

Name : Mr. KUMAR BIRENDRA  
PID No. : MED122401538  
SID No. : 522400739  
Age / Sex : 44 Year(s) / Male  
Ref. Dr : MediWheel  
Source : MediWheel

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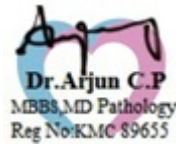
## REPORT

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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### IMMUNOHAEMATOLOGY

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



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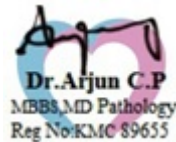
### HAEMATOLOGY

#### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/ Spectrophotometry)	14.7	g/dL	13.5 - 18.0
Packed Cell Volume (PCV)/Haematocrit (EDTA Blood)	44.5	%	42 - 52
RBC Count (EDTA Blood)	5.14	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	86.5	fL	78 - 100
Mean Corpuscular Haemoglobin (MCH) (EDTA Blood)	28.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.2	g/dL	32 - 36
RDW-CV	15.1	%	11.5 - 16.0
RDW-SD	<b>45.72</b>	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	5700	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	45.5	%	40 - 75
Lymphocytes (Blood)	42.5	%	20 - 45
Eosinophils (Blood)	3.6	%	01 - 06
Monocytes (Blood)	7.1	%	01 - 10
Basophils (Blood)	1.3	%	00 - 02

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

Absolute Neutrophil count (EDTA Blood)	2.59	$10^3 / \mu\text{l}$	1.5 - 6.6
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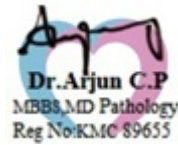
The results pertain to sample tested.

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Absolute Lymphocyte Count (EDTA Blood)	2.42	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.21	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.40	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood )	0.07	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood)	152	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood)	12.3	fL	7.9 - 13.7
PCT(Automated Blood cell Counter)	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	11	mm/hr	< 15



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### BIOCHEMISTRY

BUN / Creatinine Ratio	13.7		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/ GOD-PAP)	89.15	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.

Glucose, Fasting (Urine) (Urine - F/ GOD - POD)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	126.61	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
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Blood Urea Nitrogen (BUN) (Serum/ Urease UV / derived)	13.5	mg/dL	7.0 - 21
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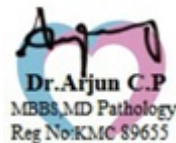
Creatinine (Serum/Modified Jaffe)	0.98	mg/dL	0.9 - 1.3
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**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, Diabetic Ketoacidosis, prolonged fasting, renal dysfunction and drugs such as cefoxitin ,cefazolin, ACE inhibitors ,angiotensin II receptor antagonists,N-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	6.56	mg/dL	3.5 - 7.2
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### Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.35	mg/dL	0.1 - 1.2
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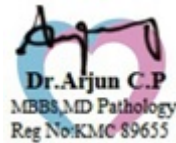


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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.17	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.18	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	30.22	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	<b>52.02</b>	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	21.22	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	104.5	U/L	53 - 128
Total Protein (Serum/Biuret)	7.45	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.90	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.55	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.92		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	<b>250.60</b>	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	<b>173.78</b>	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500



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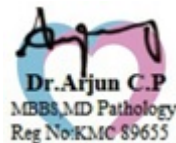
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<b>INTERPRETATION:</b> The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels 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/Immuno-inhibition)	44.92	mg/dL	Optimal(Negative Risk Factor): $\geq 60$ Borderline: 40 - 59 High Risk: $< 40$
LDL Cholesterol (Serum/Calculated)	170.9	mg/dL	Optimal: $< 100$ Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: $\geq 190$
VLDL Cholesterol (Serum/Calculated)	34.8	mg/dL	$< 30$
Non HDL Cholesterol (Serum/Calculated)	205.7	mg/dL	Optimal: $< 130$ Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: $\geq 220$

**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)	5.6		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)	3.9		Optimal: $< 2.5$ Mild to moderate risk: 2.5 - 5.0 High Risk: $> 5.0$



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LDL/HDL Cholesterol Ratio (Serum/ Calculated)	3.8		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

### Glycosylated Haemoglobin (HbA1c)

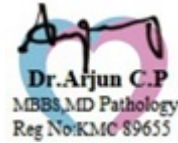
HbA1C (Whole Blood/HPLC)	6.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	125.5	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 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.



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<b><u>IMMUNOASSAY</u></b>			
Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.237	ng/ml	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0

### **THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/ ECLIA)	0.805	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)	4.37	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)	2.64	µIU/mL	0.35 - 5.50
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### Investigation

### Observed Value Unit

### Biological Reference Interval

#### 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<math>\leq 0.03 \mu\text{U/mL}</math> need to be clinically correlated due to presence of rare TSH variant in some individuals.



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### CLINICAL PATHOLOGY

#### URINE ROUTINE

#### PHYSICAL EXAMINATION (URINE COMPLETE)

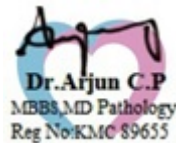
Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		

#### CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.013		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
Leukocytes(CP) (Urine)	Positive(+)		

#### MICROSCOPIC EXAMINATION (URINE COMPLETE)

Pus Cells (Urine)	2-5	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL



The results pertain to sample tested.

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Others (Urine)

Bacteria Present

**INTERPRETATION:** Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts (Urine)

NIL

/hpf


NIL

Crystals (Urine)

NIL

/hpf

NIL



Dr. Arjun C.P  
MBBS, MD Pathology  
Reg No:KMC 89655

-- End of Report --

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Age & Gender	44Y/MALE	Visit Date	13 Jan 2024
Ref Doctor Name	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER is enlarged in size (16.3cm) and shows increased echotexture.** No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

**GALL BLADDER** - Partially distended.  
CBD is not dilated.

**PANCREAS** has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

**SPLEEN** shows 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	9.5	1.3
Left Kidney	12.1	2.3

**URINARY BLADDER** shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

**PROSTATE** shows normal shape, size and echopattern.

No evidence of ascites.

#### **IMPRESSION:**

- **Mild hepatomegaly with grade I fatty infiltration.**
- **No other significant abnormality detected.**

**DR. SHWETHA S**  
**CONSULTANT RADIOLOGIST**

Sw/Sp

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Age & Gender	44Y/MALE	Visit Date	13 Jan 2024
Ref Doctor Name	MediWheel		

## 2D ECHOCARDIOGRAPHIC STUDY

### M-mode measurement:

AORTA	:	2.52	cms.
LEFT ATRIUM	:	3.09	cms.
AVS	:	1.47	cms.
<b>LEFT VENTRICLE</b>			
(DIASTOLE)	:	4.06	cms.
(SYSTOLE)	:	2.37	cms.
<b>VENTRICULAR SEPTUM</b>	:		
(DIASTOLE)	:	1.13	cms.
(SYSTOLE)	:	1.23	cms.
<b>POSTERIOR WALL</b>	:		
(DIASTOLE)	:	1.23	cms.
(SYSTOLE)	:	1.54	cms.
EDV	:	72	ml.
ESV	:	19	ml.
FRACTIONAL SHORTENING	:	41	%
EJECTION FRACTION	:	60	%
EPSS	:	***	cms.
RVID	:	1.80	cms.

### DOPPLER MEASUREMENTS:

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

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## **2D ECHOCARDIOGRAPHY FINDINGS:**

Left Ventricle : Concentric Lvh. 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:**

- **CONCENTRIC LVH.**
- **NORMAL LV SYSTOLIC FUNCTION. EF: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

**DR. YASHODA RAVI**  
**CONSULTANT CARDIOLOGIST**

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**X - RAY CHEST PA VIEW**

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: No significant abnormality detected.**



**DR. TRISHUL SHETTY  
CONSULTANT RADIOLOGIST**



Kumar birendra  
ID: 122401538

Vital Signs™ 226 166 05

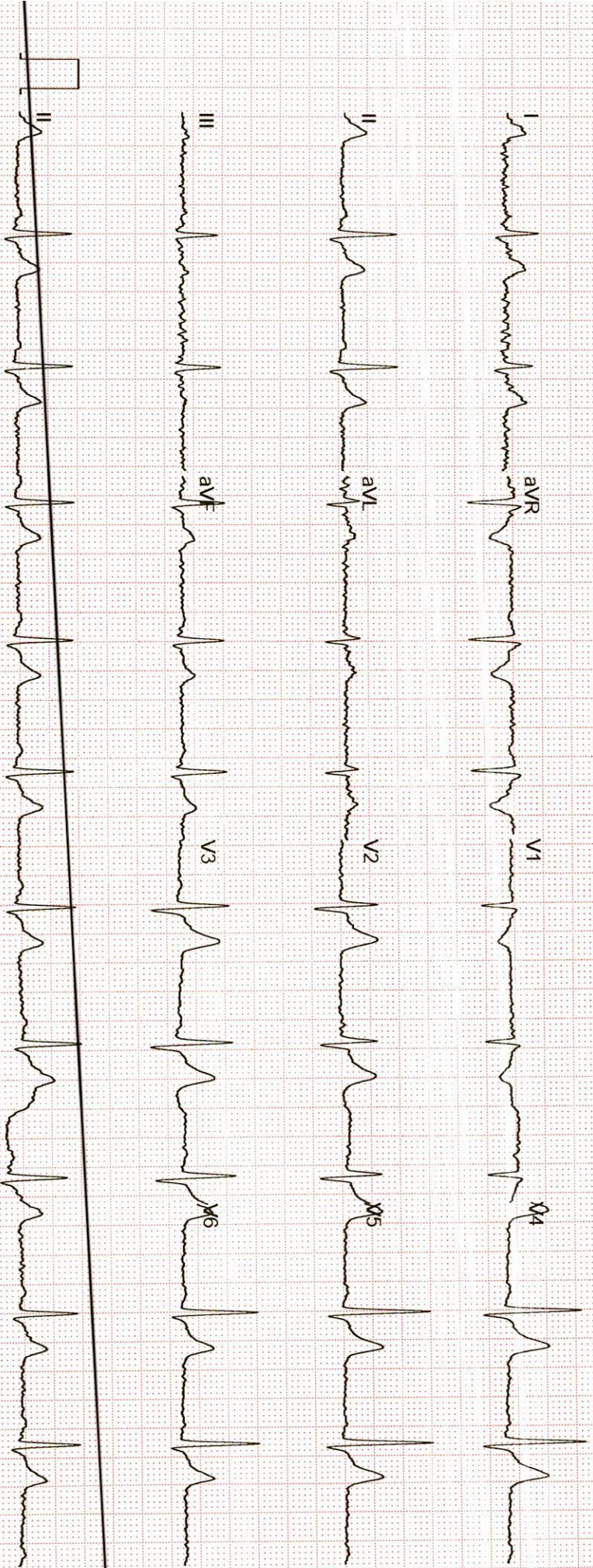
13.01.2024 11:40:59  
CLUMAX DIAGNOSTICS  
VYALIKAVAL  
BANGALORE

65 bpm  
--/-- mmHg

44 Years

Male

QRS :	90 ms	Normal sinus rhythm Normal ECG
QT / QTcBaz :	368 / 382 ms	
PR :	152 ms	
P :	82 ms	
RR / PP :	924 / 923 ms	
P / QRS / T :	77 / 68 / 44 degrees	



GE MAC2000 1.1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3\_25\_R1 1/1

Unconfirmed