

Customer Name	MRS.JERLIN ANCY N	Customer ID	MED111348618
Age & Gender	30Y/FEMALE	Visit Date	22/10/2022
Ref Doctor	MediWheel		

Personal Health Report

General Examination:

Height : 155.5 cms
Weight : 61.4 kg
BMI : 25.3 kg/m²

BP: 130/80 mmhg
Pulse: 96/ min, regular

Systemic Examination:

CVS: S1 S2 heard;
RS : NVBS +,
Abd : Soft.
CNS : NAD

Blood report:

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

Urine analysis – Within normal limits.

X-Ray Chest – Normal study.

ECG – Normal ECG.

USG Abdomen – Normal study.

ECHO – *Normal LV systolic function. No regional wall motion abnormality. Mild MVP of AML. Trivial TR. Mild TR.*

Eye Test – Normal study.

Vision	Right eye	Left eye
Distant Vision	6/6	6/6
Near Vision	N6	N6
Colour Vision	Normal	Normal

Impression & Advice:

All health parameters are well within normal limits.

DR. NOOR MOHAMMED RIZWAN A. M.B.B.S., FDM

MHC Physician Consultant

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SID No. : 222018326
Age / Sex : 30 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 22/10/2022 10:52 AM
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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			
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood/Spectrophotometry)	13.3	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	42.4	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.96	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	85.5	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	26.7	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)	13.4	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	41.0	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6710	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	55.5	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	35.7	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	3.7	%	01 - 06


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

APPROVED BY

The results pertain to sample tested.

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	4.6	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.5	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.72	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.40	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.25	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.31	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.03	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	305	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.4	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.286	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	15	mm/hr	< 20
BUN / Creatinine Ratio	13.6		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	93.7	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126



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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.

Glucose, Fasting (Urine)
(Urine - F/GOD - POD)

Negative

Negative

Glucose Postprandial (PPBS)
(Plasma - PP/GOD-PAP)

100.8 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)

Negative

Negative

Blood Urea Nitrogen (BUN)
(Serum/Urease UV / derived)

10.2 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)

4.9 mg/dL

2.6 - 6.0

Liver Function Test

Bilirubin(Total)
(Serum/DCA with ATCS)

0.96 mg/dL

0.1 - 1.2

Bilirubin(Direct)
(Serum/Diazotized Sulfanilic Acid)

0.28 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)


19.1 U/L

5 - 40

SGPT/ALT (Alanine Aminotransferase)
(Serum/Modified IFCC)

16.5 U/L

5 - 41


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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	22.0	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	72.6	U/L	42 - 98
Total Protein (Serum/Biuret)	7.32	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.23	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.09	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.37		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	160.7	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	47.2	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)	50.2	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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LDL Cholesterol (Serum/Calculated)	101.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	9.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	110.5	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)	3.2		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)	0.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.7	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %


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Investigation

Observed Value

Unit

Biological Reference Interval

Estimated Average Glucose
(Whole Blood)

116.89

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

T3 (Triiodothyronine) - Total

(Serum/Chemiluminescent Immunometric Assay (CLIA))

1.55

ng/ml

0.7 - 2.04

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))

8.79

µg/dl

4.2 - 12.0

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))

2.03

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

Dr. E. Saravanan M.D(Path)
Consultant Pathologist
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Investigation

Urine Analysis - Routine

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological 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)	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.

Dr. E. Saravanan (M.D(Path))
Consultant Pathologist
Reg No : 75347

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-- End of Report --



Name	JERLIN ANCY N	ID	MED111348618
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Ref Doctor	MediWheel		

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.*



**Dr. Rama Krishnan. MD, DNB.,
Consultant Radiologist.
Medall Healthcare Pvt Ltd.**



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SONOGRAM REPORT

WHOLE ABDOMEN

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

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.

No para aortic lymphadenopathy is seen.

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

The right kidney measures 9.6 x 4.0 cm.

Few concretions of 1 – 2 mm are seen in the right kidney.

The left kidney measures 10.3 x 5.3 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.

The uterus is anteverted, and measures 7.7 x 3.4 cm.



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Myometrial echoes are homogeneous. The endometrial thickness is 6.3 mm.

The right ovary measures 2.3 x 2.3 cm.

The left ovary measures 2.4 x 1.8 cm.


No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

IMPRESSION:

- Normal study.



**DR. UMALAKSHMI
SONOLOGIST**



Medall Healthcare Pvt Ltd
58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission Office),

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DEPARTMENT OF CARDIOLOGY

TRANSTHORACIC RESTING ECHO CARDIOGRAPHY REPORT

**ECHO INDICATION: Assessment
M MODE & 2-D PARAMETERS:**

ACOUSTIC WINDOW : GOOD

LV STUDY

IVS(d)	cm	0.9
IVS(s)	cm	0.8
LPW(d)	cm	0.9
LPW(s)	cm	0.9
LVID(d)	cm	3.6
LVID(s)	cm	2.8
EDV	ml	98
ESV	ml	36
SV	ml	53
EF	%	67
FS	%	36

DOPPLER PARAMETERS

Parameters		Patient Value
LA	cm	2.8
AO	cm	2.4

Valves	Velocity max(m/sec mm/Hg)
AV	1.0 m/s
PV	0.9 m/s
MV (E)	0.7 m/s
(A)	0.6 m/s
TV (E)	0.6 m/s
(A)	0.6 m/s

FINDINGS:

- ❖ Normal left ventricle systolic function (LVEF 67 %).
- ❖ No regional wall motion abnormality.
- ❖ No diastolic dysfunction.
- ❖ Normal chambers dimension.
- ❖ Mild mitral valve prolapse of anterior mitral leaflet.
- ❖ Trivial mitral regurgitation.
- ❖ Mild tricuspid regurgitation.
- ❖ Normal pericardium / Intact septae.
- ❖ No clot/aneurysm.

IMPRESSION:

- ❑ NO REGIONAL WALL MOTION ABNORMALITY.
- ❑ NORMAL LV SYSTOLIC FUNCTION.
- ❑ MILD MVP OF AML.
- ❑ TRIVIAL MR.
- ❑ MILD TR.

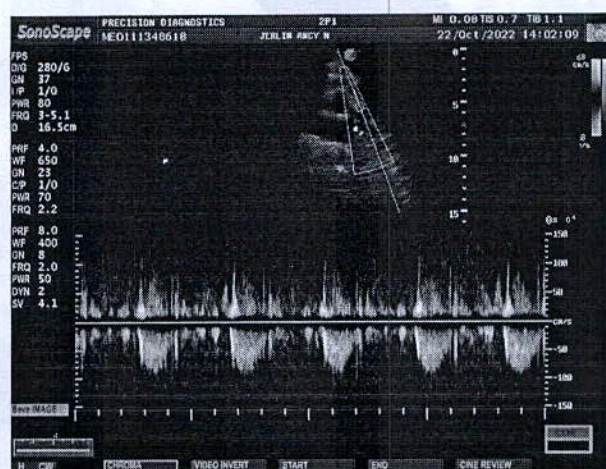
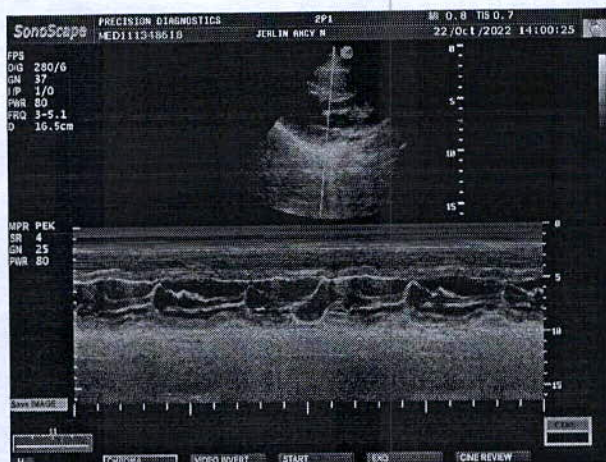
P. vijayalakshmi

**P. Vijayalakshmi.
ECHO TECHNICIAN**



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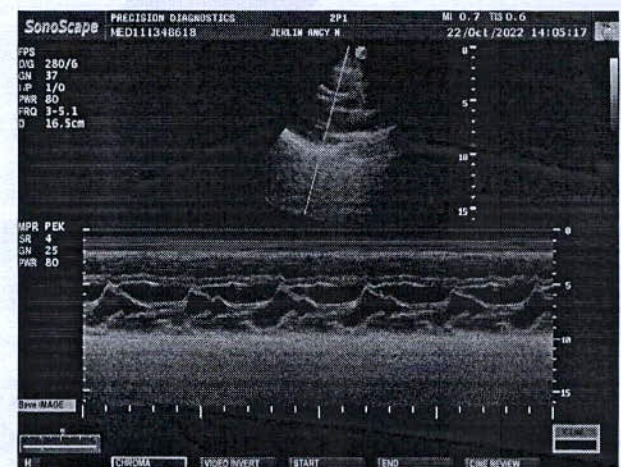
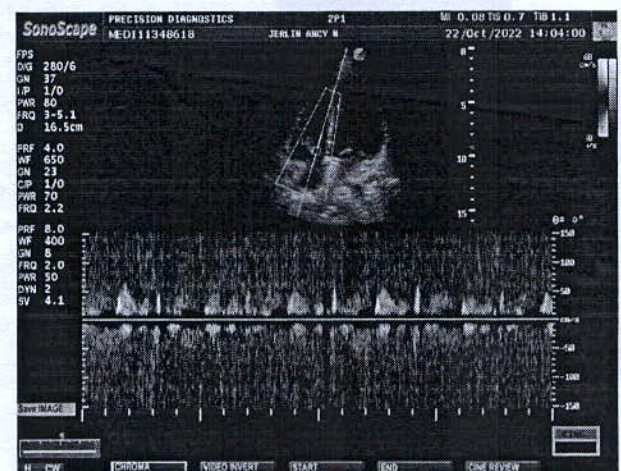
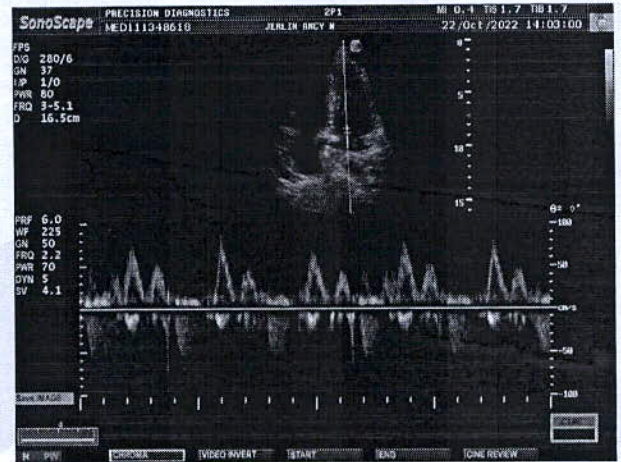
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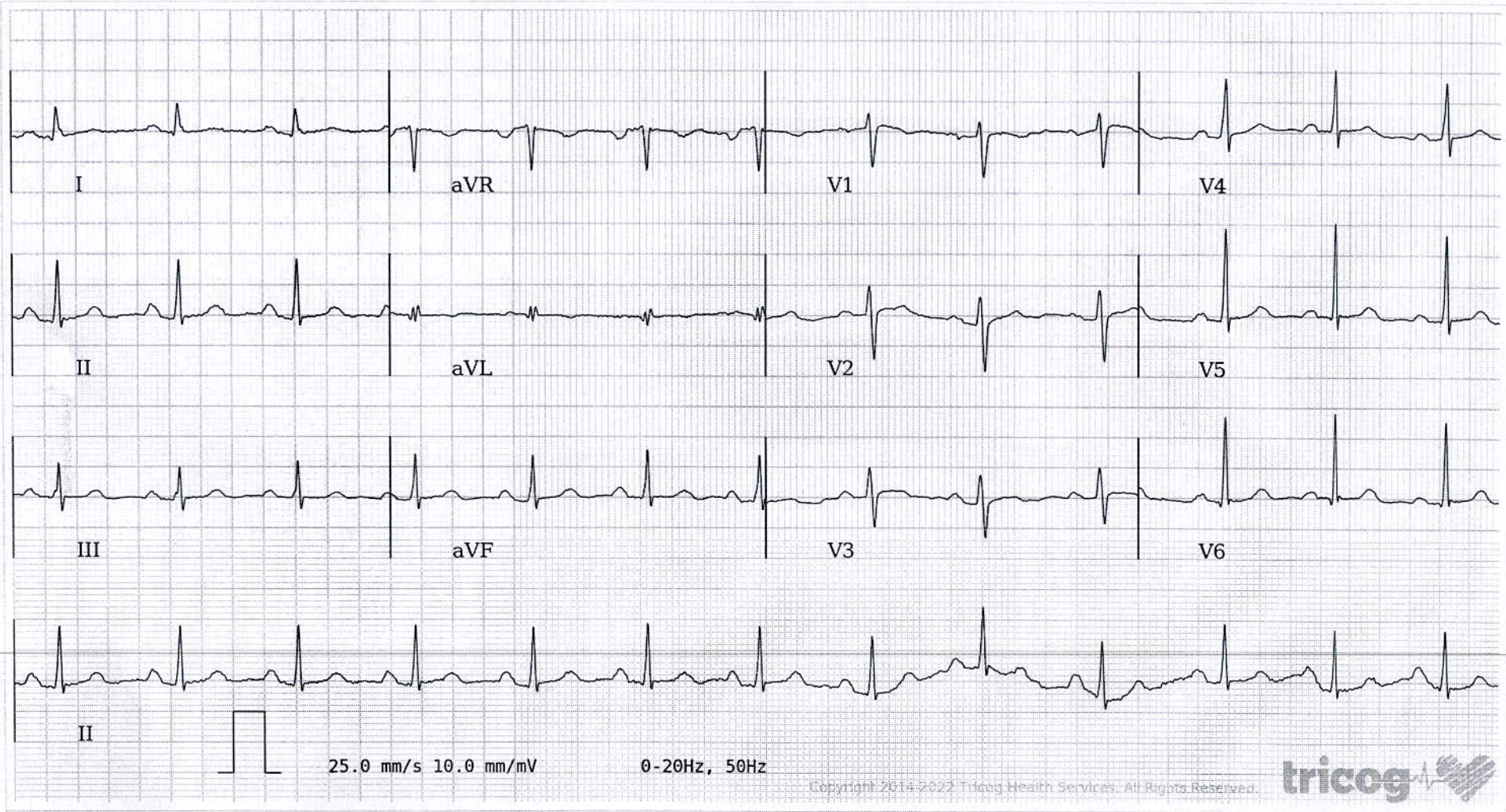


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Age / Gender: 30/Female
Patient ID: Med111348618
Patient Name: Mrs jerlin ancy n

Date and Time: 22nd Oct 22 12:49 PM



AR: 81.0bpm VR: 80.0bpm QRSD: 84.0ms QT: 348.0ms QTc: 402.0ms PRI: 192.0ms P-R-T: 62.0° 57.0° 70.0°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Please correlate clinically.

REPORTED BY

