

Mahesh

Mob:8618385220

9901569756



## SRI PARVATHI OPTICS

Multi Branded Opticals Store

### Computerized Eye Testing & Spectacles Clinic

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

#### SPECTACLE PRESCRIPTION

Name: *Rakshod Vijay Kumar* No. **4931**  
Mobil No: Date: *29/3/2024*  
Age / Gender *33y / M* Ref. No. *112132549*

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
DISTANCE	0	—		6/6	0	—		6/6
NEAR								

PD *63MM*

Advice to use glasses for:

DISTANCE  FAR & NEAR  READING  COMPUTER PURPOSE

We Care Your Eyes

**SRI PARVATHI OPTICS**  
NEW THIPPASANDRA

**CLUMAX DIAGNOSTICS**

MEDALL HEALTHCARE PVT LTD

CUSTOMER CHECKLIST

Print Date : 29/03/2024 10:42 AM



Customer Name : **MR. RATHOD VIJAY KUMAR**  
 Ref Dr Name : **MediWheel**  
 Customer Id : **MED112132549** Visit ID : **424018944**  
 Age : **33Y/MALE** Phone No : **9959994683**  
 DOB : **28 Aug 1990** Visit Date : **29/03/2024**

Company Name : MediWheel

Package Name : **Mediwheel Full Body Health Checkup Male Below 40**

S.No	Modality	Study	AccessionNo	Time	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)			
2	LAB	CREATININE			
3	LAB	GLUCOSE - FASTING			
4	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)			
5	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)			
6	LAB	URIC ACID			
7	LAB	LIPID PROFILE			
8	LAB	LIVER FUNCTION TEST (LFT)			
9	LAB	THYROID PROFILE/ TFT ( T3, T4, TSH)			
10	LAB	URINE GLUCOSE - FASTING			
11	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)			
12	LAB	COMPLETE BLOOD COUNT WITH ESR			
13	LAB	STOOL ANALYSIS - ROUTINE			
14	LAB	URINE ROUTINE			
15	LAB	BUN/CREATININE RATIO			
16	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)			
17	ECG	ECG	IND14576551138		
18	OTHERS	Treadmill / 2D Echo	IND145765514690		
19	OTHERS	physical examination	IND145765515279		
20	US	ULTRASOUND ABDOMEN	IND145765515292		
21	OTHERS	EYE CHECKUP	IND145765517756		
22	X-RAY	X RAY CHEST	IND145765518659		
23	OTHERS	Consultation Physician	IND145765518736		

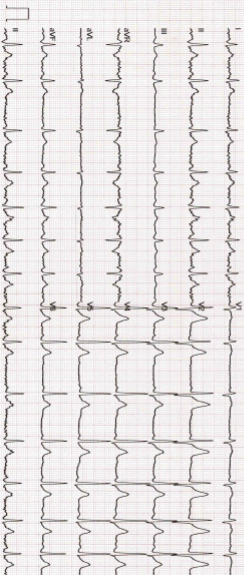
Registered By  
(HARI.O)

Ht 171  
 Wt 82.1  
 BP 120/80  
 P.R. 100



3241824  
MSTEDD VILAV KUMAR/3307/NI\_A55

QT / QTcBaz : 82 ms  
 342 / 404 ms  
 PR : 118 ms  
 P : 74 ms  
 RR / PP : 76 / 74 ms  
 P / QRS / T : 58 / 70 / 58 degrees



GE MACC2000 1:1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 2x36 25 P1

Unconfirmed

*Normal Ecg*

**Dr. SUBRAMANI. K.S**  
 MD, DM (Cardiology)  
 Consultant Cardiologist  
 KMC Reg. No.: 46604  
**MEDALL DIAGNOSTICS**

Name : Mr. RATHOD VIJAY KUMAR  
PID No. : MED112132549 Register On : 29/03/2024 10:42 AM  
SID No. : 424018944 Collection On : 29/03/2024 10:51 AM  
Age / Sex : 33 Year(s) / Male Report On : 29/03/2024 6:01 PM  
Type : OP Printed On : 30/03/2024 5:29 PM  
Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'AB' 'Positive'		
<b><u>Complete Blood Count With - ESR</u></b>			
Haemoglobin (EDTA Blood/Spectrophotometry)	<b>8.6</b>	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	<b>28.9</b>	%	42 - 52
RBC Count (EDTA Blood)	5.45	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	<b>53.0</b>	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	<b>15.7</b>	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	<b>29.6</b>	g/dL	32 - 36
RDW-CV (EDTA Blood)	<b>20.9</b>	%	11.5 - 16.0
RDW-SD (EDTA Blood)	40.3	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	<b>11800</b>	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	58.6	%	40 - 75
Lymphocytes (EDTA Blood)	<b>18.9</b>	%	20 - 45
Eosinophils (EDTA Blood)	<b>14.3</b>	%	01 - 06
Monocytes (EDTA Blood)	7.4	%	01 - 10



*Anusha*  
Dr Anusha.K.S  
Sr.Consultant Pathologist  
Reg No : 100674

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Basophils (Blood)	0.8	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	6.9	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.2	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	1.7	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.9	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.1	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood)	268	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood)	10.0	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.268	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood)	7	mm/hr	< 15
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	94.33	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: $\geq$ 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)	110.19	mg/dL	70 - 140



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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**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)	12.5	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.90	mg/dL	0.9 - 1.3
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**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-acetylcysteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	4.59	mg/dL	3.5 - 7.2
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.35	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.12	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.23	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	15.54	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	9.76	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	16.42	U/L	< 55
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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	78.7	U/L	53 - 128
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Total Protein (Serum/Biuret)	7.72	gm/dl	6.0 - 8.0
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Albumin (Serum/Bromocresol green)	4.65	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.07	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.51		1.1 - 2.2

**Lipid Profile**

Cholesterol Total (Serum/CHOD-PAP with ATCS)	161.34	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	92.24	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)	37.60	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	105.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	18.4	mg/dL	< 30



  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Non HDL Cholesterol (Serum/Calculated)	123.7	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)	4.3		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)	2.5		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)	2.8		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	5.3	%	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 (Whole Blood)	105.41	mg/dL	
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**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 glycaemic 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.

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.04	ng/ml	0.7 - 2.04
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**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 (Serum/ECLIA)	7.27	µg/dl	4.2 - 12.0
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**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) (Serum/ECLIA)	2.26	µIU/mL	0.35 - 5.50
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**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.



**Dr Anusha.K.S**  
 Sr. Consultant Pathologist  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	13.9		6.0 - 22.0



*Anusha*  
Dr Anusha.K.S  
Sr.Consultant Pathologist  
Reg No : 100674

APPROVED BY

-- End of Report --

Name	MR. RATHOD VIJAY KUMAR	ID	MED112132549
Age & Gender	33Y/MALE	Visit Date	29 Mar 2024
Ref Doctor Name	MediWheel		

## 2 D ECHOCARDIOGRAPHIC STUDY

### M mode measurement:

AORTA	:	3.3cms
LEFT ATRIUM	:	3.4cms
AVS	:	----
LEFT VENTRICLE (DIASTOLE)	:	4.1cms
(SYSTOLE)	:	2.7cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.3cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.6cms
EDV	:	74ml
ESV	:	28ml
FRACTIONAL SHORTENING	:	33%
EJECTION FRACTION	:	62%
EPSS	:	---
RVID	:	1.9cms

### DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' 0.93 m/s	A' 0.71 m/s	NO MR
AORTIC VALVE	:	1.30 m/s		NO AR
TRICUSPID VALVE	:	E' - m/s	A' - m/s	NO TR
PULMONARY VALVE	:	0.76 m/s		NO PR

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Age & Gender	33Y/MALE	Visit Date	29 Mar 2024
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## **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:62 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

**DR. K.S. SUBRAMANI, MBBS, MD, DM (CARDIOLOGY) FESC**  
**SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST**  
**SRI JAYADEVA INSTITUTE OF CARDIOLOGY, BANGALORE**  
*Kss/da*

## **Note:**

- \* **Report to be interpreted by qualified medical professional.**
- \* **To be correlated with other clinical findings.**
- \* **Parameters may be subjected to inter and intra observer variations.**
- \* **Any discrepancy in reports due to typing errors should be corrected as soon as possible.**

Name	MR. RATHOD VIJAY KUMAR	ID	MED112132549
Age & Gender	33Y/MALE	Visit Date	29 Mar 2024
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Age & Gender	33Y/MALE	Visit Date	29 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:**

	<b>Bipolar length (cms)</b>	<b>Parenchymal thickness (cms)</b>
<b>Right Kidney</b>	<b>9.3</b>	<b>1.1</b>
<b>Left Kidney</b>	<b>9.5</b>	<b>1.0</b>

**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 3.2 x 2.4cms (Vol:12cc).

No evidence of ascites / pleural effusion.

**IMPRESSION:**

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

**DR. APARNA**  
**CONSULTANT RADIOLOGIST**

*A/da*

Name	Mr. RATHOD VIJAY KUMAR	Customer ID	MED112132549
Age & Gender	33Y/M	Visit Date	Mar 29 2024 10:42AM
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.**

  
Dr. Nitash Prakash MBBS., MD  
Consultant Radiologist