

Name	MS.PRAYAGA V S	ID	MED120813008
Age & Gender	33Y/FEMALE	Visit Date	28/10/2022
Ref Doctor	MediWheel		

MASTER HEALTH CHECK UP SUMMARY

Height :	155 cm	Weight:	66.2 kg
BMI :	27.6		

PRESENT HISTORY:

- Nil.

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

Pulse: 98/min

BP: 120/80 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.

XRAY:

- No significant diagnostic abnormality.



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ECHO:

- Normal LV systolic function.
- No regional wall motion abnormality.
- Trivial MR.
- No PHT.

ULTRASOUND ABDOMEN:

- **Polycystic ovaries.**
--- Needs clinical correlation.

LAB REPORTS:

- **Hb is 10.6 g/dL.**
- **HbA1C – 6.3 Slightly high.**


EYE SCREENING:

<i>Vision</i>	<i>R/E</i>	<i>L/E</i>
<i>Distant Vision</i>	<i>6/6</i>	<i>6/6</i>
<i>Near Vision</i>	<i>N6</i>	<i>N6</i>
<i>Colour Vision</i>	<i>Normal</i>	<i>Normal</i>

- *Within normal limits.*

ADVISED:

- **Hb % is low – Advised Iron supplements and Iron rich diet.**
- **HbA1C is 6.3 – Advised GTT and Diabetologist opinion.**
- **Gynaecologist opinion for Polycystic ovaries.**


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



Name : Ms. PRAYAGA V S
PID No. : MED120813008
SID No. : 122014976
Age / Sex : 33 Year(s) / Female
Type : OP
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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)	10.6	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	34.6	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.90	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	70.5	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	21.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	30.8	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	23.5	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	58.6	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	8100	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	55.4	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	27.9	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	7.2	%	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)	8.5	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.0	%	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)	4.5	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.3	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.6	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.7	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.1	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	475	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	7.2	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.342	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	78	mm/hr	< 20
BUN / Creatinine Ratio	14.2		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	87.9	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126


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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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	126.9	mg/dL	70 - 140
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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
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.4	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.66	mg/dL	0.6 - 1.1
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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)	3.3	mg/dL	2.6 - 6.0
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Liver Function Test


Bilirubin(Total) (Serum/DCA with ATCS)	0.39	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.12	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.27	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	34.0	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	26.8	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	25.5	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	78.9	U/L	42 - 98
Total Protein (Serum/Biuret)	7.22	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.00	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.22	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.24		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	145.6	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	63.0	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)	55.0	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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LDL Cholesterol (Serum/Calculated)	78	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	12.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	90.6	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 co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	2.6		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)	1.4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	6.3	%	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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Estimated Average Glucose (Whole Blood)	134.11	mg/dL	
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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))	1.00	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))	6.44	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))	2.36	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 < 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.


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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Urine Analysis - Routine</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 --

The results pertain to sample tested.

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Name	PRAYAGA V S	Customer ID	MED120813008
Age & Gender	33Y/F	Visit Date	Oct 28 2022 12:24PM
Ref Doctor	MediWheel		

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:

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.**



DR. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST



1200 ST MRS PRAYAGA U S, 0120813008, MEDALL DIAGNOSTICS
33 Years (13.05.1989)

HR 99 bpm



Measurement Results:

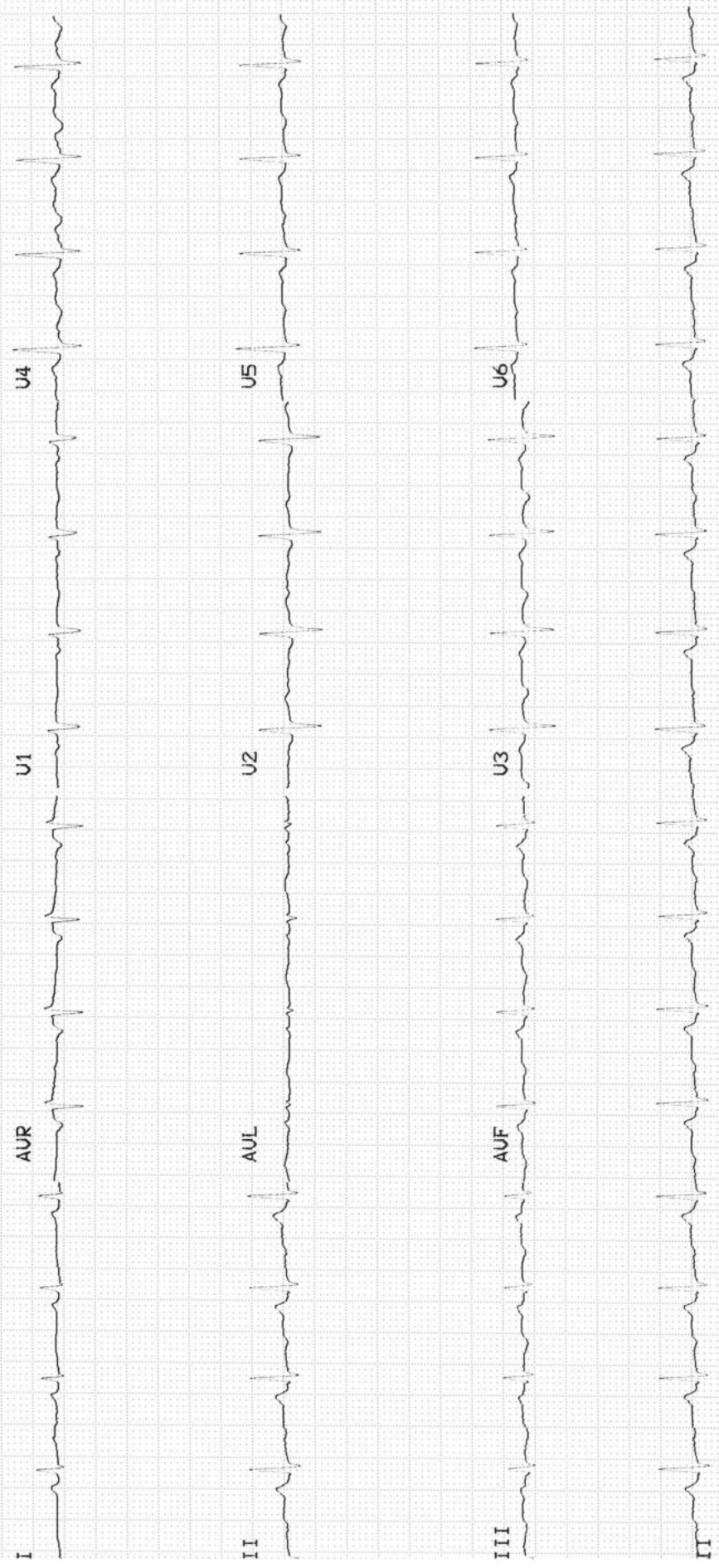
P : 84 ms
PRP : 388 / 501 ms
QRS : 140 ms
QT : 108 ms
QTc : 600 / 600 ms
QT/QTc : 65 / 60 / 65 degrees
PRP/QT : 78 / 101 ms
PRP/QTc : 1.0 mV
PRP/QTc : 14

Interpretation:

R/S inversion area between U1 and U2
prolonged QT
borderline ECG

Normal ECG

Unconfirmed report.



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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

DOPPLER PARAMETERS

IVS(d)	cm	0.7
IVS(s)	cm	1.3
LPW(d)	cm	0.7
LPW(s)	cm	1.1
LVID(d)	cm	3.8
LVID(s)	cm	2.6
EDV	ml	56
ESV	ml	17
SV	ml	38
EF	%	68
FS	%	31

Parameters		Patient Value
LA	cm	3.8
AO	cm	2.8

Valves	Velocity max(m/sec mm/Hg)
AV	0.6 / 2
PV	0.8 / 3
MV (E)	0.7
(A)	0.5
TV	1.1 / 5

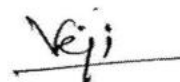
FINDINGS:

- ❖ Normal left ventricle systolic function (LVEF 68 %).
- ❖ No regional wall motion abnormality.
- ❖ Normal chambers dimension.
- ❖ Trivial mitral regurgitation.
- ❖ No pulmonary hypertension.
- ❖ Normal right ventricle systolic function.
- ❖ Normal pericardium / Intact septae.
- ❖ No clot/aneurysm.

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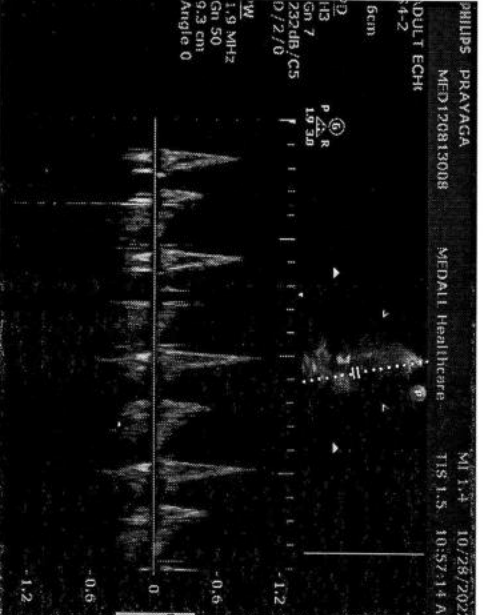
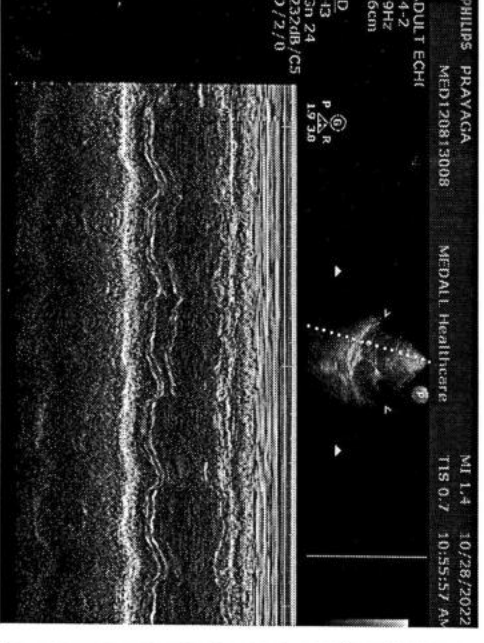
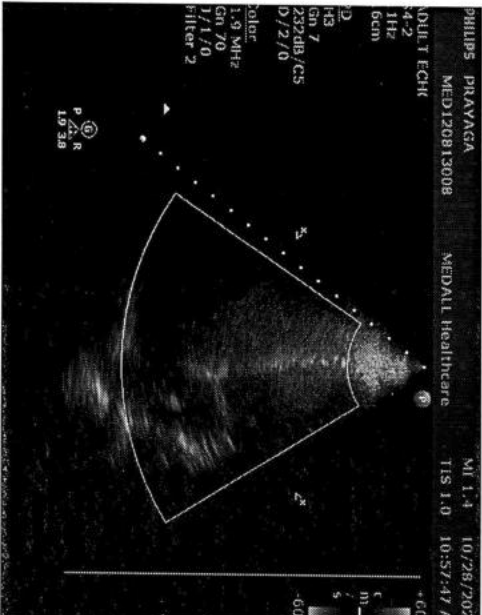
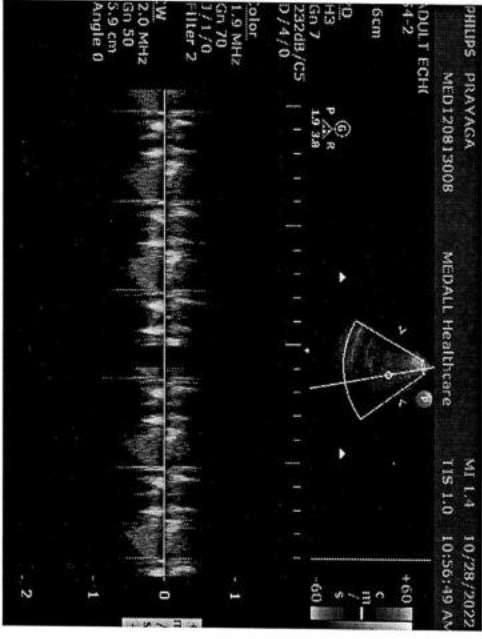
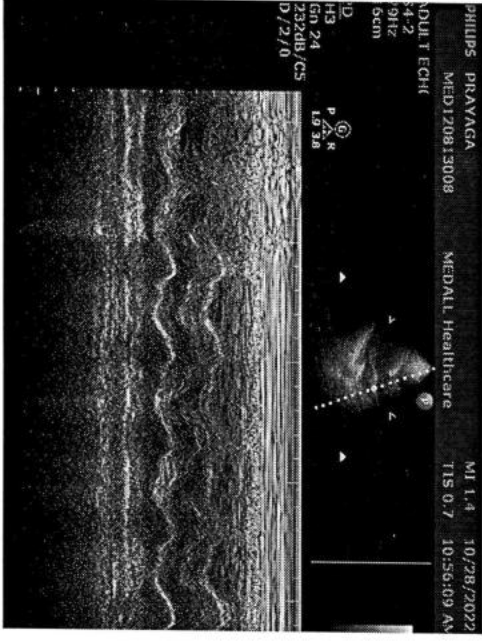
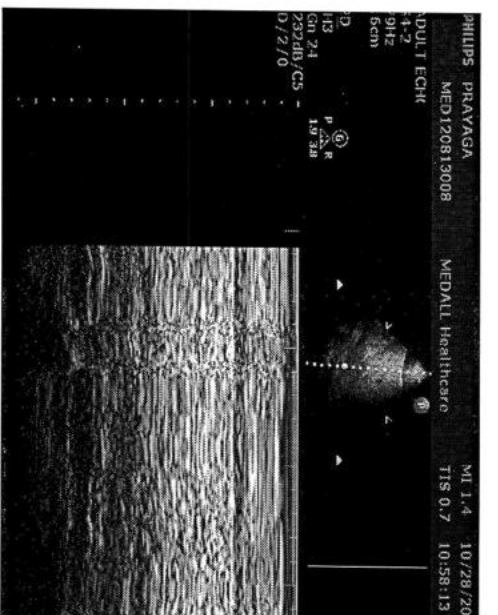
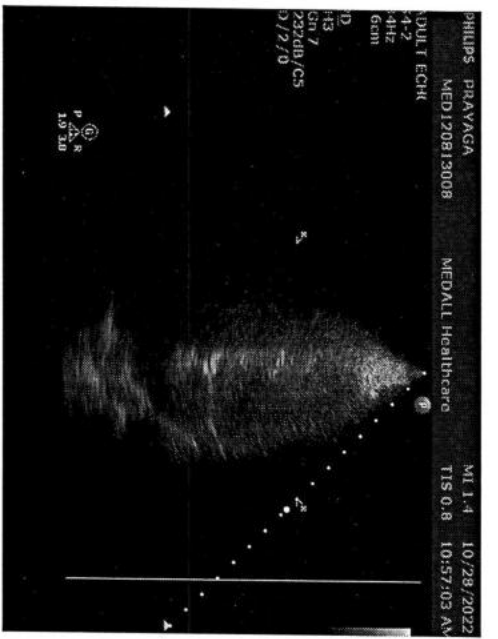
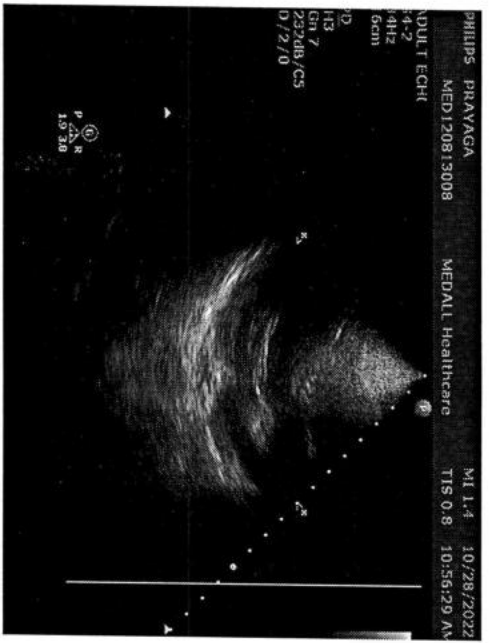
IMPRESSION:

- ▶ **NORMAL LV SYSTOLIC FUNCTION.**
- ▶ **NO REGIONAL WALL MOTION ABNORMALITY.**
- ▶ **TRIVIAL MR.**
- ▶ **NO PHT.**



P. VIJAYA LAKSHMI
ECHO TECHNICIAN





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ULTRA SOUND SCAN

WHOLE ABDOMEN

Liver is normal in size and shows uniform echotexture with no focal abnormality. There is no intra or extra hepatic biliary ductal dilatation. Portal vein and IVC are normal.

Gall bladder is normal sized and smooth walled. No evidence of calculi. 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 11.2 x 5.5 cm.

Left kidney measures 9.5 x 5.3 cm.

Ureters are not dilated.

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

No para aortic lymphadenopathy is seen.

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

Uterus is anteverted, and measures 7.9 x 4.7 x 4.3 cm.

Endometrial thickness is 7 mm.

Right ovary measures 3.3 x 2.2 cm.

Left ovary measures 3.4 x 2.7 cm.

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

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Parametria are free.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.

IMPRESSION:

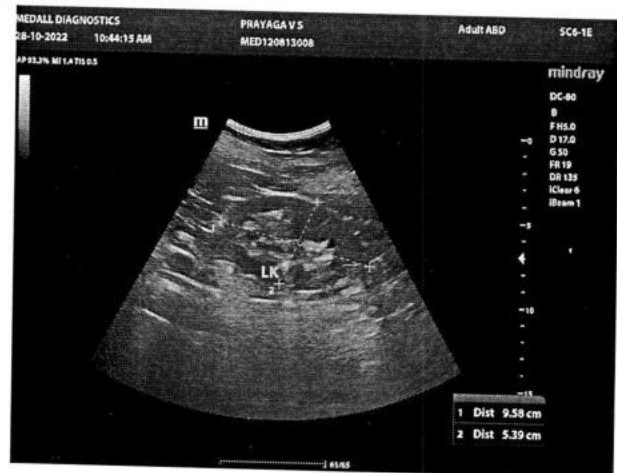
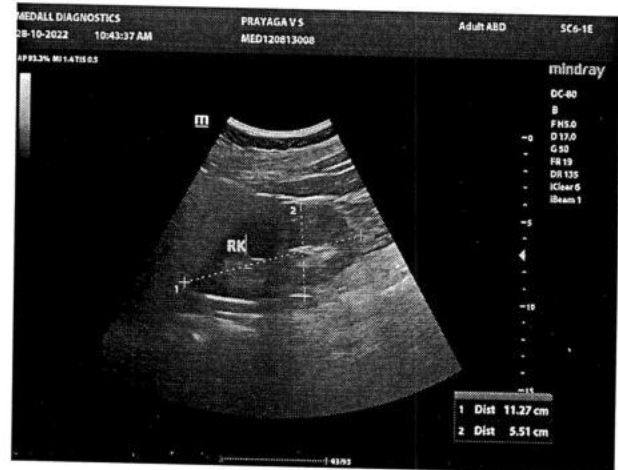
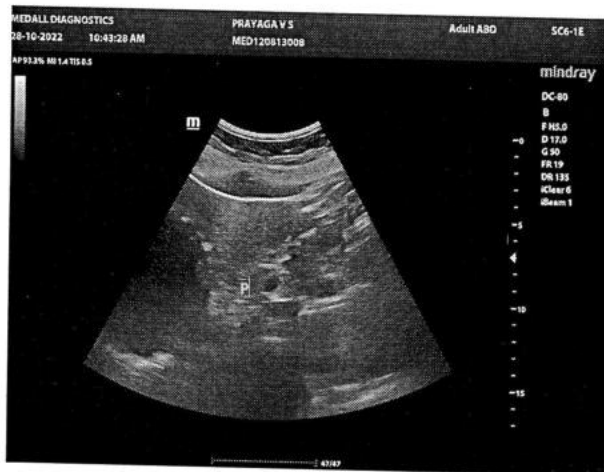
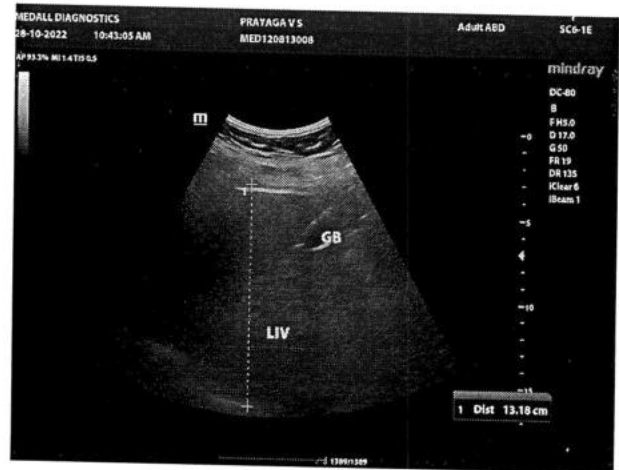
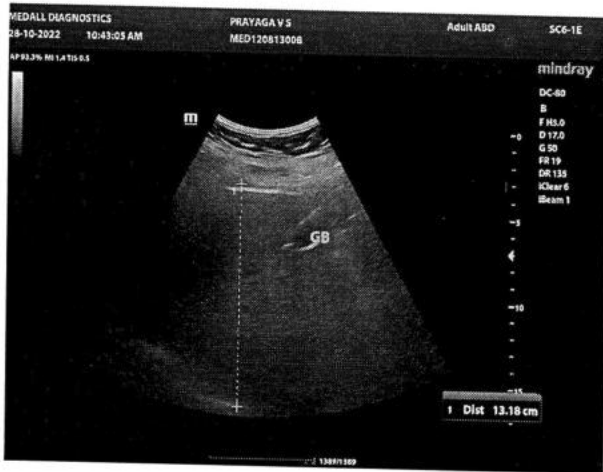
- **Polycystic ovaries.**
--- *Needs clinical correlation.*



Dr. SUMITHA
SONOLOGIST

Medall Healthcare Pvt Ltd
 No:191, Poonamalle High Road (Near Taylors Road Signal)

Name	MS.PRAYAGA V S	ID	MED120813008
Age & Gender	33Y/FEMALE	Visit Date	28/10/2022
Ref Doctor	MediWheel		



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