



MYSORE-BALLAL CIRCLE

MEDALL HEALTHCARE PVT LTD

CUSTOMER CHECKLIST

Print Date : 02/09/2023 08:03 AM



Customer Name : **MR.P SURESH**

Ref Dr Name : **MediWheel**

Customer Id : **MED111818822** Visit ID : **712330301**

Age : **52Y/MALE** Phone No : **9880442070**

DOB : **02 Sep 1970** Visit Date : **02/09/2023**

Company Name : **MediWheel**

Package Name : **Mediwheel Full Body Health Checkup Male Above 40**

S.No	Modality	Study	AccessionNo	Time	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)	9	2	M
2	LAB	GLUCOSE - FASTING			
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)			
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)			
5	LAB	LIPID PROFILE			
6	LAB	LIVER FUNCTION TEST (LFT)			
7	LAB	URINE GLUCOSE - FASTING			
8	LAB	URIC ACID			
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)			
10	LAB	COMPLETE BLOOD COUNT WITH ESR			
11	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)			
12	LAB	TOTAL PROSTATE SPECIFIC ANTIGEN - PSA			
13	LAB	STOOL ANALYSIS - ROUTINE			
14	LAB	URINE ROUTINE			
15	LAB	CREATININE			
16	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)			
17	LAB	BUN/CREATININE RATIO			
18	OTHERS	physical examination	MYS2828095102651		
19	US	ULTRASOUND ABDOMEN	MYS2828095103462		
20	OTHERS	Treadmill / 2D Echo <i>done</i>	MYS2828095127528		
21	OTHERS	Dental Consultation	MYS2828095134969		
22	OTHERS	EYE CHECKUP	MYS2828095135592		
23	X-RAY	X RAY CHEST	MYS2828095145199		
24	OTHERS	Consultation Physician	MYS2828095148004		
25	ECHO	ELECTROCARDIOGRAM ECG <i>done</i>	MYS2828095149333		

Registered By (DIVYA.RAJESH)

Bp - 130/80 mmHg
pulse - 70 bpm.



NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

NO 1118 GEETHA ROAD, CHAMARAJAPURAM
MYSORE-570005, KARNATAKA

Name: P SURESH .

OP No. 60P1263194

CASE SHEET

Gender: Male

Age: 52

Date: 02/09/2023

Complaint

S.No	Eye	Complaint	Duration	Type	Remarks
2	BE	FOR MEDICAL CERTIFICATE	1	Days	

Diagnosis

Eye	ICDCode	ICD	Version	Remarks
BE	H52.7	Disorder of refraction - H52.7 - 10	10	
BE	25692	REFRACTIVE ERROR - 25692 - 9	9	

SCHIRMER'S Test & TBUT

IOP

Type	NCT			DVT Flag				
Target	BD	AD	CL	RE	DVT1	DVT2	DVT3	DVT4
RE	20			LE				
LE	15			Time	12:00 AM	12:00 AM	12:00 AM	12:00 AM

AR

RE	SPH	CYL	AXIS	LE	SPH	CYL	AXIS
BD	-1.75			BD	-2.25		
AD				AD			

Drug Used:

VisionDetail

RE	UCVA	PG	PH	LE	UCVA	PG	PH
DV	6/36			DV	6/36		
NV	N6			NV	N6		



Subjective

RE	SPH	CYL	AXIS	VA	LE	SPH	CYL	AXIS	VA
Dist	-1.50			6/6	Dist	-2.00			6/6
Near	+0.50			N6	Near	0.00			N6

Color Vision

Chart Type	1
RE	38/38
LE	38/38
Remarks	WNL

Recommendations

User Name	Recommendations
Dr RICHHA .	ANT SEG- BE- CLAER CORNEA, VH-3, LENS- CLEAR FUNDUS- BE- UNDIL- CD- 0.4, FR+ ADV- GLASSES REVIEW FOR DILATED FUNDUS EVALUATION

This visit was Electronically Signed by DEEKSHITHA on 9/2/2023 11:53:24 AM.

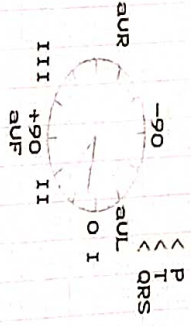
This visit was Electronically Signed by Dr RICHHA . on 9/2/2023 11:59:25 AM.


Dr. Richa
 MBBS, DOMS, DNB
 Consultant-Vitreo Retina
 KMC Reg. No. : 105719

GE MAC1200 ST MR SURESH P, 111818822, CLUMAX DIAGNOSTICS, MYSORE

HR 70 bpm

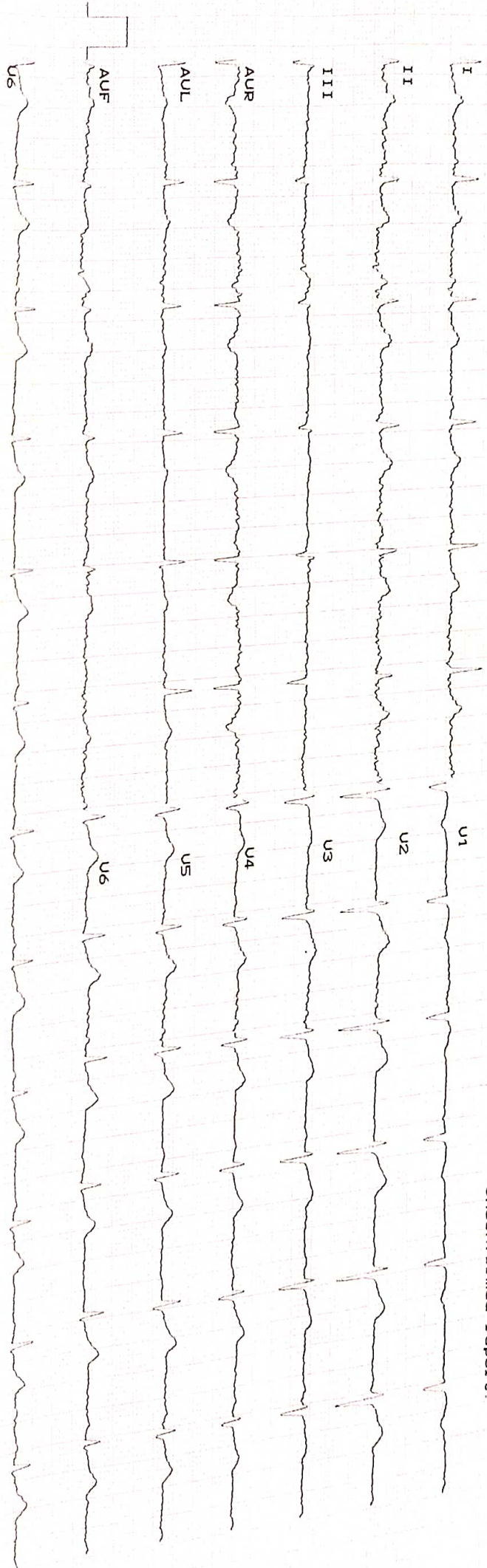
AGE: 52
 Measurement Results:
 QRS : 92 ms
 QT/QTcB : 392 / 427 ms
 PR : 138 ms
 P : 104 ms
 RR/PP : 844 / 840 ms
 P/QRS/T : 50 / 15 / 45 degrees
 QTd/QTcBD : 32 / 35 ms
 Sokolow : 1.0 mV
 NK



Interpretation:
 Probably acute MI (Inferior)
 Probably abnormal ECG

Normal sinus rhythm

Unconfirmed report.



02. Sep. 2023 11:11:46 25mm/s 10mm/mV ADS 50HZ 0.08 - 20HZ 6_F1 Automatic U6.2 121 (1)

Customer Name	MR.P SURESH	Customer ID	MED111818822
Age & Gender	52Y/MALE	Visit Date	02/09/2023
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows ill-defined hypoechoic lesion in right lobe measuring 6.5x4.5cm. Hepatic vessels seen traversing the lesion. No significant increased vascularity.

No evidence of 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 has normal shape, size and uniform echopattern.

No evidence of ductal dilatation or calcification.

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.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.7	1.4
Left Kidney	10.3	1.3

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:

➤ *Hypoechoic Lesion In Right Lobe In Liver - ? Atypical Haemangioma.*

Suggested CECT correlation.

CONSULTANT RADIOLOGISTS


DR. ANITHA ADARSH
AA/SV

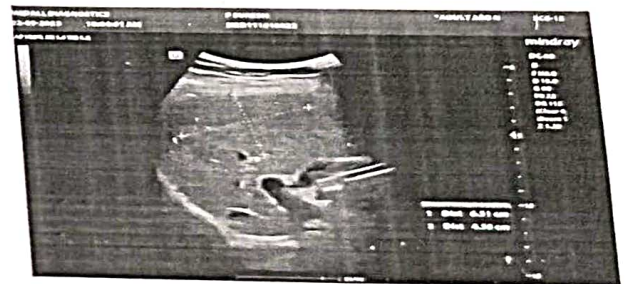
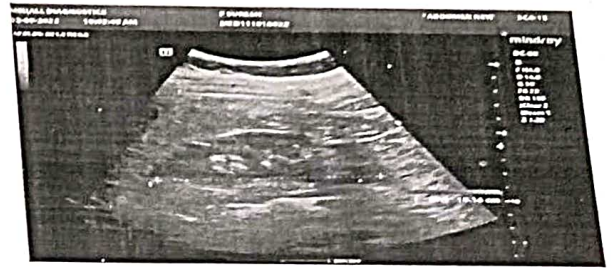
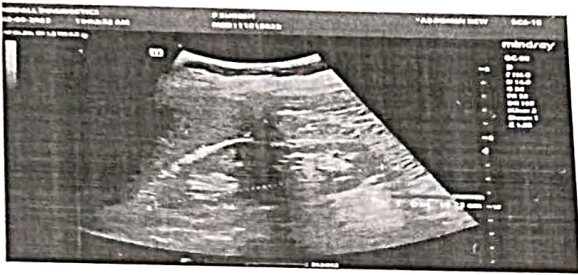
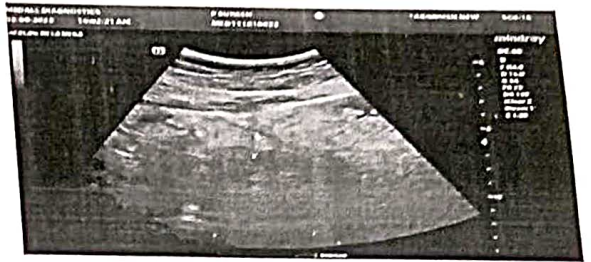
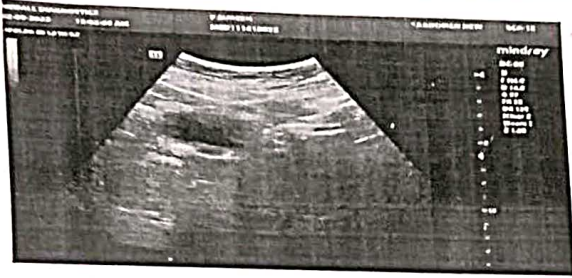
DR. MOHAN B

You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



Please produce bill copy at the time of collecting reports. Request you to provide your mobile number and customer id during your subsequent visits.

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Age & Gender	52Y/MALE	Visit Date	02/09/2023
Ref Doctor	MediWheel		



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PID No. : MED111818822
SID No. : 712330301
Age / Sex : 52 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 02/09/2023 8:04 AM
Collection On : 02/09/2023 8:21 AM
Report On : 03/09/2023 1:56 PM
Printed On : 05/09/2023 8:01 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'O' Positive'		
Remark: Test to be confirmed by gel method.			
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood/Spectrophotometry)	15.9	g/dL	13.5 - 18.0
INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.			
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	47.7	%	42 - 52
RBC Count (EDTA Blood/Automated Blood cell Counter)	5.20	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	91.8	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	30.6	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	33.4	g/dL	32 - 36
RDW-CV (Derived)	16.6	%	11.5 - 16.0
RDW-SD (Derived)	53.34	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	5320	cells/cu.m m	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	60	%	40 - 75



APPROVED BY

The results pertain to sample tested.

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	30	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	02	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	08	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.19	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.60	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.11	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.43	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	95	10 ³ / μ l	150 - 450
MPV (Blood/Derived)	12.6	fL	7.9 - 13.7
PCT	0.12	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	16	mm/hr	< 20



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	10.3		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	116	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 Postprandial (PPBS) (Plasma - PP/GOD - POD)	140	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)	10.3	mg/dL	7.0 - 21
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Creatinine (Serum/Jaffe Kinetic)	1.0	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/Uricase/Peroxidase)	5.3	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	1.5	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.5	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	1.00	mg/dL	0.1 - 1.0
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Protein (Serum/Biuret)	7.7	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.2	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.50	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.20		1.1 - 2.2

INTERPRETATION: Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	74	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	38	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	139	U/L	56 - 119
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	306	U/L	< 55

Lipid Profile

Cholesterol Total (Serum/Oxidase / Peroxidase method)	195	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	90	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500



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Investigation	Observed Value	Unit	Biological Reference Interval
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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)	131	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)	18	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	149.0	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.2		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)	2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
--	---	--	--



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.8		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	6.8	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Remark: Kindly correlate clinically.

Estimated Average Glucose (Whole Blood)	148.46	mg/dL	
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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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.97	ng/ml	0.4 - 1.81
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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/Chemiluminescent Immunometric Assay (CLIA))	9.84	Microg/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))	2.657	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.

URINE ROUTINE

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale Yellow	Yellow to Amber
Volume (Urine/Physical examination)	10	ml
Appearance (Urine)	Clear	

CHEMICAL EXAMINATION

pH (Urine)	6.0	4.5 - 8.0
Specific Gravity (Urine/Dip Stick ~ Reagent strip method)	1.030	1.002 - 1.035



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Protein (Urine/Dip Stick - Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative
Blood (Urine)	Nil		Nil
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits

Urine Microscopy Pictures

RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	2-3	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Prostate specific antigen - Total(PSA) (Serum/ <i>Manometric method</i>)	0.107	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

INTERPRETATION:REMARK : PSA alone should not be used as an absolute indicator of malignancy.



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-- End of Report --

Name	Mr. P SURESH	ID	MED111818822
Age & Gender	52Y/M	Visit Date	Sep 2 2023 8:03AM
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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