

Name : Mr. B BRAHMA REDDY
PID No. : MED111237568
SID No. : 922043380
Age / Sex : 32 Year(s) / Male
Type : OP
Ref. Dr : MediWheel


Register On : 09/08/2022 8:19 AM
Collection On : 09/08/2022 8:28 AM
Report On : 09/08/2022 6:07 PM
Printed On : 09/08/2022 7:56 PM

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

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	14.88	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	45.0	%	42 - 52
RBC Count (EDTA Blood)	4.99	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	90.2	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	29.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.1	g/dL	32 - 36
RDW-CV (EDTA Blood)	14.3	%	11.5 - 16.0
RDW-SD (EDTA Blood)	44.7	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6770	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	51.46	%	40 - 75
Lymphocytes (EDTA Blood)	37.31	%	20 - 45
Eosinophils (EDTA Blood)	4.12	%	01 - 06


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

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

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Monocytes (EDTA Blood)	6.83	%	01 - 10
Basophils (EDTA Blood)	0.28	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.48	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.53	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.28	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.46	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.02	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	268.0	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	7.61	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	7	mm/hr	< 15


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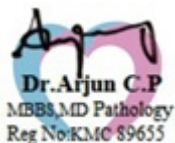
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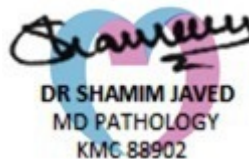
BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	1.28	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.38	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.90	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	29.18	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	46.86	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	28.64	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	55.2	U/L	53 - 128
Total Protein (Serum/Biuret)	7.56	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.75	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.81	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.69		1.1 - 2.2



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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	157.12	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	108.97	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)	44.75	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	90.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	21.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	112.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220


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

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MD PATHOLOGY
KMC 88902

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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)	3.5		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)	2.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.42	%	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 108.85 mg/dL
(Whole Blood)

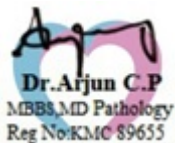
INTERPRETATION: Comments

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.

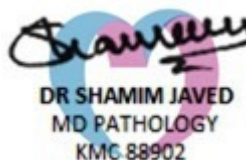
Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

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.

Remark: Outsourced report.



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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.74	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)	10.40	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)	3.29	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

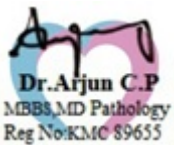
(Indian Thyroid Society Guidelines)

Comment :

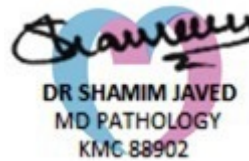
1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

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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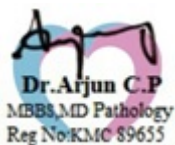
CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

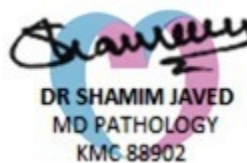
Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	7.0		4.5 - 8.0
Specific Gravity (Urine)	1.005		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative



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Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Positive(+)		

MICROSCOPIC EXAMINATION
(URINE COMPLETE)

Pus Cells (Urine)	2-3	/hpf	NIL
Epithelial Cells (Urine)	1-2	/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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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	10.86		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	90.86	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.

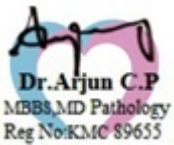
Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	109.79	mg/dL	70 - 140

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

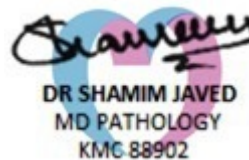
Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.5	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.69	mg/dL	0.9 - 1.3

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)	7.06	mg/dL	3.5 - 7.2
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IMMUNOHAEMATOLOGY
BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' Positive'



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-- End of Report --

32 Years
Male

QRS : 82 ms
QT / QTcBaz : 402 / 421 ms
PR : 136 ms
P : 100 ms
RR / PP : 908 / 909 ms
P / QRS / T : 50 / 58 / 44 degrees



Technician: BHAGYA
Ordering Ph: C/O MEDIWHEEL
Referring Ph: C/O MEDIWHEEL
Attending Ph:

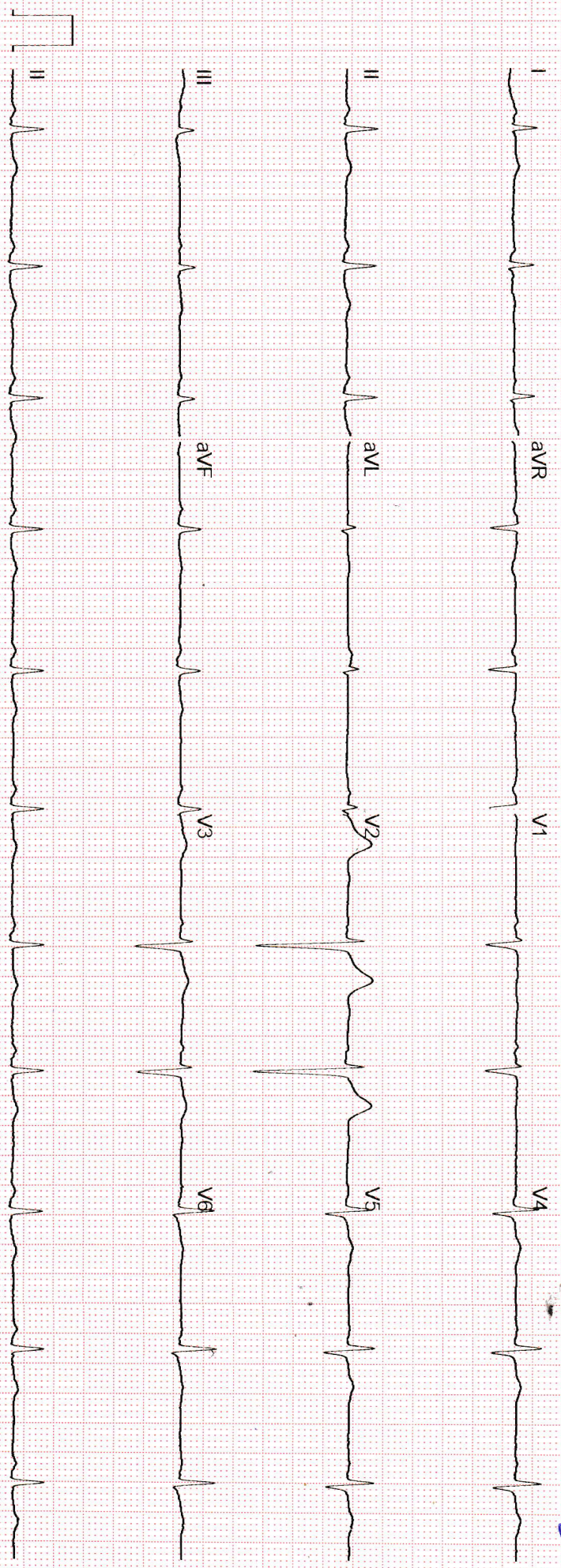
66 bpm
mmHg

(Needs Clinical Correlation
for further Management)

DR. SRIDHAR .L
MD (Med), DM (Cardio), FICC
Interventional Cardiologist
K.M.C. No.: 32248

HR 66/min
WRR
LW + 40°

Normal ECG



Unconfirmed

Name	MR.B BRAHMA REDDY	ID	MED111237568
Age & Gender	32Y/MALE	Visit Date	09/08/2022
Ref Doctor	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.49	cms
LEFT ATRIUM	:	2.29	cms
AVS	:	1.31	cms
LEFT VENTRICLE (DIASTOLE)	:	4.29	cms
(SYSTOLE)	:	2.82	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.06	cms
(SYSTOLE)	:	1.55	cms
POSTERIOR WALL (DIASTOLE)	:	0.90	cms
(SYSTOLE)	:	2.08	cms
EDV	:	82	ml
ESV	:	30	ml
FRACTIONAL SHORTENING	:	34	%
EJECTION FRACTION	:	65	%
EPSS	:		cms
RVID	:	1.47	cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	: 'E' -0.89m/s 'A' -0.60m/s	TRIVIAL MR
AORTIC VALVE	: 0.82 m/s	NO AR
TRICUSPID VALVE	: PASP : 22 mmHg	TRIVIAL TR
PULMONARY VALVE	: 0.84 m/s	NO PR



NAME : MR.BRAHMA REDDY

AGE/SEX : YRS/ MALE

:2:

2D ECHOCARDIOGRAPHY FINDINGS:

Left Ventricle : Normal size, Normal LV function,
No regional wall motion abnormalities.

Left Atrium : Normal

Right Ventricle : Normal

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapse.

Aortic valve : Normal ,Trileaflet .

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No Pericardial effusion.

IMPRESSION :

- TRIVIAL MITRAL REGURGITATION
- TRIVIAL TRICUSPID REGURGITATION. PASP : 22 mmHg
- NORMAL SIZED CARDIAC CHAMBERS
- NORMAL LV SYSTOLIC FUNCTION. EF : 65 %
- NO REGIONAL WALL MOTION ABNORMALITIES
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)



DR.SRIDHAR.L MD,DM,FICC.
CONSULTANT CARDIOLOGIST
Ls/ml

Dr. SRIDHAR .L
MD.(Med), DM(Cardio), FICC
Interventional Cardiologist
K.M.C.No.: 32248



MEDALL CLUMAX DIAGNOSTICS

Customer Name	MR. B. Brahma Reddy	Customer ID	MED111237568
Age & Gender	32 yrs male	Visit Date	09/08/2022

Eye Screening

✓
With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	NG	NG
Distance Vision	6/6	6/6 = glasses
Colour Vision	Normal	Normal

Observation / Comments:

Continue to glasses.

**CLUMAX DIAGNOSTICS &
RESEARCH CENTRE PVT.LTD**
68/150/3, "Sri Lakshmi Towers"
9th Main, 3rd Block, Jayanagar
BANGALORE - 560 011



सत्यमेव जयते
भारत सरकार



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ

భారత ప్రభుత్వం

Unique Identification Authority of India
Government of India

సమాధు సంఖ్య / Enrollment No. : 1001/14002/01698

10/04/2012

To
Battula Brahmareddy
బతుల బ్రహ్మరెడ్డి
S/O Venkata Reddy
3-121
PEDAKODAMAGUNDLA
Guntur,
Andhra Pradesh - 522614



UF211955769IN

21195576



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

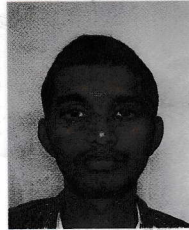
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ఆధార్ - సామాన్యని హక్కు



భారత ప్రభుత్వం

GOVERNMENT OF INDIA



బతుల బ్రహ్మరెడ్డి
Battula Brahmareddy

పుట్టిన సంవత్సరం/Year of Birth: 1990
పురుషుడు / Male

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ఆధార్ - సామాన్యని హక్కు

Name	MR.B BRAHMA REDDY	ID	MED111237568
Age & Gender	32Y/MALE	Visit Date	09/08/2022
Ref Doctor	MediWheel		

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 has normal shape, size and uniform echopattern.
No evidence of ductal dilatation or calcification.

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 made out.
No evidence of calculus or hydronephrosis.
The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	8.8	1.4
Left Kidney	10.0	1.8

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

PROSTATE shows normal shape, size (wt – 15.1gms) and echopattern.

No evidence of ascites.

Impression: Increased hepatic echopattern suggestive of fatty infiltration.

CONSULTANT RADIOLOGISTS:

DR. MAHESH. M. S
Ms/pu

DR. HIMA BINDU.P



Name	B BRAHMA REDDY	Customer ID	MED111237568
Age & Gender	32Y/M	Visit Date	Aug 9 2022 8:18AM
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: Essentially normal study.



DR. MAHESH M S
CONSULTANT RADIOLOGIST

