

TABULAR SUMMARY REPORT

PATIENT'S DATA  
 01/01/2014  
 101/2014

Height: 160 cm

Weight: 65 kg

Male

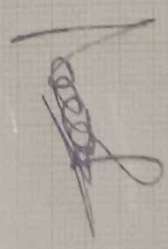
Referred by:  
 Test (nd)

RELIEF  
 Max HR: 150bpm 95% of max predicted 160bpm  
 Max BP: 140/80  
 Max HR achieved  
 (Stop) for Termination: Max HR achieved  
 Comment: GOOD EFFORT TOLRANCE  
 NORMAL HR AND BP RESPONSE  
 NO ANGINA  
 NO ST CHANGES NOTED  
 TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

Total Exercise time: 9:01  
 Max work: 10 METS

25.9 mmHg  
 10.0 mmHg  
 100bpm

Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
WARM UP	1:44	0.8	0.0	1.3	72	140/80	171
STAGE 1	3:00	1.7	10.0	4.6	87	140/80	206
STAGE 2	3:00	2.5	12.0	7.9	114	140/80	262
STAGE 3	3:00	3.4	14.0	10.1	129	140/80	209
STAGE 4	0:01	3.4	14.0	10.1	129	140/80	209
RECOVERY	4:59	0.8	0.0	1.0	107		



Technician: KAVYASREE

CLUMAX DIAGNOSTICS, MEDALL HEALTH CARE  
 Unconfirmed

MAC55 009C

GRADED EXERCISE SUMMARY

MANJUNATH JOIS  
 ID: 112081208

21 Feb-2024  
 1818-41

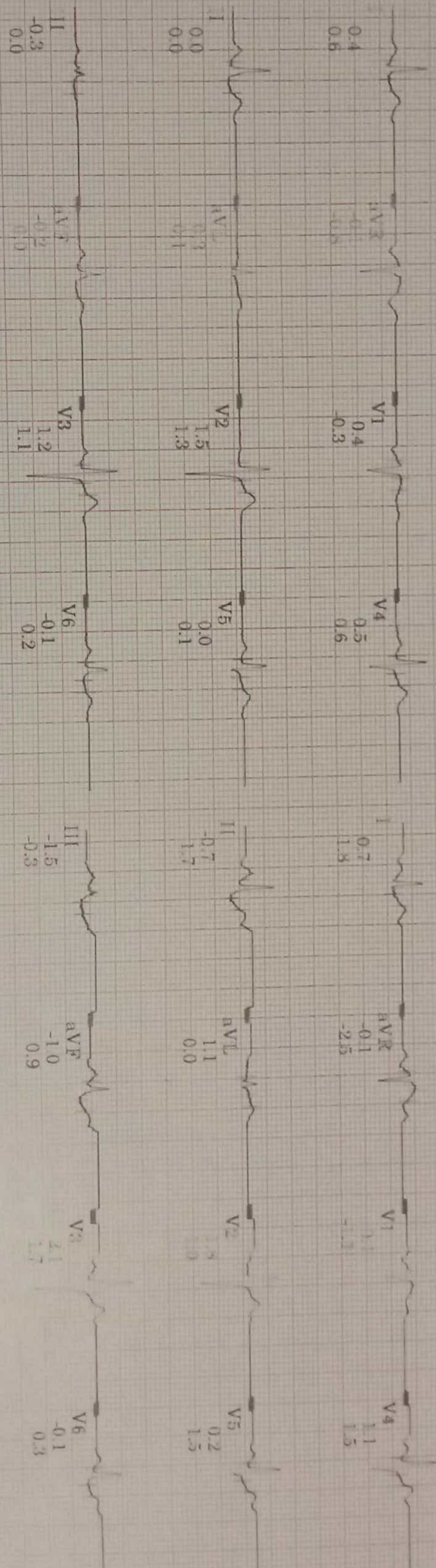
59kg

Male

Referred by:  
 Test ID:

**PERCE** Total Exercise time: 9:01  
 Max HR: 155bpm 95% of max predicted 160bpm  
 Max BP: 140/80 Maximum workload: 10 METS  
 Reason for Termination: Max HR attained  
 Comments: GOOD EFFORT TOLERANCE  
 NORMAL HR AND BP RESPONSE  
 NO ANGINA  
 NO ST T CHANGES NOTED  
 TMT IS NEGATIVE FOR INDUCIBLE ISCHEMIA

EXERCISE STAGE	BP	ST @ 10mm/mV	Lead	EXERCISE STAGE	HR	ST @ 10mm/mV	Lead
0:00	122bpm	80ms postl	ST(mm) Slope(mV/s)	3:34	152bpm	80ms postl	ST(mm) Slope(mV/s)
1.5 METS	140/80	80ms postl		5.2 METS			



Technician: KAVYASREE

CLUMAX DIAGNOSTICS, MEDICAL HEALTH CARE

MAC65 009C

Unconfirmed

DATE: 11/11/80 TIME: 10:00 AM  
PATIENT: KAVYASHEE  
SEX: Male  
AGE: 45  
PHYSICIAN: Dr. J. S. [unclear]  
TEST: 10:00 AM  
ELECTROCARDIOGRAM: 10:00 AM  
STRESS TEST: 10:00 AM  
ECG: 10:00 AM

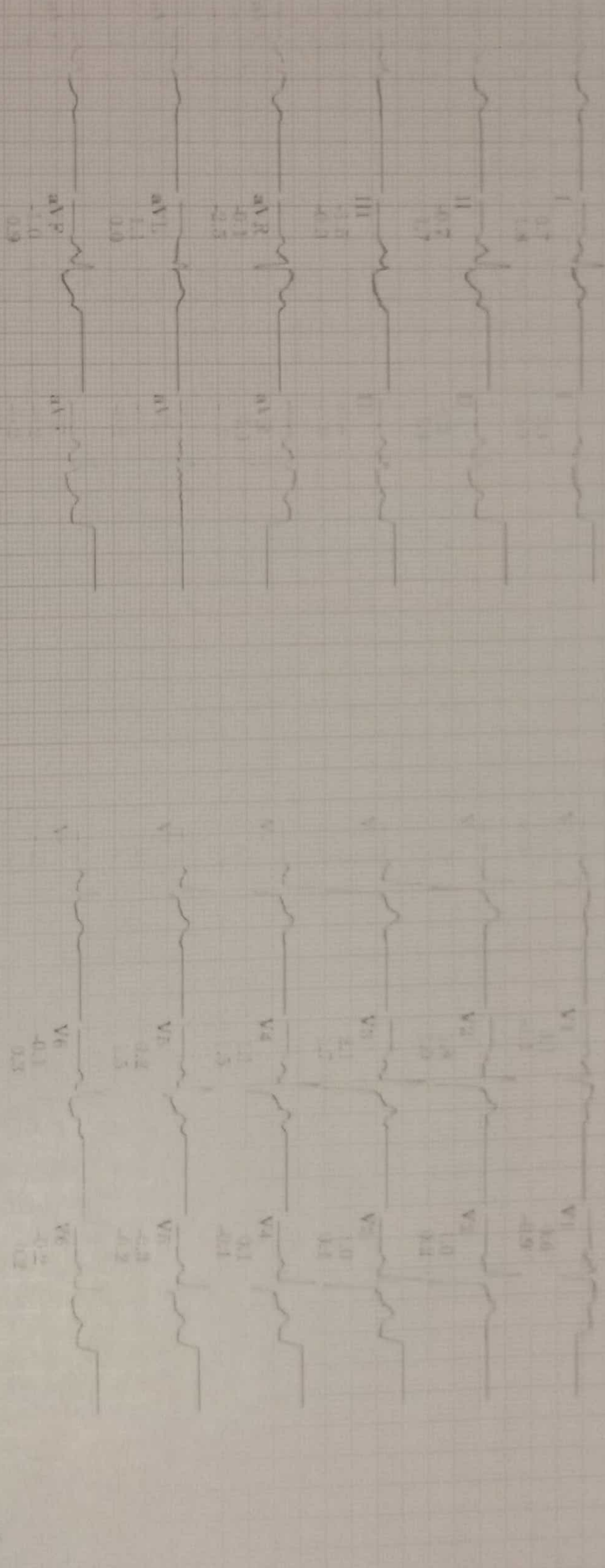
Received by  
Tavel [unclear]

BLINE EXERCISE 152bpm  
TEST END RECOVERY 147bpm

BLINE EXERCISE 140-80  
MAX ST EXERCISE 224  
TEST END RECOVERY 137bpm

ANALYSIS NOTED  
ACTIVE PDR INDICABLE ISCHEMIA

GOOD REPORT TOLERANCE  
AND BP RESPONSE



patient: KAVYASHEE

ELUMAX DIAGNOSTICS, MEDALL HRP WJT

Unconfirmed  
A RE

11/11/80 009K

Lead  
ST (mm)  
Slope (mV)

HAN UNATHI JOIS  
ID: 12081208

07/25/2024  
14:09:24

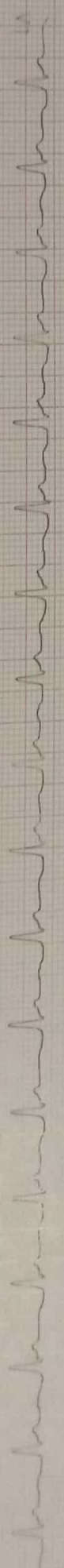
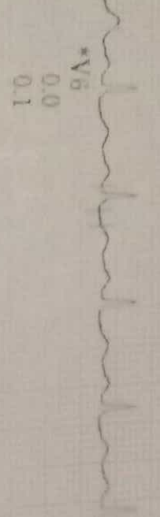
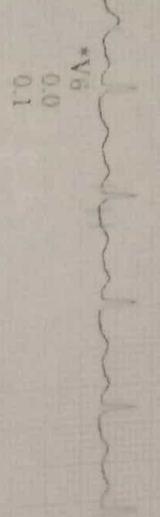
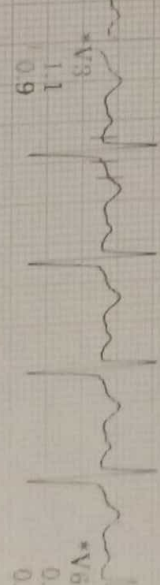
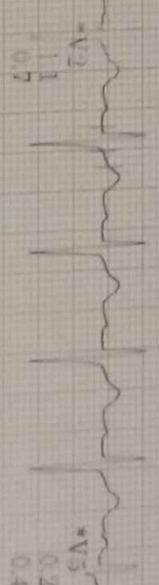
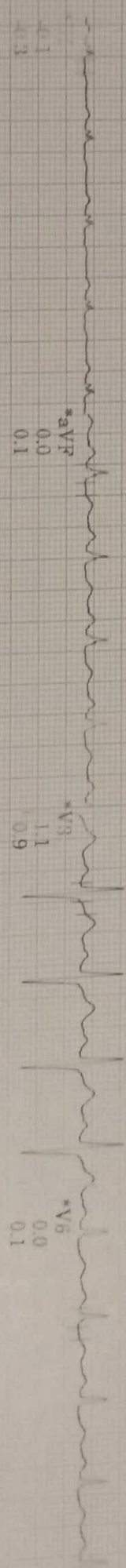
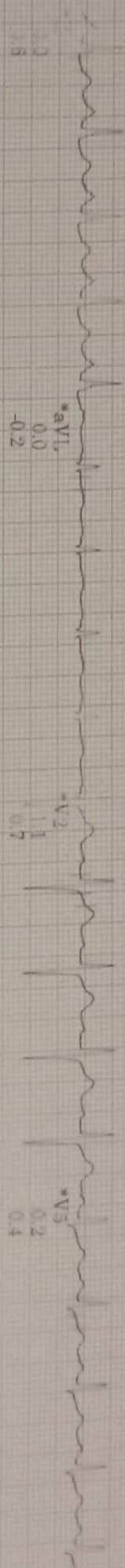
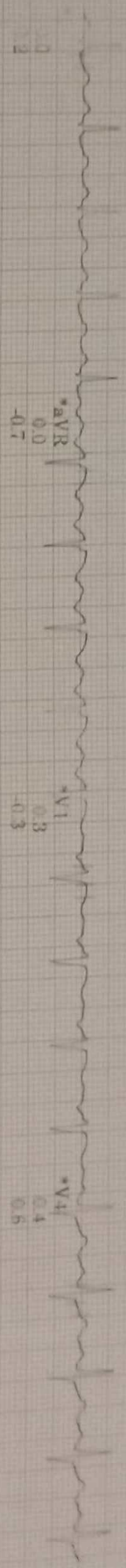
112bpm  
BP 140/80

PRETEST  
SLEEPING  
0.48

RR: 0  
\*\* \*mph  
\*\* \*mg

ST @ 10mm/mV  
80ms post/d

Lead  
ST (mm)  
Slope (mV/s)



25.0 mm/s    10.0 mm/mV    A-H-S 50Hz HR 46

\* Computer Synthesized Rhythm

MAC155 009C

MAY NATH JOIS  
D 1081208  
11/1/2024  
182514

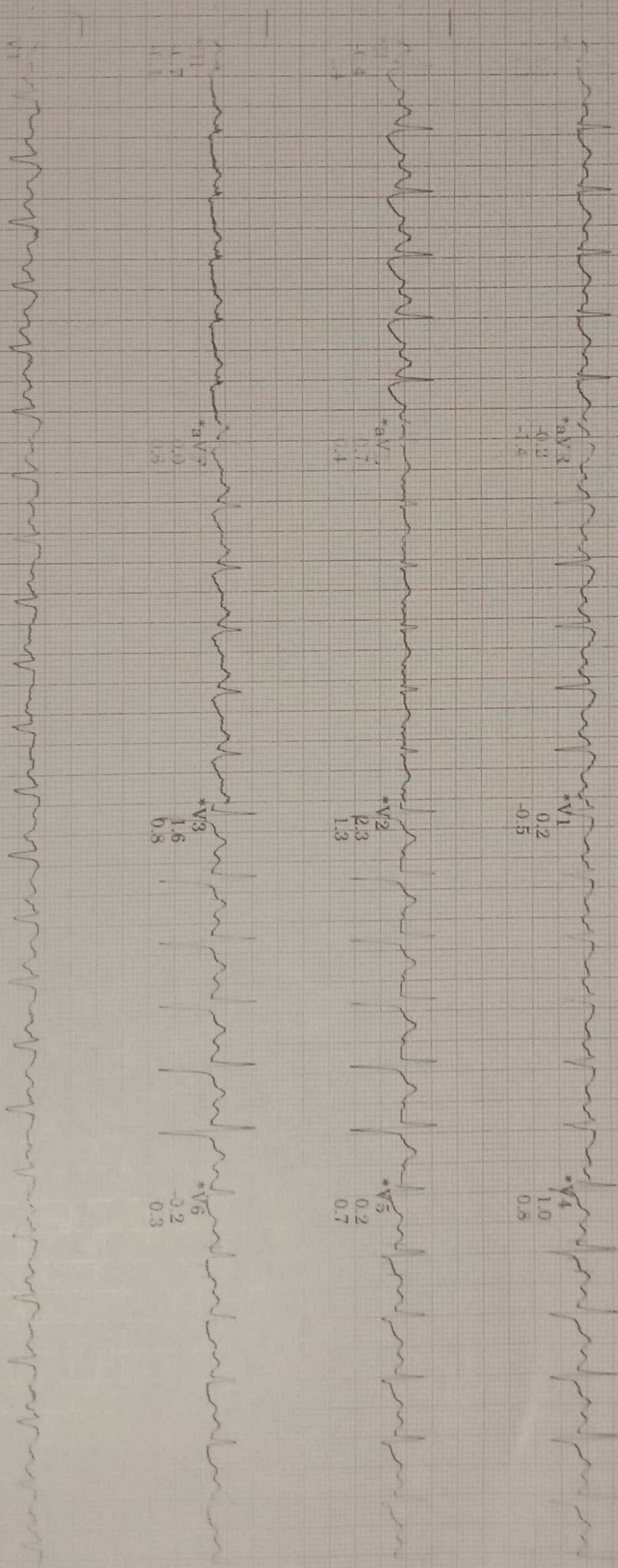
146bpm  
HR 140/80

EXERCISE  
STAGE 1  
2.50

BELT  
1.7mph  
10.0%

ST @ 10mm/mV  
50ms postJ

Lead  
ST mm  
Slurred mV/s



raw rhythm

25.0 mm/s

10.0 mm/mV

A-H-S 50Hz HR 46

\* Computer Synthesized Rhythm

MAN55 009C

MANJUNATH JOBS

ID: 112081208

13 Feb 2024

18:26:14

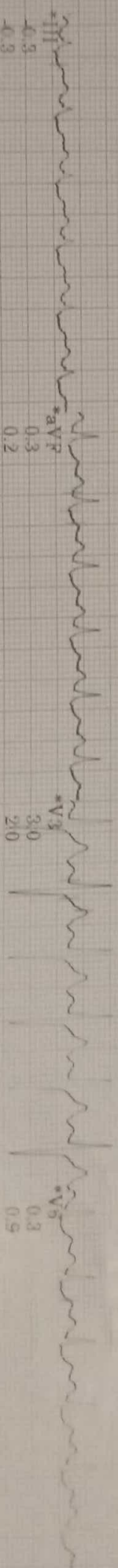
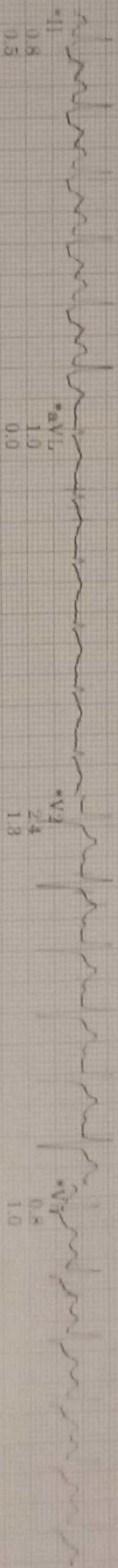
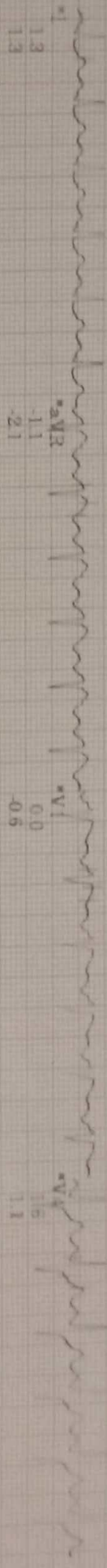
144bpm

EXERCISE  
STAGE 2  
5:50

HR: 124bpm  
124bpm

ST @ 10mm/mV  
80ms post

Lead  
ST-T  
Amplitude



Law Rhythm

\* Computer Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV

A- H- S- 50Hz HR 46

MAC55 009C

II

MANJUNATH JOIS  
ID: 112081204  
21-Feb-2024  
18:29:26

LINKED MEDIANS REPORT

CLINIX DIAGNOSTICS, MEDAIL HEALTH CARE

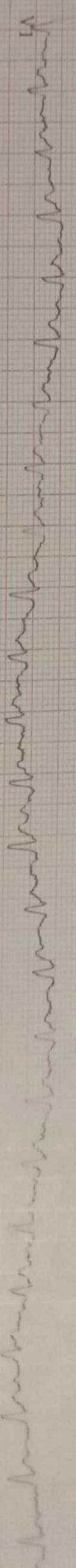
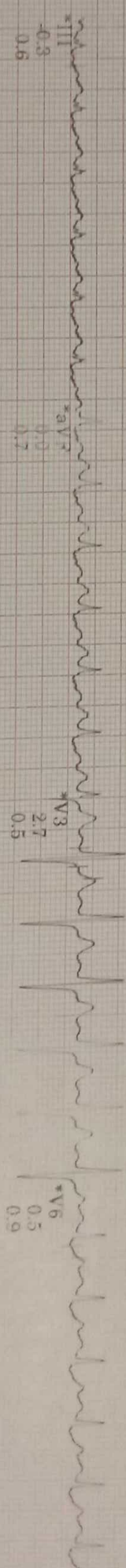
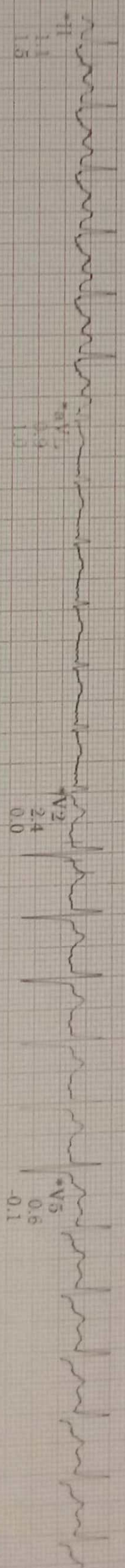
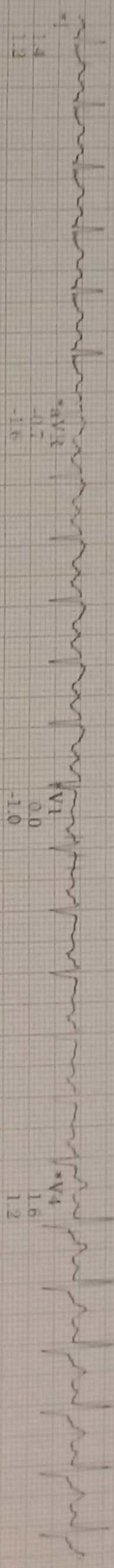
149bpm  
R: 140/80

EXERCISE  
STAGE 4  
9:00

PRCT  
3.4mph  
14.0%

ST @ 10mm/mV  
Adms postd

Lead  
ST(mm)  
Slope(mV/s)



Raw Rhythm  
20 Hz  
25.0 mm/s  
10.0 mm/mV  
A-H-S-50Hz HR 46

Vital Signs™

\* Computer Synthesized Rhythm

MAC55 009C



MANUEL NAPITAJ  
D. 13001308  
31.05.2024  
18.20.14

LINKED MEDIAN REPORT

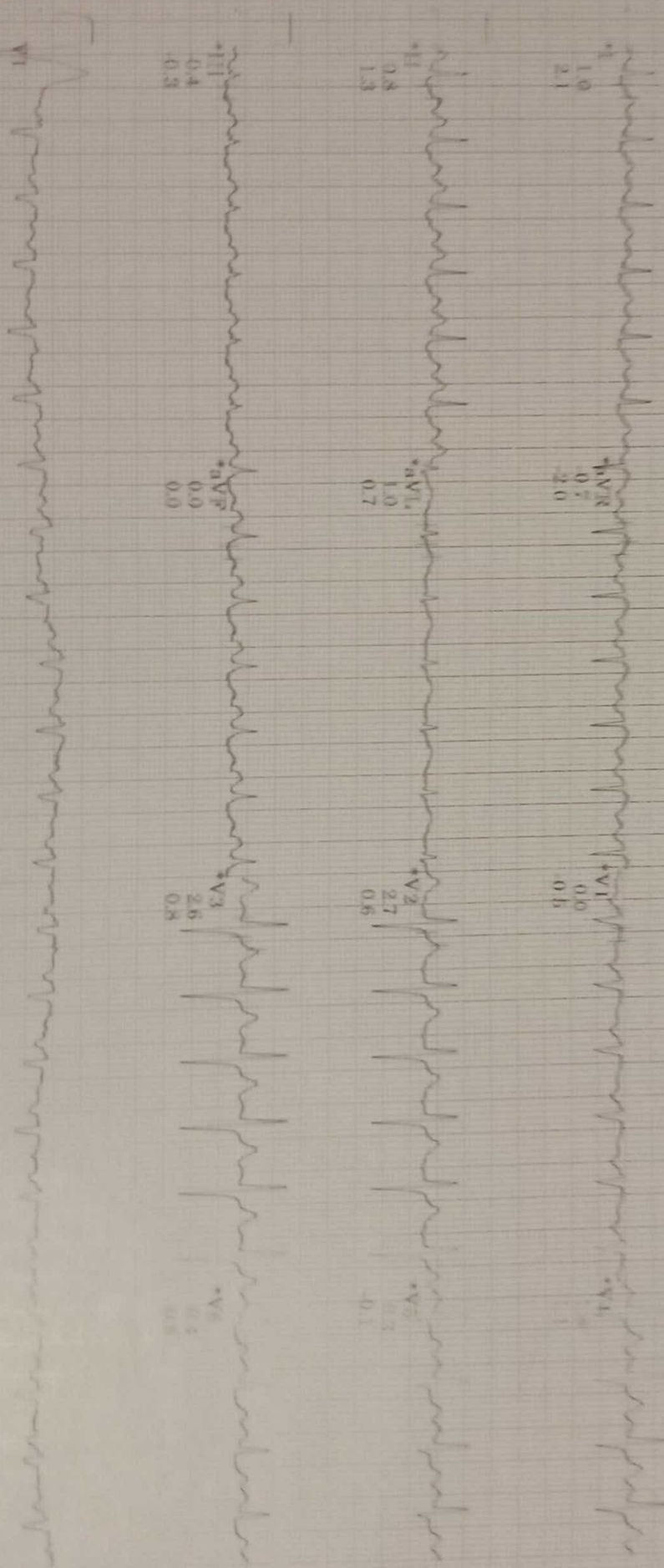
CLINICAL DIAGNOSIS: MEDICAL HEA

(b) bpm  
HR: 140 bpm

PR: 140 bpm  
P-R-T: 3  
R: 51

RR: 14  
3.4 cmph  
14.6%

RF: 1000 mV  
(10000 post)



30 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

\* Normal Sinusoidal Rhythm

18.05.2024

1



MANJUNATH JOIS  
ID: 12081208

41-Feb-2024  
18:30:25

LINKED MEDIANS REPORT

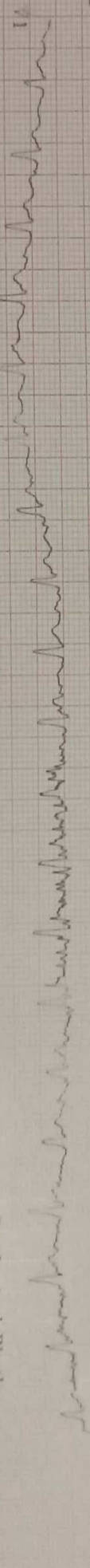
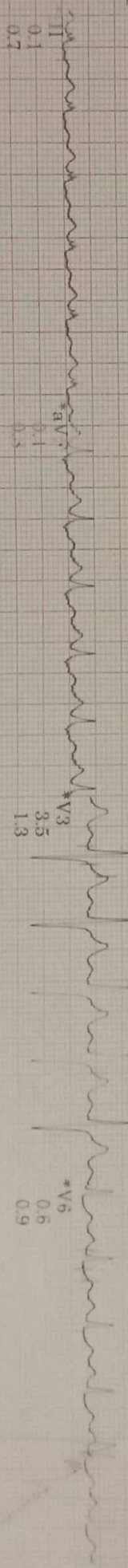
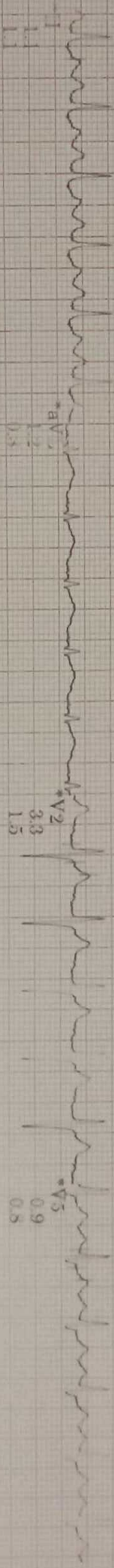
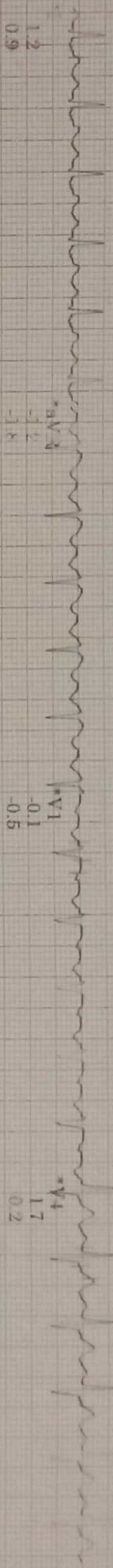
CLIMAX DIAGNOSTICS, MEDALL HEALTH CARE

RECOVERY  
Post 1:00  
139bpm  
BP: 140/80

BEAT  
\*\*amp  
\*\*%

ST @ 10mm/mV  
80ms postJ

Lead  
ST (mm)  
Slope (mV/s)



Key Rhythm

\* Compare Synthesized Rhythm

20 Hz 25.0 mm/s 10.0 mm/mV A-H-S-50Hz HR 46

P/N: Z009828-020

Vital Signs™

MAC55 009C

II

MANJUNATHI JOOS  
ID: 112091208  
#1 Feb 2024  
18:24:25

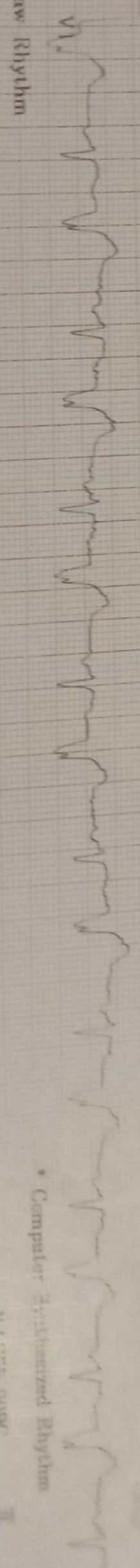
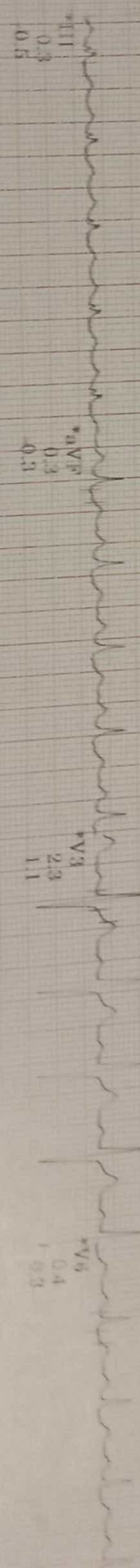
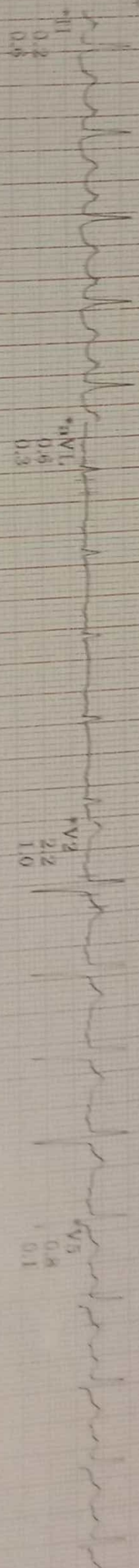
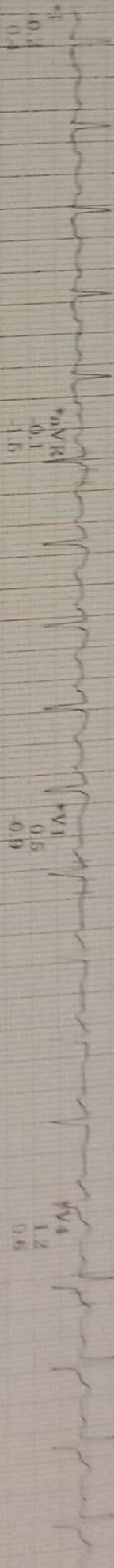
110 bpm

REG COVEKY  
Post  
3.09

BLDR  
\*\* Amp  
\*\* %

ST 98 10mV/mV  
R0mV post

Lead  
ST (mm)  
Range mV/s



Raw Rhythm  
20 Hz  
25.0 mm/s  
10.0 mm/mV  
A-H-S 50Hz HR 46

Vital Signs

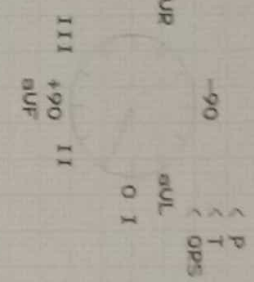
\* Computer Digitized Rhythm

941355 0M9C

GE MAC1200 ST MAHJUNATH JOIS, 112081208, CLINMAX DIAGNOSTICS, MYSORE  
Male

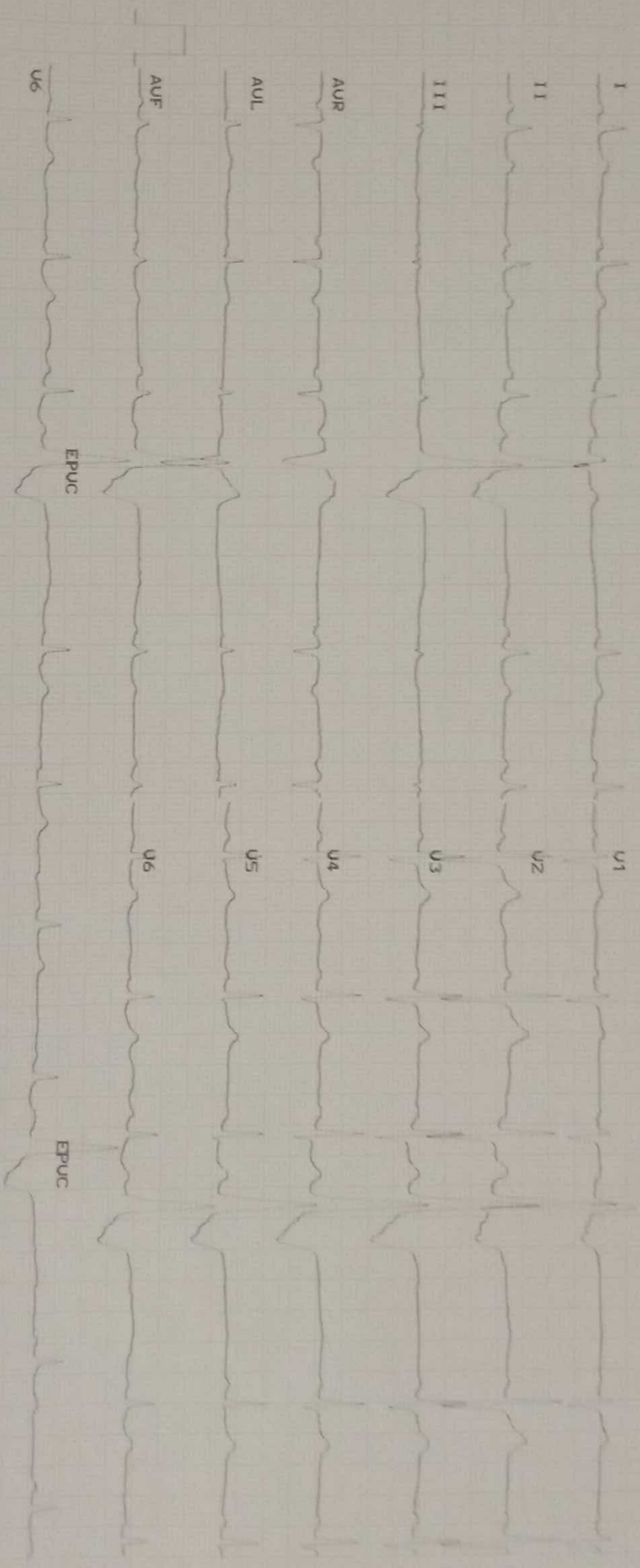
HP 64 type

AGE 60  
Measurement Results:  
QRS 100 ms  
QT/QTcB 390 / 407 ms  
PR 144 ms  
P 102 ms  
PR/PP 918 / 915 ms  
P/QRS/T 35 / 25 / 25 degrees  
QTd/QTcBd 38 / 40 ms  
Sokolow NK 1.3 mV  
S



Interpretation: Normal sinus rhythm  
occasional premature ventricular complexes  
probably normal ECG  
*John*

Unconfirmed report.



21 Feb 2024 09:40:26 25mm/s 10mm/mV ADS 50HZ 0.08 - 20HZ 6\_F1 Automatic U6 2 121 (1)

## FITNESS CERTIFICATE

NAME: <i>Praveen Jain</i>	AGE: <i>60</i>	
HT: <i>172</i> CMS	WT: <i>75</i> KGS	SEX: <i>Male</i>

PARAMETERS	MEASUREMENTS
PULSE / BP (supine)	<i>70 / 130/80</i>
INSPIRATION	<i>36</i>
EXPIRATION	<i>36</i>
CHEST CIRCUMFERENCE	<i>37</i>
PREVIOUS ILLNESS	<i>Nil</i>
VISION	
FAMILY HISTORY	FATHER: MOTHER:

REPORTS:

*Dyslipidemia*

DATE:

*21/10/2024*

PLACE:

*Ayazpur*

*Nikhil*

**Dr. NIKHIL B.**

M.D. (Cardiology)  
Consultant Physician  
Internal Medicine  
KMC Reg. No.: 90111



Name	MR.MANJUNATH JOIS	ID	MED112081208
Age & Gender	60Y/MALE	Visit Date	21/02/2024
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 made out.

No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	8.6	1.5
Left Kidney	8.8	1.6

**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**

**DR. ANITHA ADARSH**  
MB/MS

**DR. MOHAN B**

Name : Mr. MANJUNATH JOIS  
PID No. : MED112081208  
SID No. : 712405853  
Age / Sex : 60 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 21/02/2024 9:11 AM  
Collection On : 21/02/2024 9:34 AM  
Report On : 21/02/2024 4:27 PM  
Printed On : 22/02/2024 10:34 AM



Investigation

Observed  
Value

Unit

Biological  
Reference Interval

**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'O' 'Positive'

**Remark:** Test to be confirmed by gel method.

VERIFIED BY



APPROVED BY

Name : Mr. MANJUNATH JOIS

PID No. : MED112081208

SID No. : 712405853

Age / Sex : 60 Year(s) / Male

Type : OP

Ref. Dr : MediWheel

Register On : 21/02/2024 9:11 AM

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Printed On : 22/02/2024 10:34 AM



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

### Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	15.5	g/dL	13.5 - 18.0
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**INTERPRETATION:** Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	47.5	%	42 - 52
--	------	---	---------

RBC Count (EDTA Blood/Automated Blood cell Counter)	5.3	mill/cu.mm	4.7 - 6.0
--	-----	------------	-----------

MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	89.0	fL	78 - 100
--	------	----	----------

MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	29.3	pg	27 - 32
--	------	----	---------

MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	32.8	g/dL	32 - 36
---	------	------	---------

RDW-CV (Derived)	13.1	%	11.5 - 16.0
---------------------	------	---	-------------

RDW-SD (Derived)	40.81	fL	39 - 46
---------------------	-------	----	---------

Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	5400	cells/cu.mm	4000 - 11000
---	------	-------------	--------------

Neutrophils (Blood/Impedance Variation & Flow Cytometry)	50	%	40 - 75
---	----	---	---------

Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	43	%	20 - 45
---	----	---	---------

VERIFIED BY



APPROVED BY

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PID No. : MED112081208  
SID No. : 712405853  
Age / Sex : 60 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 21/02/2024 9:11 AM  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	01	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	06	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.70	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.32	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.05	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.32	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	273	10 <sup>3</sup> / µl	150 - 450
MPV (Blood/Derived)	<b>6.3</b>	fL	7.9 - 13.7
PCT	0.17	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	06	mm/hr	< 20

VERIFIED BY



APPROVED BY



Name : Mr. MANJUNATH JOIS  
PID No. : MED112081208  
SID No. : 712405853  
Age / Sex : 60 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 21/02/2024 9:11 AM  
Collection On : 21/02/2024 9:34 AM  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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## BIOCHEMISTRY

### Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.7	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.50	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.6	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.8	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.80	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.71		1.1 - 2.2

**INTERPRETATION:** Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	26	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	17	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	109	U/L	56 - 119
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	30	U/L	< 55



VERIFIED BY



APPROVED BY

Name : Mr. MANJUNATH JOIS  
PID No. : MED112081208  
SID No. : 712405853  
Age / Sex : 60 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 21/02/2024 9:11 AM  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	274	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	448	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	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	145.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	89.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	235.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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SID No. : 712405853  
Age / Sex : 60 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 21/02/2024 9:11 AM  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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**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)	7		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	11.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.7		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)	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)

**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 glyceemic 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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## BIOCHEMISTRY

BUN / Creatinine Ratio	6.3		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	<b>104</b>	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
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.2	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	1.3	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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	5.4	mg/dL	3.5 - 7.2
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## IMMUNOASSAY

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total	1.20	ng/ml	0.4 - 1.81
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(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	10.68	Microg/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)	4.516	μIU/mL	0.35 - 5.50
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(Serum/Chemiluminescent Immunometric Assay (CLIA))

#### **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 μIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



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<b><u>IMMUNOASSAY</u></b>			
Total PSA (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.56	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:REMARK** : PSA alone should not be used as an absolute indicator of malignancy.



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## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale Yellow		Yellow to Amber
Volume (Urine/Physical examination)	30		ml
Appearance (Urine)	Clear		

### CHEMICAL EXAMINATION

pH (Urine)	6.5		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.010		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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Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
<b><u>Urine Microscopy Pictures</u></b>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	3-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	2-3	/hpf	No ranges
Others (Urine)	Nil		Nil

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<b><u>Stool Analysis - ROUTINE</u></b>			
Colour (Stool)	Brown		Brown
Blood (Stool)	Not present		Not present
Mucus (Stool)	Not present		Not present
Reaction (Stool)	Alkaline		Alkaline
Consistency (Stool)	Nil		Semi solid
Ova (Stool)	Nil		Nil
Others (Stool)	Nil		Nil
Cysts (Stool)	Nil		Nil
Trophozoites (Stool)	Nil		Nil
RBCs (Stool)	Nil	/hpf	Nil
Pus Cells (Stool)	1-2	/hpf	Nil
Macrophages (Stool)	Nil		Nil
Epithelial Cells (Stool)	1-2	/hpf	Nil

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-- End of Report --

Name	Mr. MANJUNATH JOIS	ID	MED112081208
Age & Gender	60Y/M	Visit Date	Feb 21 2024 9:10AM
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. MOHAN. B**  
(DMRD, DNB, EDIR, FELLOW IN CARDIAC  
MRI)  
CONSULTANT RADIOLOGIST

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