

Name : Mr. ANNEPU RAMBABU
PID No. : MED210149593
SID No. : 522415206
Age / Sex : 46 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 19/10/2024 9:45 AM
Collection On : 19/10/2024 10:51 AM
Report On : 19/10/2024 4:06 PM
Printed On : 21/10/2024 7:55 AM

Investigation **Observed Value** **Unit** **Biological Reference Interval**

BLOOD GROUPING AND Rh TYPING

'O' 'Positive'

(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/SLS Hemoglobin method)	14.5	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/RBC pulse height detection method)	42.1	%	42 - 52
RBC Count (EDTA Blood/Impedance/Coulter Principle)	5.36	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Calculated)	78.5	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Calculated)	27.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Calculated)	34.5	g/dL	32 - 36
RDW-CV (Calculated)	14.4	%	11.5 - 16.0
RDW-SD (Calculated)	39.56	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance/Coulter Principle)	7500	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Flow cytometry)	57.6	%	40 - 75
Lymphocytes (Blood/Flow cytometry)	27.0	%	20 - 45
Eosinophils (Blood/Flow cytometry)	2.9	%	01 - 06



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Monocytes (Blood/Flow cytometry)	12.1	%	01 - 10
Basophils (Blood/Flow cytometry)	0.4	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Calculated)	4.32	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Calculated)	2.02	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Calculated)	0.22	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Calculated)	0.91	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Calculated)	0.03	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance/Coulter Principle)	265	10 ³ / µl	150 - 450
MPV (Blood/Calculated)	7.7	fL	7.9 - 13.7
PCT (Calculated)	0.20	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood/Capillary Photometry Technology)	6	mm/hr	< 15
Glucose Fasting (FBS) (Plasma - F/Hexokinase)	85.77	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/Hexokinase)	Negative	Negative
Glucose Postprandial (PPBS) (Plasma - PP/Hexokinase)	141.91	70 - 140



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The results pertain to sample tested.

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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/Hexokinase)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	11.4	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.73	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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	5.44	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.54	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.29	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.25	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	17.86	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	28.76	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	21.54	U/L	< 55
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Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	80.6	U/L	53 - 128
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Total Protein (Serum/Biuret)	7.91	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.87	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.04	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.60		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	109.07	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	138.34	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)	29.09	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	52.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	27.7	mg/dL	< 30



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Non HDL Cholesterol (Serum/Calculated)	80.0	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)	3.7		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	4.8		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)	1.8		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.7	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	116.89	mg/dL	
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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 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.

Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.300	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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THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.42	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)	10.28	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)	3.40	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.

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)	1.014	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal
Blood (Urine)	Negative	Negative
Nitrite (Urine)	Negative	Negative



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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)	0-2	/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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BUN / Creatinine Ratio	15.6		6.0 - 22.0



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Investigation

Observed
Value

Unit

Biological
Reference Interval

URINE ROUTINE



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-- End of Report --



OPTICAL STORE

#12 LAKSHMI NILAYA, GROUND FLOOR,
2ND MAIN ROAD, VYALIKAVAL
BENGALURU-560003
PH. 9611444957

Name A. n. nepu Ram babu
Age 46/M

Ph. 7892067732

Chief Complaints

RE / LE / DOV / Blurring / Burning / Itching / Pricking
Redness / Headache Nil

Past History

DM —ve
HTN —ve

Asthama —ve
Others Nil

Visual Acuity

	RE	LE
Distance / Near	6/36	6/18 (P)
With PH		
With Glasses	6/6	6/6

PG $\begin{matrix} R & 2.50DS & 0.50DC \\ L & & @ 15^\circ \end{matrix}$
 $\begin{matrix} R & 1.25DS & 0.75DC \\ L & & @ 170^\circ \end{matrix}$

Colour Vision RB = Abnormal

	RE			LE		
	SPH	CYL	AXIS	SPH	CYL	AXIS
Distance	2.50	—	6/6	1.25	0.75	170
Near			ADD	+1.50		

Ng (RB)

Advise

Ravi Kumar H.L.
(Consultant Optometrist)

Patient Name	Annapu Rambabu	Date	19-10-24
Age	46Y	Visit Number	522415206
Sex	male	Corporate	medihub

GENERAL PHYSICAL EXAMINATION

Identification Mark :

Height : 174 cms

Weight : 78 kgs

Pulse : 112 /minute

Blood Pressure : 130/70 mm of Hg

BMI : 25.8 kg/m²

kelco HCN - on ay

BMI INTERPRETATION

Underweight = <18.5

Normal weight = 18.5-24.9

Overweight = 25-29.9

Chest :

Expiration : 96 cms

Inspiration : 100 cms

Abdomen Measurement : 99 cms

Eyes : BIL Pupil ⊕ Ears :

Throat : NAD Neck nodes : } NAD

RS : BIL AE ⊕ CVS : ✓

PA : soft ✓ CNS : } NAD

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
medall DIAGNOSTICS
Signature

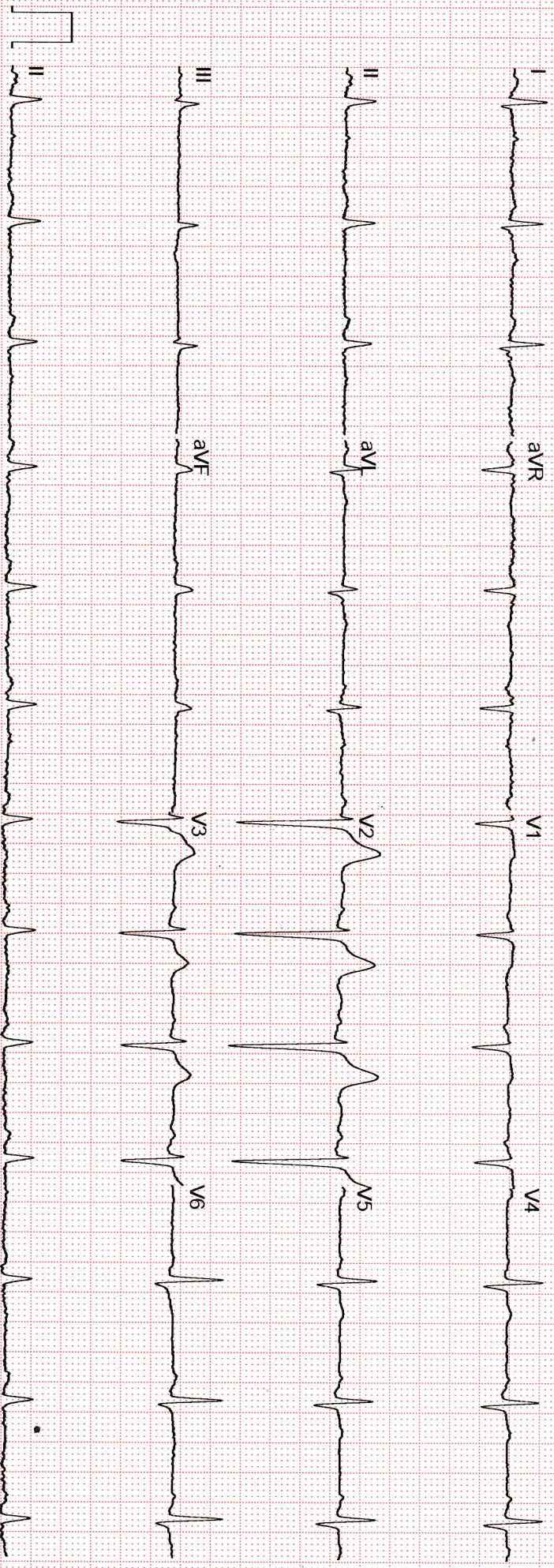


46 Years Male

19 10 2024 11 21 27
CLUMAX DIAGNOSTICS
VYALKAVAL
BANGALORE

Normal sinus rhythm
Normal ECG

QRS	82 ms
QT / QTcBaz	346 / 389 ms
PR	152 ms
P	98 ms
RR / PP	792 / 789 ms
P / QRS / T	17 / 49 / 17 degrees



GE MAC2000 1 1 12SL™ V241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4X2.5X3_25_R1

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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (13.5 cms) **and has 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 show normal shape, size (11.3 cms) and echopattern.

BOTH 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	9.5	1.5
Left Kidney	10.6	1.7

URINARY BLADDER show normal shape and wall thickness. It has clear contents. No evidence of diverticula.

PROSTATE shows normal shape, size and echopattern. It measures 3.4 x 3.2 x 3.4 cms, Vol - 20 cc

No evidence of ascites.

IMPRESSION:

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

DR. VANDANA S
CONSULTANT RADIOLOGIS
 Vs/Gk

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2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA	:	2.16	cms.
LEFT ATRIUM	:	3.55	cms.
AVS	:	1.47	cms.
LEFT VENTRICLE			
(DIASTOLE)	:	4.63	cms.
(SYSTOLE)	:	3.04	cms.
VENTRICULAR SEPTUM	:		
(DIASTOLE)	:	1.08	cms.
(SYSTOLE)	:	1.54	cms.
POSTERIOR WALL	:		
(DIASTOLE)	:	1.13	cms.
(SYSTOLE)	:	1.18	cms.
EDV	:	78	ml.
ESV	:	36	ml.
FRACTIONAL SHORTENING	:	34	%
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 : Concentric L V H, 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:

- **CONCENTRIC L V H.**
- **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

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Ref Doctor Name	MediWheel		

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Age & Gender	46Y/M	Visit Date	Oct 19 2024 9:45AM
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. APARNA

CONSULTANT RADIOLOGIST