

Patient Name: MR. ATHITH J

Age / Gender: 32 years / Male

Patient ID: 68411

Referral: MediWheel

Collection Time : Nov 15, 2021, 09:17 a.m. **Reporting Time :** Nov 15, 2021, 02:36 p.m.

Sample ID:

Test Description	Value(s)	Reference Range	
COMPLETE DI COD COLINIT (CDC)			
COMPLETE BLOOD COUNT (CBC)			
ESR	10	13.5 - 18.0	mm/hr
Hemoglobin (Hb)	17.1	13.5 - 18.0	gm/dL
Erythrocyte (RBC) Count	5.91	4.7 - 6.0	mil/cu.mm
Packed Cell Volume (PCV)	49.9	42 - 52	%
Mean Cell Volume (MCV)	84.43	78 - 100	fL
Mean Cell Haemoglobin (MCH)	28.93	27 - 31	pg
Mean Corpuscular Hb Concn. (MCHC)	34.27	32 - 36	g/dL
Red Cell Distribution Width (RDW)	14.6	11.5 - 14.0	%
Total Leucocytes (WBC) Count	8700	4000-10000	cell/cu.mm
Neutrophils	61	40 - 80	%
Lymphocytes	29	20 - 40	%
Monocytes	7	2 - 10	%
Eosinophils	3	1 - 6	%
Basophils	0	1-2	%
Absolute Neutrophil Count	5307	2000 - 7000	/c.mm
Absolute Lymphocyte Count	2523	1000 - 3000	/c.mm
Absolute Monocyte Count	609	200 - 1000	/c.mm
Absolute Eosinophil Count	261	20 - 500	/c.mm
Absolute Basophils Count	0	20 - 100	/c.mm
Platelet Count	297	150 - 450	10^3/ul
Mean Platelet Volume (MPV)	9.1	7.2 - 11.7	fL
PCT	0.27	0.2 - 0.5	%
PDW	10.6	9.0 - 17.0	%

END OF REPORT

DR.UMA SAROJINI .K MBBS.,DCP.,





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URINE COMPLETE ANALYSIS,

Physical Examination

Quantity 20 - ml

Colour Yellow Pale yellow/Yellow

Appearance Clear Clear

 Specific Gravity
 1.000
 1.005-1.025

 pH
 5.0
 5.0 - 8.0

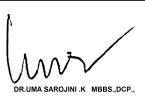
 Deposit
 Present
 Absent

Chemical Examination

Protein Absent Absent Sugar Absent Absent **Ketones** Absent Absent Bile Salt Absent Absent **Bile Pigment** Absent Absent Urobilinogen Normal Normal

Microscopic Examination (/hpf)

Pus Cell 2-4 Upto 5 1-2 **Epithelial Cells** Upto 5 **Red Blood Cells** Absent Absent Casts Absent Absent Crystals Absent Absent **Amorphous Deposit** Absent Absent **Yeast Cells** Absent Absent **Bacteria** Absent Absent Other findings Not seen Not seen







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Reference Range

Test Description Value(s)

END OF REPORT

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Test Description	Value(s)	Reference Range	001131921
	1 4140(0)		
STOOL ROUTINE ANALYSIS			
Color	Brownish	Brown	
Consistency	Semisolid	Solid - Semi solid	
Reaction (pH)	Acidic	Acidic - Alkaline	
Method : Methyl Red & Bromothymol Blue			
Mucous	Absent	Absent	
Blood	Absent	Absent	
Pus cells	1-2/hpf	Few	/hpf
Epithelial cells	2-3/hpf		/hpf
RBC	Absent	Absent	/hpf
Ova	Not found	Absent	/hpf
Cyst	Not found	Absent	/hpf
Starch granules	Absent	None to small amount	/hpf
Vegetable cells	Absent		/hpf
Fat globules	Absent	Absent	/hpf
Others Method : Microscopy (Concentration technique)	Nil		/hpf

END OF REPORT

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Sample ID :

Test Description	Value(s)	Reference Range	
Glycosylated HbA1c			
HbA1c (GLYCOSYLATED HEMOGLOBIN),	5.7		%
BLOOD Method : (HPLC, NGSP certified)			
Estimated Average Glucose :	116.89	-	mg/dL

Interpretation

As per American Diabetes Association (ADA)				
Reference Group	HbA1c in %			
Non diabetic adults >=18 years	<5.7			
At risk (Prediabetes)	5.7 - 6.4			
Diagnosing Diabetes	>= 6.5			
Therapeutic goals for glycemic control	Age > 19 years Goal of therapy: < 7.0 Action suggested: > 8.0 Age < 19 years Goal of therapy: <7.5			

Note:

- Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled.
- 2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

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.

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Scan to Validate



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Sample ID:

Test Description

Value(s)

Reference Range

ADA criteria for correlation between HbA1c & Mean plasma glucose levels.

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183
9	212
10	240
11	269
12	298

END OF REPORT







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Sample ID:

Test Description

Value(s)

Reference Range

urine glucose

urine glucose (R)

ABSENT

END OF REPORT

DR.UMA SAROJINI .K MBBS.,DCP.,

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Sample ID:

Test Description	Value(s)	Reference Range	
LIPID PROFILE			
Cholesterol-Total Method : Spectrophotometry	235	Desirable level < 200 Borderline High 200-239 High >or = 240	mg/dL
Triglycerides Method : Serum, Enzymatic, endpoint	184	Normal: < 150 Borderline High: 150-199 High: 200-499 Very High: >= 500	mg/dL
HDL Cholesterol Method : Serum, Direct measure-PEG	36	Normal: > 40 Major Risk for Heart: < 40	mg/dL
LDL Cholesterol Method : Enzymatic selective protection	162.20	Optimal < 100 Near / Above Optimal 100-129 Borderline High 130-159 High 160-189 Very High >or = 190	mg/dL
VLDL Cholesterol Method : Serum, Enzymatic	36.80	6 - 38	mg/dL
CHOL/HDL Ratio Method : Serum, Enzymatic	6.53	3.5 - 5.0	
LDL/HDL Ratio Method : Serum, Enzymatic Note:	4.51	2.5 - 3.5	
8-10 hours fasting sample is required.			

END OF REPORT

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Sample ID:

		Reference Range	
LIVER FUNCTION TEST			
Гotal Protein	7.7	6.3-8.2	g/dL
Method : Serum, Biuret, reagent blank end point			
Albumin	4.4	3.5-5.0	g/dL
Method : Serum, Bromocresol green			
Globulin	3.30	1.8 - 3.6	g/dL
Method : Serum, EIA			
A/G Ratio	1.33	1.2 - 2.2	
Method : Serum, EIA			
Bilirubin - Total	0.6	0.3-1.2	mg/dL
Method : Serum, Jendrassik Grof			
Bilirubin - Direct	0.2	< 0.2	mg/dL
Method : Serum, Diazotization			
Bilirubin - Indirect	0.4	0.1 - 1.0	mg/dL
Method : Serum, Calculated			
SGOT	34	17-59	U/L
Method : Serum, UV with P5P, IFCC 37 degree			
SGPT	36	21-72	U/L
Method : Serum, UV with P5P, IFCC 37 degree	101	00 400	
Alkaline Phosphatase	131	30 - 120	U/L
Method : PNPP-AMP Buffer/Kinetic		55	11/1
GGT-Gamma Glutamyl Transpeptidae Method : Serum, G-glutamyl-carboxy-nitoanilide	-	< 55	U/L

END OF REPORT

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Sample ID:

			001101021
Test Description	Value(s)	Reference Range	
RENAL PROFILE			
Urea	29	19-42	mg/dL
Method : Uricase			
Blood Urea Nitrogen-BUN	13.53	9-20	mg/dL
Method : Serum, Urease			
Creatinine	1.1	0.66-1.25	mg/dL
Method : Serum, Jaffe			
Uric Acid	9.4	3.5-8.5	mg/dL
Method : Serum, Uricase			
Remark:			
Method : Serum, Uricase			·

multiplying by 2.14.

END OF REPORT

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Test Description	Value(s)	Reference Range	
THYROID PROFILE TEST - TOTAL			
T3-Total	131.27	60 - 200	ng/dL
T4-Total	7.00	4.52 - 12	ug/dL
TSH-Ultrasensitive	1.90	0.32 - 5.5	uIU/mL

Method : CLIA
Interpretation

TSH	T3	T4	Suggested Interpretation for the Thyroid Function Tests Pattern
Raised	Within range	Within range	Raised Within Range Within Range .Isolated High TSHespecially in the range of 4.7 to 15 m1U/m1 is commonly associated with Physiological & Biological TSH Variability. Subclinical Autoimmune Hypothyroidism.Intermittent 14 therapy for hypothyroidism .Recovery phase after Non-Thyroidal illness"
Raised	Decreased	Decreased	Chronic Autoimmune Thyroiditis Post thyroidectomy,Post radioiodine Hypothyroid phase of transient thyroiditis"
Raised or within range	Raised	Raised or within range	Interfering antibodies to thyroid hormones (anti-TPO antibodies)Intermittent 14 therapy or T4 overdose •Drug interference- Amiodarone, Heparin,Beta blockers,steroids, anti-epileptics.
Decreased	Raised or within range	Raised or within range	Isolated Low TSH -especially in the range of 0.1 to 0.4 often seen in elderly & Range Range associated with Non-Thyroidal illness .Subclinical Hyperthyroidism .Thyroxine ingestion'
Decreased	Decreased	Decreased	Central Hypothyroidism .Non-Thyroidal illness .Recent treatment for Hyperthyroidism (TSH remains suppressed)"
Decreased	Raised	Raised	Primary Hyperthyroidism (Graves' disease). Multinodular goitre, Toxic nodule •Transient thyroiditis: Postpartum, Silent (lymphocytic), Postviral (granulomatous, subacute, DeQuervain's), Gestational thyrotoxicosis with hyperemesis gravidarum"
Decreased Within Rang	Raised	Within range	T3 toxicosis •Non-Thyroidal illness
Within range	Decreased	Within range	Isolated Low T3-often seen in elderly & associated Non-Thyroidal illness In elderly the drop in 13 level can be upto 25%.

END OF REPORT

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Test Description	Value(s)	Reference Range	
GLUCOSE (F) Glucose fasting Method : GOD-POD	113	Normal: 70 - 110	mg/dL

END OF REPORT

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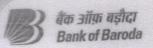
Sample ID:

Test Description	Value(s)	Reference Range	
GLUCOSE (PP) Blood Glucose-Post Prandial	143	80 - 140	mg/dL
Method : GOD-POD			

END OF REPORT

DR.UMA SAROJINI .K MBBS.,DCP.,





नाम Name : ATHITH .J

कर्मचारी कूट क : 186338 E.C. No.

जारीकर्ता प्राधिकारी

issuing Authority



JAM

धारक के हस्ताक्षर Signature of Holder

J.M.C

one Tax PAN Services Unit, UTHTSL.
fot No. 3, Sector 11, CBD Belapur,
Navi Mumbai - 400 614.

इस कार्ड के खोने/पाने पर कृपया सृचित करें/लोटाएं : आयकर पें। सेवा भीट, यू टी आई आई है एस एल, प्लाट नें: ३, सेक्टर ५१ सी बी डी बलाप्र, नवी सुंबई-४०० ५५४. आयकर विमाग

INCOME TAX DEPARTMENT

ATHITH J

BHEEMAIYA JAYAKUMAR

16/06/1989

Permanent Account Number

AVOPA8995M

JALA

Signature

भारत सरका GOVT. OF INDIA





J.M.

Aarthi CT and MRI Scans, R S Puram West



Age / Gender:

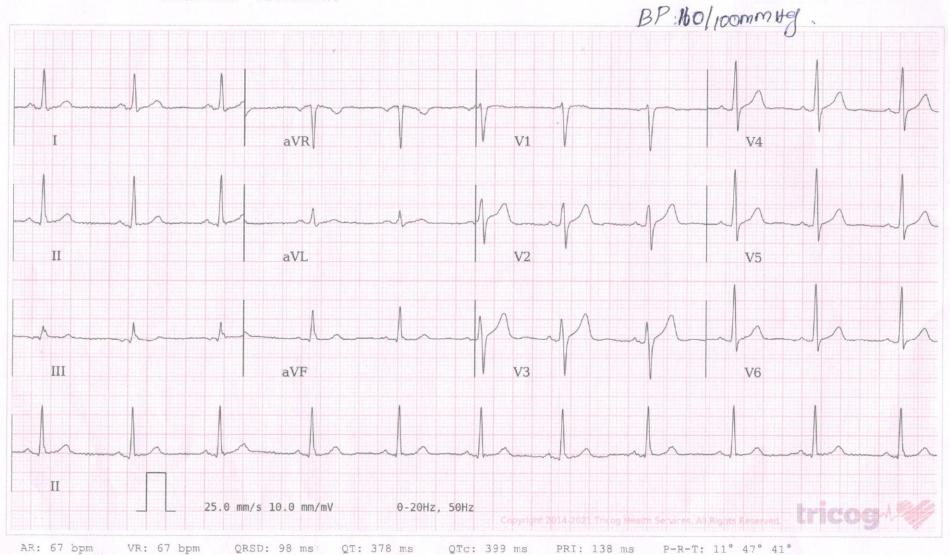
32/Male

Date and Time: 15th Nov 21 10:16 AM

Patient ID:

0000068411

Patient Name: MR. ATHITH J



ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.





NAME	MR. ATHITH J	PATIENT ID	68411
ACCESSION NO	70789	AGE/GENDER	32Y/MALE
REFERRED BY	MEDIWHEEL	DATE	15.11.2021

ECHOCARDIOGRAPHIC EVALUATION MEASUREMENTS: ACOUSTIC WINDOW: OPTIMAL

2D/M MODE PARAMETERS:

Parameters	Patient Values	Normal Adult Value
LA	3.12	(2.0 - 4.0 cm)
AO	2.41	(2.0 - 4.0 cm)
LVIDD	4.62	(3.5 – 5.5 cm)
LVIDS	3.15	(2.5 – 4.3 cm)
IVSd	0.89	(0.6 - 1.2 cm)
LVPWd	0.84	(0.6 - 1.2 cm)
EF	60	(50% - 70%)

IMPRESSION:

- No regional wall motion abnormality at rest.
- Normal valves and chambers.
- No pulmonary hypertension.
- No pericardial effusion.
- Normal LV systolic function.

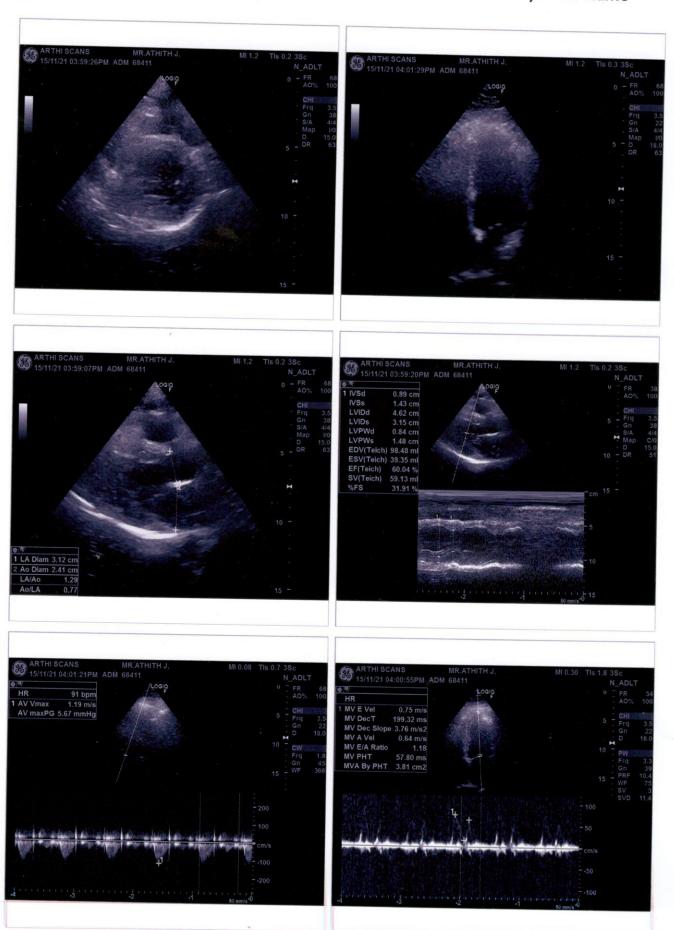
Dr. KARTHIK C.S.MD.,PGD(CARDIOLOGY,UKR) CONSULTANT CARDIOLOGIST.

Thank you for the courtesy of this referral Foot note:Patient identify is not verified .Report is not valid for medico legal purpose.

Obli Towers, 594, D.B. Road, R. S. Puram, Coimbatore-641 002. Mobile: 99430 99994 email: info@arthiscans.com

ARTHI SCANS

MR.ATHITH J 32Y/M 68411 15-Nov-2021 02:15:22 PM Physician Name





NAME	MR. ATHITH J	PATIENT ID	68411
ACCESSION NO	70789	AGE/GENDER	32Y/MALE
REFERRED BY	MEDIWHEEL	DATE	15- NOV- 2021

VISION TEST

VISUAL ACUITY (VA)

If The Acuity Can Be Measures, Complete This Box Using Snellen acuities or snellen equivalents or NLP,LP,HM, or distance at which the patient sees the 20/100 letter.

WITH BEST CORRECTION

DISTANC	E VISION
Right	10/11
Left	10/11
Both	10/11

NEAR '	VISION
Right	N6
Left	N6
Both	N6

Normal

Obli Towers, 594, D.B. Road, R. S. Puram, Coimbatore-641 002. Mobile: 99430 99994 email: info@arthiscans.com



Name	MR.ATHITH J	Patient ID	68411
Accession No	70789	Age/Gender	32 / Male
Referred By	Dr.MEDIWHEEL	Date	15-Nov-2021

USG REPORT - ABDOMEN AND PELVIS

LIVER:

Liver is normal in size (measures ~ 14.9 cm) and shows increased echotexture.

No focal liver lesion. No intra hepatic biliary radical dilatation seen.

GALL BLADDER:

Is adequately distended. No calculus or cholecystitis seen.

PANCREAS:

Appears normal in size and shows uniform echo texture. The pancreatic duct is normal. No calcifications are seen.

SPLEEN:

Appears normal in size and it shows uniform echo texture. It measures ~ 11.1 cm in long axis.

RIGHT KIDNEY:

Right kidney measures ~ 10.2 x 4.3 cm.

The shape, size and contour of the right kidney appear normal.

Cortico medullary differentiation is within normal. No evidence of pelvicalyceal dilatation.

No calculi seen.

LEFT KIDNEY:

Left kidney measures ~ 11.1 x 5.1 cm.

The shape, size and contour of the left kidney appear normal.

Cortico medullary differentiation is within normal. No evidence of pelvicalyceal dilatation.

No calculi seen.

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Accession No	70789	Age/Gender	32 / Male
Referred By	Dr.MEDIWHEEL	Date	15-Nov-2021

USG REPORT - ABDOMEN AND PELVIS

URINARY BLADDER:

Is normal contour. No intra luminal echoes are seen.

PROSTATE:

Prostate appears normal, Measures $\sim 2.6 \times 2.6 \times 2.5 \text{ cms}$ (Vol – 9 cc).

RIGHT ILIAC FOSSA:

No focal fluid collections seen.

No evidence of hernia seen in anterior abdominal wall.

IMPRESSION:

- Grade I fatty liver.
 - Suggested clinical correlation.

Dr.Abinaya Rajasekaran., MDRD., Radiologist

Thank you for the courtesy of this referral Foot Note: Patient's identity is not verified. Report is not valid for medico legal purpose.

Dr. Abinaya Rajasekaran, MD.,RD., Reg. No: 119338.

ARTHI CT AND MRI SCANS

MR. ATHITH J /M 68411 15-Nov-2021 09:35:27 AM















Name	MR.ATHITH J	Patient ID	70789
Accession No	68411	Age/Gender	32Y / Male
Referred By	Dr.MEDIWHEEL	Date	15-Nov-2021

X-RAY - CHEST PA VIEW

OBSERVATION:

The trachea is central.

The mediastinal and cardiac silhoutte are normal.

Cardiothoracic ratio is normal.

Cardiophrenic and costophrenic angles are normal.

Both hila are normal.

Lung zones are clear.

Bones of the thoracic cage are normal.

Soft tissues of the chest wall are normal.

IMPRESSION:

No significant abnormality seen.

Dr. Abinaya. R MDRD., Consultant Radiologist

