



<b>Customer Name</b>	<b>MR.RAJESH EARAT</b>	<b>Customer ID</b>	<b>MED410000581</b>
<b>Age &amp; Gender</b>	<b>52Y/MALE</b>	<b>Visit Date</b>	<b>20/04/2024</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

Impression & Advice:

Glucose-(FBS)- 188.0 mg/dl, Urine Glucose (FBS) - Positive (+) & Glucose (PPBS) - 201.9 mg/dl, Urine Glucose (PPBS) - Positive (++) and HbA1C test - 8.9% - Elevated. To consult a diabetologist for further evaluation and management. To have diabetic diet recommended by the dietician.

Liver function test- SGPT/ALT - 51.2 U/L, GGT- 59.7 U/L - Slightly elevated. To consult a gastroenterologist for further evaluation and management.

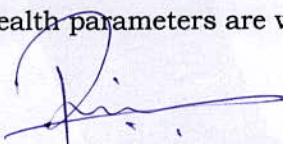
Urine Analysis - Appearance ( Slightly turbid ), pus cells (1-3/hpf), Crystals - Amorphous urates present - To consult general physician for further evaluation and management.

ECG - Abnormal ECG. To consult a cardiologist for further evaluation and management.

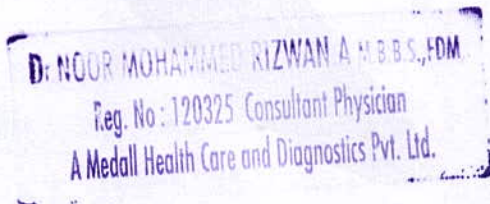
USG whole abdomen - Fatty liver. To take low fat diet, and high fiber diets. Regular brisk walking for 45 minutes daily, 5 days a week is essential.

Eye Test - Distant and near vision defect. 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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 Age / Sex : 52 Year(s) / Male Report On : 20/04/2024 6:19 PM  
 Type : OP Printed On : 20/04/2024 7:06 PM  
 Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'B' 'Positive'		
<b>INTERPRETATION:</b> Reconfirm the Blood group and Typing before blood transfusion			
<b><u>Complete Blood Count With - ESR</u></b>			
Haemoglobin (Whole Blood - W/Spectrophotometry)	15.4	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Whole Blood - W/Derived from Impedance)	45.8	%	42 - 52
RBC Count (Whole Blood - W/Impedance Variation)	5.16	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Whole Blood - W/Derived from Impedance)	88.6	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Whole Blood - W/Derived from Impedance)	29.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Whole Blood - W/Derived from Impedance)	33.7	g/dL	32 - 36
RDW-CV (Whole Blood - W/Derived from Impedance)	13.6	%	11.5 - 16.0
RDW-SD (Whole Blood - W/Derived from Impedance)	42.17	fL	39 - 46
Total Leukocyte Count (TC) (Whole Blood - W/Impedance Variation)	7100	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	58.1	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	33.0	%	20 - 45



DR SURYA LAKSHMI  
Consultant Pathologist  
KMC NO: 112817  
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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Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	188.0	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)	Positive(+)	Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	201.9	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)	Positive(++)	Negative
-------------------------------------------	--------------	----------

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	13.5	mg/dL	7.0 - 21
----------------------------------------------------------	------	-------	----------

Creatinine (Serum/Modified Jaffe)	0.51	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)	3.3	mg/dL	3.5 - 7.2
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.68	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.18	mg/dL	0.0 - 0.3
---------------------------------------------------------	------	-------	-----------

Bilirubin(Indirect) (Serum/Derived)	0.50	mg/dL	0.1 - 1.0
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DR SURYA LAKSHMI  
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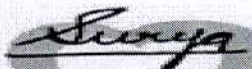
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Eosinophils (EDTA Blood Impedance Variation & Flow Cytometry)	2.1	%	01 - 06
Monocytes (EDTA Blood Impedance Variation & Flow Cytometry)	5.9	%	01 - 10
Basophils (EDTA Blood Impedance Variation & Flow Cytometry)	0.9	%	00 - 02

**INTERPRETATION:** Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Absolute Neutrophil count (Whole Blood - W/Impedance Variation & Flow Cytometry)	4.13	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (Whole Blood - W/Impedance Variation & Flow Cytometry)	2.34	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Whole Blood - W/Impedance Variation & Flow Cytometry)	0.15	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (Whole Blood - W/Impedance Variation & Flow Cytometry)	0.42	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (Whole Blood - W/Impedance Variation & Flow Cytometry)	0.06	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (Whole Blood - W/Impedance Variation)	299	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Whole Blood - W/Derived from Impedance)	7.1	fL	7.9 - 13.7
PCT (Whole Blood - W/Automated Blood cell Counter)	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Whole Blood - W/Automated - Westergren method)	2	mm/hr	< 20



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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	30.6	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	51.2	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	59.7	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	95.5	U/L	56 - 119
Total Protein (Serum/Biuret)	6.39	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.08	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.31	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.77		1.1 - 2.2

**Lipid Profile**

Cholesterol Total (Serum/CHOD-PAP with ATCS)	162.1	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	150.3	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.



**DR SURYA LAKSHMI**  
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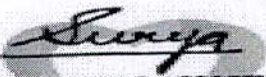
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
HDL Cholesterol (Serum/Immunoinhibition)	23.4	mg/dL	Optimal(Negative Risk Factor): $\geq 60$ Borderline: 40 - 59 High Risk: $< 40$
LDL Cholesterol (Serum/Calculated)	108.6	mg/dL	Optimal: $< 100$ Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: $\geq 190$
VLDL Cholesterol (Serum/Calculated)	30.1	mg/dL	$< 30$
Non HDL Cholesterol (Serum/Calculated)	138.7	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)	6.9		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)	6.4		Optimal: $< 2.5$ Mild to moderate risk: 2.5 - 5.0 High Risk: $> 5.0$
LDL/HDL Cholesterol Ratio (Serum/Calculated)	4.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: $> 6.0$



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**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	8.9	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

Estimated Average Glucose (Whole Blood)	208.73	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 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)	3.74	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	0.4 - 1.81
-------------------------------------------------------------------------------------	------	-------	------------

**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))	11.18	$\mu$ g/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))	1.750	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

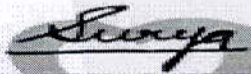
(Indian Thyroid Society Guidelines)

**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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BUN / Creatinine Ratio	26.4		6.0 - 22.0

**Urine Analysis - Routine**

COLOUR (Urine)	Pale yellow		Yellow to Amber
APPEARANCE (Urine)	Slightly turbid		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Positive(+)		Negative
Pus Cells (Urine/Automated - Flow cytometry)	1 - 3	/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)	Amorphous urates present.		

**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	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.



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



20/04/2024

Mr. Rajesh Gaur 52 male

Dental

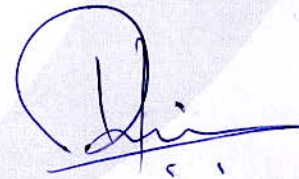
→ No plaques

→ no tartar

→ Alignment good

→ Oral Cavity ⊙

→ no Bleeding



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 ~ 10.2 x 5.3 cm.

The left kidney measures ~ 10.8 x 6.7 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 ~3.7 x 3.3 x 2.6 cm (Vol~17.4 ml) and is normal sized.

The echotexture is homogeneous.



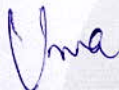
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The seminal vesicles are normal.

Iliac fossae are normal.

**IMPRESSION:**

- **Fatty liver.**
- **Normal study of other abdominal organs.**



**DR. UMALAKSHMI  
SONOLOGIST**



Medall Healthcare Pvt Ltd

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

<b>Customer Name</b>	<b>MR.RAJESH EARAT</b>	<b>Customer ID</b>	<b>MED410000581</b>
<b>Age &amp; Gender</b>	<b>52Y/MALE</b>	<b>Visit Date</b>	<b>20/04/2024</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		



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### ECHOCARDIOGRAPHY

#### M-MODE MEASUREMENTS:-

<u>VALUES</u>	
AO	3.1 cm
LA	3.5 cm
LVID(D)	5.3 cm
LVID (S)	3.3 cm
IVS (D)	1.1 cm
LVPW (D)	1.1 cm
EF	65 %
FS	35 %
TAPSE	18 mm

#### DOPPLER AND COLOUR FLOW PARAMETERS :-

<i>Aortic Valve Gradient</i>	:	<i>V max – 1.43 m/sec</i>	
<i>Pulmonary Valve Gradient</i>	:	<i>V max – 0.96 m/sec</i>	
<i>Mitral Valve Gradient</i>	:	<i>E: 0.74 m/sec</i>	<i>A: 0.50 m/sec</i>
<i>Tricuspid Valve Gradient</i>	:	<i>E: 0.43 m/sec</i>	

#### VALVE MORPHOLOGY :-

<i>Aortic valve</i>	-	<i>Normal</i>
<i>Mitral valve</i>	-	<i>Normal</i>
<i>Tricuspid valve</i>	-	<i>Normal</i>
<i>Pulmonary valve</i>	-	<i>Normal</i>





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<b>CHAMBERS</b>	
<b>LEFT ATRIUM</b>	<b>NORMAL</b>
<b>LEFT VENTRICLE</b>	<b>NORMAL</b>
<b>RIGHT ATRIUM</b>	<b>NORMAL</b>
<b>RIGHT VENTRICLE</b>	<b>NORMAL</b>
<b>INTER ATRIAL SEPTUM</b>	<b>INTACT</b>
<b>INTERVENTRICULAR SEPTUM</b>	<b>INTACT</b>

### **ECHO FINDINGS:**

*No Regional Wall Motion Abnormality (RWMA)  
Normal Left Ventricular systolic function, EF 65%.  
Trivial Mitral Regurgitation / No Mitral Stenosis  
No Aortic Regurgitation /No Aortic Stenosis  
Trivial Tricuspid Regurgitation (2.3 m/s).  
Normal RV Function .  
No Pulmonary Artery Hypertension.  
No Pericardial Effusion.*

### **IMPRESSION:**

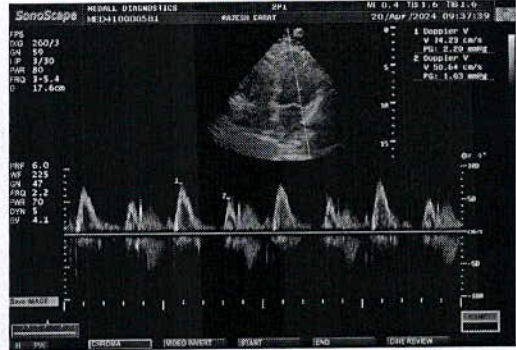
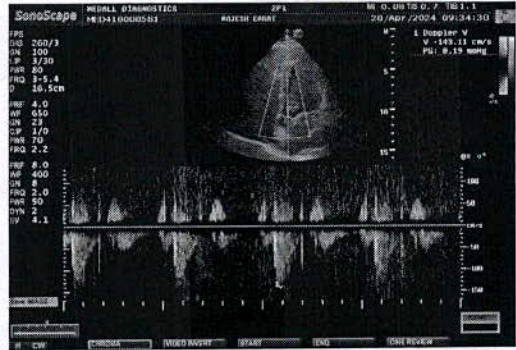
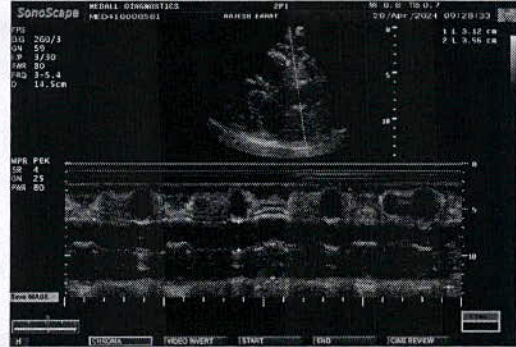
- \* STRUCTURALLY NORMAL HEART.**
- \* NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION, EF 65%**

*M. Varshini*

**MS. VARSHINI.M-ECHO TECHNOLOGIST**



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ADP Measurement Results

PR/PP 384 / 90  
 P 150 ms  
 RR/PP 956 / 965 ms  
 PR/QT 177 / 9 degrees  
 Interpretation  
 Normal Sinus rhythm  
 Nonspecific T wave abnormality  
 Abnormal ECG

Unconfirmed report



AUF

U1

U4

II

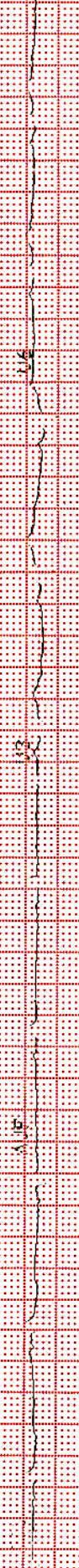


AUF

U2

U5

III



AUF

U3

U6