

Customer Name	MR.KANNADHASAN S	Customer ID	MED111034496
Age & Gender	34Y/MALE	Visit Date	26/03/2022
Ref Doctor	MEDIASSISTHEALTHCARESERVICESPRIVATELIMITED----CORPORATE		

Personal Health Report

General Examination:

Height : 171.0 cms
Weight : 88.1 kg
BMI : 30.1 kg/m²

BP: 120/80mmhg
Pulse: 76/min, regular

Systemic Examination:

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

Blood report:

Lipid profile : Total cholesterol – 230.0mg/dL and Triglycerides – 182.1mg/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 – Left renal microlith.

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:


Lipid profile : Total cholesterol – 230.0mg/dL and Triglycerides – 182.1mg/dL – Elevated. To be brought down to the desirable level of 200mg/dl (Total cholesterol) and 150 mg/dl (Triglycerides) by having low cholesterol, high fiber diet recommended by the dietician.

USG Whole Abdomen – Left renal microlith. To consult an nephrologist.

You are overweight by 14kg 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.

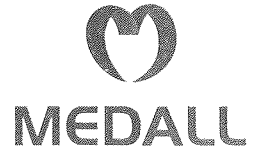
All other health parameters are well within normal limits.


DR. NOOR M. RIZWAN M.B.B.S, FDM
MHC Physician Consultant
A Medall Health Care and Diagnostics Pvt. Ltd.



Name : Mr. KANNADHASAN S
PID No. : MED111034496
SID No. : 222006103
Age / Sex : 34 Year(s) / Male
Type : OP
Ref. Dr : MEDIASSISTHEALTHCAR
ESERVICESPRIVATELIMIT

Register On : 26/03/2022 9:05 AM
Collection On : 26/03/2022 12:43 PM
Report On : 27/03/2022 8:34 AM
Printed On : 28/03/2022 10:41 AM



<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
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)	3.7	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.4	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.4	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.7	$10^3 / \mu\text{l}$	< 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)	240	$10^3 / \mu\text{l}$	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.8	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.235	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	5	mm/hr	< 15


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

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-- End of Report --

The results pertain to sample tested.

Page 2 of 2

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Investigation

Observed
Value

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

85.7

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 Postprandial (PPBS)
(Plasma - PP/GOD-PAP)

124.9

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.

Creatinine

1.23

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.

Cholesterol Total

230.0

mg/dL

Optimal: < 200
Borderline: 200 - 239
High Risk: >= 240

(Serum/CHOD-PAP with ATCS)

Triglycerides

182.1

mg/dL

Optimal: < 150
Borderline: 150 - 199
High: 200 - 499
Very High: >= 500

(Serum/GPO-PAP with ATCS)

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.

SGOT/AST (Aspartate
Aminotransferase)

21.9

U/L

5 - 40

(Serum/Modified IFCC)

SGPT/ALT (Alanine Aminotransferase)

16.4

U/L

5 - 41

(Serum/Modified IFCC)


Dr. Ramesh Dayanand Kinha
Chief Pathologist
Reg No : 442072

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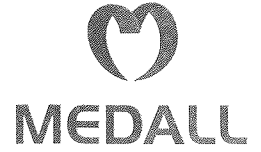
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Investigation

**Observed
Value**

Unit

**Biological
Reference Interval**

TSH (Thyroid Stimulating Hormone)
(Serum/Chemiluminescent Immunometric Assay
(CLIA))

4.19

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.

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 - 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	


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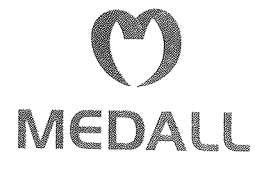
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Investigation

Observed Unit
Value

Biological
Reference Interval

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.


Dr. Ramesh Dayanand Kinha
Chief Pathologist
Reg No : 142072

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-- End of Report --

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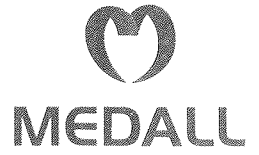
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood/Spectrophotometry)	14.9	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	43.9	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	5.16	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	85.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	28.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.9	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	14.2	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	42.0	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	9300	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	40.1	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	47.1	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	4.1	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	8.0	%	01 - 10


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Reg No: 73347

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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 9.9 x 4.8 cm.

The left kidney measures 9.6 x 5.3 cm.

A 3.4mm microlith seen in the lower pole of left kidney.

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 3.6 x 3.5 x 3.2cm (Volume : 21cc) and is normal sized.



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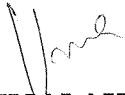
The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

IMPRESSION:

- **Left renal microlith.**



**DR. UMALAKSHMI
SONOLOGIST**



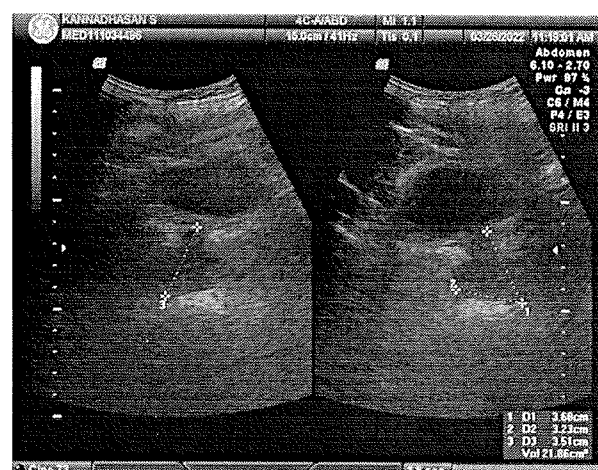
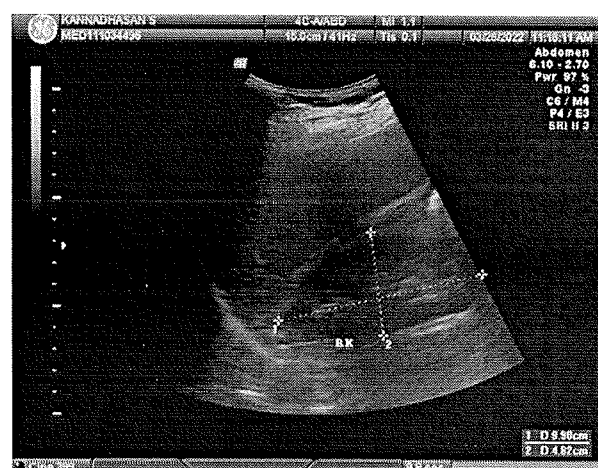


MEDALL

Precision Diagnostics-vadapalani

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

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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.*


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



AGE: Measurement Results: 98 ms
PPS: 378 / 410 ms
QT/QTcB: 142 ms
PP: 136 ms
P: 850 / 845 ms
RR/PP: 54 / 47 / 61 degrees
P/QRS/T: III +90 aVF

< P
< T
< QRS
aVL 0.1

Interpretation:
12SL - Interpretation
Normal sinus rhythm
Normal ECG

Unconfirmed report

