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 : MED122518608
 Register On
 : 23/03/2024 8:26 AM

 SID No.
 : 522404895
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 Age / Sex
 : 35 Year(s) / Male
 Report On
 : 23/03/2024 7:55 PM

 Type
 : OP
 Printed On
 : 25/03/2024 12:01 PM

Ref. Dr : MediWheel

Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BLOOD GROUPING AND Rh TYPING	'O' 'Positive'		

(EDTA Blood/Agglutination)

INTERPRETATION: Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	16.0	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	46.9	%	42 - 52
RBC Count (EDTA Blood)	5.05	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	92.7	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	31.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.1	g/dL	32 - 36
RDW-CV	14.4	%	11.5 - 16.0
RDW-SD	47.3	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6600	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	59.7	%	40 - 75
Lymphocytes (Blood)	29.8	%	20 - 45
Eosinophils (Blood)	1.8	%	01 - 06





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Monocytes (Blood)	8.4	%	01 - 10
Basophils (Blood)	0.3	%	00 - 02
INTERPRETATION: Tests done on Automated F	Five Part cell count	er. All abnormal results a	re reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	3.9	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.0	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.1	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.6	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood)	0.0	10^3 / μl	< 0.2
Platelet Count (EDTA Blood)	187	10^3 / μ1	150 - 450
MPV (Blood)	8.7	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.163	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	2	mm/hr	< 15
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	88.43	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)	99.48	mg/dL	70 - 140





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	Value		Reference Interval

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/Urease UV / derived)	6.5	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.88	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/Enzymatic) <u>Liver Function Test</u>	5.41	${ m mg/dL}$	3.5 - 7.2
Bilirubin(Total) (Serum/DCA with ATCS)	0.69	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.22	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.47	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.07	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	13.64	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	18.12	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	77.1	U/L	53 - 128

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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Total Protein (Serum/Biuret)	6.84	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.49	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.35	gm/dL	2.3 - 3.6
A : G RATIO (Serum/ <i>Derived</i>)	1.91		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	177.93	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	161.46	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 õusualö"circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	42.79	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	102.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190





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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
VLDL Cholesterol (Serum/Calculated)	32.3	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	135.1	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)	4.2	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)	3.8	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.4	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

4.9 Normal: 4.5 - 5.6 HbA1C Prediabetes: 5.7 - 6.4 (Whole Blood/HPLC) 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 93.93 mg/dL

(Whole Blood)





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

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 HbAlC 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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.10 ng/ml 0.7 - 2.04

(Serum/ECLIA)

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 4.21 μ g/dl 4.2 - 12.0

(Serum/ECLIA)

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) 2.27 μIU/mL 0.35 - 5.50

(Serum/ECLIA)

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.

PHYSICAL EXAMINATION (URINE

COMPLETE)

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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		
CHEMICAL EXAMINATION (URINE COMPLETE)			
pH (Urine)	5		4.5 - 8.0
Specific Gravity (Urine)	1.019		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
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)			





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<u>Investigation</u>	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	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.

Casts NIL /hpf NIL (Urine)

Crystals NIL /hpf NIL (Urine)

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InvestigationObserved ValueUnitBiological Reference IntervalBUN / Creatinine Ratio146.0 - 22.0

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DR SUHAS L MD
Consultant Pathologist
KMC No. 111687

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APPROVED BY

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InvestigationObservedUnitBiologicalValueReference Interval

URINE ROUTINE

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DR SUHAS L MD
Consultant Pathologist
KMC No. 111687

VERIFIED BY

APPROVED BY

-- End of Report --

Name	MR.RAVIKIRAN H N	ID	MED122518608
Age & Gender	35Y/MALE	Visit Date	23 Mar 2024
Ref Doctor Name	MediWheel	-	

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (11.4cms) and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER shows normal shape and has clear contents. 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 shows normal shape, size and echopattern.

BOTH KIDNEYS

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

Left kidney: Normal in shape and size, increased cortical echogenicity. 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	10.2	1.2
Left Kidney	10.8	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 2.9 x 3.5cms and vol: 16.0cc.

No evidence of ascites.

IMPRESSION:

- Bilateral increased cortical echogenicity suggested clinical and RFT correlation.
- No other significant abnormality detected.

DR. HEMANANDINI V.N CONSULTANT RADIOLOGIST

Name	MR.RAVIKIRAN H N	ID	MED122518608
Age & Gender	35Y/MALE	Visit Date	23 Mar 2024
Ref Doctor Name	MediWheel	-	

Hn/lr

Name	MR.RAVIKIRAN H N	ID	MED122518608
Age & Gender	35Y/MALE	Visit Date	23 Mar 2024
Ref Doctor Name	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA 2.62 cms. LEFT ATRIUM 2.83 cms. **AVS** 1.47 cms. LEFT VENTRICLE (DIASTOLE) 4.42 cms. (SYSTOLE) 2.78 cms. **VENTRICULAR SEPTUM** (DIASTOLE) 0.98 cms. (SYSTOLE) 1.39 cms. **POSTERIOR WALL** (DIASTOLE) 1.18 cms. (SYSTOLE) 1.29 cms. **EDV** 68 ml. **ESV** 28 ml. % FRACTIONAL SHORTENING 37 **EJECTION FRACTION** 60 % *** **EPSS** cms. **RVID** 1.80 cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE: E - 0.8 m/s A - 0.6 m/s NO MR.

AORTIC VALVE: 1.1 m/s NO AR.

TRICUSPID VALVE: E - 0.4 m/s A - 0.3 m/s NO TR.

PULMONARY VALVE: 0.8 m/s NO PR.

Name	MR.RAVIKIRAN H N	ID	MED122518608
Age & Gender	35Y/MALE	Visit Date	23 Mar 2024
Ref Doctor Name	MediWheel	-	

2D ECHOCARDIOGRAPHY FINDINGS:

Left Ventricle : Normal size, 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:

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 60 %.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

DR. YASHODA RAVI CONSULTANT CARDIOLOGIST

Name	MR.RAVIKIRAN H N	ID	MED122518608
Age & Gender	35Y/MALE	Visit Date	23 Mar 2024
Ref Doctor Name	MediWheel	-	

Name	Mr. RAVIKIRAN H N	Customer ID	MED122518608
Age & Gender	35Y/M	Visit Date	Mar 23 2024 8:25AM
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.S.SHWETHA.,MDRD, CONSULTANT RADIOLOGIST



OPTICAL STORE

#12 LAKSHMI NILAYA, GROUND FLOOR, 2ND MAIN ROAD, VYALIKAVAL, BENGALURU-560003 PH. 9611444957

Age35 M	Ph. 401922 4894
Chief Complaints RE / LE / DOV / Blurring / Burning / Itchi Redness / Headache	
Past History	
DM — Ve HTN — Ve	Others
Visual Acuity	
RE LE Distance / Near 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
CDII CVI AVIC	SPH CYL AXIS
Distance Near SPH CYL AXIS	SPH CYL AXIS
Advise	Ravi Kumar H.L. R Adorisultant Optometristi . L. OPTOMETRIST

Reg. No. 051619



Spor 1961

Patient Name	Ravikiran H	Date	23/3/2024
Age	35 yrs	Visit Number	522404895
Sex	Male	Corporate	,

GENERAL PHYSICAL EXAMINATION

Identification Mark:

Height:

cms

Weight:

67-6

kgs

/minute *

Blood Pressure: 120/80

mm of Hg

BMI

BMI INTERPRETATION

Underweight = <18.5

Normal weight = 18.5-24.9

Overweight = 25-29.9

Chest:

Expiration:

cms

Inspiration:

cms

Abdomen Measurement :

cms *

Eves: Ble pupils seaching

Ears : NO

Throat : NA>

Neck nodes Not palpable.

BL clear @

CNS: (Quelifous

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

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO

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