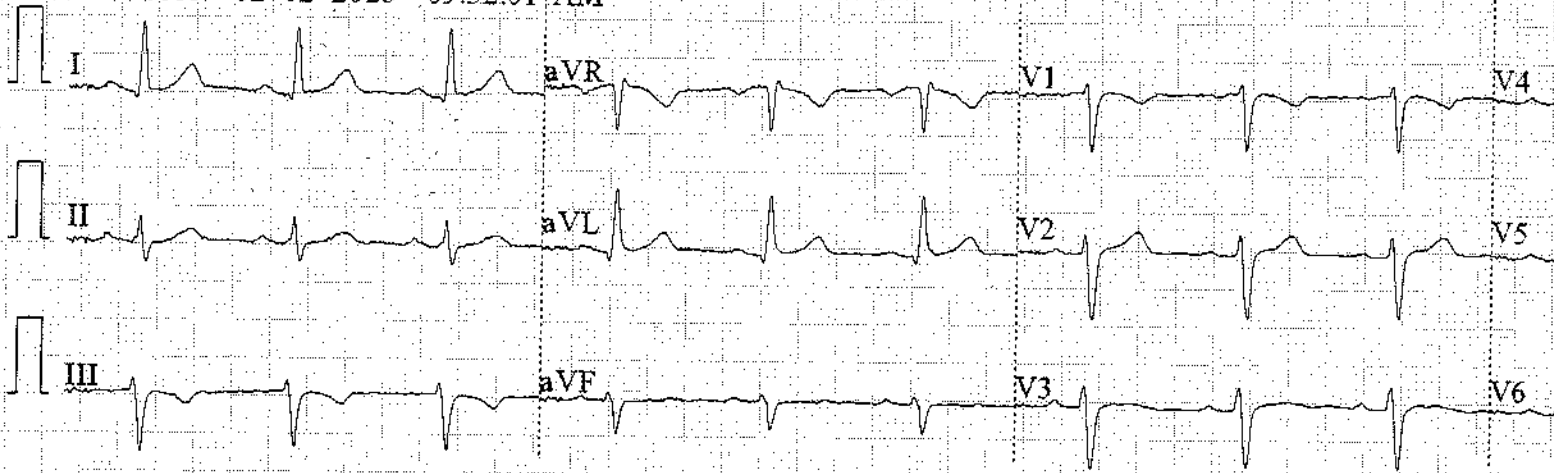
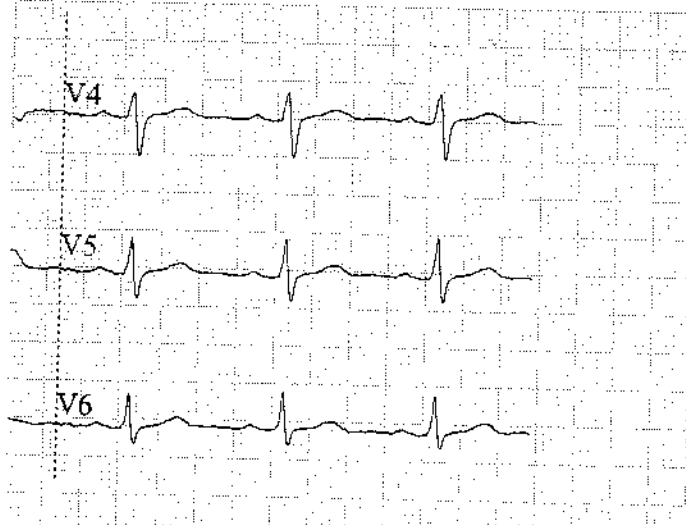


ID: 6833 02-02-2023 09:52:01:AM



0.67~35Hz AC50 25mm/s 10mm/mV ♥74 V1.0 SEMIP V1.7 DDRC SRL KADAPPAKADA



ID: 6833

Diagnosis Information:

Male / mmHg
 32 Years /
 cm / kg

DISHNU R.M.
 32/MAR
 02.02.2023

HR : 71 bpm
 P : 118 ms
 PR : 176 ms
 QRS : 110 ms
 QT/QTc : 395/432 ms
 P/QRS/T : 22/-27/3 °
 RV5/SVI : 0.503/0.753 mV

Report Confirmed by:



DDRC SRL
Diagnostic Services

14

Sample Receipt Document(SRD)

Accession No : 4071WB000302 Date : 02-FEB-23 Receipt Date : 02-FEB-23
Patient Name : JISHNU R M Gender : MALE Age : 32 Years.
Client Info: CA00010147/MEDIWHEEL ARCOFEMI Prescribed by : SELF

Test Code	Test Description	Quantity	Amount
P182GDDR	MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT	1	2500.00
Other Charges :			0.00
Total :			2,500.00
Balance : 2,500.00			Advance : 0.00

Rupees Two Thousand Five Hundred Only.

For DDRC SRL-KOLLAM

Authorized Signatory

* Final receipt will be issued after recovering full payment.

Global Diagnostics Network



If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. Jishnu . R. m
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	32 yr, 13/06/1990 Gender: F/M <input checked="" type="checkbox"/>
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID) <i>adhav</i>

PHYSICAL DETAILS:

a. Height <i>170</i> (cms)	b. Weight <i>74</i> (Kgs)	c. Girth of Abdomen <i>101</i> (cms)
d. Pulse Rate <i>68.5</i> (/Min)	e. Blood Pressure:	Systolic <i>130</i> Diastolic <i>70</i>
	1 st Reading	
	2 nd Reading	

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	<i>65</i>	<i>Diabetic</i>	_____
Mother	<i>58</i>	<i>Diabetic</i>	_____
Brother(s)	<i>31</i>	<i>Type 1 Diabetic</i>	_____
Sister(s)	<i>26</i>	<i>Down Syndrome</i>	_____

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
<i>No</i>	<i>No</i>	<i>No</i>

PERSONAL HISTORY

- a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. Y/N
- b. Have you undergone/been advised any surgical procedure? Y/N
- c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? Y/N
- d. Have you lost or gained weight in past 12 months? Y/N

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? Y/N
- Any disorders of Respiratory system? Y/N
- Any Cardiac or Circulatory Disorders? Y/N
- Enlarged glands or any form of Cancer/Tumour? Y/N
- Any Musculoskeletal disorder? Y/N
- Any disorder of Gastrointestinal System? Y/N
- Unexplained recurrent or persistent fever, and/or weight loss Y/N
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports Y/N
- Are you presently taking medication of any kind? Y/N

DDRC SRL Diagnostics Private Limited

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036.
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.

• Any disorders of Urinary System?

Y/N

✓

• Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin

Y/N

✓

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs?

Y/N

✓

d. Do you have any history of miscarriage/abortion or MTP

Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)

Y/N

✓

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

Y/N

✓

f. Are you now pregnant? If yes, how many months?

Y/N

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

➤ Was the examinee co-operative?

Y/N

➤ Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job?

Y/N

➤ Are there any points on which you suggest further information be obtained?

Y/N

➤ Based on your clinical impression, please provide your suggestions and recommendations below;

.....
.....

➤ Do you think he/she is **MEDICALLY FIT** or **UNFIT** for employment.

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

DR. ANJALI NAIR. V. MBBS, MD
Reg. No: 46952
CONSULTANT MICROBIOLOGIST

Seal of Medical Examiner :

Name & Seal of DDRC SRL Branch :



Date & Time :

DDRC SRL Diagnostics Private Limited

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036

Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.



ഭാരത സർക്കാർ
GOVERNMENT OF INDIA

ജി.ജി.എസ്.ആർ.എം
Jishnu R M



ജനന വർഷം/Year of Birth: 1990
പുരുഷൻ / Male



2164 8833 4895

- സാധാരണക്കാരന്റെ അവകാശം

ഭാരതീയ സവിശേഷ തിരിച്ചറിയൽ അതോറിറ്റി
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

മേൽവിലാസം: S/O: രാധാ
കൃഷ്ണമുണ്ണിത്താൾ, എം. സായുജ്യം,
കാമ്പിയൽ, കിളിക്കൊല്ലൂർ പി.ഒ.
കിളിക്കൊല്ലൂർ എസ്.ഒ., കൊല്ലം, കേരളം, 691004

Address: S/O: Radha
Krishanunnithan M,
Sayujyam,, Kampiyl.,
Kilikkolloor P O, Kilikkolur S.O,
Kilikkolur, Kollam, Kerala,
691004



1800 180 1947



help@uidai.gov.in



www.uidai.gov.in

P.O. Box No.1947,
Bengaluru-560 001

NAME: JISHNU R M	AGE/ SEX :32/M	02.02.2023
------------------	----------------	------------

ELECTRO CARDIOGRAM REPORT

ELECTRO CARDIOGRAM

: NSR - 71 /minute. No evidence of ischaemia or chamber hypertrophy

Impression

: ECG within normal limits.

DR. ANJALI NAIR. V. MBBS, MD
Reg. No: 46952
CONSULTANT MICROBIOLOGIST

DR ANJALI NAIR V

MBBS,MD

CONSULTANT MICROBIOLOGIST

DDRC SRL DIAGNOSTICS



NAME	AGE/ SEX	DATE
JISHNU R M	32/M	02.02.2023

CHEST X-RAY WITH REPORT**CHEST X-RAY : NORMAL****Impression : Within normal limits**

DR. ANJALI NAIR. V. MBBS, MD
Reg. No: 46952
CONSULTANT MICROBIOLOGIST

DR ANJALI NAIR V**MBBS,MD****CONSULTANT MICROBIOLOGIST****DDRC SRL DIAGNOSTICS PVT LTD**

Name : Mr. Jishnu .R.M	Age : 32 yrs	Sex: M	
Ref. from. Mediwheel Arcofemi			Date : 02.02.2023

USG OF ABDOMEN

LIVER: Is normal in size (15.4 cms). *Echotexture is increased uniformly through out of liver, suggestive of fatty changes.* No focal lesions are seen. No dilatation of intra-hepatic biliary radicles present. Portal vein is normal. Common bile duct is normal.

GALL BLADDER: Is distended. Normal in wall thickness. No calculus or mass.

PANCREAS: Visualized head & body appear normal. *Rest obscured by bowel gas.*

SPLEEN: Is normal in size (9.6 cms) and echotexture.

RIGHT KIDNEY: Measures 9.6 x 4.8 cms. Normal in size and echotexture. Cortico medullary differentiation is well maintained. No calculus, hydronephrosis or mass.

LEFT KIDNEY: Measures 9.5 x 4.2 cms. Normal in size and echotexture. Cortico medullary differentiation is well maintained. No calculus, hydronephrosis or mass.

URINARY BLADDER: Is distended. Normal in wall thickness. No evidence of calculus or mass. No vesical diverticulum present.

PROSTATE: Is normal in size (Volume - 19.1 cc). Parenchymal echoes appear normal.

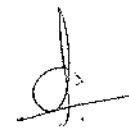
No ascites present. No retroperitoneal lymphadenopathy present.

Both iliac fossae appear normal and there is no obvious evidence of bowel mass or bowel wall thickening present.

IMPRESSION:

❖ *Grade I fatty infiltration of liver.*

- Suggested follow up & clinical correlation.
- Images overleaf.



Dr. AISALUTH THULASEEDHARAN
MBBS, DMRD

(Note: Diagnosis should not be made solely on one investigation. Advised further / repeat investigation and clinical correlation in suspected cases and in case of unexpected results, ultrasound is not 100% accurate and this report is not valid for medico legal purpose)

MSK Report

Patient ID : 02_02_2023_14_30_12

Sex : M

Age :

Patient Name : JISHNU

Study Date : 02/02/2023

Referring MD :

Performing MD :

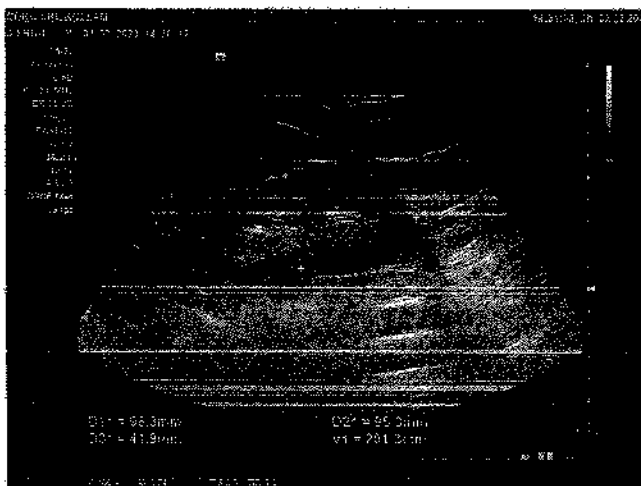
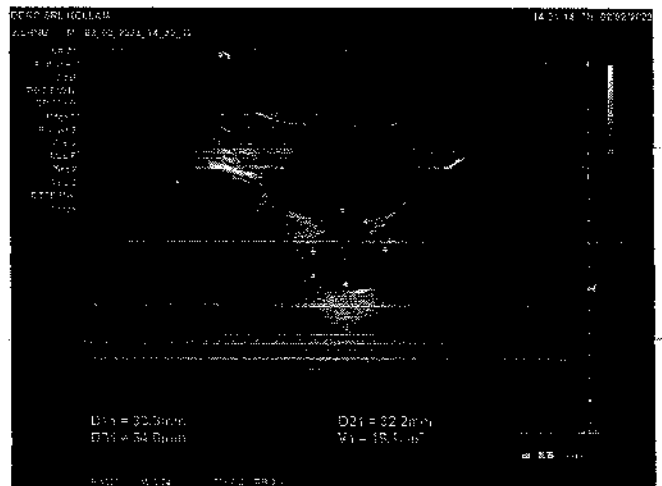
Sonographer :

Indication :

Exam Type : MSK

Height :

Weight :



Signature



CHAITHANYA EYE HOSPITAL & RESEARCH INSTITUTE

Prathibha Junction, Kadappakkada, Kollam - 691008 | 91 474 273 55 00 | info.klm@chaithanya.org

To,

Whom so ever it may concern

Respected Sir / Madam,

Thank you for your kind referral.

Mr / Mrs / Miss Jishnu R.M (MR No: 03-1168-73)

was examined at our hospital on 2-2-23

Examination revealed:

	Right Eye	Left Eye
Vision BCVA :	6/6, N6.	6/6, N6.
Diagnosis :	(BE) Compound myopic astigmatism Anterior segment undilated fundus examination * WNL.	

Advice : (1) Continue same spectacles
(2) Annual check up / sos.

Dated:

2/2/23

Consultant
Vitreo-Retinal Services

Sameer Iqbal
Dr. SAMEER IQBAL
MBBS, MS, FVRS

Fellowships in Cataract / IOL & Vitreous / Retinal Surgery,
Vitreo-Retinal Consultancy, Reg. No: 4263

From

Jishnu R.M

Kollam

To,

medicobee

Dear Sir,

Kindly take into notice that I have not
done my testing for stool.



Yours faithfully

Jishnu R.M

J

PATIENT NAME : JISHNU R M

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : CA00010147 -

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED

F701A, LADO SARAI, NEW DELHI, SOUTH DELHI,
DELHI,

SOUTH DELHI 110030

8800465156

ACCESSION NO : 4071WB000302

PATIENT ID : JISHM1306904071

CLIENT PATIENT ID: 34616

ABHA NO :

AGE/SEX : 32 Years Male

DRAWN :

RECEIVED : 02/02/2023 08:42:05

REPORTED : 02/02/2023 13:41:45

Test Report Status	<u>Preliminary</u>	Results	Biological Reference Interval	Units
--------------------	--------------------	---------	-------------------------------	-------

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

OPHTHAL

OPHTHAL

ATTACHED

TREADMILL TEST

TREADMILL TEST

REPORTED

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION

REPORTED



JIBI J
LAB TECHNOLOGIST

Page 1 Of 16



[View Details](#)



[View Report](#)

PERFORMED AT :

DDRC SRL DIAGNOSTICS

Phoenix Tower, Near Central Park Hotel,

Prathibha Junction, Kadappakada,

KOLLAM, 691008

KERALA, INDIA

Tel : 93334 93334

Email : customercare.ddrc@srl.in



Patient Ref. No. 666000003246138

PATIENT NAME : JISHNU R M

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : CA00010147 -

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,SOUTH DELHI,
DELHI,
SOUTH DELHI 110030
8800465156

ACCESSION NO : 4071WB000302

PATIENT ID : JISHM1306904071

CLIENT PATIENT ID: 34616

ABHA NO :

AGE/SEX : 32 Years Male

DRAWN :

RECEIVED : 02/02/2023 08:42:05

REPORTED : 02/02/2023 13:41:45

Test Report Status	<u>Preliminary</u>	Results	Units
--------------------	--------------------	---------	-------

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

ECG WITH REPORT

REPORT

REPORTED



JIBI J
LAB TECHNOLOGIST

Page 2 Of 16



[View Details](#)



[View Report](#)

PERFORMED AT :

DDRC SRL DIAGNOSTICS
Phoenix Tower, Near Central Park Hotel,
Prathibha Junction, Kadappakada,
KOLLAM, 691008
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in



Patient Ref. No. 666000003246138

PATIENT NAME : JISHNU R M

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : CA00010147 -

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,SOUTH DELHI,
DELHI,
SOUTH DELHI 110030
8800465156

ACCESSION NO : **4071WB000302**

PATIENT ID : JISHM1306904071

CLIENT PATIENT ID: 34616

ABHA NO :

AGE/SEX : 32 Years Male

DRAWN :

RECEIVED : 02/02/2023 08:42:05

REPORTED : 02/02/2023 13:41:45

Test Report Status **Preliminary** Results Units

HAEMATOLOGY - CBC

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

BLOOD COUNTS,EDTA WHOLE BLOOD

HEMOGLOBIN	16.3	13.0 - 17.0	g/dL
RED BLOOD CELL COUNT	5.47	4.5 - 5.5	mil/ μ L
WHITE BLOOD CELL COUNT	9.90	4.0 - 10.0	thou/ μ L
PLATELET COUNT	269	150 - 410	thou/ μ L

RBC AND PLATELET INDICES

HEMATOCRIT	48.5	40 - 50	%
MEAN CORPUSCULAR VOL	88.6	83 - 101	fL
MEAN CORPUSCULAR HGB.	29.9	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.7	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	13.6	11.6 - 14.0	%
MENTZER INDEX	16.2		
MEAN PLATELET VOLUME	7.9	6.8 - 10.9	fL

WBC DIFFERENTIAL COUNT

SEGMENTED NEUTROPHILS	63	40 - 80	%
LYMPHOCYTES	26	20 - 40	%
MONOCYTES	04	2 - 10	%
EOSINOPHILS	07 High	1 - 6	%
BASOPHILS	00	< 1 - 2	%
ABSOLUTE NEUTROPHIL COUNT	6.24	2.0 - 7.0	thou/ μ L
ABSOLUTE LYMPHOCYTE COUNT	2.57	1.0 - 3.0	thou/ μ L
ABSOLUTE MONOCYTE COUNT	0.40	0.2 - 1.0	thou/ μ L
ABSOLUTE EOSINOPHIL COUNT	0.69 High	0.02 - 0.50	thou/ μ L
ABSOLUTE BASOPHIL COUNT	00		thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	2.4		


ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD

SEDIMENTATION RATE (ESR)	06	0 - 14	mm at 1 hr
--------------------------	----	--------	------------

SUGAR URINE - POST PRANDIAL

SUGAR URINE - POST PRANDIAL	NOT DETECTED	NOT DETECTED
-----------------------------	--------------	--------------

Page 3 Of 16


DR.KARTHIKA RAMANATHAN, M.D
Pathology
(Reg No - TCMC 53950)
CONSULTANT PATHOLOGIST


LAVANYA
LAB TECHNOLOGIST



View Details



View Report

PERFORMED AT :

DDRC SRL DIAGNOSTICS
Phoenix Tower, Near Central Park Hotel,
Prathibha Junction, Kadappakada,
KOLLAM, 691008
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in


Patient Ref. No. 666000003246138

PATIENT NAME : JISHNU R M

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : CA00010147 -

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,SOUTH DELHI,
DELHI,
SOUTH DELHI 110030
8800465156

ACCESSION NO : 4071WB000302

PATIENT ID : JISHM1306904071

CLIENT PATIENT ID: 34616

ABHA NO :

AGE/SEX : 32 Years Male

DRAWN :

RECEIVED : 02/02/2023 08:42:05

REPORTED : 02/02/2023 13:41:45

Test Report Status	Preliminary	Results	Units
--------------------	-------------	---------	-------

SUGAR URINE - FASTING

SUGAR URINE - FASTING

NOT DETECTED

NOT DETECTED

Interpretation(s)

BLOOD COUNTS,EDTA WHOLE BLOOD-The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait

(<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.

WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.

(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504 This ratio element is a calculated parameter and out of NABL scope.

ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD-TEST DESCRIPTION :-

Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

TEST INTERPRETATION

Increase in: Infections, Vasculitides, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.

Finding a very accelerated ESR(>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia

False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.

SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT'S TEST

SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST

DR.KARTHIKA RAMANATHAN, M.D
Pathology
(Reg No - TCMC 53950)
CONSULTANT PATHOLOGIST

LAVANYA
LAB TECHNOLOGIST

Page 4 Of 16



View Details



View Report

PERFORMED AT :

DDRC SRL DIAGNOSTICS
Phoenix Tower, Near Central Park Hotel,
Prathibha Junction, Kadappakada,
KOLLAM, 691008
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in



Patient Ref. No. 666000003246138

PATIENT NAME : JISHNU R M

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : CA00010147 -

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,SOUTH DELHI,
DELHI,
SOUTH DELHI 110030
8800465156

ACCESSION NO : 4071WB000302

PATIENT ID : JISHM1306904071

CLIENT PATIENT ID: 34616

ABHA NO :

AGE/SEX : 32 Years Male

DRAWN :

RECEIVED : 02/02/2023 08:42:05

REPORTED : 02/02/2023 13:41:45

Test Report Status	<u>Preliminary</u>	Results	Units
--------------------	--------------------	---------	-------

IMMUNOHAEMATOLOGY

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD

ABO GROUP	TYPE B
RH TYPE	POSITIVE

Interpretation(s)

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.

Page 5 Of 16


DR. KARTHIKA RAMANATHAN, M.D
Pathology
(Reg No - TCMC 53950)
CONSULTANT PATHOLOGIST


LAVANYA
LAB TECHNOLOGIST



View Details



View Report

PERFORMED AT :

DDRC SRL DIAGNOSTICS
Phoenix Tower, Near Central Park Hotel,
Prathibha Junction, Kadappakada,
KOLLAM, 691008
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in



Patient Ref. No. 666000003246138

PATIENT NAME : JISHNU R M

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : CA00010147 -

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,SOUTH DELHI,
DELHI,
SOUTH DELHI 110030
8800465156

ACCESSION NO : **4071WB000302**

PATIENT ID : JISHM1306904071

CLIENT PATIENT ID: 34616

ABHA NO :

AGE/SEX : 32 Years Male

DRAWN :

RECEIVED : 02/02/2023 08:42:05

REPORTED : 02/02/2023 13:41:45

Test Report Status	Preliminary	Results	Units
--------------------	-------------	---------	-------

BIO CHEMISTRY

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

BUN/CREAT RATIO

BUN/CREAT RATIO 11.2

CREATININE, SERUM

CREATININE 0.98 18 - 60 yrs : 0.9 - 1.3 mg/dL

GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA 116
Diabetes Mellitus : > or = 200. mg/dL
Impaired Glucose tolerance/
Prediabetes : 140 - 199.
Hypoglycemia : < 55.

GLUCOSE FASTING,FLUORIDE PLASMA

GLUCOSE, FASTING, PLASMA 93
Diabetes Mellitus : > or = 126. mg/dL
Impaired fasting Glucose/
Prediabetes : 101 - 125.
Hypoglycemia : < 55.

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

GLYCOSYLATED HEMOGLOBIN (HBA1C) 5.4
Normal : 4.0 - 5.6%
Non-diabetic level : < 5.7%.
Diabetic : >6.5%

Glycemic control goal
More stringent goal : < 6.5 %.
General goal : < 7%.
Less stringent goal : < 8%.

Glycemic targets in CKD :-

If eGFR > 60 : < 7%.

If eGFR < 60 : 7 - 8.5%.

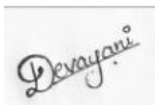
MEAN PLASMA GLUCOSE 108.3 < 116.0 mg/dL

LIVER FUNCTION TEST WITH GGT

BILIRUBIN, TOTAL 0.96 General Range : < 1.1 mg/dL

BILIRUBIN, DIRECT 0.28 General Range : < 0.3 mg/dL

BILIRUBIN, INDIRECT **0.68 High** 0.00 - 0.60 mg/dL



DEVAYANI SATHEESAN
LAB TECHNOLOGIST



DR.AKHILA SEKHAR, M.D
Pathology
(Reg No - TCMC 55174)
CONSULTANT PATHOLOGIST

Page 6 Of 16



View Details



View Report

PERFORMED AT :

DDRC SRL DIAGNOSTICS
Phoenix Tower, Near Central Park Hotel,
Prathibha Junction, Kadappakada,
KOLLAM, 691008
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in



Patient Ref. No. 666000003246138

PATIENT NAME : JISHNU R M

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : CA00010147 -

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,SOUTH DELHI,
DELHI,
SOUTH DELHI 110030
8800465156

ACCESSION NO : 4071WB000302

PATIENT ID : JISHM1306904071

CLIENT PATIENT ID: 34616

ABHA NO :

AGE/SEX : 32 Years Male

DRAWN :

RECEIVED : 02/02/2023 08:42:05

REPORTED : 02/02/2023 13:41:45

Test Report Status	Preliminary	Results	Units
TOTAL PROTEIN		7.7	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8 g/dL
ALBUMIN		4.7	20-60yrs : 3.5 - 5.2 g/dL
GLOBULIN		3.0	General Range : 2 - 3.5 Premature Neonates : 0.29 - 1.04 g/dL
ALBUMIN/GLOBULIN RATIO		1.6	1.0 - 2.0 RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)		32	Adults : < 40 U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)		77	Adults : < 45 U/L
ALKALINE PHOSPHATASE		79	Adult(<60yrs) : 40 -130 U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)		36	Adult (Male) : < 60 U/L
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN		7.7	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8 g/dL
URIC ACID, SERUM			
URIC ACID		6.7	Adults : 3.4-7 mg/dL
BLOOD UREA NITROGEN (BUN), SERUM			
BLOOD UREA NITROGEN		11	Adult(<60 yrs) : 6 to 20 mg/dL

Interpretation(s)

CREATININE, SERUM-Higher than normal level may be due to:

- Blockage in the urinary tract
- Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
- Loss of body fluid (dehydration)
- Muscle problems, such as breakdown of muscle fibers
- Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:

- Myasthenia Gravis
- Muscular dystrophy

GLUCOSE, POST-PRANDIAL, PLASMA-High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc. Additional test HbA1c

GLUCOSE FASTING,FLUORIDE PLASMA-TEST DESCRIPTION

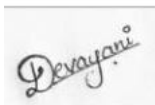
Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in

Diabetes mellitus, Cushing's syndrome (10 - 15%), chronic pancreatitis (30%). Drugs:corticosteroids,phenytoin, estrogen, thiazides.

Decreased in

Pancreatic islet cell disease with increased insulin,insulinoma,adrenocortical insufficiency, hypopituitarism,diffuse liver disease, malignancy (adrenocortical, stomach,fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases(e.g., galactosemia),Drugs- insulin, ethanol, propranolol; sulfonyleureas,tolbutamide, and other oral hypoglycemic agents.



DEVAYANI SATHEESAN
LAB TECHNOLOGIST



DR. AKHILA SEKHAR, M.D
Pathology
(Reg No - TCMC 55174)
CONSULTANT PATHOLOGIST



[View Details](#)



[View Report](#)

PERFORMED AT :

DDRC SRL DIAGNOSTICS
Phoenix Tower, Near Central Park Hotel,
Prathibha Junction, Kadappakada,
KOLLAM, 691008
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in



Patient Ref. No. 666000003246138

PATIENT NAME : JISHNU R M

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : CA00010147 -

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,SOUTH DELHI,
DELHI,
SOUTH DELHI 110030
8800465156

ACCESSION NO : 4071WB000302

PATIENT ID : JISHM1306904071

CLIENT PATIENT ID: 34616

ABHA NO :

AGE/SEX : 32 Years Male

DRAWN :

RECEIVED : 02/02/2023 08:42:05

REPORTED : 02/02/2023 13:41:45

Test Report Status	Preliminary	Results	Units
--------------------	-------------	---------	-------

NOTE:

While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals. Thus, glycosylated hemoglobin (HbA1c) levels are favored to monitor glycemic control. High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc. GLYCOSYLATED HEMOGLOBIN (HBA1C), EDTA WHOLE BLOOD - **Used For:**

1. Evaluating the long-term control of blood glucose concentrations in diabetic patients.
2. Diagnosing diabetes.
3. Identifying patients at increased risk for diabetes (prediabetes).

The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patient's metabolic control has remained continuously within the target range.

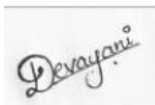
1. eAG (Estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as $eAG (mg/dl) = 28.7 * HbA1c - 46.7$

HbA1c Estimation can get affected due to :

- I. Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results. Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
 - II. Vitamin C & E are reported to falsely lower test results. (possibly by inhibiting glycation of hemoglobin.)
 - III. Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia, uremia, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiates addition are reported to interfere with some assay methods, falsely increasing results.
 - IV. Interference of hemoglobinopathies in HbA1c estimation is seen in
 - a. Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
 - b. Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
 - c. HbF > 25% on alternate platform (Boronate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy
- TOTAL PROTEIN, SERUM - Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease
Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.
URIC ACID, SERUM - **Causes of Increased levels:** - Dietary (High Protein Intake, Prolonged Fasting, Rapid weight loss), Gout, Lesch nyhan syndrome, Type 2 DM, Metabolic syndrome

Causes of decreased levels: - Low Zinc intake, OCP, Multiple Sclerosis
BLOOD UREA NITROGEN (BUN), SERUM - Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)
Causes of decreased level include Liver disease, SIADH.



DEVAYANI SATHEESAN
LAB TECHNOLOGIST



DR. AKHILA SEKHAR, M.D
Pathology
(Reg No - TCMC 55174)
CONSULTANT PATHOLOGIST



View Details



View Report

PERFORMED AT :

DDRC SRL DIAGNOSTICS
Phoenix Tower, Near Central Park Hotel,
Prathibha Junction, Kadappakada,
KOLLAM, 691008
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in



Patient Ref. No. 66600003246138

PATIENT NAME : JISHNU R M

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : CA00010147 -

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,SOUTH DELHI,
DELHI,
SOUTH DELHI 110030
8800465156

ACCESSION NO : 4071WB000302

PATIENT ID : JISHM1306904071

CLIENT PATIENT ID: 34616

ABHA NO :

AGE/SEX : 32 Years Male

DRAWN :

RECEIVED : 02/02/2023 08:42:05

REPORTED : 02/02/2023 13:41:45

Test Report Status	Preliminary	Results	Units
--------------------	-------------	---------	-------

BIOCHEMISTRY - LIPID

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

LIPID PROFILE, SERUM

CHOLESTEROL	175	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
TRIGLYCERIDES	82	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL	42	General range : 40-60	mg/dL
DIRECT LDL CHOLESTEROL	136	Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	133 High	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	mg/dL
VERY LOW DENSITY LIPOPROTEIN	16.4	Desirable value :	mg/dL
CHOL/HDL RATIO	4.2	3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO	3.2 High	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	

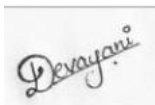
Comments

*Kindly correlate clinically.

* Kindly inform lab within 24 hours if clinically not correlating.

Interpretation(s)

1) Cholesterol levels help assess the patient risk status and to follow the progress of patient under treatment to lower serum cholesterol



DEVAYANI SATHEESAN
LAB TECHNOLOGIST



DR.AKHILA SEKHAR, M.D
Pathology
(Reg No - TCMC 55174)
CONSULTANT PATHOLOGIST

Page 9 Of 16



View Details



View Report

PERFORMED AT :

DDRC SRL DIAGNOSTICS
Phoenix Tower, Near Central Park Hotel,
Prathibha Junction, Kadappakada,
KOLLAM, 691008
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in



Patient Ref. No. 666000003246138

PATIENT NAME : JISHNU R M

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : CA00010147 -

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,SOUTH DELHI,
DELHI,
SOUTH DELHI 110030
8800465156

ACCESSION NO : 4071WB000302

PATIENT ID : JISHM1306904071

CLIENT PATIENT ID: 34616

ABHA NO :

AGE/SEX : 32 Years Male

DRAWN :

RECEIVED : 02/02/2023 08:42:05

REPORTED : 02/02/2023 13:41:45

Test Report Status	Preliminary	Results	Units
--------------------	-------------	---------	-------

concentrations.

2) Serum Triglyceride (TG) are a type of fat and a major source of energy for the body. Both quantity and composition of the diet impact on plasma triglyceride concentrations. Elevations in TG levels are the result of overproduction and impaired clearance. High TG are associated with increased risk for CAD (Coronary artery disease) in patients with other risk factors, such as low HDL-C, some patient groups with elevated apolipoprotein B concentrations, and patients with forms of LDL that may be particularly atherogenic.

3)HDL-C plays a crucial role in the initial step of reverse cholesterol transport, this considered to be the primary atheroprotective function of HDL

4) LDL -C plays a key role in causing and influencing the progression of atherosclerosis and, in particular, coronary sclerosis. The majority of cholesterol stored in atherosclerotic plaques originates from LDL, thus LDL-C value is the most powerful clinical predictor.

5)Non HDL cholesterol: Non-HDL-C measures the cholesterol content of all atherogenic lipoproteins, including LDL hence it is a better marker of risk in both primary and secondary prevention studies. Non-HDL-C also covers, to some extent, the excess ASCVD risk imparted by the sdLDL, which is significantly more atherogenic than the normal large buoyant particles, an elevated non-HDL-C indirectly suggests greater proportion of the small, dense variety of LDL particles

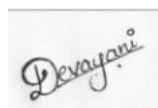
Serum lipid profile is measured for cardiovascular risk prediction. Lipid Association of India recommends LDL-C as primary target and Non HDL-C as co-primary treatment target.

Risk Stratification for ASCVD (Atherosclerotic cardiovascular disease) by Lipid Association of India

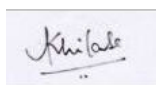
Risk Category	
Extreme risk group	A. CAD with > 1 feature of high risk group B. CAD with > 1 feature of Very high risk group or recurrent ACS (within 1 year) despite LDL-C < or = 50 mg/dl or polyvascular disease
Very High Risk	1. Established ASCVD 2. Diabetes with 2 major risk factors or evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
High Risk	1. Three major ASCVD risk factors. 2. Diabetes with 1 major risk factor or no evidence of end organ damage. 3. CKD stage 3B or 4. 4. LDL >190 mg/dl 5. Extreme of a single risk factor. 6. Coronary Artery Calcium - CAC >300 AU. 7. Lipoprotein a >/- 50mg/dl 8. Non stenotic carotid plaque
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors	
1. Age > or = 45 years in males and > or = 55 years in females	3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD	4. High blood pressure
5. Low HDL	

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by LAI in 2020.

Risk Group	Treatment Goals		Consider Drug Therapy	
	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)



DEVAYANI SATHEESAN
LAB TECHNOLOGIST



DR. AKHILA SEKHAR, M.D
Pathology
(Reg No - TCMC 55174)
CONSULTANT PATHOLOGIST



View Details



View Report

PERFORMED AT :
DDRC SRL DIAGNOSTICS
Phoenix Tower, Near Central Park Hotel,
Prathibha Junction, Kadappakada,
KOLLAM, 691008
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in



Patient Ref. No. 66600003246138

PATIENT NAME : JISHNU R M

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : CA00010147 -

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI, SOUTH DELHI,
DELHI,
SOUTH DELHI 110030
8800465156

ACCESSION NO : **4071WB000302**

PATIENT ID : JISHM1306904071

CLIENT PATIENT ID: 34616

ABHA NO :

AGE/SEX : 32 Years Male

DRAWN :

RECEIVED : 02/02/2023 08:42:05

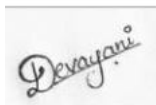
REPORTED : 02/02/2023 13:41:45

Test Report Status **Preliminary** Results Units

Extreme Risk Group Category A	<50 (Optional goal < OR - 30)	< 80 (Optional goal <OR - 60)	>OR - 50	>OR - 80
Extreme Risk Group Category B	<OR - 30	<OR - 60	> 30	>60
Very High Risk	<50	<80	>OR- 50	>OR- 80
High Risk	<70	<100	>OR- 70	>OR- 100
Moderate Risk	<100	<130	>OR= 100	>OR= 130
Low Risk	<100	<130	>OR- 130*	>OR- 160

*After an adequate non-pharmacological intervention for at least 3 months.

References: Management of Dyslipidaemia for the Prevention of Stroke: Clinical Practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology, 2022, 20, 134-155.



DEVAYANI SATHEESAN
LAB TECHNOLOGIST



DR. AKHILA SEKHAR, M.D
Pathology
(Reg No - TCMC 55174)
CONSULTANT PATHOLOGIST

Page 11 Of 16



View Details



View Report

PERFORMED AT :

DDRC SRL DIAGNOSTICS
Phoenix Tower, Near Central Park Hotel,
Prathibha Junction, Kadappakada,
KOLLAM, 691008
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in



Patient Ref. No. 666000003246138

PATIENT NAME : JISHNU R M

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : CA00010147 -

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,SOUTH DELHI,
DELHI,
SOUTH DELHI 110030
8800465156

ACCESSION NO : 4071WB000302

PATIENT ID : JISHM1306904071

CLIENT PATIENT ID: 34616

ABHA NO :

AGE/SEX : 32 Years Male

DRAWN :

RECEIVED : 02/02/2023 08:42:05

REPORTED : 02/02/2023 13:41:45

Test Report Status **Preliminary** Results Units

SPECIALISED CHEMISTRY - HORMONE

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

THYROID PANEL, SERUM

T3	105.90	Adult : 80-200	ng/dL
T4	7.23	Adults : 4.5-12.1	µg/dl
TSH 3RD GENERATION	6.380	21-50 yrs : 0.4 - 4.2	µIU/mL

Interpretation(s)

Triiodothyronine T3 , Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate.

Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.

Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism.

In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low.

Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3.Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism.Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1)Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3)Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. Tietz Fundamentals of Clinical chemistry 2.Guidlines of the American Thyroid association during pregnancy and Postpartum, 2011.

DR. AMJAD A, M.D Pathology
(Reg No - TCMC 38949)
CONSULTANT PATHOLOGIST

RAJI R
LAB TECHNOLOGIST



View Details



View Report

PERFORMED AT :

DDRC SRL DIAGNOSTICS
Phoenix Tower, Near Central Park Hotel,
Prathibha Junction, Kadappakada,
KOLLAM, 691008
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in



Patient Ref. No. 666000003246138

PATIENT NAME : JISHNU R M

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : CA00010147 -

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED

F701A, LADO SARAI, NEW DELHI,SOUTH DELHI,
DELHI,

SOUTH DELHI 110030

8800465156

ACCESSION NO : 4071WB000302

PATIENT ID : JISHM1306904071

CLIENT PATIENT ID: 34616

ABHA NO :

AGE/SEX : 32 Years Male

DRAWN :

RECEIVED : 02/02/2023 08:42:05

REPORTED : 02/02/2023 13:41:45

Test Report Status	<u>Preliminary</u>	Results	Units
--------------------	--------------------	---------	-------

NOTE: It is advisable to detect Free T3,FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

DR. AMJAD A, M.D Pathology
(Reg No - TCMC 38949)
CONSULTANT PATHOLOGIST

RAJI R
LAB TECHNOLOGIST

Page 13 Of 16



View Details



View Report

PERFORMED AT :

DDRC SRL DIAGNOSTICS
Phoenix Tower, Near Central Park Hotel,
Prathibha Junction, Kadappakada,
KOLLAM, 691008
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in



Patient Ref. No. 666000003246138

PATIENT NAME : JISHNU R M

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : CA00010147 -

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,SOUTH DELHI,
DELHI,
SOUTH DELHI 110030
8800465156

ACCESSION NO : 4071WB000302

PATIENT ID : JISHM1306904071

CLIENT PATIENT ID: 34616

ABHA NO :

AGE/SEX : 32 Years Male

DRAWN :

RECEIVED : 02/02/2023 08:42:05

REPORTED : 02/02/2023 13:41:45

Test Report Status **Preliminary** Results Units

CLINICAL PATH - URINALYSIS

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT

PHYSICAL EXAMINATION, URINE

COLOR PALE YELLOW

APPEARANCE CLEAR

CHEMICAL EXAMINATION, URINE

PH	6.0	4.7 - 7.5
SPECIFIC GRAVITY	1.015	1.003 - 1.035
PROTEIN	DETECTED (SMALL)	NOT DETECTED
GLUCOSE	NOT DETECTED	NOT DETECTED
KETONES	NOT DETECTED	NOT DETECTED
BLOOD	NOT DETECTED	NOT DETECTED
BILIRUBIN	NOT DETECTED	NOT DETECTED
UROBILINOGEN	NORMAL	NORMAL
NITRITE	NOT DETECTED	NOT DETECTED

MICROSCOPIC EXAMINATION, URINE

RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
WBC	1-2	0-5	/HPF
EPITHELIAL CELLS	1-2	0-5	/HPF
CASTS	NIL		
CRYSTALS	NIL		
BACTERIA	NOT DETECTED	NOT DETECTED	
YEAST	NOT DETECTED	NOT DETECTED	

Interpretation(s)

The following table describes the probable conditions, in which the analytes are present in urine

Presence of	Conditions
Proteins	Inflammation or immune illnesses
Pus (White Blood Cells)	Urinary tract infection, urinary tract or kidney stone, tumors or any kind of kidney impairment
Glucose	Diabetes or kidney disease
Ketones	Diabetic ketoacidosis (DKA), starvation or thirst



LAVANYA
LAB TECHNOLOGIST



DR.KARTHIKA RAMANATHAN, M.D
Pathology
(Reg No - TCMC 53950)
CONSULTANT PATHOLOGIST

Page 14 Of 16



View Details



View Report

PERFORMED AT :

DDRC SRL DIAGNOSTICS
Phoenix Tower, Near Central Park Hotel,
Prathibha Junction, Kadappakada,
KOLLAM, 691008
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in



Patient Ref. No. 666000003246138

PATIENT NAME : JISHNU R M

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : CA00010147 -

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,SOUTH DELHI,
DELHI,
SOUTH DELHI 110030
8800465156

ACCESSION NO : **4071WB000302**

PATIENT ID : JISHM1306904071

CLIENT PATIENT ID: 34616

ABHA NO :

AGE/SEX : 32 Years Male

DRAWN :

RECEIVED : 02/02/2023 08:42:05

REPORTED : 02/02/2023 13:41:45

Test Report Status **Preliminary** Results Units

Urobilinogen	Liver disease such as hepatitis or cirrhosis
Blood	Renal or genital disorders/trauma
Bilirubin	Liver discase
Erythrocytes	Urological diseases (e.g. kidney and bladder cancer, urolithiasis), urinary tract infection and glomerular diseases
Leukocytes	Urinary tract infection, glomerulonephritis, interstitial nephritis either acute or chronic, polycystic kidney disease, urolithiasis, contamination by genital secretions
Epithelial cells	Urolithiasis, bladder carcinoma or hydronephrosis, ureteric stents or bladder catheters for prolonged periods of time
Granular Casts	Low intratubular pH, high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration, acute congestive heart failure, renal diseases
Calcium oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of vitamin C, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit (<i>Averrhoa carambola</i>) or its juice
Uric acid	arthritis
Bacteria	Urinary infection when present in significant numbers & with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

LAVANYA
LAB TECHNOLOGIST

DR.KARTHIKA RAMANATHAN, M.D
Pathology
(Reg No - TCMC 53950)
CONSULTANT PATHOLOGIST

Page 15 Of 16



View Details



View Report

PERFORMED AT :

DDRC SRL DIAGNOSTICS
Phoenix Tower, Near Central Park Hotel,
Prathibha Junction, Kadappakada,
KOLLAM, 691008
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in



Patient Ref. No. 666000003246138

PATIENT NAME : JISHNU R M

REF. DOCTOR : SELF

CODE/NAME & ADDRESS : CA00010147 -

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED

F701A, LADO SARAI, NEW DELHI,SOUTH DELHI,
DELHI,

SOUTH DELHI 110030

8800465156

ACCESSION NO : 4071WB000302

PATIENT ID : JISHM1306904071

CLIENT PATIENT ID: 34616

ABHA NO :

AGE/SEX : 32 Years Male

DRAWN :

RECEIVED : 02/02/2023 08:42:05

REPORTED : 02/02/2023 13:41:45

Test Report Status	<u>Preliminary</u>	Results	Units
--------------------	--------------------	---------	-------

CLINICAL PATH - STOOL ANALYSIS

MEDIWHEEL HEALTH CHEKUP BELOW 40(M)TMT RESULT PENDING

PHYSICAL EXAMINATION,STOOL RESULT PENDING

CHEMICAL EXAMINATION,STOOL RESULT PENDING

MICROSCOPIC EXAMINATION,STOOL RESULT PENDING



View Details



View Report

PERFORMED AT :

DDRC SRL DIAGNOSTICS

Phoenix Tower, Near Central Park Hotel,

Prathibha Junction, Kadappakada,

KOLLAM, 691008

KERALA, INDIA

Tel : 93334 93334

Email : customercare.ddrc@srl.in



Patient Ref. No. 666000003246138

MR. JISHNU R.M (32 M)

ID: 2118

Date: 02-Feb-23

Exec Time : 10 m 24 s Stage Time : 0 m 54 s HR: 123 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P: 150 / 70

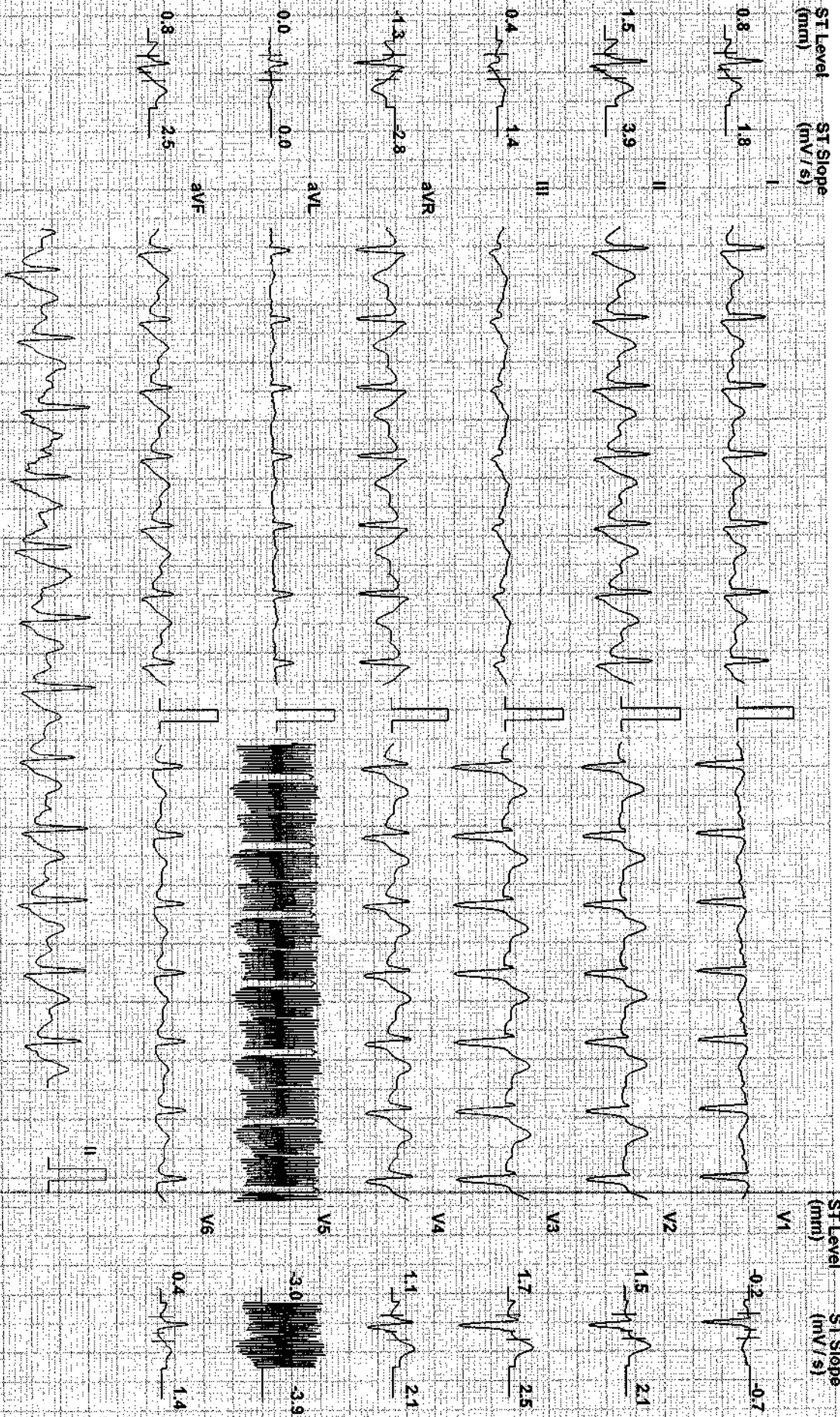


Chart Speed: 25 mm/sec
Schiller Spindler V.4.7

Filter: 35 Hz

Main's Fil: ON

Amp: 10 mm

150 - R - 80 ms

J = R + 60 ms

PostL = L + 60 ms

Linked Median

MR. JISHNU R.M (32 M)

ID: 2118

Date: 02-Feb-23

Exec Time : 10 m 24 s Stage Time : 0 m 25 s HR: 113 bpm

Protocol: Bruce

Stage: Recovery (2)

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P: 150 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

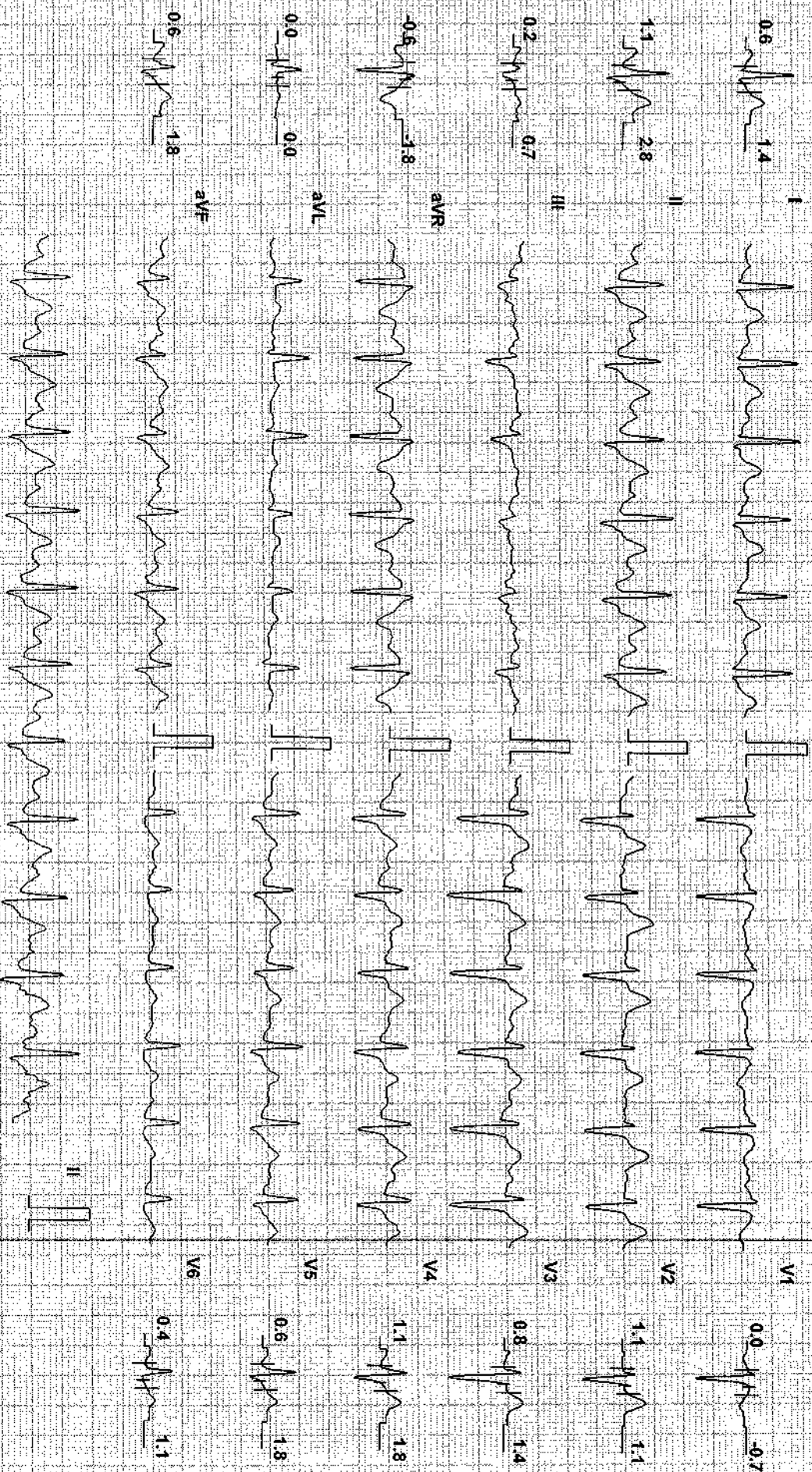


Chart Speed: 25 mm/sec
Schiller Standard V 4.7

Filter: 35 Hz

Mains Filter: ON

Amp: 10 mm

50 = R - 60 ms

J - R - 60 ms

Post J - 60 ms

MR. JISHNU R.M (32 M)

ID: 2118

Date: 02-Feb-23

Exec Time : 10 m 24 s

HR: 109 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P.: 150 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

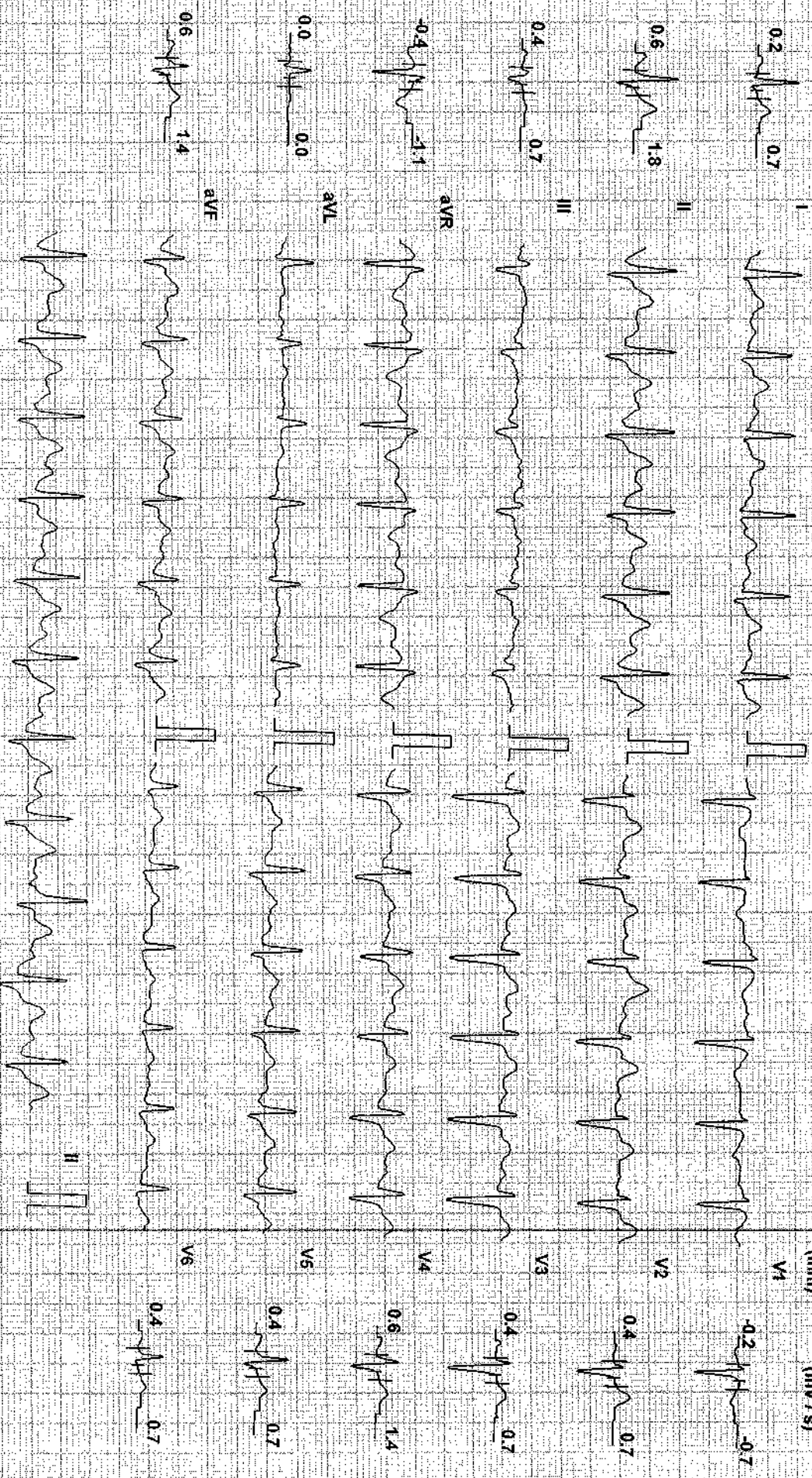


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Scholer Standard V.47

MR. JISHNU R.M (32 M)

ID: 2118

Date: 02-Feb-23

Exec Time : 10 m 24 s

HR: 104 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P: 130 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

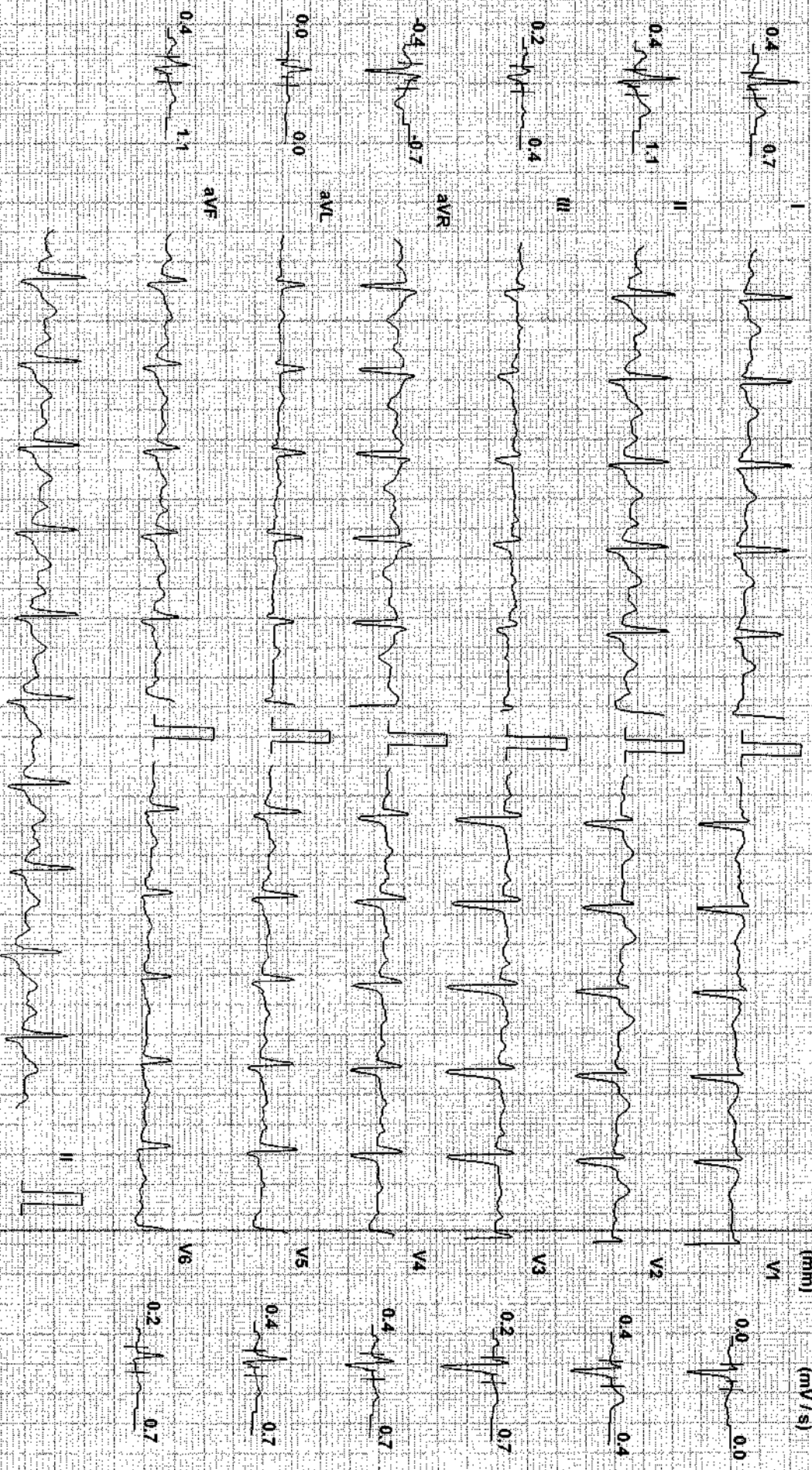


Chart Speed: 25 mm/sec
Schluter Standard V 4.7

Filter: 35 Hz

Main/In: Fil: ON

Amp: 10 mm

ISO = R: 0.0 ms

J = R: +60 ms

Pact J = J: +60 ms

MR. JISHNU R.M (32 M)

ID: 2118

Date: 02-Feb-23

Exec Time : 10 m 24 s Stage Time : 1 m 0 s

HR: 106 bpm

Protocol: Bruce

Stage: Recovery(5)

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P: 130 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

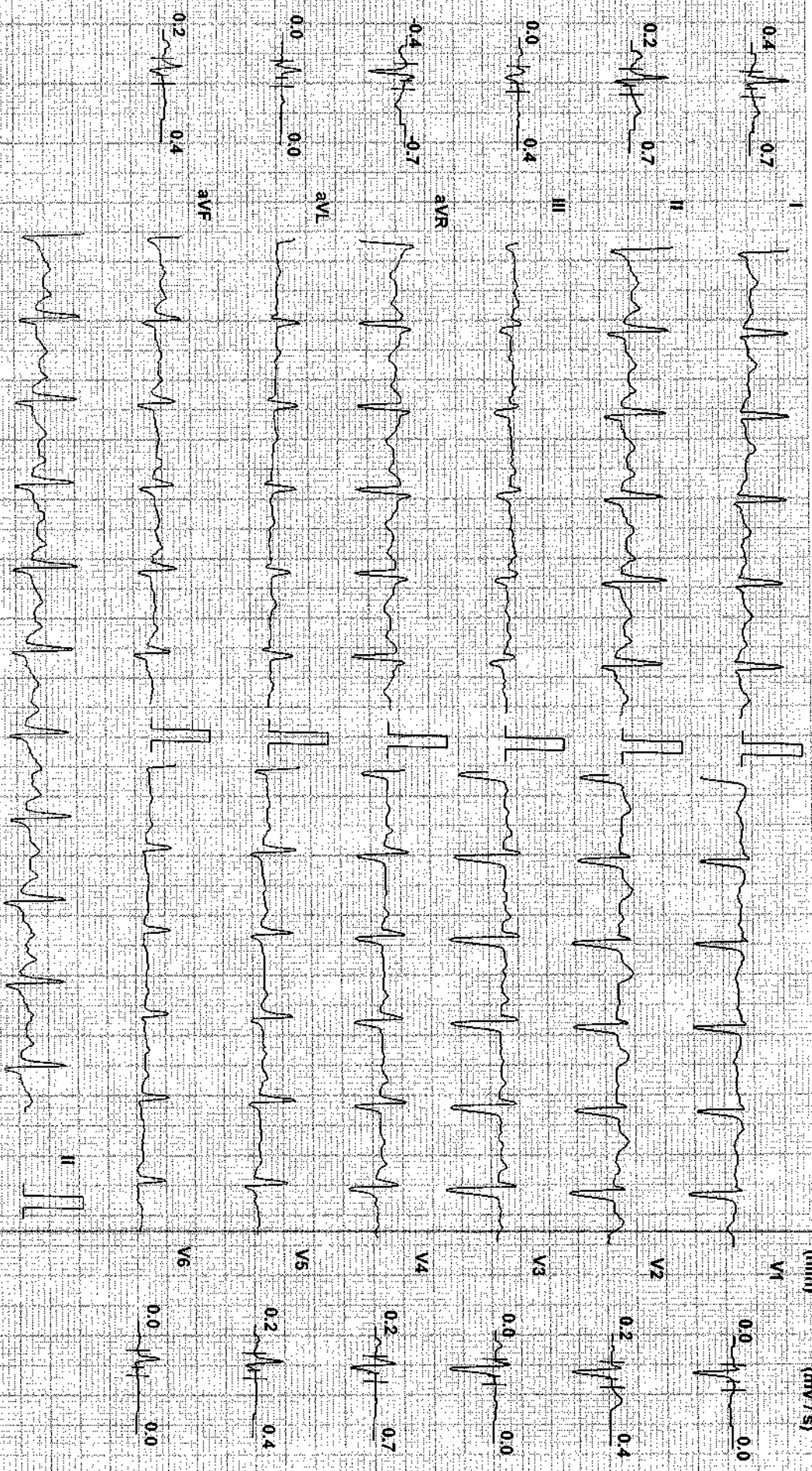


Chart Speed: 25 mm/sec
Schiller-Standard V.4.7

Filter: 35 Hz

Mains Filt. ON

Amp: 10 mm

50 = R = 60 ms

J = R = 60 ms

Post J = 1 + 60 ms

DDRC Hospital

Patient Details

Name: MR. JISHNU R.M. ID: 2118
 Age: 32 y Sex: M
 Clinical History: ROUTINE CHECK UP

Date: 02-Feb-23 Time: 10:35:03 AM
 Height: 170 cms Weight: 74 Kgs

Medications: NO MEDICATION TAKEN

Test Details

Protocol: Bruce
 Total Exec. Time: 10 m 24 s
 Max. BP: 150 / 70 mmHg
 Test Termination Criteria: TARGET HR ATTAINED

Pr.MHR: 188 bpm
 Max. HR: 285 (152% of Pr.MHR) bpm
 Max. BP x HR: 42750 mmHg/min
 THR: 169 (90 % of Pr.MHR) bpm
 Max. Mets: 13.50
 Min. BP x HR: 5390 mmHg/min

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	0 : 37	1.0	0	0	83	130 / 70	-0.85 aVR	5.31 V3
Standing	0 : 6	1.0	0	0	77	130 / 70	-0.64 aVR	1.06 V2
Hyperventilation	0 : 4	1.0	0	0	77	130 / 70	-0.64 aVR	1.06 V2
1	3 : 0	4.6	1.7	10	118	130 / 70	-1.49 V1	2.12 V2
2	3 : 0	7.0	2.5	12	138	130 / 70	-2.76 V1	2.83 II
3	3 : 0	10.2	3.4	14	155	130 / 70	-1.27 V1	3.89 V6
Peak Ex	1 : 24	13.5	4.2	16	169	150 / 70	-0.85 aVR	3.54 II
Recovery(1)	1 : 0	1.8	1	0	285	150 / 70	-5.94 aVL	5.66 III
Recovery(2)	1 : 0	1.0	0	0	124	150 / 70	-5.94 V4	5.66 aVF
Recovery(3)	1 : 0	1.0	0	0	109	160 / 70	-2.97 V5	3.89 II
Recovery(4)	1 : 0	1.0	0	0	104	130 / 70	-0.64 aVR	1.77 II
Recovery(5)	1 : 0	1.0	0	0	106	130 / 70	-0.64 aVR	1.06 II
Recovery(6)	0 : 16	1.0	0	0	107	130 / 70	-0.42 aVR	1.06 II

DDRC Hospital

Patient Details

Date: 02-Feb-23

Time: 10:35:03 AM

Name: MR. JISHNU R.M ID: 2118

Age: 32 y

Sex: M

Height: 170 cms

Weight: 74 Kgs

Interpretation

The Patient exercised according to the Bruce Protocol for 10 m. 24 s achieving a work level of
Maximum Mets: 13.50. Resting heart rate initially 83 bpm. Rose to a maximum heart rate
169(90% of P_r: MHR) bpm. Resting Blood pressure 130/70 mmHg. Rose to maximum blood
pressure of 150/70 mmHg.

No angina, arrhythmias, significant ST-T changes, signs of
or dyspnoea during exercise or at recovery

Test negative for possible myocardial ischemia

DR. JISHNU R.M.
M.D. (General Medicine) - DDRC Hospital
Room No. 1001
Sree Yashwanth Medical College Hospital
Pattabhiram, P.O., Kochi - 686 021

Ref. Doctor: _____

Doctor: SSN

Summary Report edited by user

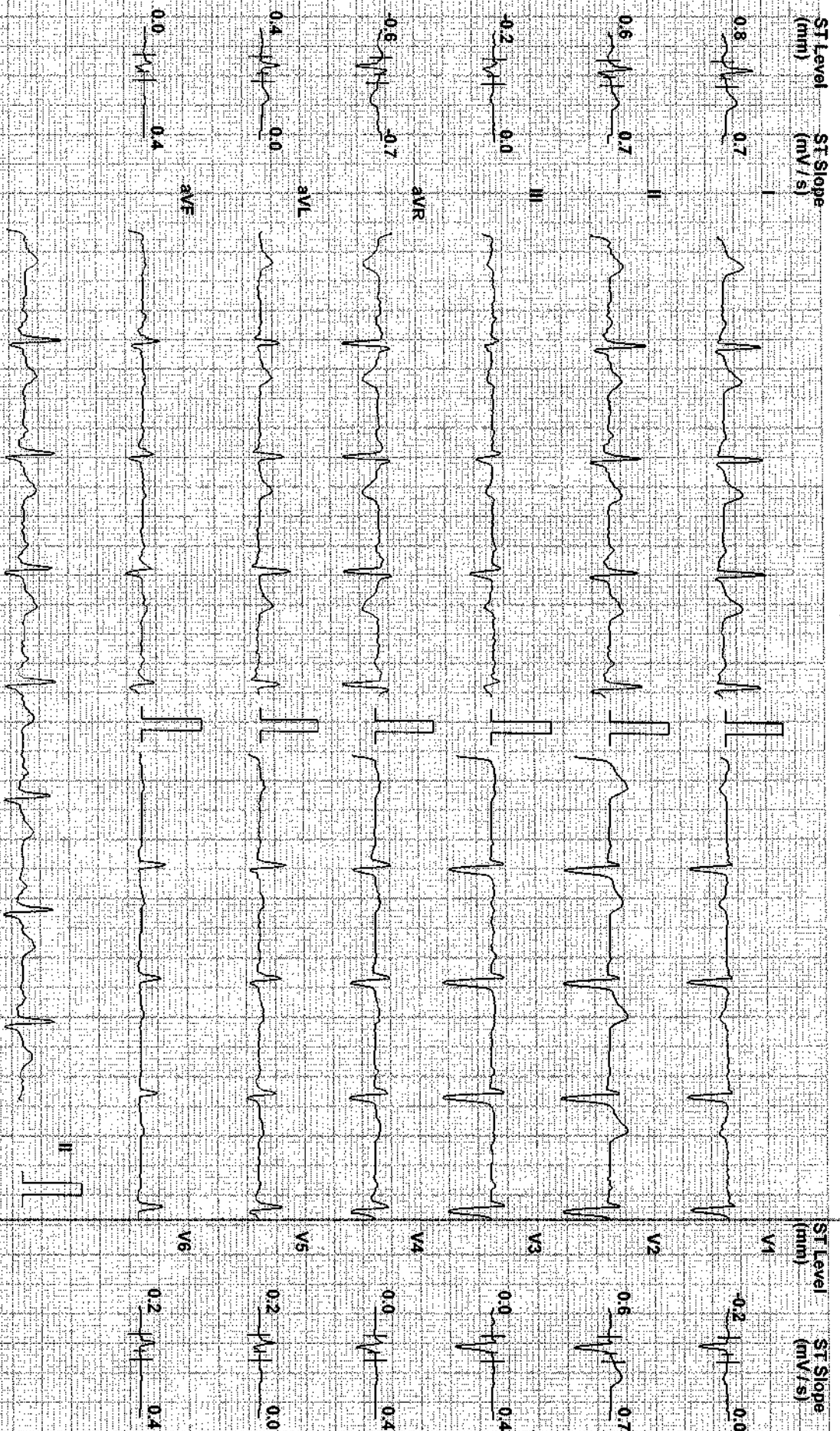


Chart Speed: 25 mm/sec
Schiller Standard V.4.7

Filter: 35 Hz

Mains Filtr. ON

Amp: 10 mm

ISO = R-60ms

J = R+50ms

Post d = J+60ms

MR. JISHNU R.M (32 M)

ID: 2118

Date: 02-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 77 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.p: 130 / 70

LUKL HOSPITAL

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)



Chart Speed: 25 mm/sec
Schlier Spanden V4.7

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

60 = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

MR. JISHNU R M (32 M)

ID: 2118

Date: 02-Feb-23

Exec Time : 0 m 0 s

Stage Time : 0 m 4 s

HR: 77 bpm

Protocol: Bruce

Stage: Hyperventilation

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P: 130 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

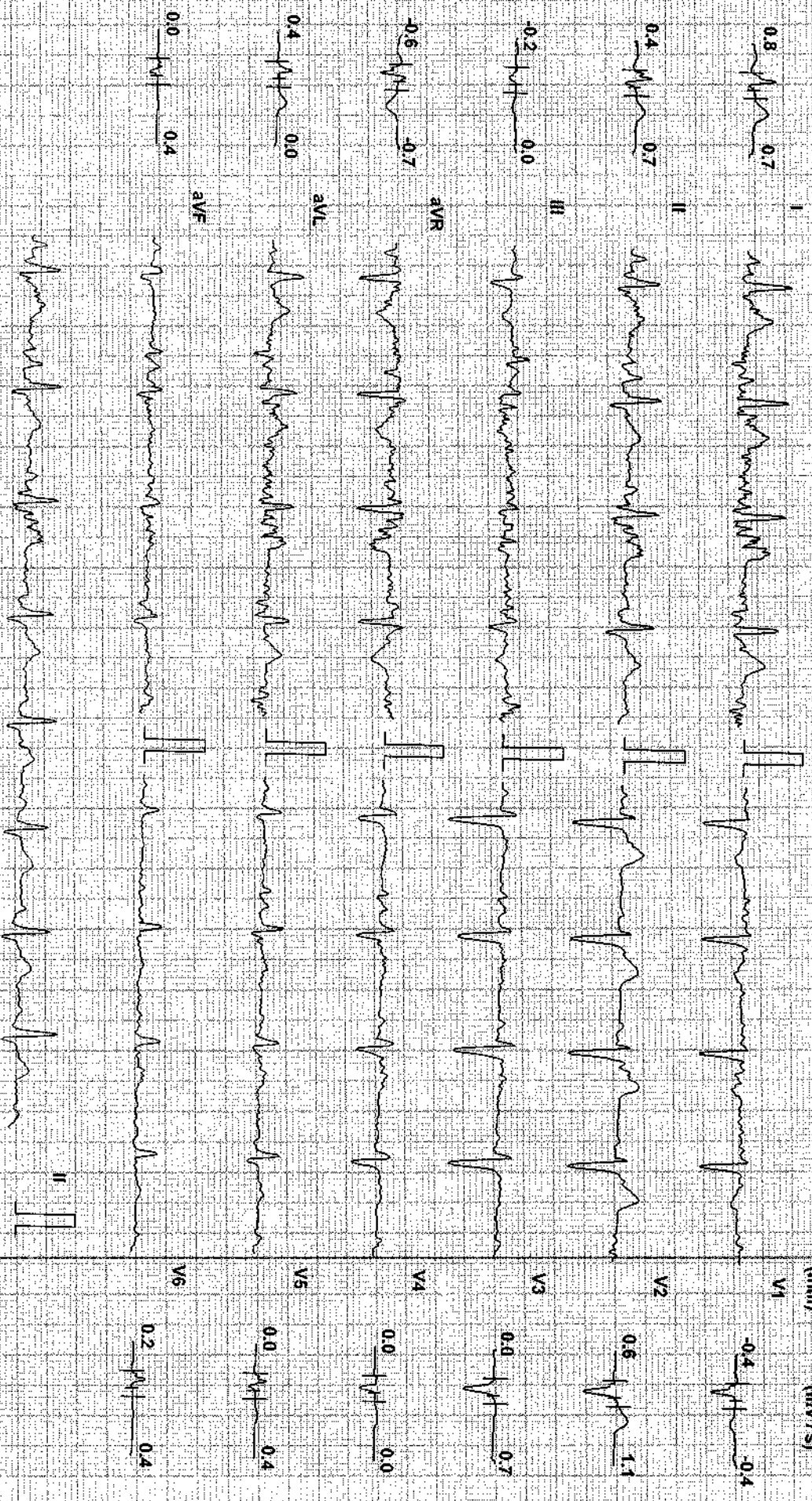


Chart Speed: 25 mm/sec
Schiller Standard V4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

50 = R - 60 ms

J = R - 60 ms

Post J - J + 60 ms

MR. JISHNU R.M (32 M)

ID: 2118

Date: 02-Feb-23

Exec Time : 3 m 0 s

Stage Time : 3 m 0 s

HR: 118 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 169 bpm)

B.P: 130 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

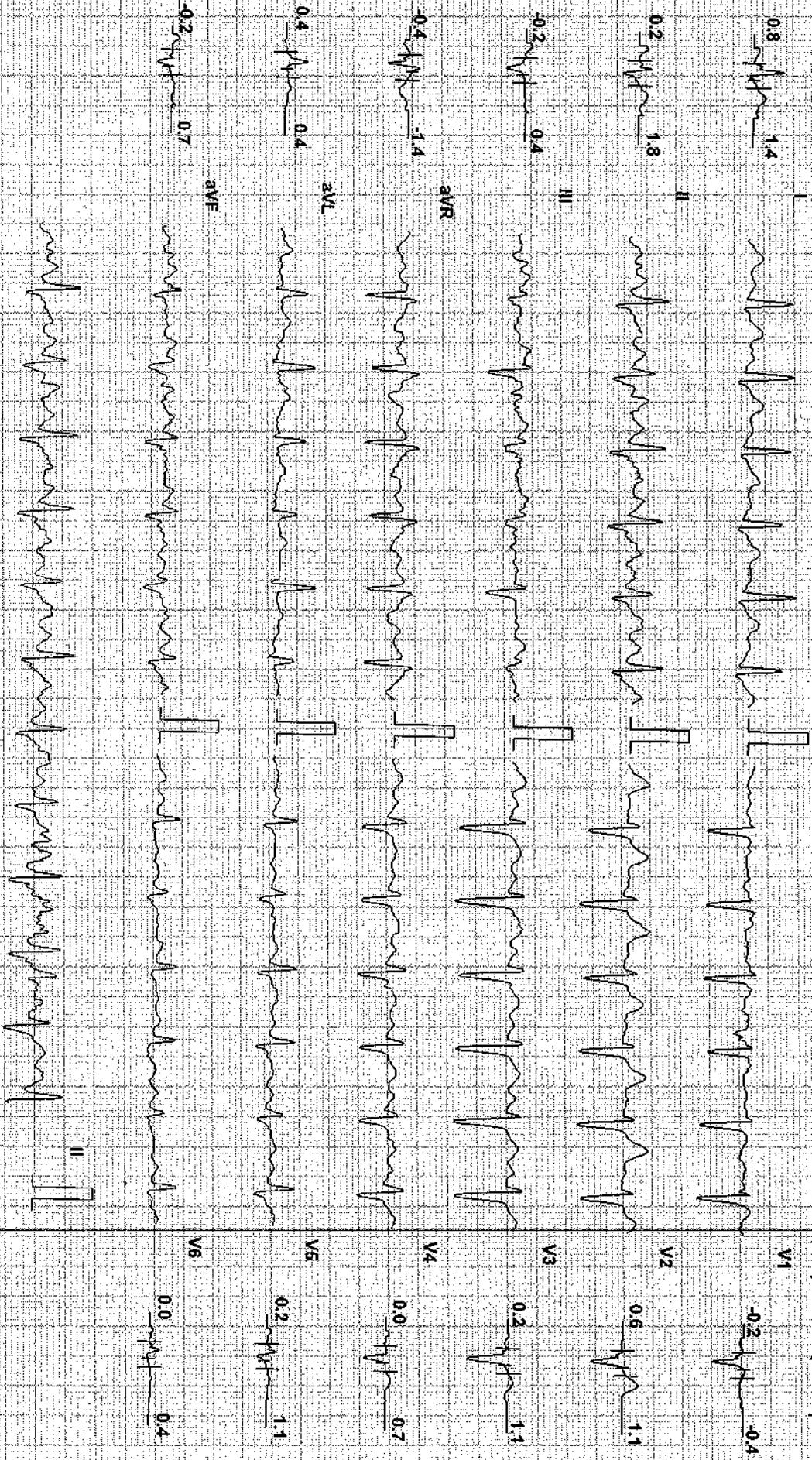


Chart Speed: 25 mm/sec
Schlier Standard V17

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

60 = R - 60 ms

J - R - 60 ms

Post J - J - 60 ms

MR. JISHNU R.M (32 M)

ID: 2118

Date: 02-Feb-23

Exec Time : 6 m 0 s

Stage Time : 3 m 0 s

HR: 138 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 169 bpm)

B.P: 130 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

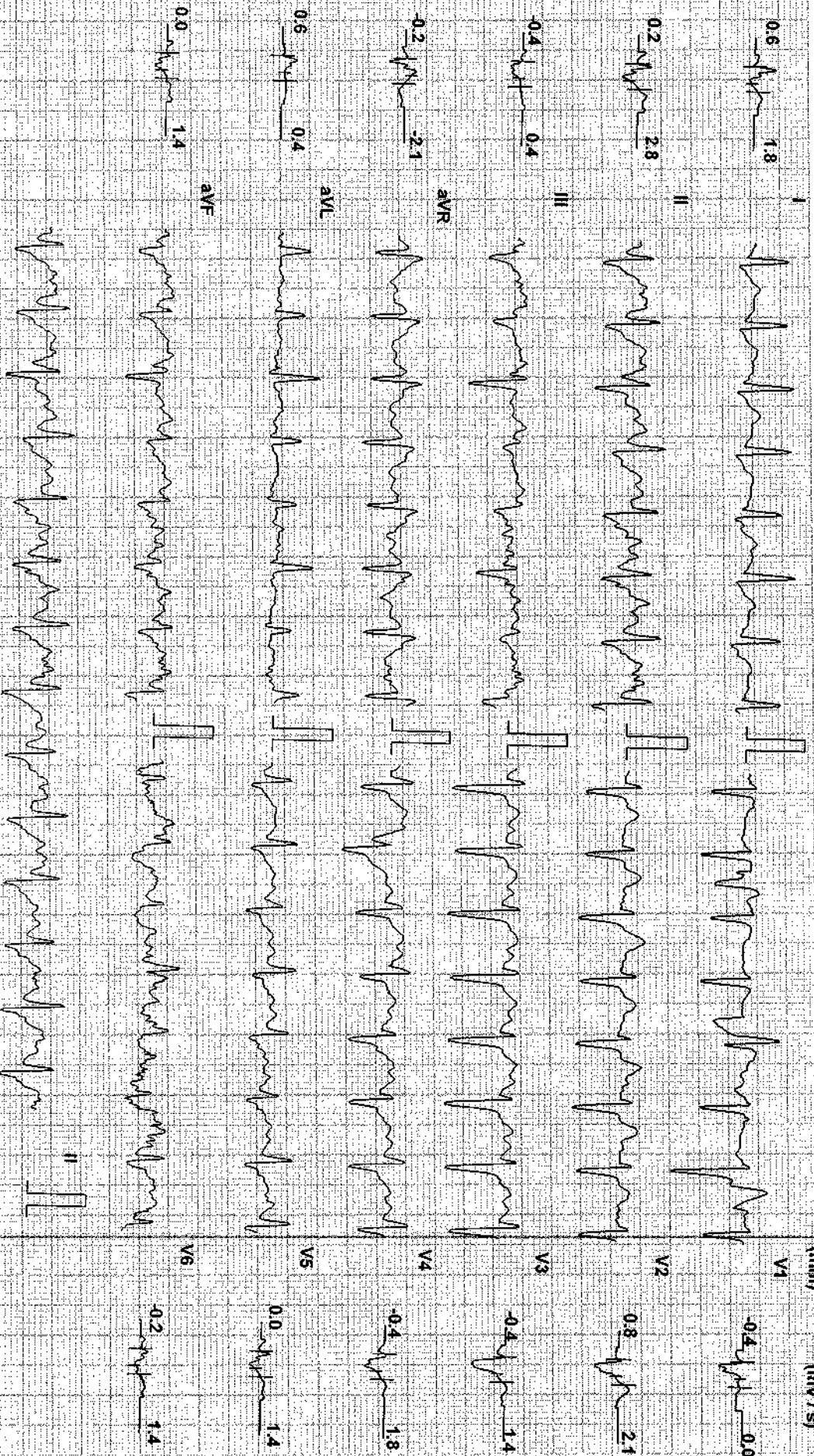


Chart Speed: 25 mm/sec
Schiller Standard V47

Filter: 35 Hz

Mains: Filtr ON

Ampl: 10 mm

ISO = R - 60 ms J = R + 60 ms

Post = J + 60 ms

MR. JISHNU R.M (32 M)

ID: 2118

Date: 02-Feb-23

Exec Time : 9 m 0 s

Stage Time : 3 m 0 s

HR: 155 bpm

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 169 bpm)

B.P: 130 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

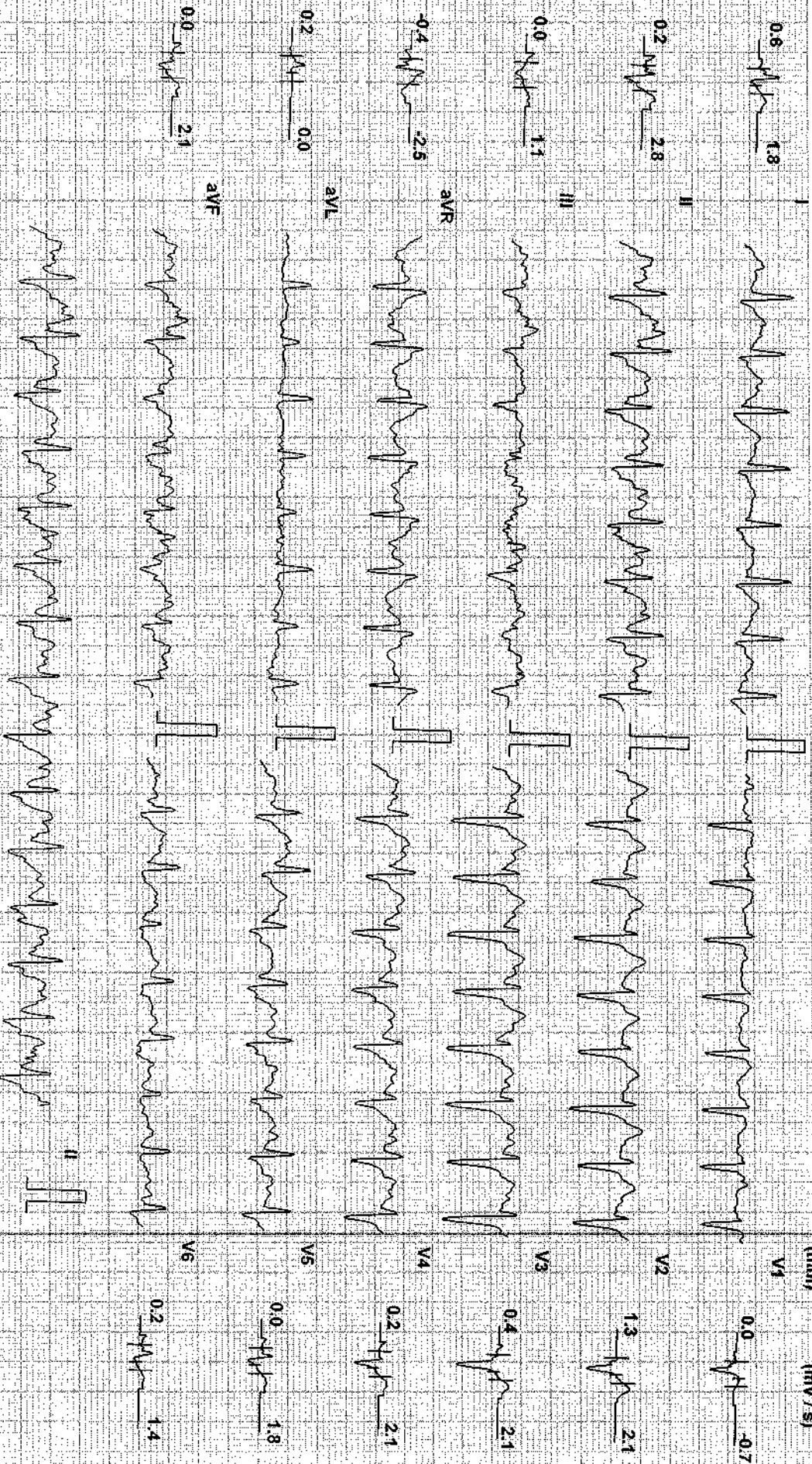


Chart Speed: 25 mm/sec
Schiller Spanset V4.7

Filter: 35 Hz

Mains Filtr. ON

Amp: 10 mm

ISO - R: 60ms J: R + 60ms

Post J: J + 60ms

MR. JISHNU R.M (32 M)

ID: 2118

Date: 02-Feb-23

Exec Time : 10 m 24 s HR: 169 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 169 bpm)

B.P: 150 / 70

ST Level (mm) ST Slope (mV/s)

ST Level (mm) ST Slope (mV/s)

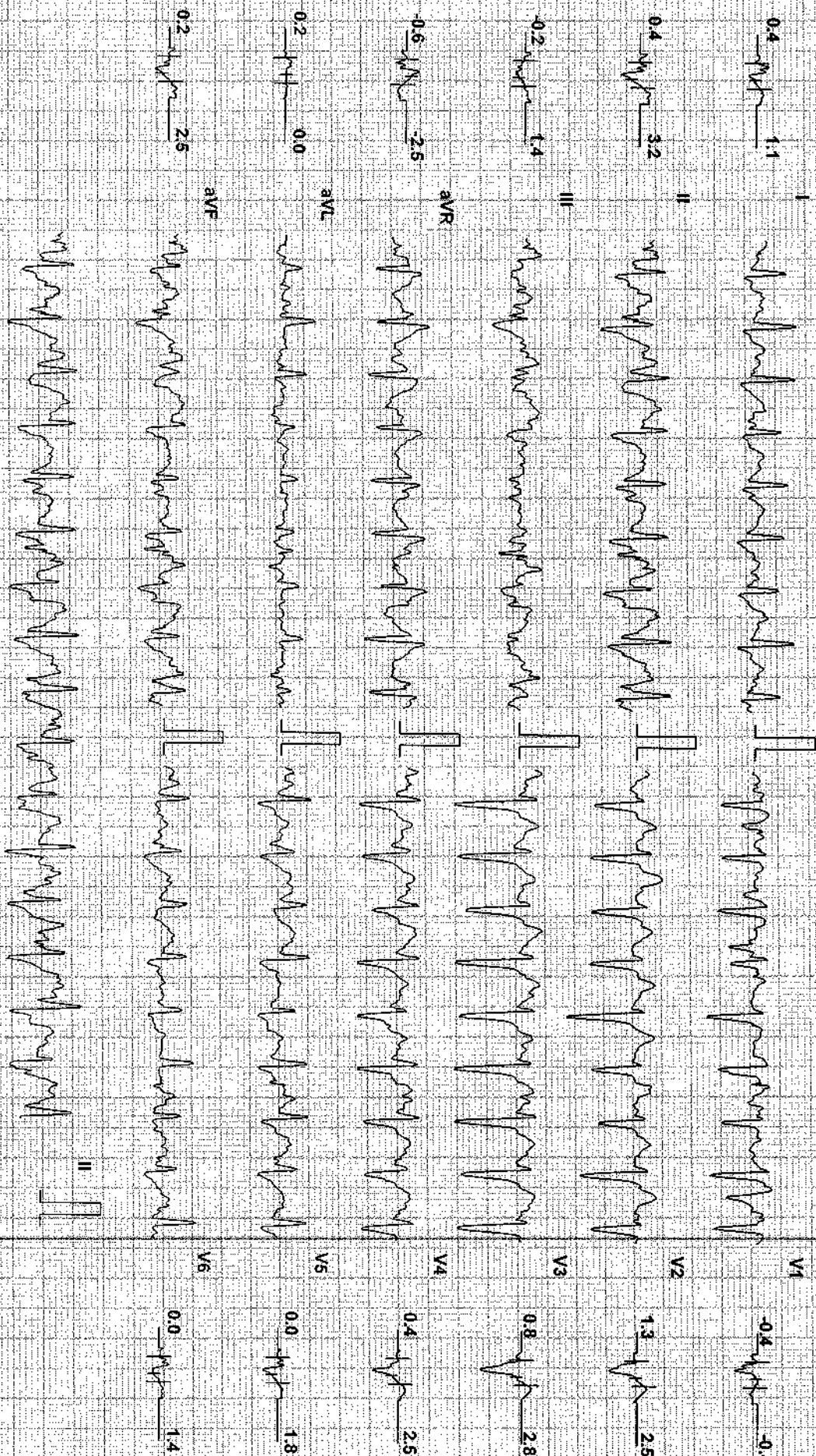


Chart Speed: 25 mm/sec
Schlier-Standard V 47

Filter: 35 Hz

Mains Filter ON

Amp: 10 mm

ISO = R - 60ms

J = R + 60ms

POST J = J + 60ms