

Customer Name	MRS.USHA R	Customer ID	MED111393787
Age & Gender	53Y/FEMALE	Visit Date	26/11/2022
Ref Doctor	MediWheel		

Personal Health Report

General Examination:

Height : 152.5 cms
Weight : 96.5 kg
BMI : 41.4 kg/m²

BP: 140/80 mmhg
Pulse: 96/ min, regular

Systemic Examination:

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

Blood report:

Glucose-(FBS)-183.9 mg/dl & Glucose (PP) - 333.3 mg/dl- and HbA1C test -8.0% - Elevated

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

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

X-Ray Chest - Normal study.

ECG - Normal ECG.

Audiometry - Normal study.

X-Ray mammogram both breasts - ACR type B parenchyma. Right breast lesion as describe above - BIRADS II.

USG whole abdomen - Fatty liver. Status post hysterectomy. Small epigastric hernia.

ECHO - Normal LV systolic function. No regional wall motion abnormality.



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Eye Test – Distant and near vision defect.

Vision	Right eye	Left eye
Distant Vision	6/12	6/9
Near Vision	N18	N18
Colour Vision	Normal	Normal

Impression & Advice:

Glucose-(FBS)-183.9 mg/dl & Glucose (PP) – 333.3 mg/dl- and HbA1C test -8.0% - Elevated. Urine fasting glucose positive (+) and urine glucose post prandial (+++). To consult a diabetologist for further evaluation and management. To have diabetic diet recommended by the dietician.

X-Ray mammogram both breasts – ACR type B parenchyma. Right breast lesion as describe above – BIRADS II. To consult a breast physician / oncologist for further evaluation.

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

USG whole abdomen - Fatty liver. Status post hysterectomy. Small epigastric hernia. To consult a physician and to take low fat diet, and high fiber diets. 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

Dr. S. GOMATHY, M.B.B.S., D.M.CH.
Reg. No : 52007
Consultant Physician
A Medall Company Pvt. Ltd.



Name : Mrs. USHA R
 PID No. : MED111393787
 SID No. : 222020292
 Age / Sex : 53 Year(s) / Female
 Type : OP
 Ref. Dr : MediWheel

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Investigation

BLOOD GROUPING AND Rh TYPING

(EDTA Blood/Agglutination)


INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

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

'A' 'Positive'

Haemoglobin (EDTA Blood/Spectrophotometry)	12.4	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	40.8	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	5.11	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	79.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	24.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	30.5	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	14.6	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	40.78	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	7990	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	71.5	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	20.1	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	3.3	%	01 - 06


DR GURUPRIYA J
PATHOLOGIST
 Reg No : 13-48036

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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Investigation

Observed Value Unit Biological Reference Interval

Monocytes
 (EDTA Blood Impedance Variation & Flow Cytometry)

5.0 % 01 - 10

Basophils
 (EDTA Blood Impedance Variation & Flow Cytometry)

0.1 % 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)

5.71 $10^3 / \mu\text{l}$ 1.5 - 6.6

Absolute Lymphocyte Count
 (EDTA Blood Impedance Variation & Flow Cytometry)

1.61 $10^3 / \mu\text{l}$ 1.5 - 3.5

Absolute Eosinophil Count (AEC)
 (EDTA Blood Impedance Variation & Flow Cytometry)

0.26 $10^3 / \mu\text{l}$ 0.04 - 0.44

Absolute Monocyte Count
 (EDTA Blood Impedance Variation & Flow Cytometry)

0.40 $10^3 / \mu\text{l}$ < 1.0

Absolute Basophil count
 (EDTA Blood Impedance Variation & Flow Cytometry)

0.01 $10^3 / \mu\text{l}$ < 0.2

Platelet Count
 (EDTA Blood Impedance Variation)

221 $10^3 / \mu\text{l}$ 150 - 450

MPV
 (EDTA Blood Derived from Impedance)

9.9 fL 8.0 - 13.3

PCT
 (EDTA Blood Automated Blood cell Counter)

0.22 % 0.18 - 0.28

ESR (Erythrocyte Sedimentation Rate)
 (Blood/Automated - Westergren method)

32 mm/hr < 30

BUN / Creatinine Ratio

17.4 6.0 - 22.0

Glucose Fasting (FBS)
 (Plasma - F/GOD-PAP)

183.9 mg/dL
 Normal: < 100
 Pre Diabetic: 100 - 125
 Diabetic: \geq 126

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Investigation

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)	333.3	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)	10.1	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.58	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)	2.8	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.43	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.12	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.31	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	17.7	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	21.8	U/L	5 - 41
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	21.5	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	91.5	U/L	53 - 141
Total Protein (Serum/Biuret)	6.73	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.98	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.75	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.45		1.1 - 2.2

Lipid Profile


Cholesterol Total (Serum/CHOD-PAP with ATCS)	161.2	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	107.9	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)	31.7	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL Cholesterol (Serum/Calculated)	107.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	21.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	129.5	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)	5.1		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)	3.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0


Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	8.0	%	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 %


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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Estimated Average Glucose (Whole Blood)	182.9	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))	1.76	ng/ml	0.4 - 1.81
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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))	10.7	µg/dl	4.2 - 12.0
--	------	-------	------------

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))	2.32	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 < 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.


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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<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)	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.


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-- End of Report --

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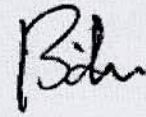
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Age & Gender	53Y/F	Visit Date	Nov 26 2022 8:52AM
Ref Doctor	MediWheel		

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. B.C. SRIDHAR, DMRD, DNB
CONSULTANT RADIOLOGIST



Customer Name	MRS.USHA R	Customer ID	MED111393787
Age & Gender	53Y/FEMALE	Visit Date	26/11/2022
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MAMMOGRAPHY

REPORT

Cranio-caudal and Medio-lateral oblique views of both breasts were studied.

Both breasts are fatty with minimal fibroglandular densities (ACR Type "B" parenchyma).

Focal asymmetry in the upper outer quadrant of the left breast - Suggested USG correlation.

A small, well circumscribed, high density lesion measuring 4.8 x 3.7 mm is noted in the lower outer quadrant.

No intramammary ductal dilatation identified.

No obvious spiculation or architectural distortion noted.

There is no evidence of micro-calcification in both breasts.

Both nipples are not retracted.

There is no evidence of focal or diffuse thickening of skin or subcutaneous tissue of both breasts.

The retro-mammary spaces appear normal.

Bilateral axillae could not be commented upon.

IMPRESSION:

- **ACR Type B parenchyma.**
- **Right Breast lesion as described above- BIRADS - II.**
 - Suggested USG Correlation.
 - Suggested Annual Review Scans- ACR guidelines.



Dr Sharanya.S MD, DNB

Radiologist

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Category – (BIRADS classification)

Category 0: Assessment incomplete. Category 1: Negative (normal).

Category 2: Benign. Category 3: Probably benign finding.

Category 4: Suspicious abnormality. Category 4a: Low suspicion 4b – Intermediate suspicion.

Category 4c: Moderate suspicion. Category 5: High suggestive of malignancy.

Category 6: Known biopsy proven malignancy.

NOTE: Please bring your old mammogram film for the next visit.



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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	0.9
IVS(s)	cm	1.4
LPW(d)	cm	0.9
LPW(s)	cm	1.6
LVID(d)	cm	5.4
LVID(s)	cm	3.8
EDV ml		161
ESV ml		56
SV ml		104
EF %		64
FS %		29

Parameters		Patient Value
LA	cm	3.0
AO	cm	3.0

Valves	Velocity max(m/sec mm/Hg)
AV	1.7 m/s
PV	1.0 m/s
MV (E)	0.8 m/s
(A)	0.6 m/s

FINDINGS:

- ❖ Normal left ventricle systolic function (LVEF 64 %).
- ❖ No regional wall motion abnormality.
- ❖ No diastolic dysfunction.
- ❖ Normal chambers dimension.
- ❖ Normal valves.
- ❖ Normal pericardium / Intact septae.
- ❖ No clot/aneurysm.

IMPRESSION:

- ▣ NORMAL LV SYSTOLIC FUNCTION.
- ▣ NO REGIONAL WALL MOTION ABNORMALITY.

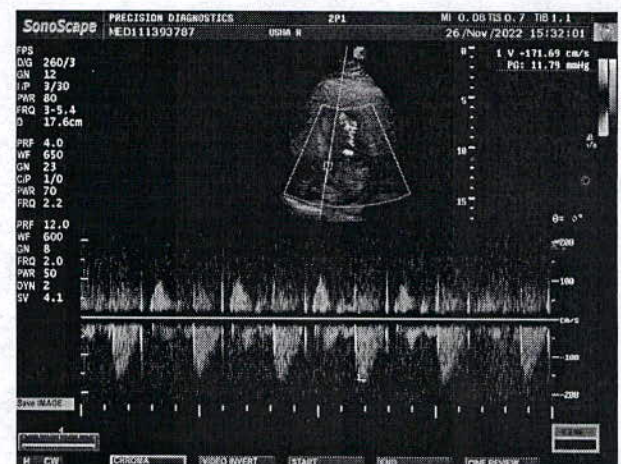
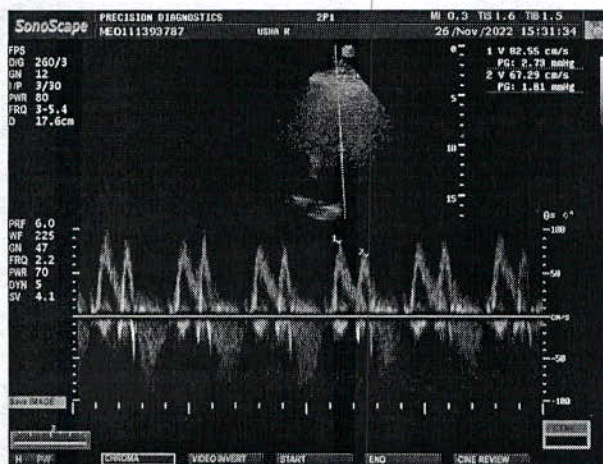
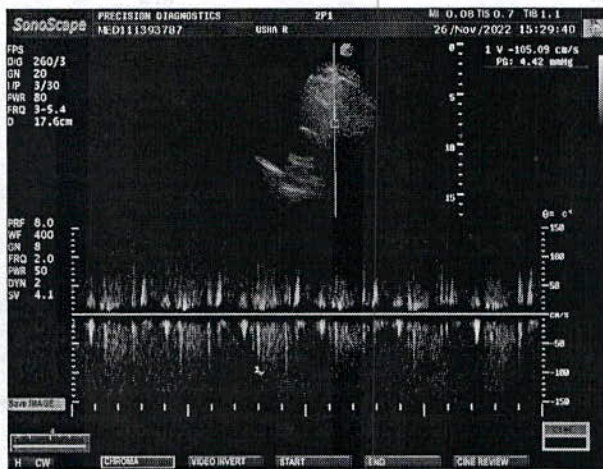
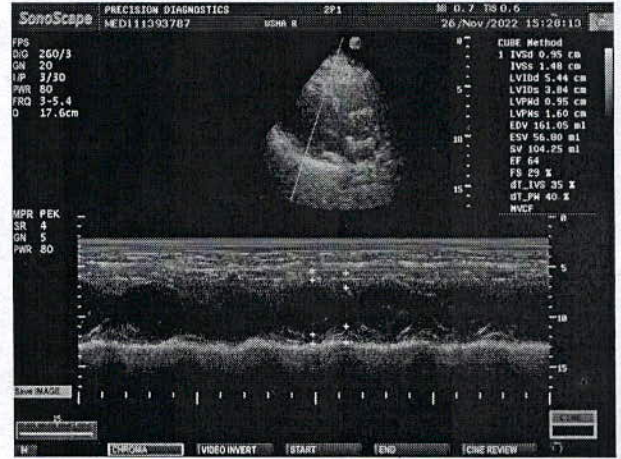
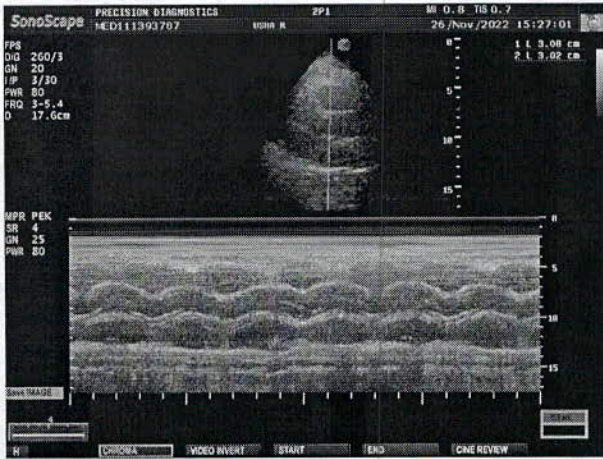

**B. SUDHA RANI (BSPA)
CARDIOLOGY**



Medall Healthcare Pvt Ltd

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

Customer Name	MRS.USHA R	Customer ID	MED111393787
Age & Gender	53Y/FEMALE	Visit Date	26/11/2022
Ref Doctor	MediWheel		



Customer Name	MRS.USHA R	Customer ID	MED111393787
Age & Gender	53Y/FEMALE	Visit Date	26/11/2022
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SONOGRAM REPORT

WHOLE ABDOMEN

Suboptimal study due to poor penetration of abdominal fat

The liver is normal in size and shows diffuse fatty changes. No focal lesion is seen.

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 10.2 x 5.5 cm.

The left kidney measures 11.4 x 4.6 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 and ovaries are not visualized (H/o. Surgery).



Customer Name	MRS.USHA R	Customer ID	MED111393787
Age & Gender	53Y/FEMALE	Visit Date	26/11/2022
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Iliac fossae are normal.

Note made of small epigastric hernia is seen. The defect measures about 0.5 cm.

IMPRESSION:

- **Fatty liver.**
- **Status post hysterectomy.**
- **Small epigastric hernia.**

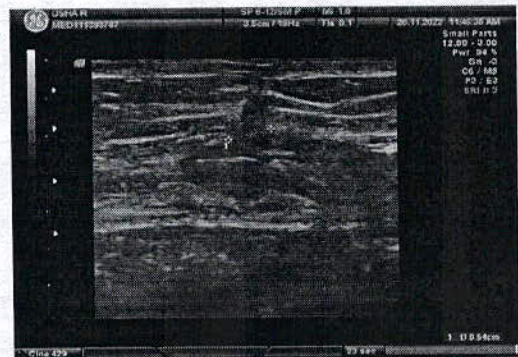
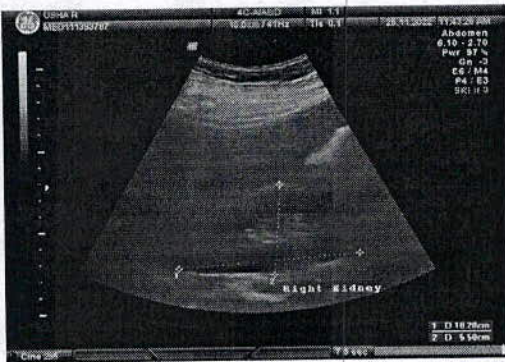


**DR. UMALAKSHMI
SONOLOGIST**



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

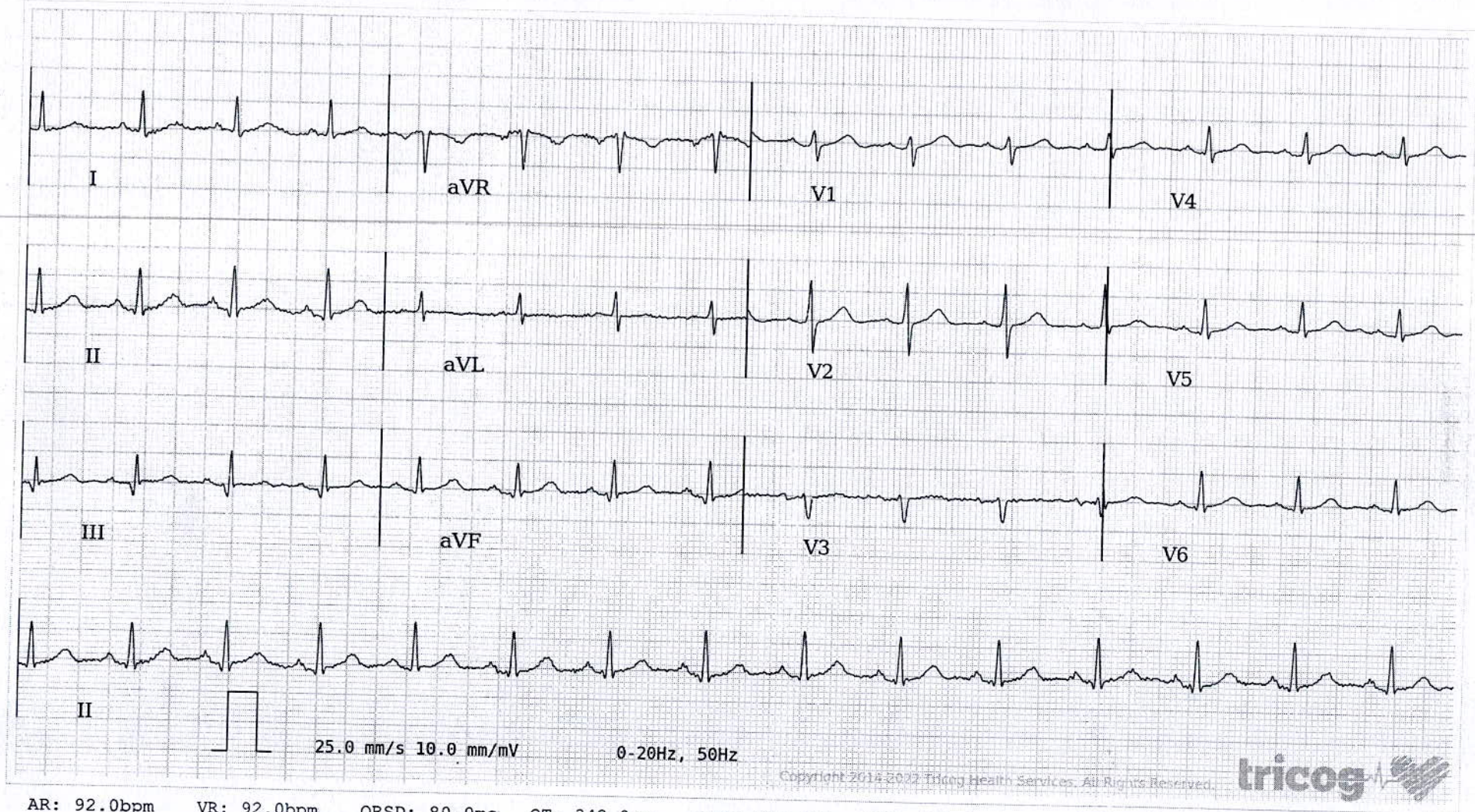
Customer Name	MRS.USHA R	Customer ID	MED111393787
Age & Gender	53Y/FEMALE	Visit Date	26/11/2022
Ref Doctor	MediWheel		





Age / Gender: 53/Male
Patient ID: Med111393787
Patient Name: Mrs usha r

Date and Time: 26th Nov 22 10:32 AM



AR: 92.0bpm VR: 92.0bpm QRSD: 80.0ms QT: 342.0ms QTc: 423.0ms PRI: 152.0ms P-R-T: 59.0° 51.0° 62.0°

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

REPORTED BY


Aishwarya Yadav Venugopal
TRICOG ASSURED DIAGNOSIS

Dr. Aishwarya Yadav Venugopal

mrs. Usha 53/F

Dental

- no plaques
- no tartar
- ~~no~~ Cavity ⊕
- no loss of tooth
- Alignment good


Dr. NOOR MOHAMMED RIZWAN A.M.B.B.S., F.D.M.
Reg. No: 190325 Consultant Physician
A Medall Health Care and Diagnostics Pvt. Ltd.

