

Name	MR.SREENIVASAN M.P	ID	MED111551520
Age & Gender	54Y/MALE	Visit Date	25/03/2023
Ref Doctor	MediWheel		

## 2D ECHOCARDIOGRAPHY

### Chambers

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

### Septa

- IVS : Intact
- IAS : Intact

### Valves

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

### Great Valves

- Aorta : Normal
- Pulmonary Artery : Normal

**Pericardium** : Normal

### Doppler Echocardiography

Mitral valve	E	0.68	m/sec	A	0.68	m/sec	E/a: 1.48
Aortic Valve	V max	1.2	m/sec	PG	6.1	mm	
Diastolic Dysfunction				NONE			

:2:



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<b>Ref Doctor</b>	<b>MediWheel</b>		

**M – Mode Measurement**

<b>Parameter</b>	<b>Observed Valve</b>	<b>Normal Range</b>	
Aorta	32	26-36	Mm
Left Atrium	33	27-38	Mm
IVS	11	09-11	Mm
Left Ventricle - Diastole	46	42-59	Mm
Posterior wall - Diastole	11	09-11	Mm
IVS - Systole	15	13 - 15	Mm
Left Ventricle - Systole	29	21-40	Mm
Posterior Wall - Systole	15	13-15	Mm
Ejection Fraction	60	- >50	%

**IMPRESSION:**

- TRIVIAL MITRAL REGURGITATION
- NO RWMA'S AT REST
- NORMAL LV & RV SYSTOLIC FUNCION LVEF – 60%
- NORMAL DIASTOLIC FUNCTION
- NO PERICARDIAL EFFUSION / VEGETATION / CLOT.

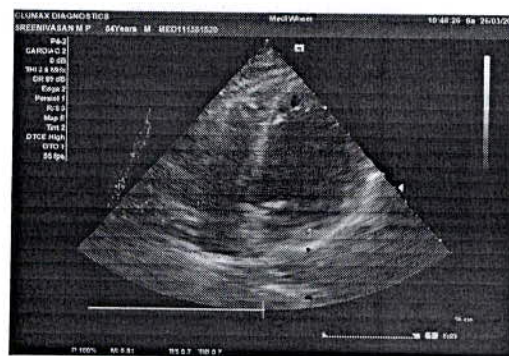
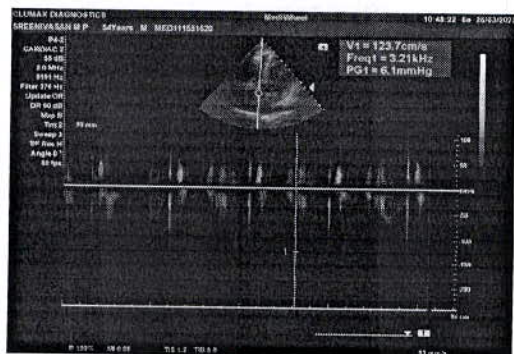
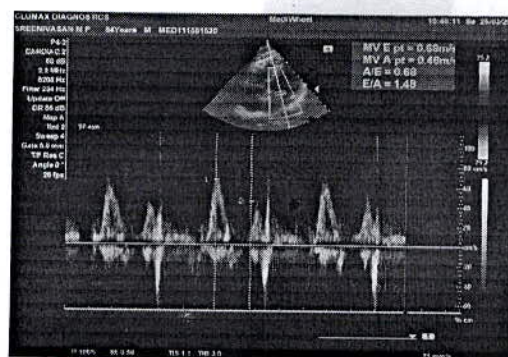
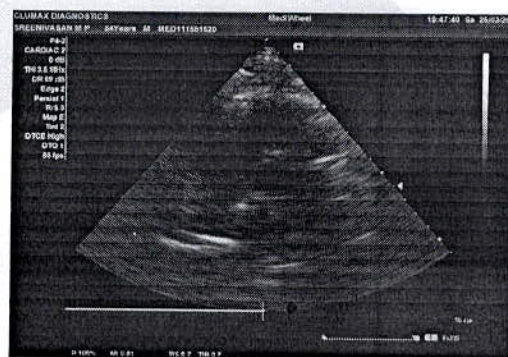
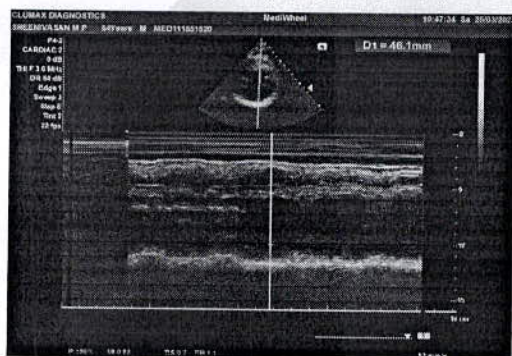
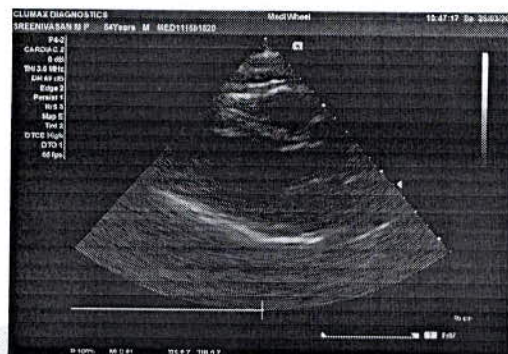
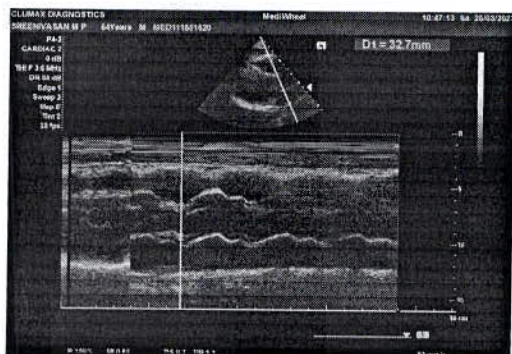


**DR RAMNARESH SOUDRI**  
**MD DM (CARDIOLOGY)**  
**INTERVENTIONAL CARDIOLOGIST**  
**Rs/ s**





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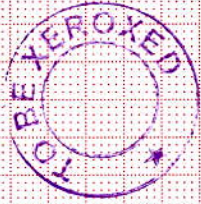


54 Years

Male

QRS 84 ms  
QT / QTcBaz 374 / 388 ms  
PR 150 ms  
P 110 ms  
RR / PP 928 / 923 ms  
P / QRS / T 72 / -6 / 60 degrees

Technician: rs  
Ordering Ph:  
Referring Ph:  
Attending Ph:

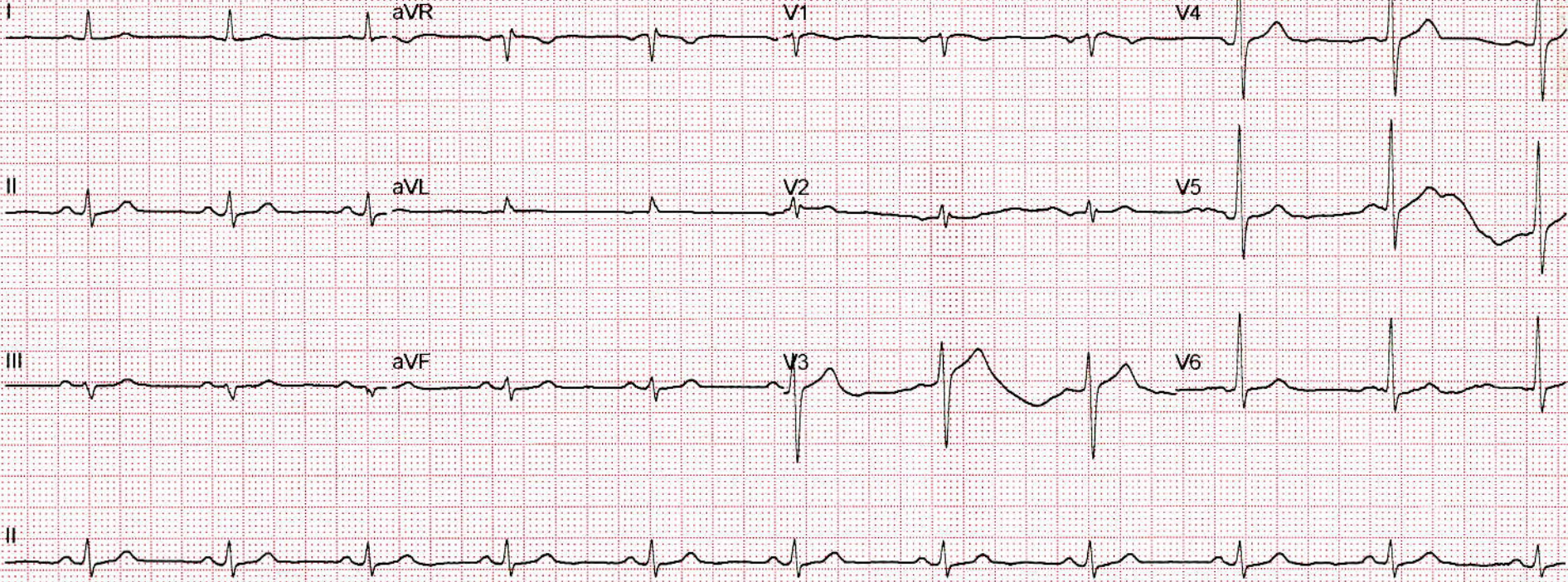


(Needs Clinical Correlation  
for further Management)

*(Handwritten mark)*

*(Handwritten signature)*

Dr. Ramnaresh S, MD, DM  
Asst. Prof. of Cardiology  
K.M.C. Rean. No. 81603





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### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size and has increased echopattern.  
No evidence of focal lesion or intrahepatic biliary ductal dilatation.  
Hepatic and portal vein radicals are normal.

**GALL BLADDER** show normal shape and has clear contents.  
Gall bladder wall is of normal thickness.  
CBD is of normal calibre.

**PANCREAS** 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 madeout.  
Left kidney shows cortical cyst measuring 19 x 12mm in the lower pole  
No evidence of calculus or hydronephrosis.  
The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.1	1.1
Left Kidney	10.2	1.3

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

**PROSTATE** shows normal shape, size and echopattern.

No evidence of ascites.

**Impression:** *Grade I fatty change in the liver.*



**DR. HIMA BINDU.P**  
**CONSULTANT RADIOLOGIST**

Transcribed By: Pushpa

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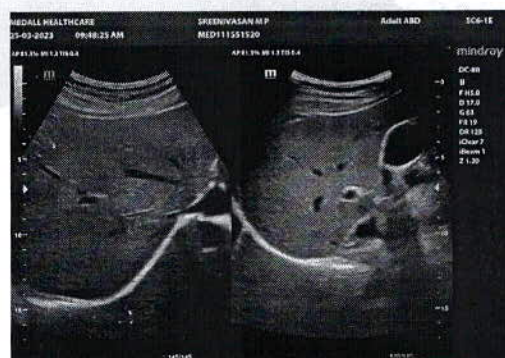


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Clumax Diagnostic and Research Centre Pvt. Ltd.  
68/150/3, Sri Lakshmi Towers

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Name	SREENIVASAN M.P	Customer ID	MED111551520
Age & Gender	54Y/M	Visit Date	Mar 25 2023 8:11AM
Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

***Bilateral hilar opacities.***

Rest of the lung fields are normal.

Cardiac size is within normal limits.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

**Impression:**

***Bilateral hilar opacities.***

***- Suggested clinical correlation.***



**Dr.Roopa Seshadri MD.,DM**  
**Radiologist Consultant**






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 Type : OP Printed On : 27/03/2023 2:21 PM  
 Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>HAEMATOLOGY</u></b>			
<b><u>Complete Blood Count With - ESR</u></b>			
Haemoglobin (EDTA Blood/Spectrophotometry)	14.9	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	44.4	%	42 - 52
RBC Count (EDTA Blood)	4.95	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	89.7	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	30.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.6	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.6	%	11.5 - 16.0
RDW-SD (EDTA Blood)	42.70	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	5700	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	54.1	%	40 - 75
Lymphocytes (EDTA Blood)	27.6	%	20 - 45
Eosinophils (EDTA Blood)	11.0	%	01 - 06
Monocytes (EDTA Blood)	6.3	%	01 - 10



  
 Dr. Arjun C.P  
 MBBS, MD Pathology  
 Reg No: KMC 89653  
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The results pertain to sample tested.

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**Investigation**

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Basophils (EDTA Blood)	1.0	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	3.08	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.57	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.63	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.36	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.06	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood)	211	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood)	9.6	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.20	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	8	mm/hr	< 20




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MBBS, MD Pathology  
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<b><u>BIOCHEMISTRY</u></b>			
<b><u>Liver Function Test</u></b>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.72	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.24	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.48	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	26.94	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	36.33	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	32.83	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	97.9	U/L	56 - 119
Total Protein (Serum/Biuret)	7.78	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.58	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.20	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.43		1.1 - 2.2



  
Dr. Atira Mirza (MD)  
Consultant Pathologist  
KMC: DLH 2018 0000230 KTK  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	189.89	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	104.94	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
<b>INTERPRETATION:</b> 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)	37.45	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	131.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	21	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	152.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.  
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.



  
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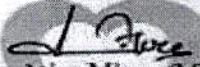
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Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.1		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	7.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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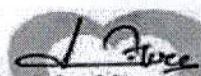
**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	165.68	mg/dL
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**INTERPRETATION: Comments**

HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glyceemic 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)	0.935	ng/ml	0.4 - 1.81
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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)	9.79	µg/dl	4.2 - 12.0
--	------	-------	------------

**INTERPRETATION:**

**Comment :**  
 Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/ECLIA)	2.76	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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



  
 Dr. RAVIKUMAR R  
 MBBS, MD BIOCHEMISTRY  
 CONSULTANT BIOCHEMIST  
 Reg No : 78771

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## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION (URINE COMPLETE)

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

### CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	6		4.5 - 8.0
Specific Gravity (Urine)	1.003		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



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

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Leukocytes(CP) (Urine)	Negative		
<b><u>MICROSCOPIC EXAMINATION</u></b> <b><u>(URINE COMPLETE)</u></b>			
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		
<b>INTERPRETATION:</b> 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



*Anusha*  
Dr Anusha.K.S  
Sr.Consultant Pathologist  
Reg No : 100674  
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Investigation	Observed Value	Unit	Biological Reference Interval
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**BIOCHEMISTRY**

BUN / Creatinine Ratio	8.5		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	135.23	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: $\geq$ 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)	130.65	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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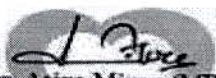
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.2	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.84	mg/dL	0.9 - 1.3
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**INTERPRETATION:** Elevated Creatinine values are encountered in increased 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)	6.43	mg/dL	3.5 - 7.2
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 Dr. Atira Mirza (MD)  
 Consultant Pathologist  
 KMC: DLH 2018 0000230 KTK  
 APPROVED BY



Name : Mr. SREENIVASAN M.P  
 PID No. : MED111551520 Register On : 25/03/2023 8:12 AM  
 SID No. : 923010926 Collection On : 25/03/2023 8:41 AM  
 Age / Sex : 54 Year(s) / Male Report On : 25/03/2023 6:47 PM  
 Type : OP Printed On : 27/03/2023 2:21 PM  
 Ref. Dr : MediWheel

Investigation	Observed Value	Unit	Biological Reference Interval
<b>IMMUNOASSAY</b>			
Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.059	ng/ml	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0

**INTERPRETATION:** Analytical sensitivity: 0.008 - 100 ng/mL  
 PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).  
 Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.  
 PSA levels tend to increase in all men as they age.  
 Clinical Utility of PSA:  
 •In the early detection of Prostate cancer.  
 •As an aid in discriminating between Prostate cancer and Benign Prostatic disease.  
 •To detect cancer recurrence or disease progression.



  
 Dr. RAVIKUMAR R  
 MBBS, MD BIOCHEMISTRY  
 CONSULTANT BIOCHEMIST  
 Reg No : 78771  
 APPROVED BY






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**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
 (EDTA Blood Agglutination)

'B' 'Positive'

Dr. Arjun C.P  
 MBBS, MD Pathology  
 Reg No: KMC 59655

APPROVED BY

-- End of Report --

