

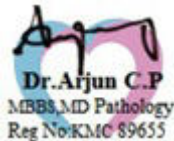
Name : Mr. JAGADISH HOSAMANI
PID No. : MED111465646 Register On : 27/01/2023 8:56 AM
SID No. : 423005183 Collection On : 27/01/2023 9:29 AM
Age / Sex : 36 Year(s) / Male Report On : 27/01/2023 6:04 PM
Type : OP Printed On : 28/01/2023 2:28 PM
Ref. Dr : MediWheel

<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

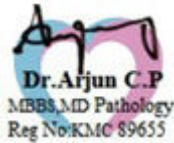
Haemoglobin (EDTA Blood/Spectrophotometry)	15.9	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	47.5	%	42 - 52
RBC Count (EDTA Blood)	5.06	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	93.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	31.5	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.5	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.9	%	11.5 - 16.0
RDW-SD (EDTA Blood)	45.63	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6500	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	40.5	%	40 - 75
Lymphocytes (EDTA Blood)	43.9	%	20 - 45
Eosinophils (EDTA Blood)	6.7	%	01 - 06
Monocytes (EDTA Blood)	8.3	%	01 - 10



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Basophils (Blood)	0.6	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	2.63	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.85	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.44	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.54	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.04	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	224	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	7.4	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.17	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood)	2	mm/hr	< 15



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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.63	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.18	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.45	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	16.89	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	19.54	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	19.17	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	85.7	U/L	53 - 128
Total Protein (Serum/Biuret)	7.03	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.58	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.45	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.87		1.1 - 2.2


DR JUSTINA WILLIAMS
Senior Consultant Pathologist
Reg No: PNB20080000054 KTK

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	164.74	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	124.88	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)	34.64	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	105.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	25	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	130.1	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.8	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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3.6	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	3	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.2	%	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 102.54 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 glyceimic 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/ECLIA)	1.39	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 (Tyroxine) - Total (Serum/ECLIA)	9.58	µg/dl	4.2 - 12.0
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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/ECLIA)	1.25	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

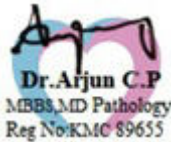
(Indian Thyroid Society Guidelines)

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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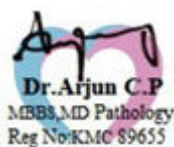
CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	15		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.023		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative



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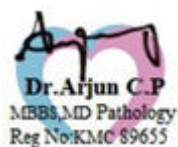
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

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		

INTERPRETATION:Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL



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Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' Positive'


Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674
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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	8.6		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	90.54	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/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	93.09	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.


Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.6	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.82	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)	4.89	mg/dL	3.5 - 7.2
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 MD PATHOLOGY
 KMC 88902

APPROVED BY

-- End of Report --

CLUMAX DIAGNOSTICS

--- A MEDALL COMPANY ---

CUSTOMER CHECKLIST

Date 27-Jan-2023 8:56 AM

Customer Name : **MR.JAGADISH HOSAMANI**DOB : **01 Jun 1986**Ref Dr Name : **MediWheel**Age : **36Y/MALE**Customer Id : **MED111465646**Visit ID : **423005183****MED111465646**

Email Id :

Phone No : **8884006033**Corp Name : **MediWheel**

Address :

*V/S dm*Package Name : **Mediwheel Full Body Health Checkup Male Below 40**

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)				
2	LAB	CREATININE				
3	LAB	GLUCOSE - FASTING				
4	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
5	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
6	LAB	URIC ACID				
7	LAB	LIPID PROFILE				
8	LAB	LIVER FUNCTION TEST (LFT)				
9	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)				
10	LAB	URINE GLUCOSE - FASTING				
11	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
12	LAB	COMPLETE BLOOD COUNT WITH ESR				
13	LAB	STOOL ANALYSIS - ROUTINE				
14	LAB	URINE ROUTINE				
15	LAB	BUN/CREATININE RATIO				

16	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)				
✓ 17	ECG	ECG	IND13655251138			
18	OTHERS	Treadmill / 2D Echo	IND136552514690			
19	OTHERS	physical examination	IND136552515279			
20	US	ULTRASOUND ABDOMEN	IND136552515292			
21	OTHERS	EYE CHECKUP	IND136552517756			
22	X-RAY	X RAY CHEST	IND136552518659			<i>dne</i>
23	OTHERS	Consultation Physician	IND136552518736			

Registered By

(HARI.O)

Mr. Jagadish
ID: med11465646

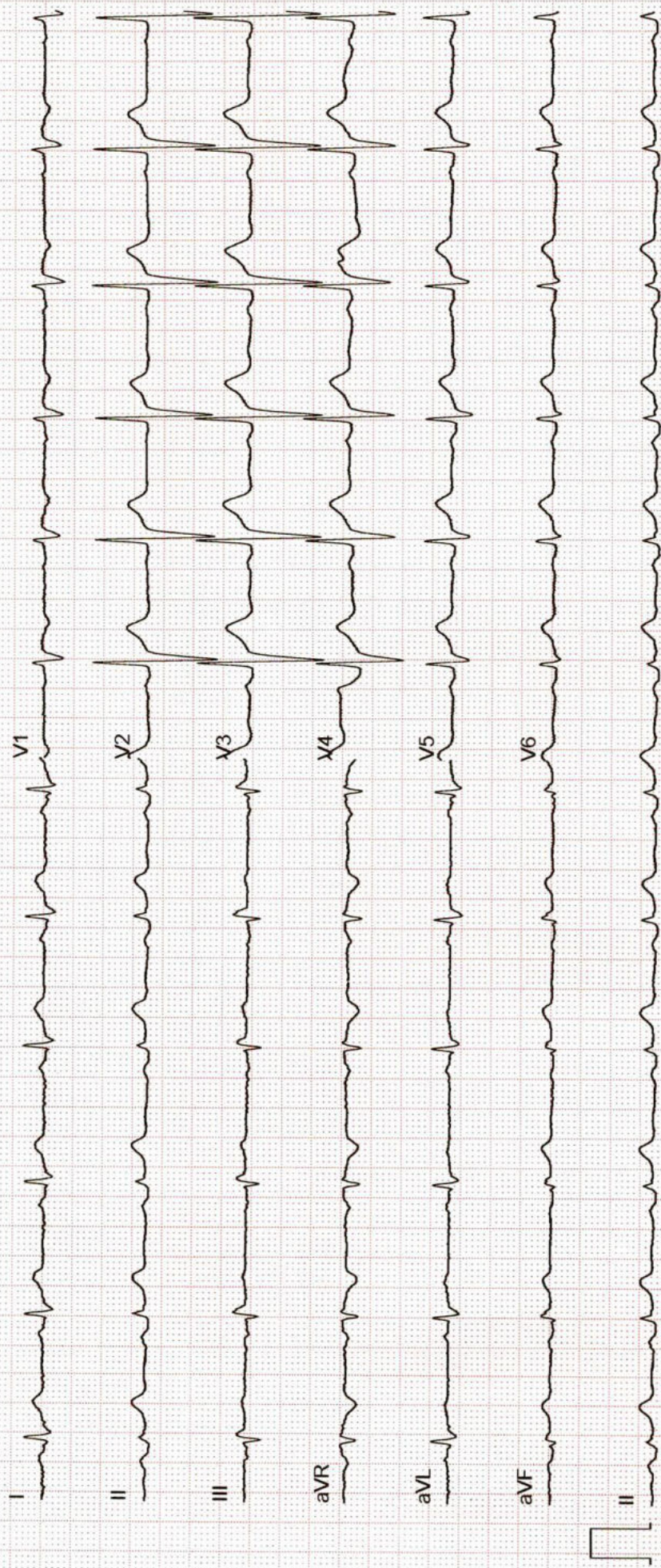
27.01.2023 12:35:10
CLUMAX DIAGNOSTICS
THIPPASANDRA
BANGALORE

69 bpm
-- / -- mmHg

Male

36 Years

QRS : 104 ms
 QT / QTcBaz : 392 / 420 ms
 PR : 134 ms
 P : 64 ms
 RR / PP : 866 / 869 ms
 P / QRS / T : 17 / 21 / 46 degrees



Mahesh
Mob:8618385220
9901569756



ಶ್ರೀ ಪಾರ್ವತಿ ಆಪ್ಟಿಕ್ಸ್

SRI PARVATHI OPTICS

Multi Branded Optical Store

Computerized Eye Testing & Spectacles Clinic

333.8th Main 5th Cross Near Cambridge & Miranda School HAL 3rd Stage
Behind Vishveshvariah Park New Thippasandra, Bangalore - 560075,
Email: parvathiopticals@gmail.com / www.sriparvathioptics.in

SPECTACLE PRESCRIPTION

Name: Jagadish Hosamani No. 2239

Mobil No:

Date: 27/01/23

Age / Gender 364/M

Ref. No.

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
DISTANCE	plano			6/6	plano			6/6
NEAR								

PD 57mm

Advice to use glasses for:

DISTANCE FAR & NEAR READING COMPUTER PURPOSE

We Care Your Eyes

SRI PARVATHI OPTICS
NEW THIPPASANDRA

Name	MR.JAGADISH HOSAMANI	ID	MED111465646
Age & Gender	36Y/MALE	Visit Date	27 Jan 2023
Ref Doctor Name	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.4cms
LEFT ATRIUM	:	3.7cms
AVS	:	----
LEFT VENTRICLE (DIASTOLE)	:	4.3cms
(SYSTOLE)	:	2.8cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.2cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.4cms
EDV	:	81ml
ESV	:	30ml
FRACTIONAL SHORTENING	:	34%
EJECTION FRACTION	:	41%
EPSS	:	---
RVID	:	1.9cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' 0.81 m/s	A' 0.49 m/s	NO MR
AORTIC VALVE	:	0.88 m/s		NO AR
TRICUSPID VALVE	:	E' - m/s	A' - m/s	NO TR
PULMONARY VALVE	:	0.96 m/s		NO PR

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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: 64%.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC, FICC
SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST
Kss/vp

Note:

- * **Report to be interpreted by qualified medical professional.**
- * **To be correlated with other clinical findings.**

Name	MR.JAGADISH HOSAMANI	ID	MED111465646
Age & Gender	36Y/MALE	Visit Date	27 Jan 2023
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*** Parameters may be subjected to inter and intra observer variations.**

*** Any discrepancy in reports due to typing errors should be corrected as soon as possible.**

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Age & Gender	36Y/MALE	Visit Date	27 Jan 2023
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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 shows 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 shows 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	10.5	1.1
Left Kidney	9.9	1.6

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 2.7 x 2.9cms (Vol:13cc).

No evidence of ascites / pleural effusion.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

DR. APARNA
CONSULTANT RADIOLOGIST

A/da

Name	MR.JAGADISH HOSAMANI	ID	MED111465646
Age & Gender	36Y/MALE	Visit Date	27 Jan 2023
Ref Doctor Name	MediWheel		

Name	JAGADISH HOSAMANI	Customer ID	MED111465646
Age & Gender	36Y/M	Visit Date	Jan 27 2023 8:56AM
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. APARNA

CONSULTANT RADIOLOGIST