

Customer Name	MR.NITIN BAHAL	Customer ID	MED111465582
Age & Gender	42Y/MALE	Visit Date	27/01/2023
Ref Doctor	MediWheel		

Personal Health Report

General Examination:

Height : 168.0 cms

Weight : 98 kg

BMI : 34.5 kg/m²

BP: 132/80 mmhg

Pulse: 78/ min, regular

Systemic Examination:

CVS: S1 S2 heard;

RS : NVBS +.

Abd : Soft.

CNS : NAD

Blood report:

Platelet count – 140 (10³/μl) –low.

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 – Normal.

USG whole abdomen - Fatty liver, post cholecystectomy status, left renal calculus , right renal concretions .

Eye Test – Distant and near vision defect.

Vision	Right eye	Left eye
Distant Vision	6/12	6/12
Near Vision	N18	N6
Colour Vision	Normal	Normal



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Impression & Advice:

Platelet count – 140 ($10^3/\mu\text{l}$) –low. To consult physician for further evaluation and management.

Eye Test – Distant and near vision defect. To consult an ophthalmologist for further evaluation and management.

USG whole abdomen - Fatty liver, post cholecystectomy status, left renal calculus , right renal concretions to consult nephrologist and to take low fat diet, and high fiber diets. 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

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



Name : Mr. NITIN BAHAL
PID No. : MED111465582
SID No. : 223001278
Age / Sex : 42 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

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Investigation

Observed Value

Unit

Biological Reference Interval

BLOOD GROUPING AND Rh TYPING

(EDTA Blood/Agglutination)

'B' 'Positive'

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin

(EDTA Blood/Spectrophotometry)

16.5

g/dL

13.5 - 18.0

Packed Cell Volume(PCV)/Haematocrit

(EDTA Blood/Derived from Impedance)

49.4

%

42 - 52

RBC Count

(EDTA Blood/Impedance Variation)

5.50

mill/cu.mm

4.7 - 6.0

Mean Corpuscular Volume(MCV)

(EDTA Blood/Derived from Impedance)

89.7

fL

78 - 100

Mean Corpuscular Haemoglobin(MCH)

(EDTA Blood/Derived from Impedance)

30.0

pg

27 - 32

Mean Corpuscular Haemoglobin concentration(MCHC)

(EDTA Blood/Derived from Impedance)

33.5

g/dL

32 - 36

RDW-CV

(EDTA Blood/Derived from Impedance)

13.7

%

11.5 - 16.0

RDW-SD

(EDTA Blood/Derived from Impedance)

43.01

fL

39 - 46

Total Leukocyte Count (TC)

(EDTA Blood/Impedance Variation)

7840

cells/cu.mm

4000 - 11000

Neutrophils

(EDTA Blood/Impedance Variation & Flow Cytometry)

64.6

%

40 - 75

Lymphocytes

(EDTA Blood/Impedance Variation & Flow Cytometry)

25.3

%

20 - 45


Eosinophils


(EDTA Blood/Impedance Variation & Flow Cytometry)

2.7

%

01 - 06


Dr. M.P. MANICKAM
MD PATHOLOGY
REG. NO: 81272
VERIFIED BY


Dr. Gurupriya J
Pathologist
Reg No: 13-48036

APPROVED BY

The results pertain to sample tested.

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	7.0	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.4	%	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)	5.06	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.98	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.21	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.55	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.03	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	140 (Rechecked)	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	14.6	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.20	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	15	mm/hr	< 15
BUN / Creatinine Ratio	6.33		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	92.4	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

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Investigation

Observed Value

Unit

Biological Reference Interval

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine)
 (Urine - F/GOD - POD)

Negative

Negative

Glucose Postprandial (PPBS)
 (Plasma - PP/GOD-PAP)

103.9 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)

6.4 mg/dL

7.0 - 21

Creatinine
 (Serum/Modified Jaffe)

1.01 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)

6.6 mg/dL

3.5 - 7.2

Liver Function Test

Bilirubin(Total)
 (Serum/DCA with ATCS)

1.25 mg/dL

0.1 - 1.2

Bilirubin(Direct)
 (Serum/Diazotized Sulfanilic Acid)

0.36 mg/dL

0.0 - 0.3

Bilirubin(Indirect)
 (Serum/Derived)

0.89 mg/dL

0.1 - 1.0

SGOT/AST (Aspartate Aminotransferase)
 (Serum/Modified IFCC)

31.7 U/L

5 - 40

SGPT/ALT (Alanine Aminotransferase)
 (Serum/Modified IFCC)

45.4 U/L

5 - 41

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Investigation	Observed Value	Unit	Biological Reference Interval
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	34.7	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	84.1	U/L	53 - 128
Total Protein (Serum/Biuret)	6.78	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.13	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.65	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.56		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	134.3	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	131.7	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)	41.5	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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Investigation

LDL Cholesterol
 (Serum/Calculated)

Observed Value 66.5 **Unit** mg/dL

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

VLDL Cholesterol
 (Serum/Calculated)

26.3 mg/dL

< 30

Non HDL Cholesterol
 (Serum/Calculated)

92.8 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)

3.2

Optimal: < 3.3
 Low Risk: 3.4 - 4.4
 Average Risk: 4.5 - 7.1
 Moderate Risk: 7.2 - 11.0
 High Risk: > 11.0

Triglyceride/HDL Cholesterol Ratio (TG/HDL)
 (Serum/Calculated)

3.2

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

LDL/HDL Cholesterol Ratio
 (Serum/Calculated)

1.6

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

Glycosylated Haemoglobin (HbA1c)

HbA1C
 (Whole Blood/HPLC)

5.3 %

Normal: 4.5 - 5.6
 Prediabetes: 5.7 - 6.4
 Diabetic: >= 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Estimated Average Glucose (Whole Blood)	105.41	mg/dL	
INTERPRETATION: Comments HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations. Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values. Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.			
Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.953	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))	1.02	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))	8.39	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))	1.17	µIU/mL	0.35 - 5.50
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Investigation

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

	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</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)	Occasional	/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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Age & Gender	42Y/M	Visit Date	Jan 27 2023 8:22AM
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. Rama Krishnan, MD, DNB.,
Consultant Radiologist,
Medall Healthcare Pvt Ltd.**



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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	1.0
IVS(s)	cm	1.0
LPW(d)	cm	1.0
LPW(s)	cm	0.9
LVID(d)	cm	4.5
LVID(s)	cm	3.2
EDV	ml	94
ESV	ml	34
SV	ml	60
EF	%	63
FS	%	28

Parameters		Patient Value
LA	cm	3.3
AO	cm	2.2

Valves	Velocity max(m/sec mm/Hg)
AV	1.1
PV	0.5
MV (E)	0.8
(A)	0.6
TV	0.7

FINDINGS:

- ❖ Normal left ventricle systolic function (LVEF 63 %).
- ❖ No regional wall motion abnormality.
- ❖ No diastolic dysfunction.
- ❖ Normal chambers dimension.
- ❖ Structurally valves are normal.
- ❖ Normal pericardium / Intact septae.
- ❖ No clot/aneurysm.
- ❖ IVC~1.0 cm / collapsing.

IMPRESSION:

- ▶ **NORMAL LV SYSTOLIC FUNCTION.**
- ▶ **NO REGIONAL WALL MOTION ABNORMALITY.**

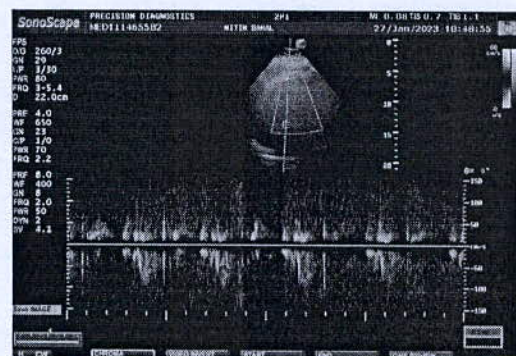
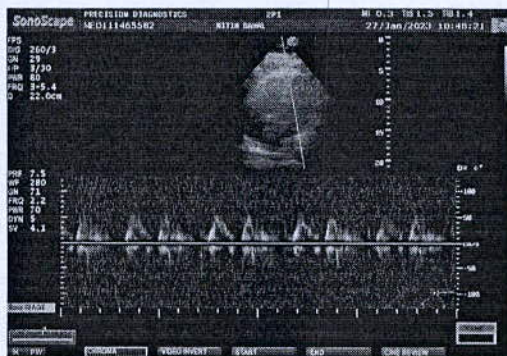
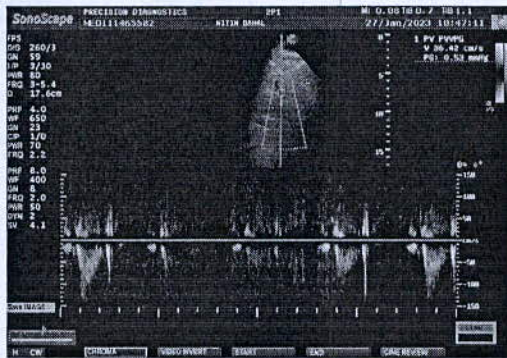
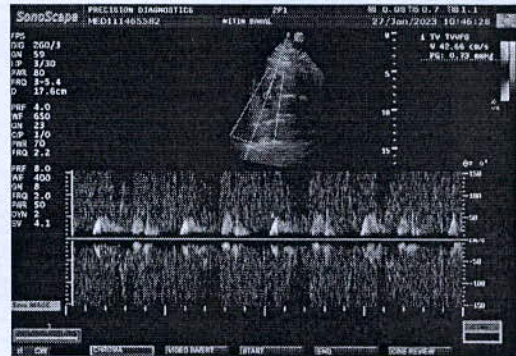
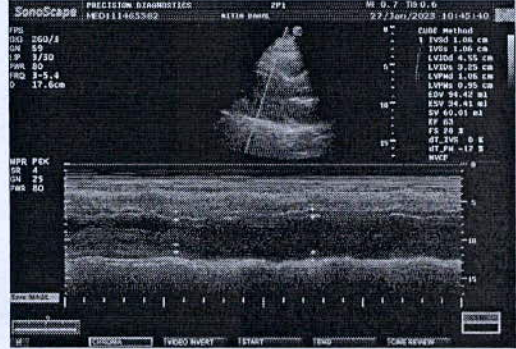
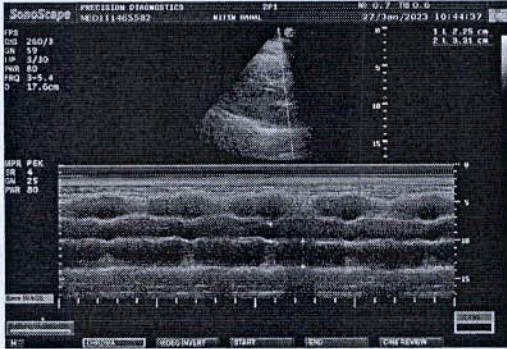

M.JOTHEESWARI.
ECHO TECHNICIAN



Medall Healthcare Pvt Ltd

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.

Gall bladder 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 11.2 x 4.9 cm.

Few renal concretions 2-3 mm noted in right kidney.

The left kidney measures 9.4 x 5.7 cm.

A calculus measuring ~ 5.6 mm noted in the lower pole of 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.



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The prostate measures 4.0 x 3.0 x 2.8 cm(18 cc) and is normal sized.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

IMPRESSION:

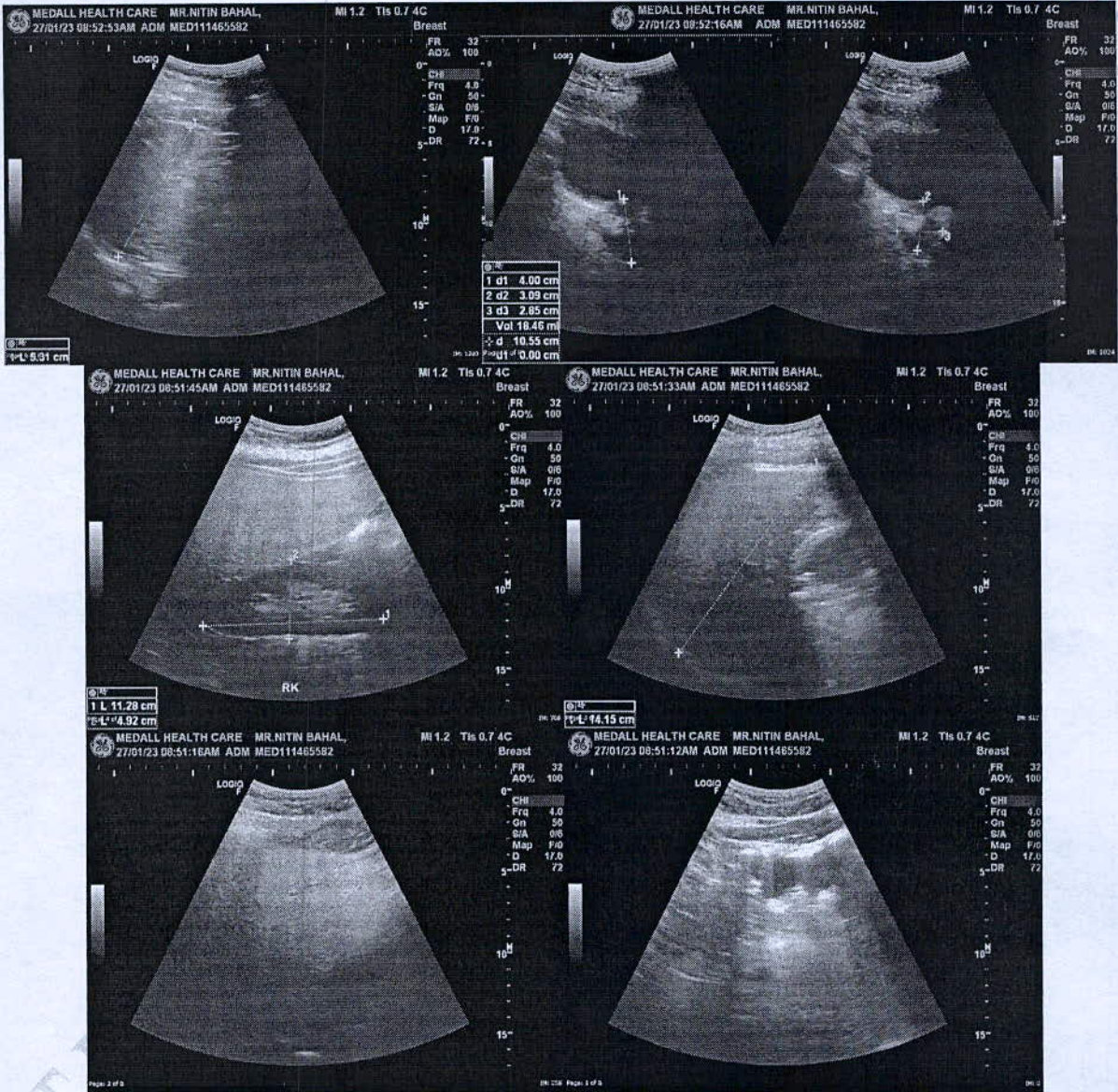
- Fatty liver.
- Post cholecystectomy status.
- Left renal calculus.
- Right renal concretions.



**DR. UMALAKSHMI
SONOLOGIST**



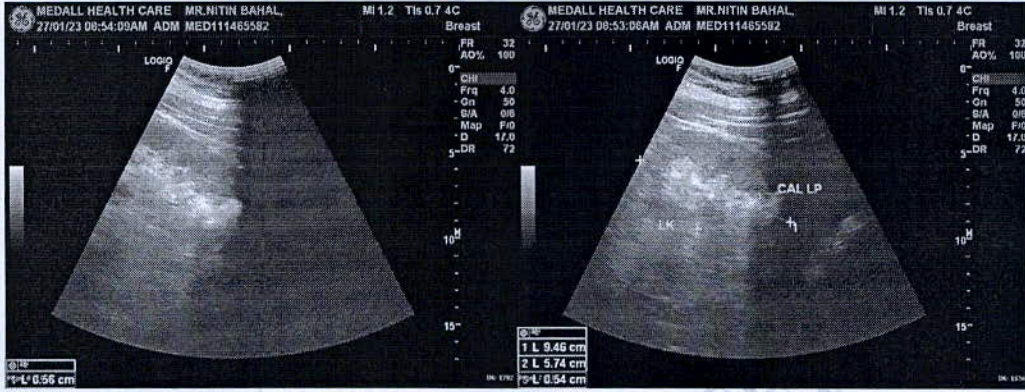
Customer Name	MR.NITIN BAHAL	Customer ID	MED111465582
Age & Gender	42Y/MALE	Visit Date	27/01/2023
Ref Doctor	MediWheel		



DRAFT

ONLY

Customer Name	MR.NITIN BAHAL	Customer ID	MED111465582
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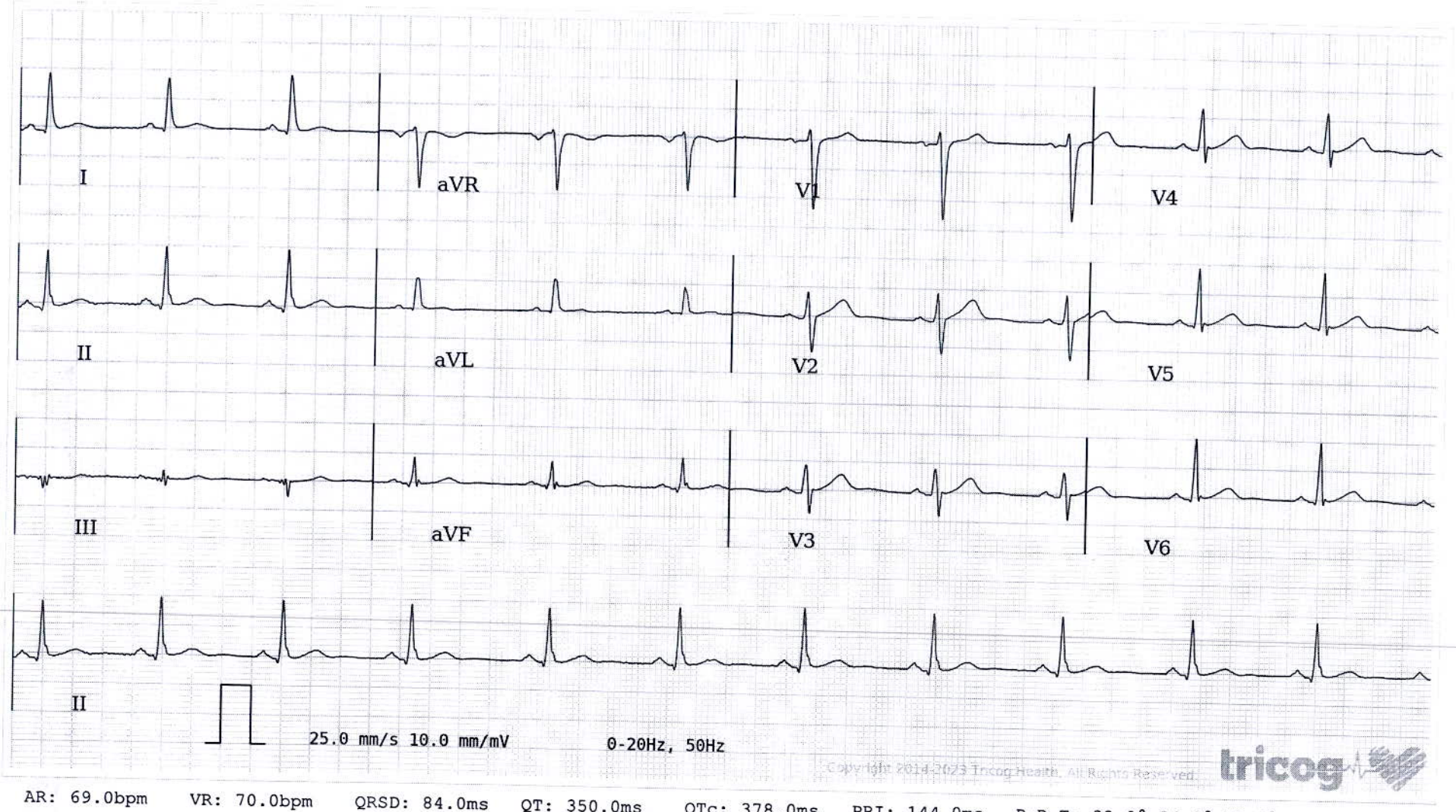


Medall Diagnostic Vadapalani



Age / Gender: 42/Male
Patient ID: Med111465582
Patient Name: Mr nitin bahal

Date and Time: 27th Jan 23 10:56 AM



ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY
Aishwarya Yadav Venugopal
ASSURED
DIAGNOSIS

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.