

Name : Mr. ASWATHAPPA NAVEEN
BABU

PID No. : MED121744626

Register On : 18/03/2023 8:13 AM

SID No. : 522304174

Collection On : 18/03/2023 11:15 AM

Age / Sex : 36 Year(s) / Male

Report On : 18/03/2023 7:26 PM

Type : OP

Printed On : 20/03/2023 9:04 AM

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)	15.29	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	45.7	%	42 - 52
RBC Count (EDTA Blood)	4.79	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	95.5	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	31.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.5	g/dL	32 - 36
RDW-CV	13.4	%	11.5 - 16.0
RDW-SD	44.79	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6160	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	57.32	%	40 - 75
Lymphocytes (Blood)	30.44	%	20 - 45
Eosinophils (Blood)	2.65	%	01 - 06
Monocytes (Blood)	9.09	%	01 - 10




DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

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Basophils (Blood)	0.52	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.53	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.88	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.16	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.56	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.03	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	287.9	10 ³ / μ l	150 - 450
MPV (Blood)	8.05	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.23	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	9	mm/hr	< 15




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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.55	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.17	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.38	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	16.40	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	12.67	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	34.72	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	82.8	U/L	53 - 128
Total Protein (Serum/Biuret)	7.10	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.48	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.62	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.71		1.1 - 2.2




Dr. RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771

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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	181.57	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	131.07	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)	35.51	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	119.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	26.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	146.1	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.




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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.1		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)	3.7		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




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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.4	%	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 108.28 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)	1.38	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)	5.98	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)	3.91	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)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	30		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	6.5		4.5 - 8.0
Specific Gravity (Urine)	1.004		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
Glucose (Urine/GOD - POD)	Negative		Negative




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Leukocytes(CP) (Urine)	Negative		
<u>MICROSCOPIC EXAMINATION</u> <u>(URINE COMPLETE)</u>			
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.




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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'O' 'Positive'		
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INTERPRETATION:Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.




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BIOCHEMISTRY

BUN / Creatinine Ratio

5.3

6.0 - 22.0

Glucose Fasting (FBS)

80.72

mg/dL

(Plasma - F/GOD-PAP)

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)

Negative

Negative

(Urine - F/GOD - POD)

Glucose Postprandial (PPBS)

95.91

mg/dL

(Plasma - PP/GOD-PAP)

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)

Negative

Negative

(Urine - PP)

Blood Urea Nitrogen (BUN)

4.1

mg/dL

(Serum/Urease UV / derived)

7.0 - 21

Creatinine

0.76

mg/dL

(Serum/Modified Jaffe)

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

4.97

mg/dL

(Serum/Enzymatic)

3.5 - 7.2




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Reg No : 78771

APPROVED BY

-- End of Report --

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Age & Gender	36Y/MALE	Visit Date	18 Mar 2023
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (12.7cms) and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended and shows clear contents. No evidence of calculus. 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.

BOTH 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 (cms)	Parenchymal thickness (cms)
Right Kidney	10.4	1.4
Left Kidney	10.7	1.6

URINARY BLADDER moderately distended, show normal shape and wall thickness. It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape and echopattern.

No evidence of ascites.

IMPRESSION:

- **No significant abnormality detected.**

DR. HEMANANDINI V.N
CONSULTANT RADIOLOGIST
Hn/Lr

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Age & Gender	36Y/MALE	Visit Date	18 Mar 2023
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Age & Gender	36Y/MALE	Visit Date	18 Mar 2023
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2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA	:	2.97	cms.
LEFT ATRIUM	:	3.06	cms.
AVS	:	1.47	cms.
LEFT VENTRICLE			
(DIASTOLE)	:	4.32	cms.
(SYSTOLE)	:	2.61	cms.
VENTRICULAR SEPTUM	:		
(DIASTOLE)	:	1.26	cms.
(SYSTOLE)	:	1.22	cms.
POSTERIOR WALL	:		
(DIASTOLE)	:	1.13	cms.
(SYSTOLE)	:	1.44	cms.
EDV	:	84	ml.
ESV	:	25	ml.
FRACTIONAL SHORTENING	:	39	%
EJECTION FRACTION	:	60	%
EPSS	:	---	cms.
RVID	:	1.80	cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE:	E - 0.6 m/s	A - 0.4 m/s	NO MR.
AORTIC VALVE:	1.1 m/s		NO AR.
TRICUSPID VALVE:	E - 0.3 m/s	A - 0.2 m/s	NO TR.
PULMONARY VALVE:	0.8 m/s		NO PR.

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Ref Doctor Name	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: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

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Age & Gender	36Y/MALE	Visit Date	18 Mar 2023
Ref Doctor Name	MediWheel		

DR. YASHODA RAVI
CONSULTANT CARDIOLOGIST

Name	ASWATHAPPA NAVEEN BABU	Customer ID	MED121744626
Age & Gender	36Y/M	Visit Date	Mar 18 2023 8:12AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Few thin linear streaky opacities are seen in right upper zone, along with apical pleural thickening.

Few small (5 - 6 mm) well-defined, round, nodular radioopacities are seen in right mid zone.

Rest of the 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:

- *Few thin linear streaky opacities in right upper zone, along with apical pleural thickening – Likely fibrotic bands.*
- *Few small (5 - 6 mm) well-defined, round, nodular radioopacities in right mid zone – Likely fibrocalcific nodules.*
- *No other significant abnormality detected.*

G. Kamesh

DR.G KAMESH

CONSULTANT RADIOLOGIST

OPTICAL STORE

Unique Collection

Ph: 9611444957

Vyalikaval Main road No.12 Lakshmi Nilaya, Ground Floor,
2nd Main Road, Vyalikaval, Bengaluru Karnataka - 560003

Name **Ashwathappa**
Age **36/M**

Ph No **9902830953**

CHIEF COMPLAINTS

RE / LE / BE

DOV / Blurring / Eyeache / Burning
Itching / Pricking / Redness

Visual Activity

	RE	LE
Distance/ Near	6/6	6/6
With Pin		
With Glasses/CI		

Color Vision: **BE = Normal**

	RE				LE			
	SPH	CYL	AXIS	VN	SPH	CYL	AXIS	VN
Distance	- Plano 6/6				- Plano 6/6			
Near								

Advise: Constant use / Near Use / Distance Only

Ravikumar
Mr. Ravikumar **18/03/23**
(Consultant Optometrist)

Patient Name	Aswathappa Naveem Babu	Date	18/03/23
Age	36 Y	Visit Number	522304174
Sex	male	Corporate	Mediuhcel

GENERAL PHYSICAL EXAMINATION

Identification Mark :

Height : 167 cm. cms

Weight : 74.3 kg kgs

Pulse : 72 bpm. /minute

Blood Pressure : 110/80 mmHg. mm of Hg

BMI : 26.6

BMI INTERPRETATION

Underweight = <18.5

Normal weight = 18.5-24.9

Overweight = 25-29.9

Chest :

Expiration : 96. cms

Inspiration : 98 cms

Abdomen Measurement : 96 cms

Eyes : NAD.

Ears : Lt ear less loss of hearing.

Throat : NAD.

Neck nodes : no palpable no tenders

RS : BIL NVBS ⊕

CVS : S1 S2 sounds clear

PA : soft c no tenders

CNS : NAD

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO



Signature

Dr. RITESH RAJ, MBBS
General Physician & Diabetologist
KMC Reg. No. 85875

36 Years

Male

QRS : 86 ms
QT / QTcBaz : 374 / 423 ms
PR : 120 ms
P : 78 ms
RR / PP : 780 / 779 ms
P / QRS / T : 57 / 71 / 46 degrees

Normal sinus rhythm
Normal ECG

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

