Name	RAVI.D	ID	MED120883167
Age & Gender	56Year(s)/MALE		3/12/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

EYE SCREENING

	Right Eye	Left Eye
DISTANT VISION	6/6	6/6
NEAR VISION	N8	N8
COLOUR VISION	Normal	Normal

IMPRESSION:

❖ Normal Study with specs

Name	RAVI.D	ID	MED120883167
Age & Gender	56Year(s)/MALE		3/12/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

USG ABDOMEN / PELVIS

REPORT:

LIVER:

The liver is normal in size 11.0cm, shape and has smooth margins and **Shows diffuse fatty changes.**

Portal and hepatic veins are normal. No evidence of any focal lesion seen. Intrahepatic biliary radicles are not dilated.

GALL BLADDER:

The gall bladder is distended, anechoic structure. No evidence of gallstones seen.

COMMON BILE DUCT:

The CBD is normal in caliber. No evidence of calculus is seen.

SPLEEN:

The spleen is normal in size (8.1cm) and shape and shows homogenous

echotexture.

No evidence of focal lesion is noted.

PANCREAS:

The pancreas is normal in size, shape and shows normal echotexture. No evidence of solid or cystic mass lesion is noted.

KIDNEYS:

Both kidneys are normal in size, shape and position and normal parenchymal echotexture and normal central echocomplex. Right kidney measures 9.4 x 5.2 cm
Left kidney measures 8.5 x 5.0 cm

No calculus or hydronephrosis

ASCITES:

There is no ascites seen.

Name	RAVI.D	ID	MED120883167
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URINARY BLADDER:

The urinary bladder is distended and shows normal outline.

The thickness of the wall of Urinary bladder is essentially normal.

No evidence of calculus is seen.

No evidence of any space occupying lesion or diverticulum is noted.

Post void examination of Urinary bladder does not show any significant residual

urine.

PROSTATE:

The prostate is normal in size, shape and parenchymal echoes.

The prostate measures 3.7x3.2 x3.0 cm. Volume 19cc. No Focal lesion seen

BOTH ILIAC FOSSA: Appears normal. No mass / collection.

IMPRESSION:

GRADE II FATTY LIVER.

DR. P.T. PRABAKARAN, M.B.B.S., M.D.R.D.,

CONSULTANT RADIOLOGIST

Name	RAVI.D	Customer ID	MED120883167
Age & Gender	56Y/M	Visit Date	Mar 12 2022 10:53AM
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.

<u>Impression:</u> Essentially normal study.

DR. H.K. ANAND DR. POOJA B.P DR. SHWETHA S

CONSULTANT RADIOLOGISTS

Name : Mr. RAVI.D Register On : 12/03/2022 11:55 AM

Report On : 13/03/2022 1:14 PM

Ref. Dr : MediWheel Type : OP

Investigation Observed Value Unit Biological Reference Interval

IMMUNOHAEMATOLOGY

: 132204496

BLOOD GROUPING AND Rh TYPING (Blood 'B' 'Positive'

/Agglutination)

PID No.

SID No.

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

BIOCHEMISTRY

BUN / Creatinine Ratio 9.9:1

Glucose Fasting (FBS) (Plasma - F/GOD- 188 mg/dL Normal: < 100

PAP)

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) Negative Negative

Glucose Postprandial (PPBS) (Plasma - PP/ 266 mg/dL 70 - 140

GOD-PAP)

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)	Positive(+)		Negative
Blood Urea Nitrogen (BUN) (Serum/ Agglutination)	7.9	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.8	ma/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)	3.6	mg/dL	3.5 - 7.2
Liver Function Test			
GGT(Gamma Glutamyl Transpeptidase) (Serum/Jaffe Kinetic)	17.0	U/L	< 55
Bilirubin(Total) (Serum/DCA with ATCS)	1.0	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/photometry)	0.3	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/RIA)	0.70	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.0	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	15.0	U/L	5 - 41

DR.FAYIQAH MD(PATH)
CONSULTANT - PATHOLOGIST
REG NO:116685

Dr.E.Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

Name	: Mr. RAVI.D	Register On	:	12/03/2022 11:55 AM
PID No.	: MED120883167	Collection On	:	12/03/2022 12:25 PM
SID No.	: 132204496	Report On	:	13/03/2022 1:14 PM
Age / Sex	: 56 Year(s) / Male	Printed On	:	15/03/2022 1:00 PM

Ref. Dr : MediWheel Type : OP

<u>Investigation</u>	Observed Value	<u>Unit</u>	Biological Reference Interval
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	83.0	U/L	56 - 119
Total Protein (Serum/Phosphomolybdate/UV)	7.6	gm/dL	6.0 - 8.0
Albumin (Serum/Jaffe Kinetic / derived)	4.9	gm/dL	3.5 - 5.2
Globulin (Serum/RIA)	2.70	gm/dL	2.3 - 3.6
A: GRATIO (Serum/RIA)	1.81		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	208	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	78.0	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 husual+icirculating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	45.8	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	146.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	15.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	162.2	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.

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Investigation Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	Observed Value 4.5	<u>Unit</u>	Biological Reference Interval 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)	1.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/ Calculated)	3.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/HPLC)	10.2 (Rechecked)	%	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: Please correlate clinically, Repeat test with fresh sample if necessarry. **Estimated Average Glucose** (Whole Blood) 246.04 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.

Dr.E.Saravanan M.D(Path) Consultant Pathologist

Reg No: 73347

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.

HAEMATOLOGY

Complete Blood Count With - ESR

Absolute Eosinophil Count (AEC) (Blood/ Automated Blood cell Counter)	0.08	10^3 / μl	0.04 - 0.44
Absolute Lymphocyte Count (Blood/ Automated Blood cell Counter)	2.55	10^3 / μl	1.5 - 3.5
PCT (Blood)	0.25	%	0.18 - 0.28
MPV (Blood/Automated Blood cell Counter)	8.2	fL	7.9 - 13.7
Absolute Basophil count (Blood/Automated Blood cell Counter)	0.03	10^3 / μl	< 0.2
Absolute Monocyte Count (Blood/Automated Blood cell Counter)	0.52	10^3 / μl	< 1.0
Absolute Neutrophil count (Blood/ Automated Blood cell Counter)	5.14	10^3 / μl	1.5 - 6.6
RDW-CV (Blood)	13.6	%	11.5 - 16.0

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> **Type** : OP

<u>Investigation</u>	Observed Value	<u>Unit</u>	Biological Reference Interval
RDW-SD (Blood)	40.6	fL	39 - 46
Haemoglobin (Blood/Automated Blood cell Counter)	15.4	g/dL	13.5 - 18.0
PCV (Packed Cell Volume) / Haematocrit (Blood/Automated Blood cell Counter)	45.4	%	42 - 52
RBC Count (Blood/Automated Blood cell Counter)	5.2	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (Blood/ Automated Blood cell Counter)	86.9	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (Blood/Automated Blood cell Counter)	29.5	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (Blood/Automated Blood cell Counter)	34.0	g/dL	32 - 36
Platelet Count (Blood/Automated Blood cell Counter)	261	10^3 / μl	150 - 450
Total WBC Count (TC) (Blood/Automated Blood cell Counter)	8300	cells/cu.mm	4000 - 11000
Diferential Leucocyte Count			
Neutrophils (Blood)	61.8	%	40 - 75
Lymphocytes (Blood)	30.6	%	20 - 45
Eosinophils (Blood)	1.0	%	01 - 06
Monocytes (Blood)	6.2	%	01 - 10
Basophils (Blood)	0.4	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed			

microscopically.

ESR (Erythrocyte Sedimentation Rate) 10 mm/hr < 20 (Blood/Automated ESR analyser)

<u>Immunology</u>

Ref. Dr

: MediWheel

Prostate specific antigen - Total(PSA) 0.318 ng/mL Normal: 0.0 - 4.0

(Serum/Manometric method)

Inflammatory & Non Malignant

conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of

Prostate: > 10.0

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

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, eiaculation 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.

: 132204496

"As an aid in discriminating between Prostate cancer and Benign Prostatic disease.

"To detect cancer recurrence or disease progression.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ 1.63 ng/ml 0.4 - 1.81

Chemiluminescent Immunometric Assay

(CLIA))

PID No.

SID No.

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/ 9.53 μg/dl 4.2 - 12.0

Chemiluminescent Immunometric Assay

(CLIA))

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 1.84 µIU/mL 0.35 - 5.50

/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)

YIQAH MD(PATH)

CONSULTANT - PATHOLOGIST REG NO:116685

Comment:

1.TSH reference range during pregnancy depends on lodine intake, TPO status, Serum HCG concentration, race, Ethnicity and RMI

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 Analysis - Routine

BIOCHEMISTRY

Urine Sugar (Urine) Positive(+)

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INTERPRETATION:

Comments:

Reference Range for Glucose is not established for body fluids. Physician to correlate clinically.

Clinical Pathology

Colour (Urine) Pale Yellow Yellow to Amber pH (Urine) 6.0 4.5 - 8.0Specific Gravity (Urine) 1.025 1.002 - 1.035 Urine Protein / Albumin (Urine) Negative Negative Ketone (Urine) Negative Negative Negative Bilirubin (Serum) mg/dL

Urobilinogen (Urine) Normal Normal

Pus Cells (Urine) NIL 2-3 /hpf Epithelial Cells (Urine) 1-2 /hpf NIL RBCs (Urine) Nil /hpf NIL NIL Casts (Urine) Nil /hpf Urine Crystals (Stool) Nil /hpf NIL

Others (Urine) Nil

INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy

-- End of Report --

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