Name	: Mr. PRABHAKAR C		
PID No.	: MED112006183	Register On : 23/12/2023 8:48 AM	\sim
SID No.	: 712343132	Collection On : 23/12/2023 10:02 AM	
Age / Sex	: 36 Year(s) / Male	Report On : 23/12/2023 5:34 PM	medall
Туре	: OP	Printed On : 28/02/2024 12:55 PM	DIAGNOSTICS
Ref. Dr	: MediWheel		

Observed

<u>Value</u>

'O' 'Positive'

Investigation

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination) Remark: Test to be confirmed by gel method.

Johan Kumar Sr.LabTechnician VERIFIED BY



<u>Unit</u>



Biological Reference Interval

APPROVED BY

Name PID No. SID No. Age / Sex Type Ref. Dr	 Mr. PRABHAKAR C MED112006183 712343132 36 Year(s) / Male OP MediWheel 	Collection On : 23 Report On : 23	12/2023 8:48 AM /12/2023 10:02 AM /12/2023 5:34 PM /02/2024 12:55 PM	DIAGNOSTICS
<u>Investiga</u>	ation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
<u>HAEN</u>	<u>IATOLOGY</u>			
<u>Complet</u>	e Blood Count With - ESR			
Haemog (EDTA Bl	lobin 00d/Spectrophotometry)	16.2	g/dL	13.5 - 18.0
	RETATION: Haemoglobin values v , renal failure etc. Higher values are			bin values may be due to nutritional deficiency, s, hypoxia etc.
PCV (Pa	cked Cell Volume) / Haematod	-	%	42 - 52
RBC Co (EDTA Bl	unt ood/Automated Blood cell Counter)	5.56	mill/cu.mm	4.7 - 6.0
	<pre>lean Corpuscular Volume) ood/Derived from Impedance)</pre>	85.0	fL	78 - 100
	fean Corpuscular Haemoglobin ood/Derived)	n) 29.2	pg	27 - 32
concentr	Mean Corpuscular Haemoglob ation) ood/Derived)	bin 34.6	g/dL	32 - 36
RDW-C' (Derived)	V	13.0	%	11.5 - 16.0
(Derived) (Derived)	D	38.67	fL	39 - 46
	BC Count (TC) ood/Derived from Impedance)	8440	cells/cu.mm	4000 - 11000
Neutropl) 57	%	40 - 75
Lympho		37	%	20 - 45

(Blood/Impedance Variation & Flow Cytometry)







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Unit Investigation Observed Biological Value **Reference Interval** 02 01 - 06 Eosinophils % (Blood/Impedance Variation & Flow Cytometry) Monocytes 04 % 01 - 10 (Blood/Impedance Variation & Flow Cytometry) 00 - 02 **Basophils** 00 % (Blood/Impedance Variation & Flow Cytometry) Absolute Neutrophil count 4.81 10^3 / µl 1.5 - 6.6 (EDTA Blood/Impedance Variation & Flow Cytometry) Absolute Lymphocyte Count 3.12 10^3 / µl 1.5 - 3.5 (EDTA Blood/Impedance Variation & Flow Cytometry) 0.17 10^3 / µl 0.04 - 0.44 Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry) 10^3 / µl < 1.0 0.34 Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) Absolute Basophil count 0.00 10^3 / µl < 0.2 (EDTA Blood/Impedance Variation & Flow Cytometry) 210 10^3 / µl 150 - 450 Platelet Count (EDTA Blood/Derived from Impedance) MPV 11.9 fL 7.9 - 13.7 (Blood/Derived) PCT 0.25 % 0.18 - 0.28 ESR (Erythrocyte Sedimentation Rate) < 15 06 mm/hr

Smohn Mr. S. Mohan Kumar Sr. LabTechnician VERIFIED BY

(Citrated Blood/Automated ESR analyser)





APPROVED BY

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Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.8	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.60	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.2	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.7	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.50	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.88		1.1 - 2.2
INTERPRETATION: Remark : Electrophoresis is the p	referred method		
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	30	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	42	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	80	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	28	U/L	< 55







The results pertain to sample tested.

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Age / Sex	: 36 Year(s) / Male Re	eport On : 23/12/2023 5:34 PM	medall
Туре	: OP P r	rinted On : 28/02/2024 12:55 PM	DIAGNOSTICS
Ref. Dr	: MediWheel		

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	129	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	164	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)	34	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	62.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/Calculated)	32.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	95.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219







Very High: >= 220

APPROVED BY

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Ref. Dr	: MediWheel			

Investigation	Observed Uni	t <u>Biological</u>					
-	<u>Value</u>	Reference Interval					
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 protein co-primary target for cholesterol lowering therapy.		chylomicrons and it is the "new bad cholesterol" and is a					
Total Cholesterol/HDL Cholesterol Ratio	38	Optimal: ≤ 3.3					

3.0	Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
4.8	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
1.8	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0







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Age / Sex	: 36 Year(s) / Male	Report On	: 23/12/20	23 5:34 PM	medall
Туре	: OP	Printed On	: 28/02/202	24 12:55 PM	DIAGNOSTICS
Ref. Dr	: MediWheel				
Investiga	ation		erved alue	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Glycosyl</u>	ated Haemoglobin (HbA1c)				

6.4

%

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 %

Estimated Average Glucose 136.98 mg/dl

(Whole Blood)

(Whole Blood/HPLC)

HbA1C

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.







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Ref. Dr	: MediWheel			

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
BUN / Creatinine Ratio	9.2		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	93	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.

Urine sugar, Fasting (Urine - F)	Nil		Nil
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	143	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.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.1	mg/dL	7.0 - 21
Creatinine (Somm/Leffe Kingtia)	1.1	mg/dL	0.9 - 1.3

(Serum/Jaffe Kinetic)

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.

7.2

Uric Acid	
(Serum/Uricase/Peroxidase)	





mg/dL



3.5 - 7.2

APPROVED BY

Name PID No. SID No. Age / Sex Type Ref. Dr	: Mr. PRABHAKAR C : MED112006183 : 712343132 : 36 Year(s) / Male : OP : MediWheel	Collection On : Report On :	23/12/2023 8:48 AM 23/12/2023 10:02 AM 23/12/2023 5:34 PM 28/02/2024 12:55 PM	medall
	ation UNOASSAY ID PROFILE / TFT	<u>Obsen</u> <u>Valu</u>		<u>Biological</u> <u>Reference Interval</u>
T3 (Triic (Serum/Ch (CLIA)) INTERPH Comment	odothyronine) - Total emiluminescent Immunometric Assay RETATION: :: ariation can be seen in other condition	1.1 n like pregnancy, dru	C	0.7 - 2.04 h cases, Free T3 is recommended as it is
T4 (Thyr (Serum/Ch (CLIA)) INTERPH Comment	roxine) - Total emiluminescent Immunometric Assay RETATION: : ariation can be seen in other condition	9.7 n like pregnancy, dru	C	4.2 - 12.0 h cases, Free T4 is recommended as it is
TSH (Th (Serum/Ch (CLIA)) INTERPH Reference 1 st trimes 2 nd trimes 3 rd trimes	yroid Stimulating Hormone) emiluminescent Immunometric Assay RETATION: range for cord blood - upto 20 ter: 0.1-2.5 ster 0.2-3.0 ster : 0.3-3.0 syroid Society Guidelines)	2.71	3 μIU/mL	0.35 - 5.50

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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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
CLINICAL PATHOLOGY			
PHYSICAL EXAMINATION			
Colour (Urine/Physical examination)	Pale Yellow		Yellow to Amber
Volume (Urine/Physical examination)	20		ml
Appearance (Urine)	Clear		
CHEMICAL EXAMINATION			
pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick ⁻ Reagent strip method)	1.025		1.002 - 1.035
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







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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/ <i>Microscopy</i>)	Nil	/hpf	NIL
Pus Cells (Urine/ <i>Microscopy</i>)	3-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil







-- End of Report --



Name	Mr.PRABHAKAR C	ID	MED112006183
Age & Gender	36/MALE	Visit Date	23/12/2023
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows slightly increased echotexture.

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 has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

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	9.8	2.0
Left Kidney	9.9	1.8

URINARY BLADDER show normal shape and wall thickness.

It has clear contents.

PROSTATE shows normal shape, size and echopattern. No evidence of ascites.

IMPRESSION:

> GRADE I FATTY CHANGES IN LIVER.

CONSULTANT RADIOLOGISTS

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.

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

ransomation about the customer's constrol at the time of sample concernor 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.



Name	Mr.PRABHAKAR C	ID	MED112006183
Age & Gender	36/MALE	Visit Date	23/12/2023
Ref Doctor Name	MediWheel		

DR. ANITHA ADARSH

MB/MS

DR. MOHAN B

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Name	Mr. PRABHAKAR C	ID	MED112006183
Age & Gender	36Y/M	Visit Date	Dec 23 2023 8:48AM
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.

<u>Impression</u>: No significant abnormality detected.

DR. MOHAN. B (DMRD, DNB, EDIR, FELLOW IN CARDIAC MRI) CONSULTANT RADIOLOGIST