



Final Laboratory Report			PID :
Name : <b>Mr. ARAVIND S</b>	Sex/Age : <b>Male / 34 Years</b>	Lab ID : <b>40834600571</b>	
Ref. By :	SRF ID :	Ref. ID :	
Corporate : NDPL - Mediwheel	UHID :		
Col Dt. Time : 14-Aug-2024 08:24	Recv Dt. Time : 14-Aug-2024 08:24	Sample Type :	
Reg Dt. Time : 14-Aug-2024 08:13	Report Released @ :	Report Printed : 17-Aug-2024 10:55	

## Abnormal Result(s) Summary

Test Name	Result Value	Unit	Reference Range
<b>CBC</b>			
Basophils	<b>1.3</b>	%	0 - 1
<b>Liver Function Test</b>			
Bilirubin Total	<b>1.63</b>	mg/dL	0.2 - 1.2
Bilirubin Direct	<b>0.54</b>	mg/dL	0 - 0.5
Bilirubin Indirect	<b>1.09</b>	mg/dL	0.1 - 1
Plasma Glucose - F	<b>101</b>	mg/dL	Fasting blood glucose : 70 - 99 mg/dl - Normal 100 - 125 mg/dl - Impaired Fasting : Diabetic : =>126.
Uric Acid	<b>7.30</b>	mg/dL	3.5 - 7.2

Abnormal Result(s) Summary End





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Corporate : NDPL - Mediwheel	UHID :		
Col Dt. Time : 14-Aug-2024 08:24	Recv Dt. Time : 14-Aug-2024 08:24	Sample Type : Whole Blood EDTA	
Reg Dt. Time : 14-Aug-2024 08:13	Report Released @ : 14-Aug-2024 10:37	Report Printed : 17-Aug-2024 10:55	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
<b>Complete Blood Counts</b>				
RBC Count <i>Electrical Impedance</i>	5.34	millions/cmm	4.5 - 6.5	
Haemoglobin <i>SLS</i>	16.0	g/dL	13.5 - 18	
PCV	45.9	%	40 - 54	
Mean Corpuscular Volume <i>Calculated</i>	86.0	fL	76 - 96	
Mean Corpuscular Hemoglobin <i>Calculated</i>	30.0	pg	27 - 32	
Mean Corpuscular Hb Concentration <i>Calculated</i>	34.9	g/dL	30 - 35	
Red Cell Distribution Width (RDW) <i>Calculated</i>	12.4	%	11.5 - 14	
Total Leucocyte Count(TLC) <i>Fluorescent Flowcytometry</i>	7840	Cells/cmm	4000 - 11000	
<b>Differential Counts</b>				
Neutrophils <i>Fluorescent Flowcytometry</i>	55.4	%	40 - 75	
Lymphocytes <i>Fluorescent Flowcytometry</i>	33.9	%	20 - 45	
Monocytes <i>Fluorescent Flowcytometry</i>	4.7	%	2 - 10	
Eosinophils	4.7	%	1 - 6	
Basophils <i>Fluorescent Flowcytometry</i>	<b>H 1.3</b>	%	0 - 1	
<b>Absolute Counts</b>				
Absolute Neutrophil Count <i>Calculated</i>	4340	Cells/cmm	2000-7000	
Absolute Lymphocyte Count <i>Calculated</i>	2660	Cells/cmm	1000-5000	
Absolute Monocyte Count <i>Calculated</i>	370	Cells/cmm	200-1000	
Absolute Eosinophil Count <i>Calculated</i>	370	Cells/cmm	20-500	
Absolute Basophil Count <i>Calculated</i>	100	Cell/cmm	20-100	
Platelet Count <i>Electrical Impedance</i>	258000	Cells/cmm	150000 - 400000	
Mean Platelet Volume (MPV)	9.5	fL	7.2 - 11.7	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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Divya.NHT

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According to ICSH guideline (international Council for Standardisation in Hematology), the differential counts should be reported in absolute numbers.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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Corporate	: NDPL - Mediwheel	UHID	:		
Col Dt. Time	: 14-Aug-2024 08:24	Recv Dt. Time	: 14-Aug-2024 08:24	Sample Type	: Whole Blood EDTA
Reg Dt. Time	: 14-Aug-2024 08:13	Report Released @	: 14-Aug-2024 11:15	Report Printed	: 17-Aug-2024 10:55

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
ESR <i>Photometrical capillary stopped flow kinetic analysis</i>	3	mm/hour	0 - 15	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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Col Dt. Time	: 14-Aug-2024 08:24	Recv Dt. Time	: 14-Aug-2024 08:24	Sample Type	: Whole Blood EDTA
Reg Dt. Time	: 14-Aug-2024 08:13	Report Released @	: 14-Aug-2024 13:47	Report Printed	: 17-Aug-2024 10:55

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Blood Group & Rh Type <i>Manual Method (Forward &amp; Reverse Typing)</i>	O Positive			

This is a screening method. Advise higher method for confirmation.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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*a. Thiva*

Thivya G

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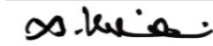




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Ref. By	:	SRF ID	:	Ref. ID	:
Corporate	: NDPL - Mediwheel	UHID	:		
Col Dt. Time	: 14-Aug-2024 08:24	Recv Dt. Time	: 14-Aug-2024 08:24	Sample Type	: Plasma Fluoride
Reg Dt. Time	: 14-Aug-2024 08:13	Report Released @	:		F,Plasma Fluoride PP,Serum

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Plasma Glucose - F <i>HEXOKINASE/G-6-PDH</i>	H <b>101</b>	mg/dL	Fasting blood glucose : 70 - 99 mg/dl - Normal 100 - 125 mg/dl - Impaired Fasting : Diabetic : =>126.	
Plasma Glucose - PP <i>HEXOKINASE/G-6-PDH</i>	94.00	mg/dL	Normal : 70-140 mg/dL Impaired Tolerance : 141 - 199 Diabetic : => 200	
Urea <i>Calculated</i>	25.68	mg/dL	19.04 - 44.08	
Uric Acid <i>Uricase</i>	H <b>7.30</b>	mg/dL	3.5 - 7.2	
Creatinine <i>Kinetic Alkaline Picrate</i>	0.95	mg/dL	0.5 - 1.4	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)



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Reg Dt. Time : 14-Aug-2024 08:13	Report Released @ : 14-Aug-2024 14:44	Report Printed : 17-Aug-2024 10:55		

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Glycated Haemoglobin Estimation</b>				
HbA1C High Performance Liquid Chromatography (HPLC)	5.80	%	Non Diabetic : Less than 5.7 % Pre Diabetic : 5.7 - 6.4 Diabetic : => 6.5 %	
Estimated Avg Glucose (3 Mths) Calculated	119.76	mg/dL	Not available	

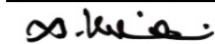
Please Note change in reference range as per ADA 2021 guidelines.

**Interpretation :**

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemc control.  
Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.  
Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.  
Patients with Homozygous forms of rare variant Hb(CC,SS,EE,SC) HbA1c can not be quantitated as there is no HbA.  
In such circumstances glycemc control can be monitored using plasma glucose levels or serum Fructosamine.  
The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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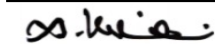


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Corporate : NDPL - Mediwheel	UHID :	
Col Dt. Time : 14-Aug-2024 08:24	Recv Dt. Time : 14-Aug-2024 08:24	Sample Type : Serum
Reg Dt. Time : 14-Aug-2024 08:13	Report Released @ : 14-Aug-2024 12:34	Report Printed : 17-Aug-2024 10:55

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Cholesterol <i>Enzymatic</i>	156.00	mg/dL	<200 - Desirable 200 - 239 - Borderline High > 240 - High "NCEP Guidelines ATP III".	
Triglyceride <i>Glycerol Phosphate Oxidase</i>	91.00	mg/dL	< 150 - Normal 150 - 199 - Borderline 200 - 499 - High > 500 - Very High "NCEP Guidelines ATP III".	
HDL Cholesterol <i>Accelerator Selective Detergent</i>	40.0	mg/dL	< 40 - Low Level 40 - 60 - Average Level > 60 - High Level NCEP Guidelines ATP III.	
LDL Cholesterol <i>Calculated</i>	97.80	mg/dL	0 - 100	
VLDL <i>Calculated</i>	18.20	mg/dL	<30	
Non-HDL Cholesterol <i>Calculated</i>	116		< 130 Optimal 130-159 Near Optimal 160-189 Borderline high 190-219-High >or = 220- Very high	
LDL/HDL Ratio <i>Calculated</i>	2.45			
Chol/HDL <i>Calculated</i>	3.90		< 3.5 – Low risk 3.5 – 5.0 - Normal risk > 5.0 - High risk	

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Corporate : NDPL - Mediwheel UHID :

Col Dt. Time : 14-Aug-2024 08:24 Recv Dt. Time : 14-Aug-2024 08:24 Sample Type : Serum  
Reg Dt. Time : 14-Aug-2024 08:13 Report Released @ : 14-Aug-2024 13:02 Report Printed : 17-Aug-2024 10:55

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
Bilirubin Total <i>Diazonium Salt</i>	<b>H 1.63</b>	mg/dL	0.2 - 1.2	
Bilirubin Direct <i>DIAZO REACTION</i>	<b>H 0.54</b>	mg/dL	0 - 0.5	
Bilirubin Indirect	<b>H 1.09</b>	mg/dL	0.1 - 1	
S.G.P.T. <i>NADH (Without P-5-P)</i>	51.00	U/L	0 - 55	
S.G.O.T. <i>NADH (Without P-5-P)</i>	29.00	U/L	5 - 34	
Alkaline Phosphatase <i>Para-Nitrophenyl Phosphate</i>	59.00	U/L	40-150	
Gamma Glutamyl Transferase <i>L-Gamma-glutamyl-3-carboxy-4-nitroanilide Substrate</i>	41.00	U/L	12 -64	
Proteins (Total) <i>Biuret</i>	7.44	gm/dL	6.4 - 8.3	
Albumin <i>Bromo Cresol Green</i>	4.49	g/dL	3.5-5.2	
Globulin <i>Calculated</i>	2.95		2.0 - 3.5	
A/G Ratio <i>Calculated</i>	1.5		1 - 2	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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Col Dt. Time : 14-Aug-2024 08:24	Recv Dt. Time : 14-Aug-2024 08:24	Sample Type : Serum	
Reg Dt. Time : 14-Aug-2024 08:13	Report Released @ : 14-Aug-2024 12:08	Report Printed : 17-Aug-2024 10:55	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
<b>Thyroid Function Test</b>				
Triiodothyronine (T3) <i>CMA</i>	99.69	ng/dL	58 - 159	
Thyroxine (T4) <i>CMA</i>	9.10	µg/dL	4.87 - 11.72	
TSH <i>CMA</i>	1.82	µIU/mL	0.35 - 4.94	

**INTERPRETATIONS**

- Circulating TSH measurement has been used for screening for euthyroidism, screening and diagnosis for hyperthyroidism & hypothyroidism. Suppressed TSH (<0.01 µIU/mL) suggests a diagnosis of hyperthyroidism and elevated concentration (>7 µIU/mL) suggest hypothyroidism. TSH levels may be affected by acute illness and several medications including dopamine and glucocorticoids. Decreased (low or undetectable) in Graves disease. Increased in TSH secreting pituitary adenoma (secondary hyperthyroidism), PPTH and in hypothalamic disease thyrotropin (tertiary hyperthyroidism). Elevated in hypothyroidism (along with decreased T4) except for pituitary & hypothalamic disease.
- Mild to modest elevations in patient with normal T3 & T4 levels indicates impaired thyroid hormone reserves & incipient hypothyroidism (subclinical hypothyroidism).
- Mild to modest decrease with normal T3 & T4 indicates subclinical hyperthyroidism.
- Degree of TSH suppression does not reflect the severity of hyperthyroidism, therefore, measurement of free thyroid hormone levels is required in patient with a suppressed TSH level.

**CAUTIONS**

Sick, hospitalized patients may have falsely low or transiently elevated thyroid stimulating hormone. Some patients who have been exposed to animal antigens, either in the environment or as part of treatment or imaging procedure, may have circulating antianimal antibodies present. These antibodies may interfere with the assay reagents to produce unreliable results.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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**Interpretation Note:**

Ultra sensitive-thyroid-stimulating hormone (TSH) is a highly effective screening assay for thyroid disorders. In patients with an intact pituitary-thyroid axis, s-TSH provides a physiologic indicator of the functional level of thyroid hormone activity. Increased s-TSH indicates inadequate thyroid hormone, and suppressed s-TSH indicates excess thyroid hormone. Transient s-TSH abnormalities may be found in seriously ill, hospitalized patients, so this is not the ideal setting to assess thyroid function. However, even in these patients, s-TSH works better than total thyroxine (an alternative screening test). when the s-TSH result is abnormal, appropriate follow-up tests T4 & free T3 levels should be performed. If TSH is between 5.0 to 10.0 & free T4 & free T3 level are normal then it is considered as subclinical hypothyroidism which should be followed up after 4 weeks & If TSH is > 10 & free T4 & free T3 level are normal then it is considered as overt hypothyroidism.

Serum triiodothyronine (T3) levels often are depressed in sick and hospitalized patients, caused in part by the biochemical shift to the production of reverse T3. Therefore, T3 generally is not a reliable predictor of hypothyroidism. However, in a small subset of hyperthyroid patients, hyperthyroidism may be caused by overproduction of T3 (T3 toxicosis). To help diagnose and monitor this subgroup, T3 is measured on all specimens with suppressed s-TSH and normal FT4 concentrations.

Normal ranges of TSH & thyroid hormones vary according trimester in pregnancy.

TSH ref range in Pregnancy	Reference range (microIU/ml)
First trimester	0.24 - 2.00
Second trimester	0.43-2.2
Third trimester	0.8-2.5

	T3	T4	TSH
Normal Thyroid function	N	N	N
Primary Hyperthyroidism	↑	↑	↓
Secondary Hyperthyroidism	↑	↑	↑
Grave's Thyroiditis	↑	↑	↑
T3 Thyrotoxicosis	↑	N	N/↓
Primary Hypothyroidism	↓	↓	↑
Secondary Hypothyroidism	↓	↓	↓
Subclinical Hypothyroidism	N	N	↑
Patient on treatment	N	N/↑	↓

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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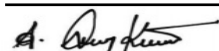
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Corporate : <b>NDPL - Mediwheel</b>		UHID :	
Col Dt. Time : <b>14-Aug-2024 08:25</b>	Recv Dt. Time : <b>14-Aug-2024 08:25</b>	Sample Type : <b>Urine</b>	
Reg Dt. Time : <b>14-Aug-2024 08:13</b>	Report Released @ : <b>14-Aug-2024 16:49</b>	Report Printed : <b>17-Aug-2024 10:55</b>	

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	TEST REMARK
<u>Urine Routine Examination</u>				
Appearance <i>Manual</i>	Clear		Clear	
Colour	Straw		Straw to Yellow	
Reaction (pH) <i>Ion concentration</i>	5.5		4.6 - 8	
Specific gravity <i>pKa change</i>	1.005		1.003 - 1.035	
<u>Chemical Examination</u>				
Protein <i>Tetrabromophenol blue</i>	Negative		Negative	
Glucose <i>GOD-POD</i>	Negative		Negative	
Bile Pigments <i>Biochemical</i>	Negative		Negative	
Urobilinogen <i>Diazotization reaction</i>	Not Increased		Negative	
Ketones <i>Nitroprusside</i>	Negative		Negative	
Nitrites <i>N-(1-naphthyl)-ethylenediamine</i>	Negative		Negative	
Blood <i>Peroxidase</i>	Negative		Negative	
Leucocyte <i>Microscopy</i>	Nil	/HPF	0 - 5 cells/hpf	
<u>Microscopic Examination</u>				
Red Blood Cells <i>Ion concentration</i>	3.5		Nil	
Pus Cells	1.2	/HPF	Nil	
Epithelial Cells <i>Ion concentration</i>	Nil		0-1.1 cells/hpf	
Hyaline Casts	Nil	/HPF	Nil	
Pathological Casts	Nil	/HPF	Nil	
<u>Crystals</u>				
Calcium oxalate Monohydrate	Nil	/HPF	Nil	
Calcium oxalate Dihydrate	Nil	/HPF	Nil	
Triple phosphate	Nil	/HPF	Nil	
Uric Acid	Nil	/HPF	Nil	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

  
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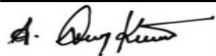


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Bacteria <i>Ion concentration</i>	Nil		0-29.5 p/hpf
Yeast <i>Ion concentration</i>	Nil		Nil
Amorphous Deposits	Nil	/HPF	Nil

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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Dr. Mellonie P  
MBBS,MD (Pathology),FIOP

ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுங்க





Final Laboratory Report				PID :
Name : <b>Mr. ARAVIND S</b>	Sex/Age : <b>Male / 34 Years</b>	Lab ID : <b>40834600571</b>		
Ref. By :	SRF ID :	Ref. ID :		
Corporate : NDPL - Mediwheel	UHID :			
Col Dt. Time : 14-Aug-2024 12:59	Recv Dt. Time : 14-Aug-2024 12:59	Sample Type : Urine PP		
Reg Dt. Time : 14-Aug-2024 08:13	Report Released @ : 14-Aug-2024 16:49	Report Printed : 17-Aug-2024 10:55		

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Urine Glucose (Post Prandial)	Not Present		Absent	

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal)

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**ARUN KUMAR**

Verified by



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LABORATORY REPORT		PID	:
Name : Mr. ARAVIND S	Sex/Age : Male/34 Years	Lab ID	: 40834600571
Ref. By :		Ref. ID	:
Corporate : NDPL - Mediwheel		UID	:
Reg Dt. Time : 14-Aug-2024 08:13	Report Released @ : 14-Aug-2024 12:46	Sample Type	: Health Check,Ultrasound,XRAY
Sample Dt. Time : 14-Aug-2024 08:24	Report Printed @ : 17-Aug-2024 10:55		

ECHOCARDIOGRAM REPORT

**WholeAbdomen :**

ULTRASOUND WHOLE ABDOMEN

The liver is normal in size and shows **diffuse fatty changes** with no focal abnormality.

The gall bladder is normal sized and smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures: 10.9 x 4.7 cms.

The left kidney measures: 10.6 x 5.0 cms.



**Ranjani S**  
Verified By

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**DR. RAMYA**  
Sonologist

## TEST REPORT

LABORATORY REPORT		PID	:
Name	: Mr. ARAVIND S	Sex/Age	: Male/34 Years
Ref. By	:	Lab ID	: 40834600571
Corporate	: NDPL - Mediwheel	Ref. ID	:
Reg Dt. Time	: 14-Aug-2024 08:13	UID	:
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		Report Printed @	: 17-Aug-2024 10:55
		Sample Type	: Health Check,Ultrasound,XRAY

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.

The ureters are not dilated.

The urinary bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The prostate measures: 2.8 x 3.4 x 3.0 cms, volume: 15.8 cc and is normal sized.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

### IMPRESSION :

- **GRADE II FATTY LIVER**
- **OTHER ORGANS ARE NORMAL**

Remarks :

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Ranjani S  
Verified By

ஹெல்த் ஈஸியா எடுக்காதிங்க டெஸ்ட் ஈஸியா எடுக்கா  
DR. RAMYA  
Sonologist



## TEST REPORT

LABORATORY REPORT		PID	:
Name	: Mr. ARAVIND S	Sex/Age	: Male/34 Years
Ref. By	:	Lab ID	: 40834600571
Corporate	: NDPL - Mediwheel	Ref. ID	:
		UID	:
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		Sample Type	: Health Check,Ultrasound,XRAY

Tmt Negative For Inducible Ischaemia

----- End Of Report -----



Ranjani S  
Verified By

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DR. RAMYA  
Sonologist

<i>Patient Name</i>	<b>Mr ARAVIND S</b>	<i>Patient ID</i>	<b>600571</b>
<i>Age/D.O.B</i>	<b>34Y</b>	<i>Gender</i>	<b>M</b>
<i>Referring Doctor</i>	<b>NA</b>	<i>Date</i>	<b>14 Aug 24</b>

## XRAY RADIOGRAPH CHEST - PA

### History

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### Observations

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Elevated right hemidiaphragm noted  
The cardiac silhouette is normal.  
No focal lung lesion is seen.  
Soft tissues of the chest wall are normal.  
Both costophrenic angles appear normal.  
The lungs on the either side show equal translucency.  
The mediastinal outlines appear normal.

### Impression

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Elevated right hemidiaphragm noted

Reported By,



Page 18 of 23  
Dr. Farid Khan

MBBS, MD  
Consultant Radiologist  
MPMC - 23324

## Disclaimer

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**Neuberg** Pre-Existing Medical- Symptoms  
 UHID: 01VL1EMH6XT0NYU Conditions  
 Patient ID: 571 **DIAGNOSTICS**  
 • India • UAE • South Africa • USA  
 Name: Aravind S  
 Age: 34  
 Gender: Male  
 Mobile: 9940413613

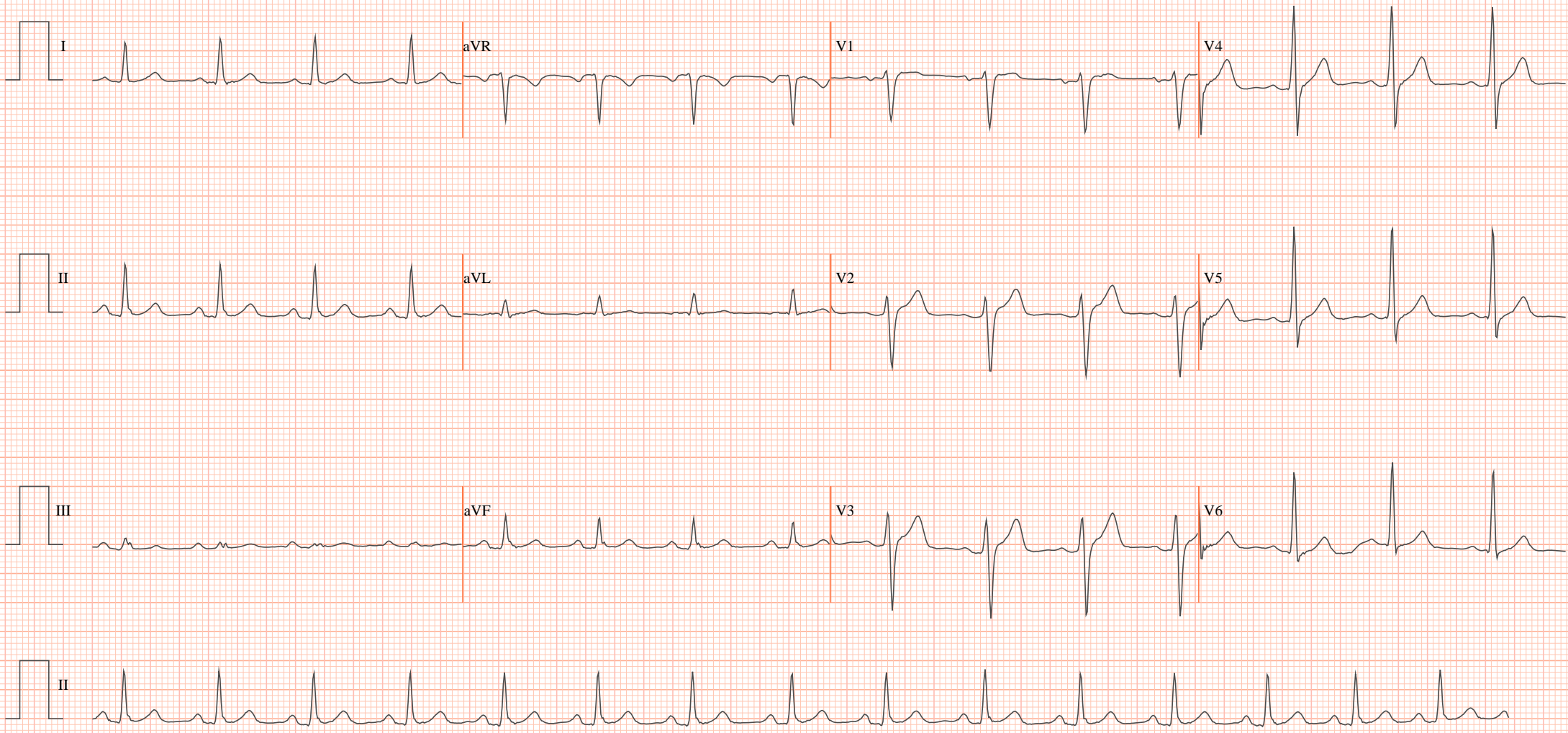
# TEST REPORT

**Measurements**  
 HR: 89 BPM  
 PR: 171 ms  
 PD: 118 ms  
 QRSD: 94 ms  
 QRS Axis: 33 deg  
 QT/QTc: 322/322 ms

**Interpretation**  
 Sinus Rhythm Regular  
 Normal Axis

Authorized by  
  
 Dr. Yogesh Kothari  
 MD, DNB, FESC, FEP  
 Reg No- KMC 44065

This trace is generated by **KardioScreen**; Cloud-Connected, Portable, Digital, 6-12 Lead Scalable ECG Platform from **IMEDRIX**



Speed: 25 mm/sec F: 0.05 - 40 Hz Limb: 10 mm/mV Chest: 10 mm/mV

## General Ophthalmic Report

Name: Mr. Arvind . S PID No: 40834 600571  
 Age: 34 years Date: 14/08/2024  
 Sex:  Male /  Female Company: NIDPH - Medikal

With/Without Corrections	Distance Vision	RIGHT EYE	LEFT EYE
			<u>6/6</u>
	Near Vision	<u>no</u>	<u>no</u>
Cover Test		<u>ortho</u>	
Color Vision		<u>normal</u>	<u>normal</u>
Anterior Segment		<u>Normal</u>	<u>Normal</u>
Fundus (undilated)		<u>Normal</u>	<u>Normal</u>
Diagnosis		<u>BR Normal findings</u>	
Advice		<u>nil.</u>	

Optometrist Thilak . S

Signature S

**PREVENTIVE HEALTH CHECKS**

Name: Mr./Mrs./Miss. Aravind. S Date: 14/08/2024  
 Age: 34 yrs Sex: Male  / Female  PID No: 600571  
 Case Examined by Dr. Medica N  
 Ref. by Dr. NDP - Mediwheel.

Present Complaint:

Known Case of DM: Yes  No  HTN: Yes  No  CAD: Yes  No  Ashma: Yes  No   
 Anyothers:

Present medication:

Past History: Medical: H/O Cholelithiasis - dec 2023.

Surgical: —

Gynaec. & Obstetric:

Family History: a) Allergy  Yes  No b) Pressure  Yes  No c) Diabetes  Yes  No d) Thyroid  Yes  No e) Cancer  Yes  No f) Others  Yes  No

Personal History Status: Smoking:  Non-smoker  Smoker Alcohol:  Nil  Social Physical Activity:  Vegetarian  Exercise:  Regular  Irregular  No  
 Since: \_\_\_ Years  Habitual

PHYSICAL EXAMINATION.

Height: 177 cms

Weight: 90 kgs

Gen. Examination: Anaemia  Oedema  Jaundice  Others  Normal

Blood Pressure 130/80 mmHg Pulse Rate 88 /min Normal

C.V.S.: S1S2 (1) 1st & 2nd Sound, Murmurs  Yes  No

Abdomen: S/L C.N.S.: NR R.S.: NVBS.

Breast Examination:

LABORATORY INVESTIGATIONS

Haematology: WNL

Biochemistry: T. Bil 1.63 ↑, D. Bil 0.54 ↑, Gnd. Bil 1.09 ↑, Uric acid 7.30 ↑, FBS 101 ↑

Clinical Pathology: Urine Routine WNL

ECG (Resting): WNL

X-Ray (Chest): Elevated right hemidiaphragm, noted.

SCAN (Abdomen): hr II salty liver

Echocardiogram: ———

Treadmill (CST): ———

SPIROMETRY: ———

PAP SMEAR: ———

OTHERS: 075 BS (M)

CLINICAL IMPRESSION: Normal Health

overweight | hyperkalinemia | hyperuricemia

ADVICE: 1) Fat restricted, low purine diet  
2) weight reduction.

2) physician contact & follow up.

Doctor's Signature

[Handwritten Signature]