

Name : Mr. RAM NARAYAN SINGH  
PID No. : MED122341544  
SID No. : 522319687  
Age / Sex : 54 Year(s) / Male  
Ref. Dr : MediWheel  
Source : MediWheel

Register On : 18/12/2023 9:34 AM  
Collection On : 18/12/2023 11:21 AM  
Report On : 18/12/2023 6:56 PM  
Printed On : 19/12/2023 9:08 AM  
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## REPORT

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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### IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'AB' 'Positive'		
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**INTERPRETATION:**Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.



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<b><u>HAEMATOLOGY</u></b>			
<b><u>Complete Blood Count With - ESR</u></b>			
Haemoglobin (EDTA Blood/Spectrophotometry)	14.5	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	44.2	%	42 - 52
RBC Count (EDTA Blood)	<b>4.67</b>	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	94.6	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	31.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.7	g/dL	32 - 36
RDW-CV	14.0	%	11.5 - 16.0
RDW-SD	<b>46.35</b>	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	8200	cells/cu.mm	4000 - 11000



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Neutrophils (Blood)	68.7	%	40 - 75
Lymphocytes (Blood)	23.1	%	20 - 45
Eosinophils (Blood)	1.8	%	01 - 06
Monocytes (Blood)	6.3	%	01 - 10
Basophils (Blood)	0.1	%	00 - 02

**INTERPRETATION:** Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count (EDTA Blood)	5.63	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.89	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.15	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.52	$10^3 / \mu\text{l}$	< 1.0
Absolute Basophil count (EDTA Blood)	0.01	$10^3 / \mu\text{l}$	< 0.2
Platelet Count (EDTA Blood)	150	$10^3 / \mu\text{l}$	150 - 450



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MPV (Blood)	11.4	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.17	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	2	mm/hr	< 20



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### BIOCHEMISTRY

Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	88.56	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126
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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.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	108.08	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.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.2	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.95	mg/dL	0.9 - 1.3
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### Biological Reference Interval

**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.

Uric Acid  
(Serum/Enzymatic)

7.47

mg/dL

3.5 - 7.2



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### BIOCHEMISTRY

#### Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.87	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.25	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.62	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	26.48	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	27.31	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	53.97	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	67.9	U/L	56 - 119
Total Protein (Serum/Biuret)	6.28	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.99	gm/dl	3.5 - 5.2



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Globulin (Serum/Derived)	1.29	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	3.87		1.1 - 2.2





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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	203.35	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	193.10	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)	39.07	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	125.7	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)	38.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	164.3	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)	5.2		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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	4.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.2	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

Estimated Average Glucose 102.54 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 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.



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<b><u>BIOCHEMISTRY</u></b>			
BUN / Creatinine Ratio	10.7		6.0 - 22.0



  
DR SUHAS L.M.D.  
Consultant Pathologist  
KMC No. 111687  
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<b><u>IMMUNOASSAY</u></b>			
Prostate specific antigen - Total(PSA) (Serum/ <i>Manometric method</i> )	0.502	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



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### IMMUNOASSAY

#### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.36	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 (Tyroxine) - Total (Serum/ECLIA)	9.73	µg/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/ECLIA)	1.10	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&amplt;0.03  $\mu$ U/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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### CLINICAL PATHOLOGY

#### PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		

#### CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.015		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal



  
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Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

### MICROSCOPIC EXAMINATION (URINE COMPLETE)

Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		



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**INTERPRETATION:**Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.



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-- End of Report --

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Age & Gender	54Y/MALE	Visit Date	18 Dec 2023
Ref Doctor Name	MediWheel		

### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size (14.2 cm) and shows increased echogenicity. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

**GALL BLADDER**- Partially distended.  
CBD is not dilated.

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

**SPLEEN** shows normal shape, size and echopattern.

#### **KIDNEYS**

**Right kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

**Left kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	12.6	1.6
Left Kidney	11.6	1.6

**URINARY BLADDER** shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

**PROSTATE** shows normal shape, size and echopattern. It measures 3.0 x 3.1 x 3.4 cms and vol: 17.2cc.

No evidence of ascites.

#### **IMPRESSION:**

- **Grade I fatty infiltration of liver.**
- **No other significant abnormality detected in the abdomen & pelvis.**

**DR. HEMANANDINI V.N**  
**CONSULTANT RADIOLOGISTS**  
Hn/Sp

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## 2D ECHOCARDIOGRAPHIC STUDY

### M-mode measurement:

AORTA	:	3.19	cms.
LEFT ATRIUM	:	3.29	cms.
AVS	:	1.47	cms.
<b>LEFT VENTRICLE</b>			
(DIASTOLE)	:	4.22	cms.
(SYSTOLE)	:	2.26	cms.
<b>VENTRICULAR SEPTUM</b>	:		
(DIASTOLE)	:	1.34	cms.
(SYSTOLE)	:	1.54	cms.
<b>POSTERIOR WALL</b>	:		
(DIASTOLE)	:	1.59	cms.
(SYSTOLE)	:	1.54	cms.
EDV	:	79	ml.
ESV	:	17	ml.
FRACTIONAL SHORTENING	:	46	%
EJECTION FRACTION	:	60	%
EPSS	:	***	cms.
RVID	:	1.80	cms.

### DOPPLER MEASUREMENTS:

MITRAL VALVE:	E - 0.6 m/s	A - 0.8 m/s	NO MR.
AORTIC VALVE:	1.1 m/s		NO AR.
TRICUSPID VALVE:	E - 0.3 m/s	A - 0.4 m/s	NO TR.
PULMONARY VALVE:	0.8 m/s		NO PR.

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## **2D ECHOCARDIOGRAPHY FINDINGS:**

Left Ventricle : Concentric L V H, Normal systolic function.  
: No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral Valve : Normal. No mitral valve prolapsed.

Aortic Valve : Normal. Trileaflet.

Tricuspid Valve : Normal.

Pulmonary Valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

## **IMPRESSION:(FAIR ECHO WINDOW)**

- **CONCENTRIC L V H.**
- **NORMAL LV SYSTOLIC FUNCTION. EF: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **GRDAE I DAISTOLIC DYSFUNCTION.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

**DR. YASHODA RAVI**  
**CONSULTANT CARDIOLOGIST**

Name	MR.RAM NARAYAN SINGH	ID	MED122341544
Age & Gender	54Y/MALE	Visit Date	18 Dec 2023
Ref Doctor Name	MediWheel		

Name	Mr. RAM NARAYAN SINGH	Customer ID	MED122341544
Age & Gender	54Y/M	Visit Date	Dec 18 2023 9:33AM
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.*



**Dr.Hemanandini**  
**Consultant Radiologist**



Patient Name	Ram Narayan Singh	Date	18/12/2023
Age	54 yrs	Visit Number	522319687
Sex	Male	Corporate	Medi wheel

**GENERAL PHYSICAL EXAMINATION**

Identification Mark :

Height : 183 cm cms

Weight : 100 kg kgs

Pulse : 84 /minute

Blood Pressure : 130/80 mm of Hg

BMI : 29.8

**BMI INTERPRETATION**

**Underweight = <18.5**

**Normal weight = 18.5-24.9**

**Overweight = 25-29.9**

Chest :

Expiration : cms

Inspiration : cms

Abdomen Measurement : cms

Eyes : clinically NAD

Ears : clinically NAD

Throat : Not infected

Neck nodes : Not palpable

RS : BCL NBS ⊕

CVS : S<sub>1</sub>S<sub>2</sub> ⊕

PA : Soft, BR ⊕

CNS : Conscious & oriented

No abnormality is detected. His / Her general physical examination is within normal limits.

**NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO**

  
Signature **Dr. RITESH RAJ**, MBBS  
General Physician & Diabetologies  
KMC Reg. No: 85875  
CHIMAX DIAGNOSTICS



54 Years Male

QRS : 80 ms  
QT / QTcBaz : 362 / 417 ms  
PR : 148 ms  
P : 100 ms  
RR / PP : 746 / 750 ms  
P / QRS / T : 52 / 35 / 21 degrees

Normal sinus rhythm  
Normal ECG

*Handwritten signature*

