

**Name** : Mr. ALI MOHAMMED ASHRAF  
**PID No.** : MED210156029 **Register On** : 28/10/2024 8:40 AM  
**SID No.** : 522415589 **Collection On** : 28/10/2024 12:00 PM  
**Age / Sex** : 44 Year(s) / Male **Report On** : 28/10/2024 8:04 PM  
**Type** : OP **Printed On** : 29/10/2024 1:07 PM  
**Ref. Dr** : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh TYPING	'B' 'Positive'		
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(EDTA Blood/Agglutination)

**INTERPRETATION:** Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.

**Complete Blood Count With - ESR**

Haemoglobin (EDTA Blood/SLS Hemoglobin method)	14.3	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/RBC pulse height detection method)	<b>41.3</b>	%	42 - 52
RBC Count (EDTA Blood/Impedance/Coulter Principle)	<b>4.49</b>	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Calculated)	92.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Calculated)	31.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Calculated)	34.5	g/dL	32 - 36
RDW-CV (Calculated)	13.1	%	11.5 - 16.0
RDW-SD (Calculated)	42.18	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance/Coulter Principle)	6800	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Flow cytometry)	57.7	%	40 - 75
Lymphocytes (Blood/Flow cytometry)	27.8	%	20 - 45
Eosinophils (Blood/Flow cytometry)	4.9	%	01 - 06



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Monocytes (Blood/Flow cytometry)	8.6	%	01 - 10
Basophils (Blood/Flow cytometry)	1.0	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Calculated)	3.92	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Calculated)	1.89	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Calculated)	0.33	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Calculated)	0.58	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood/Calculated)	0.07	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood/Impedance/Coulter Principle)	232	10 <sup>3</sup> / µl	150 - 450
MPV (Blood/Calculated)	7.9	fL	7.9 - 13.7
PCT (Calculated)	0.18	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood/Capillary Photometry Technology)	8	mm/hr	< 15
Glucose Fasting (FBS) (Plasma - F/Hexokinase)	<b>112.61</b>	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/Hexokinase)

Negative

Negative



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Glucose Postprandial (PPBS) (Plasma - PP/Hexokinase)	134.84	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.

Urine Glucose(PP-2 hours) (Urine - PP/Hexokinase)	Trace		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.4	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.96	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-acetylcysteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	3.48	mg/dL	3.5 - 7.2
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.50	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.28	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.22	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	16.45	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	21.16	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	37.00	U/L	< 55
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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	63.2	U/L	53 - 128
Total Protein (Serum/Biuret)	7.11	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.60	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.51	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.83		1.1 - 2.2

**Lipid Profile**

Cholesterol Total (Serum/CHOD-PAP with ATCS)	149.53	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	77.85	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)	43.76	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	90.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	15.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	105.8	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)	3.4		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	8.3	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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<b>INTERPRETATION:</b> If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %			
Estimated Average Glucose (Whole Blood)	191.51	mg/dL	
<b>INTERPRETATION: Comments</b> HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glyceimic 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.			
Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.342	ng/ml	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.24	ng/ml	0.7 - 2.04
<b>INTERPRETATION:</b> <b>Comment :</b> 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/ECLIA)	8.26	µg/dl	4.2 - 12.0
<b>INTERPRETATION:</b> <b>Comment :</b> 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/ECLIA)	1.08	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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

**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)	5.5	4.5 - 8.0
Specific Gravity (Urine)	1.006	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal
Blood (Urine)	Negative	Negative
Nitrite (Urine)	Negative	Negative



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Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

**MICROSCOPIC EXAMINATION**  
**(URINE COMPLETE)**

Pus Cells (Urine)	<b>0-2</b>	/hpf	NIL
Epithelial Cells (Urine)	<b>0-2</b>	/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

  
**DR SUHAS L MD**  
 Consultant Pathologist  
 KMC No. 111687  
**VERIFIED BY**



  
**DR SHAMIM JAVED**  
 MD PATHOLOGY  
 KMC 88902  
**APPROVED BY**



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Investigation

Observed  
Value

Unit

Biological  
Reference Interval

BUN / Creatinine Ratio

9

6.0 - 22.0



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Investigation

Observed  
Value

Unit

Biological  
Reference Interval

URINE ROUTINE



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-- End of Report --

Regn. No. 4364A

Mob : 98454 91190  
98450 06782

# MARUTHI DENTAL CARE

# 144, 11th Cross, Malleshwaram, Bengaluru - 560 003

Dr. B. INDUMATHI MARUTHI

Timings : 11 a.m. to 1.30 p.m.

Dental Surgeon

5 p.m. to 8.30 p.m.

Patient Name... *Mohammed* ... Age: .....

Rx

Date : *28/10/24*

*Ca<sup>++</sup> SI-1*

*Adv oral prophylaxis*





**OPTICAL STORE**  
THE VISION WORLD

# OPTICAL STORE

#12 LAKSHMI NILAYA, GROUND FLOOR,  
2ND MAIN ROAD, VYALIKAVAL,  
BENGALURU-560003  
PH. 9611444957

Name Al; Mohammed

Ph. 9845231445

Age 44/M

### Chief Complaints

RE / LE / DOV / Blurring / Burning / Itching / Pricking  
Redness / Headache NIL

### Past History

DM -ve  
HTN -ve

Asthama -ve  
Others -NIL-

### Visual Acuity

	RE	LE
Distance / Near	6/6	6/6
With PH		
With Glasses	—	

Colour Vision: BE = Normal

	RE			LE		
	SPH	CYL	AXIS	SPH	CYL	AXIS
Distance	<u>Plano</u>			<u>Plano</u>		
Near						

6/6      6/6

Advise .....

Ravi Kumar H.L.  
Ravi Kumar H.L.  
(Consultant Optometrist)

Patient Name	Ali Mohammed Ashraf	Date	28-10-24
Age	44Y	Visit Number	522415589
Sex	male	Corporate	medwheeler

### GENERAL PHYSICAL EXAMINATION

Identification Mark :

Height : 195 cms

Weight : 101.4 kgs

Pulse : 90 /minute

Blood Pressure : 130/80 mm of Hg

BMI :

16.16 DM-on M

#### BMI INTERPRETATION

Underweight = <18.5

Normal weight = 18.5-24.9

Overweight = 25-29.9

Chest :

Expiration : 109 cms

Inspiration : 123 cms

Abdomen Measurement : 109 cms

Eyes : BIL pupil (2) Ears : NAD

Throat : NAD Neck nodes : Not palpable

RS : BIL AEC (+) CVS : ?

PA : soft NT CNS : NAD

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO

Dr. RITESH RAJ, MBBS  
General Physician & Diabetologies  
KMC Reg. No: 85875  
OHMAX DIAGNOSTICS

  
Signature



67 bpm  
-- / -- mmHg

28.10.2024 9:15:55  
CLUMAX DIAGNOSTICS  
VYALIKAVAL  
BANGALORE

Mr Ali mohammed  
ID: 210156029

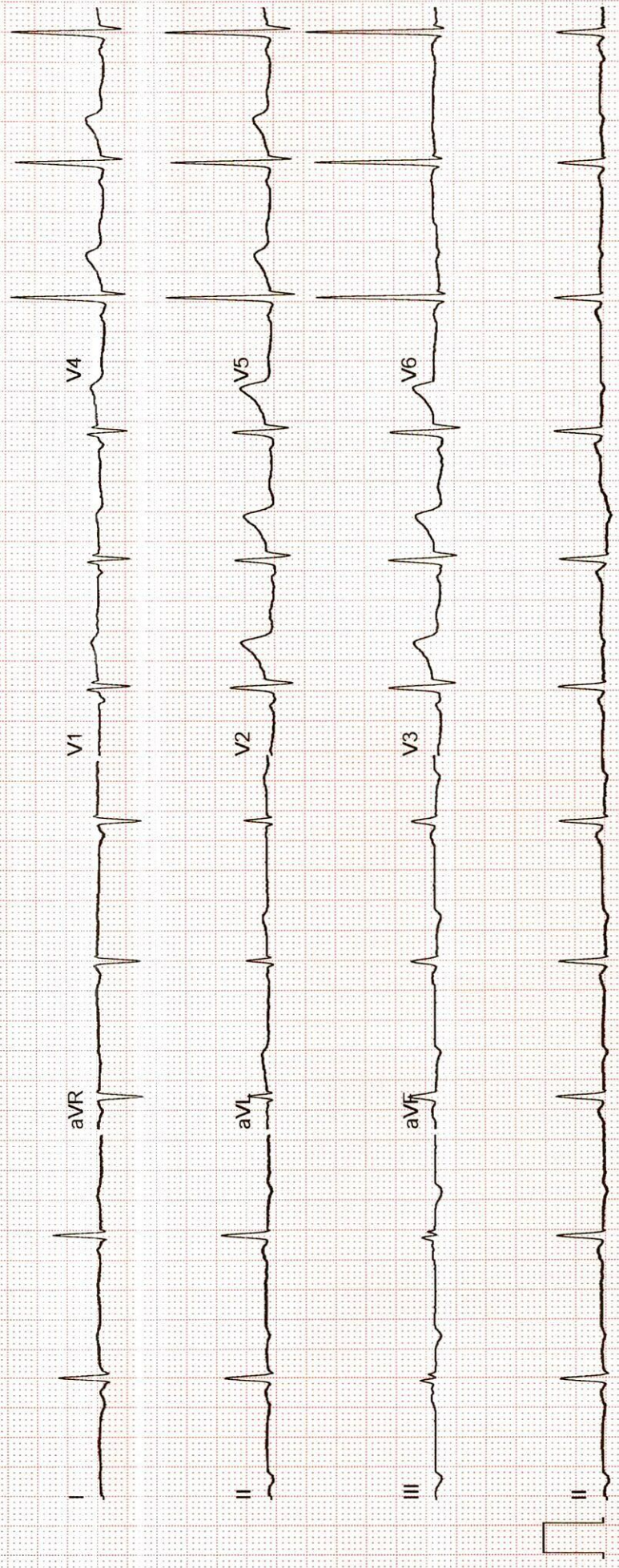
Male

44 Years

QRS : 78 ms  
QT / QTcBaz : 414 / 437 ms  
PR : 96 ms  
P : 78 ms  
RR / PP : 900 / 895 ms  
P / QRS / T : 33 / 35 / -36 degrees

Sinus rhythm with short PR  
Minimal voltage criteria for LVH, may be normal variant  
Nonspecific T wave abnormality  
Abnormal ECG

*St. inf. ready*  
*1*  
*My*



Name	MR.ALI MOHAMMED ASHRAF	ID	MED210156029
Age & Gender	44Y/MALE	Visit Date	28 Oct 2024
Ref Doctor Name	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER is enlarged in size (16.3 cms) and shows increased echogenicity.** 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. Wall is of normal thickness. CBD is of normal calibre.

**PANCREAS** Head appears normal. Rest of the pancreas is obscured by bowel gas shadows. No evidence of ductal dilatation or calcification.

**SPLEEN** shows normal shape, size (11.5 cms) and echopattern.

#### **BOTH KIDNEYS**

**Right kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

**Left kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	12.7	1.6
Left Kidney	12.5	1.5

**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 3.1 x 3.3 x 3.3 cms and vol: 18 cc.

No evidence of ascites.

#### **IMPRESSION:**

- **Hepatomegaly with grade I fatty infiltration of liver.**
- **No other significant abnormality detected.**

**DR. VANDANA S**  
**CONSULTANT RADIOLOGIS**

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Age & Gender	44Y/MALE	Visit Date	28 Oct 2024
Ref Doctor Name	MediWheel		

Vs/Gk



Name	MR.ALI MOHAMMED ASHRAF	ID	MED210156029
Age & Gender	44Y/MALE	Visit Date	28 Oct 2024
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## 2D ECHOCARDIOGRAPHIC STUDY

### M-mode measurement:

AORTA	:	2.26	cms.
LEFT ATRIUM	:	2.93	cms.
AVS	:	1.47	cms.
<b>LEFT VENTRICLE</b>			
(DIASTOLE)	:	3.81	cms.
(SYSTOLE)	:	2.78	cms.
<b>VENTRICULAR SEPTUM</b>	:		
(DIASTOLE)	:	0.93	cms.
(SYSTOLE)	:	1.34	cms.
<b>POSTERIOR WALL</b>	:		
(DIASTOLE)	:	1.34	cms.
(SYSTOLE)	:	1.23	cms.
EDV	:	62	ml.
ESV	:	28	ml.
FRACTIONAL SHORTENING	:	26	%
EJECTION FRACTION	:	60	%
EPSS	:	---	cms.
RVID	:	1.80	cms.

### DOPPLER MEASUREMENTS:

MITRAL VALVE:	E - 0.6 m/s	A - 0.8 m/s	NO MR.
AORTIC VALVE:	1.1 m/s		NO AR.
TRICUSPID VALVE:	E - 0.3 m/s	A - 0.4 m/s	NO TR.
PULMONARY VALVE:	0.8 m/s		NO PR.

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## **2D ECHOCARDIOGRAPHY FINDINGS:**

Left Ventricle : Concentric L V H, 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:**

- **CONCENTRIC L V H.**
- **NORMAL LV SYSTOLIC FUNCTION. EF: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **GRADE I DIASTOLIC DYSFUNCTION.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

**DR. YASHODA RAVI**  
**CONSULTANT CARDIOLOGIST**

Name	MR.ALI MOHAMMED ASHRAF	ID	MED210156029
Age & Gender	44Y/MALE	Visit Date	28 Oct 2024
Ref Doctor Name	MediWheel		

Name	Mr. ALI MOHAMMED ASHRAF	Customer ID	MED210156029
Age & Gender	44Y/M	Visit Date	Oct 28 2024 8:39AM
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:**

- ***No significant abnormality detected.***

  
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