

PRECESSIONAGNOS 191, Possional de High res Kilpaulo Chennai - 600 de Ph: 044-4592 777



Name	MS.PRAYAGA V S		
Age & Gender	32Y/FEMALE	ID	MED120813008
Ref Doctor	MediWheel	Visit Date	16/02/2022
	THE CALL MILECT		

# **MASTER HEALTH CHECK UP SUMMARY**

Height:	156 cm	Weight:	66 kg
BMI:	27.1	weight.	oo kg

## **COMPLAINTS:**

Nil.

## **PRESENT HISTORY:**

■ Nil.

## **PAST HISTORY:**

• Nil.

## **FAMILY HSITORY:**

Father –Brain tumor.

## **PERSONAL HISTORY:**

- Married 1 year.
- Number of children Nil.
- IRMP.
- LMP 20/11/2021.

## **GENERAL EXAMINATION:**

Pallor: No

Cyanosis: No

Pedal oedema: No

Icterus: No

Lymphadenopathy: No

Pulse: 68/min

**<u>BP</u>**: 120/80 mmHg

Respiratory Rate: 16/min

**Temp:** Normal

Others: Nil



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## **SYSTEMIC EXAMINATION:**

CVS: S1S2+

RS: B/L NVBS

CNS: NFND

P/A: Soft, No palpable mass, No tenderness. BS +.

## **INVESTIGATIONS:**

### XRAY:

• Not done.

#### ECG:

Normal ECG.

## **ULTRASOUND ABDOMEN:**

- Grade I fatty liver.
- Polycystic ovaries.

#### ECHO:

- Normal LV / RV size and systolic function. (EF :65%)
- No regional wall motion abnormality.
- Normal colour flow studies.
- Normal diastolic compliance.

### LAB REPORTS:

- Anemia.
- Elevated FBS, PPBS, HbA1C levels.
- Low HDL level.
- Elevation in Bun/Creatinine levels.
- Thrombocytosis.
- Elevated ESR level.





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#### **EXAMINATION OF EYES:**

	Right Eye	Left Eye
DISTANT VISION	6/6	6/6
NEAR VISION	N6	N6
COLOUR VISION	Normal	Normal

• Within normal limits.

## **ADVISED:**

- Balanced diet and regular exercises.
- Avoid oily, salty food.
- Heart healthy diet.
- Hematinic supplements.
- Review with Gynecologist for further evaluation and management.

DR. N.L. ANANDHI
Consultant Physician

: 122003406 Age / Sex : 32 Year(s) / Female

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: 16/02/2022 10:39 AM

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Investigation			
,	Observed Value	<u>Unit</u>	Biological
BLOOD GROUPING AND Rh TYPING	'B' 'Positive'		Reference Interval
(EDTA Blood/Agglutination)			
INTERPRETATION: Reconfirm the Blood group	and Traine 1 c		
Complete Blood Count With - ESR	and Typing belo	re blood transfusion	
Haemoglobin (EDTA Blood/Spectrophotometry)	11.1	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	35.6	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	5.06	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	70.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	22.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	31.3	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	21.8	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	53.8	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	7900	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	60.4	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	27.9	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	3.3	%	01 - 06

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Investigation	-		
	Observed Value	<u>Unit</u>	Biological
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	8.0	%	Reference Interval 01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.4	%	00 - 02
INTERPRETATION: Tests done on Automated B	Sive Part call	4.11	
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.7	ter. All abnormal re	esults are reviewed and confirmed microscopically.  1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.2	10^3 / μΙ	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.3	10^3 / μΙ	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.6	10^3 / μ1	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.0	10^3 / μ1	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	485	10^3 / μ1	150 - 450
MPV (EDTA Blood/Derived from Impedance)	6.9	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.334	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	36	mm/hr	< 20
BUN / Creatinine Ratio	24.2		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	100.5	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

Saravanan M.D(Path) Isultant Pathologist Reg No : 73347

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Investigation **Observed** Unit <u>Biological</u> **Value** 

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence

Glucose, Fasting (Urine)

(Urine - F/GOD - POD)

Glucose Postprandial (PPBS)

(Plasma - PP/GOD-PAP)

Negative

145.1

mg/dL

Negative

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)	Negative	Regative Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	18.4 mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.76 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

Uric Acid (Serum/Enzymatic)	3.8	mg/dL	2.6 - 6.0
Liver Function Test			

Bilirubin(Total) (Serum/DCA with ATCS)	0.46	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.14	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.32	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	20.9	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	23.8	U/L	5 - 41

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Image attended			
<u>Investigation</u>	Observed Value	<u>Unit</u>	Biological
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	28.2	U/L	Reference Interval
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	91.0	U/L	42 - 98
Total Protein (Serum/Biuret)	7.65	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.92	gm/dl	3.5 - 5.2
Globulin (Serum/ <i>Derived</i> )	3.73	gm/dL	2.3 - 3.6
A: GRATIO (Serum/Derived)	1.05		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	157.2	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	39.8	mg/dL	Optimal: < 150 Borderline: 150 - 199
INTERPRETATION OF THE PROPERTY			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

**HDL** Cholesterol (Serum/Immunoinhibition)

53.6

mg/dL

Optimal(Negative Risk Factor): >=

Borderline: 50 - 59 High Risk: < 50

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Investigation			
Investigation	<u>Observed</u>	<u>Unit</u>	Biological
LDL Cholesterol (Serum/Calculated)	<u>Value</u> 95.6	mg/dL	Reference Interval  Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	103.6	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

or primary target for cholesterol lowering therapy.			and it is the new bad cholesterol" and
Total Cholesterol/HDL Cholesterol Ratio	2.9		Optimal: < 3.3
(Serum/Calculated)			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)	0.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.8		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
Glycosylated Haemoglobin (HbA1c)			3.0
HbA1C (Whole Blood/HPLC)	6.1	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
			0

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 %, Fair control : 7.1 - 8.0 %, Poor control >= 8.1 %



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<u>Investigation</u>	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological
Estimated Average Glucose (Whole Blood)	128.37	mg/dL	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

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 HbAlc.

## THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 1.86 (Serum/Chemiluminescent Immunometric Assay ng/ml 0.7 - 2.04

(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

T4 (Tyroxine) - Total

8.39

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

TSH (Thyroid Stimulating Hormone)

3.26

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  $0.03 \mu IU/mL$  need to be clinically correlated due to presence of rare TSH variant in some individuals.

D(Path)

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Investigation  Urine Analysis - Routine	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
COLOUR (Urine)	Pale yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
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



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-- End of Report --

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#### ECHO CARDIOGRAM REPORT

#### **2D ECHO STUDY:**

- Normal chamber dimensions.
- Normal LV / RV size and systolic function (EF: 65%)
- No Regional wall motion abnormality.
- No ventricular hypertrophy.
- IAS and IVS are intact.
- No e/o of clot / Aneurysm.
- Normal pericardium.

### **FINAL IMPRESSION:**

- NORMAL LV / RV SIZE AND SYSTOLIC FUNCTION. (EF :65% )
- NO REGIONAL WALL MOTION ABNORMALITY.
- NORMAL COLOUR FLOW STUDIES.
- NORMAL DIASTOLIC COMPLIANCE.

### **LEFT VENTRICULAR MEASUREMENT:**

DIMENSIONS	NORMAL
IVS (ed) - 0.8cm	(0.6cm/1.2cm)
LVPW(ed) - 0.8cm	(0.6cm/1.1cm)
EF 65%	(62 %-85 %)
FS 35%	
	IVS (ed) - 0.8cm LVPW(ed) - 0.8cm EF 65%



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### **MORPHOLOGICAL DATA:**

#### Mitral valve

Anterior mitral leaflet (AML) : Normal

Posterior mitral leaflet (PML) : Normal

Aortic Valve : Normal

Tricuspid Valve : Normal

Pulmonary Valve : Normal

Interatrial Septum : Intact

Interventricular Septum : Intact

Right Ventricle : Normal

Right Atrium : Normal

Pulmonary Artery : Normal

Left Ventricle : Normal

Left Atrium : Normal

#### **PERICARDIUM:**

Normal.

#### **DOPPLER STUDY:**

Continuous Wave Doppler & Colour Flow Study:

Normal colour flow studies.

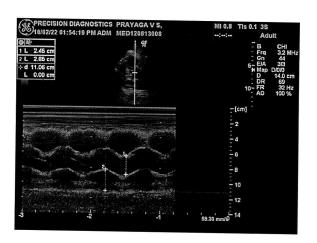
Dr. Pradeep G. Nayar

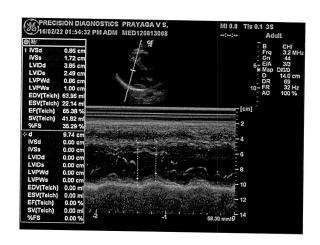
MD,DNB(CARD),MNAMS,FRCP(Lon),FRCP(Edin), FRCP(Glas)FAHA(USA),FACC(USA),FSCAI(USA). Sr.Consultant Interventional Cardiologist

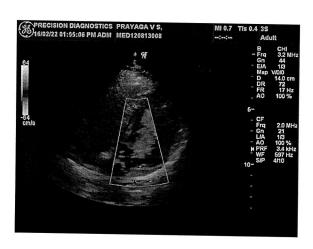


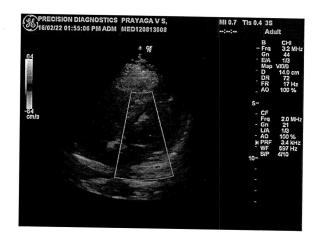
## Precision Diagnostics No:191, Poonamalle High Road (Near Taylors Road Signal)

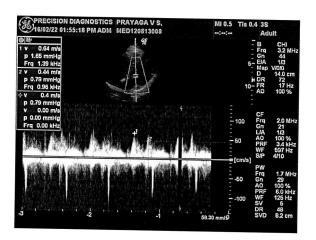
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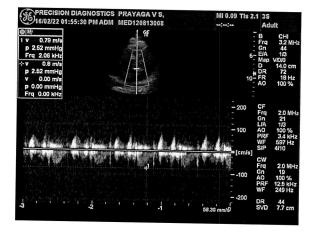














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### **ULTRA SOUND SCAN**

### WHOLE ABDOMEN

Liver span -12.2cm, shows homogenously increased parenchymal echoes. No focal lesion is seen.

There is no intra or extra hepatic biliary ductal dilatation. Portal vein and IVC are normal.

Gall bladder is normal sized and smooth walled. Wall thickness is normal

Pancreas shows a normal configuration and echotexture. Pancreatic duct is normal.

**Spleen** is normal in size and echotexture.

**Bilateral kidneys** are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.

Right kidney measures 9.7 x 5.2 cm.

Left kidney measures 9.9 x 5.5 cm.

Ureters are not dilated.

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

**Urinary bladder** is smooth walled and uniformly transonic. No intravesical mass or calculus.

No para aortic lymphadenopathy is seen.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.



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## TRANS VAGINAL SCAN

**Uterus** is anteverted, and measures 5.8 x 2.5 cm. Endometrial thickness is 6.1 mm.

**Right ovary** measures  $2.3 \times 2.0 \times 1.8 \text{ cm}$  (vol-4.7).

**Left ovary** measures 2.1 x 1.8 x 1.8 cm (vol-3.7cc).

Multiple peripherally arranged follicles with central echogenic stroma noted in both ovaries.

Parametria are free.

### **IMPRESSION:**

- > Grade I fatty liver.
- > Polycystic ovaries.

Dr. J.Vinolin Nivetha, M.D.R.D, Consultant Radiologist.

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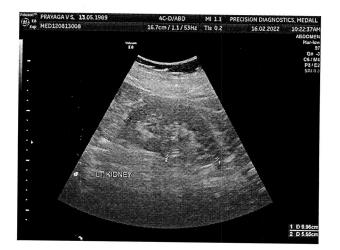












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