

Name : Mr. PREETHAM V

PID No. : MED112109277

Register On : 08/03/2024 8:09 AM

SID No. : 924006347

Collection On : 08/03/2024 8:14 AM

Age / Sex : 40 Year(s) / Male

Report On : 08/03/2024 5:17 PM

Type : OP

Printed On : 08/03/2024 5:46 PM

Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Basophils (EDTA Blood)	0.8	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	4.11	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.54	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.38	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.52	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.05	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	227	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	9.2	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	2	mm/hr	< 15



MC-5606



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BIOCHEMISTRY

Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	105.21	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)	77.39	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.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	13.9	mg/dL	7.0 - 21
--	------	-------	----------

Creatinine (Serum/Modified Jaffe)	0.94	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)	4.82	mg/dL	3.5 - 7.2
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	147.14	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	136.32	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)	45.63	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	74.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	27.3	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	101.5	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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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)	3.2		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)	3		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)	1.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<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: \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 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 glycemc 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>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	14.7		6.0 - 22.0



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<u>IMMUNOASSAY</u>			
Prostate specific antigen - Total(PSA) (Serum/ <i>Manometric method</i>)	0.430	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

INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL.

PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).

Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.

PSA levels tend to increase in all men as they age.

Clinical Utility of PSA:

• In the early detection of Prostate cancer.

• As an aid in discriminating between Prostate cancer and Benign Prostatic disease.

• To detect cancer recurrence or disease progression.



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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.12	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)	7.69	µg/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/ECLIA)	2.54	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.



MC-5606



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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)	6.5		4.5 - 8.0
Specific Gravity (Urine)	1.005		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative



Dr. Arjun C.P
MBBS, MD Pathology
Reg No: KMC 89655
APPROVED BY

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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
Others (Urine)	NIL		

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

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL



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Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' 'Positive'



-- End of Report --

Name	MR.PREETHAM V	ID	MED112109277
Age & Gender	40Y/MALE	Visit Date	08 Mar 2024
Ref Doctor Name	MediWheel		

2D ECHOCARDIOGRAPHY

Chambers

- Left
ventricle : normal in size, No RWMA at Rest.
- Left
Atrium : Normal
- Right
Ventricle : Normal
- Right
Atrium : Normal

Septa

- IVS : Intact
- IAS : Intact

Valves

- Mitral
Valve : Normal.
- Tricuspid
Valve : Normal, trace TR, No PAH
- Aortic
valve : Tricuspid, Normal Mobility
- Pulmonary
Valve : Normal

Great Vessels

- Aorta :
Normal
- Pulmonary
Artery : Normal

Pericardium : Normal

Name	MR.PREETHAM V	ID	MED112109277
Age & Gender	40Y/MALE	Visit Date	08 Mar 2024
Ref Doctor Name	MediWheel		

Doppler Echocardiography

Mitral valve	E	0.65	m/sec	A	0.52	m/sec	E/a:1.25
Aortic Valve	V max	1.26	m/sec	PG	6.4	mm	
Diastolic Dysfunction				NONE			

:2:

M - Mode Measurement

Parameter	Observed Valve	Normal Range	
Aorta	27	26-36	Mm
Left Atrium	29	27-38	Mm
IVS	11	09-11	Mm
Left Ventricle - Diastole	47	42-59	Mm
Posterior wall - Diastole	11	09-11	Mm
IVS - Systole	15	13 - 15	Mm
Left Ventricle -Systole	29	21-40	Mm
Posterior Wall - Systole	15	13-15	Mm
Ejection Fraction	60	- >50	%

IMPRESSION:

- **NORMAL SIZED CARDIAC VALVES AND CHAMBERS**
- **NO RWMA'S AT REST**
- **NORMAL LV & RV SYSTOLIC FUNCTION LVEF - 60%**

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Age & Gender	40Y/MALE	Visit Date	08 Mar 2024
Ref Doctor Name	MediWheel		

- **NORMAL DIASTOLIC FUNCTION**
- **NO PERICARDIAL EFFUSION / VEGETATION / CLOT.**

DR RAMNARESH SOUDRI
MD DM (CARDIOLOGY) FSCAI
INTERVENTIONAL CARDIOLOGIST
Rs/ m

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Age & Gender	40Y/MALE	Visit Date	08 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 multiple polyps, largest measuring 8.4mm. No evidence of internal vascularity.
Gall bladder wall is of normal thickness.
CBD is of normal calibre.

PANCREAS is obscured by bowel gas.

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.
The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.6	1.4
Left Kidney	10.6	1.5

URINARY BLADDER show normal shape and wall thickness. It has clear contents.

PROSTATE shows normal shape, size (wt-9.6gms) and echopattern.

No evidence of ascites.

Impression: *Gall bladder polyps.*

Sugg: *Clinical correlation and further evaluation.*

DR. VINAY.V.R
CONSULTANT RADIOLOGIST
Vr/mp

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Age & Gender	40Y/MALE	Visit Date	08 Mar 2024
Ref Doctor Name	MediWheel		

Name	Mr. PREETHAM V	Customer ID	MED112109277
Age & Gender	40Y/M	Visit Date	Mar 8 2024 8:08AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

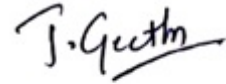
Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: Essentially normal study.



Dr. Geetha Priyadarshini
Consultant Radiologist
MBBS., MD(RD)., DNB

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Age & Gender	40Y/M	Visit Date	Mar 8 2024 8:08AM
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X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

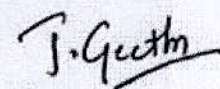
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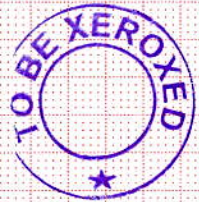


Dr. Geetha Priyadarshini
Consultant Radiologist
MBBS., MD(RD), DNB



40 Years Male

QRS : 88 ms
QT / QTcBaz : 418 / 399 ms
PR : 218 ms
P : 98 ms
RR / PP : 1096 / 1090 ms
P / QRS / T : 24 / 65 / 40 degrees

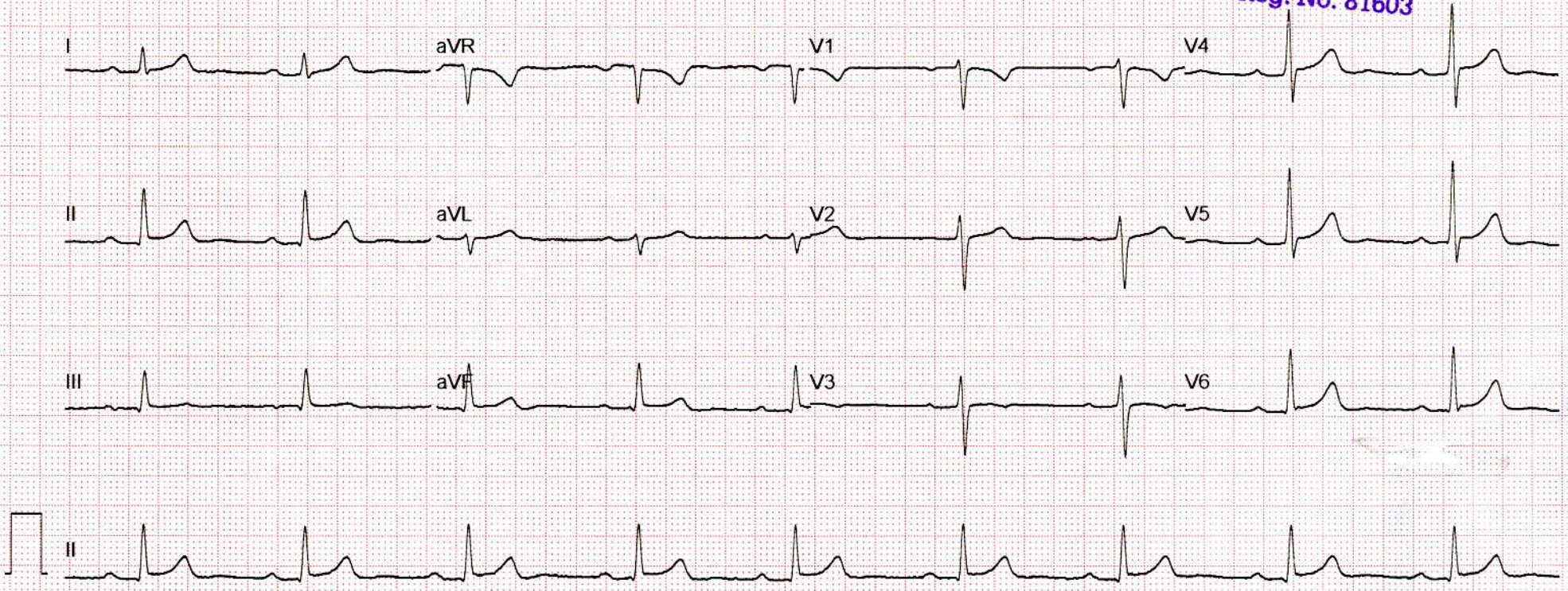


Technician: sonu
Ordering Ph:
Referring Ph: MEDIWHEEL
Attending Ph:

Sinus Bradycardia

(Needs Clinical Correlation
for further Management)

Dr. Raminaresh Soudri
MD, DM (Cardiology) FSCAI
Interventional Cardiologist
KMC Reg. No: 81603



MEDALL CLUMAX DIAGNOSTICS

Customer Name	preelham, N	Customer ID	119109977
Age & Gender	60yrs 1 male	Visit Date	<u>08-03-2024</u>

Eye Screening

With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	NDS	NDS
Distance Vision	6/6	6/6
Colour Vision	NO	NO

Observation / Comments:

Normal



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2D ECHOCARDIOGRAPHY

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- Left ventricle : normal in size, No RWMA at Rest.
- Left Atrium : Normal
- Right Ventricle : Normal
- Right Atrium : Normal

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- IVS : Intact
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- Mitral Valve : Normal.
- Tricuspid Valve : Normal, trace TR, No PAH
- Aortic valve : Tricuspid, Normal Mobility
- Pulmonary Valve : Normal

Great Vessels

- Aorta : Normal
- Pulmonary Artery : Normal

Pericardium : Normal

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Mitral valve	E	0.65	m/sec	A	0.52	m/sec	E/a:1.25
Aortic Valve	V max	1.26	m/sec	PG	6.4	mm	
Diastolic Dysfunction				NONE			



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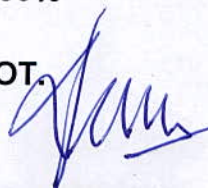
:2:

M – Mode Measurement

Parameter	Observed Valve	Normal Range	
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IVS	11	09-11	Mm
Left Ventricle - Diastole	47	42-59	Mm
Posterior wall - Diastole	11	09-11	Mm
IVS - Systole	15	13 - 15	Mm
Left Ventricle - Systole	29	21-40	Mm
Posterior Wall - Systole	15	13-15	Mm
Ejection Fraction	60	- >50	%

IMPRESSION:

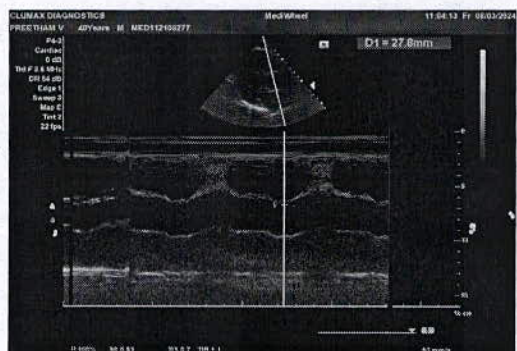
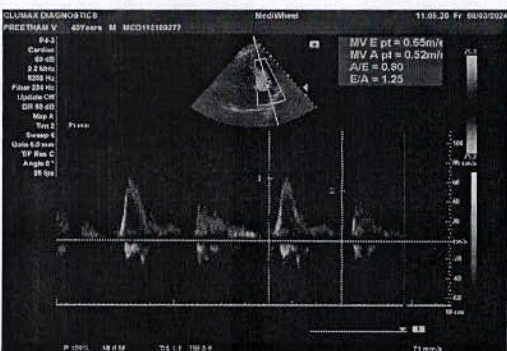
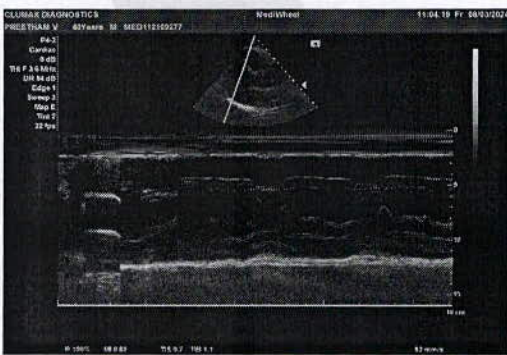
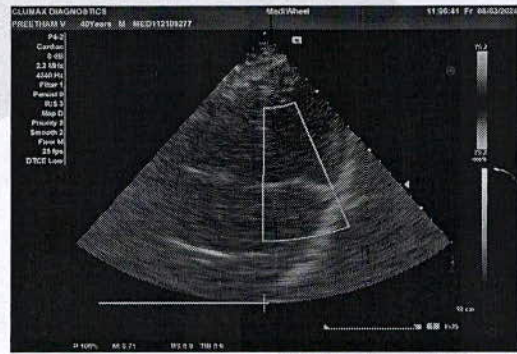
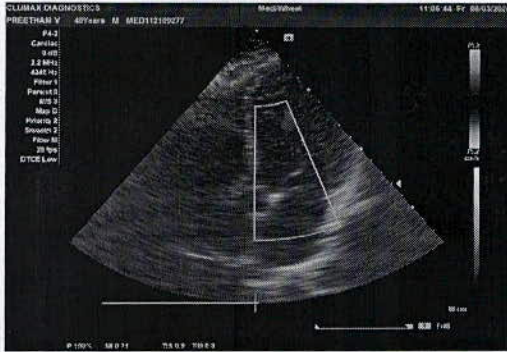
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DR RAMNARESH SOUDRI
MD DM (CARDIOLOGY) FSCAI
INTERVENTIONAL CARDIOLOGIST
Rs/ m



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Ref Doctor	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 multiple polyps, largest measuring 8.4mm. No evidence of internal vascularity.
Gall bladder wall is of normal thickness.
CBD is of normal calibre.

PANCREAS is obscured by bowel gas.

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.
The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.6	1.4
Left Kidney	10.6	1.5

URINARY BLADDER show normal shape and wall thickness. It has clear contents.

PROSTATE shows normal shape, size (wt-9.6gms) and echopattern.

No evidence of ascites.

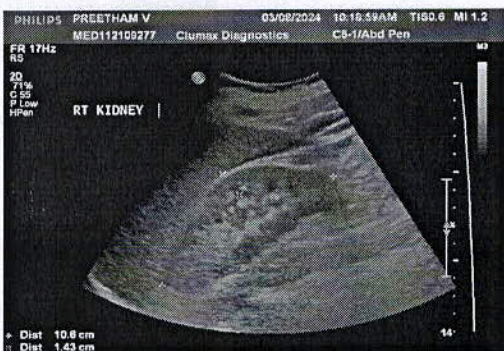
Impression: Gall bladder polyps.

Sugg: Clinical correlation and further evaluation.


DR. VINAY.V.R
CONSULTANT RADIOLOGIST
Vr/mp



Name	MR.PREETHAM V	ID	MED112109277
Age & Gender	40Y/MALE	Visit Date	08/03/2024
Ref Doctor	MediWheel		



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