





Name	MR.MANOJ KUMAR D	ID	MED121726869
Age & Gender	27Y/MALE	Visit Date	11/03/2023
Ref Doctor	MediWheel		

MASTER HEALTH CHECK UP SUMMARY

Height:	178 cm	Weight:	79.8 kg
BMI:	25.2		

PRESENT HISTORY:

Nil.

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

Pulse: 72/min

BP:

120/80 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:

Essentially normal study.





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ECHO:

- Normal LV / RV size and systolic function. (EF: 56 %)
- · No regional wall motion abnormality.
- Normal valves for age.
- · Normal diastolic compliance.
- · Normal colour flow studies.

ULTRASOUND ABDOMEN:

- · Bilateral renal calculi.
 - For clinical correlation.

LAB REPORTS:

• Elevated Bilirubin level.

EYE SCREENING:

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

> Partial colour blindness.

ADVISED:

- Gastroenterologist opinion for raised bilirubin level.
- Nephrologist opinion for Bilateral renal stones.

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

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Register On : 11/03/2023 8:37 AM

Collection On : 11/03/2023 9:08 AM

Report On : 12/03/2023 11:54 AM

Printed On : 13/03/2023 9:21 AM

Type : OP



Investigation

Observed Value

Unit

Biological Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (Blood 'O' '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

Camala	to Diane	d Caund	IATION	ECD
Comple	te pioot	Count	AAIRII -	ESK

Haemoglobin (Blood/Spectrophotometry)	15.8	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	47.5	%	42 - 52
RBC Count (Blood/Impedance Variation)	5.50	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	86.4	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	28.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	33.2	g/dL	32 - 36
RDW-CV (Blood/Derived from Impedance)	13.8	%	11.5 - 16.0
RDW-SD (Blood/Derived from Impedance)	41.73	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	8480	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	64.1	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	25.4	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	4.2	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	5.8	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.5	%	00 - 02

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

morescopically.			
Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	5.44	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	2.15	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/	0.36	10^3 / µl	0.04 - 0.44

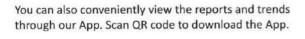


The results pertain to sample tested.





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Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.49	10^3 / μΙ	< 1.0
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.04	10^3 / μΙ	< 0.2
Platelet Count (Blood/Impedance Variation)	305	10^3 / µl	150 - 450
MPV (Blood/Derived from Impedance)	9.5	fL	7.9 - 13.7
PCT (Blood/Automated Blood cell Counter)	0.29	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	6	mm/hr	< 15
BIOCHEMISTRY			
BUN / Creatinine Ratio	7.25		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	77.3	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.

GOD-PAP)

Glucose, Fasting (Urine) (Urine - F/GOD -

Negative

Negative

Glucose Postprandial (PPBS) (Plasma - PP/

83.1

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)	6.6	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.91	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)	6.1	mg/dL	3.5 - 7.2
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	1.76	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.36	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	1.40	mg/dL	0.1 - 1.0



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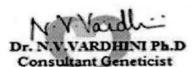
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Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	15.9	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	16.0	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	25.0	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	78.2	U/L	53 - 128
Total Protein (Serum/Biuret)	7.47	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.33	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.14	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.38		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	176.5	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	77.0	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)	40.3	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	120.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	15.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	136.2	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219



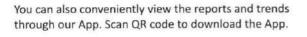
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Very High: >= 220





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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)

4.4

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

Triglyceride/HDL Cholesterol Ratio

(TG/HDL) (Serum/Calculated)

1.9

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)

5.1

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)

99.67

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 1.22

ng/ml

0.7 - 2.04

INTERPRETATION:

Comment:

(CLIA))

(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

8.21

µg/dl

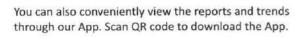
4.2 - 12.0

Dr. N.V.VARDHINI Ph.D Consultant Geneticist

The results pertain to sample tested.

DR. SUNDAR ELAYAPERUMAL MD. CIC CONSULTANT MICROBIOLOGIST NES NO. 41854

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0.35 - 5.50

Type

OP

Investigation

Observed Value

Unit

µIU/mL

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

/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 & amplt; 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

CLINICAL PATHOLOGY

Urine Analysis - Routine

COLOUR (Urine)

Pale yellow

Yellow to Amber

APPEARANCE (Urine)

Clear

Clear

Protein (Urine/Protein error of indicator)

Negative

Negative Negative

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

NIL

Epithelial Cells (Urine/Automated - Flow

Occasional

/hpf

/hpf

NIL

cytometry) RBCs (Urine/Automated - Flow cytometry)

NIL

/hpf

NIL

Casts (Urine/Automated - Flow cytometry)

NIL

/hpf

/hpf

NIL

NIL

Crystals (Urine/Automated - Flow cytometry)

NIL

Others (Urine)

NIL

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

Stool Analysis - ROUTINE

Colour (Stool)

Brown

Brown

Blood (Stool)

Absent

Absent









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SONOGRAM REPORT

WHOLE ABDOMEN

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

The gall bladder is contracted 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 the IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

The right kidney measures 9.5×4.3 cm and shows calculus measuring 0.35 cm in the mid pole calyx.

The left kidney measures 10.3×6.5 cm and shows calculus measuring 0.35 cm in the lower pole calyx, 0.51 cm in the upper pole calyx.

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





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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 2.9 x 2.8 x 2.7 cm (Vol - 11.8 cc) and is normal sized.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

IMPRESSION:

- · Bilateral renal calculi.
- For clinical correlation.

Dr. Catherine

De Catheme

Consultant Sonologist.



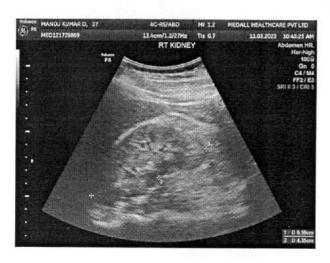


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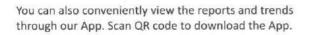
















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ECHO CARDIOGRAM REPORT

2D ECHO STUDY:

- · Normal chamber dimensions.
- Normal LV / RV size and systolic function (EF: 56%)
- 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: 56%)
- 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)- 2.7cm(1.5cm/3.5cm)	IVS (ed) - 0.8cm	(0.6cm/1.2cm)
LA (ed)- 3.0cm(1.5cm/3.5cm)	LVPW(ed) - 1.0cm	(0.6cm/1.1cm)
RVID(ed)- 1.2cm(0.9cm/2.8cm)	EF 56 %	(62 %-85 %)
LVID (ed)- 4.9cm(2.6cm/5.5cm)	FS 30 %	
LVID (es)- 3.0cm		





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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.

-For clinical correlation

Monika.R
CARDIAC TECHNOLOGIST





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