

Medical Summary

Name:
 Ref Doctor:

Date of Birth:
 Sex:

Customer ID:
 Date:

Present Complaints: Nil complaint

Past Illness:

Major medical illness: DM 2 & DM 3
 Surgery: Nil Hypothyroidism

Accident: Nil
 Others: -

Personal history:

Smoking: -
 Tobacco: -
 Alcohol: -
 Menstrual history: -
 Obstetric history:

Diet: Vegetarian
 Exercise: Done regularly
 Personality: Normal
 Marital status: Married
 Children: One

Family history:

Tuberculosis: -
 Diabetes: Mother & Grandmother
 Asthma: -
 Drug history: -

Allergy: -

Hypertension: Mother & Grandmother
 Heart Disease: -
 Others: -
 Present Medications: -

General Examination:

Height: 173
 Conjunctiva: Normal
 Oedema: Nil
 Tongue: Normal
 Throat: Normal

Weight: 76
 Lymphnodes: Nil
 Nails: Normal
 Others: -
 Skin: Normal

BP: 110/70
 Eyes: Normal
 Genitals: Normal
 Dental: Normal

Eye Screening:

Vision	R/E	L/E
Distant Vision	Normal	Normal
Near Vision	Normal	Normal
Colour Vision	Normal	Normal



Systemic Examination:

Cardiovascular system: NO MURMURS S₁S₂ @
Peripheral Pulsations: Palpable
Heart: Normal
Respiratory system: NRBS @

Gastrointestinal Systems:

Higher Function: normal
Cranial Nerves: normal
Motor System: normal

Sensory System: normal
Superficial Reflexes: normal
Deep Reflexes: normal.

Impression:

Reports are within Normal limits.
DM ↓ control.

Diet:

To encourage Diabetic Diet / Regular exercis.

Medication:

To continue Same medicines.

Advice & Follow up:

Renew every 6 months for FBS, PPS, Thyroid profile test.

MEDALL DIAGNOSTICS

191, Poonamallee High Road,
Kilpauk, Chennai - 600 010.

Cell : 91500 42328

DR. N. J. [Signature]
Consultant General Physician

- 28/9/23.

Cell : 91500 42328

191, Poonamallee High Road,
Kilpauk, Chennai - 600 010.
MEDALL DIAGNOSTICS





(Medall Healthcare Pvt Ltd)
SELF REFERRAL FORM

MED12176223 V10 2116-03-2409-47 48



124004795
MR RAGHUVENDRA C V 37/Y

Customer Information

I, give consent to Medall Healthcare Pvt Ltd to perform the My-Health Package investigation requested by me. I declare that my age is 18 years or above 18 years and I don't have any metal implants inside my body and don't have a pacemaker or stents. I am also aware that the blood tests are done in non-fasting (Random) Sample

Name: Mr/Ms/Mrs

C	V	R	A	G	H	A	V	E	N	D	R	A
---	---	---	---	---	---	---	---	---	---	---	---	---

Company Name: Bank of Baroda Occupation: _____

Date of Birth:

2	5	0	9	1	9	8	6
---	---	---	---	---	---	---	---

 or Age: 37 Gender: Male Female

Contact Number:

9	6	9	9	2	6	5	5	3	3
---	---	---	---	---	---	---	---	---	---

 Pin Code: _____

Email ID:

R	A	G	H	V	7	2	9	2	3	@	9	M	A	I	L
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Vitals Observations (to be filled by Medall team)

Place of service: In store Camp - (mention Location)

Height:

1	7	3
---	---	---

 Cms

Waist:

3	5
---	---

 Inches

Hip:

3	9
---	---

 Inches

Weight:

7	6
---	---

 Kgs

at:

2	3	:	7
---	---	---	---

 %

isceral Fat:

1	0	:	5
---	---	---	---

 %

VI:

1	7	0	0
---	---	---	---

 Cal

VI:

2	5	:	4
---	---	---	---

dy Age:

4	5
---	---

 Yrs

systolic BP:

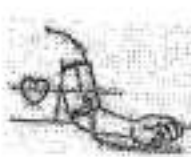
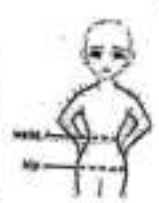
1	1	0
---	---	---

 mm/Hg

diastolic BP:

7	0
---	---

 mm/Hg



feet:

--

 inches:

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Clinical History / Medicines Taken

	Use Tobacco Products	Drink Alcohol
Never	<input type="checkbox"/>	<input type="checkbox"/>
Some days	<input type="checkbox"/>	<input type="checkbox"/>
Daily	<input type="checkbox"/>	<input type="checkbox"/>

Check in the appropriate box

Inspiration: 411 cm Expiration: 39 cm SP O2: 99% Pulse: 105 ~~105~~ ^{bl/min}

Ensure that the customer is relaxed and in sitting position while doing BP check)

Medall Employee Name & centre Name: _____

verified and agree with all the data in this sheet. the information without fail

Customer Signature

Name : Mr. RAGHAVENDRA C V
PID No. : MED121762234
SID No. : 124004795
Age / Sex : 37 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 15/03/2024 6:40 AM
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Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (EDTA Blood Agglutination)	'O' Positive'		
INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion			
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood Spectrophotometry)	15.1	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood Derived from Impedance)	44.5	%	42 - 52
RBC Count (EDTA Blood Impedance Variation)	4.63	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood Derived from Impedance)	96.2	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)	12.1	%	11.5 - 16.0
RDW-SD (EDTA Blood Derived from Impedance)	40.74	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood Impedance Variation)	6900	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood Impedance Variation & Flow Cytometry)	80.2	%	40 - 75
Lymphocytes (EDTA Blood Impedance Variation & Flow Cytometry)	6.6	%	20 - 45

VERIFIED BY



Dr ARCHANA, K MD Ph.D
Lab. Director
TNMC NO: 79967

APPROVED BY

The results pertain to sample tested.

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Eosinophils (EDTA Blood Impedance Variation & Flow Cytometry)	5.1	%	01 - 06
Monocytes (EDTA Blood Impedance Variation & Flow Cytometry)	6.9	%	01 - 10
Basophils (EDTA Blood Impedance Variation & Flow Cytometry)	1.2	%	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)	5.53	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	0.46	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood Impedance Variation & Flow Cytometry)	0.35	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	0.48	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood Impedance Variation & Flow Cytometry)	0.08	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood Impedance Variation)	212	10 ³ / μ l	150 - 450
MPV (EDTA Blood Derived from Impedance)	8.6	fL	7.9 - 13.7
PCT (EDTA Blood Automated Blood cell Counter)	0.18	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	2	mm/hr	< 15

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Dr. Archana K. MD Ph.D
Dr ARCHANA. K MD Ph.D
 Lab Director
 INMC NO: 79967

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	80.7	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)	144.40	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)	10.5	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	1.04	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)	5.7	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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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.30	mg/dL	0.0 - 0.3
---	------	-------	-----------

Bilirubin(Indirect) (Serum/Derived)	0.76	mg/dL	0.1 - 1.0
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Dr. ARCHANA. K MD Ph.D
Lab Director
ENMC NO: 79967

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Investigation	Observed Value	Unit	Biological Reference Interval
SGOT/AST (Aspartate Aminotransferase) <i>(Serum/Modified IFCC)</i>	22.7	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) <i>(Serum/Modified IFCC)</i>	40.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) <i>(Serum/IFCC / Kinetic)</i>	23.7	U/L	< 55
Alkaline Phosphatase (SAP) <i>(Serum/Modified IFCC)</i>	54.1	U/L	53 - 128
Total Protein <i>(Serum/Biuret)</i>	6.99	gm/dl	6.0 - 8.0
Albumin <i>(Serum/Bromocresol green)</i>	4.17	gm/dl	3.5 - 5.2
Globulin <i>(Serum/Derived)</i>	2.82	gm/dL	2.3 - 3.6
A : G RATIO <i>(Serum/Derived)</i>	1.48		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total <i>(Serum/CHOD-PAP with ATCS)</i>	171.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides <i>(Serum/GPO-PAP with ATCS)</i>	141.4	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.

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MG-2425




 Dr ARCHANA. K MD Ph.D
 Lab Director
 TNMC NO: 79967

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Investigation	Observed Value	Unit	Biological Reference Interval
HDL Cholesterol (Serum/Immuno-inhibition)	28.2	mg/dL	Optimal(Negative Risk Factor): \geq 60 Borderline: 40 - 59 High Risk: $<$ 40
LDL Cholesterol (Serum/Calculated)	115.3	mg/dL	Optimal: $<$ 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: \geq 190
VLDL Cholesterol (Serum/Calculated)	28.3	mg/dL	$<$ 30
Non HDL Cholesterol (Serum/Calculated)	143.6	mg/dL	Optimal: $<$ 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: \geq 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)	6.1		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)	5		Optimal: $<$ 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: $>$ 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	4.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: $>$ 6.0

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Dr. Archana K MD Ph.D
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	6.6	%	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)

142.72 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, Aplenia 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))	1.16	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))	10.33	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))	2.41	µIU/mL	0.35 - 5.50
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MC-2425



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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 $\mu\text{IU/mL}$ need to be clinically correlated due to presence of rare TSH variant in some individuals.

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Investigation	Observed Value	Unit	Biological Reference Interval
BUN / Creatinine Ratio	10.0		6.0 - 22.0

Urine Analysis - Routine

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

Stool Analysis - ROUTINE

Colour (Stool)	Brown	Brown
Blood (Stool)	Absent	Absent

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Mucus (Stool)	Absent		Absent
Reaction (Stool)	Acidic		Acidic
Consistency (Stool)	Semi Solid		Semi Solid
Ova (Stool)	NIL		NIL
Others (Stool)	NIL		NIL
Cysts (Stool)	NIL		NIL
Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	1 - 2	/hpf	NIL
Macrophages (Stool)	NIL		NIL
Epithelial Cells (Stool)	NIL	/hpf	NIL

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Age & Gender	37Y/MALE	Visit Date	15/03/2024
Ref Doctor	MediWheel		

ECHO CARDIOGRAM REPORT

2D ECHO STUDY:

- Normal chamber dimensions.
- Normal LV / RV size and systolic function (EF: 67%)
- No Regional wall motion abnormality.
- No ventricular hypertrophy.
- IAS and IVS are intact.
- No e/o of clot / Aneurysm.
- Normal pericardium.

FINAL IMPRESSION:

- **NORMAL LV / RV SIZE AND SYSTOLIC FUNCTION. (EF : 67%)**
- **NO REGIONAL WALL MOTION ABNORMALITY.**
- **NORMAL VALVES FOR AGE.**
- **NORMAL DIASTOLIC COMPLIANCE.**
- **NORMAL COLOUR FLOW STUDIES.**

LEFT VENTRICULAR MEASUREMENT:

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
AO (ed)- 2.5cm(1.5cm/3.5cm)		IVS (ed) - 0.9cm	(0.6cm/1.2cm)
LA (ed)- 2.6cm(1.5cm/3.5cm)		LVPW(ed) - 0.8cm	(0.6cm/1.1cm)
RVID(ed)- 1.2cm(0.9cm/2.8cm)		EF 67 %	(62 %-85 %)
LVID (ed)- 4.5cm(2.6cm/5.5cm)		FS 36 %	
LVID (es)- 3.0cm			



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MORPHOLOGICAL DATA:

Mitral valve

Anterior mitral leaflet (AML)	: Normal
Posterior mitral leaflet (PML)	: Normal
Aortic Valve	: Normal
Tricuspid Valve	: Normal
Pulmonary Valve	: Normal
Interatrial Septum	: Intact
Interventricular Septum	: Intact
Right Ventricle	: Normal
Right Atrium	: Normal
Pulmonary Artery	: Normal
Left Ventricle	: Normal
Left Atrium	: Normal

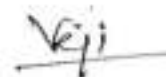
PERICARDIUM:

- Normal.

DOPPLER STUDY:

Continuous Wave Doppler & Colour Flow Study:

- *Normal colour flow studies.*



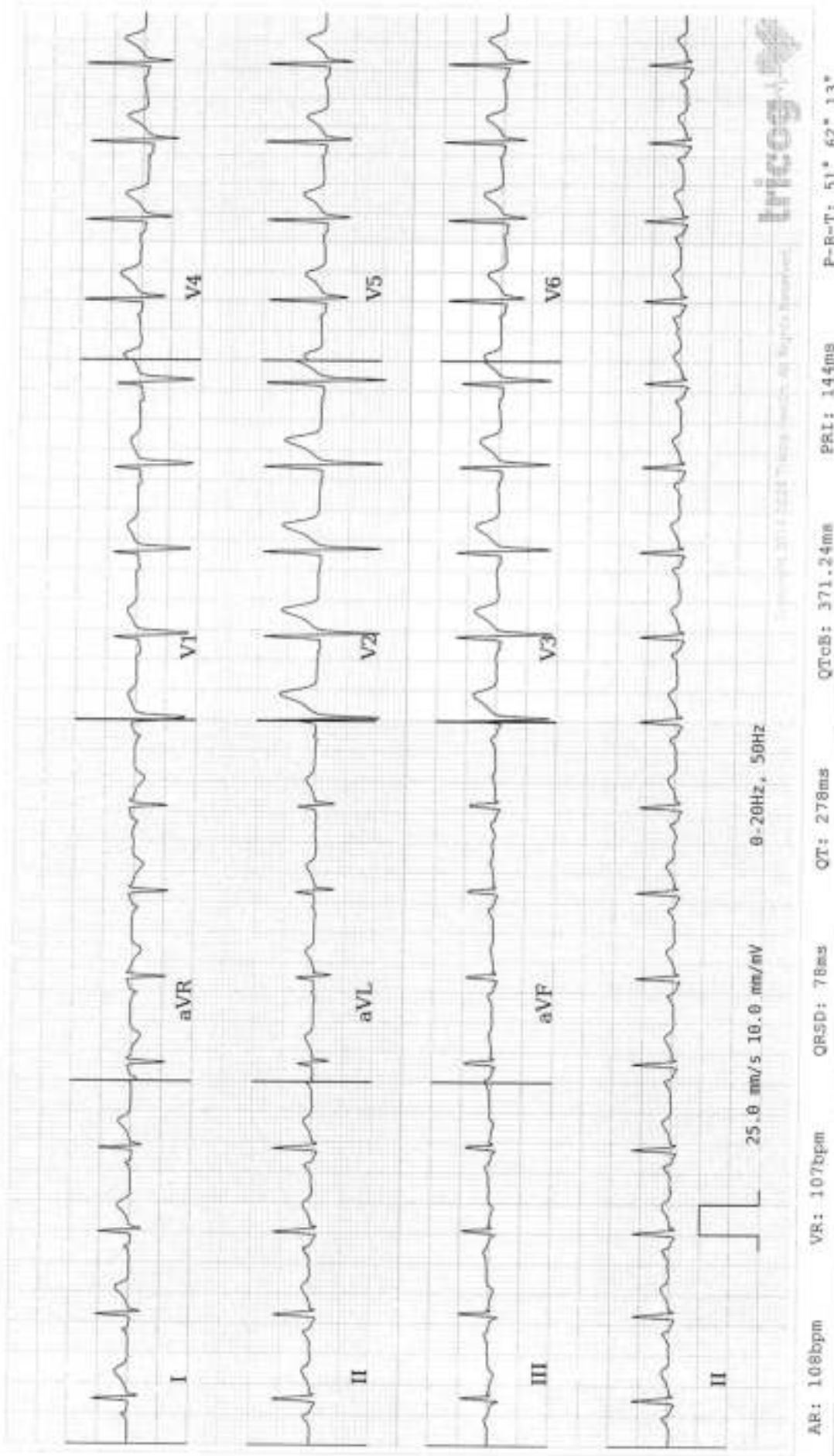
**P. VIJAYA LAKSHMI
(ECHO TECH)**





MEDALL DIAGNOSTIC CENTER KILPAUK

Age / Gender : 37/Male Date and Time: 15th Mar 24 9:11 AM
Patient ID: med121762234
Patient Name: Mr raghavendra c v



Sinus Tachycardia. Please correlate clinically.

REPORTED BY



Dr Prathima SK

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.

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ULTRASOUND SCAN

WHOLE ABDOMEN

Liver is normal in size and shows homogenously increased parenchymal echoes with no focal abnormality.

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 11.3 x 4.7 cm.

Left kidney measures 10.3 x 4.7 cm.

Ureters are not dilated.

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

Prostate is normal in size, measures 3.5 x 3.1 x 2.8 cm (Vol – 16 cc).

Echotexture is homogenous.

Seminal vesicles is normal.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.



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IMPRESSION:

- **Grade I fatty liver.**

Dr.PRASHANT MOORTHY, MBBS., MD.,
Consultant Radiologist


Dr. M. JAYAPRASA.
Consultant Sonologist



Name	MR.RAGHAVENDRA C V	ID	MED121762234
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Name	Mr. RAGHAVENDRA C V	Customer ID	MED121762234
Age & Gender	37Y/M	Visit Date	Mar 15 2024 6:39AM
Ref Doctor	MediWheel		

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. Prashant Moorthy MBBS., MD
Consultant Radiologist

