

Customer Name	MR.RAMAMURTHY J	Customer ID	KLP445608
Age & Gender	56Y/MALE	Visit Date	19/07/2022
Ref Doctor	MediWheel		

Personal Health Report

General Examination:

Height : 170.0 cms
Weight : 70.8 kg
BMI : 24.4 kg/m²

BP: 140/80 mmhg
Pulse: 88/ 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 whole abdomen – Fatty liver; left renal microlith; mild prostatomegaly.

ECHO – Concentric LVH. *Normal LV systolic function. No regional wall motion abnormality. Grade I LV diastolic dysfunction. Mild MR. Trivial AR. Mild PHT.*

Eye Test – Distant vision defect.

Vision	Right eye	Left eye
Distant Vision	6/12	6/12
Near Vision	N6	N6
Colour Vision	Normal	Normal



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Impression & Advice:

USG whole abdomen – Fatty liver; left renal microlith; mild prostatomegaly. *To consult a nephrologist for further evaluation.*

ECHO – Concentric LVH. *Normal LV systolic function. No regional wall motion abnormality. Grade I LV diastolic dysfunction. Mild MR. Trivial AR. Mild PHT. To consult a cardiologist for further evaluation*

Eye Test – Distant vision defect. *To consult an ophthalmologist for further evaluation and management.*

All other health parameters are well within normal limits.



DR. NOOR MOHAMMED RIZWAN A. M.B.B.S, FDM
MHC Physician Consultant



19/07/2023

Mr. Rameezaty 56/male

- No Cavity
- NO Plaque
- NO tartar
- Alignment Good
- NO loss of both



Dr. NOOR MOHAMMED RIZWAN A.M.B.S., F.D.M.
Reg. No: 120325 Consultant Physician
A Medall Health Care and Diagnostics Pvt. Ltd.



Name : Mr. RAMAMURTHY J
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 Ref. Dr : MediWheel

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Investigation

BLOOD GROUPING AND Rh TYPING

(EDTA Blood/Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin

(EDTA Blood/Spectrophotometry)

Packed Cell Volume(PCV)/Haematocrit

(EDTA Blood/Derived from Impedance)

RBC Count

(EDTA Blood/Impedance Variation)

Mean Corpuscular Volume(MCV)

(EDTA Blood/Derived from Impedance)

Mean Corpuscular Haemoglobin(MCH)

(EDTA Blood/Derived from Impedance)

Mean Corpuscular Haemoglobin concentration(MCHC)

(EDTA Blood/Derived from Impedance)

RDW-CV

(EDTA Blood/Derived from Impedance)

RDW-SD

(EDTA Blood/Derived from Impedance)

Total Leukocyte Count (TC)

(EDTA Blood/Impedance Variation)

Neutrophils

(EDTA Blood/Impedance Variation & Flow Cytometry)

Lymphocytes

(EDTA Blood/Impedance Variation & Flow Cytometry)

Eosinophils

(EDTA Blood/Impedance Variation & Flow Cytometry)


Observed Value

Unit

Biological Reference Interval

'A' 'Positive'

13.7	g/dL	13.5 - 18.0
41.4	%	42 - 52
5.72	mill/cu.mm	4.7 - 6.0
72.3	fL	78 - 100
24.0	pg	27 - 32
33.2	g/dL	32 - 36
15.5	%	11.5 - 16.0
40.5	fL	39 - 46
6020	cells/cu.mm	4000 - 11000
74.8	%	40 - 75
19.5	%	20 - 45
0.8	%	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)	4.4	%	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)	4.50	10 ³ / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	1.17	10 ³ / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood Impedance Variation & Flow Cytometry)	0.05	10 ³ / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	0.27	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)	281	10 ³ / μl	150 - 450
MPV (EDTA Blood Derived from Impedance)	8.8	fL	7.9 - 13.7
PCT (EDTA Blood Automated Blood cell Counter)	0.248	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	13	mm/hr	< 20
BUN / Creatinine Ratio	12.47		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	92.1	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126


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Investigation

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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) 120.5 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) 11.1 mg/dL 7.0 - 21

Creatinine
 (Serum/Modified Jaffe) 0.89 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) 4.8 mg/dL 3.5 - 7.2

Liver Function Test

Bilirubin(Total)
 (Serum/DCA with ATCS) 0.76 mg/dL 0.1 - 1.2

Bilirubin(Direct)
 (Serum/Diazotized Sulfanilic Acid) 0.22 mg/dL 0.0 - 0.3

Bilirubin(Indirect)
 (Serum/Derived) 0.54 mg/dL 0.1 - 1.0

SGOT/AST (Aspartate Aminotransferase)
 (Serum/Modified IFCC) 24.0 U/L 5 - 40

SGPT/ALT (Alanine Aminotransferase)
 (Serum/Modified IFCC) 16.8 U/L 5 - 41

[Signature]
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 Reg No : 75347

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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	19.8	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	86.3	U/L	56 - 119
Total Protein (Serum/Biuret)	7.00	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.73	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.27	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.14		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	166.3	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	86.2	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/Immuno-inhibition)	33.9	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	115.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: \geq 190
VLDL Cholesterol (Serum/Calculated)	17.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	132.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: \geq 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)	4.9		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)	2.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	6.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %


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Estimated Average Glucose (Whole Blood)	125.5	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.			
Prostate specific antigen - Total (PSA) (Serum/Manometric method)	1.71	ng/mL	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0

INTERPRETATION: REMARK : PSA alone should not be used as an absolute indicator of malignancy.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.18	ng/ml	0.4 - 1.81
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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))	7.44	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))	1.77	µIU/mL	0.35 - 5.50
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Investigation

Observed Value

Unit

Biological Reference Interval

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.

Urine Analysis - Routine

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 reviewed and confirmed microscopically.

Stool Analysis - ROUTINE


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Colour (Stool)	Brown		Brown
Blood (Stool)	Absent		Absent
Mucus (Stool)	Absent		Absent
Reaction (Stool)	Acidic		Acidic
Consistency (Stool)	Semi Solid		Semi Solid
Ova (Stool)	NIL		NIL
Others (Stool)	NIL		NIL
Cysts (Stool)	NIL		NIL
Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	1 - 2	/hpf	NIL
Macrophages (Stool)	NIL		NIL
Epithelial Cells (Stool)	NIL	/hpf	NIL


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-- End of Report --

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Age & Gender	56Y/M	Visit Date	Jul 19 2022 8:43AM
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.

R. S. Ramakrishnan

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



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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	0.6
IVS(s)	cm	1.3
LPW(d)	cm	0.6
LPW(s)	cm	1.3
LVID(d)	cm	5.0
LVID(s)	cm	3.4
EDV ml		128
ESV ml		40
SV ml		88
EF %		68
FS %		31

DOPPLER PARAMETERS

Parameters		Patient Value
LA	cm	3.5
AO	cm	2.0

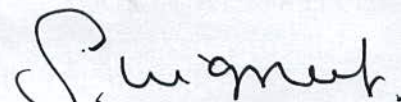
Valves	Velocity max(m/sec mm/Hg)
AV	0.8 / 3
PV	0.8 / 3
MV (E)	0.4
(A)	0.6
TV	1.1 / 5

FINDINGS:

- ❖ Concentric left ventricular hypertrophy.
- ❖ Normal left ventricle systolic function (LVEF 68 %).
- ❖ No regional wall motion abnormality.
- ❖ Grade I LV diastolic dysfunction.
- ❖ Normal chambers dimension.
- ❖ Mild mitral regurgitation. Trivial aortic regurgitation.
- ❖ Mild pulmonary hypertension.
- ❖ Normal right ventricle systolic function.
- ❖ Normal pericardium / Intact septae.
- ❖ No clot/aneurysm.

IMPRESSION:

- ▶ CONCENTRIC LVH.
- ▶ NORMAL LV SYSTOLIC FUNCTION.
- ▶ NO REGIONAL WALL MOTION ABNORMALITY.
- ▶ GRADE I LV DIASTOLIC DYSFUNCTION.
- ▶ MILD MR.
- ▶ TRIVIAL AR.
- ▶ MILD PHT.

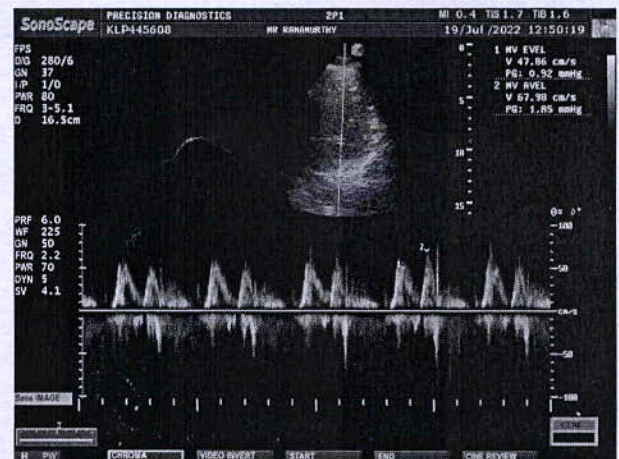
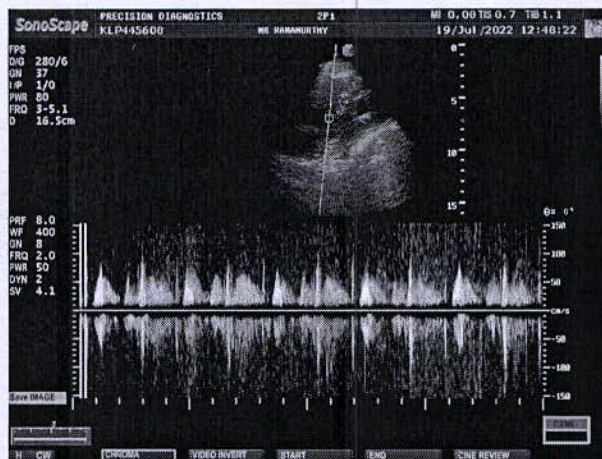
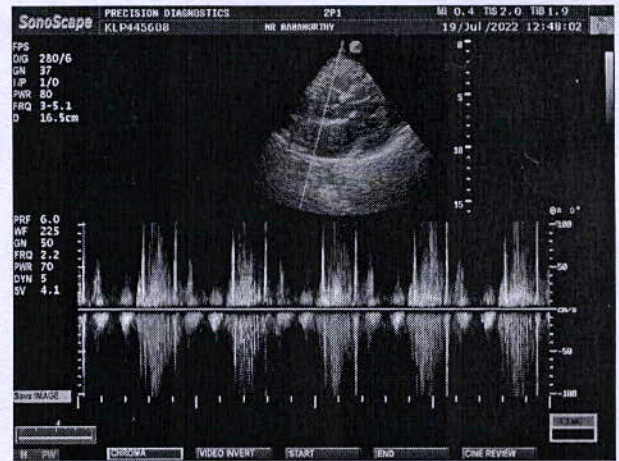
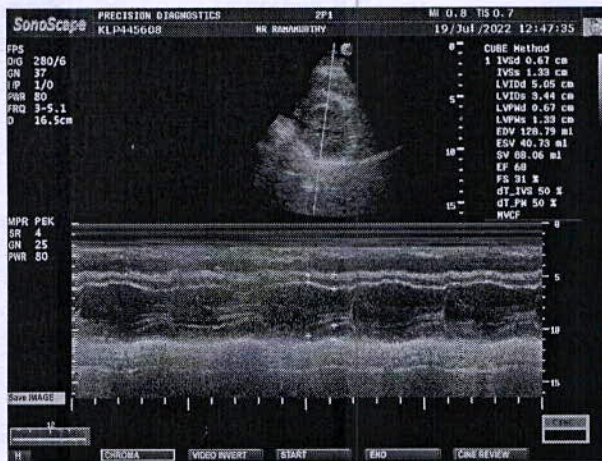
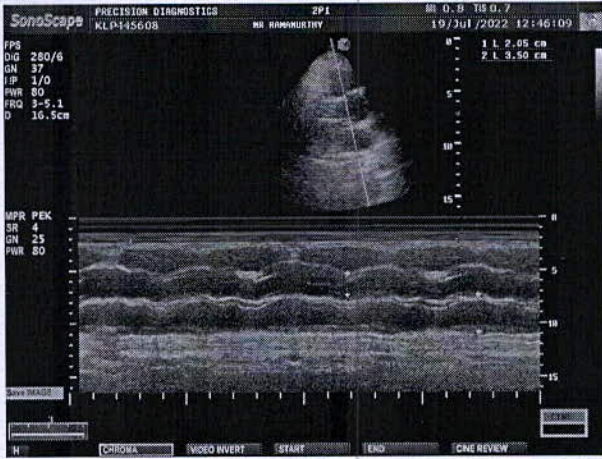

**S. VIGNESH M.Sc.
ECHO TECHNICIAN**



Precision Diagnostics-vadapalani

58/6, Revathy street, Jawaralal nehru road, 100 feet Road, (Former State Election Commission Office),

Customer Name	MR.RAMAMURTHY J	Customer ID	KLP445608
Age & Gender	56Y/MALE	Visit Date	19/07/2022
Ref Doctor	MediWheel		



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SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows diffuse fatty changes. No focal lesion is seen.

The gall bladder is normal sized, 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 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 10.7 x 5.6 cm.

The left kidney measures 11.9 x 6.1 cm and has a microlith of 3.4 mm in the mid pole.

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

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 3.8 x 3.6 x 3.2 cm (24 cc) and is mildly enlarged.

The echotexture is homogeneous.



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The seminal vesicles are normal.

Iliac fossae are normal.

IMPRESSION:

- Fatty liver.
- Left renal microlith.
- Mild prostatomegaly.



**DR. UMALAKSHMI
SONOLOGIST**



Precision Diagnostics-vadapalani

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Precision Diagnostics-vadapalani

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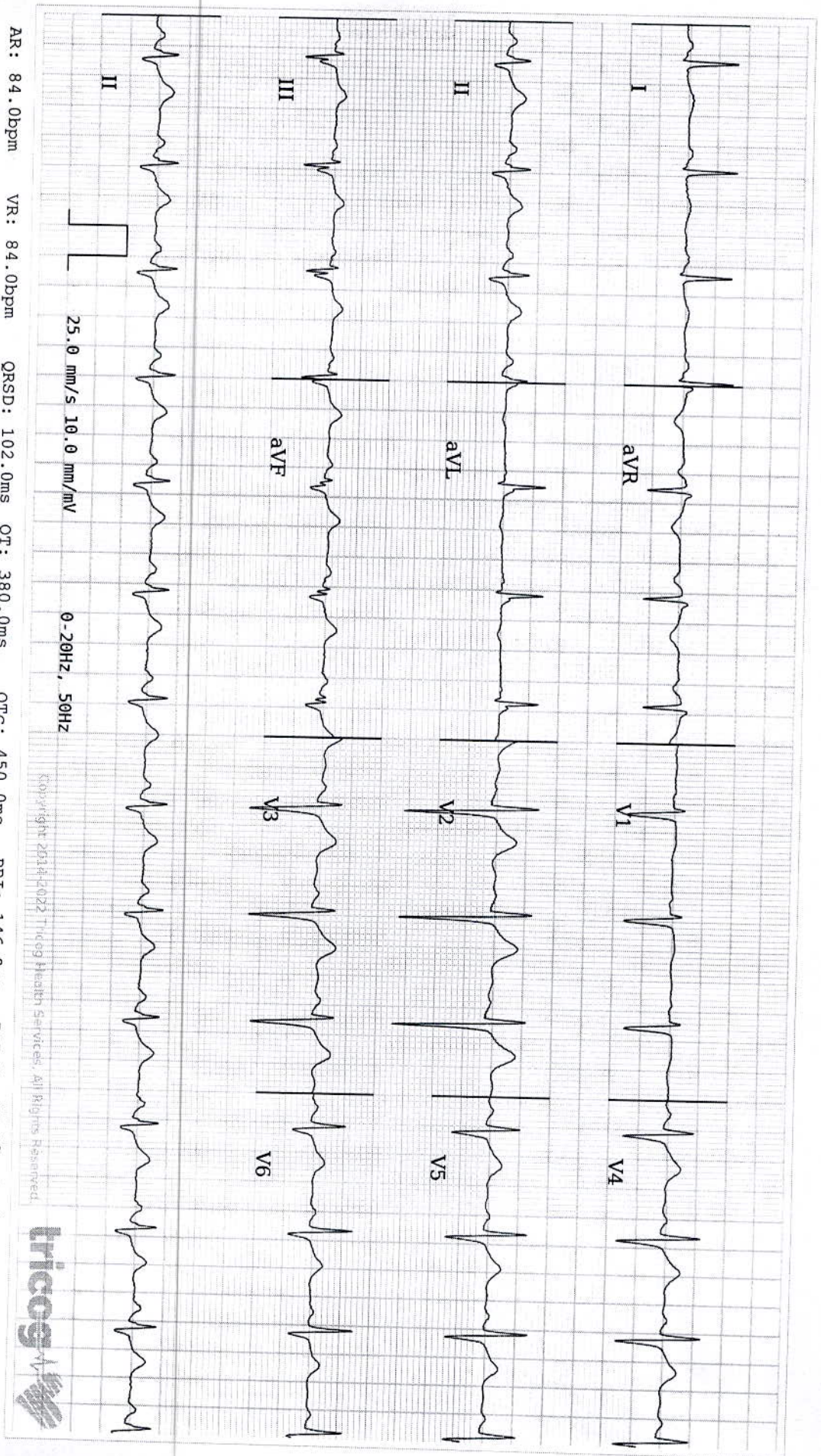
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Age / Gender: 56/Male
Patient ID: Klp445608
Patient Name: Mr.ramamurthy j

Date and Time: 19th Jul 22 11:48 AM



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

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.

REPORTED BY

