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 : 12/11/2022 7:35 AM

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 : 522228386
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 : 50 Year(s) / Male
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Investigation HAEMATOLOGY	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Spectrophotometry)	15.0	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	45.8	%	42 - 52
RBC Count (EDTA Blood)	5.27	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	86.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.5	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.8	g/dL	32 - 36
RDW-CV	14.2	%	11.5 - 16.0
RDW-SD	43.19	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6500	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	42.0	%	40 - 75
Lymphocytes (Blood)	47.3	%	20 - 45
Eosinophils (Blood)	3.4	%	01 - 06
Monocytes (Blood)	6.7	%	01 - 10



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Basophils	0.6	%	00 - 02
(Blood)			
INTERPRETATION: Tests done on Automated Five P	Part cell counter. All a	abnormal results are i	reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	2.73	10^3 / μΙ	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	3.07	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.22	10^3 / μ1	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.44	10^3 / μ1	< 1.0
Absolute Basophil count (EDTA Blood)	0.04	10^3 / μl	< 0.2
Platelet Count (EDTA Blood)	202	10^3 / μ1	150 - 450
MPV (Blood)	7.5	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.15	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	3	mm/hr	< 15



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Investigation BIOCHEMISTRY	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.74	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.25	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.49	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	25.24	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	34.32	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	23.39	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	64.0	U/L	53 - 128
Total Protein (Serum/Biuret)	7.13	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.41	gm/dl	3.5 - 5.2
Globulin (Serum/ <i>Derived</i>)	2.72	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.62		1.1 - 2.2



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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	214.35	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	124.91	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.

part of the day.			
HDL Cholesterol (Serum/Immunoinhibition)	42.78	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	146.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	25	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	171.6	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219



Very High: ≥ 220

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

Total Cholesterol/HDL Cholesterol Ratio 5 Optimal: < 3.3
(Serum/Calculated) 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
2.9
Optimal: < 2.5
(TG/HDL)
Mild to moderate risk: 2.5 - 5.0

(Serum/Calculated) High Risk: > 5.0

LDL/HDL Cholesterol Ratio 3.4 Optimal: 0.5 - 3.0 (Serum/Calculated) Borderline: 3.1 - 6.0

High Risk: > 6.0

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<u>Investigation</u>	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/HPLC)	5.5	%	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 111.15 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.

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

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.10 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 8.01 µg/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) 2.13 µIU/mL 0.35 - 5.50

(Serum/ECLIA)

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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InvestigationObservedUnitBiologicalValueReference Interval

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour Yellow Yellow Yellow to Amber

(Urine)

Appearance Clear Clear

(Urine)

Volume(CLU) 25

(Urine)

CHEMICAL EXAMINATION (URINE

COMPLETE)

pH 5.0 4.5 - 8.0

(Urine)

Specific Gravity 1.012 1.002 - 1.035

(Urine)

Ketone Negative Negative

(Urine)

Urobilinogen Normal Normal

(Urine)

Blood Negative Negative

(Urine)

Nitrite Negative Negative

(Urine)

Bilirubin Negative Negative

(Urine)

Protein Negative Negative

(Urine)



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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine) MICROSCOPIC EXAMINATION (URINE COMPLETE)	Negative		
Pus Cells (Urine)	0-2	/hpf	NIL
Epithelial Cells (Urine)	0-1	/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.

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InvestigationObservedUnitBiologicalValueReference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING 'B' 'Positive'

(EDTA Blood/Agglutination)

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

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
BUN / Creatinine Ratio	16.7		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	112.80	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)	Negative		Negative
(Urine - F/GOD - POD)			
Glucose Postprandial (PPBS)	123.86	mg/dL	70 - 140
(Plasma - PP/GOD-PAP)			

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 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)	16.7	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.00	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 7.36 mg/dL 3.5 - 7.2 (Serum/Enzymatic)

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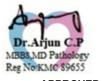
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Investigation IMMUNOASSAY	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.453	ng/ml	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0



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-- End of Report --

Name	MR.PETER DOMINIC B	ID	MED121472181
Age & Gender	50Y/MALE	Visit Date	12 Nov 2022
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size (13.5cms) and shows increased echogenicity. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended.

CBD is of normal calibre.

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

SPLEEN shows normal shape, size and echopattern.

No demonstrable Para-aortic lymphadenopathy.

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	11.1	1.5
Left Kidney	11.3	1.4

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 3.0 x 2.4 x 3.4cms (Vol-12.9cc).

No evidence of ascites.

IMPRESSION:

- Grade I fatty infiltration of the liver.
- No other significant abnormality detected.

DR. HEMANANDINI V.N

Name	MR.PETER DOMINIC B	ID	MED121472181
Age & Gender	50Y/MALE	Visit Date	12 Nov 2022
Ref Doctor Name	MediWheel		

CONSULTANT RADIOLOGIST

Hn/an

Name	MR.PETER DOMINIC B	ID	MED121472181
Age & Gender	50Y/MALE	Visit Date	12 Nov 2022
Ref Doctor Name	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA 2.92 cms. LEFT ATRIUM 2.70 : cms. AVS 1.47 cms. LEFT VENTRICLE (DIASTOLE) 4.01 cms. (SYSTOLE) 2.89 cms. **VENTRICULAR SEPTUM** (DIASTOLE) 1.00 cms. (SYSTOLE) 0.96 cms. **POSTERIOR WALL** (DIASTOLE) 0.89 cms. (SYSTOLE) 1.36 cms. **EDV** 70 ml. **ESV** 32 ml. FRACTIONAL SHORTENING 27 % **EJECTION FRACTION** 60 % : **EPSS** cms. **RVID** 1.80 cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE: E - 0.8 m/s A - 0.6 m/s NO MR.

AORTIC VALVE: 1.1 m/s NO AR.

TRICUSPID VALVE: E - 0.4 m/s A - 0.3 m/s NO TR.

PULMONARY VALVE: 0.8 m/s NO PR.

Name	MR.PETER DOMINIC B	ID	MED121472181
Age & Gender	50Y/MALE	Visit Date	12 Nov 2022
Ref Doctor Name	MediWheel		

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.

Name	MR.PETER DOMINIC B	ID	MED121472181
Age & Gender	50Y/MALE	Visit Date	12 Nov 2022
Ref Doctor Name	MediWheel		

DR. YASHODA RAVI

CONSULTANT CARDIOLOGIST

Name	PETER DOMINIC B	Customer ID	MED121472181
Age & Gender	50Y/M	Visit Date	Nov 12 2022 7:34AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

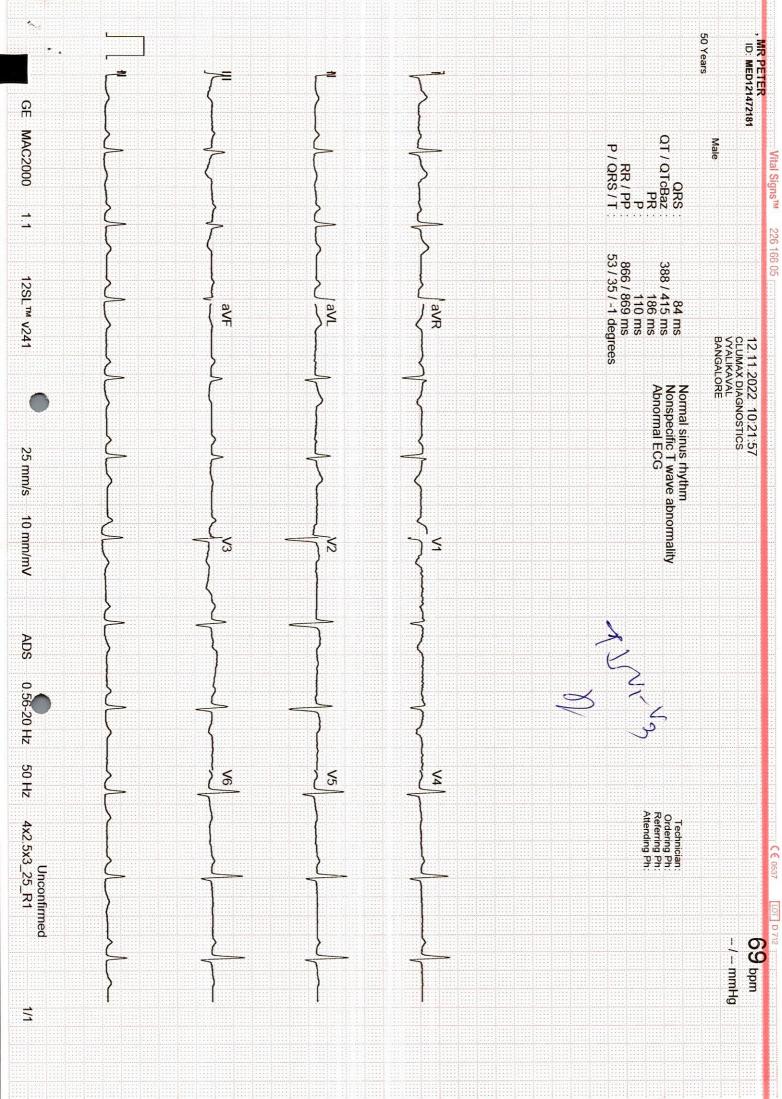
Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

IMPRESSION:

• No significant abnormality detected.

DR.HEMANANDHINI CONSULTANT RADIOLOGIST



Patient Name	Peter Dominic	Date	12/11/2022
Age	5042	Visit Number	522228386
Sex	Male	Corporate	Medi wheel

MEDICAL EXAMINATION REPORT

Height:

171

cms

Weight:

82.7

BMI:

28.3

Healthy BMI range: 18.5 kg/m² - 25 kg/m²

Healthy weight for the height: 58.0 kgs - 78.3 kgs

Lose 8.4 kgs to reach a BMI of 25 kg/m².

Ponderal Index: 15.6 kg/m³

Blood Pressure : 3018つ

mm of Hg

Pulse:

per mt

Chest - Exhale : QU

cms

Inhale: 102

cms

Abdomen :

cms

Eyes:

None

N: md

Throat:

Nonel

Neck Nodes: Not PdIll

CVS:

8,52+

PA:

RS:

NJBS

CNS:

Smoker / Alcoholic:

occapional

Weight loss / cough:

NO

H/O Piles / Fever:

NO

Any surgery:

NO

Medication for DM / HT/ Heart disease:

NO

Physician signature

KMC No: 15130