Name	RAJESH R	ID	MED110960780
Age & Gender	33Year(s)/MALE	Visit Date	2/19/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows fatty changes. No focal mass 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 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 10.8 x 4.9 cms.

The left kidney measures 11.2 x 5.1 cms.

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.

Name	RAJESH R		ID	MED110960780
Age & Gender	33Year(s)/MALE		Visit Date	2/19/2022 12:00:00 AM
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The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The prostate measures 2.8 x 3.5 x 3.3 cms and is normal sized with a volume of 17 cc.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

No mass or fluid collection is seen in the right iliac fossa. The appendix is not visualized.

IMPRESSION:

- **Fatty liver.**

- **Other organs are normal.**

ss   **DR. S.GNANAM MBBS.,DMRD.,**
          CONSULTANT RADIOLOGIST

Name	RAJESH R	Customer ID	MED110960780
Age & Gender	33Y/M	Visit Date	Feb 19 2022 9:42AM
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.

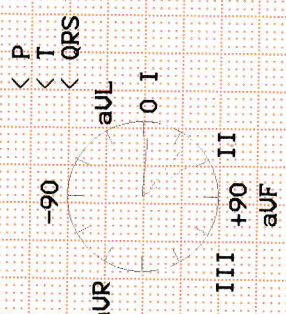**IMPRESSION** :

- **No significant abnormality detected.**

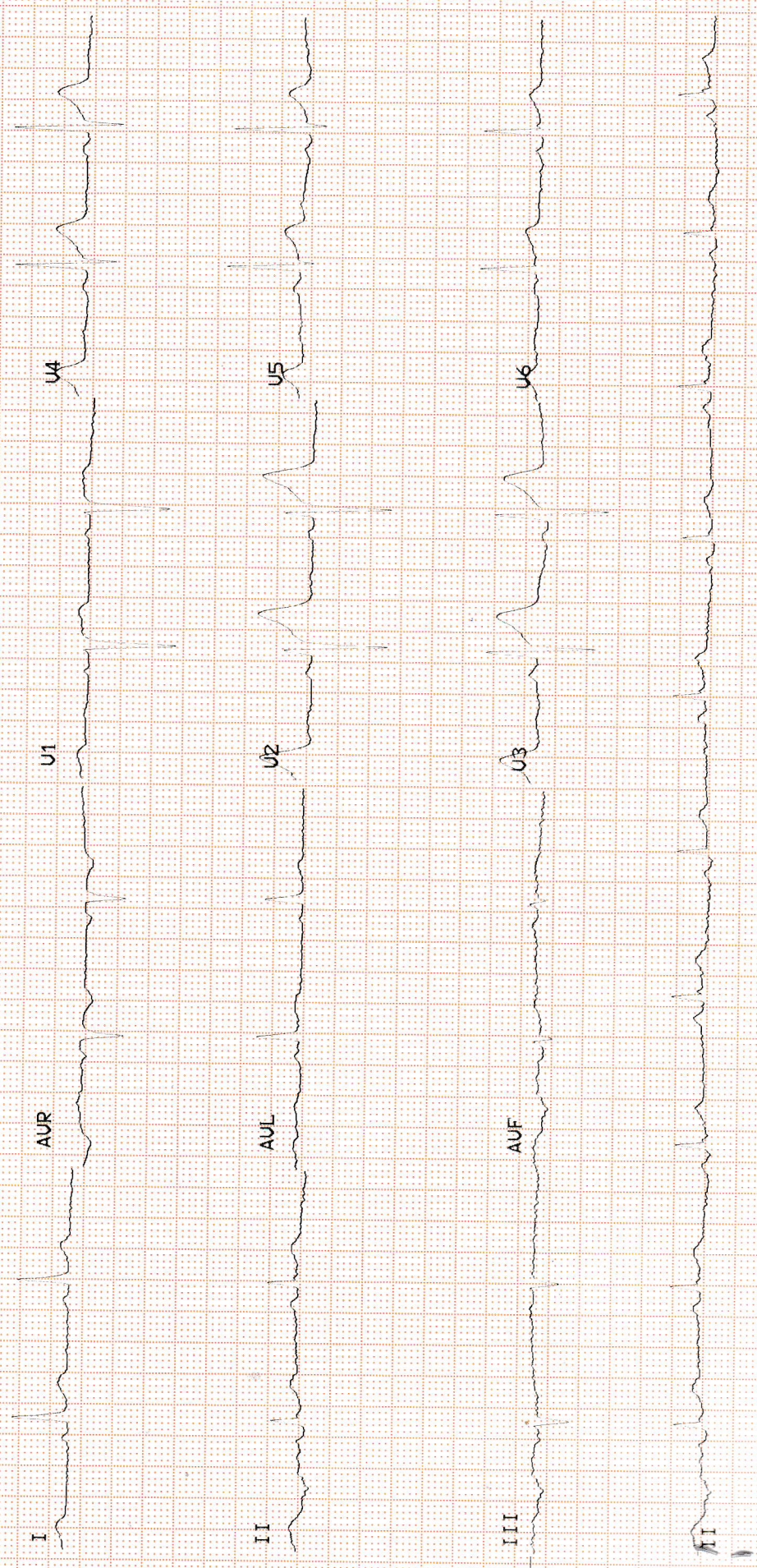Dr.A.Subramanian MD, DMRD, DNB
Consultant Radiologist

GE MAC1200-ST   MR RAJESH R, 33/M MED960780, MEDALL, ADYAR

167.0
86.0
30.8

HR **62**bpm

Measurement Results:

QRS	:	92 ms
QT/QTcB	: 376 /	381 ms
PR	:	146 ms
P	:	100 ms
RR/PP	: 964 /	965 ms
P/QRS/T	: 55/ 5/	39 degrees

< P
< T
< QRS

-90
aUR   aUL   0 I

III +90   II
aUF

Interpretation:

12SL - Interpretation:
Normal sinus rhythm
Normal ECG

Unconfirmed report

I

II

III

AVR

AVL

AVF

V1

V2

V3

V4

V5

V6

19 Feb 2022 10:27:58 AM 25mm/s 10mm/mV ADS 50Hz 0.08 - 20Hz 3_F1 Automatic U6.2 12i (1) 12SL@U231

Name	RAJESH R		ID	MED110960780
Age & Gender	33Year(s)/MALE		Visit Date	2/19/2022 12:00:00 AM
Ref Doctor Name	MediWheel			

ECHO CARDIOGRAPHY REPORT

Measurements:-

M Mode:

IVS d	1.0cm	IVS s	1.2cm
LVID d	4.0cm	LVID s	3.0cm
LVPW d	1.1cm	LVPW s	1.3cm
AO	2.8cm	LA	2.9cm
RV	3.4cm	MPA	3.0cm

Doppler study:

Location	m/sec	Location		m/sec
MP A vel	0.8	MV	E	0.4
PGT	3mmHg	A		0.6
AV vel	1.0	Ratio		0.7
PGT	4mmHg	TV	E	0.5
EF	64 %	A		0.4
FS	32%	Ratio		1.2

2D:

LA	:	NORMAL	**RA**	:	NORMAL
LV	:	NORMAL	**RV** :		NORMAL
AV	:	NORMAL	**PV**	:	NORMAL
MV	:	NORMAL	**TV**	:	NORMAL
AO	:	NORMAL	**PA**	:	NORMAL

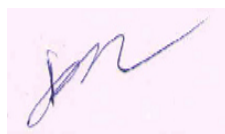| Name	RAJESH R	ID	MED110960780
Age & Gender	33Year(s)/MALE	Visit Date	2/19/2022 12:00:00 AM
Ref Doctor Name	MediWheel		

Observations:

- **Cardiac chambers dimension-normal**

- **No regional wall motion abnormality**

- **Normal LV systolic and diastolic function**

- **Valves are morphologically and functionally normal**

- **No stenosis / prolapse / regurgitation**

- **Doppler flow pattern normal**

- **No pulmonary hypertension**

- **Normal Pericardium**

- **IAS/ IVS appear Intact**

- **No mass**

CONCLUSIONS:

- *NORMAL CARDIAC DIMENSIONS.*
- *NO REGIONAL WALLL MOTION ABNORMALITIES.*
- *GOOD LV SYSTOLIC FUNCTION.*
- *LVEF 64%*

Name	RAJESH R		ID	MED110960780
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- *GRADE I DIASTOLIC DYSFUNCTION*

- *TRIVIAL TR WITH NORMAL PAH(TRPG-15mmHg)*

- *NO CLOT/PE*

DONE BY :- DIVYA

Prof.N.Subramanian MD, DM(CARD) FRCP, FACC
Consultant Cardiologist

Name	:	**Mr. RAJESH R**		
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SID No.	:	1802207441	**Collection On**	: 19/02/2022 11:51 AM
Age / Sex	:	33 Year(s) / Male	**Report On**	: 19/02/2022 6:47 PM
Type	:	OP	**Printed On**	: 21/02/2022 9:14 AM
Ref. Dr	:	**MediWheel**		

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

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Investigation	Observed Value	Unit	Biological Reference Interval
Haemoglobin	16.6	g/dL	13.5 - 18.0
(EDTA Blood/*Spectrophotometry*)			
Packed Cell Volume(PCV)/Haematocrit	48.7	%	42 - 52
(EDTA Blood/*Derived from Impedance*)			
RBC Count	5.48	mill/cu.mm	4.7 - 6.0
(EDTA Blood/*Impedance Variation*)			
Mean Corpuscular Volume(MCV)	88.8	fL	78 - 100
(EDTA Blood/*Derived from Impedance*)			
Mean Corpuscular Haemoglobin(MCH)	30.4	pg	27 - 32
(EDTA Blood/*Derived from Impedance*)			
Mean Corpuscular Haemoglobin concentration(MCHC)	34.2	g/dL	32 - 36
(EDTA Blood/*Derived from Impedance*)			
RDW-CV	13.8	%	11.5 - 16.0
(EDTA Blood/*Derived from Impedance*)			
RDW-SD	42.89	fL	39 - 46
(EDTA Blood/*Derived from Impedance*)			
Total Leukocyte Count (TC)	8200	cells/cu.mm	4000 - 11000
(EDTA Blood/*Impedance Variation*)			
Neutrophils	60.0	%	40 - 75
(EDTA Blood/*Impedance Variation & Flow Cytometry*)			
Lymphocytes	26.9	%	20 - 45
(EDTA Blood/*Impedance Variation & Flow Cytometry*)			
Eosinophils	4.5	%	01 - 06
(EDTA Blood/*Impedance Variation & Flow Cytometry*)			

DR.FAYIQAH MD(PATH)
CONSULTANT - PATHOLOGIST
REG NO:116685

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

APPROVED BY

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED,#17,RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD, GUINDY, CHENNAI, TAMIL NADU, INDIA,.

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Investigation	Observed Value	Unit	Biological Reference Interval
Monocytes (EDTA Blood/*Impedance Variation & Flow Cytometry*)	7.8	%	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*)	4.92	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry*)	2.21	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/*Impedance Variation & Flow Cytometry*)	0.37	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry*)	0.64	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/*Impedance Variation & Flow Cytometry*)	0.07	10^3 / µl	< 0.2
Platelet Count (EDTA Blood/*Impedance Variation*)	394	10^3 / µl	150 - 450
MPV (EDTA Blood/*Derived from Impedance*)	**7.3**	fL	7.9 - 13.7
PCT (EDTA Blood/*Automated Blood cell Counter*)	**0.29**	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated - Westergren method*)	3	mm/hr	< 15
BUN / Creatinine Ratio	8.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP*)	89.1	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

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The results pertain to sample tested.

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Investigation	Observed Value	Unit	Biological Reference Interval
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*)	102.0	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.

Investigation	Observed Value	Unit	Biological Reference Interval
Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived*)	7.5	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe*)	**0.89**	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.

Investigation	Observed Value	Unit	Biological Reference Interval
Uric Acid (Serum/*Enzymatic*)	**7.6**	mg/dL	3.5 - 7.2

Liver Function Test

Investigation	Observed Value	Unit	Biological Reference Interval
Bilirubin(Total) (Serum/*DCA with ATCS*)	**1.38**	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid*)	**0.32**	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived*)	**1.06**	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC*)	28.7	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC*)	**43.0**	U/L	5 - 41

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The results pertain to sample tested.   Page 3 of 7

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Investigation	Observed Value	Unit	Biological Reference Interval
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic*)	34.8	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC*)	86.4	U/L	53 - 128
Total Protein (Serum/*Biuret*)	7.19	gm/dL	6.0 - 8.0
Albumin (Serum/*Bromocresol green*)	4.03	gm/dL	3.5 - 5.2
Globulin (Serum/*Derived*)	3.16	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived*)	1.28		1.1 - 2.2

Lipid Profile

Investigation	Observed Value	Unit	Biological Reference Interval
Cholesterol Total (Serum/*CHOD-PAP with ATCS*)	**218.9**	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS*)	109.0	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.

Investigation	Observed Value	Unit	Biological Reference Interval
HDL Cholesterol (Serum/*Immunoinhibition*)	**41.9**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40

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Investigation	Observed Value	Unit	Biological Reference Interval
LDL Cholesterol (Serum/*Calculated*)	**155.2**	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/*Calculated*)	21.8	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated*)	177.0	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.

Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated*)	5.2		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*)	2.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	3.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1C (Whole Blood/*HPLC*)	5.3	%	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 %

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Investigation	Observed Value	Unit	Biological Reference Interval
Estimated Average Glucose (Whole Blood)	105.41	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)*)	0.97	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)*)	8.63	µg/dl	4.2 - 12.0

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)*)	2.24	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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

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Investigation	Observed Value	Unit	Biological Reference Interval
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 ˉFlow cytometry)*	**1 - 2**	/hpf	NIL
Epithelial Cells (Urine/*Automated ˉFlow cytometry)*	**1 - 2**	/hpf	NIL
RBCs (Urine/*Automated ˉFlow cytometry)*	NIL	/hpf	NIL
Casts (Urine/*Automated ˉFlow cytometry)*	NIL	/hpf	NIL
Crystals (Urine/*Automated ˉFlow 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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-- End of Report --

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Name: MR.RAJESH R **Age & Sex: 33YEARS/MALE**

Date : 19/02/2022

		Right Eye	Left Eye
DISTANT VISION	**Without Glasses** **With Glasses**	——— 6/6	——— 6/6
NEAR VISION	**Without Glasses** **With Glasses**	N18 ——— N6	N18 ——— N6
COLOUR VISION		NORMAL	
EXTERNAL EYE EXAMINATION			

REMARKS: NORMAL

Dr. Akila Ravikumar
MBBS., M.Phil., P.G.Dip. Diabetology
Regd. No. 46536
Consultant Family Physician & Diabetologist

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