



भारत सरकार  
GOVERNMENT OF INDIA



கோவிந்தம்மாள் ச  
Govindammal S  
பிறந்த நாள்/DOB: 01/05/1995  
பெண்/ FEMALE  
Mobile No: 9952921656

**8580 6924 1776**  
VID : 9116 8615 2119 1303

எனது ஆதார், எனது அடையாளம்



Name	MRS.GOVINDAMMAL S	ID	MED121472207
Age & Gender	27Y/FEMALE	Visit Date	12/11/2022
Ref Doctor	MediWheel		

## MASTER HEALTH CHECK UP SUMMARY

Height :	160 cm	Weight:	77.1 kg
BMI :	30.1		

### PRESENT HISTORY:

- Cough & cold – 2 days.

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

Pulse: 68/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.

#### XR AX:

- No significant diagnostic abnormality.

#### ECHO:

- Normal LV / RV size and systolic function. (EF : 69 % )
- No regional wall motion abnormality.
- Normal valves for age.
- Normal diastolic compliance.
- Normal colour flow studies.

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<b>Name</b>	<b>MRS.GOVINDAMMAL S</b>	<b>ID</b>	<b>MED121472207</b>
<b>Age &amp; Gender</b>	<b>27Y/FEMALE</b>	<b>Visit Date</b>	<b>12/11/2022</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

**ULTRASOUND ABDOMEN:**

- Grade I fatty liver.
- Bilateral renal calculi.  
-For clinical correlation.

**LAB REPORTS:**

- Hb% is 11.7 gm - low.


**EYE SCREENING:**

<b>Vision</b>	<b>R/E</b>	<b>L/E</b>
<b>Distant Vision</b>	6/6	6/6
<b>Near Vision</b>	N6	N6
<b>Colour Vision</b>	Normal	Normal

- Within normal limits.

**ADVISED:**

- Iron rich diet advised.
- Nephrologist opinion for left renal calculus.

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



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SID No. : 602210471  
Age / Sex : 27 Year(s) / Female  
Ref. Dr : MediWheel

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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 Recipient, Consider patient as Rh negative when Donor, Consider patient as Rh positive.

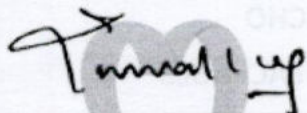
### HAEMATOLOGY

#### Complete Blood Count With - ESR

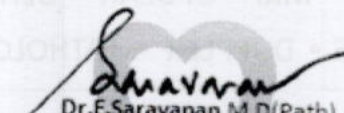
Haemoglobin (Blood/Spectrophotometry)	11.7	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	36.6	%	37 - 47
RBC Count (Blood/Impedance Variation)	4.85	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/Derived from Impedance)	75.5	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	24.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	31.9	g/dL	32 - 36
RDW-CV (Blood/Derived from Impedance)	15.4	%	11.5 - 16.0
RDW-SD (Blood/Derived from Impedance)	40.69	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	10900	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	71.8	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	19.0	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	3.7	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	4.8	%	01 - 10
Basophils (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 (Blood/ Impedance Variation & Flow Cytometry)	7.83	$10^3 / \mu l$	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	2.07	$10^3 / \mu l$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.40	$10^3 / \mu l$	0.04 - 0.44



Dr S SIVAKUMAR Ph.D  
Consultant Microbiologist



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

The results pertain to sample tested.

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Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Monocyte Count (Blood/Impedance Variation & Flow Cytometry)	0.52	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.08	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (Blood/Impedance Variation)	215	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (Blood/Derived from Impedance)	10.2	fL	8.0 - 13.3
PCT (Blood/Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	46	mm/hr	< 20

### BIOCHEMISTRY

BUN / Creatinine Ratio	15.2		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	91.2	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)	92.3	mg/dL	70 - 140

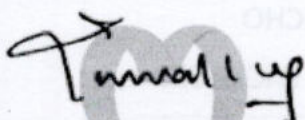
#### INTERPRETATION:

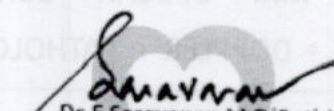
Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise 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)	15.9	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.04	mg/dL	0.6 - 1.1

**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 cofoxitin, cefazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	5.4	mg/dL	2.6 - 6.0
<b>Liver Function Test</b>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.39	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.11	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.28	mg/dL	0.1 - 1.0

  
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Investigation	Observed Value	Unit	Biological Reference Interval
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	16.8	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	18.8	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	13.7	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	107.2	U/L	42 - 98
Total Protein (Serum/Biuret)	7.36	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.07	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.29	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.24		1.1 - 2.2
<b>Lipid Profile</b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	205.3	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	75.7	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/Immuno-inhibition)	47.1	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	143.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	15.1	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	158.2	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

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**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**      4.4  
 (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**      1.6  
 (TG/HDL) (Serum/Calculated)

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

**LDL/HDL Cholesterol Ratio (Serum/**  
**Calculated)**      3

Optimal: 0.5 - 3.0  
 Borderline: 3.1 - 6.0  
 High Risk: > 6.0

**Glycosylated Haemoglobin (HbA1c)**

**HbA1C (Whole Blood/HPLC)**      5.7      %

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)**      116.89      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))**      1.12      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))**      7.82      µg/dl      4.2 - 12.0

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**Investigation**

**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.

<b>TSH (Thyroid Stimulating Hormone) (Serum)</b> /Chemiluminescent Immunometric Assay (CLIA)	1.62	µIU/mL	0.35 - 5.50
---	------	--------	-------------

**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**

<b>COLOUR (Urine)</b>	Pale yellow		Yellow to Amber
<b>APPEARANCE (Urine)</b>	Clear		Clear
<b>Protein (Urine/Protein error of indicator)</b>	Negative		Negative
<b>Glucose (Urine/GOD - POD)</b>	Negative		Negative
<b>Pus Cells (Urine/Automated – Flow cytometry )</b>	<b>Occasional</b>	/hpf	NIL
<b>Epithelial Cells (Urine/Automated – Flow cytometry )</b>	<b>Occasional</b>	/hpf	NIL
<b>RBCs (Urine/Automated – Flow cytometry )</b>	NIL	/hpf	NIL
<b>Casts (Urine/Automated – Flow cytometry )</b>	NIL	/hpf	NIL
<b>Crystals (Urine/Automated – Flow cytometry )</b>	NIL	/hpf	NIL
<b>Others (Urine)</b>	NIL		

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

-- End of Report --

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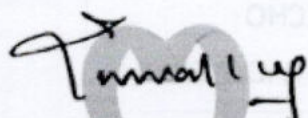
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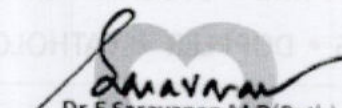


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<b>Ref Doctor</b>	<b>MediWheel</b>		

### ECHO CARDIOGRAM REPORT

#### 2D ECHO STUDY:

- Normal chamber dimensions.
- Normal LV / RV size and systolic function (EF: 69%)
- 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 : 69% )
- 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)- 2.4cm(1.5cm/3.5cm)		IVS (ed) - 1.1cm	(0.6cm/1.2cm)
LA (ed)- 2.7cm(1.5cm/3.5cm)		LVPW(ed) - 0.9cm	(0.6cm/1.1cm)
RVID(ed)- 1.2cm(0.9cm/2.8cm)		EF 69 %	(62 %-85 %)
LVID (ed)- 4.3cm(2.6cm/5.5cm)		FS 38 %	
LVID (es)- 2.6cm			



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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

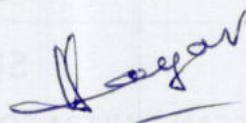
**PERICARDIUM:**

- Normal.

**DOPPLER STUDY:**

**Continuous Wave Doppler & Colour Flow Study:**

➤ ***Normal colour flow studies.***

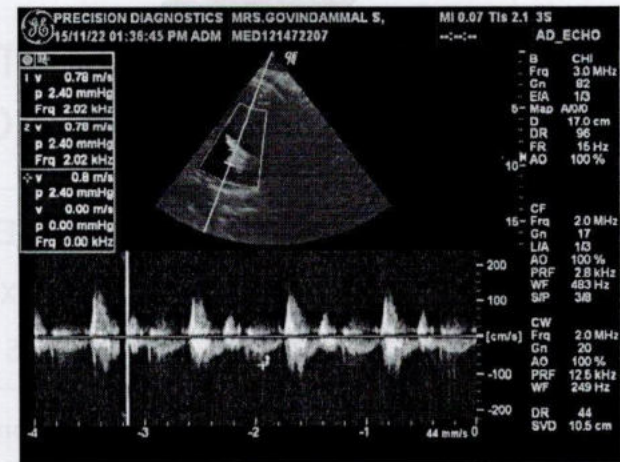
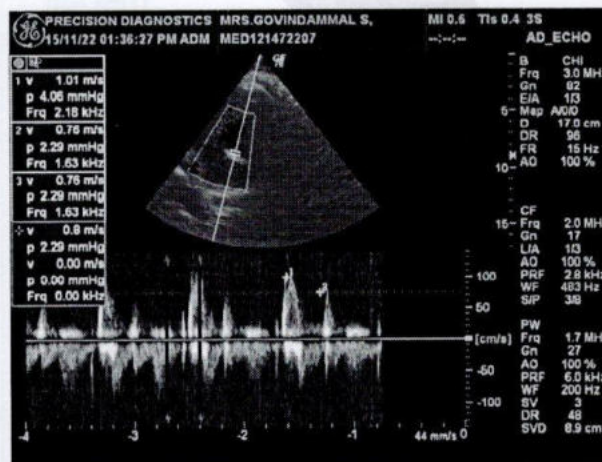
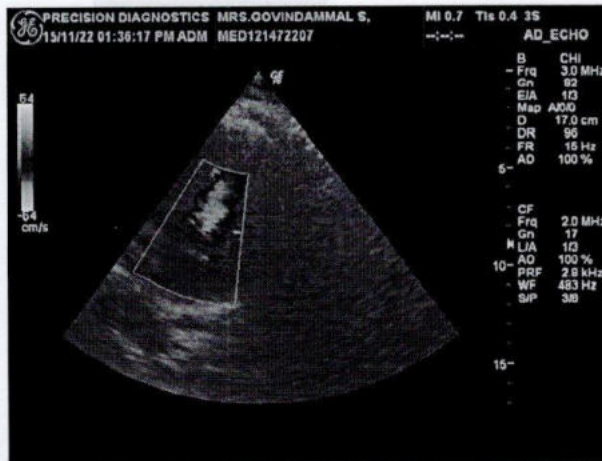
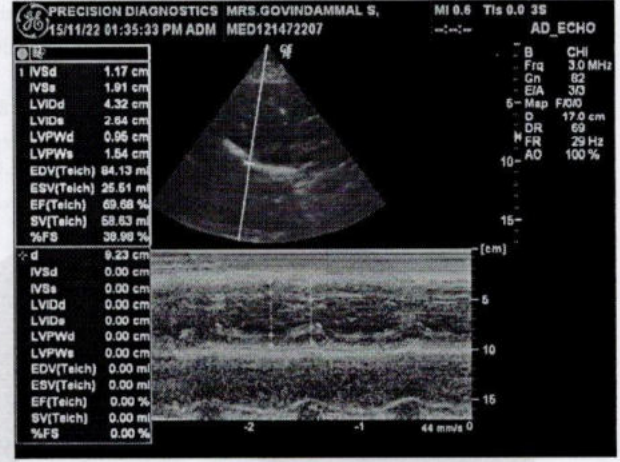
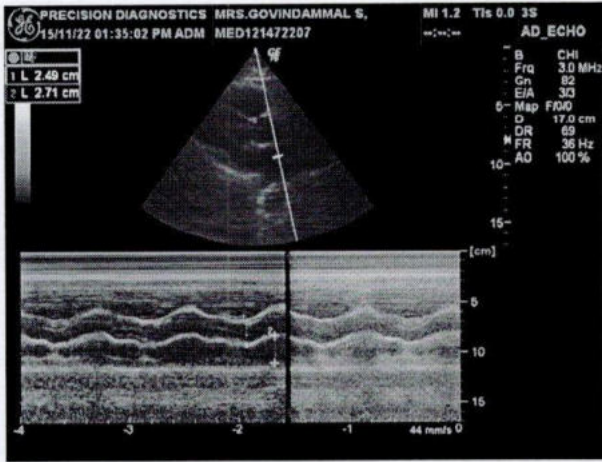


**Dr. Pradeep G. Nayar**

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



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**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.*

*R. S. Ramakrishnan*

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



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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 the IVC are normal.

The spleen is normal.

There is no free or loculated peritoneal fluid.

The right kidney measures 10.2 x 4.2 cm.

**The left kidney measures 10.6 x 4.9 cm and shows calculus measuring 0.4 cm in the upper pole calyx.**

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



<b>Name</b>	<b>MRS.GOVINDAMMAL S</b>	<b>ID</b>	<b>MED121472207</b>
<b>Age &amp; Gender</b>	<b>27Y/FEMALE</b>	<b>Visit Date</b>	<b>12/11/2022</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

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 uterus is anteverted, and measures 9.1 x 3.7 x 5.2 cm.

The endometrial thickness is 9.1 mm.

The right ovary measures 3.5 x 1.4 cm.

The left ovary measures 3.0 x 1.9 cm.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

**IMPRESSION:**

- **Grade I fatty liver.**
- **Left renal calculus.**

- **For clinical correlation.**

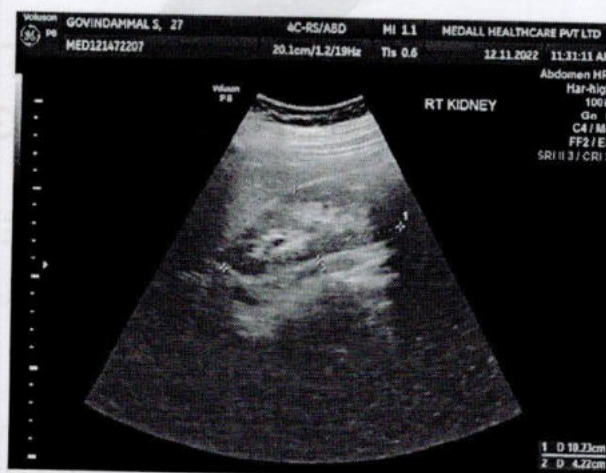
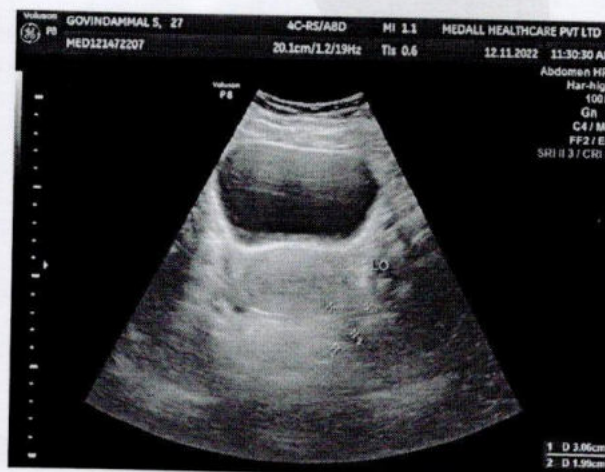
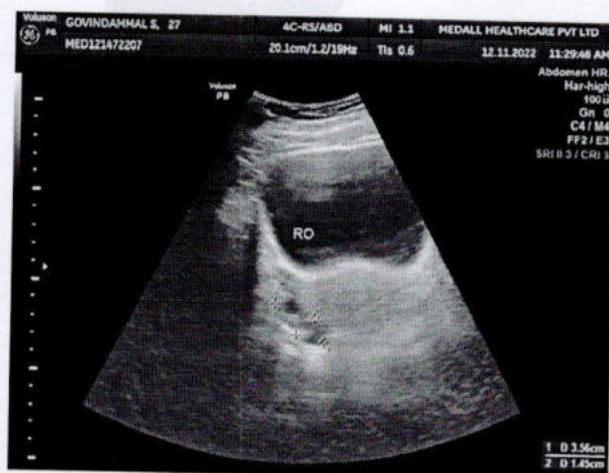
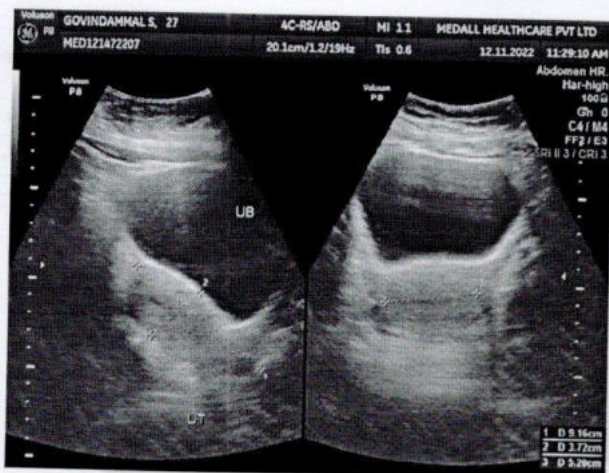
*Dr Catherine*

**Dr. Catherine**  
**Consultant Sonologist.**



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

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HR 76 bpm

Measurement Results:

QRS : 94 ms  
 QT/QTcB : 384 / 433 ms  
 PR : 176 ms  
 P : 108 ms  
 RR/PP : 788 / 730 ms  
 P/QRS/T : 25/ 55/ 10 degrees  
 QTd/QTcBD : 30 / 34 ms  
 Sokolow : 2.8 mV  
 NK : 10

Interpretation:

small positive T wave (anterior)  
 R/S inversion area between U1 and U2  
 probably normal ECG

*Normal ECG*  
*[Signature]*

Unconfirmed report.

