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Customer Name	MRS.ANITTHASHRI V P	Customer ID	MED111716282
Age & Gender	42Y/FEMALE	Visit Date	08/07/2023
Ref Doctor	MediWheel		

Personal Health Report

General Examination:

Height : 161.0 cms
Weight : 59.2 kg
BMI : 22.8 kg/m²

BP: 130/80 mmhg
Pulse: 78/ min, regular

Systemic Examination:

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

Blood report:

Haemoglobin- 10.4 g/dl, Packed cell volume (PCV)Haematocrit – 32.7 %, RBC count – 3.82 mill/cu.mm, Total Leukocyte count (TC) – 3620 cells/cu.mm – slightly Low.

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.

Mammogram – Normal.

Usg abdomen – Normal study.

Eye Test – Distant and near vision defect.

Vision	Right eye	Left eye
Distant Vision	6/18	6/24
Near Vision	N12	N12
Colour Vision	Normal	Normal

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Impression & Advice:

Haemoglobin- 10.4 g/dl, Packed cell volume (PCV)Haematocrit – 32.7 %, RBC count – 3.82 mill/cu.mm-. Advised to have iron rich diet and iron supplement prescribed by the physician.

Total Leukocyte count (TC) – 3620 cells/cu.mm – slightly Low – To consult a general physician.

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

All other health parameters are well within normal limits.

DR. NOOR MOHAMMED RIZWAN A. M.B.B.S, FDM
MHC Physician Consultant

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

Name	: **Mrs. ANITTHASHRI V P**		
PID No.	: MED111716282	**Register On**	: 08/07/2023 8:33 AM
SID No.	: 223010919	**Collection On**	: 08/07/2023 8:50 AM
Age / Sex	: 42 Year(s) / Female	**Report On**	: 08/07/2023 7:12 PM
Type	: OP	**Printed On**	: 09/07/2023 9:35 AM
Ref. Dr	: **MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (EDTA Blood/*Agglutination*)	'O' Positive'		

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/*Spectrophotometry*)	**10.4**	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/*Derived from Impedance*)	**32.7**	%	37 - 47
RBC Count (EDTA Blood/*Impedance Variation*)	**3.82**	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/*Derived from Impedance*)	85.7	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/*Derived from Impedance*)	27.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/*Derived from Impedance*)	**31.9**	g/dL	32 - 36
RDW-CV (EDTA Blood/*Derived from Impedance*)	13.5	%	11.5 - 16.0
RDW-SD (EDTA Blood/*Derived from Impedance*)	40.49	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/*Impedance Variation*)	**3620 (Rechecked)**	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/*Impedance Variation & Flow Cytometry*)	54.8	%	40 - 75
Lymphocytes (EDTA Blood/*Impedance Variation & Flow Cytometry*)	32.6	%	20 - 45

Dr.Manjula Ramesh
Consultant Biochemist

VERIFIED BY

Dr Archana K MD Ph.D
Consultant Pathologist
Reg No : 79967

APPROVED BY

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Investigation	Observed Value	Unit	Biological Reference Interval
Eosinophils (EDTA Blood/*Impedance Variation & Flow Cytometry*)	**6.1**	%	01 - 06
Monocytes (EDTA Blood/*Impedance Variation & Flow Cytometry*)	5.7	%	01 - 10
Basophils (EDTA Blood/*Impedance Variation & Flow Cytometry*)	0.8	%	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*)	1.98	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry*)	**1.18**	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/*Impedance Variation & Flow Cytometry*)	0.22	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry*)	0.21	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/*Impedance Variation & Flow Cytometry*)	0.03	10^3 / µl	< 0.2
Platelet Count (EDTA Blood/*Impedance Variation*)	220	10^3 / µl	150 - 450
MPV (EDTA Blood/*Derived from Impedance*)	8.4	fL	8.0 - 13.3
PCT (EDTA Blood/*Automated Blood cell Counter*)	0.18	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated - Westergren method*)	15	mm/hr	< 20

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Investigation	Observed Value	Unit	Biological Reference Interval
BUN / Creatinine Ratio	13.8		6.0 - 22.0
Glucose Fasting (FBS) *(Plasma - F/GOD-PAP)*	85.5	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, Fasting (Urine) *(Urine - F/GOD - POD)*	Negative		Negative
Glucose Postprandial (PPBS) *(Plasma - PP/GOD-PAP)*	90.8	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 Glucose(PP-2 hours) *(Urine - PP)*	Negative		Negative
Blood Urea Nitrogen (BUN) *(Serum/Urease UV / derived)*	8.3	mg/dL	7.0 - 21
Creatinine *(Serum/Modified Jaffe)*	0.6	mg/dL	0.6 - 1.1

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)*	**1.8**	mg/dL	2.6 - 6.0

Remark: Please correlate clinically.

Liver Function Test

Bilirubin(Total) *(Serum/DCA with ATCS)*	0.32	mg/dL	0.1 - 1.2

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Investigation	Observed Value	Unit	Biological Reference Interval
Bilirubin(Direct) *(Serum/Diazotized Sulfanilic Acid)*	0.07	mg/dL	0.0 - 0.3
Bilirubin(Indirect) *(Serum/Derived)*	0.25	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) *(Serum/Modified IFCC)*	20.7	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) *(Serum/Modified IFCC)*	19.3	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) *(Serum/IFCC / Kinetic)*	11.8	U/L	< 38
Alkaline Phosphatase (SAP) *(Serum/Modified IFCC)*	69.4	U/L	42 - 98
Total Protein *(Serum/Biuret)*	6.81	gm/dl	6.0 - 8.0
Albumin *(Serum/Bromocresol green)*	3.56	gm/dl	3.5 - 5.2
Globulin *(Serum/Derived)*	3.25	gm/dL	2.3 - 3.6
A : G RATIO *(Serum/Derived)*	1.10		1.1 - 2.2
Lipid Profile			
Cholesterol Total *(Serum/CHOD-PAP with ATCS)*	166.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides *(Serum/GPO-PAP with ATCS)*	61.3	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

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Investigation	Observed Value	Unit	Biological Reference Interval
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)*	**43.3**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol *(Serum/Calculated)*	111.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol *(Serum/Calculated)*	12.3	mg/dL	< 30
Non HDL Cholesterol *(Serum/Calculated)*	123.5	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)*	3.9		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)*	1.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0

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Investigation	Observed Value	Unit	Biological Reference Interval
LDL/HDL Cholesterol Ratio *(Serum/Calculated)*	2.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
Glycosylated Haemoglobin (HbA1c)			
HbA1C *(Whole Blood/HPLC)*	5.0	%	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 %

Estimated Average Glucose *(Whole Blood)*	96.8	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))*	1.16	ng/ml	0.7 - 2.04

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))*	6.77	µg/dl	4.2 - 12.0

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Investigation	Observed Value	Unit	Biological Reference Interval
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)	1.39	µIU/mL	0.35 - 5.50
(Serum/Chemiluminescent Immunometric Assay (CLIA))			
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&lt0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.			
Urine Analysis - Routine			
COLOUR (Urine)	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

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Investigation	Observed Value	Unit	Biological Reference Interval
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.

Stool Analysis - ROUTINE

Colour (Stool)	**Pale Yellow**		Brown
Blood (Stool)	Absent		Absent
Mucus (Stool)	Absent		Absent
Reaction (Stool)	Acidic		Acidic
Consistency (Stool)	Semi Solid		Semi Solid
Ova (Stool)	NIL		NIL
Others (Stool)	NIL		NIL
Cysts (Stool)	NIL		NIL
Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil

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Investigation	Observed Value	Unit	Biological Reference Interval
Pus Cells (Stool)	1 - 2	/hpf	NIL
Macrophages (Stool)	NIL		NIL
Epithelial Cells (Stool)	NIL	/hpf	NIL

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-- End of Report --

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Name	Mrs. ANITTHASHRI V P	Customer ID	MED111716282
Age & Gender	42Y/F	Visit Date	Jul 8 2023 8:32AM
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: No significant abnormality detected.

Dr. Anitha Adarsh
Consultant Radiologist

Customer Name	MRS.ANITTHASHRI V P	Customer ID	MED111716282
Age & Gender	42Y/FEMALE	Visit Date	08/07/2023
Ref Doctor	MediWheel		

ECHOCARDIOGRAPHY

M-MODE MEASUREMENTS:-

VALUES	
AO	*2.1 cm*
LA	*2.0 cm*
LVID(D)	*4.7 cm*
LVID (S)	*2.9 cm*
IVS (D)	*1.0 cm*
IVS (S)	*1.1 cm*
LVPW (D)	*0.8 cm*
LVPW (S)	*1.0 cm*
EF	*76 %*
FS	*38 %*
TAPSE	*20.1 mm*

DOPPLER AND COLOUR FLOW PARAMETERS :-

Aortic Valve Gradient : V max – 1.31 m/sec PG Max - 6.88mm/Hg

Pulmonary Valve Gradient : V max – 0.78 m/sec PG Max – 2.44 mm/Hg

Mitral Valve Gradient : E: 0.73 m/sec A:0.58 m/sec

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VALVE MORPHOLOGY :-

Aortic valve - *Normal, Tricuspid*

Mitral valve - *Normal*

Tricuspid valve - *Normal*

Pulmonary valve - *Normal*

CHAMBERS	
LEFT ATRIUM	*NORMAL*
LEFT VENTRICLE	*NORMAL*
RIGHT ATRIUM	*NORMAL*
RIGHT VENTRICLE	*NORMAL*
INTER ATRIAL SEPTUM	*INTACT*
INTERVENTRICULAR SEPTUM	*INTACT*

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ECHO FINDINGS:

No Regional Wall Motion Abnormality (RWMA)

Normal Left Ventricular systolic function, EF 76%.

Normal LV Diastolic function.

No Mitral Stenosis / Trivial Mitral Regurgitation.

No Aortic Stenosis / Aortic Regurgitation.

Normal RV Function / No Tricuspid Regurgitation.

No Pulmonary Artery Hypertension.

No LA/LV Clot.

No Vegetation / Pericardial Effusion.

No ASD/VSD/ PDA/ CoA.

IMPRESSION:

**** STRUCTURALLY NORMAL HEART.***

**** NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION, EF 76%***

****NO PULMONARY ARTERY HYPERTENSION.***

V. Siva Sankari

SIVASANKARI.V
ECHO TECHNOLOGIST

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

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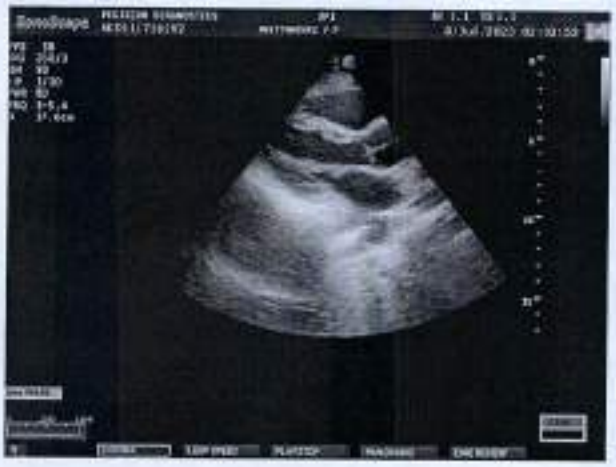

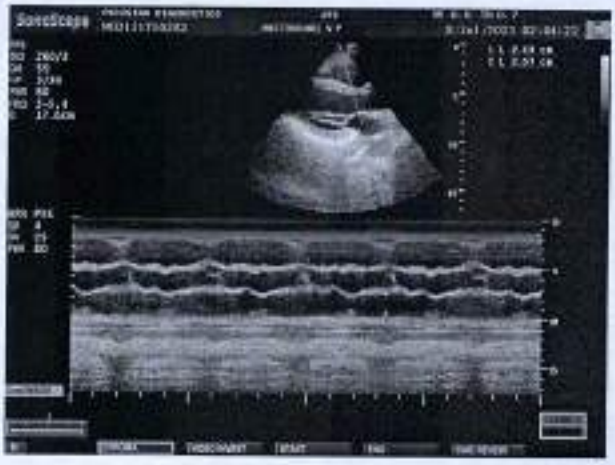

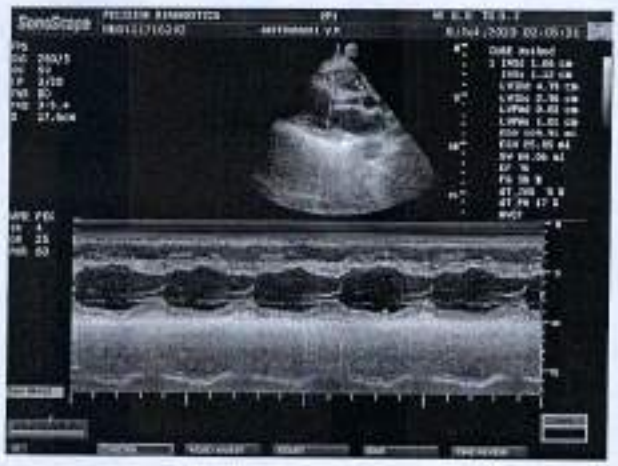

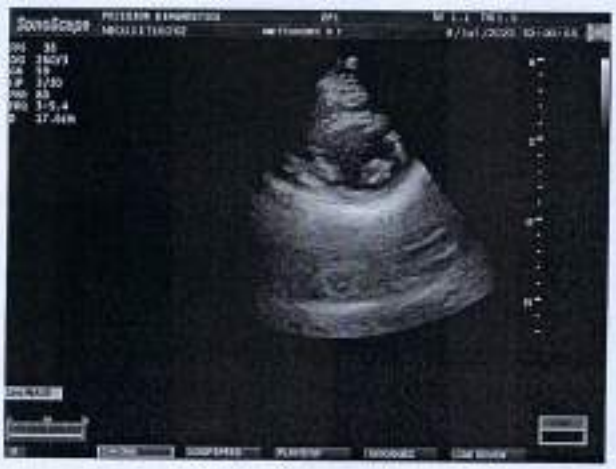

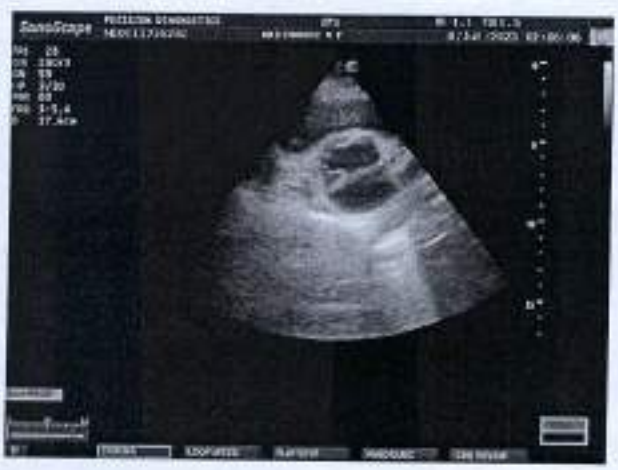

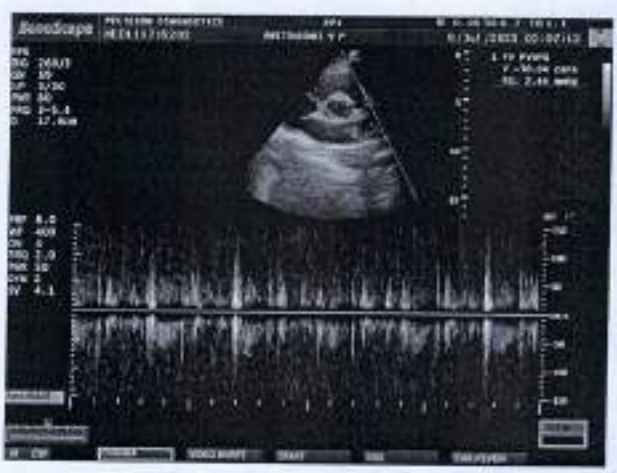

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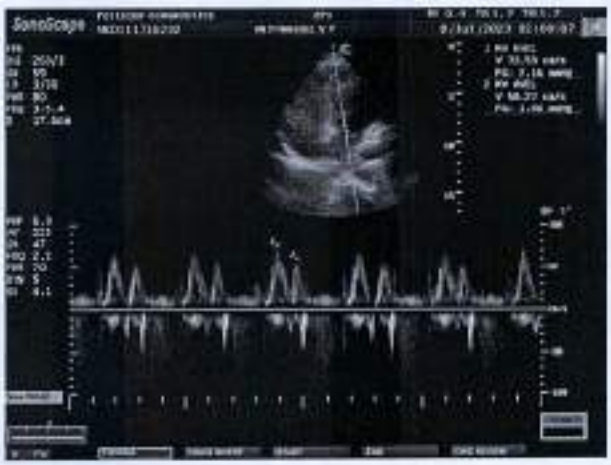
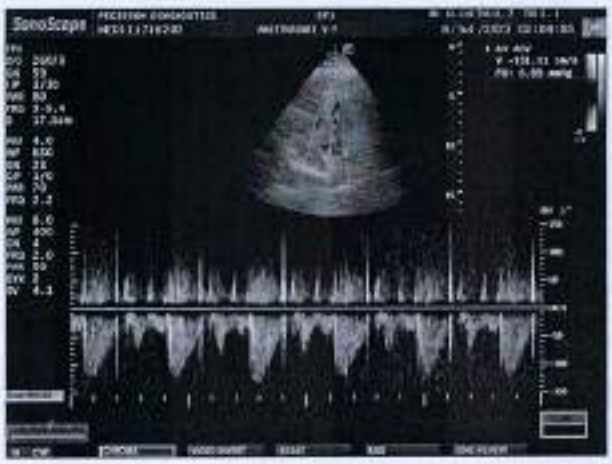
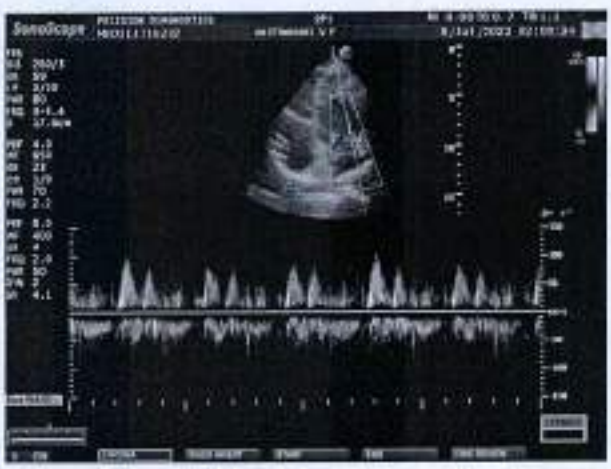
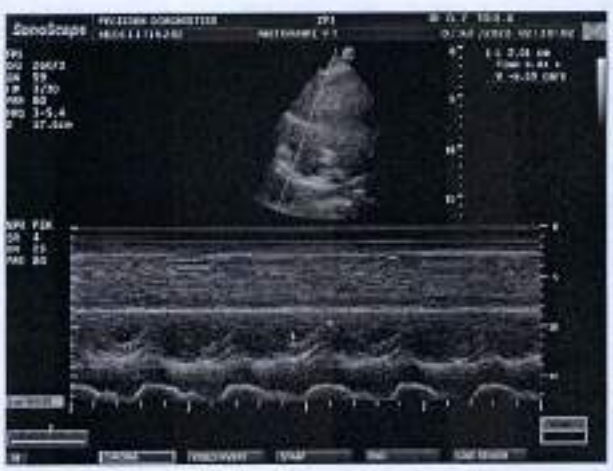
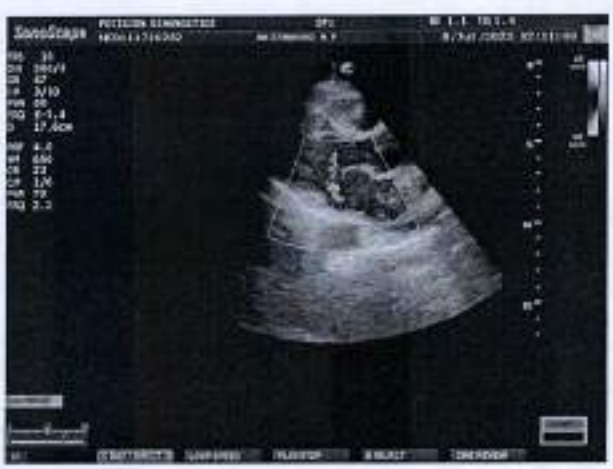
Customer Name	MRS.ANITTHASHRI V P	Customer ID	MED111716282
Age & Gender	42Y/FEMALE	Visit Date	08/07/2023
Ref Doctor	MediWheel		











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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 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 12.2 x 4.1 cm.

The left kidney measures 11.3 x 5.3 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 8.7 x 4.9 x 4.7 cm.

Myometrial echoes are homogeneous. The endometrial thickness is 8.3 mm.

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The right ovary measures 2.5 x 1.8 cm.

The left ovary measures 2.7 x 2.1 cm.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

IMPRESSION:

- **Normal study.**

DR. UMALAKSHMI
SONOLOGIST

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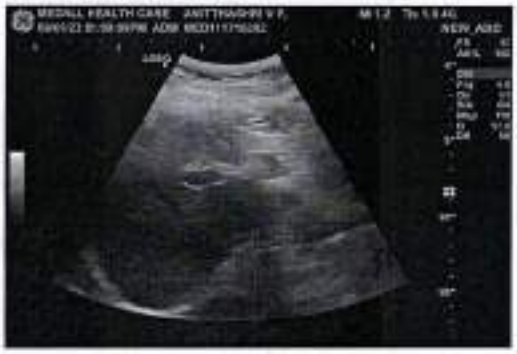
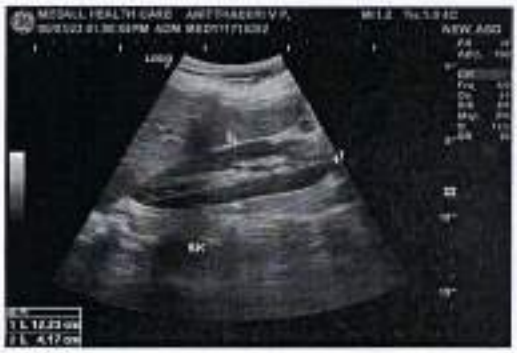
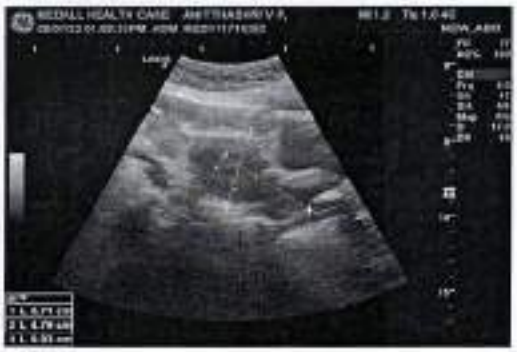
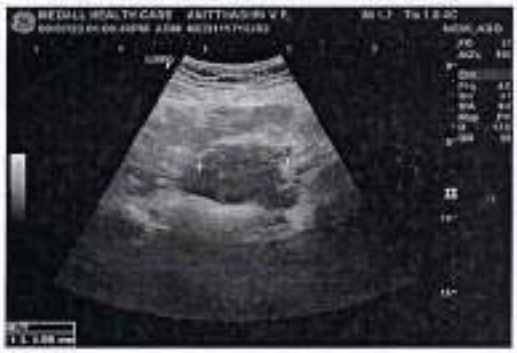
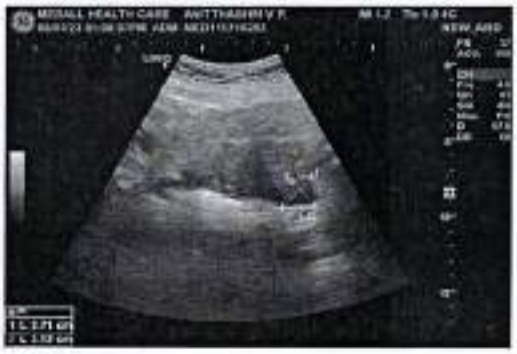
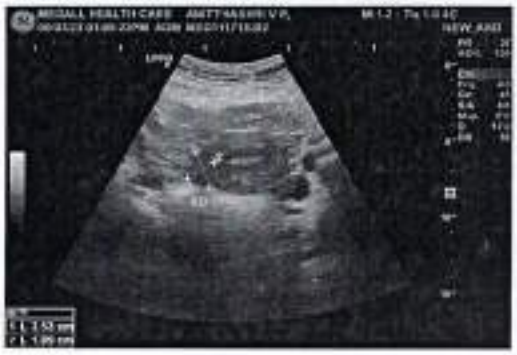
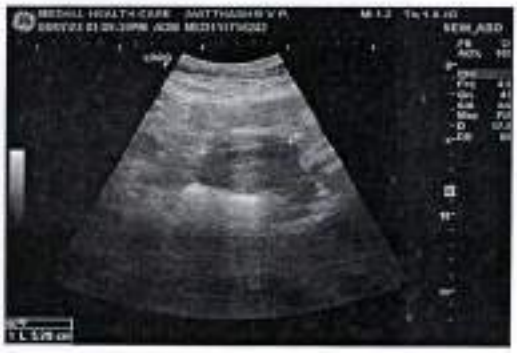
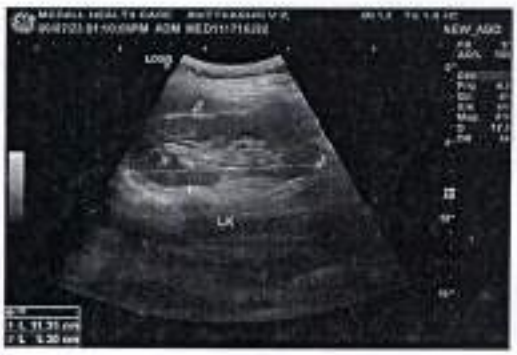

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MAMMOGRAPHY

REPORT

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

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

Breast lesions could not be ruled out due to dense breast parenchyma.

No breast asymmetry noted.

No intramammary ductal dilatation identified.

No obvious spiculation or architectural distortion noted.

There is no evidence of microcalcification 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.

Left axilla shows an enlarged lymph node, measuring 13.4 mm.

IMPRESSION:

- **ACR Type D parenchyma.**
- **BIRADS – 0.**
- **Left Axillary Lymphadenoapthy.**
  - 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.

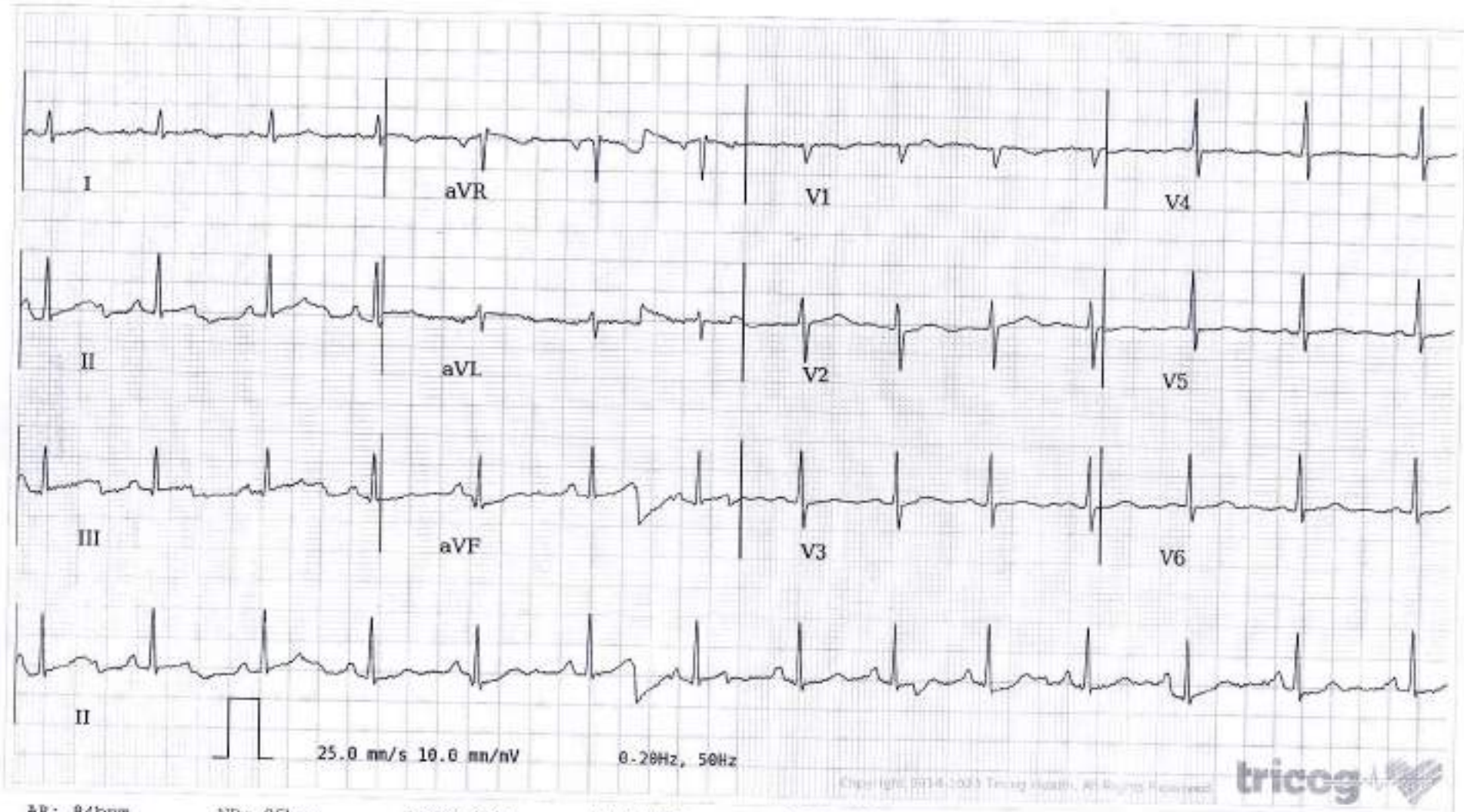
Category 6: Known biopsy proven malignancy.

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

Medall Diagnostic Vadapalani

tricog

Age / Gender:	42/Female	Date and Time:	8th Jul 23 1:51 PM
Patient ID:	Med111716282		
Patient Name:	Mrs anitthashri v p		



AR: 84bpm VR: 85bpm QRSD: 82ms QT: 358ms QTcB: 426.11ms PRI: 154ms P-R-T: 68° 74° 40°

ECG Within Normal Limits: Sinus Rhythm, Sinus Arrhythmia Seen. Baseline artefacts. Please repeat ECG. Please correlate clinically.

REPORTED BY

Dr Sucklia B