

| | | | |
|-------------------------|-------------------------|--------------------|---------------------|
| Customer Name | MR.VISWANATHAN S | Customer ID | MED410296705 |
| Age & Gender | 55Y/MALE | Visit Date | 08/03/2025 |
| Ref Doctor | MediWheel | | |

Personal Health Report

General Examination:

Height : 158.0 cms BP: 132/80 mmhg
 Weight : 63.1 kg Pulse: 81/ min, regular
 BMI : 25.3 kg/m²

Systemic Examination:

CVS: S1 S2 heard;
 RS : NVBS +.
 Abd : Soft.
 CNS : NAD

Blood report:

Glucose-(FBS)- 196 mg/dl & HbA1C test -8.2 % - Elevated.

Triglycerides- 192 mg/dl- Slightly Elevated.

All other blood parameters are well within normal limits. (Report enclosed).

Urine analysis – Within normal limits.

X-Ray Chest – Normal study.

ECG – Normal ECG.

Echo – Abnormal.

Dental – poor alignment , loss of multiple teeth.

USG whole abdomen - Fatty liver , left renal cortical cysts , prostatomegaly with significant PVR.

Eye Test – Normal vision with specs.

| Vision | Right eye | Left eye |
|----------------|-----------|----------|
| Distant Vision | 6/6 | 6/6 |
| Near Vision | N6 | N6 |
| Colour Vision | Normal | Normal |



| | | | |
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Impression & Advice:

Glucose-(FBS)- 196 mg/dl & HbA1C test -8.2 % - Elevated. To consult a diabetologist for further evaluation and management. To have diabetic diet recommended by the dietician.

Triglycerides- 192 mg/dl- Slightly Elevated. To be brought down to the desirable level of 150 mg/dl by having low cholesterol, high fiber diet recommended by the dietician.

Echo - Abnormal. To consult cardiologist for further evaluation.

Dental - poor alignment , loss of multiple teeth - To consult dentist for further evaluation.

USG whole abdomen - Fatty liver , left renal cortical cysts , prostatomegaly with significant PVR - To consult urologist and to take low fat diet, and high fiber diets. Regular brisk walking for 45 minutes daily, 5 days a week is essential.

All other health parameters are well within normal limits.



DR. NOOR MOHAMMED RIZWAN A. M.B.B.S, FDM, FIC
MHC Physician Consultant

Dr. Noor Mohammed Rizwan A
MBBS., FDM, FIC
Reg.No.120325
Consultant Physician
A Medall Health Care and Diagnostics Pvt. Ltd.



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

BLOOD GROUPING AND Rh TYPING

'O' 'Positive'

(Whole Blood - W/Both Forward and Reverse Technique)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion


Complete Blood Count With - ESR

| | | | |
|--|-------|-------------|--------------|
| Haemoglobin (Whole Blood - W/Spectrophotometry) | 15.0 | g/dL | 13.5 - 18.0 |
| Packed Cell Volume(PCV)/Haematocrit (Whole Blood - W/Derived from Impedance) | 43.5 | % | 42 - 52 |
| RBC Count (Whole Blood - W/Impedance Variation) | 5.18 | mill/cu.mm | 4.7 - 6.0 |
| Mean Corpuscular Volume(MCV) (Whole Blood - W/Derived from Impedance) | 84.0 | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH) (Whole Blood - W/Derived from Impedance) | 28.9 | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC) (Whole Blood - W/Derived from Impedance) | 34.5 | g/dL | 32 - 36 |
| RDW-CV (EDTA Blood/Derived from Impedance) | 13.5 | % | 11.5 - 16.0 |
| RDW-SD (EDTA Blood/Derived from Impedance) | 39.69 | fL | 39 - 46 |
| Total Leukocyte Count (TC) (Whole Blood - W/Impedance Variation) | 7300 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 62.0 | % | 40 - 75 |
| Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry) | 27.9 | % | 20 - 45 |


DR SURYA LAKSHMI
Consultant Pathologist
KMC NO: 112817

VERIFIED BY




Dr Samudrala Bharathi
MD Pathology
Lab Director
TMC. No.: 72802

APPROVED BY

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| Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 1.7 | % | 01 - 06 |
| Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry) | 7.7 | % | 01 - 10 |
| Basophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.7 | % | 00 - 02 |
| INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically. | | | |
| Absolute Neutrophil count (Whole Blood - W/Impedance Variation & Flow Cytometry) | 4.53 | 10 ³ / μ l | 1.5 - 6.6 |
| Absolute Lymphocyte Count (Whole Blood - W/Impedance Variation & Flow Cytometry) | 2.04 | 10 ³ / μ l | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (Whole Blood - W/Impedance Variation & Flow Cytometry) | 0.12 | 10 ³ / μ l | 0.04 - 0.44 |
| Absolute Monocyte Count (Whole Blood - W/Impedance Variation & Flow Cytometry) | 0.56 | 10 ³ / μ l | < 1.0 |
| Absolute Basophil count (Whole Blood - W/Impedance Variation & Flow Cytometry) | 0.05 | 10 ³ / μ l | < 0.2 |
| Platelet Count (Whole Blood - W/Impedance Variation) | 277 | 10 ³ / μ l | 150 - 450 |
| MPV (EDTA Blood/Derived from Impedance) | 8.7 | fL | 7.9 - 13.7 |
| PCT (EDTA Blood/Automated Blood cell Counter) | 0.24 | % | 0.18 - 0.28 |
| ESR (Erythrocyte Sedimentation Rate) (Whole Blood - W/Automated - Westergren method) | 11 | mm/hr | < 20 |


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| BUN / Creatinine Ratio | 12.06 | | 6.0 - 22.0 |
| Glucose Fasting (FBS) (Plasma - F/GOD-PAP) | 196 | 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 | | Negative |
| Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived) | 7.72 | mg/dL | 7.0 - 21 |
| Creatinine (Serum/Modified Jaffe) | 0.64 | 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-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

| | | | |
|--------------------------------|------|-------|-----------|
| Uric Acid (Serum/Enzymatic) | 4.86 | mg/dL | 3.5 - 7.2 |
|--------------------------------|------|-------|-----------|

Liver Function Test

| | | | |
|---|------|-------|-----------|
| Bilirubin(Total) (Serum/DCA with ATCS) | 0.63 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) | 0.25 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect) (Serum/Derived) | 0.38 | mg/dL | 0.1 - 1.0 |
| SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC) | 21.3 | U/L | 5 - 40 |
| SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC) | 20.6 | U/L | 5 - 41 |


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| GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) | 32.6 | U/L | < 55 |
| Alkaline Phosphatase (SAP) (Serum/Modified IFCC) | 105 | U/L | 56 - 119 |
| Total Protein (Serum/Biuret) | 7.27 | gm/dl | 6.0 - 8.0 |
| Albumin (Serum/Bromocresol green) | 4.37 | gm/dl | 3.5 - 5.2 |
| Globulin (Serum/Derived) | 2.90 | gm/dL | 2.3 - 3.6 |
| A : G RATIO (Serum/Derived) | 1.51 | | 1.1 - 2.2 |

Lipid Profile

| | | | |
|---|-----|-------|---|
| Cholesterol Total (Serum/CHOD-PAP with ATCS) | 195 | mg/dL | Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240 |
| Triglycerides (Serum/GPO-PAP with ATCS) | 192 | 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) | 33.4 | mg/dL | Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40 |
|---|------|-------|--|


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|---|-----------------------|-------------|--|
| LDL Cholesterol (Serum/Calculated) | 123.2 | mg/dL | Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190 |
| VLDL Cholesterol (Serum/Calculated) | 38.4 | mg/dL | < 30 |
| Non HDL Cholesterol (Serum/Calculated) | 161.6 | 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) | 5.8 | | 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) | 5.7 | | Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0 |
| LDL/HDL Cholesterol Ratio (Serum/Calculated) | 3.7 | | Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0 |


Glycosylated Haemoglobin (HbA1c)

| | | | |
|---------------------------------|-----|---|---|
| HbA1C (Whole Blood - W/HPLC) | 8.2 | % | 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 \geq 8.1 %

| | | | |
|--|--------|-------|--|
| Estimated Average Glucose (Whole Blood) | 188.64 | mg/dL | |
|--|--------|-------|--|

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.

| | | | |
|---|-------|-------|--|
| Prostate specific antigen - Total(PSA) (Serum/Manometric method) | 0.866 | 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: REMARK : PSA alone should not be used as an absolute indicator of malignancy.

THYROID PROFILE / TFT

| | | | |
|---|-------|-------|------------|
| T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA)) | 0.973 | ng/ml | 0.4 - 1.81 |
|---|-------|-------|------------|

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/Chemiluminescent Immunometric Assay (CLIA)) | 7.38 | μ g/dl | 4.82 - 15.65 |
|---|------|------------|--------------|

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/Chemiluminescent Immunometric Assay (CLIA)) | 4.70 | μ IU/mL | 0.35 - 5.50 |
|---|------|-------------|-------------|



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X-RAY CHEST (PA VIEW)

The cardio thoracic ratio is normal. The heart size and configuration are within normal limits. The aortic arch is normal.

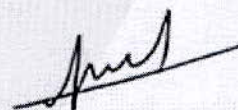
Subpleural fibrotic changes in bilateral lower lobes

The lung fields show normal broncho-vascular markings.

Both the pulmonary hila are normal in size.

The costophrenic and cardiophrenic recesses and the domes of diaphragm are normal.

The bones and soft tissues of the chest wall show no abnormality.



Dr. Prashant Moorthy MBBS., MD
Consultant Radiologist



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SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size ~13.4 cm and shows diffuse fatty changes. No focal lesion is seen.

The gall bladder is normal sized, smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

No para aortic lymphadenopathy is seen.

No abnormality is seen in the region of the adrenal glands.

The right kidney measures ~10.4 x 4.6 cm.

The left kidney measures ~11.1 x 6.0 cm.

Two cysts each measuring ~1.2 x 0.8 cm & ~1.5 x 1.3 cm noted in mid pole of left kidney.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

There is no calculus or calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.



| | | | |
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The prostate measures ~4.2 x 4.0 x 3.0 cm (Vol: 34.6 ml) and is enlarged in size.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

IMPRESSION:

- **Fatty liver.**
- **Left renal cortical cysts.**
- **Prostatomegaly with significant postvoid residual urine.**



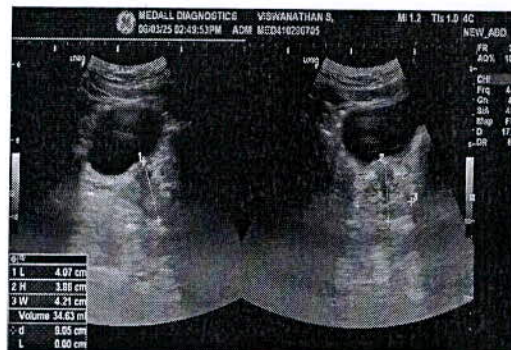
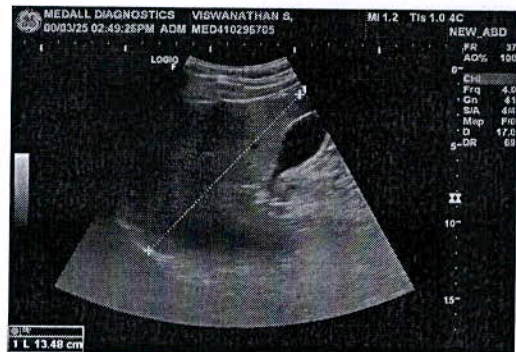
**DR. UMALAKSHMI
SONOLOGIST**



Medall Healthcare Pvt Ltd

58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission Office),

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ECHOCARDIOGRAPHY

M-MODE MEASUREMENTS:-

| <u>VALUES</u> | |
|---------------|--------|
| AO | 3.0 cm |
| LA | 3.5 cm |
| LVID(D) | 4.2 cm |
| LVID (S) | 2.9 cm |
| IVS (D) | 1.0 cm |
| LVPW (D) | 1.0 cm |
| EF | 65 % |
| FS | 35 % |
| TAPSE | 19 mm |

DOPPLER AND COLOUR FLOW PARAMETERS :-

| | | |
|---------------------------------|-----------------------------|----------------------|
| <i>Aortic Valve Gradient</i> | : <i>V max – 1.08 m/sec</i> | |
| <i>Pulmonary Valve Gradient</i> | : <i>V max – 0.72 m/sec</i> | |
| <i>Mitral Valve Gradient</i> | : <i>E: 0.71 m/sec</i> | <i>A: 0.89 m/sec</i> |
| <i>Tricuspid Valve Gradient</i> | : <i>E: 0.43 m/sec</i> | |

VALVE MORPHOLOGY :-

| | | |
|------------------------|---|---------------------|
| <i>Aortic valve</i> | - | <i>Sclerosis</i> |
| <i>Mitral valve</i> | - | <i>AML prolapse</i> |
| <i>Tricuspid valve</i> | - | <i>Normal</i> |
| <i>Pulmonary valve</i> | - | <i>Normal</i> |



| | | | |
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| CHAMBERS | |
|--------------------------------|---------------|
| LEFT ATRIUM | NORMAL |
| LEFT VENTRICLE | NORMAL |
| RIGHT ATRIUM | NORMAL |
| RIGHT VENTRICLE | NORMAL |
| INTER ATRIAL SEPTUM | INTACT |
| INTERVENTRICULAR SEPTUM | INTACT |

ECHO FINDINGS:

No Regional Wall Motion Abnormality (RWMA)
Normal Left Ventricular systolic function, EF 65%.
Grade I LV Diastolic dysfunction.
Mild to Moderate Mitral Regurgitation / No Mitral Stenosis
Aortic valve sclerosis / Trivial Aortic Regurgitation /No Aortic Stenosis
Mild Tricuspid Regurgitation (2.4 m/s).
Normal RV Function .
No Pulmonary Artery Hypertension.
No Pericardial Effusion.

IMPRESSION:

- * STRUCTURALLY NORMAL HEART.**
- * NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION, EF 65%**

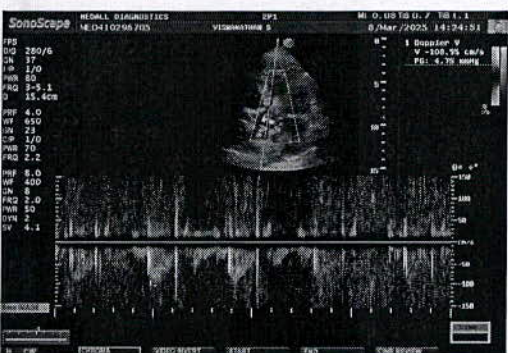
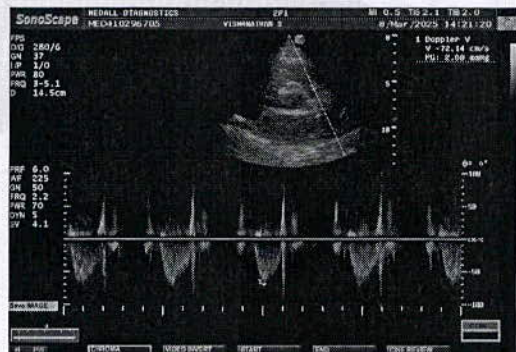
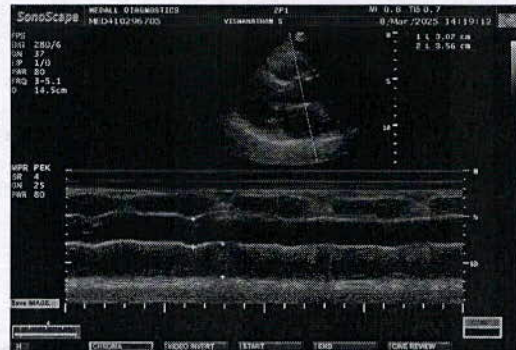


MOHANRAJ
ECHO TECHNOLOGIST



Medall Healthcare Pvt Ltd
58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission Office),

| | | | |
|-------------------------|-------------------------|--------------------|---------------------|
| Customer Name | MR.VISWANATHAN S | Customer ID | MED410296705 |
| Age & Gender | 55Y/MALE | Visit Date | 08/03/2025 |
| Ref Doctor | MediWheel | | |



You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

| | | | |
|---------------|--------------------|-------------|--|
| Customer Name | Ms. Vicwanathan. S | Customer ID | |
| Age & Gender | 55/y Male. | Visit Date | |
| Ref Doctor | | | |

VITALS FORM:

Height : 158 cms
 Weight : 63.1 kg
 BMI : 25.3 kg/m²
 BP : 132/80 / mmhg
 Pulse : 81 / min, regular



8/03/2025

Mr. Viswanathan 55/m

Dental

- Plaques ⊕
- No tartar
- Oral cavity ⊕
- Loss of teeth (multiple?)
- Alignment poor
- Gums ⊕



Dr. Noor Mohammed Rizwan A
MBBS., FDM, FIC
Reg.No.120325
Consultant Physician
A Medall Health Care and Diagnostics Pvt. Ltd



| | | | |
|---------------|-------------|-------------|--|
| Customer Name | Viswanathan | Customer ID | |
| Age & Gender | 55 / m | Visit Date | |
| Ref Doctor | | | |

VISION FORM:

| Vision | Right eye | Left eye |
|----------------|-----------|----------|
| Distant Vision | 6/6 | 6/6 |
| Near Vision | NG | NG |
| Colour Vision | Normal | Normal |

e Specs

Impression:

Normal Vision.



Dr. Noor Mohammed Rizwan A
MBBS., FDM, FIC
Reg. No. 120325
Consultant Physician
A Medall Health Care and Diagnostics Private Limited

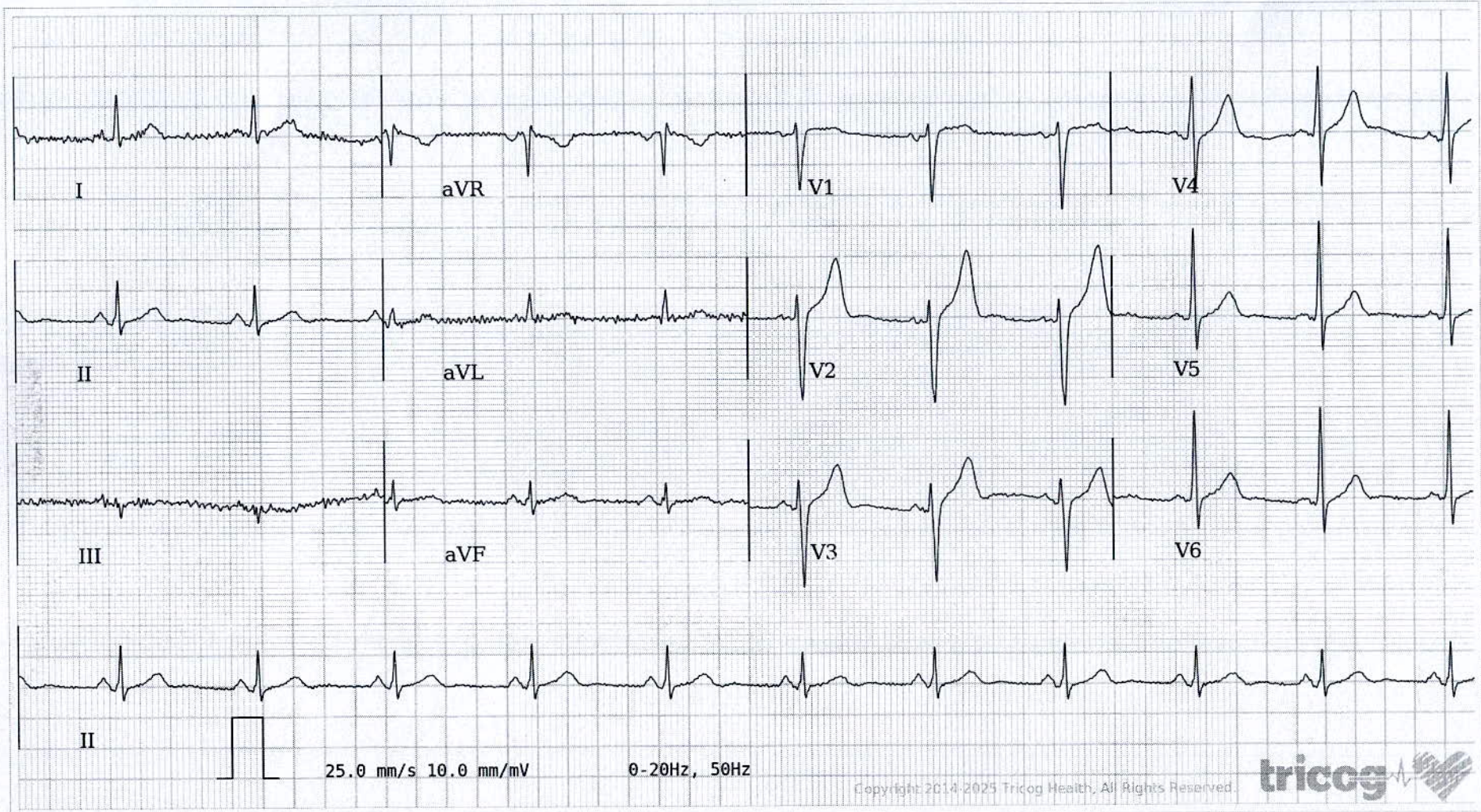


Medall Diagnostic Vadapalani



Age / Gender: 55/Male
Patient ID: med410296705
Patient Name: Mr viswanathan s

Date and Time: 8th Mar 25 1:55 PM



AR: 68bpm VR: 68bpm QRSD: 96ms QT: 376ms QTcB: 400ms PRI: 130ms P-R-T: 52° 22° 26°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY

Dr Arunkumar Kakhandaki
INSURED
DIAGNOSIS