

Name : Mr. KISHOR RAI K
PID No. : MED121189323
SID No. : 522319980
Age / Sex : 61 Year(s) / Male
Ref. Dr : MediWheel
Source : MediWheel

Register On : 23/12/2023 8:37 AM
Collection On : 23/12/2023 8:59 AM
Report On : 23/12/2023 6:16 PM
Printed On : 25/12/2023 10:31 AM
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REPORT

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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'O' 'Positive'		
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INTERPRETATION:Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.

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DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

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HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	13.8	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	40.2	%	42 - 52
RBC Count (EDTA Blood)	4.47	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	90.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	30.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.3	g/dL	32 - 36
RDW-CV	14.4	%	11.5 - 16.0
RDW-SD	45.36	fL	39 - 46

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Total Leukocyte Count (TC) (EDTA Blood)	8800	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	72.7	%	40 - 75
Lymphocytes (Blood)	12.9	%	20 - 45
Eosinophils (Blood)	2.1	%	01 - 06
Monocytes (Blood)	11.2	%	01 - 10
Basophils (Blood)	1.1	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count (EDTA Blood)	6.40	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.14	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.18	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.99	$10^3 / \mu\text{l}$	< 1.0

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Absolute Basophil count (EDTA Blood)	0.10	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	252	10 ³ / μ l	150 - 450
MPV (Blood)	7.1	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.18	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood)	3	mm/hr	< 20

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BIOCHEMISTRY

Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	104.21	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126
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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.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	103.12	mg/dL	70 - 140
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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)	8.1	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	1.06	mg/dL	0.8 - 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.

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Uric Acid (Serum/Enzymatic)	5.75	mg/dL	3.5 - 7.2

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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.34	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.18	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	20.92	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	21.53	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	27.68	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	35.9	U/L	56 - 119
Total Protein (Serum/Biuret)	6.95	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	5.00	gm/dl	3.5 - 5.2

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Globulin (Serum/Derived)	1.95	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	2.56		1.1 - 2.2

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<u>Lipid Profile</u>			
Cholesterol Total <small>(Serum/CHOD-PAP with ATCS)</small>	213.26	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides <small>(Serum/GPO-PAP with ATCS)</small>	94.15	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 <small>(Serum/Immunoinhibition)</small>	58.98	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol <small>(Serum/Calculated)</small>	135.5	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190

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VLDL Cholesterol (Serum/Calculated)	18.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	154.3	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)	3.6		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)	1.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.8	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Estimated Average Glucose 119.76 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.

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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	7.6		6.0 - 22.0

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<u>IMMUNOASSAY</u>			
Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.838	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

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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.08	ng/ml	0.4 - 1.81
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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)	10.56	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)	1.83	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 μ U/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5		4.5 - 8.0
Specific Gravity (Urine)	1.007		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal

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Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

MICROSCOPIC EXAMINATION
(URINE COMPLETE)

Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL

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Others
(Urine)

NIL

INTERPRETATION:Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

VERIFIED BY




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MD PATHOLOGY
KMC 88902

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-- End of Report --

OPTICAL STORE

Unique Collection

Ph: 9611444957

Vyalikaval Main road No:12 Lakshmi Nilaya, Ground Floor,
2nd Main Road, Vyalikaval, Bengaluru Karnataka - 560003

Name **Kishan. Rai K**
Age **61/M**

Ph No.

CHIEF COMPLAINTS

RE / LE / BE : DOV / Blurring / Eyeache / Burning
Itching / Pricking / Redness
- Nil -

Visual Activity:

	RE	LE
Distance/ Near	6/6	6/6
With PH		
With Glasses/CL		

Color Vision: **BE = Normal**

	RE				LE			
	SPH	CYL	AXIS	VN	SPH	CYL	AXIS	VN
Distance	Plan 0 6/6				Plan 0 6/6			
Near	N00 +2.00				N0 BE			

Advise: Constant Use / Near Use / Distance Only

Ravi Kumar H G
Mr. Ravi Kumar H G
(Consultant Optometrist)

Patient Name	Mr. Kishor Rai	Date	23/12/2023
Age	61	Visit Number	522319980
Sex	Male	Corporate	medRheel

GENERAL PHYSICAL EXAMINATION

Identification Mark :

Height : 180 cm

Weight : 65.5 kgs

Pulse : 84 /minute

Blood Pressure : 110/70 mm of Hg

BMI : 20

BMI INTERPRETATION

Underweight = <18.5

Normal weight = 18.5-24.9

Overweight = 25-29.9

Chest :

Expiration : cms

Inspiration : cms

Abdomen Measurement : cms

Eyes : NAD Ears :

Throat : Not infected Neck nodes : NAD

RS: Bil NAD CVS: S2 @

PA: soft, BS @ CNS: Conscious & alert

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO

Dr. RITESH RAJ, MBBS
General Physician & Diabetologies
KMC Reg. No: 85875
MAX DIAGNOSTICS
Signature



MIR KISHOR RAI K
ID 121189323

Vital Signs™ 226 166 05

61 Years

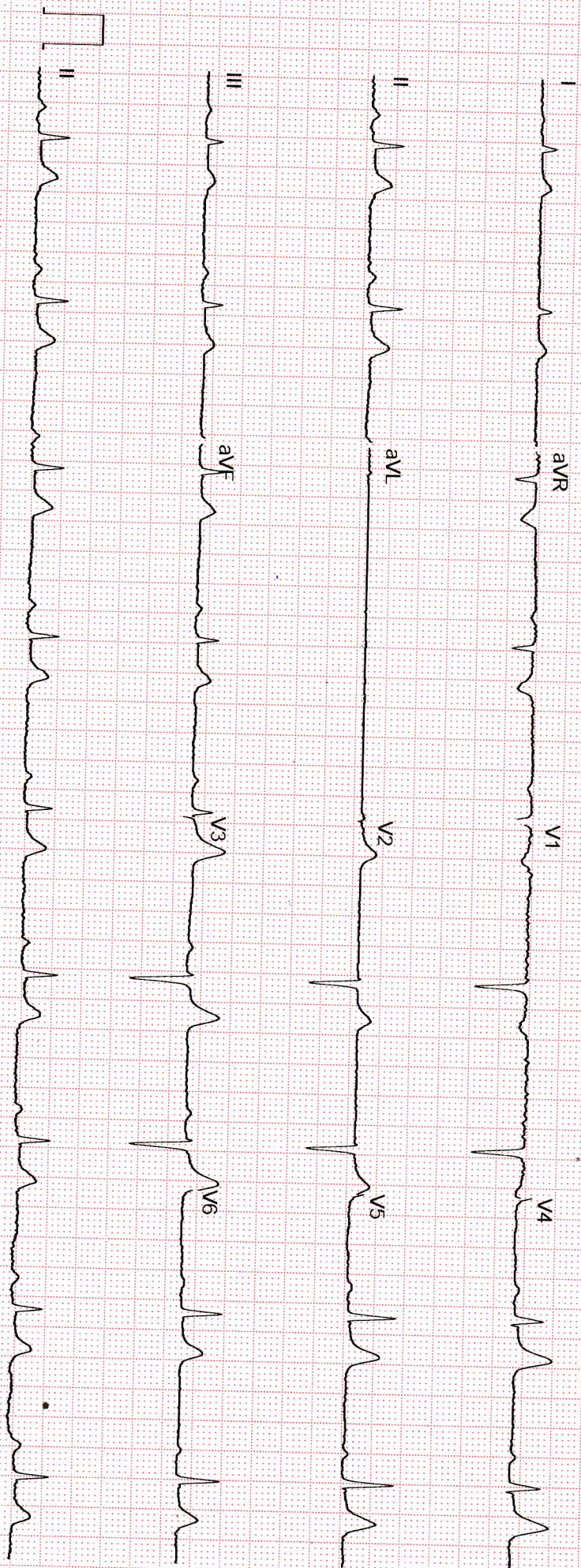
Male

23 12 2023 9 08 49
CLUMAX DIAGNOSTICS
VYALIKAVAI
BANGALORE

QRS : 70 ms
QT / QTcBaz : 382 / 358 ms
PR : 218 ms
P : 74 ms
RR / PP : 1122 / 1132 ms
P / QRS / T : 71 / 67 / 61 degrees

Sinus bradycardia with 1st degree AV block
Otherwise normal ECG

1st degree AV block



GE MAC2000 1 1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3 25_R1 Unconfirmed

CE 0537 LOT D 790

53 bpm

-- / -- mmHg

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Age & Gender	61Y/MALE	Visit Date	23 Dec 2023
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (12.3 cm) and shows increased echogenicity. 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. 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.

KIDNEYS

Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis. Column of bertin is noted.

Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.8	1.6
Left Kidney	11.1	1.2

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 3.9 x 3.3 x 3.4 cms, Vol: 13.80 cc.

No evidence of ascites.

A small defect measuring 8 mm is noted in the level of umbilicus with herniation of omentum. Contents are partially reducible - Small umbilical hernia.

IMPRESSION:

- **Grade I fatty infiltration of liver.**
- **No other significant abnormality detected.**

Name	MR.KISHOR RAI K	ID	MED121189323
Age & Gender	61Y/MALE	Visit Date	23 Dec 2023
Ref Doctor Name	MediWheel		

DR. HEMANANDINI V.N
CONSULTANT RADIOLOGIST
Hn/Mi

Name	MR.KISHOR RAI K	ID	MED121189323
Age & Gender	61Y/MALE	Visit Date	23 Dec 2023
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2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA	:	2.32	cms.
LEFT ATRIUM	:	2.60	cms.
AVS	:	1.47	cms.
LEFT VENTRICLE			
(DIASTOLE)	:	4.56	cms.
(SYSTOLE)	:	2.36	cms.
VENTRICULAR SEPTUM	:		
(DIASTOLE)	:	1.36	cms.
(SYSTOLE)	:	1.37	cms.
POSTERIOR WALL	:		
(DIASTOLE)	:	1.01	cms.
(SYSTOLE)	:	1.38	cms.
EDV	:	72	ml.
ESV	:	18	ml.
FRACTIONAL SHORTENING	:	38	%
EJECTION FRACTION	:	60	%
EPSS	:	---	cms.
RVID	:	1.80	cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE:	E - 0.6 m/s	A - 0.8 m/s	NO MR.
AORTIC VALVE:	1.1 m/s		NO AR.
TRICUSPID VALVE:	E - 0.3 m/s	A - 0.4 m/s	NO TR.
PULMONARY VALVE:	0.8 m/s		NO PR.

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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: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **GRADE I DIASTOLIC DYSFUNCTION.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

DR. YASHODA RAVI
CONSULTANT CARDIOLOGIST

Name	MR.KISHOR RAI K	ID	MED121189323
Age & Gender	61Y/MALE	Visit Date	23 Dec 2023
Ref Doctor Name	MediWheel		

Name	Mr. KISHOR RAI K	Customer ID	MED121189323
Age & Gender	61Y/M	Visit Date	Dec 23 2023 8:37AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Patient rotation is noted.

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral perihilar bronchovascular markings are prominent.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

IMPRESSION:

- ***No significant abnormality detected.***



Dr.Hemanandini
Consultant Radiologist