

இந்திய அரசாங்கம்  
Government of India  
விஸ்வநாத் வெற்றிவேல் சந்திரசேகரன்  
Viswanath Vetrivel Chandrasekaran  
பிறந்த நாள் / DOB : 28/12/1989  
ஆண் / MALE



3192 3331 9039  
எனது ஆதார், எனது அடையாளம்

*C. V. R.*

PRECISION DIAGNOSIS  
191, Poonamallee High Road  
Kilpauk, Chennai - 600 031  
Ph: 044-4592 7777

*V.*

Name	MR.VISWANATH VETRIVEL C	ID	MED120813006
Age & Gender	32Y/MALE	Visit Date	16/02/2022
Ref Doctor	MediWheel		

## MASTER HEALTH CHECK UP SUMMARY

Height :	174 cm	Weight:	104 kg
BMI :	34.4		

### COMPLAINTS:

- Nil.

### PRESENT HISTORY:

- Nil.

### PAST HISTORY:

- Fracture left femur – Operated 12 years back.

### FAMILY HISTORY:

- Parents – T2DM/SHT.

### PERSONAL HISTORY:

- Nil.

### GENERAL EXAMINATION:

Pallor: No

Cyanosis: No

Pedal edema: No

Icterus: No

Lymphadenopathy: No

Pulse: 62/min

BP: 110/70 mmHg

Respiratory Rate: 18/min

Temp: Normal

Others: Nil



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**SYSTEMIC EXAMINATION:**

CVS: S1S2+                      RS: B/L NVBS (+) Occ wheeze (+).                      CNS: NFND  
P/A: Soft, No palpable mass, No tenderness. BS +.

**INVESTIGATIONS:**

**XRAY:**

- Essentially normal study.

**ECG:**

- Normal ECG.

**ULTRASOUND ABDOMEN:**

- Grade I fatty liver.

**TREADMILL TEST:**

- Negative.

**LAB REPORTS:**

- Elevated FBS, HbA1C levels.
- Elevation in uric acid, SGPT levels.
- Low HDL level.
- Elevation in LDL level.



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**EXAMINATION OF EYES:**

	Right Eye	Left Eye
DISTANT VISION	6/6	6/6
NEAR VISION	N6	N6
COLOUR VISION	Normal	Normal

- Within normal limits.

**ADVISED:**

- Balanced diet and regular exercises.
- Avoid oily, salty food.
- Heart healthy diet.
- Breathing exercises.
- To Repeat HbA1C and Uric acid tests after 3 months and Diabetologist follow – up.

  
**DR. N.L. ANANDHI**  
 Consultant Physician





Name : Mr. VISWANATH VETRIVEL C  
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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 (EDTA Blood/Agglutination)	'AB' 'Positive'		
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INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

**Complete Blood Count With - ESR**

Haemoglobin (EDTA Blood/Spectrophotometry)	14.1	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	42.1	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	5.04	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	83.5	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	28.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.6	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.9	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	40.7	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	9100	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	53.9	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	33.0	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	4.5	%	01 - 06

  
 Dr. Ramesh Dayanand Kinha  
 Chief Pathologist  
 Reg No : 142072

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The results pertain to sample tested.

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	8.0	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.6	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.9	10 <sup>3</sup> / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.0	10 <sup>3</sup> / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.4	10 <sup>3</sup> / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.7	10 <sup>3</sup> / μl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.1	10 <sup>3</sup> / μl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	390	10 <sup>3</sup> / μl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.6	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	<b>0.336</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	13	mm/hr	< 15
BUN / Creatinine Ratio	10.7		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	<b>116.6</b>	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	124.2	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)	9.7	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.90	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)	7.4	mg/dL	3.5 - 7.2
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**Liver Function Test**


Bilirubin(Total) (Serum/DCA with ATCS)	0.52	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.14	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.38	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	23.7	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	42.6	U/L	5 - 41
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 Chief Pathologist  
 Reg No : 442072

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	52.5	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	99.9	U/L	53 - 128
Total Protein (Serum/Biuret)	7.56	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.09	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.47	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.18		1.1 - 2.2

**Lipid Profile**

Cholesterol Total (Serum/CHOD-PAP with ATCS)	170.9	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	89.3	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/Immuno-inhibition)	45.3	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL Cholesterol (Serum/Calculated)	107.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	17.9	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	125.6	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220


**INTERPRETATION:** 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.  
 2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.8		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)	2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.4		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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Estimated Average Glucose (Whole Blood)	122.63	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 glyceemic 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))	0.85	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))	6.37	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))	2.88	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.

  
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<b><u>Urine Analysis - Routine</u></b>			
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.

  
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 Chief Pathologist  
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-- End of Report --

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Age & Gender	32Y/MALE	Visit Date	16/02/2022
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### ULTRASOUND WHOLE ABDOMEN

*Liver span – 13.2cm, shows homogenously increased parenchymal echoes. No focal lesion is seen.*

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

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

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

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

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

**Right kidney** measures 10.2 x 4.7cm.

**Left kidney** measures 10.5 x 5.7 cm.

Ureters are not dilated.

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

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

No para aortic lymphadenopathy is seen.

**Prostate** is normal in size, measures 3.5 x 3.1 x 3.0 cm (vol-17cc)

Echotexture is homogenous.

Seminal vesicles is normal.

Iliac fossae are normal.

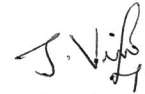
There is no free or loculated peritoneal fluid.



Name	MR.VISWANATH VETRIVEL C	ID	MED120813006
Age & Gender	32Y/MALE	Visit Date	16/02/2022
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**IMPRESSION:**

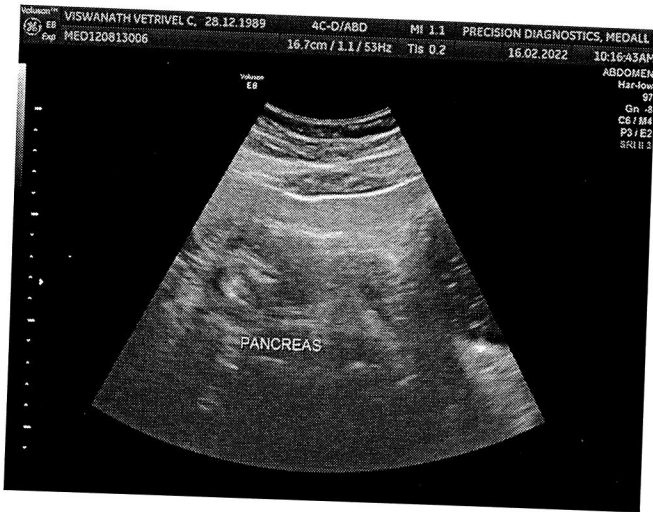
➤ *Grade I fatty liver.*



**Dr. J.Vinolin Nivetha, M.D.R.D,  
Consultant Radiologist.**

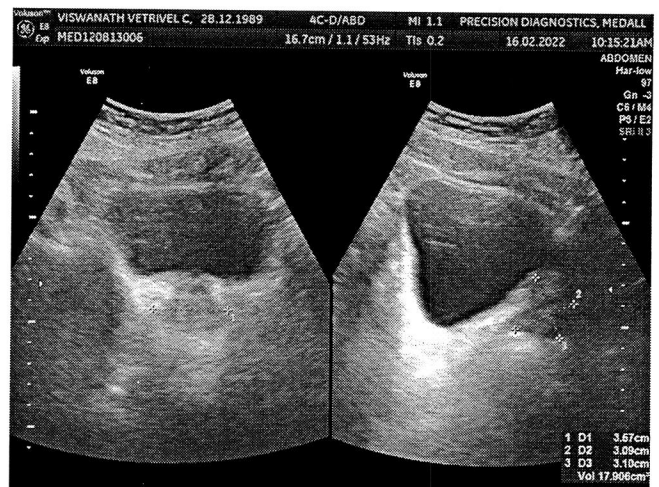
Precision Diagnostics  
 No:191, Poonamalle High Road (Near Taylors Road Signal)

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Precision Diagnostics  
 No:191, Poonamalle High Road (Near Taylors Road Signal)

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Name	VISWANATH VETRIVEL C	Customer ID	MED120813006
Age & Gender	32Y/M	Visit Date	Feb 16 2022 9:22AM
Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

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.

**Impression:**                    *Essentially normal study.*



**DR. POOJA B.P. MDRD.DNB  
CONSULTANT RADIOLOGIST**



## MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

**Patient Details**                      **Date:** 16-Feb-22                      **Time:** 1:13:09 PM  
**Name:** MR.VISWANATH VETRIVEL C    **ID:** MED120813006  
**Age:** 32 y                                      **Sex:** M                                      **Height:** 174 cms.                      **Weight:** 104 Kg.  
**Clinical History:**

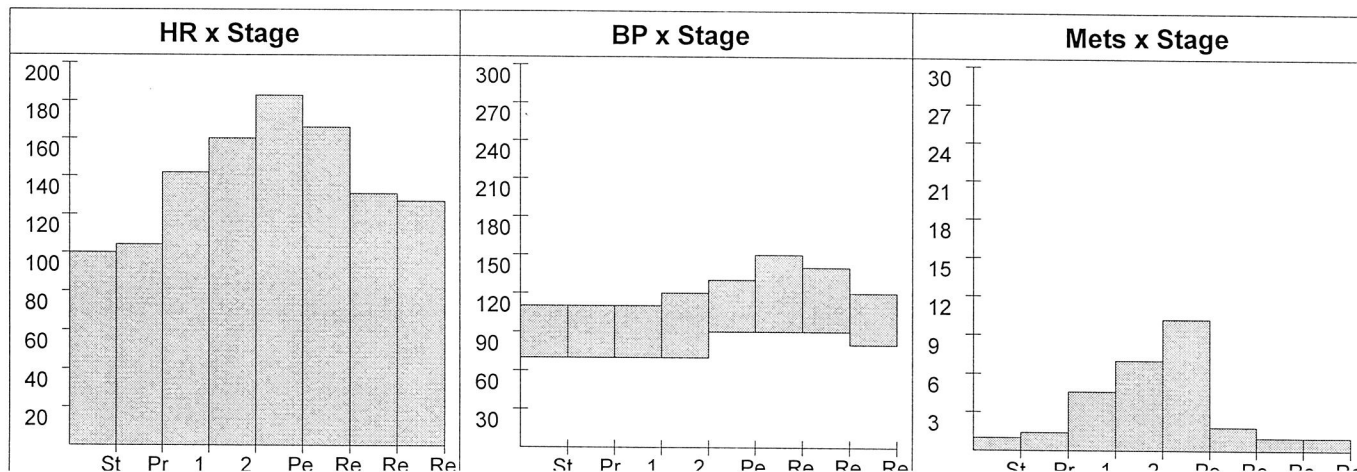
**Medications:**

### Test Details

**Protocol:** Bruce                                      **Pr.MHR:** 188 bpm                                      **THR:** 169 (90 % of Pr.MHR) bpm  
**Total Exec. Time:** 8 m 24 s                      **Max. HR:** 183 ( 97% of Pr.MHR )bpm                      **Max. Mets:** 10.20  
**Max. BP:** 150 / 90 mmHg                      **Max. BP x HR:** 27450 mmHg/min                      **Min. BP x HR:** 7000 mmHg/min  
**Test Termination Criteria:**

### Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Standing	0 : 12	1.0	0	0	100	110 / 70	-0.64 aVR	1.77 V2
1	3 : 0	4.6	1.7	10	142	110 / 70	-1.27 III	3.54 V3
2	3 : 0	7.0	2.5	12	160	120 / 70	-2.12 III	5.66 V3
Peak Ex	2 : 24	10.2	3.4	14	183	130 / 90	-5.94 III	5.66 V2
Recovery(1)	1 : 0	1.8	1	0	166	150 / 90	-4.03 III	5.66 II
Recovery(2)	1 : 5	1.0	0	0	131	140 / 90	-4.67 III	5.66 aVF
Recovery(3)	1 : 19	1.0	0	0	127	120 / 80	-4.67 aVR	5.66 II



## MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

**Patient Details**                      **Date:** 16-Feb-22                      **Time:** 1:13:09 PM  
**Name:** MR.VISWANATH VETRIVEL C    **ID:** MED120813006  
**Age:** 32 y                      **Sex:** M                      **Height:** 174 cms.                      **Weight:** 104 Kg.

### Interpretation

- THR achieved  
- good effort tolerance  
- no ST/T changes  
TMT negative  
Jayan  
16/2/22

PRECISION DIAGNOSTICS  
191, Poonamallee High Road,  
Kilpauk, Chennai - 600 031  
Ph: 044-4592 7777

MR. VISWANATH VETRIVEL C (32 M)

MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

Test Report

Protocol: Bruce

ID: MED120813006

Date: 16-Feb-22

Exec Time : 0 m 0 s

Stage Time : 0 m 6 s

HR: 104 bpm

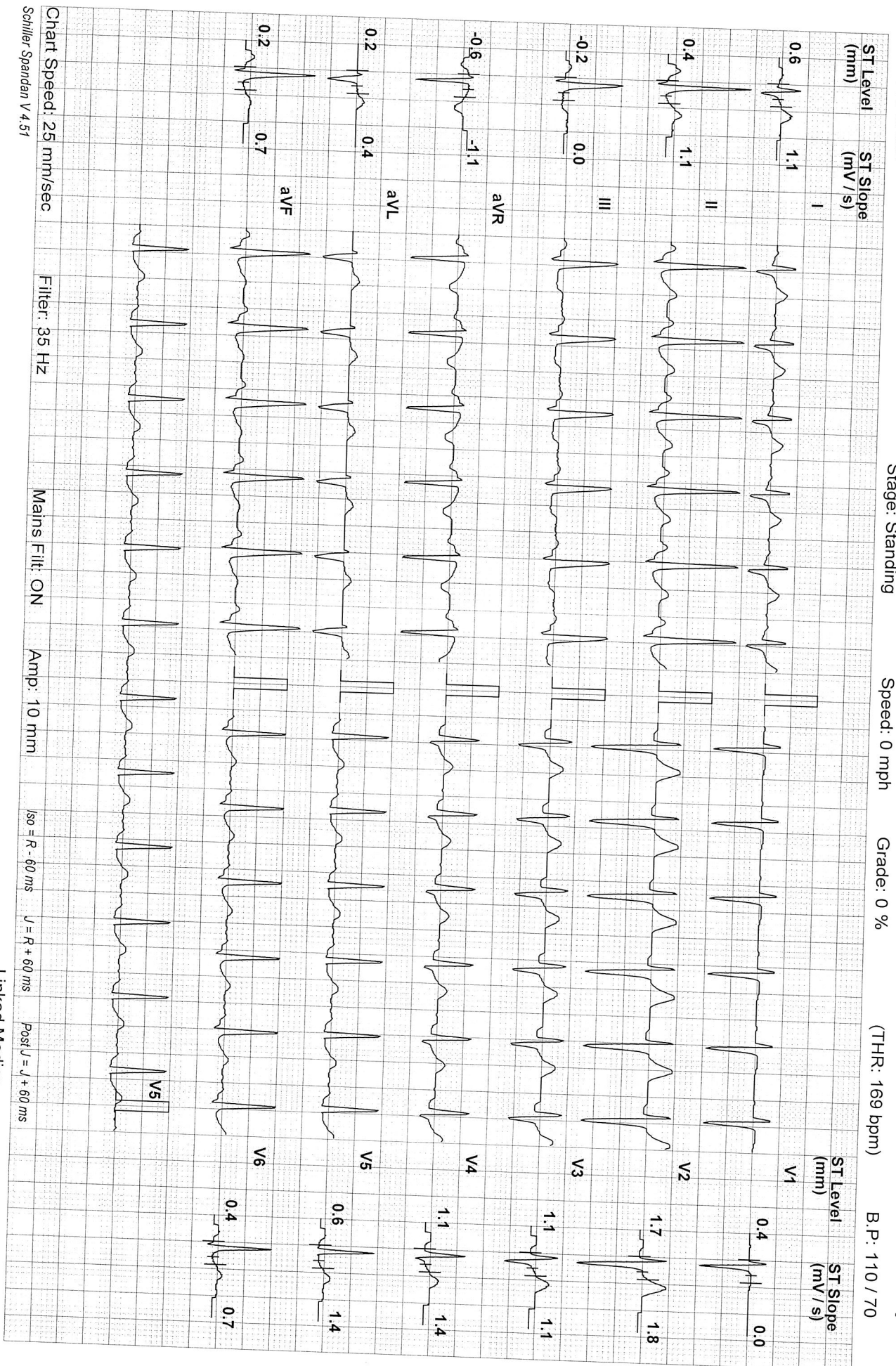
Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P: 110 / 70



Linked Median



# MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

**M.R. VISWANATH VETRIVEL C (32 M)**

ID: MED120813006

Protocol: Bruce

Date: 16-Feb-22

Exec Time : 2 m 54 s Stage Time : 2 m 54 s

**Test Report**

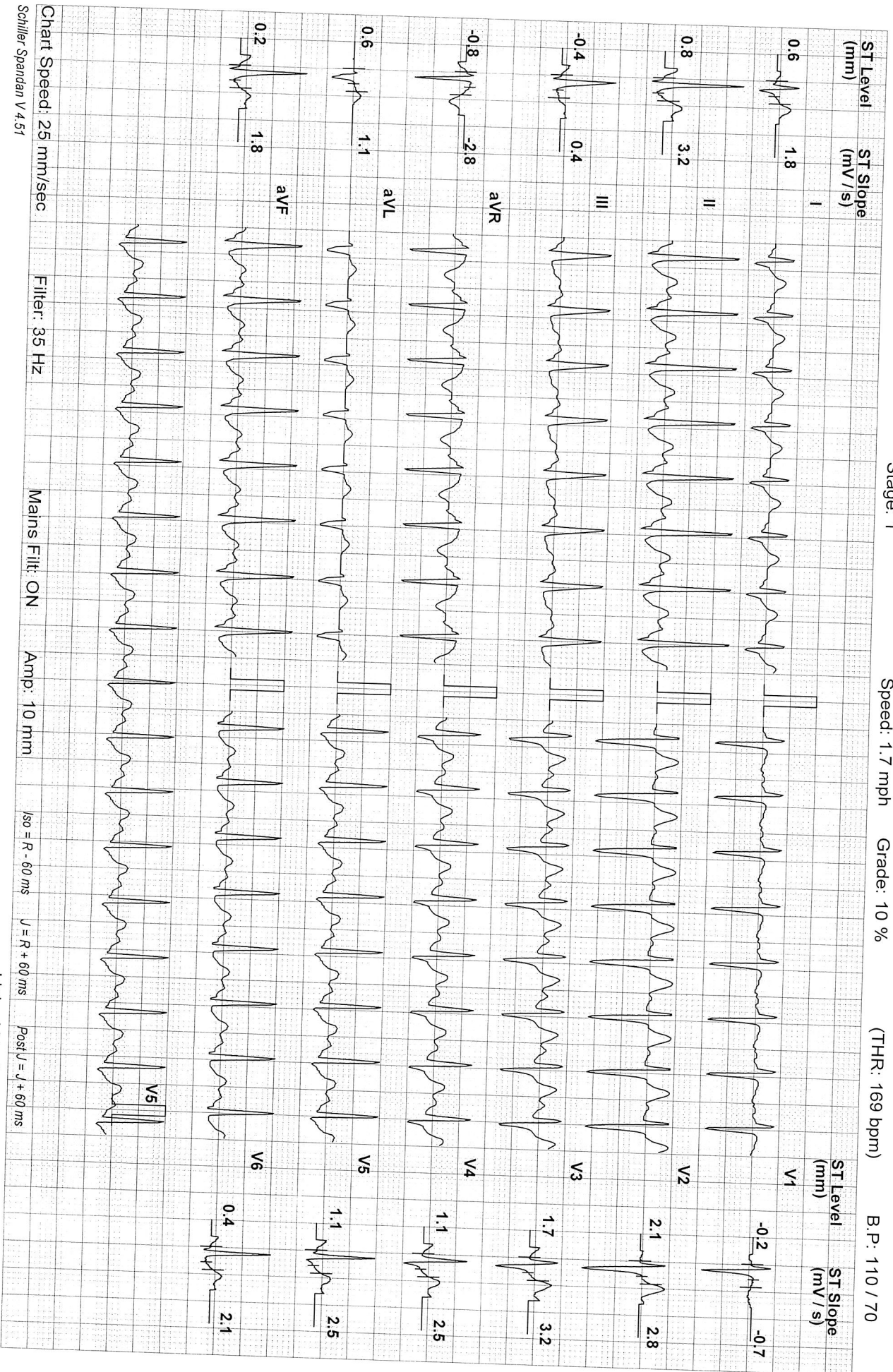
Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 169 bpm)

B.P: 110 / 70



Linked Median



**MEDALL DIAGNOSTICS KILPAUK, CHENNAI.**

**Test Report**

**MR. VISWANATH VETRIVEL C (32 M)**

ID: MED120813006

Date: 16-Feb-22

Exec Time : 5 m 54 s Stage Time : 2 m 54 s **HR: 160 bpm**

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 169 bpm)

B.P: 120 / 70



Schiller Spandan V 4.51

Linked Median

# MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

## Test Report

MR. VISWANATH VETRIVEL C (32 M)

ID: MED120813006

Date: 16-Feb-22

Exec Time : 8 m 18 s Stage Time : 2 m 18 s

HR: 183 bpm

Protocol: Bruce

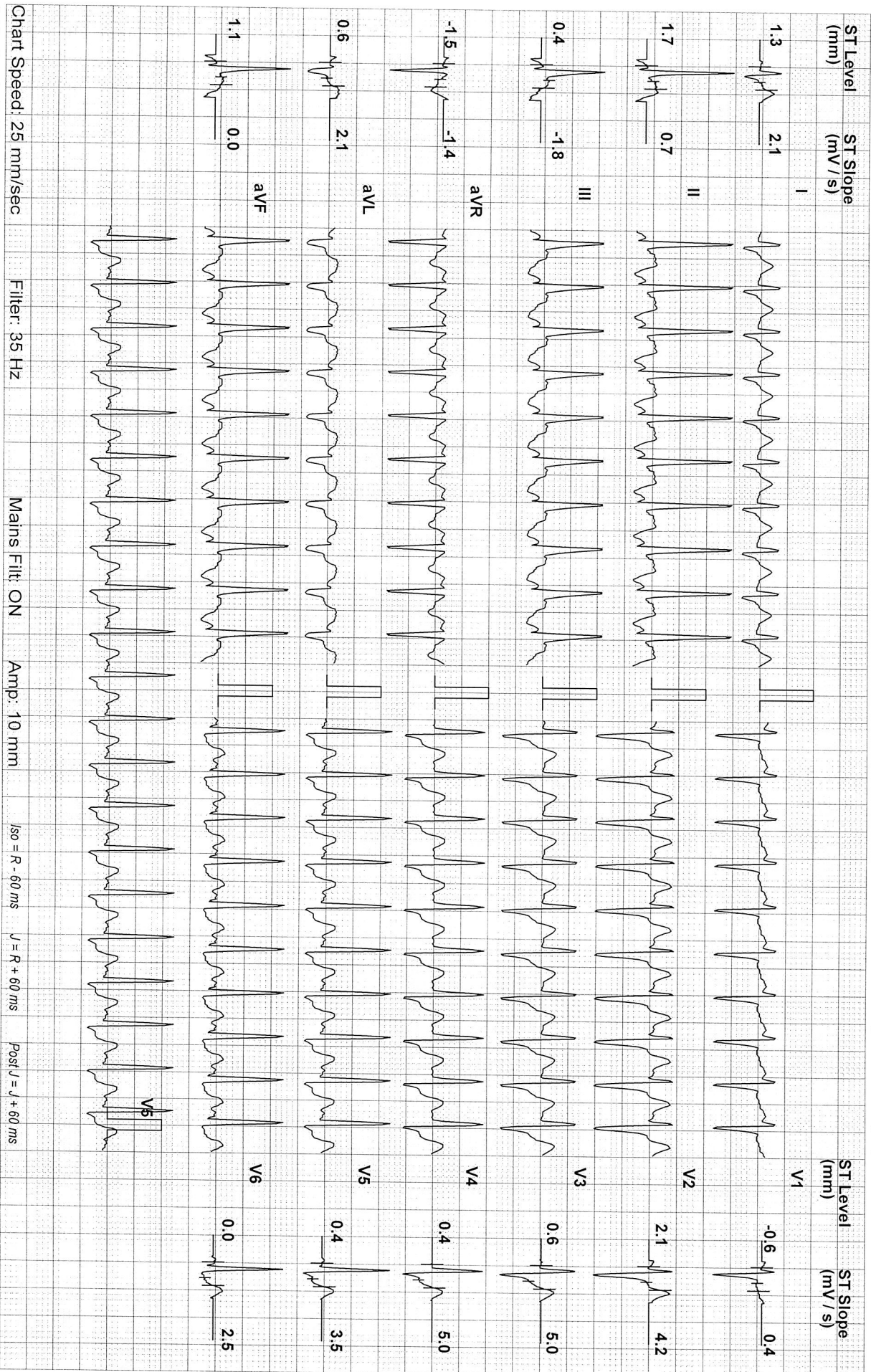
Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 169 bpm)

B.P: 130 / 90



Schiller Spandan V 4.51

Linked Median



# MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

## Test Report

MR. VISWANATH VETRIVEL C (32 M)

ID: MED120813006

Date: 16-Feb-22

Exec Time : 8 m 24 s Stage Time : 0 m 54 s

HR: 166 bpm

Protocol: Bruce

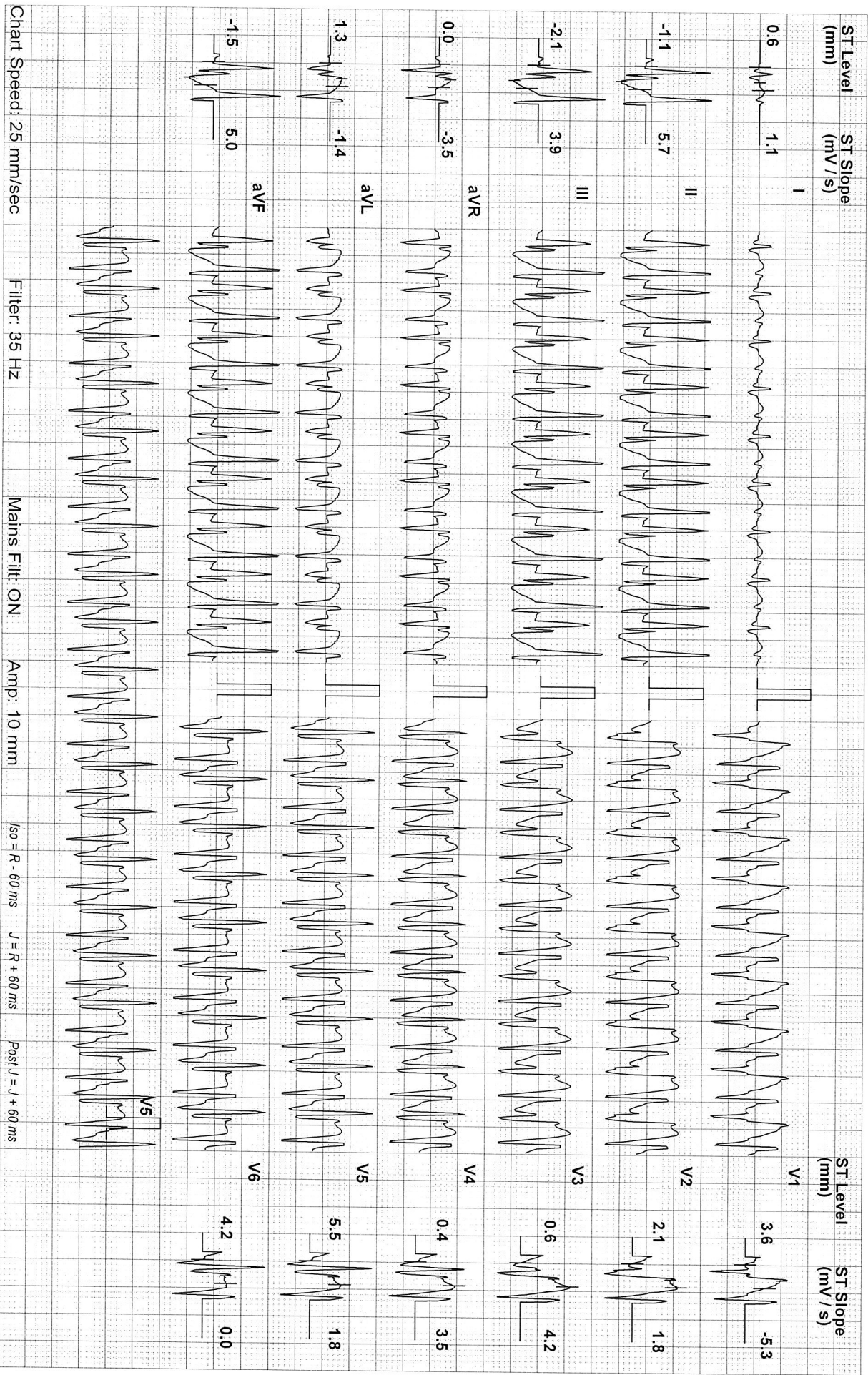
Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 169 bpm)

B.P: 150 / 90



Schiller Spandan V 4.51

Linked Median

# MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

## Test Report

MR. VISWANATH VETRIVEL C (32 M)

ID: MED120813006

Date: 16-Feb-22

Exec Time : 8 m 24 s Stage Time : 0 m 59 s

HR: 131 bpm

Protocol: Bruce

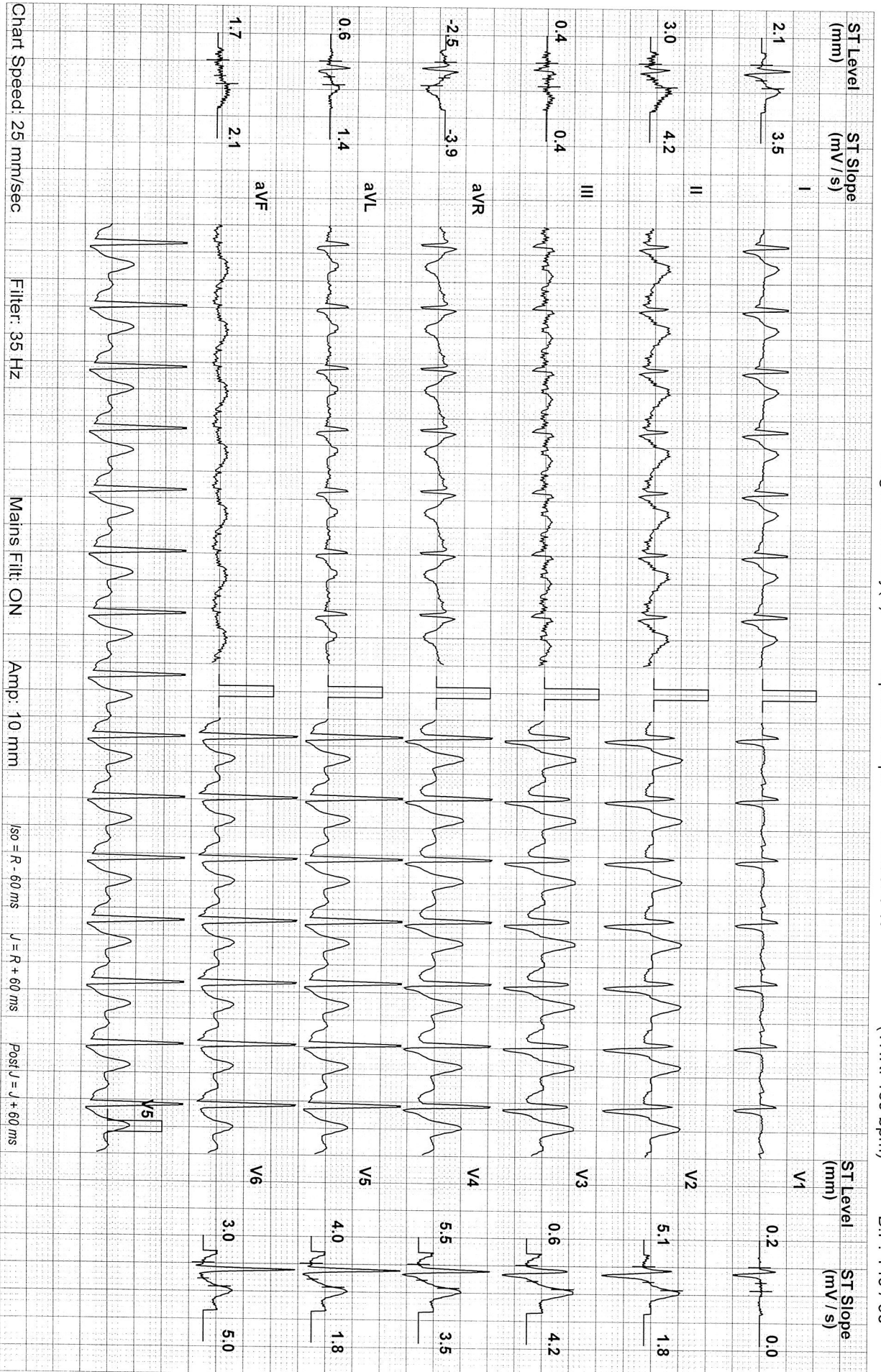
Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P: 140 / 90



Schiller Spandan V 4.51

Linked Median



# MEDALL DIAGNOSTICS KILPAUK, CHENNAI.

## Test Report

MR. VISWANATH VETRIVEL C (32 M)

ID: MED120813006

Date: 16-Feb-22

Exec Time : 8 m 24 s Stage Time : 1 m 13 s

HR: 124 bpm

Protocol: Bruce

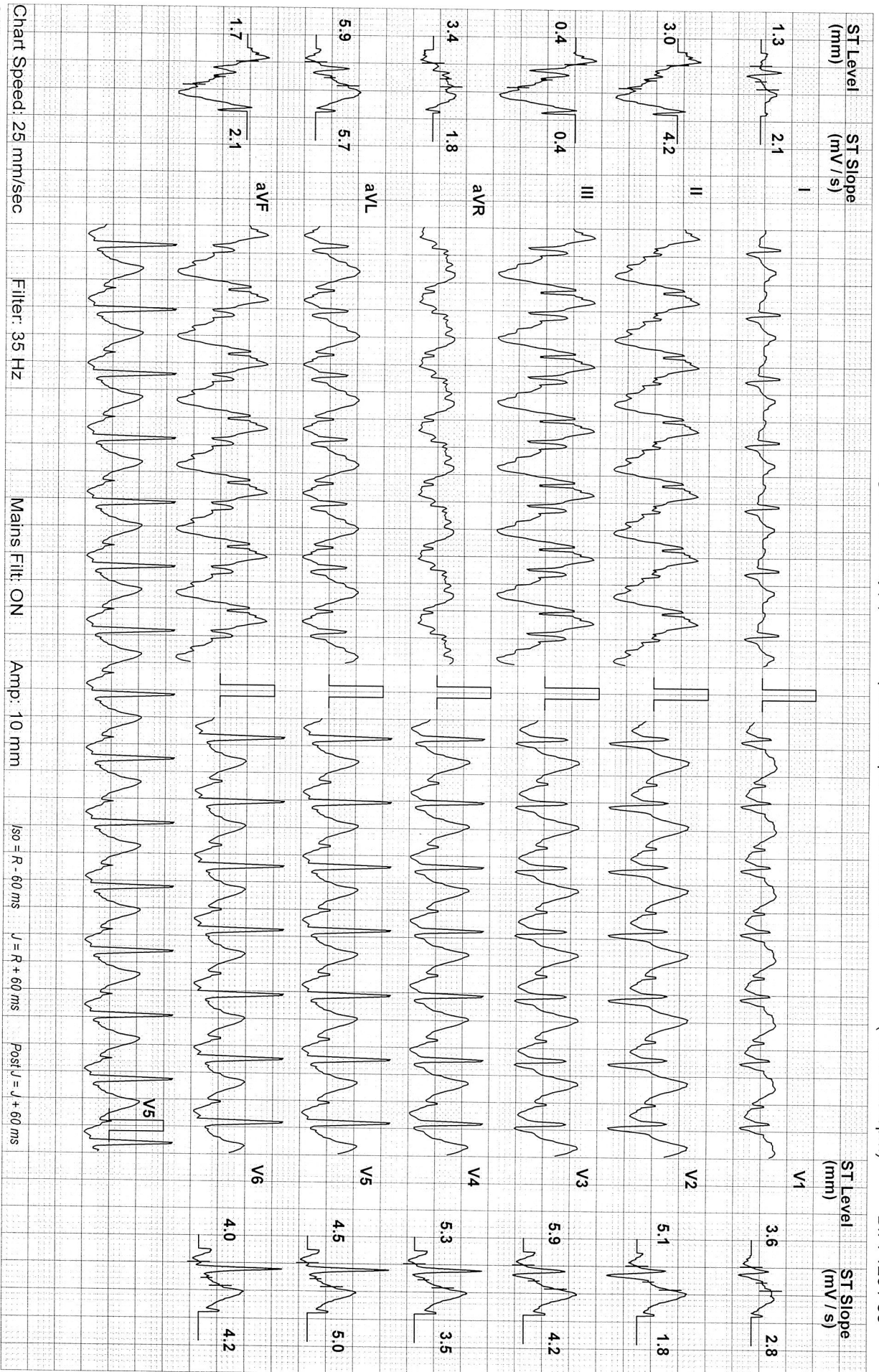
Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 169 bpm)

B.P: 120 / 80



Schiller Spandan V 4.51

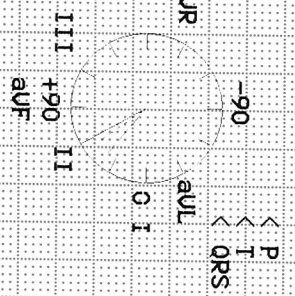
Linked Median

Male

AGE: 32

Measurement Results:

QRS	98 ms	< P
QT/QTcB	402 / 434 ms	< T
PR	154 ms	< QRS
P	98 ms	
RR/PP	844 / 855 ms	
P/ORS/T	53 / 60 / 40 degrees	



Interpretation:  
 12SL - Interpretation  
 Normal sinus rhythm  
 Normal ECG

Kilpaak Chemical 60  
 191, Poonamallee High Road  
 Ph: 044-45927777

*Handwritten signature:* **Manoj K. Jeyaraj**  
*Handwritten text:* **Manoj K. Jeyaraj**

Unconfirmed report.

