

Name	MR.SRINIVASAN	ID	MED121861256
Age & Gender	39Y/MALE	Visit Date	13/05/2023
Ref Doctor	MediWheel		

## MASTER HEALTH CHECK UP SUMMARY

Height :	171 cm	Weight:	86.3 kg
BMI :	29.5		

### PRESENT HISTORY:

- H/o hypertension – past 2 months – on treatment.

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

**Pulse:** 108/min      **BP:** 110/70 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 : 61% )
- No regional wall motion abnormality.
- Normal valves for age.
- Normal diastolic compliance.
- Normal colour flow studies.

**ULTRASOUND ABDOMEN:**


- Grade I fatty liver.
  - For clinical correlation.

**LAB REPORTS:**

- Triglycerides level is high.

**ADVISED:**

- Blood pressure is very high – Advised General Physician opinion for treatment hypertension.
- Balanced diet and regular walking for 20 minutes a day.

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



Name : Mr. SRINIVASAN  
PID No. : MED121861256  
SID No. : 602305323  
Age / Sex : 39 Year(s) / Male  
Ref. Dr : MediWheel

Register On : 13/05/2023 8:50 AM  
Collection On : 13/05/2023 9:08 AM  
Report On : 13/05/2023 6:46 PM  
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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 Recipient, Consider patient as Rh negative when Donor, Consider patient as Rh positive.


## HAEMATOLOGY

### Complete Blood Count With - ESR

<b>Haemoglobin</b> (Blood/Spectrophotometry)	17.2	g/dL	13.5 - 18.0
<b>Packed Cell Volume(PCV)/Haematocrit</b> (Blood/Derived from Impedance)	49.3	%	42 - 52
<b>RBC Count</b> (Blood/Impedance Variation)	5.52	mill/cu.mm	4.7 - 6.0
<b>Mean Corpuscular Volume(MCV)</b> (Blood/ Derived from Impedance)	89.2	fL	78 - 100
<b>Mean Corpuscular Haemoglobin(MCH)</b> (Blood/Derived from Impedance)	31.1	pg	27 - 32
<b>Mean Corpuscular Haemoglobin concentration(MCHC)</b> (Blood/Derived from Impedance)	34.9	g/dL	32 - 36
<b>RDW-CV</b> (Blood/Derived from Impedance)	13.7	%	11.5 - 16.0
<b>RDW-SD</b> (Blood/Derived from Impedance)	42.77	fL	39 - 46
<b>Total Leukocyte Count (TC)</b> (Blood/ Impedance Variation)	8200	cells/cu.mm	4000 - 11000
<b>Neutrophils</b> (Blood/Impedance Variation & Flow Cytometry)	54.3	%	40 - 75
<b>Lymphocytes</b> (Blood/Impedance Variation & Flow Cytometry)	32.1	%	20 - 45
<b>Eosinophils</b> (Blood/Impedance Variation & Flow Cytometry)	6.5	%	01 - 06
<b>Monocytes</b> (Blood/Impedance Variation & Flow Cytometry)	6.2	%	01 - 10
<b>Basophils</b> (Blood/Impedance Variation & Flow Cytometry)	0.9	%	00 - 02

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

<b>Absolute Neutrophil count</b> (Blood/ Impedance Variation & Flow Cytometry)	4.45	$10^3 / \mu\text{l}$	1.5 - 6.6
<b>Absolute Lymphocyte Count</b> (Blood/ Impedance Variation & Flow Cytometry)	2.63	$10^3 / \mu\text{l}$	1.5 - 3.5
<b>Absolute Eosinophil Count (AEC)</b> (Blood/ Impedance Variation & Flow Cytometry)	0.53	$10^3 / \mu\text{l}$	0.04 - 0.44

  
Dr S.Sridevi, MD  
Consultant BioChemist  
Reg No : 71747



  
DR.SUNDAR ELAYAPERUMAL MD, CIC  
CONSULTANT MICROBIOLOGIST  
REG NO: 61854

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Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.51	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.07	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (Blood/Impedance Variation)	238	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood/Derived from Impedance)	8.7	fL	7.9 - 13.7
PCT (Blood/Automated Blood cell Counter)	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	15	mm/hr	< 15

**BIOCHEMISTRY**

BUN / Creatinine Ratio	19.3		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	93.1	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 blood glucose level.

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

Glucose Postprandial (PPBS) (Plasma - PP/ GOD-PAP) 108.5 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) 9.0 mg/dL 7.0 - 21

Creatinine (Serum/Modified Jaffe) 1.31 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) 7.4 mg/dL 3.5 - 7.2

**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS) 1.30 mg/dL 0.1 - 1.2

Remark: Please correlate clinically.

Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid) 0.31 mg/dL 0.0 - 0.3

Bilirubin(Indirect) (Serum/Derived) 0.99 mg/dL 0.1 - 1.0

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<b>SGOT/AST (Aspartate Aminotransferase)</b> (Serum/Modified IFCC)	32.4	U/L	5 - 40
<b>SGPT/ALT (Alanine Aminotransferase)</b> (Serum/Modified IFCC)	41.2	U/L	5 - 41
<b>GGT(Gamma Glutamyl Transpeptidase)</b> (Serum/IFCC / Kinetic)	69.0	U/L	< 55
<b>Alkaline Phosphatase (SAP)</b> (Serum/ Modified IFCC)	53.3	U/L	53 - 128
<b>Total Protein</b> (Serum/Biuret)	7.48	gm/dl	6.0 - 8.0
<b>Albumin</b> (Serum/Bromocresol green)	4.07	gm/dL	3.5 - 5.2
<b>Globulin</b> (Serum/Derived)	3.41	gm/dL	2.3 - 3.6
<b>A : G RATIO</b> (Serum/Derived)	1.19		1.1 - 2.2
<b>Lipid Profile</b>			
<b>Cholesterol Total</b> (Serum/CHOD-PAP with ATCS)	188.9	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
<b>Triglycerides</b> (Serum/GPO-PAP with ATCS)	322.9	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.

<b>HDL Cholesterol</b> (Serum/Immuno-inhibition)	45.1	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
<b>LDL Cholesterol</b> (Serum/Calculated)	79.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
<b>VLDL Cholesterol</b> (Serum/Calculated)	64.6	mg/dL	< 30
<b>Non HDL Cholesterol</b> (Serum/Calculated)	143.8	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

*Srid*  
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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** 4.2  
 (Serum/Calculated) 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** 7.2  
 (TG/HDL) (Serum/Calculated) Optimal: < 2.5  
 Mild to moderate risk: 2.5 - 5.0  
 High Risk: > 5.0

**LDL/HDL Cholesterol Ratio** 1.8  
 (Serum/Calculated) Optimal: 0.5 - 3.0  
 Borderline: 3.1 - 6.0  
 High Risk: > 6.0

**Glycosylated Haemoglobin (HbA1c)**

**HbA1C** (Whole Blood/HPLC) 5.6 % 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) 114.02 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.

**IMMUNOASSAY**

**THYROID PROFILE / TFT**

**T3 (Triiodothyronine) - Total** (Serum/Chemiluminescent Immunometric Assay (CLIA)) 1.03 ng/ml 0.7 - 2.04

**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)) 6.37 µg/dl 4.2 - 12.0

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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

-- End of Report --

  
Dr S. Sridevi, MD  
Consultant BioChemist  
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Age & Gender	39Y/M	Visit Date	May 13 2023 8:50AM
Ref Doctor	MediWheel		

**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: Essentially normal study.**



DR. B.C. SRIDHAR, DMRD, DNB  
CONSULTANT RADIOLOGIST



Name	MR.SRINIVASAN	ID	MED121861256
Age & Gender	39Y/MALE	Visit Date	13/05/2023
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## **SONOGRAM REPORT**

### **WHOLE ABDOMEN**

**The liver is normal in size and shows diffuse fatty changes.**

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 9.6 x 4.9 cm.

The left kidney measures 11.0 x 5.7 cm.

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



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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 3.2 x 2.8 x 3.2 cm (Vol – 16.1 cc) and is normal sized.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

**IMPRESSION:**

- **Grade I fatty liver.**

-For clinical correlation.

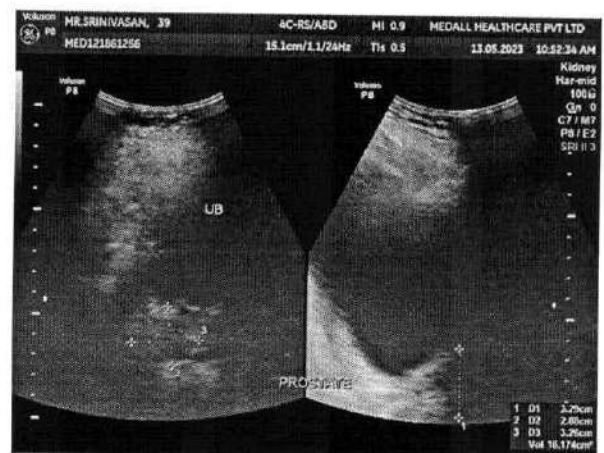
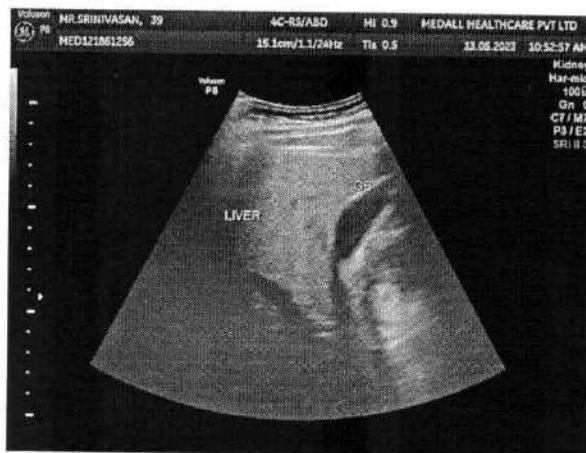
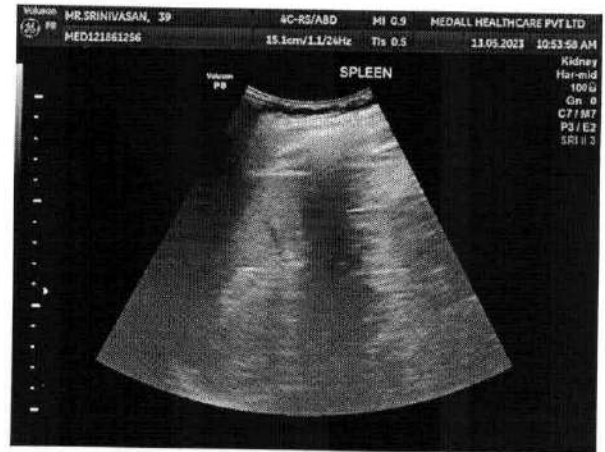
*Dr Catherine*

**Dr.Catherine**

**Consultant Sonologist**



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### ECHO CARDIOGRAM REPORT

#### 2D ECHO STUDY:

- Normal chamber dimensions.
- Normal LV / RV size and systolic function (EF: 61%)
- 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 : 61% )
- 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)- 1.7cm(1.5cm/3.5cm)		IVS (ed) - 0.8cm	(0.6cm/1.2cm)
LA (ed)- 2.0cm(1.5cm/3.5cm)		LVPW(ed) - 0.8cm	(0.6cm/1.1cm)
RVID(ed)- 1.2cm(0.9cm/2.8cm)		EF 61 %	(62 %-85 %)
LVID (ed)- 4.5cm(2.6cm/5.5cm)		FS 32 %	
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:

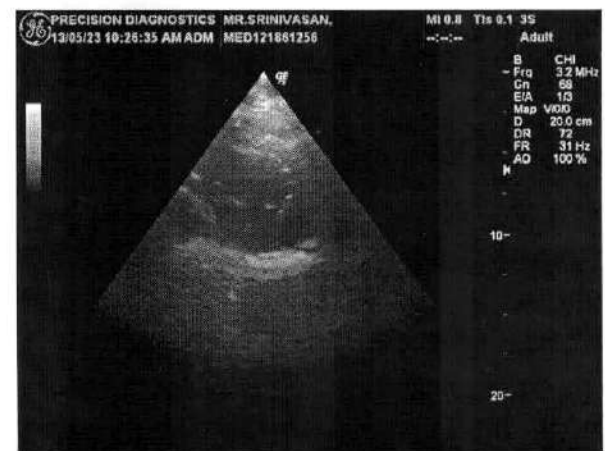
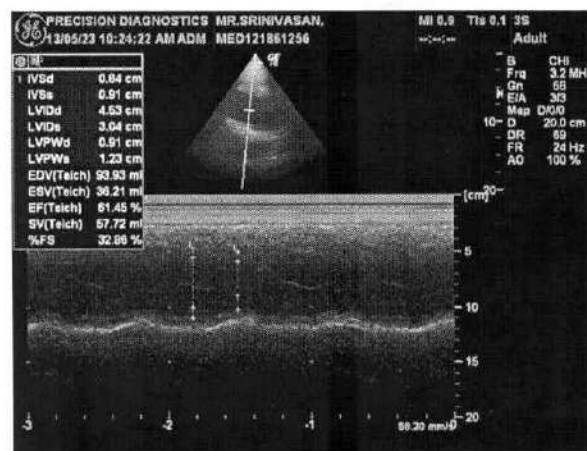
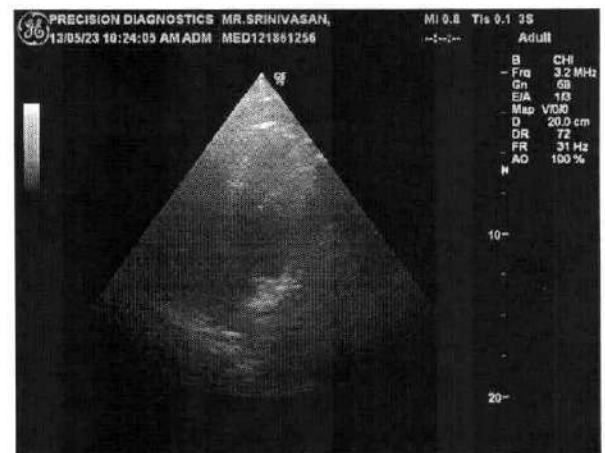
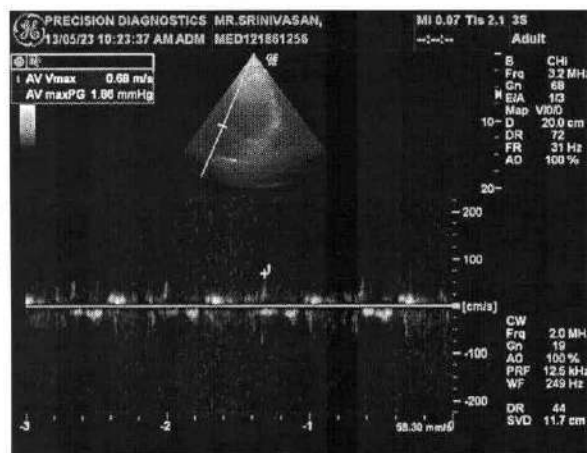
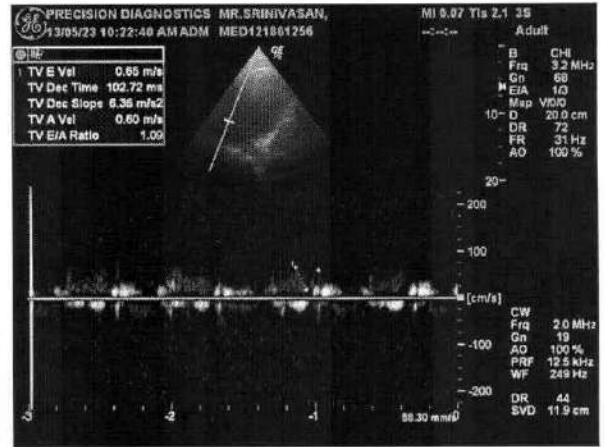
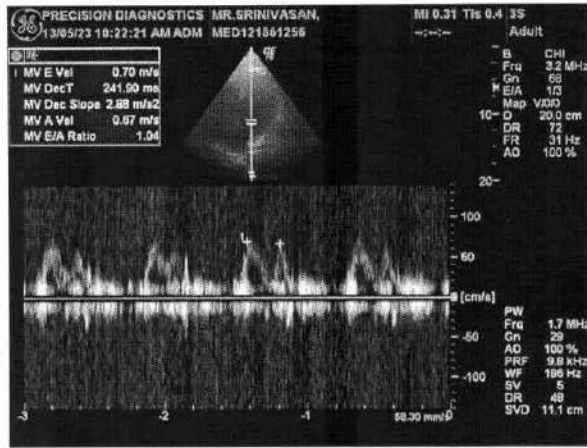
➤ *Normal colour flow studies.*

**-For clinical correlation**

**Monika.R**  
**CARDIAC TECHNOLOGIST**



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GE MAC1200 ST

MR SRINIUSAN, 0121861256, MEDALL DIAGNOSTICS

HR 107 bpm

Male

Measurement Results:

QRS : 86 ms  
 QT/QTcB : 376 / 446 ms  
 PR : 152 ms  
 P : 106 ms  
 RR/PP : 710 / 5 / 25 degrees  
 P/QRS/T : 25 / 58 / 69 ms  
 QTd/QTcBD : 58 / 1.9 mV  
 Sokolow : ?  
 NK : ?

Interpretation:

normal ECG

< P  
 < T  
 < QRS  
 aVR  
 aVL  
 aVF  
 I  
 II  
 III  
 +90  
 -90  
 0 I



Normal ECG

Can

Unconfirmed report.

