





Name	MR.SARATH KUMAR	ID	MED121472209
	29Y/MALE	Visit Date	12/11/2022
Ref Doctor	MediWheel	la, uniquitimenti pini alculati	stribort resurpes froding

MASTER HEALTH CHECK UP SUMMARY

Height:	166 cm	Weight:	53.4 kg
BMI:	19.4		

PRESENT HISTORY:

· Nil.

GENERAL EXAMINATION: P.I.C.C.L.E: Nil.

Pulse: 80/min

BP: 130/80 mmHg

Respiratory Rate: 18/min

Temp: Normal

Others: Nil

SYSTEMIC EXAMINATION:

CVS: S1S2+

RS: B/L NVBS

CNS: NFND

P/A: Soft, No palpable mass, No tenderness. BS +.

INVESTIGATIONS:

ECG:

Normal ECG.

XRAY:

Chest x-ray shows no significant abnormality.

LAB REPORTS:

- · Bilirubin ↑.
- SGOT,SGPT,GGT ↑.
- Cholesterol ↑.





Name	MR.SARATH KUMAR	ID	MED121472209
Age & Gender	29Y/MALE	Visit Date	12/11/2022
Ref Doctor	MediWheel	ite, drag imagacijons etc.	care book progression of the

ECHO:

- Normal LV / RV size and systolic function. (EF: 62 %)
- No regional wall motion abnormality.
- · Normal valves for age.
- Normal diastolic compliance.
- Normal colour flow studies.

ULTRASOUND ABDOMEN:

- · Left renal calculus.
 - For clinical correlation.

EYE SCREENING:

Vision	R/E	L/E
Distant Vision	6/6	6/6
Near Vision	N6	N6
Colour Vision	Normal	Normal

Within normal limits.

ADVISED:

- Gastroenterologist opinion.
- Regular Walking for 20 minutes a day.
- Nephrologist opinion for left renal calculus.

DR. GOMATHY.S M.B.B.S,D.M.C.H Consultant General Physician



PID No. : MED121472209

SID No. : 602210472

Age / Sex : 29 Year(s) / Male

Ref. Dr : MediWheel Register On : 12/11/2022 8:07 AM

Collection On : 12/11/2022 8:47 AM

Report On 12/11/2022 2:36 PM

Printed On 14/11/2022 3:33 PM

Type OP



Investigation **Observed Value** Unit **Biological Reference Interval**

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (Blood 'B' 'Positive' /Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion If Rh Variant

When Reciepient, Consider patient as Rh negative when Donor, Consider patient as Rh positive.

HAEMATOLOGY

Complete Blood Count With - ESR			
Haemoglobin (Blood/Spectrophotometry)	16.7	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	48.3	%	42 - 52
RBC Count (Blood/Impedance Variation)	4.77	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	101.1	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	35.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	34.7	g/dL	32 - 36
RDW-CV (Blood/Derived from Impedance)	14.6	%	11.5 - 16.0
RDW-SD (Blood/Derived from Impedance)	51.66	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	8500	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	71.0	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	18.6	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	1.4	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	8.2	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.8	%	00 - 02

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

Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	6.04	10^3 / μΙ	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	1.58	10^3 / μΙ	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.12	10^3 / μΙ	0.04 - 0.44

Dr S SIVAKUMAR Ph.D Consultant Microbiologist

The results pertain to sample tested.

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

Page 1 of 6



: 602210472

PID No. : MED121472209 SID No.

Age / Sex : 29 Year(s) / Male

Ref. Dr : MediWheel Register On : 12/11/2022 8:07 AM

Collection On : 12/11/2022 8:47 AM Report On

12/11/2022 2:36 PM **Printed On** 14/11/2022 3:33 PM

Type OP



Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.70	10^3 / µl	< 1.0
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.07	10^3 / µI	< 0.2
Platelet Count (Blood/Impedance Variation)	170	10^3 / µl	150 - 450
MPV (Blood/Derived from Impedance)	8.3	fL	7.9 - 13.7
PCT (Blood/Automated Blood cell Counter)	0.14	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	8	mm/hr	< 15
BIOCHEMISTRY			
BUN / Creatinine Ratio	8.8		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	70.6	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
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	107.0	mg/dL	70 - 140

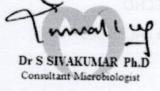
INTERPRETATION:

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)	9.4	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.06	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)	5.7	mg/dL	3.5 - 7.2
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	1.91	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic	0.37		
Acid)	0.57	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	1.54	m = /dl	
, ,	1.04	mg/dL	0.1 - 1.0



The results pertain to sample tested.

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

Page 2 of 6



PID No. : MED121472209

SID No. : 602210472

Age / Sex : 29 Year(s)/ Male

Ref. Dr : MediWheel Register On : 12/11/2022 8:07 AM

Collection On : 12/11/2022 8:47 AM

Report On 12/11/2022 2:36 PM

Printed On 14/11/2022 3:33 PM

Type OP



Investigation	Observed Value	Unit	Biological Reference Interval
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	49.5	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	47.5	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) Serum/IFCC / Kinetic)	307.6 (Rechecked)	U/L	< 55
Remark: kindly correlate clinically, sugges	ted repeat testing with a	fresh samp	ole, if clinically indicated
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	92.2	U/L	53 - 128
Total Protein (Serum/Biuret)	8.06	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.76	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.30	gm/dL	2.3 - 3.6
A: G RATIO (Serum/Derived)	1.44		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	239.0	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	89.1	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)
------------------------	--------------------------

mg/dL

Optimal(Negative Risk Factor): >= 60

Borderline: 40 - 59 High Risk: < 40

LDL Cholesterol (Serum/Calculated)

138.7

mg/dL

Optimal: < 100

Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190

VLDL Cholesterol (Serum/Calculated)

17.8

mg/dL

< 30

Non HDL Cholesterol (Serum/Calculated) 156.5 mg/dL

Optimal: < 130

Above Optimal: 130 - 159 Borderline High: 160 - 189

High: 190 - 219 Very High: >= 220

Dr S SIVAKUMAR Ph Consultant Microbiologist

The results pertain to sample tested.

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

Page 3 of 6

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



PID No. : MED121472209 SID No.

: 602210472 Age / Sex

Ref. Dr

: 29 Year(s) / Male

MediWheel

Register On : 12/11/2022 8:07 AM

Collection On: 12/11/2022 8:47 AM

Report On 12/11/2022 2:36 PM

Printed On 14/11/2022 3:33 PM

Type OP

Investigation

Observed Value

Unit

Biological Reference Interval

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)

2.9

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)

1.1

1.7

Optimal: < 2.5

Mild to moderate risk: 2.5 - 5.0

High Risk: > 5.0

LDL/HDL Cholesterol Ratio (Serum/

Calculated)

Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0

High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)

4.8

%

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)

91.06

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, 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.

<u>IMMUNOASSAY</u>

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ Chemiluminescent Immunometric Assay 0.85

5.71

ng/ml

0.7 - 2.04

INTERPRETATION:

Comment:

(CLIA))

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))

µg/dl

4.2 - 12.0

Dr S SIVAKUMAR Ph. Consultant Microbiologist

The results pertain to sample tested.

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

Page 4 of 6

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



PID No. : MED121472209

: 602210472 Age / Sex

: 29 Year(s) / Male

Ref. Dr MediWheel

SID No.

Register On : 12/11/2022 8:07 AM

Collection On : 12/11/2022 8:47 AM

Report On 12/11/2022 2:36 PM

Printed On 14/11/2022 3:33 PM

Type OP



Investigation **Observed Value** Unit Biological Reference Interval 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 µIU/mL 0.35 - 5.50/Chemiluminescent Immunometric Assay

(CLIA))

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.

CLINICAL PATHOLOGY

Urine Analysis - Routine

APPEARANCE (Urine)

COLOUR (Urine)

Pale yellow

Yellow to Amber

Clear

Clear

Protein (Urine/Protein error of indicator)

Negative

Glucose (Urine/GOD - POD) Pus Cells (Urine/Automated - Flow cytometry Negative Negative

Negative /hpf NIL

Epithelial Cells (Urine/Automated - Flow

Occasional Occasional

NIL

cytometry)

/hpf

NIL

RBCs (Urine/Automated - Flow cytometry) Casts (Urine/Automated - Flow cytometry)

NIL

/hpf

NIL

Crystals (Urine/Automated - Flow cytometry)

NIL NIL

/hpf /hpf

NIL

Others (Urine)

NIL

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

-- End of Report --

Dr S SIVAKUMAR Ph Consultant Microbiologist

The results pertain to sample tested.

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

Page 5 of 6

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



PID No. : MED121472209 SID No. : 602210472

Age / Sex : 29 Year(s) / Male

Ref. Dr : MediWheel

Register On : 12/11/2022 8:07 AM

Collection On: 12/11/2022 8:47 AM

Report On 12/11/2022 2:36 PM

Printed On 14/11/2022 3:33 PM

Type : OP

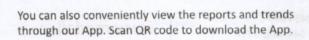




The results pertain to sample tested.

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

Page 6 of 6







Name	MR.SARATH KUMAR	ID	MED121472209
Age & Gender	29Y/MALE	Visit Date	12/11/2022
Ref Doctor	MediWheel	ses anni (tavette pur l'alle	with all the samples, food into

ECHO CARDIOGRAM REPORT

2D ECHO STUDY:

- · Normal chamber dimensions.
- Normal LV / RV size and systolic function (EF: 62%)
- 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: 62%)
- 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)- 3.0cm(1.5cm/3.5cm)	IVS (ed) - 1.1cm	(0.6cm/1.2cm)
LA (ed)- 3.0cm(1.5cm/3.5cm)	LVPW(ed) - 0.9cm	(0.6cm/1.1cm)
RVID(ed)- 1.2cm(0.9cm/2.8cm)	EF 62 %	(62 %-85 %)
LVID (ed)- 4.7cm(2.6cm/5.5cm)	FS 33%	a v = outling
LVID (es)- 3.1cm		





Name	MR.SARATH KUMAR	ID	MED121472209
Age & Gender 29Y/MALE	29Y/MALE	Visit Date	12/11/2022
Ref Doctor	MediWheel	The property of the Party of th	manual sastant and the

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.

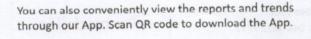
DOPPLER STUDY:

Continuous Wave Doppler & Colour Flow Study:

> Normal colour flow studies.

Dr. Pradeep G. Nayar

MD,DNB(CARD),MNAMS,FRCP(Lon),FRCP(Edin), FRCP(Glas)FAHA(USA),FACC(USA),FSCAI(USA). Sr.Consultant Interventional Cardiologist

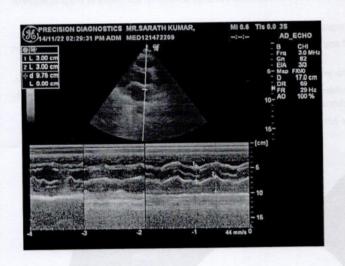


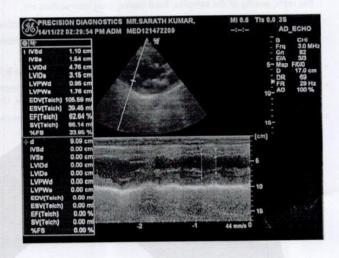


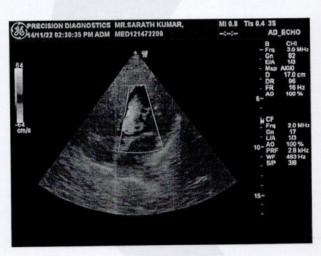


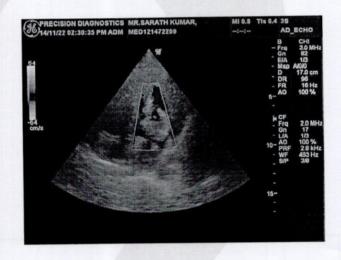
Medall Healthcare Pvt Ltd No ; 26/15 , Ground floor Gopalakrishna street pondy Bazaar , T.Nagar

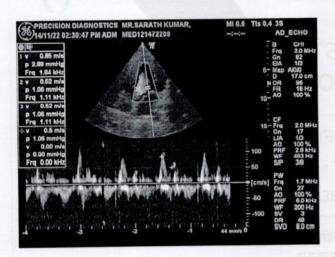
Name	MR.SARATH KUMAR	ID	MED121472209
Age & Gender	29Y/MALE	Visit Date	12/11/2022
Ref Doctor MediWheel			

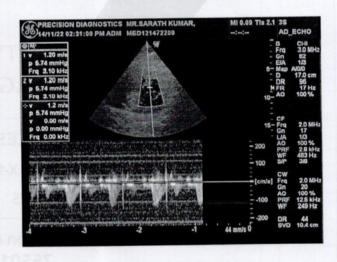












You can also conveniently view the reports and trends through our App. Scan QR code to download the App.





Name	MR.SARATH KUMAR	ID	MED121472209
Age & Gender	29Y/MALE	Visit Date	12/11/2022
Ref Doctor	MediWheel	ol sun Al Xeous III Textberri Milts o	The week for the service of the

SONOGRAM

WHOLE ABDOMEN

The liver is normal in size and shows uniform echotexture with no focal abnormality.

The gall bladder is partially distended and post prandial.

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.

The right kidney measures 9.7 x 4.4 cm.

The left kidney measures 9.8×5.5 cm and shows calculus measuring 0.42 cm in the lower pole calyx.

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





Name	MR.SARATH KUMAR	ID	MED121472209
Age & Gender	29Y/MALE	Visit Date	12/11/2022
Ref Doctor	MediWheel	atracija nekostalnikom prikostal	principals to third for diagnosting

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.

The prostate measures $3.1 \times 3.6 \times 3.6 \text{ cm}$ (Vol – 21.4 cc).

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

IMPRESSION:

- · Left renal calculus.
- For clinical correlation.

DR.Catherine

Consultant Sonologist

Catherine.



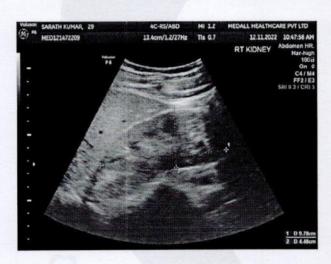


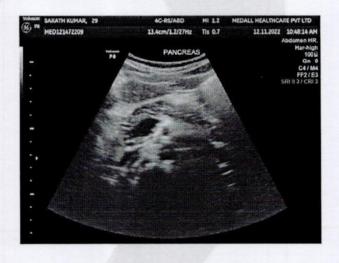
Medall Healthcare Pvt Ltd No ; 26/15 , Ground floor Gopalakrishna street pondy Bazaar , T.Nagar

Name	MR.SARATH KUMAR	ID	MED121472209
Age & Gender	29Y/MALE	Visit Date	12/11/2022
Ref Doctor	MediWheel		



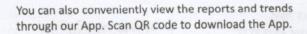










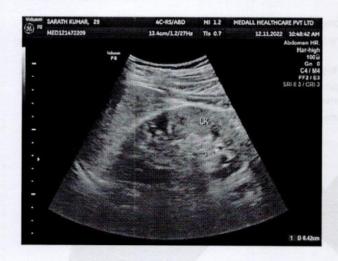






${\it Medall\ Healthcare\ Pvt\ Ltd}$ No ; 26/15 , Ground floor Gopalakrishna street pondy Bazaar , T.Nagar

Name	MR.SARATH KUMAR	ID	MED121472209
Age & Gender	29Y/MALE	Visit Date	12/11/2022
Ref Doctor	MediWheel		







Name	SARATH KUMAR	Customer ID	MED121472209
Age & Gender	29Y/M	Visit Date	Nov 12 2022 8:06AM
Ref Doctor	MediWheel	Oleon I mi prost su comen	no of building something buildings

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.

C. S. Campbuller

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



