PID No.
 : MED111393594
 Register On
 : 26/11/2022 7:56 AM

 SID No.
 : 79836938
 Collection On
 : 26/11/2022 10:09 AM

 Age / Sex
 : 45 Year(s) / Male
 Report On
 : 26/11/2022 2:32 PM

 Type
 : OP
 Printed On
 : 05/12/2022 5:40 PM

Ref. Dr : MediWheel



Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BLOOD GROUPING AND Rh TYPING	'O' 'Positive'		
(Blood/Agglutination)			
Complete Blood Count With - ESR			
Haemoglobin (Blood/Spectrophotometry)	14.1	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Numeric Integration of MCV)	42.1	%	42 - 52
RBC Count (Blood/Electrical Impedance)	4.53	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/Calculated)	92.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Calculated)	31.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Calculated)	33.6	g/dL	32 - 36
RDW-CV (Calculated)	14.6	%	11.5 - 16.0
RDW-SD (Calculated)	47.47	fL	39 - 46
Total Leukocyte Count (TC) (Blood/Electrical Impedance)	7100	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance and absorbance)	53.23	%	40 - 75
Lymphocytes (Blood/Impedance and absorbance)	27.75	%	20 - 45
Eosinophils (Blood/Impedance and absorbance)	9.71	%	01 - 06
Monocytes (Blood/Impedance and absorbance)	8.64	%	01 - 10





APPROVED BY

 PID No.
 : MED111393594
 Register On
 : 26/11/2022 7:56 AM

 SID No.
 : 79836938
 Collection On
 : 26/11/2022 10:09 AM

 Age / Sex
 : 45 Year(s) / Male
 Report On
 : 26/11/2022 2:32 PM

Printed On



Ref. Dr : MediWheel

: OP

Type

Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
Basophils (Blood/Impedance and absorbance)	0.68	%	00 - 02
INTERPRETATION: Tests done on Automated F	ive Part cell counte	er. All abnormal results are re	viewed and confirmed microscopically.
Absolute Neutrophil count (Blood/Impedance and absorbance)	3.78	10^3 / μ1	1.5 - 6.6
Absolute Lymphocyte Count (Blood/Impedance)	1.97	10^3 / μ1	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/Impedance)	0.69	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (Blood/Impedance)	0.61	10^3 / μ1	< 1.0
Absolute Basophil count (Blood/Impedance)	0.05	10^3 / μl	< 0.2
Platelet Count (Blood/Impedance)	2.40	lakh/cu.mm	1.4 - 4.5
INTERPRETATION: Platelet count less than 1.5	lakhs will be confir	med microscopically.	
MPV (Blood/Derived from Impedance)	7.71	fL	7.9 - 13.7
PCT (Calculated)	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	08	mm/hr	< 15
BUN / Creatinine Ratio	7.2		
Glucose Fasting (FBS) (Plasma - F/Glucose oxidase/Peroxidase)	102	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

: 05/12/2022 5:40 PM

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)	Negative		Negative
(Urine - F)			
Glucose Postprandial (PPBS)	118	mg/dL	70 - 140
(Dloemo DD/COD DOD)			





APPROVED BY

The results pertain to sample tested.

Page 2 of 9

Lab Address: MEDALL HEALTH CARE PVT LTD#17-11-3/4,DR.GKS MANSION,OFFICIAL COLONY,MAHARANI PETA, VIZAG 530002,.

 PID No.
 : MED111393594
 Register On
 : 26/11/2022 7:56 AM

 SID No.
 : 79836938
 Collection On
 : 26/11/2022 10:09 AM

 Age / Sex
 : 45 Year(s) / Male
 Report On
 : 26/11/2022 2:32 PM

Printed On



Ref. Dr : MediWheel

: OP

Type

Investigation	<u>Observed</u> <u>Unit</u> Value	<u>Biological</u> Reference Interval
	<u>value</u>	<u>Reference interval</u>

: 05/12/2022 5:40 PM

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)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Calculated)	7.0	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe - Alkaline Picrate)	1	mg/dL	0.9 - 1.3
Uric Acid (Serum/Uricase/Peroxidase)	5.2	mg/dL	3.5 - 7.2
Liver Function Test			
Bilirubin(Total) (Serum/Diazotized Sulphanilic acid)	1.1	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulphanilic acid)	0.5 (Rechecked)	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Calculated)	0.60	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC without P-5-P)	25	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC without P-5-P)	18	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC AMP Buffer)	69	U/L	53 - 128
Total Protein (Serum/Biuret)	6.5	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.4	gm/dl	3.5 - 5.2
Globulin (Serum/Calculated)	2.10	gm/dL	2.3 - 3.6





APPROVED BY

The results pertain to sample tested.

Page 3 of 9

: Mr. VARANASI RAVINDRA Name

PID No. : MED111393594 Register On : 26/11/2022 7:56 AM : 79836938 SID No. Collection On : 26/11/2022 10:09 AM

Age / Sex : 45 Year(s) / Male Report On : 26/11/2022 2:32 PM

Printed On

: OP

Type

Ref. Dr : MediWheel



Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
A : G RATIO (Serum/Calculated)	2.10		1.1 - 2.2
INTERPRETATION: Enclosure : Graph			
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	17	U/L	< 55
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	159	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol-phosphate oxidase/Peroxidase)	103	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

: 05/12/2022 5:40 PM

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)	61	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	77.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	20.6	mg/dL	< 30





APPROVED BY

 PID No.
 : MED111393594
 Register On
 : 26/11/2022 7:56 AM

 SID No.
 : 79836938
 Collection On
 : 26/11/2022 10:09 AM

Report On

MEDALL

Ref. Dr : MediWheel

Age / Sex : 45 Year(s) / Male

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Non HDL Cholesterol (Serum/Calculated)	98.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

: 26/11/2022 2:32 PM

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)	2.6	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)	1.7	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.3	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
Glycosylated Haemoglobin (HbA1c)		

HbA1C 5.4 % Normal: 4.5 - 5.6 (Whole Blood/*HPLC-Ion exchange*) 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 %

Mean Blood Glucose 108.28 mg/dl

(Whole Blood)

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.





APPROVED BY

The results pertain to sample tested.

Page 5 of 9

Lab Address: MEDALL HEALTH CARE PVT LTD#17-11-3/4,DR.GKS MANSION,OFFICIAL COLONY,MAHARANI PETA. VIZAG 530002..

 PID No.
 : MED111393594
 Register On
 : 26/11/2022 7:56 AM

 SID No.
 : 79836938
 Collection On
 : 26/11/2022 10:09 AM

Ref. Dr : MediWheel



Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.479	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: Analytical sensitivity: 0.008 - 100 ng/mL

PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).

Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.

PSA levels tend to increase in all men as they age.

Clinical Utility of PSA:

an the early detection of Prostate cancer.

As an aid in discriminating between Prostate cancer and Benign Prostatic disease.

ðΓo detect cancer recurrence or disease progression.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total	0.969	ng/ml	0.7 - 2.04
(Serum/Chemiluminescent Immunometric Assay			

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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 4.673 $\mu g/dl$ 4.2 - 12.0

(Serum/Chemiluminescent Immunometric Assay

(CLIA))

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) 2.166 µIU/mL 0.35 - 5.50

(Serum/Chemiluminescence)





Reg No: 070707

Pathologist

APPROVED BY

The results pertain to sample tested.

Page 6 of 9

 PID No.
 : MED111393594
 Register On
 : 26/11/2022 7:56 AM

 SID No.
 : 79836938
 Collection On
 : 26/11/2022 10:09 AM

Age / Sex : 45 Year(s) / Male Report On : 26/11/2022 2:32 PM

Type : OP Printed On : 05/12/2022 5:40 PM

Ref. Dr : MediWheel

PM

InvestigationObservedUnitBiologicalValueReference 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&lt 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Urine Analysis - Routine

Others

(Urine/Microscopy)

INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy

<u>Physical Examination(Urine Routine)</u>

Colour PALE YELLOW Yellow to Amber

(Urine/Physical examination)

Appearance Clear Clear

(Urine/Physical examination)

Chemical Examination(Urine Routine)

Protein Negative Negative

(Urine/Dipstick-Error of indicator/ Sulphosalicylic acid method)

Glucose Negative Negative

(Urine/Dip Stick Method / Glucose Oxidase - Peroxidase / Benedict s semi quantitative method.)

Microscopic Examination(Urine

Routine)

Pus Cells 3-4 /hpf 0 - 5

(Urine/Microscopy exam of urine sediment)



APPROVED BY

Reg No. 070707

The results pertain to sample tested.

Page 7 of 9

 PID No.
 : MED111393594
 Register On
 : 26/11/2022 7:56 AM

 SID No.
 : 79836938
 Collection On
 : 26/11/2022 10:09 AM

Age / Sex : 45 Year(s) / Male **Report On** : 26/11/2022 2:32 PM

Printed On

Type : OP

Ref. Dr : MediWheel



Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Epithelial Cells (Urine/Microscopy exam of urine sediment)	1-2	/hpf	NIL
RBCs (Urine/Microscopy exam of urine sediment) STOOL ANALYSIS - ROUTINE	NIL	/hpf	0 - 5
PHYSICAL EXAMINATION			
Colour	Brown		Brown

: 05/12/2022 5:40 PM

Colour Brown
(Stool/Physical examination)

Consistency SEMI SOFT Well Formed

(Stool/Physical examination)

Mucus Absent Absent

(Stool)

Blood Absent Absent

(Stool)

CHEMICAL EXAMINATION

Reducing Substances Negative Negative

(Stool/Benedict's)

Reaction Acidic Acidic Acidic

(Stool)

<u>MICROSCOPIC EXAMINATION</u> (STOOL COMPLETE)

Ova

(Stool)

Cysts NIL

(Stool)

Trophozoites NIL

(Stool)

Pus Cells 0-2 /hpf

(Stool)





APPROVED BY

The results pertain to sample tested.

Page 8 of 9

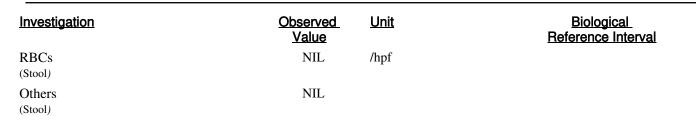
PID No. Register On : 26/11/2022 7:56 AM : MED111393594 : 79836938 SID No.

Age / Sex : 45 Year(s) / Male Report On : 26/11/2022 2:32 PM

Type : OP

Ref. Dr : MediWheel Collection On : 26/11/2022 10:09 AM

Printed On : 05/12/2022 5:40 PM







APPROVED BY

-- End of Report --



Name	VARANASI RAVINDRA	ID	MED111393594
Age & Gender	45Y/M	Visit Date	Nov 26 2022 7:44AM
Ref Doctor	MediWheel		

ULTRASOUND WHOLE ABDOMEN

Liver : Normal in size (14.4 cm) with regular outlines and normal

echopattern.

There is no evidence of IHBR / EHBR dilatation seen.

No focal space occupying lesions seen.

CBD is normal. PV normal.

Gall Bladder : Normal in volume and wall thickness.

No e/o intraluminal calculi seen.

Pancreas : Head, body and tail are identified with normal echopattern and

smooth outlines.

Spleen : Measured 7.4 cm, in size with normal echotexture.

Right kidney : Measured 8.7 x 4.5 cm in size.

Left kidney : Measured 9.0 x 4.6 cm in size.

Both kidneys are normal in size, position, with well preserved cortico medullary differentiation and normal pelvicalyceal

anatomy.

No e/o calculi / space occupying lesion seen. No e/o suprarenal / retroperitoneal masses noted.

Urinary : Normal in volume and wall thickness. bladder No e/o intraluminal calculi / masses seen.

Prostate : Measured 3.0 x 2.9 x 3.1 cm in size (Vol : 14.8cc) with normal

echotexture

No e/o ascites / pleural effusion seen.

No e/o detectable bowel pathology seen.

Defect of size approximately 15 mm is noted in umbilical region with herniation of omental fat.

IMPRESSION:



Name	VARANASI RAVINDRA	ID	MED111393594
Age & Gender	45Y/M	Visit Date	Nov 26 2022 7:44AM
Ref Doctor	MediWheel		

• Umbilical Omentocele.

- For clinical correlation.

Dr.Jahnavi Barla MD (RD), DGO. Consultant Radiologist