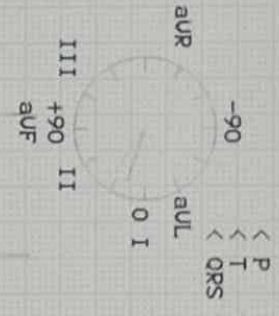


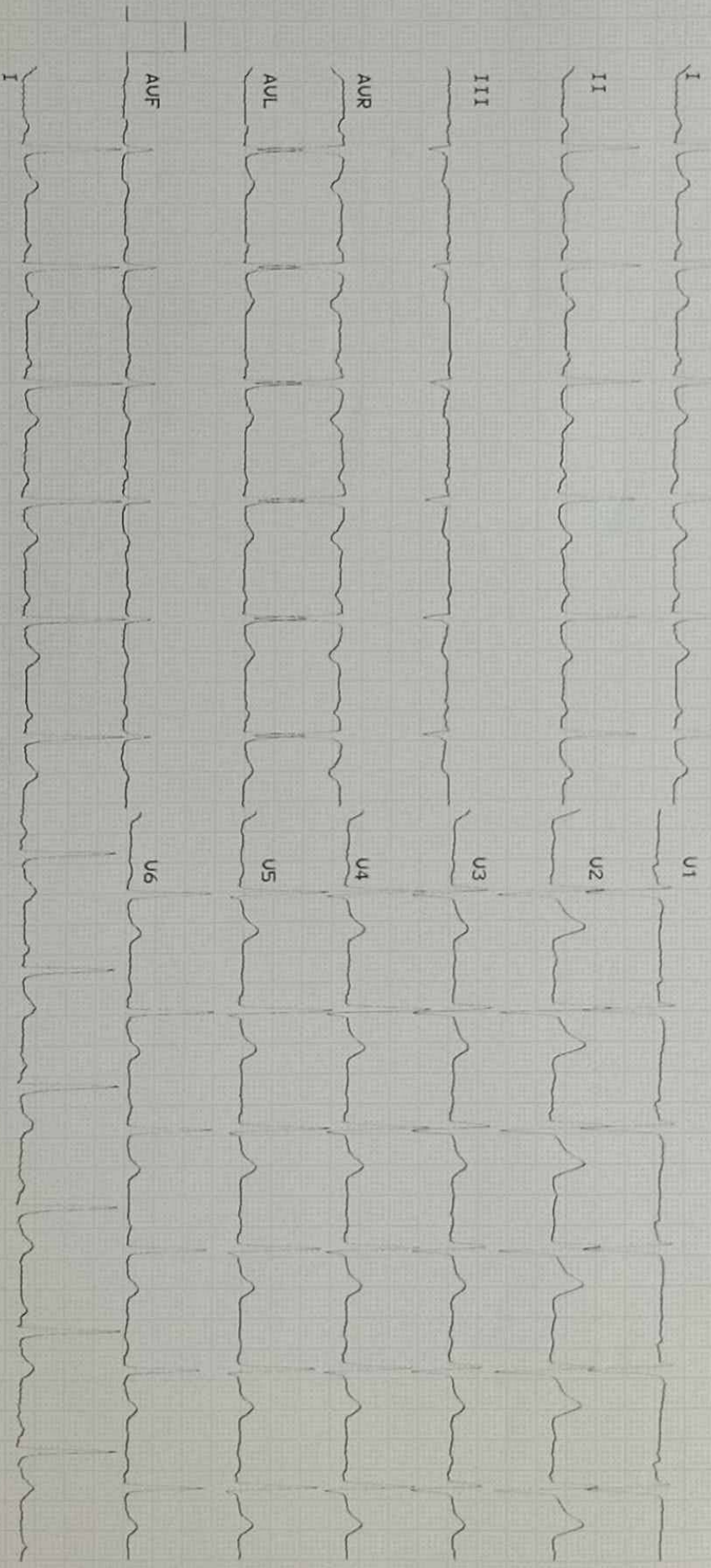
AGE: 41  
 Measurement Results:  
 QRS : 102 ms  
 QT/QTcB : 394 / 444 ms  
 PR : 170 ms  
 P : 130 ms  
 RR/PP : 788 / 785 ms  
 P/ORS/T : 35 / 20 / 20 degrees  
 QTd/QTcBD : 58 / 65 ms  
 Sokolow : 2.7 mV  
 NK : 10



Interpretation:

normal ECG  
 normal sinus rhythm  
 intraventricular conduction delay  
*[Signature]*

Unconfirmed Report





# NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

NO 1118 GEETHA ROAD, CHAMARAJAPURAM  
MYSORE-570005, KARNATAKA

## CASE SHEET

Name: UPENDRA KUMAR T D

OP No: 6OP1228353

Gender: Male Age: 41 Date: 29/03/2024

### Complaint

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

### Medical History

S.No	Eye	Surgery	Duration	Type	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

Type	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			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 Hospital  
(A Unit of Nethradhama Hospitals Pvt. Ltd)  
No. 111B, Geetha Road, Chamarajanagar  
Bangalore-560005 Ph: 0821 4797000

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 made out.

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**

MB/mm

**DR. MOHAN B**

Name : Mr. T D UPENDRA KUMAR

PID No. : MED111453865

Register On : 29/03/2024 9:48 AM

SID No. : 712410055

Collection On : 29/03/2024 10:36 AM

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



Investigation

Observed Value

Unit

Biological Reference Interval

**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'A' 'Positive'



Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY



DR KIRAN H S MD  
Consultant Pathologist  
KMC No: 86542

APPROVED BY



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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)	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 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	<b>3.60</b>	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	<b>0.45</b>	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.54	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)	369	10 <sup>3</sup> / µl	150 - 450
MPV (Blood/Derived)	10.3	fL	7.9 - 13.7
PCT	<b>0.38</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	08	mm/hr	< 15

  
Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY



  
DR KIRAN H'S MD  
Consultant Pathologist  
KMC No: 86542

APPROVED BY





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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)	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.

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

  
 Mr. S. Mohan Kumar  
 Sr. Lab Technician

VERIFIED BY



  
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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)	5.7		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
---	-----	--	--

Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	3.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
--	-----	--	--

LDL/HDL Cholesterol Ratio (Serum/Calculated)	4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
---	---	--	---



Mr. S. Mohan Kumar  
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Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	7.3	%	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 (Whole Blood)	162.81	mg/dl
--	--------	-------

**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 glyemic 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.



VERIFIED BY



APPROVED BY





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Investigation Observed Value Unit Biological Reference Interval

**IMMUNOASSAY**

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total 1.20 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 7.07 µg/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) 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)

**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.

  
Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY



MC-5606



  
DR KIRAN H S MD  
Consultant Pathologist  
KMC No: 86542

APPROVED BY

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

### PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale Yellow		Yellow to Amber
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 (Urine/Dip Stick - Reagent strip method)	Negative		Negative
Glucose (Urine)	Positive(++)		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

  
Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY



  
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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)	2-3	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	2-3	/hpf	No ranges
Others (Urine)	Nil		Nil

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

  
Mr. S. Mohan Kumar  
Sr. Lab Technician

VERIFIED BY



  
DR KIRAN H S MD  
Consultant Pathologist  
KMC No: 86542

APPROVED BY

-- End of Report --

Name	Mr. T D UPENDRA KUMAR	ID	MED111453865
Age & Gender	41 Y/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**