



: 13-02-2023 at 05:23 PM

Name : **Mr. KRISHNA MURTHY D** REG/LAB NO. : 23020088 / 1249

AGE/SEX : 43 Yrs / Male DATE OF COLLECTION : 11-02-2023 at 08:31 AM

REFERRED BY: DATE OF REPORT

REF CENTER : MEDIWHEEL

TEST PARAMETER RESULT REFERENCE RANGE

COMPLETE BLOOD COUNT(CBC)

HAEMOGLOBIN 14.2 gm/dl 14 - 18 gm/dl

TOTAL COUNT 8600 cells/cumm 4000 - 11000 cells/cumm

DIFFERENTIAL COUNT

 NEUTROPHILS
 61 %
 40 - 70 %

 LYMPHOCYTES
 26 %
 20 - 45 %

 EOSINOPHILS
 06 %
 2 - 8 %

 MONOCYTES
 07 %
 1 - 6 %

 BASOPHILS
 00 %
 0 - 1 %

PLATELET COUNT 3.2 Lakhs/cumm 1.5 - 4.5 Lakhs/cumm

R.B.C COUNT 5.6 mill/cumm 4.5 - 6.2 mill/cumm

 PACKED CELL VOLUME (PCV)
 45 %
 37 - 47 %

 M.C.V
 79 fl
 80 - 98 fl

 M.C.H
 25 pg
 26 - 34 pg

 M.C.H.C
 31 %
 31 - 38 %

ESR 10 mm/hr 0 - 20 mm/hr

Interpretation

ESR is non specific marker of inflammatory process. Its main clinical utility is in monitoring the course or response to traetment of various acute and chronic disorders like hematologic diseases, malignancy, collagen vascular disorders and renal diseases.





: 13-02-2023 at 05:23 PM

Name : **Mr. KRISHNA MURTHY D** REG/LAB NO. : 23020088 / 1249

AGE/SEX : 43 Yrs / Male DATE OF COLLECTION : 11-02-2023 at 08:31 AM

REFERRED BY: DATE OF REPORT

REF CENTER : MEDIWHEEL

RESULT REFERENCE RANGE

COMPLETE URINE ANALYSIS

PHYSICAL CHARACTERS

TEST PARAMETER

COLOUR PALE YELLOW PALE YELLOW

 APPEARANCE
 CLEAR
 CLEAR

 SPECIFIC GRAVITY
 1.015
 1.005-1.030

 pH
 5.0
 4.5-7.0

CHEMICAL CONSTITUENTS

ALBUMIN ABSENT ABSENT
SUGAR GREEN(+) ABSENT
BILE SALTS ABSENT ABSENT
BILE PIGMENTS ABSENT ABSENT
KETONE BODIES ABSENT ABSENT

MICROSCOPY

PUS CELLS 4 - 5 /hpf 4-6
R.B.C NIL 0-4
EPITHELIAL CELLS 0 - 1 /hpf 0-2
CASTS ABSENT ABSENT
CRYSTALS ABSENT ABSENT

STOOL ANALYSIS

PHYSICAL EXAMINATION

CONSISTANCY SEMI SOLID
COLOUR BROWNISH
MUCUS ABSENT
REDUCING SUGAR ABSENT

MICROSCOPIC EXAMINATION

OVA NIL
CYST NIL
PUS CELLS 1-2 /hpf
RBC NIL
MISCELLANEOUS ABSENT
BLOOD GROUP "O"

RH TYPE POSITIVE





Name : **Mr. KRISHNA MURTHY D** REG/LAB NO. : 23020088 / 1249

AGE/SEX : 43 Yrs / Male DATE OF COLLECTION : 11-02-2023 at 08:31 AM

REFERRED BY: DATE OF REPORT: 13-02-2023 at 05:23 PM

REF CENTER : MEDIWHEEL

TEST PARAMETER RESULT REFERENCE RANGE

FASTING BLOOD SUGAR 261 mg/dl 60 - 110 mg/dl

COMMENTS:

80 - 99 mg/dL: Normal, 100 - 125 mg/dL: Impaired Fasting Glucose (Pre-Diabetes), >126 mg/dL: Diabetes. reference intervals for FBS from ADA RECOMMENDATION 2015.

A level of 126 mg/dL or above, confirmed by repeating the test on another day, means a person has diabetes. Impaired fasting glucose (IFG): Fasting glucose repeatedly is at upper limit, family history or abnormal lipid profile.

Advised: HbA1c and clinical correlation.

NOTE:

In absence of pregnancy, IGT and IFG are risk factors for future DM and cardiovascular disease; they are not clinical entities. A person's blood glucose levels normally move up and down depending on meals, Exercise, sickness, and stress.

Remarks: Note:- values rechecked. Kindly correlate clinically

POST PRANDIAL BLOOD SUGAR 430 mg/dl 70 - 140 mg/dl

Remarks: Note:- values rechecked. Kindly correlate clinically

FASTING URINE SUGAR 1.0% NIL

POST PRANDIAL URINE SUGAR (PPUS) 2.0% NIL

HbA1c (GLYCOSYLATED Hb) 9.4 % Normal: <5.7

Pre-Diabetes: 5.7-6.4

Diabetes: 6.5

MEAN BLOOD GLUCOSE 231.9

Degree of Control	HbA1c	MBG
Normal	< 6.0 %	61-124 mg/dl
Good Control	6.0-7.0 %	124-156 mg/dl
Fair Control	7.0-8.0 %	158-188 mg/dl
Poor Control	> 8.0 %	>188 mg/dl

Note:

- 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c.
- 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

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. ADA criteria for correlation between HbA1c & Mean plasma glucose levels.





Name : **Mr. KRISHNA MURTHY D** REG/LAB NO. : 23020088 / 1249

AGE/SEX : 43 Yrs / Male DATE OF COLLECTION : 11-02-2023 at 08:31 AM

REFERRED BY: DATE OF REPORT

REF CENTER : MEDIWHEEL

: 13-02-2023 at 05:23 PM

TEST PARAMETER RESULT REFERENCE RANGE

THYROID PROFILE (T3, T4, TSH)

TOTAL TRIIODOTHYRONINE (T3) 1.10 ng/mL 0.60-1.81

1st Trimester :0.71 - 1.75 2nd Trimester :0.91 - 1.95 3rd Trimester :1.04 - 1.82

TOTAL THYROXINE (T4) 9.32 μg/dL 4.5-10.9

1st Trimester :6.5 - 10.1 2nd Trimester :7.5 - 10.03 3rd Trimester :6.3 - 9.7

THYROID STIMULATING HORMONE (TSH) 2.307 μIU/ml 0.35-5.5

1st Trimester :0.1 - 2.5 2nd Trimester :0.2 - 3.0 3rd Trimester :0.3 - 3.0

Note:

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

2. Recommended test for T3 and T4 is unbound fraction or free levels as it is metabolically active.

3. Physiological rise in Total T3 / T4 levels is seen in pregnancy and in patients on steroid therapy.

Clinical Use:

Primary Hypothyroidism, Hypothyroidism, Hypothalamic – Pituitary hypothyroidism, Inappropriate TSH secretion, Non thyroidal illness, Autoimmune thyroid disease, Pregnancy ,associated thyroid disorders, Thyroid dysfunction in infancy and early childhood

LIPID PROFILE TEST (LPT)

TOTAL CHOLESTEROL 374 mg/dl up to 200 mg/dl TRIGLYCERIDES 190 mg/dl up to 200 mg/dl up to 200 mg/dl

Special condition:

Borderline high risk: 200 - 400 mg/dL

Elevated: > 400 mg/dL

 HDL CHOLESTEROL - DIRECT
 74 mg/dl
 35 - 55 mg/dl

 LDL CHOLESTEROL - DIRECT
 262.0 mg/dl
 up to 150 mg/dl

 VLDL CHOLESTEROL
 38.0 mg/dl
 0 - 60 mg/dl

 TC/HDL
 5.1

 LDL/HDL
 3.5





: Mr. KRISHNA MURTHY D REG/LAB NO. : 23020088 / 1249 Name

AGE/SEX : 43 Yrs / Male DATE OF COLLECTION : 11-02-2023 at 08:31 AM

REFERRED BY: DATE OF REPORT

REF CENTER : MEDIWHEEL

: 13-02-2023 at 05:23 PM

TEST PARAMETER	RESULT	REFERENCE RANGE
RENAL FUNCTION TEST (RFT)		
BLOOD UREA	24 mg/dL	11 - 45 mg/dL
SERUM URIC ACID	3.5 mg/dL	4.5 - 8.1 mg/dL
SERUM CREATININE	0.9 mg/dL	0.6 - 1.4 mg/dL
LIVER FUNCTION TEST (LFT)		
TOTAL BILIRUBIN	0.4 mg/dl	0 - 1 mg/dl
DIRECT BILIRUBIN	0.1 mg/dl	0 - 0.25 mg/dl
INDIRECT BILIRUBIN	0.3 mg/dl	0 - 0.75 mg/dl
TOTAL PROTEIN	8.2 g/dl	6 - 8.5 g/dl
SERUM ALBUMIN	4.7 g/dl	3.5 - 5.2 g/dl
SERUM GLOBULIN	3.5 g/dL	2.3 - 3.5 g/dL
A/G RATIO	1.3	1 - 1.5
ASPARATE AMINOTRANSFERASE (SGOT/AST) 23 U/L	up to 40 U/L
ALANINE AMINOTRANSFERASE (SGPT/ALT)	34 U/L	up to 40 U/L
ALKALINE PHOSPHATASE	91 IU/L	25 - 147 IU/L

Page 5 of 6





: 13-02-2023 at 05:23 PM

Name : **Mr. KRISHNA MURTHY D** REG/LAB NO. : 23020088 / 1249

AGE/SEX : 43 Yrs / Male DATE OF COLLECTION : 11-02-2023 at 08:31 AM

REFERRED BY: DATE OF REPORT

REF CENTER : MEDIWHEEL

TEST PARAMETER RESULT REFERENCE RANGE

P.S.A 0.75 ng/ml 0 - 4.0

Interpretation

Prostate specific antigen (PSA) is prostate tissue specific, expressed by both normal and neoplastic prostate tissue. PSA total is the collective measurement of its three forms in serum, two forms are complexed to protease inhibitors- alpha 2 macroglobulin and alpha 2 anti-chymotrypsin and third form is not complexed to a protease inhibitor, hence termed free PSA. TPSA =Complex PSA+FPSA.

Use:

Monitoring patients with history of Prostate cancer as an early indicator of recurrence and response to treatment. Prostate cancer screening: Patients with PSA levels >10 ng/mL have >50% probability of prostate cancer.

Incressed in

Prostate diseases: Cancer, Prostatitis, benign prostatic hyperplasia, prostate ischemia, acute urinary retention. Manipulations such as Prostatic massage, cystoscopy, needle biopsy, Transurethral resection, digital rectal examination, indwelling catheter, vigorous bicycle exercise. Physiological fluctuations

Decreased in

Castration, Antiandrogen drugs, Radiation therapy, Prostatectomy Limitation: It is recommended to use same assay method for long term monitoring. Care should be taken in interpreting results from patients taking drugs such as Buserelin, Finasteride and Flutamide which are known to decrease PSA levels

Dispatched by: Somashekhara h c

**** End of Report ****

Printed by: Somashekhara h c on 13-02-2023 at 05:23 PM

Lab Technician

Dr. Sowmya T.M

DNB ,PDF

Consultant Pathologist

Mediclu Diagnostics & Speciality Centre 14:03:40 Date: 11-Feb-23 Time: **Patient Details** Name: MR. KRISHNA MURTHY D ID: 258741547 Height: 170 cms Weight: 70 Kgs Age: 43 y Sex: M Interpretation Target heart rate achieved 90%. Average effort tolerance, Normal HR & BP response. No significant ST-T changes during exercise and recovery. No angina / Arrhythmias. IMPRESSION: TMT NEGATIVE FOR INDUCIBLE ISCHEMIA. To correlate clinically. Doctor: DR LOKESH KM Ref. Doctor: MEDIWHEEL (Summary Report edited by user) (c) Schiller Healthcare India Pvt. Ltd. V 4.51

Mediclu Diagnostics & Speciality Centre

Patient Details

Date: 11-Feb-23

Time: 14:03:40

Age: 43 y

Name: MR. KRISHNA MURTHY D ID: 258741547 Sex: M

Height: 170 cms

Weight: 70 Kgs

Clinical History:

Medications:

Test Details

Protocol: Bruce Total Exec. Time:

Max. BP: 130 / 80 mmHg Test Termination Criteria:

9 m 7 s

Pr.MHR: 177 bpm

THR: 159 (90 % of Pr.MHR) bpm

Max. HR: 175 (99% of Pr.MHR)bpm

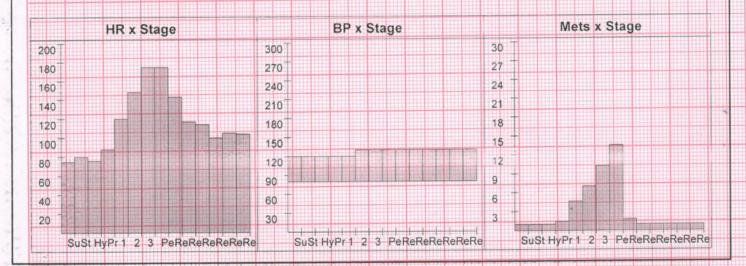
Max. BP x HR: 22750 mmHg/min

Max. Mets: 13.50

Min. BP x HR: 6000 mmHg/min

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0:21	1.0	0	0	75	120 / 80	-0.64 aVR	1.06 V3
Standing	0:6	1.0	0	0	80	120 / 80	-1.06 aVR	1.06 II
Hyperventilation	0:4	1.0	0	0	76	120 / 80	-1.27 aVR	1.42 V4
1	3:0	4.6	1.7	10	120	120 / 80	-1.27 aVR	2.83 V3
2	3:0	7.0	2.5	12	148	130 / 80	-1.27 aVR	3.89 V3
3	3:0	10.2	3.4	14	175	130 / 80	-1.49 aVR	4.95 V3
Peak Ex	0:7	13.5	4.2	16	175	130 / 80	-1.70 aVR	5.31 V3
Recovery(1)	1:0	1.8	1	0	143	130 / 80	-2.34 aVR	5.66 V2
Recovery(2)	1:0	1.0	0	0	117	130 / 80	-2.34 aVR	5.66 V3
Recovery(3)	1:0	1.0	0	0	114	130 / 80	-1.91 aVR	5.66 V3
Recovery(4)	1:0	1.0	0	0	100	130 / 80	-1.27 aVR	3.54 V3
Recovery(5)	1:0	1.0	0	0	105	130 / 80	-1.06 aVR	2.12 V3
Recovery(6)	0:17	1.0	0	0	104	130 / 80	-1.27 aVR	1.77 V3





Diagnostics & Speciality Centre

NAME:	Mr. KRISHNA MURTHY D	DATE:	11-02-2023
AGE:	43 YEARS	ID. NO:	201611
GENDER:	MALE	REFERRED BY:	OLYMPUS DIAGNOSTICS

USG REPORT - ABDOMEN AND PELVIS

OBSERVATION:

LIVER:

Liver is normal in size (15.8 cm) and shows homogenous echotexture. No obvious focal lesion is seen. Intrahepatic biliary radicles not dilated. Hepatic and portal veins are normal. CBD is normal.

GALL BLADDER:

Normal in distension. Lumen echo free. Wall thickness is normal.

PANCREAS:

Head and body visualized appears normal. No focal lesion is seen. Pancreatic duct not dilated. Tail not visualized.

SPLEEN:

Normal in size (9.4 cm) with homogenous echotexture. No focal lesion seen.

RIGHT KIDNEY:

Right kidney measures $11.6 \times 1.2 \text{ cm}$ (length x parenchymal thickness) with normal echo pattern and cortical thickness.

The shape, size and contour of the right kidney appear normal.

Cortico- medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.

LEFT KIDNEY:

Left kidney measures 11.1×1.5 cm (length x parenchymal thickness) with normal echo pattern and cortical thickness.

The shape, size and contour of the left kidney appear normal.

Cortico-medullary differentiation is maintained.

No evidence of pelvicalyceal dilatation. No sonologically detectable calculi seen.



Diagnostics & Speciality Centre

NAME:	Mr. KRISHNA MURTHY D	DATE:	11-02-2023
AGE:	43 YEARS	ID. NO:	201611
GENDER:	MALE	REFERRED BY:	OLYMPUS DIAGNOSTICS

X-RAY REPORT- CHEST (PA VIEW)

OBSERVATIONS:

The lung fields are clear bilaterally.

CP angles are clear.

Both the hila appear normal.

Cardiac diameter is within normal limits.

Trachea is midline.

Visible bony thoracic cage is normal.

Adjacent soft tissues appear normal.

IMPRESSION:

No significant abnormality in the visualized lung fields.

Dr. MOHAN S. MDRD Consultant radiologist

Email: info@mediclu.com

Website: www.mediclu.com

		P-R	ms 140	R61 PAC-Premature Atrial C	ontraction		
ID Card:				** SUSPECTED ABNORMAL ECG **	ECG **		
Name: KRISHNAMURTHY D		OT/OTc				1	
Age:43	Height(cm):	P/ORS/T AXES					
Weight(Kg):70	BP(mmHg):111/73	RV5/SV1					
		RV5+SV1		Report Confirmed by:			
		*The result must be confirmed by docto	firmed by doctor!				
			V1 V1				}
and the second s	I wanter and frances and	and the second s	\ -==				
			-				
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				>
) 	> >	\ \ \ \	· {				
		(
		*	V 3	5	>	>	>
	- Andrew Commence			{	,		
AVR			14				>
				-			
avt.		and the same of th	SA ₂	• • • • • • • • • • • • • • • • • • •	>)	>
,						{	(
بر ۱۷۳	>	-	-	-			
					1		>
II 10mm/mV	_	> > -	> >) } }	<u> </u>	\	>
}	}		\{\ \{\}				
L0mm/mV AUTO			10mm/mV				
	(H ₅						