PID No. : MED122291812 Register On : 23/11/2023 9:50 AM : 522318168 SID No. Collection On : 23/11/2023 11:52 AM Age / Sex : 44 Year(s) / Male Report On : 23/11/2023 6:59 PM Type : OP **Printed On** : 25/01/2024 8:59 AM

Ref. Dr : MediWheel

<u>Investigation</u>	Observed Unit Value	<u>Biological</u> <u>Reference Interval</u>
BLOOD GROUPING AND Rh TYPING	'B' 'Positive'	

 $({\rm EDTA~Blood} Agglutination)$ 

INTERPRETATION: Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.

## Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	14.1	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	41.9	%	42 - 52
RBC Count (EDTA Blood)	5.06	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood)	82.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	27.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.7	g/dL	32 - 36
RDW-CV	13.2	%	11.5 - 16.0
RDW-SD	38.30	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7400	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	60.4	%	40 - 75
Lymphocytes (Blood)	28.8	%	20 - 45
Eosinophils (Blood)	3.0	%	01 - 06







The results pertain to sample tested.

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Monocytes (Plant)	6.9	%	01 - 10
(Blood)  Basophils (Blood)	0.9	%	00 - 02
INTERPRETATION: Tests done on Automated	Five Part cell count	er. All abnormal results	s are reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood)	4.47	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.13	10^3 / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.22	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.51	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood)	0.07	10^3 / μl	< 0.2
Platelet Count (EDTA Blood)	261	10^3 / μl	150 - 450
MPV (Blood)	8.8	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.23	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	10	mm/hr	< 15
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	89.50	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.

Glucose, Fasting (Urine)

(Urine - F/GOD - POD)

Negative







The results pertain to sample tested.

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glucose Postprandial (PPBS)	86.67	mg/dL	70 - 140

(Plasma - PP/GOD-PAP)

#### **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 Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.0	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.81	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-acetylcyteine , chemotherapeutic agent such as flucytosine

etc.			
Uric Acid (Serum/Enzymatic)	5.91	mg/dL	3.5 - 7.2
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.50	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.34	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	10.99	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	9.58	U/L	5 - 41







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<u>Investigation</u>	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	17.79	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	107.2	U/L	53 - 128
Total Protein (Serum/Biuret)	6.66	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.77	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	1.89	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	2.52		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	203.50	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	170.11	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 õusualö circulating level of triglycerides during most part of the day.

 $\begin{array}{lll} \mbox{HDL Cholesterol} & \mbox{41.56} & \mbox{mg/dL} & \mbox{Optimal(Negative Risk Factor):} >= \\ \mbox{(Serum/Immunoinhibition)} & \mbox{60} \\ \mbox{Borderline: } 40 - 59 \end{array}$ 

High Risk: < 40







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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
LDL Cholesterol (Serum/Calculated)	127.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	34	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	161.9	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)	4.9	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)	4.1	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.1	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

# Glycosylated Haemoglobin (HbA1c)







The results pertain to sample tested.

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
HbA1C (Whole Blood/ <i>HPLC</i> )	5.3	%	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 105.41 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 glycemic 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 HbAlC 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.

Prostate specific antigen - Total(PSA)

0.511

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

4.2 - 12.0

Tostate specific antigen - Total(15A)

(Serum/Manometric method)

# THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.51 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 5.51 µg/dl

(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.







The results pertain to sample tested.

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<u>Investigation</u>	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
TSH (Thyroid Stimulating Hormone)	0.758	$\mu IU/mL$	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)

- 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.

### PHYSICAL EXAMINATION (URINE **COMPLETE**)

Colour	Yellow	Yellow to Amber
(Urine)		
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	20	
CHEMICAL EXAMINATION (UI COMPLETE)	<u>RINE</u>	
pH (Urine)	5.5	4.5 - 8.0
Specific Gravity (Urine)	1.010	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal







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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
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)	0-2	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/hpf	NIL
Others (Urine)	NIL		
<b>INTERPRETATION:</b> Note: Done with A reviewed and confirmed microscopically.	Automated Urine Analyser &	& Automated urine se	dimentation analyser. All abnormal reports are
Casts (Urine)	NIL	/hpf	NIL



NIL



/hpf



NIL

The results pertain to sample tested.

Crystals

(Urine)

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InvestigationObserved<br/>ValueUnit<br/>UnitBiological<br/>Reference Interval

BUN / Creatinine Ratio 9.85 6.0 - 22.0





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<u>Observed</u> <u>Value</u>

<u>Unit</u>

Biological Reference Interval

**URINE ROUTINE** 

**Investigation** 





-- End of Report --

Name	MR.P KRISHNA	ID	MED122291812
Age & Gender	44Y/MALE	Visit Date	23 Nov 2023
Ref Doctor Name	MediWheel	-	

## ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size (12.3 cm) 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. Wall is of normal thickness. CBD is of normal calibre.

**PANCREAS** obscured by bowel gas shadow.

**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.

**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	9.3	1.4
Left Kidney	9.4	1.9

**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 17.6 cc.

No evidence of ascites.

## **IMPRESSION:**

• No sonological abnormality detected.

DR. KARTHIK VIJAY DATTANI, MD, PDCC CONSULTANT RADIOLOGIST Kv/Sp

Name	MR.P KRISHNA	ID	MED122291812
Age & Gender	44Y/MALE	Visit Date	23 Nov 2023
Ref Doctor Name	MediWheel		

## 2D ECHOCARDIOGRAPHIC STUDY

## **M-mode measurement:**

**AORTA** 2.32 cms. LEFT ATRIUM 3.14 cms. **AVS** 1.45 cms. LEFT VENTRICLE (DIASTOLE) 4.29 cms. (SYSTOLE) 2.76 cms. **VENTRICULAR SEPTUM** (DIASTOLE) 0.98 cms. (SYSTOLE) 1.25 cms. **POSTERIOR WALL** (DIASTOLE) 1.06 cms. (SYSTOLE) 1.06 cms. **EDV** 82 ml. **ESV** 28 ml. % FRACTIONAL SHORTENING 35 **EJECTION FRACTION** 60 % **EPSS** cms. **RVID** 1.80 cms.

# **DOPPLER MEASUREMENTS:**

MITRAL VALVE: E - 0.8 m/s A - 0.6 m/s NO MR.

AORTIC VALVE: 1.1 m/s NO AR.

TRICUSPID VALVE: E - 0.8 m/s A - 0.3 m/s NO TR.

PULMONARY VALVE: 0.8 m/s NO PR.

Name	MR.P KRISHNA	ID	MED122291812
Age & Gender	44Y/MALE	Visit Date	23 Nov 2023
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 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.
- NORMAL VALVES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

DR. YASHODA RAVI CONSULTANT CARDIOLOGIST

Name	Mr. P KRISHNA	Customer ID	MED122291812
Age & Gender	44Y/M	Visit Date	Nov 23 2023 9:49AM
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.

<u>Impression:</u> No significant abnormality detected.

DR KARTHIK VIJAY DATTANI. MD., PDCC CONSULTANT RADIOLOGIST



Patient Name	Krishna.P	Date	23/11/2023 ex
Age	uuys	Visit Number	522318168
Sex	Male	Corporate .	Medi wheel

#### GENERAL PHYSICAL EXAMINATION

Identification Mark:

Height: 166cm

Weight: 58 Cy kgs

/minute

Blood Pressure: 120/20 49 mm of Hg

: Mmil.

**EMI INTERPRETATION** 

Underweight = <18.5 Normal weight = 18.5-24.9

Overweight = 25-29.9

Chest:

Expiration: cms

Inspiration: cms

Abdomen Measurement :

Eyes: Clinically NAD Ears :

Throat: Not injected. 

CNS: consim form ted PA: SV/1, NT.

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

NOTE: MEDICAL FIT FOR EMPLOYMENT YES / NO

