

Name : Mr. POOVARASAN P
PID No. : MED110704084
SID No. : 1802155311
Age / Sex : 25 Year(s) / Male
Ref. Dr : MediWheel

Register On : 13/11/2021 11:52 AM
Collection On : 13/11/2021 12:06 PM
Report On : 13/11/2021 6:07 PM
Printed On : 16/11/2021 2:19 PM
Type : OP



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

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	6.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5
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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) 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.

-- End of Report --

A handwritten signature in blue ink, appearing to read "Sivakumar", written over a stylized logo consisting of two overlapping loops in blue and pink.

Dr S SIVAKUMAR Ph.D
Consultant Microbiologist

The results pertain to sample tested.

A handwritten signature in blue ink, appearing to read "Ramesh", written over a stylized logo consisting of two overlapping loops in blue and pink.

Dr. Ramesh Dayanand Kinha
Chief Pathologist
Reg No : 142072

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IMMUNOHAEMATOLOGY

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

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion
 If Rh Variant
 When Recieipient, Consider patient as Rh negative when Donor, Consider patient as Rh positive.

HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/ Spectrophotometry)	13.7	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	41.5	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.95	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	83.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	27.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.0	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	12.5	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	38.0	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/ Impedance Variation)	8560	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	57.1	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	35.2	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.8	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	5.2	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	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/ Impedance Variation & Flow Cytometry)	4.89	10 ³ / µl	1.5 - 6.6
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Absolute Lymphocyte Count (EDTA Blood/ Impedance Variation & Flow Cytometry)	3.01	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.15	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/ Impedance Variation & Flow Cytometry)	0.45	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/ Impedance Variation & Flow Cytometry)	0.06	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	362	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.4	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.339	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	12	mm/hr	< 15

BIOCHEMISTRY

BUN / Creatinine Ratio	9.0		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	100.6	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)	116.8	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.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.4	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.04	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-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	7.3	mg/dL	3.5 - 7.2
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Liver Function Test



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Bilirubin(Total) (Serum/DCA with ATCS)	0.45	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.15	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.30	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	23.3	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	31.2	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	39.4	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	69.8	U/L	53 - 128
Total Protein (Serum/Biuret)	7.33	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.20	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.13	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.34		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	146.2	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	102.4	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)	37.9	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	87.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	20.5	mg/dL	< 30



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Non HDL Cholesterol (Serum/Calculated)	108.3	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)	3.9		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)	2.7		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

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.71	ng/ml	0.7 - 2.04
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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/Chemiluminescent Immunometric Assay (CLIA))	8.33	µg/dl	4.2 - 12.0
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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 Immunometric Assay (CLIA))	1.49	µIU/mL	0.35 - 5.50
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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 ≤ 0.03 $\mu\text{IU/mL}$ need to be clinically correlated due to presence of rare TSH variant in some individuals.

CLINICAL PATHOLOGY

Urine Analysis - Routine

COLOUR (Urine)	Pale yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated - Flow cytometry)	1 - 2	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry)	1 - 2	/hpf	NIL
RBCs (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated - Flow cytometry)	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.

Stool Analysis - ROUTINE

Colour (Stool)	Brown		Brown
Blood (Stool)	Absent		Absent
Mucus (Stool)	Absent		Absent
Reaction (Stool)	Acidic		Acidic
Consistency (Stool)	Semi Solid		Semi Solid



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Ova (Stool)	NIL		NIL
Others (Stool)	NIL		NIL
Cysts (Stool)	NIL		NIL
Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	1 - 2	/hpf	NIL
Macrophages (Stool)	NIL		NIL
Epithelial Cells (Stool)	NIL	/hpf	NIL

-- End of Report --



The results pertain to sample tested.



Name	POOVARASAN P	ID	MED110704084
Age & Gender	25Year(s)/MALE	Visit Date	11/13/2021 12:00:00 AM
Ref Doctor Name	MediWheel		



SONOGRAM REPORT- WHOLE ABDOMEN

Indication: General check up

The liver is normal in size (13.3 cms) and shows uniform echotexture with no focal abnormality.

The gall bladder is normal sized.

Two tiny echogenic lesions of 2-3 mm seen adherent to the wall of gall bladder.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal in size and measures 10.4 cms.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 10.0 x 4.6 cms.

A calculus measuring 2.3 mm seen in the mid pole.

There is no calyceal dilatation in the right kidney.

The left kidney measures 10.3 x 5.2 cms.

There is no calculus or calyceal dilatation in the left kidney.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

The ureters are not dilated.

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The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The prostate measures 2.6 x 3.2 x 3.0 cms and is normal sized with a volume of 13.9 cc.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

IMPRESSION:

- ❖ **Tiny echogenic lesions adherent to the wall of gall bladder - *Possible Polyp.***
- ❖ **Right renal calculus.**

--- Suggested Clinical Correlation.

ss

DR. T. SANA
CONSULTANT SONOLOGIST

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Name	POOVARASAN P	ID	MED110704084
Age & Gender	25Y/M	Visit Date	Nov 13 2021 12:00AM
Ref Doctor	MediWheel		

X-RAY CHEST (PA VIEW)

The heart size and configuration are within normal limits. The aortic arch is normal.
The lung fields show normal broncho-vascular markings.
Both the pulmonary hila are normal in size.
The costophrenic and cardiophrenic recesses and the domes of diaphragm are normal.
The bones and soft tissues of the chest wall show no abnormality.

IMPRESSION:

- *No significant abnormality demonstrated.*



DR.REKHA S.CHERIAN, DMRD.DNB.FRCR.,
CONSULTANT RADIOLOGIST



GE MAG1200 ST MR POGUARASAN P; 25/M MED704084; MEDALL; ADYAR

HR 78 bpm

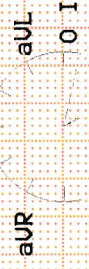
Measurement Results:

QRS : 94 ms
 QT/QTcB : 370 / 421 ms
 PR : 140 ms
 P : 108 ms
 RR/PP : 768 / 765 ms
 P/QRS/T : 54 / 61 / 13 degrees

< P

< T

< QRS

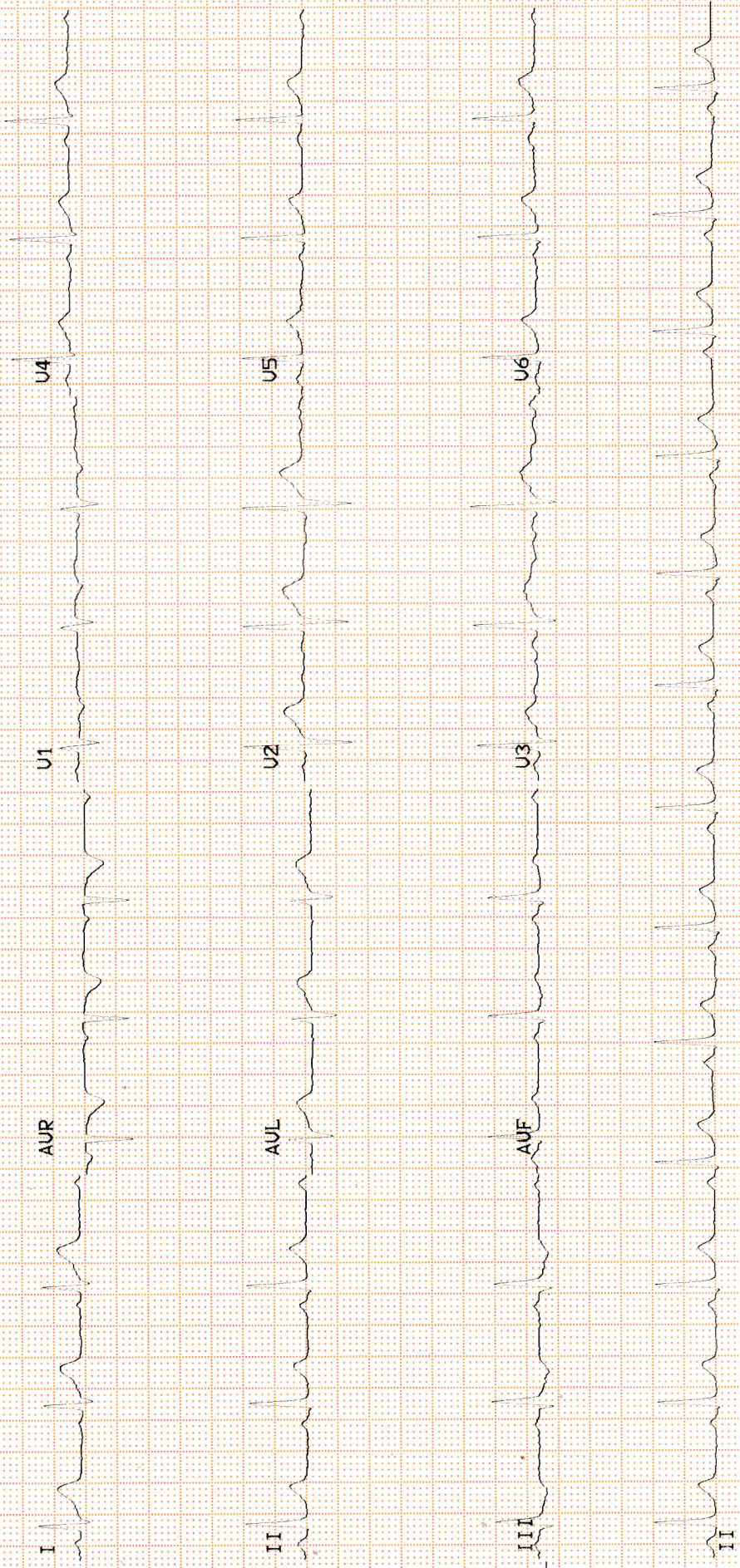


Interpretation:

12SL - Interpretation:
 Normal sinus rhythm
 Normal ECG

179.5
 80.0
 96.8

Unconfirmed report



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ECHO CARDIOGRAM REPORT

MEASUREMENTS:

AO	2.3 cm	IVS	0.9/1.1 cm
LA	3.2 cm	LVPW	0.8/1.0 cm
LVID (Ed)	4.7 cm	EF	64 %
LVID (Es)	3.0 cm	FS	35 %

LV SEGMENTAL ANALYSIS:

4 CHAMBERS	:	NORMAL
2 CHAMBERS	:	NORMAL
LAX	:	NORMAL
SAX	:	NORMAL
LEFT VENTRICLE	:	NORMAL
RIGHT VENTRICLE	:	NORMAL
THROMBUS	:	NIL
ATRIA	:	NORMAL
INTER ATRIAL SEPTUM	:	INTACT
INTER VENTRICULAR SEPTUM	:	INTACT
AORTA	:	NORMAL
PULMONARY ARTERY	:	NORMAL

VALVES:

MITRAL VALVE:-

AML	:	NORMAL
PML	:	NORMAL
ANNULUS	:	NORMAL
CHOARDAE	:	NORMAL



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AORTIC VALVE : NORMAL
 TRICUSPID VALVE : NORMAL

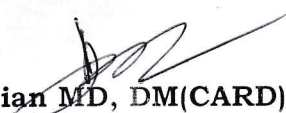
DOPPLER DATA:

MITRAL VALVE : E > A, NO MR
 E: 0.9 m/s, A: 0.5 m/s
 AORTIC VALVE : NO AR, NO AS, VEL: 0.8 m/s.
 PULMONARY VALVE : NO PR, NO PS, VEL: 0.8 m/s.
 TRICUSPID VALVE : NO TR

IMPRESSION:

- NORMAL CHAMBERS AND DIMENSIONS.
- NO REGIONAL WALL MOTION ABNORMALITY.
- NORMAL LV SYSTOLIC FUNCTION, LVEF 64 %.
- GRADE I LV DIASTOLIC DYSFUNCTION.
- NO PULMONARY ARTERY HYPERTENSION.
- NORMAL RV SYSTOLIC FUNCTION.
- NO CLOT / PERICARDIAL EFFUSION.

Done By :- Mahalakshmi


Prof. N. Subramanian MD, DM(CARD) FRCP, FACC
Consultant Cardiologist



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