

Name	Mr.ARAVINDHAN S	ID	MED111465842
Age & Gender	31/MALE	Visit Date	27/01/2023
Ref Doctor Name	MediWheel		

**ACOUSTIC WINDOW : GOOD** 

# **DEPARTMENT OF CARDIOLOGY**

# TRANSTHORACIC RESTING ECHO CARDIOGRAPHY REPORT

# ECHO INDICATION: Assessment <u>M MODE & 2-D PARAMETERS</u>:

LV STUDY	
IVS(d) cm	1.2
IVS(s) cm	1.1
LPW(d) cm	1.2
LPW(s) cm	1.2
LVID(d) cm	4.4
LVID(s) cm	3.0
EDV ml	87
ESV ml	29
SV ml	58
EF %	66
FS %	30
Parameters	Patient
	Value
LA cm	3.0
AO cm	2.1

<b>DOPPLER PARAMETERS</b>	DOPPLER	<b>PARAMETERS</b>
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Valves	Velocity
	max(m/sec
	mm/Hg)
AV	1.2
PV	0.6
MV (E)	0.8
( (A)	0.6
TV	1.0

#### REPORT DISCLAIMER

- 1. This is only a radiologincal imperssion. Like other investigations, radiological investication also have limitation. Therefore radiologincal reports should be interpreted in correlation with clinical and pathological findings.
- 2. The results reported here in are subject to interpretation by qualified medical professionals only.
- 3.Customer identities are accepted provided by the customer or their representative.
- 4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.
- 5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.
- 6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the refrering doctor/patient can contact the respective section head of the laboratory.
- 7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,
- S.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
- 9.Liability is limited to the extend of amount billed.
- 10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.
- 11.Disputes, if any, with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.



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## **FINDINGS:**

- **v** Normal left ventricle systolic function (LVEF 66 %).
- **v** No regional wall motion abnormality.
- **v** No diastolic dysfunction.
- v Normal chambers dimension.
- ∨ Structurally valves are normal.
- **v** Normal pericardium / Intact septae.
- v No clot/aneurysm.
- v IVC~ 1.0 cm / collapsing.

## **IMPRESSION:**

- NORMAL LV SYSTOLIC FUNCTION.
- **NO REGIONAL WALL MOTION ABNORMALITY.**

## M.JOTHEESWARI. ECHO TECHNICIAN

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PID No. : SID No. : Age / Sex : Type :	Mr. ARAVINDHAN S MED111465842 223001297 31 Year(s) / Male OP MediWheel	Report On Printed On <u>Observeo</u>	: 27/01/2023 11:22 AM : 27/01/2023 12:12 PM : 28/01/2023 4:25 PM : 20/03/2023 3:04 PM	DIAGNOSTICS Biological
TYPING (EDTA Blood/ INTERPRET	ROUPING AND Rh <sup>(Agglutination)</sup> FATION: Reconfirm the Blood g Blood Count With - ESR	<u>Value</u> 'O' 'Positiv roup and Typing b		<u>Reference Interval</u>
Haemoglob	in (Spectrophotometry)	16.2	g/dL	13.5 - 18.0
Packed Cell	l Volume(PCV)/Haematocrit Derived from Impedance)	47.6	%	42 - 52
RBC Count (EDTA Blood	: Impedance Variation)	5.15	mill/cu.mm	4.7 - 6.0
Mean Corpu	uscular Volume(MCV) Derived from Impedance)	92.4	fL	78 - 100
	uscular Haemoglobin(MCH) (Derived from Impedance)	31.4	pg	27 - 32
concentratio	uscular Haemoglobin on(MCHC) Derived from Impedance)	34.0	g/dL	32 - 36
RDW-CV (EDTA Blood	Derived from Impedance)	12.5	%	11.5 - 16.0
RDW-SD (EDTA Blood	Derived from Impedance)	41.3	fL	39 - 46
Total Leuko	ocyte Count (TC) Impedance Variation)	10780	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood Cytometry)	Impedance Variation & Flow	64.3	%	40 - 75
Lymphocyte (EDTA Blood	es Impedance Variation & Flow	28.8	%	20 - 45





The results pertain to sample tested.

Cytometry)

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Name :		Mr. ARAVINDHAN S
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PID No.	: MED111465842	Register On	: 27/01/2023 11:22 AM	-
SID No.	: 223001297	<b>Collection On</b>	: 27/01/2023 12:12 PM	
Age / Sex	: 31 Year(s) / Male	Report On	: 28/01/2023 4:25 PM	me
Туре	: OP	Printed On	: 20/03/2023 3:04 PM	DIAGN
Ref. Dr	: MediWheel			

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.4	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.3	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.2	%	00 - 02
INTERPRETATION: Tests done on Automated I	Five Part cell count	er. All abnormal resul	ts are reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	6.93	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.10	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.04	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.68	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.03	10^3 / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	276	10^3 / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.2	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.254	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	2	mm/hr	< 15





The results pertain to sample tested.

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Name	: Mr. ARAVINDHAN S	
PID No.	: MED111465842	Register On : 27/01/2023 11:22 AM
SID No.	: 223001297	Collection On : 27/01/2023 12:12 PM
Age / Sex	: 31 Year(s) / Male	Report On : 28/01/2023 4:25 PM medall
Туре	: OP	Printed On : 20/03/2023 3:04 PM DIAGNOSTICS

## Ref. Dr : MediWheel

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
BUN / Creatinine Ratio	7.7		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	80.2	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
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	185.2	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)	7.1	mg/dL	7.0 - 21
Creatinine (Serum/ <i>Modified Jaffe</i> )	0.92	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-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/ <i>Enzymatic</i> )	4.9 mg/dL	3.5 - 7.2
Liver Function Test		
Bilirubin(Total) (Serum/DCA with ATCS)	1.14 mg/dL	0.1 - 1.2
		Dr Gurupriya J Pathologist Reg No: 13-48036
		APPROVED BY

The results pertain to sample tested.

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# Name : Mr. ARAVINDHAN S

Ref. Dr	: MediWheel
Туре	: OP
Age / Sex	: 31 Year(s) / Male
SID No.	: 223001297
PID No.	: MED111465842

<b>Register On</b>	:	27/01/2023 11:22 AM
Collection On	:	27/01/2023 12:12 PM
Report On	:	28/01/2023 4:25 PM
Printed On	:	20/03/2023 3:04 PM



Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.28	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.86	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/ <i>Modified IFCC</i> )	81.3 (Rechecked)	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/ <i>Modified IFCC</i> )	203.5 (Rechecked)	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	69.8 (Rechecked)	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/ <i>Modified IFCC</i> )	82.7	U/L	53 - 128
Total Protein (Serum/Biuret)	7.19	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.38	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.81	gm/dL	2.3 - 3.6
A : G RATIO (Serum/ <i>Derived</i> )	1.56		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	146.7	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	91.0	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >=500





The results pertain to sample tested.

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Name PID No.	: Mr. ARAVINDHAN S : MED111465842	Register On : 2	27/01/2023 11:22 AM	
SID No.	: 223001297	e e	27/01/2023 12:12 PM	$\mathbf{O}$
Age / Sex	: 31 Year(s) / Male	Report On :	28/01/2023 4:25 PM	medall
Туре	: OP	Printed On :	20/03/2023 3:04 PM	DIAGNOSTICS
Ref. Dr	: MediWheel			
<u>Investiga</u>	tion	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
increasing variation to	as much as 5 to 10 times the fasting bo. There is evidence recommending or metabolic syndrome, as non-fasti	levels, just a few hour triglycerides estimati	s after eating. Fasting trigly on in non-fasting condition	change drastically in response to food, yceride levels show considerable diurnal for evaluating the risk of heart disease and irculating level of triglycerides during most
HDL Cho (Serum/Imm	plesterol nunoinhibition)	44.6	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cho (Serum/Cal		83.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cl (Serum/Cal	holesterol /culated)	18.2	mg/dL	< 30
Non HDI (Serum/Cal	Cholesterol	102.1	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/ <i>Calculated</i> )	3.3	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> )	2	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
		Dr Gurupriya J Pathologist Reg No: 13-48036

The results pertain to sample tested.

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Name : Mr. ARAVINDHAN S			
PID No. : MED111465842	Register On : 2	7/01/2023 11:22 AM	<b>C</b>
SID No. : 223001297	Collection On : 2	27/01/2023 12:12 PM	
Age / Sex : 31 Year(s) / Male	Report On : 2	28/01/2023 4:25 PM	medall
Type : OP	Printed On : 2	20/03/2023 3:04 PM	DIAGNOSTICS
Ref. Dr : MediWheel			
Investigation	<u>Observed</u> <u>Value</u>	Unit	<u>Biological</u> Reference Interval
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<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 of	control : 6.1 - 7.0 % , Fair (	control : 7.1 - 8.0 % , Poo	or control >= 8.1 $\%$
Estimated Average Glucose (Whole Blood)	108.28	mg/dL	
HbA1c provides an index of Average Blood control as compared to blood and urinary gl Conditions that prolong RBC life span like I hypertriglyceridemia,hyperbilirubinemia,Dr Conditions that shorten RBC survival like a ingestion, Pregnancy, End stage Renal disea <u>THYROID PROFILE / TFT</u>	ucose determinations. Iron deficiency anemia, Vi ugs, Alcohol, Lead Poisor cute or chronic blood loss,	tamin B12 & Folate defi ing, Asplenia can give fa hemolytic anemia, Hem	ciency, alsely elevated HbA1C values.
T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Asso (CLIA))	1.23 ay	ng/ml	0.7 - 2.04
<b>INTERPRETATION:</b> <b>Comment :</b> Total T3 variation can be seen in other cond Metabolically active.	ition like pregnancy, drug	s, nephrosis etc. In such o	cases, Free T3 is recommended as it is
T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Asso (CLIA))	8.36 ay	μg/dl	4.2 - 12.0
<b>INTERPRETATION:</b> <b>Comment :</b> Total T4 variation can be seen in other cond Metabolically active.	ition like pregnancy, drug	s, nephrosis etc. In such o	cases, Free T4 is recommended as it is
			Dr Gurupriya J Pathologist Reg No: 13-48036

The results pertain to sample tested.

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Туре	: OP	Printed On	: 20/03/2023 3:04 PM	DIAGNOSTICS
Ref. Dr	: MediWheel			

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
TSH (Thyroid Stimulating Hormone)	2.06	µIU/mL	0.35 - 5.50
(Serum/Chemiluminescent Immunometric Assay			

# (CLIA))

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&amplt0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

# Urine Analysis - Routine

COLOUR (Urine)	Yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated - Flow cytometry)	Occasional	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry)	Occasional	/hpf	NIL
RBCs (Urine/Automated <sup>-</sup> Flow cytometry )	NIL	/hpf	NIL
Casts (Urine/Automated - Flow cytometry )	NIL	/hpf	NIL
Crystals (Urine/Automated <sup>-</sup> Flow cytometry )	NIL	/hpf	NIL





The results pertain to sample tested.

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<u>Investiga</u>	ation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
Ref. Dr	: MediWheel			
Туре	: OP	Printed On :	20/03/2023 3:04 PM	DIAGNOSTICS
Age / Sex	: 31 Year(s) / Male	Report On :	28/01/2023 4:25 PM	medall
SID No.	: 223001297	Collection On :	27/01/2023 12:12 PM	
PID No.	: MED111465842	Register On :	27/01/2023 11:22 AM	
Name	: Mr. ARAVINDHAN S			

Others

(Urine)

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

NIL





-- End of Report --

The results pertain to sample tested.

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