

Customer Name	MR.SUBRAMANIAN P	Customer ID	MED111492022
Age & Gender	48Y/MALE	Visit Date	11/02/2023
Ref Doctor	MediWheel		

Personal Health Report

General Examination:

Height : 154.0 cms
 Weight : 71.4 kg
 BMI : 30.1 kg/m²

BP: 140/90 mmhg
 Pulse: 84/ min, regular

Systemic Examination:

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

Blood report:

Eosinophils – 9.1 % and Absolute eosinophil count (AEC) 0.59 10³/μl -Elevated.

Triglycerides- 238.8 mg/dl- Elevated.

HbA1C test- 6.1 % Elevated.

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

Urine analysis – Within normal limits.

X-Ray Chest – Normal study.

ECG – Normal ECG.

Echo – Normal ECG.

Dental – Normal.

USG whole abdomen - Fatty liver , right renal concretions , left renal cortical cyst.

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Eye Test – Distant vision defect.

Vision	Right eye	Left eye
Distant Vision	6/18	6/18
Near Vision	N6	N6
Colour Vision	Normal	Normal

Impression & Advice:

Eosinophils – 9.1 % and Absolute eosinophil count (AEC) $0.59 \times 10^3/\mu\text{l}$ -Elevated. To consult general physician for further evaluation and management.

Triglycerides- 238.8 mg/dl- Elevated. To be brought down to the desirable level of 150 mg/dl by having low cholesterol, high fiber diet recommended by the dietician.

HbA1C test- 6.1 % Elevated. To consult a diabetologist for further evaluation and management.

USG whole abdomen - Fatty liver , right renal concretions , left renal cortical cyst – To consult urologist and 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 vision defect. To consult an ophthalmologist for further evaluation and management.

All other other health parameters are well within normal limits.



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

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



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SONOGRAM REPORT

WHOLE ABDOMEN

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

The gall bladder is normal sized, smooth walled and contains no calculus.

There is no intra or extra hepatic biliary ductal dilatation.

The pancreas shows a normal configuration and echotexture. The pancreatic duct is normal.

The portal vein and 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 10.5 x 4.2 cm.

The left kidney measures 11.3 x 6.2 cm.

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

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

A cyst measuring ~ 20 x 20 mm noted in mid pole of left kidney.

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 3.4 x 3.1 x 3.1 cm (17.9 cc) and is normal sized.

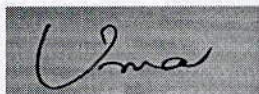
The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

IMPRESSION:

- **Fatty liver.**
- **Right renal concretions.**
- **Left renal cortical cyst.**



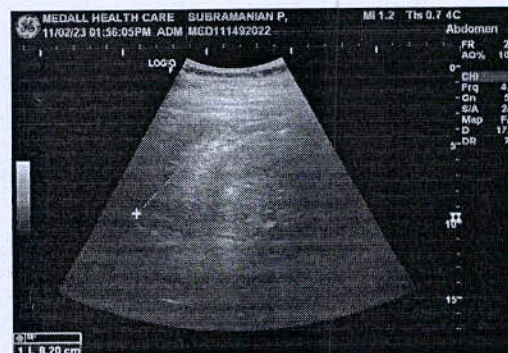
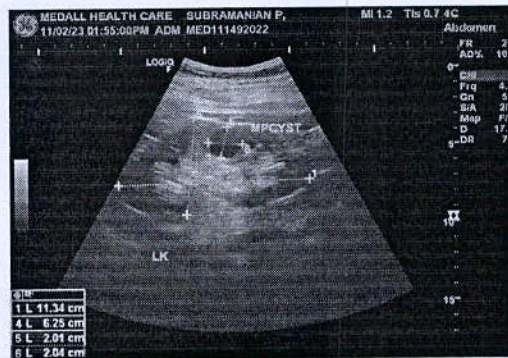
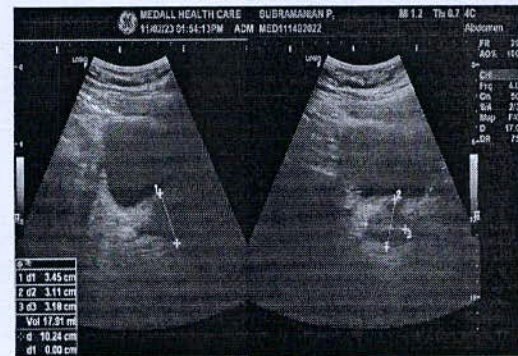
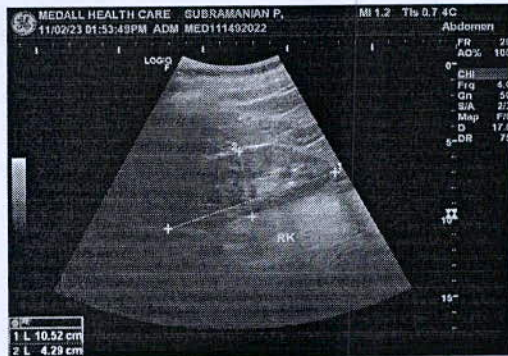
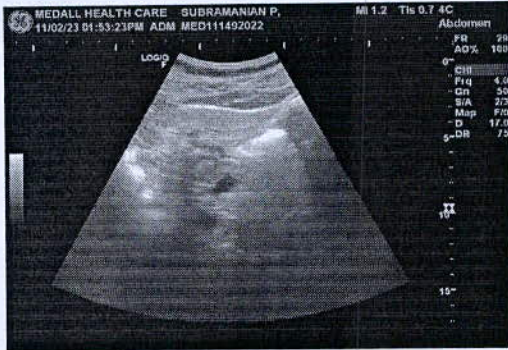
**DR. UMALAKSHMI
SONOLOGIST**



Medall Healthcare Pvt Ltd

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

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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

IVS(d)	cm	1.0
IVS(s)	cm	1.2
LPW(d)	cm	1.0
LPW(s)	cm	1.3
LVID(d)	cm	4.7
LVID(s)	cm	2.9
EDV ml		109
ESV ml		30
SV ml		85
EF %		77
FS %		39

DOPPLER PARAMETERS

Parameters		Patient Value
LA	cm	3.6
AO	cm	2.6

Valves	Velocity max(m/sec mm/Hg)
AV	1.2
PV	0.9
MV (E)	0.9
(A)	0.7
TV	1.0

FINDINGS:

- ❖ Normal left ventricle systolic function (LVEF 77 %).
- ❖ 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 TECHNOLOGIST**



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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)	15.6	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	47.8	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	5.25	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	90.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	29.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.6	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.1	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	41.68	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6520	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	53.5	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	25.1	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	9.1	%	01 - 06

VENKATRAYAN T.P
 LAB MANAGER
 VERIFIED BY

Dr Gurupriya J
 Pathologist
 Reg No: 13-48036
 APPROVED BY

The results pertain to sample tested.

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	10.7	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.6	%	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)	3.49	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.64	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.59	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.70	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.10	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	208	10 ³ / μ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	10.8	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	6	mm/hr	< 15
BUN / Creatinine Ratio	13.37		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	82.2	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)	90.4	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)	10.7	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.80	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)	6.0	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.57	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)	0.43	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	25.0	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	39.3	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	21.7	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	70.5	U/L	53 - 128
Total Protein (Serum/Biuret)	7.21	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.41	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.80	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.58		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	184.7	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	238.8	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) **33.7** mg/dL
 Optimal(Negative Risk Factor): >= 60
 Borderline: 40 - 59
 High Risk: < 40

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LDL Cholesterol (Serum/Calculated)	103.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	47.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	151.0	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)	5.5		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)	7.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	6.1	%	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)	128.37	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 glycemc 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)	0.72	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))	1.00	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))	6.60	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))	1.64	µIU/mL	0.35 - 5.50
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Investigation

Observed Value

Unit

Biological Reference Interval

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$\leq 0.03 \mu\text{IU/mL}$ 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)

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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Page 7 of 7

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Name	SUBRAMANIAN P	ID	MED111492022
Age & Gender	48Y/M	Visit Date	Feb 11 2023 8:41AM
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: No significant abnormality detected.



Dr. Anitha Adarsh
Consultant Radiologist

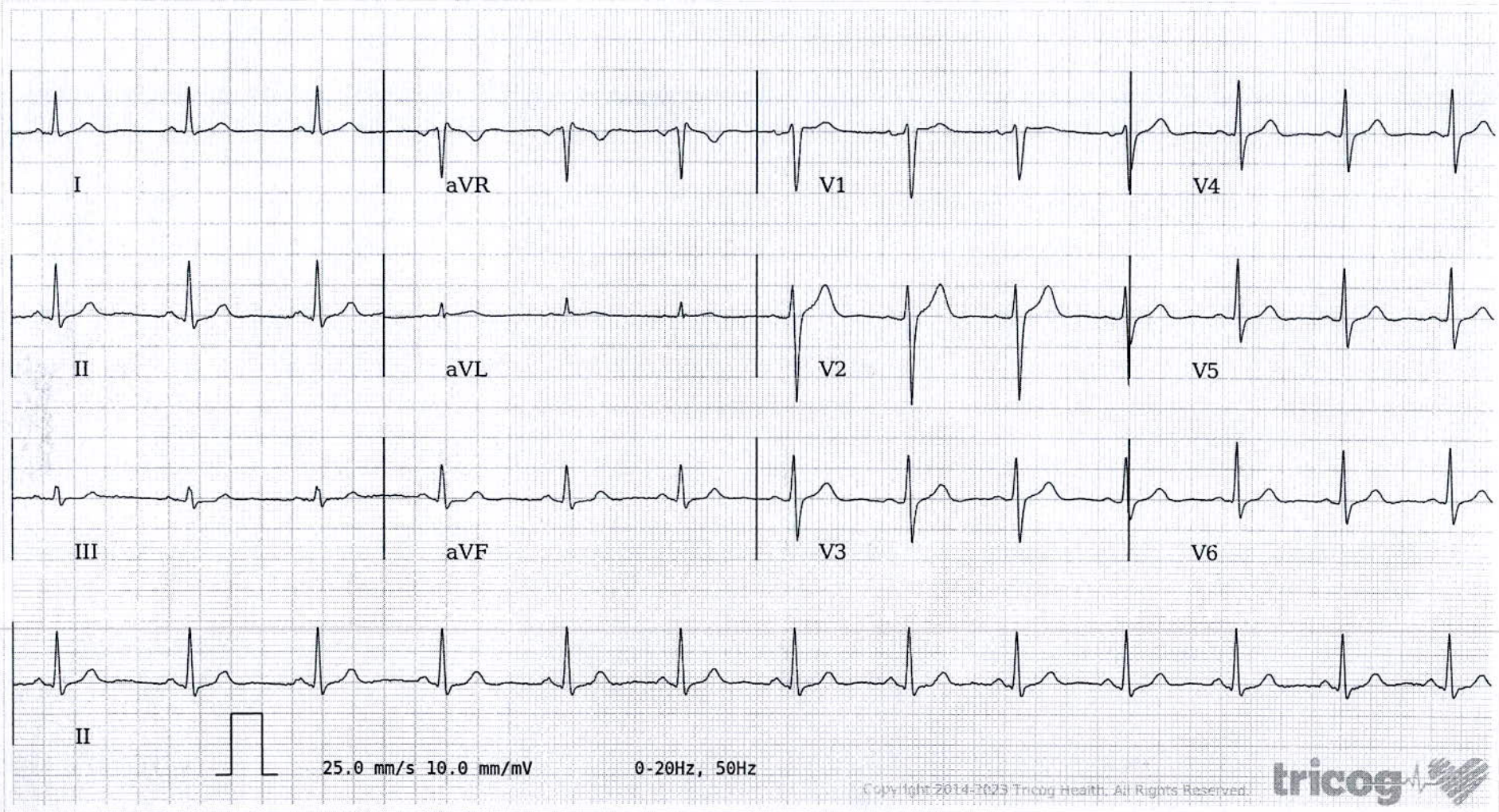


Medall Diagnostic Vadapalani



Age / Gender: 48/Male
Patient ID: Med111492022
Patient Name: Mr subramanian

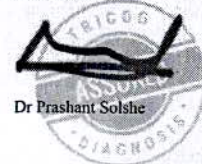
Date and Time: 11th Feb 23 11:31 AM



AR: 82.0bpm VR: 80.0bpm QRSD: 92.0ms QT: 332.0ms QTc: 383.0ms PRI: 128.0ms P-R-T: 52.0° 38.0° 49.0°

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

REPORTED BY



Dr Prashant Solshe