

## Medical Summary

Name: *Mr. Thomas Jacob* Date of Birth: *05/11/1956* Customer ID:  
 Ref Doctor: *medivheel* Sex: *male* Date:

Present Complaints: *nil*

Past Illness:

Major medical Illness: *T2DM, STTD, PC*  
*Parkinson, Schizophrenia, BPH, Hypertension*  
 Surgery: \_\_\_\_\_ Accident: \_\_\_\_\_  
 Others: \_\_\_\_\_

Personal history:

Smoking: \_\_\_\_\_  
 Tobacco: *nil* Diet: *low salt low fat diet*  
 Alcohol: \_\_\_\_\_ Exercise: \_\_\_\_\_  
 Menstrual history: \_\_\_\_\_ Personality: \_\_\_\_\_  
 Obstetric history: *MA* Marital status: *wid*  
 Children: *1*

Family history:

Tuberculosis: \_\_\_\_\_  
 Diabetes: *nil* Hypertension: \_\_\_\_\_  
 Asthma: \_\_\_\_\_ Heart Disease: *not able to recall*  
 Drug history: \_\_\_\_\_ Allergy: \_\_\_\_\_  
 Present Medications: \_\_\_\_\_

General Examination:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_  
 Conjunctiva: *(A)* Lymphnodes: *not palpable* Eyes: *(A)*  
 Oedema: \_\_\_\_\_ Nails: *(A)* Genitals: \_\_\_\_\_  
 Tongue: *(A)* Others: \_\_\_\_\_  
 Throat: *(A)* Skin: *(A)*

Systemic Examination:

Cardiovascular system: *S1 S2 C/T no murmur*  
 Peripheral Pulsations: *(A) brisk*  
 Heart: *S1 S2 C/T*  
 Respiratory System: *B/L MBS (+)*

Gastrointestinal System: *not on table*

Higher Function: *Parkinson, schizophrenia - all needs treatment*  
 Cranial Nerves: \_\_\_\_\_ Sensory system: \_\_\_\_\_  
 Motor System: \_\_\_\_\_ Superficial Reflexes: \_\_\_\_\_  
 Deep Reflexes: \_\_\_\_\_

Rectal Examination: —

Others: —

Impression:

T2DM, SHH, DL, palpitations, schizophrenia  
BPH, Hypertension

Diet:

low salt, low fat, low meat diet

Medication:

Continue the same

Advice & Follow up:

TO follow up with primary physician.

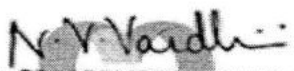
Dr. MADAN SIVANANDAN  
Consultant General Physician




Name : Mr. THOMAS JACOB  
 PID No. : MED121726832  
 SID No. : 80059132  
 Age / Sex : 66 Year(s) / Male  
 Type : OP  
 Ref. Dr : MediWheel

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'O' 'Positive'		
<b>INTERPRETATION:</b> Reconfirm the Blood group and Typing before blood transfusion			
<b><u>Complete Blood Count With - ESR</u></b>			
Haemoglobin (EDTA Blood/Spectrophotometry)	14.6	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	41.9	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.78	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	87.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	30.5	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	34.8	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.3	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	40.87	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	10400	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	68.2	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	22.3	%	20 - 45

  
**Dr. N.V. VARDHINI Ph.D**  
 Consultant Geneticist  
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**DR. SUNDAR ELAYAPERUMAL MD, CIC**  
 CONSULTANT MICROBIOLOGIST  
 REG NO. 41854

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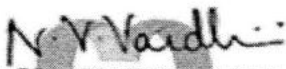
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Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.5	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	7.6	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.4	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	7.09	10 <sup>3</sup> / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.32	10 <sup>3</sup> / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.16	10 <sup>3</sup> / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.79	10 <sup>3</sup> / μl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.04	10 <sup>3</sup> / μl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	251	10 <sup>3</sup> / μl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.8	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	14	mm/hr	< 20

  
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Investigation	Observed Value	Unit	Biological Reference Interval
BUN / Creatinine Ratio	12.8		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	118.6	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)	148.3	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.

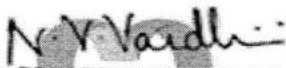
Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.7	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.83	mg/dL	0.8 - 1.3

**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.

Uric Acid (Serum/Enzymatic)	7.0	mg/dL	3.5 - 7.2
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.82	mg/dL	0.1 - 1.2
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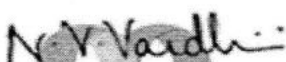
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.20	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.62	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	23.0	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	22.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	11.6	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	41.9	U/L	56 - 119
Total Protein (Serum/Biuret)	7.44	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.52	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.92	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.55		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	159.2	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	106.8	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

  
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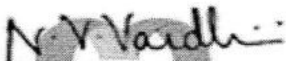
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**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels 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)	47.9	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	89.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	21.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	111.3	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)	3.3		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
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Investigation	Observed Value	Unit	Biological Reference Interval
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	6.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

Estimated Average Glucose (Whole Blood)	136.98	mg/dL
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**INTERPRETATION: Comments**

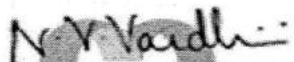
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.  
 Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, 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.

Prostate specific antigen - Total (PSA) (Serum/Manometric method)	0.302	ng/mL
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Normal: 0.0 - 4.0  
 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0  
 Suspicious of Malignant disease of Prostate: > 10.0

**INTERPRETATION: REMARK :** PSA alone should not be used as an absolute indicator of malignancy.

**THYROID PROFILE / TFT**

  
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T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.05	ng/ml	0.4 - 1.81

**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))	8.08	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))	4.24	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

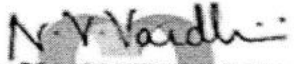
(Indian Thyroid Society Guidelines)

**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&amp;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)	Yellow	Yellow to Amber
APPEARANCE (Urine)	Clear	Clear

  
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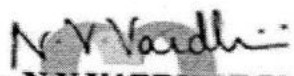


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Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated - Flow cytometry)	Occasional	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry)	Occasional	/hpf	NIL
RBCs (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.

  
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<b>Age &amp; Gender</b>	<b>66Y/MALE</b>	<b>Visit Date</b>	<b>11/03/2023</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

**ECHO CARDIOGRAM REPORT**

**2D ECHO STUDY:**

- Normal LV / RV size and systolic function (EF: 60%)
- No Regional wall motion abnormality.
- No ventricular hypertrophy.
- IAS and IVS are intact.
- No e/o of clot / Aneurysm.
- Normal pericardium.

**FINAL IMPRESSION:**

- **NORMAL LV / RV SIZE AND SYSTOLIC FUNCTION. (EF: 60%)**
- **NO REGIONAL WALL MOTION ABNORMALITY.**
- **NORMAL VALVES FOR AGE.**
- **GRADE I LV DIASTOLIC DYSFUNCTION PRESENT.**
- **NORMAL COLOUR FLOW STUDIES.**

**LEFT VENTRICULAR MEASUREMENT:**

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
AO (ed)- 3.4cm(1.5cm/3.5cm)		IVS (ed) - 1.1cm	(0.6cm/1.2cm)
LA (ed)- 3.0cm(1.5cm/3.5cm)		LVPW(ed) - 1.2 cm	(0.6cm/1.1cm)
RVID(ed)- 1.2 cm(0.9cm/2.8cm)		EF 60 %	(62 %-85 %)
LVID (ed)- 4.6cm(2.6cm/5.5cm)		FS 32 %	
LVID (es)- 3.3cm			



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<b>Ref Doctor</b>	<b>MediWheel</b>		

**MORPHOLOGICAL DATA:**

**Mitral valve**

Anterior mitral leaflet (AML)	: Normal
Posterior mitral leaflet (PML)	: Normal
Aortic Valve	: Sclerosis
Tricuspid Valve	: Normal
Pulmonary Valve	: Normal
Interatrial Septum	: Intact
Interventricular Septum	: Intact
Right Ventricle	: Normal
Right Atrium	: Normal
Pulmonary Artery	: Normal
Left Ventricle	: Normal
Left Atrium	: Normal

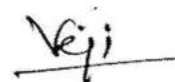
**PERICARDIUM:**

- Normal.

**DOPPLER STUDY:**

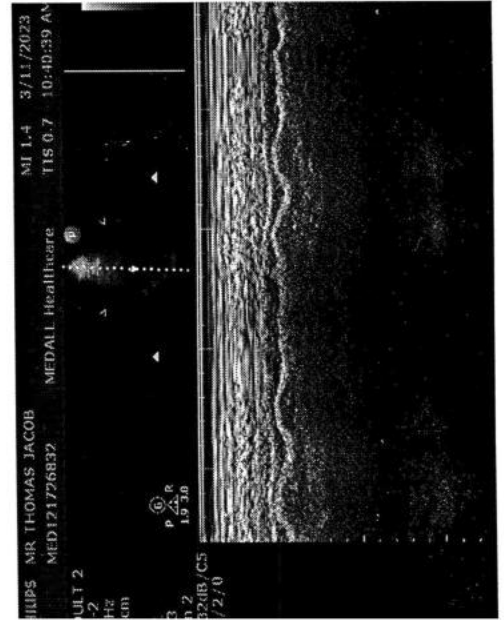
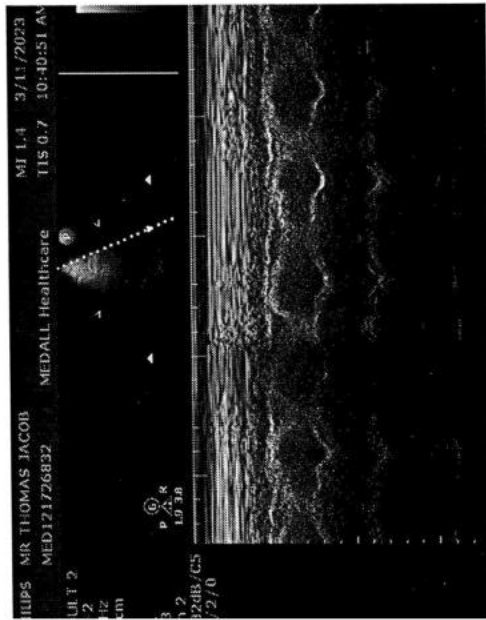
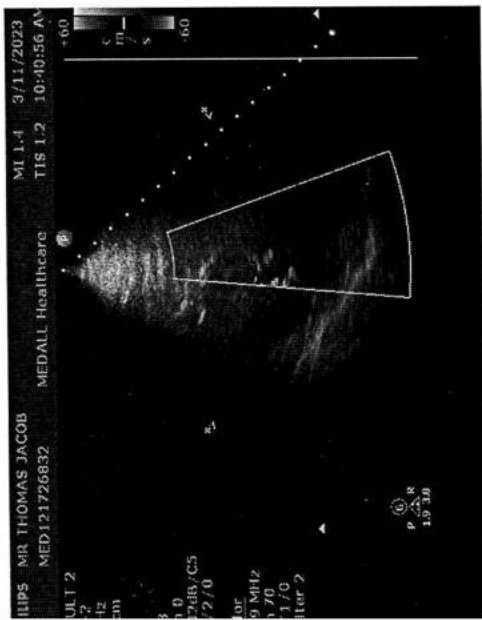
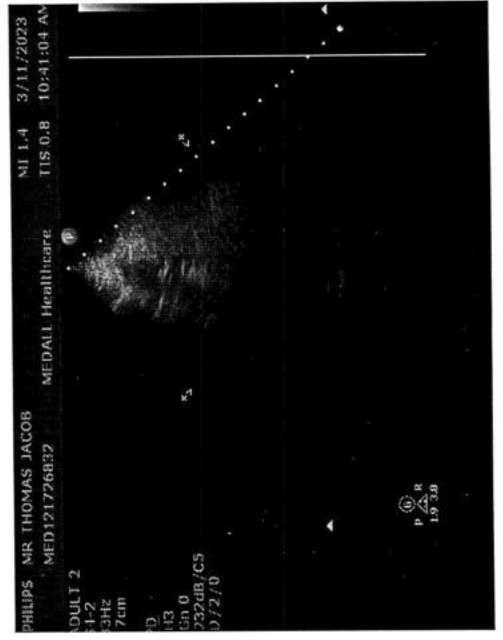
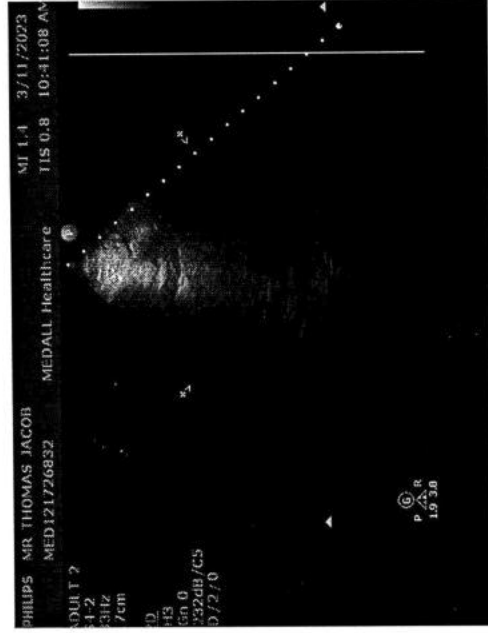
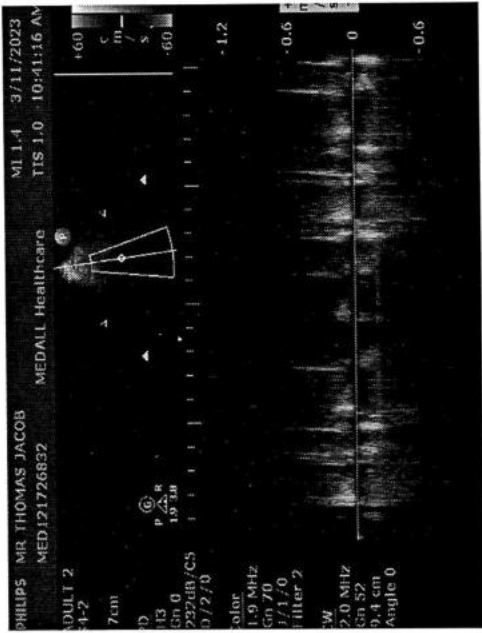
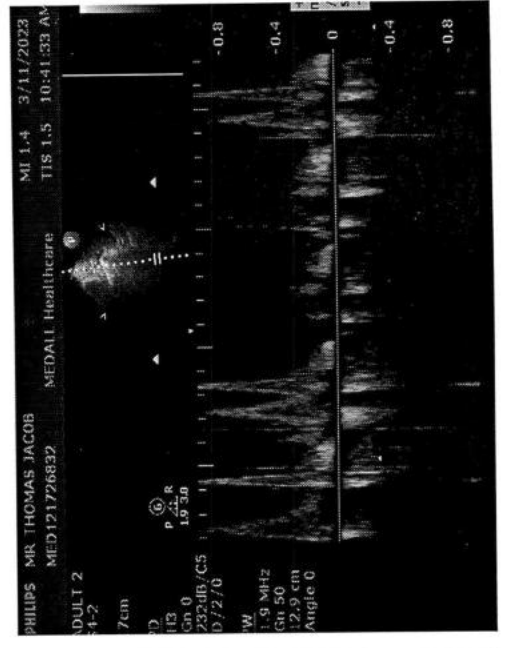
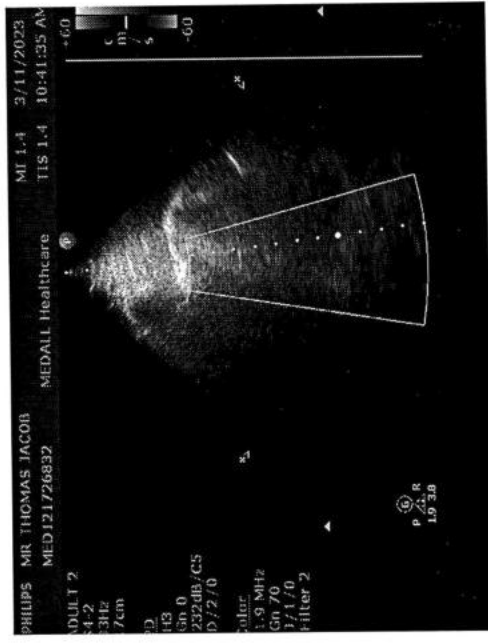
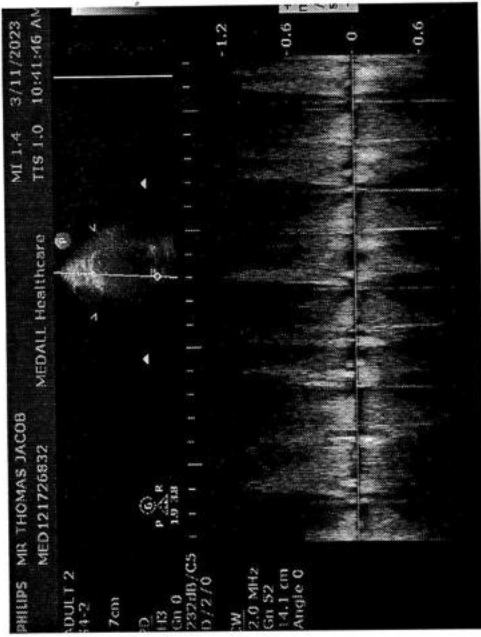
**Continuous Wave Doppler & Colour Flow Study:**

- ***Grade I LV diastolic dysfunction present.***



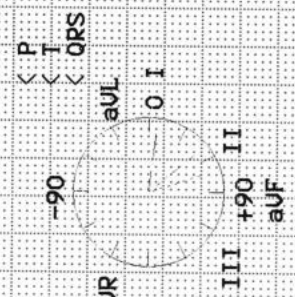
**P. VIJAYA LAKSHMI  
ECHO TECHNICIAN**





HR 55 bpm

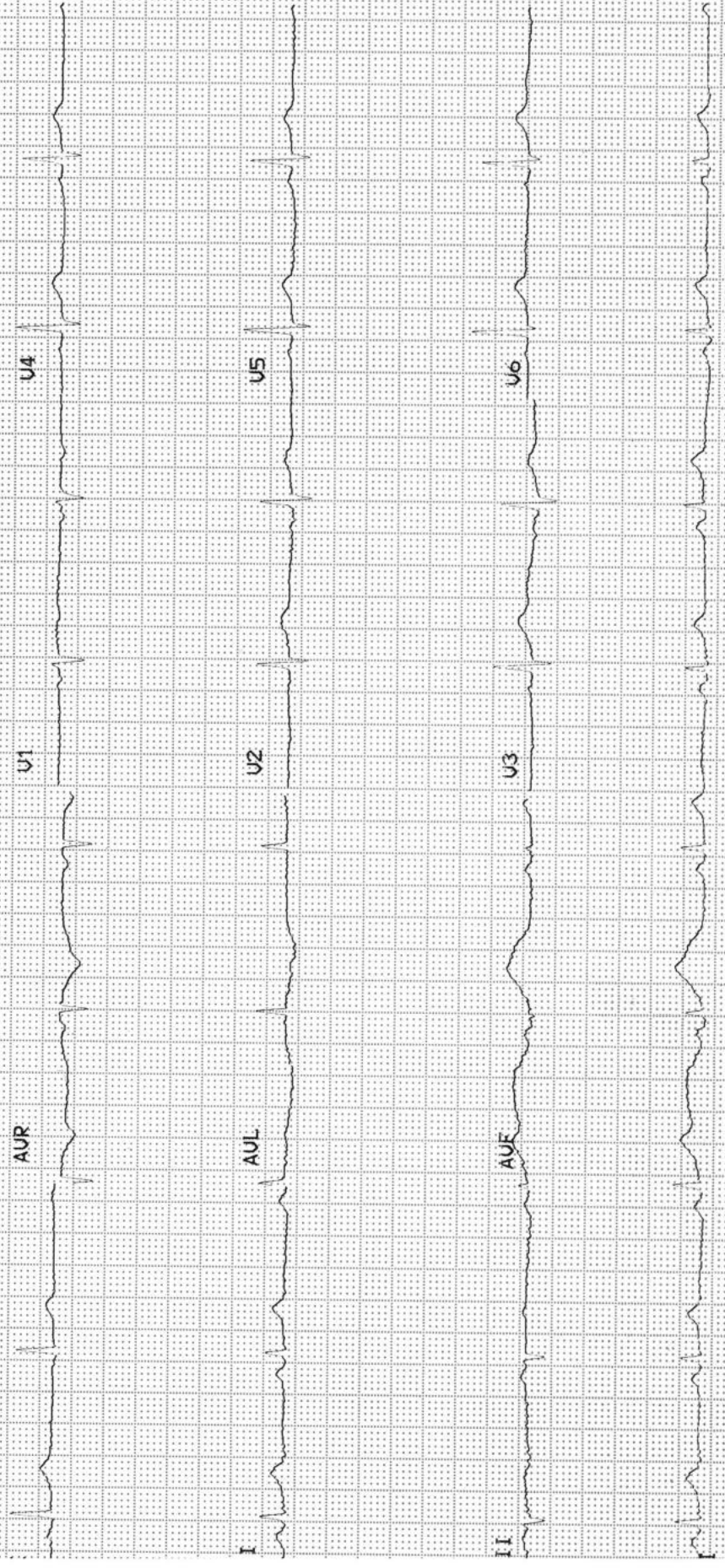
Interpretation:  
12SL - Interpretation:  
Sinus bradycardia  
Low voltage QRS



ement Results:  
 PR : 150 ms  
 QRS : 120 ms  
 QT : 371 ms  
 QTc : 436 ms  
 P : 88 ms  
 P-R-T : 8 / 50 degrees

III +90  
 II aVF

Unconfirmed report.



<b>Name</b>	<b>MR.THOMAS JACOB</b>	<b>ID</b>	<b>MED121726832</b>
<b>Age &amp; Gender</b>	<b>66Y/MALE</b>	<b>Visit Date</b>	<b>11/03/2023</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

**ULTRASOUND SCAN**

**WHOLE ABDOMEN**

**Liver is enlarged in size (17.0 cm) and shows homogenously increased parenchymal echoes with no focal abnormality.**

There is no intra or extra hepatic biliary ductal dilatation. Portal vein and IVC are normal.

**Gall bladder** is normal sized and smooth walled. No evidence of calculi. Wall thickness is normal.

**Pancreas** shows a normal configuration and echotexture. Pancreatic duct is normal.

**Spleen** is normal in size and echotexture.

**Bilateral kidneys** are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.

**Right kidney** measures 10.5 x 5.2 cm.

**Left kidney** measures 10.6 x 5.9 cm.

Ureters are not dilated.

No abnormality is seen in the region of the **adrenal glands**.

No para aortic lymphadenopathy is seen.

**Urinary bladder** is smooth walled and uniformly transonic. No intravesical mass or calculus.

**Pre void urinary bladder volume is 206 ml.**

**Post void residual urine volume is 148 ml (Significant).**

**Prostate is mildly enlarged in size, measures 5.1 x 3.3 x 3.0 cm ( Vol-27cc)**  
Echotexture is homogenous.

Seminal vesicles is normal.



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Iliac fossae are normal.

There is no free or loculated peritoneal fluid.

**IMPRESSION:**

- **Enlarged fatty liver.**
- **Mildly enlarged prostate with significant post void residual urine.**  
--- *Needs clinical correlation.*

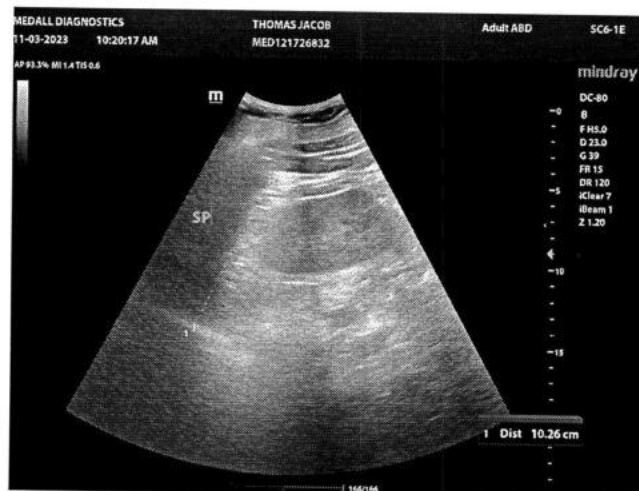
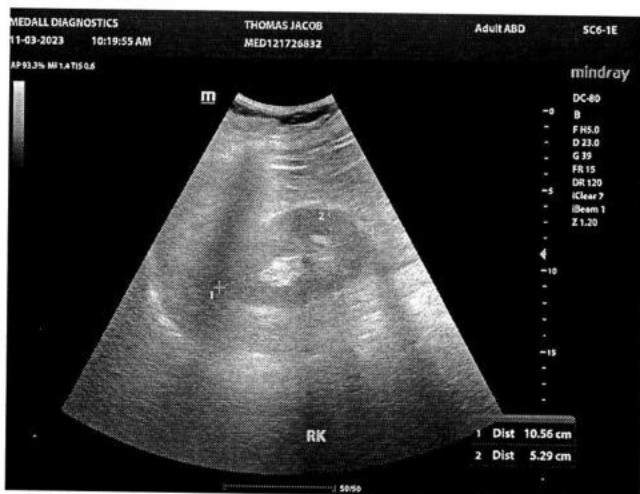
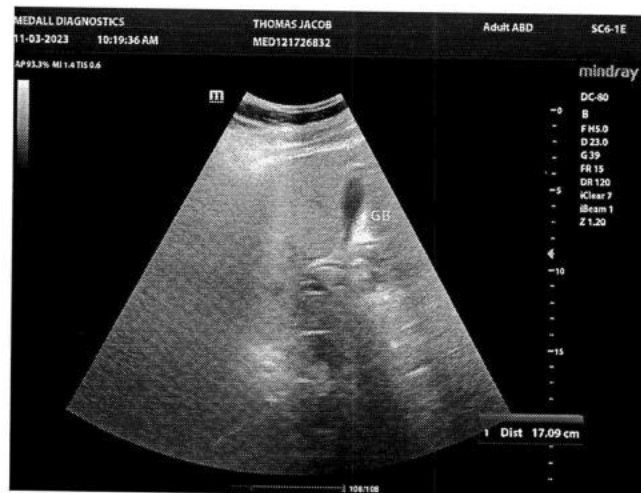
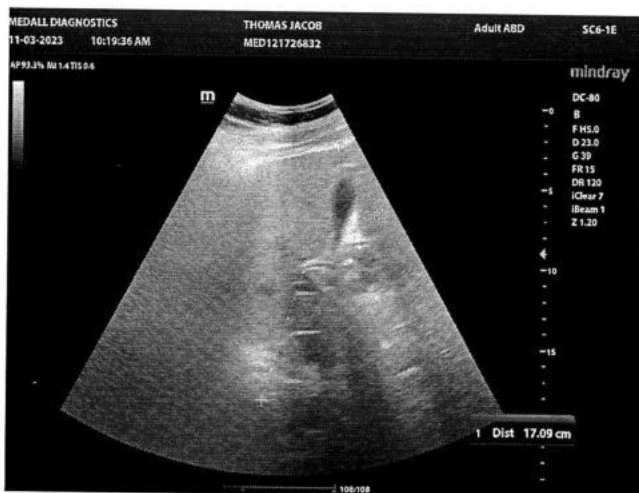


**Dr. SUMITHA  
SONOLOGIST**

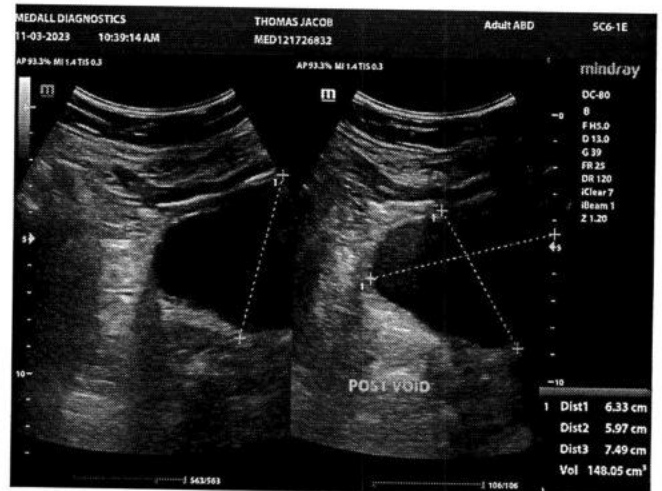
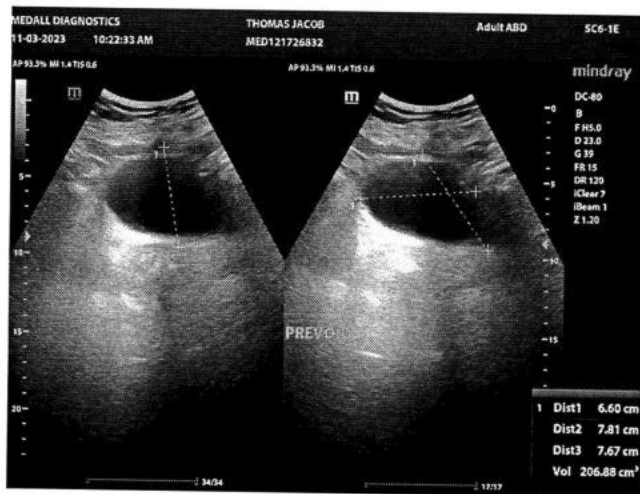
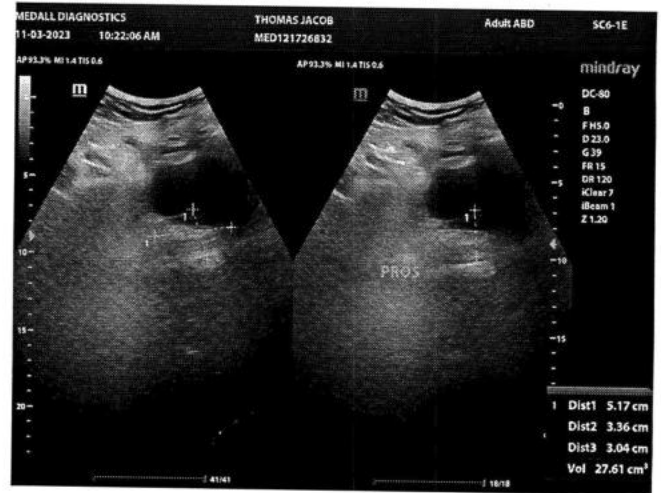
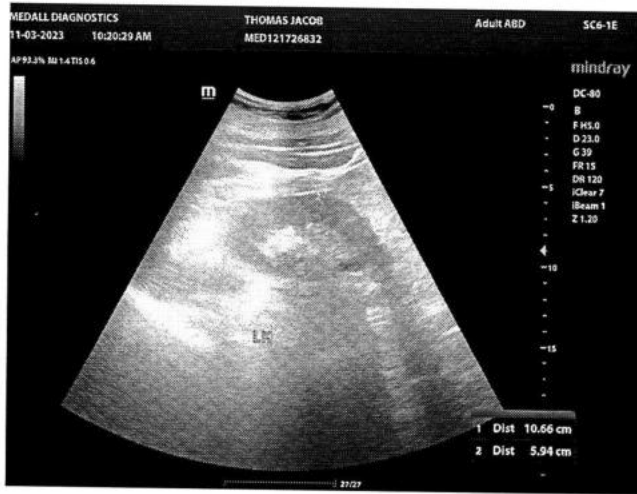




<b>Name</b>	<b>MR.THOMAS JACOB</b>	<b>ID</b>	<b>MED121726832</b>
<b>Age &amp; Gender</b>	<b>66Y/MALE</b>	<b>Visit Date</b>	<b>11/03/2023</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		



<b>Name</b>	<b>MR.THOMAS JACOB</b>	<b>ID</b>	<b>MED121726832</b>
<b>Age &amp; Gender</b>	<b>66Y/MALE</b>	<b>Visit Date</b>	<b>11/03/2023</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		



Name	THOMAS JACOB	Customer ID	MED121726832
Age & Gender	66Y/M	Visit Date	Mar 11 2023 8:16AM
Ref Doctor	MediWheel		

### **X-RAY CHEST (PA VIEW)**

The cardio thoracic ratio is normal.

The heart size and configuration are within normal limits.

The aortic arch is normal.

The lung fields show normal broncho-vascular markings.

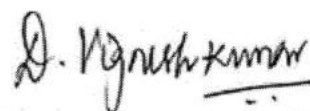
Both the pulmonary hila are normal in size.

The costophrenic and cardiophrenic recesses and the domes of diaphragm are normal.

The bones and soft tissues of the chest wall show no abnormality.

### **IMPRESSION :**

- **No significant abnormality detected.**



Dr. D. Vignesh Kumar MBBS, DNB(RD)  
Consultant Radiologist

