Name	MANJUNATHA D J	ID	MED121951435
Age & Gender	32Year(s)/MALE	Visit Date	6/24/2023 12:00:00 AM
Ref Doctor Name	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA : 2.01 cms. LEFT ATRIUM : 2.78 cms. **AVS** 1.47 cms. LEFT VENTRICLE (DIASTOLE) 4.17 cms. (SYSTOLE) 2.86 cms. **VENTRICULAR SEPTUM** 0.89 (DIASTOLE) cms. (SYSTOLE) 1.31 cms. **POSTERIOR WALL** (DIASTOLE) 1.12 cms. 1.43 (SYSTOLE) cms. **EDV** : 77 ml. **ESV** 31 ml. FRACTIONAL SHORTENING 31 % **EJECTION FRACTION** 60 % **EPSS** cms. ---**RVID** 1.80 cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE: E - 1.0 m/s A - 0.6 m/s NO MR.

AORTIC VALVE: 1.1 m/s NO AR.

TRICUSPID VALVE: E - 0.5 m/s A - 0.3 m/s NO TR.

PULMONARY VALVE: 0.8 m/s NO PR.

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2D ECHOCARDIOGRAPHY FINDINGS:

Left Ventricle : Normal size, Normal systolic function.

: No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral Valve : Normal. No mitral valve prolapsed.

Aortic Valve : Normal.Trileaflet.

Tricuspid Valve : Normal.

Pulmonary Valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 60 %.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

DR. YASHODA RAVI

Name	MANJUNATHA D J	ID	MED121951435
Age & Gender	32Year(s)/MALE		6/24/2023 12:00:00 AM
Ref Doctor Name	MediWheel	_	_

CONSULTANT CARDIOLOGIST

Patient Name	Mangunatha 19;	Date	2416/23
Age	324	Visit Number	522 310111
Sex	male	Corporate	mediheheel

GENERAL PHYSICAL EXAMINATION

Ide	ntification	n Mark	:	_
	i ciricatio	ii iviai k	•	-

Height: cms 160

Weight: 64, kgs

Pulse: 906/m /minute

Blood Pressure: 120 80 mm Hg mm of Hg

BMI

BMI INTERPRETATION

Underweight = <18.5Normal weight = 18.5-24.9

Overweight = 25-29.9

Chest:

Expiration: 86 cms

Inspiration: 92 cms

Abdomen Measurement : 88 ' cms

Eyes: NAP Eye Normal L+ Eye blum Throat: NAP Ears: WAD

Neck nodes: no pulpable notende

RS: BIL NUBSED cvs: 5, 52 sour de cleur

PA: Soft = noteurder CNS: NAD

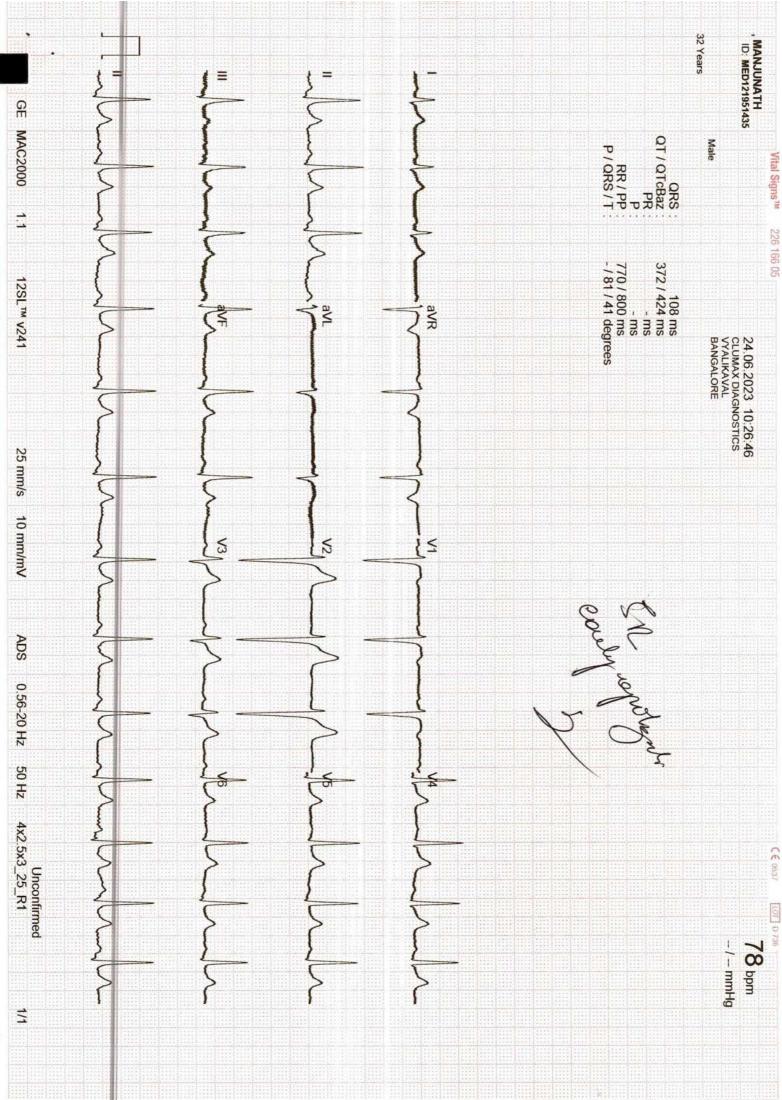
No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE: MEDICAL FIT FOR EMPLOYMENT YES / NO

Signature

Dr. Saara Neeha M.B.B.S

KMC. Reg. No. 99137



Name	MANJUNATHA D J	ID	MED121951435
Age & Gender	32Year(s)/MALE		6/24/2023 12:00:00 AM
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is enlarged in size (16.5 cm) and show increased echogenicity. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended and shows calculus measuring 5.8 mm. No evidence of abnormal wall thickening or pericholecystic fluid.CBD is of normal calibre.

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

SPLEEN is enlarged in size (13.7 cm) and echopattern.

BOTH KIDNEYS

Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

•	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.7	1.5
Left Kidney	10.7	1.5

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

PROSTATE shows normal shape, size and echopattern. It measures cms and vol: ----cc.

No evidence of ascites.

IMPRESSION:

- Hepatosplenomegaly.
- Grade I fatty infiltration of liver
- Cholelithiasis. No IHBRD

DR. HEMANANDINI V.N CONSULTANT RADIOLOGISTS

Name	MANJUNATHA D J	ID	MED121951435
Age & Gender	32Year(s)/MALE	Visit Date	6/24/2023 12:00:00 AM
Ref Doctor Name	MediWheel	-	

Hn/Gk

Name	Mr. MANJUNATHA D J	Customer ID	MED121951435
Age & Gender	32Y/M	Visit Date	Jun 24 2023 9:12AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

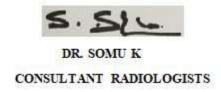
Cardiac size is within normal limits.

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.



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 Report On
 : 24/06/2023 7:50 PM

 Type
 : OP
 Printed On
 : 18/07/2023 2:34 PM

Ref. Dr : MediWheel

Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Application)	'B' 'Positive'		

(EDTA Blood/Agglutination)

INTERPRETATION: Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood'Spectrophotometry)	16.3	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	46.1	%	42 - 52
RBC Count (EDTA Blood)	5.34	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	86.4	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	30.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	35.4	g/dL	32 - 36
RDW-CV	13.3	%	11.5 - 16.0
RDW-SD	40.22	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6700	cells/cu.m m	4000 - 11000
Neutrophils (Blood)	59.7	%	40 - 75
Lymphocytes (Blood)	31.3	%	20 - 45
Eosinophils (Blood)	3.1	%	01 - 06





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The results pertain to sample tested.

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Monocytes (Blood)	5.7	%	01 - 10
Basophils (Blood)	0.2	%	00 - 02
INTERPRETATION: Tests done on Automated Fiv	e Part cell counter. All	abnormal results are r	eviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	4.00	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.10	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.21	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.38	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood)	0.01	10^3 / μl	< 0.2
Platelet Count (EDTA Blood)	246	10^3 / μl	150 - 450
MPV (Blood)	7.7	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	10	mm/hr	< 15
BUN / Creatinine Ratio	10.3		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	87.51	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.





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	142.20	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)	6.6	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.64	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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	5.97	mg/dL	3.5 - 7.2
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.55	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.20	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.35	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	32.54	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	37.14	U/L	5 - 41





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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	42.86	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	71.3	U/L	53 - 128
Total Protein (Serum/Biuret)	7.24	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.73	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.51	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.06		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	137.78	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	133.75	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 32.39 mg/dL Optimal(Negative Risk Factor): >= 60 (Serum/Immunoinhibition) Borderline: 40 - 59 High Risk: < 40





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
LDL Cholesterol (Serum/Calculated)	78.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	26.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	105.4	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.3	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)	4.1	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.4	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
HbA1C	5.4	%	Normal: 4.5 - 5.6
(Whole Blood/HPLC)			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 108.28 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 HbAlC 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 HbAlc.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.12 ng/ml 0.7 - 2.04

(Serum/ECLIA)

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 $6.01 \, \mu g/dl \, 4.2 - 12.0$

(Serum/ECLIA)

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) 4.95 µIU/mL 0.35 - 5.50

(Serum/ECLIA)





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-	<u>Value</u>		Reference Interval

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:

Colour

- 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.

URINE ROUTINE

PHYSICAL EXAMINATION (URINE **COMPLETE**)

(Urine)		
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	30	
<u>CHEMICAL EXAMINATION (URINE</u> <u>COMPLETE)</u>		
pH (Urine)	5.0	4.5 - 8.0
Specific Gravity (Urine)	1.011	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal

Yellow





Yellow to Amber

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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Blood	Negative		Negative
(Urine)			
Nitrite	Negative		Negative
(Urine)			
Bilirubin	Negative		Negative
(Urine)			
Protein (Urine)	Trace		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		
MICROSCOPIC EXAMINATION (URINE COMPLETE)			
Pus Cells	0-2	/hpf	NIL
(Urine)			
Epithelial Cells	0-2	/hpf	NIL
(Urine)			
RBCs	NIL	/HPF	NIL
(Urine)			
Others	NIL		
(Urine)			
INTERPRETATION: Note: Done with Auton reviewed and confirmed microscopically.	nated Urine Analyser & Auton	nated urine sedin	nentation analyser. All abnormal reports are
Casts	NIL	/hpf	NIL
(Urine)			
Crystals	NIL	/hpf	NIL
(Urine)			





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-- End of Report --

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