

MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 24-Sep-2022 9:31 AM

Customer Name : MR.VIKESH NAKTUJI GAUNDHARE
Ref Dr Name : MediWheel
Customer Id : MED111309500
Email Id :
Corporation Name : MediWheel
Address :

DOB : 09 Jun 1993
Age : 29Y/MALE
Visit ID : 712229422
Phone No : 7774074018

H-177
W-75kg
BP-120/70
Pulse-63 bpm
HR-40
Weight-33

Package Name : Mediwheel Full Body Health Checkup Male Below 40

Table with 7 columns: S.No, Modality, Study, Accession No, Time, Seq, Signature. Rows include tests like BLOOD UREA NITROGEN (BUN), GLUCOSE - FASTING, GLUCOSE - POSTPRANDIAL (2 HRS), GLYCOSYLATED HAEMOGLOBIN (HbA1c), LIPID PROFILE, LIVER FUNCTION TEST (LFT), URIC ACID, URINE GLUCOSE - FASTING, URINE GLUCOSE - POSTPRANDIAL (2 Hrs), COMPLETE BLOOD COUNT WITH ESR, THYROID PROFILE/ TFT(T3, T4, TSH), STOOL ANALYSIS - ROUTINE, URINE ROUTINE, CREATININE, BLOOD GROUP & RH TYPE (Forward Reverse).

Patient Details Print Page

		BUN/CREATININE RATIO			
	OTHERS	physical examination	MYS2726493102651		
	OTHERS	ULTRASOUND ABDOMEN - 0	MYS2726493103462	Ground floor	
	OTHERS	Treadmill 2D Echo done	MYS2726493127528	4/30	
20	OTHERS	EYE CHECKUP	MYS2726493135592	1st floor	
21	X-RAY	X RAY CHEST - 0	MYS2726493145199		
22	OTHERS	Consultation Physician	MYS2726493148004		
23	ECHO	ELECTROCARDIOGRAM ECG	MYS2726493149333		

Echo - done done

Registered By
(R.SUNILKUMAR)

FITNESS CERTIFICATE

NAME: Mr. Vikesh. N.G	AGE: 29 y
Ht: 177 CMS	Wt: 75 KGS SEX: Male

PARAMETERS	MEASUREMENTS
PULSE / BP (supine)	/mt / /mmHg 120/77
INSPIRATION	35 cm
EXPIRATION	34 cm
CHEST CIRCUMFERENCE	35 cm
PREVIOUS ILLNESS	
VISION	(N)
FAMILY HISTORY	FATHER: MOTHER: 1 Nil

REPORTS: Normal

DATE: 24/09/2022

PLACE: Mysuru

CONSULTANT PHYSICIAN

Dr. NIKHIL. B.
 M.D., D.M.(Cardiologist)
 Interventional Cardiologist
 KMC Reg. No.: 90111



Customer Name	MR.VIKESH NAKTUJI GAUNDHARE	Customer ID	MED111309500
Age & Gender	29Y/MALE	Visit Date	24/09/2022
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2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.0cms
LEFT ATRIUM	:	3.5cms
LEFT VENTRICLE (DIASTOLE)	:	4.6cms
(SYSTOLE)	:	2.9cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.0cms
(SYSTOLE)	:	1.3cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.3cms
EDV	:	83ml
ESV	:	34ml
FRACTIONAL SHORTENING	:	37%
EJECTION FRACTION	:	63%
RVID	:	1.6cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.89m/s	'A' - 0.45m/s	NO MR
AORTIC VALVE	:	1.01m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.85m/s	'A' - 0.38m/s	NO TR
PULMONARY VALVE	:	0.80m/s		NO PR



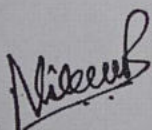
Customer Name	MR. VIKESH NAKTUJI GAUNDHARE	Customer ID	MED111309500
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2D ECHOCARDIOGRAPHY FINDINGS:

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:

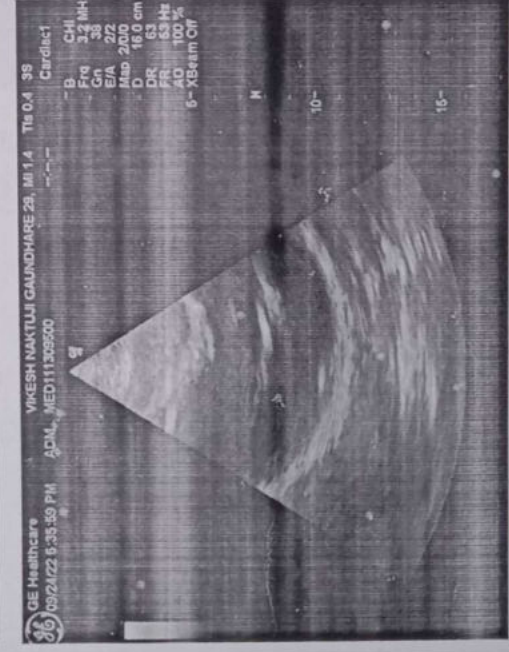
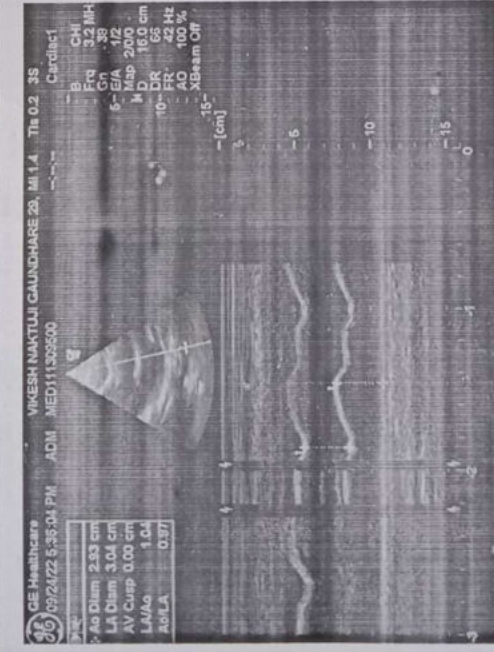
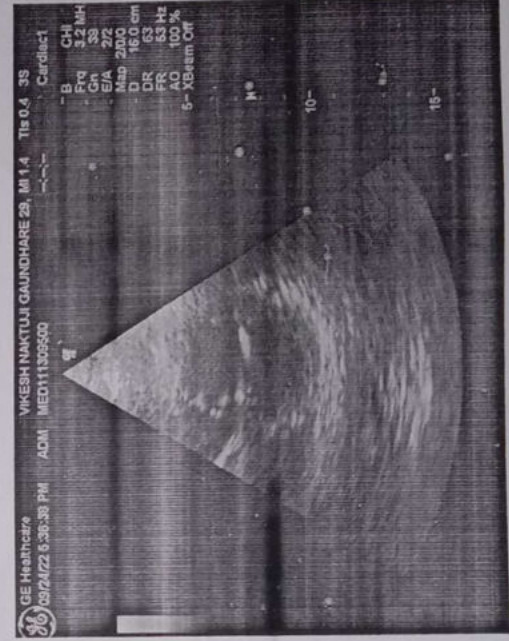
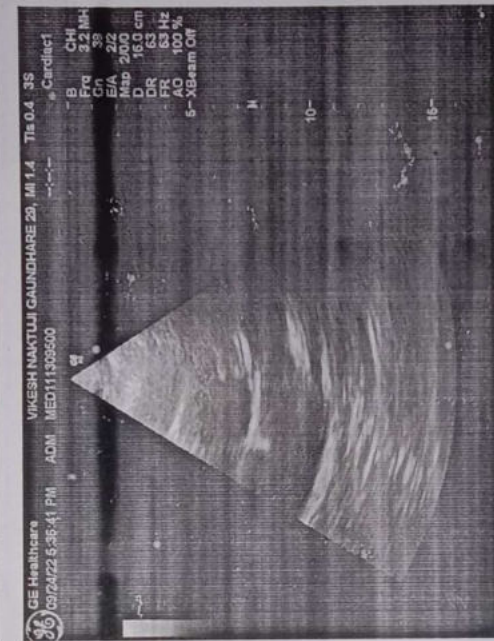
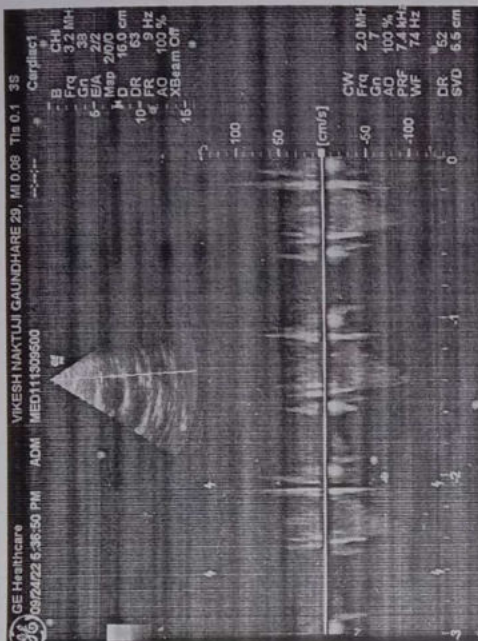
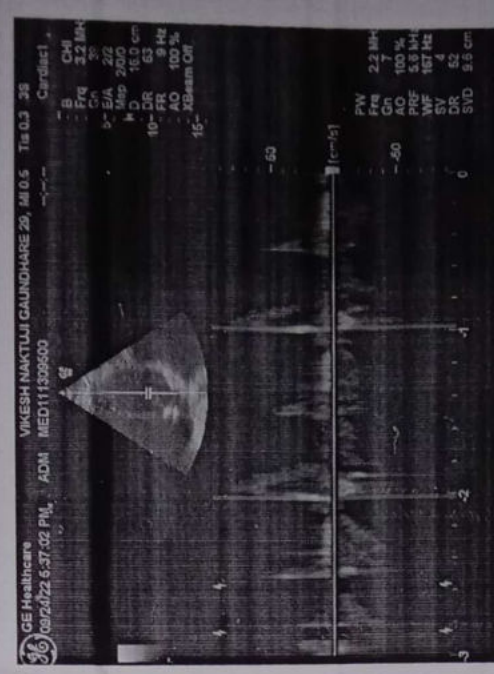
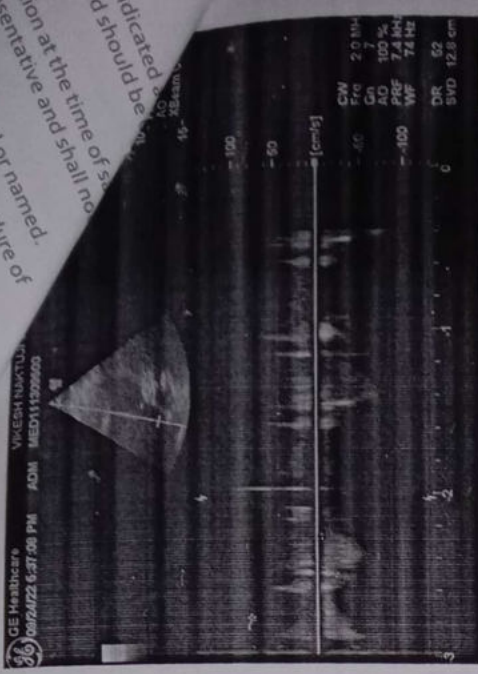
- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 63%.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.



DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/TG



Condition at the time of scan and should be representative and shall not be a procedure of



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Medall

NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

OPD SHEET

Date : 24/09/22

Patient's Name : Mr. Vikeshkrakutji Gaundhoo OP No. 181213

29/M

6:00 Pm

Dr. Richa

MBBS, DOMS, DNB

Consultant-Vitreo Retina

KMC Reg. No. : 105719

NCV < 17
17

BCVA < -2.00 DS 6/6
-2.00 DS 6/6

Color vision BE - WNL - 38/38 - Normal
on Ishihara chart

ant segment - BE - WNL

fundus - uncl - BE - CD-0.3, RA+

adv

- Remo for debuted Rpsawt.
- can continue same glen.

1
Richa

Customer Name	MR.VIKESH NAKTUJI GAUNDHARE	Customer ID	MED111309500
Age & Gender	29Y/MALE	Visit Date	24/09/2022
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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform 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.
No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.0	1.4
Left Kidney	9.6	1.3

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

PROSTATE shows normal shape, size and echopattern.
No evidence of ascites.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

CONSULTANT RADIOLOGISTS



DR. ANITHA ADARSH
AA/sv

DR. MOHAN B

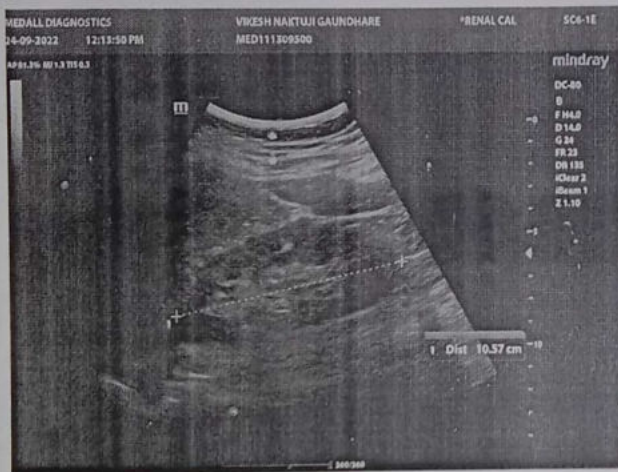
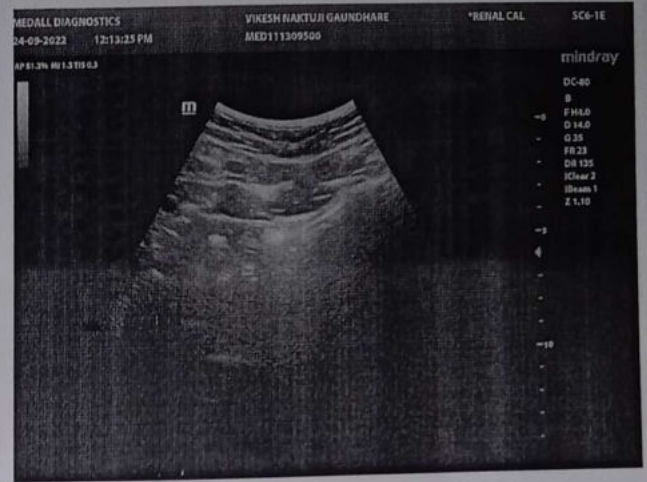


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...aring doctor / customer can
...s sensitivity, specificity of the procedure
...ommentation.
...as conclusive a
...ustomer's condition at t
...or by their representative a

Medall Diagnostics
Ballal Circle(Ashoka circle) - Mysore



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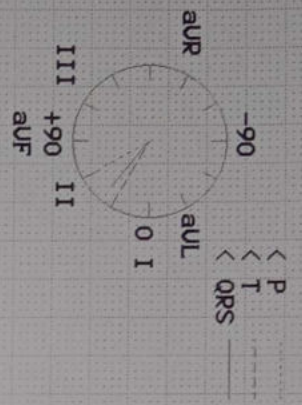


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AGE: 29

Measurement Results:

QRS	:	104 ms
QT/QTcB	:	412 / 417 ms
PR	:	126 ms
P	:	102 ms
RR/PP	:	976 / 975 ms
P/QRS/T	:	60 / 40 / 30 degrees
QTd/QTcBd	:	40 / 40 ms
Sokolow	:	2.5 mV
NK	:	8



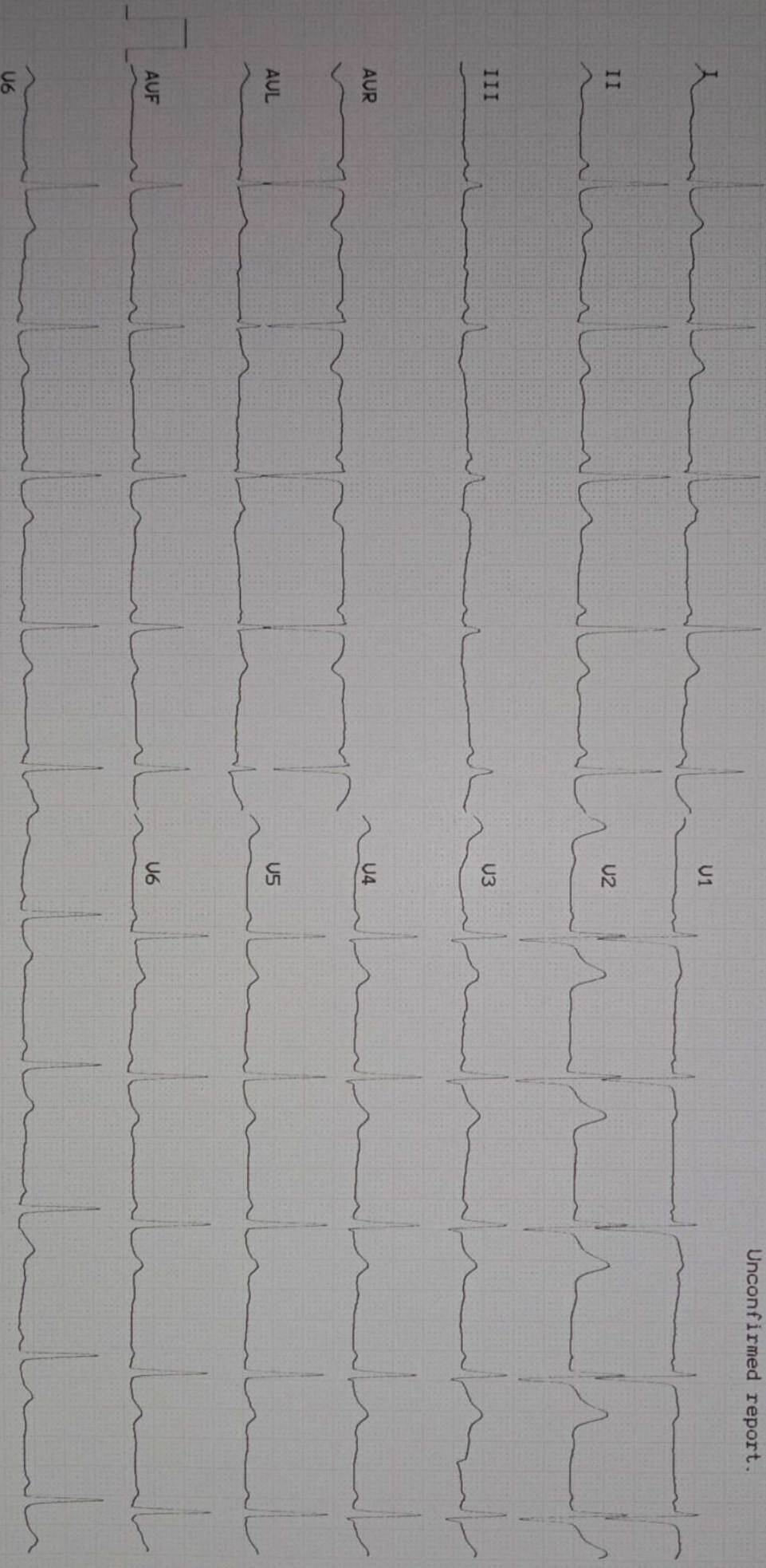
Interpretation:

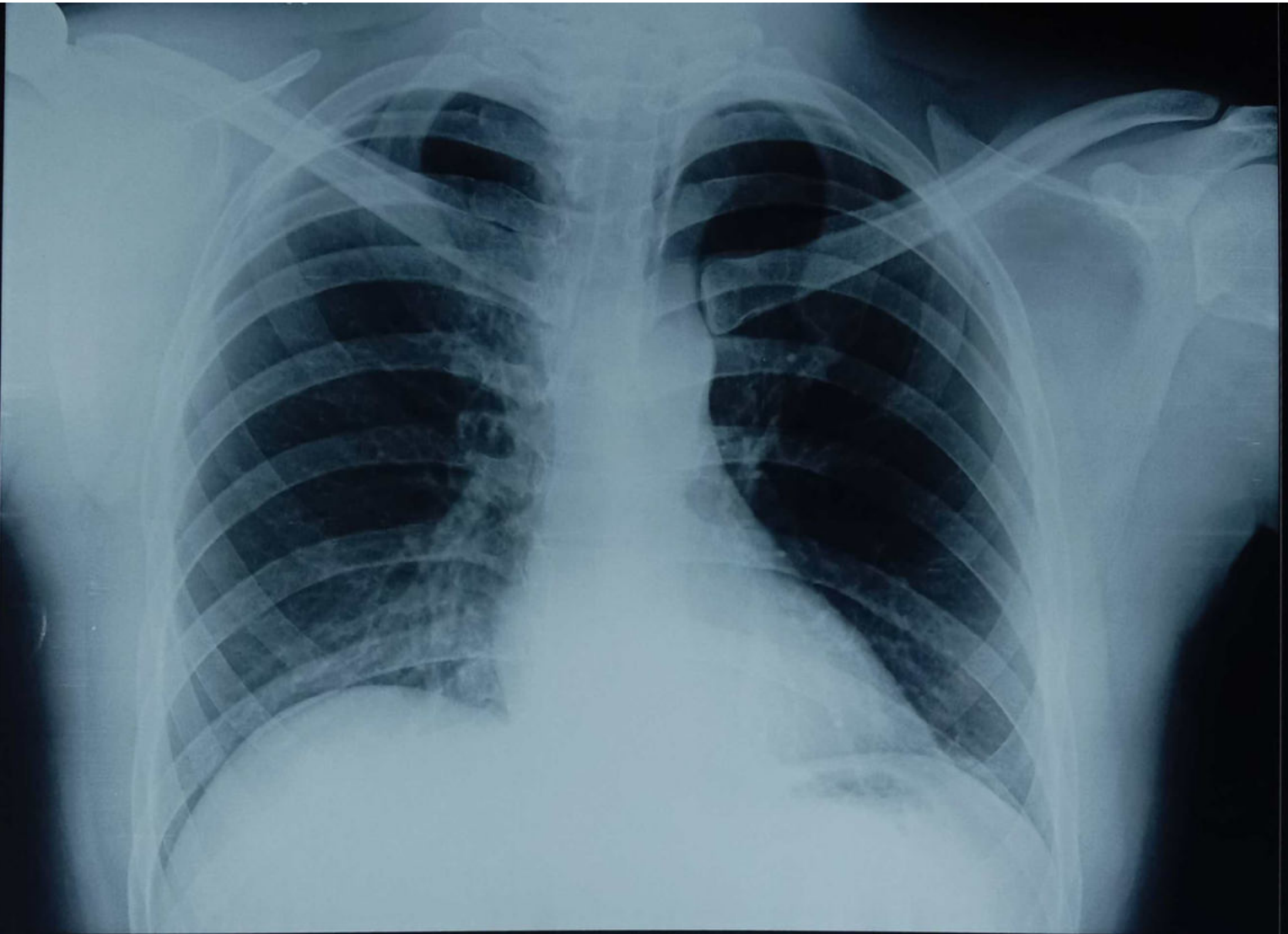
R/S inversion area between V1 and V2 probably normal ECG

← S in V1

sinus brady

Unconfirmed report.





VIKESH NAKTUJI GAUNDHARE 29 MED111309500 029Y M CHEST PA 9/24/2022
MEDALL CLUMAX DIAGNOSTIC

Name : Mr. VIKESH NAKTUJI
GAUNDHARE

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Type : OP

Ref. Dr : MediWheel

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Collection On : 24/09/2022 11:01 AM

Report On : 24/09/2022 8:19 PM

Printed On : 25/09/2022 12:49 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)	14.4	g/dL	13.5 - 18.0
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INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

Remark: test outsourced to an external lab.

PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	44.10	%	42 - 52
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RBC Count (EDTA Blood/Automated Blood cell Counter)	4.95	mill/cu.mm	4.7 - 6.0
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MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	89	fL	78 - 100
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MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	29	pg	27 - 32
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MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	32.6	g/dL	32 - 36
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RDW-CV (Derived)	12.9	%	11.5 - 16.0
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RDW-SD (Derived)	40.18	fL	39 - 46
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Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	5900	cells/cu.mm	4000 - 11000
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Neutrophils (Blood/Impedance Variation & Flow Cytometry)	44.8	%	40 - 75
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Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	47.3	%	20 - 45
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Dr Shouree K.R.
MBBS MD DNB
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Reg No : KMC 103138

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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	0.9	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	6.9	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.1	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.64	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.79	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.05	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.41	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.01	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	219	10 ³ / μ l	150 - 450
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	06	mm/hr	< 15


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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	224	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	87	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)	52	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	154.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	17.4	mg/dL	< 30

Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY

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Non HDL Cholesterol (Serum/Calculated)	172.0	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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.7		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)	3		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)	4.9	%	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 93.93 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 glycaemic 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/Chemiluminescent Immunometric Assay (CLIA))	1.09	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 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	9.84	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/Chemiluminescent Immunometric Assay (CLIA))	3.14	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

Colour (Urine/Physical examination)	Pale Yellow		Yellow to Amber
Volume (Urine/Physical examination)	25		ml
Appearance (Urine)	Clear		

CHEMICAL EXAMINATION

pH (Urine)	6.5		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.020		1.002 - 1.035
Protein (Urine/Dip Stick - Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative

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Blood (Urine)	Nil		Nil
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits

Urine Microscopy Pictures

RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	3-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	2-3	/hpf	No ranges
Others (Urine)	Nil		Nil


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Register On : 24/09/2022 9:31 AM

SID No. : 712229422

Collection On : 24/09/2022 11:01 AM

Age / Sex : 29 Year(s) / Male

Report On : 24/09/2022 8:19 PM

Type : OP

Printed On : 25/09/2022 12:49 PM

Ref. Dr : MediWheel



Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' 'Positive'

Remark: Test to be confirmed by gel method.

A handwritten signature in black ink over a circular pink and blue background.

Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

Name : Mr. VIKESH NAKTUJI GAUNDHARE
 PID No. : MED111309500
 SID No. : 712229422
 Age / Sex : 29 Year(s) / Male
 Type : OP
 Ref. Dr : MediWheel

Register On : 24/09/2022 9:31 AM
 Collection On : 24/09/2022 11:01 AM
 Report On : 24/09/2022 8:19 PM
 Printed On : 25/09/2022 12:49 PM



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

BUN / Creatinine Ratio	7.2		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	82	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.

Urine sugar, Fasting (Urine - F)	Nil		Nil
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	84	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.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.0	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	1.1	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/Uricase/Peroxidase)	4.3	mg/dL	3.5 - 7.2
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Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY

Dr. Shouree K.R.
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138

APPROVED BY

-- End of Report --

Name	VIKESH NAKTUJI GAUNDHARE	ID	MED111309500
Age & Gender	29Y/M	Visit Date	Sep 24 2022 9:31AM
Ref Doctor	MediWheel		

X – RAY CHEST PA VIEW

LUNGS:

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

CARDIA:

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

IMPRESSION:

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.**

AA/SV



Dr. Anitha Adarsh
Consultant Radiologist