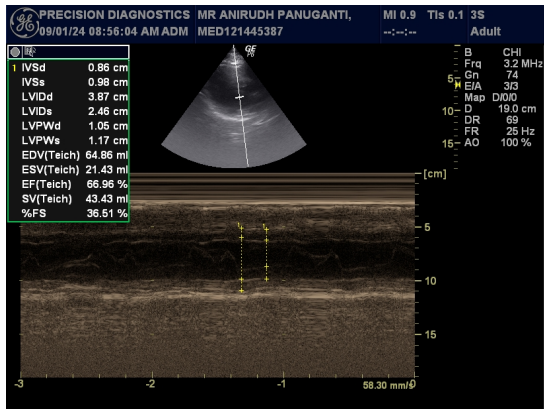
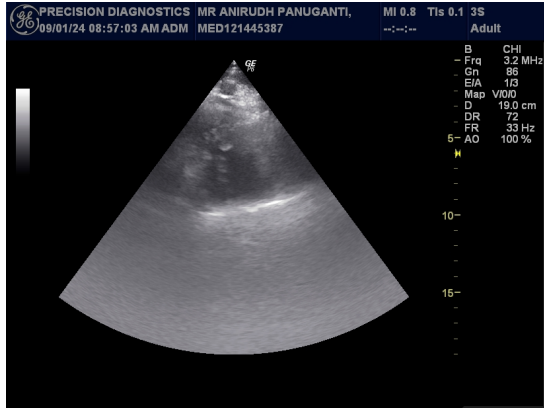
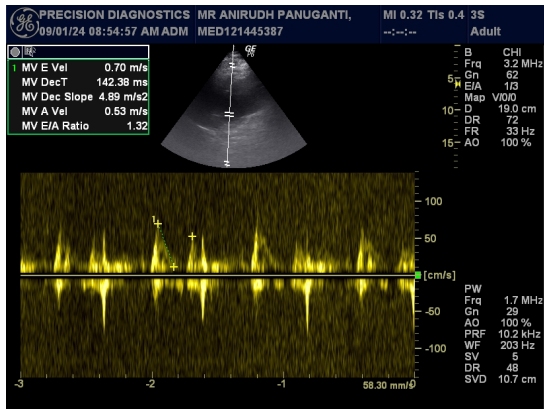
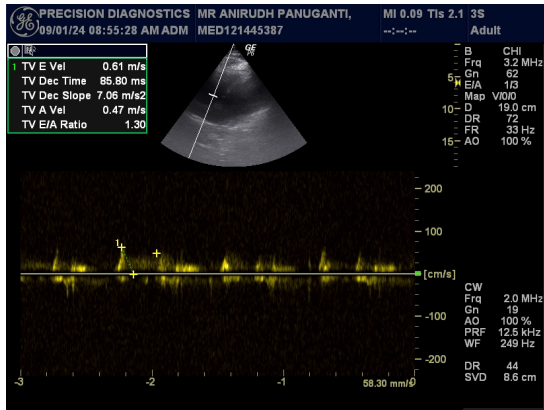


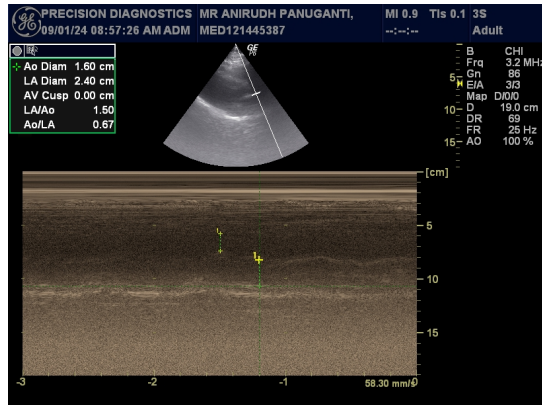
Name	ANIRUDH PANUGANTI	ID	MED121445387
Age & Gender	32 Year(s)/MALE	Visit Date	1/9/2024 12:00:00 AM
Ref Doctor Name	MediWheel		



Name	ANIRUDH PANUGANTI	ID	MED121445387
Age & Gender	32 Year(s)/MALE	Visit Date	1/9/2024 12:00:00 AM
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Name	ANIRUDH PANUGANTI	ID	MED121445387
Age & Gender	32 Year(s)/MALE	Visit Date	1/9/2024 12:00:00 AM
Ref Doctor Name	MediWheel		



ECHO CARDIOGRAM REPORT

Suboptimal image due to obesity.

2D ECHO STUDY:

- Normal LV / RV size and systolic function (EF: 66%)
- No Regional wall motion abnormality.
- No ventricular hypertrophy.
- IAS and IVS are intact.
- No e/o of clot / Aneurysm.
- Normal pericardium.

FINAL IMPRESSION:

- **NORMAL LV / RV SIZE AND SYSTOLIC FUNCTION. (EF: 66%)**

Name	ANIRUDH PANUGANTI	ID	MED121445387
Age & Gender	32Year(s)/MALE	Visit Date	1/9/2024 12:00:00 AM
Ref Doctor Name	MediWheel		

- **NO REGIONAL WALL MOTION ABNORMALITY.**
- **NORMAL VALVES FOR AGE.**
- **NORMAL LV DIASTOLIC FUNCTION.**
- **NORMAL COLOUR FLOW STUDIES.**

LEFT VENTRICULAR MEASUREMENT:

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
AO (ed)- 1.6cm(1.5cm/3.5cm)		IVS (ed) - 0.9cm	(0.6cm/1.2cm)
LA (ed)- 2.4cm(1.5cm/3.5cm)		LVPW(ed) - 0.9cm	(0.6cm/1.1cm)
RVID(ed)- 1.2 cm(0.9cm/2.8cm)		EF 66 %	(62 %-85 %)
LVID (ed)- 3.9cm(2.6cm/5.5cm)		FS 36 %	
LVID (es)- 2.8cm			

MORPHOLOGICAL DATA:

Mitral valve

Anterior mitral leaflet (AML) : Normal
 Posterior mitral leaflet (PML) : Normal
 Aortic Valve : Normal
 Tricuspid Valve : Normal
 Pulmonary Valve : Normal
 Interatrial Septum : Intact
 Interventricular Septum : Intact

Name	ANIRUDH PANUGANTI	ID	MED121445387
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Right Ventricle : Normal

Right Atrium : Normal

Pulmonary Artery : Normal

Left Ventricle : Normal

Left Atrium : Normal

PERICARDIUM:

- Normal.

DOPPLER STUDY:

Continuous Wave Doppler & Colour Flow Study:

- *Normal colour flow study*

DONE BY : MONIKA.R(ECHO TECH)

Measurement Results:

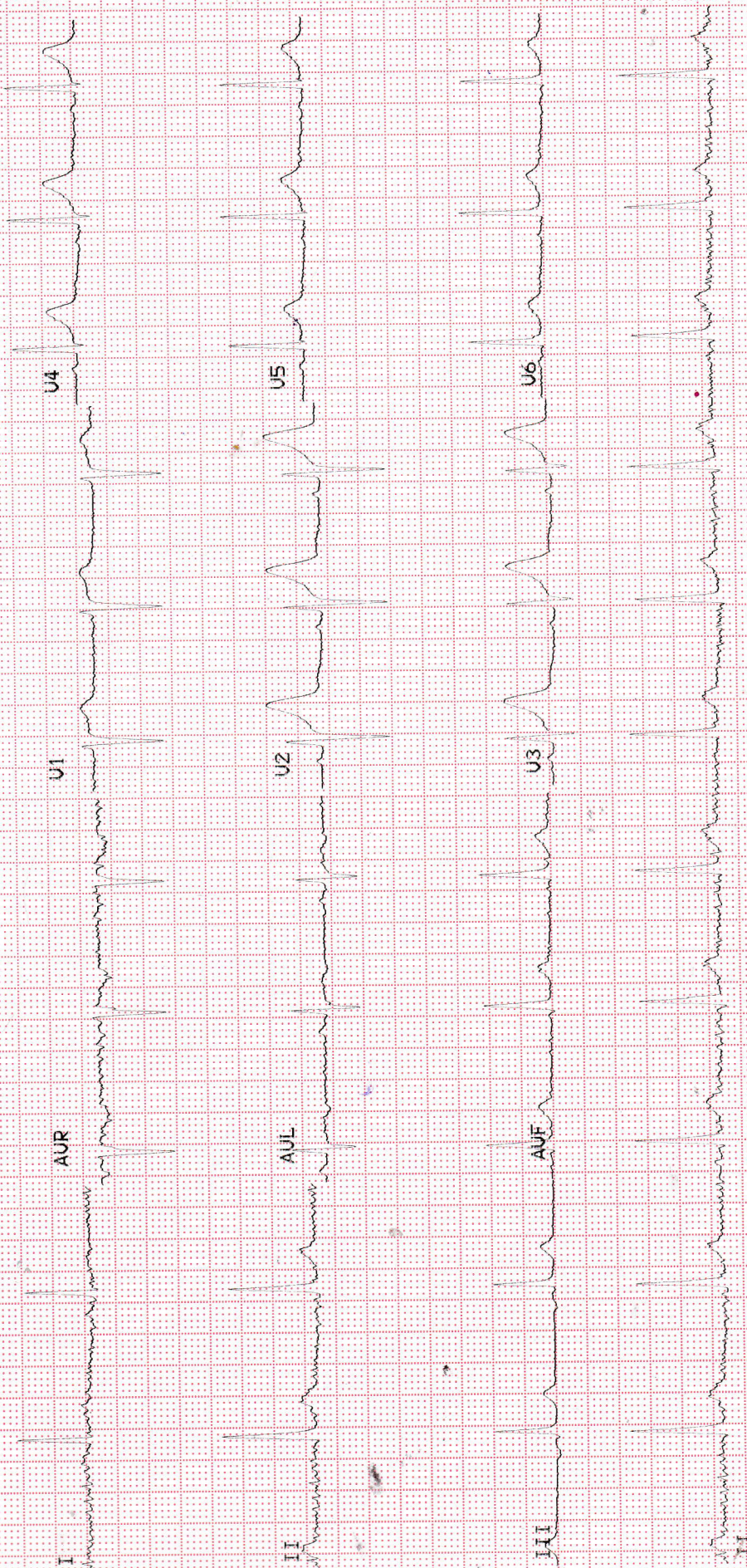
QRS : 92 ms
 QT/QTcB : 362 / 388 ms
 PR : 128 ms
 P : 88 ms
 RR/PP : 870 / 870 ms
 P/ORS/T : 0 / 55 / 70 degrees
 QTd/QTcBD : 46 / 49 ms
 Sokolow : 2.1 mV
 NK : 9

Interpretation:

normal ECG



Unconfirmed report.



Name	Mr. ANIRUDH PANUGANTI	Customer ID	MED121445387
Age & Gender	32Y/M	Visit Date	Jan 9 2024 8:24AM
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. Anitha Adarsh
Consultant Radiologist

Name : Mr. ANIRUDH PANUGANTI
PID No. : MED121445387
SID No. : 602400283
Age / Sex : 32 Year(s) / Male
Ref. Dr : MediWheel

Register On : 09/01/2024 8:24 AM
Collection On : 09/01/2024 10:00 AM
Report On : 09/01/2024 4:09 PM
Printed On : 10/01/2024 5:20 PM
Type : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.63	10 ³ / µl	< 1.0
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.05	10 ³ / µl	< 0.2
Platelet Count (Blood/Impedance Variation)	215	10 ³ / µl	150 - 450
MPV (Blood/Derived from Impedance)	8.2	fL	7.9 - 13.7
PCT (Blood/Automated Blood cell Counter)	0.18	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	15	mm/hr	< 15

BIOCHEMISTRY

BUN / Creatinine Ratio	10.65		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	81.4	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.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/ GOD-PAP)	123.40	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)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.8	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.92	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)	6.80	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.78	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.15	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.63	mg/dL	0.1 - 1.0



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Type : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	98.70	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	202.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	156.10	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	89.20	U/L	53 - 128
Total Protein (Serum/Biuret)	7.45	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.3	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.15	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.37		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	251.70	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	210.40	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)	58.30	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	151.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	42.1	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	193.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220


DR SURYA LAKSHMI
 Consultant Pathologist
 KMC NO: 112817




Dr Archana K MD Ph.D
 Consultant Pathologist
 Reg No : 79967

The results pertain to sample tested.

Name : Mr. ANIRUDH PANUGANTI
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Investigation **Observed Value** **Unit** **Biological 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 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)	4.3		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)	3.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	6.1	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	128.37	mg/dL
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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.

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay (CLIA))	1.20	ng/ml	0.7 - 2.04
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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/ Chemiluminescent Immunometric Assay (CLIA))	7.16	µg/dl	4.2 - 12.0
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DR SURYA LAKSHMI
Consultant Pathologist
KMC NO: 112817




Dr Archana K MD Ph.D
Consultant Pathologist
Reg No : 79967

Name : Mr. ANIRUDH PANUGANTI
PID No. : MED121445387
SID No. : 602400283
Age / Sex : 32 Year(s) / Male
Ref. Dr : MediWheel

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Type : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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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 /Chemiluminescent Immunometric Assay (CLIA))	1.59	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<0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

CLINICAL PATHOLOGY

Urine Analysis - Routine

COLOUR (Urine)	Yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated - Flow cytometry)	1 - 3	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry)	1 - 2	/hpf	NIL
RBCs (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated - Flow cytometry)	NIL	/hpf	NIL
Others (Urine)	NIL		

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


DR SURYA LAKSHMI
Consultant Pathologist
KMC NO: 112817




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-- End of Report --



DR SURYA LAKSHMI
Consultant Pathologist
KMC NO: 112817



Dr Archana K MD Ph.D
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Reg No : 79967

Customer Name	MR.ANIRUDH PANUGANTI	Customer ID	MED121445387
Age & Gender	32Y/MALE	Visit Date	09/01/2024
Ref Doctor	MediWheel		

SONOGRAM REPORT

WHOLE ABDOMEN

The liver is enlarged in size (15.9 cm) and shows diffuse fatty changes. No focal lesion is seen.

The gall bladder is normal sized, smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures 10.4 x 5.3 cm.

The left kidney measures 11.1 x 5.6 cm.

A microlith measuring 4.7 mm noted in upper pole of Left kidney.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The prostate measures 3.1 x 2.6 x 2.5 cm (Vol ~ 10.7 ml) and is normal sized.

Customer Name	MR.ANIRUDH PANUGANTI	Customer ID	MED121445387
Age & Gender	32Y/MALE	Visit Date	09/01/2024
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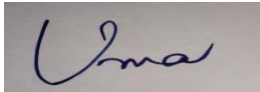
The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

IMPRESSION:

- **Hepatomegaly with Fatty changes.**
- **Left renal microlith.**



**DR. UMALAKSHMI
SONOLOGIST**