

Customer Name	MR.SURESH P V	Customer ID	MED110703960
Age & Gender	38Y/MALE	Visit Date	13/11/2021
Ref Doctor	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.9cms
LEFT ATRIUM	:	3.2cms
LEFT VENTRICLE (DIASTOLE)	:	4.5cms
(SYSTOLE)	:	2.8cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.2cms
EDV	:	65ml
ESV	:	26ml
FRACTIONAL SHORTENING	:	37%
EJECTION FRACTION	:	65%
RVID	:	1.3cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.89m/s	'A' - 0.29m/s	NO MR
AORTIC VALVE	:	0.99m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.75m/s	'A' - 0.29m/s	NO TR
PULMONARY VALVE	:	0.88m/s		NO PR



medall
DIAGNOSTICS
experts who care

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2D ECHOCARDIOGRAPHY FINDINGS:

Left ventricle : Normal size, 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.

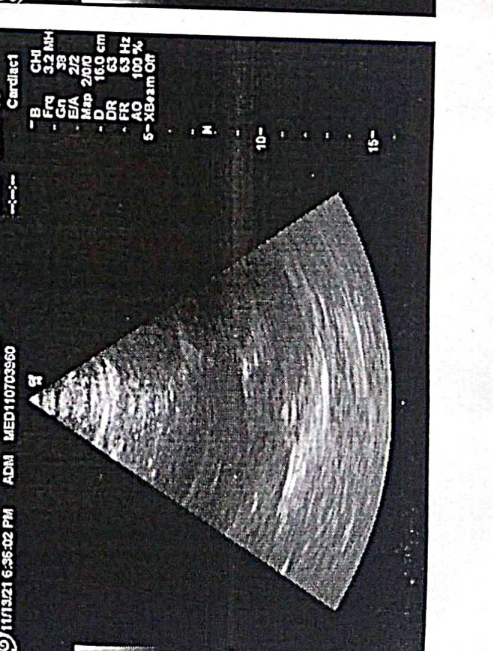
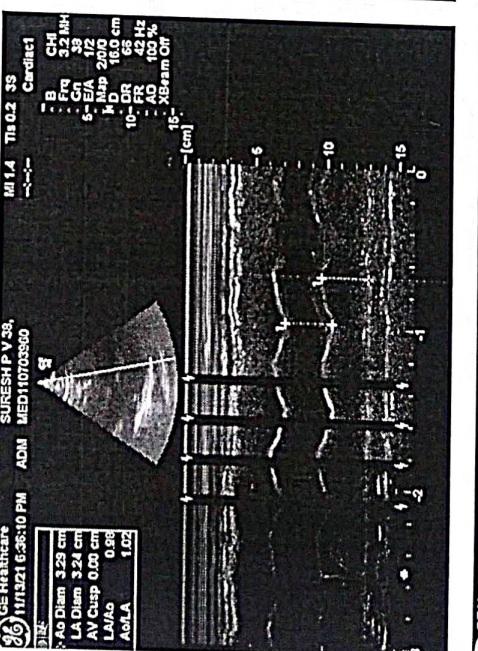
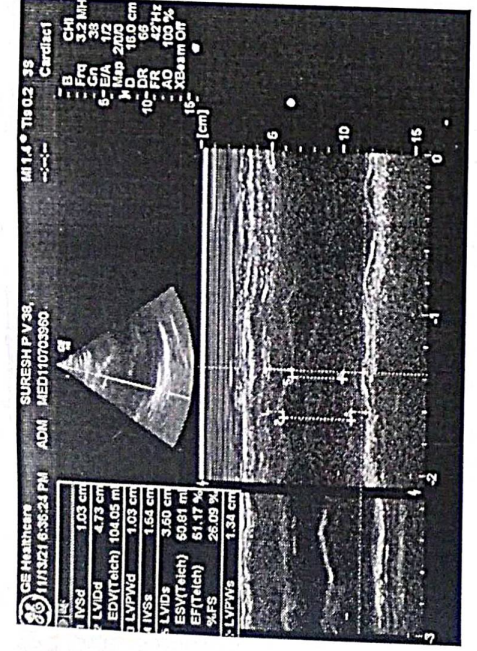
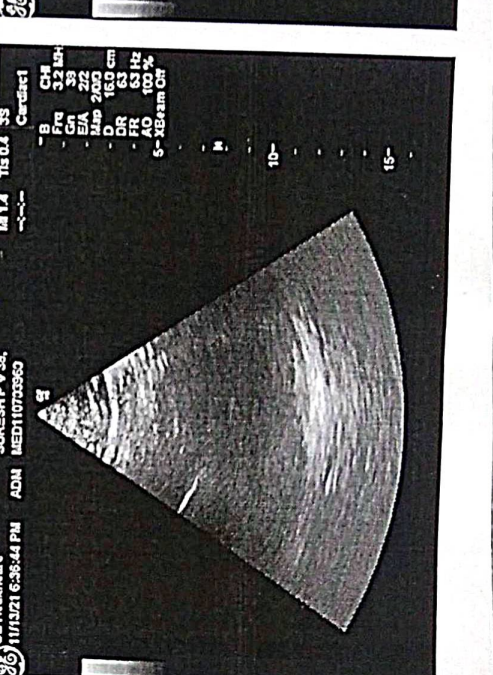
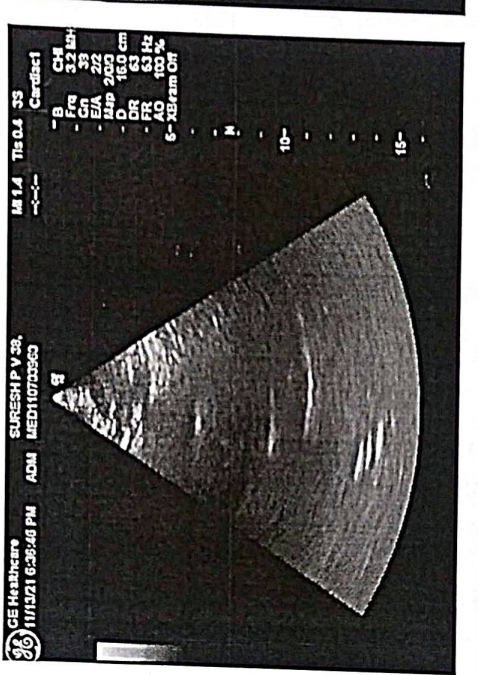
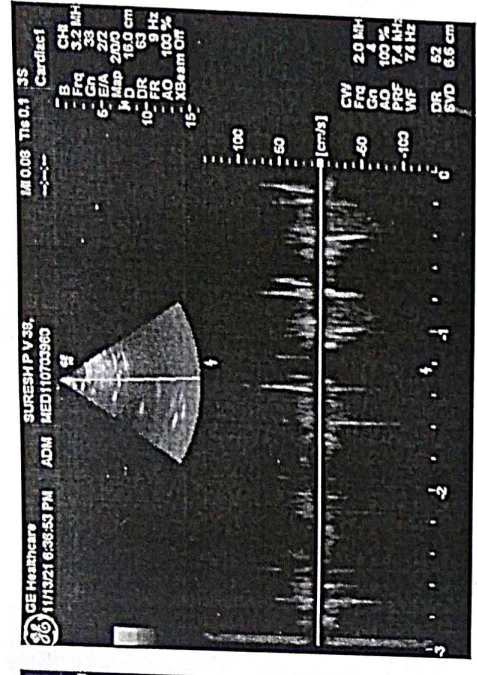
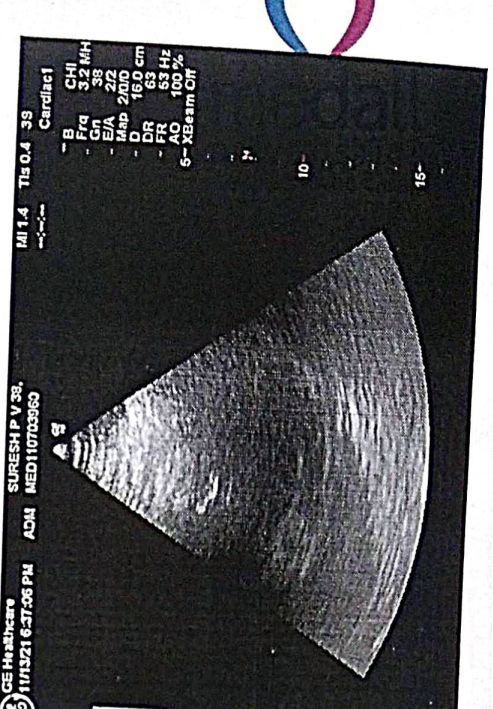
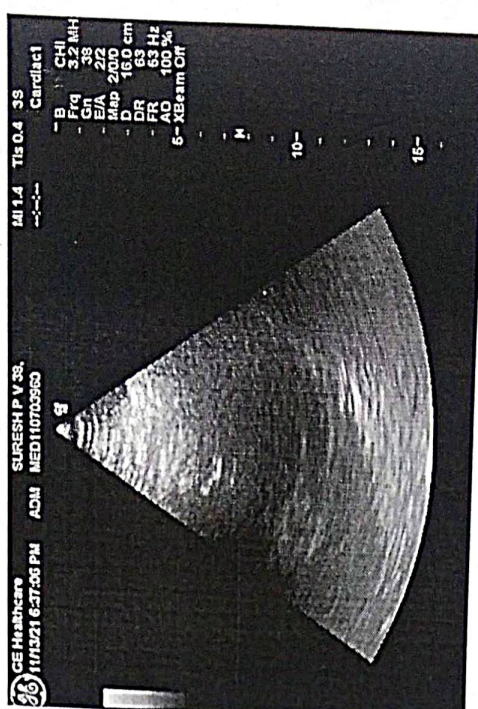
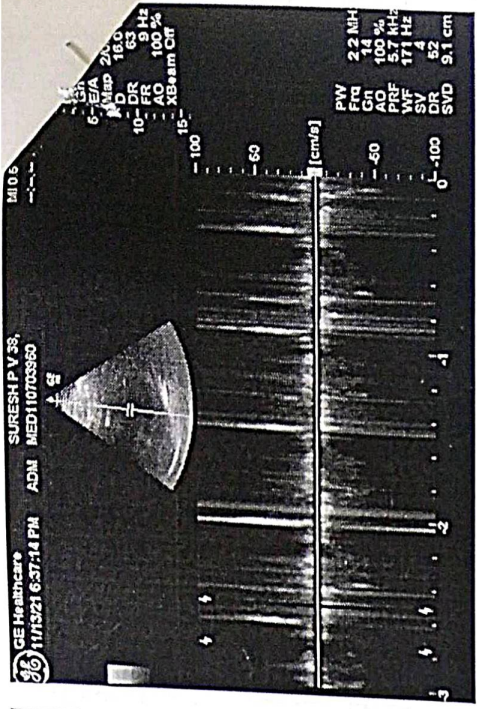
IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 65%.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.

DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/MS



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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is mildly enlarged in size and shows increased echotexture.

No evidence of focal lesion or intrahepatic biliary ductal dilatation.

GALL BLADDER not visualised- contracted.

PANCREAS has normal shape, size and uniform echopattern.

No evidence of ductal dilatation or calcification.

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.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.4	1.9
Left Kidney	10.0	1.8

URINARY BLADDER partially distended.

PROSTATE shows normal shape, size and echopattern.

No evidence of ascites.

Impression:

➤ **GRADE II FATTY CHANGES IN LIVER.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH

MB/MG



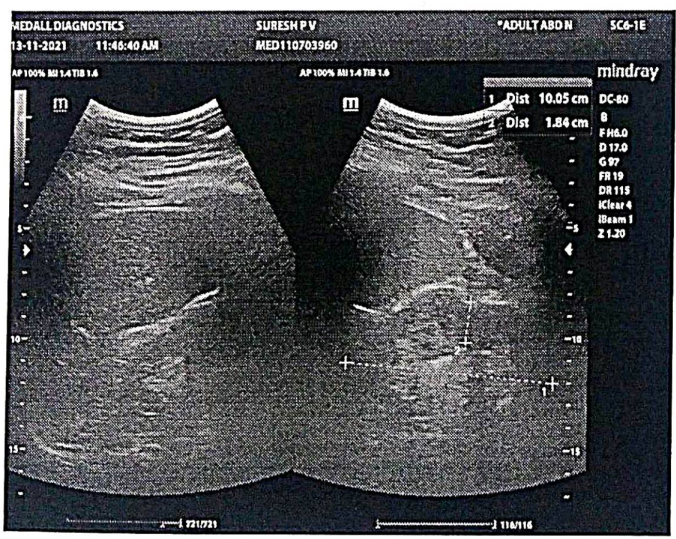
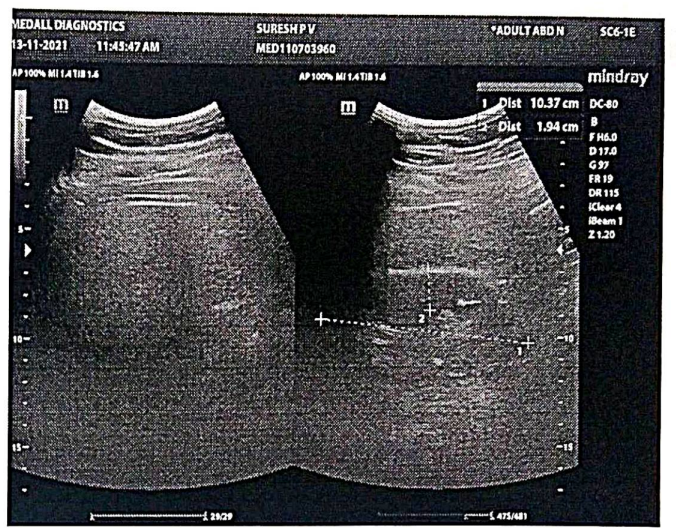
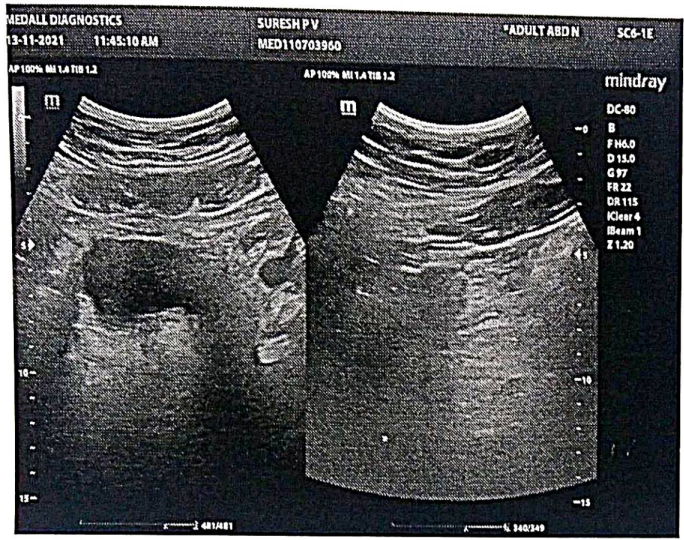
DR. MOHAN B

Name : MR. S.
 ID No. : MF
 ID No. :
 Age / Sex :
 yr

Medall Diagnostics
 Ballal Circle(Ashoka circle) - Mysore



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Investigation Observed Value Unit Biological Reference Interval


HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	16.7	g/dL	13.5 - 18.0
INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.			
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	48.6	%	42 - 52
RBC Count (EDTA Blood/Automated Blood cell Counter)	5.86	mill/cu.mm	4.7 - 6.0
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	83.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	28.5	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	34.4	g/dL	32 - 36
RDW-CV (Derived)	12.56	%	11.5 - 16.0
RDW-SD (Derived)	36.49	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	11800	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	70	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	23	%	20 - 45


Mr. S. Mohan Kumar
Sr. Lab Technician

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Consultant Pathologist
KMC No: 100727

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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	03	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	04	%	02 - 08
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 01
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	8.26	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.71	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.35	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.47	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	222	10 ³ / μ l	150 - 450
MPV (Blood/Derived)	08.96	fL	7.9 - 13.7
PCT	0.20	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	04	mm/hr	< 10


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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	135	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	100	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)	34	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
Remark: kindly correlate clinically			
LDL Cholesterol (Serum/Calculated)	81	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	20	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	101.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

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Investigation

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Unit

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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)

4

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)

2.9

Optimal: < 2.5
Mild to moderate risk: 2.5 - 5.0
High Risk: > 5.0


LDL/HDL Cholesterol Ratio
(Serum/Calculated)

2.4

Optimal: 0.5 - 3.0
Borderline: 3.1 - 6.0
High Risk: > 6.0


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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	7.3	%	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 %
Remark: Kindly correlate clinically


Estimated Average Glucose
(Whole Blood) 162.81 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.


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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 0.92 ng/mL 0.7 - 2.04
(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.

Remark: Test is outsourced to an external NABL lab

T4 (Thyroxine) - Total 4.99 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.

TSH (Thyroid Stimulating Hormone) 2.89 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&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION


Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		
Volume (Urine/Physical examination)	30		ml

CHEMICAL EXAMINATION

pH (Urine)	6.5		4.5 - 8.0
Specific Gravity (Urine/Dip Stick - Reagent strip method)	1.020		1.002 - 1.035
Ketone (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Bile Salts (Urine/Manual)	Absent		Absent
Bile Pigments (Urine/Dip Stick - Reagent strip method)	Absent		Absent
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
Blood (Urine)	Nil		Nil
Nitrite (Urine/Dip Stick - Reagent strip method)	Nil		Nil
Protein (Urine/Dip Stick - Reagent strip method)	Negative		Negative


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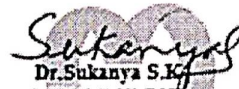
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Glucose (Urine)	Nil		Nil
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	Nil	/hpf	00 - 02
Pus Cells (Urine/Microscopy)	2-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-3	/hpf	No ranges
Others (Urine)	Nil		Nil


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<u>Stool Analysis - ROUTINE</u>			
Colour (Stool)	Brown		Brown
Blood (Stool)	Not present		Not present
Mucus (Stool)	Not present		Not present
Reaction (Stool)	Alkaline		Alkaline
Consistency (Stool)	Solid		Semi solid
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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IMMUNOHAEMATOLOGY


BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' 'Positive'

Remark: Test to be confirmed by Gel Method


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BIOCHEMISTRY

BUN / Creatinine Ratio	12.4		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	108	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.

Remark: kindly correlate clinically

Urine sugar, Fasting (Urine - F)	Nil		Nil
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	178	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.

Remark: kindly correlate clinically


Urine Sugar (PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	11.2	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.9	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/Uricase/Peroxidase)	6.7	mg/dL	3.5 - 7.2
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X - RAY CHEST PA VIEW

LUNGS:

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

CARDIA:

Cardia is normal shape and configuration.

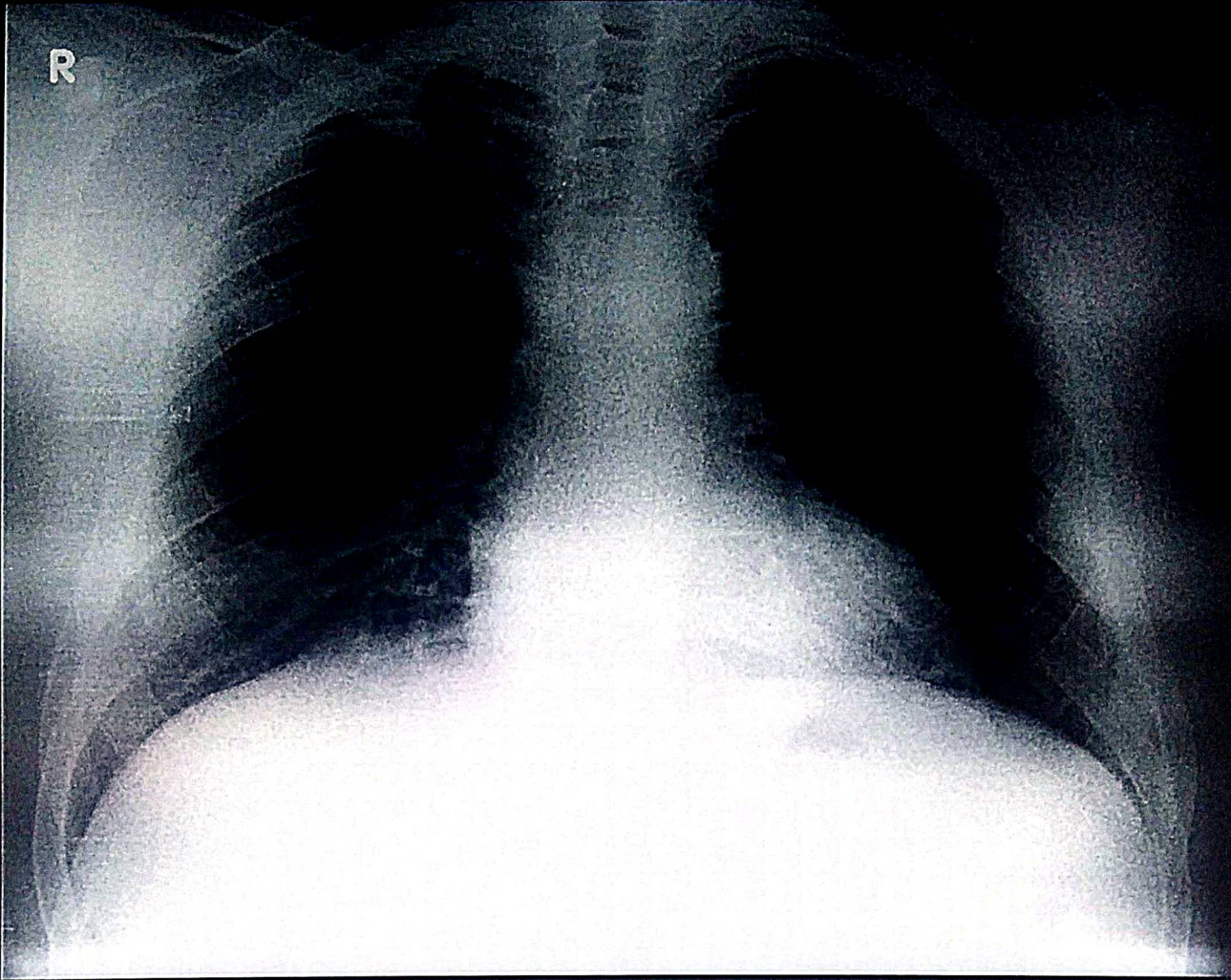
Diaphragm, Thoracic cage, soft tissues are normal.

IMPRESSION:

- **NORMAL CHEST X-RAY.**

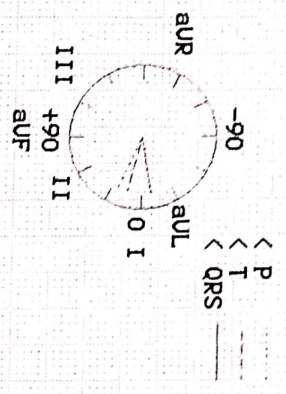


Dr. Anitha Adarsh
Consultant Radiologist



SURESH P V 38 MED110703960 M CHEST PA 11/13/2021 12:35 PM
MEDALL CLUMAX DIAGNOSTIC

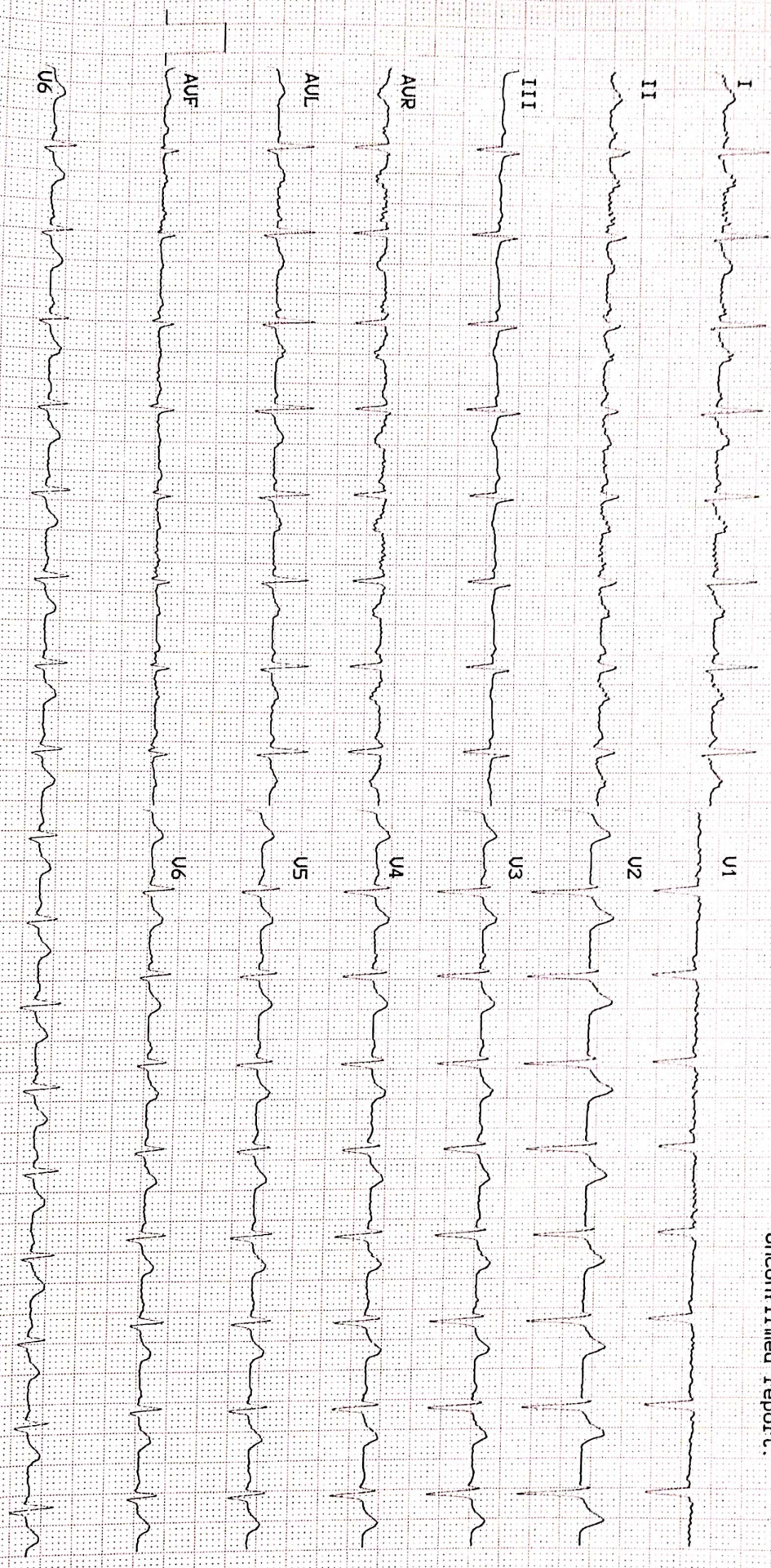
AGE: 38
 Measurement Results:
 QRS : 96 ms
 QT/QTcB : 332 / 440 ms
 PR : 132 ms
 P : 106 ms
 RR/PP : 570 / 560 ms
 P/QRS/T : 25 / -10 / 15 degrees
 QTd/QTcBd : 78 / 103 ms
 Sokolow NK : 1.0 mV
 NK : 15



Interpretation:
sinus tachycardia
 probably MI (inferior) *Q' in inferior leads*
 sinus tachycardia
 minor left axis deviation
 R/S inversion area between U5 and U6
 probably abnormal ECG
To clinically correlate

[Signature]

Unconfirmed report.



MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 13-Nov-2021 9:34 AM

Customer Name : **MR.SURESH P V**

DOB : **05 Apr 1983**

Ref Dr Name : **MediWheel**

Age : **38Y/MALE**

Customer Id : **MED110703960**

Visit ID : **712138663**

Email Id :

Phone No : **9949607422**

Corp Name : **MediWheel**

Address : **BALLAL CIRCLE**

Package Name : **Mediwheel Full Body Health Checkup Male Below 40**

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)				
2	LAB	GLUCOSE - FASTING				
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
5	LAB	LIPID PROFILE				
6	LAB	LIVER FUNCTION TEST (LFT)				
7	LAB	URIC ACID				
8	LAB	BUN/CREATININE RATIO				
9	LAB	URINE GLUCOSE - FASTING				
10	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
11	LAB	COMPLETE BLOOD COUNT WITH ESR				
12	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)				
13	LAB	STOOL ANALYSIS - ROUTINE				
14	LAB	URINE ROUTINE				
15	LAB	CREATININE				
16	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)				
17	OTHERS	physical examination	MYS2587586102651			
18	US	ULTRASOUND ABDOMEN	MYS2587586103462			