

Customer Name	MR.GOPU S	Customer ID	MED111167840
Age & Gender	35Y/MALE	Visit Date	18/06/2022
Ref Doctor	MediWheel	•	

Personal Health Report

General Examination:

Height: 161.0 cms Weight: 90.0 kg BMI: 34.7 kg/m² BP: 86/74 mmhg Pulse: 72/ min, regular

Systemic Examination:

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

CNS: NAD

Blood report:

Eosinophils – 11.5 % -Elevated.

Triglycerides -183.6 mg/dl- Elevated.

Non HDL cholesterol – 160.5 mg/dl, LDL cholesterol – 123.8 mg/dl- Elevated.

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 and AR.

Eye Test - Normal study.

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





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Impression & Advice:

Eosinophils – 11.5 % -Elevated. To consult general physician for further evaluation and management.

Triglycerides -183.6 mg/dl- Elevated. To be brought down to the desirable level of 150 mg/dl by having low cholesterol, high fiber diet recommended by the dietician.

Non HDL cholesterol – 160.5 mg/dl, LDL cholesterol – 123.8 mg/dl- Elevated. To be brought down to the desirable level of 130mg/dl Non-HDL cholesterol, 100mg/dl LDL cholesterol by moderation in intake of aerated drinks, fried items, sweets and bakery products.

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 and AR. To consult a cardiologist for further evaluation and management.

You are overweight by 26 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

MHC Physician Consultant

A Medal To



Name : Mr. GOPU S

PID No. : MED111167840 : 222011096 SID No.

Age / Sex : 35 Year(s) / Male

Type : OP

Ref. Dr

; MediWheel

Register On : 18/06/2022 10:13 AM

Collection On : 18/06/2022 11:45 AM Report On : 18/06/2022 6:17 PM

Printed On

: 21/06/2022 9:20 AM





Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood'Agglutination)	'B' 'Positive'		•
INTERPRETATION: Reconfirm the Blood gro	oup and Typing before	e blood transfusion	
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood'Spectrophotometry)	14.3	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	42.4	%	42 - 52
RBC Count (EDTA Blood'Impedance Variation)	4.90	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood'Derived from Impedance)	86.5	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	29.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.7	g/dL	32 - 36
RDW-CV (EDTA Blood' <i>Derived from Impedance</i>)	13.5	%	11.5 - 16.0
RDW-SD (EDTA Blood'Derived from Impedance)	41.1	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	8800	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	50.9	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	29.2 · · ·	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	11.5	%	01 - 06



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, INDÍA,.



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Investigation	<u>Observed</u> Value	<u>Unit</u>	Biological
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	7.2	%	Reference Interval 01 - 10
Basophils (EDTA Blood'Impedance Variation & Flow Cytometry)	1.2	%	00 - 02
INTERPRETATION: Tests done on Automated	Five Part cell coun	ter. All abnormal result	ts are ravioused and southern 1
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.5	10^3 / μ1	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.6	10^3 / μΙ	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood'Impedance Variation & Flow Cytometry)	1.0	10^3 / μ1	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood'Impedance Variation & Flow Cytometry)	0.6	10^3 / μΙ	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.1	10^3 / μ1	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	190	10^3 / μ1	150 - 450
MPV (EDTA Blood' <i>Derived from Impedance</i>)	8.5	fL	7.9 - 13.7
PCT (EDTA Blood'Automated Blood cell Counter)	0.162	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	2	mm/hr	< 15
BUN / Creatinine Ratio	11.75		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	81.3	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125

PATROLOGIST Reg No. 13-48036 **VERIFIED BY**

Diabetic: >= 126

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The results pertain to sample tested.

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Investigation

<u>Observed</u>	<u>Unit</u>	Biological
<u>Value</u>		Reference Interval

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	106.9	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	, as a second moderate	Negative
Blood Urea Nitrogen (BUN) (Serum/ <i>Urease UV / derived</i>)	8.7	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.74	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

Uric Acid (Serum/Enzymatic)	5.0	mg/dL	3.5 - 7.2
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.96	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.18	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Dcrived)	0.78	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	26.2	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	29.7	U/L	5 - 41



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Investigation	Observed Value	<u>Unit</u>	Biological
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	17.2	U/L	Reference Interval < 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	130.9	U/L	53 - 128
Total Protein (Serum/Biuret)	7.17	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.16	gm/dl	3.5 - 5.2
Globulin (Serum/ <i>Derived</i>)	3.01	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.38		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	200.9	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	183.6	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

HDL Cholesterol

(Serum/Immunoinhibition)

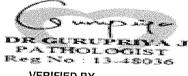
40.4

mg/dL

Optimal(Negative Risk Factor): >=

60

Borderline: 40 - 59 High Risk: < 40



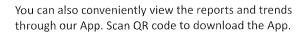
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#			
Investigation	<u>Observed</u>	<u>Unit</u>	Biological
Value I DI Cholesterol	mg/dL	Reference Interval Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190	
VLDL Cholesterol (Serum/Calculated)	36.7	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	160.5	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	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)	4.5	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio	3.1	Ontimal: 0.5 2.0

%

Glycosylated Haemoglobin (HbA1c)

(Serum/Calculated)

HbA1C 5.6 (Whole Blood/HPLC)

Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: ≥ 6.5

Optimal: 0.5 - 3.0

Borderline: 3.1 - 6.0 High Risk: > 6.0

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

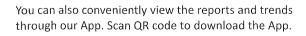


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Investigation			
<u>os.igation</u>	<u>Observed</u>	<u>Unit</u>	<u>Biological</u>
D	<u>Value</u>		Reference Interval
Estimated Average Glucose	114.02	mg/dL	<u>- totoroto mitorval</u>
(Whole Blood)	114.02	mg/uL	

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

0.96

ng/ml

0.7 - 2.04

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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

T4 (Tyroxine) - Total

5.64

4.10

μg/dl

4.2 - 12.0

(Serum/Chemiluminescent Immunometric Assay

(CLIA))

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

TSH (Thyroid Stimulating Hormone)

(Serum/Chemiluminescent Immunometric Assay (CLIA))

μIU/mL

0.35 - 5.50

INTERPRETATION:

Reference range for cord blood - upto 20

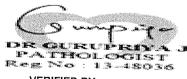
1 st trimester: 0.1-2.5 2 nd trimester 0.2-3.0 3 rd trimester: 0.3-3.0

(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.



VERIFIED BY

vanan M.D(Path) ant Pathologist No : 73347

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The results pertain to sample tested.

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Investigation Urine Analysis - Routine	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</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)	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



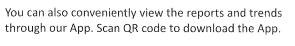
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-- End of Report --

The results pertain to sample tested.

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Name	GOPU S		DIAGNOSTICS
Age & Gender	35Y/M	ID	MED111167840 experts who care
Ref Doctor		Visit Date	Jun 18 2022 9:26AM
Ker 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.

Le to Unapplication Dr. Rama Krishnan. MD, DNB. Consultant Radiologist.

Medall Healthcare Pvt Ltd.



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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 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 10.1 x 5.3 cm.

The left kidney measures 10.8 x 6.5 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 prostate measures $3.0 \times 2.9 \times 2.6 \text{ cm}$ (Vol – 12 cc) and is normal sized.

The echotexture is homogeneous.





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The seminal vesicles are normal.

Iliac fossae are normal.

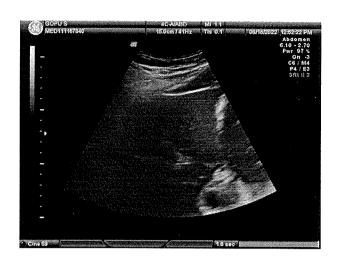
IMPRESSION:

Fatty liver.

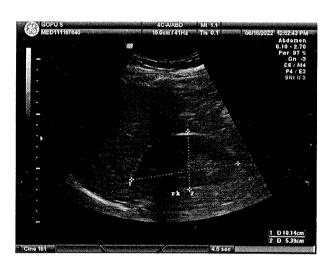
DR. UMALAKSHMI SONOLOGIST

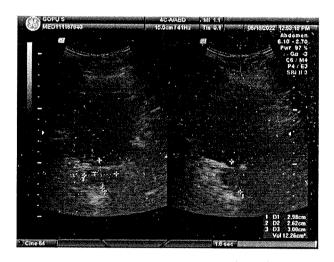
Precision Diagnostics-vadapalani 58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State ElectionCommission Office),

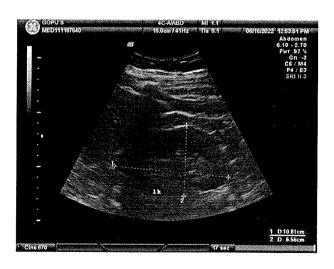
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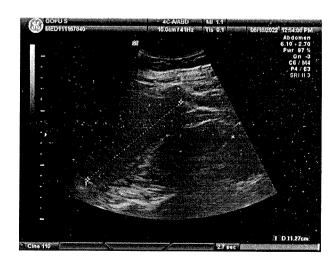














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DEPARTMENT OF CARDIOLOGY

TRANSTHORACIC RESTING ECHO CARDIOGRAPHY REPORT

ECHO INDICATION: Assessment M MODE & 2-D PARAMETERS:

ACOUSTIC WINDOW: GOOD

DOPPLER PARAMETERS

LV STUDY

IVS(d)	cm	0.8
IVS(s)	cm	1.1
LPW(d)	cm	0.6
LPW(s)	cm	1.3
LVID(d)	cm	5.5
LVID(s)	cm	3.8
EDV ml		151
ESV ml		56
SV ml		95
EF %		62
FS %	,,,,,,	28

Parameters		Patient	
		Value	
LA	cm	2.8	
AO	cm	2.0	

Valves	Velocity
	max(m/sec
	mm/Hg)
AV	0.6/2
PV	0./8/3
MV (E)	0.4
(A)	0.6
TV	1.1/5

FINDINGS:

- ❖ Normal left ventricle systolic function (LVEF 62 %).
- ❖ No regional wall motion abnormality.
- ❖ Grade I LV diastolic dysfunction.
- * Normal chambers dimension.
- ❖ Mild MR, AR.
- ❖ No PHT.
- ❖ Normal right ventricle systolic function.
- Normal pericardium/Intact septae.
- ❖ No clot/aneurysm.





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IMPRESSION:

- **♦ NORMAL LV SYSTOLIC FUNCTION.**
- NO REGIONAL WALL MOTION ABNORMALITY.

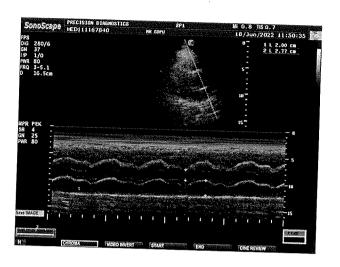
 GRADE I LV DIASTOLIC DYSFUNCTION.
- **↓** MILD MR AND AR.

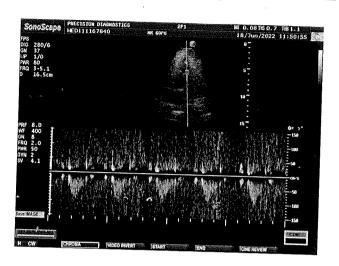
S. VIGNESH M.Sc. **ECHO TECHNICIAN**

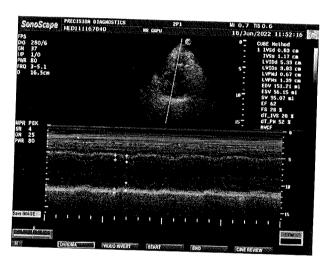


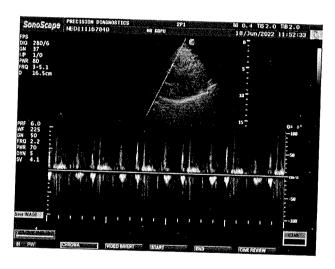
Precision Diagnostics-vadapalani 58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State ElectionCommission Office),

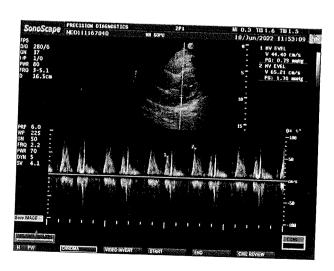
Customer Name	MR.GOPU S	Customer ID	
Age & Gender	35Y/MALE	Visit Date	MED111167840
Ref Doctor	MediWheel	· · · · · · · · · · · · · · · · · · ·	18/06/2022
			

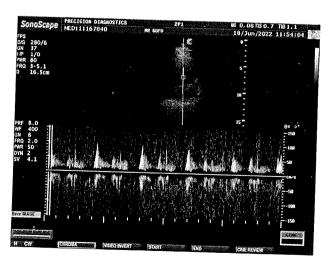












Medall Diagnostic Vadapalani



Age / Gender: 35/Male

Patient ID: Med111167840

Patient Name:

Mr gopu s

Date and Time: 18th Jun 22 11:29 AM

ECG Within Normal Limits: Sinus Rhythm, Normal Axis.Please correlate clinically. AR: 83.0bpm VR: 83.0bpm 25.0 mm/s 10.0 mm/mV QRSD: 98.0ms aVF aVL aVR QT: 346.0ms 0-20Hz, 50Hz QTc: 407.0ms **Y**3 \$2 \leq PRI: 138.0ms P-R-T: 48.0° 43.0° 24.0° **V**6 **V**5 V4

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 quantified physician.

REPORTED BY

Dr. Prashant Valecha