

MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 18-Jun-2022 11:11 AM

Customer Name : **MR.ANINDYA GHOSH**DOB : **15 Oct 1986**Ref Dr Name : **MediWheel**Age : **35Y/MALE**Customer Id : **MED111168116**Visit ID : **712218482**

Email Id :

Phone No : **9830324499**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)	<i>Balance</i>			
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)	<i>Balance</i>			
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				
	physical examination	MYS2689905102651			
	ULTRASOUND ABDOMEN ✓	MYS2689905103462			
OTHERS	Treadmill / 2D Echo	MYS2689905127528	→	u: 30.	
OTHERS	EYE CHECKUP	MYS2689905135592			
X-RAY	X RAY CHEST ✓	MYS2689905145199			
2	OTHERS	Consultation Physician	MYS2689905148004		
23	ECHO	ELECTROCARDIOGRAM ECG	MYS2689905149333		

done

Registered By

(V.ANITHA)

H - 175 Cm

W - 85.4 Kg

BP - 120/80 mmHg

pulse - 88 bpm

Hip - 38 inch

waist - 36 inch

Customer Name	MR. ANINDYA GHOSH	Customer ID	MED111168116
Age & Gender	35Y/MALE	Visit Date	18/06/2022
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 made out.
No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.9	1.8
Left Kidney	10.0	1.7

URINARY BLADDER partially distended.

PROSTATE shows normal shape, size and echopattern.

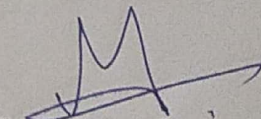
No evidence of ascites.

IMPRESSION:

➤ **GRADE I FATTY CHANGES IN LIVER.**

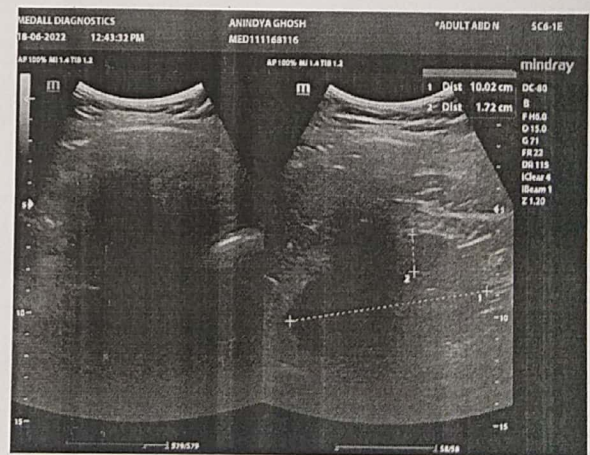
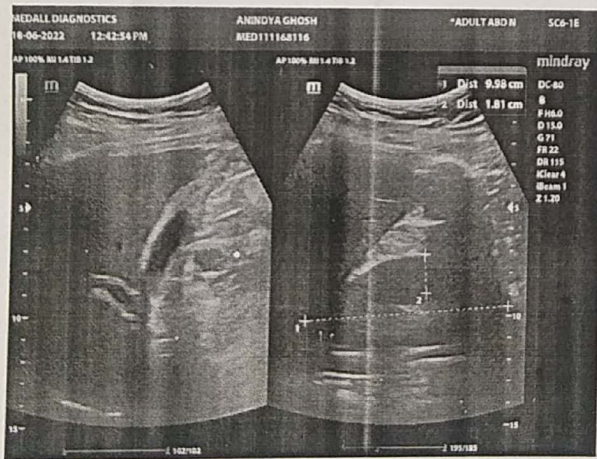
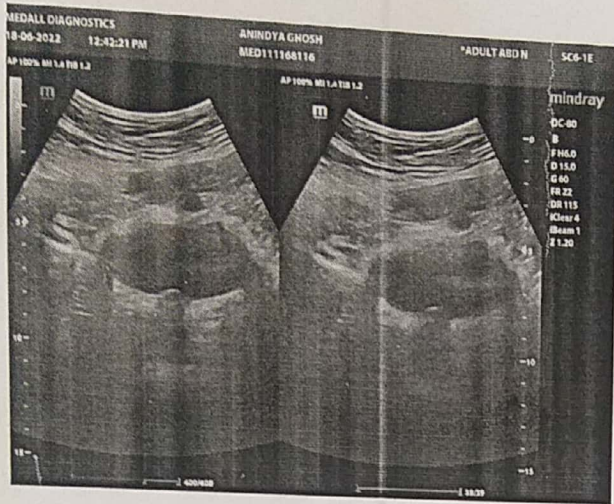
CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MB/SV



DR. MOHAN B

Customer Name	MR.ANINDYA GHOSH	Customer ID	MED111168116
Age & Gender	35Y/MALE	Visit Date	18/06/2022
Ref Doctor	MediWheel		

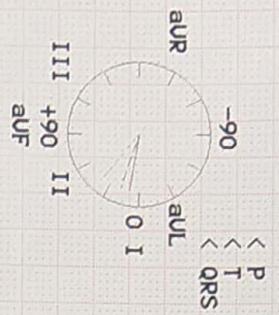


1215, CH12 & 1215/A CH12A, Krishnamurthy Puram, New Kantharaj Urs Road, Mysore - 4
Phone : 0821-2332000, 4232111 Email Id: clumax.mysore@medallcorp.in (W) www.medall.in

AGE: 35

Measurement Results:

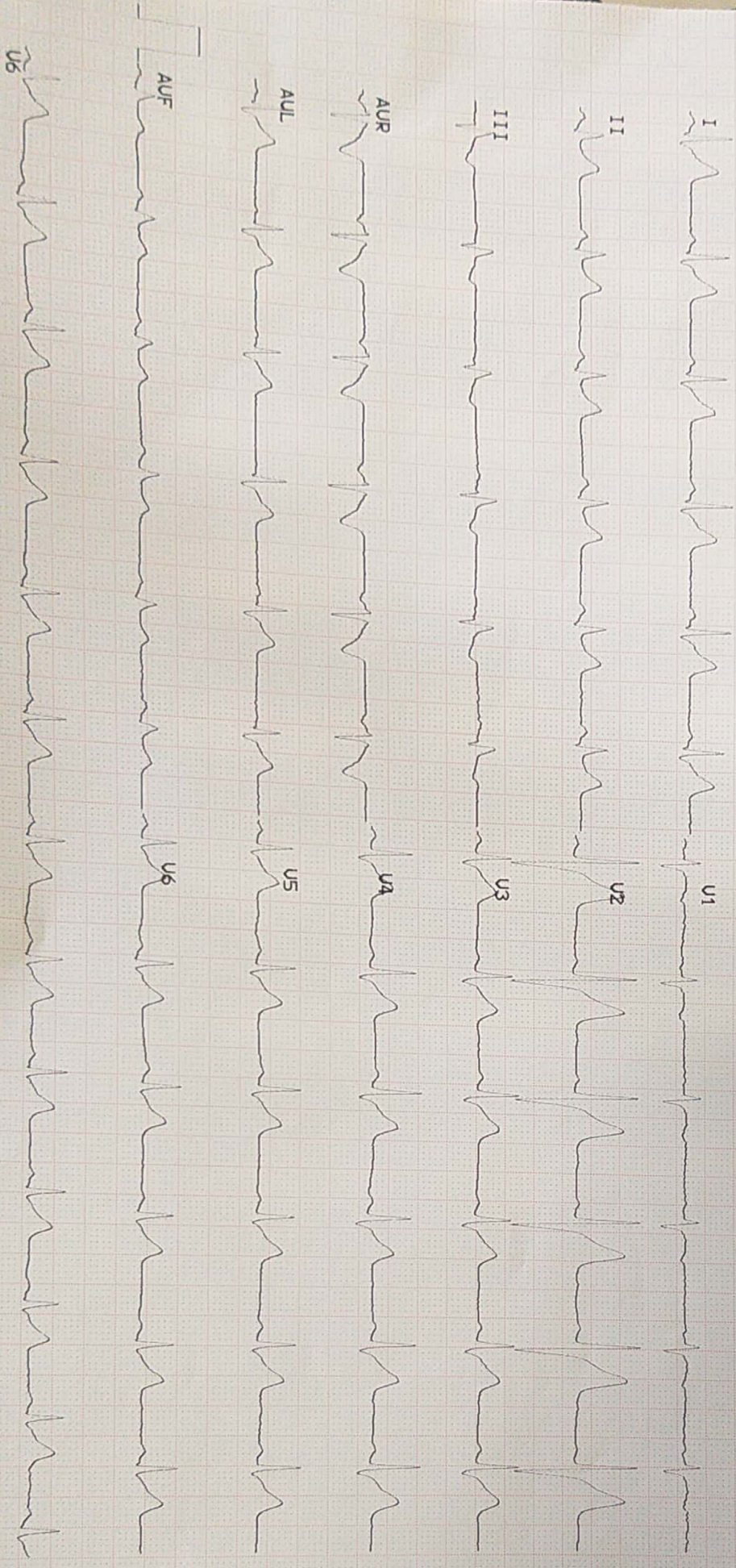
QRS	120 ms
QT/QTcB	366 / 408 ms
PR	136 ms
P	108 ms
RR/PP	806 / 820 ms
P/QRS/T	40 / 10 / 20 degrees
QTd/QTcBD	48 / 53 ms
Sokolow	1.0 mV
NK	11



Interpretation:
Normal sinus rhythm
 Intra-ventricular block
 probably abnormal ECG
Intraventricular conduction Delay

Anindya Ghosh

Unconfirmed report.



2:00pm

ME DALL



NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

OPD SHEET

Date: 18/6/22

Patient's Name: Mr. Anindya Ghosh
35/M

OP No: 1198897
2:00pm

Dr. Roopashree, C.R.
MBBS, MS, FRCO
Consultant-Phaco & Refractive
KMC No: 105152

for medical certificate.

LS
Exp 19

of E,

AB: BE WNL

UCVA < 6/6, N6
6/6, N6

Fundus: BE CDR 0.35
FR ⊕

38/38

Adv.

Color Vision

38/38

- R/W 505/1gr

R

Jayanagar Branch : 080-26088000 / 2663 3533 / 2663 3609 / 2245 Mobile : 94480 71816
Rajajinagar Branch : 080-4333 4111 / 2313 2777 / Mobile : 99728 53918
Indiranagar Branch : 080-4333 2555 Mobile : 81973 51609
Mysore Branch : 0821-4293000 Mobile : 94490 03771
Mangalore Lasik Centre : 0824-2213801 Mobile : 97410 26389
Davangere Lasik Centre : 08192-226607/08 Mobile : 94820 01795

R / FD / 07 / 13

TABULAR SUMMARY REPORT

MR ANINDYA GHOSH
D: 111168116

35 years

Male

Referred by: MEDIMHEEL
Test Ind:

BRUCE
Max HR: 69bpm 91% of max predicted 185bpm
Max BP: 130/90
Max HR attained
Reason for Termination: Max HR attained
Comments: GOOD EXERCISE TOLERANCE
NORMAL HEARTRATE AND BP RESPONSE
NO ANGINA OR ARRHYTHMIAS NOTED
NO SIGNIFICANT ST ECG CHANGES NOTED
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Total Exercise time: 7:41

9.6 METS

25.0 mm/s
10.0 mm/mV
100hz

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade %	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
REST	SUPINE	4:55	0.8	0.0	1.3	77	120/80	140
EXERCISE	STAGE 1	8:00	1.7	0.0	4.5	79	120/80	167
	STAGE 2	8:00	2.3	2.0	7.0	75	120/80	186
	STAGE 3	1:41	3.4	4.0	9.5	89	130/90	220
RECOVERY	Post	8:25	0.8	0.0	1.0	74		

for Km

Technician: KAVYASHREE

CLUMAX DIAGNOSTICS, MEDICAL HEALTH CARE

Unconfirmed

MAC55 009C

P/N: 2009628-020

Vital Signs™

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SELECTED MEDIAN REPORT

PANINDYA GHOSH

3 years

Male

Jan-2022

63237

Referred by: MEDIWHEELS
Test date:

Exercise time: 7:41

Max HR: 185bpm 91% of max predicted 185bpm

Max EP: 144.9g Maximum workload: 9.5 METS

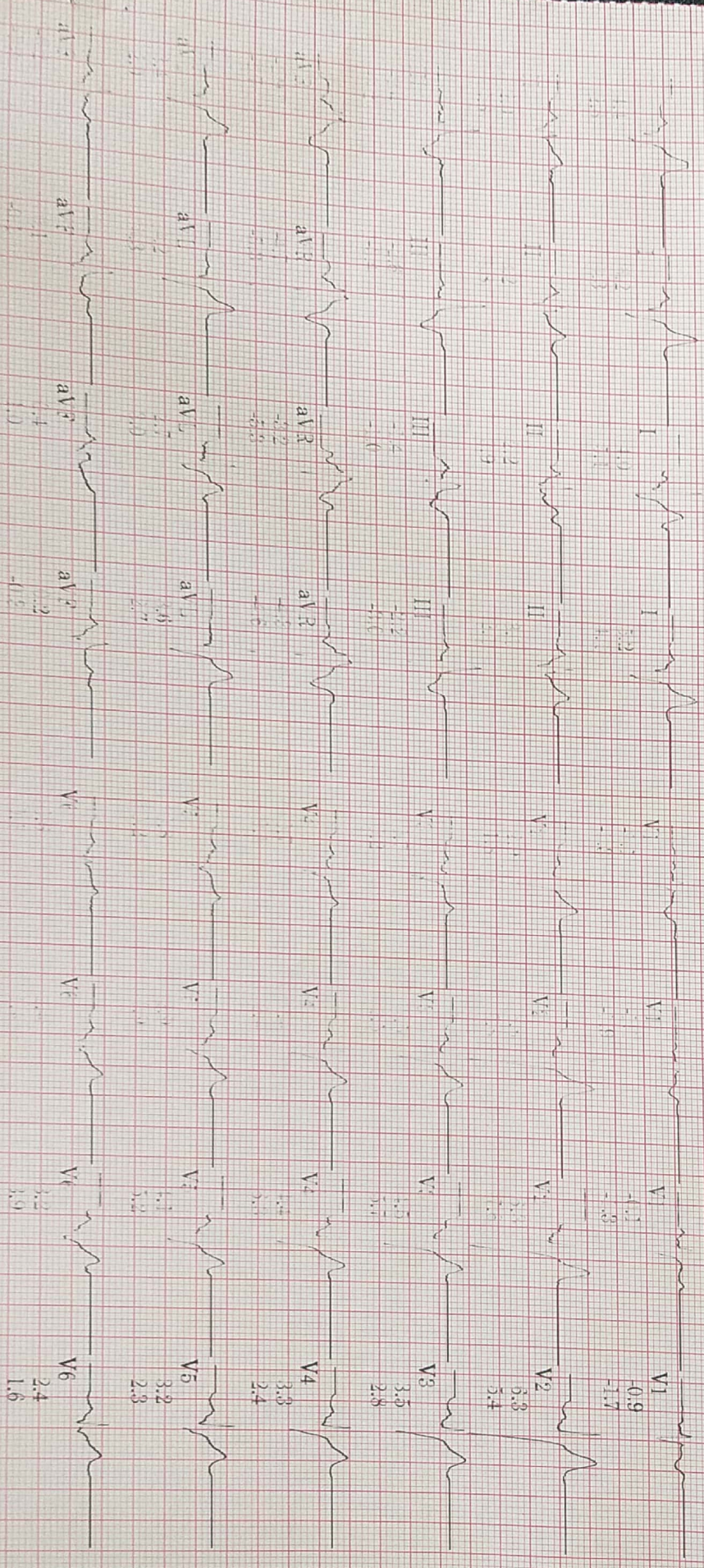
Reactor for termination: Max HR attained

Comments: GOOD EFFORT TOLERANCE

NORMAL HEART RATE AND HR RESPONSE
NO ANGINAL OR ARRHYTHMIC NOTED
NO SIGNIFICANT ST TANGENT NOTED
STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

35.0 mm/s
10.0 mm/mV
100hz

PHASE	HR (bpm)	BP (mmHg)
BASELINE EXERCISE	110	120/80
MAX ST RECOVERY	114	110/80
PEAK EXERCISE	185	160/90
TEST END RECOVERY	125	122/80
BASELINE EXERCISE	110	120/80
MAX ST RECOVERY	114	110/80
PEAK EXERCISE	185	160/90
TEST END RECOVERY	125	122/80



Dr. Mithan KAVYASHEER

CLJMAX DIAGNOSTICS, MEDICAL HEALTH CARE

ECG confirmed

MAC55 009C

Lead
ST(mm)
Slope(mV/s)

GRADED EXERCISE SUMMARY

MR. ANINDYA GHOSH

ID: 111168116

35 years

Male

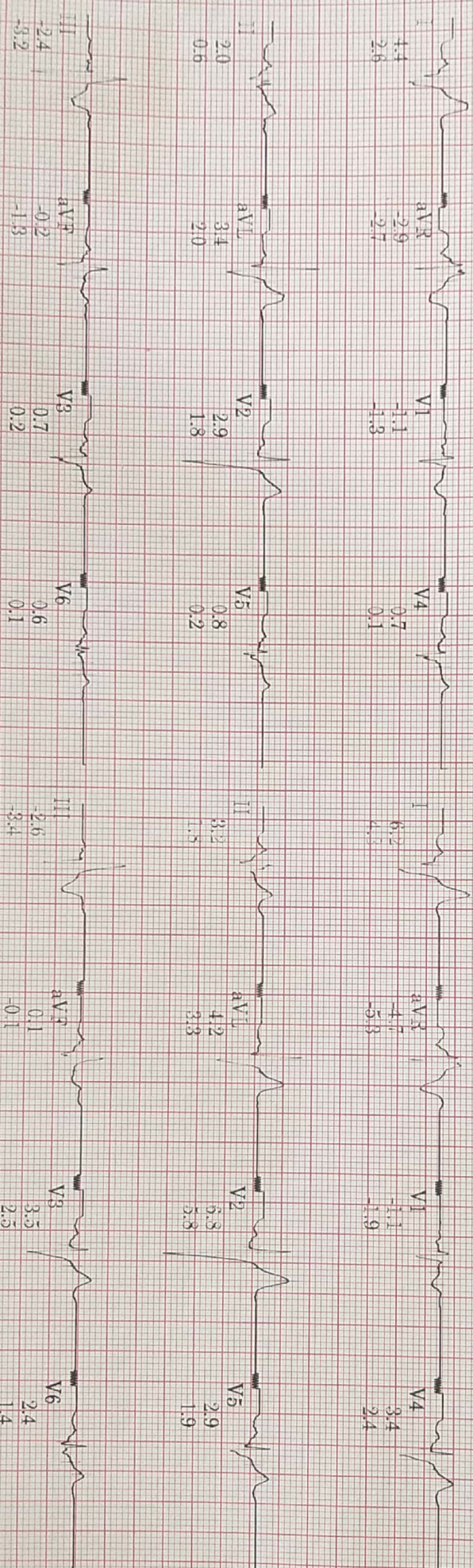
18-Jun-2022
16:50:37

Referred by: MEDIWHEEL
Test ind:

BRUCE
Max HR: 169bpm 91% of max predicted 185bpm
Max BP: 130/80
Maximum workload: 9.6METS
Reason for Termination: Max HR attained
Comments: (GOOD EFFORT TOLERANCE
NORMAL HEARTRATE AND BP RESPONSE
NO ANGINA OR ARRHYTHMIAS NOTED
NO SIGNIFICANT ST T CHANGES NOTED
STRESSTEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Total Exercise time: 7:41
25.0 mm/s
10.0 mm/mV
100hz

EXERCISE STAGE	BP	HR	ST @ 10mm/mV	Lead
0:00	120/80	117bpm	80ms postJ	ST(mm) Slope(mV/s)
BASELINE				
1.6METS				
RECOVERY Post				
1.0METS				
MAX ST				
131bpm				
80ms postJ				
ST @ 10mm/mV				
80ms postJ				
Lead				
ST(mm)				
Slope(mV/s)				



Technician: KAVYASHREE

CLUMAX DIAGNOSTICS, MEDALL HEALTH CARE
Unconfirmed

MAC55 009C

P/N 2009828-020

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MIRAN NDYA GHOSH

D: 111168116

18-Jan-2022

16:51:25

115bpm

BP: 120/80

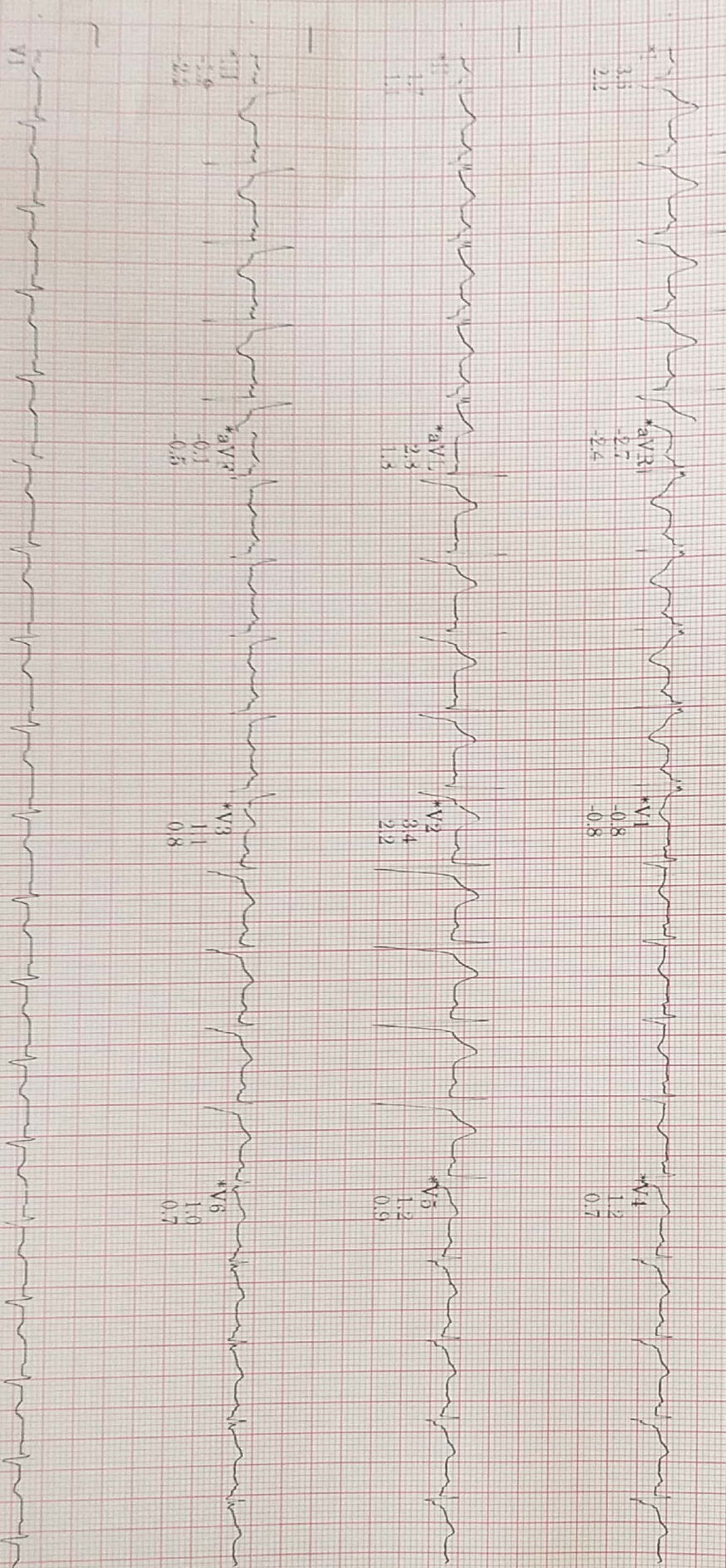
PRETEST
SUPINE

0.50

BRUCE
** *mph
** *%

ST @ 10mm/mV
80ms post

Lead
ST(mm)
Slope(mV/s)



30 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

* Computer Synthesized Rhythm

PIN 209928-020

Vital Signs™

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MAC55 009C

ARANNDYA GHOSH
D: 11168118

18-Jan-2022
16:58:21

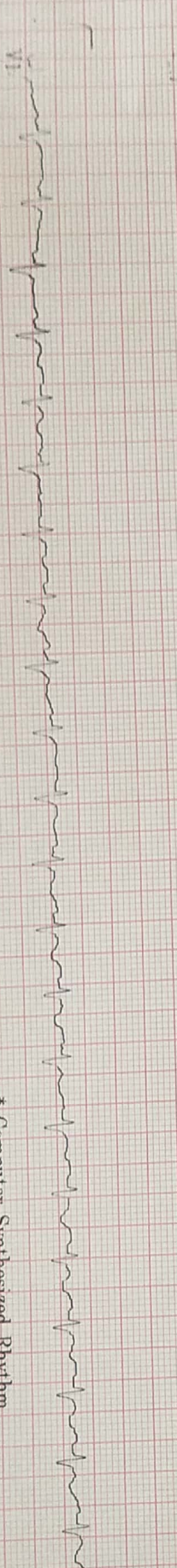
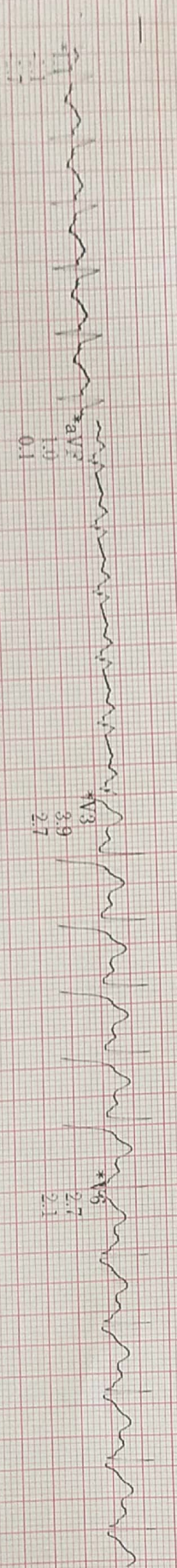
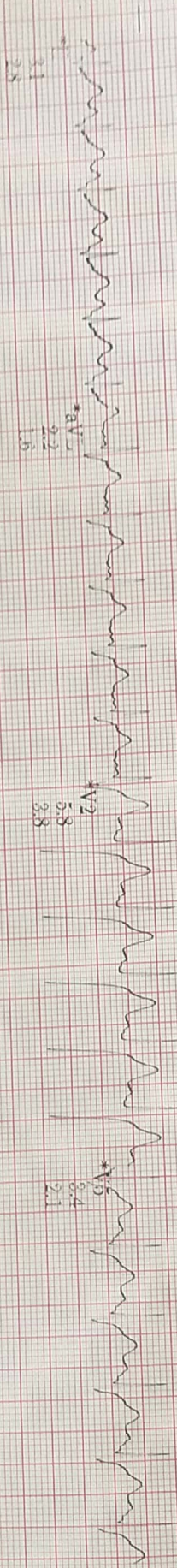
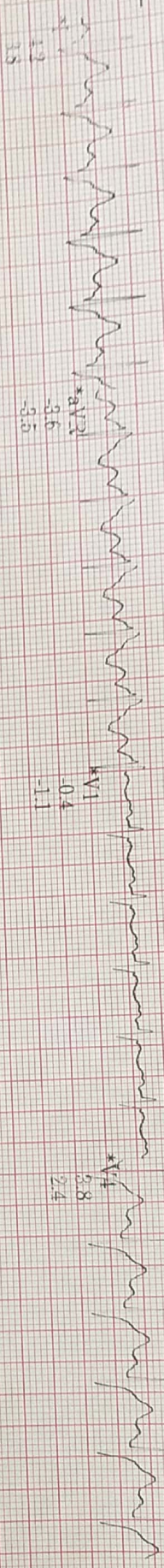
137bpm

EXERCISE
STAGE 1
2.50

BRUCE
1.7mph
10.0%

SP @ 10mm/mV
80ms postb

Lead
ST(mm)
Slope(mV/s)



20 Hz 250 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

3aw Rhythm

* Computer Synthesized Rhythm

MAC:55 009C

PRINTED IN USA

P/N: 2009028-020

Vital Signs™

MR ANINDYA GHOSH
D: 11168116

18-JUN-2022
17:03:21

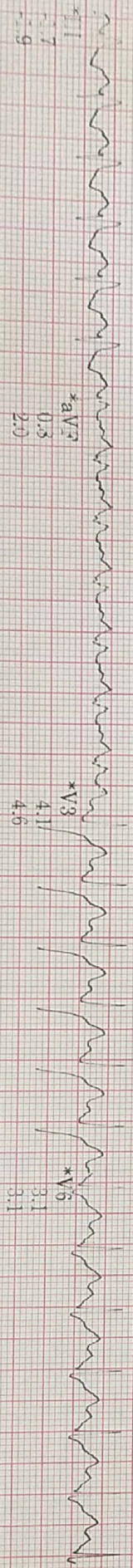
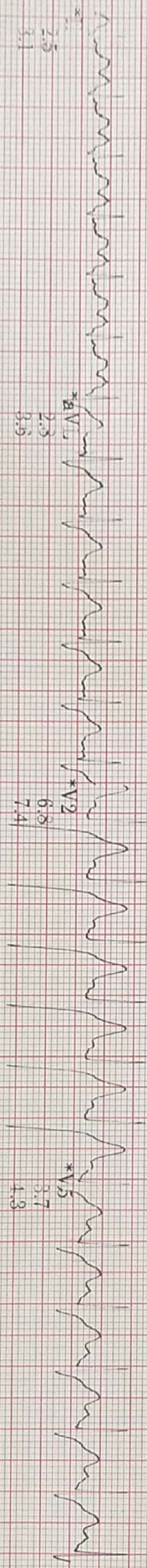
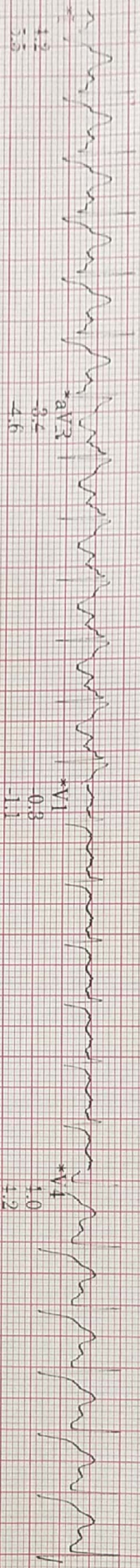
153bpm
BP: 120/80

EXERCISE
STAGE 2
5:50

BRUCE
2.5mph
12.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mV)
Slope(mV/s)



*aV_R
0.3
2.0

*V₃
4.1
4.6

*V₆
3.1
3.1

*aV_F
3.4
4.6

*V₁
0.8
1.1

*V₄
1.0
1.2

*aV_L
2.3
3.3

*V₂
6.8
7.4

*V₅
3.7
1.3

Raw Rhythm
V1
* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H S 50Hz HR 46

P/N 2009828-020

Vital Signs™

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MAC55 009C

MIRANINDYA GHOSH
ID: 11168116
18-Jan-2022
17:03:13

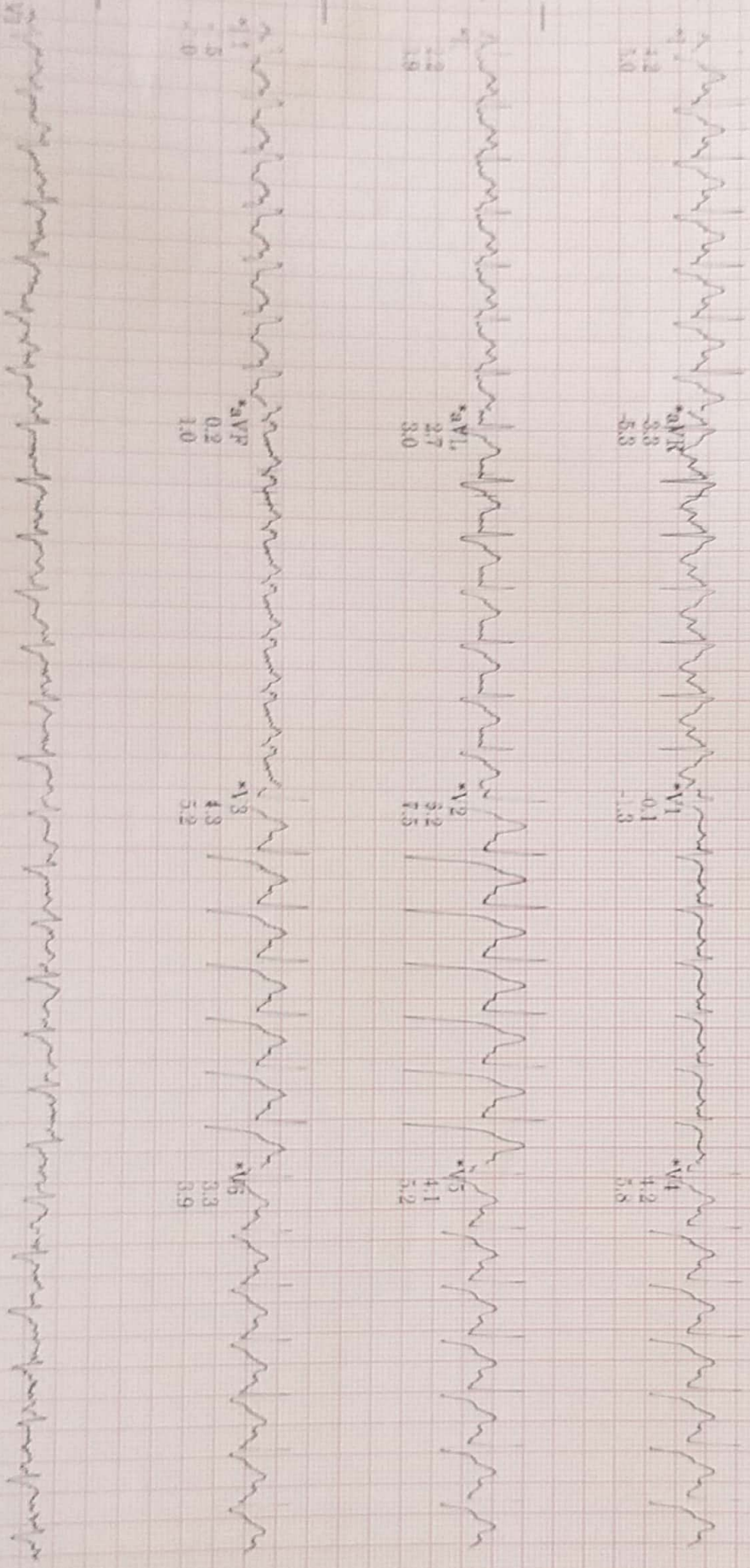
169bpm
BP: 130/90

EXERCISE
STAGE 3
7:41

BRUCE
3.4mph
14.0%

ST @ 10mm/mV
80ms postJ

Lead
ST(mV)
Slope(mV/s)



Lead Rhythm

25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

* Computer Synthesized Rhythm

MAC35 009C

BRUCE
***mph
***/%

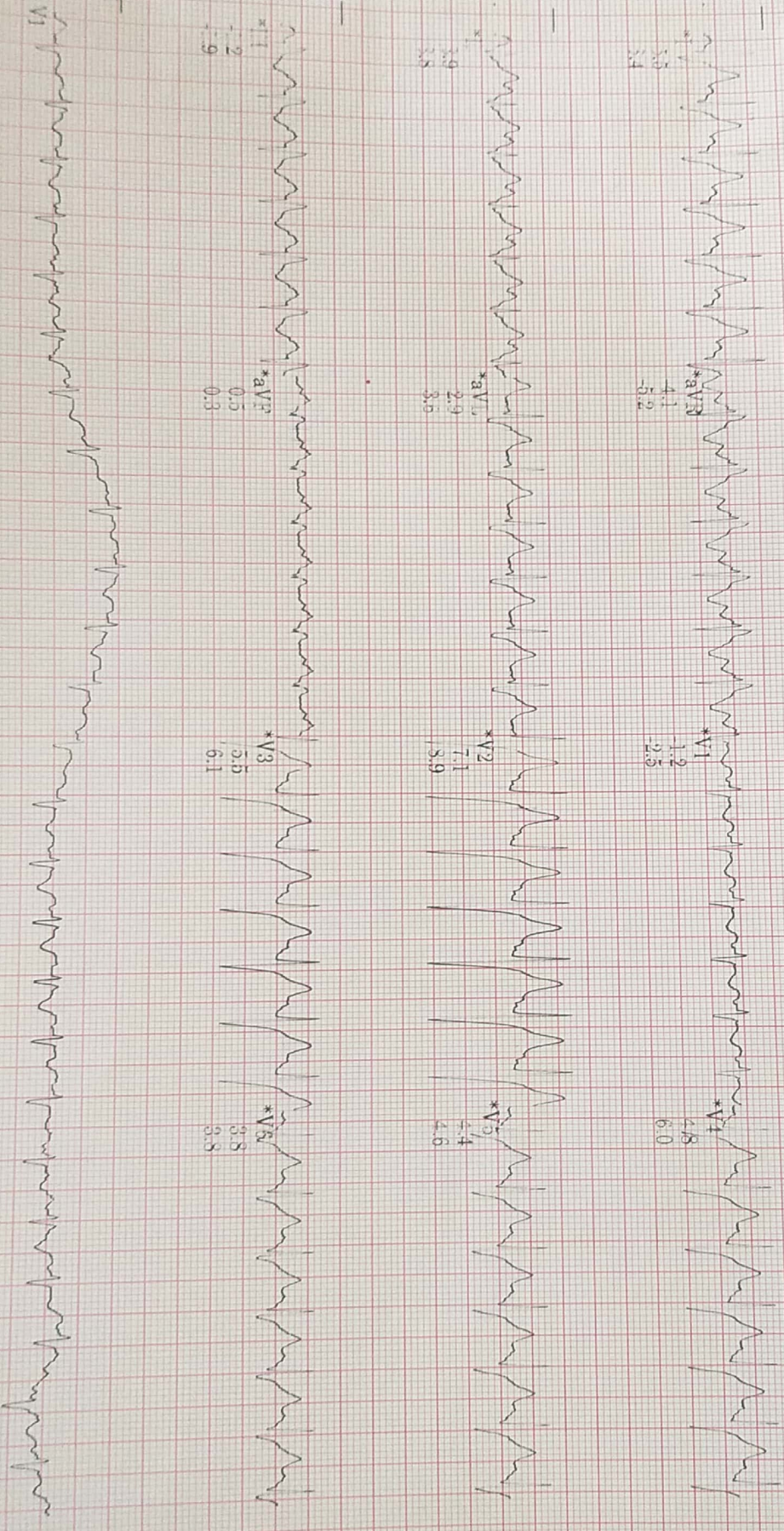
RECOVERY
Post
1:00

159bpm

MR ANINDYA GHOSH
D: 11168116
18-Jan-2022
17:04:12

ST @ 10mm/mV
80ms postd

Lead
ST(mm)
Slope(mV/s)



20 Hz

25.0 mm/s 10.0 mm/mV

A-H-S 50Hz HR 46

P/N 200926-00

Vital Signs™

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MAC55 009C

* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46
V1
Xav Rhythm

MRANINDYA GHOSH
ID: 111168116

18-Jun-2022
17:06:12

LINKED MEDIANS REPORT

129bpm

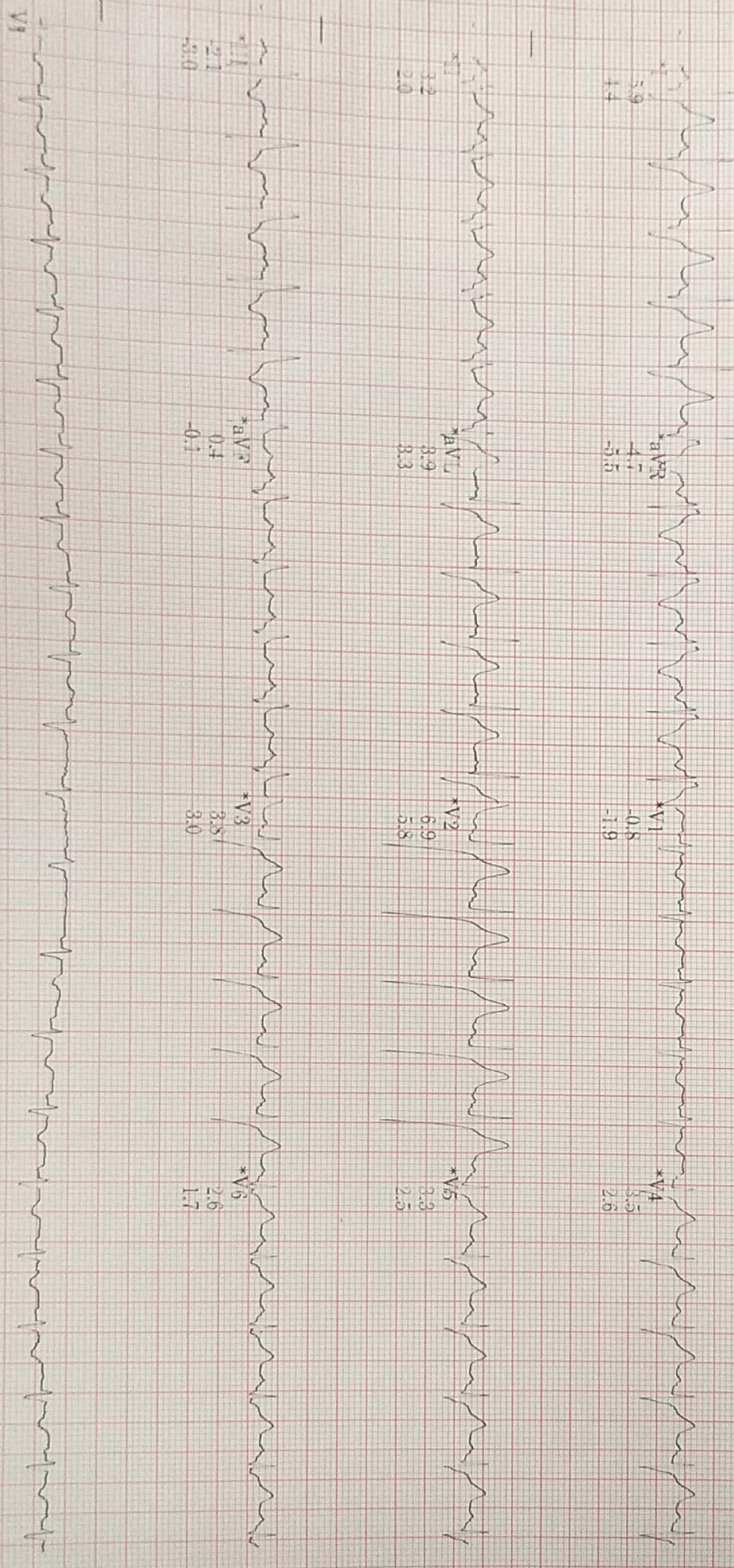
RECOVERY
Post
3:00

BRUCE
** *mph
** *%

CLUMAX DIAGNOSTICS, MEDALL HEALTH CARE

ST @ 10mm/mV
80ms post/f

Lead
ST(mm)
Slope(mV/s)



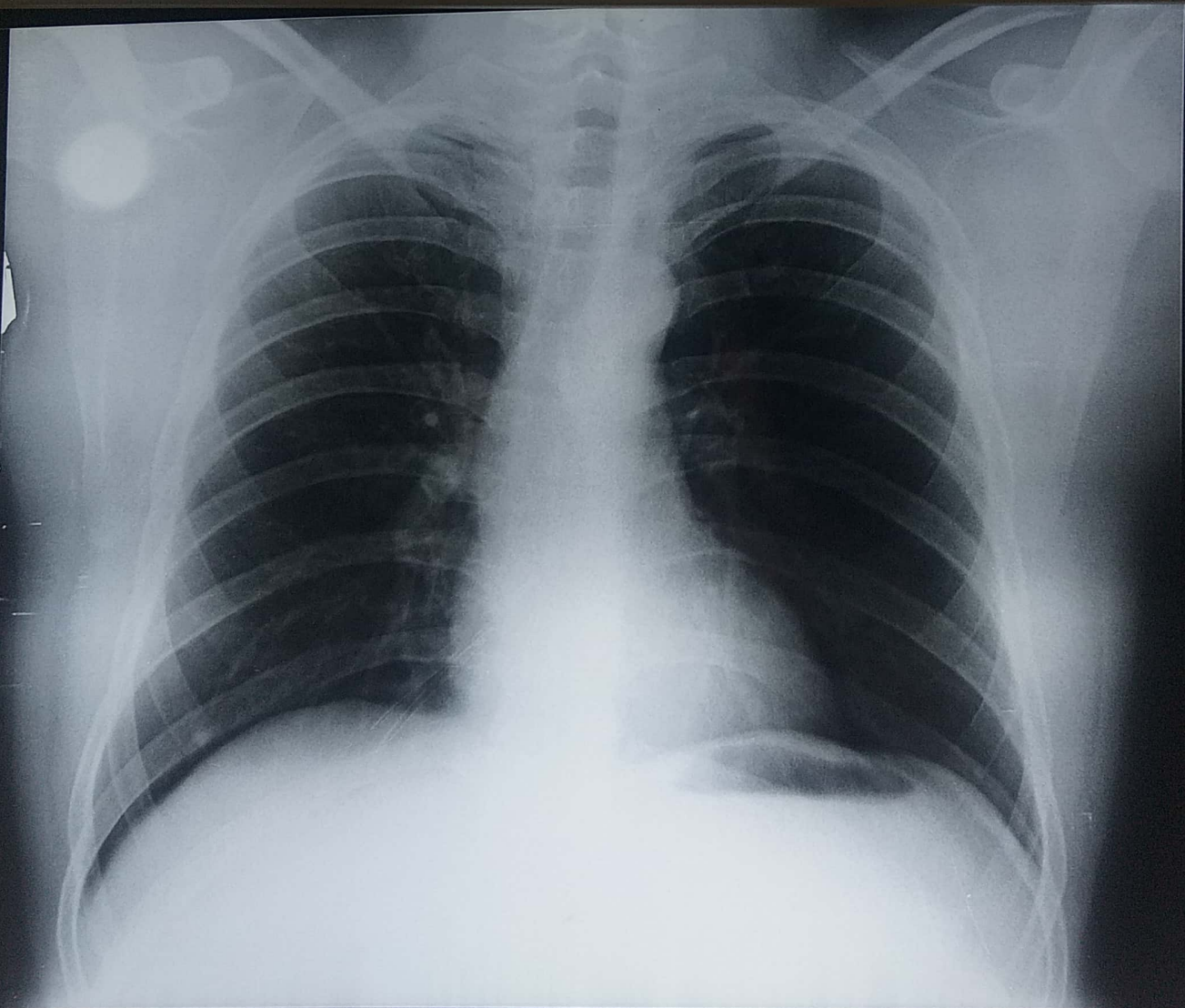
20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

Vital Signs™

* Computer Synthesized Rhythm

PRINTED IN USA

MAC55 009C



ANINDYA GHOSH 35 MED111168116 M CHEST PA 6/18/2022 01:21 PM
MEDALL CLUMAX DIAGNOSTIC

Name : Mr. ANINDYA GHOSH

PID No. : MED111168116

SID No. : 712218482

Age / Sex : 35 Year(s) / Male

Type : OP

Ref. Dr : MediWheel

Register On : 18/06/2022 11:12 AM

Collection On : 18/06/2022 12:21 PM

Report On : 18/06/2022 8:56 PM


Printed On : 20/06/2022 4:49 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	42.6	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	7.1	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	3.7	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.14	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.96	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.33	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.17	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)	126	10 ³ / μ l	150 - 450
Remark: Kindly correlate clinically.			
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	15	mm/hr	< 15


Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY


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

APPROVED BY

Name : Mr. ANINDYA GHOSH

PID No. : MED111168116

SID No. : 712218482

Age / Sex : 35 Year(s) / Male

Type : OP

Ref. Dr : MediWheel

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

Lipid Profile

Cholesterol Total (Serum/Oxidase / Peroxidase method)	223	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
--	-----	-------	--

Remark: Kindly correlate clinically.

Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	299	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.

Remark: Kindly correlate clinically.


HDL Cholesterol (Serum/Immunoinhibition)	56	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	107.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
---------------------------------------	-------	-------	---

VLDL Cholesterol (Serum/Calculated)	59.8	mg/dL	< 30
--	------	-------	------


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Sr. Lab Technician

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APPROVED BY

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Non HDL Cholesterol (Serum/Calculated)	167.0	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		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)	5.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
--	-----	--	--

LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
---	-----	--	---


Mr.S.Mohan Kumar
Sr.LabTechnician

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MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mr. ANINDYA GHOSH

PID No. : MED111168116

SID No. : 712218482

Age / Sex : 35 Year(s) / Male

Type : OP

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.7	%	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 %

Remark: Kindly correlate clinically.

Estimated Average Glucose (Whole Blood)	116.89	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.

Mr. S. Mohan Kumar
Sr. Lab Technician

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MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

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PID No. : MED111168116

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Ref. Dr : MediWheel

Register On : 18/06/2022 11:12 AM

Collection On : 18/06/2022 12:21 PM

Report On : 18/06/2022 8:56 PM

Printed On : 20/06/2022 4:49 PM



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

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.99	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 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	8.80	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/Chemiluminescent Immunometric Assay (CLIA))	3.64	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.


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

APPROVED BY

Name : Mr. ANINDYA GHOSH
PID No. : MED111168116
SID No. : 712218482
Age / Sex : 35 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Volume (Urine/Physical examination)	30		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


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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)	3-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil


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Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' 'Positive'

Remark: Test to be confirmed by Gel Method

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	16.3		6.0 - 22
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	90	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)	80	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)	12.9	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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	5.5	mg/dL	3.5 - 7.2
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Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY


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-- End of Report --

Name	ANINDYA GHOSH	ID	MED111168116
Age & Gender	35Y/M	Visit Date	Jun 18 2022 11:11AM
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.**

AA/sv



Dr. Anitha Adarsh
Consultant Radiologist