

Customer Name	MRS.RUCHIKA BAHAL	Customer ID	MED111465577
Age & Gender	41Y/FEMALE	Visit Date	27/01/2023
Ref Doctor	MediWheel		

Personal Health Report

General Examination:

Height : 135.5 cms
Weight : 62.2 kg
BMI : 33.6 kg/m²

BP: 110/74 mmhg
Pulse: 78/ min, regular

Systemic Examination:

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

Blood report:

Haemoglobin- 11.6 g/dl, Packed cell volume (PCV)Haematocrit – 35.6%- low
Total Leukocyte count (TC) – 12590 cells/cu.mm – Elevated.
Mean corpuscular volume (MCV) – 77.4 fL and Mean corpuscular Haemoglobin (MCH) – 25.2 pg – slightly low.

ESR-32 %- Elevated.

Liver function test – Alkaline phosphatase (SAP) –137 U/L Slightly elevated – To consult a gastroenterologist for further evaluation.

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

Urine analysis – Within normal limits.

X-Ray Chest – Normal study.

ECG – Normal ECG.

Echo – Normal study.

Mammogram – Right breast micro calcification.

USG whole abdomen - Fatty liver. Bulky uterus with thickened endometrium .



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Eye Test – Normal study.

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

Impression & Advice:

Haemoglobin- 11.6 g/dl, Packed cell volume (PCV)Haematocrit – 35.6%- low
Total Leukocyte count (TC) – 12590 cells/cu.mm – Elevated.
Mean corpuscular volume (MCV) – 77.4 fL and Mean corpuscular Haemoglobin (MCH) – 25.2 pg – slightly low. To consult a hematologist for further evaluation and management

ESR-32 %- Elevated. To consult general physician for further evaluation and management.

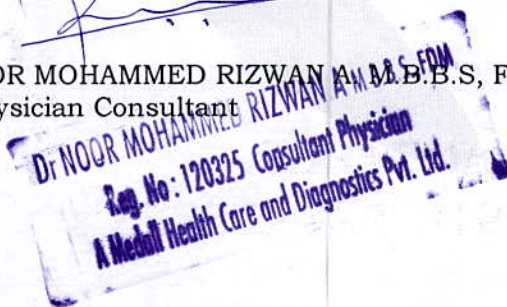
Liver function test – Alkaline phosphatase (SAP) –137 U/L Slightly elevated – To consult a gastroenterologist for further evaluation.

Mammogram – Right breast micro calcification – To consult gynaecologist.

USG whole abdomen - Fatty liver. Bulky uterus with thickened endometrium to consult gynaecologist 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.D.S.FDM
MHC Physician Consultant





Name : Mrs. RUCHIKA BAHAL
PID No. : MED111465577
SID No. : 223001277
Age / Sex : 41 Year(s) / Female
Type : OP
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)	11.6	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	35.6	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.60	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	77.4	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	25.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.6	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	14.0	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	37.93	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	12590 (Rechecked)	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	74.1	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	16.5	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	2.9	%	01 - 06


Dr S. Sridevi, MD
Consultant BioChemist
Reg No : 71747
VERIFIED BY


Dr Gurupriya J
Pathologist
Reg No: 13-48036
APPROVED BY

The results pertain to sample tested.

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	5.9	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.6	%	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)	9.33	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.08	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.37	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.74	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.08	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	253	10 ³ / μ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	11.0	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.28	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	32	mm/hr	< 20
BUN / Creatinine Ratio	12.31		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	92.4	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

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Investigation	Observed Value	Unit	Biological Reference Interval
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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)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	96.9	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)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.5	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.69	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)	3.5	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.50	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.34	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	20.2	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	17.1	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	13.0	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	137.0	U/L	42 - 98
Total Protein (Serum/Biuret)	7.96	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.41	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.55	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.24		1.1 - 2.2

Lipid Profile


Cholesterol Total (Serum/CHOD-PAP with ATCS)	150.1	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	76.8	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)	47.3	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)	87.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	15.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	102.8	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)	3.2		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)	1.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.8		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.5	%	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)	111.15	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 glycemc 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))	0.95	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))	8.29	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))	1.12	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 S. Sridevi, MD
Consultant BioChemist
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Pathologist
Reg No: 13-48036

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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)	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.


Dr S. Sridevi, MD
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-- End of Report --

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Age & Gender	41Y/F	Visit Date	Jan 27 2023 8:21AM
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. Rama Krishnan

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



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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	1.1
IVS(s)	cm	1.0
LPW(d)	cm	1.0
LPW(s)	cm	1.0
LVID(d)	cm	4.5
LVID(s)	cm	3.0
EDV	ml	93
ESV	ml	29
SV	ml	64
EF	%	68
FS	%	32

Parameters		Patient Value
LA	cm	2.6
AO	cm	2.1

Valves	Velocity max(m/sec mm/Hg)
AV	1.1
PV	0.8
MV (E)	1.2
(A)	1.0
TV	0.5

FINDINGS:

- ❖ Normal left ventricle systolic function (LVEF 68 %).
- ❖ No regional wall motion abnormality.
- ❖ No diastolic dysfunction.
- ❖ Normal chambers dimension.
- ❖ Structurally valves are normal.
- ❖ Normal pericardium / Intact septae.
- ❖ No clot/aneurysm.

IMPRESSION:

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

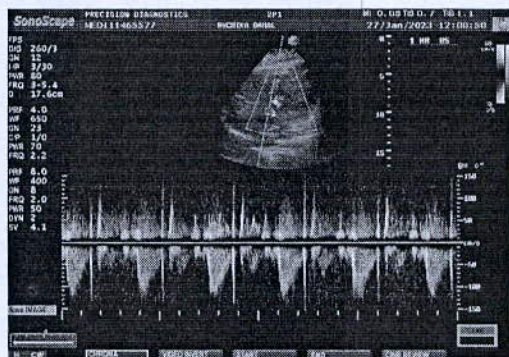
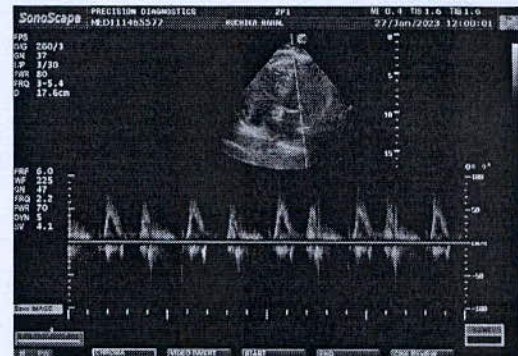
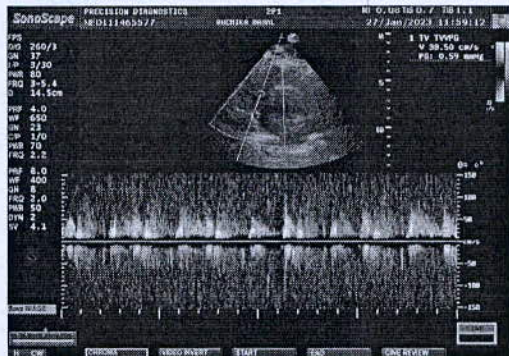
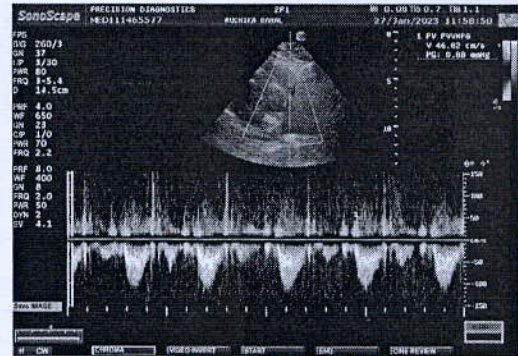
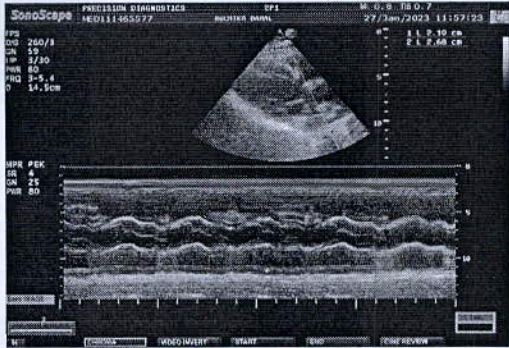

M. JOTHEESWARI.
ECHO TECHNICIAN



Medall Healthcare Pvt Ltd

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

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MAMMOGRAPHY

REPORT

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

Both breasts show dense fibroglandular densities (ACR Type "C" parenchyma).

Right breast shows few benign round microcalcification.

No breast asymmetry noted.

No intramammary ductal dilatation identified.

No obvious spiculation noted.

There is no evidence of mass lesion were ruled out- Suggested USG correlation.

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.

Left axilla shows a prominent lymph node.

IMPRESSION:

- **ACR Type C parenchyma.**
- **BIRADS - II.**
 - Suggested USG Correlation.
 - Suggested Annual Review Scans- ACR guidelines.



Dr Sharanya.S MD, DNB
Radiologist



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Ref Doctor	MediWheel		

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.



Customer Name	MRS.RUCHIKA BAHAL	Customer ID	MED111465577
Age & Gender	41Y/FEMALE	Visit Date	27/01/2023
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SONOGRAM REPORT

WHOLE ABDOMEN

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

The gall bladder is normal sized and 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 10.6 x 4.4 cm.

The left kidney measures 12.7 x 5.0 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 is anteverted, and measures 9.8 x 4.8 x 6.3 cm.

Myometrial echoes are homogeneous. The endometrial is thickened 14 mm.



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The right ovary measures 3.6 x 2.2 cm.

The left ovary measures 3.5 x 1.8 cm.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

IMPRESSION:

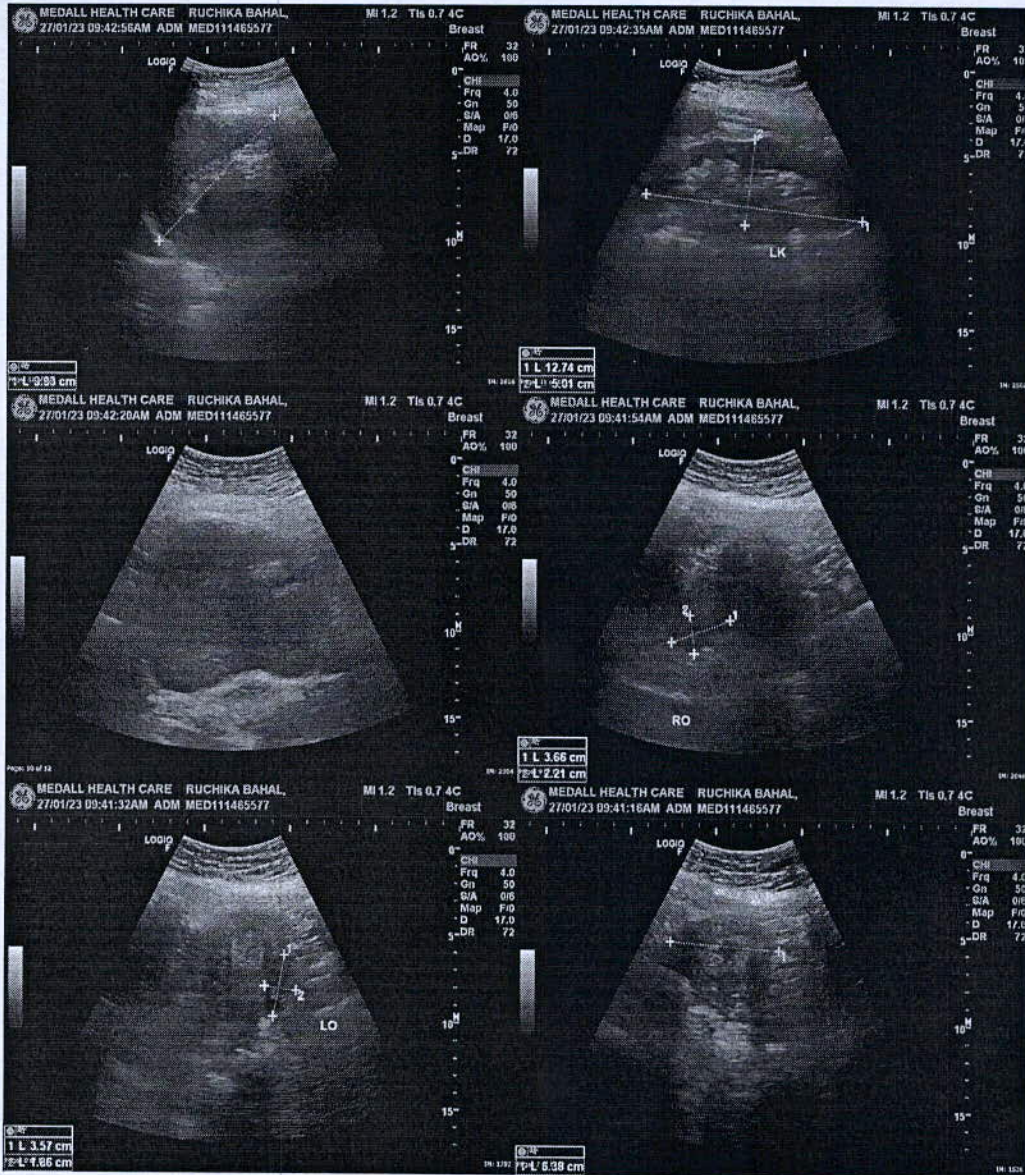
- **Fatty liver.**
- **Bulky uterus with thickened endometrium – For evaluation.**



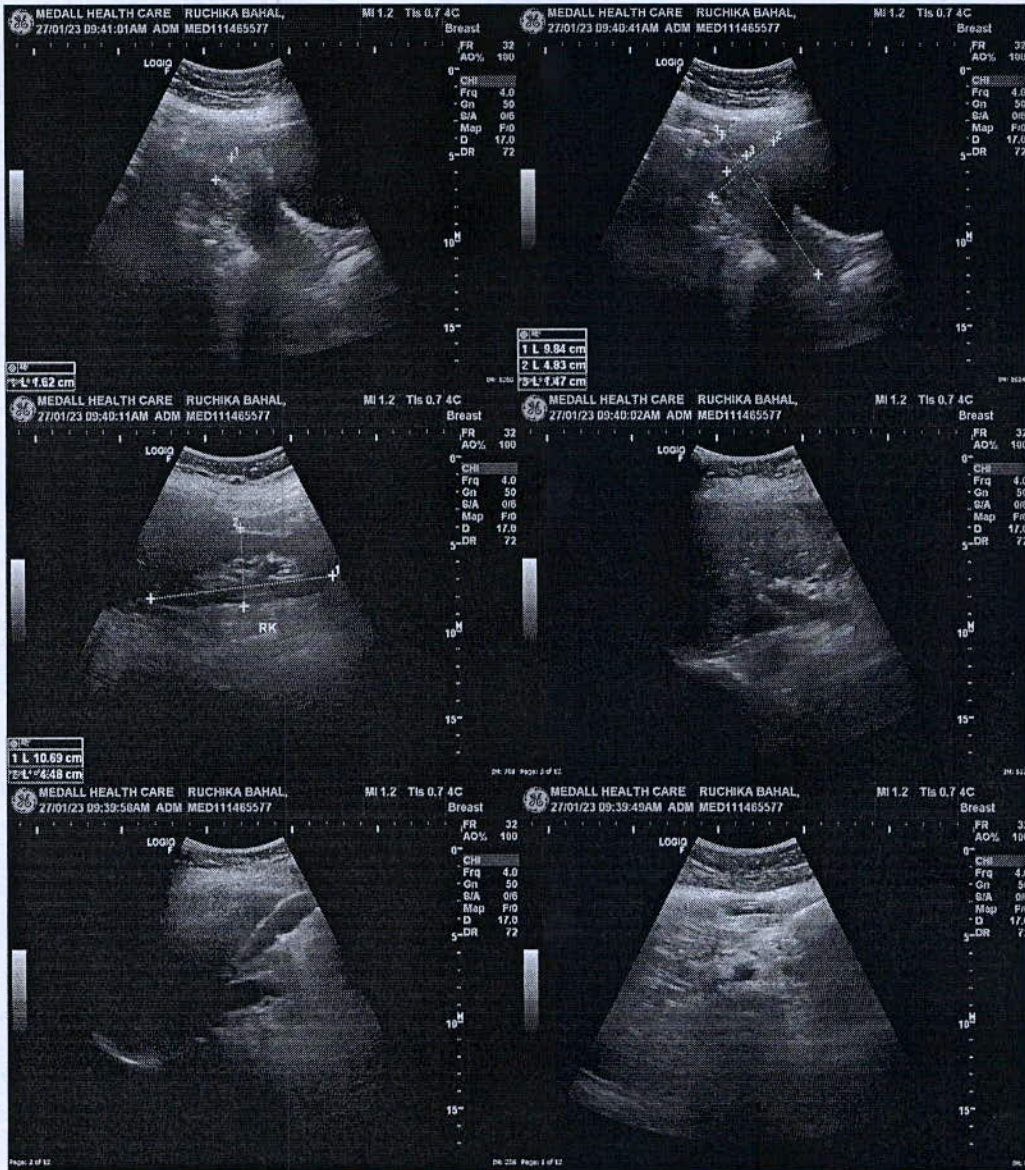
**DR. UMALAKSHMI
SONOLOGIST**



Customer Name	MRS.RUCHIKA BAHAL	Customer ID	MED111465577
Age & Gender	41Y/FEMALE	Visit Date	27/01/2023
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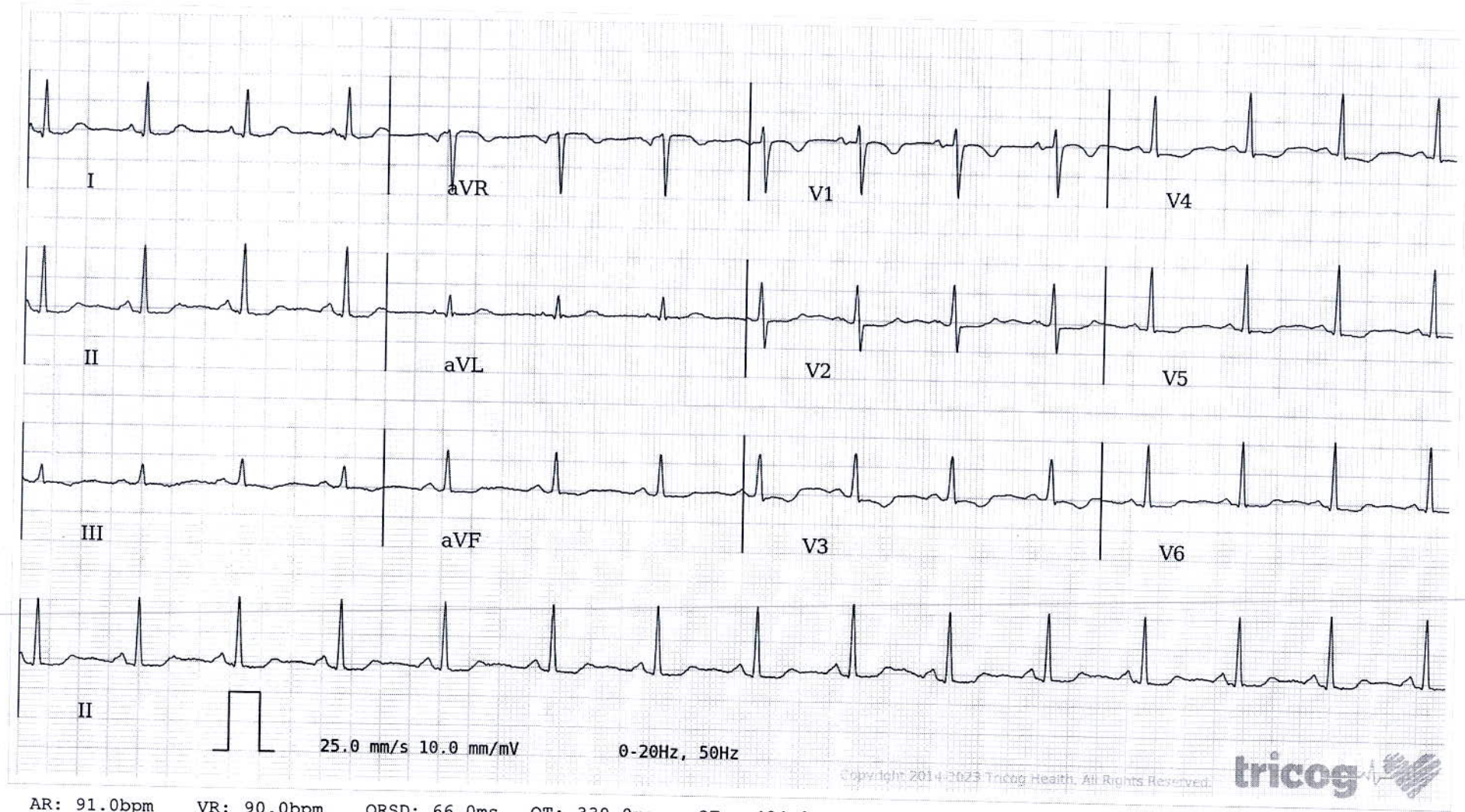


Medall Diagnostic Vadapalani



Age / Gender: 41/Female
Patient ID: Med11465577
Patient Name: Mrs ruchika bhal

Date and Time: 27th Jan 23 11:31 AM



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

REPORTED BY

Alafia
ASSURED
DIAGNOSIS
Dr. Alafia Hatim Cantenwala

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 qualified physician.