

Customer Name	MR.NIRMAL KUMAR N V	Customer ID	MED110938145
Age & Gender	59Y/MALE	Visit Date	10/02/2022
Ref Doctor	MediWheel		***************************************

# Personal Health Report

# General Examination:

Height: 172.2 cms

Weight: 72.20 kg

BMI : 24kg/m<sup>2</sup>

BP: 150/100 mmhg

Pulse: 90/min, regular

# Systemic Examination:

CVS: S1 S2 heard; RS: NVBS (+).

Abd : Soft. CNS : NAD

# Blood report:

Glucose Fasting (FBS) – 102.5 mg/dL and Glucose postprandial (PPBS) – 144.8 mg/dL – Slightly elevated.

Lipid profile: Triglycerides - 166.6mg/dL - 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.

USG Whole Abdomen - Fatty liver, Prostatomegaly.

ECHO (Cardiography) - Normal study.

Eye Test – Normal study.

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





Customer Name	MR.NIRMAL KUMAR N V	Customer ID	MED110938145
Age & Gender	59Y/MALE	Visit Date	10/02/2022
Ref Doctor	MediWheel		

Impression & Advice:

Glucose Fasting (FBS) – 102.5mg/dL and Glucose postprandial (PPBS) – 144.8mg/dL – Slightly elevated - To consult a diabetologist for further evaluation and management.

Lipid profile: Triglycerides -166.6mg/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.

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.

USG Whole Abdomen - Prostatomegaly - To consult urologist for 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

Dr. NOOR MOHAMMED RIZWAN. A M.B.B.S., FDM, Reg. No: 120325 Consultant Physician

A Madel Health Care and Diagnostics Pvt. Ltd.





NAME:	NIRMAL KUMAR N.	K. HEIGHT:	172-2
DATE OF BIRTH:	21-03-1962	WEIGHT:	72.20
AGE:	59	PULSE:	90his
CONTACT NUMBER:	9444108028	BP:	150100
EMPLOYEE ID:	NV055850	SIGNATURE:	Mummel Dums

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		How many/day?	For how many years?	
		How often?		
		Non-vegetarian		
	***************************************			
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		If yes,when did you check	in the	
		No means, reason		
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	No	No Yes  No Yes	No Yes If yes, details  No Yes If yes, details,  How many/day?  How often?  Non-vegetarian  If yes, details  If yes, details  If yes, details  If yes, when did you check your hearing last?	No Yes If yes, details  No Yes If yes, details

Doctor's Observations:

Customer Name	Mr. NIRMAL KUMAR	Customer ID	medall
Age & Gender	59 male	Visit Date	DIAGNOSTICS  DIAGNOSTICS  Pexperts who care

**Eye Screening** 

With spectacles / without spectacles (strike out whichever is not applicable)

Right Eye Left Eye

Near Vision

Distance Vision

Colour Vision

Not make the second of the second o

Observation / Comments:

Normal Eye Vision & Specs

Or NOOR MOHAMMED RIZWAN A M.B.B.S., FDM, Top. To: 120325 Consultant Physician Academic Com and Diagnostics Pvt. Ltd.

: MED110938145 PID No.

: 222003258

: OP Type

SID No.

Ref. Dr

Age / Sex : 59 Year(s) / Male

: MediWheel

: 10/02/2022 8:49 AM Register On

Collection On : 10/02/2022 9:56 AM

Report On : 10/02/2022 6:06 PM

11/02/2022 9:25 AM

**Printed On** 





Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood'Agglutination) INTERPRETATION: Reconfirm the Blood group	'B' 'Positive' and Typing before	blood transfusion	
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Spectrophotometry)	15.2	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	43.9	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	5.35	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood'Derived from Impedance)	82.1	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	28.4	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	34.5	g/dL	32 - 36
RDW-CV (EDTA Blood'Derived from Impedance)	13.4	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	39.8	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6490	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood Impedance Variation & Flow Cytometry)	51.9	%	40 - 75
Lymphocytes (EDTA Blood Impedance Variation & Flow Cytometry)	38.8	%	20 - 45
Eosinophils	2.9	%	01 - 06

(EDTA Blood/Impedance Variation & Flow

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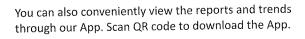
Cytometry)

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	5.9	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.5	%	00 - 02
INTERPRETATION: Tests done on Automated	d Five Part cell count	er. All abnormal results a	are reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.37	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.52	10^3 / μΙ	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.19	10^3 / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.38	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 <i>'Impedance Variation)</i>	238	10^3 / μΙ	150 - 450
MPV (EDTA Blood <i>'Derived from Impedance)</i>	9.4	fL	7.9 - 13.7
PCT (EDTA Blood'Automated Blood cell Counter)	0.223	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	2	mm/hr	< 20
BUN / Creatinine Ratio	6.7		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	102.5	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

ULIANT - PATHOLOGIST REG NO:116685

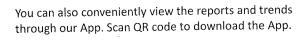
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<u>Investigation</u>	<u>Observed</u> <u>Un</u>	<u>t Biological</u>
	<u>Value</u>	Reference Interval

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) Negative

Negative

(Urine - F/GOD - POD)

Glucose Postprandial (PPBS)

144.8 mg/dL 70 - 140

(Plasma - PP/GOD-PAP) 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)	6.8 mg/dL	7.0 - 21
Creatinine	1.01 mg/dL	0.9 - 1.3

(Serum/Modified Jaffe)

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

Uric Acid	3.9	mg/dL	3.5 - 7.2
(Serum/Enzymatic)			

# Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.73	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.17	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.56	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	22.3	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	20.2	U/L	5 - 41

REG NO:116685

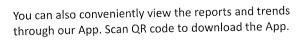
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: 222003258 SID No.

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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	18.0	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	98.4	U/L	56 - 119
Total Protein (Serum/Biuret)	6.95	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.81	gm/dl	3.5 - 5.2
Globulin (Serum/ <i>Derived</i> )	3.14	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.21		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	237.5	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	166.6	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)

39.3

mg/dL

Optimal(Negative Risk Factor): >=

Borderline: 40 - 59 High Risk: < 40

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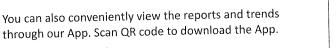
vanan M D(Path) ant Pathologist No : 73347

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Investigation	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
LDL Cholesterol (Serum/Calculated)	164.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	33.3	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	198.2	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

6

(Serum/Calculated)

Triglyceride/HDL Cholesterol Ratio (TG/HDL)

(Serum/Calculated)

LDL/HDL Cholesterol Ratio (Serum/Calculated)

4.2

4.2

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

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

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

Optimal: < 2.5

# Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC) 5.5

%

Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic:  $\geq 6.5$ 

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

REG NO:116685

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MID(Path)

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Estimated Average Glucose	111.15	mg/dL	

Estimated Average Glucose

(Whole Blood)

**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 HbAlC 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)

0.632

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

1.39

ng/ml

0.4 - 1.81

(Serum/Chemiluminescent Immunometric Assay (CLIA))

# 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

9.60

µg/dl

4.2 - 12.0

(Serum/Chemiluminescent Immunometric Assay

(CLIA))

### 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)

3.85

μIU/mL

0.35 - 5.50

inan M.D(Path) nt Pathologist o:73347

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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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:

SID No.

Type

- 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 & amplt 0.03 µIU/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)	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.

ULTANT - PATHO REG NO:116685

**VERIFIED BY** 

an M.D(Path)
Patholog)73°

**APPROVED BY** 

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Stool Analysis - ROUTINE			
Colour (Stool)	Greenish Yellow		Brown
Blood (Stool)	Absent		Absent
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

Jayigah &

DR. FAYIQAH MD(PATH)

CONSULTANT - PATHOLOGIST

REG NO:116685

**VERIFIED BY** 

Dr.E.Saravanan M.D(Path) Consultant Pathologist Reg No : 73347

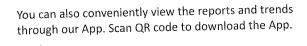
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-- End of Report --

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# SONOGRAM REPORT

# WHOLE ABDOMEN

The liver is normal-sized 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 10.0 x 4.9 cm.

The left kidney measures 10.4 x 5.2 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  $3.3 \times 4.3 \times 3.5 \text{ cm}$  (27 cc) and is enlarged.

The echotexture is homogeneous.





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The seminal vesicles are normal.

Iliac fossae are normal.

# IMPRESSION:

- Fatty liver.
- Prostatomegaly.

DR. UMALAKSHMI

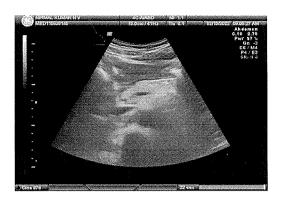
SONOLOGIST



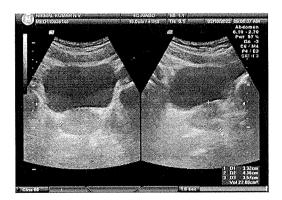


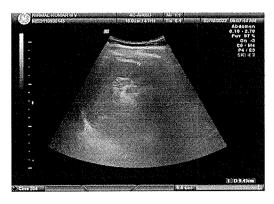
Precision Diagnostics-vadapalani **MEDA** 58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State ElectionCommission Office),

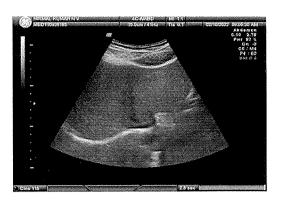
Customer Name	MR.NIRMAL KUMAR N V	Customer ID	MED110938145
Age & Gender	59Y/MALE	Visit Date	10/02/2022
Ref Doctor	MediWheel		•



















Customer Name	MR.NIRMAL KUMAR N V	Customer ID	MED110938145
Age & Gender	59Y/MALE	Visit Date	10/02/2022
Ref Doctor	MediWheel		

# DEPARTMENT OF CARDIOLOGY TRANSTHORACIC RESTING ECHO CARDIOGRAPHY REPORT

ECHO INDICATION: Assessment M MODE & 2-D PARAMETERS:

**ACOUSTIC WINDOW: GOOD** 

DOPPLER PARAMETERS

### LV STUDY

1.0
1.7
1.0
1.4
5.0
3.3
131
38
93
70
33

Parame	eters	Patient Value
LA	cm	3.6
AO	cm	3.1

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

# FINDINGS:

- ❖ Good left ventricle systolic function.
- \* No significant regional wall motion abnormality.
- Jerky IVS motion.
- ❖ Grade I LV diastolic dysfunction.
- \* Normal chambers dimension.
- ❖ Sclerosed aortic valve. No AS.
- ❖ Trivial MR and AR.
- ❖ Normal pericardium/Intact septum.
- ❖ No clot/aneurysm.

# IMPRESSION:

- **♣ NO SIGNIFICANT REGIONAL WALL MOTION ABNORMALITY.**
- **↓** JERKY IVS MOTION.
- **♣ NORMAL LV SYSTOLIC FUNCTION.**

B. SUDHA RANI (BSPA) CARDIOLOGY

You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



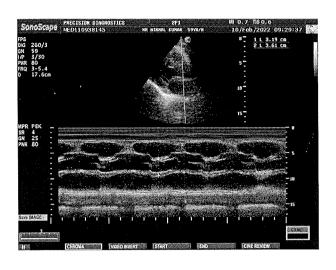
Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

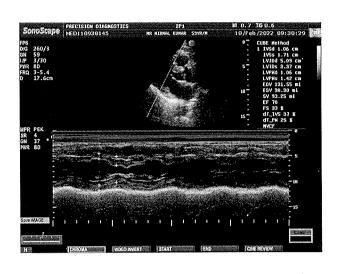


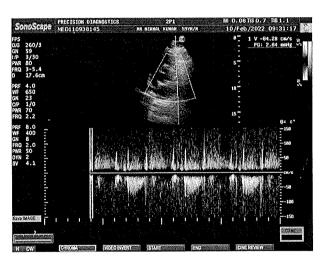
# Precision Diagnostics-vadapalani

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

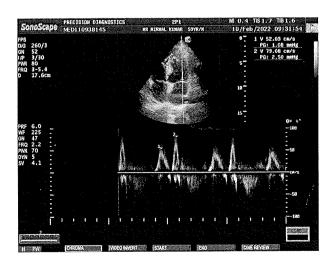
Customer Name	MR.NIRMAL KUMAR N V	Customer ID	MED110938145
Age & Gender	59Y/MALE	Visit Date	10/02/2022
Ref Doctor	MediWheel		

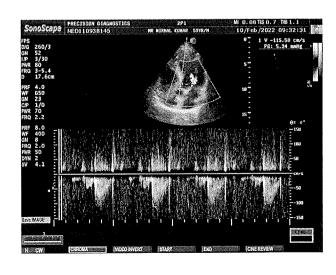
















Name	NIRMAL KUMAR N V	ID	MED110938145 experts who care
Age & Gender	59Y/M	Visit Date	Feb 10 2022 8:19AM
Ref Doctor	MediWheel		

# X- RAY CHEST PA VIEW

Aortic unfolding is seen.

Trachea appears normal.

Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

Extra thoracic soft tissues shadow grossly appears normal.

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



