

Name : Mr. SUNIL KUMAR MEHER
PID No. : MED111353551 **Register On** : 28/10/2022 11:36 AM
SID No. : 79815809 **Collection On** : 28/10/2022 1:10 PM
Age / Sex : 28 Year(s) / Male **Report On** : 28/10/2022 4:22 PM
Type : OP **Printed On** : 31/10/2022 1:32 PM
Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (Blood/Agglutination)	'A' 'Positive'		
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (Blood/Spectrophotometry)	15.6	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Numeric Integration of MCV)	46.8	%	42 - 52
RBC Count (Blood/Electrical Impedance)	5.71	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/Calculated)	81.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Calculated)	27.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Calculated)	33.3	g/dL	32 - 36
RDW-CV (Calculated)	14.7	%	11.5 - 16.0
RDW-SD (Calculated)	42.14	fL	39 - 46
Total Leukocyte Count (TC) (Blood/Electrical Impedance)	9550	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance and absorbance)	68.22	%	40 - 75
Lymphocytes (Blood/Impedance and absorbance)	25.07	%	20 - 45
Eosinophils (Blood/Impedance and absorbance)	1.26	%	01 - 06
Monocytes (Blood/Impedance and absorbance)	5.18	%	01 - 10
Basophils (Blood/Impedance and absorbance)	0.27	%	00 - 02


Dr. Tanusha
 Consultant Pathologist
 Reg No- 070707

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INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count (Blood/Impedance and absorbance)	6.52	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (Blood/Impedance)	2.39	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/Impedance)	0.12	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (Blood/Impedance)	0.49	10 ³ / μ l	< 1.0
Absolute Basophil count (Blood/Impedance)	0.03	10 ³ / μ l	< 0.2
Platelet Count (Blood/Impedance)	3.42	lakh/cu.mm	1.4 - 4.5

INTERPRETATION: Platelet count less than 1.5 lakhs will be confirmed microscopically.

MPV (Blood/Derived from Impedance)	7.20	fL	7.9 - 13.7
PCT (Calculated)	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	18	mm/hr	< 15
BUN / Creatinine Ratio	8.16		

Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	118	mg/dL	70 - 140
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INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Calculated)	9.8	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe ~ Alkaline Picrate)	1.2	mg/dL	0.9 - 1.3


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Uric Acid (Serum/Uricase/Peroxidase)	7.1	mg/dL	3.5 - 7.2
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/Diazotized Sulphanilic acid)	0.6	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulphanilic acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Calculated)	0.00	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC without P-5-P)	22	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC without P-5-P)	52	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC AMP Buffer)	69	U/L	53 - 128
Total Protein (Serum/Biuret)	7.5	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.6	gm/dl	3.5 - 5.2
Globulin (Serum/Calculated)	2.90	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Calculated)	1.59		1.1 - 2.2
INTERPRETATION: Enclosure : Graph			
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	78	U/L	< 55
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	262	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240


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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Triglycerides (Serum/Glycerol-phosphate oxidase/Peroxidase)	293	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)	46	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	157.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	58.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	216.0	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.7		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)	6.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC-Ion exchange)	5.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Mean Blood Glucose (Whole Blood)	108.28	mg/dl
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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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.33	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/Chemiluminescent Immunometric Assay (CLIA))	11.43	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/Chemiluminescence)	0.70	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.

Consistency (Stool/Physical examination)	Semi soft	Well Formed
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Mucus (Stool)	Absent	Absent
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Blood (Stool)	Absent	Absent
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Urine Analysis - Routine

Others (Urine/Microscopy)	NIL
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INTERPRETATION:Note: Done with Automated Urine Analyser & microscopy

Physical Examination(Urine Routine)

Colour (Urine/Physical examination)	PALE YELLOW	Yellow to Amber
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Appearance (Urine/Physical examination)	Clear	Clear
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Chemical Examination(Urine Routine)


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Protein (Urine/Dipstick-Error of indicator/ Sulphosalicylic acid method)	Trace		Negative
Glucose (Urine/Dip Stick Method / Glucose Oxidase - Peroxidase / Benedict's semi quantitative method.)	Negative		Negative
<u>Microscopic Examination(Urine Routine)</u>			
Pus Cells (Urine/Microscopy exam of urine sediment)	3-4	/hpf	0 - 5
Epithelial Cells (Urine/Microscopy exam of urine sediment)	1-2	/hpf	NIL
RBCs (Urine/Microscopy exam of urine sediment)	NIL	/hpf	0 - 5

STOOL ANALYSIS - ROUTINE

PHYSICAL EXAMINATION

Colour (Stool/Physical examination)	Brown		Brown
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CHEMICAL EXAMINATION

Reducing Substances (Stool/Benedict's)	Negative		Negative
Reaction (Stool)	Acidic		Acidic

MICROSCOPIC EXAMINATION (STOOL COMPLETE)

Ova (Stool)	NIL		
Cysts (Stool)	NIL		


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Trophozoites (Stool)	NIL		
Pus Cells (Stool)	0-2	/hpf	
RBCs (Stool)	NIL	/hpf	
Others (Stool)	NIL		


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Consultant Pathologist
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-- End of Report --

Name	MR.SUNIL KUMAR MEHER	ID	MED111353551
Age & Gender	28Y/MALE	Visit Date	28 Oct 2022
Ref Doctor Name	MediWheel		

**Dr. B. SRIKANTH MD DM
CONSULTANT CARDIOLOGIST**

Name	SUNIL KUMAR MEHER	ID	MED111353551
Age & Gender	28Y/M	Visit Date	Oct 28 2022 11:35AM
Ref Doctor	MediWheel		

ULTRASOUND WHOLE ABDOMEN

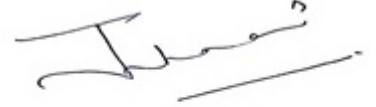
- Liver** : Mildly enlarged in size (16.3 cm) with diffuse increase in echotexture.
There is no evidence of IHBR / EHBR dilatation seen.
No focal space occupying lesions seen.
CBD is normal. PV normal.
- Gall Bladder** : Normal in volume and wall thickness.
 No e/o intraluminal calculi seen.
- Pancreas** : Head, body and tail are identified with normal echopattern and smooth outlines.
- Spleen** : Measured 9.8 cm, in size with normal echotexture.
- Right kidney** : Measured 10.4 x 4.6 cm in size.
- Left kidney** : Measured 10.3 x 5.8 cm in size.
 Both kidneys are normal in size, position, with well preserved cortico medullary differentiation and normal pelvicalyceal anatomy.
 No e/o calculi / space occupying lesion seen.
 No e/o suprarenal / retroperitoneal masses noted.
- Urinary bladder** : Normal in volume and wall thickness.
 No e/o intraluminal calculi / masses seen.
- Prostate** : Measured 3.5 x 2.8 x 3.3 cm in size (Vol : 17.6 cc) with normal echotexture.
 No e/o ascites / pleural effusion seen.
 No e/o detectable bowel pathology seen.

IMPRESSION :

- **Mild hepatomegaly with Grade II steatosis – To correlate with LFT.**

- For clinical correlation.

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Dr. Jahnavi Barla MD (RD), DGO.
Consultant Radiologist

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RADIOGRAPH CHEST P.A. VIEW

The Cardiac size and configuration are normal.

The Aorta and Pulmonary Vasculature are normal.

Both the lungs are clear.

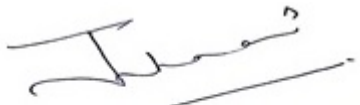
Both Costophrenic angles are normal.

The soft tissues and bones of thorax are normal.

IMPRESSION :

- **Essentially normal study.**

- For clinical correlation.



Dr. Jahnavi Barla MD (RD), DGO.
Consultant Radiologist


FITNESS CERTIFICATE

NAME: <i>Sauril Kumar Meher</i>	AGE:	
Ht: <i>158</i> CMS	Wt: <i>84</i> KGS	SEX:

PARAMETERS	MEASUREMENTS	
PULSE / BP (supine)	<i>72</i>	<i>120/80</i> /mt / /mmHg
INSPIRATION		<i>41</i>
EXPIRATION		<i>43</i>
CHEST CIRCUMFERENCE		<i>42</i>
PREVIOUS ILLNESS		
VISION		<i>6/6 normal</i>
FAMILY HISTORY	FATHER:	
	MOTHER:	

REPORTS:

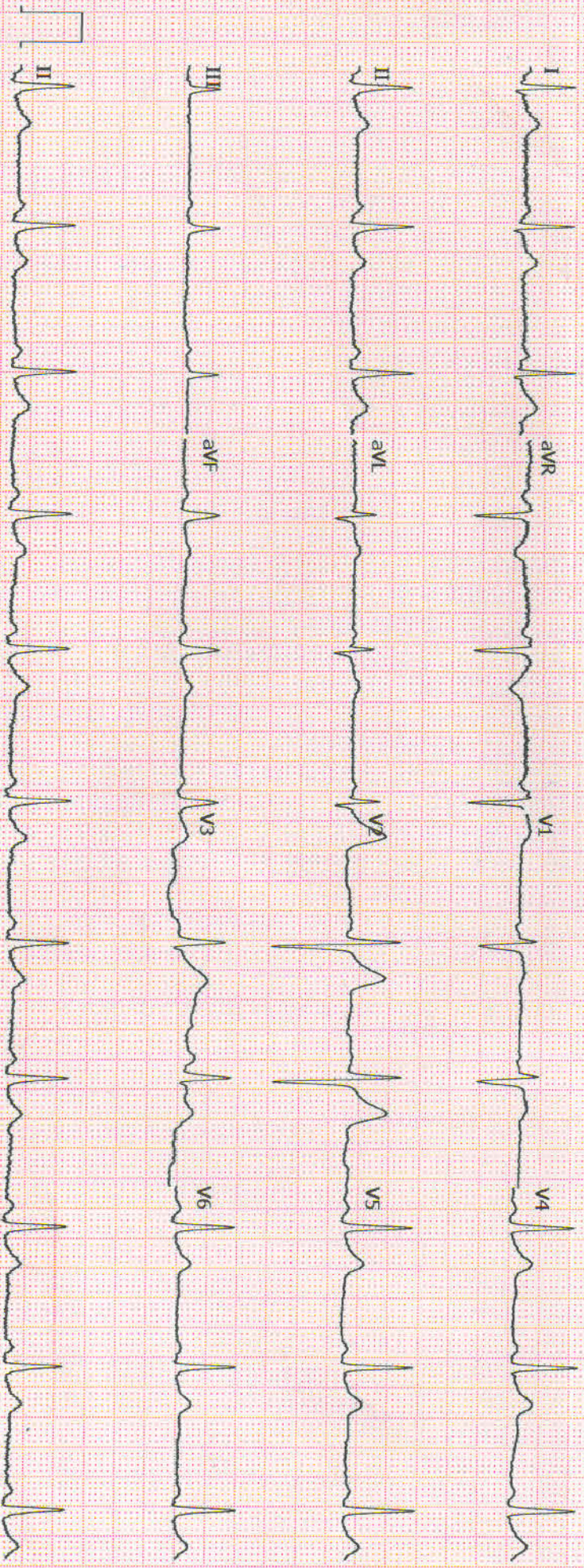
DATE: *29.10.22*
 PLACE: *visakhapatni*


CONSULTANT PHYSICIAN
 Dr. Lanka Prasad, M. B. B. S.
 Reg. No. 18363
Rishi CIVIL ASSISTANT SURGEON
 MEDICAL OFFICER
 Primary Health Centre
 KASIB KOTA-531 031
 VISAKHA Dist.

Technician:
Ordering Prt:
Referring Prt:
Attending Prt:

QT / QTcBaz : 388 / 397 ms
PR : 108 ms
P : 62 ms
RR / PP : 952 / 952 ms
P / QRS / T : 22 / 54 / 49 degrees

Sinus rhythm with short PR
Otherwise normal ECG



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz

Unconfirmed
4x2.5x3_25_R1 1/1