

<b>Customer Name</b>	<b>MR.VINOTHKUMAR V</b>	<b>Customer ID</b>	<b>MED110218724</b>
<b>Age &amp; Gender</b>	<b>36Y/MALE</b>	<b>Visit Date</b>	<b>12/03/2022</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

Personal Health Report

General Examination:

Height : 163 cms	BP: 110/70 mmhg
Weight : 57.0 kg	Pulse: 60/ min, regular
BMI : 21.8 kg/m <sup>2</sup>	

Systemic Examination:

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

Blood report:

Total cholesterol -216.8 mg/dl – Elevated

All other 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 – Bilateral renal calculi.

ECHO – Normal study.

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:

Total cholesterol -216.8 mg/dl – Elevated. To be brought down to the desirable level of 200mg/dl by having low cholesterol, high fiber diet recommended by the dietician.

USG Whole abdomen – Bilateral renal calculi. To consult a urologist for further evaluation.

All other health parameters are well within normal limits.



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



Name : Mr. VINOTHKUMAR V  
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Type : OP  
Ref. Dr : MediWheel

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'AB' 'Positive'		
<b>INTERPRETATION:</b> Reconfirm the Blood group and Typing before blood transfusion			
BUN / Creatinine Ratio	8.16		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	93.7	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126
<b>INTERPRETATION:</b> 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)	100.2	mg/dL	70 - 140
<b>INTERPRETATION:</b> 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)	8.0	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.98	mg/dL	0.9 - 1.3
<b>INTERPRETATION:</b> 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)	4.4	mg/dL	3.5 - 7.2
<b>Liver Function Test</b>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.52	mg/dL	0.1 - 1.2

Dr. E. Saravanan MD(Path)  
Consultant Pathologist  
Reg No. 73347

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The results pertain to sample tested.

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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.15	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.37	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	23.5	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	15.1	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	19.7	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	53.1	U/L	53 - 128
Total Protein (Serum/Biuret)	7.43	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.26	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.17	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.34		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	216.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	132.8	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

  
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<p><b>INTERPRETATION:</b> 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.</p>			
HDL Cholesterol (Serum/Immunoinhibition)	43.9	mg/dL	Optimal(Negative Risk Factor): $\geq$ 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	146.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: $\geq$ 190
VLDL Cholesterol (Serum/Calculated)	26.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	172.9	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: $\geq$ 220
<p><b>INTERPRETATION:</b> 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.</p>			
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)	3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0

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LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.3		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.75	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))	5.00	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))	1.11	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.

**Urine Analysis - Routine**

COLOUR (Urine)	Pale Yellow	Yellow to Amber
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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. Esaravanan M.D (Path)  
Consultant Pathologist  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Complete Blood Count With - ESR</u></b>			
Haemoglobin (EDTA Blood/Spectrophotometry)	14.8	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	42.8	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	5.11	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	83.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	29.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	34.6	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	14.1	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	41.6	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	7000	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	54.1	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	33.8	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	2.9	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	8.5	%	01 - 10

  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.7	%	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)	3.8	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.4	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.2	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.6	$10^3 / \mu\text{l}$	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.1	$10^3 / \mu\text{l}$	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	257	$10^3 / \mu\text{l}$	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.1	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.207	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	2	mm/hr	< 15

  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

Estimated Average Glucose  
(Whole Blood) 108.28 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.

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

VERIFIED BY

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Consultant Pathologist  
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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**

**DOPPLER PARAMETERS**

IVS(d) cm	0.6
IVS(s) cm	1.3
LPW(d) cm	0.8
LPW(s) cm	1.0
LVID(d) cm	5.4
LVID(s) cm	3.5
EDV ml	165
ESV ml	44
SV ml	121
EF %	72
FS %	35

Parameters	Patient Value
LA cm	2.3
AO cm	2.1

Valves	Velocity max(m/sec mm/Hg)
PV	0.8/3 m/s
MV (E)	0.4 m/s
(A)	0.7 m/s
TV (E)	1.0/4 m/s

**FINDINGS:**

- ❖ No regional wall motion abnormality.
- ❖ Normal left ventricle systolic function.
- ❖ Grade - I LV diastolic dysfunction.
- ❖ Normal chambers dimension.
- ❖ Trivial MR and AR.
- ❖ Normal pericardium/Intact septae.
- ❖ No clot/aneurysm.

**IMPRESSION:**

- ▶ NO REGIONAL WALL MOTION ABNORMALITY. .
- ▶ NORMAL LEFT VENTRICLE SYSTOLIC FUNCTION.

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



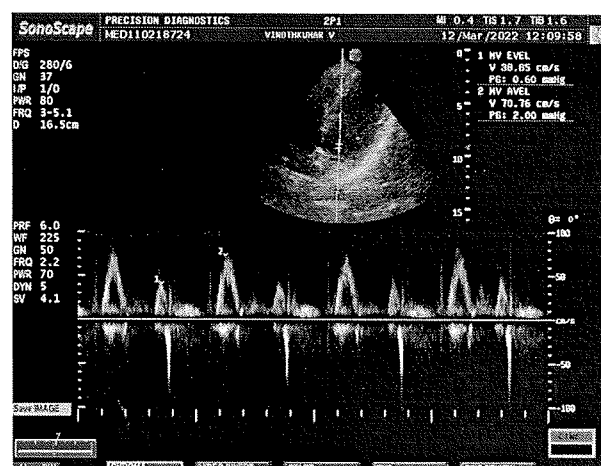
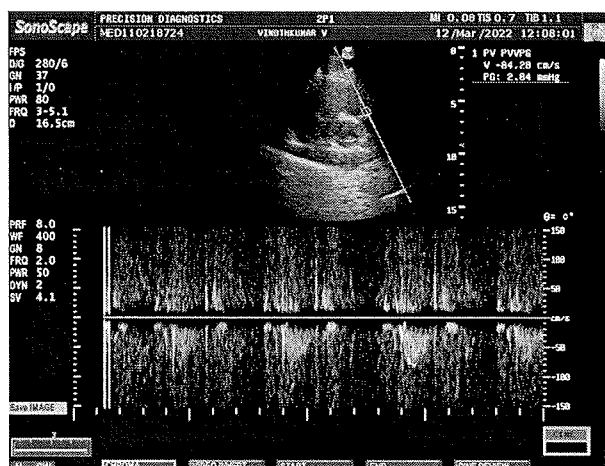
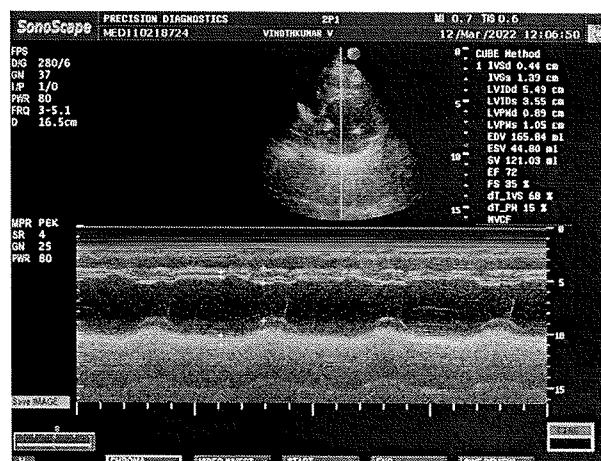
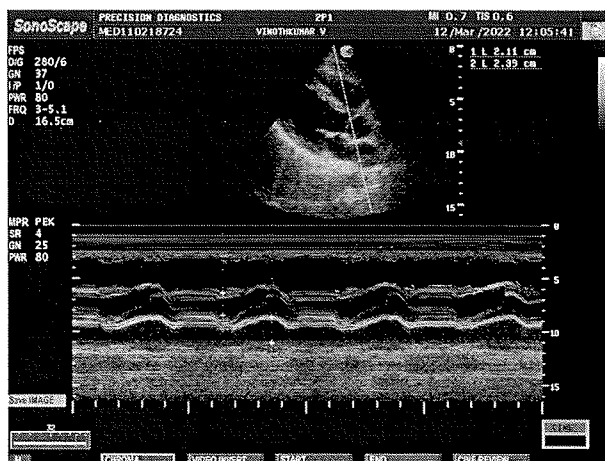


**MEDALL**

Precision Diagnostics-vadapalani

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

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<b>Ref Doctor</b>	<b>MediWheel</b>		

**SONOGRAM REPORT**

**WHOLE ABDOMEN**

The liver is normal in size and shows uniform echotexture with no focal abnormality.

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 10.5 x 4.7 cm and has a calculus of 5.4 mm in the upper mid pole.

The left kidney measures 10.1 x 6.0 cm and has a calculus of 4.6 mm in the lower pole.

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

There is no 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 2.9 x 3.0 x 2.8 cm (13.2 cc) and is normal sized.

The echotexture is homogeneous.



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Age & Gender	36Y/MALE	Visit Date	12/03/2022
Ref Doctor	MediWheel		

The seminal vesicles are normal.

Iliac fossae are normal.

**IMPRESSION:**

- **Bilateral renal calculi.**
- **Other organs are normal.**



**DR. UMALAKSHMI  
SONOLOGIST**



Precision Diagnostics-vadapalani

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

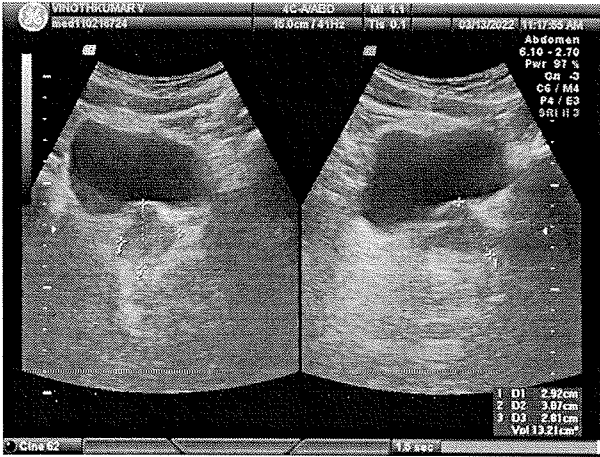
Customer Name	MR.VINOTHKUMAR V	Customer ID	MED110218724
Age & Gender	36Y/MALE	Visit Date	12/03/2022
Ref Doctor	MediWheel		



Precision Diagnostics-vadapalani

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

Customer Name	MR.VINOTHKUMAR V	Customer ID	MED110218724
Age & Gender	36Y/MALE	Visit Date	12/03/2022
Ref Doctor	MediWheel		





Name	VINOTHKUMAR V	Customer ID	MED110218724
Age & Gender	36Y/M	Visit Date	Mar 12 2022 9:49AM
Ref Doctor	MediWheel		

**X- RAY CHEST PA VIEW**

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

**IMPRESSION:**

- *Chest x-ray shows no significant abnormality.*

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



ADP:  
 Measurement Results:  
 PRS 92 ms  
 QT/QTcB 392 / 397 ms  
 PR 134 ms  
 P 124 ms  
 RR/PP 958 / 965 ms  
 P/QRS/T 66 / 30 / 35 degrees

Interpretation:  
 12SL - Interpretation:  
 Normal sinus rhythm  
 Early repolarization  
 Normal ECG

Unconfirmed report

