



बैंक ऑफ़ बड़ोदा  
Bank of Baroda

नाम  
Name

जी मंजुनाथ  
G Manjunath

E.C. No.

156071



జి మంజునాథ

धारक के हस्ताक्षर  
Signature of Holder

  
जारीकर्ता प्राधिकारी  
Issuing Authority

Name : Mr. MANJUNATHA G  
PID No. : MED111017286  
SID No. : 922015907  
Age / Sex : 51 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 12/03/2022 9:37 AM  
Collection On : 12/03/2022 10:33 AM  
Report On : 14/03/2022 2:40 PM  
Printed On : 16/03/2022 7:17 PM




**Investigation** **Observed Value** **Unit** **Biological Reference Interval**


## **HAEMATOLOGY**

### **Complete Blood Count With - ESR**

Haemoglobin (EDTA Blood/Spectrophotometry)	14.2	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	42.8	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.84	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	88.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	29.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.2	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.6	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	41.89	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	<b>3800</b>	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	57.1	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	27.4	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	5.5	%	01 - 06

  
**DR .VANITHA.R.SWAMY MD**  
Consultant Pathologist  
Reg No : 99049

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**DR SHAMIM JAVED**  
MD PATHOLOGY  
KMC 88902

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	9.4	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.6	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.17	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	<b>1.04</b>	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.21	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.36	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.02	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	157	10 <sup>3</sup> / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	10.2	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	<b>0.16</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	8	mm/hr	< 20

  
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**BIOCHEMISTRY**

***Liver Function Test***

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.7	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.5	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.0	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.3	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.7	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.6		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	36	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	<b>64</b>	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	81	U/L	56 - 119
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	38	U/L	< 55

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Lipid Profile

Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	210	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
-------------------------------------------------------------	-----	-------	--------------------------------------------------------------

Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	206	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)	42	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	126.8	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)	41.2	mg/dL	< 30
----------------------------------------	------	-------	------

Non HDL Cholesterol (Serum/Calculated)	168.0	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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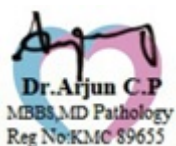
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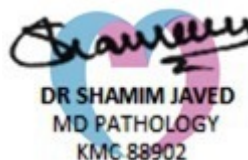
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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	5		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	4.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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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<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	8.0	%	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 %

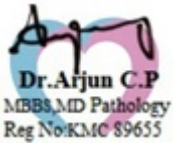
Estimated Average Glucose  
(Whole Blood) 182.9 mg/dL

**INTERPRETATION: Comments**

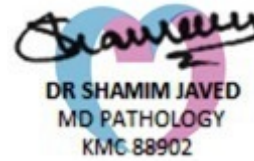
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemc control as compared to blood and urinary glucose determinations.

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/CMIA)	0.898	ng/mL	0.4 - 1.81
-----------------------------------------------	-------	-------	------------

#### **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/CMIA)	6.53	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/Chemiluminescent Microparticle Immunoassay(CMIA))	8.35	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.

  
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## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION


Colour (Urine)	Pale Yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	10	mL	

### CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.025		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative

  
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Leukocytes (Urine)	Negative	leuco/uL	Negative
<b><u>MICROSCOPY(URINE DEPOSITS)</u></b>			
Pus Cells (Urine/Flow cytometry)	2-3	/hpf	3-5
Epithelial Cells (Urine)	2-3	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	2-3
Others (Urine)	Nil		Nil
Casts (Urine/Flow cytometry)	Nil	/hpf	0 - 1
Crystals (Urine)	Nil		NIL

  
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## BIOCHEMISTRY

BUN / Creatinine Ratio	11		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	<b>102</b>	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)	Negative		Negative
----------------------------------------	----------	--	----------

Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	125	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.


Glucose Postprandial - Urine (Urine - PP)	Negative		Negative
----------------------------------------------	----------	--	----------

Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	10	mg/dL	7.0 - 21
--------------------------------------------------	----	-------	----------


Creatinine (Serum/Jaffe Kinetic)	0.9	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)	5.0	mg/dL	3.5 - 7.2
-----------------------------------------	-----	-------	-----------

  
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<b><u>IMMUNOASSAY</u></b>			
Prostate specific antigen - Total(PSA) (Serum/Chemiluminescent Microparticle Immunoassay(CMIA))	0.664	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:

- In the early detection of Prostate cancer.
- As an aid in discriminating between Prostate cancer and Benign Prostatic disease.
- To detect cancer recurrence or disease progression.

A handwritten signature in blue ink, appearing to read "Shamim Javed", is written over a circular stamp. The stamp contains the text "DR SHAMIM JAVED MD PATHOLOGY KMC 88902" and "APPROVED BY" below it.

DR SHAMIM JAVED  
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**IMMUNOHAEMATOLOGY**


BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'O' 'Positive'



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Consultant Pathologist  
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-- End of Report --

Name	MR.MANJUNATHA G	ID	MED111017286
Age & Gender	51Y/MALE	Visit Date	12/03/2022
Ref Doctor	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size and has increased 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.  
The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.5	1.2
Left Kidney	10.2	1.5

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

**PROSTATE** shows normal shape, size (wt-17.5gms) and echopattern.

No evidence of ascites.

**Impression: Increased hepatic echopattern suggestive of fatty infiltration.**

#### CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND      DR. PRAJNA SHENOY      DR. MAHESH. M. S      DR. RADHA KRISHNA. A.

  
DR. HIMA BINDU.P  
Hbp/so





Name	MANJUNATHA G	Customer ID	MED111017286
Age & Gender	51Y/M	Visit Date	Mar 12 2022 9:35AM
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:**            *Essentially normal study.*

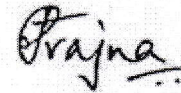
DR. H.K. ANAND

DR. POOJA B.P

DR. SHWETHA S

DR. PRAJNA SHENOY

CONSULTANT RADIOLOGISTS






TABULAR SUMMARY REPORT

N.R.MANJUNATH G  
 ID: MEID

53years

12-Mar-2022  
 13:13:26

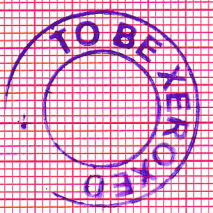
Male

BRUCE Total Exercise time: 8:02  
 Max HR: 151bpm 90% of max predicted 167bpm  
 Max BP: 140/80 Maximum workload: 10.1METS  
 Reason for Termination: Patient fatigue  
 Comments: GOOD EFFORT TOLERANCE. NORMAL HR AND BP RESPONSE.  
 NO SIGNIFICANT ST-T CHANGES SEEN DURING EXERCISE & RECOVERY.  
 NO ANGINA/ARRHYTHMIAS.  
 IMP: STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA.  
 ## NEEDS CLINICAL CORRELATION FOR FURTHER MANAGEMENT ##  
 \*\*\* DR.SRIDHAR L MD,DM,FICC CARDIOLOGIST \*\*\*

Referred by: C/O MEDIWHEEL  
 Test ind: IHD SCREENING

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	3:37	0.8	0.0	1.6	90	110/80	99
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	118	120/80	139
	STAGE 2	3:00	2.5	12.0	7.0	133	140/80	186
	STAGE 3	2:02	3.4	14.0	10.1	151	140/80	211
RECOVERY	Post	7:20	**	**	1.0	92		

Dr. SRIDHAR L  
 MD (Medicine, Cardiology), FICC  
 Interventional Cardiologist  
 K.M.C. No.: 32248



Technician: MANJU

CLUMAX DIAGNOSTICS

Unconfirmed

MAC55 009C



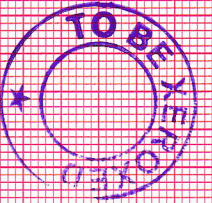
MR MANJUNATH G, 53 YRS  
ID: MEID

12-Mar-2022  
13:16:48

85bpm  
BP: 110/80  
PRETEST SUPINE 3.23

BRUCE  
\*\*\*mph  
\*\*\*/%

Lead  
ST(mV)  
Slope(mV/s)

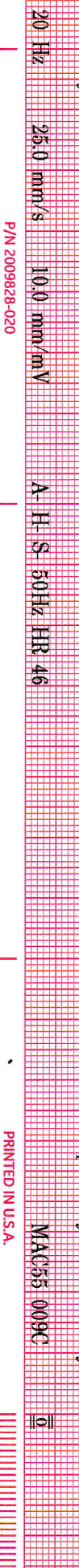
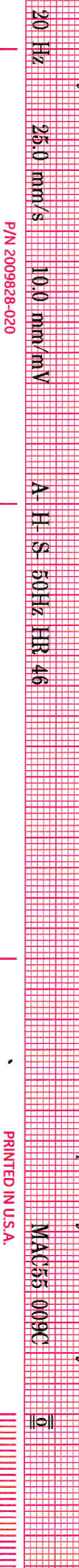
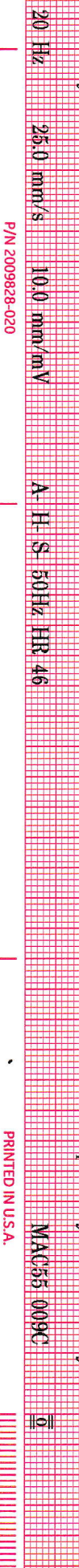
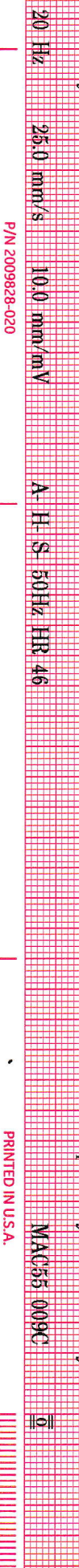
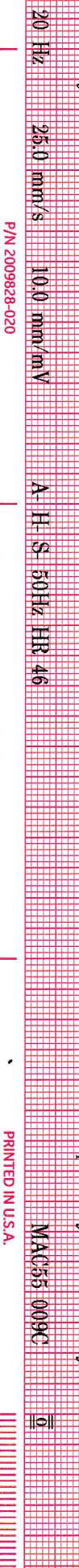
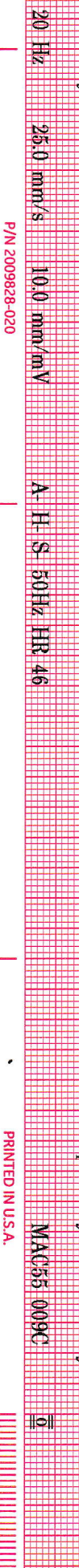
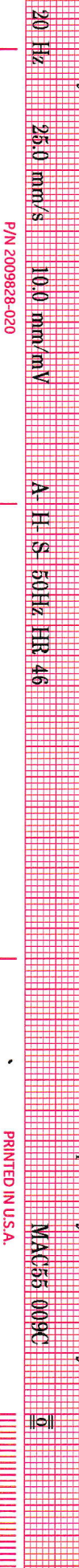
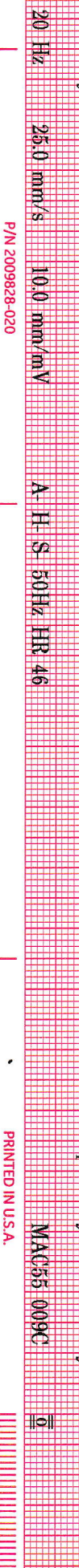
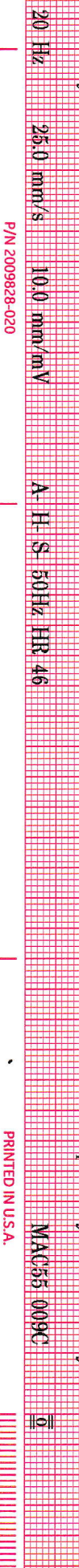
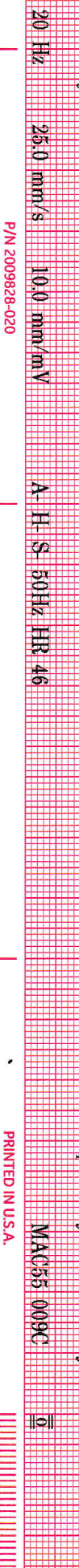
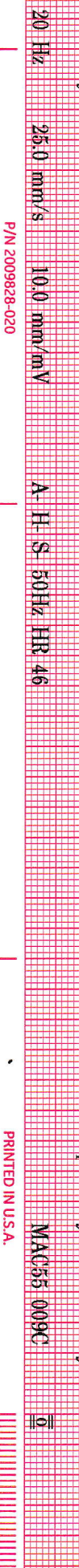
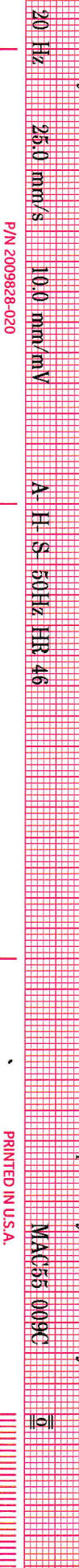
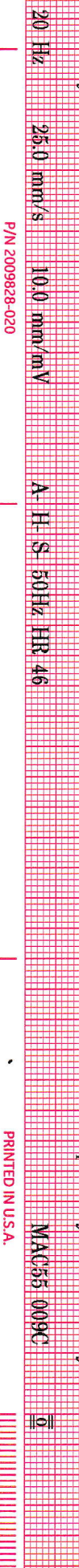
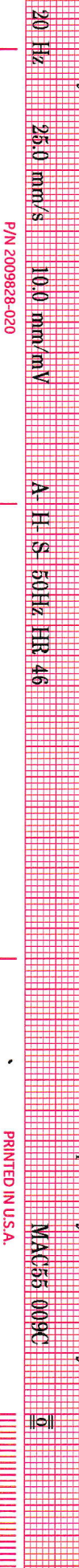
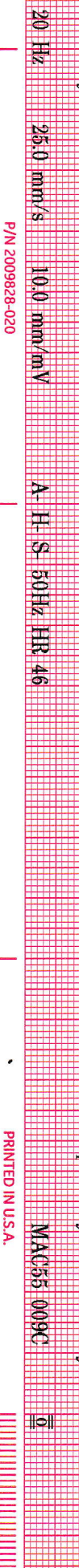
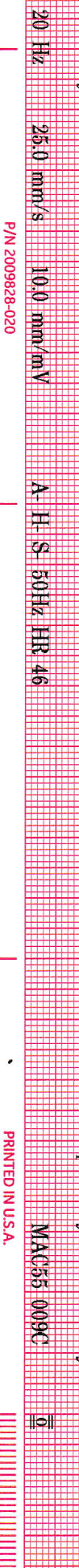
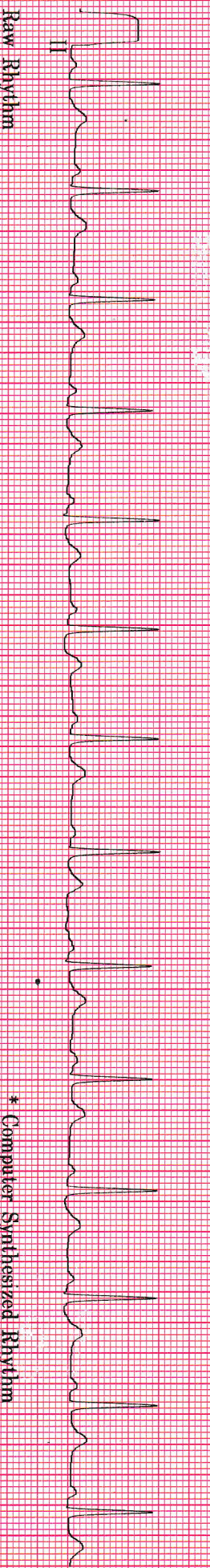
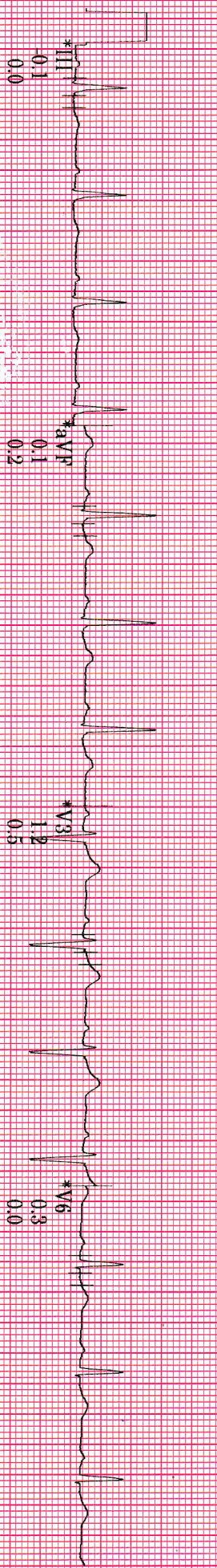
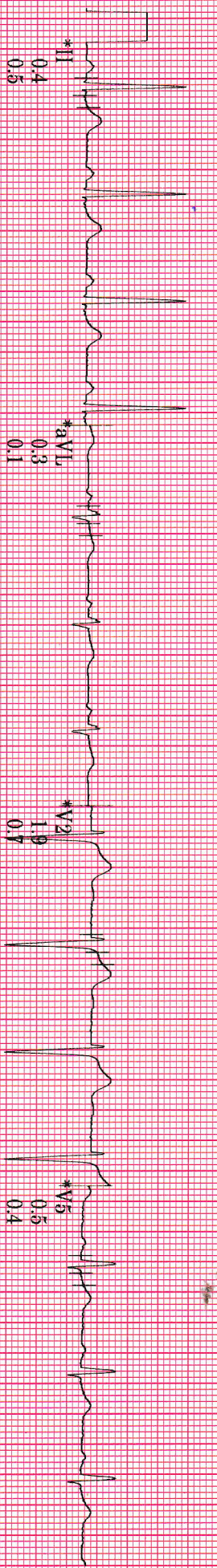
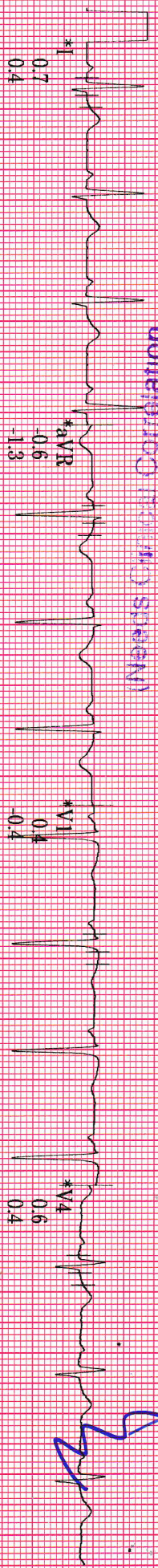


ST @ 10mm/mV  
80ms postJ

Dr. SRINIVAS L  
MBBS (Med), DM (Cardiol), FACC  
Interventional Cardiology  
K.M.C. No: 32248 Dist

Q-wave seen in leads I, aVL, V1, V2, V3, V4, V5, V6  
unremarkable (normal) ST segment

MR 8/11  
V1 + V2  
Normal ST  
5/24



20 Hz 25.0 mm/s 10.0 mm/mV A-H S 50Hz HR 46

\* Computer Synthesized Rhythm  
MAC55 009C



Customer Name	G. Manjunatha	Customer ID	111017286 <del>156671</del>
Age & Gender	53 / M.	Visit Date	12/3/22

**Eye Screening**

With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	NS	NS
Distance Vision	6/6	6/6
Colour Vision	Normal	Normal

Observation / Comments:

Advised to wear  
near <sup>vision</sup> glasses

*Dhan*

Dr. RAVI V. HALAKATTI  
M.S. (OPHTH)  
EYE SURGEON  
Regd. No. 11001