| Name | Vara Prasad | | ID | MED111209839 |
|------|-------------|---|-----|--------------|
| Age & Gender | 43Year(s)/MALE | | Visit Date | 7/23/2022 12:00:00 AM |
| Ref Doctor Name | MediWheel | | | |

## 2 D ECHOCARDIOGRAPHIC STUDY

**M mode measurement:**

| | | |
|---|---|---|
| AORTA | | : 2.1cms |
| LEFT ATRIUM | | : 2.5cms |
| AVS | | : ---- |
| LEFT VENTRICLE | (DIASTOLE) | : 4.0cms |
| | (SYSTOLE) | : 2.7cms |
| VENTRICULAR SEPTUM | (DIASTOLE) | : 0.8cms |
| | (SYSTOLE) | : 1.1cms |
| POSTERIOR WALL | (DIASTOLE) | : 0.8cms |
| | (SYSTOLE) | : 1.2cms |
| EDV | | : 71ml |
| ESV | | : 27ml |
| FRACTIONAL SHORTENING | | : 33% |
| EJECTION FRACTION | | : 63% |
| EPSS | | : --- |
| RVID | | : 1.6cms |

**DOPPLER MEASUREMENTS:**

| | | | |
|---|---|---|---|
| MITRAL VALVE | : E' 0.66 m/s | A' 0.47 m/s | NO MR |
| AORTIC VALVE | : 0.84 m/s | | NO AR |
| TRICUSPID VALVE | : E' 2.00 m/s | A' - m/s | NO TR |
| PULMONARY VALVE | : 0.74 m/s | | NO PR |

| Name | Vara Prasad | | ID | MED111209839 |
|---|---|---|---|---|
| Age & Gender | 43Year(s)/MALE | | Visit Date | 7/23/2022 12:00:00 AM |
| 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: 63%.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

**DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC, FICC**
**SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST**
*Kss/an*

**Note:**
**\* Report to be interpreted by qualified medical professional.**
**\* To be correlated with other clinical findings.**

| Name | Vara Prasad | ID | MED111209839 |
|---|---|---|---|
| Age & Gender | 43Year(s)/MALE | Visit Date | 7/23/2022 12:00:00 AM |
| Ref Doctor Name | MediWheel | | |

**\* Parameters may be subjected to inter and intra observer variations.**

## SPECTACLE PRESCRIPTION

**Name:** Vara Prasad.

**Mobil No:**

**No.** 938

**Age / Gender** 43y/M,

**Date :** 23/7/2022.

**Ref. No.**

| | SPH | CYL | AXIS | VISION | SPH | CYL | AXIS | VISION |
|---|---|---|---|---|---|---|---|---|
| | | **RIGHT EYE** | | | | **LEFT EYE** | | |
| DISTANCE | | −0.75 | 127. | | | | | |
| NEAR | Add +1.0. | | | | −0.25 | −0.50 | 63 | 6/6. |

**PD**

**Advice to use glasses for:**

☐ DISTANCE   ☐ FAR & NEAR   ☐ READING   ☐ COMPUTER PURPOSE

We Care Your Eyes

## SRI PARVATHI OPTICS

NEW THIPPASANDRA

# CLUMAX DIAGNOSTICS

--- A MEDALL COMPANY ---

Date 23-Jul-2022 10:45 AM

**MEDALL**

Customer Name : **MR.VARA PRASAD**

Ref Dr Name : **MediWheel**

Customer Id : **MED111209839**

Email Id :

Corp Name : :MediWheel

Address :

DOB : **05 Jun 1979**

Age : **43Y/MALE**

Visit ID : :422056698

Phone No : **9964961792**

*(handwritten: Vls-done)*

*(handwritten: dH ↑ 175, uoP ↑ 60·5, Sp ↓ 104/7), dep ↓, Pul ↓ 89)*

Package Name : **Mediwheel Full Body Health Checkup Male Above 40**

| S.No | Modality | Study | Accession No | Time | Seq | Signature |
|------|----------|-------|--------------|------|-----|-----------|
| 1 | LAB | BLOOD UREA NITROGEN (BUN) | | | | |
| 2 | LAB | CREATININE | | | | |
| 3 | LAB | GLUCOSE - FASTING | | | | |
| 4 | LAB | GLUCOSE - POSTPRANDIAL (2 HRS) | | | | |
| 5 | LAB | GLYCOSYLATED HAEMOGLOBIN (HbA1c) | | | | |
| 6 | LAB | URIC ACID | | | | |
| 7 | LAB | LIPID PROFILE | | | | |
| 8 | LAB | LIVER FUNCTION TEST (LFT) | | | | |
| 9 | LAB | TOTAL PROSTATE SPECIFIC ANTIGEN - PSA | | | | |
| 10 | LAB | THYROID PROFILE/ TFT( T3, T4, TSH) | | | | |
| 11 | LAB | URINE GLUCOSE - FASTING | | | | |
| 12 | LAB | URINE GLUCOSE - POSTPRANDIAL (2 Hrs) | | | | |
| 13 | LAB | COMPLETE BLOOD COUNT WITH ESR | | | | |
| 14 | LAB | STOOL ANALYSIS - ROUTINE | | | | |
| 15 | LAB | URINE ROUTINE | | | | |
| 16 | LAB | BUN/CREATININE RATIO | | | | |
| 17 | LAB | BLOOD GROUP & RH TYPE | | | | |

**, Vara prasad**
ID: med111209839

43 Years

Male

**Vital Signs™**   226 166 05

23.07.2022  13:45:11
CLIMAX DIAGNOSTICS
THIPPASANDRA
BANGALORE

CE 0537    LOT D 718

**86** bpm
-- / -- mmHg

| | |
|---|---|
| QRS : | 90 ms |
| QT / QTcBaz : | 360 / 430 ms |
| PR : | 168 ms |
| P : | 112 ms |
| RR / PP : | 696 / 697 ms |
| P / QRS / T : | 67 / 75 / 50 degrees |

I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
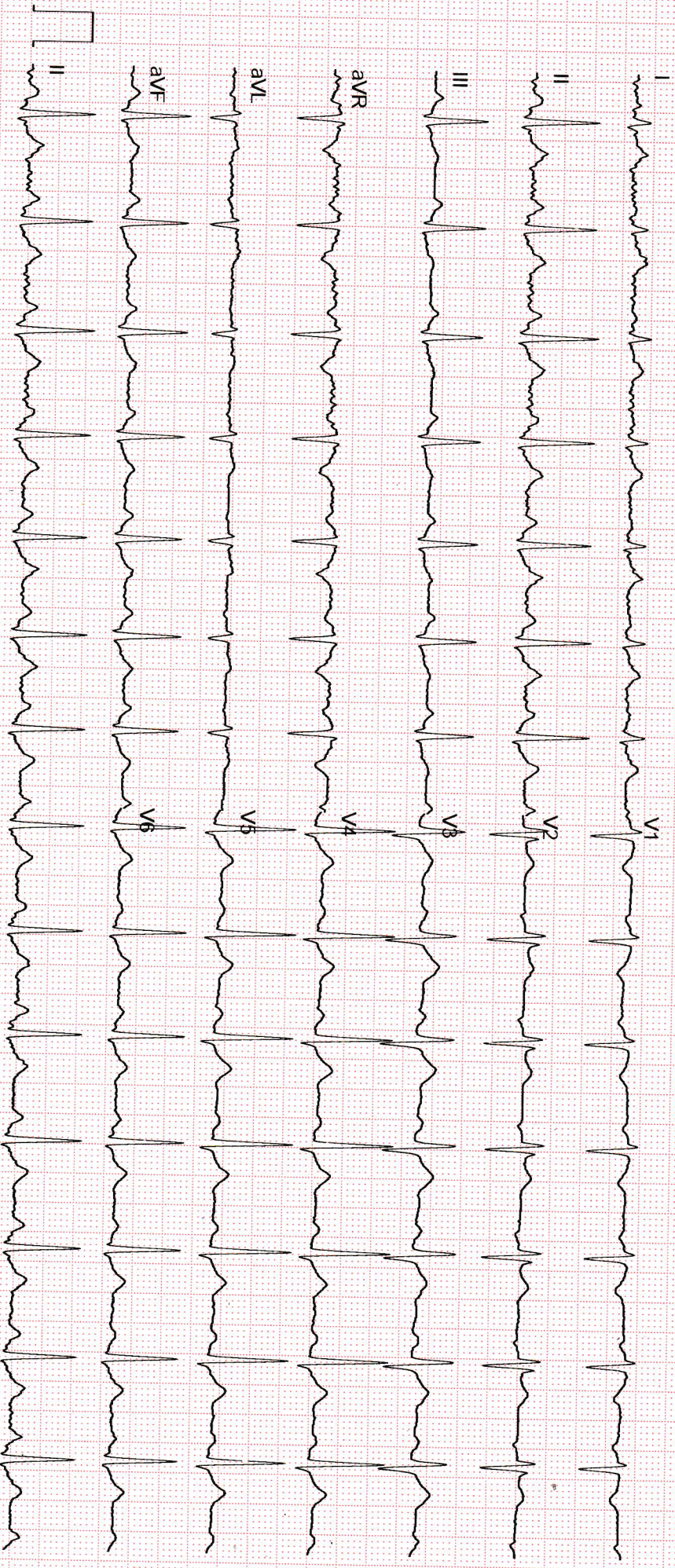
GE   MAC2000   1.1   12SL™ v241   25 mm/s   10 mm/mV   ADS   0.56-20 Hz   50 Hz   2x5x6_25_R1   Unconfirmed   1/1

| Name | Vara Prasad | | ID | MED111209839 |
|---|---|---|---|---|
| Age & Gender | 43Year(s)/MALE | | Visit Date | 7/23/2022 12:00:00 AM |
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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 is moderately distended. A small (3mm) polyp is noted in the mid body posteriorly.**
**No evidence of intraluminal calculi.** 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** shows normal shape, size and echopattern. Spleen measures 9.0cms in long axis and 3.5cms in short axis.
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.

**The kidney measures as follows:**

| | Bipolar length (cms) | Parenchymal thickness (cms) |
|---|---|---|
| **Right Kidney** | **9.5** | **1.1** |
| **Left Kidney** | **10.4** | **1.1** |

**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 3.8 x 2.5 x 2.8cms (Vol:14cc).

No evidence of ascites / pleural effusion.

**IMPRESSION:**

➤ **SMALL GALL BLADDER POLYP.**

**DR. MEERA S**
**CONSULTANT RADIOLOGIST**
*MS/vp*

| Name | Vara Prasad | ID | MED111209839 |
|------|-------------|-----|--------------|
| Age & Gender | 43Year(s)/MALE | Visit Date | 7/23/2022 12:00:00 AM |
| Ref Doctor Name | MediWheel | | |

| Name | Vara Prasad | Customer ID | MED111209839 |
|------|-------------|-------------|--------------|
| Age & Gender | 43Y/M | Visit Date | Jul 23 2022 10:45AM |
| 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. APARNA

CONSULTANT RADIOLOGIST

| Name | : | **Mr. Vara Prasad** | | | |
|------|---|---------------------|---|---|---|
| **PID No.** | : | MED111209839 | **Register On** | : | 23/07/2022 10:45 AM |
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| **Age / Sex** | : | 43 Year(s) / Male | **Report On** | : | 23/07/2022 6:57 PM |
| **Type** | : | OP | **Printed On** | : | 24/07/2022 3:16 PM |
| **Ref. Dr** | : | **MediWheel** | | | |

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---------------|----------------|------|-------------------------------|

# HAEMATOLOGY

### *Complete Blood Count With - ESR*

| | | | |
|---|---|---|---|
| Haemoglobin <br> (EDTA Blood/*Spectrophotometry*) | 15.41 | g/dL | 13.5 - 18.0 |
| Packed Cell Volume(PCV)/Haematocrit <br> (EDTA Blood) | 46.4 | % | 42 - 52 |
| RBC Count <br> (EDTA Blood) | 5.22 | mill/cu.mm | 4.7 - 6.0 |
| Mean Corpuscular Volume(MCV) <br> (EDTA Blood) | 88.8 | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH) <br> (EDTA Blood) | 29.5 | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC) <br> (EDTA Blood) | 33.2 | g/dL | 32 - 36 |
| RDW-CV <br> (EDTA Blood) | 13.3 | % | 11.5 - 16.0 |
| RDW-SD <br> (EDTA Blood) | 41.34 | fL | 39 - 46 |
| Total Leukocyte Count (TC) <br> (EDTA Blood) | 6140 | cells/cu.mm | 4000 - 11000 |
| Neutrophils <br> (EDTA Blood) | 58.51 | % | 40 - 75 |
| Lymphocytes <br> (EDTA Blood) | 32.62 | % | 20 - 45 |
| Eosinophils <br> (EDTA Blood) | 1.12 | % | 01 - 06 |

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

**APPROVED BY**

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| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| Monocytes (EDTA Blood) | 7.48 | % | 01 - 10 |
| Basophils (Blood) | 0.26 | % | 00 - 02 |

**INTERPRETATION:** Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| Absolute Neutrophil count (EDTA Blood) | 3.59 | 10^3 / μl | 1.5 - 6.6 |
| Absolute Lymphocyte Count (EDTA Blood) | 2.00 | 10^3 / μl | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (EDTA Blood) | 0.07 | 10^3 / μl | 0.04 - 0.44 |
| Absolute Monocyte Count (EDTA Blood) | 0.46 | 10^3 / μl | < 1.0 |
| Absolute Basophil count (EDTA Blood) | 0.02 | 10^3 / μl | < 0.2 |
| Platelet Count (EDTA Blood) | 243.1 | 10^3 / μl | 150 - 450 |
| MPV (EDTA Blood) | 8.19 | fL | 7.9 - 13.7 |
| PCT (EDTA Blood/*Automated Blood cell Counter*) | 0.20 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (Citrated Blood) | 14 | mm/hr | < 15 |

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902
**APPROVED BY**

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| Investigation | Observed Value | Unit | Biological Reference Interval |
|---------------|----------------|------|-------------------------------|

# BIOCHEMISTRY

### _Liver Function Test_

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---------------|----------------|------|-------------------------------|
| Bilirubin(Total) (Serum/_DCA with ATCS)_ | 0.88 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct) (Serum/_Diazotized Sulfanilic Acid)_ | 0.28 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect) (Serum/_Derived)_ | 0.60 | mg/dL | 0.1 - 1.0 |
| SGOT/AST (Aspartate Aminotransferase) (Serum/_Modified IFCC)_ | 22.40 | U/L | 5 - 40 |
| SGPT/ALT (Alanine Aminotransferase) (Serum/_Modified IFCC)_ | 22.72 | U/L | 5 - 41 |
| GGT(Gamma Glutamyl Transpeptidase) (Serum/_IFCC / Kinetic)_ | 16.67 | U/L | < 55 |
| Alkaline Phosphatase (SAP) (Serum/_Modified IFCC)_ | **52.1** | U/L | 53 - 128 |
| Total Protein (Serum/_Biuret)_ | 7.12 | gm/dl | 6.0 - 8.0 |
| Albumin (Serum/_Bromocresol green)_ | 4.84 | gm/dl | 3.5 - 5.2 |
| Globulin (Serum/_Derived)_ | 2.28 | gm/dL | 2.3 - 3.6 |
| A : G RATIO (Serum/_Derived)_ | 2.12 | | 1.1 - 2.2 |

Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771
**VERIFIED BY**

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

**APPROVED BY**

| | | | |
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| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| ***Lipid Profile*** | | | |
| Cholesterol Total <br> (Serum/*CHOD-PAP with ATCS*) | 160.80 | mg/dL | Optimal: < 200 <br> Borderline: 200 - 239 <br> High Risk: >= 240 |
| Triglycerides <br> (Serum/*GPO-PAP with ATCS*) | 140.02 | mg/dL | Optimal: < 150 <br> Borderline: 150 - 199 <br> High: 200 - 499 <br> 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 õusualö"circulating level of triglycerides during most part of the day.

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| HDL Cholesterol <br> (Serum/*Immunoinhibition*) | **40.47** | mg/dL | Optimal(Negative Risk Factor): >= 60 <br> Borderline: 40 - 59 <br> High Risk: < 40 |
| LDL Cholesterol <br> (Serum/*Calculated*) | 92.3 | mg/dL | Optimal: < 100 <br> Above Optimal: 100 - 129 <br> Borderline: 130 - 159 <br> High: 160 - 189 <br> Very High: >= 190 |
| VLDL Cholesterol <br> (Serum/*Calculated*) | 28 | mg/dL | < 30 |

Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771
**VERIFIED BY**

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

**APPROVED BY**

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| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| Non HDL Cholesterol (Serum/*Calculated*) | 120.3 | 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 | | 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*) | 3.5 | | Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0 |
| LDL/HDL Cholesterol Ratio (Serum/*Calculated*) | 2.3 | | Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0 |

Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771
**VERIFIED BY**

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

**APPROVED BY**

**Name**     **: Mr. Vara Prasad**

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**SID No.**    : 422056698

**Age / Sex** : 43 Year(s) / Male

**Type**      : OP

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| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| ***Glycosylated Haemoglobin (HbA1c)*** | | | |
| HbA1C <br> (Whole Blood/*HPLC)* | **6.0** | % | Normal: 4.5 - 5.6 <br> Prediabetes: 5.7 - 6.4 <br> 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 <br> (Whole Blood*)* | 125.5 | mg/dL |

**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.

Dr RAVIKUMAR R

MBBS, MD BIOCHEMISTRY

CONSULTANT BIOCHEMIST

Reg No : 78771

**VERIFIED BY**

DR SHAMIM JAVED

MD PATHOLOGY

KMC 88902

**APPROVED BY**

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| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|

# IMMUNOASSAY

### *THYROID PROFILE / TFT*

| | | | |
|---|---|---|---|
| T3 (Triiodothyronine) - Total (Serum/*ECLIA)* | 1.18 | ng/ml | 0.7 - 2.04 |

**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)* | 7.88 | 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)* | 1.85 | µIU/mL | 0.35 - 5.50 |

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

**VERIFIED BY**

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

**APPROVED BY**

| | | |
|---|---|---|
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| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|

## IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING      'O' 'Positive'
(EDTA Blood/*Agglutination)*

Dr.Arjun C.P
MBBS,MD Pathology
Reg No:KMC 89655

**VERIFIED BY**

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

**APPROVED BY**

| Name | : **Mr. Vara Prasad** | | |
| --- | --- | --- | --- |
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| Investigation | Observed Value | Unit | Biological Reference Interval |
| --- | --- | --- | --- |
| **BIOCHEMISTRY** | | | |
| BUN / Creatinine Ratio | 7.1 | | 6.0 - 22.0 |
| Glucose Fasting (FBS) (Plasma - F/GOD-PAP) | 98.65 | 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) (Urine - F/GOD - POD) | Negative | | Negative |
| Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP) | 96.47 | 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) | **6.1** | mg/dL | 7.0 - 21 |
| Creatinine (Serum/Modified Jaffe) | **0.85** | 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) | 4.45 | mg/dL | 3.5 - 7.2 |

Dr RAVIKUMAR R
MBBS, MD BIOCHEMISTRY
CONSULTANT BIOCHEMIST
Reg No : 78771
**VERIFIED BY**

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

**APPROVED BY**

| Name | : | **Mr. Vara Prasad** | | | |
|---|---|---|---|---|---|
| PID No. | : | MED111209839 | **Register On** | : | 23/07/2022 10:45 AM |
| SID No. | : | 422056698 | **Collection On** | : | 23/07/2022 10:59 AM |
| Age / Sex | : | 43 Year(s) / Male | **Report On** | : | 23/07/2022 6:57 PM |
| Type | : | OP | **Printed On** | : | 24/07/2022 3:16 PM |
| Ref. Dr | : | **MediWheel** | | | |

| Investigation | Observed Value | Unit | Biological Reference Interval |
|---|---|---|---|
| **IMMUNOASSAY** | | | |
| Prostate specific antigen - Total(PSA) (Serum/*Manometric method*) | 0.569 | 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:

ÉIn the early detection of Prostate cancer.

ÉAs an aid in discriminating between Prostate cancer and Benign Prostatic disease.

ÉTo detect cancer recurrence or disease progression.

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

**VERIFIED BY**

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

**APPROVED BY**

-- End of Report --