

MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 10-Sep-2022 10:11 AM

Customer Name : **MR.J SRIKANTH**DOB : **15 May 1989**Ref Dr Name : **MediWheel**Age : **33Y/MALE**Customer Id : **MED111293163**Visit ID : **712227736**

Email Id :

Phone No : **7760177926**Corp Name : **MediWheel**

Address :

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	GLUCOSE - FASTING				
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
5	LAB	LIPID PROFILE				
6	LAB	LIVER FUNCTION TEST (LFT)				
7	LAB	URIC ACID				
8	LAB	URINE GLUCOSE - FASTING				
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
10	LAB	COMPLETE BLOOD COUNT WITH ESR				
11	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)				
12	LAB	STOOL ANALYSIS - ROUTINE				
13	LAB	URINE ROUTINE				
14	LAB	CREATININE				
15	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)				

	BUN/CREATININE RATIO					
1ERS	physical examination	MYS2722122102651				
JS	ULTRASOUND ABDOMEN ✓	MYS2722122103462				
OTHERS	Test / 2D Echo ✓	MYS2722122127528				4:30 PM
20	OTHERS EYE CHECKUP ✓	MYS2722122135592				
21	X-RAY CHEST ✓	MYS2722122145199				
22	OTHERS Consultation Physician	MYS2722122148004				
23	ECHO ELECTROCARDIOGRAM ECG ✓	MYS2722122149333				

Registered By

(R.SUNILKUMAR)

Ht - 160cm

W - 80kg

BP - 120/80 mmHg

Pulse - 109

Hip - 38

Wrist - 39.5

FITNESS CERTIFICATE

NAME: <i>J. Srikumar</i>	AGE: <i>33/m</i>	
Ht: <i>163</i> CMS	Wt: <i>80</i> KGS	SEX: <i>M</i>

PARAMETERS	MEASUREMENTS
PULSE / BP (supine)	<i>120/80</i> /mt / /mmHg
INSPIRATION	
EXPIRATION	
CHEST CIRCUMFERENCE	
PREVIOUS ILLNESS	<i>None</i>
VISION	<i>(R)</i>
FAMILY HISTORY	FATHER: <i>Nil</i> MOTHER: <i>Nil</i>

REPORTS: *Dyslipidemia*
prescribed medications

DATE: *10/09/22*

PLACE: *Mysuru*



CONSULTANT PHYSICIAN

Dr. NIKHIL B.
M.D., D.M.(Cardiologist)
Interventional Cardiologist
KMC Reg. No.: 90111



medall

NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

OPD SHEET

Date : 10/9/22

Patient's Name : Mr. Srekanth J

OP No. 1210128

33 / m

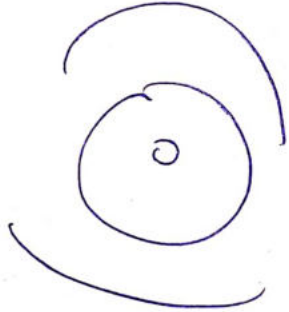
2:30 pm

for medical checkups

Dr. Priya. D
M.B.B.S.
Consultant Glaucoma & Cataract
KMC No. 88421

vision (BE) 6/6, NE

RE

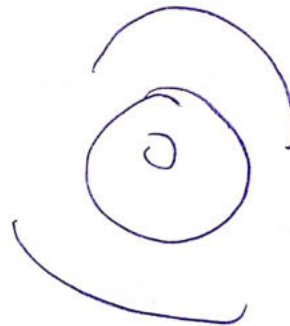


clear cornea

AC: VII IV

pup + R R R

LE



10P (13
14 m y

Colour vision (BE) 38/38

Central
funds

(BE)

Hyperemic
disc

blurring of margins
elevated disc
no cupping

Imp:

(BE)

disc edema

not

willing

for

dilatation

Neurologist
R/W

dilatation
opinion

Retina

Adv:
→

Prigaj-D

CDR Prigaj-D

10/9/2022

3:20pm

Customer Name	MR.J SRIKANTH	Customer ID	MEDI11293163
Age & Gender	33Y/MALE	Visit Date	10/09/2022
Ref Doctor	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.8cms
LEFT ATRIUM	:	3.0cms
LEFT VENTRICLE (DIASTOLE)	:	4.6cms
(SYSTOLE)	:	2.8cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.1cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.2cms
EDV	:	75ml
ESV	:	26ml
FRACTIONAL SHORTENING	:	35%
EJECTION FRACTION	:	64%
RVID	:	1.5cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.85m/s	'A' - 0.38m/s	NO MR
AORTIC VALVE	:	1.05m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.77m/s	'A' - 0.35m/s	NO TR
PULMONARY VALVE	:	0.79m/s		NO PR



Customer Name	MR.J SRIKANTH	Customer ID	MED111293163
Age & Gender	33Y/MALE	Visit Date	10/09/2022
Ref Doctor	MediWheel		

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.

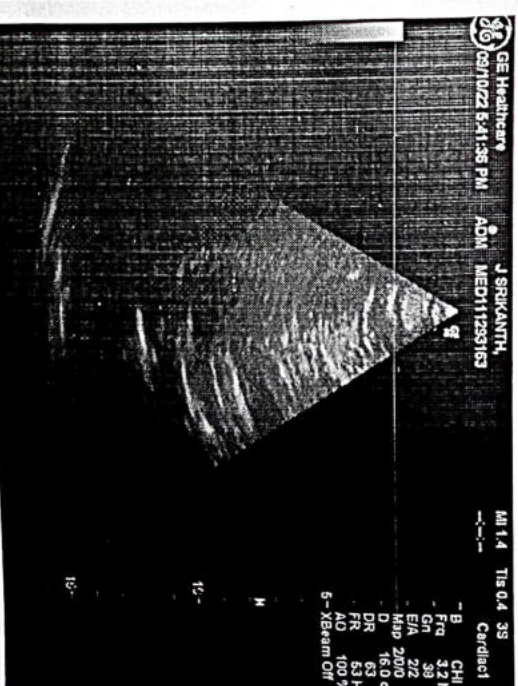
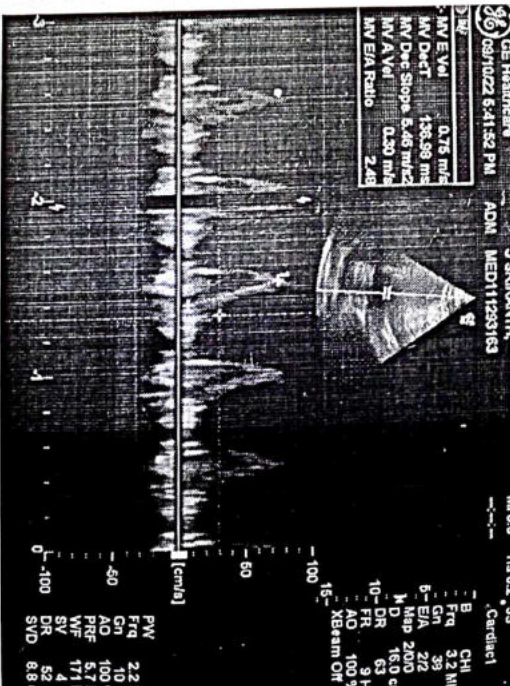
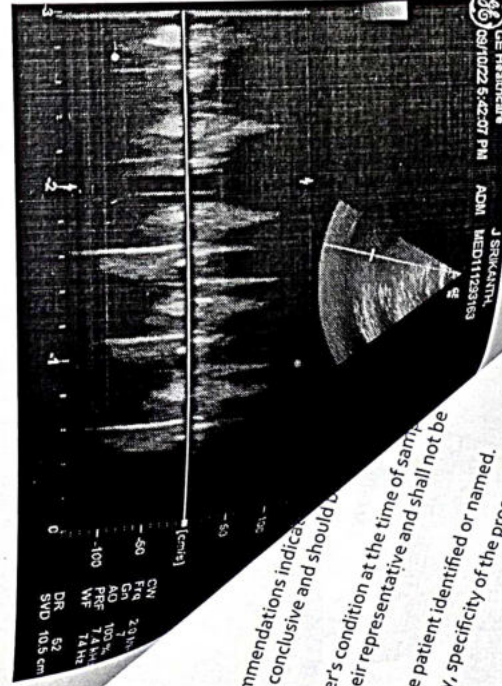
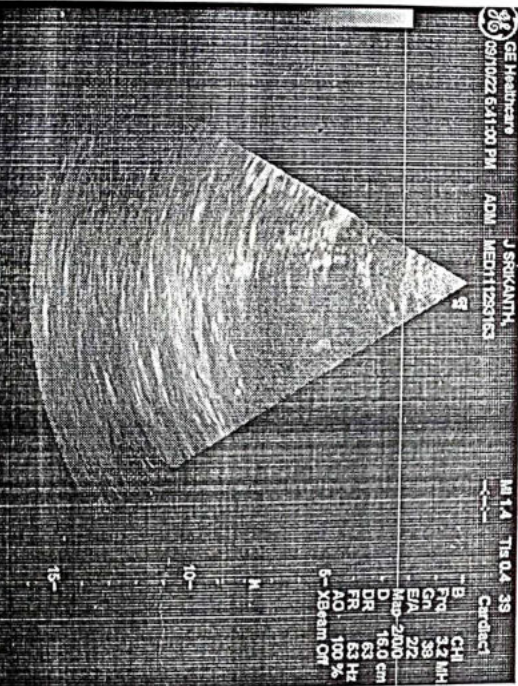
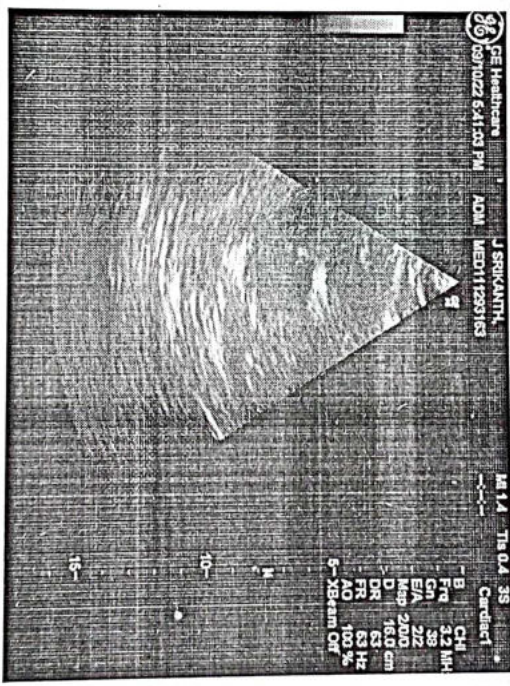
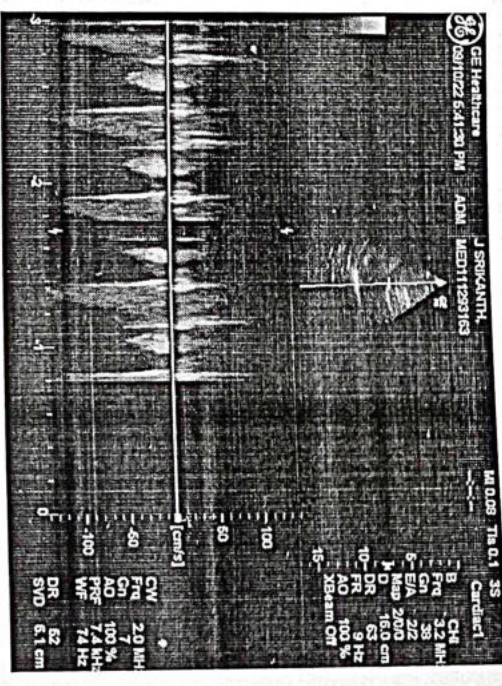
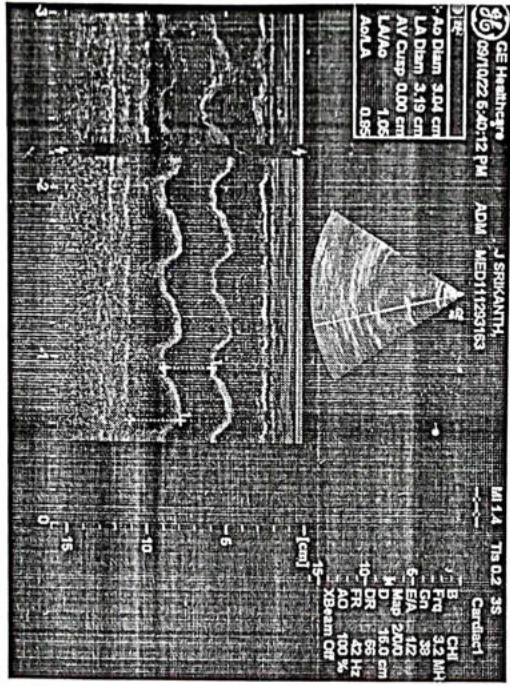
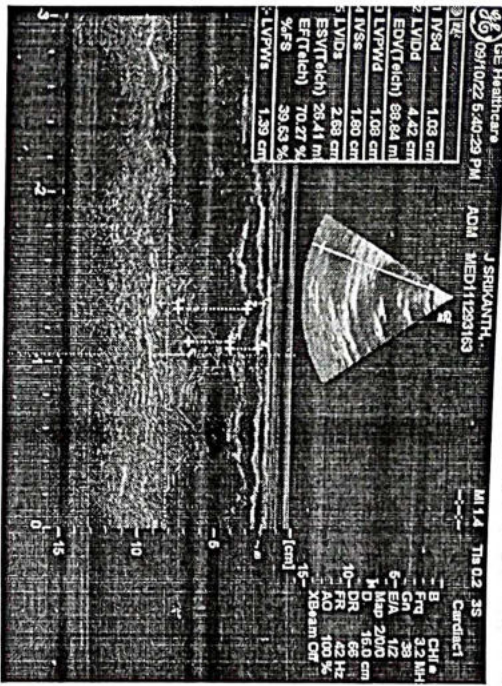
IMPRESSION:

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 64%.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.



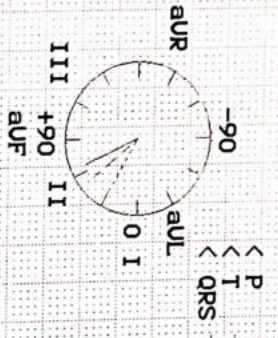
DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/TG





Recommendations indicated on this image are for informational purposes only and should not be considered as a substitute for a physician's condition at the time of scan. The patient identified or named herein is representative and shall not be held responsible for the accuracy, reliability, specificity or named.

AGE: 33
 Measurement Results:
 QRS : 94 ms
 QT/QTcB : 346 / 446 ms
 PR : 192 ms
 P : 98 ms
 RR/PP : 602 / 600 ms
 P/QRS/T : 30 / 65 / 50 degrees
 QTd/QTcBD : 64 / 82 ms
 Sokolow : 1.3 mV
 NK : 15

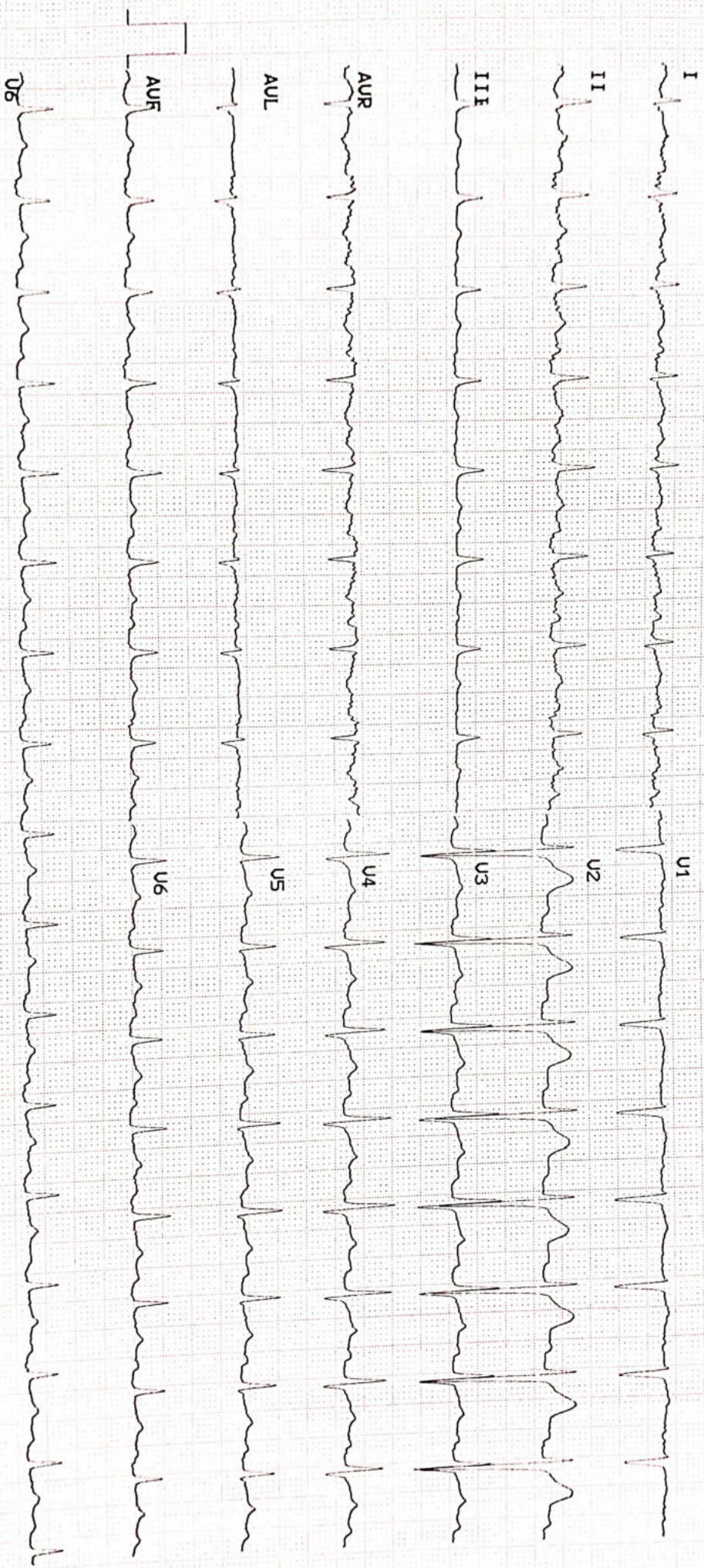


Interpretation:
 normal ECG

Normal sinus rhythm

[Signature]

Unconfirmed report.



Customer Name	MR.J SRIKANTH	Customer ID	MED111293163
Age & Gender	33Y/MALE	Visit Date	10/09/2022
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows slightly increased echotexture.

No evidence of focal lesion or intrahepatic biliary ductal dilatation.

Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents.

Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern.

No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

KIDNEYS move well with respiration and have normal shape, size and echopattern.

Cortico- medullary differentiations are well madeout.

Non-obstructing calculus measuring 3.8mm is noted in the mid calyx of right kidney

No evidence of hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.8	1.7
Left Kidney	9.4	1.7

URINARY BLADDER show normal shape and wall thickness.

It has clear contents.

PROSTATE shows normal shape, size and echopattern.


No evidence of ascites.

Impression:

- **Grade I Fatty Changes In Liver.**
- **Non-Obstructing Right Renal Calculus.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MB/MS



DR. MOHAN B

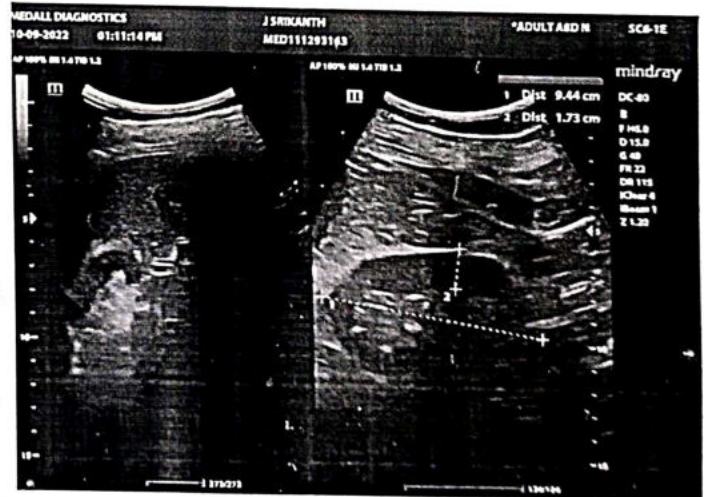
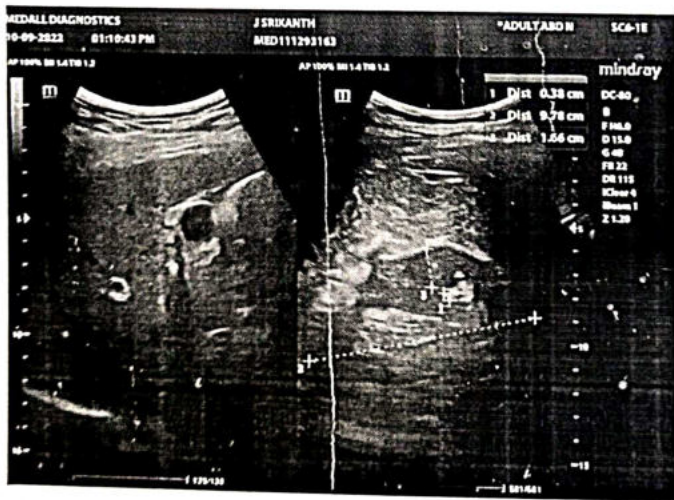
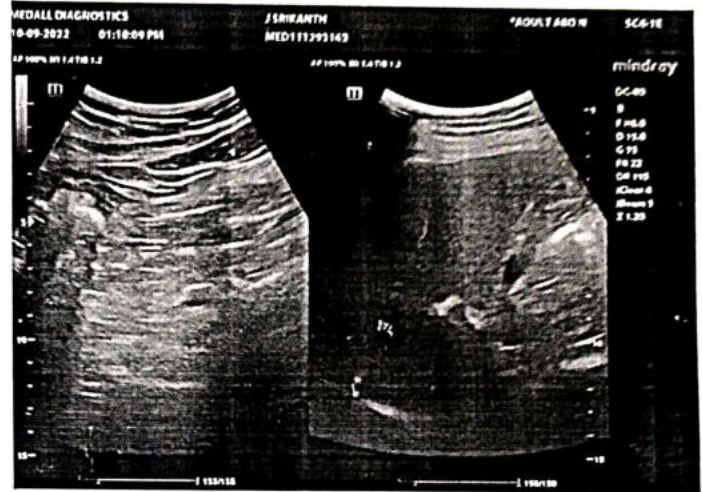
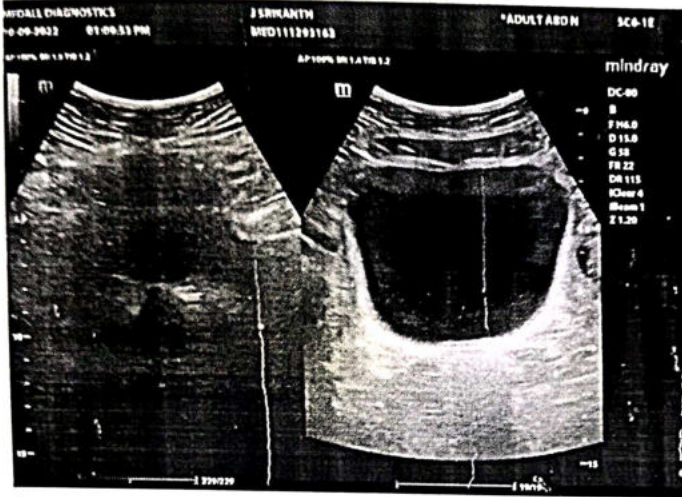


is indicated at the time of sale and shall not

Medall Diagnostics
Ballal Circle(Ashoka circle) - Mysore



Customer Name	MR.J SRIKANTH	Customer ID	MED111293163
Age & Gender	33Y/MALE	Visit Date	10/09/2022
Ref Doctor	MediWheel		

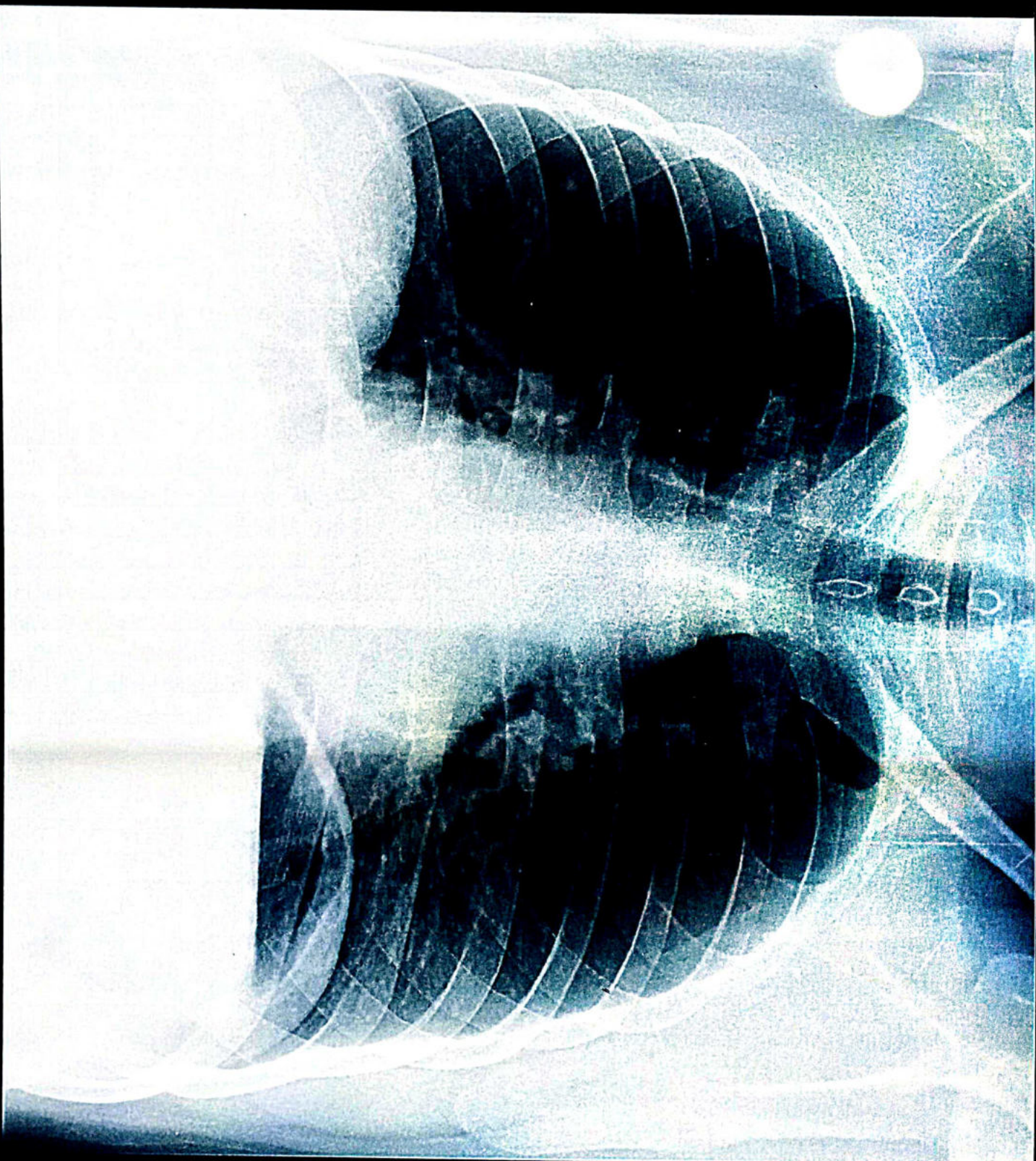


REPORTS AND TRENDS THROUGH OUR APP

You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.



J SRIKANTH 33 MED111293163 M CHEST PA 9/10/2022 12:20 PM
MEDALL CLUMAX DIAGNOSTIC

Name : Mr. J SRIKANTH
PID No. : MED111293163
SID No. : 712227736
Age / Sex : 33 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:11 AM
Collection On : 10/09/2022 11:14 AM
Report On : 10/09/2022 5:22 PM
Printed On : 11/09/2022 2:41 PM



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

HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	14.3	g/dL	13.5 - 18.0
---	------	------	-------------

INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	47.2	%	42 - 52
--	------	---	---------

RBC Count (EDTA Blood/Automated Blood cell Counter)	4.96	mill/cu.mm	4.7 - 6.0
--	------	------------	-----------

MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	95.0	fL	78 - 100
--	------	----	----------

MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	28.8	pg	27 - 32
--	------	----	---------

MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	30.2	g/dL	32 - 36
---	-------------	------	---------

RDW-CV (Derived)	16.4	%	11.5 - 16.0
---------------------	-------------	---	-------------

RDW-SD (Derived)	54.53	fL	39 - 46
---------------------	--------------	----	---------

Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	7530	cells/cu.mm	4000 - 11000
---	------	-------------	--------------

Neutrophils (Blood/Impedance Variation & Flow Cytometry)	61	%	40 - 75
---	----	---	---------

Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	31	%	20 - 45
---	----	---	---------


Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138


APPROVED BY

Name : Mr. J SRIKANTH
PID No. : MED111293163
SID No. : 712227736
Age / Sex : 33 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:11 AM
Collection On : 10/09/2022 11:14 AM
Report On : 10/09/2022 5:22 PM
Printed On : 11/09/2022 2:41 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	02	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	06	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.59	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.33	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.15	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.53	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	409	10 ³ / μ l	150 - 450
MPV (Blood/Derived)	12.2	fL	7.9 - 13.7
PCT	0.40	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	14	mm/hr	< 15


Dr Shouree K.R.
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mr. J SRIKANTH
PID No. : MED111293163
SID No. : 712227736
Age / Sex : 33 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:11 AM
Collection On : 10/09/2022 11:14 AM
Report On : 10/09/2022 5:22 PM
Printed On : 11/09/2022 2:41 PM



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

Lipid Profile

Cholesterol Total (Serum/Oxidase / Peroxidase method)	245	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
--	-----	-------	--

Remark: kindly correlate clinically

Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	265	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	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
---	----	-------	--

LDL Cholesterol (Serum/Calculated)	141	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
---------------------------------------	-----	-------	---

VLDL Cholesterol (Serum/Calculated)	53	mg/dL	< 30
--	----	-------	------

Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mr. J SRIKANTH
PID No. : MED111293163
SID No. : 712227736
Age / Sex : 33 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:11 AM
Collection On : 10/09/2022 11:14 AM
Report On : 10/09/2022 5:22 PM
Printed On : 11/09/2022 2:41 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Non HDL Cholesterol (Serum/Calculated)	194.0	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)	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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	5.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.8		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mr. J SRIKANTH
PID No. : MED111293163
SID No. : 712227736
Age / Sex : 33 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:11 AM
Collection On : 10/09/2022 11:14 AM
Report On : 10/09/2022 5:22 PM
Printed On : 11/09/2022 2:41 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	6.1	%	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 %

Remark: Kindly correlate clinically.

Estimated Average Glucose (Whole Blood)	128.37	mg/dL
--	--------	-------

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.

Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mr. J SRIKANTH
PID No. : MED111293163
SID No. : 712227736
Age / Sex : 33 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:11 AM
Collection On : 10/09/2022 11:14 AM
Report On : 10/09/2022 5:22 PM
Printed On : 11/09/2022 2:41 PM



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

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.27	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 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	11.78	Microg/dl	4.2 - 12.0
--	-------	-----------	------------

INTERPRETATION:

Comment :

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.934	μIU/mL	0.35 - 5.50
---	-------	--------	-------------

INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0


(Indian Thyroid Society Guidelines)

Comment :

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&lt;0.03 μIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.


Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mr. J SRIKANTH
PID No. : MED111293163
SID No. : 712227736
Age / Sex : 33 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:11 AM
Collection On : 10/09/2022 11:14 AM
Report On : 10/09/2022 5:22 PM
Printed On : 11/09/2022 2:41 PM



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

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale Yellow		Yellow to Amber
Volume (Urine/Physical examination)	25		ml
Appearance (Urine)	Clear		

CHEMICAL EXAMINATION

pH (Urine)	6.5		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.025		1.002 - 1.035
Protein (Urine/Dip Stick - Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative


Dr Shouree K.R.
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138


APPROVED BY

Name : Mr. J SRIKANTH
PID No. : MED111293163
SID No. : 712227736
Age / Sex : 33 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:11 AM
Collection On : 10/09/2022 11:14 AM
Report On : 10/09/2022 5:22 PM
Printed On : 11/09/2022 2:41 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Blood (Urine)	Nil		Nil
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	2-3	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil


Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mr. J SRIKANTH
PID No. : MED111293163
SID No. : 712227736
Age / Sex : 33 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:11 AM
Collection On : 10/09/2022 11:14 AM
Report On : 10/09/2022 5:22 PM
Printed On : 11/09/2022 2:41 PM



Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' Positive'

Remark: Test to be confirmed by gel method.



Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mr. J SRIKANTH
PID No. : MED111293163
SID No. : 712227736
Age / Sex : 33 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:11 AM
Collection On : 10/09/2022 11:14 AM
Report On : 10/09/2022 5:22 PM
Printed On : 11/09/2022 2:41 PM



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

BIOCHEMISTRY

BUN / Creatinine Ratio	9.8		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	79	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.

Urine sugar, Fasting (Urine - F)	Nil		Nil
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	96	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 Sugar (PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.9	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.8	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.

Remark: kindly correlate clinically

Uric Acid (Serum/Uricase/Peroxidase)	6.5	mg/dL	3.5 - 7.2
---	-----	-------	-----------

Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mr. J SRIKANTH
PID No. : MED111293163
SID No. : 712227736
Age / Sex : 33 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 10/09/2022 10:11 AM
Collection On : 10/09/2022 11:14 AM
Report On : 10/09/2022 5:22 PM
Printed On : 11/09/2022 2:41 PM



-- End of Report --

Name	J SRIKANTH	ID	MED111293163
Age & Gender	33Y/M	Visit Date	Sep 10 2022 10:11AM
Ref Doctor	MediWheel		

X – RAY CHEST PA VIEW

LUNGS:

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

CARDIA:

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

IMPRESSION:

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.**



DR. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST