

MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

CUSTOMER CHECKLIST

Date 11-Mar-2023 8:42 AM

Customer Name : **MR.M NARAYANAMURTHY**

DOB : **17 Jun 1985**

Ref Dr Name : **MediWheel**

Age : **37Y/MALE**

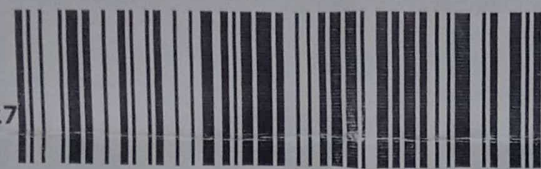
6:30pm

H - 173

W - 90

BP - 160/80

Customer Id : **MED111534727**



Visit ID : **712308116**

MED111534727

Pump - 98

Hip - 44

Went - 42

Email Id :

Phone No : **9483368102**

Corp Name : **MediWheel**

Address :

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

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	STOOL ANALYSIS - ROUTINE				

Automatic
6 F1
20Hz
0.08
50Hz
ADS
10mm/mU
25mm/s
10:27:11
11 Mar 2023

Patient Details Print Page

	URINE ROUTINE ✓				
	CREATININE				
3	BLOOD GROUP & RH TYPE ✓ (Forward Reverse)				
LAB	BUN/CREATININE RATIO ✓				
7	OTHERS physical examination	MYS2772775102651			
18	US ULTRASOUND ABDOMEN ✓	MYS2772775103462			
19	OTHERS Treadmill / 2D Echo ✓ <i>Done</i>	MYS2772775127528			4:30
20	OTHERS EYE CHECKUP ✓	MYS2772775135592			
21	X-RAY X RAY CHEST ✓	MYS2772775145199			
22	OTHERS Consultation Physician	MYS2772775148004			
23	ECHO ELECTROCARDIOGRAM ECG ✓	MYS2772775149333			

Registered By
(SOWMYA.RAJU)

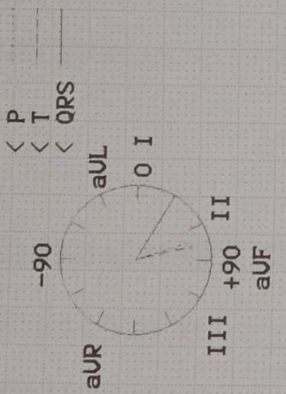
AGE: 37

Measurement Results:

QRS	88 ms
QT/QTcB	360 / 457 ms
PR	166 ms
P	116 ms
RR/PP	620 / 620 ms
P/QRS/T	70 / 30 / 75 degrees
QTD/QTcBD	72 / 91 ms
Sokolow	mV
NK	11

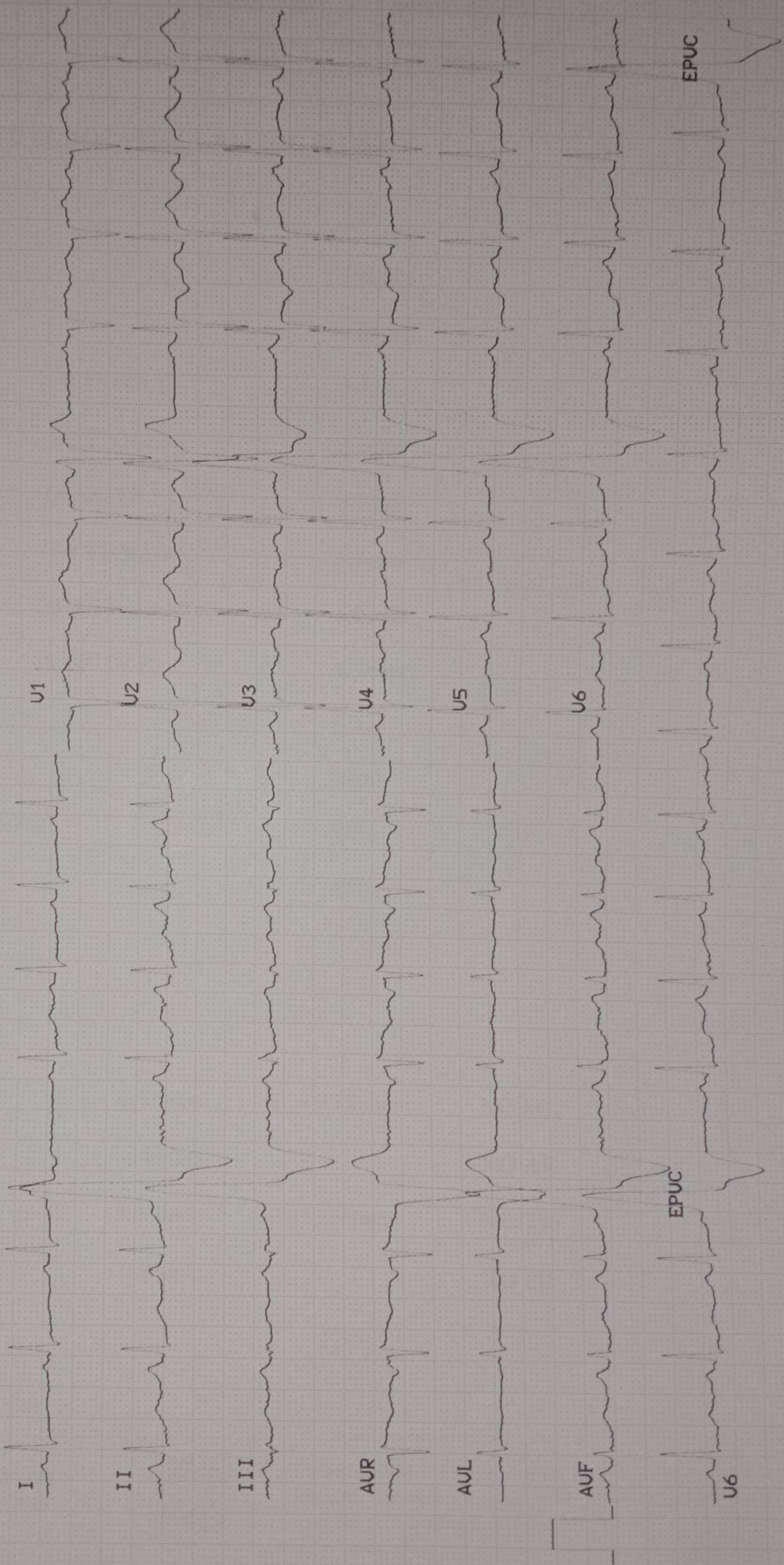
Interpretation:

occasional premature ventricular complexes
 T-wave near baseline (lateral)
 small positive T wave (anterior)
 probably normal ECG



STV V4-V6
 VPC ⊕
 For divided conduction

Unconfirmed report.



Customer Name	MR.M NARAYANAMURTHY	Customer ID	MED111534727
Age & Gender	37Y/MALE	Visit Date	11/03/2023
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2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.5cms
LEFT ATRIUM	:	3.6cms
LEFT VENTRICLE (DIASTOLE)	:	4.9cms
(SYSTOLE)	:	2.7cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.1cms
(SYSTOLE)	:	1.5cms
POSTERIOR WALL (DIASTOLE)	:	1.0cms
(SYSTOLE)	:	1.5cms
EDV	:	81ml
ESV	:	32ml
FRACTIONAL SHORTENING	:	36%
EJECTION FRACTION	:	62%
RVID	:	1.5cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.91m/s	'A' - 0.35 m/s	NO MR
AORTIC VALVE	:	1.15m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.88m/s	'A' - 0.39m/s	NO TR
PULMONARY VALVE	:	0.80m/s		NO PR



Indicated are sole
of sample
should be correlat
not be

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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 prolapse.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

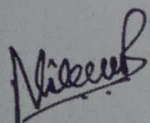
IAS : Intact.

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.
- ECTOPICS NOTED DURING.

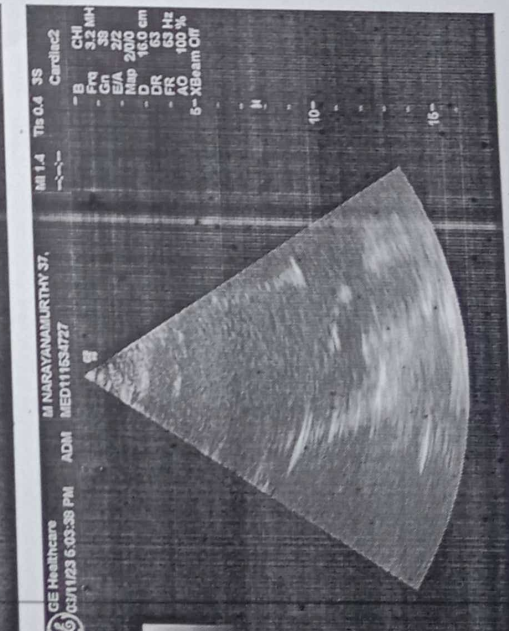
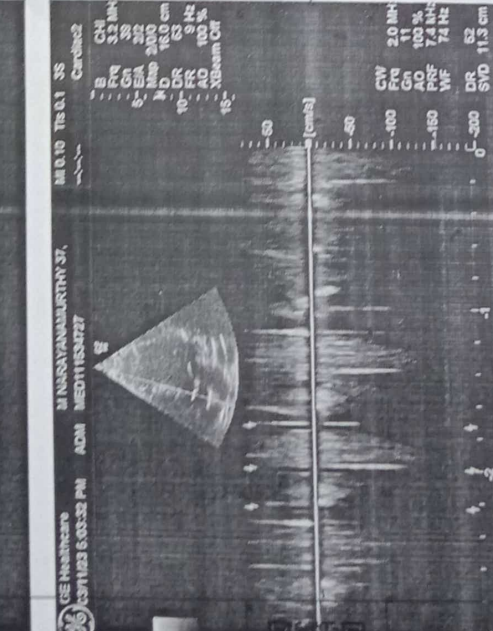
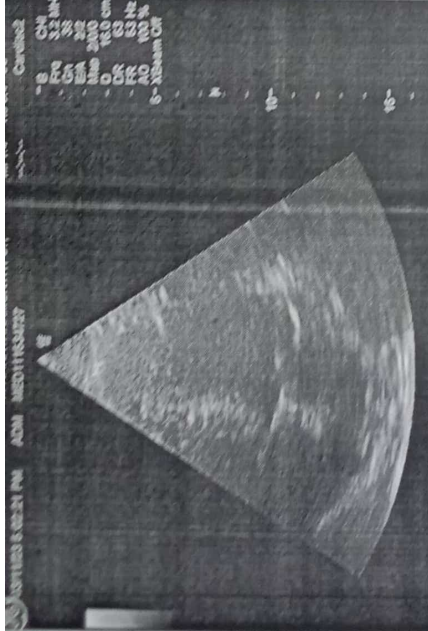
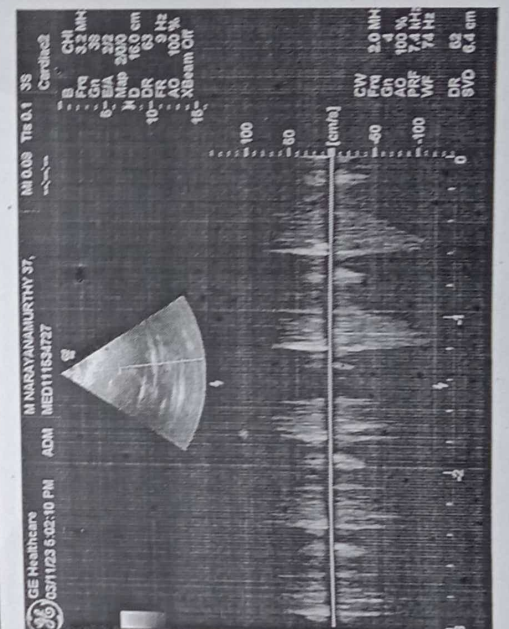
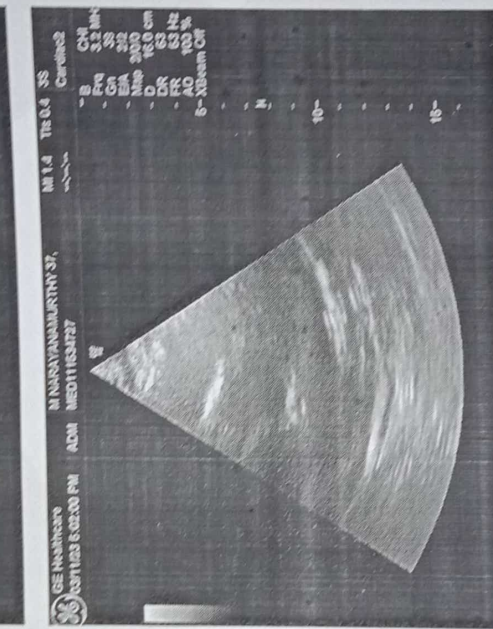
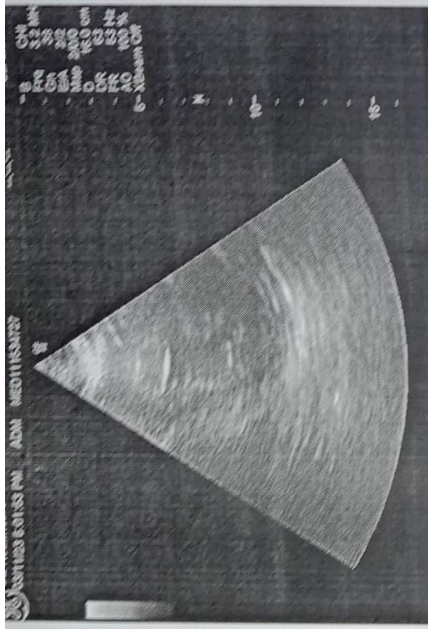
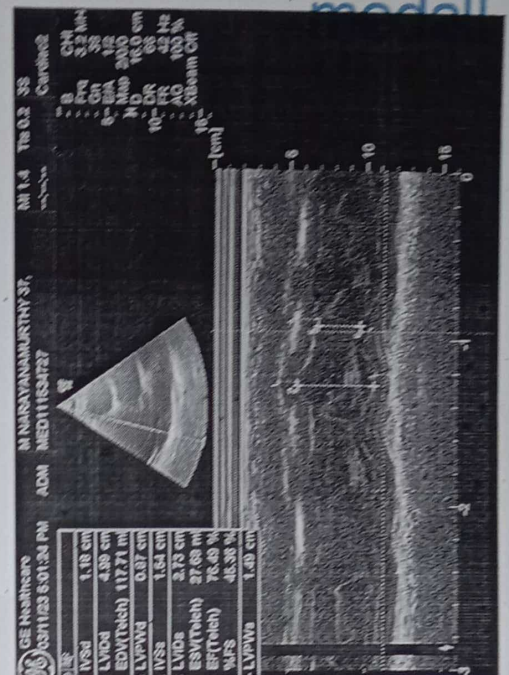
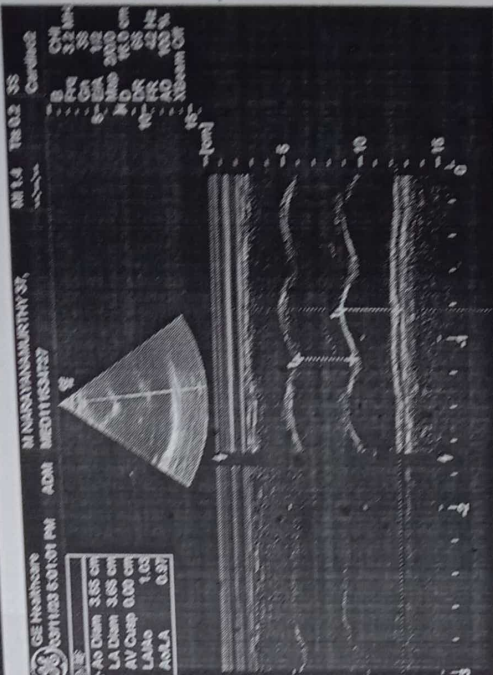
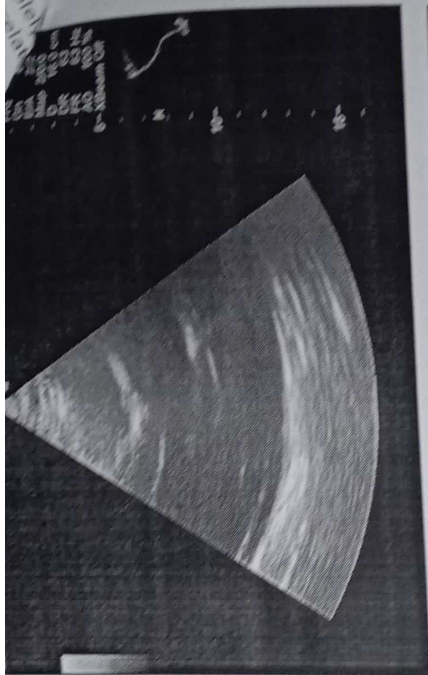


DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/SA

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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	11.2	2.0
Left Kidney	11.8	1.8

URINARY BLADDER show normal shape and wall thickness.

It has clear contents.

PROSTATE shows normal shape, size and echopattern.

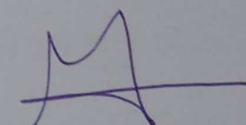
No evidence of ascites.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MB/MS



DR. MOHAN B

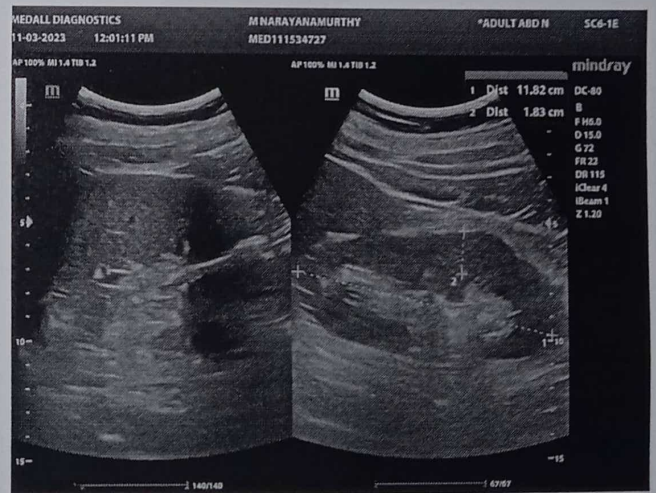
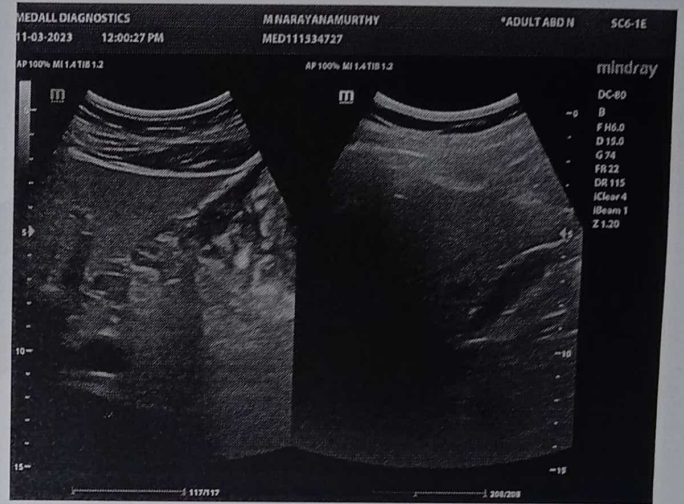
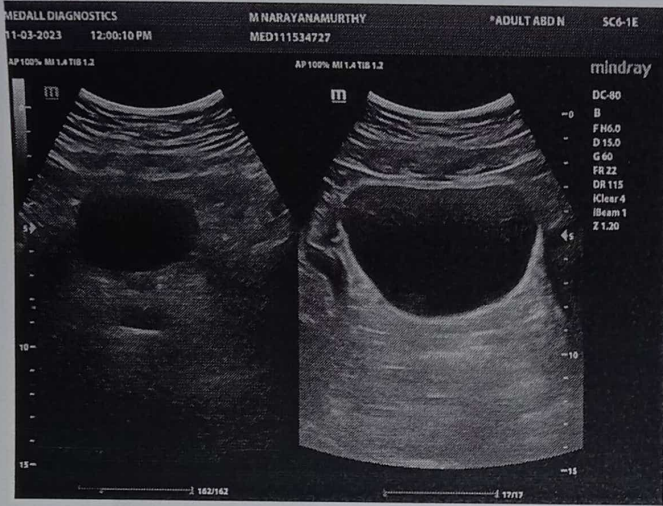


are sole

Medall Diagnostics
Ballal Circle(Ashoka circle) - Mysore



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Medall



NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

OPD SHEET

Date: 11/03/23

Patient's Name: Mr. M Narayana

OP No. 1236848

merthlyg

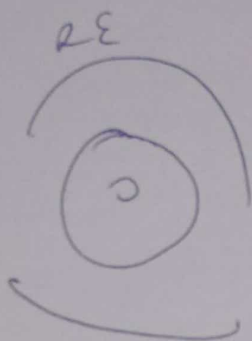
12:30 Pm

37 y / M

Dr. Priya. D
Consultant Glaucoma M.B.B.S, MS
KMC No. 88423 Cataract
KMC No. 00421

BCVA (BC)

6/60 ~ 6



VNIN

IOF { 21
19
(NCT)

Close vision

(Ischi)

(BC)

28/38

Central
folds

(BE)

vid x 0.3

lyp

(BE)

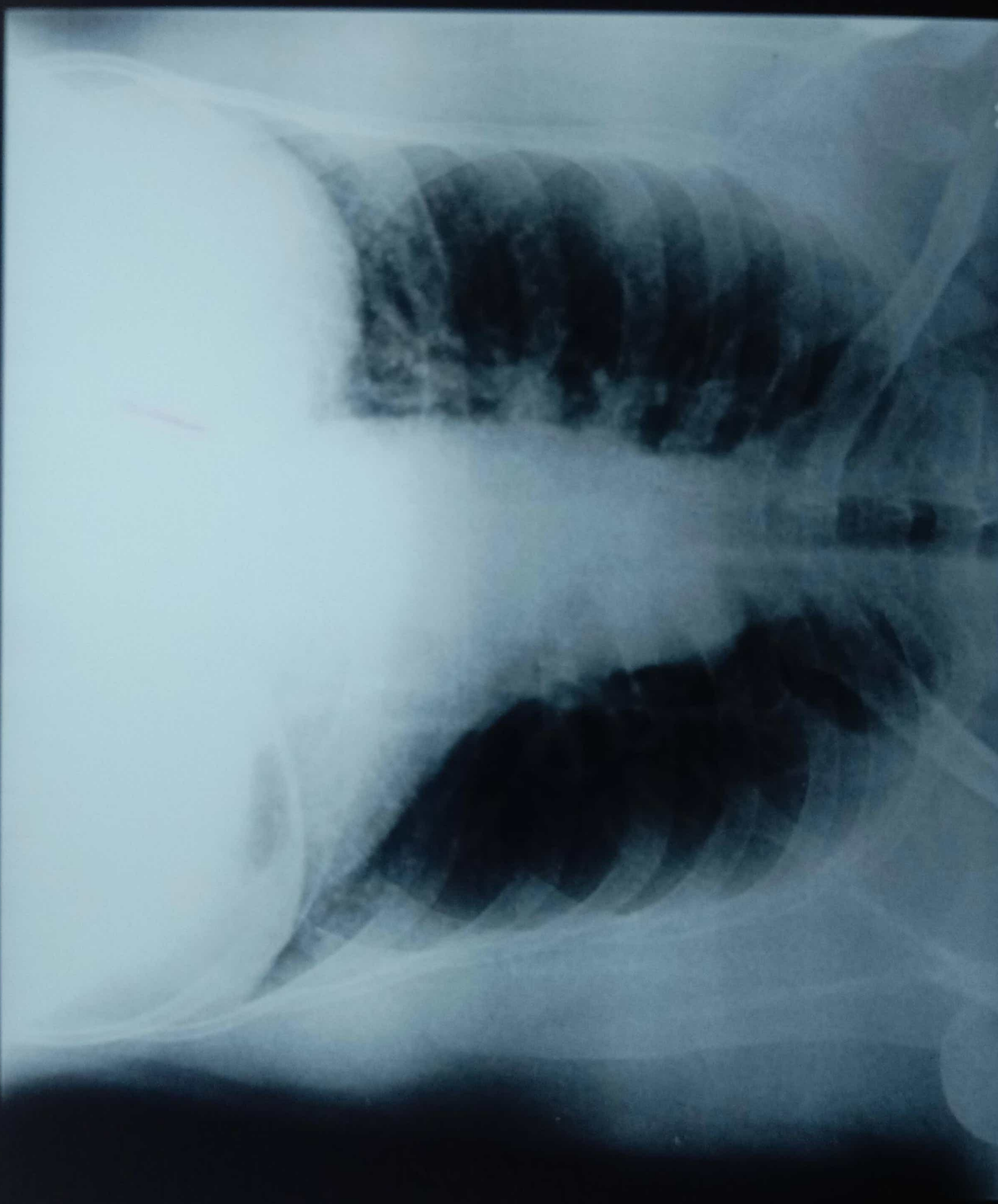
Astigmatism

Ad-.

Dilated

refraction

lip
Dr P. 2020
11/3/23
1:50pm
1cm (study)



M NARAYANAMURTHY 37 MED111534727 M CHEST PA 3/11/2023 10:10 AM
MEDALL CLUMAX DIAGNOSTIC

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SID No. : 712308116

Collection On : 11/03/2023 9:39 AM

Age / Sex : 37 Year(s) / Male

Report On : 11/03/2023 5:09 PM

Type : OP

Printed On : 13/03/2023 6:55 PM

Ref. Dr : MediWheel



Investigation Observed Value Unit Biological Reference Interval

HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin **19.3** g/dL 13.5 - 18.0
(EDTA Blood/Spectrophotometry)

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: Kindly correlate clinically.

PCV (Packed Cell Volume) / Haematocrit **56.9** % 42 - 52
(EDTA Blood/Derived)

RBC Count **6.27** mill/cu.mm 4.7 - 6.0
(EDTA Blood/Automated Blood cell Counter)

MCV (Mean Corpuscular Volume) 91.0 fL 78 - 100
(EDTA Blood/Derived from Impedance)

MCH (Mean Corpuscular Haemoglobin) 30.7 pg 27 - 32
(EDTA Blood/Derived)

MCHC (Mean Corpuscular Haemoglobin concentration) 33.8 g/dL 32 - 36
(EDTA Blood/Derived)

RDW-CV **16.7** % 11.5 - 16.0
(Derived)

RDW-SD **53.19** fL 39 - 46
(Derived)

Total WBC Count (TC) 8360 cells/cu.mm 4000 - 11000
(EDTA Blood/Derived from Impedance)

Neutrophils 61 % 40 - 75
(Blood/Impedance Variation & Flow Cytometry)

Lymphocytes 28 % 20 - 45
(Blood/Impedance Variation & Flow Cytometry)

Eosinophils 03 % 01 - 06
(Blood/Impedance Variation & Flow Cytometry)



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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)	5.10	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.34	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.25	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.67	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)	204	10 ³ / μ l	150 - 450
MPV (Blood/Derived)	11.2	fL	7.9 - 13.7
PCT	0.23	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	05	mm/hr	< 15



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	241	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	143	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)	41	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	171.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	28.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	200.0	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.



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5.9		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)	4.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	6.5	%	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 %

Remark: Kindly correlate clinically.

Estimated Average Glucose (Whole Blood)	139.85	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. KIRAN H.S
MD PATHOLOGY
KMC 86542

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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)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil



VERIFIED BY



APPROVED BY

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Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood Agglutination)

'A' 'Positive'

Remark: Test to be confirmed by gel method

A handwritten signature in black ink, appearing to read "S. Mohan Kumar".

Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY

A handwritten signature in black ink, appearing to read "Dr. Kiran H.S.".

Dr. KIRAN H.S.
MD PATHOLOGY
KMC 86542

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

BUN / Creatinine Ratio

11.1

Glucose Fasting (FBS)

116

mg/dL

(Plasma - F/GOD- POD)

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

Nil

Nil

(Urine - F)

Glucose Postprandial (PPBS)

117

mg/dL

(Plasma - PP/GOD - POD)

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 Sugar (PP-2 hours)

Negative

Negative

(Urine - PP)

Blood Urea Nitrogen (BUN)

10.0

mg/dL

(Serum/Urease UV / derived)

7.0 - 21

Creatinine

0.9

mg/dL

(Serum/Jaffe Kinetic)

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-acetylcysteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid

7.3

mg/dL

(Serum/Uricase/Peroxidase)

3.5 - 7.2

Remark: Kindly correlate clinically.



APPROVED BY

-- End of Report --

Name	M NARAYANAMURTHY	ID	MED111534727
Age & Gender	37Y/M	Visit Date	Mar 11 2023 8:42AM
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. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST