

Customer Name	MR.ABHISHEK DAS	Customer ID	MED410003200
Age & Gender	43Y/MALE	Visit Date	27/04/2024
Ref Doctor	MediWheel		Action with the liber

## Personal Health Report

#### General Examination:

Height: 174.0 cms Weight: 81.6 kg BMI: 27.0 kg/m<sup>2</sup> BP: 145/85 mmhg Pulse: 94/min, regular

#### Systemic Examination:

CNS: NAD

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

## Blood report:

Glucose- (FBS) - 105.1 mg/dl & Glucose (PPBS) - 194.9 mg/dl- Slightly elevated.

All other blood parameters are well within normal limits. (Report enclosed).

Liver Function Test -SGOT/AST - 44.20 U/L - Slightly elevated.

Urine Analysis - Protein (Trace), pus cells (2-4/hpf), epithelial cells (1-3/hpf).

X-Ray Chest - Normal study.

ECG - Normal ECG.

TMT - Mild positive.

Dental Exam - Normal study.

USG Whole Abdomen - Fatty liver, right renal cortical cyst, and prostatomegaly with insignificant PVR.





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Eye Test - Distant vision defect.

Vision	Right eye	Left eye
Distant Vision	6/12	6/12
Near Vision	N6	N6
Colour Vision	Normal	Normal

#### Impression & Advice:

Glucose- (FBS) - 105.1 mg/dl & Glucose (PPBS) - 194.9 mg/dl- Slightly elevated. Need to do HbA1C test and to consult a diabetologist for further evaluation and management. To have diabetic diet recommended by the dietician.

Liver Function Test –SGOT/AST – 44.20 U/L - Slightly elevated – To consult a gastroenterologist for further evaluation to rule out early onset of liver disease and management.

Urine Analysis – Protein (Trace), pus cells (2-4/hpf), epithelial cells (1-3/hpf) - To consult general physician for further evaluation and management.

USG Whole Abdomen – Fatty liver, right renal cortical cyst, and prostatomegaly with insignificant PVR. To consult urologist and to take low fat diet, and high fiber diets. Regular brisk walking for 45 minutes daily, 5 days a week is essential.

TMT - Mild positive - To consult cardiologist for further evaluation.

Eye Test - Distant 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 : 120325 Consultant Physician
A Medall Health Care and Diagnostics Pvt. Ltd.





2 floy/2024 mr. Abhishek Das 43 lm Deutol

-) ploques (A)

-) Toutrake (A)

-) No Bleeding

-> Coms (2)

No loss of tooth

-> No loss of tooth

Dr. NOOR MOHAMMED RIZWAN A M.B.B.S., FDM, Reg. No : 120325 Consultant Physician A Medall Health Care and Diagnostics Pvt. Ltd.



Mr. ABHISHEK DAS PID No. : MED410003200

: 224005977

Register On : 27/04/2024 8:49 AM

Collection On : 27/04/2024 9:55 AM

: 43 Year(s) / Male Age / Sex Type : OP

Report On **Printed On** 

: 27/04/2024 5:00 PM : 27/04/2024 6:08 PM

Ref. Dr

SID No.

: MediWheel

Investigation Observed Unit <u>Value</u>

BLOOD GROUPING AND Rh **TYPING** 

'A' 'Positive'

<u>Biological</u> Reference Interval

(EDTA Blood/Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Glucose Fasting (FBS) (Plasma - F/GOD-PAP)

105.1

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

Glucose, Fasting (Urine) Negative Negative (Urine - F/GOD - POD) Glucose Postprandial (PPBS) 194.9 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.

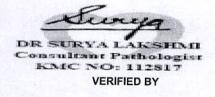
Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	11.32	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.15	mg/dL	0.9 - 1.3

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

Uric Acid 6.80 mg/dL 3.5 - 7.2(Serum/Enzymatic)

# Liver Function Test

Bilirubin(Total) 0.65 mg/dL 0.1 - 1.2(Serum/DCA with ATCS)









APPROVED BY

The results pertain to sample tested.

Page 1 of 7

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Type

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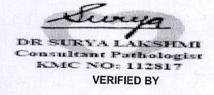
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27/04/2024 5:00 PM **Printed On** 

: 27/04/2024 6:08 PM



Investigation	Observed Value	<u>Unit</u>	<u>Biological</u>
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.14	mg/dL	Reference Interval 0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.51	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	44.20	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	36.1	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	18.40	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	42.60	U/L	53 - 128
Total Protein (Serum/Biuret)	7.61	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.8	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.81	gm/dL	2.3 - 3.6
A: GRATIO (Serum/Derived)	1.71		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	130.00	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	80.80	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500









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Investigation

Ref. Dr

Observed Value

Unit

Biological Reference Interval

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

HDL Cholesterol (Serum/Immunoinhibition)	36.00	mg/dL	Optimal(Negative Risk Factor): >= 60
			Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	77.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	16.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	94.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189

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)

Triglyceride/HDL Cholesterol Ratio (TG/HDL)

(Serum/Calculated)

3.6

2.2

Optimal: < 3.3Low Risk: 3.4 - 4.4

Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0

High: 190 - 219 Very High: >= 220

Optimal: < 2.5

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







. K MD Ph.D Lab Director TNMC NO: 79967

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Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
2.2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
0.43	ng/mL	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of
	Value 2.2	Value 2.2

Collection On : 27/04/2024 9:55 AM

INTERPRETATION: REMARK: PSA alone should not be used as an absolute indicator of malignancy.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total

1.57

ng/ml

0.7 - 2.04

(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

10.51

μg/dl

4.2 - 12.0

(Serum/Chemiluminescent Immunometric Assay

(CLIA))

(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) (Serum/Chemiluminescent Immunometric Assay

3.060

µIU/mL

0.35 - 5.50

DR SURV onsultant Pathologist KMC NO: 11281

**VERIFIED BY** 

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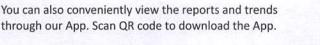


MD Ph.D

APPROVED BY

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Investigation

Observed Value

<u>Unit</u>

**Biological** Reference Interval

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)

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.

 $3. Values \& amplt; 0.03 \ \mu IU/mL$  need to be clinically correlated due to presence of rare TSH variant in some individuals.







ID Ph.D

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: 27/04/2024 8:49 AM Collection On : 27/04/2024 9:55 AM

: 27/04/2024 5:00 PM

Type : OP Report On

Ref. Dr

: MediWheel

**Printed On** : 27/04/2024 6:08 PM

Investigation	Observed	<u>Unit</u>	Biological
BUN / Creatinine Ratio	<u>Value</u> 9.8		Reference Interval
Urine Analysis - Routine			
COLOUR			

(Urine)

Pale yellow

Yellow to Amber

APPEARANCE (Urine)

Clear

Clear

Protein (Urine/Protein error of indicator)

Trace

Negative

Glucose (Urine/GOD - POD)

Pus Cells

Negative

/hpf

Negative

(Urine/Automated - Flow cytometry )

2 - 4

NIL NIL

Epithelial Cells (Urine/Automated - Flow cytometry )

1-3 /hpf

/hpf

NIL

(Urine/Automated - Flow cytometry ) Casts

NIL /hpf

NIL

(Urine/Automated - Flow cytometry ) Crystals

NIL

NIL

/hpf

NIL

(Urine/Automated - Flow cytometry) 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) Blood (Stool)

Brown

Absent

Brown

Absent

**VERIFIED BY** 

ousultant Pathologist KMC NO: 112817

MD Ph.D

APPROVED BY

The results pertain to sample tested.

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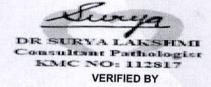
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Collection On : 27/04/2024 9:55 AM Report On : 27/04/2024 5:00 PM

**Printed On** : 27/04/2024 6:08 PM



Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	Biological Peferance later al
Mucus (Stool)	Absent		Reference Interval Absent
Reaction (Stool)	Acidic		Acidic
Consistency (Stool)	Semi Solid		Semi Sølid
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





ID Ph.D

APPROVED BY

-- End of Report --

The results pertain to sample tested.

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Name	Mr. ABHISHEK DAS	Customer ID	MED410003200
Age & Gender	43Y/M	Visit Date	Apr 27 2024 8:48AM
Ref Doctor	MediWheel		7 1pi 27 2024 6.46AlVI

## 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.

Impression: No significant abnormality detected.

DR. TRISHUL SHETTY
CONSULTANT RADIOLOGIST





Customer Name	MR.ABHISHEK DAS	Customer ID	MED410003200
Age & Gender	43Y/MALE	Visit Date	27/04/2024
Ref Doctor	MediWheel		

## 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 ~ 10.4 x 4.8 cm.

A cyst measuring ~ 2.9 x 2.8 cm noted in upper pole of right kidney.

The left kidney measures ~ 10.5 x 6.5 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. Insignificant postvoid residual urine ~ 15.9 ml.

The prostate measures  $\sim 3.8 \times 3.7 \times 3.3$  cm (Vol  $\sim 25.5$  ml) and is enlarged in size.





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The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

## **IMPRESSION:**

- · Fatty liver.
- · Right renal cortical cyst.
- · Prostatomegaly with insignificant postvoid residual urine.

DR. UMALAKSHMI SONOLOGIST



## Medall Healthcare Pvt Ltd

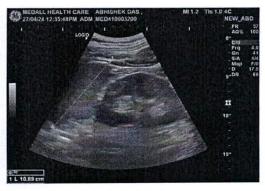
58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State ElectionCommission Office),

Customer Name	MR.ABHISHEK DAS	Customer ID	MED410003200
Age & Gender	43Y/MALE	Visit Date	27/04/2024
Ref Doctor	MediWheel		* - 1 - 1

















Name	Mr. ABISHEK DAS	CUSTOMER ID	MED410003200
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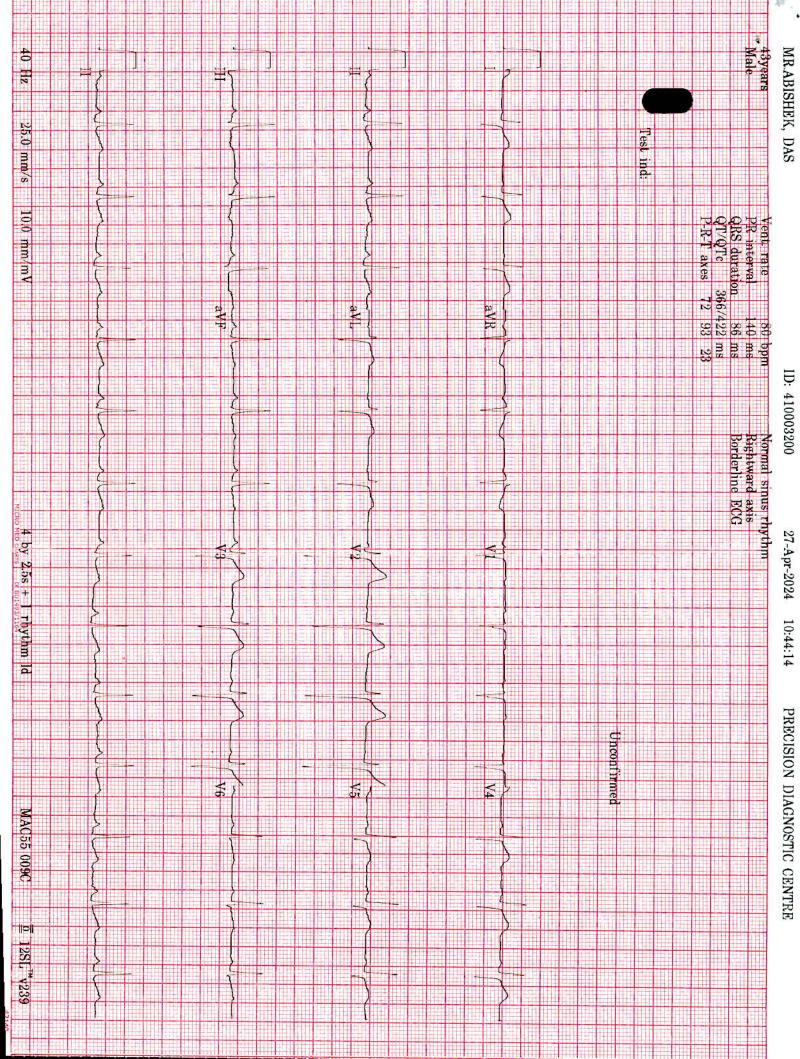
## **IMPRESSION:**

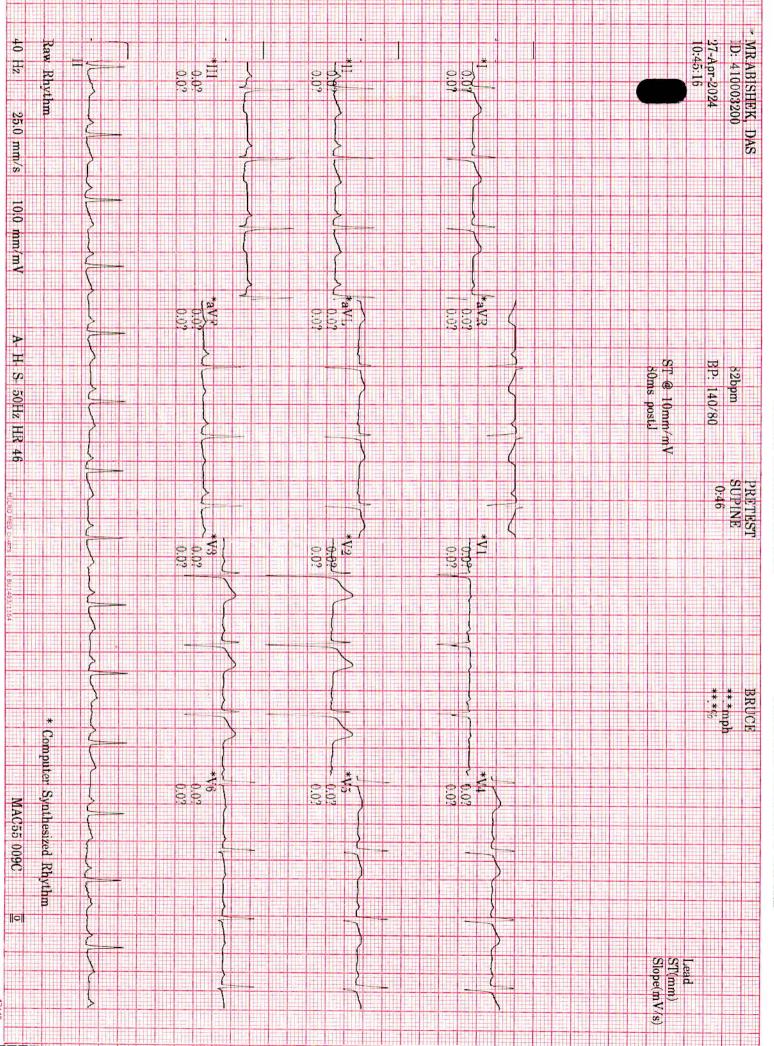
• Mildly positive for TMT.

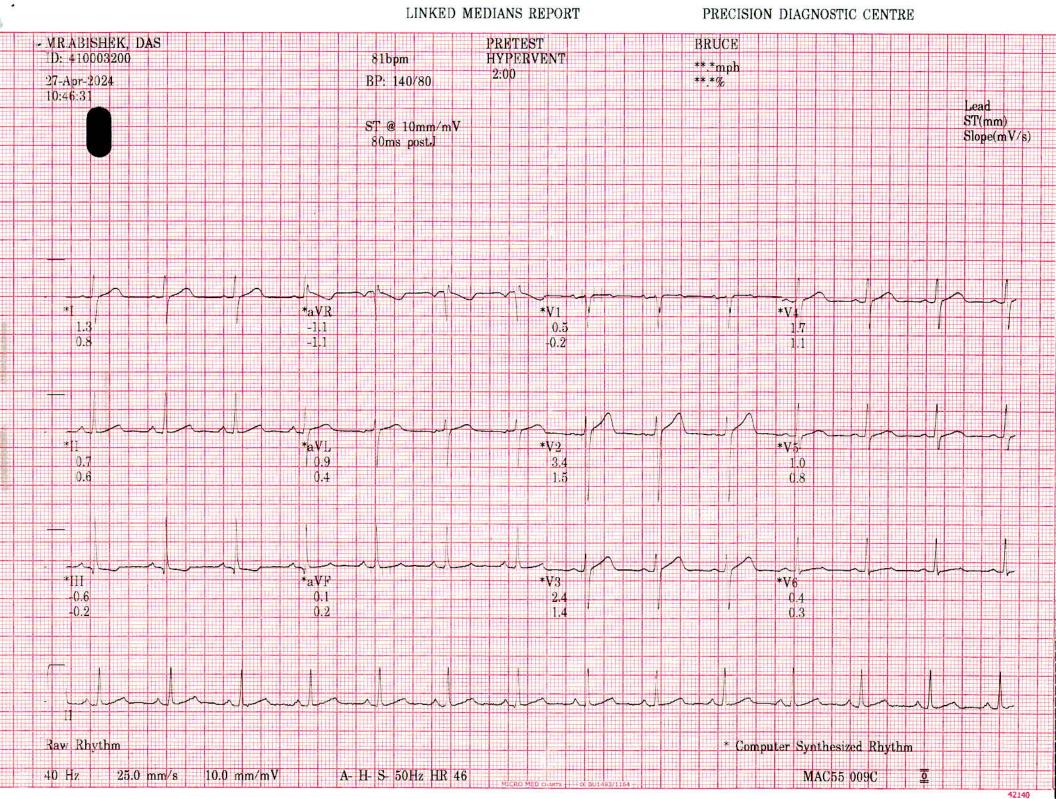
DR.RADHA PRIYA.Y

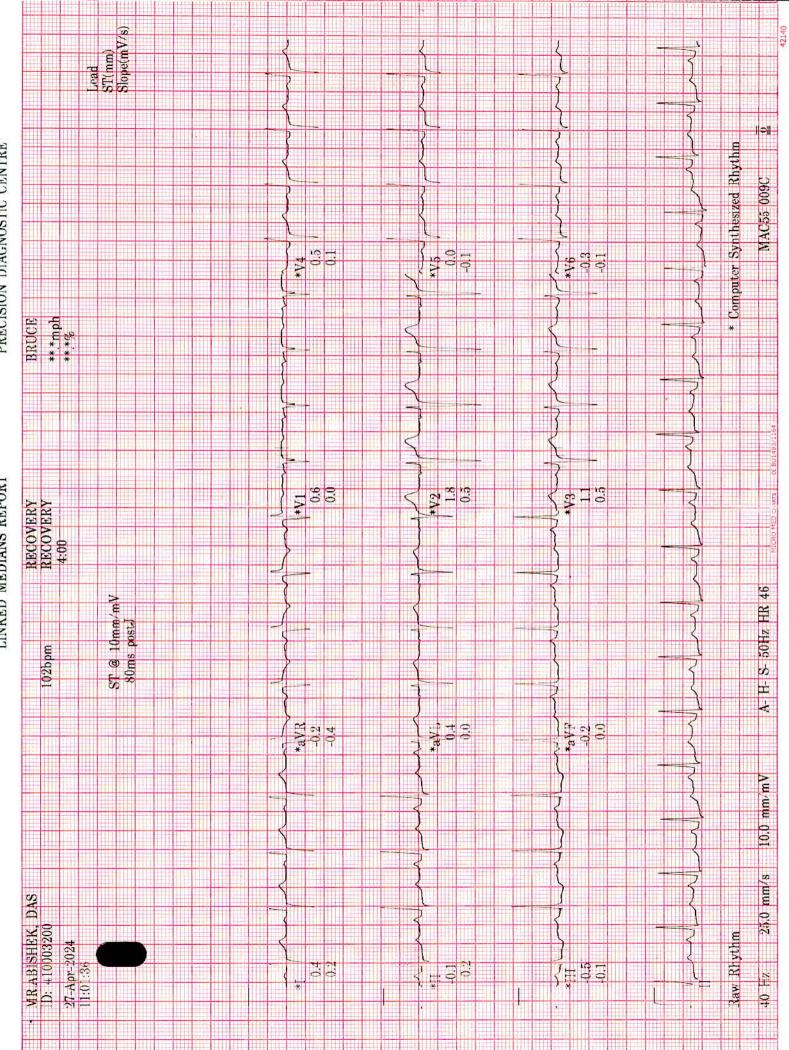
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**Consultant Cardiologist** 









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45140

TABULAR SUMMARY REPORT

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D: 410003200		Maj.	Max HR.	(61bpm	90% of max pro	max predicted 177bpm	m 115MFTC	Ä	10.0 mm/mV	
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	STANDING	0:31	. X . *	* *	c:-	3,	140/80	120		
	HYPERVENT	96::	0.7	9.6	i ,		140/80	120		
EXERCISE	STAGE 1	3:00	5	0.0	# *+					
	STAGE 2	3:00	2.5	12.0	-3	128				
	STAGE 3	3:00	3.3		88. 8	) - 30 				
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A Spears  Male  Max PP. 10 (%)  Resion for Termination: Patient fatigue  Comments:  Comm	Max FR. 104 Max FR. 104 Sp. 107 One Max FR. 104 Sp. 107 Sp. 104 Max FR. 104 Sp. 107 Max Fr. 104 Sp. 104 Sp		\	<b>,</b>	<b>)</b>		, /-	, , ,	
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43 years Male Max EP. 110/80 Vaximum workload: 11.5 METS 100hz Reasor for Termination: Patient fatigue Comments:  Comments:  Patient fatigue Comments:  MAX ST FEAK TEST END EXERCISE EXERCISE EXERCISE EXERCISE EXERCISE EXERCISE EXERCISE 10:00 5:32 157bpm 161bpm 101bpm BP: 140/80 157bpm 157bpm 161bpm 101bpm	R. DAS	}	1	<b>4.</b>	 	} }			\ \ \
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