

Customer Name	MS.MAHARAKUZHALI R	Customer ID	MED111122881
Age & Gender	51Y/FEMALE	Visit Date	28/05/2022
Ref Doctor	MediWheel		

Personal Health Report

General Examination:

Height : 156.0cms
Weight : 54.7kg
BMI : 22.4kg/m²

Systemic Examination:

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

Blood report:

Haemoglobin – 9.9g/dL – Low.

Glucose Fasting (FBS) – 100.3mg/dL and HbA1C – 5.9% - Slightly elevated.

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 Cardiography – Grade-I LV diastolic dysfunction.

X-Ray Mammography – ACR Type ‘C’ parenchyma. ? Right breast lesion – BIRADS-0-Suggested USG Correlation.

USG Whole Abdomen – Fatty liver. Left renal concretions.



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Impression & Advice:

Haemoglobin – 9.9g/dL – Low. Advised to have iron rich diet and iron supplement prescribed by the physician.

Glucose Fasting (FBS) – 100.3mg/dL and HbA1C – 5.9% - Slightly elevated. To consult a diabetologist for further evaluation and management. To have diabetic diet recommended by the dietician.

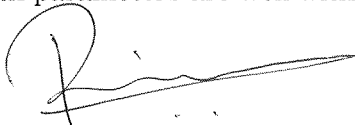
ECHO Cardiography – Grade-I LV diastolic dysfunction. To consult a cardiologist.

X-Ray Mammography – ACR Type ‘C’ parenchyma. ? Right breast lesion – BIRADS-0-Suggested USG Correlation. To consult a gynaecologist.

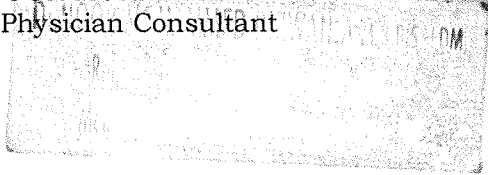
USG Whole Abdomen – Fatty liver. To take low fat diet, and high fiber diets. Regular brisk walking for 45 minutes daily, 5 days a week is essential.

USG Whole Abdomen – Left renal concretions. To consult an nephrologist.

All other health parameters are well within normal limits.



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



Name : Ms. MAHARAKUZHALI R
PID No. : MED111122881
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Investigation **Observed Value** **Unit** **Biological Reference Interval**

BLOOD GROUPING AND Rh TYPING

(EDTA Blood/Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	9.9	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	30.9	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	3.97	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	77.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	25.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.1	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	16.3	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	44.44	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	4900	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	53.5	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	35.7	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	2.8	%	01 - 06

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

VERIFIED BY

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

APPROVED BY

The results pertain to sample tested.

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.9	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.1	%	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)	2.62	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.75	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.14	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.34	$10^3 / \mu\text{l}$	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.05	$10^3 / \mu\text{l}$	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	385	$10^3 / \mu\text{l}$	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.6	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.33	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	6	mm/hr	< 30
BUN / Creatinine Ratio	11.6		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	100.3	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: \geq 126

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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)	113.5	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)	10.4	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.89	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)	2.8	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.58	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.15	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.43	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	24.6	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	21.8	U/L	5 - 41

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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	16.9	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	55.1	U/L	42 - 98
Total Protein (Serum/Biuret)	6.82	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.00	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.82	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.42		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	170.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	93.3	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)	37.5	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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LDL Cholesterol (Serum/Calculated)	114.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	18.7	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	133.3	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)	4.6		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)	2.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.9	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Estimated Average Glucose (Whole Blood)	122.63	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))	1.11	ng/ml	0.4 - 1.81
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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))	8.21	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))	1.00	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 < 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

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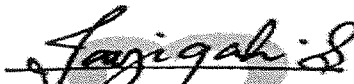
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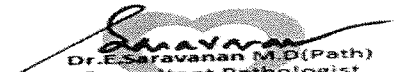


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<u>Urine Analysis - Routine</u>			
COLOUR (Urine)	Pale Yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated - Flow cytometry)	1 - 2	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry)	1 - 2	/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.


DR. FAYIQAH MD(PATH)
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-- End of Report --

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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	0.5
IVS(s)	cm	1.1
LPW(d)	cm	0.7
LPW(s)	cm	1.3
LVID(d)	cm	3.6
LVID(s)	cm	2.3
EDV ml		49
ESV ml		13
SV ml		35
EF %		72
FS %		34

Parameters		Patient Value
LA	cm	3.9
AO	cm	2.1

Valves	Velocity max(m/sec mm/Hg)
AV	0.6/2
PV	0.8/3
MV (E)	0.4
(A)	0.7
TV	1.1/4

FINDINGS:

- ❖ No regional wall motion abnormality.
- ❖ Normal left ventricle systolic function. (EF: 72%).
- ❖ Grade - I LV diastolic dysfunction.
- ❖ Normal chambers dimension.
- ❖ Normal valves.
- ❖ Normal pericardium/Intact septae.
- ❖ No clot/aneurysm.

IMPRESSION:

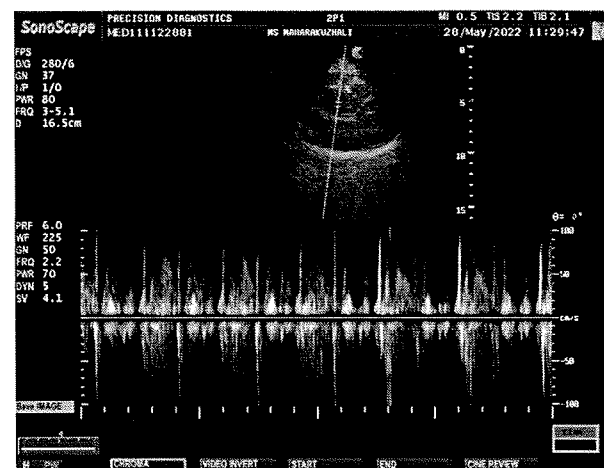
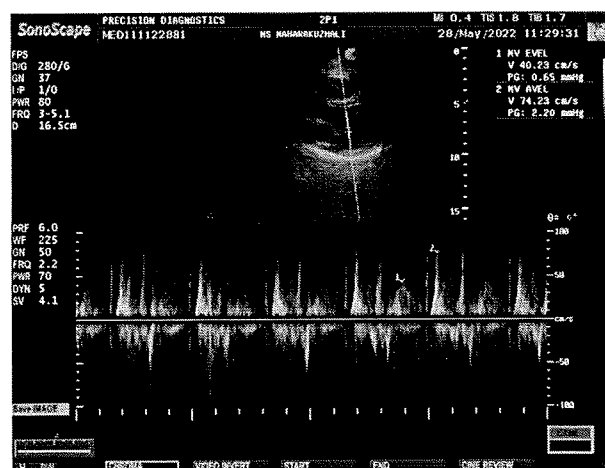
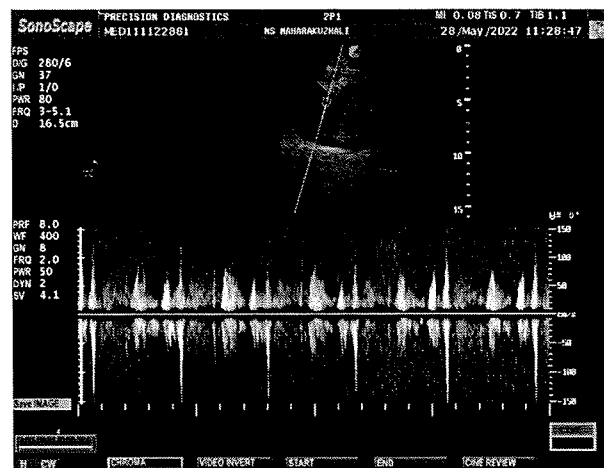
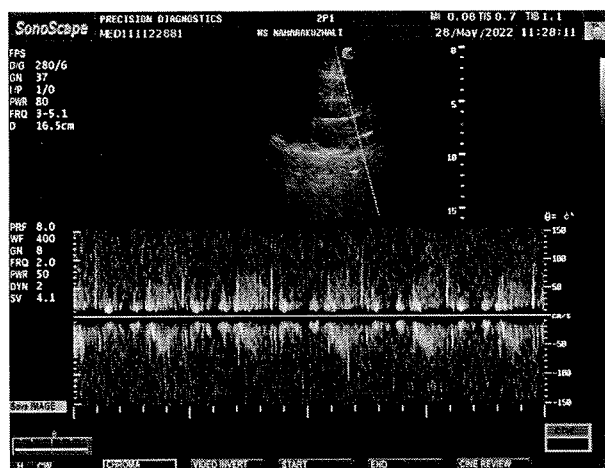
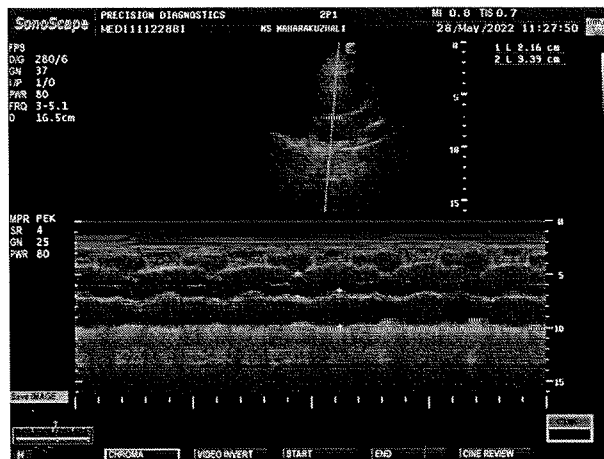
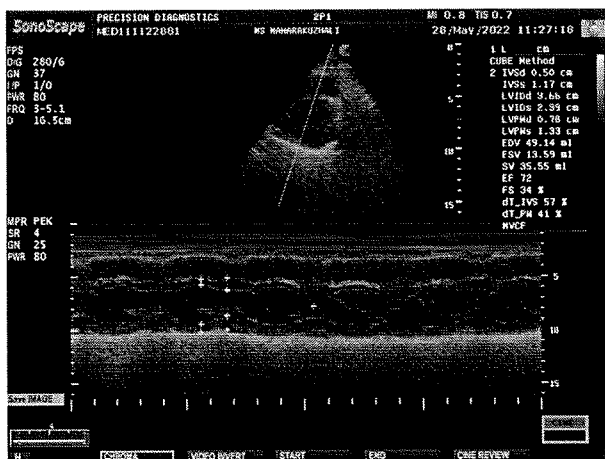
- ⚡ NO REGIONAL WALL MOTION ABNORMALITY.
- ⚡ NORMAL LEFT VENTRICLE SYSTOLIC FUNCTION.
- ⚡ GRADE I LV DIASTOLIC DYSFUNCTION.


S. VIGNESH M.Sc.
ECHO TECHNICIAN



Precision Diagnostics-vadapalani
 58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission Office),

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SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows diffuse fatty changes. No focal lesion 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 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 8.5 x 3.9cm.

The left kidney measures 8.7 x 5.2cm.

Few concretions seen in the left kidney.

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

There is no 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 8.0 x 4.0cm.



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

The right ovary measures 2.8 x 1.6cm.

The left ovary measures 2.5 x 1.6cm.

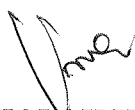
No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

IMPRESSION:

- **Fatty liver.**
- **Left renal concretions.**



**DR. UMALAKSHMI
SONOLOGIST**



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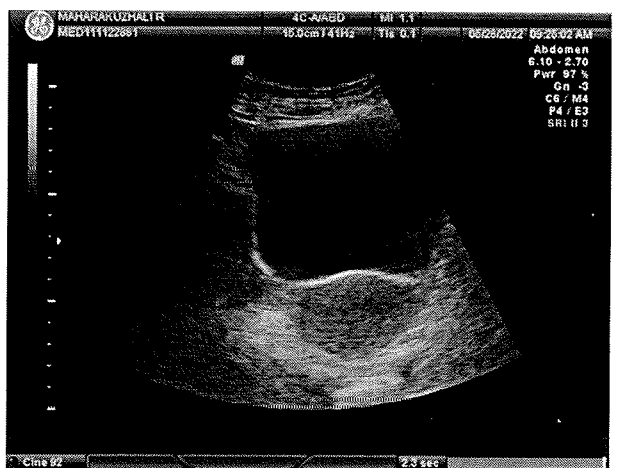
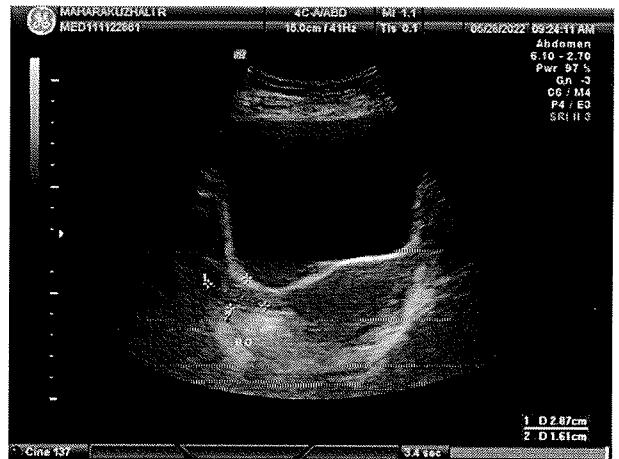
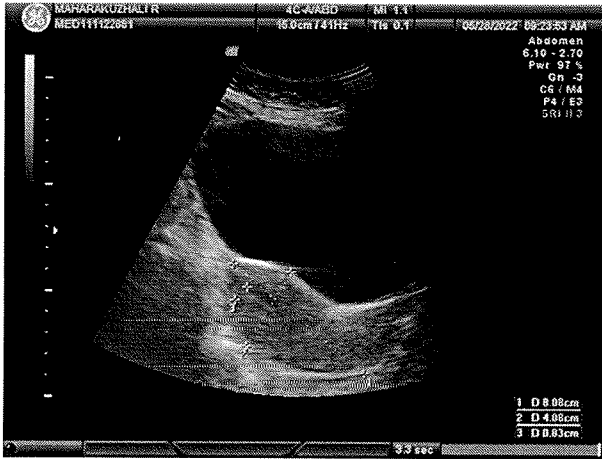
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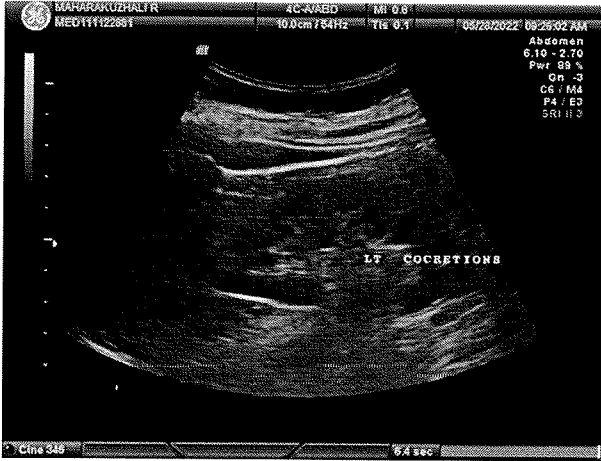
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Customer Name	MS.MAHARAKUZHALI R	Customer ID	MED111122881
Age & Gender	51Y/FEMALE	Visit Date	28/05/2022
Ref Doctor	MediWheel		

MAMMOGRAPHY

REPORT

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

Both breasts show dense fibroglandular tissue (ACR Type “C” parenchyma).

No other significant calcification noted.

Small faint high density round focus, probably a lesion noted in the upper quadrant along the midline in the right breast- Suggested USG correlation.

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.

Bilateral axillae show few prominent lymph nodes, the largest measuring 1.1 cm (sad) in the right.

IMPRESSION:

- ACR Type ‘C’ parenchyma.
- ? Right breast lesion- BIRADS - 0- Suggested USG correlation.
- Review study after 2-3 years- NICE Guidelines.



**DR. SHARANYA.S MD,DNB
RADIOLOGIST**



Customer Name	MS.MAHARAKUZHALI R	Customer ID	MED111122881
Age & Gender	51Y/FEMALE	Visit Date	28/05/2022
Ref Doctor	MediWheel		

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.



Name	MAHARAKUZHALI R	Customer ID	MED111122881
Age & Gender	51Y/F	Visit Date	May 28 2022 2:52PM
Ref Doctor	MediWhecl		

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**



AGE:
 Measurement Results:
 QRS 94 ms
 QT/QTcB 382 / 429 ms
 PR 118 ms
 P 98 ms
 RR/PP 792 / 785 ms
 P/ORS/T 66 / 78 / 41 degrees

III +90
 aVF II

Interpretation:
 12SL ~ Interpretation:
 Normal sinus rhythm
 Normal ECG

Unconfirmed report.

