

Name : Mr. MURALI KRISHNA K
PID No. : MED111033183
SID No. : 922018112
Age / Sex : 34 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 25/03/2022 8:40 AM
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Investigation **Observed Value** **Unit** **Biological Reference Interval**


HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	13.3	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	41.8	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	5.63	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	74.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	23.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	31.8	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	14.0	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	36.26	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6900	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	58.4	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	31.7	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.5	%	01 - 06


Dr. Arjun C.P
MBBS, MD Pathology
Reg. No. KMC 89655

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DR SHAMIM JAVED
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KMC 88902

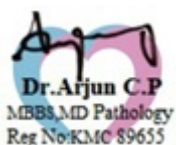
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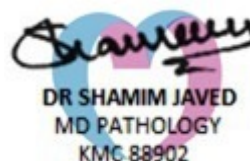
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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	7.9	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.5	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.03	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.19	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.10	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.55	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.03	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	314	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	7.6	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.24	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	22	mm/hr	< 15



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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.4	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.3	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.9	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	5.0	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.9	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.7		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	25	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	43	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	69	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	42	U/L	< 55


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Consultant Pathologist
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Lipid Profile

Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	214	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
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Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	192	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
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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)	46	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	129.6	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)	38.4	mg/dL	< 30
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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
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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)	4.7		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)	4.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.8		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)	6.1	%	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 128.37 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 glycaemic 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)	1.34	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 (Thyroxine) - Total (Serum/CMIA)	8.65	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 Microparticle Immunoassay(CMIA))	1.65	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&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


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)	1.015		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
<u>MICROSCOPY(URINE DEPOSITS)</u>			
Pus Cells (Urine/Flow cytometry)	2-4	/hpf	3-5
Epithelial Cells (Urine)	0-1	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	NIL
Others (Urine)	Nil		Nil
Casts (Urine/Flow cytometry)	Nil	/hpf	0 - 1
Crystals (Urine)	Nil		NIL


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BIOCHEMISTRY

BUN / Creatinine Ratio	13.3		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	80	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)	127	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)	12	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)	6.9	mg/dL	3.5 - 7.2
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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' 'Positive'

Dr. Arjun C.P
MBBS, MD Pathology
Reg No:KMC 89655

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MD PATHOLOGY
KMC 88902

APPROVED BY

-- End of Report --



భారత ప్రభుత్వం

GOVERNMENT OF INDIA



కే మురళీ కృష్ణ
K Murali Krishna

పుట్టిన సంవత్సరం/Year of Birth: 1987
పురుషుడు / Male



3409 1054 4082

ఆధార్ - సామాన్యని హక్కు

Name	MR.MURALI KRISHNA K	ID	MED111033183
Age & Gender	34Y/MALE	Visit Date	25/03/2022
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, upper limit in size (15.3cms) 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 visualized portion of head and body appear normal.
Tail is obscured by bowel gas.

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	9.3	1.3
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 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



Customer Name	MR. Murali Krishna	Customer ID	MED 111033183
Age & Gender	34 yrs / male.	Visit Date	25.03/2022.

Eye Screening

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

	Right Eye	Left Eye
Near Vision	N6	N6
Distance Vision	6/6	6/6
Colour Vision	Normal	Normal

Observation / Comments: Normal.

CLUMAX DIAGNOSTICS &
RESEARCH CENTRE PVT.LTD
68/150/3, "Sri Lakshmi Towers"
9th Main, 3rd Block, Jayanagar
BANGALORE - 560 011

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2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.31	cms
LEFT ATRIUM	:	3.06	cms
AVS	:	2.00	cms
LEFT VENTRICLE (DIASTOLE)	:	4.29	cms
(SYSTOLE)	:	2.82	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	1.02	cms
(SYSTOLE)	:	1.59	cms
POSTERIOR WALL (DIASTOLE)	:	0.94	cms
(SYSTOLE)	:	2.57	cms
EDV	:	82	ml
ESV	:	30	ml
FRACTIONAL SHORTENING	:	34	%
EJECTION FRACTION	:	63	%
EPSS	:		cms
RVID	:	1.63	cms

DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' -1.17m/s 'A' -0.57 m/s	NO MR
AORTIC VALVE	:1.13 m/s	NO AR
TRICUSPID VALVE	: 'E' -0.68m/s 'A' - m/s	NO TR
PULMONARY VALVE	:0.84 m/s	NO PR



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:2:

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 prolapse.
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: 63 %
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

DR.SRIDHAR.L MD,DM,FICC.
CONSULTANT CARDIOLOGIST

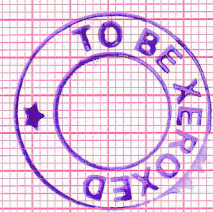
Dr. SRIDHAR .L
MD, (Med), DM (Cardio), FICC
Interventional Cardiologist
K.M.C. No.: 32248



34years
Male

Vent. rate	96 bpm
PR interval	132 ms
QRS duration	80 ms
QT/QTc	324/409 ms
P-R-T axes	66 62 -47

Technician: MANJU
Test Ind:



Dr. SKRIPPA R. L.
MD (Med), DM (Cardio), FICG
Interventional Cardiologist
K.M.C. No.: 32248

*Needs Coronary Angiogram
for further management*

Referred by: C/O MEDIMARBEL

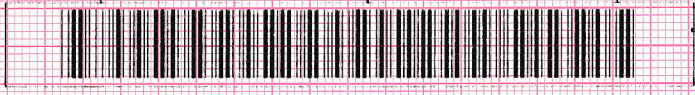
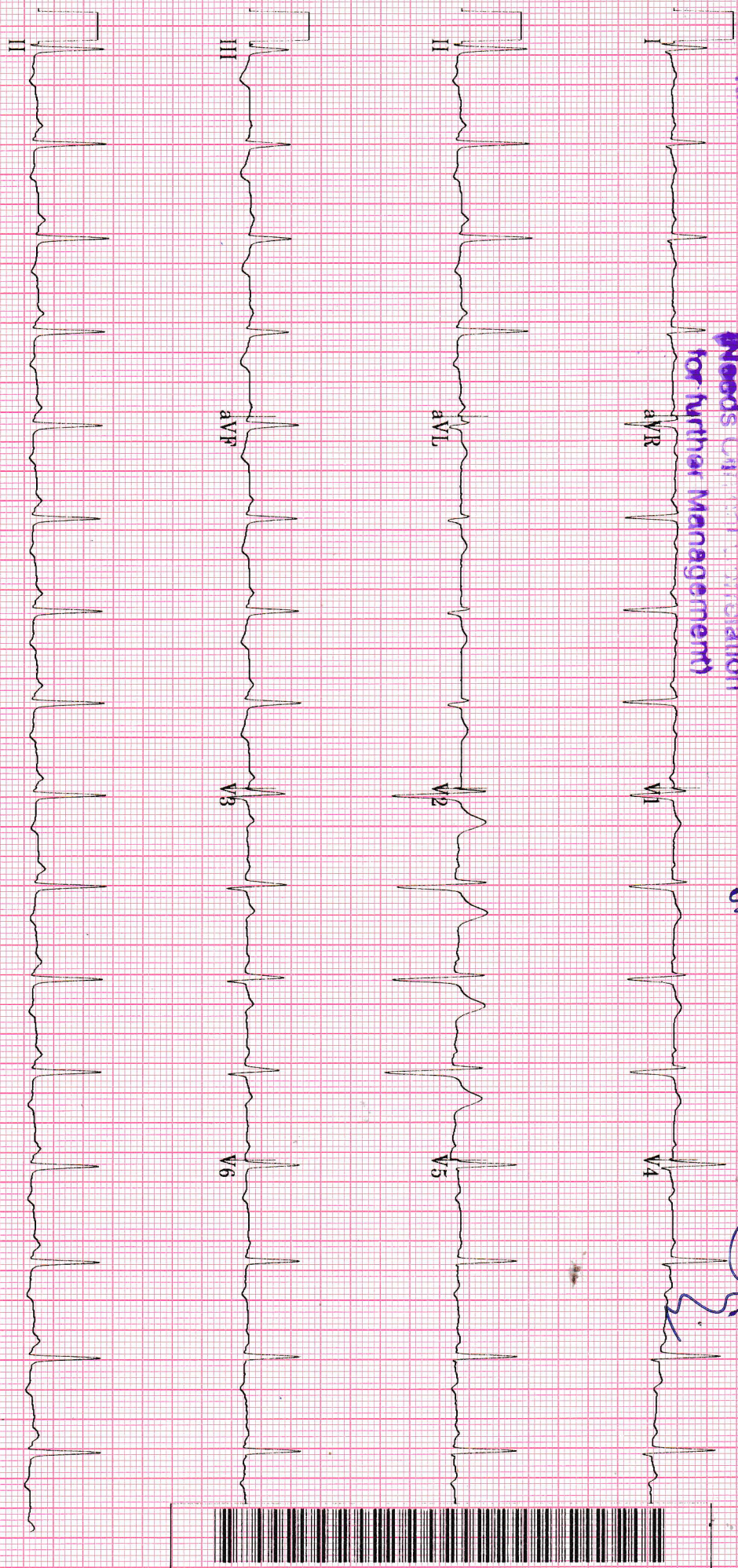
Reviewed by:

SKRIPPA R. L.

*MD (Med) DM (Cardio) FICG
Interventional Cardiologist*

SKRIPPA R. L.

*MD (Med) DM (Cardio) FICG
Interventional Cardiologist*



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm Id

MAC55 010Bsp1 12SL™ V241 HD