

Name	Mr. SELVADURAI S	Customer ID	MED111862078
Age & Gender	43Y/M	Visit Date	Sep 23 2023 8:53AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

FINDINGS:

Bilateral lung fields appear normal.

The left lower zone, dome of diaphragm and costophrenic angle are obscured by soft tissue overlap.

Cardiac size is enlarged with bilateral perihilar and paracardiac vascular congestion.

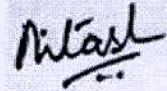
The right dome of diaphragm and costophrenic angle are normal.

Visualised bones and soft tissues appear normal.

IMPRESSION:

Cardiomegaly with bilateral perihilar and paracardiac vascular congestion.

Recommended correlation with 2D echocardiography findings.

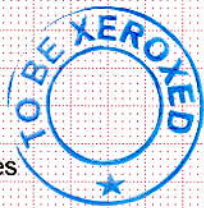


Dr. Nitash Prakash MBBS., MD
Consultant Radiologist



43 Years Male

QRS : 88 ms
QT / QTcBaz : 394 / 449 ms
PR : 146 ms
P : 90 ms
RR / PP : 768 / 769 ms
P / QRS / T : 31 / -11 / -7 degrees

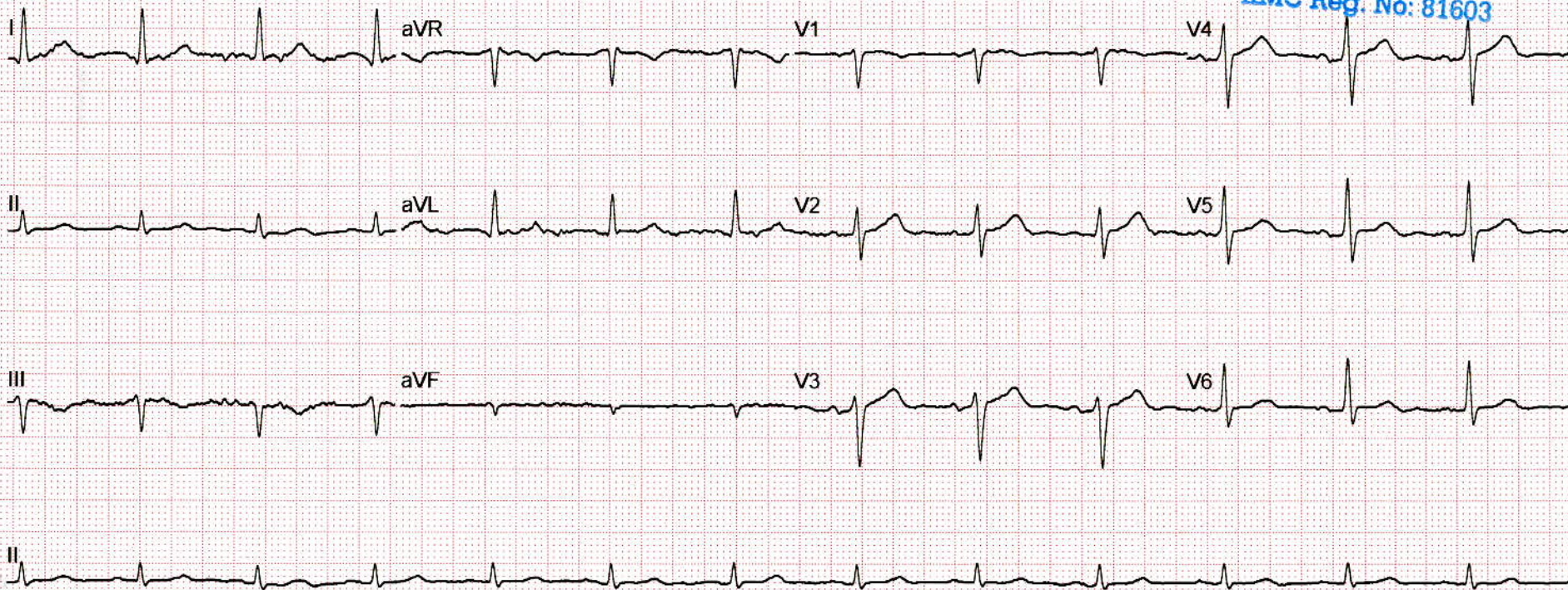


Technician: MEGHA
Ordering Ph:
Referring Ph: MEDIWHEEL
Attending Ph:

(Needs Clinical Correlation
for further Management)

W. Andy

Ram
Dr. Ramnaresh Soudri
MD, DM (Cardiology) FSCAI
Interventional Cardiologist
KMC Reg. No: 81603



Name	MR.SELVADURAI S	ID	MED111862078
Age & Gender	43Y/MALE	Visit Date	23/09/2023
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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has increased echopattern.
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 visualized portion of head and body appear normal.
Tail is obscured by bowel gas.

SPLEEN show 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	9.6	1.2
Left Kidney	9.9	1.0

URINARY BLADDER show normal shape and wall thickness.
It has clear contents.

PROSTATE shows normal shape, size and echopattern.

No evidence of ascites.

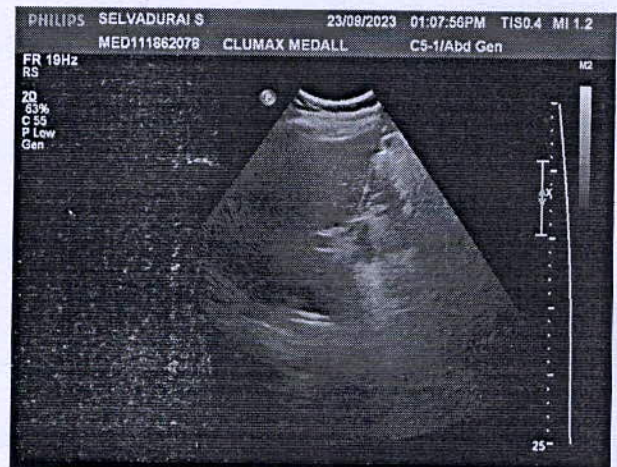
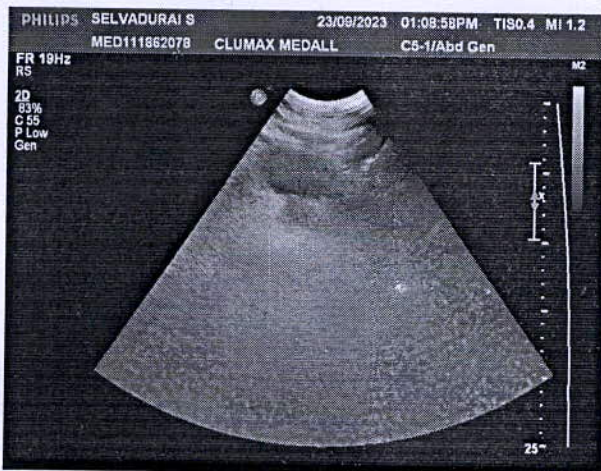
Impression: Grade I fatty change in the liver



DR. AISHWARYA GADWAL
CONSULTANT RADIOLOGIST
Ag/d



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2D ECHOCARDIOGRAPHY

Chambers

- Left ventricle : normal in size, No RWMA at Rest.
- Left Atrium : Normal
- Right Ventricle : Normal
- Right Atrium : Normal

Septa

- IVS : Intact
- IAS : Intact

Valves

- Mitral Valve : Normal.
- Tricuspid Valve : Normal, trace TR, No PAH
- Aortic valve : Tricuspid, Normal Mobility
- Pulmonary Artery : Normal

Great Vessels

- Aorta : Normal
- Pulmonary Artery : Normal

Pericardium : Normal

Doppler Echocardiography

Mitral valve	E	0.87	m/sec	A	0.81	m/sec	E/a:1.07
Aortic Valve	V max	1.4	m/sec	PG	7.8	mm	
Diastolic Dysfunction				NONE			



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:2:

M – Mode Measurement

Parameter	Observed Valve	Normal Range	
Aorta	30	26-36	Mm
Left Atrium	31	27-38	Mm
IVS	11	09-11	Mm
Left Ventricle - Diastole	52	42-59	Mm
Posterior wall - Diastole	11	09-11	Mm
IVS - Systole	15	13 - 15	Mm
Left Ventricle - Systole	32	21-40	Mm
Posterior Wall - Systole	15	13-15	Mm
Ejection Fraction	60	->50	%

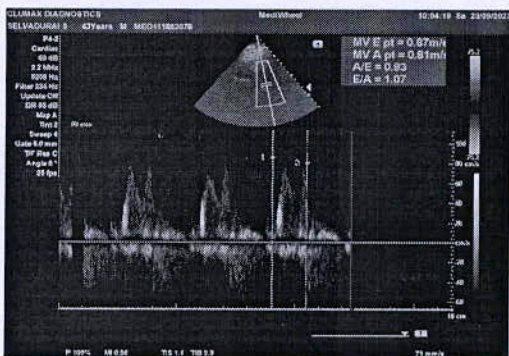
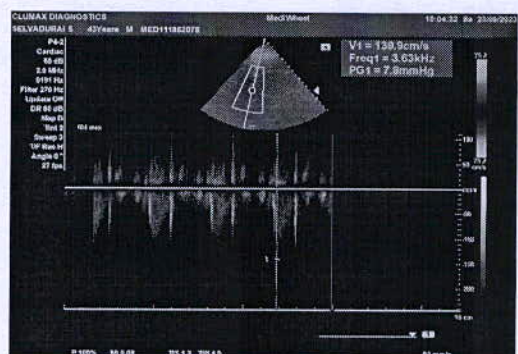
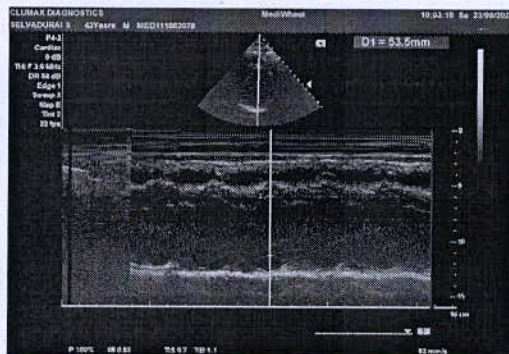
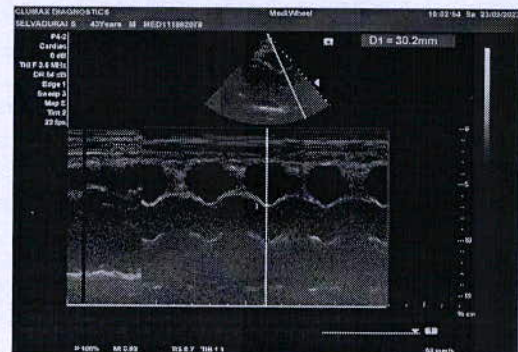
IMPRESSION:*POOR ECHO WINDOW*****

- NORMAL SIZED CARDIAC VALVES AND CHAMBERS
- NO RWMA'S AT REST
- NORMAL LV & RV SYSTOLIC FUNCTION LVEF – 60%
- NORMAL DIASTOLIC FUNCTION
- NO PERICARDIAL EFFUSION / VEGETATION / CLOT.


DR RAMNARESH SOUDRI
MD DM (CARDIOLOGY) FSCAI
INTERVENTIONAL CARDIOLOGIST
Rs/ m



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Type : OP

Ref. Dr : MediWheel

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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	14.0	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	40.6	%	42 - 52
RBC Count (EDTA Blood)	4.82	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	84.1	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	29.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.5	g/dL	32 - 36
RDW-CV (EDTA Blood)	14.0	%	11.5 - 16.0
RDW-SD (EDTA Blood)	41.21	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	8900	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	48.4	%	40 - 75
Lymphocytes (EDTA Blood)	38.1	%	20 - 45
Eosinophils (EDTA Blood)	5.0	%	01 - 06
Monocytes (EDTA Blood)	7.7	%	01 - 10



Anusha
Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

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Basophils (EDTA 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)	4.31	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	3.39	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.45	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.69	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.07	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	242	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	9.2	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	9	mm/hr	< 15



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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.34	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.11	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.23	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	18.64	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	21.20	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	32.15	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	80.1	U/L	53 - 128
Total Protein (Serum/Biuret)	7.13	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.68	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.45	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.91		1.1 - 2.2



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Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	200.20	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	113.15	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)	33.43	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	144.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
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VLDL Cholesterol (Serum/Calculated)	22.6	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	166.8	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220
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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.



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	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)	3.4		Optimal: < 2.5 Mild to moderate risk: 2.6 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	4.3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	6.6	%	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)	142.72	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 glycaemic 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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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.96	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)	10.37	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)	1.91	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.



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CLINICAL PATHOLOGY

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		4.5 - 8.0
Specific Gravity (Urine)	1.018		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



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Leukocytes(CP)
(Urine)

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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BIOCHEMISTRY

BUN / Creatinine Ratio

8.4

6.0 - 22.0

Glucose Fasting (FBS)
(Plasma - F/GOD-PAP)

80.70

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)

205.35

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

Blood Urea Nitrogen (BUN)
(Serum/Urease UV / derived)

7.2

mg/dL

7.0 - 21

Creatinine
(Serum/Modified Jaffe)

0.85

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/Enzymatic)

5.46

mg/dL

3.5 - 7.2



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IMMUNOASSAY

Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.463	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
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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:

- In the early detection of Prostate cancer.
- As an aid in discriminating between Prostate cancer and Benign Prostatic disease.
- To detect cancer recurrence or disease progression.



Anusha
Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674

APPROVED BY



Name : Mr. SELVADURAI S
PID No. : MED111862078 Register On : 23/09/2023 8:53 AM
SID No. : 80460641 Collection On : 23/09/2023 9:22 AM
Age / Sex : 43 Year(s) / Male Report On : 23/09/2023 6:30 PM
Type : OP Printed On : 23/09/2023 8:21 PM
Ref. Dr : MediWheel

Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' 'Positive'



Anusha K.S
Dr Anusha.K.S
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-- End of Report --

