Name	Mr. PONRAJ P	ID	MED120925943
Age & Gender	51Y/M	Visit Date	Oct 26 2024 11:17AM
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.

N. Sandhya

Dr.N.Sandhya, DMRD
Consultant Radiologist

Name	Mr.PONRAJ P	ID	MED120925943
Age & Gender	51/MALE	Visit Date	26/10/2024
Ref Doctor Name	MediWheel		

Thanks for your reference

SONOGRAM REPORT

WHOLE ABDOMEN

Poor penetration of USG due to thick abdominal wall

Liver: The liver is normal in size. **Parenchymal echoes are increased in intensity.** No focal lesions. Surface is smooth. There is no intra or extra hepatic biliary ductal dilatation.

Gallbladder: The gall bladder is partially distended with no demonstrable calculus. Wall thickness appears normal (Post prandial status).

Pancreas: The pancreas shows a normal configuration and echotexture.

The pancreatic duct is normal.

Spleen: The spleen is normal.

Kidneys: The right kidney measures 10.1 x 4.9 cm. Normal architecture.

The collecting system is not dilated.
The left kidney measures 10.9 x 5.4 cm. Normal architecture.

The collecting system is not dilated.

Urinary bladder: The urinary bladder is smooth walled and uniformly transonic.

There is no intravesical mass or calculus.

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Prostate: The prostate measures 3.5 x 3.2 x 3.1 cm and is normal sized.
Corresponds to a weight of about 19.04 gms.
The echotexture is homogeneous.
The seminal vesicles are normal.

RIF: Iliac fossae are normal.
No mass or fluid collection is seen in the right iliac fossa.
The appendix is not visualized.
There is no free or loculated peritoneal fluid.
No para aortic lymphadenopathy is seen.

IMPRESSION :

- **Mild fatty changes in liver.**

DR.T.ANNIE STALIN MBBS.,F.USG.,
SONOLOGIST.

Name	Mr.PONRAJ P	ID	MED120925943
Age & Gender	51/MALE	Visit Date	26/10/2024
Ref Doctor Name	MediWheel		

Thanks for your reference

ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d … 5.4cm
LVID s … 3.4 cm
EF … 66 %
IVS d …0.8cm
IVS s … 0.9 cm
LVPW d … 0.9 cm
LVPW s … 1.3 cm
LA … 3.9 cm
AO … 3.5 cm
TAPSE … 20 mm
IVC …. 0.8 cm

Left ventricle , Left atrium normal.

Right ventricle, Right atrium normal.

No regional wall motion abnormality present.

Mitral valve, Aortic valve, Tricuspid valve & Pulmonary valve normal.

Aorta normal.

Inter atrial septum intact.

Inter ventricular septum intact.

No pericardial effusion .

Doppler:

Mitral valve : E: 0.69 m/s A: 0.56 m/s
E/A Ratio: 1.22 E/E: 6.42

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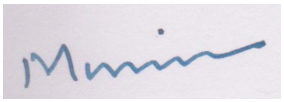
Aortic valve: AV Jet velocity: 1.29 m/s

Tricuspid valve: TV Jet velocity: 2.06 m/s TRPG: 17.02 mmHg.

Pulmonary valve: PV Jet velocity: 1.13m/s

IMPRESSION:

1. **Normal chambers & Valves.**
2. **No regional wall motion abnormality present.**
3. **Normal LV systolic function.**
4. **Pericardial effusion - Nil.**
5. **No pulmonary artery hypertension.**



Dr. S. MANIKANDAN. MD.DM.(Cardio)
Cardiologist

Name	Mr.PONRAJ P	ID	MED120925943
Age & Gender	51/MALE	Visit Date	26/10/2024
Ref Doctor Name	MediWheel		

REPORT DISCLAIMER

1.This is only a radiologincal imperssion.Like other investigations, radiological investication also have limitation. Therefore radiologincal reports should be interpreted in correlation with clinical and pathological findings.

2.The results reported here in are subject to interpretation by qualified medical professionals only.

3.Customer identities are accepted provided by the customer or their representative.

4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.

5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.

6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the refrering doctor/patient can contact the respective section head of the laboratory.

7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,

8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.

9.Liability is limited to the extend of amount billed.

10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.

11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

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SID No.	: 624022769	**Collection On**	: 26/10/2024 11:25 AM
Age / Sex	: 51 Year(s) / Male	**Report On**	: 26/10/2024 3:49 PM
Type	: OP	**Printed On**	: 19/11/2024 2:41 PM
Ref. Dr	: **MediWheel**		

medall DIAGNOSTICS

Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (Blood/*Agglutination)*	'O' 'Negative'		
Complete Blood Count With - ESR			
Haemoglobin (Blood/*Spectrophotometry)*	15.3	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/*Derived from Impedance)*	46.2	%	42 - 52
RBC Count (Blood/*Impedance Variation)*	5.26	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/*Derived from Impedance)*	87.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/*Derived from Impedance)*	29.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/*Derived from Impedance)*	33.2	g/dL	32 - 36
RDW-CV (*Derived from Impedance)*	**16.1**	%	11.5 - 16.0
RDW-SD (*Derived from Impedance)*	**49.48**	fL	39 - 46
Total Leukocyte Count (TC) (Blood/*Impedance Variation)*	5890	cells/cu.mm	4000 - 11000
Neutrophils (Blood/*Impedance Variation & Flow Cytometry)*	57.2	%	40 - 75
Lymphocytes (Blood/*Impedance Variation & Flow Cytometry)*	30.8	%	20 - 45
Eosinophils (Blood/*Impedance Variation & Flow Cytometry)*	4.2	%	01 - 06
Monocytes (Blood/*Impedance Variation & Flow Cytometry)*	6.8	%	01 - 10

E.SUKANTHI RANI
Sr.Lab Tech

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Dr.R.Lavanya MD
Consultant - Pathologist
Reg No: 90632

APPROVED BY

The results pertain to sample tested.

Lab Address: 3, SALAI STREET, VANARAPETTAI ,,TIRUNELVELI.

Investigation	Observed Value	Unit	Biological Reference Interval
Basophils (Blood/*Impedance Variation & Flow Cytometry)*	1.0	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (Blood/*Impedance Variation & Flow Cytometry)*	3.37	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/*Impedance Variation & Flow Cytometry)*	1.81	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/*Impedance Variation & Flow Cytometry)*	0.25	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (Blood/*Impedance Variation & Flow Cytometry)*	0.40	10^3 / µl	< 1.0
Absolute Basophil count (Blood/*Impedance Variation & Flow Cytometry)*	0.06	10^3 / µl	< 0.2
Platelet Count (Blood/*Impedance Variation)*	290	10^3 / µl	150 - 450
MPV (Blood/*Derived from Impedance)*	**7.4**	fL	7.9 - 13.7
PCT (*Automated Blood cell Counter)*	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated ESR analyser)*	2	mm/hr	< 20
BUN / Creatinine Ratio	12.74		
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP)*	**112.8**	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*)*	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD-PAP)*	115.5	mg/dL	70 - 140

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Investigation	Observed Value	Unit	Biological Reference Interval
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*)	15.42	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe*)	1.21	mg/dL	0.9 - 1.3
Uric Acid (Serum/*Enzymatic*)	6.0	mg/dL	3.5 - 7.2
Liver Function Test			
Bilirubin(Total) (Serum)	0.9	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid*)	0.22	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived*)	0.68	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC*)	30.6	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	32.1	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic*)	21.7	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC*)	**55.4**	U/L	56 - 119
Total Protein (Serum/*Biuret*)	7.34	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green*)	4.8	gm/dl	3.5 - 5.2

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Investigation	Observed Value	Unit	Biological Reference Interval
Globulin (Serum/*Derived)*	2.54	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived)*	1.89		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/*CHOD-PAP with ATCS)*	**201.7**	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS)*	116.5	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)*	**41.0**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/*Calculated)*	**137.4**	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated)*	23.3	mg/dL	< 30

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Investigation	Observed Value	Unit	Biological Reference Interval
Non HDL Cholesterol (Serum/*Calculated*)	**160.7**	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*)	**2.8**		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	**3.4**		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/*Ion exchange HPLC by D10*)	**6.2**	%	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 (Whole Blood)	131.24	mg/dL

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Investigation	Observed Value	Unit	Biological Reference Interval

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)*	0.76	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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA))*	1.81	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))*	10.45	µg/dl	4.2 - 12.0

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Investigation	Observed Value	Unit	Biological Reference Interval

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)*)	1.373	µIU/mL	0.35 - 5.50

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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Urine Analysis - Routine

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Pus Cells (Urine)	**2 - 4**	/hpf	NIL
Epithelial Cells (Urine)	**2 - 3**	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL

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-- End of Report --