

Customer Name	MRS.DIVYA S	Customer ID	MED111340822
Age & Gender	33Y/FEMALE	Visit Date	15/10/2022
Ref Doctor	MediWheel		

Personal Health Report

General Examination:

Height : 156.5 cms
Weight : 67.5 kg
BMI : 27.5 kg/m²

BP: 130/80 mmhg
Pulse: 102/ min, regular

Systemic Examination:

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

Blood report:

Glucose-(FBS)-227.8 mg/dl & Glucose (PP) - 312.9 mg/dl- and HbA1C test -10.6% - Elevated.

Liver function test - Bilirubin-Total-1.37mg/dl/Direct-0.31mg/dl, Indirect - 1.06 mg/dl, SGOT/AST-81.9 U/L, SGPT/ALT-172.2 U/L and GGT - 92.9 U/L - Slightly elevated

ESR- 23%- Elevated.

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

Urine analysis - Urine glucose fasting - Positive (++) and urine glucose post prandial - Positive (+++).

X-Ray Chest - Normal study.

ECG - Normal ECG.

Audiometry - Normal study.

TMT - Negative study.

USG Whole abdomen - Mild coarse liver parenchymal echoes with increased echogenicity to correlated with liver function test; chronic cystitis.



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Eye Test – Distant vision defect.

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

Impression & Advice:

Glucose–(FBS)–227.8 mg/dl & Glucose (PP) – 312.9 mg/dl- and HbA1C test -10.6% - Elevated. Urine glucose fasting – Positive (++) and urine glucose post prandial – Positive (+++). To consult a diabetologist for further evaluation and management. To have diabetic diet recommended by the dietician.

Liver function test – Bilirubin-Total-1.37mg/dl/Direct-0.31mg/dl, Indirect – 1.06 mg/dl, SGOT/AST- 81.9 U/L, SGPT/ALT-172.2 U/L and GGT – 92.9 U/L – Slightly elevated – To consult a gastroenterologist for further evaluation and management.

ESR- 23%- Elevated. To consult general physician for further evaluation and management.

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

USG Whole abdomen – Mild coarse liver parenchymal echoes with increased echogenicity to correlated with liver function test; chronic cystitis. To consult a gastroenterologist for further evaluation.

All other health parameters are well within normal limits.


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

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



Name : Mrs. DIVYA S
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 Ref. Dr : MediWheel

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Investigation	Observed Value	Unit	Biological Reference Interval
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)	13.8	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	42.9	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.97	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	86.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	27.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.3	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.6	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	41.08	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	9650	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	54.9	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	34.9	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	2.2	%	01 - 06


DR GURUPRIYA J
 PATHOLOGIST
 Reg No : 13-48036

VERIFIED BY


 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)	7.5	%	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)	5.30	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	3.37	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood Impedance Variation & Flow Cytometry)	0.21	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	0.72	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood Impedance Variation & Flow Cytometry)	0.05	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood Impedance Variation)	283	10 ³ / μ l	150 - 450
MPV (EDTA Blood Derived from Impedance)	8.7	fL	8.0 - 13.3
PCT (EDTA Blood Automated Blood cell Counter)	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood Automated - Westergren method)	23	mm/hr	< 20
BUN / Creatinine Ratio	13.2		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	227.8	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)	Positive(++)		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	312.9	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)	Positive(+++)		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.8	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.59	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)	2.7	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	1.37	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.31	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	1.06	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	81.9	U/L	5 - 40
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Remark: kindly correlate clinically, suggested repeat testing with a fresh sample, if clinically indicated.

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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	172.2	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	92.9	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	75.5	U/L	42 - 98
Total Protein (Serum/Biuret)	7.39	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.85	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.54	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.09		1.1 - 2.2

Lipid Profile


Cholesterol Total (Serum/CHOD-PAP with ATCS)	186.5	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	155.5	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)	33.6	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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Investigation

Observed Value

Unit

Biological Reference Interval

LDL Cholesterol
 (Serum/Calculated)

121.8 mg/dL

Optimal: < 100
 Above Optimal: 100 - 129
 Borderline: 130 - 159
 High: 160 - 189
 Very High: >= 190

VLDL Cholesterol
 (Serum/Calculated)

31.1 mg/dL

< 30

Non HDL Cholesterol
 (Serum/Calculated)

152.9 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)

5.6

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)

4.6

Optimal: < 2.5
 Mild to moderate risk: 2.5 - 5.0
 High Risk: > 5.0

LDL/HDL Cholesterol Ratio
 (Serum/Calculated)

3.6

Optimal: 0.5 - 3.0
 Borderline: 3.1 - 6.0
 High Risk: > 6.0


Glycosylated Haemoglobin (HbA1c)

HbA1C
 (Whole Blood/HPLC)

10.6 %

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 %


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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Estimated Average Glucose (Whole Blood)	257.52	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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.81	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))	6.51	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))	2.22	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.


DR. GURUPRIYA J
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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)	Positive(+++)		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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SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows coarse parenchymal echoes with increased echogenicity to correlate with liver function test.

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 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 12.2 x 5.3 cm.

The left kidney measures 12.9 x 7.0 cm.

Few concretions (1-2 mm) are noted in left kidney.

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 wall shows thickened and measures 5.6 mm with few internal echoes.

There is no intravesical mass or calculus.

The uterus is elongated, post LSCS status and measures 10.6 x 3.4 cm.

Myometrial echoes are homogeneous. The endometrium is normal – 8 mm.

The right ovary measures 2.6 x 1.8 cm.

The left ovary measures 2.4 x 1.6 cm.



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No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

IMPRESSION:

- **Mild coarse liver parenchymal echoes with increased echogenicity to correlate with liver function test.**
- **Chronic cystitis.**



**DR. UMALAKSHMI
SONOLOGIST**



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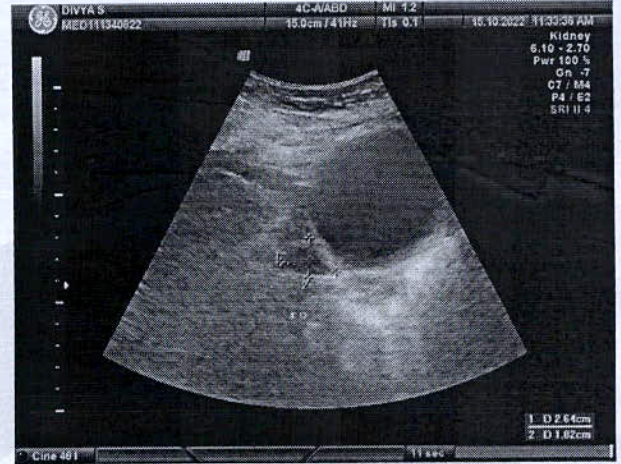
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Medall Healthcare Pvt Ltd
 58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission Office),

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X-RAY CHEST (PA VIEW)

The cardio thoracic ratio is normal.

The lung fields show normal broncho-vascular markings.

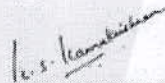
Both the pulmonary hila are normal in size.

The costophrenic and cardiophrenic recesses and the domes of diaphragm are normal.

The bones and soft tissues of the chest wall show no abnormality.

IMPRESSION :

- **No significant abnormality detected.**



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



33years
Female

Vent. rate 99 bpm
PR interval 140 ms
QRS duration 66 ms
QT/QTc 352/451 ms
P-R-T axes 70 64 65

*** Poor data quality, interpretation may be adversely affected
Normal sinus rhythm
Normal ECG

Test ind:

Unconfirmed

