

Name : Mr. KUMAR VIKASH BHUSHAN
PID No. : MED122383840
SID No. : 522400128
Age / Sex : 36 Year(s) / Male
Ref. Dr : MediWheel
Source : MediWheel

Register On : 04/01/2024 9:16 AM
Collection On : 04/01/2024 10:18 AM
Report On : 04/01/2024 4:54 PM
Printed On : 05/01/2024 8:57 AM
Type : OP


REPORT

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

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'O' 'Positive'		
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INTERPRETATION: Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.



Dr. Arjun C.P
MBBS, MD Pathology
Reg No:KMC 89655

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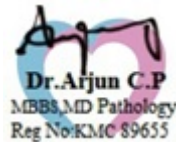
HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/ Spectrophotometry)	14.3	g/dL	13.5 - 18.0
Packed Cell Volume (PCV)/Haematocrit (EDTA Blood)	43.0	%	42 - 52
RBC Count (EDTA Blood)	4.82	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	89.1	fL	78 - 100
Mean Corpuscular Haemoglobin (MCH) (EDTA Blood)	29.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.3	g/dL	32 - 36
RDW-CV	14.9	%	11.5 - 16.0
RDW-SD	46.8	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6000	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	57.4	%	40 - 75
Lymphocytes (Blood)	30.9	%	20 - 45
Eosinophils (Blood)	3.1	%	01 - 06
Monocytes (Blood)	8.3	%	01 - 10
Basophils (Blood)	0.3	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count (EDTA Blood)	3.4	$10^3 / \mu\text{l}$	1.5 - 6.6
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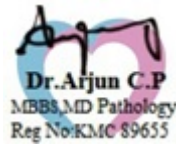
The results pertain to sample tested.

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Absolute Lymphocyte Count (EDTA Blood)	1.9	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.2	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.5	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.0	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	235	10 ³ / μ l	150 - 450
MPV (Blood)	9.0	fL	7.9 - 13.7
PCT(Automated Blood cell Counter)	0.210	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	11	mm/hr	< 15



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BIOCHEMISTRY

BUN / Creatinine Ratio	13.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/ GOD-PAP)	99.85	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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	98.03	mg/dL	70 - 140
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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
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Blood Urea Nitrogen (BUN) (Serum/ Urease UV / derived)	12.6	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.94	mg/dL	0.9 - 1.3
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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)	4.88	mg/dL	3.5 - 7.2
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Liver Function Test


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

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Bilirubin(Total) (Serum/DCA with ATCS)	0.52	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.31	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.21	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	22.97	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	37.63	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	30.34	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	58.6	U/L	53 - 128
Total Protein (Serum/Biuret)	6.94	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.65	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.29	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	2.03		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	146.49	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240


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Triglycerides (Serum/GPO-PAP with ATCS)	106.33	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
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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/Immuno-inhibition)	35.39	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	89.8	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)	21.3	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	111.1	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.1		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.7	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood) 116.89 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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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.25	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)	9.52	µg/dl	4.2 - 12.0
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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)	2.83	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

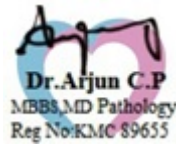
(Indian Thyroid Society Guidelines)

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

URINE ROUTINE

PHYSICAL EXAMINATION (URINE COMPLETE)

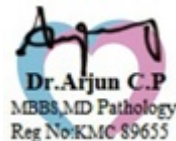
Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	25		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.020		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
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



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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

STOOL ANALYSIS - ROUTINE

PHYSICAL EXAMINATION(STOOL COMPLETE)

Mucus (Stool)

Absent

Absent

Consistency (Stool)

Semi Solid

Semi Solid to Solid

Colour (Stool)

Yellow

Brown

Blood (Stool)

Absent

Absent

MICROSCOPIC EXAMINATION (STOOL COMPLETE)

Ova (Stool)

NIL

NIL

Cysts (Stool)

NIL

NIL

Trophozoites (Stool)

NIL

NIL

RBCs (Stool)

NIL

/hpf

Nil

Pus Cells (Stool)

0-1

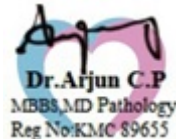
/hpf

NIL

Others (Stool)

NIL

CHEMICAL EXAMINATION(STOOL ROUTINE)



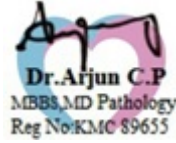
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Reaction (Stool)	Alkaline		Alkaline
Reducing Substances (Stool/ Benedict's)	Negative		Negative



-- End of Report --

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Age & Gender	36Y/MALE	Visit Date	04 Jan 2024
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (14.1 cm) and shows increased echogenicity. No evidence of focal lesion or 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	13.4	1.6
Left Kidney	12.0	1.6

URINARY BLADDER is partially distended. No evidence of diverticula.

PROSTATE: Visualized prostate appears normal. It measures 3.6 x 2.8 x 2.9 cms and Vol: 15.8 cc.

No evidence of ascites.

IMPRESSION:

- **Grade I to II fatty infiltration of liver.**
- **No other significant abnormality detected.**

DR. HEMANANDINI V.N
CONSULTANT RADIOLOGIST
Hn/Mi

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Ref Doctor Name	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA	:	2.49	cms.
LEFT ATRIUM	:	3.94	cms.
AVS	:	1.47	cms.
LEFT VENTRICLE			
(DIASTOLE)	:	4.89	cms.
(SYSTOLE)	:	3.19	cms.
VENTRICULAR SEPTUM	:		
(DIASTOLE)	:	1.10	cms.
(SYSTOLE)	:	1.23	cms.
POSTERIOR WALL	:		
(DIASTOLE)	:	1.16	cms.
(SYSTOLE)	:	1.74	cms.
EDV	:	101	ml.
ESV	:	40	ml.
FRACTIONAL SHORTENING	:	32	%
EJECTION FRACTION	:	60	%
EPSS	:	***	cms.
RVID	:	1.80	cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE:	E - 0.8 m/s	A - 0.6 m/s	NO MR.
AORTIC VALVE:	1.1 m/s		NO AR.
TRICUSPID VALVE:	E - 0.4 m/s	A - 0.3 m/s	NO TR.
PULMONARY VALVE:	0.8 m/s		NO PR.

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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: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

DR. YASHODA RAVI
CONSULTANT CARDIOLOGIST

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Age & Gender	36Y/MALE	Visit Date	04 Jan 2024
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Name	Mr. KUMAR VIKASH BHUSHAN	Customer ID	MED122383840
Age & Gender	36Y/M	Visit Date	Jan 4 2024 9:15AM
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.Hemanandini
Consultant Radiologist

OPTICAL STORE

Unique Collection

Ph: 9611444957

Vyalikaval Main road No:12 Lakshmi Nilaya, Ground Floor,
2nd Main Road, Vyalikaval, Bengaluru Karnataka - 560003

Name **Kumar Vikash Bhushan** Ph No. **9013930269**
Age **36/M**

CHIEF COMPLAINTS

RE / LE / BE : DOV / Blurring / Eyeache / Burning
Itching / Pricking / Redness

Visual Activity:

	RE	LE
Distance/ Near	6/6D	6/6D
With PH		
With Glasses/CL	—	—

Color Vision: **BI = Normal**

	RE				LE			
	SPH	CYL	AXIS	VN	SPH	CYL	AXIS	VN
Distance	0.50	0.75	90	6/6	0.50	—	—	6/6
Near				RDD +1.00				

N6LRE

Advise: Constant Use / Near Use / Distance Only

Ravi Kumar H.L.
OPTOMETRIST
Reg. No. 051619

Patient Name	Kumar Vikash	Date	21/12/24
Age	36 yrs	Visit Number	52200128
Sex	Male	Corporate	Mediwheel

GENERAL PHYSICAL EXAMINATION

Identification Mark :

Height : 178 cms
 Weight : 97.4 kgs
 Pulse : 88 bpm /minute
 Blood Pressure : 110/80 mm of Hg
 BMI : 30.7

BMI INTERPRETATION

Underweight = <18.5
Normal weight = 18.5-24.9
Overweight = 25-29.9

Chest :

Expiration : cms

Inspiration : cms

Abdomen Measurement : cms

Eyes : } clinically normal
 Throat : } clinically normal

Ears : clinically normal

Neck nodes : No lymphadenopathy

RS : B/L NBS ⊕

CVS : S2 ⊕

PA : Soft, BS ⊕

CNS : conscious & oriented

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO


 Signature
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 KMC Reg. No: 85875
 CI UMAX DIAGNOSTICS



36 Years Male

QRS : 78 ms
QT / QTcBaz : 360 / 394 ms
PR : 168 ms
P : 110 ms
RR / PP : 834 / 833 ms
P / QRS / T : 47 / 24 / 19 degrees

Normal sinus rhythm
Normal ECG

