

Name : Mr. VINCENT THANISLAS
PID No. : MED111810973
SID No. : 223013796
Age / Sex : 46 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 26/08/2023 8:13 AM
Collection On : 26/08/2023 8:34 AM
Report On : 26/08/2023 5:28 PM
Printed On : 10/10/2023 2:55 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'A' Positive'		
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INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	13.4	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	39.5	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.10	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	96.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	32.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	34.0	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	12.8	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	43.14	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	5900	cells/cu.m m	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	48.8	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	39.4	%	20 - 45




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

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The results pertain to sample tested.

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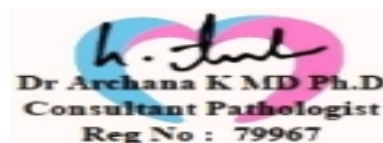
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Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.9	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	9.2	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.7	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.88	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.32	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.11	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.54	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.04	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	260	10 ³ / μ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.1	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.24	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	11	mm/hr	< 15



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BUN / Creatinine Ratio	9.6		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	79.0	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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	84.4	mg/dL	70 - 140
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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. 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
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.5	mg/dL	7.0 - 21
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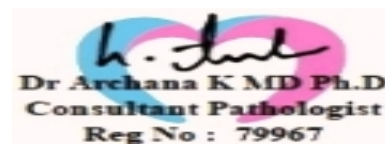
Creatinine (Serum/Modified Jaffe)	0.88	mg/dL	0.9 - 1.3
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INTERPRETATION: Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, 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)	4.5	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	1.06	mg/dL	0.1 - 1.2
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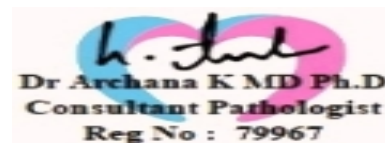
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.18	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.88	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	20.9	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	23.0	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	23.6	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	65.8	U/L	53 - 128
Total Protein (Serum/Biuret)	6.67	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.98	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.69	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.48		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	227.3	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	103.6	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500



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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)	33.4	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	173.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
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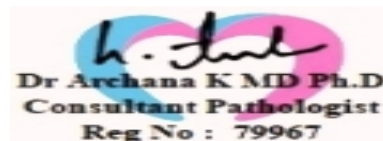
VLDL Cholesterol (Serum/Calculated)	20.7	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	193.9	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220
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INTERPRETATION: 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)	6.8		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
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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
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	5.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	4.4	%	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 %

Estimated Average Glucose (Whole Blood)	79.58	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 glyemic 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.

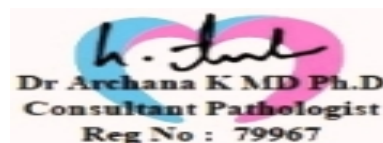
Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.69	ng/mL	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
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INTERPRETATION: REMARK : PSA alone should not be used as an absolute indicator of malignancy.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.70	ng/ml	0.7 - 2.04
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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))	4.61	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))	4.63	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 :

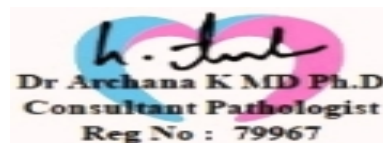
1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

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&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)	Pale yellow	Yellow to Amber
APPEARANCE (Urine)	Clear	Clear
Protein (Urine/Protein error of indicator)	Positive(+)	Negative
Remark: Rechecked		
Glucose (Urine/GOD - POD)	Negative	Negative



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Pus Cells (Urine/Automated ~ Flow cytometry)	1 - 2	/hpf	NIL
Epithelial Cells (Urine/Automated ~ Flow cytometry)	0 - 1	/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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-- End of Report --

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Ref Doctor Name	MediWheel		



SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows diffuse fatty changes. No focal lesion is seen.

The gall bladder is not visualised - history of surgery.

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 11.8 x 7.2 cm.

The left kidney measures 10.7 x 5.8 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 prostate measures 3.5 x 3.3 x 3.2 cm (Vol ~ 20.4 ml) and is normal sized.

The echotexture is homogeneous.

The seminal vesicles are normal.

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Iliac fossae are normal.

IMPRESSION:

- Fatty liver.
- Post cholecystectomy status.

DR. UMALAKSHMI
SONOLOGIST

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ECHOCARDIOGRAPHY

M-MODE MEASUREMENTS:-

<u>VALUES</u>	
AO	3.3 cm
LA	3.7 cm
LVID(D)	6.8 cm
LVID (S)	5.3 cm
IVS (D)	1.0 cm
IVS (S)	1.1 cm
LVPW (D)	1.1 cm
LVPW (S)	1.0 cm
EF	65 %
FS	36 %
TAPSE	18 mm

DOPPLER AND COLOUR FLOW PARAMETERS :-

Aortic Valve Gradient : **V max - 1.34 m/sec**
Pulmonary Valve Gradient : **V max - 0.56 m/sec**
Mitral Valve Gradient : **E: 0.62 m/sec** **A: 0.79 m/sec**
Tricuspid Valve Gradient : **V max - 0.45 m/sec**

VALVE MORPHOLOGY :-

Aortic valve - **Normal**
Mitral valve - **Normal**
Tricuspid valve - **Normal**
Pulmonary valve - **Normal**

CHAMBERS

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

ECHO FINDINGS:

Mildly dilated LA.

No definite Wall Motion Abnormality (RWMA)

Dilated LV with Normal Left Ventricular systolic function, EF 65%.

Grade I LV Diastolic Dysfunction.

Mild Mitral Regurgitation.

Thickened Aortic valve /Moderate Aortic Regurgitation / No Aortic stenosis.

Normal RV Function / Trivial Tricuspid Regurgitation (2.5 m/s).

No Pulmonary Artery Hypertension.

No LA/LV Clot.

No Vegetation / Pericardial Effusion.

No ASD/VSD/ PDA/ CoA.

IMPRESSION:

*** DILATED LV WITH NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION, EF 65%**

**MOHANRAJ
ECHO TECHNOLOGIST**

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Name	Mr. VINCENT THANISLAS	ID	MED111810973
Age & Gender	46Y/M	Visit Date	Aug 26 2023 8:12AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Aortic unfolding is seen.

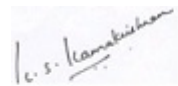
Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

The left CP angle is obscured - ? Nature. Please consider US or CT correlation.

Bilateral domes of diaphragm are normal.

Visualised bones and soft tissues appear normal.



Dr. Rama Krishnan. MD, DNB.,
Consultant Radiologist.
Medall Healthcare Pvt Ltd.

Name	VINCENT THANISLAS	ID	MED111810973
Age & Gender	46-46-46-Male	Visit Date	8/27/2023 10:46:21 AM
Ref Doctor Name	MediWheel		



Personal Health Report

General Examination:

Height : 169.0 cms
Weight : 75.7 kg
BMI : 26.5 kg/m²

BP: 140/80 mmhg
Pulse: 66/ min, regular

Systemic Examination:

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

Blood report:

Total cholesterol -227.3 mg/dl - Slightly elevated.

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

Urine Analysis-Protein (positive +).

X-Ray Chest - Normal study.

ECG - abnormal ECG.

ECHO - abnormal.

USG whole abdomen - Fatty liver.

Dental - Normal .

Eye Test - Distant and near vision defect / (left- glaucoma) .

Vision	Right eye	Left eye
Distant Vision	6/36	-
Near Vision	N/36	-
Colour Vision	Normal	-

Impression & Advice:

Total cholesterol -227.3 mg/dl - Slightly elevated. To be brought down to the desirable level of

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Name	VINCENT THANISLAS	ID	MED111810973
Age & Gender	46-46-46-Male	Visit Date	8/27/2023 10:46:21 AM
Ref Doctor Name	MediWheel		



200mg/dl by having low cholesterol, high fiber diet recommended by the dietician.

ECG - abnormal ECG /ECHO - abnormal - To consult cardiologist for further evaluation.

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.

Eye Test - Distant and near vision defect / (left- glaucoma) . 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

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Name : Mr. VINCENT THANISLAS
PID No. : MED111810973
SID No. : 223013796
Age / Sex : 46 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 26/08/2023 8:13 AM
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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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

Haemoglobin (EDTA Blood/Spectrophotometry)	13.4	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	39.5	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.10	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	96.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	32.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	34.0	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	12.8	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	43.14	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	5900	cells/cu.m m	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	48.8	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	39.4	%	20 - 45




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

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The results pertain to sample tested.

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Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.9	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	9.2	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.7	%	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)	2.88	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.32	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.11	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.54	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.04	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	260	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.1	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.24	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	11	mm/hr	< 15



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

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BUN / Creatinine Ratio	9.6		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	79.0	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)	84.4	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.

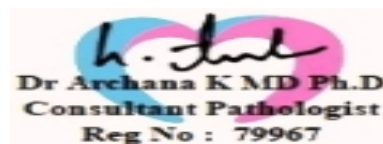
Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	8.5	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.88	mg/dL	0.9 - 1.3

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)	4.5	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	1.06	mg/dL	0.1 - 1.2
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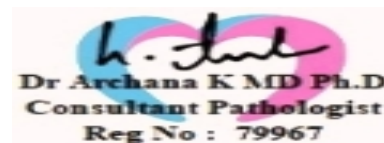
Type : OP

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Ref. Dr : MediWheel



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.18	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.88	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	20.9	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	23.0	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	23.6	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	65.8	U/L	53 - 128
Total Protein (Serum/Biuret)	6.67	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.98	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.69	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.48		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	227.3	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	103.6	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500



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The results pertain to sample tested.

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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)	33.4	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	173.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
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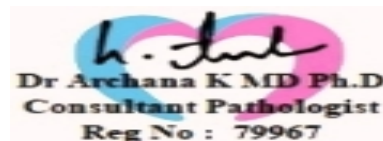
VLDL Cholesterol (Serum/Calculated)	20.7	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	193.9	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220
---	-------	-------	--

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)	6.8		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
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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
--	-----	--	--



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL/HDL Cholesterol Ratio (Serum/Calculated)	5.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	4.4	%	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)	79.58	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 glyemic 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.

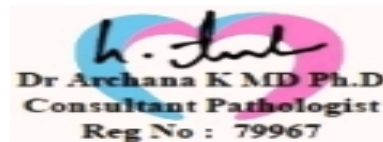
Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.

Prostate specific antigen - Total (PSA) (Serum/Manometric method)	0.69	ng/mL	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

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.70	ng/ml	0.7 - 2.04
---	------	-------	------------



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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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))	4.61	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))	4.63	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 :

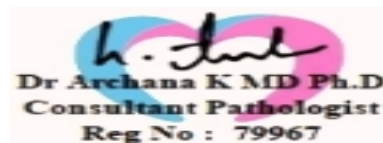
1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

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&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)	Pale yellow	Yellow to Amber
APPEARANCE (Urine)	Clear	Clear
Protein (Urine/Protein error of indicator)	Positive(+)	Negative
Remark: Rechecked		
Glucose (Urine/GOD - POD)	Negative	Negative



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The results pertain to sample tested.

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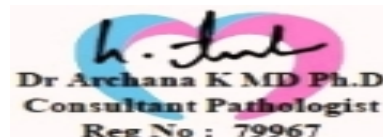
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Pus Cells (Urine/Automated ~ Flow cytometry)	1 - 2	/hpf	NIL
Epithelial Cells (Urine/Automated ~ Flow cytometry)	0 - 1	/hpf	NIL
RBCs (Urine/Automated ~ Flow 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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-- End of Report --

Name	VINCENT THANISLAS	ID	MED111810973
Age & Gender	46-Male	Visit Date	8/27/2023 10:46:21 AM
Ref Doctor Name	MediWheel		



SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows diffuse fatty changes. No focal lesion is seen.

The gall bladder is not visualised - history of surgery.

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 11.8 x 7.2 cm.

The left kidney measures 10.7 x 5.8 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 prostate measures 3.5 x 3.3 x 3.2 cm (Vol ~ 20.4 ml) and is normal sized.

The echotexture is homogeneous.

The seminal vesicles are normal.

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Name	VINCENT THANISLAS	ID	MED111810973
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Iliac fossae are normal.

IMPRESSION:

- Fatty liver.
- Post cholecystectomy status.

DR. UMALAKSHMI
SONOLOGIST

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ECHOCARDIOGRAPHY

M-MODE MEASUREMENTS:-

<u>VALUES</u>	
AO	3.3 cm
LA	3.7 cm
LVID(D)	6.8 cm
LVID (S)	5.3 cm
IVS (D)	1.0 cm
IVS (S)	1.1 cm
LVPW (D)	1.1 cm
LVPW (S)	1.0 cm
EF	65 %
FS	36 %
TAPSE	18 mm

DOPPLER AND COLOUR FLOW PARAMETERS :-

Aortic Valve Gradient : **V max - 1.34 m/sec**
Pulmonary Valve Gradient : **V max - 0.56 m/sec**
Mitral Valve Gradient : **E: 0.62 m/sec** **A: 0.79 m/sec**
Tricuspid Valve Gradient : **V max - 0.45 m/sec**

VALVE MORPHOLOGY :-

Aortic valve - **Normal**
Mitral valve - **Normal**
Tricuspid valve - **Normal**
Pulmonary valve - **Normal**

CHAMBERS

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Age & Gender	46-46-Male	Visit Date	8/27/2023 10:46:21 AM
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LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
RIGHT ATRIUM	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTERVENTRICULAR SEPTUM	INTACT

ECHO FINDINGS:

Mildly dilated LA.

No definite Wall Motion Abnormality (RWMA)

Dilated LV with Normal Left Ventricular systolic function, EF 65%.

Grade I LV Diastolic Dysfunction.

Mild Mitral Regurgitation.

Thickened Aortic valve /Moderate Aortic Regurgitation / No Aortic stenosis.

Normal RV Function / Trivial Tricuspid Regurgitation (2.5 m/s).

No Pulmonary Artery Hypertension.

No LA/LV Clot.

No Vegetation / Pericardial Effusion.

No ASD/VSD/ PDA/ CoA.

IMPRESSION:

*** DILATED LV WITH NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION, EF 65%**

**MOHANRAJ
ECHO TECHNOLOGIST**

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Name	Mr. VINCENT THANISLAS	ID	MED111810973
Age & Gender	46Y/M	Visit Date	Aug 26 2023 8:12AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Aortic unfolding is seen.

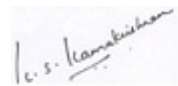
Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

The left CP angle is obscured - ? Nature. Please consider US or CT correlation.

Bilateral domes of diaphragm are normal.

Visualised bones and soft tissues appear normal.



Dr. Rama Krishnan. MD, DNB.,
Consultant Radiologist.
Medall Healthcare Pvt Ltd.

Name	VINCENT THANISLAS	ID	MED111810973
Age & Gender	46-46-46-Male	Visit Date	8/27/2023 10:46:21 AM
Ref Doctor Name	MediWheel		



Personal Health Report

General Examination:

Height : 169.0 cms
 Weight : 75.7 kg
 BMI : 26.5 kg/m²

BP: 140/80 mmhg
 Pulse: 66/ min, regular

Systemic Examination:

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

Blood report:

Total cholesterol -227.3 mg/dl - Slightly elevated.

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

Urine Analysis-Protein (positive +).

X-Ray Chest - Normal study.

ECG - abnormal ECG.

ECHO - abnormal.

USG whole abdomen - Fatty liver.

Dental - Normal .

Eye Test - Distant and near vision defect / (left- glaucoma) .

Vision	Right eye	Left eye
Distant Vision	6/36	-
Near Vision	N/36	-
Colour Vision	Normal	-

Impression & Advice:

Total cholesterol -227.3 mg/dl - Slightly elevated. To be brought down to the desirable level of

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200mg/dl by having low cholesterol, high fiber diet recommended by the dietician.

ECG - abnormal ECG /ECHO - abnormal - To consult cardiologist for further evaluation.

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.

Eye Test - Distant and near vision defect / (left- glaucoma) . 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

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