

YOUR CLINICAL TEST RESULTS

Mr. M VENKATANARASAPPA

MALE / 63 Yrs / AHJN.0000238170 / AHJNAHC44937

MEDIWHEEL FULL BODY HEALTH CHECK UP MALE ABOVE 40 YEARS

Date : 10/12/2022

HEMOGRAM

Test Name	Result	Unit	Level	Range
Haemoglobin: (Photometry)	17.3 *	g%	●	13.0-17.0
RBC COUNT METHOD: (AUTOMATED :IMPEDANCE)	5.7 *	Million/ul	●	4.5-5.5
Packed cell volume (METHOD:CALCULATED)	51.6 *	%	●	40-50
MCV (calculated)	90.4	fl	●	80-100
MCH (Calculated)	30.3	pg	●	27-32
MCHC (Calculated)	33.5	g/dl	●	32-35
WBC count (METHOD:AUTOMATED :IMPEDANCE) I	6.6	10 ³ /mm ³	●	4-11
TLC Count	6.6	10 ³ /mm ³		
Neutrophils	51	%	●	40-80
Lymphocytes	38	%	●	20-40
Monocytes	07	%	●	0-10
Eosinophils	04	%	●	1-6
Basophils	00	%	●	0-1
Platelet Count (IMPEDENCE)	200	10 ³ /mm ³	●	150-450
ERYTHROCYTE SEDIMENTATION RATE (ESR) (AUTOMATED CAPILLARY PHOTOMETRY)	01	mm/1st hr	●	0-15
RBC:	Predominantly Normocytic Normochromic cells			
WBC: (AUTOMATED :IMPEDANCE)	Differentials within normal limits.			
PLATELETS :	Adequate			
IMPRESSION	Normocytic normochromic blood picture.			

URINE ROUTINE (CUE)

Test Name	Result	Unit	Level	Range
	● Within Normal Range	● Boderline High/Low	● Outside Range	

YOUR CLINICAL TEST RESULTS

Mr. M VENKATANARASAPPA

MALE / 63 Yrs / AHJN.0000238170 / AHJNAHC44937

MEDIWHEEL FULL BODY HEALTH CHECK UP MALE ABOVE 40 YEARS

Date : 10/12/2022

Color :	Pale Yellow		
Volume :	20	ml	
Transparency:	Clear		
pH	5.0		
Specific Gravity	1.010 *		● 0-0
Protein :	Negative		
Glucose:	Negative		
Ketone	Nil		
Bile Pigments:	Negative		
Blood :	Negative		
Nitrate:	Negative		
Leucocyte Esterases	Negative		0-0
RBC	Nil	Cells/hpf	0-2
Epithelial Cells	Occasional		
Pus Cells	1-2 /h.p.f		

BLOOD GROUPING AND TYPING (ABO and Rh)

Test Name	Result	Unit	Level	Range
ABO Group:	O			
Rh (D) Type:	POSITIVE			

GLUCOSE - SERUM / PLASMA (FASTING)

Test Name	Result	Unit	Level	Range
Glucose - Plasma (Fasting)	84	mg/dL	●	74-100

GLUCOSE - SERUM / PLASMA (POST PRANDIAL)

Test Name	Result	Unit	Level	Range
Glucose - Plasma (POST)	78	mg/dL	●	0-140
	● Within Normal Range		● Boderline High/Low	● Outside Range

YOUR CLINICAL TEST RESULTS

Mr. M VENKATANARASAPPA

MALE / 63 Yrs / AHJN.0000238170 / AHJNAHC44937

MEDIWHEEL FULL BODY HEALTH CHECK UP MALE ABOVE 40 YEARS

Date : 10/12/2022

PRANDIAL)

RENAL PROFILE - SERUM

Test Name	Result	Unit	Level	Range
UREA - SERUM / PLASMA (Method:urease)	10 *	mg/dL	●	15-45
BUN (BLOOD UREA NITROGEN) (Method:Calculated)	4.6 *	mg/dL	●	7.0-22.0
CREATININE - SERUM / PLASMA (Method:Jaffe kinetic)	0.68	mg/dL	●	0.67-1.17
URIC ACID - SERUM (Method: uricase)	5.7	mg/dL	●	3.5-7.2
SODIUM - SERUM / PLASMA (Method : ISE Indirect)	140.00	mmol/L	●	135.00-145.00
POTASSIUM - SERUM / PLASMA (Method:ISE Indirect)	4.5	mmol/L	●	3.5-5.1
CHLORIDE - SERUM / PLASMA (Methos:ISE Indirect)	103.00	mmol/L	●	98.00-107.00
BICARBONATE (HCO ₃) - SERUM / PLASMA (Method:Enzymatic PEP-MD)	33 *	mmol/L	●	22-29

LIPID PROFILE TEST (PACKAGE)

Test Name	Result	Unit	Level	Range
Total Cholesterol	182	mg/dL	●	0-200
HDL CHOLESTEROL - SERUM / PLASMA (Method : Direct)	48	mg/dL	●	40-59
LDL Cholesterol (Direct LDL)	121	mg/dL	●	0-130
Triglycerides - Serum	152 *	mg/dL	●	0-150
TOTAL CHOLESTEROL/HDL CHOLESTEROL RATIO(Calculated)	3.8		●	0.0-4.5
VLDL CHOLESTEROL - SERUM - CALCULATED	30		●	0-30

LIVER FUNCTION TEST (PACKAGE)

Test Name	Result	Unit	Level	Range
BILIRUBIN, TOTAL - SERUM (Method:DPD)	0.8	mg/dL	●	0.3-1.2
BILIRUBIN CONJUGATED (DIRECT) - SERUM (Method: DPD)	0.1	mg/dL	●	0.0-0.4
BILIRUBIN UNCONJUGATED -	0.7	mg/dL	●	0.0-1.0



Within Normal Range



Boderline High/Low



Outside Range

YOUR CLINICAL TEST RESULTS

Mr. M VENKATANARASAPPA

MALE / 63 Yrs / AHJN.0000238170 / AHJNAHC44937

MEDIWHEEL FULL BODY HEALTH CHECK UP MALE ABOVE 40 YEARS

Date : 10/12/2022

SERUM(Calculated)				
PROTEIN, TOTAL - SERUM / PLASMA (Method:Biuret)	7.0	g/dL	●	6.6-8.3
ALBUMIN - SERUM (Method:Bromocresol green)	4.3	g/dL	●	3.5-5.2
GLOBULIN - SERUM:(Calculated)	2.7	g/dL	●	2.0-4.0
ALBUMIN:GLOBULIN (RATIO) - CALCULATED	1.5926			
AST (SGOT) - SERUM (Method:IFCC with P-5-P)	27	U/L	●	5-50
ALT(SGPT) - SERUM / PLASMA (Method:IFCC with P-5-P)	24	U/L	●	5-50
ALKALINE PHOSPHATASE - SERUM/PLASMA (Method:IFCC withpNPP+AMP)	72	U/L		
GGTP: GAMMA GLUTAMYL TRANSPEPTIDASE - SERUM (Method:IFCC)	38	U/L	●	10-55

GLYCOSYLATED HEMOGLOBIN (HBA1C) - WHOLE BLOOD

Test Name	Result	Unit	Level	Range
Glycosylated Hemoglobin (HbA1c)	5.3	%	●	4.0-6.0

SERUM PSA

Test Name	Result	Unit	Level	Range
PSA: PROSTATIC SPECIFIC ANTIGEN - SERUM (Method:CLIA)	0.35	ng/mL	●	0.00-4.00

THYROID PROFILE - II

Test Name	Result	Unit	Level	Range
TOTAL T3: TRI IODOTHYRONINE - SERUM (Method:CLIA)	147.54	ng/dL	●	60.00-181.00
TOTAL T4: THYROXINE - SERUM (Method:CLIA)	8.13	µg/dL	●	5.48-14.28
TSH: THYROID STIMULATING HORMONE - SERUM (Method:CLIA)	1.46	µIU/mL	●	0.50-8.90

● Within Normal Range ● Boderline High/Low ● Outside Range

YOUR CLINICAL TEST RESULTS

Mr. M VENKATANARASAPPA

MALE / 63 Yrs / AHJN.0000238170 / AHJNAHC44937

MEDIWHEEL FULL BODY HEALTH CHECK UP MALE ABOVE 40 YEARS

Date : 10/12/2022

INVESTIGATIONS NOT DONE / NOT YET REPORTED / NOT PART OF PACKAGE(LAB,RADIOLOGY & CARDIOLOGY)

Haematology

STOOL ROUTINE

BioChemistry

GLUCOSE - SERUM / PLASMA (RANDOM/CASUAL)

X Ray

XRAY CHEST PA

CARDIOLOGY

ECHO/TMT - OPTIONAL

Ultrasound Radiology

ULTRASOUND - WHOLE ABDOMEN

E C G

ECG



Within Normal Range



Boderline High/Low



Outside Range

DEPARTMENT OF RADIOLOGY

Patient's Details :	Mr. M VENKATANARASAPPA	M	063Y
UHID :	AHJN.0000238170	Ward/Bed No. :	AHC /
I.P.No./Bill No. :	AHJNAHC44937	Scanned on :	10-Dec-2022 08:54
Accession Number :	10371.122133971	Reported On :	10-Dec-2022
Referring Doctor :	SELF REFERRAL		

X-RAY CHEST PA**OBSERVATION:**

Both lungs appear clear

Cardia appears normal.

Both domes and costophrenic angles normal.

Both hila are unremarkable.

Scoliosis of dorsal spine is seen with convexity to right side

IMPRESSION:

- **Scoliosis of dorsal spine is seen with convexity to right side**
- **Rest nil significant**

**DR. HARISHA V, MBBS, MD.
CONSULTANT RADIOLOGIST.**

---END OF THE REPORT---

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

DEPARTMENT OF RADIOLOGY

Patient's Details :	M VENKATANARASAPPA		O
UHID :	AHJN.0000238170	Ward/Bed No. :	/
I.P.No./Bill No. :		Scanned on :	10-Dec-2022
Accession Number :			10:21
Referring Doctor :		Reported On :	10-Dec-2022

ULTRASOUND ABDOMEN AND PELVIS**FINDINGS:**

- Liver appears normal in size, shape and echogenicity. No obvious focal parenchymal lesions identified. No evidence of intra/extrahepatic biliary tree dilatation noted. Portal vein appears to be normal.
- Gall bladder partially distended. To the extent visualized, no definite calculi identified.
- Spleen appears normal in size, shape and echopattern. No obvious focal parenchymal lesions identified.
- Pancreas - Obscured by bowel gas.
- Both kidneys appear normal in size, shape and echopattern. Corticomedullary differentiation appears maintained. No evidence of calculi or hydronephrosis seen on either side. A cortical cyst measuring ~1.6 × 1.7 cm noted in the interpole region of left kidney.
- Urinary bladder is partially distended.
- Prostate appears normal in size and echotexture.

IMPRESSION:

- **NO SIGNIFICANT ABNORMALITY DETECTED.**

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.

DEPARTMENT OF RADIOLOGY

Patient's Details :	M VENKATANARASAPPA		O
UHID :	AHJN.0000238170	Ward/Bed No. :	/
I.P.No./Bill No. :		Scanned on :	10-Dec-2022
Accession Number :			10:21
Referring Doctor :		Reported On :	10-Dec-2022



DR. AASMITHA. B
MBBS MDRD
REGISTRAR, RADIOLOGY

---END OF THE REPORT---

N.B. : This is only a professional opinion and not the final diagnosis. Radiological investigations are subject to variations due to technical limitations. Hence, correlation with clinical findings and other investigations should be carried out to know true nature of illness.