Name	: Mr. KEERTHI H S	
PID No.	: MED122272706	Register On : 11/11/2023 10:06 AM
SID No.	: 522317650	Collection On : 11/11/2023 1:03 PM
Age / Sex	: 38 Year(s) / Male	Report On : 11/11/2023 6:27 PM
Туре	: OP	Printed On : 13/11/2023 11:12 AM
Ref. Dr	: MediWheel	

Observed Unit Investigation **Biological** Value Reference Interval BLOOD GROUPING AND Rh 'O' 'Positive' **TYPING** (EDTA Blood/Agglutination) INTERPRETATION: Note: Slide method is screening method. Kindly confirm with Tube method for transfusion. Complete Blood Count With - ESR 13.5 - 18.0 Haemoglobin 14.8 g/dL (EDTA Blood Spectrophotometry) Packed Cell Volume(PCV)/Haematocrit 45.1 % 42 - 52 (EDTA Blood) **RBC** Count 5.27 mill/cu.mm 4.7 - 6.0 (EDTA Blood) Mean Corpuscular Volume(MCV) 85.7 fL 78 - 100 (EDTA Blood) 27 - 32 Mean Corpuscular Haemoglobin(MCH) 28.0 pg (EDTA Blood) Mean Corpuscular Haemoglobin 32.7 g/dL 32 - 36 concentration(MCHC) (EDTA Blood) **RDW-CV** 14.4 11.5 - 16.0 % fL 43.19 39 - 46 **RDW-SD** Total Leukocyte Count (TC) 4000 - 11000 7900 cells/cu.m (EDTA Blood) m Neutrophils 50.7 % 40 - 75 (Blood) Lymphocytes 42.9 % 20 - 45 (Blood) 01 - 06 0.6 % Eosinophils (Blood)





The results pertain to sample tested.

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Unit Investigation Observed **Biological** Value Reference Interval 5.5 01 - 10 Monocytes % (Blood) 00 - 02 **Basophils** 0.3 % (Blood) INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically. Absolute Neutrophil count 4.0110^3 / µl 1.5 - 6.6 (EDTA Blood) Absolute Lymphocyte Count 3.39 10^3 / µl 1.5 - 3.5 (EDTA Blood) Absolute Eosinophil Count (AEC) 0.05 10^3 / µl 0.04 - 0.44 (EDTA Blood) 10^3 / µl < 1.0 Absolute Monocyte Count 0.43 (EDTA Blood) Absolute Basophil count 10^3 / µl < 0.2 0.02 (EDTA Blood) Platelet Count 276 10^3 / µl 150 - 450 (EDTA Blood) MPV 8.4 fL 7.9 - 13.7 (Blood) PCT 0.23 % 0.18 - 0.28 (Automated Blood cell Counter) ESR (Erythrocyte Sedimentation Rate) 4 mm/hr < 15 (Citrated Blood) 14.5 6.0 - 22.0 **BUN / Creatinine Ratio** Normal: < 100 Glucose Fasting (FBS) 85.53 mg/dL Pre Diabetic: 100 - 125 (Plasma - F/GOD-PAP) Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.





The results pertain to sample tested.

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	87.59	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 Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV/derived)	15.0	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.03	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/Enzymatic)	7.50	mg/dL	3.5 - 7.2
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.82	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.23	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.59	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	18.02	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/ <i>Modified IFCC</i>)	22.89	U/L	5 - 41





The results pertain to sample tested.

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	26.93	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/ <i>Modified IFCC)</i>	71.8	U/L	53 - 128
Total Protein (Serum/ <i>Biuret</i>)	6.76	gm/dl	6.0 - 8.0
Albumin (Serum/ <i>Bromocresol green)</i>	4.48	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.28	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.96		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	179.55	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/ <i>GPO-PAP with ATCS</i>)	117.24	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 õusualö"circulating level of triglycerides during most part of the day.

HDL Cholesterol	39.26	mg/dL	Optimal(Negative Risk Factor): >= 60
(Serum/Immunoinhibition)			Borderline: 40 - 59
			High Risk: < 40



Dr.Arjun C.P MBBS MD Pathology Reg NorkMc \$9655

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
LDL Cholesterol (Serum/Calculated)	116.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	23.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	140.3	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/ <i>Calculated</i>)	4.6	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/ <i>Calculated</i>)	3	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

ND Path Reg No:KMC \$9655 APPROVED BY

The results pertain to sample tested.

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<u>Investiga</u>	ation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
HbA1C (Whole Bl	ood/HPLC)	5.6	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
INTERPI	RETATION: If Diabetes - Good con	trol : 6.1 - 7.0 % , Fair contro	ol : 7.1 - 8.0 % , Poor	control >= 8.1 %
Estimate (Whole Bl	d Average Glucose	114.02	mg/dL	
HbA1c pr control as Condition hypertrigh Condition ingestion,	compared to blood and urinary gluco s that prolong RBC life span like Iro yceridemia,hyperbilirubinemia,Drug s that shorten RBC survival like acu Pregnancy, End stage Renal disease	ose determinations. n deficiency anemia, Vitamin s, Alcohol, Lead Poisoning, te or chronic blood loss, hem	n B12 & Folate deficie Asplenia can give fals olytic anemia, Hemog	
	ID PROFILE / TFT_	0.931	ng/ml	0.7 - 2.04
(Serum/EC	•		-	
Commen Total T3 v	RETATION: t: variation can be seen in other conditionally active.	on like pregnancy, drugs, nep	hrosis etc. In such cas	ses, Free T3 is recommended as it is
T4 (Tyro (Serum/EC	oxine) - Total CLIA)	4.62	µg/dl	4.2 - 12.0
Commen Total T4 v	RETATION: t: variation can be seen in other conditionally active.	on like pregnancy, drugs, nep	hrosis etc. In such cas	ses, Free T4 is recommended as it is
TSH (Th (Serum/EC	yroid Stimulating Hormone)	7.20	µIU/mL	0.35 - 5.50
				DF-Arjun C.P DF-Arjun C.P Reg Nork ic \$9655 APPROVED BY

The results pertain to sample tested.

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

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.

URINE ROUTINE

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Pale yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	20	
<u>CHEMICAL EXAMINATION (U)</u> <u>COMPLETE)</u>	<u>RINE</u>	
pH (Urine)	6.5	4.5 - 8.0
Specific Gravity (Urine)	1.008	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal
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<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Negative		Negative
Negative		
0-2	/hpf	NIL
0-1	/hpf	NIL
NIL	/HPF	NIL
NIL		
	Value Negative Negative Negative Negative Negative 0-2 0-1 NIL	ValueNegativeNegativeNegativeNegativeNegativeNegativeNegativeNul/hpfNIL

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





-- End of Report --

The results pertain to sample tested.

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Name	MR.KEERTHI H S	ID	MED122272706
Age & Gender	38Y/MALE	Visit Date	11 Nov 2023
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (12.9 cm) and shows increased echogenicity with focal fatty sparing. No evidence of intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is 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.

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	11.0	1.8
Left Kidney	10.7	1.8

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:

- Grade I fatty infiltration of liver.
- No other significant abnormality.

DR. HEMANANDINI V.N CONSULTANT RADIOLOGIST

Name	MR.KEERTHI H S	ID	MED122272706
Age & Gender	38Y/MALE	Visit Date	11 Nov 2023
Ref Doctor Name	MediWheel		

Hn/Mi

Name	MR.KEERTHI H S	ID	MED122272706
Age & Gender	38Y/MALE	Visit Date	11 Nov 2023
Ref Doctor Name	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA : 2.5'	7 cms.
LEFT ATRIUM : 2.8	3 cms.
AVS : 1.47 LEFT VENTRICLE	7 cms.
(DIASTOLE) : 4.3'	7 cms.
(SYSTOLE) : 2.98	8 cms.
VENTRICULAR SEPTUM :	
(DIASTOLE) : 1.29	9 cms.
(SYSTOLE) : 1.39	9 cms.
POSTERIOR WALL :	
(DIASTOLE) : 1.18	8 cms.
(SYSTOLE) : 1.02	3 cms.
EDV : 80	ml.
ESV : 34	ml.
FRACTIONAL SHORTENING : 16	%
EJECTION FRACTION : 60	%
EPSS :	cms.
RVID : 1.80	0 cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE:	E - 0.8	m/s	A -0.6 m/s	MILD MR
AORTIC VALVE:	1.1	m/s		NO AR.
TRICUSPID VALVE: E - ().4 m/s	A -0.3	3 m/s	NO TR.
PULMONARY VALVE:	0.8	m/s		NO PR.

Name	MR.KEERTHI H S	ID	MED122272706
Age & Gender	38Y/MALE	Visit Date	11 Nov 2023
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2D ECHOCARDIOGRAPHY FINDINGS:

 Left Ventricle
 :
 Concentric L V H, Normal systolic function.

: No regional wall motion abnormalities.
--

Left Atrium	:	Normal.
Right Ventricle :	Normal.	
Right Atrium	:	Normal.
Mitral Valve	:	MILD AML MVP.
Aortic Valve	:	Normal.Trileaflet.
Tricuspid Valve	:	Normal.
Pulmonary Valve	:	Normal.
IAS	:	Intact.
IVS	:	Intact.
Pericardium	:	No pericardial effusion.

IMPRESSION:

• CONCENTRIC L V H.

• NORMAL LV SYSTOLIC FUNCTION. EF: 60 %.

• NO REGIONAL WALL MOTION ABNORMALITIES.

• NORMAL VALVES.

• NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

DR. YASHODA RAVI CONSULTANT CARDIOLOGIST

Name	MR.KEERTHI H S	ID	MED122272706
Age & Gender	38Y/MALE	Visit Date	11 Nov 2023
Ref Doctor Name	MediWheel		

