Mahesh Mob-8618385220



SRI PARVATHI OPTICS

Multi Branded Opticals Store

Computerized Eve Testing & Spectacles Clinic

333.8th Main 5th Cross Near Combridge & Miranda School HAL 3rd Stage Behind Vishveshvariah Park New Thippasandra, Bangalore - 560075, Email: parvathiopticals@gmail.com

SPECTACLE PRESCRIPTION

Icurray Abbishok. No. 4891 Date: 23/2/2024

Mobil No: Ref. No. 112/264/9-Age / Gender 384 /H:

	RIGHT EYE				LEFT EYE			
	5211	CYL	AXIS	VESON	SPE	CAIT	AXIS	VISION
BRIDAR	0	tele	(0)	4/6	0	18/0	·o)	6/6

10 6 FAIN

Advice to use glosses for:

☐ DISTANCE ☐ FAR & NEAR ☐ READING ☐ COMPUTER PURFOSE

We Care Your Eyes

SPI PARVATHI OPTICS NEW THIPPASANDRA



CLUMAX DIAGNOSTICS

MEDALL HEALTHCARE PVT LTD CUSTOMER CHECKLIST Print Date :23/03/2024 D9:48 AM



usto	ner ivame		MR. KUMAR ABHISHEK				
ef Dr	Name	:	MediWheel	- 14-1			
Custo	mer Id	:	MED112126419 Visit	ID	:	4240	17857
ige		:	38Y/MALE Phon	e No		9916	436194
юв			01 Dec 1985 Visit	Date		23/0	3/2024
ompa	iny Name		MediWheel			7-11-1	
ickag	e Name : I	Medi	wheel Full Body Health Checkup	Male Bélow 40	_	_	
5.No	Modality	St	udy	AccessionNo	-	Time	Signature
1	LAB	BU	000 UREA NITROGEN (BUN)		_	111110	angmature
2	LAB	CR	EATININE		_		_
3	LAB	GL	UCOSE - FASTING 13'LAS		-		
4	LAB	GL	UCOSE - POSTPRANDIAL (2 PRS)		-		-
5	LAB	GL'	COSYLATED HAEMOGLOBIN			7/4	
6	LAB	UR	IC ACID		_		
7	LAB	LIP	ID PROFILE		-		
8	LAB	LIV	ER FUNCTION TEST (LFT)		-		

THYROID PROFILE/ TFT(T3, T4, TSH) URINE GLUCOSE - FASTING URINE GLUCOSE - POSTPRANDIAL (2 COMPLETE BLOOD COUNT WITH ESR BLOOD GROUP & RH TYPE (Forward Reverse) 17 ECG OTHERS Treadmill / 28:50tto ULTRASOUND ABDOMEN OTHERS EYE CHECKUP 22 Y-PAY

Consultation Physician

Registerd By (HARLO)

: # - 170

104 - 79.8 BP-1301 80 Pula-88

Mahesh Mob-8618385220



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юв			01 Dec 1985 Visit	Date		23/0	3/2024
ompa	iny Name		MediWheel			7-11-1	
ickag	e Name : I	Medi	wheel Full Body Health Checkup	Male Bélow 40	_	_	
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6	LAB	UR	IC ACID		_		
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104 - 79.8 BP-1301 80 Pula-88

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 : MED112126419
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 : 23/03/2024 9:48 AM

 SID No.
 : 424017857
 Collection On
 : 23/03/2024 1:22 PM

 Age / Sex
 : 38 Year(s) / Male
 Report On
 : 24/03/2024 1:17 PM

 Type
 : OP
 Printed On
 : 25/03/2024 3:29 PM

Ref. Dr : MediWheel

<u>Investigation</u>	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BLOOD GROUPING AND Rh TYPING	'AB' 'Positive'		
(EDTA Blood/Agglutination)			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Spectrophotometry)	15.2	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	45.6	%	42 - 52
RBC Count (EDTA Blood)	5.25	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	86.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	29.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.3	g/dL	32 - 36
RDW-CV (EDTA Blood)	14.1	%	11.5 - 16.0
RDW-SD (EDTA Blood)	43.3	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	8000	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	56.2	%	40 - 75
Lymphocytes (EDTA Blood)	30.8	%	20 - 45
Eosinophils (EDTA Blood)	4.6	%	01 - 06
Monocytes (EDTA Blood)	7.7	%	01 - 10





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Basophils (Blood)	0.7	%	00 - 02
INTERPRETATION: Tests done on Automated l	Five Part cell count	er. All abnormal results a	are reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	4.5	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.5	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.4	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.6	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood)	0.1	10^3 / μl	< 0.2
Platelet Count (EDTA Blood)	336	10^3 / μl	150 - 450
MPV (EDTA Blood)	9.4	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.314	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	14	mm/hr	< 15
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	86.37	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 Postprandial (PPBS) 76.55 mg/dL 70 - 140

(Plasma - PP/GOD-PAP)

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.





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Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.7	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.68	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)	4.60	mg/dL	3.5 - 7.2
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.40	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.14	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.26	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	17.97	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	29.15	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	31.87	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	79.0	U/L	53 - 128
Total Protein (Serum/Biuret)	7.03	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.68	gm/dl	3.5 - 5.2





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
Globulin (Serum/Derived)	2.35	gm/dL	2.3 - 3.6
A : G RATIO (Serum/ <i>Derived</i>) <u>Lipid Profile</u>	1.99		1.1 - 2.2
Cholesterol Total (Serum/CHOD-PAP with ATCS)	120.02	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	102.74	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)	31.12	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	68.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	20.5	mg/dL	< 30





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<u>Investigation</u>	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Non HDL Cholesterol (Serum/Calculated)	88.9	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.

3.9

Ratio (Serum/Calculated)		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)	3.3	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.2	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

Total Cholesterol/HDL Cholesterol

HbA1C 5.1 % Normal: 4.5 - 5.6 (Whole Blood/HPLC) 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 99.67 mg/dL

(Whole Blood)





Optimal: < 3.3

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InvestigationObservedUnitBiologicalValueReference 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 1.54 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 4.05 $\mu g/dl$ 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) 1.15 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&lt 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 Value	<u>Unit</u>	<u>Biological</u> Reference Interval
Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		
<u>CHEMICAL EXAMINATION (URINE</u> <u>COMPLETE)</u>			
pH (Urine)	7.5		4.5 - 8.0
Specific Gravity (Urine)	1.014		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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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Pus Cells (Urine)	0-2	/hpf	NIL
Epithelial Cells (Urine)	0-2	/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 ValueUnit ValueBiological Reference IntervalBUN / Creatinine Ratio12.76.0 - 22.0





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InvestigationObservedUnitBiologicalValueReference Interval

URINE ROUTINE

×



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-- End of Report --

Name	MR. KUMAR ABHISHEK	ID	MED112126419
Age & Gender	38Y/MALE	Visit Date	23 Mar 2024
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size 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. 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 shows normal shape, size and echopattern.

No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern. Cortico- medullary differentiations are well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

·	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	11.6	1.6
Left Kidney	11.1	1.4

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 3.1 x 2.3 x 3.0cms (Vol:11.4cc).

No evidence of ascites / pleural effusion.

No evidence of mass / fluid collection in the left iliac fossa and inguinal reigon.

IMPRESSION:

> NO SIGNIFICANT ABNORMALITY DETECTED.

DR. APARNA CONSULTANT RADIOLOGIST A/vp

Name	MR. KUMAR ABHISHEK	ID	MED112126419
Age & Gender	38Y/MALE	Visit Date	23 Mar 2024
Ref Doctor Name	MediWheel	-	

Name	Mr. KUMAR ABHISHEK	Customer ID	MED112126419
Age & Gender	38Y/M	Visit Date	Mar 23 2024 9:47AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

FINDINGS:

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.

Consultant Radiologist