Name	: **Mr. NAGARAJAN V**		
PID No.	: MED111408894	**Register On**	: 10/12/2022 1:09 PM
SID No.	: 222021108	**Collection On**	: 10/12/2022 2:43 PM
Age / Sex	: 53 Year(s) / Male	**Report On**	: 12/12/2022 8:56 AM
Type	: OP	**Printed On**	: 21/12/2022 6:19 PM
Ref. Dr	: **MediWheel**		

MEDALL

Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (EDTA Blood/*Agglutination)*	'A' 'Positive'		

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/*Spectrophotometry)*	14.5	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/*Derived from Impedance)*	43.3	%	42 - 52
RBC Count (EDTA Blood/*Impedance Variation)*	4.82	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/*Derived from Impedance)*	89.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/*Derived from Impedance)*	30.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/*Derived from Impedance)*	33.5	g/dL	32 - 36
RDW-CV (EDTA Blood/*Derived from Impedance)*	13.0	%	11.5 - 16.0
RDW-SD (EDTA Blood/*Derived from Impedance)*	41.7	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/*Impedance Variation)*	5910	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	50.2	%	40 - 75
Lymphocytes (EDTA Blood/*Impedance Variation & Flow Cytometry)*	36.7	%	20 - 45
Eosinophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	**6.6**	%	01 - 06

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The results pertain to sample tested.

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Investigation	Observed Value	Unit	Biological Reference Interval
Monocytes (EDTA Blood/*Impedance Variation & Flow Cytometry)*	5.4	%	01 - 10
Basophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	1.1	%	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)*	2.96	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	2.17	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.39	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.32	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.07	10^3 / µl	< 0.2
Platelet Count (EDTA Blood/*Impedance Variation)*	231	10^3 / µl	150 - 450
MPV (EDTA Blood/*Derived from Impedance)*	10.0	fL	7.9 - 13.7
PCT (EDTA Blood/*Automated Blood cell Counter)*	0.231	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated - Westergren method)*	9	mm/hr	< 20
BUN / Creatinine Ratio	12.56		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP)*	**159.3**	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

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Investigation	Observed Value	Unit	Biological Reference Interval
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-PAP)*	**173.2**	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*)*	**Positive(++)**		Negative
Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived)*	13.7	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe)*	1.09	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)*	5.4	mg/dL	3.5 - 7.2
Liver Function Test			
Bilirubin(Total) (Serum/*DCA with ATCS)*	0.59	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid)*	0.15	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived)*	0.44	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC)*	31.7	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC)*	**45.2**	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	49.0	U/L	< 55

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Investigation	Observed Value	Unit	Biological Reference Interval
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC)*	**45.1**	U/L	56 - 119
Total Protein (Serum/*Biuret)*	7.53	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green)*	4.52	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived)*	3.01	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived)*	1.50		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/*CHOD-PAP with ATCS)*	**204.5**	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240

Remark: kindly correlate clinically, suggested repeat testing with a fresh sample, if clinically indicated.

Triglycerides (Serum/*GPO-PAP with ATCS)*	**245.9**	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.

Remark: kindly correlate clinically, suggested repeat testing with a fresh sample, if clinically indicated.

HDL Cholesterol (Serum/*Immunoinhibition)*	**38.3**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40

Remark: kindly correlate clinically, suggested repeat testing with a fresh sample, if clinically indicated.

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Investigation	Observed Value	Unit	Biological Reference Interval
LDL Cholesterol (Serum/*Calculated*)	117	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated*)	49.2	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated*)	166.2	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*)	5.3		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*)	6.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	3.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/*HPLC*)	**7.2**	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

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Investigation	Observed Value	Unit	Biological Reference Interval
Remark: kindly correlate clinically, suggested repeat testing with a fresh sample, if clinically indicated.			
Estimated Average Glucose (Whole Blood)	159.94	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.

Prostate specific antigen - Total(PSA) (Serum/*Manometric method)*	0.27	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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA))*	1.11	ng/ml	0.4 - 1.81

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))*	5.12	µg/dl	4.2 - 12.0

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))*	4.21	µIU/mL	0.35 - 5.50

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Investigation	Observed Value	Unit	Biological Reference Interval

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.

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

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*)	**Positive(+++)**		Negative
Pus Cells (Urine/*Automated - Flow cytometry*)	**Occasional**	/hpf	NIL
Epithelial Cells (Urine/*Automated - Flow cytometry*)	**Occasional**	/hpf	NIL

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Investigation	Observed Value	Unit	Biological Reference Interval
RBCs (Urine/*Automated - Flow cytometry)*	NIL	/hpf	NIL
Casts (Urine/*Automated - Flow cytometry)*	NIL	/hpf	NIL
Crystals (Urine/*Automated - Flow cytometry)*	NIL	/hpf	NIL
Mucus (Stool)	Absent		Absent
Reaction (Stool)	Acidic		Acidic
Consistency (Stool)	Semi Solid		Semi Solid
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

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-- End of Report --

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Name	Mr.NAGARAJAN V	ID	MED111408894
Age & Gender	53/MALE	Visit Date	10/12/2022
Ref Doctor Name	MediWheel		

DEPARTMENT OF CARDIOLOGY

TRANSTHORACIC RESTING ECHO CARDIOGRAPHY REPORT

ECHO INDICATION: Assessment

ACOUSTIC WINDOW : GOOD

M MODE & 2-D PARAMETERS:

LV STUDY	
IVS(d) cm	1.0
IVS(s) cm	1.1
LPW(d) cm	1.0
LPW(s) cm	1.0
LVID(d) cm	4.4
LVID(s) cm	3.1
EDV ml	87
ESV ml	30
SV ml	56
EF %	64
FS %	29

Parameters	Patient Value
LA cm	3.4
AO cm	3.3

DOPPLER PARAMETERS

Valves	Velocity max(m/sec mm/Hg)
AV	0.9
PV	1.0
MV (E)	0.4
((A)	0.5

Name	Mr.NAGARAJAN V	ID	MED111408894
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FINDINGS:

- **Normal left ventricle systolic function (LVEF 64 %).**
- **No regional wall motion abnormality.**
- **Grade I LV diastolic dysfunction.**
- **Normal chambers dimension.**
- **MR - TRIVIAL.**
- **Normal right ventricle systolic function.**
- **Normal pericardium / Intact septae.**
- **No clot/aneurysm.**

IMPRESSION:

- ***NORMAL LV SYSTOLIC FUNCTION.***
- ***NO REGIONAL WALL MOTION ABNORMALITY.***
- ***GRADE I LV DIASTOLIC DYSFUNCTION.***
- ***TRIVIAL MR.***

Name	Mr.NAGARAJAN V	ID	MED111408894
Age & Gender	53/MALE	Visit Date	10/12/2022
Ref Doctor Name	MediWheel		

REPORT DISCLAIMER

1.This is only a radiologincal imperssion.Like other investigations, radiological investication also have limitation. Therefore radiologincal reports should be interpreted in correlation with clinical and pathological findings.

2.The results reported here in are subject to interpretation by qualified medical professionals only.

3.Customer identities are accepted provided by the customer or their representative.

4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.

5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.

6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the refrering doctor/patient can contact the respective section head of the laboratory.

7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,

8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.

9.Liability is limited to the extend of amount billed.

10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.

11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

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Ref Doctor Name	MediWheel		

B. SUDHA RANI (BSPA)
CARDIOLOGY