

<b>Customer Name</b>	<b>MRS.KUMARI S</b>	<b>Customer ID</b>	<b>MED111039137</b>
<b>Age &amp; Gender</b>	<b>40Y/FEMALE</b>	<b>Visit Date</b>	<b>30/03/2022</b>
<b>Ref Doctor</b>	<b>MediWheel---CORPORATE</b>		

Personal Health Report

General Examination:

Height : 102.0cms	BP: 120/70mmhg
Weight : 52.3kg	Pulse: 76/min, regular
BMI : 50.2kg/m <sup>2</sup>	

Systemic Examination:

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

Blood report:

Haemoglobin – 11.6g/dL – Low.  
 T3 (Triiodothyronine) – 2.37ng/ml – Slightly 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 Cardiography – Mild MR.  
 USG Whole Abdomen – Fatty liver, Anterior wall uterine fibroid.  
 Eye Test – Distant and Near vision defect.

Vision	Right eye	Left eye
Distant Vision	6/18	6/18
Near Vision	N12	N12
Colour Vision	Normal	Normal



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**Impression & Advice:**

Haemoglobin – 11.6g/dL – Low. Advised to have iron rich diet and iron supplement prescribed by the physician.

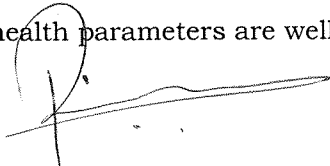
T3 (Triiodothyronine) – 2.37ng/ml – Slightly elevated. To consult a endocrinologists for further evaluation.

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 – Anterior wall uterine fibroid. To consult a gynaecologist.

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.



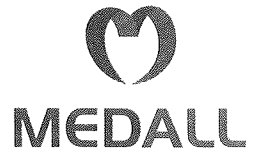
DR. NOOR MOHAMMED RIZWAN A. M.B.B.S, FDM  
MHC Physician Consultant

DR. NOOR MOHAMMED RIZWAN A. M.B.B.S, FDM  
Reg. No: 120075 Consultant Physician  
A Medall Health Care and Diagnostics Pvt. Ltd.



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	2.37	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))	6.92	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))	1.03	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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

  
**Dr S SIVAKUMAR Ph.D**  
Consultant Microbiologist

VERIFIED BY

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

APPROVED BY

-- End of Report --

The results pertain to sample tested.

Page 4 of 4

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Investigation	Observed Value	Unit	Biological Reference Interval
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**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)	45.2	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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LDL Cholesterol (Serum/Calculated)	97.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
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VLDL Cholesterol (Serum/Calculated)	9.1	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	106.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220
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**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)	3.4		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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**Dr S SIVAKUMAR Ph.D**  
 Consultant Microbiologist

VERIFIED BY

  
**Dr.E.Saravanan M.D(Path)**  
 Consultant Pathologist  
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.08	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.19	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	29.0	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	35.7	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	25.4	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	63.9	U/L	42 - 98
Total Protein (Serum/Biuret)	6.16	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.63	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.53	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.43		1.1 - 2.2

**Lipid Profile**

Cholesterol Total (Serum/CHOD-PAP with ATCS)	151.6	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	45.7	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

  
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**Investigation**

**Observed Value**

**Unit**

**Biological Reference Interval**

BLOOD GROUPING AND Rh TYPING

'O' 'Positive'

(EDTA Blood/Agglutination)

**INTERPRETATION:** Reconfirm the Blood group and Typing before blood transfusion

BUN / Creatinine Ratio

17.4

6.0 - 22.0

Glucose Fasting (FBS)

76.1

mg/dL

(Plasma - F/GOD-PAP)

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)

Negative

Negative

(Urine - F/GOD - POD)

Glucose Postprandial (PPBS)

95.7

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.

Blood Urea Nitrogen (BUN)

13.8

mg/dL

7.0 - 21

(Serum/Urease UV / derived)

Creatinine

0.79

mg/dL

0.6 - 1.1

(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 etc.

Uric Acid

4.7

mg/dL

2.6 - 6.0

(Serum/Enzymatic)

**Liver Function Test**

Bilirubin(Total)

0.27

mg/dL

0.1 - 1.2

(Serum/DCA with ATCS)

Dr S SIVAKUMAR Ph.D  
Consultant Microbiologist

VERIFIED BY

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

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Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.2	%	00 - 02
<b>INTERPRETATION:</b> 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)	4.72	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.61	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.20	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.51	$10^3 / \mu\text{l}$	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.01	$10^3 / \mu\text{l}$	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	242	$10^3 / \mu\text{l}$	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.8	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.24	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	10	mm/hr	< 20

  
Dr S SIVAKUMAR Ph.D  
Consultant Microbiologist

VERIFIED BY

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

APPROVED BY

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Complete Blood Count With - ESR</u></b>			
Haemoglobin (EDTA Blood/Spectrophotometry)	11.6	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	35.3	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.21	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	83.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	27.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.0	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.8	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	41.9	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	7050	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	66.9	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	22.8	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	2.9	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	7.2	%	01 - 10

  
Dr S SIVAKUMAR Ph.D  
Consultant Microbiologist

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Age & Gender	40Y/F	Visit Date	Mar 30 2022 8:48AM
Ref Doctor	MediWheel----CORPORATE		

**X- RAY CHEST PA VIEW**

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.

**IMPRESSION:**

- *Chest x-ray shows no significant abnormality.*

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



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<b>Ref Doctor</b>	<b>MediWheel----CORPORATE</b>		

**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 and 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 the 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 8.3 x 4.0 cm.

The left kidney measures 10.2 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 uterus is anteverted, and measures 8.9 x 5.5 cm.

A fibroid measuring 4.2 x 3.4 cm is seen in the anterior wall of uterus.



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The endometrial thickness is 8 mm.

The right ovary measures 3.1 x 1.6 cm.

The left ovary measures 3.3 x 2.0 cm.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

**IMPRESSION:**

- **Fatty liver.**
- **Anterior wall uterine fibroid.**



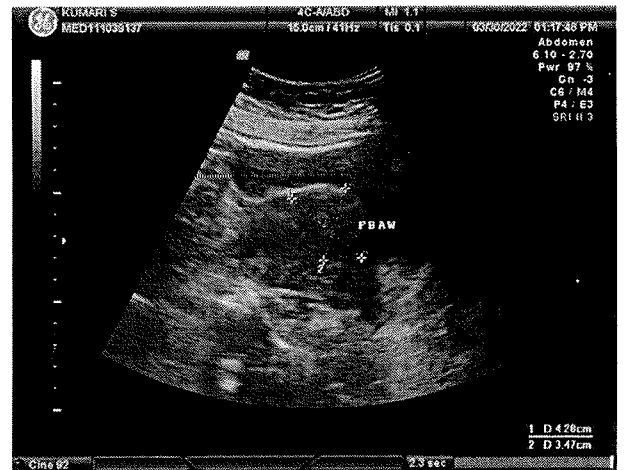
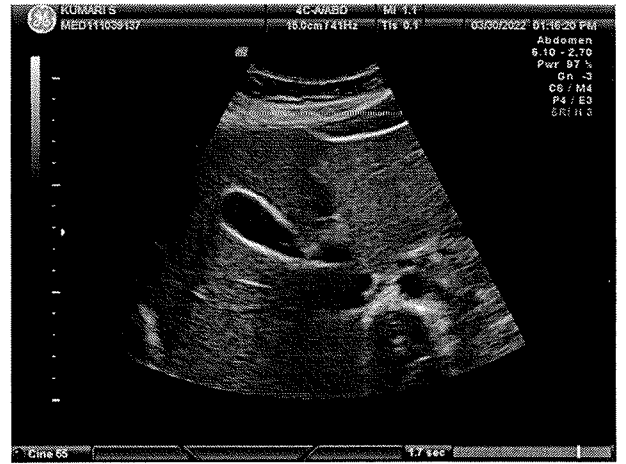
**DR. UMALAKSHMI  
SONOLOGIST**



Precision Diagnostics-vadapalani

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

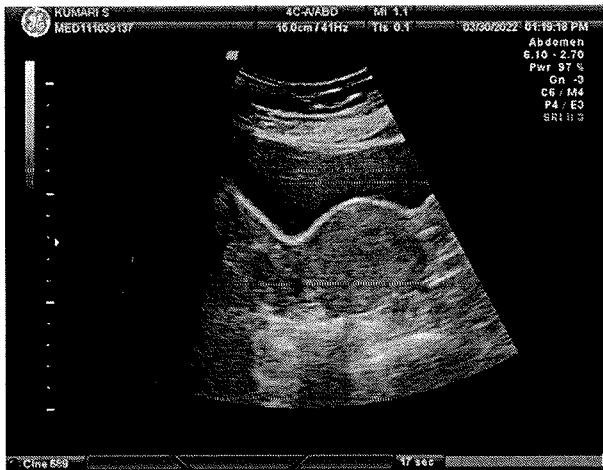
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Precision Diagnostics-vadapalani

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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	0.5
IVS(s) cm	1.0
LPW(d) cm	0.9
LPW(s) cm	1.2
LVID(d) cm	3.7
LVID(s) cm	2.6
EDV ml	53
ESV ml	18
SV ml	34
EF %	64
FS %	29

Parameters	Patient Value
LA cm	3.1
AO cm	2.0

Valves	Velocity max(m/sec mm/Hg)
AV	0.6 / 2
PV	0.7 / 3
MV (E)	0.4
(A)	0.6
TV (E)	1.0 / 4

**FINDINGS:**

- ❖ Normal left ventricle systolic function (LVEF 64 %).
- ❖ No regional wall motion abnormality.
- ❖ Grade I LV diastolic dysfunction.
- ❖ Normal chambers dimension.
- ❖ Mild MR.
- ❖ Normal pericardium/Intact septae.
- ❖ No clot/aneurysm.

**IMPRESSION:**

- ⚡ NORMAL LV SYSTOLIC FUNCTION.
- ⚡ NO REGIONAL WALL MOTION ABNORMALITY.
- ⚡ GRADE I LV DIASTOLIC DYSFUNCTION.
- ⚡ MILD MR.

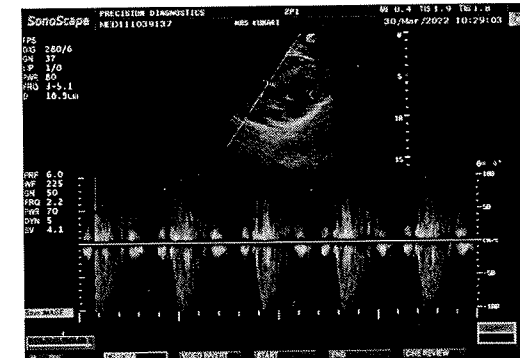
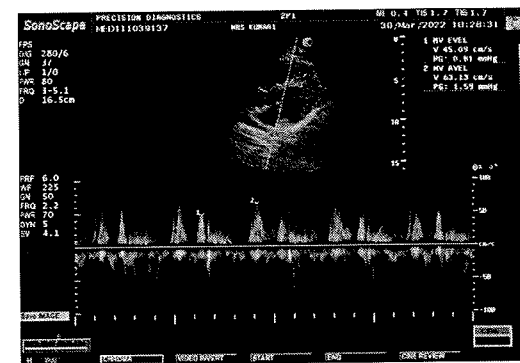
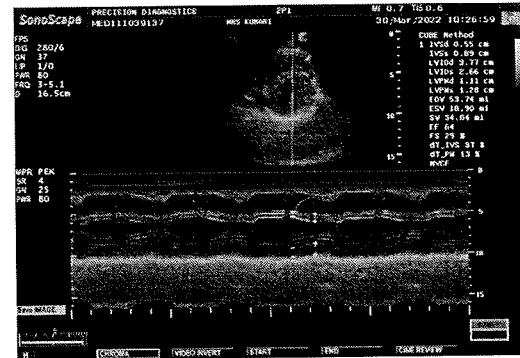
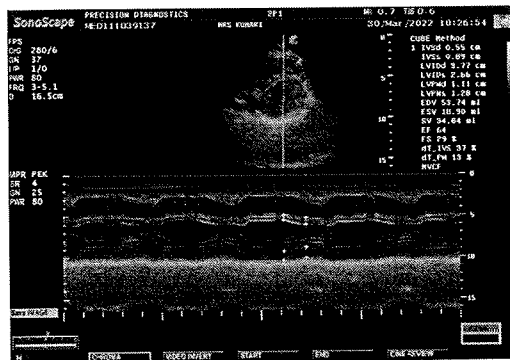
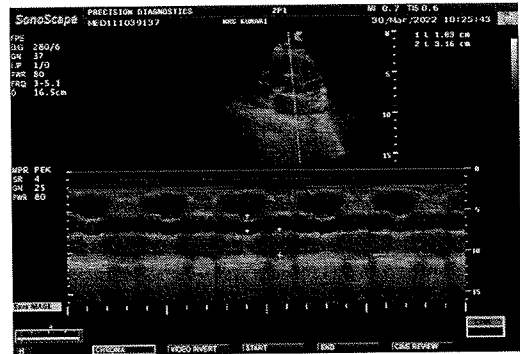
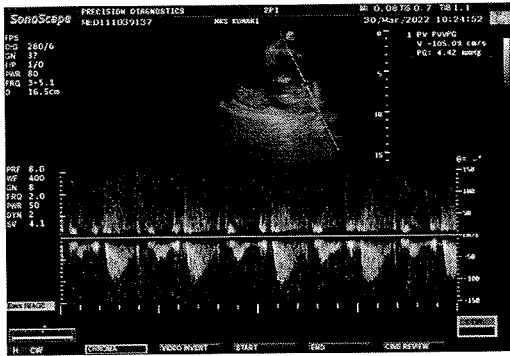
*S. Vignesh*

**S. VIGNESH M.Sc.  
ECHO TECHNICIAN**



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

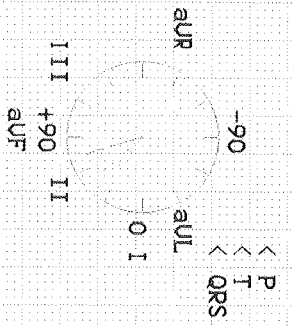
<b>Customer Name</b>	<b>MRS.KUMARI S</b>	<b>Customer ID</b>	<b>MED111039137</b>
<b>Age &amp; Gender</b>	<b>40Y/FEMALE</b>	<b>Visit Date</b>	<b>30/03/2022</b>
<b>Ref Doctor</b>	<b>MediWheel---CORPORATE</b>		



AGE:

Measurement Results:

QRS : R6 ms  
 QT/QTcB : 410 / 442 ms  
 PR : 122 ms  
 P : 88 ms  
 RR/PP : 860 / 855 ms  
 P/QRS/T : 39 / 72 / 48 degrees



Interpretation:  
 12SL - Interpretation:  
 Normal sinus rhythm  
 Normal ECG

Unconfirmed report.

