

<b>Customer Name</b>	<b>MRS.JANAHARA G</b>	<b>Customer ID</b>	<b>MED111167851</b>
<b>Age &amp; Gender</b>	<b>37Y/FEMALE</b>	<b>Visit Date</b>	<b>18/06/2022</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

Personal Health Report

General Examination:

Height : 151.5 cms  
 Weight: 75.5 kg  
 BMI : 32.8 kg/m<sup>2</sup>

BP: 116/60 mmhg  
 Pulse: 86/ min, regular

Systemic Examination:

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

Blood report:

HbA1C test- 6.2 % Elevated.

Anemia - Haemoglobin- 10.4 g/dl - low.

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

Urine Analysis Routine - Within normal limits. .

USG Whole Abdomen – Fatty liver.

X-Ray chest - Normal study.

ECG – Normal ECG.

ECHO – Grade I LV diastolic dysfunction. Mild MR.

Eye Test – Near vision defect.

Vision	Right eye	Left eye
Distant Vision	6/6	6/6
Near Vision	N8	N8
Colour Vision	Normal	Normal



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Impression & Advice:

Anemia - Haemoglobin- 10.4 g/dl - low. Advised to have iron rich diet and iron supplement prescribed by the physician.

HbA1C test- 6.2 % Elevated. To consult a diabetologist for further evaluation and management.

USG Whole Abdomen – Fatty liver. To take low fat diet, and high fiber diets.  
Regular brisk walking for 45 minutes daily, 5 days a week is essential.

ECHO – Grade I LV diastolic dysfunction. Mild MR. To consult a cardiologist for further evaluation and management.

Eye Test – Near vision defect. To consult a ophthalmologist for further evaluation and management.

You are overweight by 21 kg to reduce gradually over a period of 5 to 6 months by having high fiber diet recommended by the dietician.  
Regular brisk walking for 45 minutes daily, 5 days a week is essential.

All other health parameters are well within normal limits.



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

D.MHC Physician Consultant, FOM

Reg. No. 1234567890 Physician

A Medall Health & Diagnostic Pvt. Ltd.



Name : Mrs. JANAHA G  
PID No. : MED111167851  
SID No. : 222011098  
Age / Sex : 37 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 18/06/2022 10:13 AM  
Collection On : 18/06/2022 11:39 AM  
Report On : 20/06/2022 6:00 PM  
Printed On : 21/06/2022 9:23 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh TYPING

'O' 'Positive'

(EDTA Blood/Agglutination)

**INTERPRETATION:** Reconfirm the Blood group and Typing before blood transfusion

**Complete Blood Count With - ESR**

Haemoglobin (EDTA Blood/Spectrophotometry)	10.4	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	31.9	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.12	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	77.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	25.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.8	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	14.7	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	41.3	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	9970	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	56.0	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	34.6	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	4.7	%	01 - 06

DR. FAYIQAH MD(PATH)  
CONSULTANT - PATHOLOGIST  
REG NO: 116685

VERIFIED BY

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

APPROVED BY

The results pertain to sample tested.

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	4.3	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.4	%	00 - 02
<b>INTERPRETATION:</b> 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)	5.58	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.45	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	<b>0.47</b>	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.43	$10^3 / \mu\text{l}$	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.04	$10^3 / \mu\text{l}$	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	327	$10^3 / \mu\text{l}$	150 - 450
MPV (EDTA Blood/Derived from Impedance)	10.4	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	<b>0.339</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	4	mm/hr	< 20
BUN / Creatinine Ratio	12.6		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	90.7	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)	114.2	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)	8.6	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.68	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)	3.1	mg/dL	2.6 - 6.0
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.78	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.18	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.60	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	19.3	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	15.1	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	14.1	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	72.7	U/L	42 - 98
Total Protein (Serum/Biuret)	7.21	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.95	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.26	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)	138.4	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	146.9	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)	31.5	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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Age & Gender	37Y/FEMALE	Visit Date	18/06/2022
Ref Doctor	MediWheel		

## SONOGRAM REPORT

### WHOLE ABDOMEN

**The liver is normal in size and shows homogenously increased parenchymal echoes with no focal abnormality.**

The gall bladder is contracted.

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 10.3 x 4.2 cm.

The left kidney measures 10.8 x 4.8 cm.

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 uterus is anteverted, and measures 7.6 x 5.4 x 4.1 cm.

Myometrial echoes are homogeneous. The endometrium is normal (8 mm).



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The right ovary measures 2.8 x 2.7 cm.

The left ovary measures 2.9 x 2.0 cm.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

**IMPRESSION:**

- **Fatty liver.**



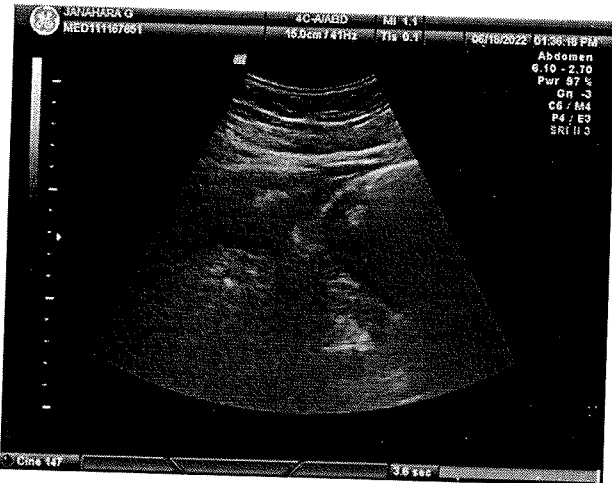
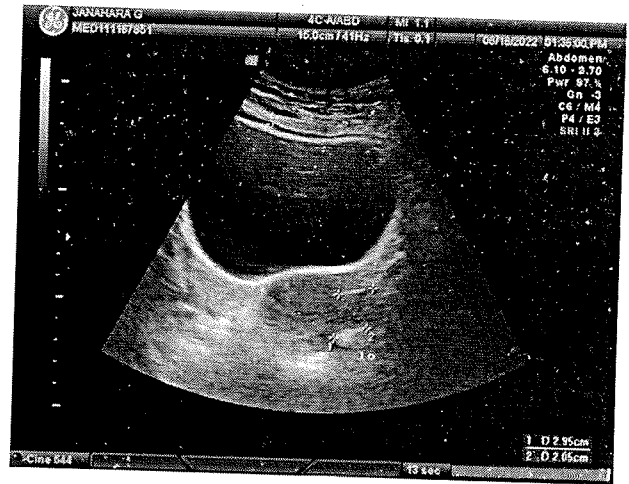
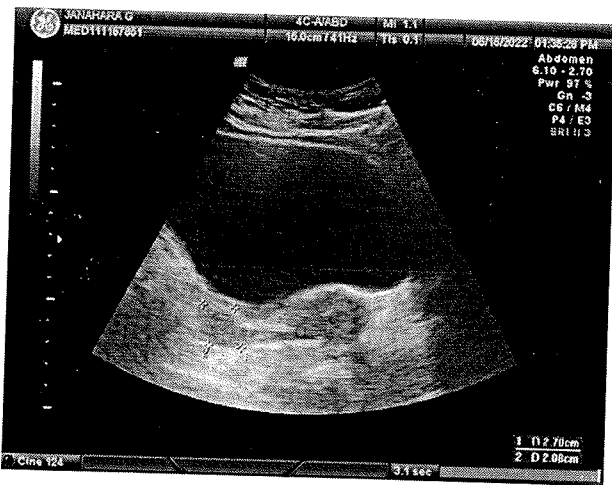
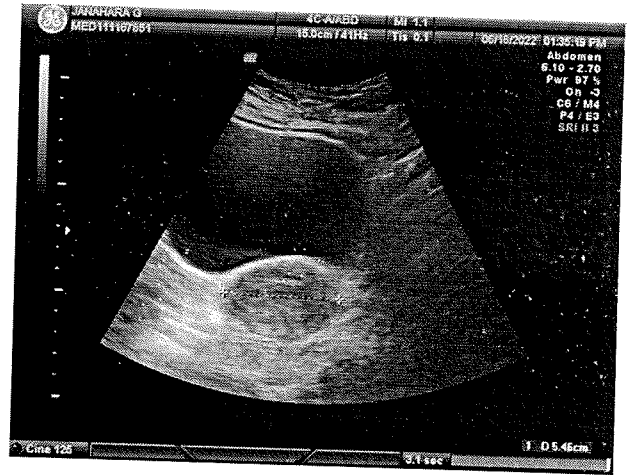
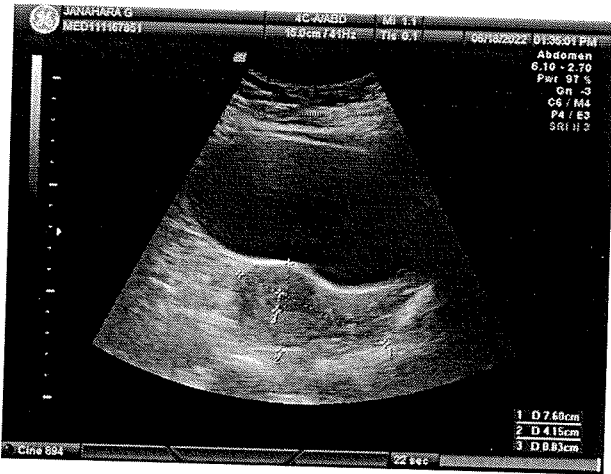
**DR. UMALAKSHMI**  
**SONOLOGIST**





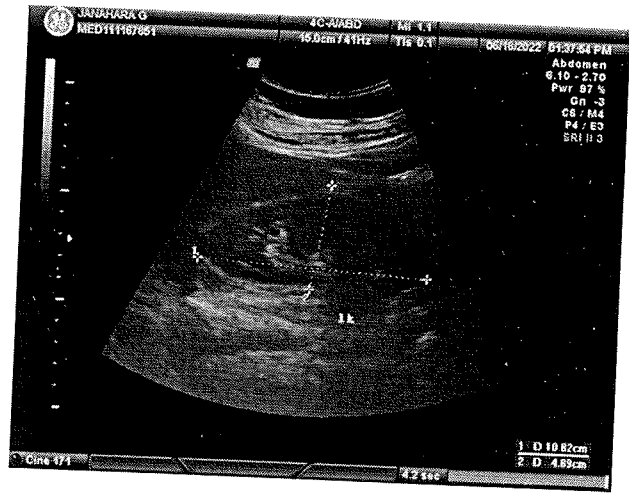
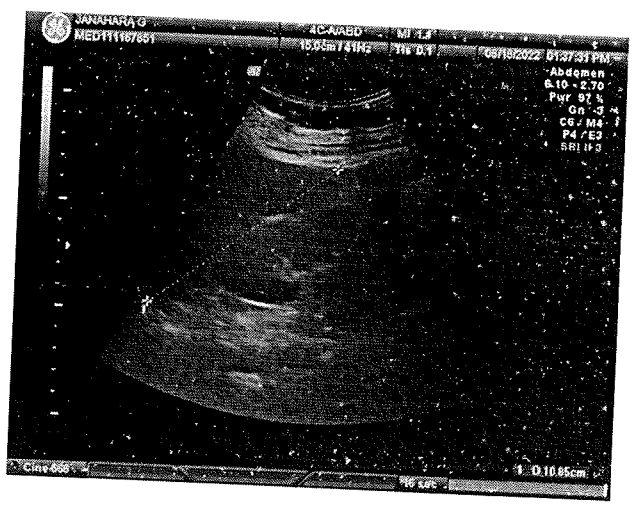
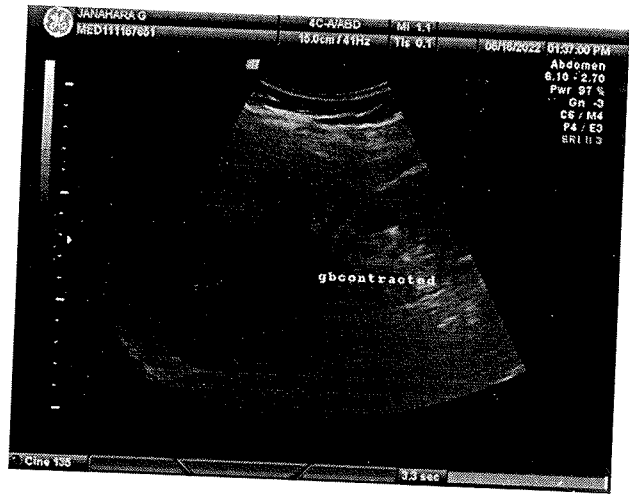
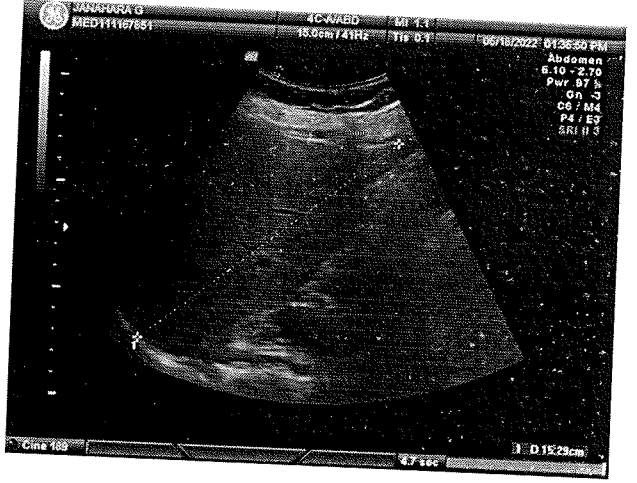
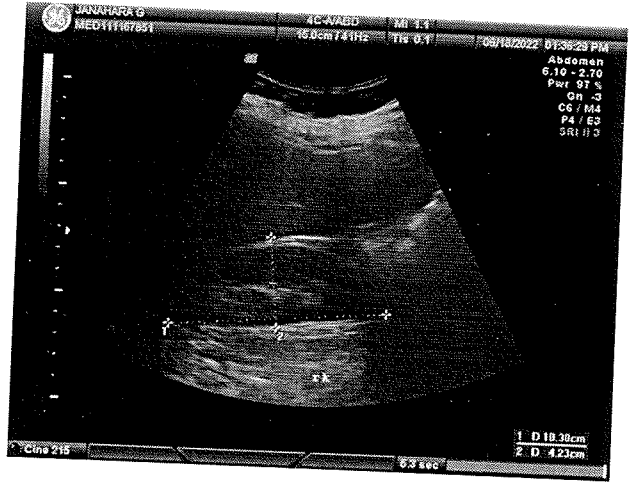
Precision Diagnostics-vadapalani  
 58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission Office),

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL Cholesterol (Serum/Calculated)	77.5	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	29.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	106.9	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)	4.4		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)	4.7		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	6.2	%	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 %

DR. FAYIQAH MD(PATH)  
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 REG NO: 116585

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Estimated Average Glucose (Whole Blood)	131.24	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 glycemc 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))	1.04	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))	8.36	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))	1.32	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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

  
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<b><u>Urine Analysis - Routine</u></b>			
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.

DR. FAYIQAH MD(PATH)  
CONSULTANT - PATHOLOGIST  
REG NO:110005

VERIFIED BY

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

APPROVED BY

-- End of Report --

The results pertain to sample tested.

Page 7 of 7

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

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Name	JANAHARA G	ID	MED111167851
Age & Gender	37Y/F	Visit Date	Jun 18 2022 9:28AM
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. Rama Krishnan, MD, DNB,  
Consultant Radiologist,  
Medall Healthcare Pvt Ltd.**



Customer Name	MRS.JANAHARA G	Customer ID	MED111167851
Age & Gender	37Y/FEMALE	Visit Date	18/06/2022
Ref Doctor	MediWheel		

**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	0.5
IVS(s)	cm	1.0
LPW(d)	cm	0.6
LPW(s)	cm	1.2
LVID(d)	cm	6.6
LVID(s)	cm	4.1
EDV	ml	221
ESV	ml	69
SV	ml	132
EF	%	68
FS	%	32

Parameters		Patient Value
LA	cm	2.5
AO	cm	2.2

Valves	Velocity max(m/sec mm/Hg)
AV	0.6/2
PV	0.8/3
MV (E)	0.3
(A)	0.6
TV	1.1/5

**FINDINGS:**

- ❖ Normal left ventricle systolic function (LVEF 68 %).
- ❖ No regional wall motion abnormality.
- ❖ Grade I LV diastolic dysfunction.
- ❖ Normal chambers dimension.
- ❖ Mild MR.
- ❖ No PHT.
- ❖ Normal right ventricle systolic function.
- ❖ Normal pericardium / Intact septae.
- ❖ No clot/aneurysm.



Customer Name	MRS.JANAHARA G	Customer ID	MED111167851
Age & Gender	37Y/FEMALE	Visit Date	18/06/2022
Ref Doctor	MediWheel		

**IMPRESSION:**

- ✦ **NORMAL LV SYSTOLIC FUNCTION.**
- ✦ **NO REGIONAL WALL MOTION ABNORMALITY.**
- ✦ **GRADE I LV DIASTOLIC DYSFUNCTION.**
- ✦ **MILD MR.**



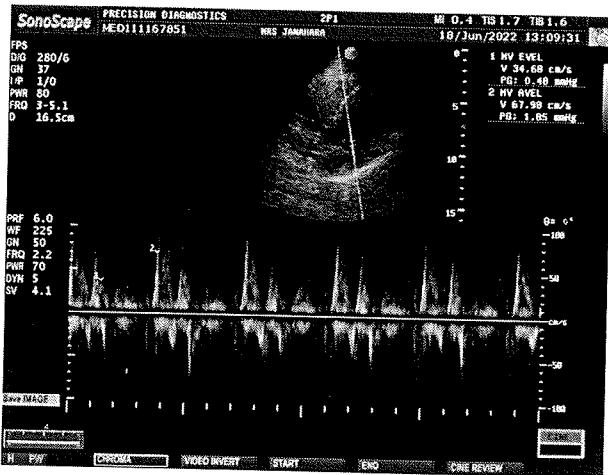
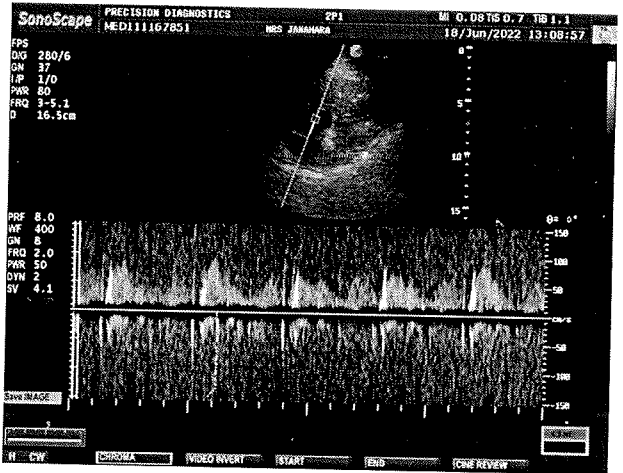
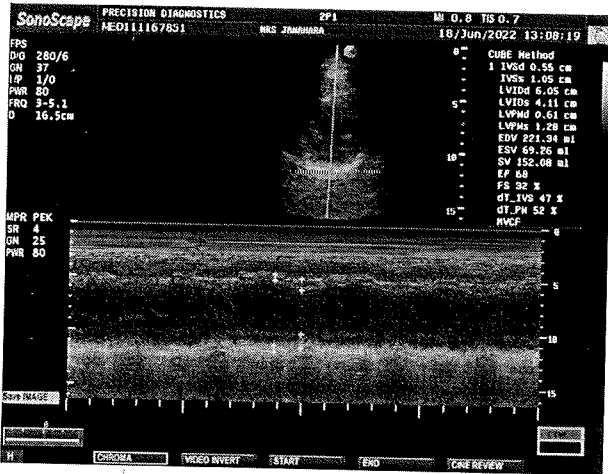
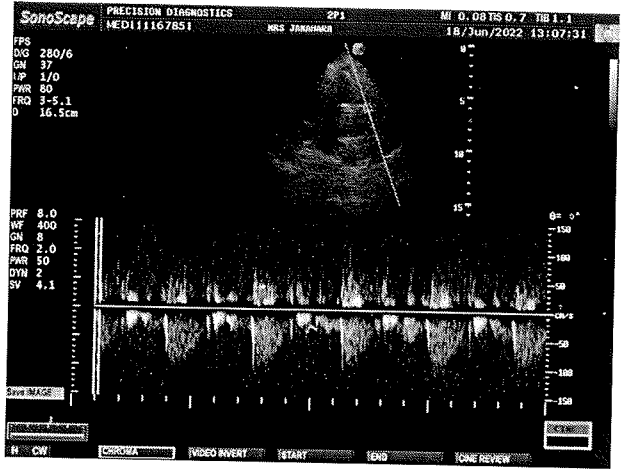
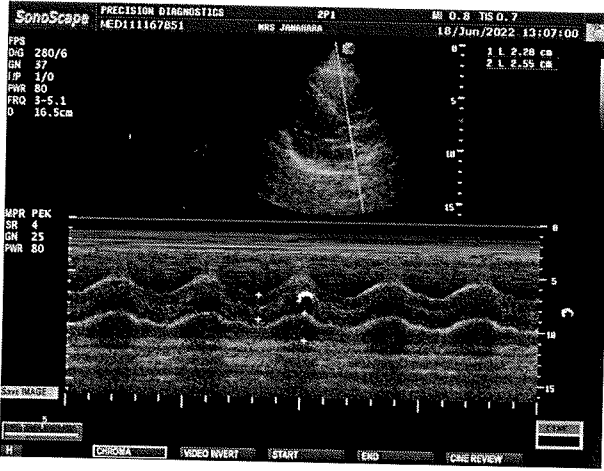
**S. VIGNESH M.Sc.  
ECHO TECHNICIAN**





Precision Diagnostics-vadapalani  
 58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission Office),

Customer Name	MRS.JANAHAHA G	Customer ID	MED111167851
Age & Gender	37Y/FEMALE	Visit Date	18/06/2022
Ref Doctor	MediWheel		

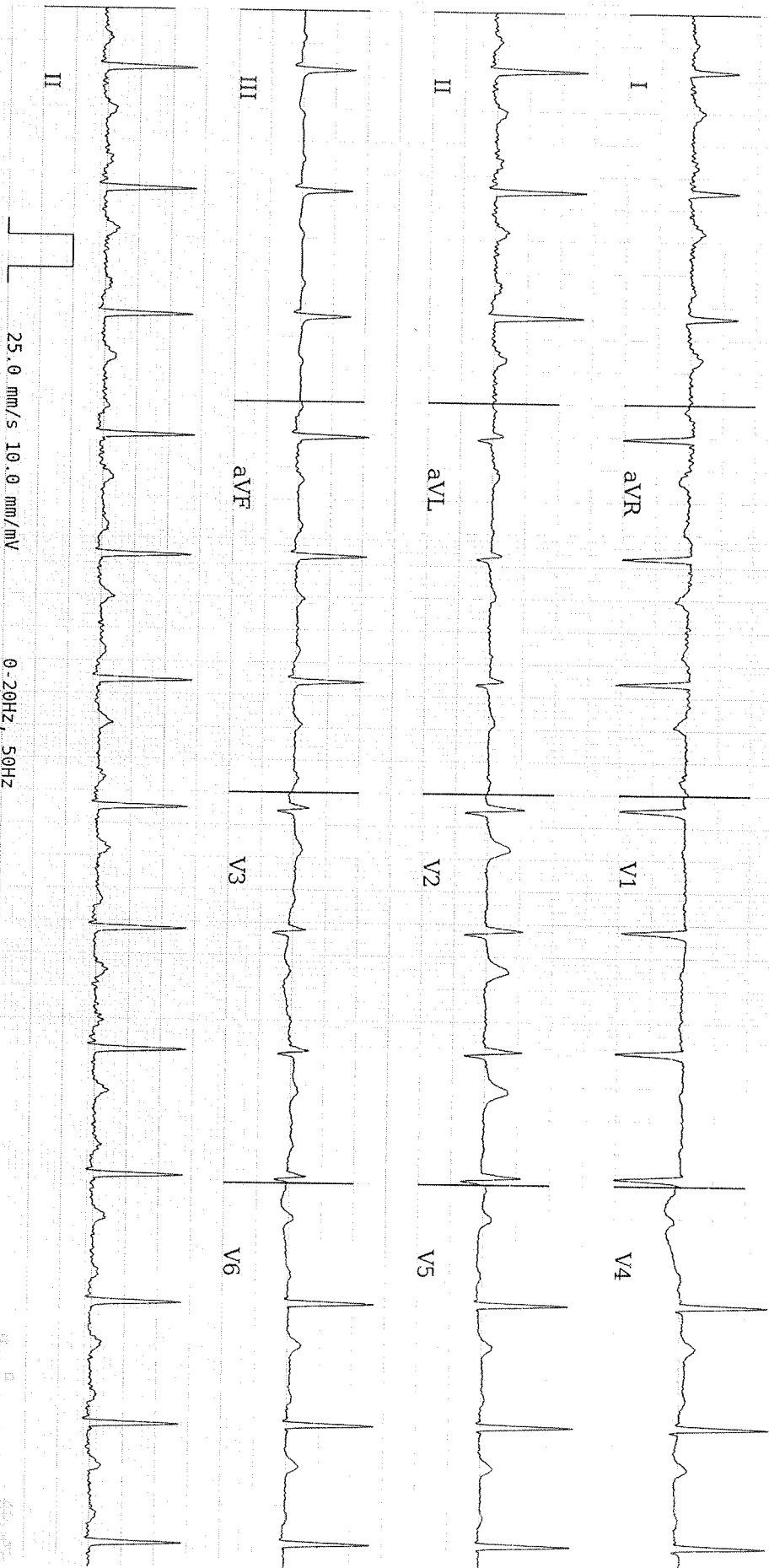




Medall Diagnostic Vadapalani

Age / Gender: 37/Female  
Patient ID: Med111167851  
Patient Name: Mrs Janahara g

Date and Time: 18th Jun 22 12:01 PM



AR: 80.0bpm VR: 79.0bpm QRSD: 74.0ms QT: 358.0ms QTc: 411.0ms PRI: 190.0ms P-R-T: 47.0° 62.0° 28.0°  
25.0 mm/s 10.0 mm/mV 0-20Hz, 50Hz

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

REPORTED BY

**Kaniga . A . Divya**  
Dr-Vishwanath. A