, bacteria, fungi, virus, parasite and other opportunistic pathogens, Vibrio cholera infections only in 3 hours. Sensitivity 96% & Specificity 99%.





CLIENT CODE : CA00010147 - MEDIWHEEL
 CLIENT'S NAME AND ADDRESS:

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
 F701A, LADO SARAI, NEW DELHI,
 SOUTH DELHI, DELHI,
 SOUTH DELHI 110030
 DELHI INDIA
 8800465156

DDRC SRL DIAGNOSTICS
 Room A1, Ground Floor, Sitaram Tejal,
 Opp.110KV Substation, Ashwini Junction
 TRICHUR, 680022
 KERALA, INDIA
 Tel : 93334 93334
 Email : customercare.ddrc@srl.in

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6. **Rota Virus Immunoassay:** This test is recommended in severe gastroenteritis in infants & children associated with watery diarrhoea, vomiting & abdominal cramps. Adults are also affected. It is highly contagious in nature.

Interpretation(s)

CREATININE, SERUM-Higher than normal level may be due to:

- Blockage in the urinary tract
- Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
- Loss of body fluid (dehydration)
- Muscle problems, such as breakdown of muscle fibers
- Problems during pregnancy, such as seizures (eclampsia), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:

- Myasthenia Gravis
- Muscular dystrophy

GLUCOSE, POST-PRANDIAL, PLASMA-High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc. Additional test HbA1c GLUCOSE FASTING, FLUORIDE PLASMA-TEST DESCRIPTION

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in

Diabetes mellitus, Cushing's syndrome (10 - 15%), chronic pancreatitis (30%). Drugs: corticosteroids, phenytoin, estrogen, thiazides.

Decreased in

Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy (adrenocortical, stomach, fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases (e.g., galactosemia), Drugs- insulin, ethanol, propranolol, sulfonyleureas, tolbutamide, and other oral hypoglycemic agents.

NOTE: While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals. Thus, glycosylated hemoglobin (HbA1c) levels are favored to monitor glycemic control.

High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.

GLYCOSYLATED HEMOGLOBIN (HBA1C), EDTA WHOLE BLOOD-Used For

1. Evaluating the long-term control of blood glucose concentrations in diabetic patients.

2. Diagnosing diabetes.

3. Identifying patients at increased risk for diabetes (prediabetes).

The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patient's metabolic control has remained continuously within the target range.

1. eAG (Estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.

2. eAG gives an evaluation of blood glucose levels for the last couple of months.

3. eAG is calculated as $eAG (mg/dl) = 28.7 * HbA1c - 46.7$

HbA1c Estimation can get affected due to:

I. Shortened Erythrocyte survival: Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results. Fructosamine is recommended in these patients which indicates diabetes control over 15 days.

II. Vitamin C & E are reported to falsely lower test results. (possibly by inhibiting glycation of hemoglobin.)

III. Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia, uremia, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiates addiction are reported to interfere with some assay methods, falsely increasing results.

IV. Interference of hemoglobinopathies in HbA1c estimation is seen in

a. Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.

b. Heterozygous state detected (D10 is corrected for HbS & HbC trait.)

c. HbF > 25% on alternate platform (Boronate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

URIC ACID, SERUM-Causes of Increased levels: -Dietary (High Protein Intake, Prolonged Fasting, Rapid weight loss), Gout, Lesch nyhan syndrome, Type 2 DM, Metabolic syndrome





Patient Ref. No. 666000003531978

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Causes of decreased levels-Low Zinc intake,OCP,Multiple Sclerosis

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.

BLOOD COUNTS,EDTA WHOLE BLOOD-The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait

(<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.

WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.

(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504

This ratio element is a calculated parameter and out of NABL scope.

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD-TEST DESCRIPTION :-

Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

TEST INTERPRETATION

Increase in: Infections, Vasculitides, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.

Finding a very accelerated ESR(>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia

False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.

SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT'S TEST

BLOOD UREA NITROGEN (BUN), SERUM-Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)

Causes of decreased level include Liver disease, SIADH.

SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST



DIAGNOSTIC REPORT

Patient Ref. No. 66600003531978



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MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT**ECG WITH REPORT****REPORT**

COMPLETED

USG ABDOMEN AND PELVIS**REPORT**

COMPLETED

CHEST X-RAY WITH REPORT**REPORT**

COMPLETED

****End Of Report****Please visit www.srlworld.com for related Test Information for this accession

DR. HARI SHANKAR, MBBS MD
 (Reg No - TCMC:62092)
 HEAD - Biochemistry &
 Immunology

SREEDEVI MP
 LAB TECHNOLOGIST

MANJU SHAJI
 RADIOGRAPHER

DR. SINDHU GEORGE
 QUALITY MANAGER





If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. <u>CHANDRAPRASAD T. C.</u>
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	<u>05-05-1970</u> Gender: <u>RT ARM</u> F/M
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height <u>177</u> (cms)	b. Weight <u>74</u> (Kgs)	c. Girth of Abdomen <u>92</u> (cms)
d. Pulse Rate <u>70</u> (/Min)	e. Blood Pressure:	Systolic Diastolic
	1 st Reading	<u>110</u> <u>76</u>
	2 nd Reading	

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	<u>66</u>	<u>DM</u>	
Mother	<u>60</u>	<u>good</u>	
Brother(s)	<u>30</u>	<u>good</u>	
Sister(s)	<u>36</u>	<u>ic</u>	

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
<u>no</u>	<u>no</u>	<u>no</u>

PERSONAL HISTORY

- a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. **Y/N**
- b. Have you undergone/been advised any surgical procedure? **Y/N**
- c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? **Y/N**
- d. Have you lost or gained weight in past 12 months? **Y/N**

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? **Y/N**
- Any disorders of Respiratory system? **Y/N**
- Any Cardiac or Circulatory Disorders? **Y/N**
- Enlarged glands or any form of Cancer/Tumour? **Y/N**
- Any Musculoskeletal disorder? **Y/N**
- Any disorder of Gastrointestinal System? **Y/N**
- Unexplained recurrent or persistent fever, and/or weight loss **Y/N**
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports **Y/N**
- Are you presently taking medication of any kind? **Y/N**

DDRC SRL Diagnostics Limited

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Corp. Office: DDRC SRL Tower, G-131, Panampilly Nagar, Ernakulam - 682 036. Ph No. 2310688, 2318222. web: www.ddrcsrl.com

• Any disorders of Urinary System?

Y/N

• Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin

Y/N

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs?

Y/N

d. Do you have any history of miscarriage/abortion or MTP

Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)

Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

Y/N

f. Are you now pregnant? If yes, how many months?

Y/N

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

➤ Was the examinee co-operative?

Y/N

➤ Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job?

Y/N

➤ Are there any points on which you suggest further information be obtained?

Y/N

➤ Based on your clinical impression, please provide your suggestions and recommendations below;

Uric Acid elevated. Advised to avoid Red meat

➤ Do you think he/she is MEDICALLY FIT or UNFIT for employment. FIT

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner

[Handwritten Signature]

Dr. A. M. ANTO
B.Sc, MBBS; DIH (Cal), PGDI

Seal of Medical Examiner

Reg. No. 5667
CONSULTANT

DDRC SRL Diagnostic Centre
THIRISSUR

Name & Seal of DDRC SRL Branch



Date & Time

27.2.2023

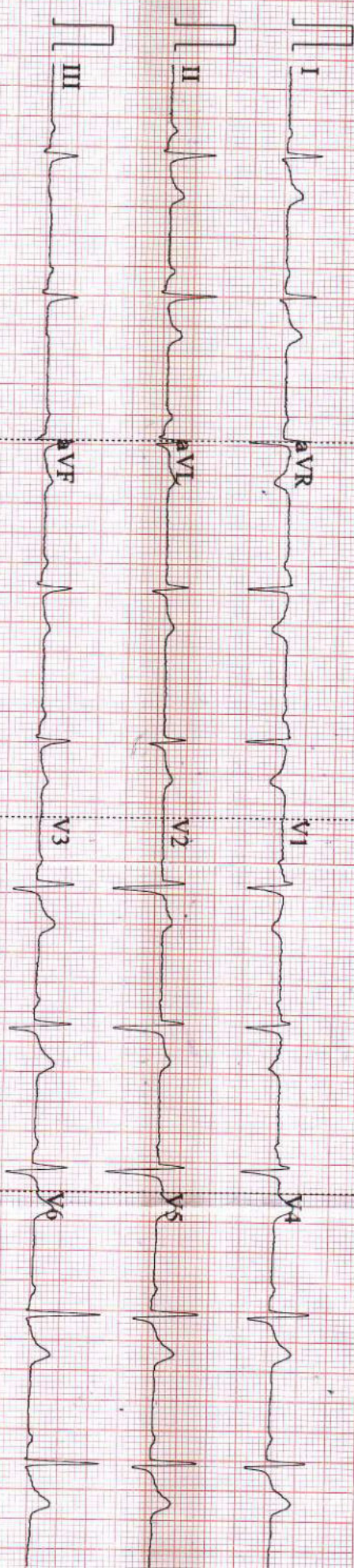
DDRC SRL Diagnostics Limited

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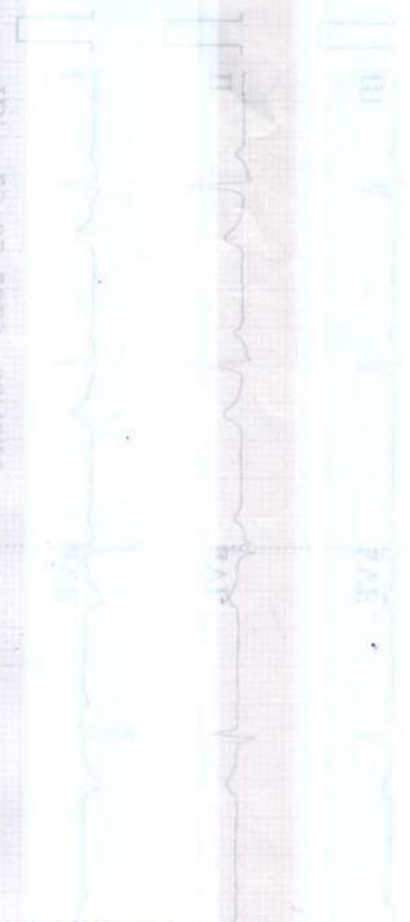
Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.

ID: 25-02-2023 08:48:33

0.67~35Hz AC50 25mm/s 10mm/mV 61 V1.0 SEMIP V1.7



EE8480 505-50-23 ID: 52-05-5053 08:48:33



ID:
 Male
 32 Years
 cm
 kg
 mmHg
 Diagnosis Information:
 Sinus Rhythm
 Normal ECG

HR 62 bpm
 P 124 ms
 PR 178 ms
 QRS 94 ms
 QT/QTc 393/399 ms
 P/QRST 62/60/32
 RV5/SV1 0.838/0.634 mV

Report Confirmed by:
 MHS*DRG SRL DIAGNOSTIC
 SITABDI
 THRS
 680 C

eg wnc
 D

AROW CE

Name: CHANDRAPRASAD
Date: 25.02.2023

Age/Sex: 32 Y/ M
AC

CHEST X-RAY (PA View):

Trachea is central.

Cardiac shadow appears normal in size and configuration.

Both lung fields are clear.

Bilateral costophrenic and cardiophrenic angles are clear.

No focal consolidation, effusion, pulmonary edema, or pneumothorax.

Both hila appear normal.

Bony thorax and soft tissues are unremarkable.

IMPRESSION:

➤ No significant abnormality detected.

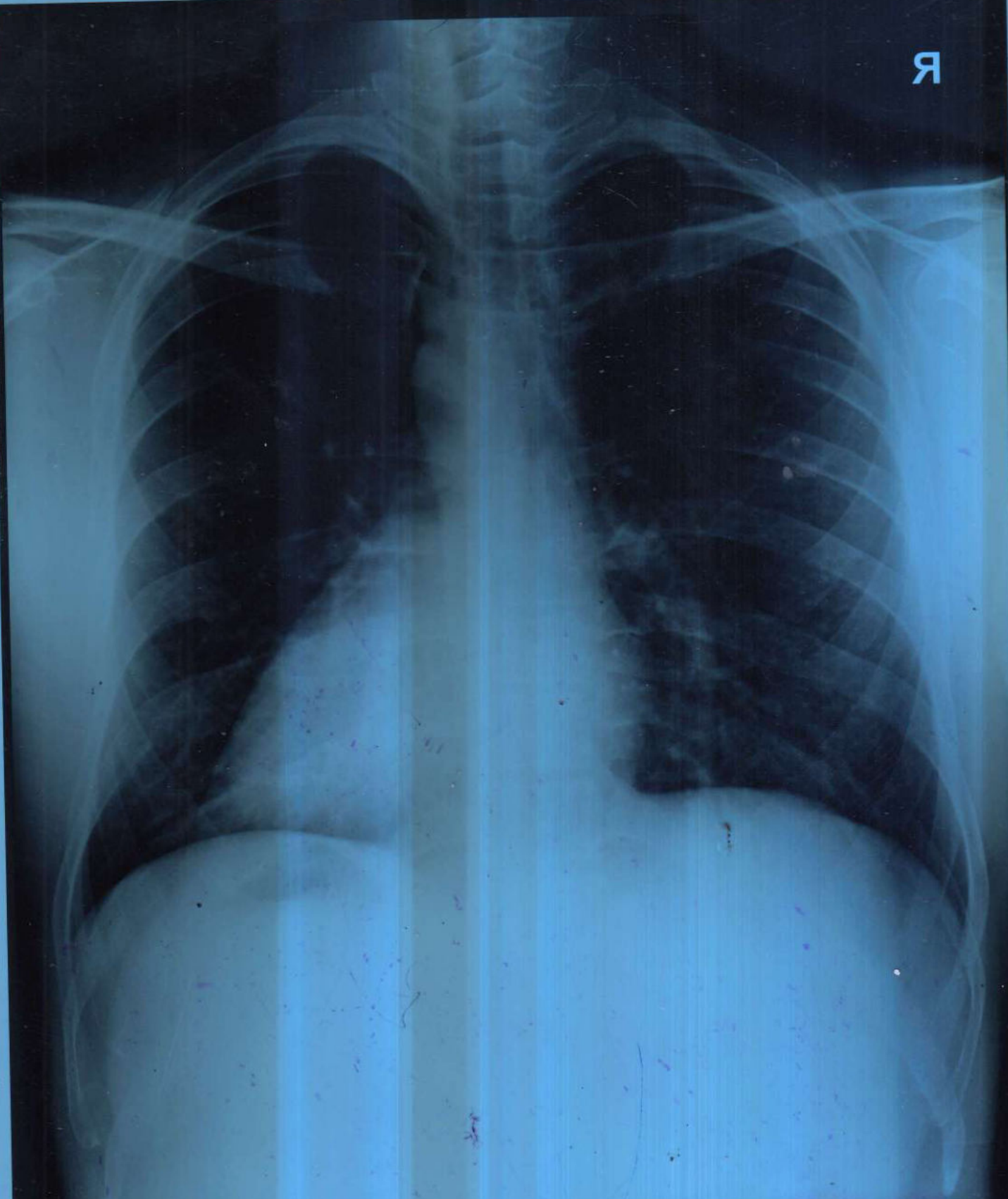


DR. JESWIN PAULSON DMRD

CONSULTANT RADIOLOGIST



R



CHANDRAPRASAD 35 YM 13370 CHEST PA 2510212023 11:02 AM

ASWINI HOSPITAL LTD., THRISSUR



Drishyam Eye Care Hospital LLP

See The World With Us



VISION CERTIFICATE

This is to certify that Mr. Chandrasasad.T.C (32/m) has been examined and results are as follows

	Right Eye	Left Eye
Distant Vision	: c/c	: 6/c
Near vision	: N6	: N6
IOP(Intra ocular pressure)	: 19 mm of Hg (WNL)	: 20 mm of Hg
Anterior segment	: Normal	: Normal
Fundus	: Normal	: Normal
Squint	: Nil	: Nil
Colour Vision	: Normal	: Normal

Doctor's Signature

Place : Thrissur

Date : 25/02/20



Dr. SURYA SURENDRAN

MBBS/DO

Reg. No: 38632

Contact: 0487 22 222 99
www.drishyameye.com
info@drishyameye.com

Drishyam Eye Care Hospital LLP
Opp. BSNL Office, Kovilakathumpadam, Thrissur,
Kerala -680022 | Mob: +91 7025 11 11 99

Patient Name: Mr CHANDRA PRASAD	Age: 32 Y	Sex: Male
Ref. Consultant :	AC No:	Date:25.02.2023
Clinical details: health check up		

USG ABDOMEN

Liver measures 13.2 cm, normal in size and echotexture. No focal lesions seen. PV and CBD are normal in course and calibre. No dilatation of intrahepatic biliary radicals seen. Subphrenic spaces are normal.

Gall bladder is distended and appears normal. No calculus or mass seen.

Spleen measures cm, normal in size and echotexture. No focal or diffuse lesions seen.

Pancreas (head & body) is normal in size and echotexture. No focal lesions seen. No duct dilatation or calcification seen.

Right kidney measures 8.7 x 3.7 cm. Normal in size and cortical echogenicity. Cortico medullary differentiation is maintained. No calculus or mass seen. No dilatation of pelvicalyceal system.

Left kidney measures 9.6 x 4.1 cm. Normal in size and cortical echogenicity. Cortico medullary differentiation is maintained. No calculus or mass seen. No dilatation of pelvicalyceal system.

Urinary bladder is distended. Wall appears normal. No calculus or mass seen.

Prostate measures 19.2 cc

No ascites.

Upper para aortic area normal.

No significant bowel wall thickening noted.

IMPRESSION

➤ **No significant abnormalities detected in the present study**

DR. INDU JACOB MD, DNB, FVIR

REG NO: 46693

CONSULTANT RADIOLOGIST

Thanks for your referral. Ultrasound reports need not be fully accurate. It has to be correlated clinically and with relevant investigations.

Dr. INDU JACOB
 MDRD; RADIOLOGIST
 Reg. No: 46693 (TCMC)



**INDIAN UNION
KERALA STATE
DRIVING LICENCE**




No.: 8/3986/2010 Date: 04/11/2010
 Name : CHANDRA PRASAD T C
 S/W/D of : CHANDRAN T S
 Address : THAZHATH HOUSE
 KAINOOR P.O
 THRISSUR

Date of Birth : 05/05/1990
 Blood Group : A+
 Category : Non-Transport
 Transport

Valid from : 06/06/2010 Valid To : 05/05/2030




Chandran Prasad, T.C


Age. 32.

9447770212

7019358501



CHANDRAPRASAD T C (32 M)

ID: 26372

Date: 25-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 31 s HR: 67 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 Km/h

Grade: 0 %

(THR: 169 bpm)

B.P: 110 / 76

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

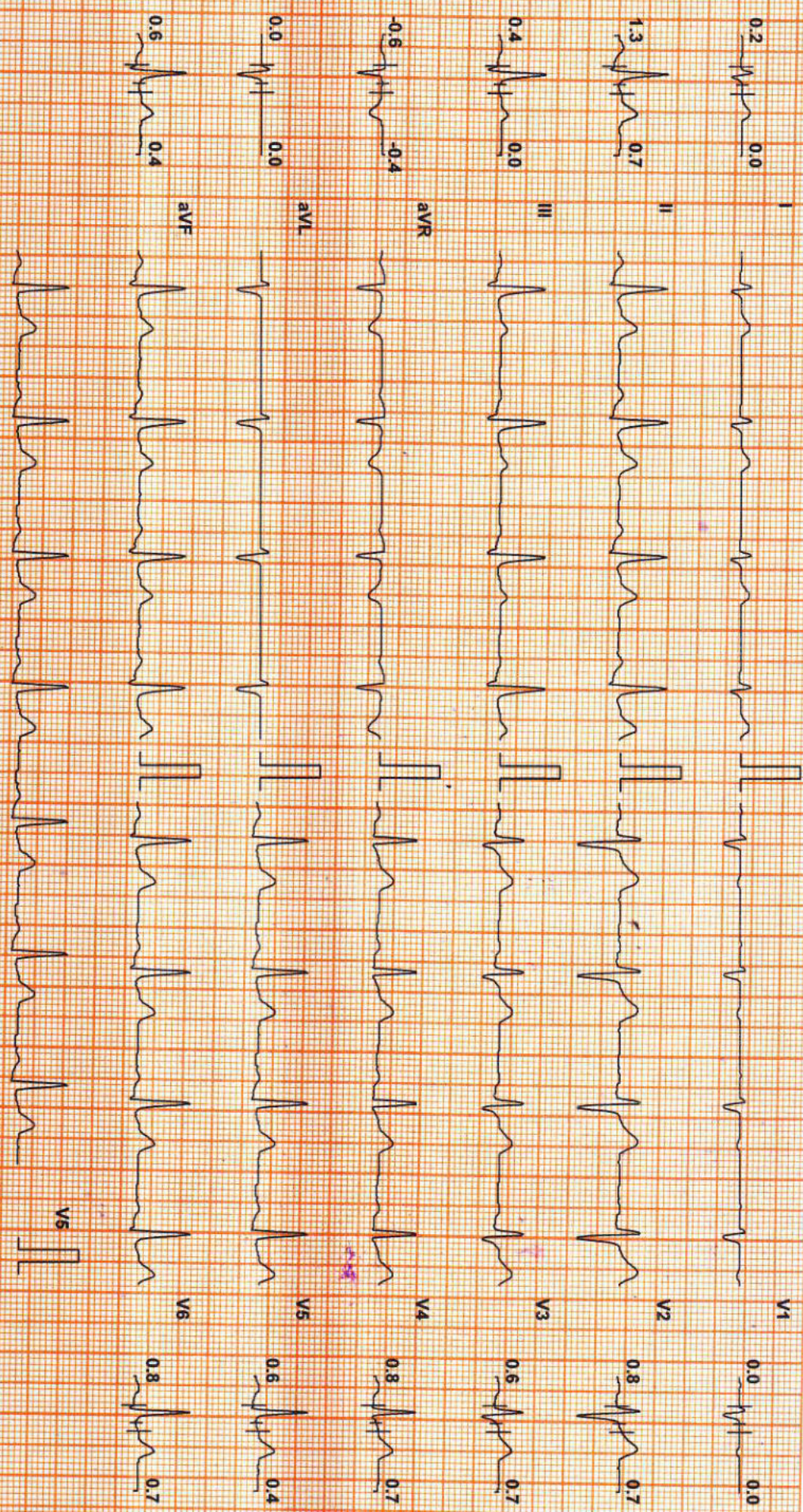


Chart Speed: 25 mm/sec
Schiller CS-20 V14

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm
Linked Median

Isr - R - 60 ms
J - R + 60 ms
Post J - J + 60 ms

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

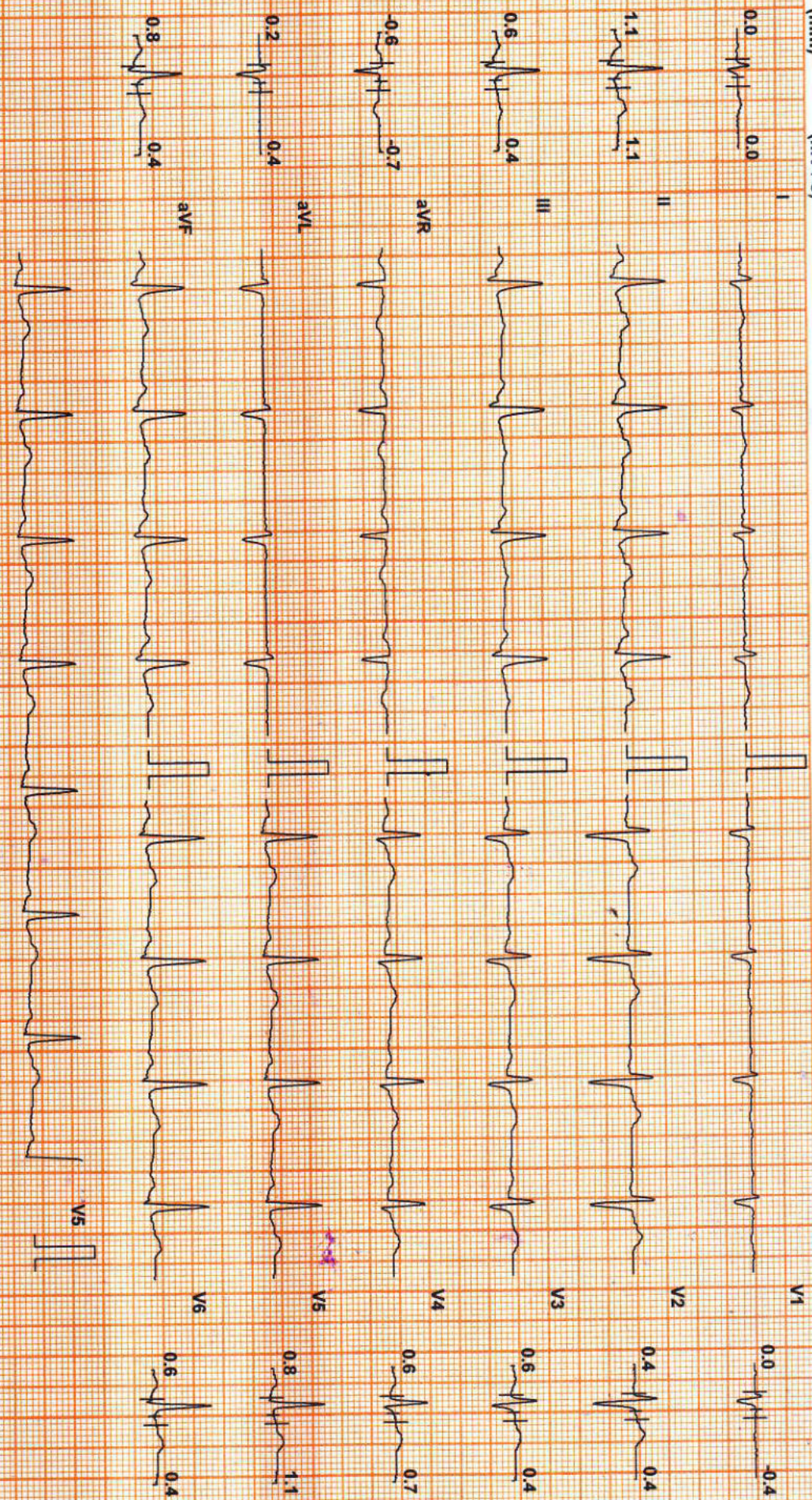


Chart Speed: 25 mm/sec
Schlier GS 20 V 1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm
Linked Median

ISO = R - 60 ms J = R + 60 ms Post J = J + 60 ms

DDRC SRL

CHANDRAPRASAD T C (32 M)

ID: 26372

Date: 25-Feb-23

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 99 bpm

Protocol: Bruce

Stage: 1

Speed: 2.7 Km/h

Grade: 10 %

(THR: 169 bpm)

B.P: 110 / 76

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

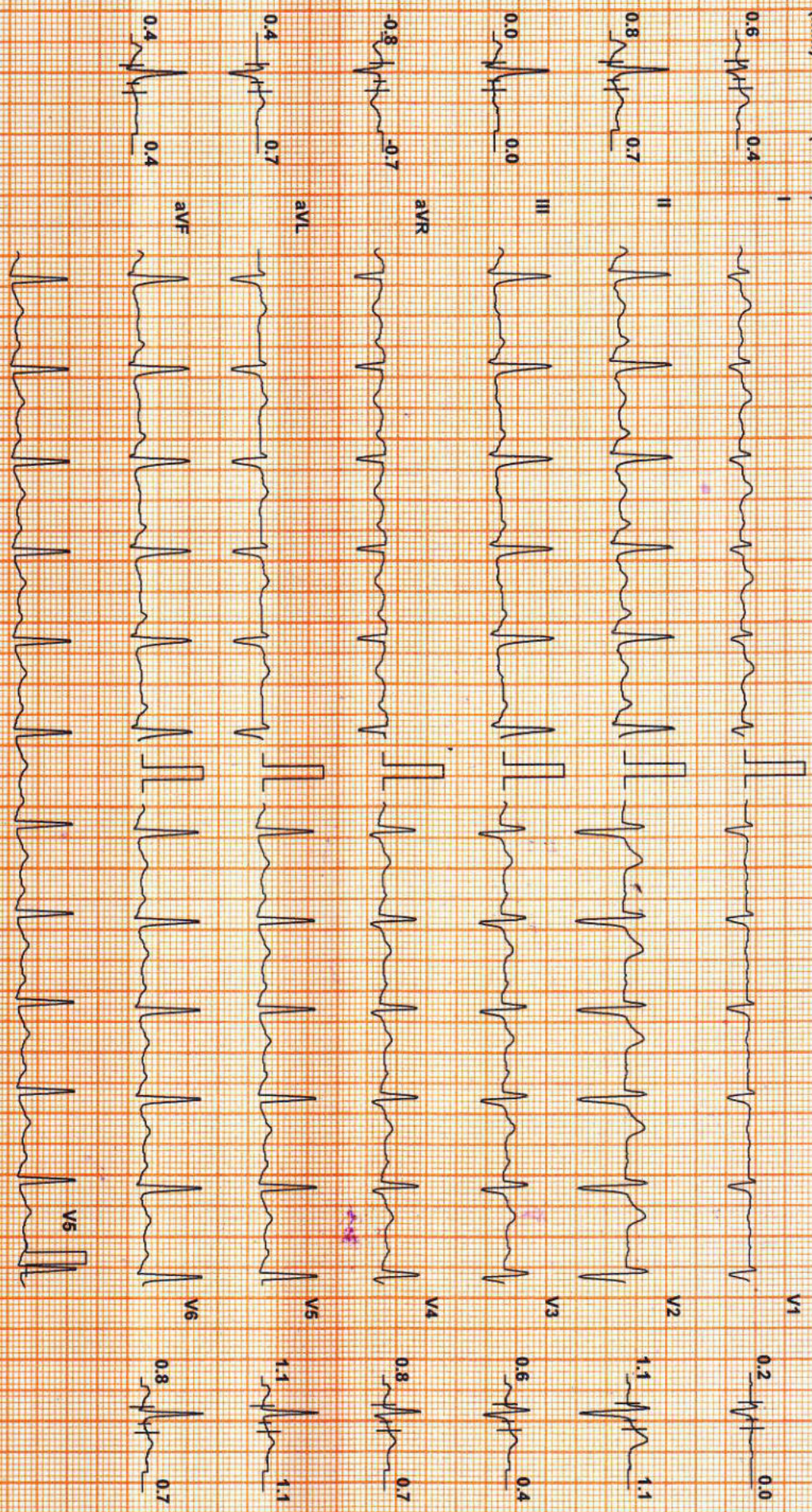


Chart Speed: 25 mm/sec
Schiller CS-20 V1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm
Linked Median

ISO = R - 60 ms J = R + 60 ms
Post J = J + 60 ms

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

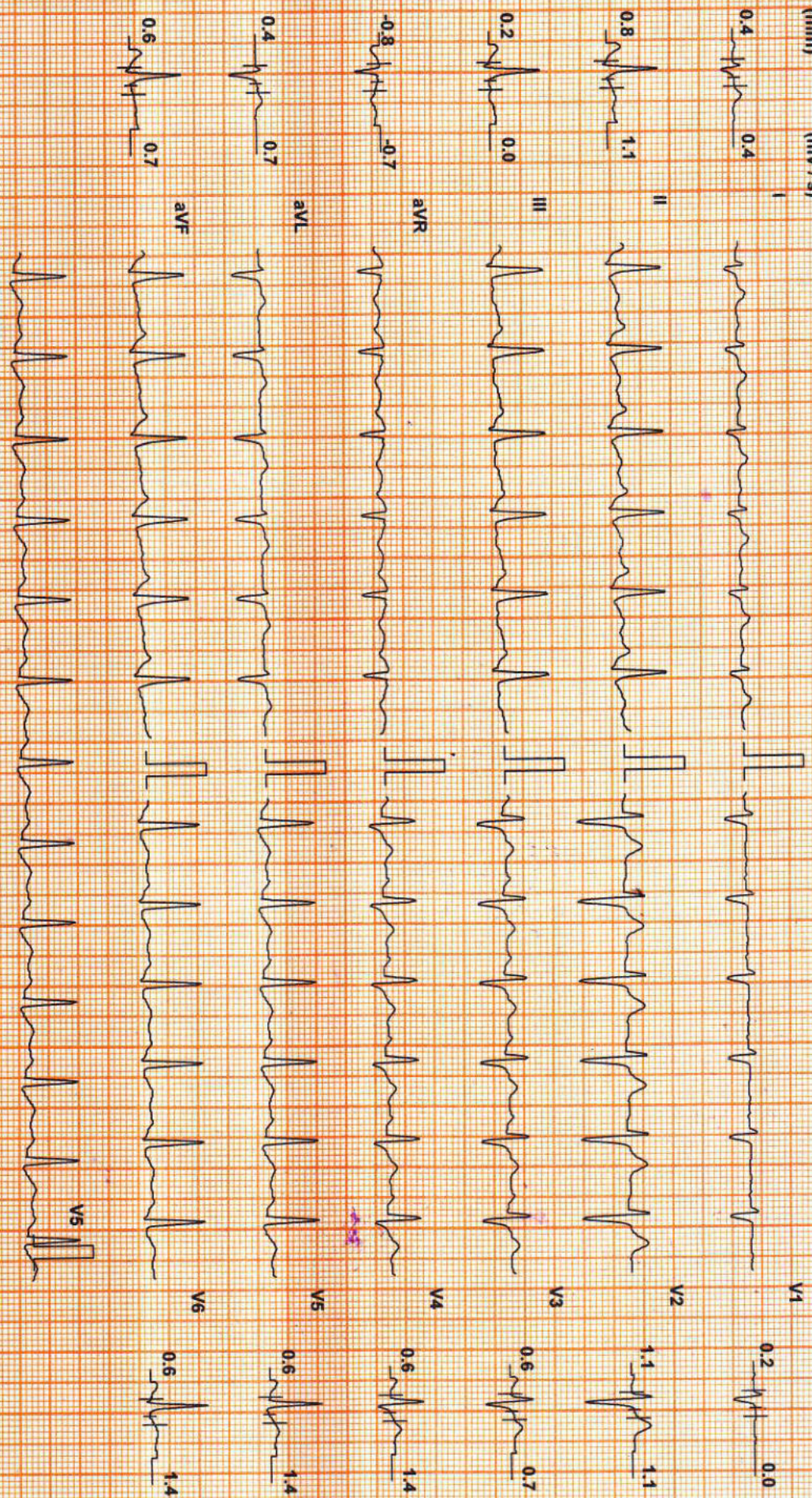


Chart Speed: 25 mm/sec
Schiller CS-20 V1.4

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm
Linked Median

ISO = R - 60 ms J = R + 60 ms Post J = J + 60 ms

CHANDRAPRASAD T C (32 M)

ID: 26372

Date: 25-Feb-23

Exec Time : 9 m 0 s

Stage Time : 3 m 0 s

HR: 145 bpm

Protocol: Bruce

Stage: 3

Speed: 5.4 Km/h

Grade: 14 %

(THR: 169 bpm)

B.P: 110 / 76

DDRC SRL

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

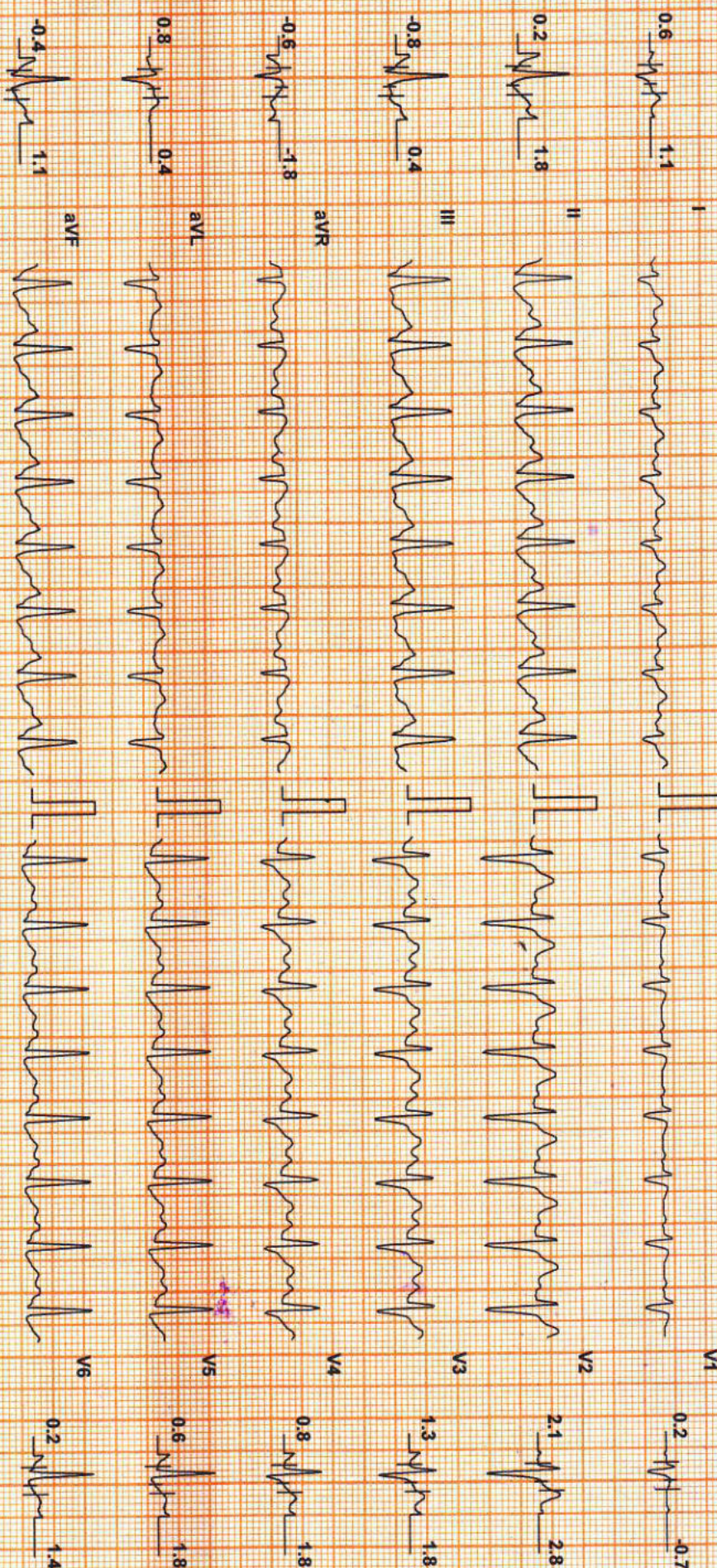


Chart Speed: 25 mm/sec
Schiller CS 20 V 1.4

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm
Linked Median

Iso = R - 60 ms
J = R + 60 ms

Post J = J + 60 ms

DDRC SRL DIAGNOSTICS LTD. TRIVANDRUM, KOTTAYAM, COCHIN, CALICUT.

CHANDRAPRASAD T C (32 M)

ID: 26372

Date: 25-Feb-23

Exec Time : 10 m 0 s Stage Time : 1 m 0 s

HR: 165 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 6.7 Km/h

Grade: 16 %

(THR: 169 bpm)

B.P: 110 / 76

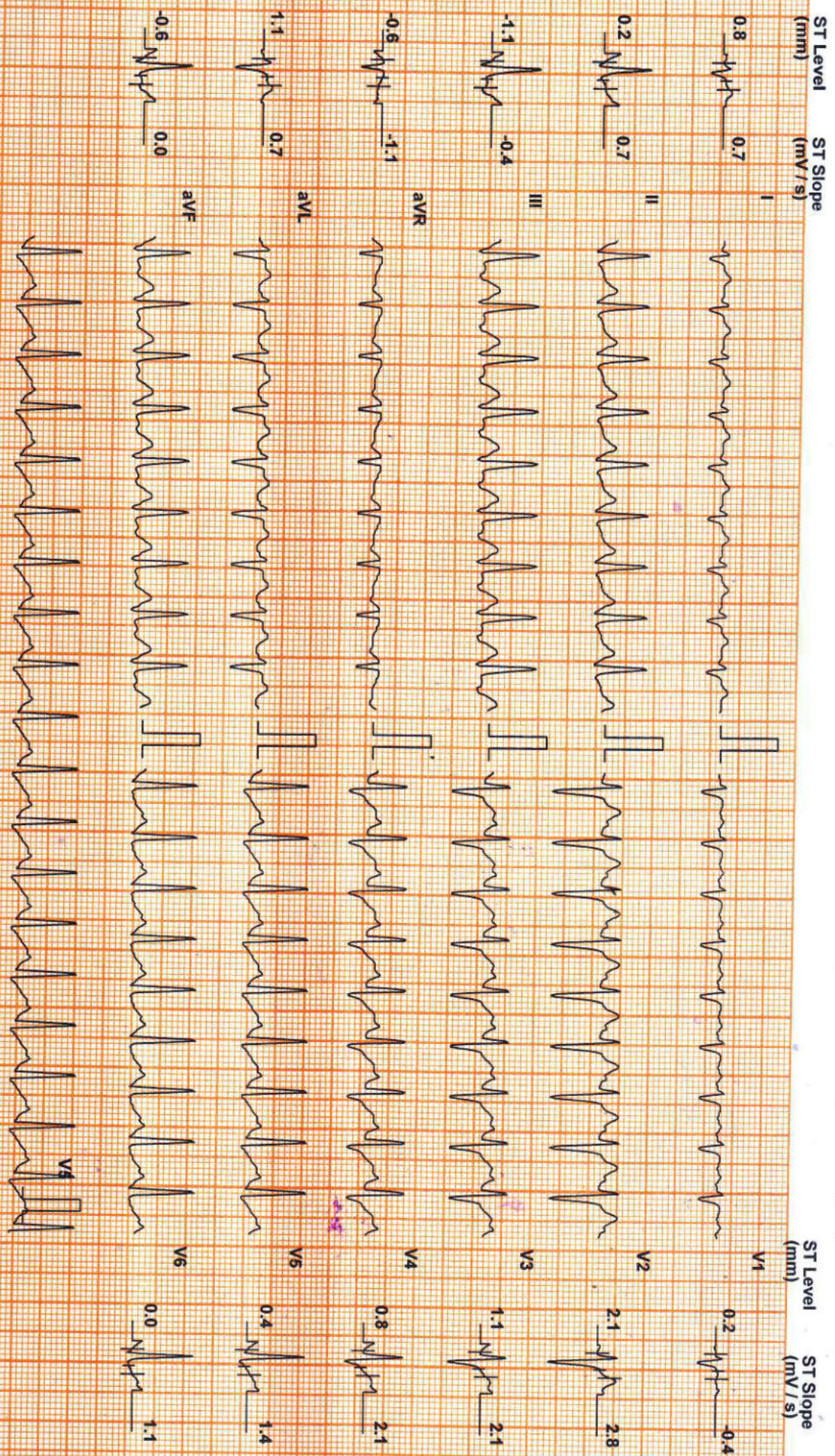


Chart Speed: 25 mm/sec
Schiller CS-20 V 1.4

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

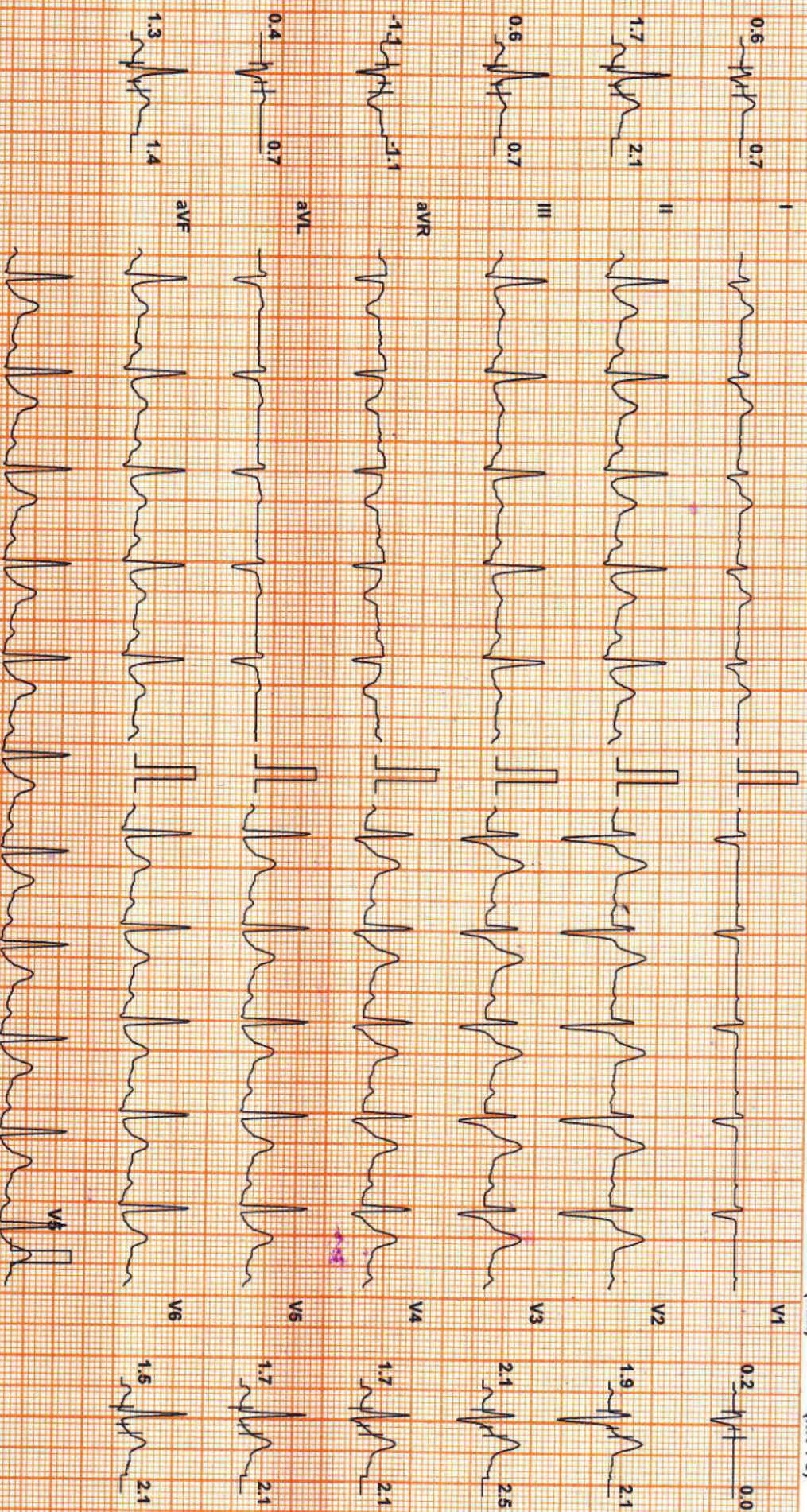


Chart Speed: 25 mm/sec
Schlier CS-20 V 1.4

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm
Linked Median

ISO = R - 60 ms J = R + 60 ms Post J = J + 60 ms

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

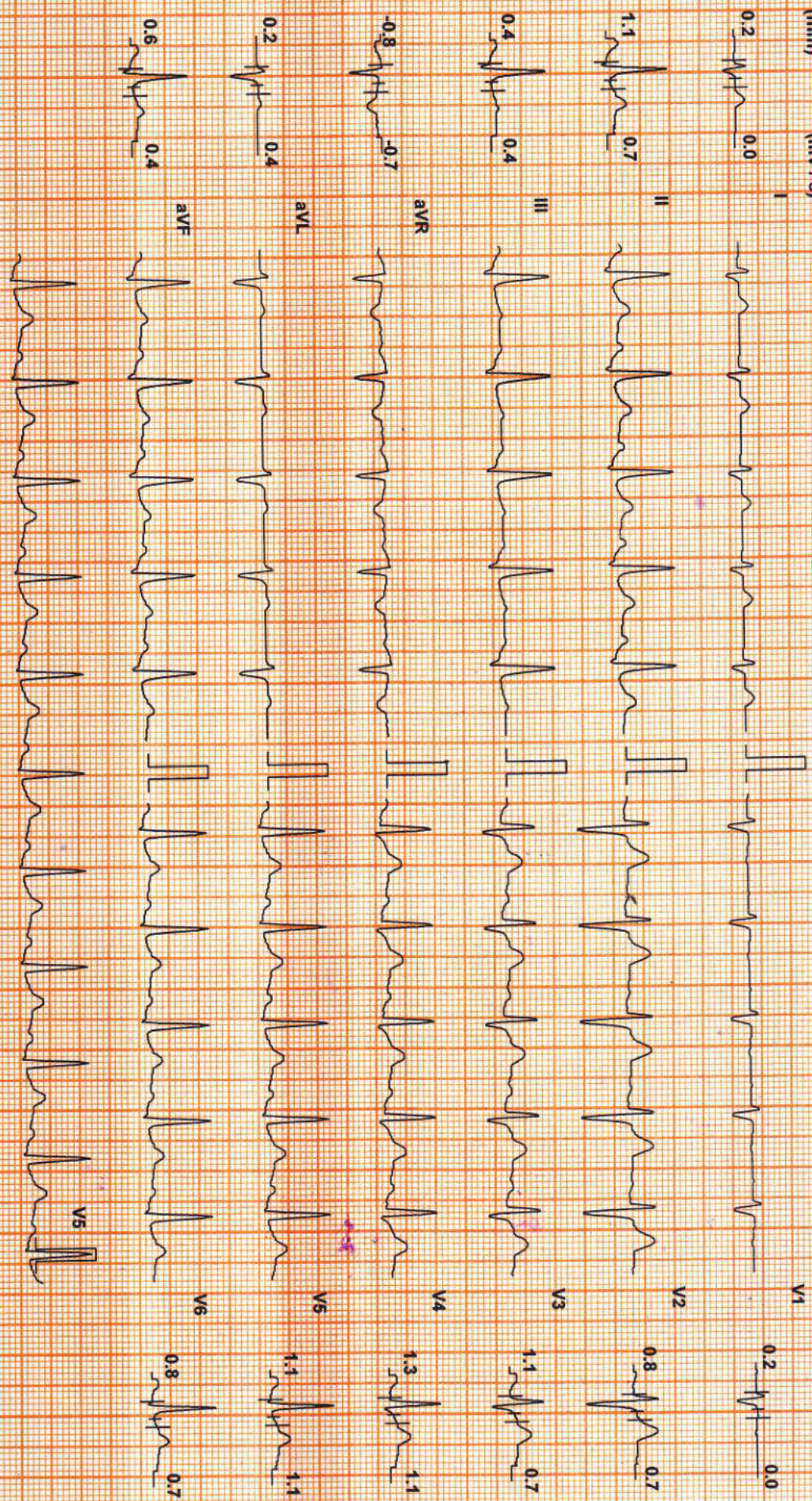


Chart Speed: 25 mm/sec
Schiller CS-20 V1.4

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm
Linked Median

ISO = R - 60 ms J = R + 60 ms Post J = J + 60 ms

CHANDRAPRASAD T C (32 M)

ID: 26372

Date: 25-Feb-23

Recovery : 6 m 0 s

Stage Time : 2 m 0 s

HR: 91 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 Km/h

Grade: 0 %

(THR: 169 bpm)

B.P: 110/76

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

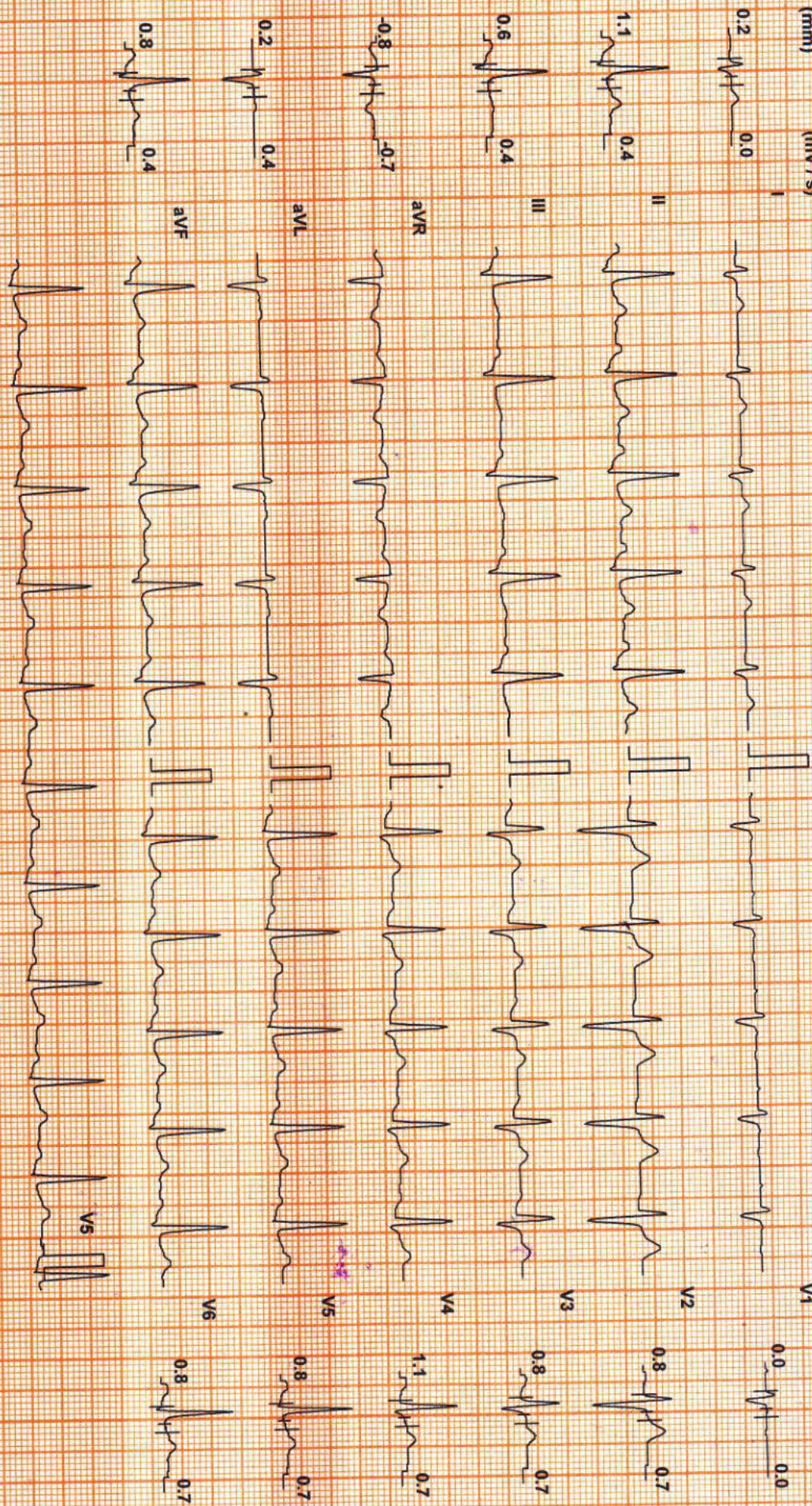


Chart Speed: 25 mm/sec
Schiller CS-20 V14

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm
Linked Median

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

DDRC SRL

Patient Details

Name: CHANDRAPRASAD T C ID: 26372

Age: 32 y

Clinical History:

Date: 25-Feb-23

Sex: M

Time: 2:51:47 PM

Height: 177 cms

Weight: 74 Kgs

Medications:
Test Details

Protocol: Bruce

Total Exec. Time: 10 m 0 s

Max. BP: 120 / 85 mmHg

Test Termination Criteria:

Pr.MHR: 188 bpm

Max. HR: 165 (88% of Pr.MHR)bpm

Max. BP x HR: 19800 mmHg/min

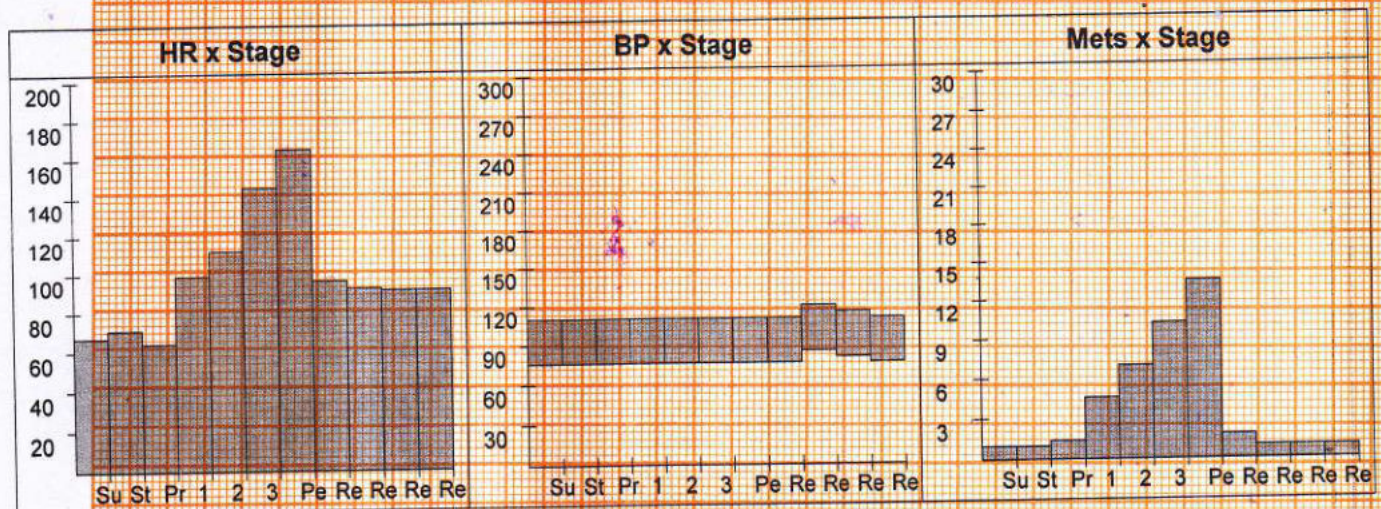
THR: 169 (90 % of Pr.MHR) bpm

Max. Mets: 13.50

Min. BP x HR: 5092 mmHg/min

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (Km/h)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 31	1.0	0	0	67	110 / 76	-0.85 aVR	1.06 V2
Standing	0 : 31	1.0	0	0	71	110 / 76	-1.49 V2	3.18 II
1	3 : 0	4.6	2.7	10	99	110 / 76	-1.06 aVR	1.42 V2
2	3 : 0	7.0	4	12	112	110 / 76	-0.85 aVR	1.42 II
3	3 : 0	10.2	5.4	14	145	110 / 76	-1.27 aVR	3.18 V2
Peak Ex	1 : 0	13.5	6.7	16	165	110 / 76	-1.49 aVF	3.89 V2
Recovery(1)	2 : 0	1.8	1.6	0	96	110 / 76	-1.49 aVR	5.31 V2
Recovery(2)	2 : 0	1.0	0	0	92	120 / 85	-1.27 aVR	3.18 V2
Recovery(3)	2 : 0	1.0	0	0	91	115 / 80	-1.06 aVR	1.42 V4
Recovery(4)	0 : 3	1.0	0	0	91	110 / 76	-0.85 aVR	0.71 I



DDRC SRL

Patient Details

Date: 25-Feb-23

Time: 2:51:47 PM

Name: CHANDRAPRASAD T C ID: 26372

Age: 32 y

Sex: M

Height: 177 cms

Weight: 74 Kgs

Interpretation

Exercised upto 10 minutes

No angina

No arrhythmias

No ST depression

Test negative for inducible ischemia



Dr. Prasad T.C.
NDE
Reg. No. 2511
25/02/23



CHANDRA PRASAD T.C



Ref. Doctor: _____

Doctor: _____

(Summary Report edited by user)