

DIAGNOSTIC REPORT

Patient Ref. No. 66600003357612

**CLIENT CODE :** CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESS:MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
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Cert. No. MC-2812

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TRIVANDRUM, 695011
KERALA, INDIA
Tel : 93334 93334, Fax : CIN - U85190MH2006PTC
Email : customercare.ddrc@srl.in**PATIENT NAME :** MR MAHESH R**PATIENT ID :** MRMAM110282418**ACCESSION NO :** 4182WB004614 **AGE :** 41 Years **SEX :** Male**ABHA NO :****DRAWN :****RECEIVED :** 11/02/2023 08:01**REPORTED :** 13/02/2023 07:28**REFERRING DOCTOR :** SELF**CLIENT PATIENT ID :**

Test Report Status	Preliminary	Results	Biological Reference Interval	Units
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MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT*** TREADMILL TEST**

TREADMILL TEST Report given`

DENTAL CHECK UP

DENTAL CHECK UP Report given

OPHTHAL

OPHTHAL Report given

*** PHYSICAL EXAMINATION**

PHYSICAL EXAMINATION Report given



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MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT

*** BLOOD UREA NITROGEN (BUN), SERUM**

BLOOD UREA NITROGEN 8 Adult(<60 yrs) : 6 to 20 mg/dL

*** BUN/CREAT RATIO**

BUN/CREAT RATIO 8.6

CREATININE, SERUM

CREATININE 0.93 18 - 60 yrs : 0.9 - 1.3 mg/dL

*** GLUCOSE, POST-PRANDIAL, PLASMA**

GLUCOSE, POST-PRANDIAL, PLASMA 58 Diabetes Mellitus : > or = 200. mg/dL
 Impaired Glucose tolerance/
 Prediabetes : 140 - 199.
 Hypoglycemia : < 55.

Comments

PPBS:Result rechecked

GLUCOSE FASTING,FLUORIDE PLASMA

GLUCOSE, FASTING, PLASMA 83 Diabetes Mellitus : > or = 126. mg/dL
 Impaired fasting Glucose/
 Prediabetes : 101 - 125.
 Hypoglycemia : < 55.

*** GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD**

GLYCOSYLATED HEMOGLOBIN (HBA1C) 5.8 Normal : 4.0 - 5.6%. %
 Non-diabetic level : < 5.7%.
 Diabetic : >6.5%

Glycemic control goal
 More stringent goal : < 6.5 %.
 General goal : < 7%.
 Less stringent goal : < 8%.

Glycemic targets in CKD :-
 If eGFR > 60 : < 7%.
 If eGFR < 60 : 7 - 8.5%.

MEAN PLASMA GLUCOSE 119.8 mg/dL

*** LIPID PROFILE, SERUM**



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CHOLESTEROL		155	Desirable : < 200 Borderline : 200-239 High : >or= 240 mg/dL
TRIGLYCERIDES		89	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499 mg/dL
HDL CHOLESTEROL		38	Low General range : 40-60 mg/dL
DIRECT LDL CHOLESTEROL		113	Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190 mg/dL
NON HDL CHOLESTEROL		117	Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220 mg/dL
VERY LOW DENSITY LIPOPROTEIN		17.8	Desirable value : 10 - 35 mg/dL
CHOL/HDL RATIO		4.1	3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk
LDL/HDL RATIO		3.0	0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk



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Interpretation(s)

- Cholesterol levels help assess the patient risk status and to follow the progress of patient under treatment to lower serum cholesterol concentrations.
- Serum Triglyceride (TG) are a type of fat and a major source of energy for the body. Both quantity and composition of the diet impact on plasma triglyceride concentrations. Elevations in TG levels are the result of overproduction and impaired clearance. High TG are associated with increased risk for CAD (Coronary artery disease) in patients with other risk factors, such as low HDL-C, some patient groups with elevated apolipoprotein B concentrations, and patients with forms of LDL that may be particularly atherogenic.
- HDL-C plays a crucial role in the initial step of reverse cholesterol transport, this considered to be the primary atheroprotective function of HDL
- LDL -C plays a key role in causing and influencing the progression of atherosclerosis and, in particular, coronary sclerosis. The majority of cholesterol stored in atherosclerotic plaques originates from LDL, thus LDL-C value is the most powerful clinical predictor.
- Non HDL cholesterol: Non-HDL-C measures the cholesterol content of all atherogenic lipoproteins, including LDL hence it is a better marker of risk in both primary and secondary prevention studies. Non-HDL-C also covers, to some extent, the excess ASCVD risk imparted by the sdLDL, which is significantly more atherogenic than the normal large buoyant particles, an elevated non-HDL-C indirectly suggests greater proportion of the small, dense variety of LDL particles

Serum lipid profile is measured for cardiovascular risk prediction. Lipid Association of India recommends LDL-C as primary target and Non HDL-C as co-primary treatment target.

Risk Stratification for ASCVD (Atherosclerotic cardiovascular disease) by Lipid Association of India

Risk Category	
Extreme risk group	A. CAD with > 1 feature of high risk group B. CAD with > 1 feature of Very high risk group or recurrent ACS (within 1 year) despite LDL-C < or = 50 mg/dl or polyvascular disease
Very High Risk	1. Established ASCVD 2. Diabetes with 2 major risk factors or evidence of end organ damage 3. Familial Homozygous Hypercholesterolemia
High Risk	1. Three major ASCVD risk factors. 2. Diabetes with 1 major risk factor or no evidence of end organ damage. 3. CKD stage 3B or 4. 4. LDL >190 mg/dl 5. Extreme of a single risk factor. 6. Coronary Artery Calcium - CAC >300 AU. 7. Lipoprotein a >= 50mg/dl 8. Non stenotic carotid plaque
Moderate Risk	2 major ASCVD risk factors
Low Risk	0-1 major ASCVD risk factors
Major ASCVD (Atherosclerotic cardiovascular disease) Risk Factors	
1. Age > or = 45 years in males and > or = 55 years in females	3. Current Cigarette smoking or tobacco use
2. Family history of premature ASCVD	4. High blood pressure
5. Low HDL	

Newer treatment goals and statin initiation thresholds based on the risk categories proposed by LAI in 2020.

Risk Group	Treatment Goals	Consider Drug Therapy
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	LDL-C (mg/dl)	Non-HDL (mg/dl)	LDL-C (mg/dl)	Non-HDL (mg/dl)
Extreme Risk Group Category A	<50 (Optional goal < OR = 30)	< 80 (Optional goal <OR = 60)	>OR = 50	>OR = 80
Extreme Risk Group Category B	<OR = 30	<OR = 60	> 30	>60
Very High Risk	<50	<80	>OR= 50	>OR= 80
High Risk	<70	<100	>OR= 70	>OR= 100
Moderate Risk	<100	<130	>OR= 100	>OR= 130
Low Risk	<100	<130	>OR= 130*	>OR= 160

*After an adequate non-pharmacological intervention for at least 3 months.

References: Management of Dyslipidaemia for the Prevention of Stroke: Clinical Practice Recommendations from the Lipid Association of India. Current Vascular Pharmacology, 2022, 20, 134-155.

*** LIVER FUNCTION TEST WITH GGT**

BILIRUBIN, TOTAL	1.28	General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.43	High General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	0.85	High 0.00 - 0.60	mg/dL
TOTAL PROTEIN	6.9	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.7	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	2.3	2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	g/dL
ALBUMIN/GLOBULIN RATIO	2.0	General Range : 1.1 - 2.5	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	18	Adults : < 40	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	9	Adults : < 45	U/L
ALKALINE PHOSPHATASE	104	Adult(<60yrs) : 40 -130	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	23	Adult (Male) : < 60	U/L
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN	6.9	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
URIC ACID, SERUM			
URIC ACID	6.0	Adults : 3.4-7	mg/dL
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD			



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ABO GROUP		TYPE O	
RH TYPE		POSITIVE	
METHOD : COLUMN AGGLUTINATION TECHNOLOGY			
BLOOD COUNTS,EDTA WHOLE BLOOD			
HEMOGLOBIN	13.3	13.0 - 17.0	g/dL
METHOD : SPECTROPHOTOMETRIC			
RED BLOOD CELL COUNT	5.11	4.5 - 5.5	mil/ μ L
METHOD : IMPEDANCE VARIATION			
WHITE BLOOD CELL COUNT	6.33	4.0 - 10.0	thou/ μ L
PLATELET COUNT	294	150 - 410	thou/ μ L
METHOD : IMPEDANCE VARIATION			
RBC AND PLATELET INDICES			
HEMATOCRIT	40.4	40 - 50	%
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR VOL	79.1	Low 83 - 101	fL
MEAN CORPUSCULAR HGB.	26.0	Low 27.0 - 32.0	pg
METHOD : CALCULATED PARAMETER			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	32.9	31.5 - 34.5	g/dL
RED CELL DISTRIBUTION WIDTH	20.7	High 12.0 - 18.0	%
MENTZER INDEX	15.5		
MEAN PLATELET VOLUME	7.2	6.8 - 10.9	fL
WBC DIFFERENTIAL COUNT			
SEGMENTED NEUTROPHILS	71	40 - 80	%
LYMPHOCYTES	19	Low 20 - 40	%
MONOCYTES	7	2 - 10	%
EOSINOPHILS	3	1 - 6	%
BASOPHILS	0	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	4.49	2.0 - 7.0	thou/ μ L
ABSOLUTE LYMPHOCYTE COUNT	1.20	1 - 3	thou/ μ L
ABSOLUTE MONOCYTE COUNT	0.44	0.20 - 1.00	thou/ μ L
ABSOLUTE EOSINOPHIL COUNT	0.19	0.02 - 0.50	thou/ μ L
ABSOLUTE BASOPHIL COUNT	0.0		thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	3.7		



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ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD

SEDIMENTATION RATE (ESR) 14 0 - 14 mm at 1 hr

*** SUGAR URINE - POST PRANDIAL**

SUGAR URINE - POST PRANDIAL NOT DETECTED NOT DETECTED

PROSTATE SPECIFIC ANTIGEN, SERUM

PROSTATE SPECIFIC ANTIGEN 0.500
Age Specific :-
<49yrs : <2.5
50-59yrs : <3.5
60-69yrs : <4.5
>70yrs : <6.5
ng/mL

*** THYROID PANEL, SERUM**

T3 104.70 80 - 200 ng/dL
T4 5.62 5.1 - 14.1 µg/dl
TSH 3RD GENERATION 3.340 21-50 yrs : 0.4 - 4.2 µIU/mL



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Interpretation(s)

Triiodothyronine T3 , Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1)Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3)Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of Clinical chemistry 2.Guidlines of the American Thyroid association duriing pregnancy and Postpartum, 2011.
NOTE: It is advisable to detect Free T3,FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

PHYSICAL EXAMINATION, URINE

COLOR **AMBER**
APPEARANCE **CLEAR**

CHEMICAL EXAMINATION, URINE

PH 5.0 4.7 - 7.5



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SPECIFIC GRAVITY		1.023	1.003 - 1.035
PROTEIN		NEGATIVE	NOT DETECTED
GLUCOSE		NEGATIVE	NOT DETECTED
KETONES		NEGATIVE	NOT DETECTED
BLOOD		NOT DETECTED	NOT DETECTED
BILIRUBIN		NOT DETECTED	NOT DETECTED
UROBILINOGEN		NORMAL	NORMAL
METHOD : DIPSTICK			
NITRITE		NEGATIVE	NOT DETECTED
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS		NOT DETECTED	NOT DETECTED /HPF
WBC		0-1	0-5 /HPF
EPITHELIAL CELLS		1-2	0-5 /HPF
CASTS		NEGATIVE	
CRYSTALS		NEGATIVE	
REMARKS		NIL	



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Interpretation(s)

The following table describes the probable conditions, in which the analytes are present in urine

Presence of	Conditions
Proteins	Inflammation or immune illnesses
Pus (White Blood Cells)	Urinary tract infection, urinary tract or kidney stone, tumors or any kind of kidney impairment
Glucose	Diabetes or kidney disease
Ketones	Diabetic ketoacidosis (DKA), starvation or thirst
Urobilinogen	Liver disease such as hepatitis or cirrhosis
Blood	Renal or genital disorders/trauma
Bilirubin	Liver disease
Erythrocytes	Urological diseases (e.g. kidney and bladder cancer, urolithiasis), urinary tract infection and glomerular diseases
Leukocytes	Urinary tract infection, glomerulonephritis, interstitial nephritis either acute or chronic, polycystic kidney disease, urolithiasis, contamination by genital secretions
Epithelial cells	Urolithiasis, bladder carcinoma or hydronephrosis, ureteric stents or bladder catheters for prolonged periods of time
Granular Casts	Low intratubular pH, high urine osmolality and sodium concentration, interaction with Bence-Jones protein
Hyaline casts	Physical stress, fever, dehydration, acute congestive heart failure, renal diseases
Calcium oxalate	Metabolic stone disease, primary or secondary hyperoxaluria, intravenous infusion of large doses of vitamin C, the use of vasodilator naftidrofuryl oxalate or the gastrointestinal lipase inhibitor orlistat, ingestion of ethylene glycol or of star fruit (Averrhoa carambola) or its juice
Uric acid	arthritis
Bacteria	Urinary infection when present in significant numbers & with pus cells.
Trichomonas vaginalis	Vaginitis, cervicitis or salpingitis

*** SUGAR URINE - FASTING**

SUGAR URINE - FASTING NOT DETECTED NOT DETECTED
 * **PHYSICAL EXAMINATION,STOOL** RESULT PENDING
 * **CHEMICAL EXAMINATION,STOOL** RESULT PENDING
 * **MICROSCOPIC EXAMINATION,STOOL** RESULT PENDING



Scan to view Details



Scan to view Report



CLIENT CODE : CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESS: MEDIWHEEL HEALTHCARE LIMITED

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156



DDRC SRL DIAGNOSTICS
ASTER SQUARE BUILDING, ULLOOR,
MEDICAL COLLEGE P.O
TRIVANDRUM, 695011
KERALA, INDIA
Tel : 93334 93334, Fax : CIN - U85190MH2006PTC
Email : customercare.ddrc@srl.in

PATIENT NAME : MR MAHESH R **PATIENT ID :** MRMAM110282418
ACCESSION NO : 4182WB004614 **AGE :** 41 Years **SEX :** Male **ABHA NO :**
DRAWN : **RECEIVED :** 11/02/2023 08:01 **REPORTED :** 13/02/2023 07:28
REFERRING DOCTOR : SELF **CLIENT PATIENT ID :**

Test Report Status	Preliminary	Results	Units
--------------------	-------------	---------	-------

Interpretation(s)

Stool routine analysis is only a screening test for disorders of gastrointestinal tract like infection, malabsorption, etc. The following table describes the probable conditions, in which the analytes are present in stool.

PRESENCE OF	CONDITION
Pus cells	Pus in the stool is an indication of infection
Red Blood cells	Parasitic or bacterial infection or an inflammatory bowel condition such as ulcerative colitis
Parasites	Infection of the digestive system. Stool examination for ova and parasite detects presence of parasitic infestation of gastrointestinal tract. Various forms of parasite that can be detected include cyst, trophozoite and larvae. One negative result does not rule out the possibility of parasitic infestation. Intermittent shedding of parasites warrants examinations of multiple specimens tested on consecutive days. Stool specimens for parasitic examination should be collected before initiation of anti-diarrheal therapy or antiparasitic therapy. This test does not detect presence of opportunistic parasites like Cyclospora, Cryptosporidia and Isospora species. Examination of Ova and Parasite has been carried out by direct and concentration techniques.
Mucus	Mucus is a protective layer that lubricates, protects & reduces damage due to bacteria or viruses.
Charcot-Leyden crystal	Parasitic diseases.
Ova & cyst	Ova & cyst indicate parasitic infestation of intestine.
Frank blood	Bleeding in the rectum or colon.
Occult blood	Occult blood indicates upper GI bleeding.
Macrophages	Macrophages in stool are an indication of infection as they are protective cells.
Epithelial cells	Epithelial cells that normally line the body surface and internal organs show up in stool when there is inflammation or infection.
Fat	Increased fat in stool maybe seen in conditions like diarrhoea or malabsorption.
pH	Normal stool pH is slightly acidic to neutral. Breast-fed babies generally have an acidic stool.

ADDITIONAL STOOL TESTS :

- Stool Culture:** - This test is done to find cause of GI infection, make decision about best treatment for GI infection & to find out if treatment for GI infection worked.
- Fecal Calprotectin:** It is a marker of intestinal inflammation. This test is done to differentiate Inflammatory Bowel Disease (IBD) from Irritable Bowel Syndrome (IBS).
- Fecal Occult Blood Test (FOBT):** This test is done to screen for colon cancer & to evaluate possible cause of unexplained anaemia.
- Clostridium Difficile Toxin Assay:** This test is strongly recommended in healthcare associated bloody or watery diarrhoea, due to overuse of broad spectrum antibiotics which alter the normal GI flora.
- Biofire (Film Array) GI PANEL:** In patients of Diarrhoea, Dysentery, Rice watery Stool, FDA approved, Biofire Film Array Test, (Real Time Multiplex PCR) is strongly recommended as it identifies organisms, bacteria, fungi, virus, parasite and other opportunistic pathogens, Vibrio cholera infections only in 3 hours. Sensitivity 96% & Specificity 99%.



Scan to view Details



Scan to view Report

DIAGNOSTIC REPORTPatient Ref. No. **66600003357612****CLIENT CODE :** CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESS:MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156

Cert. No. MC-2812

DDRC SRL DIAGNOSTICS
ASTER SQUARE BUILDING, ULLOOR,
MEDICAL COLLEGE P.O
TRIVANDRUM, 695011
KERALA, INDIA
Tel : 93334 93334, Fax : CIN - U85190MH2006PTC
Email : customercare.ddrc@srl.in**PATIENT NAME :** MR MAHESH RPATIENT ID : **MRMAM110282418**ACCESSION NO : **4182WB004614** AGE : 41 Years SEX : Male

ABHA NO :

DRAWN :

RECEIVED : 11/02/2023 08:01

REPORTED : 13/02/2023 07:28

REFERRING DOCTOR : SELF

CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
--------------------	--------------------	---------	-------

6. **Rota Virus Immunoassay:** This test is recommended in severe gastroenteritis in infants & children associated with watery diarrhoea, vomiting & abdominal cramps. Adults are also affected. It is highly contagious in nature.



DIAGNOSTIC REPORT

Patient Ref. No. 666000003357612



CLIENT CODE : CA00010147 - MEDIWHEEL
CLIENT'S NAME AND ADDRESS: MEDIWHEEL HEALTHCARE LIMITED

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
 F701A, LADO SARAI, NEW DELHI,
 SOUTH DELHI, DELHI,
 SOUTH DELHI 110030
 DELHI INDIA
 8800465156



Cert. No. MC-2812

DDRC SRL DIAGNOSTICS
 ASTER SQUARE BUILDING, ULLOOR,
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 TRIVANDRUM, 695011
 KERALA, INDIA
 Tel : 93334 93334, Fax : CIN - U85190MH2006PTC
 Email : customercare.ddrc@srl.in

PATIENT NAME : MR MAHESH R **PATIENT ID :** MRMAM110282418
ACCESSION NO : 4182WB004614 **AGE :** 41 Years **SEX :** Male **ABHA NO :**
DRAWN : **RECEIVED :** 11/02/2023 08:01 **REPORTED :** 13/02/2023 07:28
REFERRING DOCTOR : SELF **CLIENT PATIENT ID :**

Test Report Status	Preliminary	Results	Units
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MEDIWHEEL HEALTH CHECKUP ABOVE 40(M)TMT

* ECG WITH REPORT

REPORT

Report given

* USG ABDOMEN AND PELVIS

REPORT

Report given

* CHEST X-RAY WITH REPORT

REPORT

Report given

****End Of Report****

Please visit www.srlworld.com for related Test Information for this accession
 TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

BABU K MATHEW
 HOD -BIOCHEMISTRY

DR.VAISHALI RAJAN, MBBS
 DCP(Pathology)
 (Reg No - TCC 27150)
 HOD - HAEMATOLOGY

DR. ASTHA YADAV, MD
 Biochemistry
 (Reg No - DMC/R/20690)
 CONSULTANT BIOCHEMIST

DR NISHA UNNI, MBBS,MD
 (RD),DNB (Reg.No:50162)
 Consultant Radiologist



Acc no:4182WB004614	Name:Mr. Mahesh R	Age: 41 y	RADIOLOGY DIVISION Sex: Male	Date:11.02.23
---------------------	-------------------	-----------	--	---------------

US SCAN WHOLE ABDOMEN

LIVER is normal in size (14.1 cm). Margins are regular. **Hepatic parenchyma shows increased echogenicity.** No focal lesions seen. No dilatation of intrahepatic biliary radicles. CBD is not dilated. Portal vein is normal in caliber (10.3 mm).

GALL BLADDER is minimally distended. No pericholecystic fluid seen.

SPLEEN is normal in size (9.3 cm) and parenchymal echotexture. No focal lesion seen.

PANCREAS Head and body visualized, appears normal in size and parenchymal echotexture. Pancreatic duct is not dilated.

K/C/O - Horse shoe kidney. Renal tissue is seen bridging anterior to the aorta. Renal tissue to the right of spine measures ~ 9.6 x 3.6 cm and renal tissue to the left of spine measures ~ 11.6 x 4.9 cm. Renal parenchymal shows normal parenchymal echotexture. Cortico medullary differentiation is maintained. Parenchymal thickness is normal. No echogenic focus with shadowing suggestive of renal calculi seen. No dilatation of pelvicalyceal system seen. Ureter is not dilated. Perinephric spaces are normal.

PARAAORTIC AREA (Lower part visualised) No retroperitoneal lymphadenopathy or mass seen.

URINARY BLADDER is distended, normal in wall thickness, lumen clear.

PROSTATE is normal in size (vol - 12.6 cc) and shows normal echotexture. No focal lesion seen. No ascites or pleural effusion.

Gaseous distension of bowel loops noted. No obvious bowel wall thickening seen sonologically.

CONCLUSION:-

- **Grade II fatty liver - Suggest LFT correlation.**
- **Features consistent with horse shoe kidney.**


Dr. Nisha Unni MD , DNB (RD)
Consultant radiologist.

Thanks, your feedback will be appreciated.

(Please bring relevant investigation reports during all visits).

Because of technical and technological limitations complete accuracy cannot be assured on imaging.

Suggested correlation with clinical findings and other relevant investigations consultations , and if required repeat imaging recommended in the event of controversies. AR

(For appointments please contact 9496005190 between 9 am – 5.30 pm).



MR. MAHESH R. 41 Y M 2/11/2023 CHEST - PA WB004614 v

DDRC SRL



ID: 004614

Diagnosis Information:

Male
41 Years
cm

/
mHg
kg

Dr. Mahesh K...



HR : 57 bpm
P : 126 ms
PR : 176 ms
QRS : 99 ms
QT/QTc : 418/410 ms
P/QRS/T : 30/16/15 °
RV5/SV1 : 0.780/1.054 mV

Report Confirmed by:

V1

V2

V3

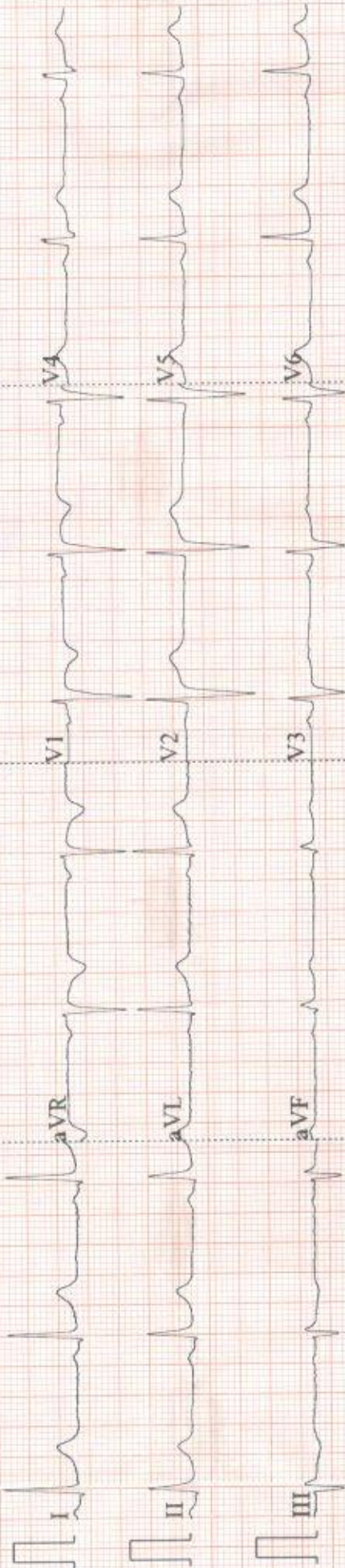
V4

V6

Standard

Standard	L 1	L 2	L 3	L III Inspiration

ID: 004614 11-02-2023 09:00:09 AM



0.5-35Hz AC50 25mm/s 10mm/mV ♡57 V1.0 SEMIP V1.7 DDRCSRL

A¹⁰W CE

TRIVA

quare
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 d
 oil
 mangala
 keozhu
 keozhu
 Centre
 engad
 pura
 ndam

NAME : MR MAHESH R

AGE:41/M

DATE:11/02/2023

CHEST X-RAY REPORT

CHEST X-RAY PA VIEW : Trachea central
 No cardiomegaly
 Normal vascularity
 No parenchymal lesion.
 Costophrenic and cardiophrenic angles clear

➤ **IMPRESSION** : Normal Chest Xray

ELECTRO CARDIOGRAM : NSR.57/minute
 No evidence of ischaemia.

➤ **IMPRESSION** : Normal Ecg.

Company name: BOB



 DR SERIN LOPEZ MBBS

Reg No 77656

DDRC SRL DIAGNOSTICS LTD

Dr. SERIN LOPEZ, MBBS
 MEDICAL OFFICER
 DDRC SRL Diagnostics Ltd.
 Aster Square, Medical College P.O., TVM
 Reg. No: 77656
 Reg. No 77656

MEDICAL EXAMINATION REPORT (MER)

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	: Mr./Mrs./Ms. <i>Maresh . R</i>
2. Mark of Identification	: <i>(Mole/Scar/any other (specify location))</i> : <i>Ⓛ Black mole over forehead</i>
3. Age/Date of Birth	: <i>41</i> Gender: <i>m</i> F/M
4. Photo ID Checked	: (Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height <i>165</i> (cms)	b. Weight <i>75</i> (Kgs)	c. Girth of Abdomen (cms)
d. Pulse Rate (/Min)	e. Blood Pressure:	Systolic Diastolic
	1 st Reading	
	2 nd Reading	

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father			<i>56 (RTA)</i>
Mother	<i>71</i>	<i>DM</i>	
Brother(s)			
Sister(s)			

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
<i>—</i>	<i>—</i>	<i>Early Once</i>

PERSONAL HISTORY

- a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity? If No, please attach details. **Y/N** *Y/N*
- b. Have you undergone/been advised any surgical procedure? **Y/N** *Y/N*
- c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? **Y/N** *Y/N*
- d. Have you lost or gained weight in past 12 months? **Y/N** *Y/N*

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? **Y/N** *Y/N*
- Any disorders of Respiratory system? **Y/N** *Y/N*
- Any Cardiac or Circulatory Disorders? **Y/N** *Y/N*
- Enlarged glands or any form of Cancer/Tumour? **Y/N** *Y/N*
- Any Musculoskeletal disorder? **Y/N** *Y/N*
- Any disorder of Gastrointestinal System? **Y/N** *Y/N*
- Unexplained recurrent or persistent fever, and/or weight loss **Y/N** *Y/N*
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports **Y/N** *Y/N*
- Are you presently taking medication of any kind? **Y/N** *Y/N*

DDRC SRL Diagnostics Private Limited

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036, Ph No: 2310688, 231822, web: www.ddrcsrl.com

• Any disorders of Urinary System?

Y/N

• Any disorder of the Eyes, Ears Nose, Throat or Mouth & Skin

Y/N

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs?

Y/N

d. Do you have any history of miscarriage/abortion or MTP

Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)

Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

Y/N

f. Are you now pregnant? If yes, how many months?

Y/N

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

➤ Was the examinee co-operative?

Y/N

➤ Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job?

Y/N

➤ Are there any points on which you suggest further information be obtained?

Y/N

➤ Based on your clinical impression, please provide your suggestions and recommendations below;

➤ Do you think he/she is MEDICALLY FIT or UNFIT for employment.

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

[Signature]

Seal of Medical Examiner

Dr. SERIN Z. NIBBS
MEDICAL OFFICER
DDRC SRL Diagnostics Ltd.
Aster Square, Medical College P.O., TVM
Reg. N. 77556

Name & Seal of DDRC SRL Branch



Date & Time

11/02/2024

DDRC SRL Diagnostics Private Limited

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.

DDRC SRL

Patient Details

Date: 11-Feb-23

Time: 10:59:59 AM

Name: MAHESH R ID: 4182WB004614

Age: 41 y

Sex: M

Height: 165 cms

Weight: 75 Kgs

Interpretation

The patient exercised according to the Bruce protocol for 10 m 6 s achieving a work level of Max. METS : 13.50. Resting heart rate initially 0 bpm, rose to a max. heart rate of 158 (88% of Pr.MHR) bpm. Resting blood Pressure 120 / 80 mmHg, rose to a maximum blood pressure of 160 / 80 mmHg.

NO ANGINA/ARRHYTHMIAS/SOB

GOOD EFFORT TOLERANCE


NO SIGNIFICANT ST CHANGES

TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA



Ref. Doctor: MEDIWHEEL

(Summary Report edited by user)


Doctor: DR.SHASHIKANTH.Y.S

Dr. SHASHIKANTH Y.S.
MBBS, MD, DM (Cardiology)
Consultant Cardiologist

DDRC SRL

MAHESH R (41 M)

ID: 4182WB004614

Date: 11-Feb-23

B.P: 120 / 80

Protocol: Bruce

Stage: Supine

Speed: 0 mph

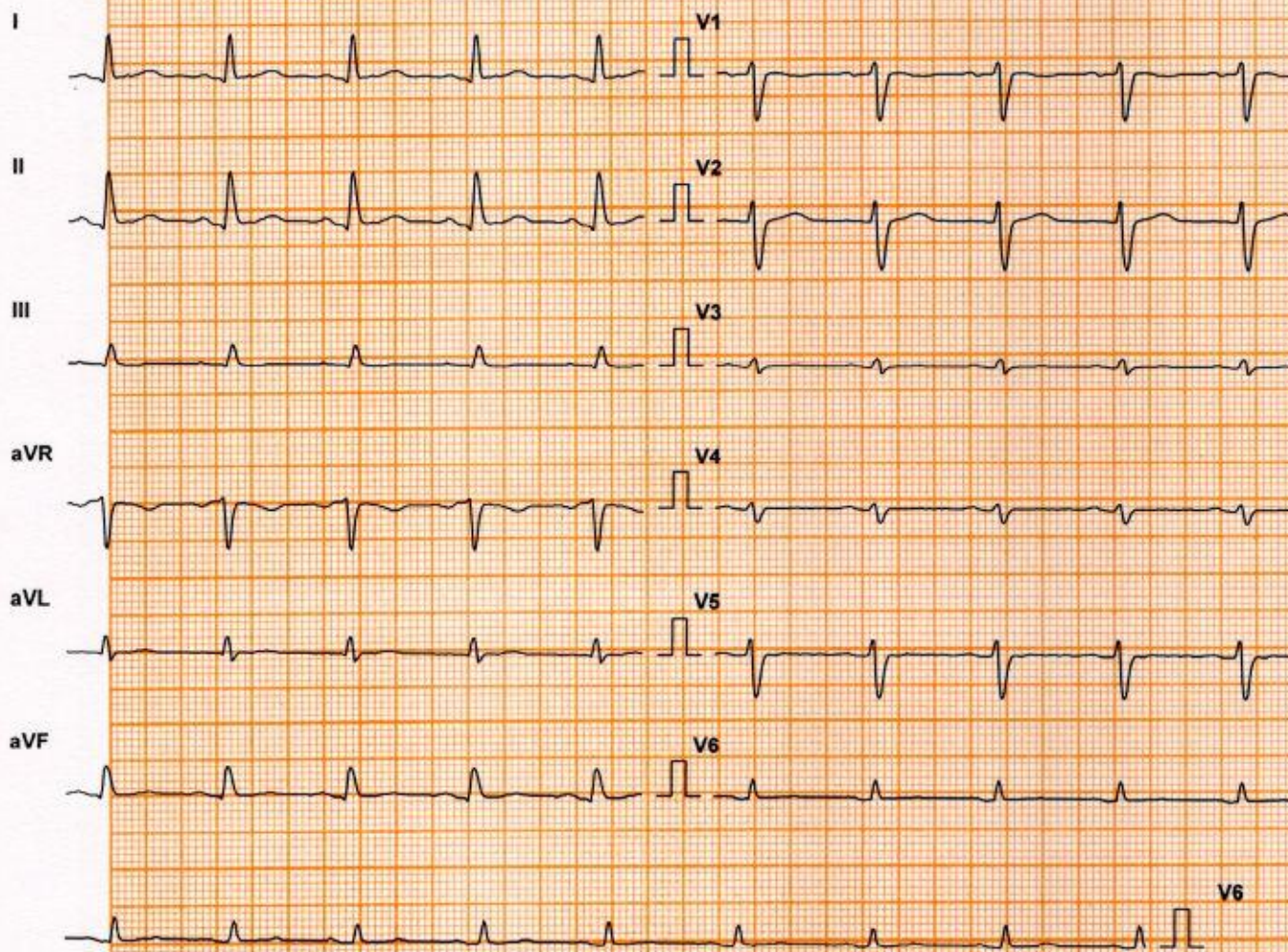
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 5 s

HR: 87 bpm

(THR: 161 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.8	0.7
aVR	-0.6	0.0
V1	0.2	0.4
V4	0.2	0.0
II	0.6	0.0
aVL	0.2	0.0
V2	0.8	1.1
V5	0.0	0.0
III	0.0	-0.4
aVF	0.4	0.0
V3	0.4	0.4
V6	0.6	0.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 5 mm

Schiller Spandan V4.7

Iso = R - 60 ms J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL

MAHESH R (41 M)

ID: 4182WB004614

Date: 11-Feb-23

B.P: 120 / 80

Protocol: Bruce

Stage: Standing

Speed: 0 mph

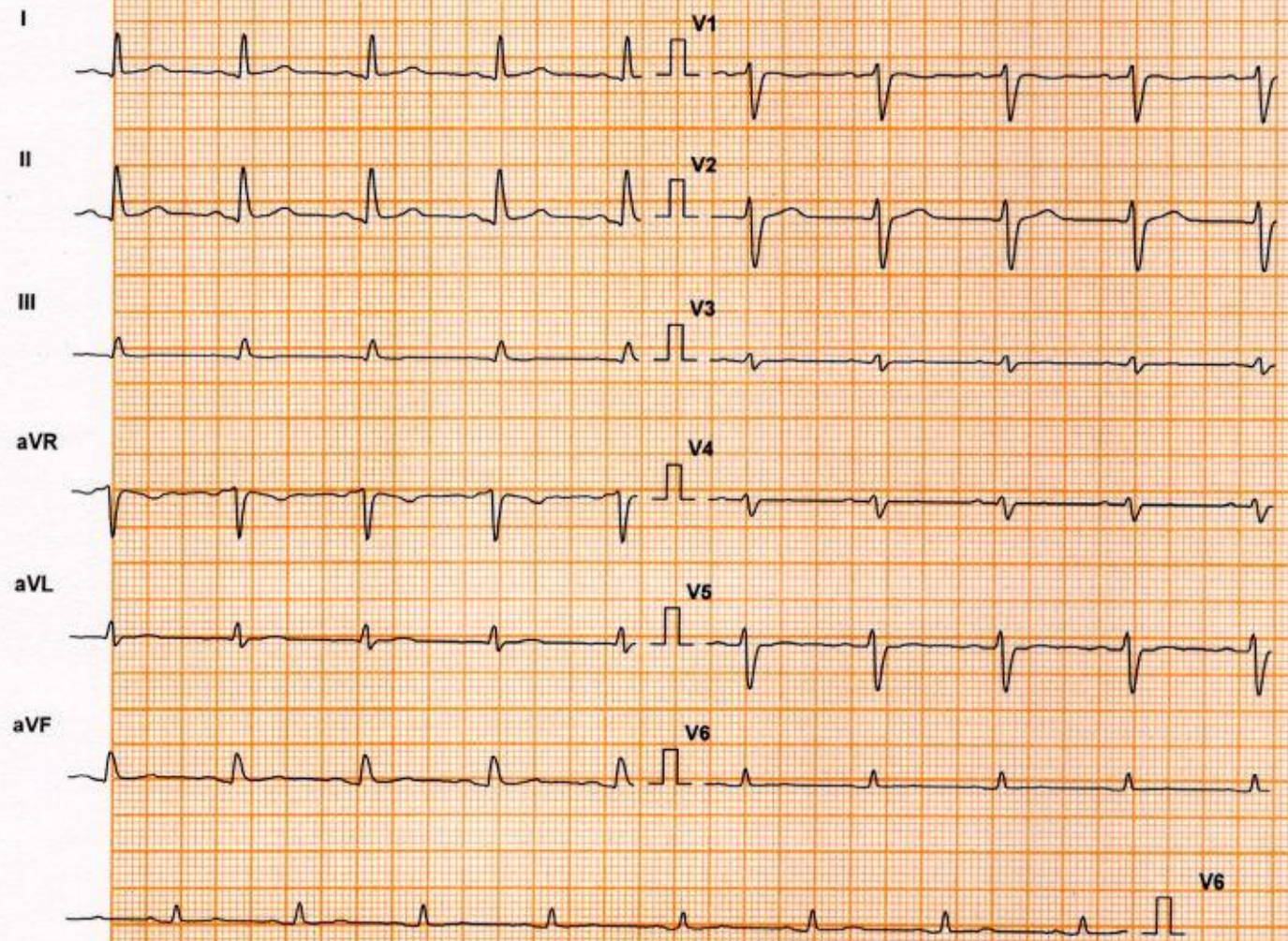
Grade: 0 %

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 82 bpm

(THR: 161 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	1.1	1.1
aVR	-0.8	-0.7
V1	0.2	0.7
V4	0.2	0.0
II	0.8	0.0
aVL	0.0	0.0
V2	0.8	1.1
V5	0.0	0.0
III	-0.2	-0.7
aVF	0.4	-0.4
V3	0.4	0.4
V6	0.4	0.4

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 5 mm

Schiller Spandan V 4.7

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL

MAHESH R (41 M)

Protocol: Bruce

Exec Time : 0 m 0 s

ID: 4182WB004614

Stage: Hyperventilation

Stage Time : 0 m 9 s

Date: 11-Feb-23

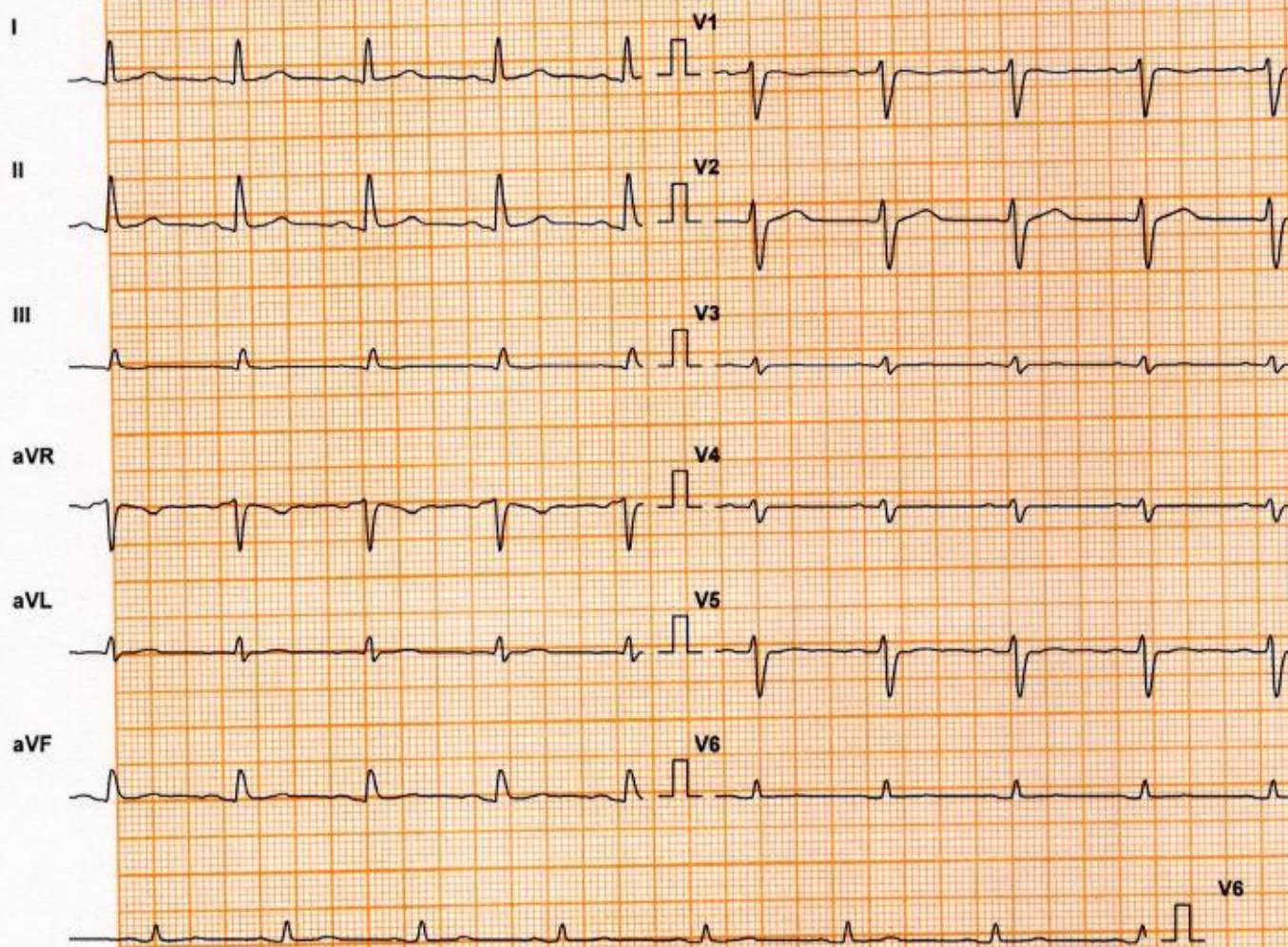
Speed: 0 mph

HR: 82 bpm

B.P: 120 / 80

Grade: 0 %

(THR: 161 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	1.1	1.1
aVR	-0.8	-0.7
V1	0.2	0.7
V4	0.2	0.0
II	0.8	0.0
aVL	0.0	0.0
V2	0.0	0.0
V5	0.8	1.1
V5	0.0	0.0
III	-0.2	-0.7
aVF	0.4	-0.4
V3	0.4	0.4
V6	0.4	0.4
V6	0.4	0.4

Chart Speed: 25 mm/sec

Schiller Spandan V4.7

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

K. S. RAO & SONS, HYDRABAD

DDRC SRL

MAHESH R (41 M)

Protocol: Bruce

Exec Time : 2 m 54 s

ID: 4182WB004614

Stage: 1

Stage Time : 2 m 54 s

Date: 11-Feb-23

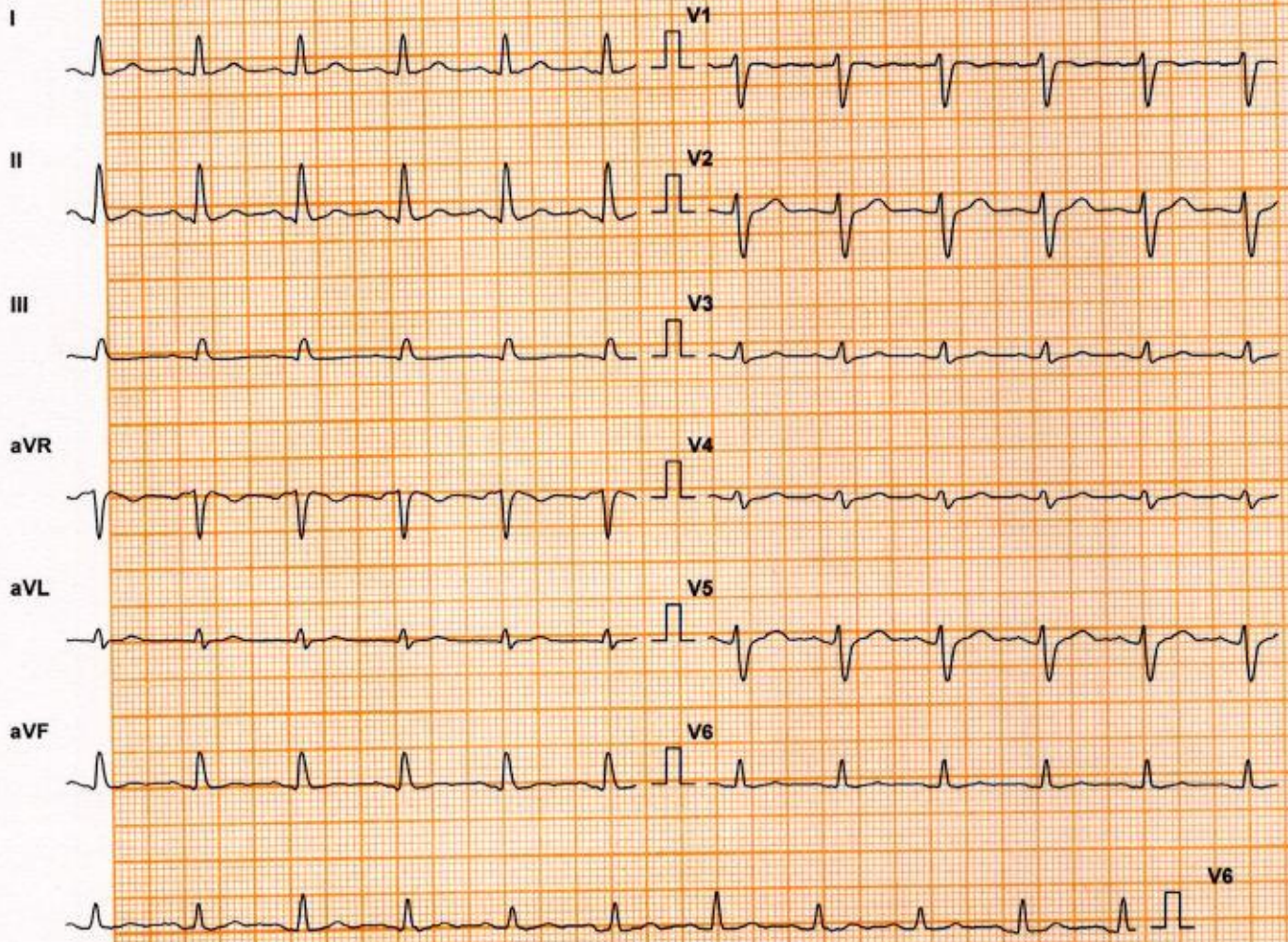
Speed: 1.7 mph

HR: 104 bpm

B.P: 130 / 80

Grade: 10 %

(THR: 161 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.8	1.8
aVR	-0.6	-1.8
V1	0.6	0.4
V4	0.6	1.1
II	0.2	1.1
aVL	0.2	0.4
V2	1.1	1.4
V5	1.3	2.1
III	-0.4	-0.7
aVF	0.0	0.4
V3	0.4	1.1
V6	0.4	1.1

Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

PRAKASH KOTTAYAM COCHIN, CALICUT.

DDRC SRL

MAHESH R (41 M)

ID: 4182WB004614

Date: 11-Feb-23

B.P: 130 / 80

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

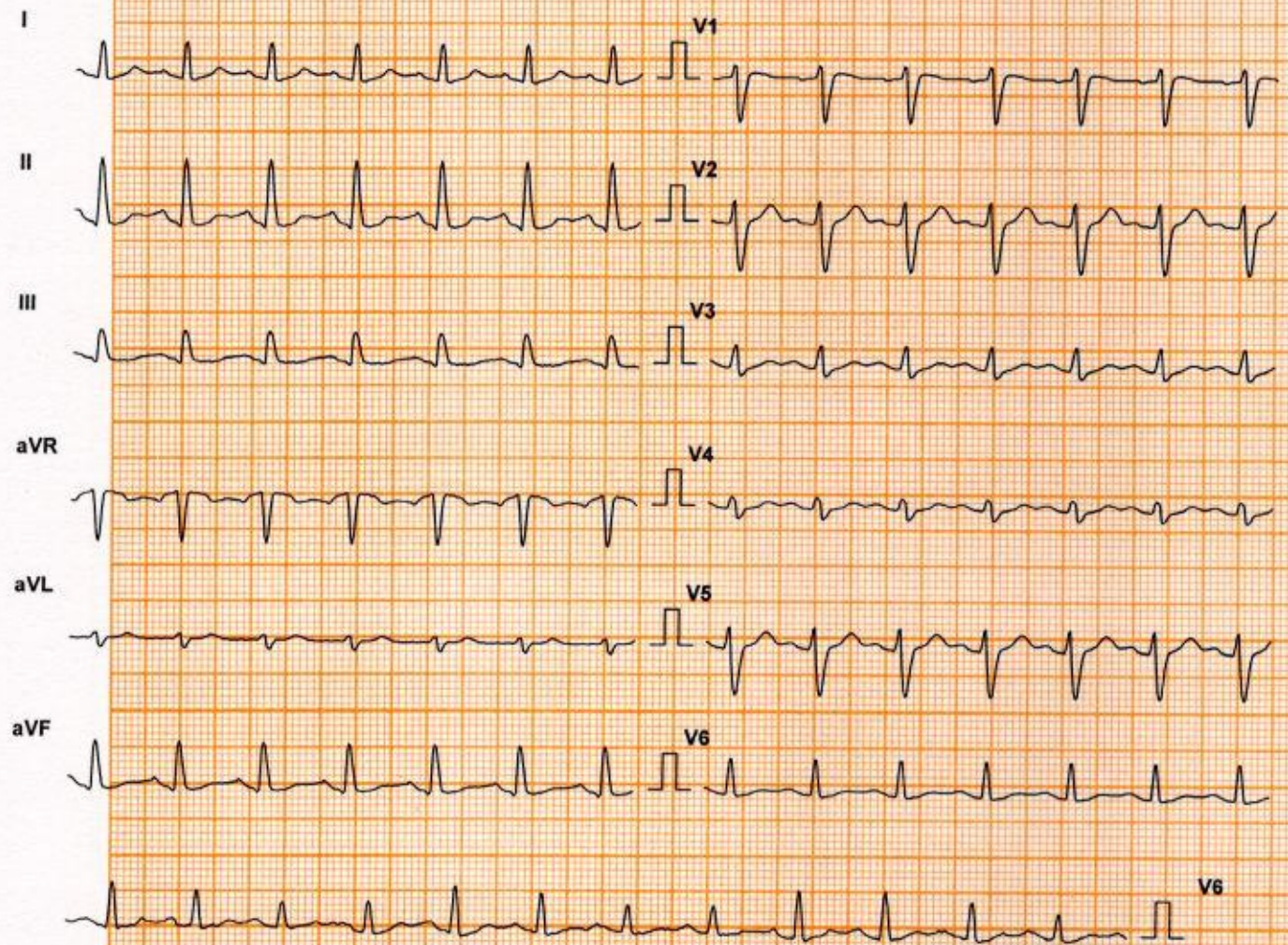
Grade: 12 %

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 123 bpm

(THR: 161 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.6	1.4
aVR	-0.6	-1.4
V1	1.1	0.0
V4	0.6	1.4
II	0.0	1.1
aVL	0.2	0.4
V2	1.7	2.1
V5	1.5	2.1
III	-0.4	-0.4
aVF	-0.2	0.4
V3	0.6	1.8
V6	0.4	1.1

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 5 mm

Schiller Spandan V4.7

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL

MAHESH R (41 M)

ID: 4182WB004614

Date: 11-Feb-23

B.P: 150 / 80

Protocol: Bruce

Stage: 3

Speed: 3.4 mph

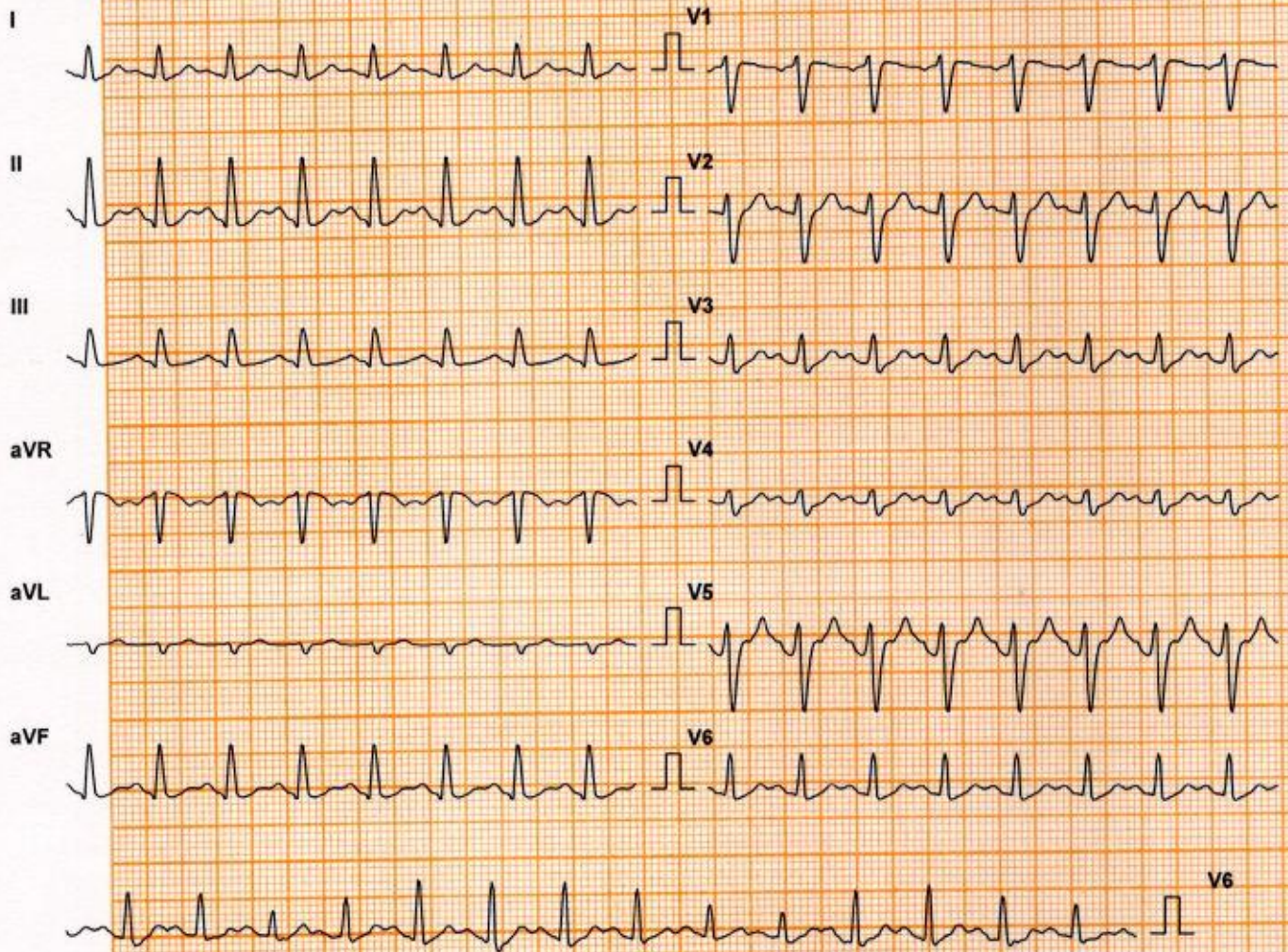
Grade: 14 %

Exec Time : 8 m 54 s

Stage Time : 2 m 54 s

HR: 147 bpm

(THR: 161 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	1.1	2.5
aVR	-0.8	-2.8
V1	0.8	-0.4
V4	0.6	2.1
II	0.4	3.2
aVL	0.4	0.7
V2	2.8	4.2
V5	3.8	2.8
III	-0.6	0.4
aVF	-0.2	1.4
V3	1.3	2.8
V6	1.1	2.8

Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

TRIVANDRUM KOTTAYAM COCHIN CALICUT

DDRC SRL

MAHESH R (41 M)

Protocol: Bruce

Exec Time : 10 m 0 s

ID: 4182WB004614

Stage: Peak Ex

Stage Time : 1 m 0 s

Date: 11-Feb-23

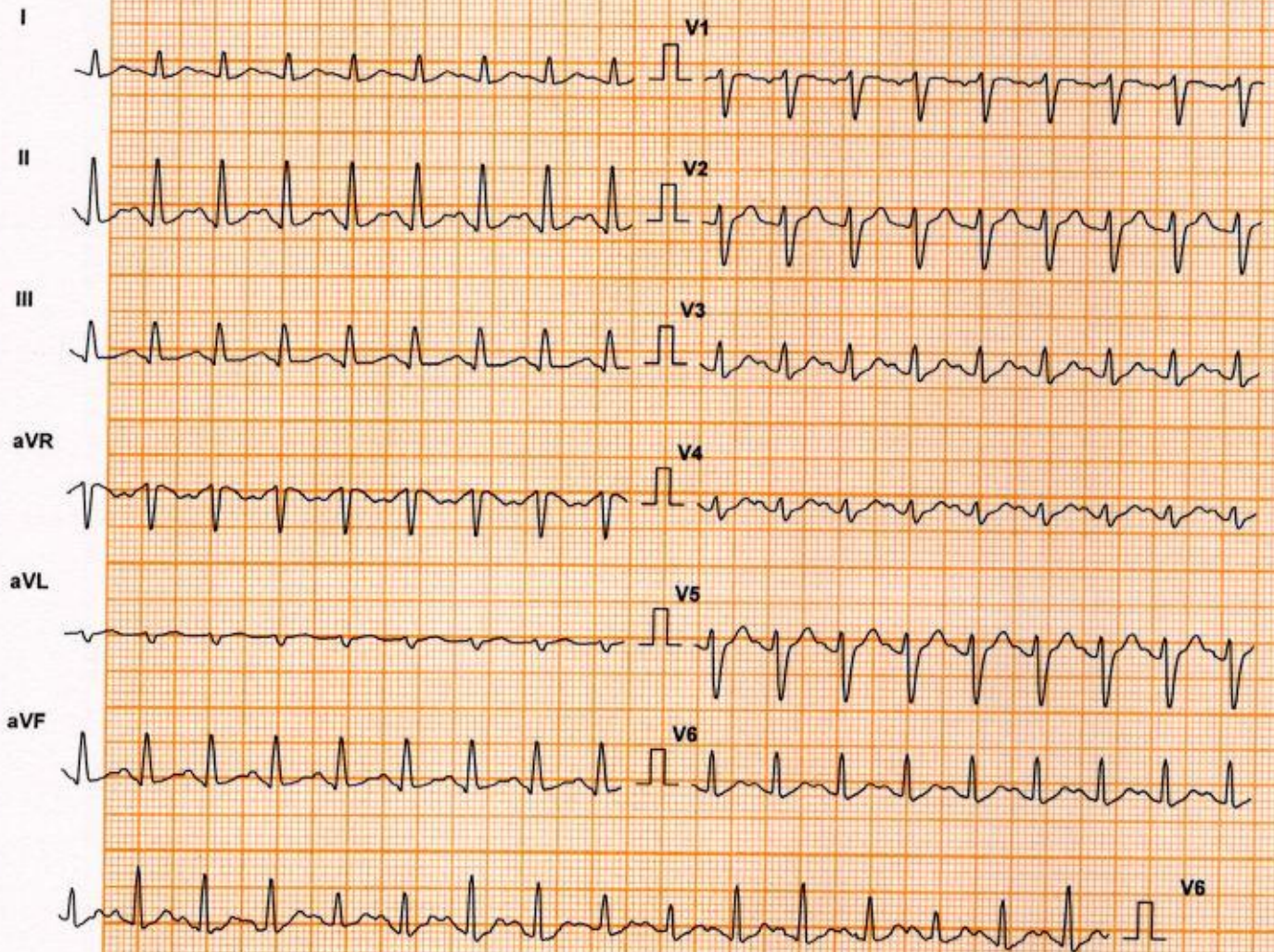
B.P: 160 / 80

Speed: 4.2 mph

Grade: 16 %

HR: 158 bpm

(THR: 161 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	1.1	2.5
aVR	-1.3	-2.8
V1	1.1	0.4
V4	1.9	2.1
II	1.1	2.8
aVL	0.6	1.1
V2	3.6	3.5
V5	4.2	5.3
III	-0.2	0.0
aVF	0.4	1.4
V3	1.9	2.8
V6	1.5	2.8

Chart Speed: 25 mm/sec

Schiller Spandan V4.7

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

DDRC SRL

MAHESH R (41 M)

ID: 4182WB004614

Date: 11-Feb-23

B.P: 140 / 80

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

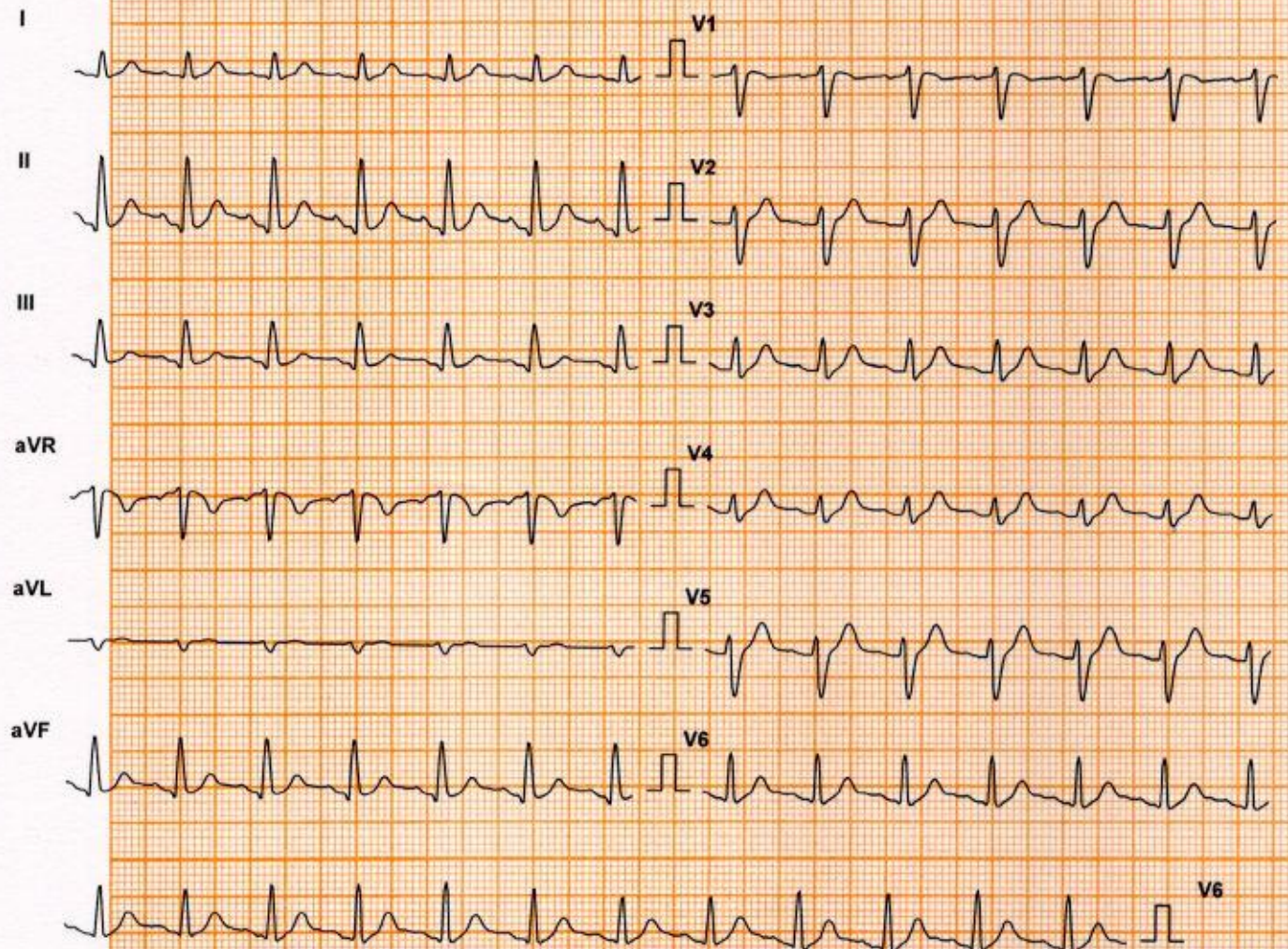
Grade: 0 %

Exec Time : 10 m 6 s

Stage Time : 0 m 54 s

HR: 121 bpm

(THR: 161 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	1.3	2.1
aVR	-1.9	-3.5
V1	0.2	-1.1
V4	2.8	4.2
II	2.5	5.0
aVL	0.4	0.4
V2	4.0	5.3
V5	5.3	5.3
III	0.8	2.1
aVF	1.7	3.5
V3	3.2	5.0
V6	2.5	3.9

Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

DDRC SRL

MAHESH R (41 M)

ID: 4182WB004614

Date: 11-Feb-23

B.P: 130 / 80

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

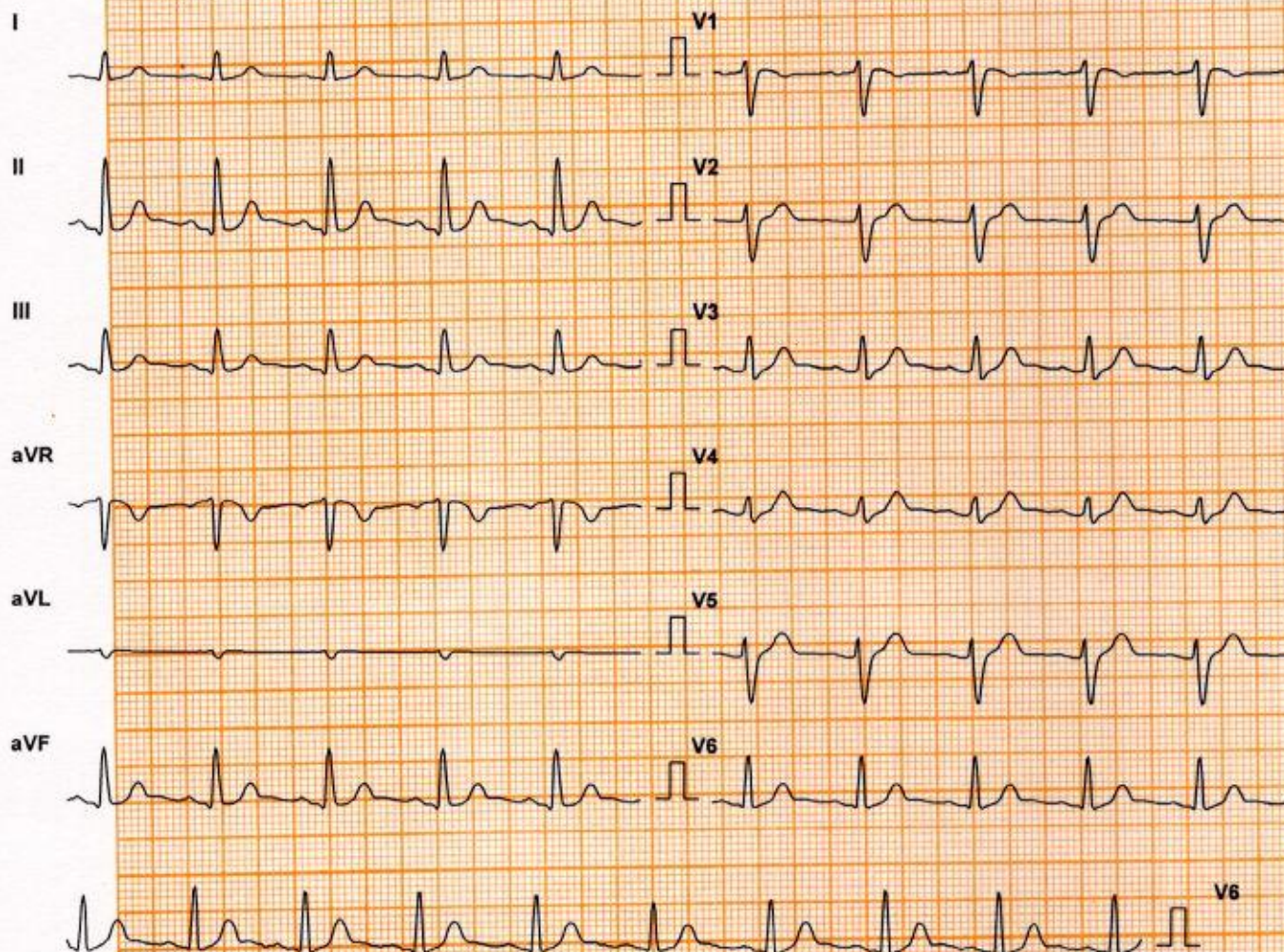
Grade: 0 %

Exec Time : 10 m 6 s

Stage Time : 0 m 54 s

HR: 94 bpm

(THR: 161 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.8	1.4
aVR	-1.3	-2.5
V1	0.2	-0.4
V4	1.5	2.1
II	1.5	2.8
aVL	0.2	0.4
V2	1.9	2.5
V5	2.5	2.8
III	0.6	1.4
aVF	1.1	2.1
V3	1.7	2.5
V6	1.5	2.5

Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

DDRC SRL

MAHESH R (41 M)

Protocol: Bruce

Exec Time : 10 m 6 s

ID: 4182WB004614

Stage: Recovery(3)

Stage Time : 0 m 54 s

Date: 11-Feb-23

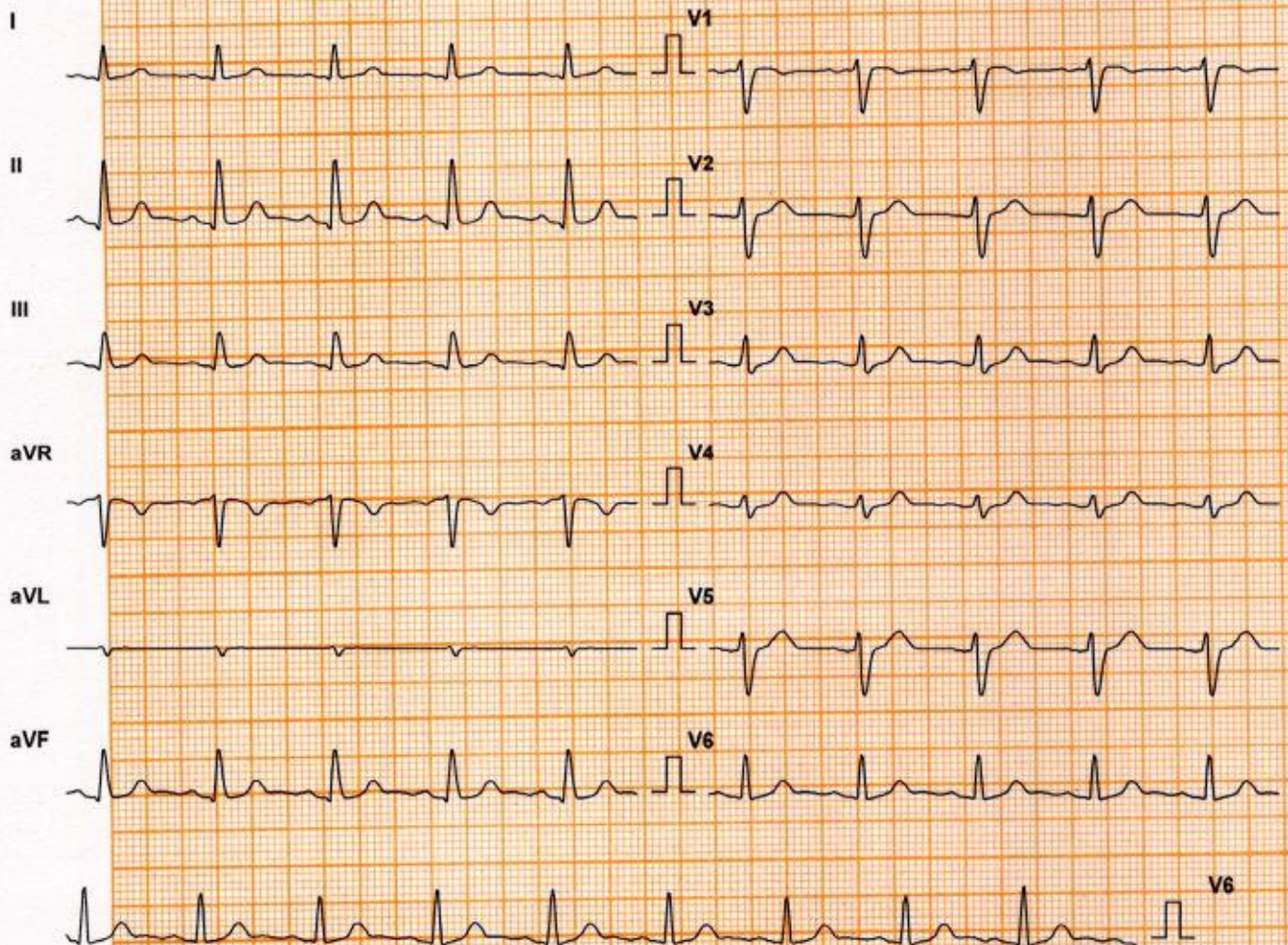
Speed: 0 mph

HR: 91 bpm

B.P: 120 / 80

Grade: 0 %

(THR: 161 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.6	0.7
II	0.6	1.1
III	0.0	0.4
aVR	-0.6	-1.1
aVL	0.2	0.4
aVF	0.4	0.7
V1	0.4	0.0
V2	1.3	1.4
V3	0.8	1.4
V4	0.6	1.1
V5	1.1	1.4
V6	0.6	1.1

Chart Speed: 25 mm/sec
Schiller Spandan V4.7

Filter: 35 Hz

Iso = R - 60 ms J = R + 60 ms

Mains Filt: ON

Post J = J + 60 ms

Amp: 5 mm

Linked Median

TRIVANDRUM KOTTAYAM COCHIN CALICUT

DDRC SRL

MAHESH R (41 M)

ID: 4182WB004614

Date: 11-Feb-23

B.P: 120 / 80

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

Exec Time : 10 m 6 s

Stage Time : 0 m 30 s

HR: 94 bpm

(THR: 161 bpm)



Lead	ST Level (mm)	ST Slope (mV/s)
I	0.4	0.7
aVR	-0.6	-1.1
V1	0.6	0.4
V4	0.4	0.7
II	0.4	0.7
aVL	0.0	0.0
V2	1.1	1.4
V5	1.3	1.4
III	0.2	0.4
aVF	0.4	0.7
V3	0.6	1.1
V6	0.6	1.1

Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 5 mm

Schiller Spandan V4.7

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median