

NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

NO 1118 GEETHA ROAD, CHAMARAJAPURAM MYSORE-570005, KARNATAKA

CASE SHEET

Name: UPENDRA KUMAR T D OP No: 60P1228353 Gender: Male Age: 41 Date: 29/03/2024

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~				92	3007
rea	~	m	-		-

S.No	Eye	Complaint	Duration	Type	Remarks
2	BE	FOR MEDICAL CERTIFICATE	1	Days	

Medical History

S.No	Eye	Surgery	Duration	Туре	Remarks
1	SYSTEMIC	HYPERTENSION	2	Year(s)	

Diagnosis

Eye	ICDCode	ICD	Version	Remarks	
BE	32547	Presbyopia - H52.4 - 10	10		
BE	25692	REFRACTIVE ERROR	9		

SCHIRMER'S Test & TBUT

IOP

Туре	NCT			DVT Flag				
Target					DVT1	DVT2	DVT3	DVT4
	BD	AD	CL	RE				
RE	09			LE				
LE	10			Time	12:00 AM	12:00 AM	12:00 AM	12:00 AM

AR

RE	SPH	CYL	AXIS	LE	SPH	CYL	AXIS
BD	-0.75	-0.25	155	BD	-0.25	-0.25	65
AD				AD			

Drug Used:

VisionDetail

RE	UCVA	PG	PH	LE	UCVA	PG	PH
DV	6/6P			DV	6/6		
NV	N10	13		NV	N10		

Subjective

RE	SPH	CYL	AXIS	VA	LE	SPH	CYL	AXIS	VA
Dist	-0.50			6/6	Dist	0			6/6
Near	+0.75			N6	Near	+1.25			N6

Color Vision

Chart Type	1
RE	38/38
LE	38/38
Remarks	

Recommendations

User Name	Recommendations
Dr ROOPASHREE C.R	AS BE CORNEA CLEAR, AC VH-III AND QUIET, CENTRAL LENS CLEAR FUNDUS BE PP CDR 0.6, FR +, ADV GLASSES, REVIEW SOS/ DILATED FUNDOSCOPY

This visit was Electronically Signed by MANASA on 3/29/2024 1:42:27 PM.

This visit was Electronically Signed by Dr ROOPASHREE C.R on 3/29/2024 1:47:38 PM.

NETHRADHAMA
Super Speciality Eye Hospita:
(A Unit of Nethradhama Hospitals Pvt. Ltd.
Mn. 1118. Geetha Road, Chamarajapor am
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Name	MR.T D UPENDRA KUMAR	ID	MED111453865
Age & Gender	41Y/MALE	Visit Date	29/03/2024
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 is partially distended.

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 madeout.

No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.3	2.0
Left Kidney	9.7	1.9

URINARY BLADDER moderately distended.

PROSTATE shows normal shape, size and echopattern.

No evidence of ascites.

IMPRESSION:

> GRADE I FATTY CHANGES IN LIVER.

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH

DR. MOHAN B

MB/mm

Age / Sex : 41 Year(s) / Male Report On : 30/03/2024 11:52 AM

Type : OP **Printed On** : 30/03/2024 2:52 PM

Ref. Dr : MediWheel

PID No.



InvestigationObservedUnitBiologicalValueReference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING 'A' 'Positive'

(EDTA Blood/Agglutination)





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-	<u>Value</u>		Reference Interval

HAEMATOLOGY

Complete Blood Count With - ESR

: MediWheel

Haemoglobin	16.5	g/dL	13.5 - 18.0
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(EDTA Blood/Spectrophotometry)

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)	46.0	%	42 - 52
RBC Count (EDTA Blood/Automated Blood cell Counter)	5.06	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	91.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	32.6	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	35.8	g/dL	32 - 36
RDW-CV (Derived)	15.2	%	11.5 - 16.0
RDW-SD (Derived)	48.41	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	8990	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	49	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	40	%	20 - 45







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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	05	%	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)	4.41	10^3 / μΙ	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.60	10^3 / μΙ	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.45	10^3 / μΙ	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.54	10^3 / μΙ	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10^3 / μl	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	369	10^3 / μl	150 - 450
MPV (Blood/ <i>Derived</i>)	10.3	fL	7.9 - 13.7
PCT	0.38	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood/Automated ESR analyser)	08	mm/hr	< 15







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BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.6	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.40	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	8.0	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	5.0	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.00	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.67		1.1 - 2.2
INTERPRETATION: Remark : Electrophoresis is the	preferred method		
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	49	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	70	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	78	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	57	U/L	< 55







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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	198	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	112	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.

part of the day.			
HDL Cholesterol (Serum/Immunoinhibition)	35	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	140.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	22.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	163.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220







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<u>Investigation</u>	<u>Observed</u>	<u>Unit</u>	<u>Biological</u>
	Value		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	5.7	Optimal: < 3.3
(Serum/Calculated)		Low Risk: 3.4 - 4.4

Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0

Mild to moderate risk: 2.5 - 5.0

High Risk: > 5.0

Optimal: 0.5 - 3.0

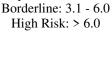
Triglyceride/HDL Cholesterol Ratio Optimal: < 2.5 3.2

4

(TG/HDL)

(Serum/Calculated)

LDL/HDL Cholesterol Ratio (Serum/Calculated)











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Investigation Glycosylated Haemoglobin (HbA1c)	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
HbA1C (Whole Blood/HPLC)	7.3	%	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 162.81 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 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 HbAlc.







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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
BUN / Creatinine Ratio	10.0		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	126	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 Positive(++) Nil

(Urine - F)

Glucose Postprandial (PPBS) 237 mg/dL 70 - 140

(Plasma - PP/GOD - POD)

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.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	12.0	mg/dL	7.0 - 21
Creatinine	1.2	mg/dL	0.9 - 1.3

(Serum/Jaffe Kinetic)

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 5.6 mg/dL 3.5 - 7.2

(Serum/Uricase/Peroxidase)







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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>IMMUNOASSAY</u>			
Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.910	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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-	<u>Value</u>		Reference Interval

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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.20 0.7 - 2.04ng/ml

(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.

4.2 - 12.0 T4 (Tyroxine) - Total 7.07 µg/dl

(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) 4.50 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)

- 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.









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Investigation	Observed Unit Value	<u>Biological</u> Reference Interval
CLINICAL PATHOLOGY		
PHYSICAL EXAMINATION		
Colour	Pale Yellow	Yellow to Amber
(Urine/Physical examination)		
Volume (Urine/Physical examination)	20	ml
Appearance (Urine)	Clear	
CHEMICAL EXAMINATION		
pH (Urine)	6.0	4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.020	1.002 - 1.035
Protein	Negative	Negative

Glucose Positive(++) Nil (Urine)

Ketone Nil Nil

Leukocytes Negative leuco/uL Negative

(Urine)

Nitrite Nil Nil (Urine/Dip Stick - Reagent strip method)

Bilirubin Negative mg/dL Negative

(Urine)

Blood Nil Nil (Urine)



(Urine/Dip Stick - Reagent strip method)

(Urine/Dip Stick - Reagent strip method)





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Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
Urine Microscopy Pictures			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	2-3	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	2-3	/hpf	No ranges
Others (Urine)	Nil		Nil







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Stool Analysis - ROUTINE			
Colour (Stool)	Brown		Brown
Blood (Stool)	Not present		Not present
Mucus (Stool)	Not present		Not present
Reaction (Stool)	Alkaline		Alkaline
Consistency (Stool)	Semi solid		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)	0-1	/hpf	Nil
Macrophages (Stool)	Nil		Nil
Epithelial Cells (Stool)	Nil	/hpf	Nil







APPROVED BY

-- End of Report --



Name	Mr. T D UPENDRA KUMAR	ID	MED111453865
Age & Gender	41Y/M	Visit Date	Mar 29 2024 9:47AM
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