

Name : Mr. ANIL KUMAR ANI
PID No. : MED121189346
SID No. : 522220907
Age / Sex : 41 Year(s)/ Male
Type : OP
Ref. Dr : MediWheel

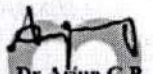
Register On : 09/07/2022 9:48 AM
Collection On : 09/07/2022 10:51 AM
Report On : 09/07/2022 4:15 PM
Printed On : 11/07/2022 8:23 PM

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---------------|----------------|------|-------------------------------|
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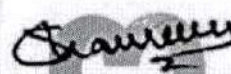
HAEMATOLOGY

Complete Blood Count With - ESR

| | | | |
|--|-------|-------------|--------------|
| Haemoglobin (EDTA Blood/Spectrophotometry) | 17.55 | g/dL | 13.5 - 18.0 |
| Packed Cell Volume(PCV)/Haematocrit (EDTA Blood) | 51.9 | % | 42 - 52 |
| RBC Count (EDTA Blood) | 5.55 | mill/cu.mm | 4.7 - 6.0 |
| Mean Corpuscular Volume(MCV) (EDTA Blood) | 93.6 | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH) (EDTA Blood) | 31.6 | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood) | 33.8 | g/dL | 32 - 36 |
| RDW-CV | 12.6 | % | 11.5 - 16.0 |
| RDW-SD | 41.28 | fL | 39 - 46 |
| Total Leukocyte Count (TC) (EDTA Blood) | 4730 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (Blood) | 53.14 | % | 40 - 75 |
| Lymphocytes (Blood) | 36.27 | % | 20 - 45 |
| Eosinophils (Blood) | 0.85 | % | 01 - 06 |


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The results pertain to sample tested.

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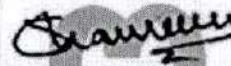
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| Monocytes (Blood) | 9.60 | % | 01 - 10 |
| Basophils (Blood) | 0.15 | % | 00 - 02 |
| INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically. | | | |
| Absolute Neutrophil count (EDTA Blood) | 2.51 | $10^3 / \mu\text{l}$ | 1.5 - 6.6 |
| Absolute Lymphocyte Count (EDTA Blood) | 1.72 | $10^3 / \mu\text{l}$ | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (EDTA Blood) | 0.04 | $10^3 / \mu\text{l}$ | 0.04 - 0.44 |
| Absolute Monocyte Count (EDTA Blood) | 0.45 | $10^3 / \mu\text{l}$ | < 1.0 |
| Absolute Basophil count (EDTA Blood) | 0.01 | $10^3 / \mu\text{l}$ | < 0.2 |
| Platelet Count (EDTA Blood) | 184.9 | $10^3 / \mu\text{l}$ | 150 - 450 |
| MPV (Blood) | 8.53 | fL | 7.9 - 13.7 |
| PCT (Automated Blood cell Counter) | 0.16 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (Citrate Blood) | 2 | mm/hr | < 15 |


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BIOCHEMISTRY

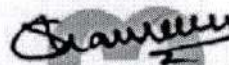
Liver Function Test

| | | | |
|--|--------|-------|-----------|
| Bilirubin(Total) (Serum/DCA with ATCS) | 0.79 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) | 0.21 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect) (Serum/Derived) | 0.58 | mg/dL | 0.1 - 1.0 |
| SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC) | 48.88 | U/L | 5 - 40 |
| SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC) | 36.86 | U/L | 5 - 41 |
| GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) | 147.73 | U/L | < 55 |
| Alkaline Phosphatase (SAP) (Serum/Modified IFCC) | 89.8 | U/L | 53 - 128 |
| Total Protein (Serum/Biuret) | 7.78 | gm/dl | 6.0 - 8.0 |
| Albumin (Serum/Bromocresol green) | 4.73 | gm/dl | 3.5 - 5.2 |
| Globulin (Serum/Derived) | 3.05 | gm/dL | 2.3 - 3.6 |
| A : G RATIO (Serum/Derived) | 1.55 | | 1.1 - 2.2 |



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| <u>Lipid Profile</u> | | | |
| Cholesterol Total (Serum/CHOD-PAP with ATCS) | 175.05 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
| Triglycerides (Serum/GPO-PAP with ATCS) | 90.47 | 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) | 51.28 | mg/dL | Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40 |
| LDL Cholesterol (Serum/Calculated) | 105.7 | mg/dL | Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190 |
| VLDL Cholesterol (Serum/Calculated) | 18.1 | mg/dL | < 30 |
| Non HDL Cholesterol (Serum/Calculated) | 123.8 | mg/dL | Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220 |



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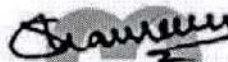
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| <p>INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol. 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.</p> | | | |
| Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated) | 3.4 | | 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) | 1.8 | | Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0 |
| LDL/HDL Cholesterol Ratio (Serum/Calculated) | 2.1 | | 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) | 9.5 | % | 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 225.95 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.

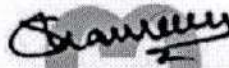
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

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.



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IMMUNOASSAY

THYROID PROFILE / TFT

| | | | |
|--|------|-------|------------|
| T3 (Triiodothyronine) - Total (Serum/ECLIA) | 1.14 | ng/ml | 0.7 - 2.04 |
|--|------|-------|------------|

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) | 5.46 | 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/ECLIA) | 1.00 | 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.

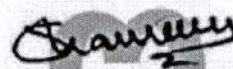


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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

| | | | |
|---------------------|-------------|--|-----------------|
| Colour (Urine) | Pale yellow | | Yellow to Amber |
| Appearance (Urine) | Clear | | Clear |
| Volume(CLU) (Urine) | 20 | | |

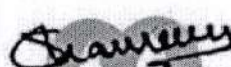
CHEMICAL EXAMINATION (URINE COMPLETE)

| | | | |
|--------------------------|----------|--|---------------|
| pH (Urine) | 5.5 | | 4.5 - 8.0 |
| Specific Gravity (Urine) | 1.022 | | 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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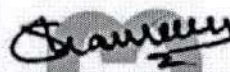
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|---|-----------------------|-------------|--------------------------------------|
| Glucose (Urine/GOD - POD) | + | | Negative |
| Leukocytes(CP) (Urine) | Negative | | |
| <u>MICROSCOPIC EXAMINATION</u> <u>(URINE COMPLETE)</u> | | | |
| Pus Cells (Urine) | 0-2 | /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.



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IMMUNOHAEMATOLOGY

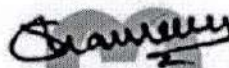
| | | | |
|--|---------------|--|--|
| BLOOD GROUPING AND Rh TYPING (EDTA Blood Agglutination) | 'O' Positive' | | |
|--|---------------|--|--|

INTERPRETATION: Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.



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BIOCHEMISTRY

| | | | |
|---|--------|-------|--|
| BUN / Creatinine Ratio | 10 | | 6.0 - 22.0 |
| Glucose Fasting (FBS) (Plasma - F/GOD-PAP) | 210.13 | 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 |
|---|---|--|----------|

| | | | |
|--|--------|-------|----------|
| Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP) | 364.60 | 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 |
|---|----|--|----------|

| | | | |
|--|-----|-------|----------|
| Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived) | 8.0 | mg/dL | 7.0 - 21 |
|--|-----|-------|----------|

| | | | |
|--------------------------------------|------|-------|-----------|
| Creatinine (Serum/Modified Jaffe) | 0.79 | 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-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

| | | | |
|--------------------------------|------|-------|-----------|
| Uric Acid (Serum/Enzymatic) | 2.50 | mg/dL | 3.5 - 7.2 |
|--------------------------------|------|-------|-----------|



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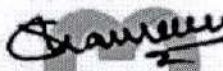
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| <u>IMMUNOASSAY</u> | | | |
| Prostate specific antigen - Total(PSA) (Serum/Manometric method) | 0.897 | ng/ml | Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0 |



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-- End of Report --



Physical Fitness Certificate

I, Dr. Yogesh after personal
examination of the case do hereby certify that

Mr/Ms/Mrs Anil Kumar is
found physically FIT/ UNFIT to work.

Please tick the below box (✓)

FIT

UNFIT

If Unfit – Please mention the reasons below

Date: 11/7/22

Doctor Seal with Signature:


DR. YOGESH. M.
M.B.B.S., M.D.
KMC, Reg. No. 57790

MR ANIL KUMAR

93 bpm

-- / -- mmHg

41 Years

Male

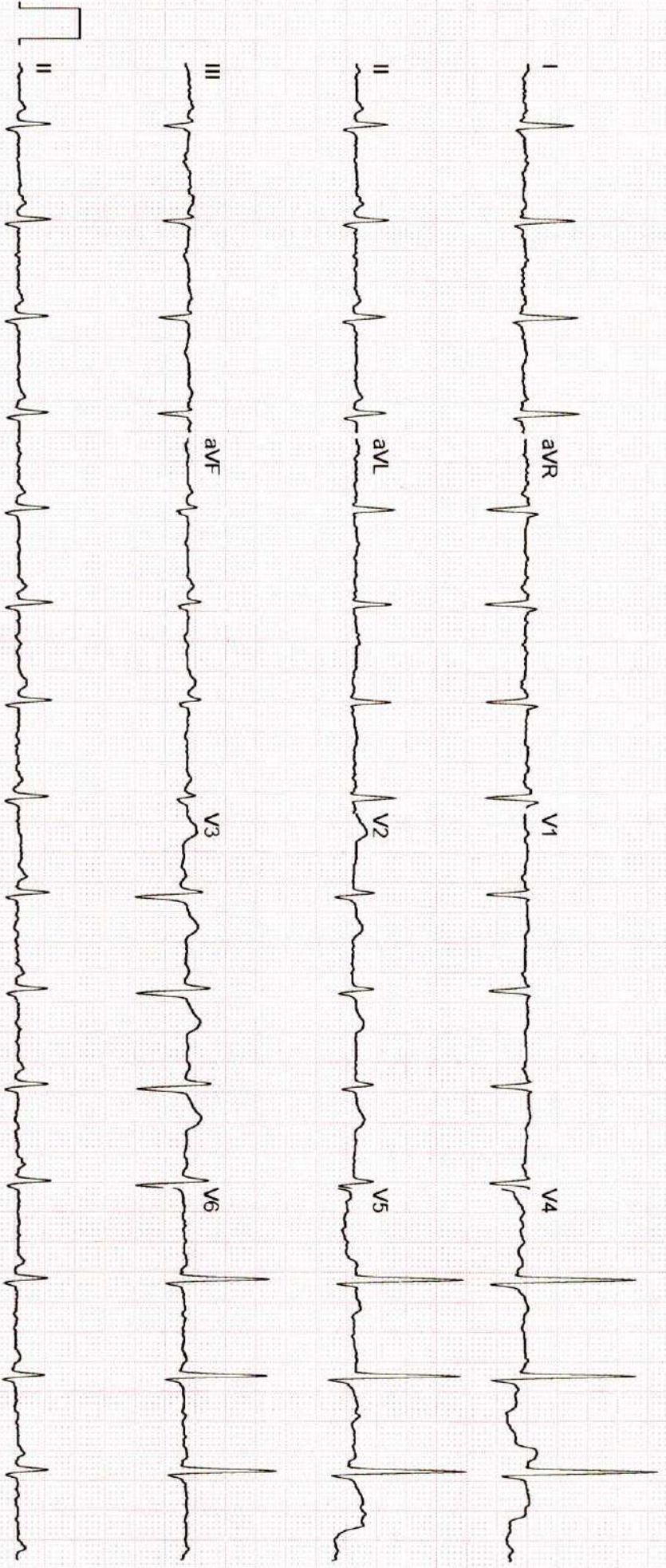
CLUMAX DIAGNOSTICS
VYALIKAVAL
BANGALORE

QRS : 92 ms
 QT / QTcbaz : 368 / 457 ms
 PR : 124 ms
 P : 102 ms
 RR / PP : 642 / 645 ms
 P / QRS / T : 57 / 0 / -3 degrees

Normal sinus rhythm
 Nonspecific T wave abnormality
 Abnormal ECG

Technician:
 Ordering Ph:
 Referring Ph:
 Attending Ph:

Handwritten signature



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

4X2.5x3_25_R1

Unconfirmed

1/1

| | | | |
|---------------|-------------------|-------------|--------------|
| Customer Name | MR.ANIL KUMAR ANI | Customer ID | MED121189346 |
| Age & Gender | 41Y/MALE | Visit Date | 09/07/2022 |
| Ref Doctor | MediWheel | | |

2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

| | | | |
|---------------------------|---|-------|------|
| AORTA | : | 2.85 | cms. |
| LEFT ATRIUM | : | 2.32 | cms. |
| AVS | : | 1.47 | cms. |
| LEFT VENTRICLE | | | |
| (DIASTOLE) | : | 4.53 | cms. |
| (SYSTOLE) | : | 3.18 | cms. |
| VENTRICULAR SEPTUM | : | | |
| (DIASTOLE) | : | 1.06 | cms. |
| (SYSTOLE) | : | 1.50 | cms. |
| POSTERIOR WALL | : | | |
| (DIASTOLE) | : | 1.50 | cms. |
| (SYSTOLE) | : | 1.64 | cms. |
| EDV | : | 94 | ml. |
| ESV | : | 40 | ml. |
| FRACTIONAL SHORTENING | : | 26 | % |
| EJECTION FRACTION | : | 60 | % |
| EPSS | : | ----- | cms. |
| RVID | : | 1.80 | cms. |

DOPPLER MEASUREMENTS:

| | | | |
|------------------|-------------|------------|-------------------------------|
| MITRAL VALVE: | E – 0.5 m/s | A – 0.8m/s | NO MR. |
| AORTIC VALVE: | 1.1 m/s | | NO AR. |
| TRICUSPID VALVE: | E – 0.3 m/s | A – 0.4m/s | TRIVIAL TR.PASP-15mmHg |
| PULMONARY VALVE: | 0.8m/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.

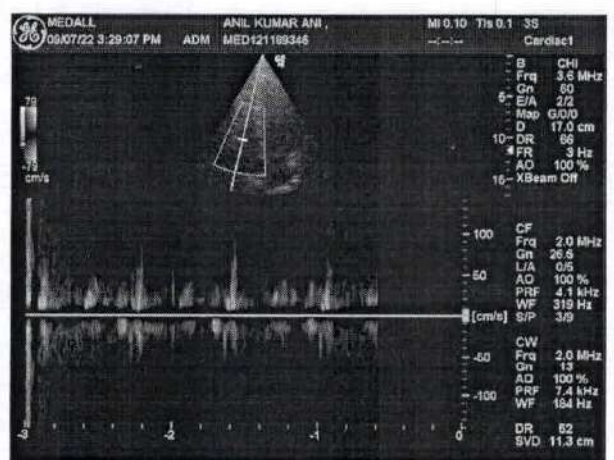
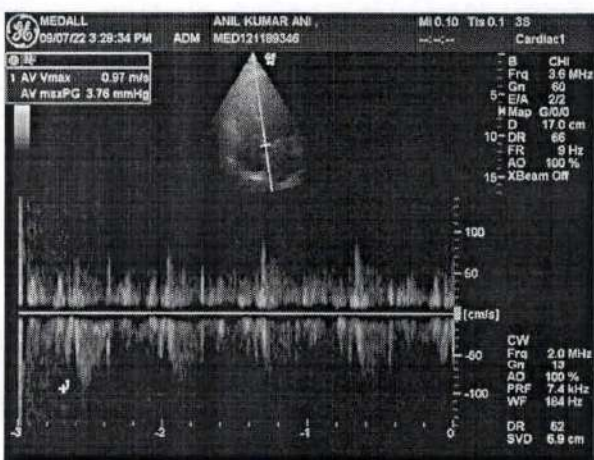
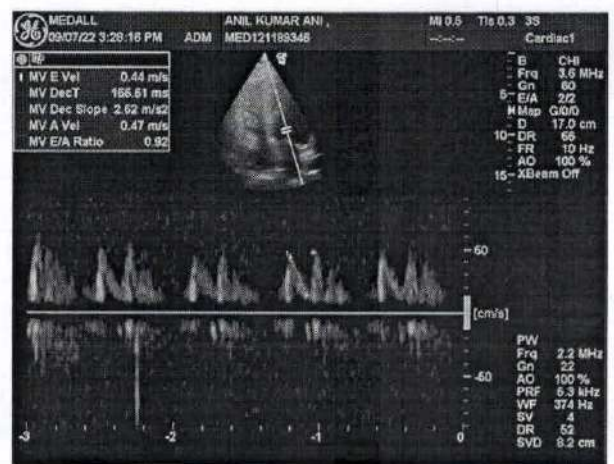
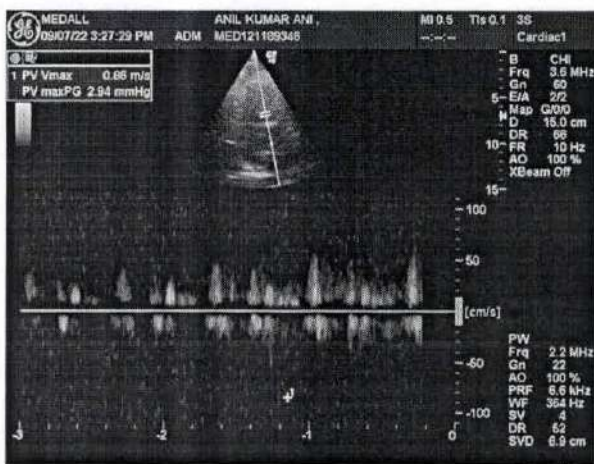
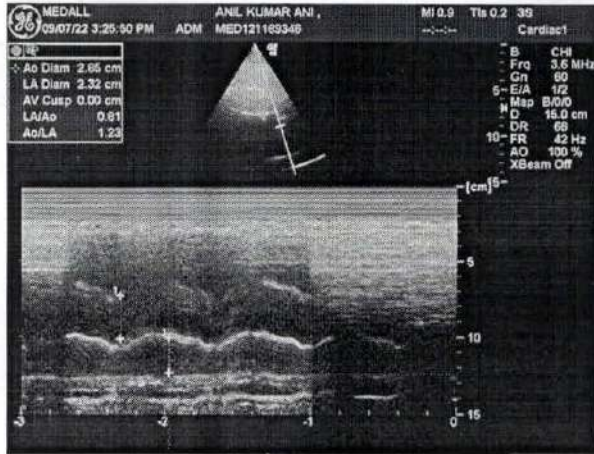
IMPRESSION:(POOR ECHO WINDOW)

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 60 %.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- GRADE I DIASTOLIC DYSFUNCTION
- TRIVIAL TR, PASP 15mmHg.
- NORMAL VALVES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.


DR. YASHODA RAVI
CONSULTANT CARDIOLOGIST



| | | | |
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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (14.2 cm) and shows increased echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal,

GALL BLADDER is partially distended with a calculus measuring 15.0 x 11.0 mm. No pericholecystic fluid. 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 (9.4 cm) and echopattern.

No demonstrable Para-aortic lymphadenopathy.

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 (cm) | Parenchymal thickness (cm) |
|--------------|---------------------|----------------------------|
| Right Kidney | 12.6 | 2.2 |
| Left Kidney | 13.1 | 2.2 |

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 3.3 x 2.9 x 4.1 cm volume: 20.6 cc.

No evidence of ascites.

IMPRESSION:

- **Grade I fatty infiltration of liver.**
- **Cholelithiasis.**



DR. HEMANANDINI V.N

CONSULTANT RADIOLOGIST

Hn/mj



| | | | |
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