

Name	MR.DINESH S	ID	MED120681369
Age & Gender	30Y/MALE	Visit Date	22/01/2022
Ref Doctor	MediWheel		

SONOGRAM REPORT WHOLE ABDOMEN

The liver is normal in size. The echogenicity is mildly increased with features suggestive of fatty infiltration.

No focal lesion is seen.

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. Pancreatic duct is normal.

The portal vein and the IVC are normal. The spleen is normal.

No para aortic lymphadenopathy is seen.

KIDNEYS:

The right kidney measures 10.7 x 5.4 cm.

A Calculus about 4.7 mm in size is imaged in the right pelvi ureteric junction with mild hydronephrosis.



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The left kidney measures 10.6 x 4.3 cm.

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

There is no calculus or calyceal dilatation in left kidney .

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

Prostate is normal sized, measures 3.8 x 2.6 x 2.7 cm volume - (14.8 cc)

The echotexture is homogeneous.
The seminal vesicles is normal. Iliac fossae are normal.

IMPRESSION :

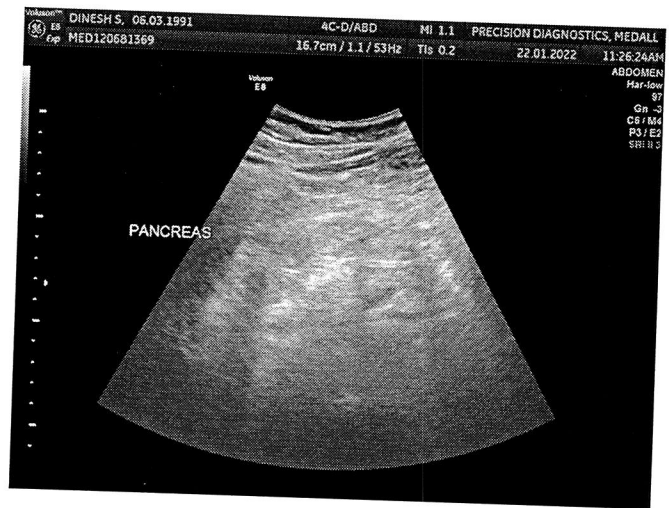
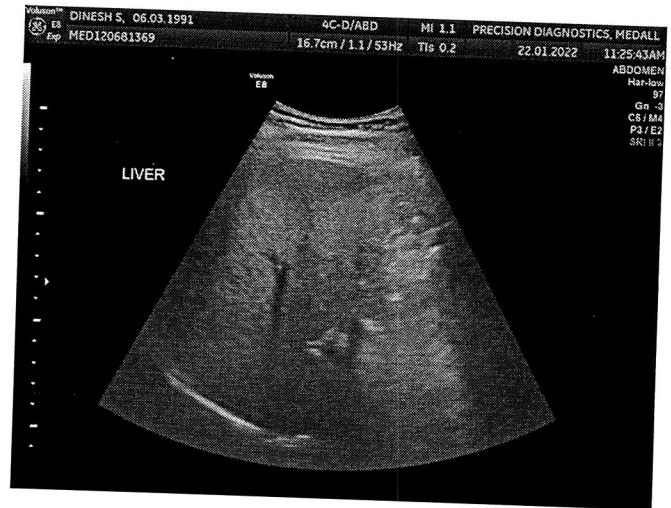
- **CALCULUS IN RIGHT PELVI URETERIC JUNCTION WITH MILD HYDRONEPHROSIS.**



DR. NIRMALA.J
SONOLOGIST

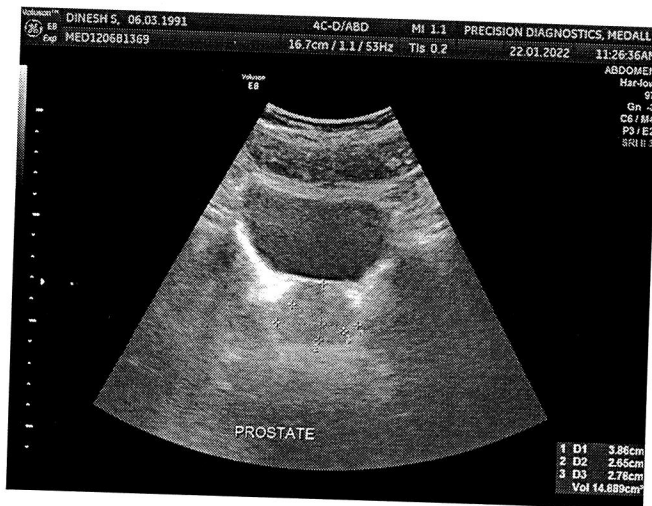
Precision Diagnostics
 No:191, Poonamalle High Road (Near Taylors Road Signal)

Name	MR.DINESH S	ID	MED120681369
Age & Gender	30Y/MALE	Visit Date	22/01/2022
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Precision Diagnostics
 No:191, Poonamalle High Road (Near Taylors Road Signal)

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MASTER HEALTH CHECK UP SUMMARY

Height :	174 cm	Weight:	86.5 kg
BMI :	28.6		

COMPLAINTS:

- Nil.

PRESENT HISTORY:

- Nil.

PAST HISTORY:

- LBA – Treated.

FAMILY HSITORY:

- Mother -T2DM.
- Father -SHT.

PERSONAL HISTORY:

- Nil.

GENERAL EXAMINATION:

Pallor: No

Cyanosis: No

Pedal oedema: No

Icterus: No

Lymphadenopathy:No

Pulse: 72/min

BP: 130/80 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:

- Essentially normal study.

ECG:

- Normal ECG.

ULTRASOUND ABDOMEN:

- Calculus in right Pelvi Ureteric junction with mild Hydronephrosis.

TREADMILL TEST:

- Negative.

LAB REPORTS:

- Anemia.
- Low HDL level.
- Elevated LDL, Non HDL levels.
- Elevation in HbA1C level.



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EXAMINATION OF EYES:

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

- Refractive Error - Corrected.

ADVISED:

- Balanced diet and regular exercises.
- Avoid oily, salty food.
- Plenty of fluid intake.
- Hematinic supplement.
- Heart healthy diet.
- To repeat HbA1C, FBS, PPBS after 6 months and Diabetologist follow – up
- Review with urologist for further management.


DR. N.L. ANANDHI
Consultant Physician



Name : Mr. DINESH S
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SID No. : 79185769
Age / Sex : 30 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'A' 'Positive'

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	12.5	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	37.8	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.56	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	83.1	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	27.5	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.1	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.9	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	40.3	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6300	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	59.7	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	23.5	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	5.9	%	01 - 06

K. R. Mubilarasi
Dr. K. R. MUKILARASI M.D., (Path)
Consultant Pathologist
TNMC Reg.No: 116296

APPROVED BY

The results pertain to sample tested.

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Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED, #17, RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD, GUINDY, CHENNAI, TAMIL NADU, INDIA,.



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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	10.6	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.3	%	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)	3.8	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.5	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.4	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.7	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.0	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	328	10 ³ / μ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.3	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.272	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	2	mm/hr	< 15
BUN / Creatinine Ratio	13.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	95.8	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: \geq 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)	103.3	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
---	----------	--	----------

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	13.3	mg/dL	7.0 - 21
--	------	-------	----------

Creatinine (Serum/Modified Jaffe)	0.99	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)	5.7	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.60	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.44	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	23.6	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	37.4	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	24.5	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	79.9	U/L	53 - 128
Total Protein (Serum/Biuret)	6.95	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.06	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.89	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.40		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	180.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	44.9	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)	39.7	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL Cholesterol (Serum/Calculated)	132.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	9	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	141.1	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)	4.6		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)	3.3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.8	%	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)	119.76	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 glyceimic 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))	1.07	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))	6.70	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))	3.73	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&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

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<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.

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-- End of Report --

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MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Patient Details **Date:** 22-Jan-22 **Time:** 10:05:37 AM
Name: MR. DINESH S **ID:** MED120681369
Age: 30 y **Sex:** M **Height:** 174 cms **Weight:** 86 Kgs

Clinical History:

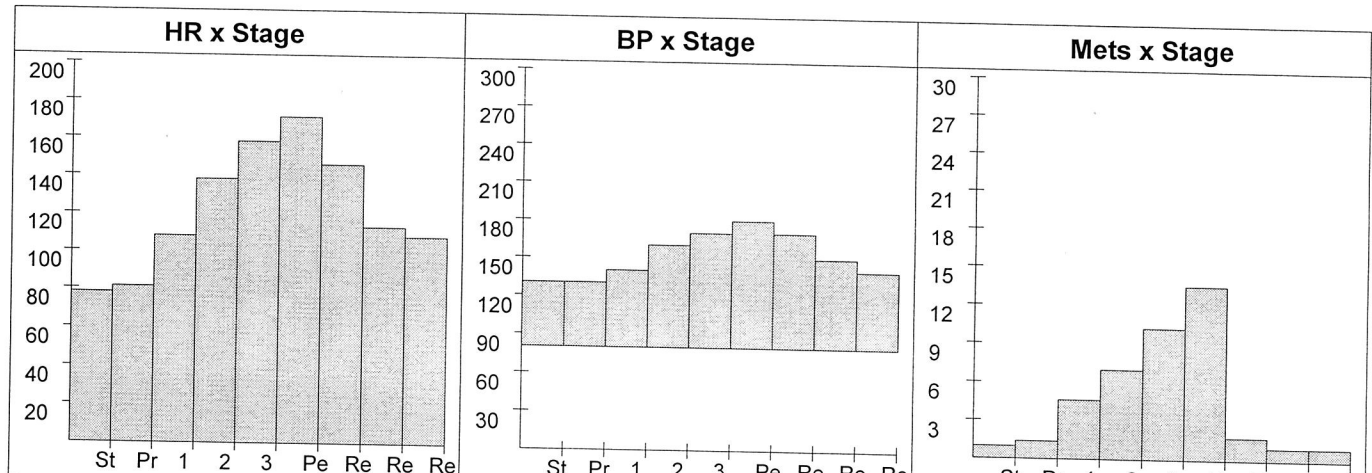
Medications:

Test Details

Protocol: Bruce **Pr.MHR:** 190 bpm **THR:** 171 (90 % of Pr.MHR) bpm
Total Exec. Time: 10 m 9 s **Max. HR:** 171 (90% of Pr.MHR) bpm **Max. Mets:** 13.50
Max. BP: 180 / 80 mmHg **Max. BP x HR:** 30780 mmHg/min **Min. BP x HR:** 6240 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 : 24	1.0	0	0	78	130 / 80	-1.06 aVR	1.77 II
1	3 : 0	4.6	1.7	10	108	140 / 80	-1.27 aVR	2.12 II
2	3 : 0	7.0	2.5	12	138	160 / 80	-1.06 aVR	3.18 II
3	3 : 0	10.2	3.4	14	158	170 / 80	-1.06 aVR	4.25 V4
Peak Ex	1 : 9	13.5	4.2	16	171	180 / 80	-0.85 III	4.60 II
Recovery(1)	1 : 0	1.8	1	0	146	170 / 80	-2.34 aVR	5.66 II
Recovery(2)	1 : 10	1.0	0	0	113	150 / 80	-2.55 aVR	5.66 V4
Recovery(3)	0 : 9	1.0	0	0	108	140 / 80	-1.70 aVR	4.25 II



MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Patient Details

Date: 22-Jan-22

Time: 10:05:37 AM

Name: MR. DINESH S ID: MED120681369

Age: 30 y

Sex: M

Height: 174 cms

Weight: 86 Kgs

Interpretation

- THR achieved
- good effort tolerance
- no ST/T changes
TMT negative

Pradeep
22/1/22

Ref. Doctor: MEDIWHEEL

Doctor: DR. PRADEEP G NAYAR

(Summary Report edited by user)

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

MR. DINESH S (30 M)

ID: MED120681369

Date: 22-Jan-22

Exec Time : 0 m 0 s

Stage Time : 0 m 18 s HR: 81 bpm

Protocol: Bruce

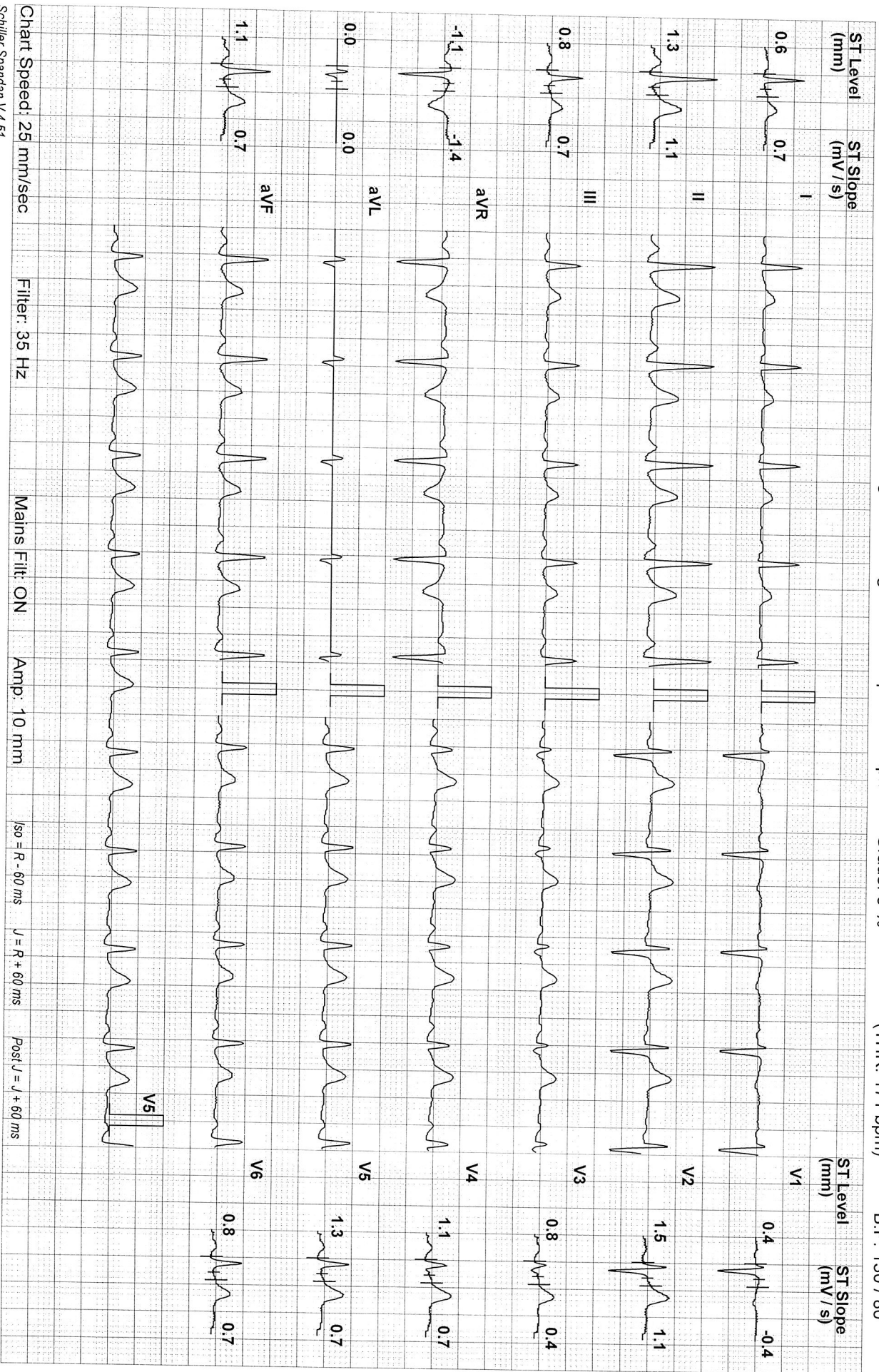
Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 171 bpm)

B.P: 130 / 80



Linked Median

Schiller Spandan V 4.51

MR. DINESH S (30 M)

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

Protocol: Bruce

ID: MED120681369

Date: 22-Jan-22

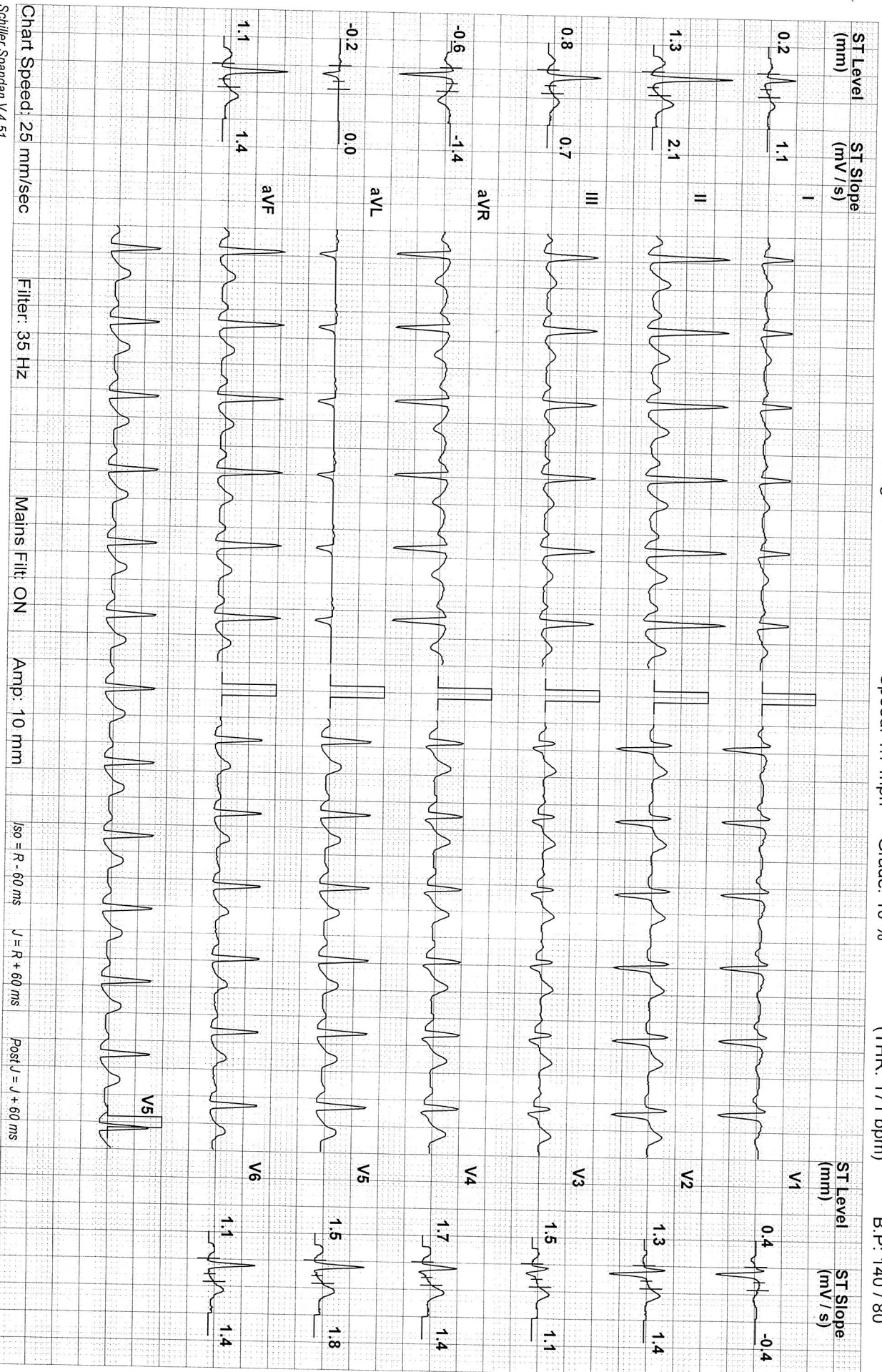
Exec Time : 2 m 54 s Stage Time : 2 m 54 s HR: 110 bpm

Speed: 1.7 mph

Grade: 10 %

(THR: 171 bpm)

B.P: 140 / 80



Schiller Spandan V 4.51

Linked Median

MR. DINESH S (30 M)

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

Protocol: Bruce

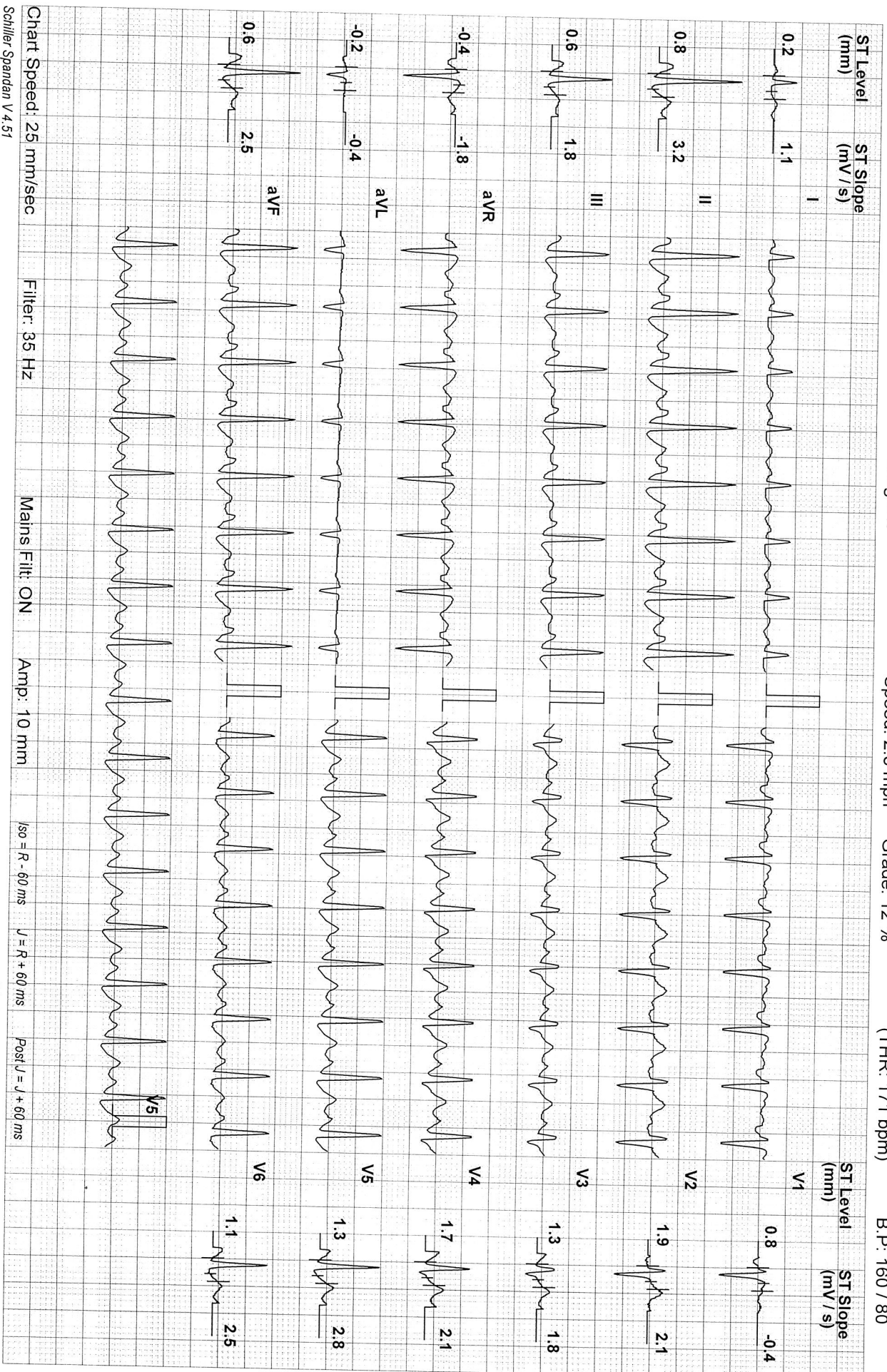
ID: MED120681369
Stage: 2

Date: 22-Jan-22
Speed: 2.5 mph

Exec Time : 5 m 54 s
Grade: 12 %

Stage Time : 2 m 54 s
(THR: 171 bpm)

HR: 138 bpm
B.P: 160 / 80



MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

MR. DINESH S (30 M)

ID: MED120681369

Date: 22-Jan-22

Exec Time : 8 m 54 s Stage Time : 2 m 54 s HR: 158 bpm

Protocol: Bruce

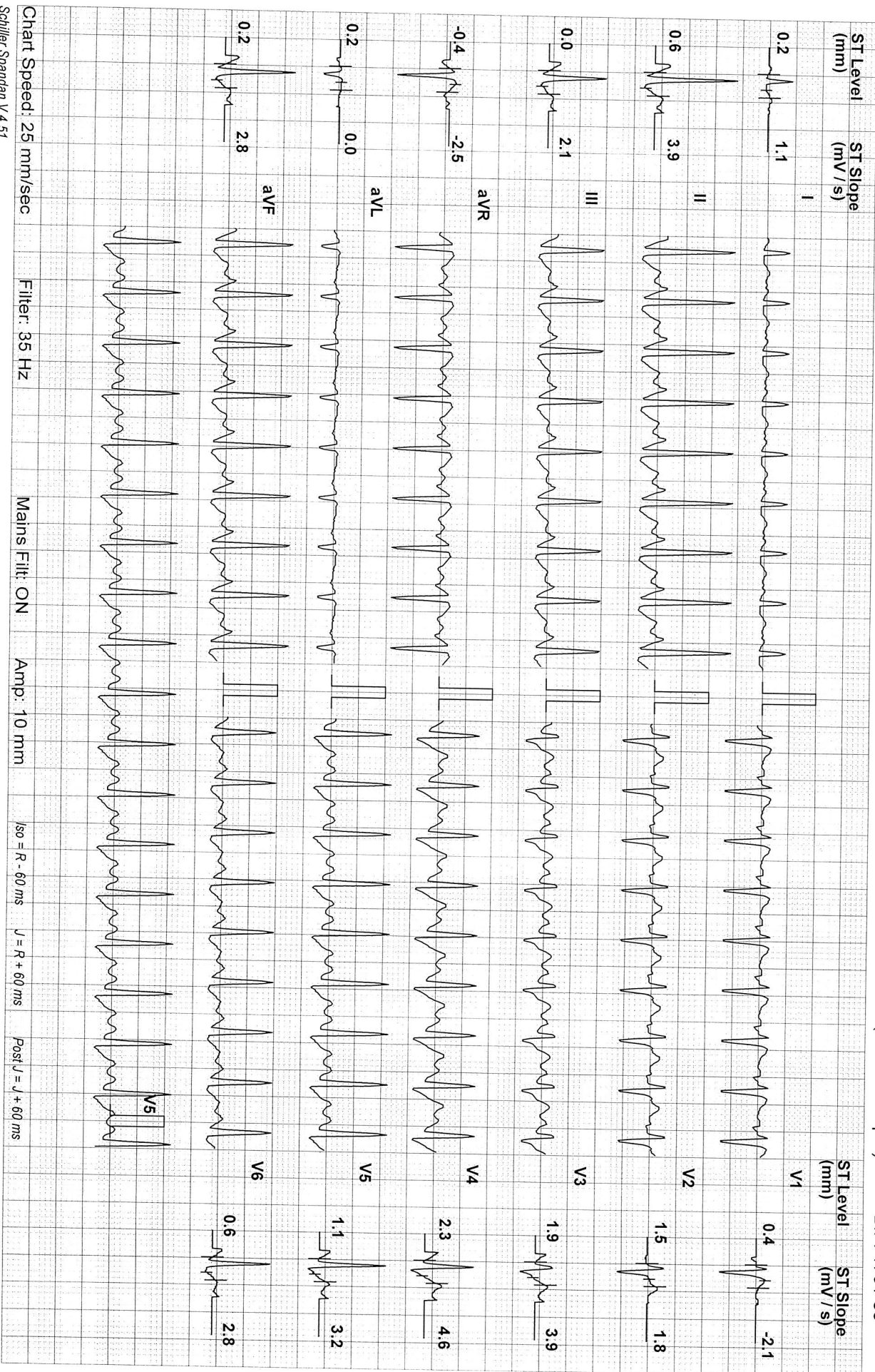
Stage: 3

Speed: 3.4 mph

Grade: 14 %

(THR: 171 bpm)

B.P: 170 / 80



Schiller Spandan V 4.5f

Linked Median

MR. DINESH S (30 M)

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

ID: MED120681369

Date: 22-Jan-22

Exec Time : 10 m 3 s Stage Time : 1 m 3 s

Test Report
HR: 171 bpm

Protocol: Bruce

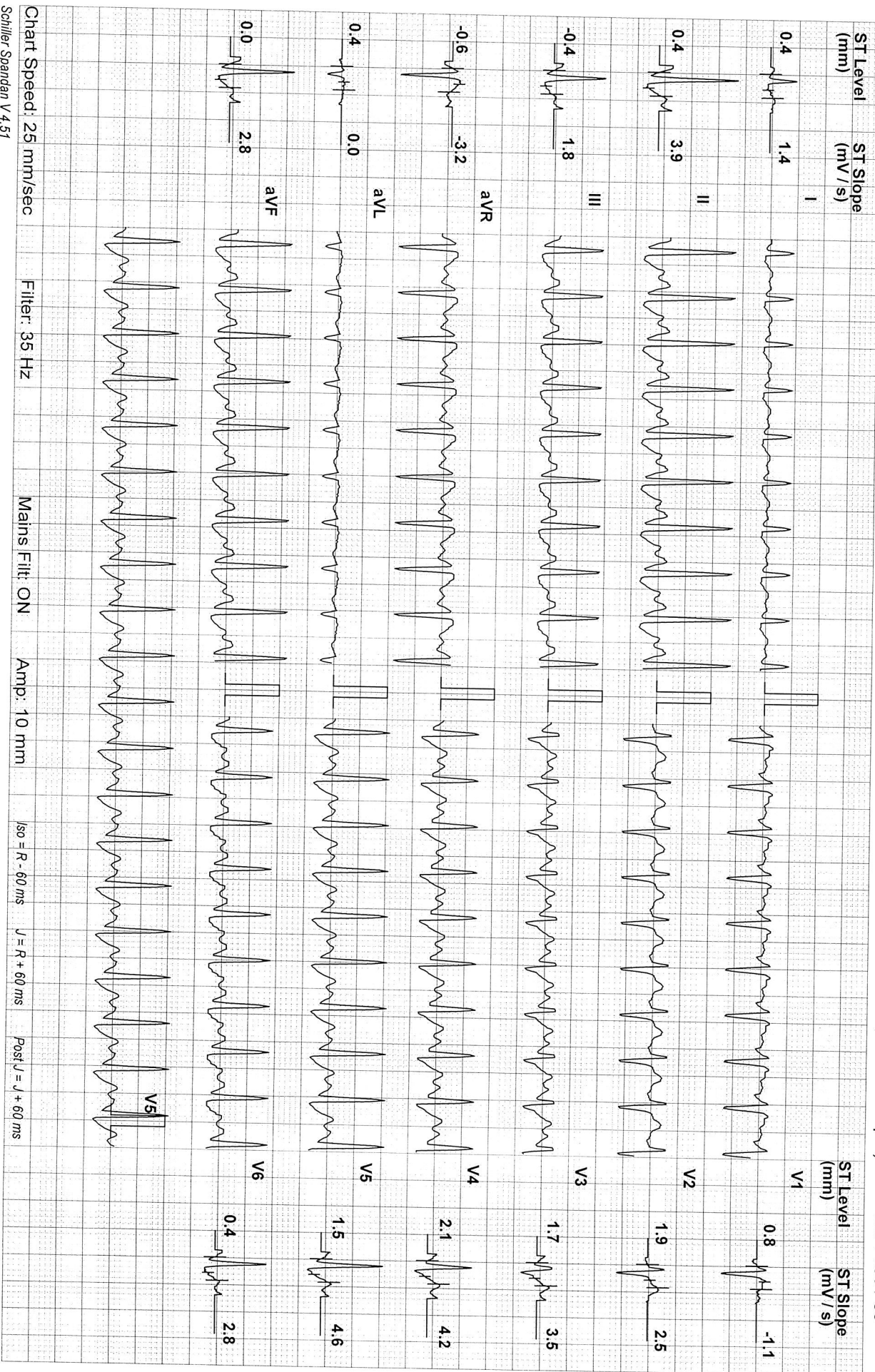
Stage: Peak Ex

Speed: 4.2 mph

Grade: 16 %

(THR: 171 bpm)

B.P: 180 / 80



Schiller Spandan V.4.51

Linked Median

MR. DINESH S (30 M)

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

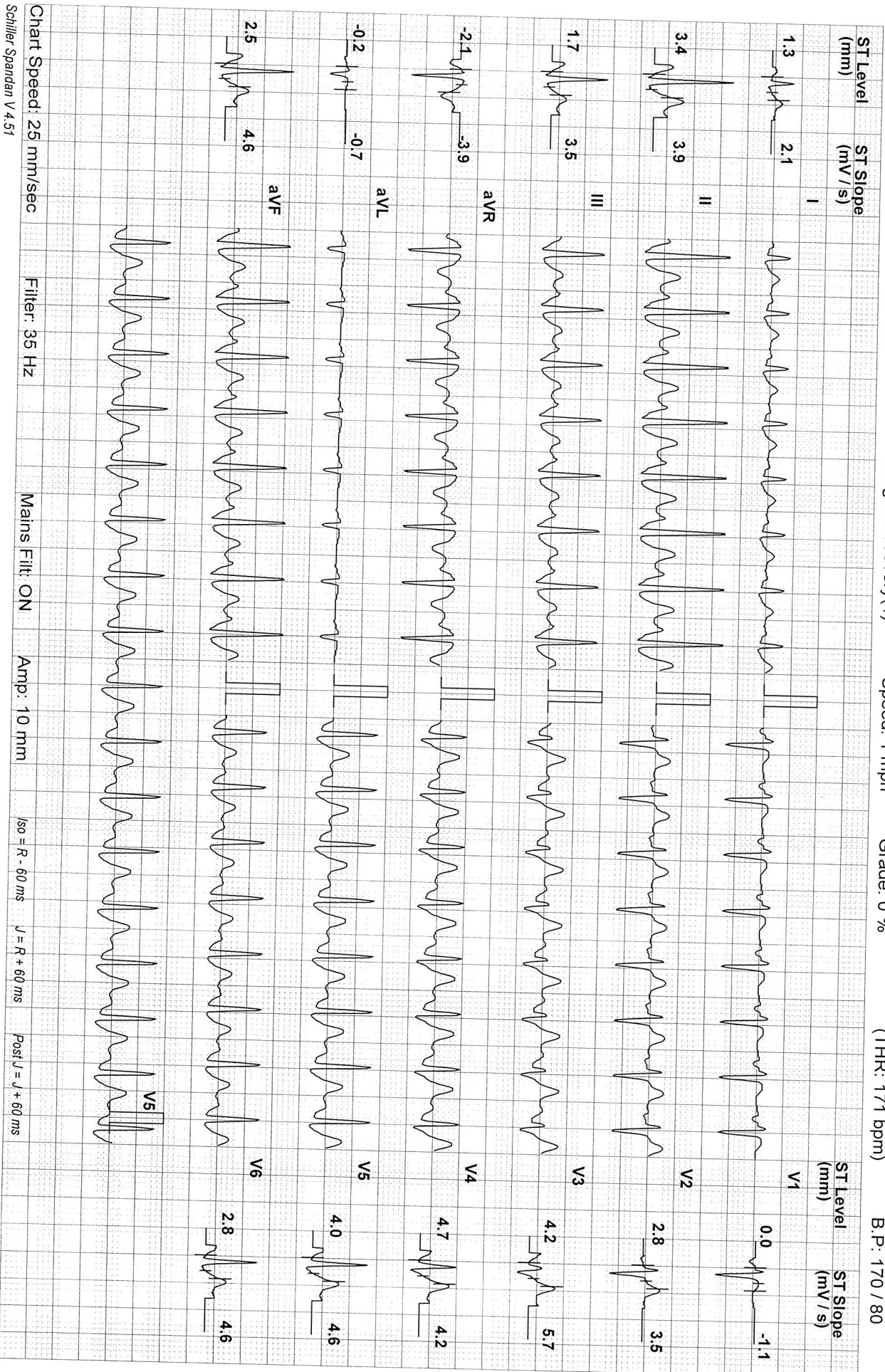
Protocol: Bruce

ID: MED120681369
Stage: Recovery(1)

Date: 22-Jan-22
Speed: 1 mph

Exec Time : 10 m 9 s
Grade: 0 %
(THR: 171 bpm)

HR: 145 bpm
B.P: 170/80



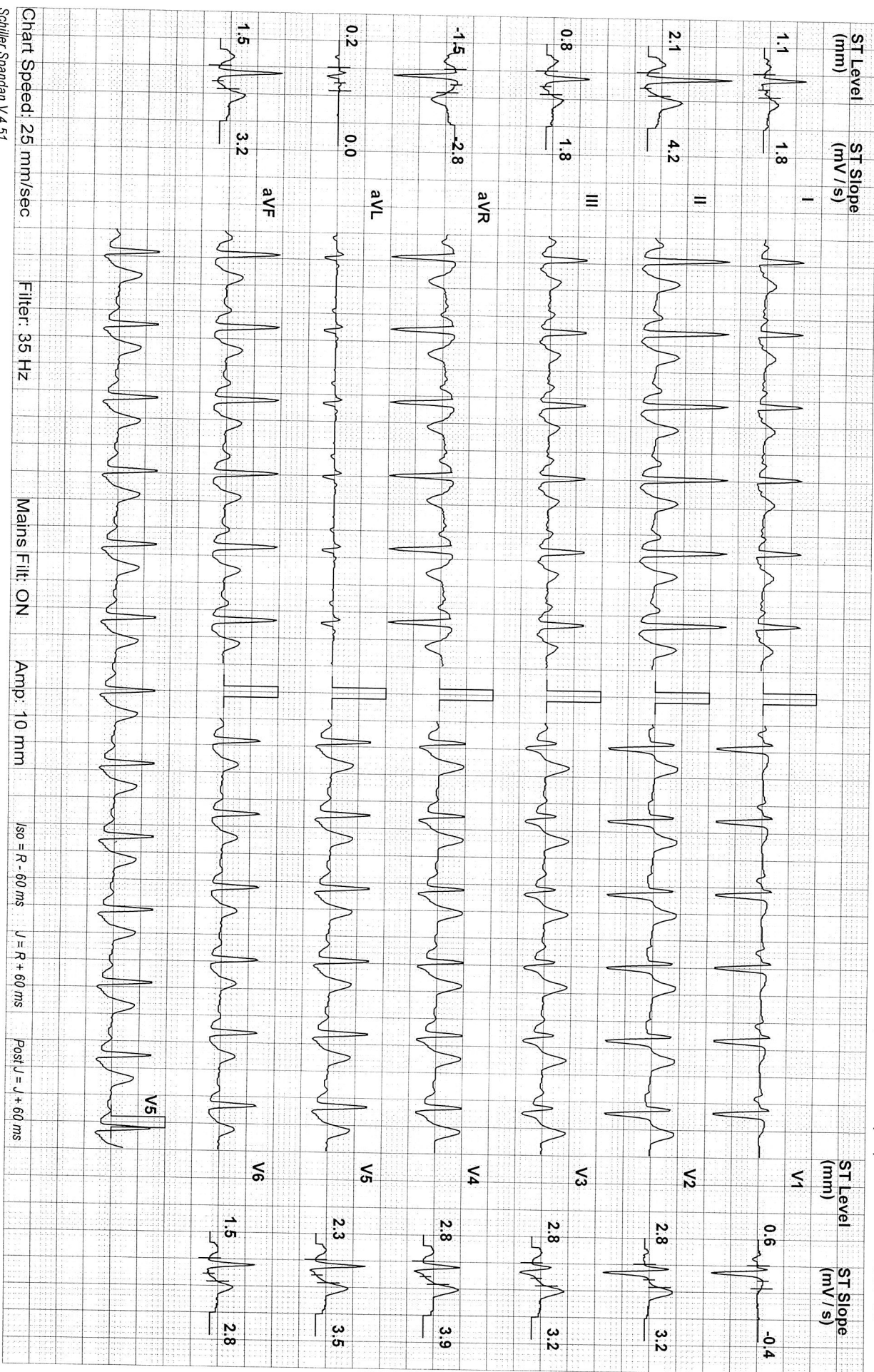
MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

MR. DINESH S (30 M)

ID: MED120681369 Date: 22-Jan-22 Exec Time : 10 m 9 s Stage Time : 1 m 4 s HR: 109 bpm

Protocol: Bruce Stage: Recovery(2) Speed: 0 mph Grade: 0 % (THR: 171 bpm) B.P: 150 / 80



Schiller Spandan V 4.51

Linked Median

MR. DINESH S (30 M)

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

Protocol: Bruce

ID: MED120681369
Stage: Recovery(3)

Date: 22-Jan-22
Speed: 0 mph

Exec Time : 10 m 9 s
Grade: 0 %
(THR: 171 bpm)

HR: 108 bpm
B.P: 140 / 80



Schiller Spandan V 4.51

Linked Median

Name	DINESH S	Customer ID	MED120681369
Age & Gender	30Y/M	Visit Date	Jan 22 2022 10:01AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: ***Essentially normal study.***

DR. H.K. ANAND

DR. POOJA B.P

DR. HIMA BINDU P

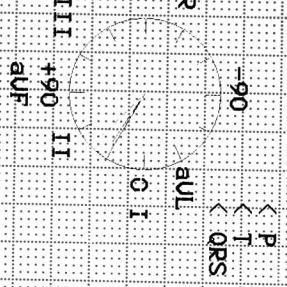


DR. SHWETHA S

CONSULTANT RADIOLOGISTS



AGE: 30
Measurement Results:
QRS 90 ms
QT/QTcB 400 / 402 ms
PR 152 ms
P 134 ms
RR/PP 984 / 980 ms
P/ORS/T 45 / 31 / 34 degrees



ECG
[Signature]

Unconfirmed report.

