

Customer Name	MR.RADHA KRISHNAN S	Customer ID	MED111034518
Age & Gender	39Y/MALE	Visit Date	26/03/2022
Ref Doctor	MediWheel----CORPORATE		

Personal Health Report

General Examination:

Height : 178.0 cms

Weight : 105.5 kg

BMI : 33.4 kg/m²

BP: 130/80 mmhg

Pulse: 94/ min, regular

Systemic Examination:

CVS: S1 S2 heard;

RS : NVBS +.

Abd : Soft.

CNS : NAD

Blood report:

Haemoglobin – 13.1g/dL – Low (Anaemia).

Lipid Profile : Total Cholesterol – 209.3mg/dL and Triglycerides – 167.8mg/dL – Elevated.

Uric Acid – 7.4mg/dL – Slightly elevated.

HbA1C – 6.0% - Elevated.

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

Urine analysis – Within normal limits.

X-Ray Chest – Normal study.

ECG – Normal ECG.

ECHO Cardiography – Concentric LVH, Mild TR, Mild PHT, Dilated LA.

USG Whole Abdomen – Hepatomegaly with fatty changes. Right renal microlith.



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Eye Test – Normal study.

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

Impression & Advice:

Haemoglobin – 13.1g/dL – Low (Anaemia). Advised to have iron rich diet and iron supplement prescribed by the physician.

Lipid Profile : Total Cholesterol – 209.3mg/dL To be brought down to the desirable level of 200mg/dl by having low cholesterol, high fiber diet recommended by the dietician.
and Triglycerides – 167.8mg/dL – Elevated. To be brought down to the desirable level of 150 mg/dl by having low cholesterol, high fiber diet recommended by the dietician.

Uric Acid – 7.4mg/dL – Slightly elevated. To consult a urologist for further evaluation.

HbA1C – 6.0% - Elevated. To consult a diabetologist for further evaluation and management. To have diabetic diet recommended by the dietician.

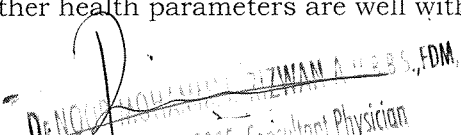
ECHO Cardiography – Concentric LVH, Mild TR, Mild PHT, Dilated LA. To consult an interventional cardiologist for further evaluation.

USG Whole Abdomen – Hepatomegaly with fatty changes. To take low fat diet, and high fiber diets. Regular brisk walking for 45 minutes daily, 5 days a week is essential.
To consult a gastroenterologist for further evaluation and management

USG Whole Abdomen – Right renal microlith. To consult an nephrologist.

Grade II obesity – You are overweight by 24 kg to reduce gradually over a period of 6 to 7 months by having high fiber diet recommended by the dietician.

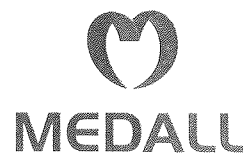
All other health parameters are well within normal limits.


DR. NOOR MOHAMMED RIZWAN, A.M.B.B.S, FDM
 MHC Physician Consultant
 A Medall Health Solutions Pvt. Ltd.



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Collection On : 26/03/2022 1:20 PM
Report On : 26/03/2022 7:34 PM
Printed On : 28/03/2022 10:14 AM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh TYPING

'B' 'Positive'

(EDTA Blood/Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

BUN / Creatinine Ratio

8.77

6.0 - 22.0

Glucose Fasting (FBS)

93.4

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)

120.3

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)

Negative

Negative

(Urine - PP)

Blood Urea Nitrogen (BUN)

8.6

mg/dL

7.0 - 21

(Serum/Urease UV / derived)

Creatinine

0.98

mg/dL

0.9 - 1.3

(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


7.4

mg/dL

3.5 - 7.2

(Serum/Enzymatic)

Liver Function Test


DR GURUPRIYA J
PATHOLOGIST
Reg No : 13-48036

VERIFIED BY


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

APPROVED BY

The results pertain to sample tested.

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Bilirubin(Total) (Serum/DCA with ATCS)	0.99	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.18	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.81	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	26.6	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	19.3	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	19.9	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	94.7	U/L	53 - 128
Total Protein (Serum/Biuret)	7.05	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.12	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.93	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.41		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	209.3	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	167.8	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500


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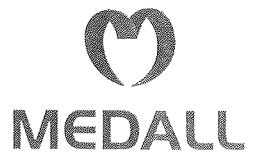
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<p>INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show 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.</p>			
HDL Cholesterol (Serum/Immunoinhibition)	34.5	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	141.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	33.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	174.8	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

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)	6.1		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)	4.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0


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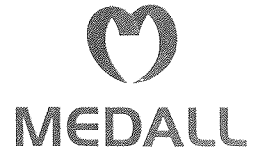
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	4.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.94	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))	6.29	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))	2.20	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 < 0.03 µIU/mL, need to be clinically correlated due to presence of rare TSH variant in some individuals.

Urine Analysis - Routine

COLOUR (Urine)	Pale yellow	Yellow to Amber
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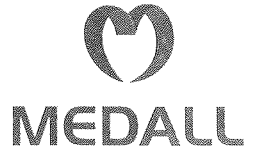
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APPEARANCE (Urine)	Clear		Clear
Pus Cells (Urine/Automated – Flow cytometry)	1 - 2	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	1 - 2	/hpf	NIL
RBCs (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated – Flow cytometry)	NIL	/hpf	NIL
Others (Urine)	NIL		

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


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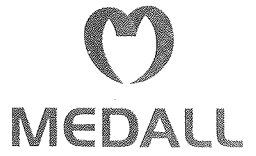
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<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood/Spectrophotometry)	13.1	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	38.1	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.36	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	87.4	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	30.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	34.3	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.2	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	40.38	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6900	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	60.6	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	27.3	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	2.3	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	9.1	%	01 - 10


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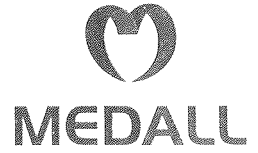
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Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.7	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.18	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.88	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.16	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.63	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.05	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	370	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	7.7	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.28	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	13	mm/hr	< 15


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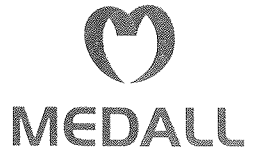
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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	6.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Estimated Average Glucose 125.5 mg/dL
(Whole Blood)

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.


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Ref Doctor	MediWheel---CORPORATE		

DEPARTMENT OF CARDIOLOGY

TRANSTHORACIC RESTING ECHO CARDIOGRAPHY REPORT

**ECHO INDICATION: Assessment
M MODE & 2-D PARAMETERS:**

ACOUSTIC WINDOW : GOOD

LV STUDY

IVS(d)	cm	0.6
IVS(s)	cm	1.0
LPW(d)	cm	0.7
LPW(s)	cm	1.3
LVID(d)	cm	5.5
LVID(s)	cm	3.5
EDV ml		170
ESV ml		42
SV ml		128
EF %		74
FS %		37

DOPPLER PARAMETERS

Parameters		Patient Value
LA	cm	4.0
AO	cm	2.0

Valves	Velocity max(m/sec mm/Hg)
AV	1.3/7 m/s
PV	1.3/7 m/s
MV (E)	0.3 m/s
(A)	0.7 m/s
TV (E)	1.2/6 m/s

FINDINGS:

- ❖ **Concentric LVH.**
- ❖ **No regional wall motion abnormality.**
- ❖ **Normal left ventricle systolic function. (EF: 74%).**
- ❖ **Grade - I LV diastolic dysfunction.**
- ❖ **Dilated LA.**
- ❖ **Mild TR.**
- ❖ **Mild PHT.**
- ❖ **Normal pericardium/Intact septae.**
- ❖ **No clot/aneurysm.**



Customer Name	MR.RADHA KRISHNAN S	Customer ID	MED111034518
Age & Gender	39Y/MALE	Visit Date	26/03/2022
Ref Doctor	MediWheel----CORPORATE		

IMPRESSION:

- ▶ **CONCENTRIC LVH.**
- ▶ **NO REGIONAL WALL MOTION ABNORMALITY.**
- ▶ **NORMAL LEFT VENTRICLE SYSTOLIC FUNCTION.**
- ▶ **DILATED LA.**
- ▶ **MILD TR.**
- ▶ **MILD PHT.**

S. Vignesh

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



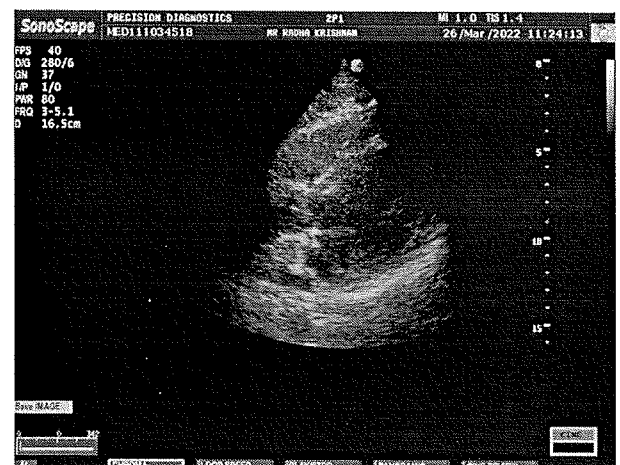
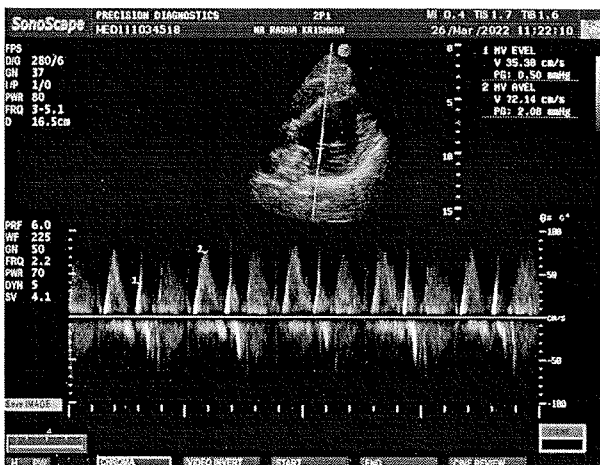
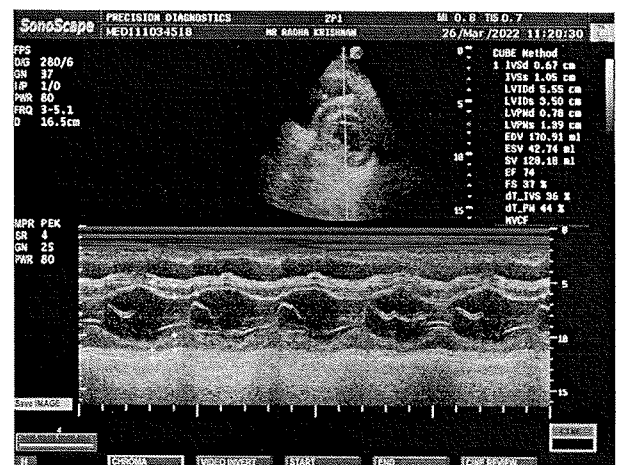
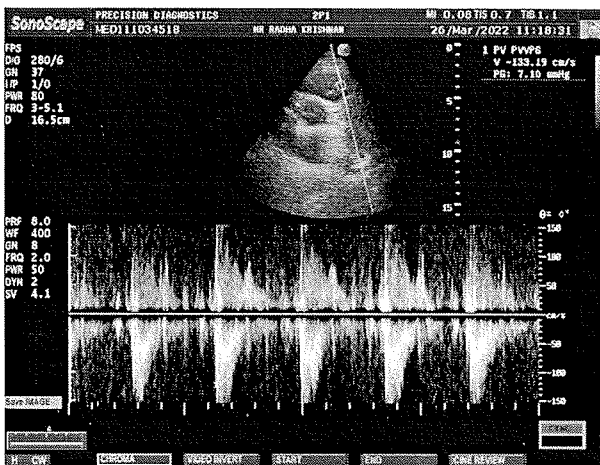
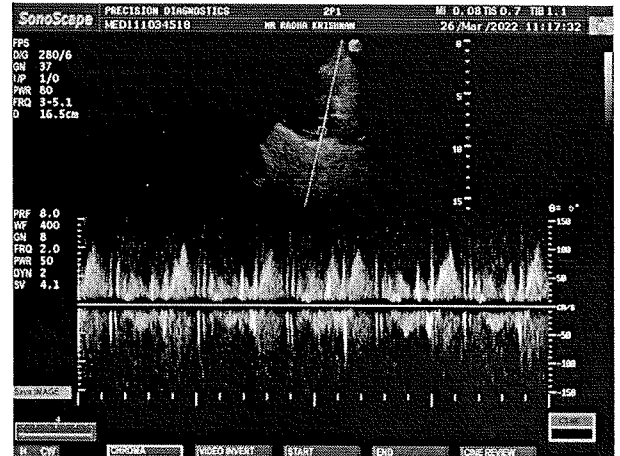
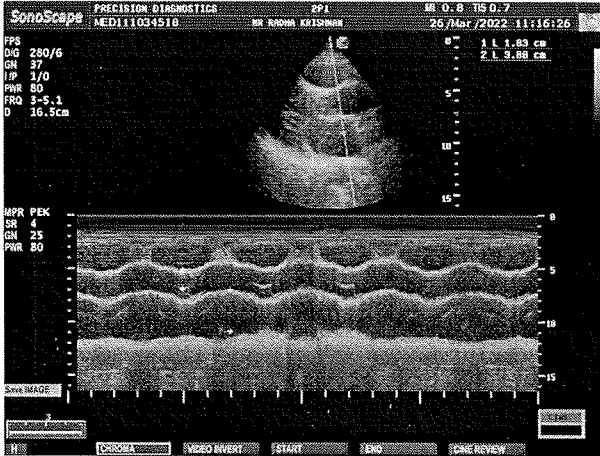


MEDALL

Precision Diagnostics-vadapalani

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

Customer Name	MR.RADHA KRISHNAN S	Customer ID	MED111034518
Age & Gender	39Y/MALE	Visit Date	26/03/2022
Ref Doctor	MediWheel----CORPORATE		



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SONOGRAM REPORT

WHOLE ABDOMEN

The liver is enlarged in sized (15.9cm) and shows diffuse fatty changes. No focal lesion is seen.

The gall bladder is contracted.

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 11.3 x 4.8 cm.

A 3.9mm microlith seen in the lower pole of right kidney.

The left kidney measures 12.7 x 7.1 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 prostate measures 3.1 x 2.8 x 2.7 cm (Volume 12cc) and is normal sized.



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The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

IMPRESSION:

- **Hepatomegaly with fatty changes.**
- **Right renal microlith.**



**DR. UMALAKSHMI
SONOLOGIST**



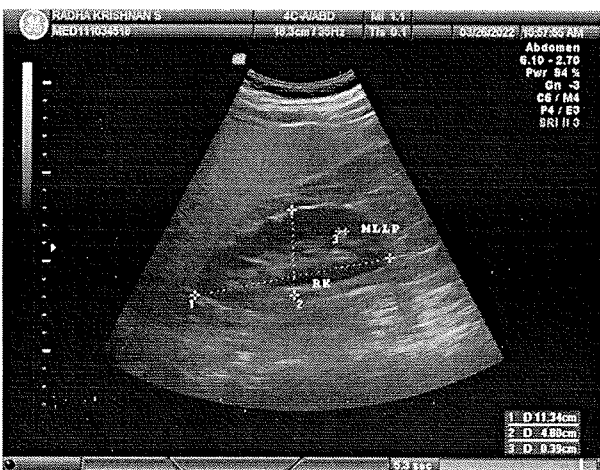
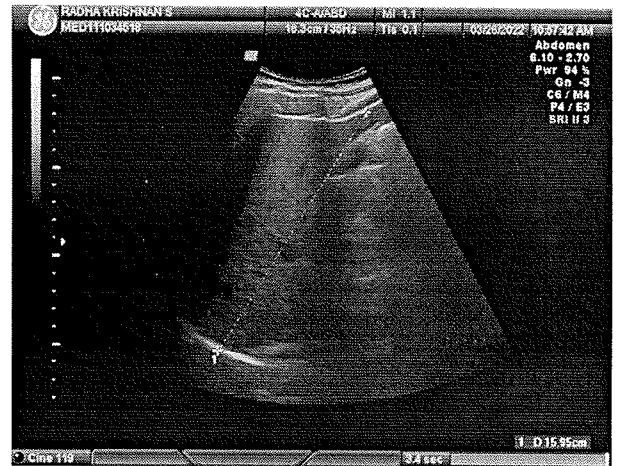
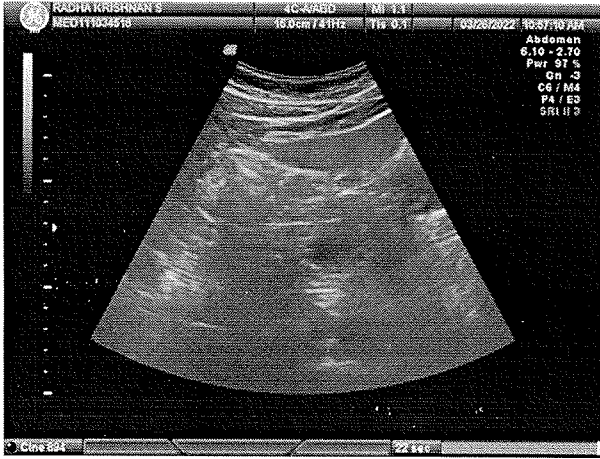


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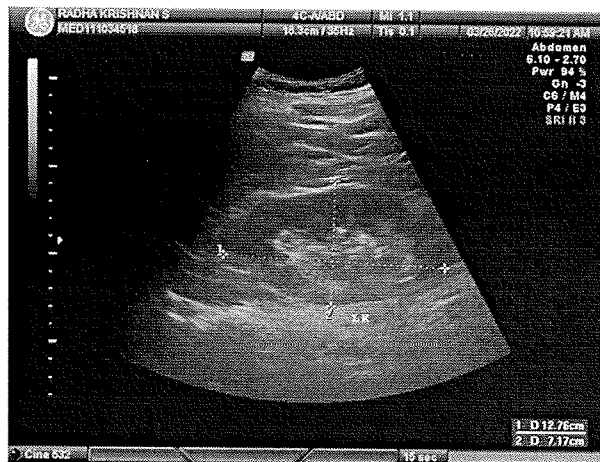
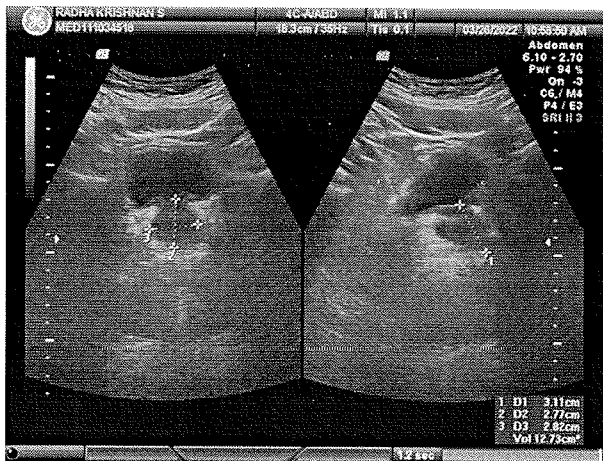


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Name	RADHA KRISHNAN S	Customer ID	MED111034518
Age & Gender	39Y/M	Visit Date	Mar 26 2022 9:15AM
Ref Doctor	MediWheel----CORPORATE		

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. H.K. ANAND DR. POOJA B.P DR. SHWETHA S DR. RADHAKRISHNA. A
CONSULTANT RADIOLOGISTS



AGE Measurement Results:

QRS	402 ms
QT/QTcB	350 / 401 ms
PR	160 ms
P	126 ms
RR/PP	752 / 755 ms
P/QRS/T	387 / 121 / 27 degrees

< P	Interpretation
< T	12SL - Interpretation
< QRS	Normal sinus rhythm
aVL	Normal ECG
aVF	
0.1	

III +90 II
aVF

Unconfirmed report

