

--- A MEDALL COMPANY ---

Date 23-Jul-2022 8:09 AM

Customer Name : MR.SURESH P V

DOB : 05 Apr 1983

Ref Dr Name : MediWheel

Age : 39Y/MALE

Customer Id : MED110703960

Visit ID : 712222349

Email Id :

Phone No : 9949607422

Corp Name : MediWheel

Address :

Package Name : Mediwheel Full Body Health Checkup Male Above 40

8:00pm

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN) ✓				
2	LAB	GLUCOSE - FASTING ✓				
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS) ✓				
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c) ✓				
5	LAB	LIPID PROFILE ✓				
6	LAB	LIVER FUNCTION TEST (LFT) ✓				
7	LAB	URIC ACID ✓				
8	LAB	URINE GLUCOSE - FASTING ✓				
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs) ✓				
10	LAB	COMPLETE BLOOD COUNT WITH ESR ✓				
11	LAB	THYROID PROFILE/ TFT(T3, T4, TSH) ✓				
12	LAB	TOTAL PROSTATE SPECIFIC ANTIGEN - PSA ✓				
13	LAB	STOOL ANALYSIS - ROUTINE ✓				
14	LAB	URINE ROUTINE ✓				
15	LAB	CREATININE ✓				

3 day

LAB	BLOOD GROUP & RH TYPE (Forward Reverse)			
LAB	BUN/CREATININE RATIO			
18	OTHERS	physical examination	MYS2704411102651	
19	US	ULTRASOUND ABDOMEN	MYS2704411103462	est
20	OTHERS	Treadmill 2D Echo ✓	MYS2704411127528	IN 12000
21	OTHERS	Dental Consultation	MYS2704411134969	
22	OTHERS	EYE CHECKUP	MYS2704411135592	
23	X-RAY	X RAY CHEST ✓	MYS2704411145199	
24	OTHERS	Consultation Physician	MYS2704411148004	
25	ECHO	ELECTROCARDIOGRAM ECG	MYS2704411149333	

HF - 176
 wt - 112
 BP - 120/80 mmHg
 pulse - 103
 temp - 47.
 w - 46

Registered By
 (A.JAYASHREE)

FITNESS CERTIFICATE

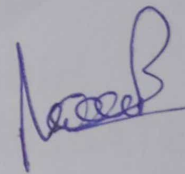
NAME: Mr. Suresh. V	AGE: 39	
Ht: 176 CMS	Wt: 112 KGS	SEX: male

PARAMETERS	MEASUREMENTS
PULSE / BP (supine)	80 /mt / /mmHg 120/80
INSPIRATION	67 Cm
EXPIRATION	66 Cm
CHEST CIRCUMFERENCE	67 Cm
PREVIOUS ILLNESS	Diabetes
VISION	6/12, 6/9, N6
FAMILY HISTORY	FATHER: 1 NCL MOTHER:

REPORTS: Continue same medications

DATE: 23/07/2022

PLACE: Mysuru



CONSULTANT PHYSICIAN

Dr. NIKHIL. B.

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



Customer Name	MR.SURESH P V	Customer ID	MED110703960
Age & Gender	39Y/MALE	Visit Date	23/07/2022
Ref Doctor	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.2cms
LEFT ATRIUM	:	3.5cms
LEFT VENTRICLE (DIASTOLE)	:	4.6cms
(SYSTOLE)	:	2.8cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.0cms
(SYSTOLE)	:	1.3cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.3cms
EDV	:	81ml
ESV	:	31ml
FRACTIONAL SHORTENING	:	38%
EJECTION FRACTION	:	62%
RVID	:	1.6cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.71m/s	'A' - 0.42m/s	NO MR
AORTIC VALVE	:	0.99m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.69m/s	'A' - 0.60m/s	NO TR
PULMONARY VALVE	:	0.73m/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.

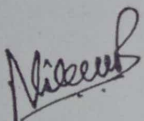
IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

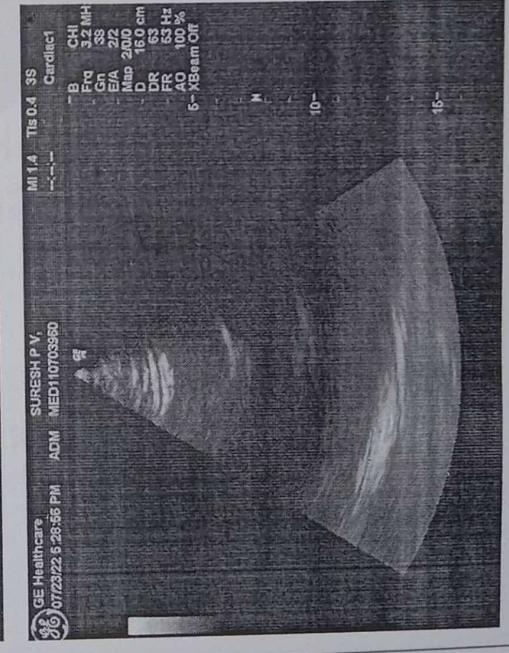
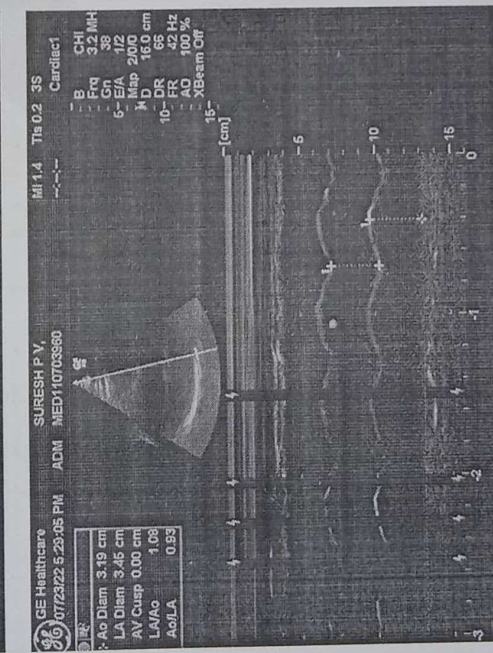
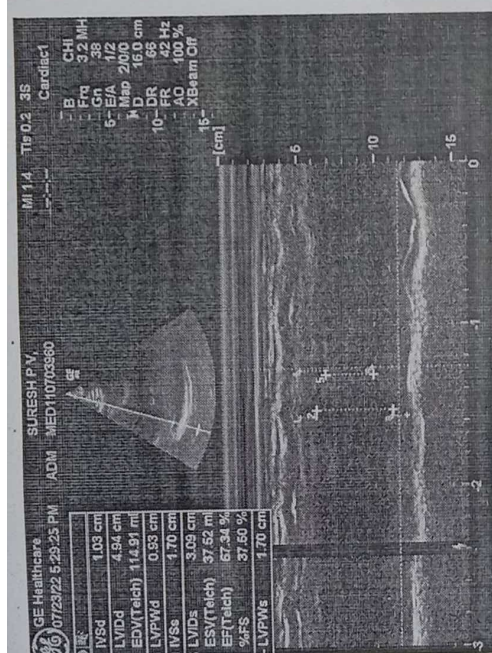
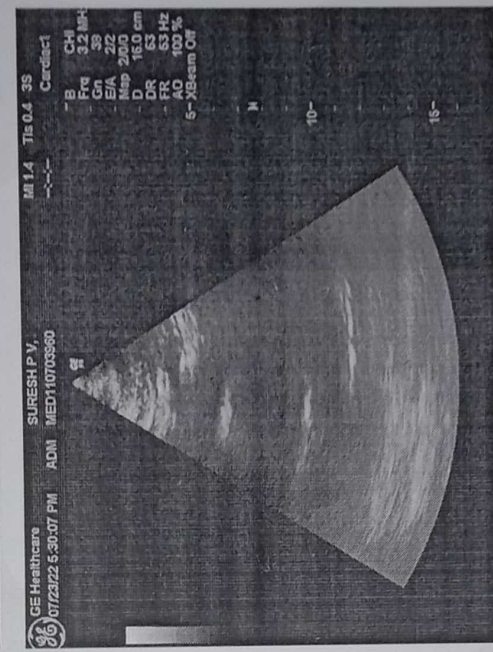
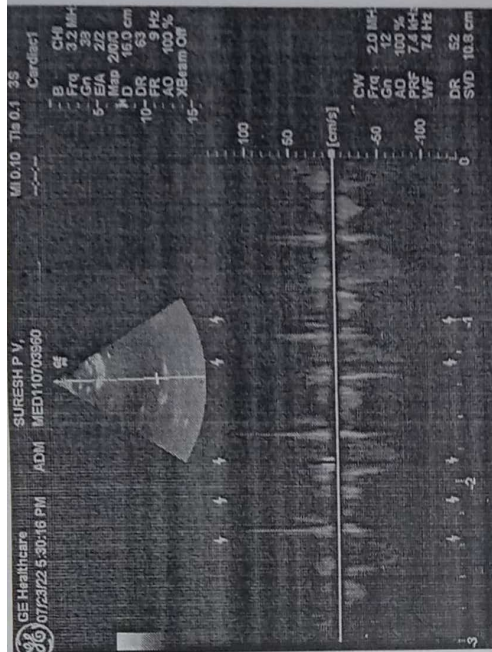
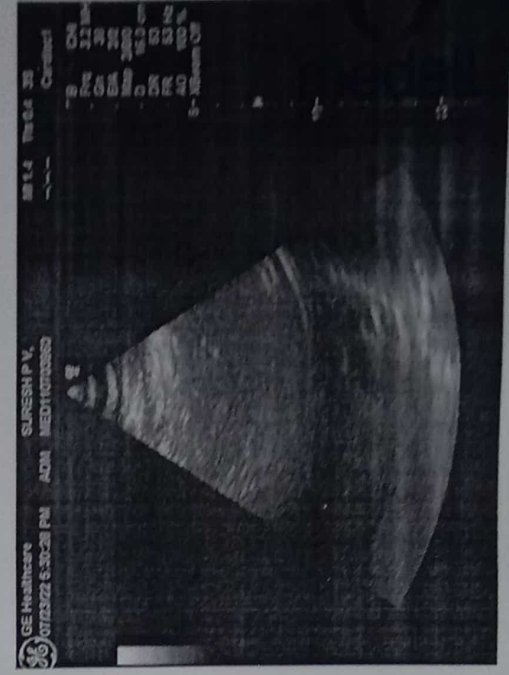
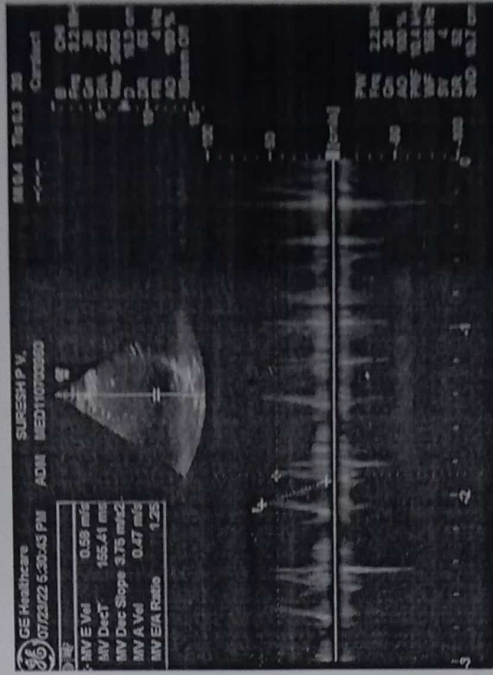
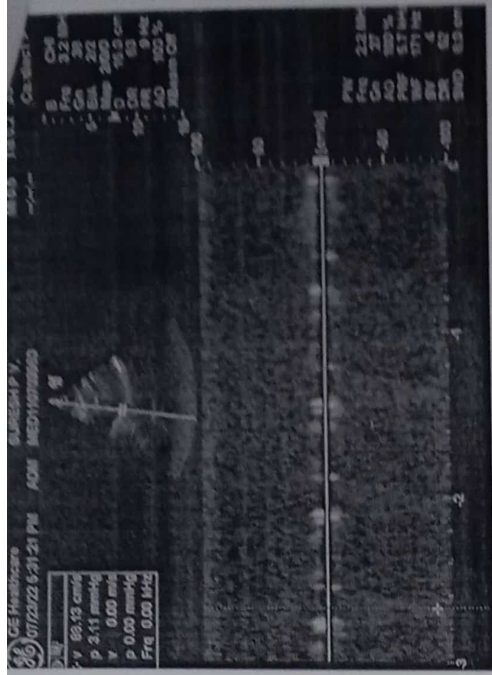
IMPRESSION:

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 62%.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.



DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/TG





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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows slightly increased echotexture.

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.

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	10.2	1.9
Left Kidney	11.4	2.1

URINARY BLADDER show normal shape and wall thickness.

It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape, size and echopattern.

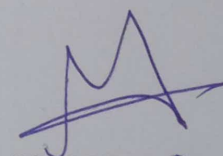
No evidence of ascites.

IMPRESSION:

- **GRADE I FATTY CHANGES IN LIVER.**

CONSULTANT RADIOLOGISTS

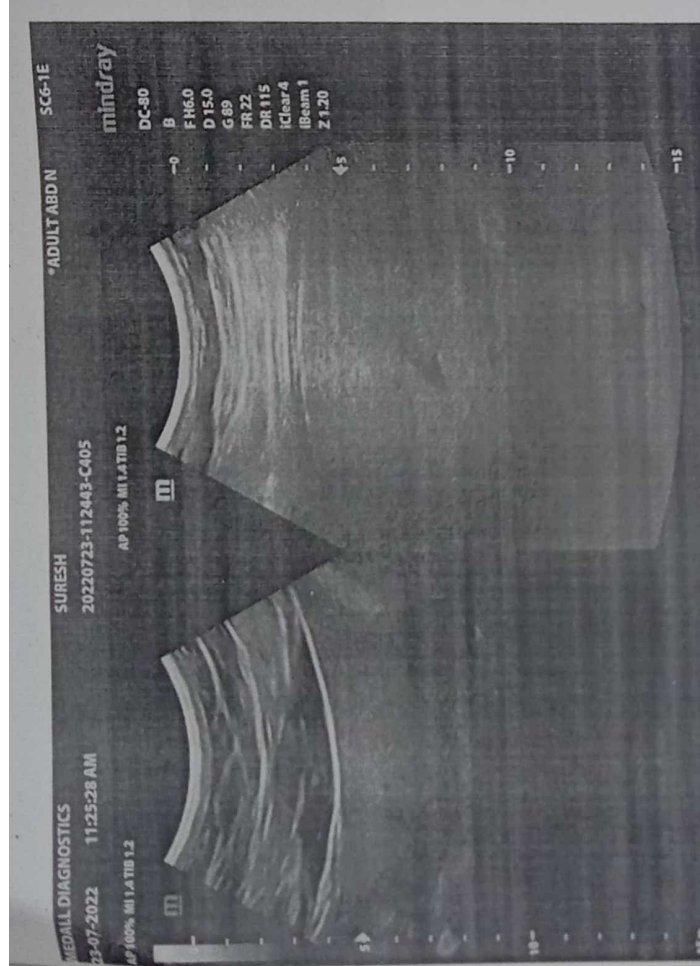
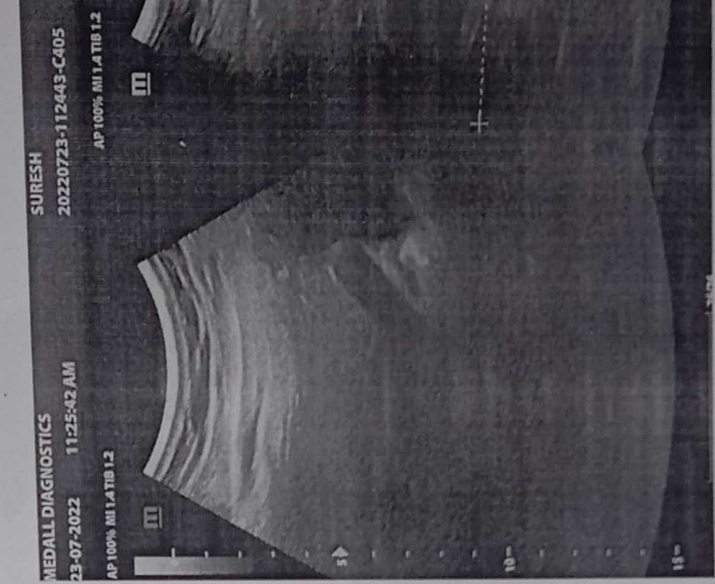
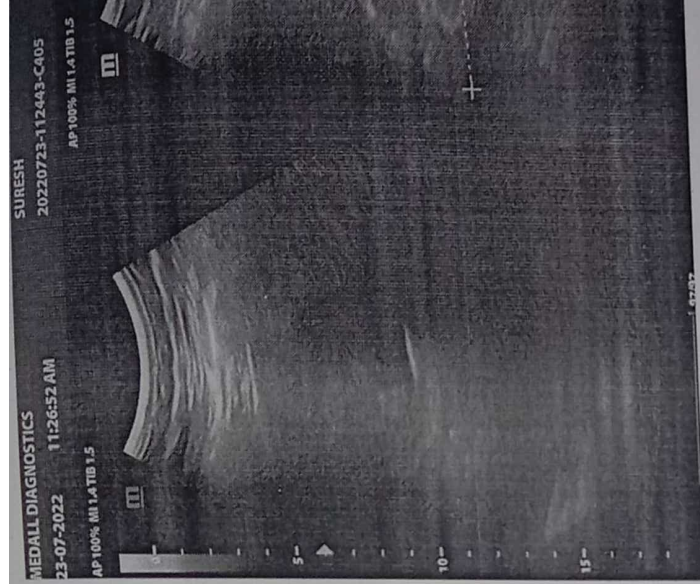
DR. ANITHA ADARSH
MB/SV



DR. MOHAN B



the Customer's...
 to the Patient...
 by their...
 Specifications...

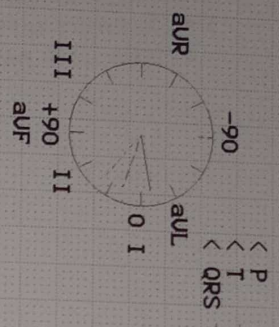


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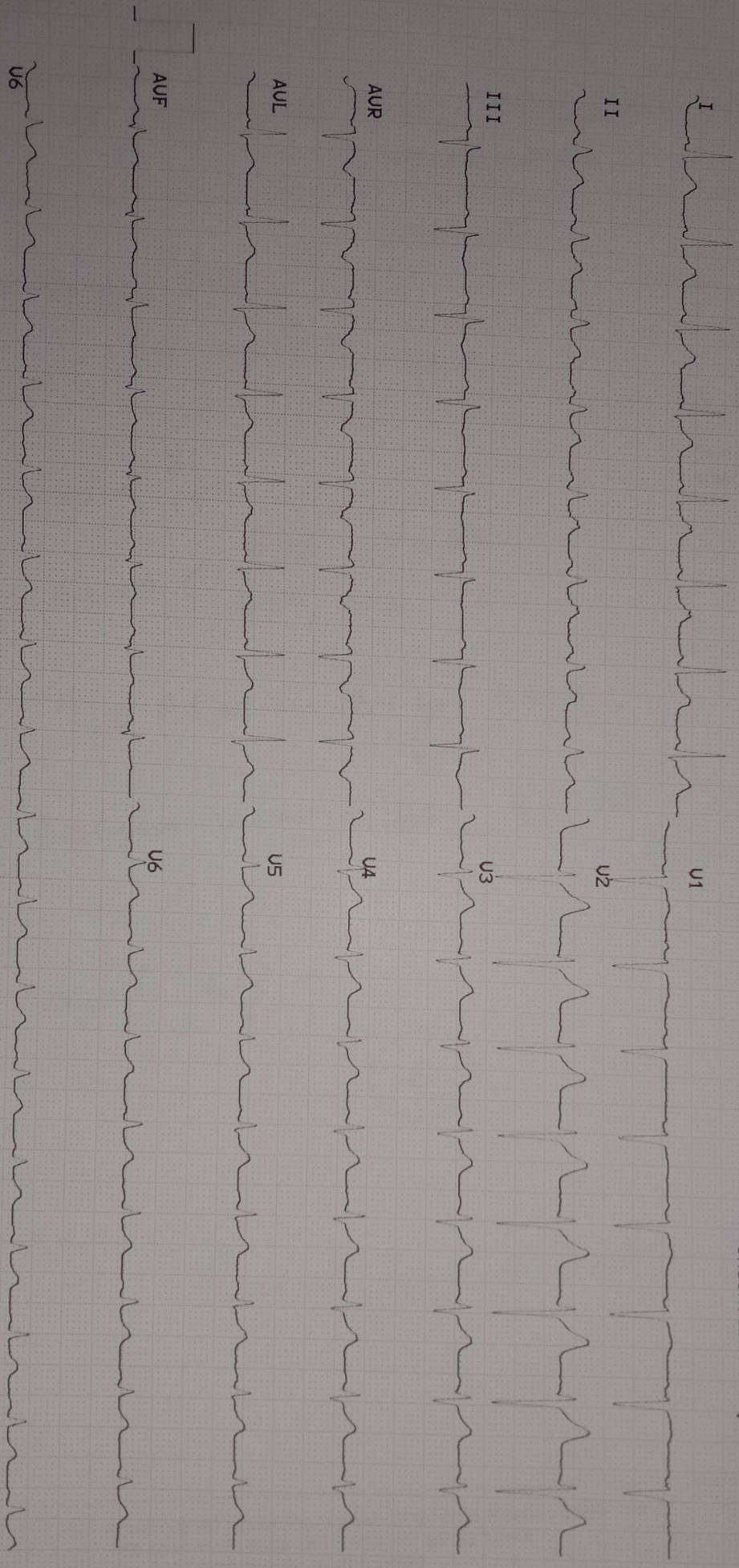
AGE: 39
 Measurement Results:
 QRS : 92 ms
 QT/QTcB : 336 / 440 ms
 PR : 128 ms
 P : 104 ms
 RR/PP : 582 / 590 ms
 P/QRS/T : 40 / -10 / 20 degrees
 QTd/QTcBD : 18 / 24 ms
 Sokolow NK : 1.1 mV
 15



Interpretation:
 probably MI (inferior)
 sinus tachycardia
 minor left axis deviation
 probably abnormal ECG

*Sinus tachycardia
 & in inferior leads
 To clinically correlate
 Mr*

Unconfirmed report.



T/W - 63

MEOALL



NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

OPD SHEET

Date 23/07/22

Patient's Name : Mr. Suresh. P.V.

OP No. 1169867

39 yrs / M

12:30 PM

Dr. Richa
MBBS, DMS, DNB
Consultant - Vitreo Retina
KMC Reg. No. : 105719

NCV < 21
15

BCVA < 6/12, NG Blv
6/9, NG

H/O PRK - 24 yrs back.

Colur view - BF - 38/38 - Normal on Ishihara chart

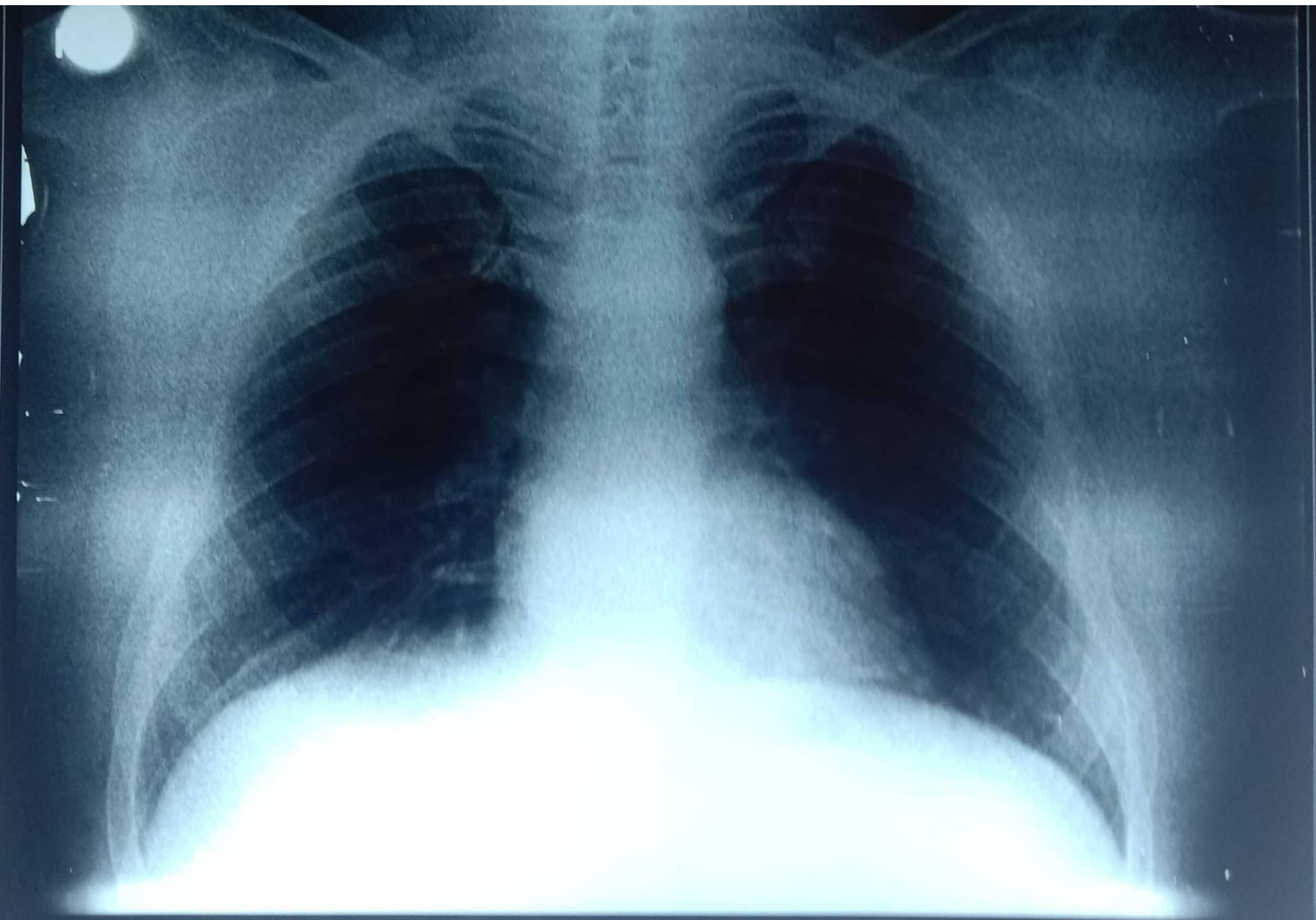
ant. sy -



ads

Rem for dilatation. / fundus.

Richa



SURESH P V 39 MED110703960 M CHEST PA 7/23/2022 10:26 AM
MEDALL CLUMAX DIAGNOSTIC

Name : Mr. SURESH P V
PID No. : MED110703960
SID No. : 712222349
Age / Sex : 39 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 23/07/2022 8:09 AM
Collection On : 23/07/2022 9:31 AM
Report On : 23/07/2022 7:40 PM
Printed On : 24/07/2022 11:41 AM




<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)	16.1	g/dL	13.5 - 18.0
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.			
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	46.5	%	42 - 52
RBC Count (EDTA Blood/Automated Blood cell Counter)	5.57	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	83.4	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	28.9	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	34.6	g/dL	32 - 36
RDW-CV (Derived)	14.3	%	11.5 - 16.0
RDW-SD (Derived)	41.74	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	9860	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	68	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	22	%	20 - 45


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Consultant Pathologist
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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	02	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	08	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	6.70	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.17	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.20	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.79	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	264	10 ³ / μ l	150 - 450
MPV (Blood/Derived)	10.8	fL	7.9 - 13.7
PCT	0.29	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	06	mm/hr	< 15


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

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Lipid Profile

Cholesterol Total (Serum/Oxidase / Peroxidase method)	135	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
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Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	124	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
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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)	28	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	82.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
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VLDL Cholesterol (Serum/Calculated)	24.8	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	107.0	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 (Serum/Calculated)	4.8		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)	4.4		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)	2.9		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)	7.3	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Remark: Kindly correlate clinically.


Estimated Average Glucose (Whole Blood)	162.81	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 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.


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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.16	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))	10.26	Microg/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))	7.10	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.

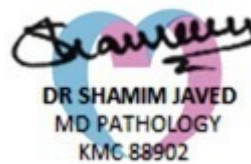
2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

3.Values&lt;0.03 μIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Remark: Kindly correlate clinically.



VERIFIED BY



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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION


Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Volume (Urine/Physical examination)	15		ml
Appearance (Urine)	Clear		

CHEMICAL EXAMINATION

pH (Urine)	7.5		4.5 - 8.0
Specific Gravity (Urine/Dip Stick ~ Reagent strip method)	1.015		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


Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY


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MBBS MD DNB
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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)	2-3	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil

Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY

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

APPROVED BY

Name : Mr. SURESH P V
PID No. : MED110703960
SID No. : 712222349
Age / Sex : 39 Year(s) / Male
Type : OP
Ref. Dr : MediWheel


Register On : 23/07/2022 8:09 AM
Collection On : 23/07/2022 9:31 AM
Report On : 23/07/2022 7:40 PM
Printed On : 24/07/2022 11:41 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Stool Analysis - ROUTINE</u>			
Colour (Stool)	Brownish		Brown
Blood (Stool)	Not present		Not present
Mucus (Stool)	Not present		Not present
Reaction (Stool)	Alkaline		Alkaline
Consistency (Stool)	Solid		Semi solid
Ova (Stool)	Nil		Nil
Others (Stool)	Nil		Nil
Cysts (Stool)	Nil		Nil
Trophozoites (Stool)	Nil		Nil
RBCs (Stool)	Nil	/hpf	Nil
Pus Cells (Stool)	2-3	/hpf	Nil
Macrophages (Stool)	Nil		Nil
Epithelial Cells (Stool)	Nil	/hpf	Nil


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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, appearing to read "Shouree", is written over a circular logo with blue and pink segments.

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

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BIOCHEMISTRY

BUN / Creatinine Ratio	8.0		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	81	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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	184	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.

Remark: Kindly correlate clinically.

Urine Sugar (PP-2 hours) (Urine - PP)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.9	mg/dL	7.0 - 21
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Creatinine (Serum/Jaffe Kinetic)	1.1	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/Uricase/Peroxidase)	6.9	mg/dL	3.5 - 7.2
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>IMMUNOASSAY</u>			
Prostate specific antigen - Total(PSA) (Serum/ <i>Manometric method</i>)	4.71	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:REMARK : PSA alone should not be used as an absolute indicator of malignancy.



VERIFIED BY



APPROVED BY

-- End of Report --

Name	SURESH P V	ID	MED110703960
Age & Gender	39Y/M	Visit Date	Jul 23 2022 8:09AM
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.**



DR. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST