

Name	VIJAYAKUMAR M	Customer ID	MOL10032726
Age & Gender	37Y/M	Visit Date	Jul 23 2022 10:27AM
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, <u>DNB.</u>, Consultant Radiologist. Medall Healthcare Pvt Ltd. Name : Mr. VIJAYAKUMAR M Register On : 23/07/2022 10:28 AM

Collection On : 23/07/2022 11:02 AM PID No. : MOL10032726 SID No.

Report On : 23/07/2022 7:15 PM : 26/07/2022 9:55 AM

: 37 Year(s) / Male **Printed On** Ref. Dr

: MediWheel : OP **Type** 

**Observed Value** Investigation **Unit Biological Reference Interval** 

### **IMMUNOHAEMATOLOGY**

: 602207167

**BLOOD GROUPING AND Rh TYPING (Blood** 'O' 'Positive'

/Agglutination)

Age / Sex

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

If Rh Variant

When Reciepient, Consider patient as Rh negative when Donor, Consider patient as Rh positive.

## **HAEMATOLOGY**

Complete Blood Count With - ESR			
Haemoglobin (Blood/Spectrophotometry)	13.5	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	41.8	%	42 - 52
RBC Count (Blood/Impedance Variation)	5.01	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	83.4	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	27.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	32.3	g/dL	32 - 36
RDW-CV (Blood/Derived from Impedance)	17.9	%	11.5 - 16.0
RDW-SD (Blood/Derived from Impedance)	52.25	fL	39 - 46
<b>Total Leukocyte Count (TC)</b> (Blood/ Impedance Variation)	9500	cells/cu.mm	4000 - 11000
<b>Neutrophils</b> (Blood/Impedance Variation & Flow Cytometry)	66.6	%	40 - 75
<b>Lymphocytes</b> (Blood/Impedance Variation & Flow Cytometry)	20.8	%	20 - 45
<b>Eosinophils</b> (Blood/Impedance Variation & Flow Cytometry)	5.2	%	01 - 06
<b>Monocytes</b> (Blood/Impedance Variation & Flow Cytometry)	7.0	%	01 - 10
<b>Basophils</b> (Blood/Impedance Variation & Flow Cytometry)	0.4	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated F microscopically.	Five Part cell counter. A	ll abnormal resu	ults are reviewed and confirmed
Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	6.33	10^3 / μΙ	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	1.98	10^3 / μΙ	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/	0.49	10^3 / μΙ	0.04 - 0.44



Impedance Variation & Flow Cytometry)

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<u>Investigation</u>	Observed Value	<u>Unit</u>	<b>Biological Reference Interval</b>
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.67	10^3 / μΙ	< 1.0
<b>Absolute Basophil count</b> (Blood/Impedance Variation & Flow Cytometry)	0.04	10^3 / μΙ	< 0.2
Platelet Count (Blood/Impedance Variation)	501	10^3 / μΙ	150 - 450
MPV (Blood/Derived from Impedance)	6.6	fL	7.9 - 13.7
PCT (Blood/Automated Blood cell Counter)	0.33	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	12	mm/hr	< 15
<b>BIOCHEMISTRY</b>			
BUN / Creatinine Ratio	9.42		6.0 - 22.0
<b>Glucose Fasting (FBS)</b> (Plasma - F/GOD-PAP)	88.9	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**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 - Negative POD)

Glucose Postprandial (PPBS) (Plasma - PP/ 101.1 mg/dL 70 - 140 GOD-PAP)

#### 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)	6.5	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.69	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)	8.3	mg/dL	3.5 - 7.2
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.30	mg/dL	0.1 - 1.2
<b>Bilirubin(Direct)</b> (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.14	mg/dL	0.1 - 1.0



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<u>Investigation</u>	Observed Value	<u>Unit</u>	<b>Biological Reference Interval</b>
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	21.2	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	13.7	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	30.5	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	83.7	U/L	53 - 128
Total Protein (Serum/Biuret)	7.63	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.26	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.37	gm/dL	2.3 - 3.6
A: GRATIO (Serum/Derived)	1.26		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	200.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	189.1	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)	38.5	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	124.5	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	37.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	162.3	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219

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

Very High: >= 220

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Investigation Observed Value Unit Biological Reference Interval

**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** 5.2 Optimal: < 3.3

(Serum/Calculated) 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 4.9 Optimal: < 2.5

(TĞ/HDL) (Serum/Calculated) Mild to moderate risk: 2.5 - 5.0

High Risk: > 5.0

**LDL/HDL Cholesterol Ratio** (Serum/ 3.2 Optimal: 0.5 - 3.0

Calculated)

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: >= 6.5

INTERPRETATION: If Diabetes - Good control: 6.1 - 7.0 %, Fair control: 7.1 - 8.0 %, Poor control >= 8.1 %

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.

### **IMMUNOASSAY**

#### THYROID PROFILE / TFT

**T3 (Trijodothyronine) - Total** (Serum/ 1.63 ng/ml 0.7 - 2.04

Chemiluminescent Immunometric Assay

(CLIA))

SID No.

#### 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/ 8.69 μg/dl 4.2 - 12.0

Chemiluminescent Immunometric Assay

(CLIA))

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#### INTERPRETATION:

#### Comment:

SID No.

Age / Sex

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 uIU/mL 0.35 - 5.50

/Chemiluminescent Immunometric Assay

: 602207167

(CLIA))

### 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.

## CLINICAL PATHOLOGY

#### **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 <sup>-</sup> Flow cytometry )	1 - 2	/hpf	NIL
<b>Epithelial Cells</b> (Urine/Automated <sup>-</sup> Flow cytometry )	1 - 2	/hpf	NIL
<b>RBCs</b> (Urine/Automated <sup>-</sup> Flow cytometry )	NIL	/hpf	NIL
Casts (Urine/Automated <sup>-</sup> 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.

-- End of Report --

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Name	MR.VIJAYAKUMAR M	ID	MOL10032726
Age & Gender	37Y/MALE	Visit Date	23/07/2022
Ref Doctor	MediWheel		120/01/2022

# MASTER HEALTH CHECK UP SUMMARY

Height:	173 cm	Weight:	135.9 kg
BMI:	45.4	ris State of a State of the	

## PRESENT HISTORY:

Nil.

# GENERAL EXAMINATION → P.I.C.C.L.E:

Pulse: 98/min

BP: 110/80 mmHg

Respiratory Rate: 15/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.

## X-RAY:

Essentially normal study.





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## ULTRASOUND ABDOMEN:

- Mild hepatomegaly with fatty changes.
- Ascites about 600 700 ml seen in the abdomen and pelvis.
  - For clinical correlation.

Poor imaging due to abdominal obesity.

## LAB REPORTS:

- · Low HDL level.
- High triglycerides level.
- HbA1C is high.

## **EYE SCREENING:**

Vision	R/E	L/E
Distant Vision	6/6	6/6
Near Vision	N6	N6
Colour Vision	Normal	Normal

Within normal limits.

## ADVISED:

- Balanced diet and regular exercises.
- Avoid oily, salty food.
- Heart healthy diet.
- Diabetologist opinion.
- Gastroenterologist opinion.

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





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## SONOGRAM

## WHOLE ABDOMEN

The liver is mildly enlarged in size ( 16.6 cm) and shows diffuse fatty changes.

The gall bladder is partially distended.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas obscured by bowel gas shadows.

The spleen is normal.

The right kidney measures 9.5 x 5.6 cm.

The left kidney measures 11.8 x 6.8 cm.

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





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The ureters are not dilated.

The bladder is distended.

The prostate measures 3.5 x 3.5 x 2.5 cm (Vol -17.1 cc) and is normal sized.

The echotexture is homogeneous.

Free fluid about 600-700 ml seen in the abdomen and pelvis.

## IMPRESSION:

Mild hepatomegaly with fatty changes.

- · Ascites about 600-700 ml seen in the abdomen and pelvis.
- For clinical correlation.

Poor imaging due to abdominal obesity.

Dr. Catherine

Consultant Sonologist



# MEDALL DIAGNOSTICS

No; 26/15, Ground floor Gopalakrishna street pondy Bazaar, T.Nagar

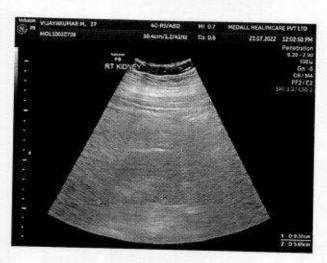


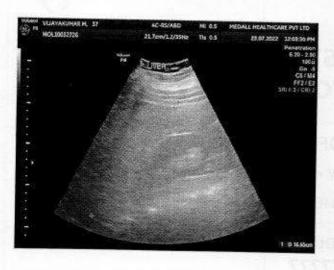
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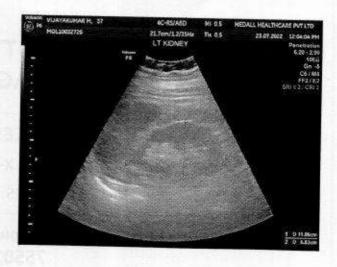


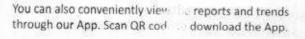
















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