

| | | | |
|-------------------------|---------------------|--------------------|---------------------|
| Customer Name | MR.SHIVRAM U | Customer ID | MED110646298 |
| Age & Gender | 34Y/MALE | Visit Date | 25/10/2021 |
| Ref Doctor | MediWheel | | |

Personal Health Report

General Examination:

Height : 170.5 cms

Weight : 92.8 kg

BMI : 31.8 kg/m²

BP: 124/80 mmhg

Pulse: 76/ min, regular

Systemic Examination:

CVS: S1 S2 heard;

RS : NVBS +.

Abd : Soft.

CNS : NAD

Blood report:

Glucose--(FBS)--104.8 mg/dl- Slightly elevated.

Total cholesterol -246.7 mg/dl – Elevated.

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

Urine analysis – Within normal limits.

X-Ray Chest – Subtle inhomogeneous opacities are noted in left lower zone – Suggested clinical correlation.

ECG – Normal ECG.

USG abdomen – Cholelithiasis. Bilateral renal microliths. Hepatomegaly with grade I fatty changes.

ECHO – Normal study.

Eye Test – Normal study (With spectacles).

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



| | | | |
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Impression & Advice:

Glucose-(FBS)-104.8 mg/dl- Slightly elevated. To consult a diabetologist for further evaluation and management.

Total cholesterol -246.7 mg/dl – Elevated. To be brought down to the desirable level of 200mg/dl by having low cholesterol, high fiber diet recommended by the dietician.

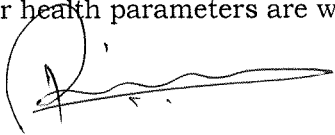
USG abdomen – Cholelithiasis. Bilateral renal microliths. Hepatomegaly with grade I fatty changes. To consult a gastroenterologist for further evaluation.

X-Ray Chest – Subtle inhomogeneous opacities are noted in left lower zone – Suggested clinical correlation and consult a physician for further evaluation.

You are overweight by 20 kg to reduce gradually over a period of 5 to 6 months by having high fiber diet recommended by the dietician.

Regular brisk walking for 45 minutes daily, 5 days a week is essential.

All other health parameters are well within normal limits.



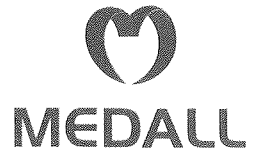
DR. NOOR MOHAMMED RIZWAN A. M.B.B.S, FDM
MHC Physician Consultant

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



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Investigation Observed Value Unit Biological Reference Interval

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total 0.93 ng/ml 0.7 - 2.04
(Serum/Chemiluminescent Immunometric Assay (CLIA))

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 6.63 µg/dl 4.2 - 12.0
(Serum/Chemiluminescent Immunometric Assay (CLIA))

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

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Chief Pathologist
Reg No : 442072

APPROVED BY

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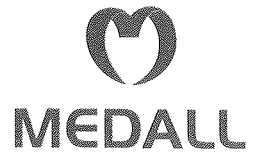
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HAEMATOLOGY

Complete Blood Count With - ESR

| | | | |
|--|-------|-------------|--------------|
| Haemoglobin (EDTA Blood/Spectrophotometry) | 16.0 | g/dL | 13.5 - 18.0 |
| Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance) | 44.9 | % | 42 - 52 |
| RBC Count (EDTA Blood/Impedance Variation) | 5.19 | mill/cu.mm | 4.7 - 6.0 |
| Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance) | 86.5 | fL | 78 - 100 |
| Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance) | 30.9 | pg | 27 - 32 |
| Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance) | 35.7 | g/dL | 32 - 36 |
| RDW-CV (EDTA Blood/Derived from Impedance) | 13.0 | % | 11.5 - 16.0 |
| RDW-SD (EDTA Blood/Derived from Impedance) | 39.36 | fL | 39 - 46 |
| Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation) | 6600 | cells/cu.mm | 4000 - 11000 |
| Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 44.1 | % | 40 - 75 |
| Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry) | 39.2 | % | 20 - 45 |

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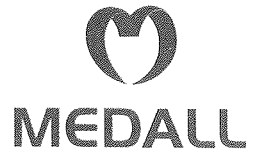
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|---|-----------------------|----------------------|--------------------------------------|
| Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 10.8 | % | 01 - 06 |
| Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry) | 4.5 | % | 01 - 10 |
| Basophils (EDTA Blood/Impedance Variation & Flow Cytometry) | 1.4 | % | 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) | 2.91 | $10^3 / \mu\text{l}$ | 1.5 - 6.6 |
| Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) | 2.59 | $10^3 / \mu\text{l}$ | 1.5 - 3.5 |
| Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.71 | $10^3 / \mu\text{l}$ | 0.04 - 0.44 |
| Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.30 | $10^3 / \mu\text{l}$ | < 1.0 |
| Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry) | 0.09 | $10^3 / \mu\text{l}$ | < 0.2 |
| Platelet Count (EDTA Blood/Impedance Variation) | 294 | $10^3 / \mu\text{l}$ | 150 - 450 |
| MPV (EDTA Blood/Derived from Impedance) | 9.9 | fL | 7.9 - 13.7 |
| PCT (EDTA Blood/Automated Blood cell Counter) | 0.29 | % | 0.18 - 0.28 |

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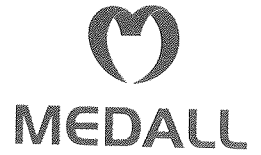
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Investigation

ESR (Erythrocyte Sedimentation Rate)
(Blood/Automated - Westergren method)

**Observed
Value**

2

Unit

mm/hr

**Biological
Reference Interval**

< 15

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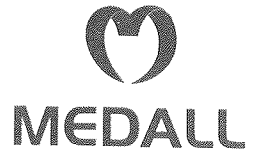
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BIOCHEMISTRY

Liver Function Test

| | | | |
|--|------|-------|-----------|
| Bilirubin(Total) (Serum/DCA with ATCS) | 0.91 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) | 0.23 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect) (Serum/Derived) | 0.68 | mg/dL | 0.1 - 1.0 |
| SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC) | 38.0 | U/L | 5 - 40 |
| SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC) | 59.7 | U/L | 5 - 41 |
| GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic) | 26.0 | U/L | < 55 |
| Alkaline Phosphatase (SAP) (Serum/Modified IFCC) | 66.1 | U/L | 53 - 128 |
| Total Protein (Serum/Biuret) | 7.51 | gm/dl | 6.0 - 8.0 |
| Albumin (Serum/Bromocresol green) | 4.00 | gm/dl | 3.5 - 5.2 |
| Globulin (Serum/Derived) | 3.51 | gm/dL | 2.3 - 3.6 |
| A : G RATIO (Serum/Derived) | 1.14 | | 1.1 - 2.2 |


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Lipid Profile

Cholesterol Total
(Serum/CHOD-PAP with ATCS)

246.7

mg/dL

Optimal: < 200
Borderline: 200 - 239
High Risk: >= 240

Triglycerides
(Serum/GPO-PAP with ATCS)

133.3

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)

42.6

mg/dL

Optimal(Negative Risk Factor): >= 60
Borderline: 40 - 59
High Risk: < 40

LDL Cholesterol
(Serum/Calculated)

177.4

mg/dL

Optimal: < 100
Above Optimal: 100 - 129
Borderline: 130 - 159
High: 160 - 189
Very High: >= 190

VLDL Cholesterol
(Serum/Calculated)

26.7

mg/dL

< 30

Non HDL Cholesterol
(Serum/Calculated)

204.1

mg/dL

Optimal: < 130
Above Optimal: 130 - 159
Borderline High: 160 - 189
High: 190 - 219
Very High: >= 220

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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)

5.8

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)

3.1

Optimal: < 2.5
Mild to moderate risk: 2.5 - 5.0
High Risk: > 5.0

LDL/HDL Cholesterol Ratio
(Serum/Calculated)

4.2

Optimal: 0.5 - 3.0
Borderline: 3.1 - 6.0
High Risk: > 6.0

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| <u>Glycosylated Haemoglobin (HbA1c)</u> | | | |
| HbA1C (Whole Blood/HPLC) | 4.9 | % | 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) 93.93 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.

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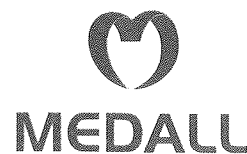
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CLINICAL PATHOLOGY


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 - Flow cytometry) | 1 - 2 | /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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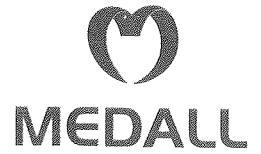
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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'O' 'Positive'

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

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|----------------------|-----------------------|-------------|--------------------------------------|

BIOCHEMISTRY

| | | | |
|---|-------|-------|--|
| BUN / Creatinine Ratio | 15.5 | | 6.0 - 22.0 |
| Glucose Fasting (FBS) (Plasma - F/GOD-PAP) | 104.8 | 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) | 131.9 | 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) | 12.3 | mg/dL | 7.0 - 21 |
|--|------|-------|----------|


| | | | |
|--------------------------------------|------|-------|-----------|
| Creatinine (Serum/Modified Jaffe) | 0.79 | 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.

| | | | |
|--------------------------------|-----|-------|-----------|
| Uric Acid (Serum/Enzymatic) | 6.2 | mg/dL | 3.5 - 7.2 |
|--------------------------------|-----|-------|-----------|


Dr. M B Sri Hansini MD (Path)
Consultant Pathologist
Reg No : 115265

VERIFIED BY


Dr. Ramesh Dayanand Kinha
Chief Pathologist
Reg No : 142072

APPROVED BY

-- End of Report --

The results pertain to sample tested.

Page 11 of 11

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| | | | |
|---------------|--------------|-------------|--------------|
| Customer Name | MR.SHIVRAM U | Customer ID | MED110646298 |
| Age & Gender | 34Y/MALE | Visit Date | 25/10/2021 |
| Ref Doctor | MediWheel | | |

SONOGRAM REPORT

WHOLE ABDOMEN

The liver is enlarged-sized and shows diffuse fatty changes. No focal lesion is seen.

The gall bladder is larged in sized and multiple small calculi in gall bladder lumen largest measures 5 mm.

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 10.9 x 5.5 cm.

The left kidney measures 10.2 x 5.4 cm.

Both kidneys shows multiple small microliths largest in right measuring 4 mm in lower pole, largest in left kidney in measures 3.7 mm in the middle calculi.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The prostate measures 3.4 x 2.7 x 3.9 cm (19.0 cc) and is normal sized.



| | | | |
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The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

IMPRESSION:

- **Cholelithiasis.**
- **Bilateral renal microliths.**
- **Hepatomegaly with grade I fatty changes.**



DR. G. UMALAKSHMI
SONOLOGIST



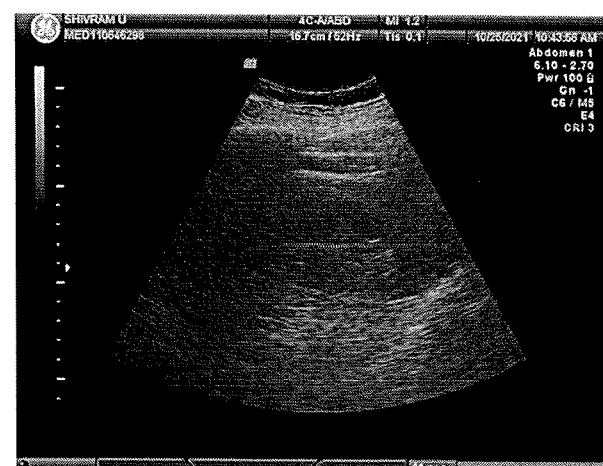
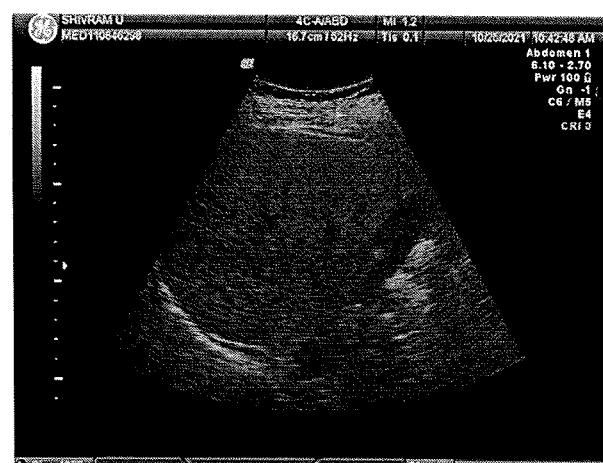
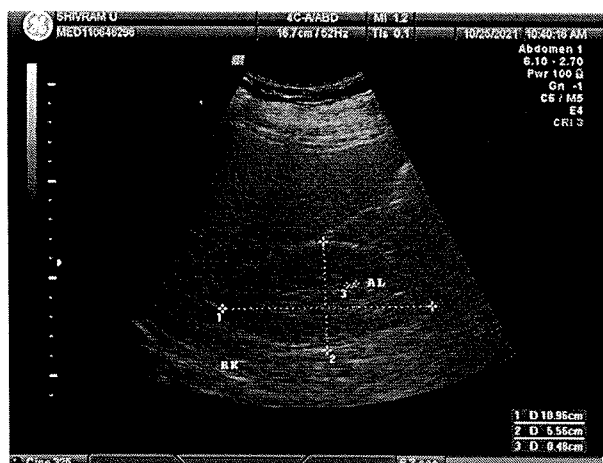
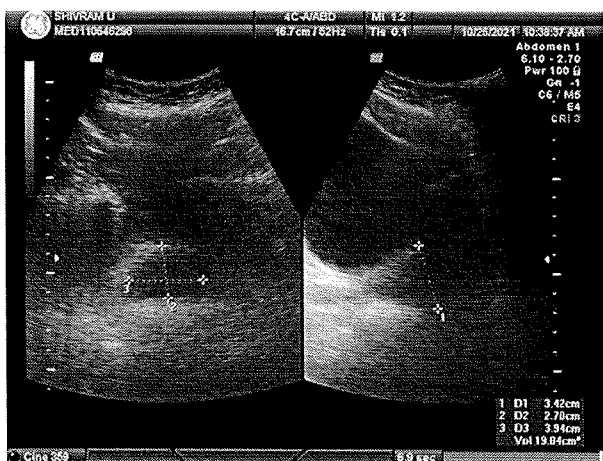


MEDALL

Precision Diagnostics-vadapalani

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

| | | | |
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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 | 0.95 |
| IVS(s) cm | 1.30 |
| LPW(d) cm | 0.95 |
| LPW(s) cm | 1.30 |
| EDV ml | 80 |
| ESV ml | 25 |
| SV ml | 54 |
| EF % | 67 |
| FS % | 31 |

| Parameters | Patient Value |
|------------|---------------|
| LA cm | 3.67 |
| AO cm | 3.13 |

| Valves | Velocity max(m/sec mm/Hg) |
|--------|---------------------------|
| AV | 1.13 m/s |
| PV | 1.05 m/s |
| MV (E) | 0.88 m/s |
| (A) | 0.60 m/s |
| TV (E) | 0.66 m/s |
| (A) | 0.44 m/s |

FINDINGS:

- ❖ Good left ventricle systolic function.
- ❖ No regional wall motion abnormality.
- ❖ No diastolic dysfunction.
- ❖ Normal chambers dimension.
- ❖ Normal valves.
- ❖ Normal pericardium/Intact septum.
- ❖ No clot/aneurysm.

IMPRESSION: SINUS TACHY CARDIA DURING STUDY HT is 57 BPM.

- ▶ NO REGIONAL WALL MOTION ABNORMALITY.
- ▶ GOOD LEFT VENTRICLE SYSTOLIC FUNCTION.


**B. SUDHA RANI (BSPA)
CARDIOLOGY**



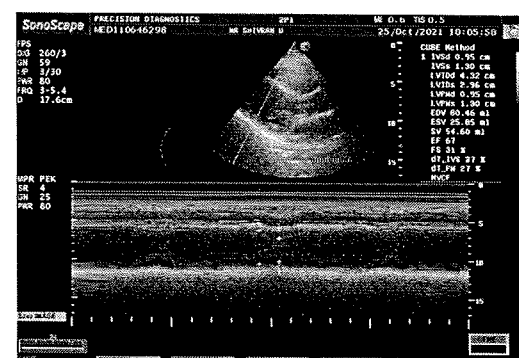
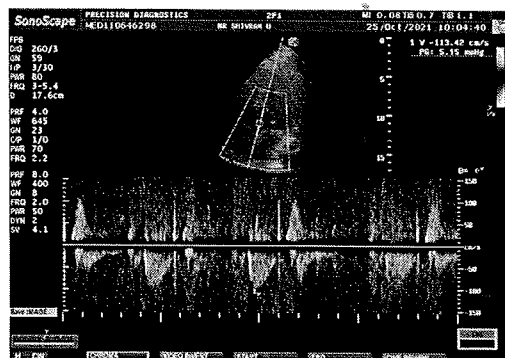
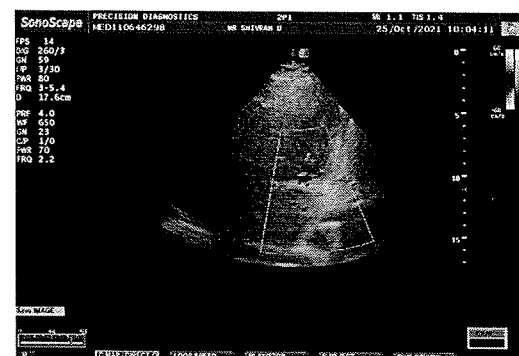
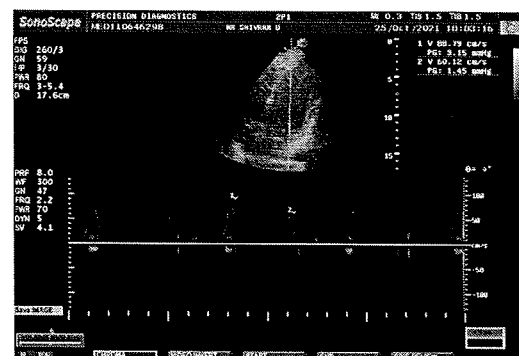
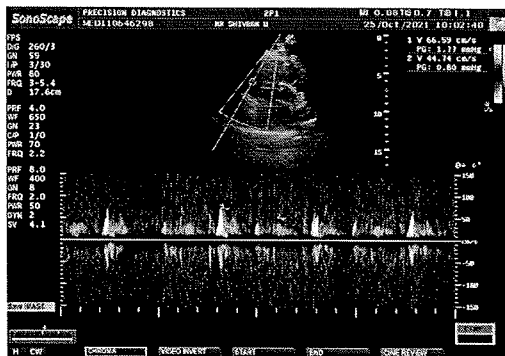
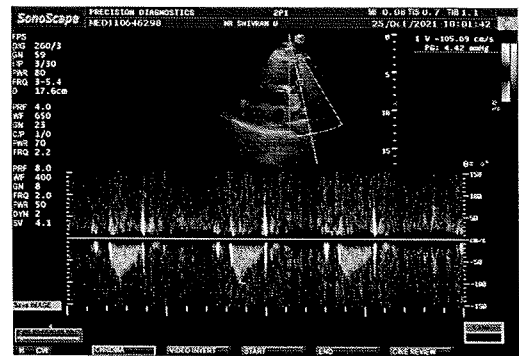
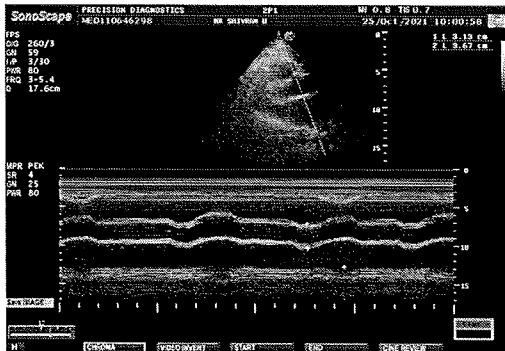


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|--------------|-----------|------------|---------------------|
| Name | SHIVRAM U | ID | MED110646298 |
| Age & Gender | 34Y/M | Visit Date | Oct 25 2021 12:00AM |
| Ref Doctor | MediWheel | | |

X - RAY CHEST PA VIEW

Subtle inhomogeneous opacities are noted in left lower zone. **Sugg : Clinical correlation.**

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.

DR. H.K. ANAND

DR. POOJA B.P

DR. HIMA BINDU P



DR. SHWETHA S

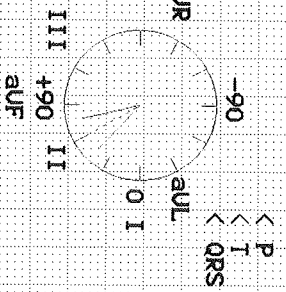
CONSULTANT RADIOLOGISTS



AGE:

Measurement Results:

QRS : 94 ms
QT/QTcB : 366 / 414 ms
PR : 154 ms
P : 100 ms
RR/PP : 760 / 775 ms
P/QRS/T : 60 / 76 / 44 degrees



Unconfirmed report.

