Customer Name	MS.SUSEELA K		Customer ID	VPI58580
Age & Gender	57Y/FEMALE		Visit Date	25/01/2024
Ref Doctor	MediWheel			

Personal Health Report

General Examination:

Height : 150.0 cms

Weight : 50.8 kg

BMI   : kg/m²

BP: 117/74 mmhg

Pulse: 80/ min, regular

Systemic Examination:

CVS: S1 S2 heard;

RS : NVBS +.

Abd : Soft.

CNS : NAD

Blood report:

Glucose–(FBS)–131.4 mg/dl & Glucose (PP) – 212.1 mg/dl- and HbA1C test -11.7 C% - Slightly Elevated.

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

Urine analysis – Glucose fasting urine – Positive (+) / Glucose PP-2HRS urine – Positive (+++).

X-Ray Chest – Normal study.

ECG – Normal ECG.

Echo – Normal study.

Dental – Normal.

USG whole abdomen – Right renal microlith.

Eye Test – Distant and near vision defect.

Vision	Right eye	Left eye
Distant Vision	6/18	6/18
Near Vision	N8	N8
Colour Vision	Normal	Normal

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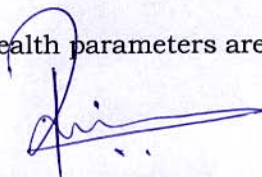| Customer Name	MS.SUSEELA K		Customer ID	VPI58580
Age & Gender	57Y/FEMALE		Visit Date	25/01/2024
Ref Doctor	MediWheel			

Impression & Advice:

Glucose–(FBS)–131.4 mg/dl & Glucose (PP) – 212.1 mg/dl- and HbA1C test -11.7 C% - Elevated & Glucose fasting urine – Positive (+) / Glucose PP-2HRS urine – Positive (+++)- To consult a diabetologist for further evaluation and management. To have diabetic diet recommended by the dietician.

USG whole abdomen – Right renal microlith – To consult urologist for further evaluation.

Eye Test – Distant and near vision defect. To consult an ophthalmologist for further evaluation and management.

All other health parameters are well within normal limits.

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

Dr. NOOR MOHAMMED RIZWAN A. M.B.B.S.,FDM
Reg. No : 120325 Consultant Physician
A Medall Health Care and Diagnostics Pvt. Ltd.

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25/01/2024   ms. Suseela   57/F

Rentol

→ no plaques
→ No toatrate
→ No Carity
→ Oral Carity.
→ Alignment good
+ Gums @N

Dr NOOR MOHAMMED RIZWAN A M.B.B.S.,FDM
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PID No.	: VPI58580	Register On	: 25/01/2024 7:38 AM
SID No.	: 224001164	Collection On	: 25/01/2024 7:50 AM
Age / Sex	: 57 Year(s) / Female	Report On	: 25/01/2024 5:59 PM
Type	: OP	Printed On	: 26/01/2024 10:09 AM
Ref. Dr	: MediWheel		

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Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'B' 'Positive'		

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Investigation	Observed Value	Unit	Biological Reference Interval
Haemoglobin (EDTA Blood/Spectrophotometry)	13.2	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	39.5	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.64	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	85.1	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	28.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.3	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.0	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	**38.72**	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	5300	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	43.9	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	42.4	%	20 - 45

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Quality Manager

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Consultant Pathologist
Reg No : 79967

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The results pertain to sample tested.

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Investigation	Observed Value	Unit	Biological Reference Interval
Eosinophils (EDTA Blood/*Impedance Variation & Flow Cytometry*)	3.9	%	01 - 06
Monocytes (EDTA Blood/*Impedance Variation & Flow Cytometry*)	9.5	%	01 - 10
Basophils (EDTA Blood/*Impedance Variation & Flow Cytometry*)	0.3	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Neutrophil count (EDTA Blood/*Impedance Variation & Flow Cytometry*)	2.33	$10^3 / \mu l$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry*)	2.25	$10^3 / \mu l$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/*Impedance Variation & Flow Cytometry*)	0.21	$10^3 / \mu l$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry*)	0.50	$10^3 / \mu l$	< 1.0
Absolute Basophil count (EDTA Blood/*Impedance Variation & Flow Cytometry*)	0.02	$10^3 / \mu l$	< 0.2
Platelet Count (EDTA Blood/*Impedance Variation*)	165	$10^3 / \mu l$	150 - 450
MPV (EDTA Blood/*Derived from Impedance*)	9.8	fL	8.0 - 13.3
PCT (EDTA Blood/*Automated Blood cell Counter*)	**0.16**	%	0.18 - 0.28

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Investigation	Observed Value	Unit	Biological Reference Interval
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated - Westergren method*)	14	mm/hr	< 30
BUN / Creatinine Ratio	11.7		- 6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP*)	**131.4**	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*)	**Positive(+)**		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD-PAP*)	**212.1**	mg/dL	70 - 140

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)	**Positive(+++)**		Negative
Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived*)	8.8	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe*)	0.75	mg/dL	0.6 - 1.1

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*)	4.50	mg/dL	2.6 - 6.0

Liver Function Test

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Investigation	Observed Value	Unit	Biological Reference Interval
Bilirubin(Total) (Serum/*DCA with ATCS*)	0.46	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid*)	0.08	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*)	20.00	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC*)	16.5	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic*)	11.90	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC*)	79.10	U/L	53 - 141
Total Protein (Serum/*Biuret*)	7.25	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green*)	4.1	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived*)	3.15	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived*)	1.30		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/*CHOD-PAP with ATCS*)	165.70	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240

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Investigation	Observed Value	Unit	Biological Reference Interval
Triglycerides (Serum/*GPO-PAP with ATCS*)	69.00	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*)	**61.50**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/*Calculated*)	90.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated*)	13.8	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated*)	104.2	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.

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Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated*)	2.7		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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/*Calculated*)	1.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	1.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/*HPLC*)	11.7	%	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)	289.09	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 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.

THYROID PROFILE / TFT

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Investigation	Observed Value	Unit	Biological Reference Interval
T3 (Triiodothyronine) - Total	0.96	ng/ml	0.4 - 1.81

(Serum/*Chemiluminescent Immunometric Assay (CLIA)*)

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.

Investigation	Observed Value	Unit	Biological Reference Interval
T4 (Tyroxine) - Total	8.98	µg/dl	4.2 - 12.0

(Serum/*Chemiluminescent Immunometric Assay (CLIA)*)

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.

Investigation	Observed Value	Unit	Biological Reference Interval
TSH (Thyroid Stimulating Hormone)	3.05	µIU/mL	0.35 - 5.50

(Serum/*Chemiluminescent Immunometric Assay (CLIA)*)

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

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Investigation	Observed Value	Unit	Biological Reference Interval
Protein (Urine/*Protein error of indicator*)	Negative		Negative
Glucose (Urine/*GOD - POD*)	Negative		Negative
Pus Cells (Urine/*Automated – Flow cytometry*)	**1 - 2**	/hpf	NIL
Epithelial Cells (Urine/*Automated – Flow cytometry*)	**1 - 2**	/hpf	NIL
RBCs (Urine/*Automated – Flow cytometry*)	NIL	/hpf	NIL
Casts (Urine/*Automated – Flow cytometry*)	NIL	/hpf	NIL
Crystals (Urine/*Automated – Flow cytometry*)	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.

Stool Analysis - ROUTINE

Colour (Stool)	Brown		Brown
Blood (Stool)	Absent		Absent
Mucus (Stool)	Absent		Absent
Reaction (Stool)	Acidic		Acidic
Consistency (Stool)	Semi Solid		Semi Solid

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Investigation	Observed Value	Unit	Biological Reference Interval
Ova (Stool)	NIL		NIL
Others (Stool)	NIL		NIL
Cysts (Stool)	NIL		NIL
Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	1 - 2	/hpf	NIL
Macrophages (Stool)	NIL		NIL
Epithelial Cells (Stool)	NIL	/hpf	NIL

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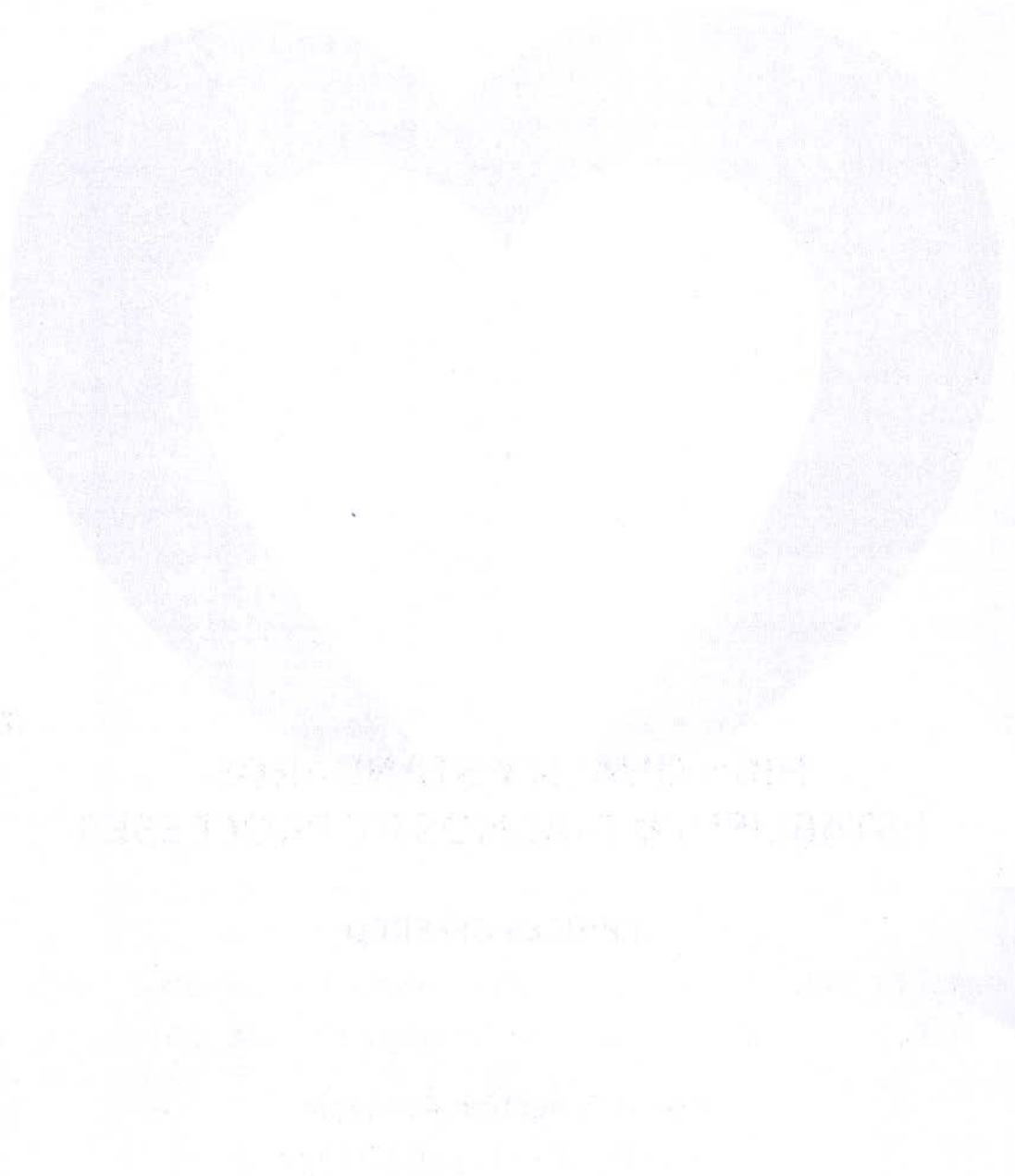
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X- RAY CHEST PA VIEW

Trachea appears normal.
Cardiothoracic ratio is within normal limits.
Bilateral lung fields appear normal.
Costo and cardiophrenic angles appear normal.
Visualised bony structures appear normal.
Extra thoracic soft tissues shadow grossly appears normal.

IMPRESSION:

- *Chest x-ray shows no significant abnormality.*

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Customer Name	MS.SUSEELA K	Customer ID	VPI58580
Age & Gender	57Y/FEMALE	Visit Date	25/01/2024
Ref Doctor	MediWheel		

SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows uniform echotexture with no focal abnormality.

The gall bladder is contracted.

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 the 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 ~ 8.8 x 4.7 cm.

A microlith measuring ~ 3 mm noted in upper pole of right kidney.

The left kidney measures ~ 9.7 x 5.2 cm.

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

There is no 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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Age & Gender	57Y/FEMALE	Visit Date	25/01/2024
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The uterus is anteverted, and measures ~ 6.1 x 3.0 cm.

Myometrial echoes are homogeneous. The endometrial thickness is ~ 5.5 mm.

Both ovaries are atrophic.

Iliac fossae are normal.

IMPRESSION:

- **Right renal microlith.**
- **No other significant abnormality.**

DR. UMALAKSHMI
SONOLOGIST

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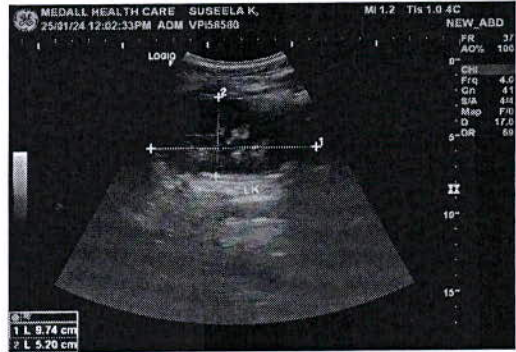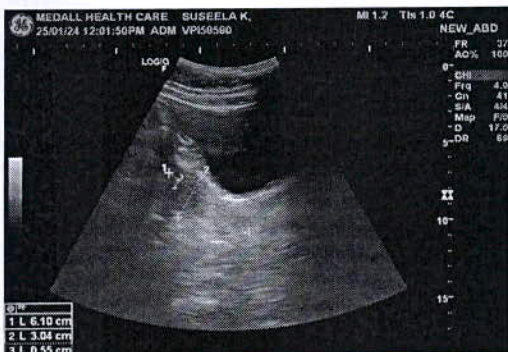
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Age & Gender	57Y/FEMALE	Visit Date	25/01/2024
Ref Doctor	MediWheel		

ECHOCARDIOGRAPHY

M-MODE MEASUREMENTS:-

VALUES	
AO	2.7 cm
LA	3.3 cm
LVID(D)	4.9 cm
LVID (S)	3.1 cm
IVS (D)	1.1 cm
LVPW (D)	1.1 cm
EF	65 %
FS	35 %
TAPSE	19 mm

DOPPLER AND COLOUR FLOW PARAMETERS :-

Aortic Valve Gradient	:	V max – 1.90 m/sec	
Pulmonary Valve Gradient	:	V max – 0.62 m/sec	
Mitral Valve Gradient	:	E: 0.74 m/sec	A: 0.53 m/sec
Tricuspid Valve Gradient	:	E: 0.38 m/sec	

VALVE MORPHOLOGY :-

Aortic valve	-	Normal
Mitral valve	-	Normal
Tricuspid valve	-	Normal
Pulmonary valve	-	Normal

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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.SUSEELA K		Customer ID	VPI58580
Age & Gender	57Y/FEMALE		Visit Date	25/01/2024
Ref Doctor	MediWheel			

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%.
Mild Mitral Regurgitation / No Mitral Stenosis
No Aortic Regurgitation /No Aortic Stenosis
Trivial Tricuspid Regurgitation (2.2 m/s).
Normal RV Function .
No Pulmonary Artery Hypertension.
No Pericardial Effusion.

IMPRESSION:

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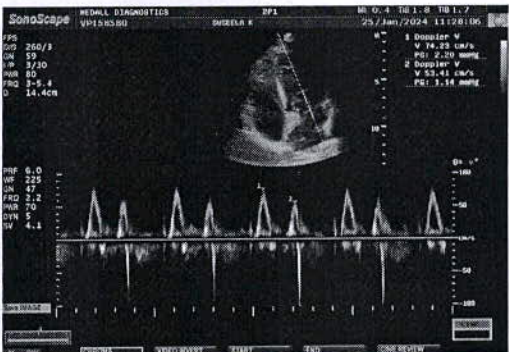* NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION, EF 65%

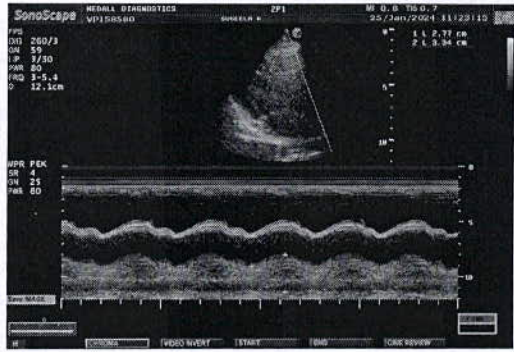*M. Varshini*

MS. VARSHINI.M-ECHO TECHNOLOGIST

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tricog
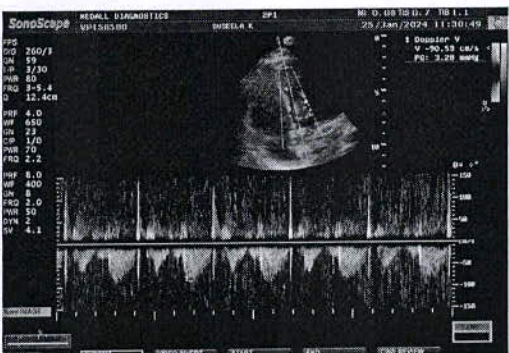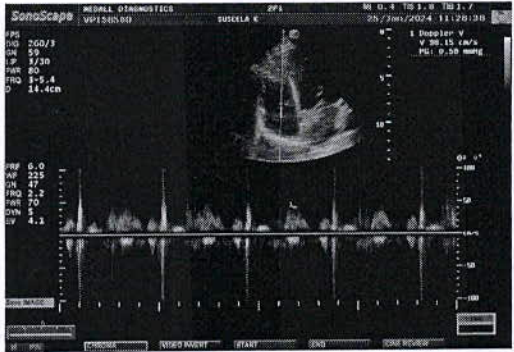
Age / Gender:	57/Female
Patient ID:	vpi158580
Patient Name:	Mrs suseela k

Date and Time: 25th Jan 24 9:55 AM

I   aVR   V1   V4

II   aVL   V2   V5

III   aVF   V3   V6

II

25.0 mm/s 10.0 mm/mV   0-20Hz, 50Hz

tricog
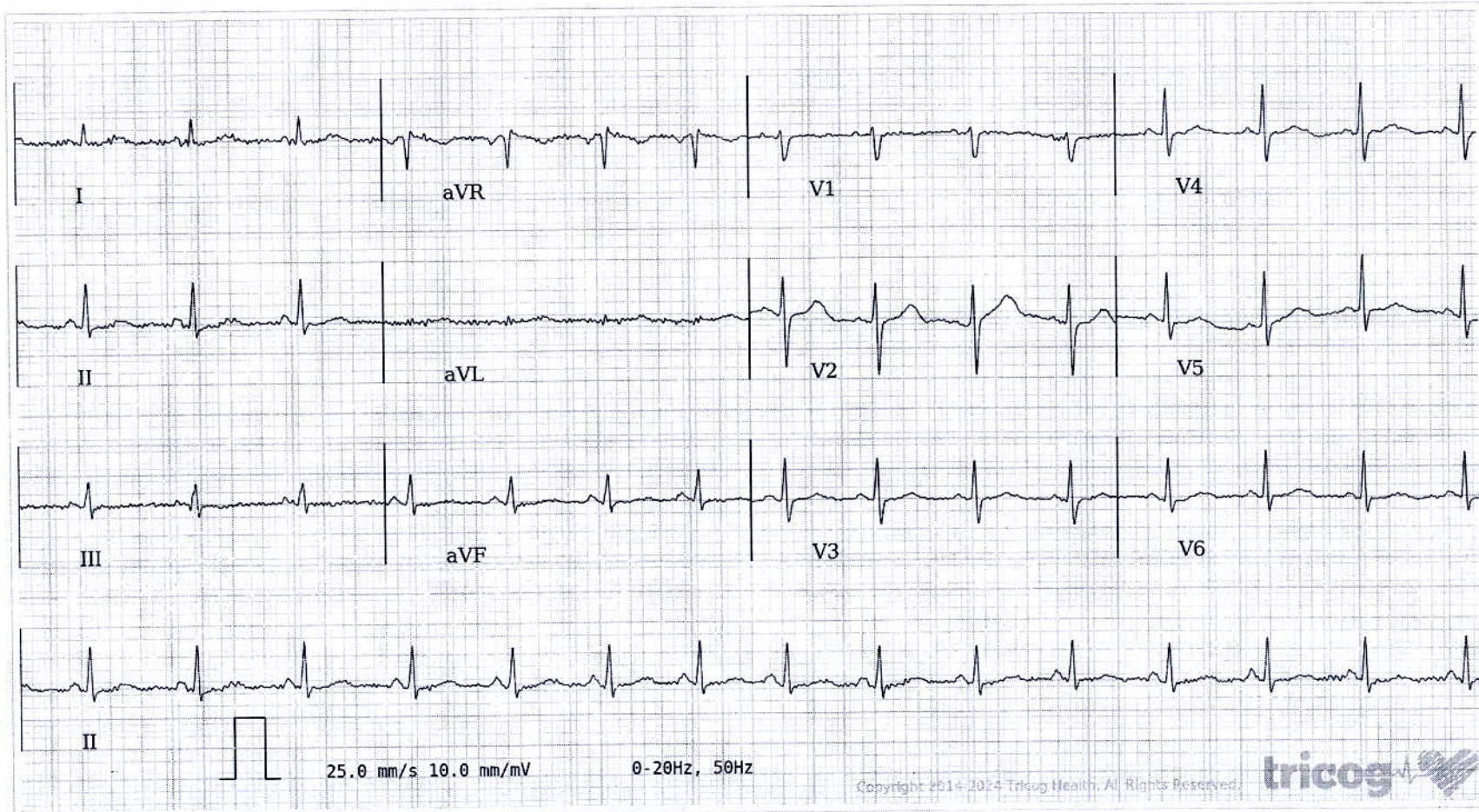
AR: 94bpm	VR: 93bpm	QRSD: 78ms	QT: 354ms	QTcB: 440.73ms	PRI: 116ms	P-R-T: 54° 49° NA

Sinus Rhythm, Short PR Interval. Please correlate clinically.

REPORTED BY

Dr Surekha B