

Name	MR.ANANTHAPADMANABHAN K	ID	MED121503124
Age & Gender	47Y/MALE	Visit Date	25/11/2022
Ref Doctor	MediWheel		

MASTER HEALTH CHECK UP SUMMARY

Height :	170 cm	Weight:	96.8 kg
BMI :	26.5		

PRESENT HISTORY:

- H/o diabetes – 7 years – under treatment.

GENERAL EXAMINATION → P.I.C.C.L.E : Nil.

Pulse: 82/min BP: 140/90 mmHg Respiratory Rate: 18/min

Temp: Normal Others: Nil

SYSTEMIC EXAMINATION:

CVS: S1S2+ RS: B/L NVBS CNS: NFND

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

INVESTIGATIONS:

ECG:

- Normal ECG.

X-RAY:

- No significant abnormality detected.

ULTRASOUND ABDOMEN:

- Grade I fatty liver.
- Umbilical hernia.
- Left kidney small simple cyst.

--For clinical correlation.



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TMT:

- Negative.

LAB REPORTS:

- Fasting and PP glucose levels high.
- HbA1c high.
- TSH level high.

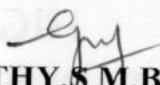
EYE SCREENING:

Vision	R/E	L/E
Distant Vision	6/6	6/6
Near Vision	N6	N6
Colour Vision	Normal	Normal

- Within normal limits.

ADVISED:

- Diabetologist opinion.
- Gastroenterologist opinion for Fatty liver and Umbilical hernia.


DR.GOMATHY.S M.B.B.S, D.M.C.H
Consultant General Physician



Name : Mr. ANANTHAPADMANABHAN K
PID No. : MED121503124
SID No. : 602211009
Age / Sex : 47 Year(s) / Male
Ref. Dr : MediWheel

Register On : 25/11/2022 9:02 AM
Collection On : 25/11/2022 10:01 AM
Report On : 25/11/2022 5:16 PM
Printed On : 26/11/2022 1:30 PM
Type : OP

Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.48	10 ³ / μ l	< 1.0
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.04	10 ³ / μ l	< 0.2
Platelet Count (Blood/Impedance Variation)	288	10 ³ / μ l	150 - 450
MPV (Blood/Derived from Impedance)	9.0	fL	7.9 - 13.7
PCT (Blood/Automated Blood cell Counter)	0.259	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	28	mm/hr	< 15

BIOCHEMISTRY

BUN / Creatinine Ratio	13.16		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	174.2	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) **192.3** 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) 12.9 mg/dL 7.0 - 21

Creatinine (Serum/Modified Jaffe) 0.98 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.

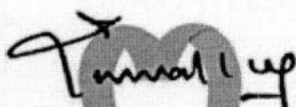
Uric Acid (Serum/Enzymatic) 4.0 mg/dL 3.5 - 7.2

Liver Function Test


Bilirubin(Total) (Serum/DCA with ATCS) 0.40 mg/dL 0.1 - 1.2

Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) 0.16 mg/dL 0.0 - 0.3

Bilirubin(Indirect) (Serum/Derived) 0.24 mg/dL 0.1 - 1.0



Dr S SIVAKUMAR Ph.D
Consultant Microbiologist



Dr.E.Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

The results pertain to sample tested.

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medall
DIAGNOSTICS
experts who care

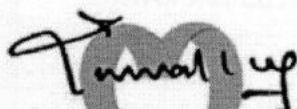
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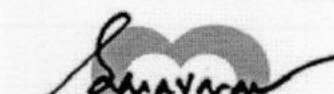
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Investigation	Observed Value	Unit	Biological Reference Interval
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	39.0	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	38.0	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	42.6	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	122.4	U/L	53 - 128
Total Protein (Serum/Biuret)	7.40	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.05	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.35	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.21		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	208.9	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	127.8	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/Immuno-inhibition)	42.8	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	140.5	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	25.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	166.1	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220


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Consultant Microbiologist


Dr.E.Saravanan M.D(Path)
Consultant Pathologist
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The results pertain to sample tested.

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Investigation Observed Value Unit Biological Reference Interval

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 4.9
 (Serum/Calculated) 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 3
 (TG/HDL) (Serum/Calculated) Optimal: < 2.5
 Mild to moderate risk: 2.5 - 5.0
 High Risk: > 5.0

LDL/HDL Cholesterol Ratio (Serum/
 Calculated) 3.3 Optimal: 0.5 - 3.0
 Borderline: 3.1 - 6.0
 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC) 10.6 % 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) 257.52 mg/dL

INTERPRETATION: Comments

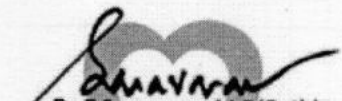
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.
 Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, 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.

IMMUNOASSAY

Prostate specific antigen - Total(PSA) 0.25 ng/mL Normal: 0.0 - 4.0
 (Serum/Manometric method) Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0
 Suspicious of Malignant disease of Prostate: > 10.0



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Investigation	Observed Value	Unit	Biological Reference Interval
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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))	0.93	ng/ml	0.7 - 2.04
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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))	8.31	µg/dl	4.2 - 12.0
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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))	7.30	µIU/mL	0.35 - 5.50
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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.

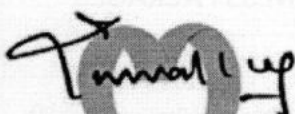
2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

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

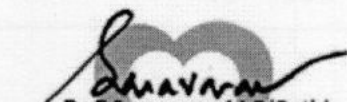
CLINICAL PATHOLOGY

Urine Analysis - Routine

COLOUR (Urine)	Pale yellow	Yellow to Amber
APPEARANCE (Urine)	Clear	Clear



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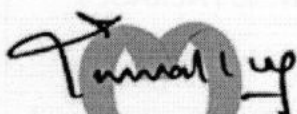
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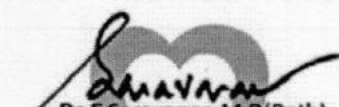
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Positive(+)		Negative
Pus Cells (Urine/Automated – Flow cytometry)	Occasional	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	Occasional	/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.

-- End of Report --



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SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows diffuse fatty changes.

The gall bladder is normal sized and 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 the IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

The right kidney measures 9.9 x 5.4 cm.

The left kidney measures 9.3 x 5.1 cm and shows a tiny simple cyst 0.6 x 0.7 cm in the mid pole region.

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



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Age & Gender	47Y/MALE	Visit Date	25/11/2022
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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.

The prostate measures 2.9 x 3.1 x 3.6 cm (Vol – 17.6 cc) and is normal sized.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

A defect measuring about 1.5 cm is seen in the umbilical region of anterior abdominal wall with freely moving bowel and omental fat as its content.

IMPRESSION:

- Grade I fatty liver.
- Umbilical hernia.
- Left kidney small simple cyst.

- For clinical correlation.

Dr Catherine

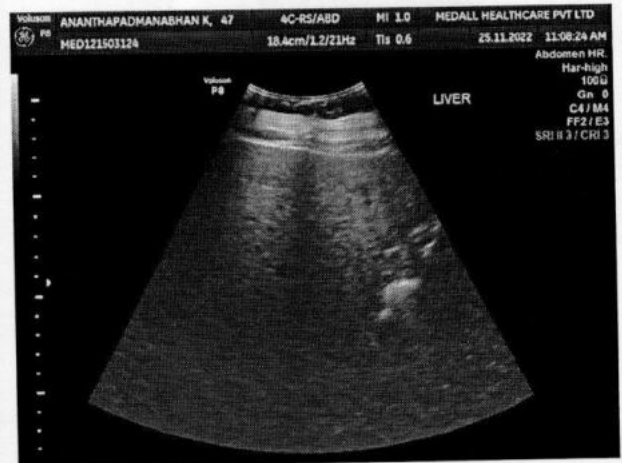
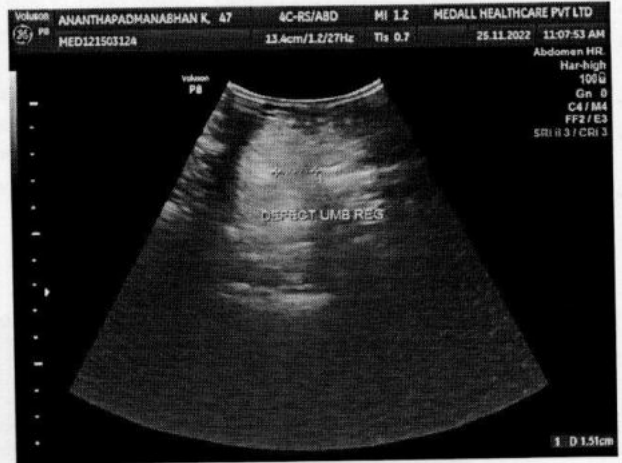
**Dr. Catherine
Consultant Sonologist.**



Medall Healthcare Pvt Ltd
 No ; 26/15 , Ground floor Gopalakrishna street pondy Bazaar , T.Nagar



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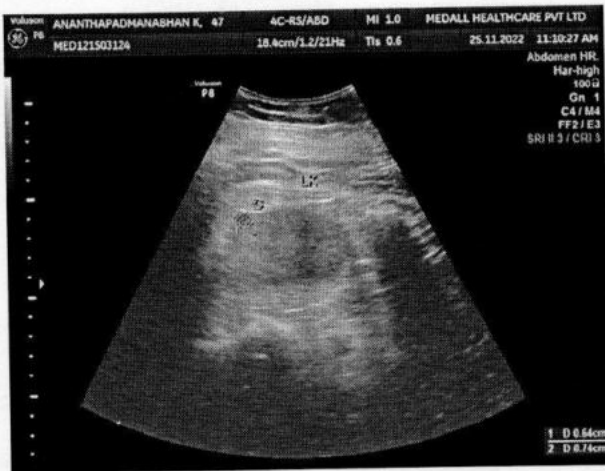


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MEDALL DIAGNOSTICS T NAGAR CHENNAI.

Patient Details

Date: 25-Nov-22

Time: 12:10:25 PM

Name: MR ANANTHAPADMANABHAN K ID: MED121503124

Age: 47 y

Sex: M

Height: 170 cms

Weight: 96 Kgs

Clinical History:

Medications:

Test Details

Protocol: Bruce

Pr.MHR: 173 bpm

THR: 155 (90 % of Pr.MHR) bpm

Total Exec. Time: 7 m 0 s

Max. HR: 169 (98% of Pr.MHR)bpm

Max. Mets: 10.20

Max. BP: 160 / 100 mmHg

Max. BP x HR: 27040 mmHg/min

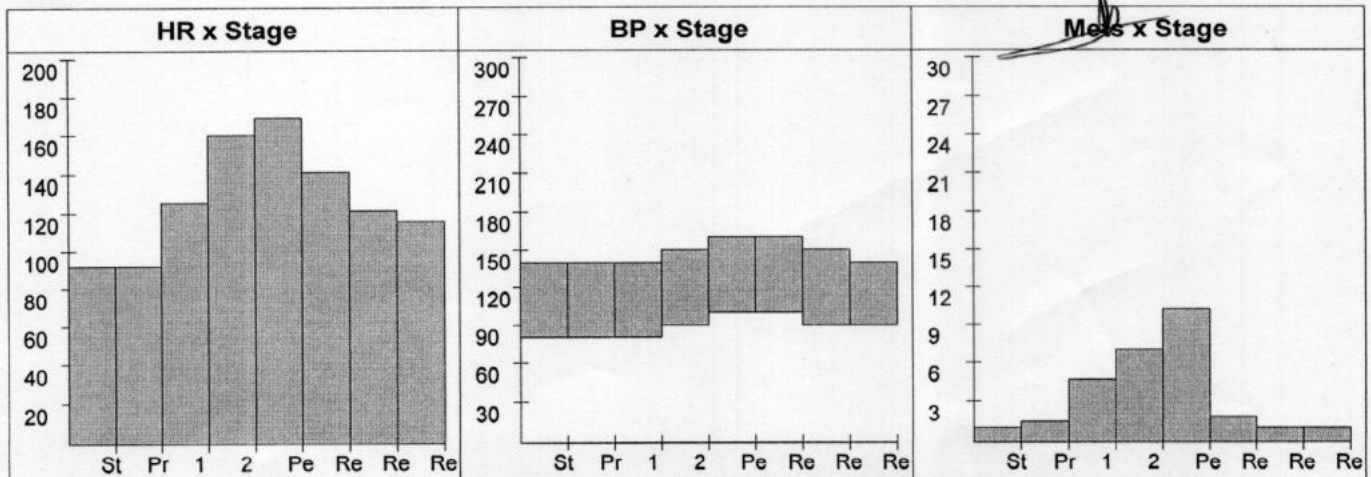
Min. BP x HR: 7360 mmHg/min

Test Termination Criteria: ACHIEVED THR

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Standing	0 : 28	1.0	0	0	92	140 / 80	-0.64 aVR	0.71 V2
1	3 : 0	4.6	1.7	10	125	140 / 80	-1.06 aVR	2.12 II
2	3 : 0	7.0	2.5	12	160	150 / 90	-1.06 aVR	3.89 II
Peak Ex	1 : 0	10.2	3.4	14	169	160 / 100	-0.64 aVL	3.18 II
Recovery(1)	1 : 0	1.8	1	0	141	160 / 100	-1.06 aVR	2.83 II
Recovery(2)	1 : 11	1.0	0	0	121	150 / 90	-1.27 aVR	3.18 II
Recovery(3)	1 : 4	1.0	0	0	115	140 / 90	-0.85 aVR	2.48 II

note done 10-2
 Negative for
 and angina
 Discharge Ischaemic
 By Dr. R. J. R. D. J.



MEDALL DIAGNOSTICS T NAGAR CHENNAI.

Test Report

MR ANANTHAPADMANABHAN K (47 M) ID: MED121503124 Date: 25-Nov-22 Exec Time : 0 m 0 s Stage Time : 0 m 22 s HR: 93 bpm

Protocol: Bruce Stage: Standing Speed: 0 mph Grade: 0% (THR: 155 bpm) B.P: 140 / 80

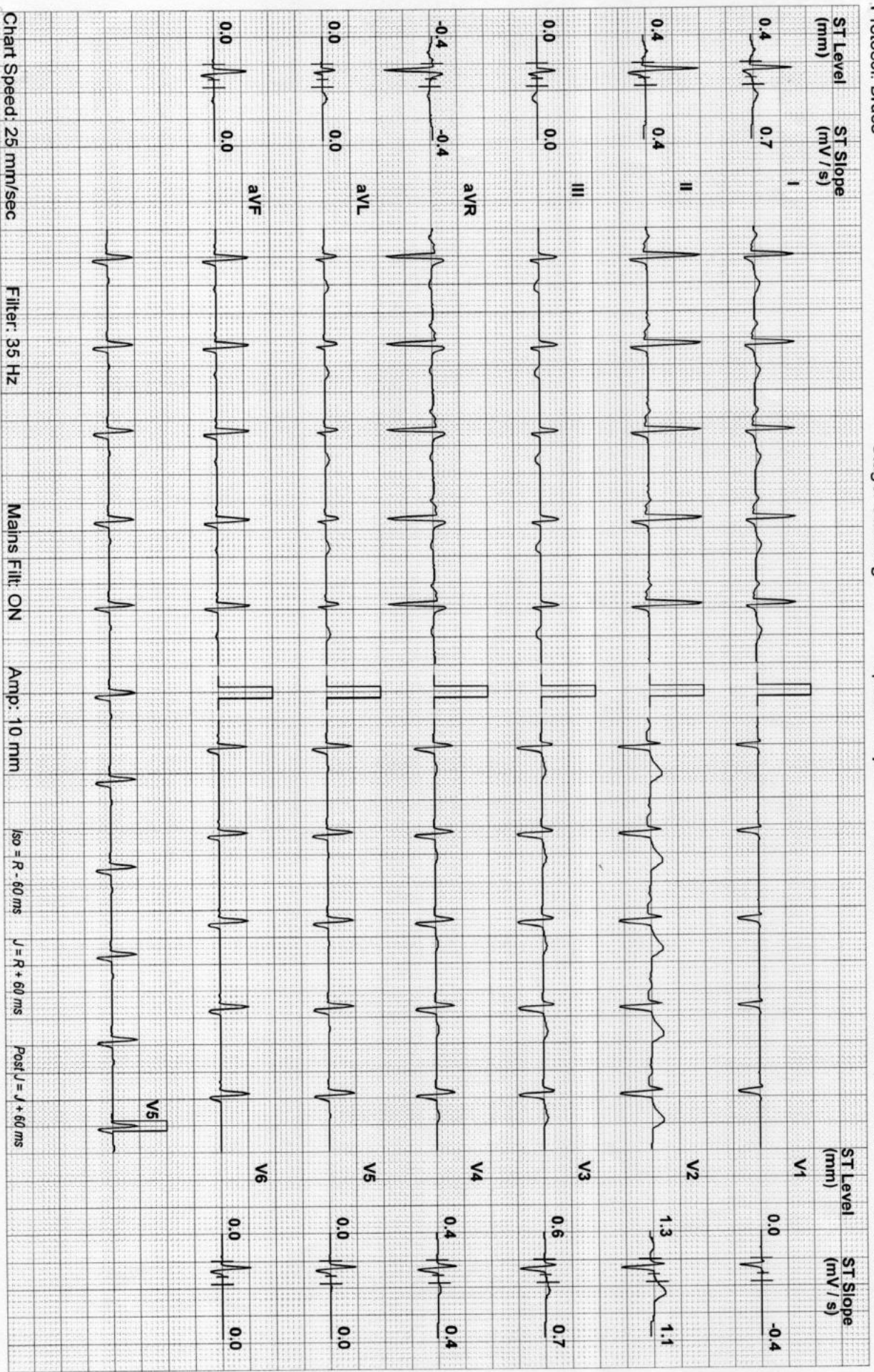


Chart Speed: 25 mm/sec Filter: 35 Hz Mains Filtr: ON Amp: 10 mm Iso = R - 60 ms J = R + 60 ms Post J = J + 60 ms
Schiller Spandan V 4.5f Linked Median

MEDALL DIAGNOSTICS T NAGAR CHENNAI.

Test Report

MR ANANTHAPADMANABHAN K (47 M) ID: MED121503124

Date: 25-Nov-22

Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 131 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 155 bpm)

B.P: 140 / 80

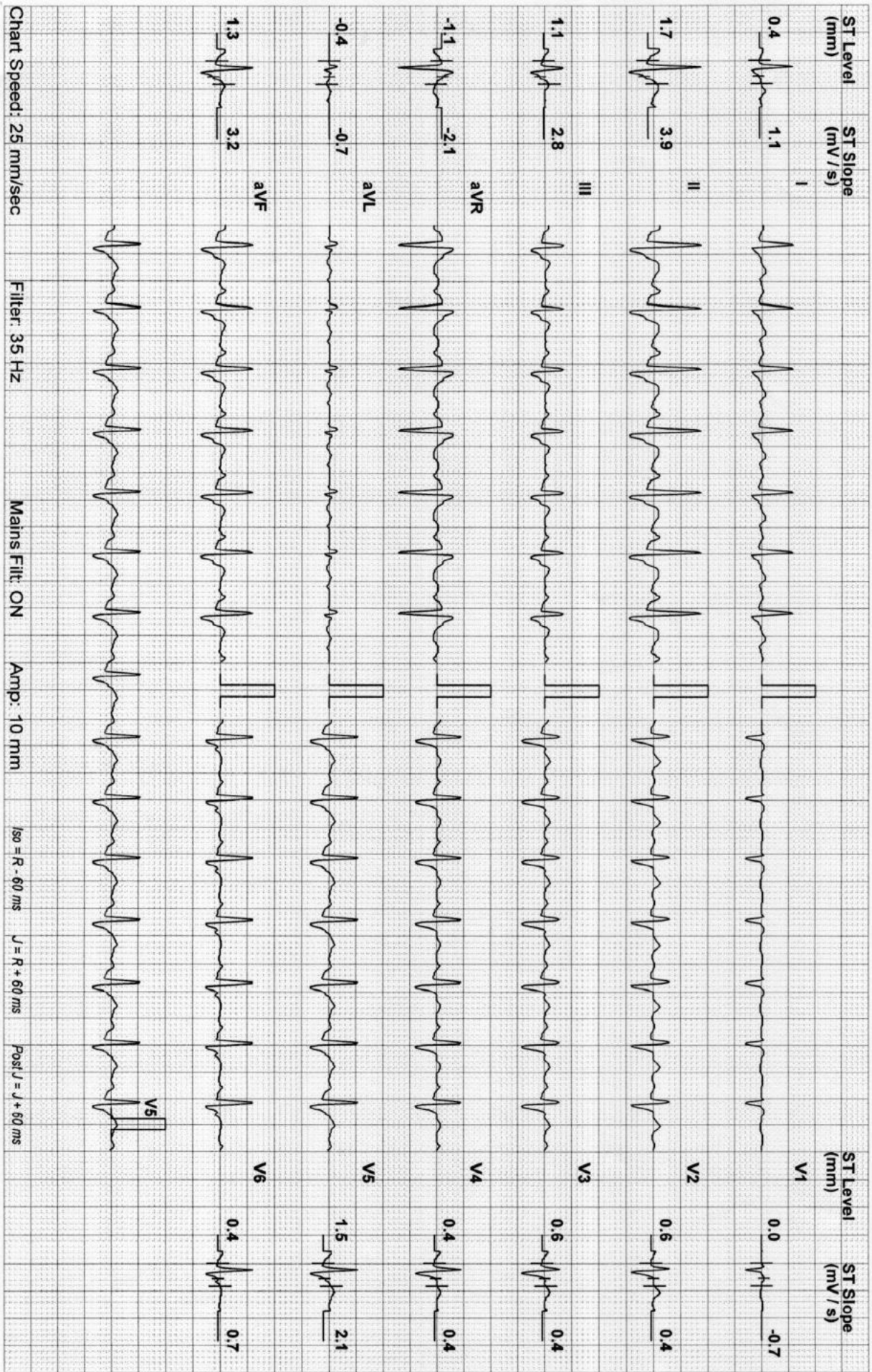


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

ISO = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

MEDALL DIAGNOSTICS T NAGAR CHENNAI.

Test Report

MR ANANTHAPADMANABHAN K (47 M) ID: MED121503124 Date: 25-Nov-22 Exec Time : 5 m 54 s Stage Time : 2 m 54 s HR: 149 bpm

Protocol: Bruce Stage: 2 Speed: 2.5 mph Grade: 12 % (THR: 155 bpm) B.P: 150 / 90

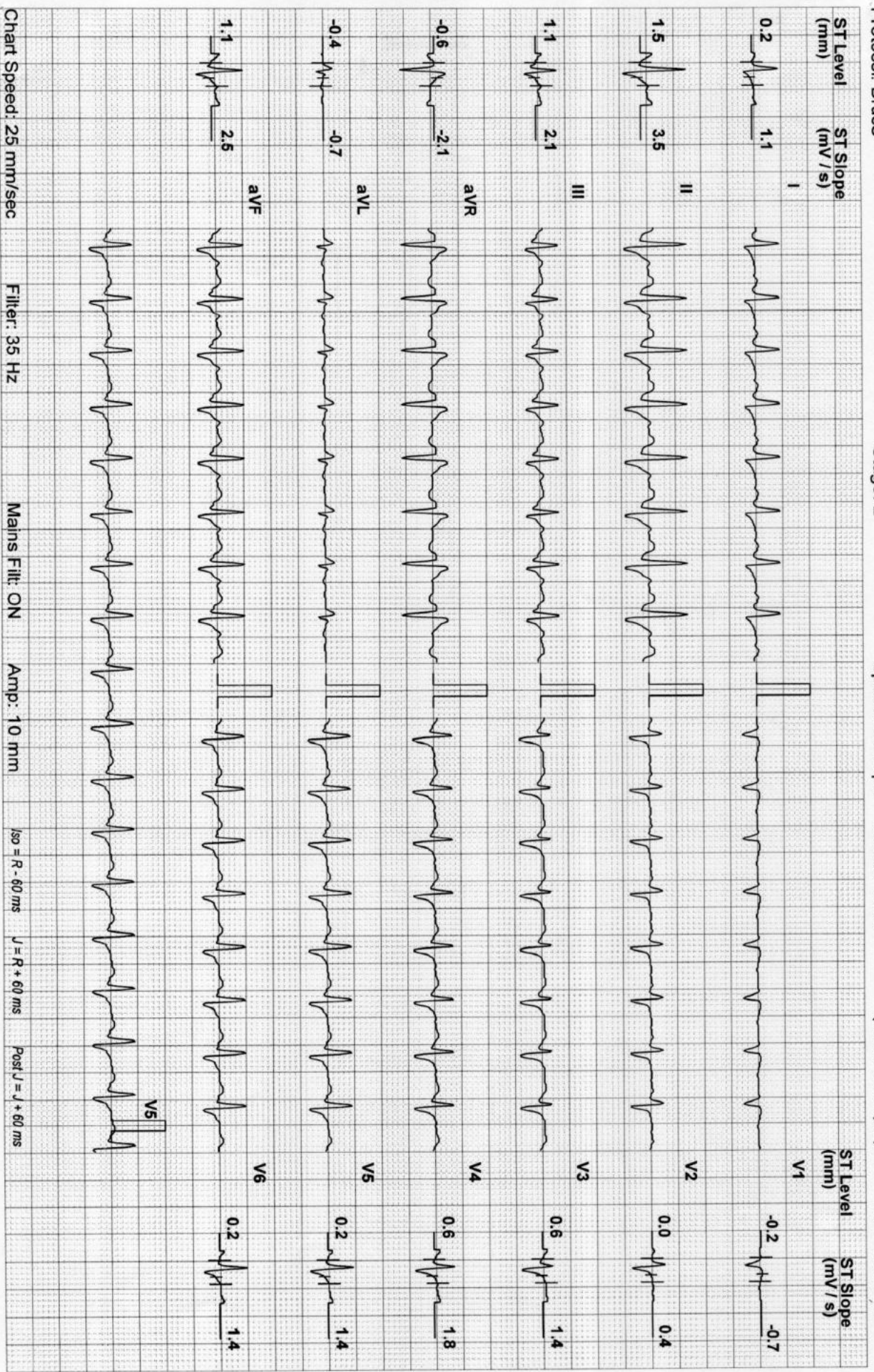


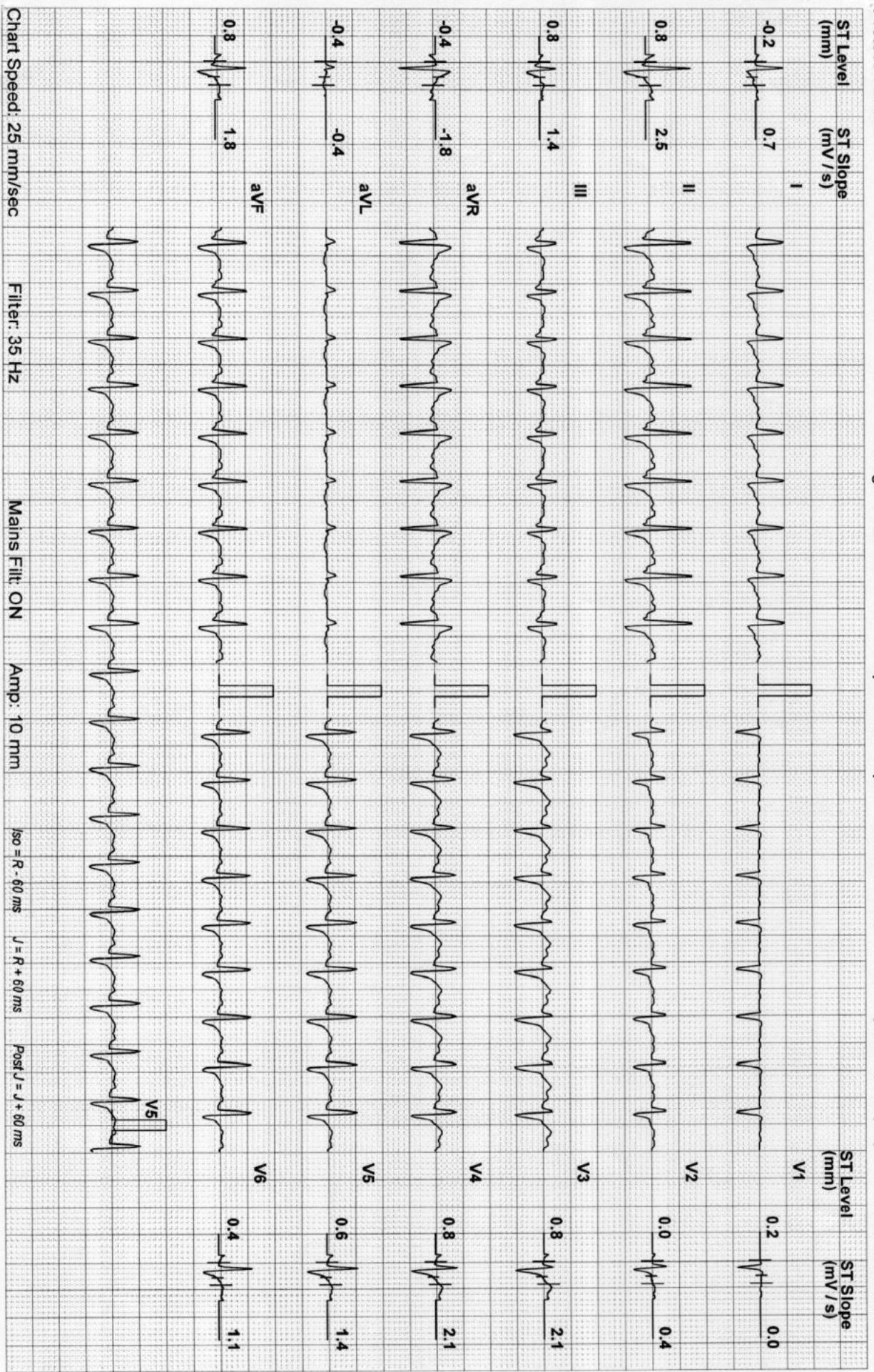
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 Schiller Spandan V 4.51 Linked Median

MEDALL DIAGNOSTICS T NAGAR CHENNAI.

Test Report

MIR ANANTHAPADMANABHAN K (47 M) ID: MED121503124 Date: 25-Nov-22 Exec Time : 6 m 54 s Stage Time : 0 m 54 s **HR: 169 bpm**

Protocol: Bruce Stage: Peak Ex Speed: 3.4 mph Grade: 14 % (THR: 155 bpm) B.P: 160 / 100



Schiller Spardan V 4.51

Linked Median

MEDALL DIAGNOSTICS T NAGAR CHENNAI.

Test Report

MIR ANANTHAPADMANABHAN K (47 M) ID: MED121503124 Date: 25-Nov-22 Exec Time : 7 m 0 s Stage Time : 0 m 54 s HR: 143 bpm

Protocol: Bruce Stage: Recovery(1) Speed: 1 mph Grade: 0 % (THR: 155 bpm) B.P: 160 / 100

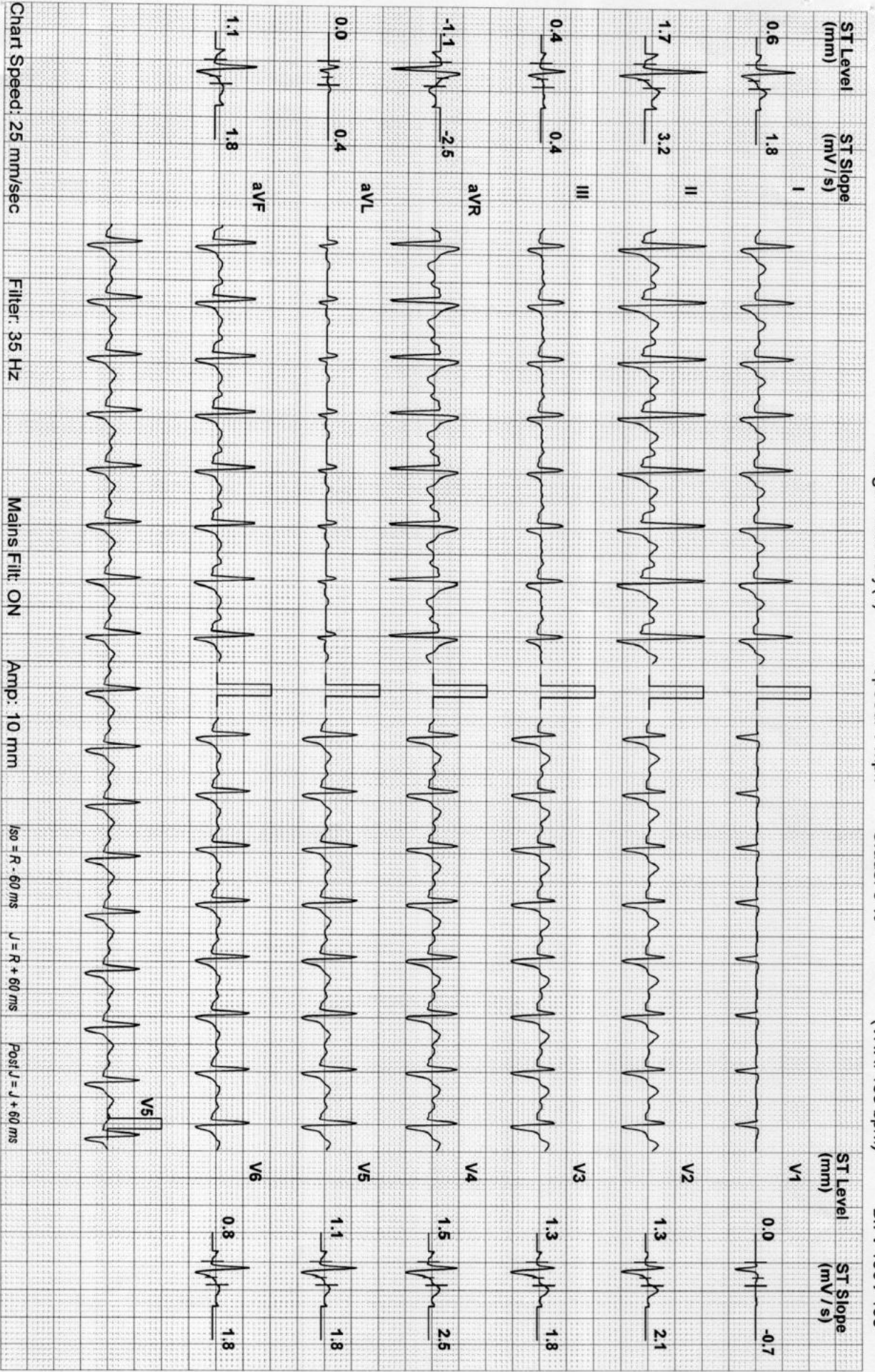


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filtr: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

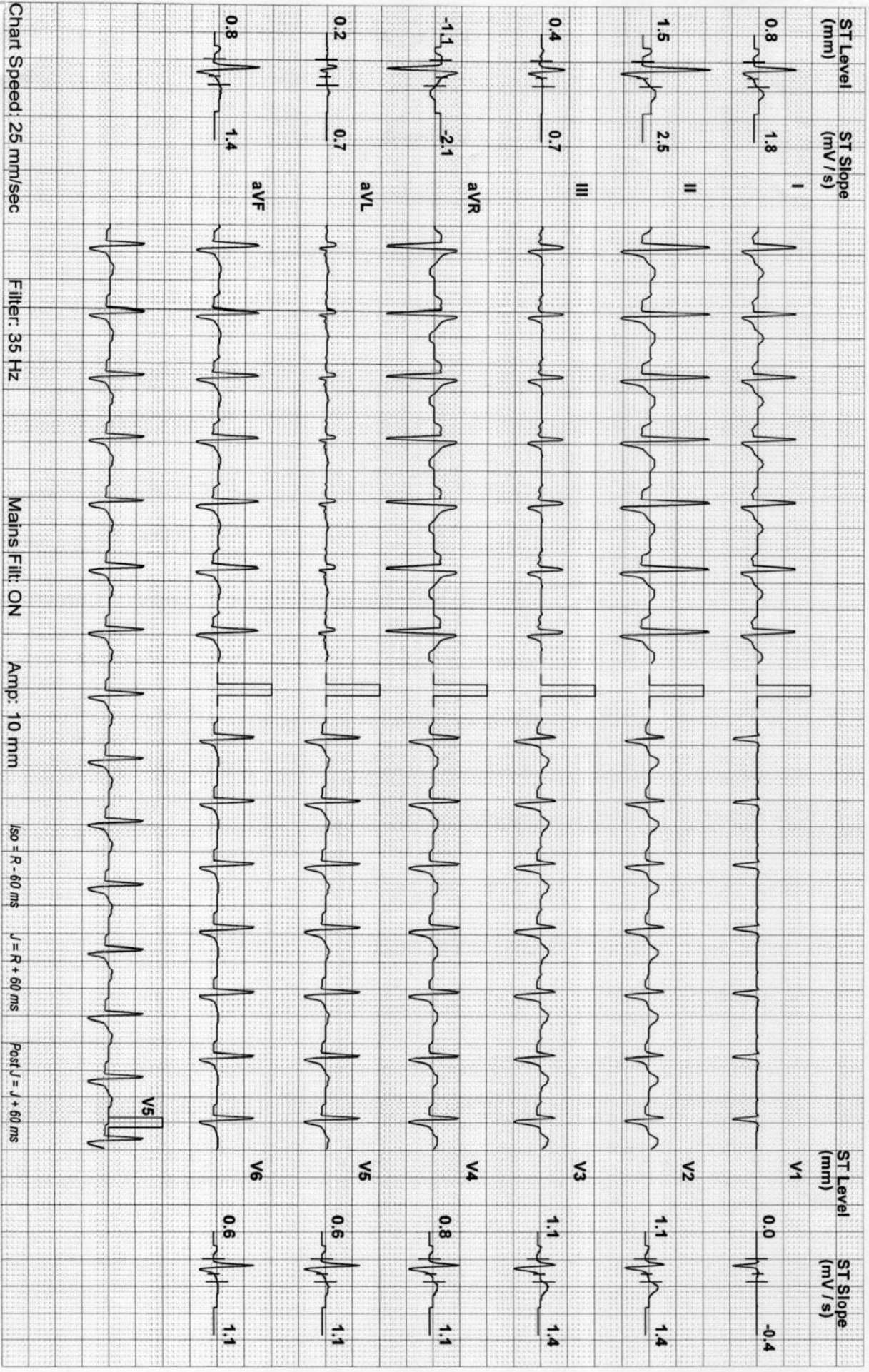
Linked Median

MEDALL DIAGNOSTICS T NAGAR CHENNAI.

Test Report

MR ANANTHAPADMANABHAN K (47 M) ID: MED121503124 Date: 25-Nov-22 Exec Time : 7 m 0 s Stage Time : 1 m 5 s HR: 125 bpm

Protocol: Bruce Stage: Recovery(2) Speed: 0 mph Grade: 0 % (THR: 155 bpm) B.P: 150 / 90



Schiller Sparden V 4.51

Linked Median

MEDALL DIAGNOSTICS T NAGAR CHENNAI.

Test Report

MR ANANTHAPADMANABHAN K (47 M) ID: MED121503124 Date: 25-Nov-22 Exec Time : 7 m 0 s Stage Time : 0 m 58 s HR: 115 bpm

Protocol: Bruce Stage: Recovery(3) Speed: 0 mph Grade: 0 % (THR: 155 bpm) B.P: 140 / 90

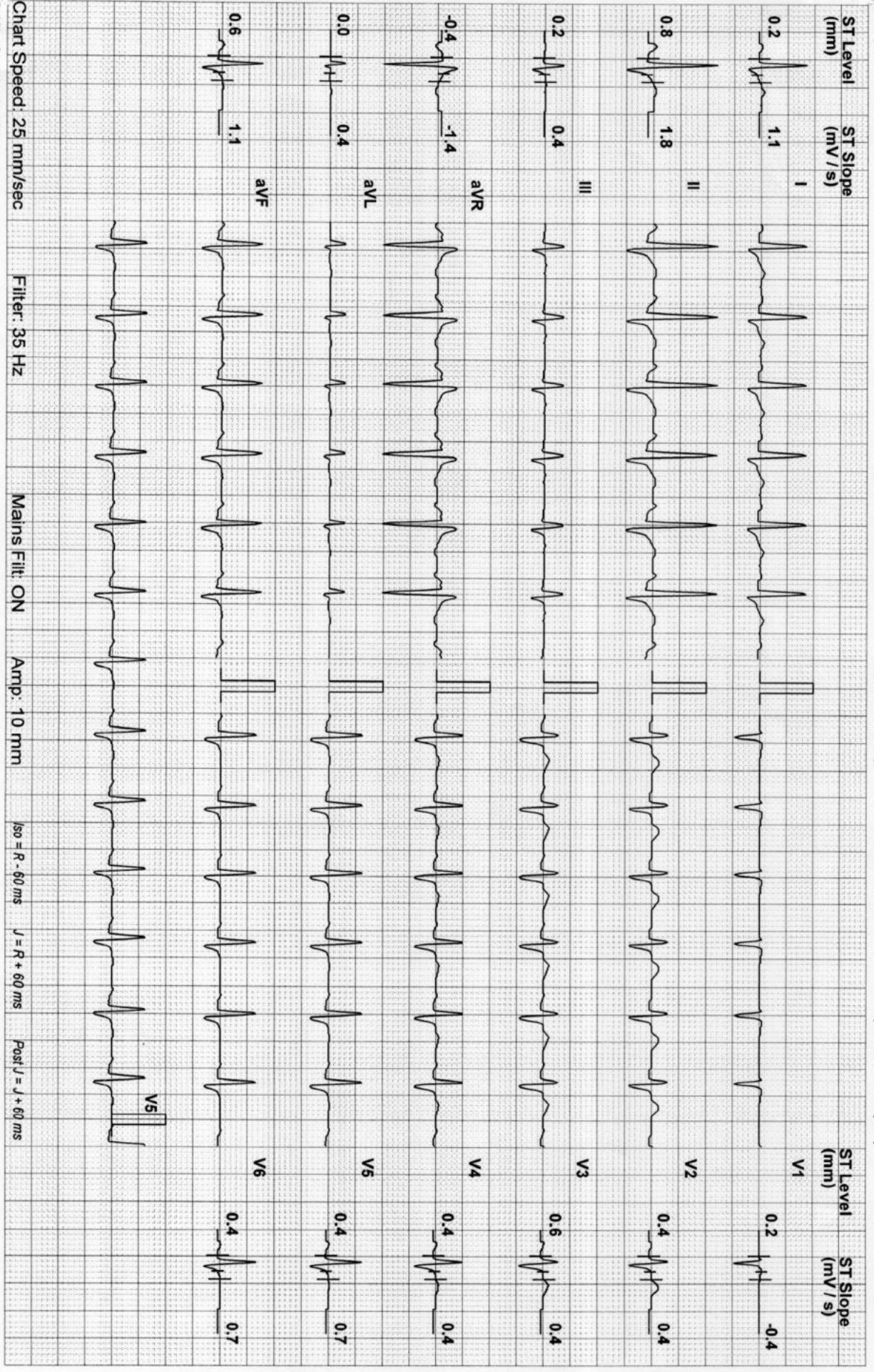


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Fil: ON

Amp: 10 mm

iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

Schiller Spandan V.4.5f

Name	ANANTHAPADMANABH AN K	Customer ID	MED121503124
Age & Gender	47Y/M	Visit Date	Nov 25 2022 9:01AM
Ref Doctor	MediWheel		

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.

The lung fields show normal broncho-vascular markings.

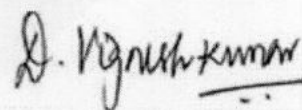
Both the pulmonary hila are normal in size.

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

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

IMPRESSION :

- **No significant abnormality detected.**



Dr. D. Vignesh Kumar MBBS, DNB(RD)
Consultant Radiologist



GE MAC1200 ST
Male, 47 Years (19.05.1975)

MR ANANTHA,

PADMANABHAN K 0121503124

MEDALL DIAGNOSTICS

HR 83 bpm

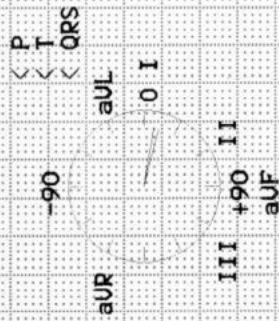
MEALL HEALTH CARE PVT LTD
K 0384, Gopalakrishnan Street
Nagar, Chennai - 600017
Ph: 044-42121883

Measurement Results:

QRS 362 / 96 ms
QT/QTcB 426 ms
PR 146 ms
P 98 ms
RR/PP 722 / 740 ms
P/QRS/T 15 / 10 / 15 degrees
QT/QTcBD 38 / 45 ms
Sokolow 1.5 mV
NK 11

Interpretation:

R/S inversion area between U1 and U2 probably normal ECG



Namad ECG

Dr

Unconfirmed report.

