Name	: **Mr. .P SRINIVASA C**		
PID No.	: MED111517939	**Register On**	: 25/02/2023 8:26 AM
SID No.	: 423010532	**Collection On**	: 25/02/2023 9:28 AM
Age / Sex	: 49 Year(s) / Male	**Report On**	: 25/02/2023 6:17 PM
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Ref. Dr	: **MediWheel**		

HAEMATOLOGY

Complete Blood Count With - ESR

Investigation	Observed Value	Unit	Biological Reference Interval
Haemoglobin (EDTA Blood/*Spectrophotometry*)	**10.8**	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	**34.3**	%	42 - 52
RBC Count (EDTA Blood)	4.97	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	**69.1**	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	**21.8**	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	**31.5**	g/dL	32 - 36
RDW-CV (EDTA Blood)	**18.4**	%	11.5 - 16.0
RDW-SD (EDTA Blood)	44.50	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7800	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	53.7	%	40 - 75
Lymphocytes (EDTA Blood)	39.1	%	20 - 45
Eosinophils (EDTA Blood)	1.3	%	01 - 06
Monocytes (EDTA Blood)	5.1	%	01 - 10

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Reg No:KMC 89655

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Investigation	Observed Value	Unit	Biological Reference Interval
Basophils (Blood)	0.8	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	4.19	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	3.05	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.10	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.40	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.06	10^3 / µl	< 0.2
Platelet Count (EDTA Blood)	365	10^3 / µl	150 - 450
MPV (EDTA Blood)	**7.7**	fL	7.9 - 13.7
PCT (EDTA Blood/*Automated Blood cell Counter*)	**0.28**	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	**53**	mm/hr	< 15

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Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/*DCA with ATCS)*	0.31	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid)*	0.13	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)*	24.86	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC)*	23.71	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	34.44	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC)*	87.5	U/L	53 - 128
Total Protein (Serum/*Biuret)*	7.07	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	5.16	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived)*	1.91	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived)*	**2.70**		1.1 - 2.2

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Investigation	Observed Value	Unit	Biological Reference Interval
Lipid Profile			
Cholesterol Total (Serum/*CHOD-PAP with ATCS)*	173.11	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS)*	106.15	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.

HDL Cholesterol (Serum/*Immunoinhibition)*	**51.12**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/*Calculated)*	100.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated)*	21.2	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated)*	122.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

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Investigation	Observed Value	Unit	Biological Reference Interval
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)*	3.4		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)*	2.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated)*	2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

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Investigation	Observed Value	Unit	Biological Reference Interval
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/*HPLC)*	**7.6**	%	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 %

Estimated Average Glucose (Whole Blood*)*	171.42	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.

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Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*ECLIA*)	1.22	ng/ml	0.7 - 2.04

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*)	8.45	µg/dl	4.2 - 12.0

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*)	**6.52**	µIU/mL	0.35 - 5.50

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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

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Investigation	Observed Value	Unit	Biological Reference Interval
CLINICAL PATHOLOGY			
PHYSICAL EXAMINATION (URINE COMPLETE)			
Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	25		
CHEMICAL EXAMINATION (URINE COMPLETE)			
pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.010		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

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Investigation	Observed Value	Unit	Biological Reference Interval
Glucose (Urine/*GOD - POD*)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		Negative
MICROSCOPIC EXAMINATION (URINE COMPLETE)			
Pus Cells (Urine)	**0-1**	/hpf	NIL
Epithelial Cells (Urine)	**0-1**	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		

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

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Investigation	Observed Value	Unit	Biological Reference Interval
IMMUNOHAEMATOLOGY			
BLOOD GROUPING AND Rh TYPING (EDTA Blood/*Agglutination)*	'A' 'Positive'		

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Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
BUN / Creatinine Ratio	9.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP)*	**107.12**	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)*	**161.55**	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)*	9.6	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe)*	1.05	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)*	7.00	mg/dL	3.5 - 7.2

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Investigation	Observed Value	Unit	Biological Reference Interval
IMMUNOASSAY			
Prostate specific antigen - Total(PSA) (Serum/*Manometric method)*	0.512	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

INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL
PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).
Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.
PSA levels tend to increase in all men as they age.
Clinical Utility of PSA:
ðIn the early detection of Prostate cancer.
ðAs an aid in discriminating between Prostate cancer and Benign Prostatic disease.
ðTo detect cancer recurrence or disease progression.

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KMC: DLH 2018 0000230 KTK
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-- End of Report --

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CLUMAX DIAGNOSTICS

MEDALL

--- A MEDALL COMPANY ---

CUSTOMER CHECKLIST

Date 25-Feb-2023 8:26 AM

Customer Name : **MR..P SRINIVASA C** DOB : **10 Jun 1973**

Ref Dr Name : **MediWheel** Age : **49Y/MALE**

Customer Id : **MED111517939**

MED111517939

Visit ID : 423010532

Email Id :

Phone No : **9901943629**

Corp Name : MediWheel

Address :

Package Name : **Mediwheel Full Body Health Checkup Male Above 40**

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)				
2	LAB	CREATININE				
3	LAB	GLUCOSE - FASTING				
4	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
5	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
6	LAB	URIC ACID				
7	LAB	LIPID PROFILE				
8	LAB	LIVER FUNCTION TEST (LFT)				
9	LAB	TOTAL PROSTATE SPECIFIC ANTIGEN - PSA				
10	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)				
11	LAB	URINE GLUCOSE - FASTING				
12	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
13	LAB	COMPLETE BLOOD COUNT WITH ESR				

4	LAB	STOOL ANALYSIS - ROUTINE				
15	LAB	URINE ROUTINE				
16	LAB	BUN/CREATININE RATIO				
17	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)				
18	ECG	ECG	IND13712621138			
19	OTHERS	Treadmill / 2D Echo	IND137126214690			
20	OTHERS	physical examination	IND137126215279			
21	US	ULTRASOUND ABDOMEN	IND137126215292			
22	OTHERS	Dental Consultation	IND137126216289			
23	OTHERS	EYE CHECKUP	IND137126217756	Not required		
24	X-RAY	X RAY CHEST	IND137126218659			
25	OTHERS	Consultation Physician	IND137126218736			

Registerd By

(HARI.O)

226 166 05

CE 0537 LOT D 736

MED11151793(V10.2)25-02-2308:26

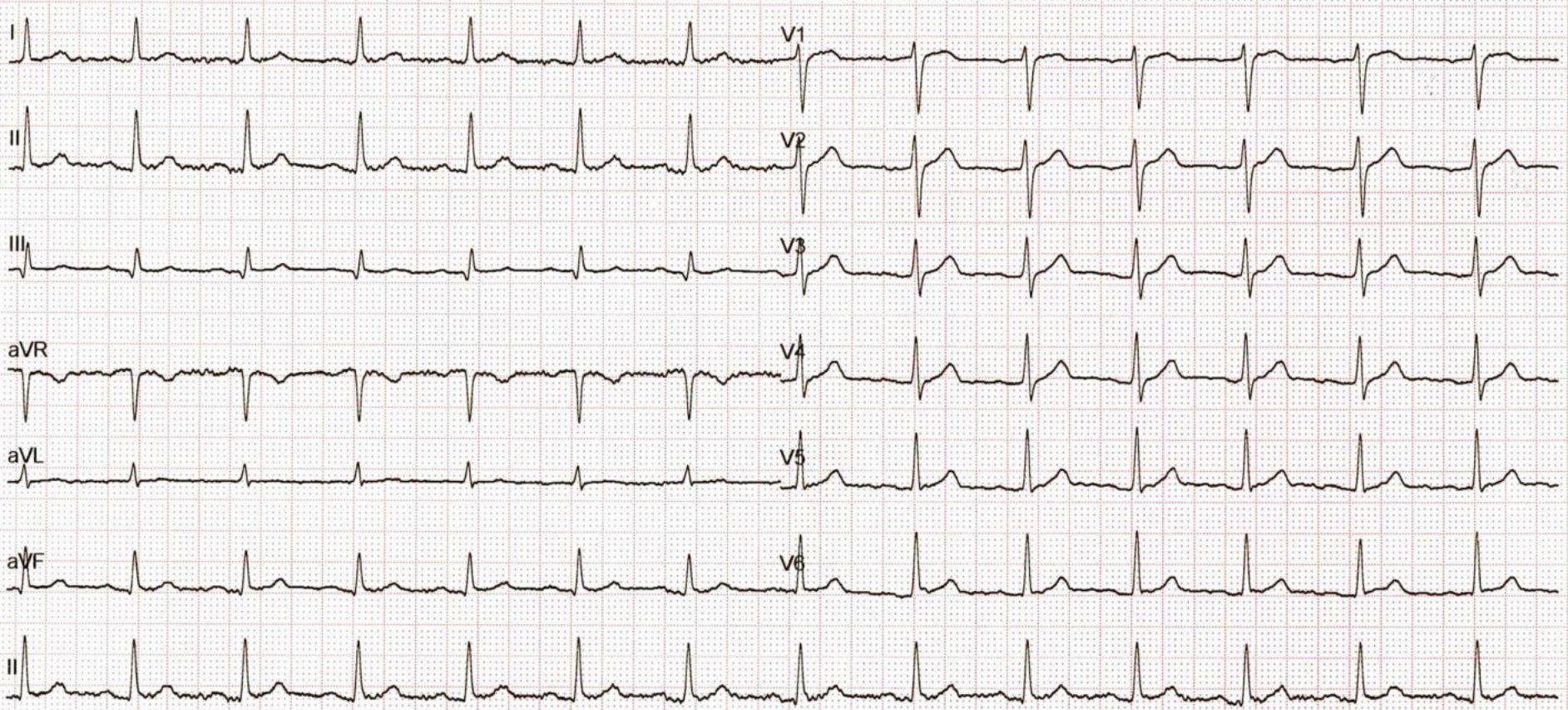
423010532
MR. P SRINIVASA C(49Y/M)

25.02.2023 10:08:02
CLUMAX DIAGNOSTICS
THIPPASANDRA
BANGALORE

83 bpm
-- / -- mmHg

QRS :	80 ms
QT / QTcBaz :	342 / 401 ms
PR :	186 ms
P :	72 ms
RR / PP :	720 / 722 ms
P / QRS / T :	78 / 44 / 46 degrees

Dr. SUBRAMANI. K.S
MD, DM (Cardiology)
Consultant Cardiologist
KMC Reg. No. : 46604
MEDALL DIAGNOSTICS



Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 2x5x6_25_R1 1/1

Name	MR..P SRINIVASA C	ID	MED111517939
Age & Gender	49Y/MALE	Visit Date	25 Feb 2023
Ref Doctor Name	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA		: 3.7cms
LEFT ATRIUM		: 3.8cms
AVS		: ----
LEFT VENTRICLE	(DIASTOLE)	: 3.9cms
	(SYSTOLE)	: 2.6cms
VENTRICULAR SEPTUM	(DIASTOLE)	: 0.9cms
	(SYSTOLE)	: 1.2cms
POSTERIOR WALL	(DIASTOLE)	: 0.7cms
	(SYSTOLE)	: 1.4cms
EDV		: 66ml
ESV		: 25ml
FRACTIONAL SHORTENING		: 33%
EJECTION FRACTION		: 62%
EPSS		: ---
RVID		: 1.9cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	: E' 0.81 m/s	A' 0.68 m/s	NO MR
AORTIC VALVE	: 1.19 m/s		NO AR
TRICUSPID VALVE	: E' - m/s	A' - m/s	NO TR
PULMONARY VALVE	: 0.64 m/s		NO PR

Name	MR..P SRINIVASA C	ID	MED111517939
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2D ECHOCARDIOGRAPHY FINDINGS:

Left ventricle : Normal size, 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:

- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF: 62%.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC
SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST
Kss/vp

Note:
*** Report to be interpreted by qualified medical professional.**

Name	MR..P SRINIVASA C	ID	MED111517939
Age & Gender	49Y/MALE	Visit Date	25 Feb 2023
Ref Doctor Name	MediWheel		

*** To be correlated with other clinical findings.**
*** Parameters may be subjected to inter and intra observer variations.**
*** Any discrepancy in reports due to typing errors should be corrected as soon as possible.**

Name	MR..P SRINIVASA C	ID	MED111517939
Age & Gender	49Y/MALE	Visit Date	25 Feb 2023
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows diffuse mild fatty changes. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER shows 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 shows normal shape, size and echopattern.
No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern.
Cortico- medullary differentiations are well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	**8.8**	**1.1**
Left Kidney	**9.6**	**1.2**

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

PROSTATE shows normal shape, size and echopattern. It measures 2.8 x 2.7 x 3.0cms (Vol:12cc).

No evidence of ascites / pleural effusion.

IMPRESSION:

- **MILD FATTY CHANGES IN THE LIVER.**
- **NO OTHER SIGNIFICANT ABNORMALITY DETECTED.**

DR. APARNA
CONSULTANT RADIOLOGIST
A/vp

Name	MR..P SRINIVASA C	ID	MED111517939
Age & Gender	49Y/MALE	Visit Date	25 Feb 2023
Ref Doctor Name	MediWheel		

Name	.P SRINIVASA C	Customer ID	MED111517939
Age & Gender	49Y/M	Visit Date	Feb 25 2023 8:26AM
Ref Doctor	MediWheel		

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. SOMU K

CONSULTANT RADIOLOGISTS