

Name : Mr. ADITHYA BANNINTHAYA K
PID No. : MED111862134 Register On : 23/09/2023 9:18 AM
SID No. : 423059607 Collection On : 23/09/2023 10:45 AM
Age / Sex : 39 Year(s) / Male Report On : 23/09/2023 8:40 PM
Type : OP Printed On : 02/11/2023 5:33 PM
Ref. Dr : MediWheel



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Basophils (Blood)	0.7	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	4.35	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.40	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.37	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.82	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.06	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	308	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	8.8	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood)	10	mm/hr	< 15



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

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<u>BIOCHEMISTRY</u>			
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.54	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.17	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.37	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	17.91	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	14.65	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	14.27	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	82.1	U/L	53 - 128
Total Protein (Serum/Biuret)	7.47	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	5.15	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.32	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	2.22		1.1 - 2.2




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KMC-88902

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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/CHOD-PAP with ATCS)	204.57	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	72.09	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)	47.90	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	142.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	14.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	156.7	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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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.3		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)	1.5		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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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.6	%	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 %

Estimated Average Glucose 114.02 mg/dL
(Whole Blood)

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 glyemic 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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Investigation Observed Value Unit Biological Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 0.879 ng/ml 0.7 - 2.04
(Serum/ECLIA)

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 5.25 µg/dl 4.2 - 12.0
(Serum/ECLIA)

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) 2.24 µIU/mL 0.35 - 5.50
(Serum/ECLIA)

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.



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CLINICAL PATHOLOGY


PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	6.5		4.5 - 8.0
Specific Gravity (Urine)	1.005		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative




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Leukocytes(CP) (Urine)	Negative		
<u>MICROSCOPIC EXAMINATION</u> <u>(URINE COMPLETE)</u>			
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		
INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.			
Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL




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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' 'Positive'



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BIOCHEMISTRY

BUN / Creatinine Ratio	13.9		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	87.41	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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	82.28	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.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	11.7	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.84	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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	6.78	mg/dL	3.5 - 7.2
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-- End of Report --

CLUMAX DIAGNOSTICS

MEDALL HEALTHCARE PVT LTD

CUSTOMER CHECKLIST

Print Date :23/09/2023 09:18 AM



MED111862134

Customer Name : **MR.ADITHYA BANNINTHAYA K**Ref Dr Name : **MediWheel**Customer Id : **MED111862134** Visit ID : **423059607**Age : **39Y/MALE** Phone No : **9901395500**DOB : **06 May 1984** Visit Date : **23/09/2023**Company Name : **MediWheel**Package Name : **Mediwheel Full Body Health Checkup Male Below 40**

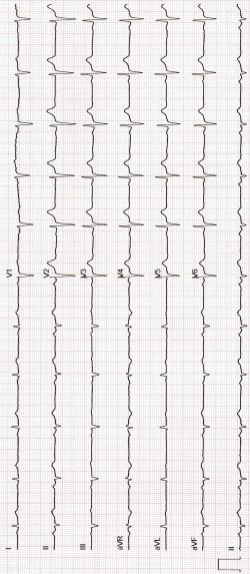
S.No	Modality	Study	AccessionNo	Time	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)			
2	LAB	CREATININE			
3	LAB	GLUCOSE - FASTING			
4	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)			
5	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)			
6	LAB	URIC ACID			
7	LAB	LIPID PROFILE			
8	LAB	LIVER FUNCTION TEST (LFT)			
9	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)			
10	LAB	URINE GLUCOSE - FASTING			
11	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)			
12	LAB	COMPLETE BLOOD COUNT WITH ESR			
13	LAB	STOOL ANALYSIS - ROUTINE			
14	LAB	URINE ROUTINE			
15	LAB	BUN/CREATININE RATIO			
16	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)			
17	ECG	ECG	IND14217841138		
18	OTHERS	Treadmill/ 2D Echo	IND142178414690		
19	OTHERS	physical examination	IND142178415279		
20	US	ULTRASOUND ABDOMEN	IND142178415292		
21	OTHERS	EYE CHECKUP	IND142178417756		
22	X-RAY	X RAY CHEST PA	IND142178418659		
23	OTHERS	Consultation Physician	IND142178418736		

Registered By
(MANI, MALINI)



42562467
HE ADL HYD BANGALORE 6.1307 (M)

QRS : 92 ms
 QT / QTcBaz : 392 / 407 ms
 PR : 140 ms
 P : 104 ms
 RR / PP : 926 / 923 ms
 P / QRS / T : 61 / -31 / 54 degrees



Name	ADITHYA BANNINTHAYA K	ID	MED111862134
Age & Gender	39-Male	Visit Date	9/25/2023 8:51:52 AM
Ref Doctor Name	MediWheel		



2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	: 3.1cms
LEFT ATRIUM	: 3.0cms
AVS	: ----
LEFT VENTRICLE (DIASTOLE)	: 5.2cms
(SYSTOLE)	: 3.3cms
VENTRICULAR SEPTUM (DIASTOLE)	: 0.8cms
(SYSTOLE)	: 1.3cms
POSTERIOR WALL (DIASTOLE)	: 0.8cms
(SYSTOLE)	: 1.9cms
EDV	: 129ml
ESV	: 45ml
FRACTIONAL SHORTENING	: 36%
EJECTION FRACTION	: 65%
EPSS	: ---
RVID	: 1.8cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	: E' 0.91 m/s	A' 0.51 m/s	NO MR
AORTIC VALVE	: 1.01 m/s		NO AR
TRICUSPID VALVE	: E' - m/s	A' - m/s	NO TR
PULMONARY VALVE	: 0.96 m/s		NO PR

REPORT DISCLAIMER

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- 2.The results reported here in are subject to interpretation by qualified medical professionals only.
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- 7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,
- 8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
- 9.Liability is limited to the extend of amount billed.
- 10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.
- 11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

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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:65 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

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 SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST
 SRI JAYADEVA INSTITUTE OF CARDIOLOGY, BANGALORE
 Kss/da

Note:

- * **Report to be interpreted by qualified medical professional.**
- * **To be correlated with other clinical findings.**
- * **Parameters may be subjected to inter and intra observer variations.**
- * **Any discrepancy in reports due to typing errors should be corrected as soon as possible.**

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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 shows 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 shows 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	9.8	1.2
Left Kidney	9.5	1.6

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 3.3 x 2.7 x 3.0cms (Vol:cc).

No evidence of ascites / pleural effusion.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

DR. APARNA
CONSULTANT RADIOLOGIST
A/vp

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- 6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the referring doctor/patient can contact the respective section head of the laboratory.
- 7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,
- 8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
- 9.Liability is limited to the extend of amount billed.
- 10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.
- 11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	ADITHYA BANNINTHAYA K	ID	MED111862134
Age & Gender	39-39-Male	Visit Date	9/25/2023 8:51:52 AM
Ref Doctor Name	MediWheel		



REPORT DISCLAIMER

- 1.This is only a radiological impression.Like other investigations, radiological investigation also have limitation. Therefore radiological reports should be interpreted in correlation with clinical and pathological findings.
- 2.The results reported here in are subject to interpretation by qualified medical professionals only.
- 3.Customer identities are accepted provided by the customer or their representative.
- 4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.
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Name	Mr. ADITHYA BANNINTHAYA K	ID	MED111862134
Age & Gender	39Y/M	Visit Date	Sep 23 2023 9:18AM
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. APARNA

CONSULTANT RADIOLOGIST