



Dr. Charu Kohli s Clinic
C-234 Defence Colony, New Delhi-1 10024
Ph 41550792 ,24336960, 24332759
E- mail: drcharukohli@yahoo.com

NAME : ALLADA KUMAR RAO

AGE/SEX : 48Y/M

DATE : 04.02.2024

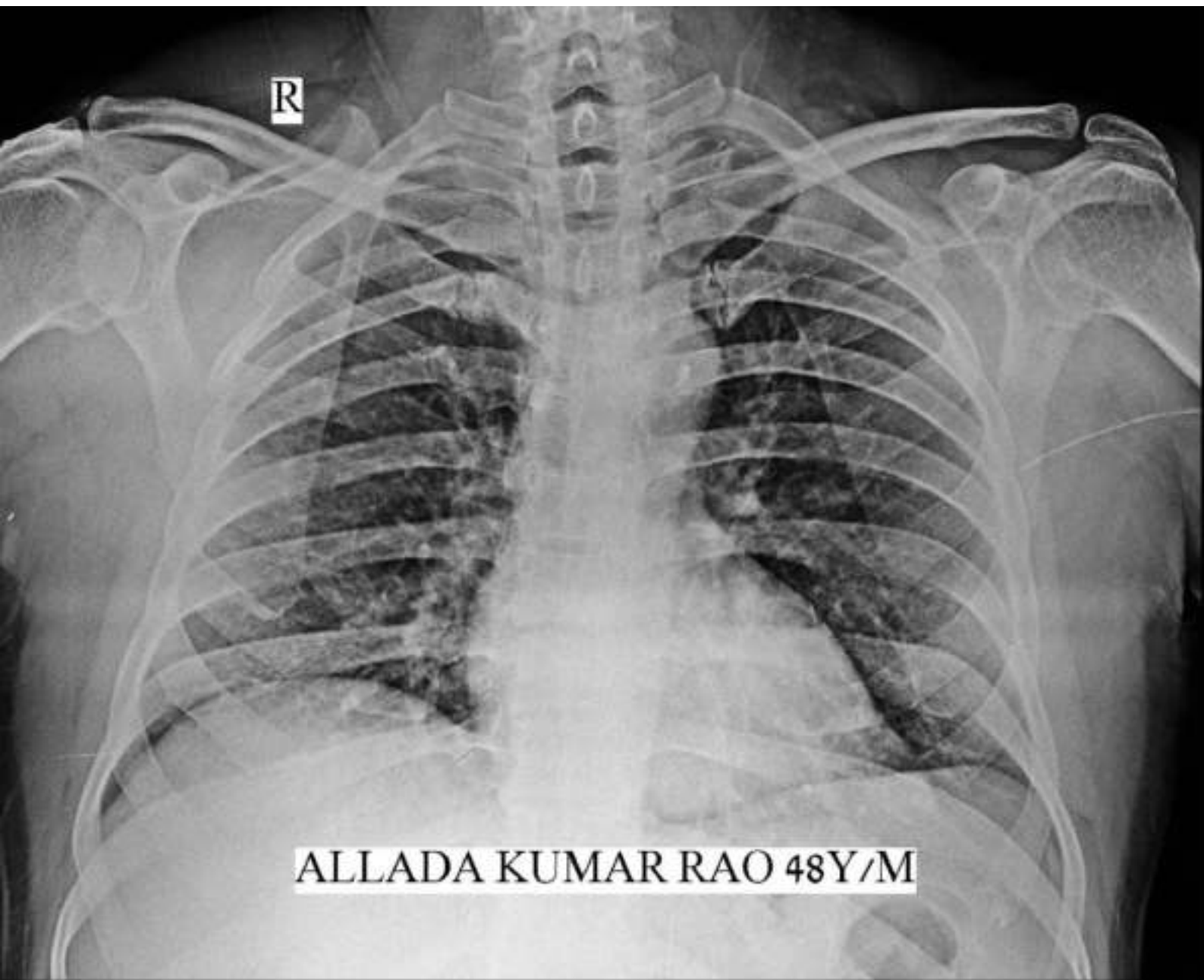
X – RAY CHEST PA VIEW :

Cardiac shadow is normal.
Aorta is normal.
Bilateral lung fields are clear.
Both costophrenic angles are clear.
Bilateral domes of diaphragm are normal.
No bony injury noted.

IMPRESSION: Normal chest skiagram

DR. CHARU KOHLI
MBBS, DMRD
Consultant Radiologist

IMPORTANT: Owing to technical limitations in case of any error in the study, the Doctor cannot be held responsible for claim of damages of any nature and this report is not valid for any Medico-legal aspect.



R

ALLADA KUMAR RAO 48Y/M



ভারত সরকার

Government of India



কুমার রাও আরোদা

KUMAR RAO ALLADA

পিতা : এ বিস্বনাথম

Father : A VISWANATHAM

জন্মতারিখ / DOB : 25/11/1975

পুরুষ / Male



6831 5699 9555

আধার - সাধারণ মানুষের অধিকার

GPS Map Camera

New Delhi, Delhi, India

C-234, Chakrabarti Vithi Rd, Block C, Defence Colony, New Delhi, Delhi 110049, India


Lat 28.570731°

Long 77.229918°

04/03/24 09:42 AM GMT +05:30

Google



 **GPS Map Camera**

New Delhi, Delhi, India

C-234, Chakrabarti Vithi Rd, Block C, Defence Colony, New Delhi, Delhi 110049, India

Lat 28.570731°

Long 77.229918°

04/03/24 09:43 AM GMT +05:30



Google



DR. CHARU HEALTH CHECK UP <insurancedcke234@gmail.com>

Health Check up Booking Request(bobE12753), Beneficiary Code-148765

Mediwheel <wellness@mediwheel.in>
To: insurancedcke234@gmail.com
Cc: customercare@mediwheel.in

2 March 2024 at 17:32



011-41195959

Dear Dr. Charu Kohli Clinic

We have received a booking request with the following details. Provide your confirmation by clicking on the Yes button.

You confirm this booking? Yes No

Name : MR. ALLADA KUMAR RAO
Hospital Package Name : Mediwheel Full Body Annual Plus Above 50 Male
Appointment Date : 04-03-2024

| Member Information | | |
|----------------------|---------|--------|
| Booked Member Name | Age | Gender |
| MR. ALLADA KUMAR RAO | 48 year | Male |

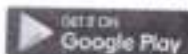
Tests included in this Package -

- ✓ BMI Check
- ENT Consultation
- ✓ Dietician Consultation
- Thyroid Profile
- ESR
- ✓ Blood Glucose (Fasting)
- General Physician Consultation
- ✓ TMT OR 2D ECHO
- Blood Group
- ✓ Blood Glucose (Post Prandial)
- Chest X-ray
- ✓ ECG
- USG Whole Abdomen
- ✓ Eye Check-up consultation
- ✓ Urine Sugar Fasting
- ✓ Urine Sugar PP
- ✓ Dental Consultation
- Urine analysis
- ✓ CBC
- ✓ HbA1c
- ✓ Lipid Profile
- ✓ Kidney Profile
- Liver profile
- ✓ Prostate Specific Antigen (PSA Male)

Thanks,

Mediwheel Team

Please Download Mediwheel App



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भारत सरकार
Government of India

कुमार राव अल्ला
KUMAR RAO ALLADA
पिता : अ. विश्वनाथ
Father : A VISWANATHAM
जन्मदिन / DOB : 25/11/1975
पुंलिंग / Male

6831 5699 9555

आधार - साधारण मानुषेअर अधिकार



Charu

DR. CHARU KOHL
CONSULTANT MBBS
DMC-8388

NAME : ALLADA KUMAR RAO

AGE/SEX : 48Y/ M

DATE : 04.03.2024

| HEIGHT | WEIGHT | BMI | BP |
|--------|---|------|-------------|
| 164cm | 64 kg | 23.8 | 140/80 mmHg |
| HABITS | SMOKING : NO. ALCOHOL : NO DRUGS : NO | | |

Family History:

- Asthma : NO
- Diabetes : NO
- TB : NO
- THYROID : NO
- Heart Disease : NO
- BP : NO
- Cancer : NO

Personal History:

- TB : NO
- Heart Disease : NO
- Acquired deformity : NO
- Operated for : NO
- Psychosomatic history : NO
- Diabetes : YES DIABETES X 5 YRS
- THYROID : NO
- BP : HTN X 5 YRS
- Asthma : NO

| Eye / Vision | DISTANCE VISION | | NEAR VISION | | COLOUR VISION | GLASSES |
|--------------|-----------------|--------|-------------|--------|---------------|---------|
| | RT EYE | LT EYE | RT EYE | LT EYE | | |
| | 6/12 | 6/12 | N/8 | N/6 | | |


 Signature of Medical Examiner :

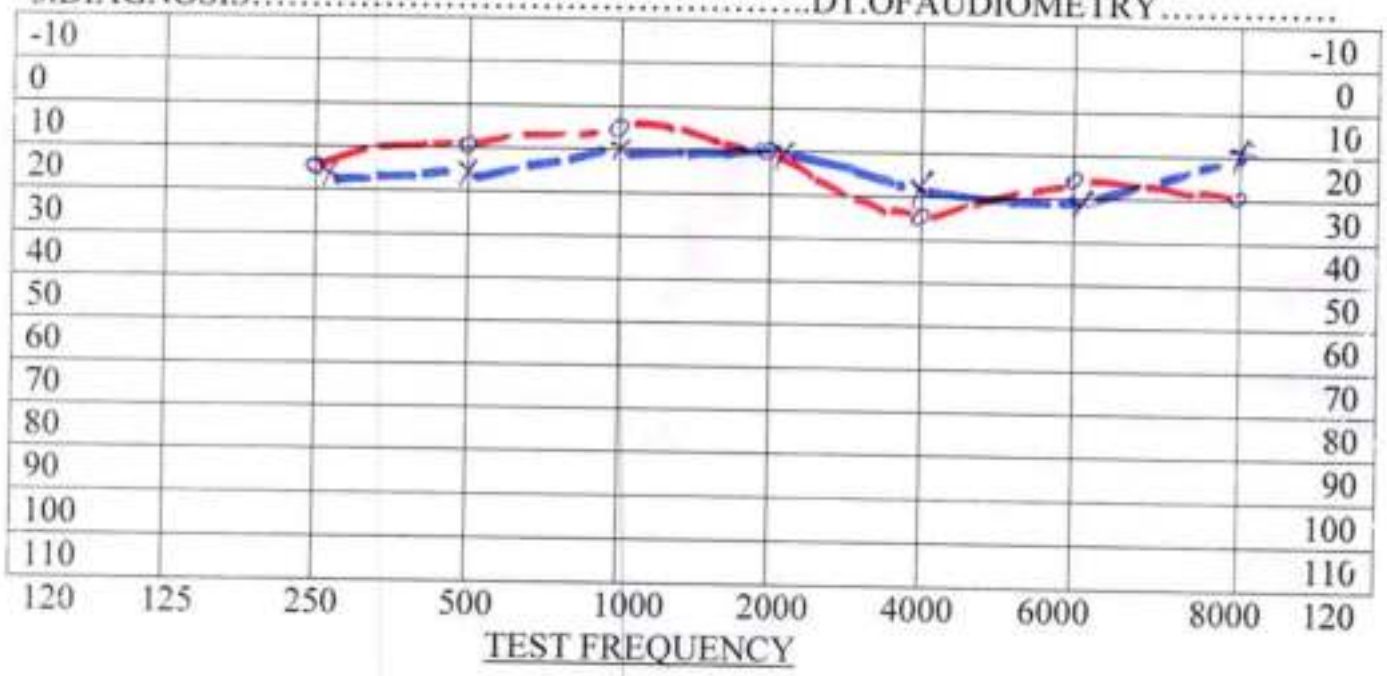
DR. CHARU KOHLI
CONSULTANT MBBS
DMC-8388



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 C-234 Defence Colony, New Delhi-110024
 Ph 41550792, 24336960, 24332759
 E-mail: drcharukohli@yahoo.com

AUDIOLOGICAL EVALUATION

1. NAME Allada kumar Rao AGE 48y SEX M
 2. ADDRESS
 OCCUPATION
 3. DIAGNOSIS DT. OF AUDIOMETRY



AIR X = LEFT EAR --- Rinne ----- Hearing Loss for Speech R L _____
 O = RIGHT EAR -----

BONE < = LEFT EAR --- Weber ----- DISCRIMINATION SCORE R L _____

Masking

No Response
 Audiologists remarks

- 0dB-20dB...normal hearing
- 20dB-40dB...mild hearing loss
- 40dB-55dB...moderate hearing loss
- 55dB-70dB...moderately severe hearing loss
- 70dB-90dB...sever hearing loss
- >90dB.....profound hearing loss

Allada Kernal Ras

diet

Breakfast - 2 Cup Tea

Lunch - 3 Roti, Vegetable,

Evening - 2 Cup Tea, whole biscuit

Dinner - 2 Roti, Vegetable, non-veg.

Suggestions

B' fast - Tea + almonds / walnuts . Add fruit.

Lunch - 3 Roti / Vegetable . Add Dal + Yoghurt

Evening Tea - Tea with roasted nuts

Dinner - Continue as is.

DR. CHARU KOHLI'S CLINIC

C-234, Defence Colony, New Delhi

Mr. ALLADA KUMAR RAO
Age/Sex : 48/M
Recorded : 4-3-2024 11:03
Ref. by :
Indication :

ID : 68
H/M/N : 164/64

TREADMILL TEST SUMMARY REPORT
Protocol: BRUCE
History:
Medication :

A. Kumar Rao

| PHASE | PHASE TIME | STAGE TIME | SPEED (Km./Hr.) | GRADE (%) | H.R. (BPM) | B.P. (mmHg) | RPP X100 | II | ST LEVEL (mm) V2 | V5 | METS |
|---------------|------------|------------|-----------------|-----------|------------|-------------|----------|------|------------------|-----|-------|
| SUPINE | | | | | 94 | 140/80 | 131 | 1.2 | 5.6 | 2.1 | |
| HYPERVENT | 0:05 | 0:05 | | | 91 | 140/80 | 127 | 1.2 | 5.8 | 2.2 | |
| VALSALVA | | | | | 90 | 140/80 | 126 | 1.2 | 5.5 | 2.1 | |
| STANDING | | | | | 125 | 140/80 | 175 | 1.1 | 5.8 | 2.1 | |
| STAGE 1 | 2:59 | 2:59 | 2.70 | 10.00 | 126 | 150/80 | 201 | 1.1 | 7.0 | 2.2 | 4.80 |
| STAGE 2 | 5:59 | 2:59 | 4.00 | 12.00 | 135 | 74/74 | 99 | -0.1 | 5.5 | 0.8 | 7.10 |
| STAGE 3 | 8:59 | 2:59 | 5.40 | 14.00 | 157 | 184/74 | 288 | -0.8 | 4.5 | 0.4 | 10.00 |
| PEAK EXERCISE | 9:00 | 0:00 | | | 158 | 184/74 | 290 | -0.8 | 4.5 | 0.4 | 10.00 |
| RECOVERY | 2:59 | 2:59 | 0.00 | 0.00 | 106 | 152/80 | 161 | 0.5 | 3.2 | 0.3 | |
| RECOVERY | 5:59 | 5:59 | 0.00 | 0.00 | 101 | 140/80 | 141 | 0.3 | 3.5 | 0.5 | |

RESULTS

Exercise Duration
Max Heart Rate
Max Blood Pressure
Max Work Load
Reason of Termination

9.00 Minutes
158 bpm, 91 % of target heart rate 172 bpm
184/74 mmHg
10.00 METS

IMPRESSIONS

Negative for RVD with no progression of exercise

Cardiologist

typic
DR. D. R. RAO
MBBS, MCh
DMC-46741
CONSULTANT CARDIOLOGIST

Mr. ALLADA KUMAR RAO
I.D. : 68
AGE/SEX : 48/M
RECORDED : 4-3-2024 11:03

RATE : 94 BPM
B.P. : 140/90 mmHg

DR. CHARU KOHLI'S CLINIC

SUPINE
PRETEST

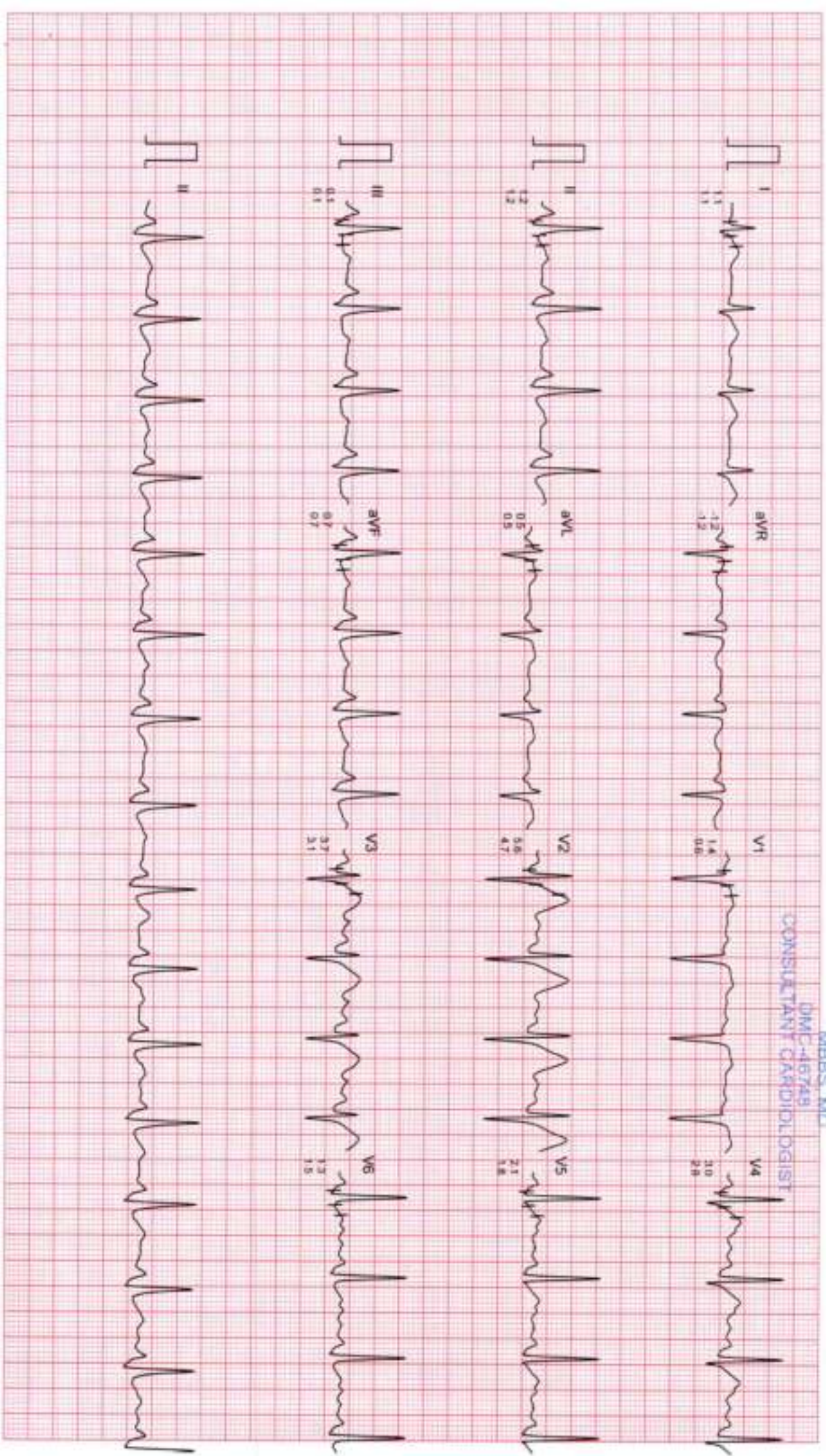
Handwritten: 1094 bpm

Signature: Dr. O. R. RAJIV
MBBS, MD

DMC-46749
CONSULTANT CARDIOLOGIST

ST @ 10mm/mV
80ms PostJ

LINKED MEDIUM



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph. 091-731-2620740, Telex fax-091-731-2431214

DR. CHARU KOHLI'S CLINIC

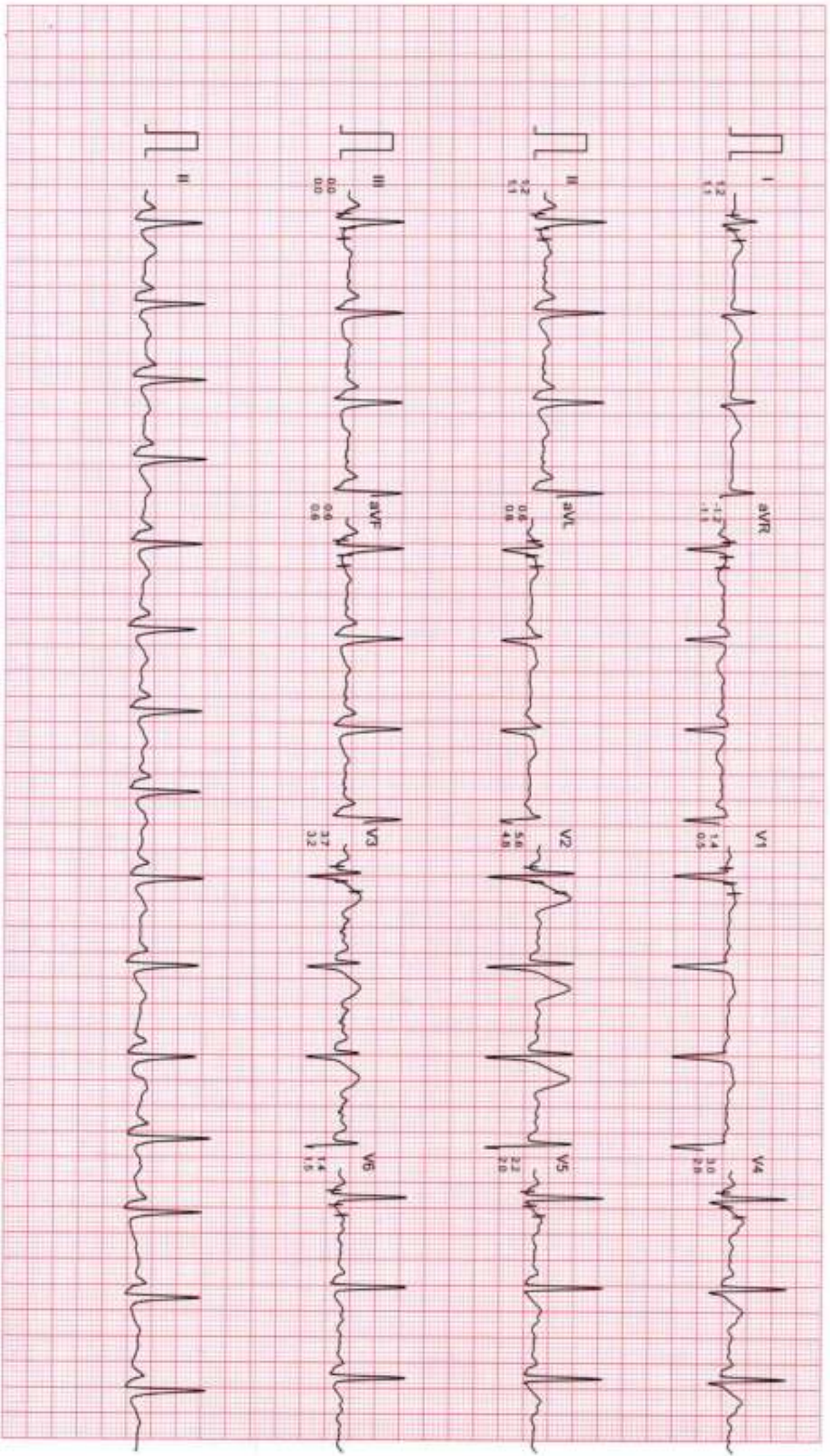
ST @ 10mm/mV
80ms PostJ

Mr. ALLADA KUMAR RAO
ID : 68
AGE/SEX : 48/M
RECORDED : 4-3-2024 11:03

RATE : 91 BPM
B.P. : 140/90 mmHg

HYPERVENTILATION
PRETEST
STAGE TIME : 0:05

LINKED MEDIUM



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph. 091-731-2620740, Telefax:091-731-2431214

DR. CHARU KOHLI'S CLINIC

VALSALVA
PRETEST

ST @ 10mm/mV
80ms PAPER

MR. ALLADA KUMAR RAO

ID : 66

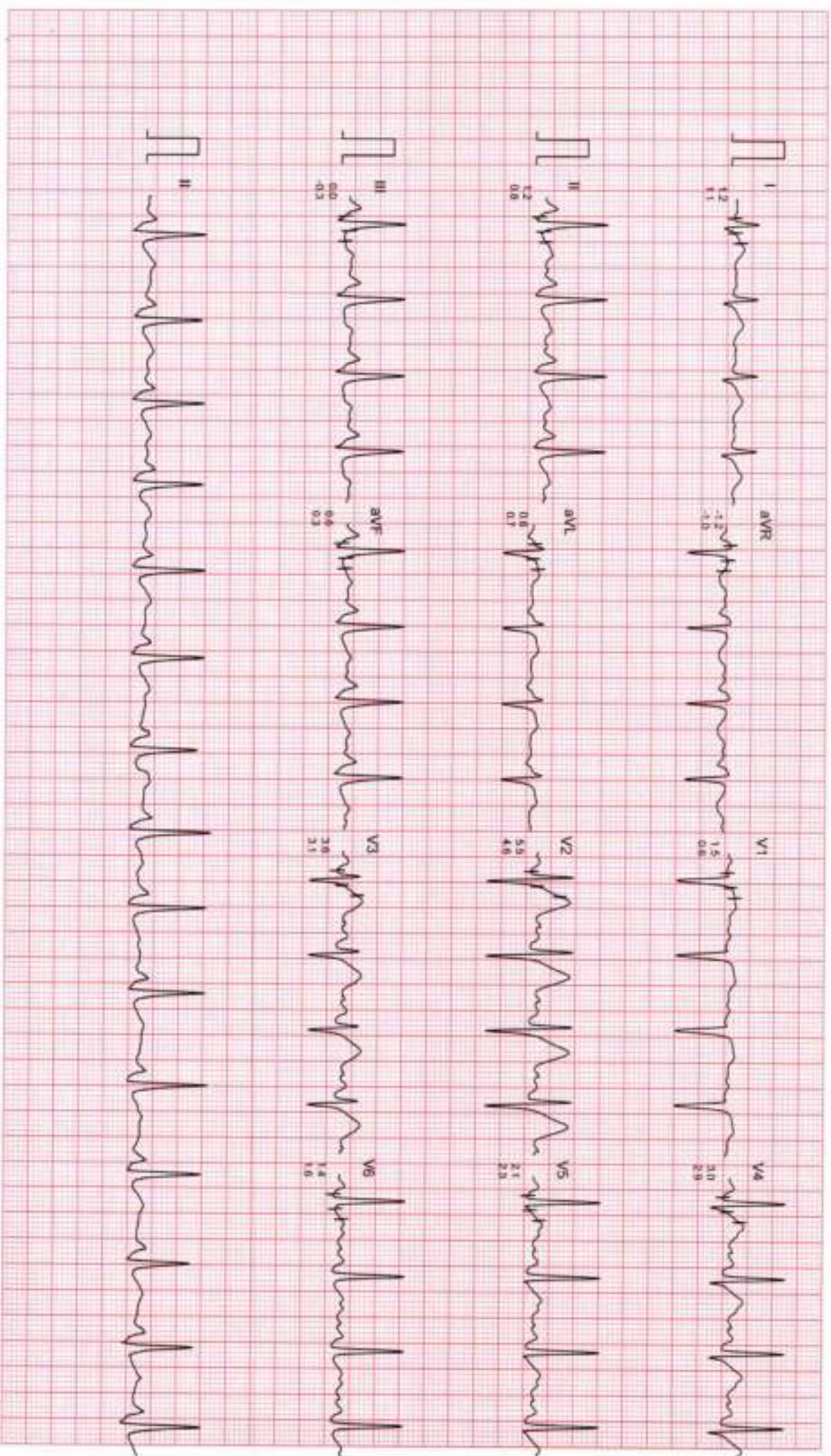
AGE/SEX : 48/M

RECORDED : 4-3-2024 11:03

RATE : 90 BPM

B.P. : 140/80 mmHg

LINKED MEDIUM



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardCom, INDIA Ph. 091-731-2620740, Telex 9x091-731-2431214

DR. CHARU KOHLI'S CLINIC

STANDING
PRETEST

ST @ 10mm/mV
80ms PostU

MR. ALLADA KUMAR RAO

ID : 68

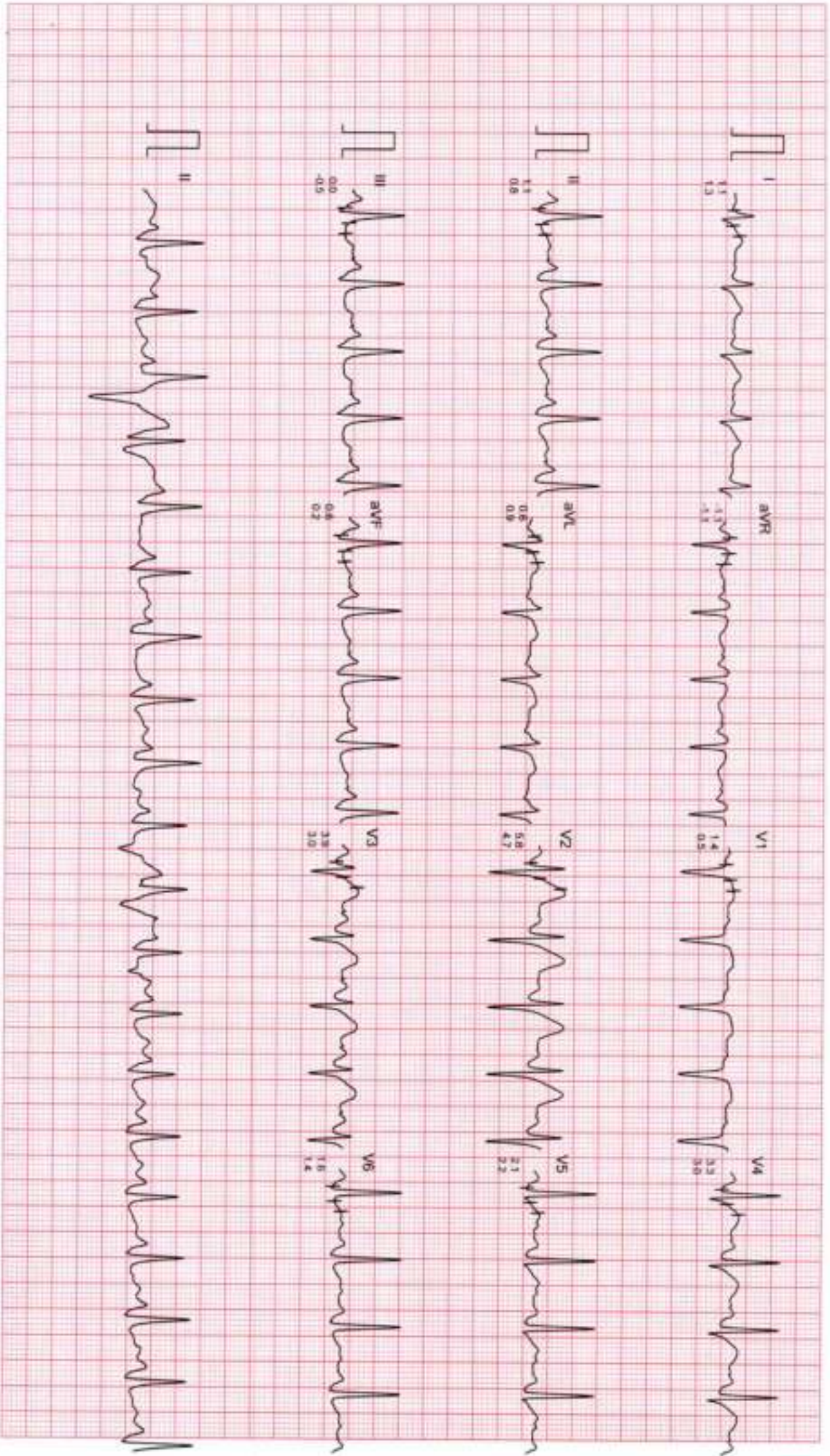
AGE/SEX : 48/M

RECORDED : 4-3-2024 11:03

RATE : 125 BPM

B.P. : 140/80 mmHg

LINKED MEDIUM



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph. 091-731-2620740, TeleFax:091-731-2451214

DR. CHARU KOHLI'S CLINIC

Mr. ALLADA KUMAR RAO

ID : 68

AGE/SEX : 48/M

RECORDED : 4-3-2024 11:03

RATE : 126 BPM

B.P. : 160/80 mmHg

BRUCE

EXERCISE 1

PHASE TIME : 2:59

STAGE TIME : 2:59

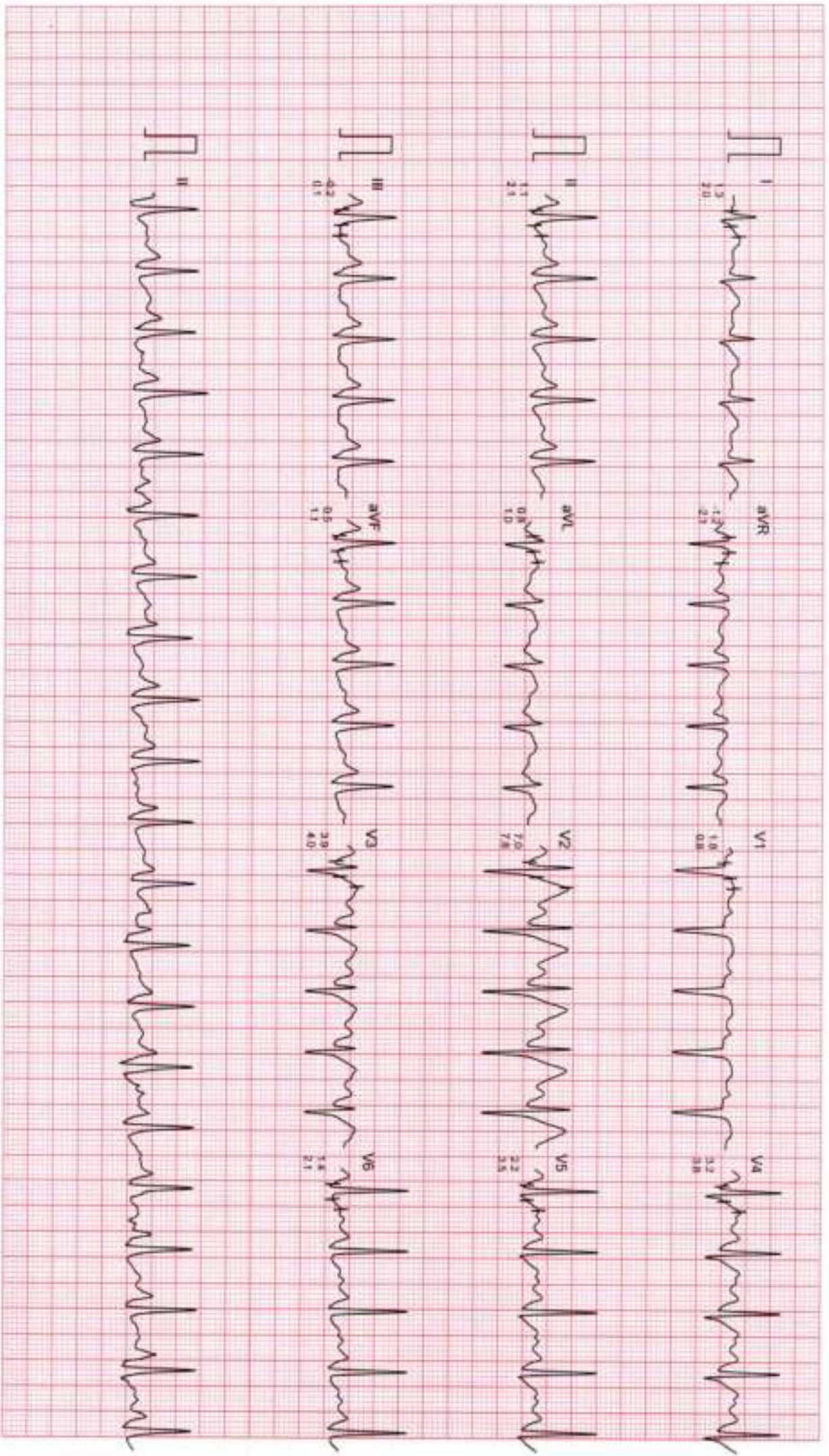
ST @ 10mm/mV

80ms PostJ

SPEED : 2.7 Km./Hr.

GRADE : 10.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

Zenithec 10mm/mV

CardCom, INDIA Ph. 091-731-2620740, Telefax 091-731-2431214

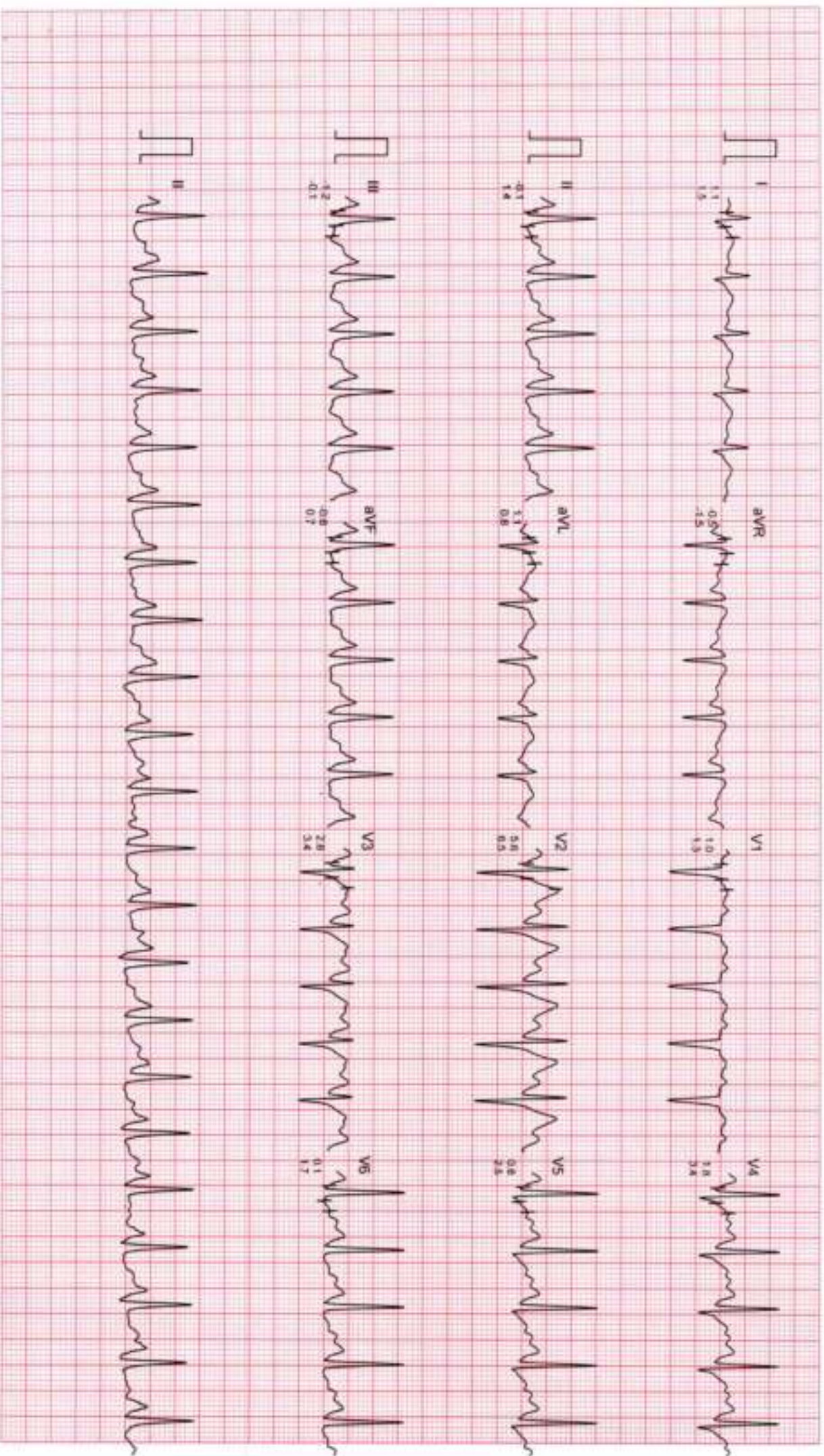
DR. CHARU KOHLI'S CLINIC

MR. ALLADA KUMAR RAO
ID : 68
AGE/SEX : 48/M
RECORDED : 4-3-2024 11:03

RATE : 135 BPM
B.P : 174/74 mmHg

BRUCE
EXERCISE 2
PHASE TIME : 5:59
STAGE TIME : 2:59

ST @ 10mm/mV
80ms PostJ
SPEED : 4.0 Km./hr.
GRADE : 12.0 %
LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCam, INDIA Ph. 091-731-2020740, Telefax: 091-731-2431214

DR. CHARU KOHLI'S CLINIC

Mr. ALLADA KUMAR RAO

ID : 68

AGE/SEX : 48/M

RECORDED : 4-3-2024 11:03

RATE : 157 BPM

B.P : 184/74 mmHg

BRUCE

EXERCISE 3

PHASE TIME : 8.59

STAGE TIME : 2.59

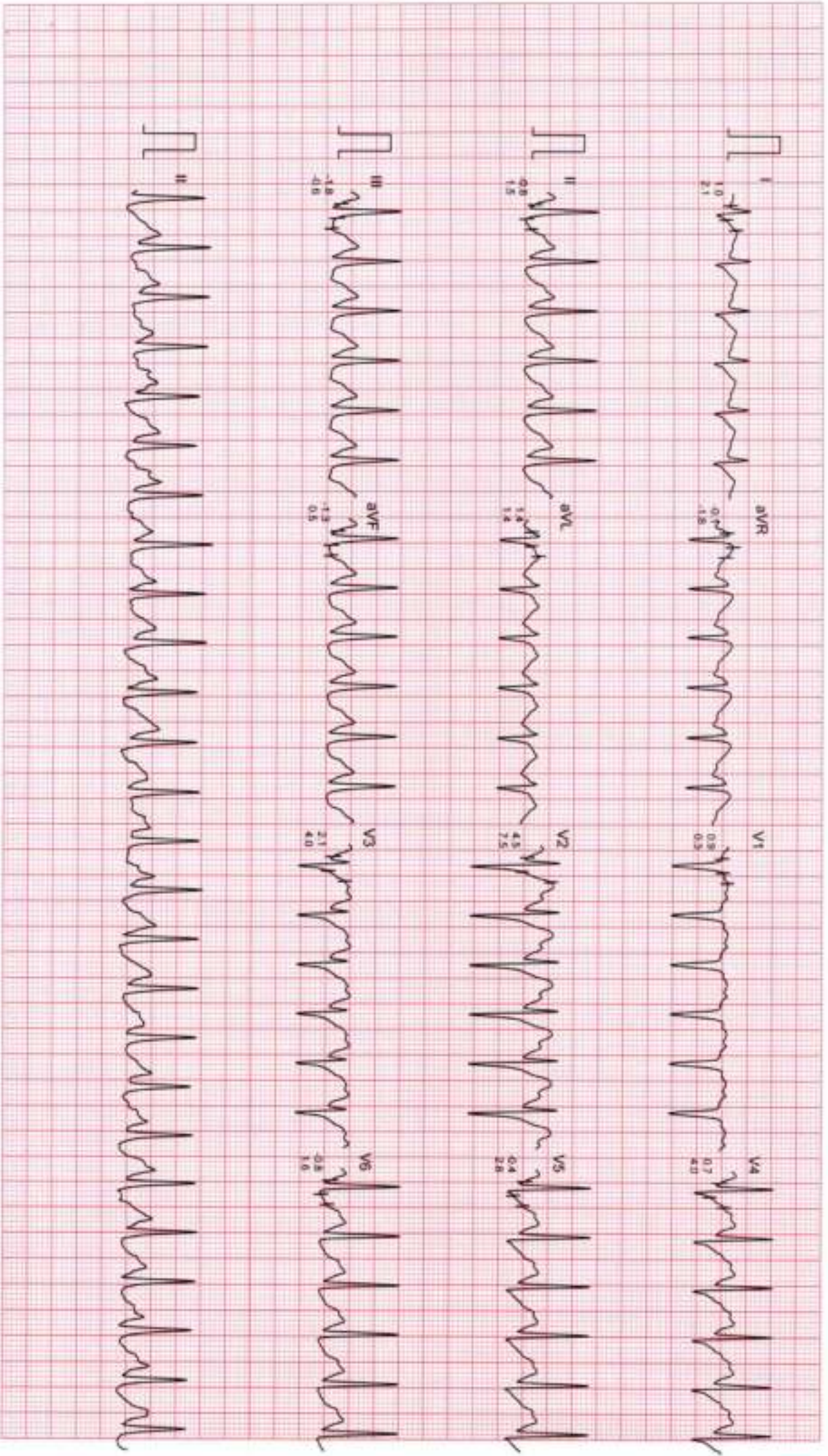
ST @ 10mm/mV

80ms PostL

SPEED : 5.4 Km./Hr.

GRADE : 14.0 %

LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardCom, INDIA Ph: 091-731-2620740, TeleFax: 091-731-2431214

DR. CHARU KOHLI'S CLINIC

MR. ALLADA KUMAR RAO

ID : 68

AGE/SEX : 48/M

RECORDED : 4-3-2024 11:03

RATE : 158 BPM

B.P. : 184/74 mmHg

BRUCE

PEAK EXERCISE

PHASE TIME : 9:00

STAGE TIME : 0:00

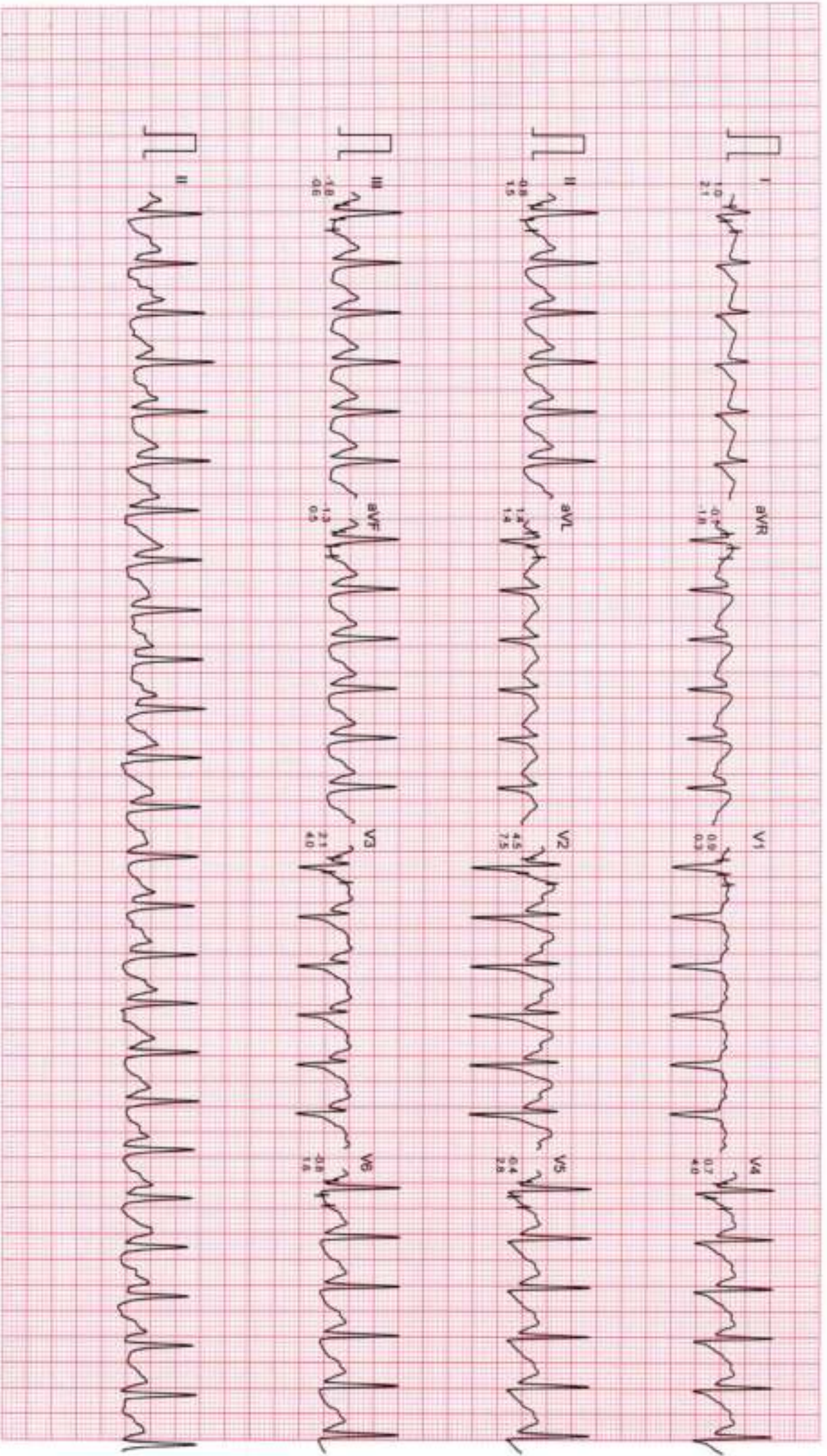
ST @ 10mm/mV

80ms PostJ

SPEED : 6.7 Km/HR.

GRADE : 16.0 %

LINKED MEDIUM



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCom, INDIA Ph: 091-731-2620740, Telefax: 091-731-2431214

DR. CHARU KOHLI'S CLINIC

Mr. ALLADA KUMAR RAO

ID : 68

AGE/SEX : 48/M

RECORDED : 4-3-2024 11:03

RATE : 127 BPM

B.P : 164/78 mmHg

BRUCE

RECOVERY

PHASE TIME : 0:59

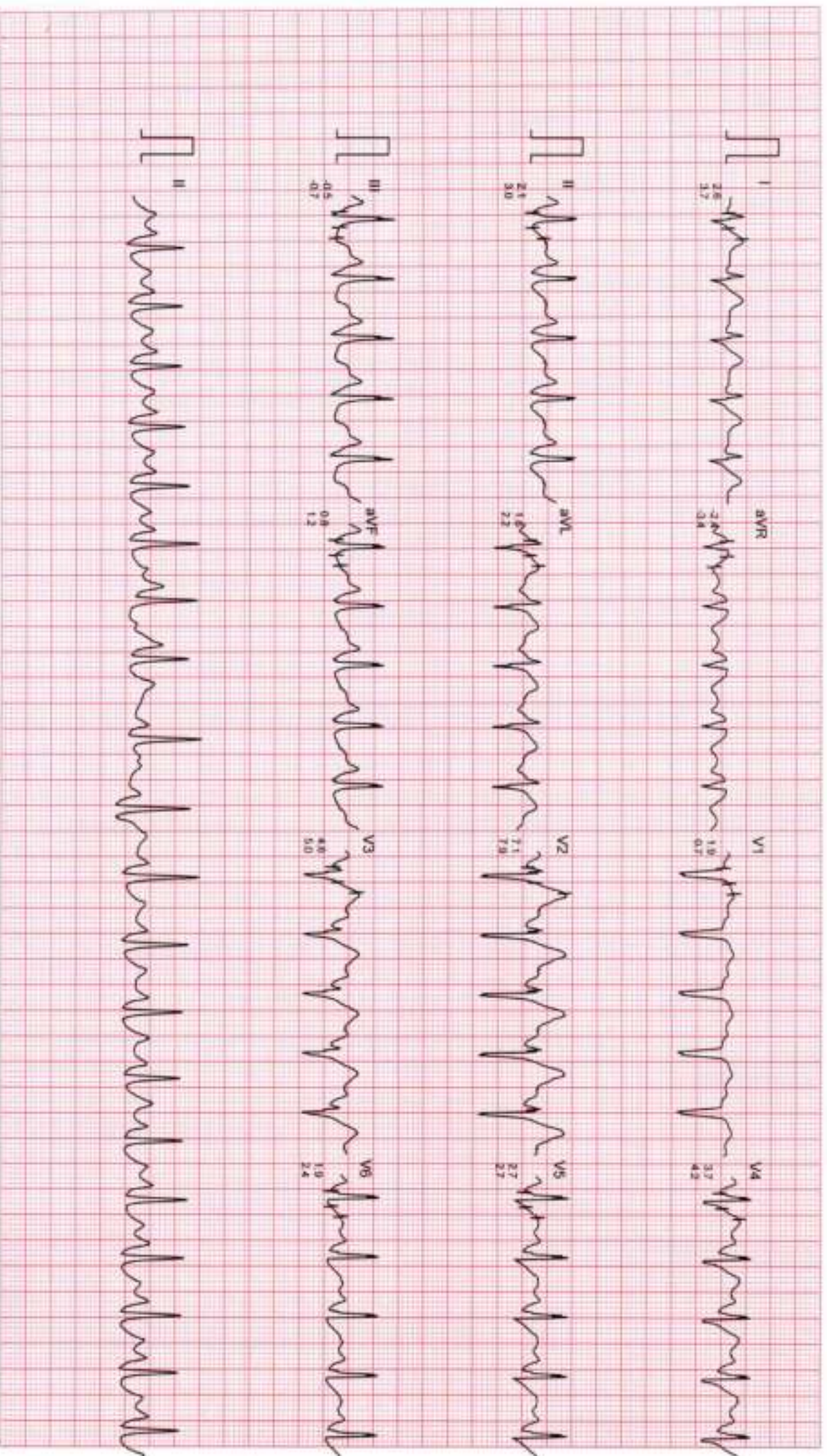
ST @ 10mm/mV

80ms PostJ

SPEED : 0.0 Km./Hr.

GRADE : 0.0 %

LINKED MEDIUM



Filtered

Computer Corrected Baseline

25mm/Sec 10mm/mV

CardCam, INDIA, Ph.: 091-731-2620740, Telefax: 091-731-2431214

DR. CHARU KOHLI'S CLINIC

MR. ALLADA KUMAR RAO

ID : 68

AGE/SEX : 48/M

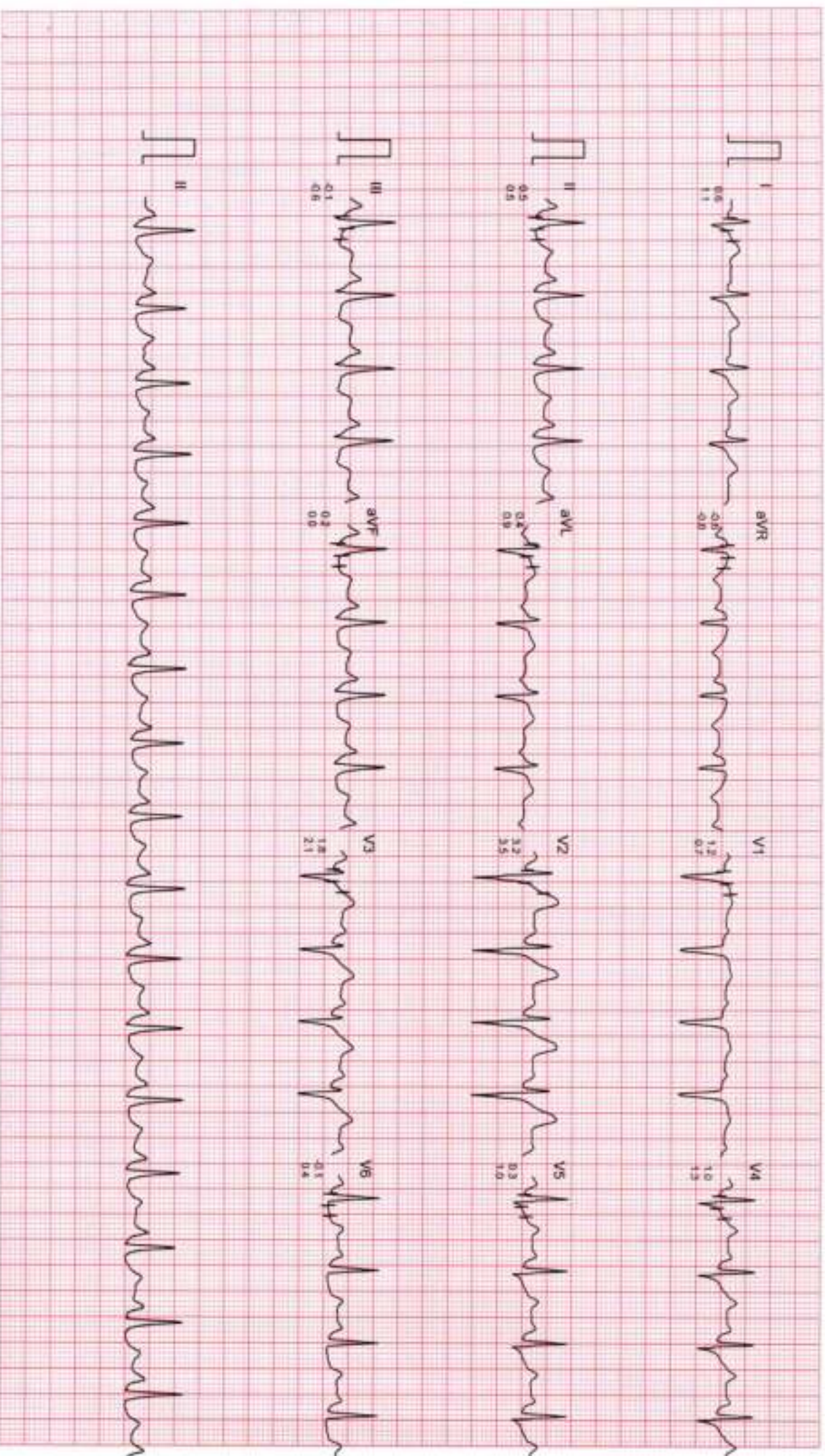
RECORDED : 4-3-2024 11:03

RATE : 106 BPM

B.P. : 152/90 mmHg

BRUCE
RECOVERY
PHASE TIME : 2.59

ST @ 10mm/mV
80ms PostJ
SPEED : 0.0 Km./hr
GRADE : 0.0 %
LINKED MEDIAN



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardCom, INDIA Ph. 091-731-2620740, Telefax:091-731-2431214

DR. CHARU KOHLI'S CLINIC

Mr. ALLADA KUMAR RAO

ID : 68

AGE/SEX : 48/M

RECORDED : 4-3-2024 11:03

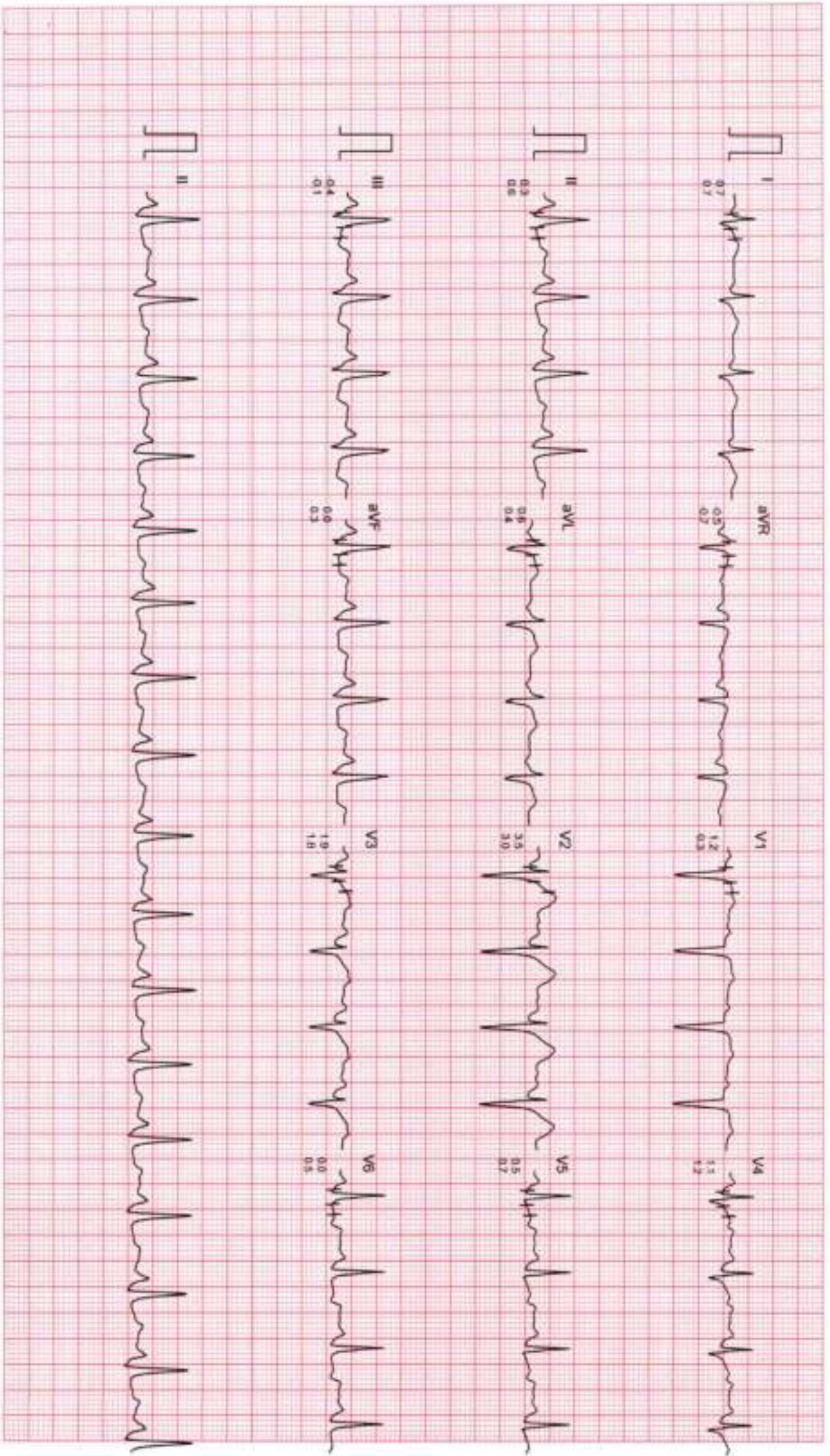
RATE : 101 BPM

B.P. : 140/80 mmHg

BRUCE
RECOVERY
PHASE TIME : 5:59

ST @ 10mm/mV
60ms PostJ
SPEED : 0.0 Km./Hr.
GRADE : 0.0 %

LINKED MEDIUM



Filtered

Computer Corrected Baseline

25mm/sec 10mm/mV

CardiCam, INDIA, Ph. 091-731-2620740, TeleFax 091-731-2431214

NAME: KUMAR RAO
DATE: March 4, 2024

WHOLE ABDOMEN SCAN

Liver is normal in size and echotexture is raised. Partially obliterated intrahepatic biliary radicles and normal appearing venous channels noted. No focal lesion in either lobes. Portal vein is normal. No sub-diaphragmatic collection or pleural effusion.

Gall bladder is normal distended and shows echofree lumen.
CBD: not dilated ; apparently echofree.

Both the kidneys are normal in size, position and echopattern with normal corticomedullary differentiation.

RK: 9.85 x 5.39 cm.

LK: 9.16 x 5.01 cm, and shows a calculus of 5.4 mm

Pancreas is of normal size & echopattern. No focal lesion or peri-pancreatic collection.

Spleen is of normal size and echopattern. No focal lesion or calcification. Splenic vein is not dilated.

Aorta and IVC are normal. No retroperitoneal lymphadenopathy.

Urinary bladder shows normal distension and shows normal wall-thickness. No calculus or mass.


Prostate is mildly enlarged in size 3.82 x 4.23 x 3.04 cm ~vol—25.71 cc, echopattern is homogenous.

Bowel loops are normal.

No free fluid is seen in abdomen.

IMPRESSION:

Left renal calculus , fatty liver grade 2 with early prostatic hypertrophy


Dr Charu Kohli
MBBS DMRD
DMC8388

IMPORTANT: Owing to technical limitations ,in case of any error in the study ,the Doctor cannot be held responsible for claim of damages of any nature,and this report is not valid for any Medicolegal aspect.
Every modern technology has its own limitations ; in case of discrepancy/difference in opinion advised- repeat scan/ second opinion

At Your Home : Digital X-Ray, Blood Samples, ECG, PFT, HOLTER, EEG, ABG.

Occupational Health Services • Diagnostics & Preventive Health Assessment • Periodic Preventive Health Camps • Corporate Health Checks
Test marked with * are not in NABL Scope / Tests marked with # are performed at outsourced laboratory.





| | | | |
|-------------------------|----------------------------------|----------------------------|---------------------|
| Registration No. | 102320653 | Mobile No. | 9831382214 |
| Patient Name | Mr. KUMAR RAO ALLADA | Registration Date/Time | 04/03/2024 09:44:29 |
| Age / Sex | 48 Yrs 3 Male 10 Days | Sample Collected Date/Time | 04/03/2024 11:34:17 |
| Ref By / Hospital | MEDIWHEEL | Report Date/Time | 04/03/2024 17:30:43 |
| Collected At | DCKC | Printed Date/Time | 04/03/2024 18:15:20 |

| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

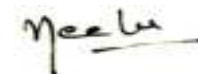
HAEMATOLOGY

Complete Blood Count (CBC)

| | | | |
|--|-------------|---------------------|-----------------|
| Haemoglobin (Hb) ,EDTA <i>Method : Colorimetric</i> | 12.2 | g/dL | 13.0 - 17.0 |
| Total Leucocyte Count (TLC) ,EDTA <i>Method : Electric impedance</i> | 08.4 | 10 ⁹ /L | 04.0 - 11.0 |
| Red Blood Cell (RBC) ,EDTA <i>Method : Electric impedance</i> | 5.79 | 10 ⁶ /uL | 4.50 - 5.50 |
| Hematocrit (HCT /PCV) ,EDTA <i>Method : Pulse height detection</i> | 40.0 | % | 40.0 - 50.0 |
| Mean Corp Volume (MCV) ,EDTA <i>Method : Calculated</i> | 69.1 | fL | 83.0 - 101.0 |
| Mean Corp Hb (MCH) ,EDTA <i>Method : Calculated</i> | 21.0 | pg | 27.0 - 32.0 |
| Mean Corp Hb Conc (MCHC) ,EDTA <i>Method : Calculated</i> | 30.4 | g/dL | 31.5 - 34.5 |
| Platelet Count(PLT) ,EDTA <i>Method : Electric impedance/Microscopy</i> | 156.00 | 10 ³ /uL | 150.00 - 410.00 |
| RDW- CV% ,EDTA | 14.2 | % | 11.6 - 14.0 |
| Differential Leucocyte Count <i>Method : Microscopy</i> | | | |
| Neutrophil ,EDTA | 68.0 | % | 40.0 - 80.0 |
| Lymphocyte ,EDTA | 23.0 | % | 20.0 - 45.0 |
| Eosinophil ,EDTA | 3.0 | % | 1.0 - 6.0 |
| Monocyte ,EDTA | 6.0 | % | 2.0 - 10.0 |
| Basophil ,EDTA | 0.0 | % | 0.0 - 2.0 |
| ESR ,EDTA <i>Method : Westergreen</i> | 19 | mm/Ist hr. | 00 - 15 |

Page No: 1 of 10

Checked By :- POOJA



DR. NEELU CHHABRA
MD. PATHOLOGIST

At Your Home: Collection of Blood Samples, ECG, Digital X-Ray

Occupational Health Service • Diagnostic & Preventive • Health Assessment • Periodic Preventive Health Camps • Corporate Health Checks

Ultrasound | Digital X Ray | DEXA | Mammography | Path Lab | ECHO | TMT | Healthchecks | PFT | Holter | Audiometry



| | | | |
|-------------------------|------------------------------------|----------------------------|---------------------|
| Registration No. | 102320653 | Mobile No. | 9831382214 |
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| Age / Sex | 48 Yrs 3 Months 10 Days | Sample Collected Date/Time | 04/03/2024 11:34:17 |
| Ref By / Hospital | MEDIWHEEL | Report Date/Time | 04/03/2024 17:30:43 |
| Collected At | DCKC | Printed Date/Time | 04/03/2024 18:15:20 |

| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

Blood Group ABO ,EDTA

Method : Forward Grouping

"B"

Rh Typing ,EDTA

Method : Forward Grouping

POSITIVE

HbA1c ,EDTA

Method : Photometric method

7.8 %

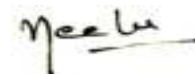
INTERPRETATIONS:-

NORMAL RANGE **4.00 - 5.60** %

| | | | |
|---|--------|--------|---|
| Pre Diabetic/ Higher chance of getting diabetes | 5.70 | - 6.20 | % |
| Good Diabetic Control | 6.20 - | 6.80 | % |
| Fair Diabetic Control | 6.80 - | 7.60 | % |
| Uncontrolled Diabetes -action suggested | >7.6 | | % |

Note:-

Glycosylated Haemoglobin is a specific component of HBA1C and is the blood glucose bound to it. This test is an index of carbohydrate in balance during the preceeding two months. The estimation is of greater importance for specific group of patient. This result are not affected by time, meal intake exercise, diabetic drugs, emotional Stress etc. HbA1c should be routinely monitored ideally at least every 3 months.





| | | | |
|-------------------------|----------------------------------|----------------------------|---------------------|
| Registration No. | 102320653 | Mobile No. | 9831382214 |
| Patient Name | Mr. KUMAR RAO ALLADA | Registration Date/Time | 04/03/2024 09:44:29 |
| Age / Sex | 48 Yrs 3 Male 10 Days | Sample Collected Date/Time | 04/03/2024 11:34:17 |
| Ref By / Hospital | MEDIWHEEL | Report Date/Time | 04/03/2024 17:25:05 |
| Collected At | DCKC | Printed Date/Time | 04/03/2024 18:15:20 |

| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

BIOCHEMISTRY

LIPID PROFILE

| | | | |
|--|--------------|-------|--------------|
| Total Lipids ,Serum Plain | 870 | mg/dl | 400 - 700 |
| Serum Cholesterol ,Serum Plain <i>Method : CHOD-POD</i> | 244 | mg/dl | 0 - 200 |
| Serum Triglycerides ,Serum Plain <i>Method : GPO-POD</i> | 382 | mg/dl | 60 - 165 |
| Serum HDL Cholesterol ,Serum Plain <i>Method : Direct Method</i> | 47 | mg/dl | 40 - 70 |
| Serum LDL Cholesterol ,Serum Plain <i>Method : Calculated</i> | 120.6 | mg/dl | 30.0 - 100.0 |
| Serum VLDL Cholesterol ,Serum Plain <i>Method : Calculated</i> | 76.4 | mg/dl | 24.0 - 45.0 |
| Total CHO/HDL Cholesterol Ratio ,Serum Plain <i>Method : Calculated</i> | 5.19 | | |
| LDL/HDL Cholesterol Ratio ,Serum Plain <i>Method : Calculated</i> | 2.57 | | |

Guidelines for Total Blood Cholesterol Levels on 11 to 12 hour fasting samples.

Desirable : Less than 200 mg/dl

Borderline High Risk : 200 to 239 mg/dl

High Risk : 240 mg/dl and over, on repeated values

Optimal Level for Cardiac Patients : Less than 200 mg/dl

HDL-C : High HDL has generally been found to be protective, decreasing the risk of coronary Artery disease (CAD) in most people. However, some recent studies have shown that in some people with high HDL, the HDL is not protective and may, in fact result in higher risk for CAD than in people with normal HDL levels. In one study it was shown that people with CAD and high HDL had underlying genetic anomalies in enzymes important in lipid turnover. Another study showed that high levels of abnormally large HDL particles were associated with increased risk of CAD. Factors that elevate HDL concentrations include chronic alcoholism, treatment with oral estrogen replacement therapy, extensive aerobic exercise, and treatment with niacin, statins, or fibrates. Smoking reduces levels of HDL cholesterol, while quitting smoking leads to a rise in the plasma HDL level.

Triglycerides Female 40 - 140
Male 60 - 165

Adult levels:

Optimal <100 mg/dL
Near Optimal/ above optimal 100 - 129 mg/dL
Borderline high 130 - 159 mg/dL
High 160 - 189 mg/dL
Very High ≥ 190 mg/dL

KIDNEY FUNCTION TEST (KFT)

| | | | |
|---|------|-------|-------------|
| Blood Urea ,Serum Plain <i>Method : Urease -UV</i> | 18.9 | mg/dl | 15.0 - 45.0 |
| Serum Creatinine ,Serum Plain <i>Method : Modified Jaffe's</i> | 0.90 | mg/dl | 0.40 - 1.50 |

Checked By :- POOJA

DR. NEELU CHHABRA
MD. PATHOLOGIST

At Your Home: Collection of Blood Samples, ECG, Digital X-Ray

Occupational Health Service • Diagnostic & Preventive • Health Assessment • Periodic Preventive Health Camps • Corporate Health Checks

Ultrasound | Digital X Ray | DEXA | Mammography | Path Lab | ECHO | TMT | Healthchecks | PFT | Holter | Audiometry



| | | | |
|-------------------------|----------------------------------|----------------------------|---------------------|
| Registration No. | 102320653 | Mobile No. | 9831382214 |
| Patient Name | Mr. KUMAR RAO ALLADA | Registration Date/Time | 04/03/2024 09:44:29 |
| Age / Sex | 48 Yrs 3 Male 10 Days | Sample Collected Date/Time | 04/03/2024 11:34:17 |
| Ref By / Hospital | MEDIWHEEL | Report Date/Time | 04/03/2024 17:31:15 |
| Collected At | DCKC | Printed Date/Time | 04/03/2024 18:15:20 |

| Test Name | Value | Unit | Biological Ref Interval |
|--|--------|--------|---|
| Serum Uric Acid ,Serum Plain <i>Method : Uricase- POD</i> | 5.37 | mg/dl | 3.40 - 7.00 |
| Serum Sodium ,Serum Plain <i>Method : ISE Direct</i> | 139.0 | mmol/L | 135.0 - 148.0 |
| Serum Potassium ,Serum Plain <i>Method : ISE Direct</i> | 4.30 | mmol/L | 3.50 - 5.00 |
| Serum Chloride ,Serum Plain <i>Method : ISE DIRECT</i> | 100.00 | mmol/L | 97.00 - 107.00 |
| Serum Calcium ,Serum Plain <i>Method : Arsenazo III</i> | 10.30 | mg/dl | New Born : 7.8 - 11.2 mg/dl Adult : 8.2 - 10.6 mg/dl |



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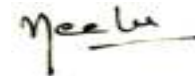
| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

LIVER PROFILE / LFT

| | | | |
|---|-------------|-------|--|
| Serum Bilirubin (Total) ,Serum Plain <i>Method : DSA Method</i> | 0.45 | mg/dl | 0.00 - 1.20 |
| Serum Bilirubin (Direct) ,Serum Plain <i>Method : DSA Method</i> | 0.13 | mg/dl | 0.00 - 0.30 |
| Serum Bilirubin (Indirect) ,Serum Plain <i>Method : Calculated Parameter</i> | 0.32 | mg/dl | 0.00 - 0.60 |
| SGOT ,Serum Plain <i>Method : IFCC/KINETIC</i> | 42.9 | IU/l | Males : Upto 46 IU/l Females : Upto 40 IU/l |
| SGPT ,Serum Plain <i>Method : IFCC/KINETIC</i> | 79.3 | IU/l | Upto 49 IU/l |
| Serum Alkaline Phosphatase ,Serum Plain <i>Method : DEA Method</i> | 94.0 | IU/l | 30.0 - 120.0 |
| Serum Total Protein ,Serum Plain <i>Method : Biuret Method</i> | 7.73 | gm/dl | 6.00 - 8.50 |
| Serum Albumin ,Serum Plain <i>Method : BCG Method</i> | 4.91 | gm/dl | 3.20 - 5.50 |
| Globulin ,Serum Plain <i>Method : Calculated</i> | 2.82 | gm/dl | 2.00 - 4.10 |
| A/G Ratio ,Serum Plain <i>Method : Calculated</i> | 1.74 | | 1.00 - 2.10 |
| Serum GGTP ,Serum Plain <i>Method : G-Glutamyl Transferase</i> | 84.0 | U/L | 0.0 - 50.0 |

Page No: 5 of 10

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| Ref By / Hospital | MEDIWHEEL | Report Date/Time | 04/03/2024 15:35:50 |
| Collected At | DCKC | Printed Date/Time | 04/03/2024 18:15:20 |

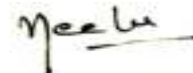
| Test Name | Value | Unit | Biological Ref Interval |
|-----------|-------|------|-------------------------|
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Blood Sugar (Fasting) ,Plasma F **246.8** mg/dl 70.0 - 110.0
Method : GOD POD

Blood Sugar (PP) ,Plasma PP **270.9** mg/dl 70.0 - 140.0
Method : GOD POD

Comment :-

Excluding alimentary hypoglycemia, renal glycosuria, hereditary fructose intolerance and galactosemia. possible cause of PP reactive hypoglycemia (PRH) (low post prandial glucose level) include high sensitivity, exaggerated response to insulin like peptide -1, defect in counter regulation very lean or anxious individuals, after massive weight reduction and women with lower body over weight etc..





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| Age / Sex | 48 Yrs 3 Male 10 Days | Sample Collected Date/Time | 04/03/2024 11:34:17 |
| Ref By / Hospital | MEDIWHEEL | Report Date/Time | 04/03/2024 17:30:43 |
| Collected At | DCKC | Printed Date/Time | 04/03/2024 18:15:20 |

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|-----------|-------|------|-------------------------|
|-----------|-------|------|-------------------------|

IMMUNOASSAY

TOTAL THYROID PROFILE

| | | | |
|-----------------------|-------------|--------|--------------|
| Total T3 ,Serum Plain | 1.36 | ng/mL | 0.69 - 2.15 |
| Total T4 ,Serum Plain | 10.20 | ug/dl | 5.20 - 12.70 |
| TSH | 5.77 | uIU/ml | 0.30 - 4.50 |

Comment :

| Age Group | Biological Reference Range |
|---------------------|----------------------------|
| 1-2 Days | 3.2-3.43 uIU/ml |
| 3-4 Days | 0.7-15.4 uIU/ml |
| 15 Days - 5 Months | 1.7-9.1 uIU/ml |
| 5 Months - 2 Years | 0.7-6.4 uIU/ml |
| 2 Years - 12 Years | 0.64-6.27 uIU/ml |
| 12 Years - 18 Years | 0.51-4.94 uIU/ml |
| > 18 Years | 0.35-5.50 uIU/ml |

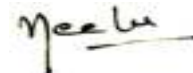
Adults

Note: TSH levels are subject to circadian variation, rising several hours before the onset of sleep, reaching peak levels between 11 pm to 6 am. Nadir concentrations are observed during the afternoon. Diurnal variation in TSH level approximates + 50 %, hence time of the day has influence on the measured serum TSH concentration. Although elevated TSH levels are nearly always indicative of primary hypothyroidism, and may be seen in secondary thyrotoxicosis.

Newborn

In a very low birth weight baby (particularly premature neonates) immaturity of the hypothalamic-pituitary - thyroid axis may mask primary congenital hypothyroidism. It is recommended that the test be repeated two weeks after birth in babies 1000-1500 gm and at four weeks in those <1000 gm. Specimen collection prior to 24 hours of age, after blood transfusion and prematurity can affect this screening.

Nearly 90% of CH cases are detected by newborn screening. A small number of children may test normal on the newborn screen but later develop hypothyroidism.





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Total PSA ,Serum Plain 0.24 ng/ml 0.00 - 4.00

Increased Value is seen in Benign Prostatic Hypertrophy(BPH), Prostatitis, or Prostate Cancer .

When total PSA concentration is <2.0 ng/ml, the probability of prostate cancer in asymptomatic men is low.

When total PSA concentration is >10.0 ng/mL, the probability of cancer is high and prostate biopsy is generally recommended.

The Total PSA range of 4.0 to 10.0 ng/ml has been described as a diagnostic "gray zone," in which the Free:Total PSA ratio helps to determine the relative risk of prostate cancer.

Therefore, some urologists recommend using the Free:Total ratio to help select which men should undergo biopsy.

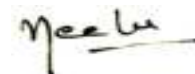
However even a negative result of prostate biopsy does not rule-out prostate cancer. Up to 20% of men with negative biopsy results have subsequently been found to have cancer.

Higher total PSA levels and lower percentages of free PSA are associated with higher risks of prostate cancer. Based on free:total PSA ratio: the percent probability of finding prostate cancer on a needle biopsy by age in years:

| Free PSA as a percent of Total PSA | Probabilty of carcinoma prostate when Total PSA is 4.1 - 10.0 ng / ml |
|------------------------------------|---|
| >= | 26 8 % |
| 20 - 25 | 16 % |
| 15 - 20 | 20 % |
| 10 - 15 | 28 % |
| 0 - 10 | 56 % |

Comments:-

False negative / positive results are observed in patients receiving mouse monoclonal antibodies for diagnosis or therapy.PSA total and free levels may appear consistently elevated / depressed due to the interference by heterophilic antibodies and nonspecific protein binding.Results obtained with different assay kits cannot be used interchangeably.All results should be corelated with clinical findings and results of other investigations





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CLINICAL PATHOLOGY

URINE ROUTINE EXAMINATION

URE PHYSICAL EXAMINATION

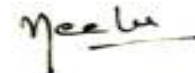
| | | |
|-------------------|-------------|-------------|
| Colour ,URINE | Pale Yellow | Pale Yellow |
| Volume ,URINE | 15 | mL |
| Appearance ,URINE | Clear | Clear |

URE CHEMICAL EXAMINATION

| | | |
|-------------------------------|--------|--------|
| Reaction ,URINE | Acidic | Acidic |
| Ph (Strip Method) ,URINE | 6.0 | 5.0 |
| Specific Gravity ,URINE | 1.020 | 1.000 |
| Protein (Strip Method) ,URINE | Nil | Nil |
| Glucose (Strip Method) ,URINE | + | Nil |

URE MICROSCOPY EXAMINATION

| | | | |
|-------------------------|--------|------|--------|
| Pus Cells ,URINE | 1 - 2 | /HPF | 0 - 1 |
| Epithelial Cells ,URINE | 1 - 2 | /HPF | 0 - 1 |
| RBC's ,URINE | Nil | /HPF | Nil |
| Casts ,URINE | Nil | | |
| Crystals ,URINE | Nil | | |
| Bacteria ,URINE | Absent | | Absent |
| Mucus Thread ,URINE | Nil | | Nil |
| Other ,URINE | Nil | | |



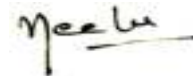


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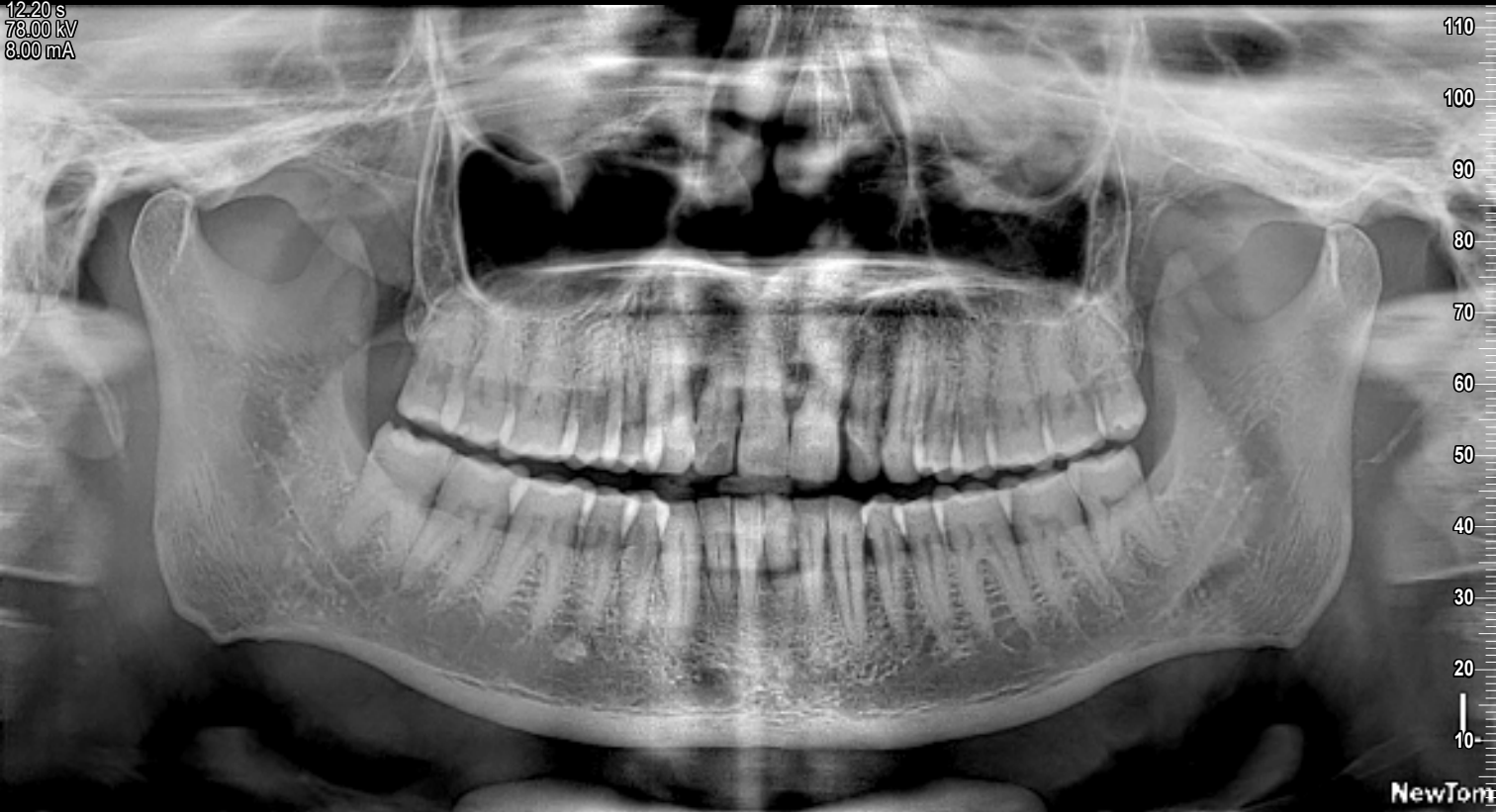
URE SUGAR (FASTING) , URINE +

*** End of Report ***



04-03-2024 12:06:50

12.20 s
78.00 kV
8.00 mA



04-03-2024 12:06:50

12.20 s
78.00 kV
8.00 mA

