

Name	MR.CHINTAPALLI SAI SANDEEP	ID	MED112146918
Age & Gender	25Y/MALE	Visit Date	13/04/2024
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 show 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 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	9.9	1.8
Left Kidney	10.2	1.9

URINARY BLADDER is moderately distended.
PROSTATE shows normal shape, size and echopattern.
 No evidence of ascites.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
 MB/MS

DR. MOHAN B

Name : Mr. CHINTAPALLI SAI SANDEEP
 PID No. : MED112146918 Register On : 13/04/2024 10:00 AM
 SID No. : 712411330 Collection On : 13/04/2024 10:11 AM
 Age / Sex : 25 Year(s) / Male Report On : 13/04/2024 3:34 PM
 Type : OP Printed On : 13/04/2024 8:24 PM
 Ref. Dr : MediWheel



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

HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	14.7	g/dL	13.5 - 18.0
---	------	------	-------------

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)	40.6	%	42 - 52
--	------	---	---------

RBC Count (EDTA Blood/Automated Blood cell Counter)	4.96	mill/cu.mm	4.7 - 6.0
--	------	------------	-----------

MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	82.0	fL	78 - 100
--	------	----	----------

MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	29.6	pg	27 - 32
--	------	----	---------

MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	36.2	g/dL	32 - 36
---	------	------	---------

RDW-CV (Derived)	13.9	%	11.5 - 16.0
---------------------	------	---	-------------

RDW-SD (Derived)	39.89	fL	39 - 46
---------------------	-------	----	---------

Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	11390	cells/cu.mm	4000 - 11000
---	-------	-------------	--------------

Remark: Kindly correlate clinically

Neutrophils (Blood/Impedance Variation & Flow Cytometry)	75	%	40 - 75
---	----	---	---------

Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	21	%	20 - 45
---	----	---	---------


 Mr. S. Mohan Kumar
 Sr. Lab Technician

VERIFIED BY




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

APPROVED BY

Name : Mr. CHINTAPALLI SAI SANDEEP

PID No. : MED112146918

Register On : 13/04/2024 10:00 AM

SID No. : 712411330

Collection On : 13/04/2024 10:11 AM

Age / Sex : 25 Year(s) / Male

Report On : 13/04/2024 3:34 PM

Type : OP

Printed On : 13/04/2024 8:24 PM

Ref. Dr : MediWheel



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	01	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	03	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	8.54	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.39	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.11	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.34	10 ³ / µl	< 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)	273	10 ³ / µl	150 - 450
MPV (Blood/Derived)	11.1	fL	7.9 - 13.7
PCT	0.30	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	20	mm/hr	< 15


Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY




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

APPROVED BY

Name : Mr. CHINTAPALLI SAI SANDEEP
 PID No. : MED112146918 Register On : 13/04/2024 10:00 AM
 SID No. : 712411330 Collection On : 13/04/2024 10:11 AM
 Age / Sex : 25 Year(s) / Male Report On : 13/04/2024 3:34 PM
 Type : OP Printed On : 13/04/2024 8:24 PM
 Ref. Dr : MediWheel



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

BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.9	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.3	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.60	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	8.0	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.9	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.10	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.58		1.1 - 2.2

INTERPRETATION: Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	26	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	35	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	112	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	23	U/L	< 55


 Mr. S. Mohan Kumar
 Sr. Lab Technician

VERIFIED BY




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

APPROVED BY

Name : Mr. CHINTAPALLI SAI SANDEEP
PID No. : MED112146918 **Register On** : 13/04/2024 10:00 AM
SID No. : 712411330 **Collection On** : 13/04/2024 10:11 AM
Age / Sex : 25 Year(s) / Male **Report On** : 13/04/2024 3:34 PM
Type : OP **Printed On** : 13/04/2024 8:24 PM
Ref. Dr : MediWheel



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	171	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	75	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)	30	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	126	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	15	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	141.0	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




DR KIRAN H S MD
 Consultant Pathologist
 KMC No: 86542

APPROVED BY

Name : Mr. CHINTAPALLI SAI SANDEEP
PID No. : MED112146918 **Register On** : 13/04/2024 10:00 AM
SID No. : 712411330 **Collection On** : 13/04/2024 10:11 AM
Age / Sex : 25 Year(s) / Male **Report On** : 13/04/2024 3:34 PM
Type : OP **Printed On** : 13/04/2024 8:24 PM
Ref. Dr : MediWheel



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

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)	2.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
--	-----	--	--

LDL/HDL Cholesterol Ratio (Serum/Calculated)	4.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
---	-----	--	---


Mr. S. Mohan Kumar
 Sr. Lab Technician

VERIFIED BY




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

APPROVED BY

Name : Mr. CHINTAPALLI SAI SANDEEP
PID No. : MED112146918 **Register On** : 13/04/2024 10:00 AM
SID No. : 712411330 **Collection On** : 13/04/2024 10:11 AM
Age / Sex : 25 Year(s) / Male **Report On** : 13/04/2024 3:34 PM
Type : OP **Printed On** : 13/04/2024 8:24 PM
Ref. Dr : MediWheel



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.4	%	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 108.28 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 glyceemic 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.

Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY



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

APPROVED BY

Name : Mr. CHINTAPALLI SAI SANDEEP
 PID No. : MED112146918 Register On : 13/04/2024 10:00 AM
 SID No. : 712411330 Collection On : 13/04/2024 10:11 AM
 Age / Sex : 25 Year(s) / Male Report On : 13/04/2024 3:34 PM
 Type : OP Printed On : 13/04/2024 8:24 PM
 Ref. Dr : MediWheel



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

BIOCHEMISTRY

BUN / Creatinine Ratio	11.7		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	90	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 (Urine - F)	Nil		Nil
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	80	mg/dL	70 - 140

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 Sugar (PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	15.3	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	1.3	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-acetylcysteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	4.9	mg/dL	3.5 - 7.2
---	-----	-------	-----------


 Mr. S. Mohan Kumar
 Sr. Lab Technician

VERIFIED BY




 DR KIRAN H S MD
 Consultant Pathologist
 KMC No: 86542

APPROVED BY

Name : Mr. CHINTAPALLI SAI SANDEEP
 PID No. : MED112146918 Register On : 13/04/2024 10:00 AM
 SID No. : 712411330 Collection On : 13/04/2024 10:11 AM
 Age / Sex : 25 Year(s) / Male Report On : 13/04/2024 3:34 PM
 Type : OP Printed On : 13/04/2024 8:24 PM
 Ref. Dr : MediWheel



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

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.06	ng/ml	0.7 - 2.04
---	------	-------	------------

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 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	13.66	Microg/dl	4.2 - 12.0
--	-------	-----------	------------

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/Chemiluminescent Immunometric Assay (CLIA))	1.674	µIU/mL	0.35 - 5.50
---	-------	--------	-------------

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.


 Mr. S. Mohan Kumar
 Sr. Lab Technician

VERIFIED BY




 DR KIRAN H S MD
 Consultant Pathologist
 KMC No: 86542

APPROVED BY

Name : Mr. CHINTAPALLI SAI SANDEEP
PID No. : MED112146918 **Register On** : 13/04/2024 10:00 AM
SID No. : 712411330 **Collection On** : 13/04/2024 10:11 AM
Age / Sex : 25 Year(s) / Male **Report On** : 13/04/2024 3:34 PM
Type : OP **Printed On** : 13/04/2024 8:24 PM
Ref. Dr : MediWheel



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

CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale Yellow		Yellow to Amber
Volume (Urine/Physical examination)	15		ml
Appearance (Urine)	Clear		

CHEMICAL EXAMINATION

pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick ó'Reagent strip method)	1.020		1.002 - 1.035
Protein (Urine/Dip Stick ó'Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick ó'Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick ó'Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative
Blood (Urine)	Nil		Nil


Mr. S. Mohan Kumar
 Sr. Lab Technician

VERIFIED BY




DR KIRAN H S MD
 Consultant Pathologist
 KMC No: 86542

APPROVED BY

Name : Mr. CHINTAPALLI SAI SANDEEP
PID No. : MED112146918 Register On : 13/04/2024 10:00 AM
SID No. : 712411330 Collection On : 13/04/2024 10:11 AM
Age / Sex : 25 Year(s) / Male Report On : 13/04/2024 3:34 PM
Type : OP Printed On : 13/04/2024 8:24 PM
Ref. Dr : MediWheel



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Urobilinogen (Urine/Dip Stick ó"Reagent strip method)	Normal		Within normal limits
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	1-2	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		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.CHINTAPALLI SAI SANDEEP	ID	MED112146918
Age & Gender	25Y/MALE	Visit Date	13/04/2024
Ref Doctor Name	MediWheel		



2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.9cms
LEFT ATRIUM	:	2.9cms
LEFT VENTRICLE (DIASTOLE)	:	4.5cms
(SYSTOLE)	:	2.5cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
EDV	:	81ml
ESV	:	31ml
FRACTIONAL SHORTENING	:	33%
EJECTION FRACTION	:	62%
RVID	:	1.5cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' - 0.81m/s	A' - 0.43m/s	NO MR
AORTIC VALVE	:	0.97m/s		NO AR
TRICUSPID VALVE	:	E' - 0.68m/s	A' - 0.30m/s	NO TR
PULMONARY VALVE	:	0.69m/s		NO PR

Name	MR.CHINTAPALLI SAI SANDEEP	ID	MED112146918
Age & Gender	25Y/MALE	Visit Date	13/04/2024
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 prolapse.

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. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/MS

Name	Mr. CHINTAPALLI SAI SANDEEP	ID	MED112146918
Age & Gender	25Y/M	Visit Date	Apr 13 2024 9:59AM
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