V1873. 7.36 AM		Patient Details Print Page	
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	MYSORE-BALLAL	IRCLE	MEDALL
	A MEDAL	L COMPANY -	
		CHECKLIST	
	Date 18-Ma	-2023 7:34 AM	
Customer Nam	MR.PRADEEP S	DOB Apr	10 May 1985
Ref Dr Name Oustomer 10	MED111543137		
Email 16	MED	1111543137	9986750401
Corp Name	Hed/Whosel		6:00pm

Package Name : Mediwheel Full Body Health Checkup Male Below 40

S No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN				
2	LAB	GLUCOSE - FASTING		-	-	+
3	LAB	GLUCOSE - POSTPRANDIAL (2 HR5)		1	12	12
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HEAIC)				1
5	LAB	LIPID PROFILE			-+-	-
6	LAB	LIVER FUNCTION TEST (LFT)	1.1.1.1.1.1		-	
7	LAB	URIC ACID		-		
8	LAB	URINE GLUCOSE - FASTING	1			-
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				42
10	LAB	COMPLETE BLOOD COUNT				
11	LAB	THYROID PROFILE/ TFT(T3 T4, TSH)				
. 12	LAB	STOOL ANALYSIS - ROUTIN	E	11-14		
13	LAB	URINE ROUTINE				100
14	LAB	CREATININE		Martin .		

https://www.lite7.medallcorp.in/Ringwin/Liwipl.ite/ErmPrintPatintDetails.aspy?Applds???dos?

	19.00		MACRAPHY		
	, AM		Patient Details Print I	Page	
1	LAB	BLOOD GROUP & RH TYPE			
1		(Forward Reverse)			
16	LAB	BUN/CREATININE RATIO			
17	OTHERS	physical examination	MYS2774987102651		
18	US	ULTRASOUND ABDOMEN	MYS2774987103462	- gitter 10:BC	ATR)
19	OTHERS	Treadmill / 2D Echo Monday	MYS2774987127528	- U: 20	om
20	OTHERS	EYE CHECKUP	MYS2774987135592	2	
21	X-RAY	X RAY CHEST	MYS2774987145199		
. 22	OTHERS	Consultation Physician	MYS2774987148004	(E91000	
.23	B ECHO	ELECTROCARDIOGRAM ECG	MYS2774987149333	. \	
		JoneHt	- (6%)		
		hit	- 55.1	Registerd By	Y
		Bp -	120/80	(A.JAYASHREE)
		puls	e-62-bpm		
		Hip	- UI		
		butet	- 4.9.1		
NICITY					



Customer Name	MR.PRADEEP S	Customer ID	MED111543137	
Age & Gender	36Y/MALE	Visit Date		
Ref Doctor	MediWheel		100 001 a 0 40	

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents. Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

KIDNEYS move well with respiration and have normal shape, size and echopattern. Cortico- medullary differentiations are well madeout.

No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)	
Right Kidney	9.7	1.6	
Left Kidney	10.0	1.8	

URINARY BLADDER show normal shape and wall thickness. It has clear contents.

PROSTATE shows normal shape, size and echopattern. No evidence of ascites.

IMPRESSION:

> NO SIGNIFICANT ABNORMALITY DETECTED.

CONSULTANT RADIOLOGISTS

DR. MOHAN B

DR. ANITHA ADARSH



Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

Medall Diagnostics Ballal Circle(Ashoka circle) - Mysore



Customer Name	MR.PRADEEPS	Customen ID		Sec. 1
Ago & Condon	20100000	Customer ID	MED111543137 18/03/2023	
Age & Genuer	36Y/MALE	Visit Date		
Ref Doctor	MediWheel			









u can also conveniently view the reports and trends rough our App. Scan QR code to download the App.



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PID No.	: MED111543137	Register On	: 18/03/2023 7:34 AM	\sim
SID No.	: 712309010	Collection On	: 18/03/2023 9:30 AM	
Age / Sex	: 36 Year(s) / Male	Report On	: 18/03/2023 6:58 PM	medall
Туре	: OP	Printed On	: 20/03/2023 7:35 PM	DIAGNOSTICS
Ref. Dr	: MediWheel			

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood Spectrophotometry)	16.5	g/dL	13.5 - 18.0
INTERPRETATION: Haemoglobin values vary in Me blood loss, renal failure etc. Higher values are often due	n, Women & Childro to dehydration, smo	en. Low haemoglobin va king , high altitudes , hy	alues may be due to nutritional deficiency, poxia etc.
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	48.3	%	42 - 52
RBC Count (EDTA Blood/Automated Blood cell Counter)	6.03	mill/cu.mm	4.7 - 6.0
Remark: Kindly correlate clinically.			
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	80.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	27.4	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	34.2	g/dL	32 - 36
RDW-CV (Derived)	13.9	%	11.5 - 16.0
RDW-SD (Derived)	38.92	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	5970	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	67	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	23	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	03	%	01 - 06





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
Monocytes (Blood/Impedance Variation & Flow Cytometry)	07	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.00	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.37	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.18	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.42	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10^3 / µl	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	160	10^3 / µl	150 - 450
MPV (Blood/Derived)	12.1	fL	7.9 - 13.7
PCT	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate)	04	mm/hr	< 15

(Citrated Blood/Automated ESR analyser)





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Age / Sex	:	36 Year(s) / Male
Туре	:	OP
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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.6	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.40	mg/dL	0.1 - 1.0
Total Protein (Serum/ <i>Biuret</i>)	6.7	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.4	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.30	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.91		1.1 - 2.2
INTERPRETATION: Remark : Electrophoresis is the j	preferred method		
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	21	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	35	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	120	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase)	30	U/L	< 55

(Serum/IFCC / Kinetic)







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Ref. Dr	: MediWheel			

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Lipid Profile			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	169	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	88	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)	39	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	112.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	17.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	130.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220







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Ref. Dr	:	MediWheel				

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
INTERPRETATION: 1.Non-HDL Cholesterol is now 2.It is the sum of all potentially atherogenic proteins inclusion-primary target for cholesterol lowering therapy.	proven to be a better o luding LDL, IDL, VL	cardiovascular risk ma DL and chylomicrons	arker than LDL Cholesterol. s and it is the "new bad cholesterol" and is a
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.3		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/ <i>Calculated</i>)	2.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0







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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/ <i>HPLC</i>)	6.1	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

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

Remark: Kindly correlate clinically.

Estimated Average Glucose	128.37	mg/dL

(Whole Blood)

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.



VERIFIED BY





APPROVED BY

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
IMMUNOASSAY			
<u>THYROID PROFILE / TFT</u>			
T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.02	ng/ml	0.7 - 2.04
INTERPRETATION: Comment : Total T3 variation can be seen in other condition like pregr Metabolically active.	nancy, drugs, nepł	rrosis etc. In such cases	, Free T3 is recommended as it is
T4 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	8.31	Microg/dl	4.2 - 12.0
INTERPRETATION: Comment : Total T4 variation can be seen in other condition like pregr Metabolically active.	nancy, drugs, nepl	rosis etc. In such cases	, Free T4 is recommended as it is
TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.572	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 Iodir 2.TSH Levels are subject to circadian variation, reaching p of the order of 50%,hence time of the day has influence or	ne intake, TPO sta beak levels betwee h the measured ser	tus, Serum HCG concer in 2-4am and at a minim um TSH concentrations	ntration, race, Ethnicity and BMI. num between 6-10PM.The variation can be

3. Values&lt,0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.





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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
CLINICAL PATHOLOGY			
PHYSICAL EXAMINATION			
Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Volume (Urine/Physical examination)	25		ml
Appearance (Urine)	Clear		
CHEMICAL EXAMINATION			
pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick ⁻ Reagent strip method)	1.020		1.002 - 1.035
Protein (Urine/Dip Stick ⁻ Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick ⁻ Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick ⁻ Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative
Blood (Urine)	Nil		Nil
Urobilinogen (Urine/Dip Stick ⁻ Reagent strip method)	Normal		Within normal limits





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Ref. Dr	:	MediWheel					

Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
Urine Microscopy Pictures			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	2-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	1-2	/hpf	No ranges
Others (Urine)	Nil		Nil





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:	18/03/2023 7:34 AM
:	18/03/2023 9:30 AM
:	18/03/2023 6:58 PM
:	20/03/2023 7:35 PM
	::

Observed

<u>Value</u>

'O' 'Positive'

<u>Unit</u>



Investigation

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination) Remark: Test to be confirmed by Gel method.







Biological Reference Interval

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Reference Interval
BIOCHEMISTRY			
BUN / Creatinine Ratio	7.5		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	78	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.

Urine sugar, Fasting (Urine - F)	Nil		Nil
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	99	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 Sugar (PP-2 hours)	Negative		Negative
(Urine - PP)			
Blood Urea Nitrogen (BUN) (Serum/Urease UV/derived)	9.0	mg/dL	7.0 - 21
Creatinine	1.2	mg/dL	0.9 - 1.3
(Serum/Jajje Kinelic)			

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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

mg/dL

Uric Acid	
(Serum/Uricase/Peroxidase)	





6.4



3.5 - 7.2

APPROVED BY

-- End of Report --



Name	PRADEEP S	ID	MED111543137
Age & Gender	36Y/M	Visit Date	Mar 18 2023 7:34AM
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.

<u>Impression</u>: No significant abnormality detected.

DR. MOHAN. B (DMRD, DNB, EDIR, FELLOW IN CARDIAC MRI) CONSULTANT RADIOLOGIST