

|                         |                      |                    |                     |
|-------------------------|----------------------|--------------------|---------------------|
| <b>Customer Name</b>    | <b>MR.MUGESH K S</b> | <b>Customer ID</b> | <b>MED111016879</b> |
| <b>Age &amp; Gender</b> | <b>48Y/MALE</b>      | <b>Visit Date</b>  | <b>12/03/2022</b>   |
| <b>Ref Doctor</b>       | <b>MediWheel</b>     |                    |                     |

Personal Health Report

General Examination:

|                              |                       |
|------------------------------|-----------------------|
| Height : 175.0 cms           | BP: / mmhg            |
| Weight : 75.8 kg             | Pulse: / min, regular |
| BMI : 24.7 kg/m <sup>2</sup> |                       |

Systemic Examination:

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

Blood report:

Total cholesterol -213.5 mg/dl – Elevated

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

Urine analysis – Within normal limits.

X-Ray Chest – The left pulmonary hilum is slightly prominent. Please consider clinical correlation and CT if there are additional clinical concerns.

ECG – Normal ECG.

USG whole abdomen – Fatty liver; Multiple small polyps in gall bladder.

Tread mill Test – Normal study.

Eye Test – Distant vision defect.

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



|                         |                      |                    |                     |
|-------------------------|----------------------|--------------------|---------------------|
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| <b>Ref Doctor</b>       | <b>MediWheel</b>     |                    |                     |

Impression & Advice:

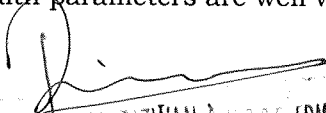
Total cholesterol -213.5 mg/dl – Elevated. To be brought down to the desirable level of 200mg/dl by having low cholesterol, high fiber diet recommended by the dietician.

USG whole abdomen – Fatty liver; Multiple small polyps in gall bladder. To consult a gastroenterologist for further evaluation.

X-Ray Chest – The left pulmonary hilum is slightly prominent. Please consider clinical correlation and CT if there are additional clinical concerns.

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 Physician  
 Reg. No. 190325  
 A Medall Health Care and Diagnostics Pvt. Ltd.



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| <u>Investigation</u>  | <u>Observed Value</u> | <u>Unit</u> | <u>Biological Reference Interval</u> |
|---|-----------------------|-------------|--------------------------------------|
| BLOOD GROUPING AND Rh TYPING<br>(EDTA Blood/Agglutination)                              | 'B' Positive'         |             |                                      |
| <b>INTERPRETATION:</b> Reconfirm the Blood group and Typing before blood transfusion    |                       |             |                                      |
| <b><u>Complete Blood Count With - ESR</u></b>   |                       |             |                                      |
| Haemoglobin<br>(EDTA Blood/Spectrophotometry)   | 14.5                  | g/dL        | 13.5 - 18.0                          |
| Packed Cell Volume(PCV)/Haematocrit<br>(EDTA Blood/Derived from Impedance)              | 41.9                  | %           | 42 - 52                              |
| RBC Count<br>(EDTA Blood/Impedance Variation)   | 4.67                  | mill/cu.mm  | 4.7 - 6.0                            |
| Mean Corpuscular Volume(MCV)<br>(EDTA Blood/Derived from Impedance)                     | 89.7                  | fL          | 78 - 100                             |
| Mean Corpuscular Haemoglobin(MCH)<br>(EDTA Blood/Derived from Impedance)                | 31.0                  | pg          | 27 - 32                              |
| Mean Corpuscular Haemoglobin concentration(MCHC)<br>(EDTA Blood/Derived from Impedance) | 34.6                  | g/dL        | 32 - 36                              |
| RDW-CV<br>(EDTA Blood/Derived from Impedance)   | 13.0                  | %           | 11.5 - 16.0                          |
| RDW-SD<br>(EDTA Blood/Derived from Impedance)   | 40.3                  | fL          | 39 - 46                              |
| Total Leukocyte Count (TC)<br>(EDTA Blood/Impedance Variation)                          | 5300                  | cells/cu.mm | 4000 - 11000                         |
| Neutrophils<br>(EDTA Blood/Impedance Variation & Flow Cytometry)                        | 52.1                  | %           | 40 - 75                              |
| Lymphocytes<br>(EDTA Blood/Impedance Variation & Flow Cytometry)                        | 36.1                  | %           | 20 - 45                              |
| Eosinophils<br>(EDTA Blood/Impedance Variation & Flow Cytometry)                        | 2.4                   | %           | 01 - 06                              |

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

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|---|-----------------------|---------------------------|--|
| Monocytes<br>(EDTA Blood/Impedance Variation & Flow Cytometry)  | 8.9                   | %                         | 01 - 10  |
| Basophils<br>(EDTA Blood/Impedance Variation & Flow Cytometry)  | 0.5                   | %                         | 00 - 02  |
| <b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically. |                       |                           |  |
| Absolute Neutrophil count<br>(EDTA Blood/Impedance Variation & Flow Cytometry)  | 2.8                   | 10 <sup>3</sup> / $\mu$ l | 1.5 - 6.6  |
| Absolute Lymphocyte Count<br>(EDTA Blood/Impedance Variation & Flow Cytometry)  | 1.9                   | 10 <sup>3</sup> / $\mu$ l | 1.5 - 3.5  |
| Absolute Eosinophil Count (AEC)<br>(EDTA Blood/Impedance Variation & Flow Cytometry)  | 0.1                   | 10 <sup>3</sup> / $\mu$ l | 0.04 - 0.44  |
| Absolute Monocyte Count<br>(EDTA Blood/Impedance Variation & Flow Cytometry)  | 0.5                   | 10 <sup>3</sup> / $\mu$ l | < 1.0  |
| Absolute Basophil count<br>(EDTA Blood/Impedance Variation & Flow Cytometry)  | 0.0                   | 10 <sup>3</sup> / $\mu$ l | < 0.2  |
| Platelet Count<br>(EDTA Blood/Impedance Variation)  | 200                   | 10 <sup>3</sup> / $\mu$ l | 150 - 450  |
| MPV<br>(EDTA Blood/Derived from Impedance)  | 7.1                   | fL                        | 7.9 - 13.7   |
| PCT<br>(EDTA Blood/Automated Blood cell Counter)  | <b>0.143</b>          | %                         | 0.18 - 0.28  |
| ESR (Erythrocyte Sedimentation Rate)<br>(Blood/Automated - Westergren method)   | 4                     | mm/hr                     | < 15   |
| BUN / Creatinine Ratio  | 9.3                   |                           | 6.0 - 22.0   |
| Glucose Fasting (FBS)<br>(Plasma - F/GOD-PAP)   | 90.3                  | mg/dL                     | Normal: < 100<br>Pre Diabetic: 100 - 125<br>Diabetic: >= 126 |

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

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|----------------------|-----------------------|-------------|--------------------------------------|
|----------------------|-----------------------|-------------|--------------------------------------|

**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)<br>(Urine - F/GOD - POD)    | Negative |       | Negative |
| Glucose Postprandial (PPBS)<br>(Plasma - PP/GOD-PAP) | 101.1    | 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)<br>(Urine - PP)                | Negative |       | Negative  |
| Blood Urea Nitrogen (BUN)<br>(Serum/Urease UV / derived) | 7.0      | mg/dL | 7.0 - 21  |
| Creatinine<br>(Serum/Modified Jaffe)                     | 0.75     | 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, ceftazolin, ACE inhibitors, angiotensin II receptor antagonists, N-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

|                                |     |       |           |
|--------------------------------|-----|-------|-----------|
| Uric Acid<br>(Serum/Enzymatic) | 6.0 | mg/dL | 3.5 - 7.2 |
|--------------------------------|-----|-------|-----------|

**Liver Function Test**

|  |      |       |           |
|--|------|-------|-----------|
| Bilirubin(Total)<br>(Serum/DCA with ATCS)                      | 0.83 | mg/dL | 0.1 - 1.2 |
| Bilirubin(Direct)<br>(Serum/Diazotized Sulfanilic Acid)        | 0.23 | mg/dL | 0.0 - 0.3 |
| Bilirubin(Indirect)<br>(Serum/Derived)                         | 0.60 | mg/dL | 0.1 - 1.0 |
| SGOT/AST (Aspartate Aminotransferase)<br>(Serum/Modified IFCC) | 27.6 | U/L   | 5 - 40    |
| SGPT/ALT (Alanine Aminotransferase)<br>(Serum/Modified IFCC)   | 21.5 | U/L   | 5 - 41    |

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

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|--|-----------------------|-------------|--------------------------------------|
| GGT(Gamma Glutamyl Transpeptidase)<br>(Serum/IFCC / Kinetic) | 26.5                  | U/L         | < 55                                 |
| Alkaline Phosphatase (SAP)<br>(Serum/Modified IFCC)          | 65.1                  | U/L         | 53 - 128                             |
| Total Protein<br>(Serum/Biuret)                              | 7.32                  | gm/dl       | 6.0 - 8.0                            |
| Albumin<br>(Serum/Bromocresol green)                         | 4.29                  | gm/dl       | 3.5 - 5.2                            |
| Globulin<br>(Serum/Derived)                                  | 3.03                  | gm/dL       | 2.3 - 3.6                            |
| A : G RATIO<br>(Serum/Derived)                               | 1.42                  |             | 1.1 - 2.2                            |

**Lipid Profile**

|   |       |       |   |
|---|-------|-------|---|
| Cholesterol Total<br>(Serum/CHOD-PAP with ATCS) | 213.3 | mg/dL | Optimal: < 200<br>Borderline: 200 - 239<br>High Risk: >= 240                    |
| Triglycerides<br>(Serum/GPO-PAP with ATCS)      | 169.5 | mg/dL | Optimal: < 150<br>Borderline: 150 - 199<br>High: 200 - 499<br>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<br>(Serum/Immunoinhibition) | 43.4 | mg/dL | Optimal(Negative Risk Factor): >= 60<br>Borderline: 40 - 59<br>High Risk: < 40 |
|---|------|-------|--|

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|---|-----------------------|-------------|--|
| LDL Cholesterol<br>(Serum/Calculated)     | 136                   | mg/dL       | Optimal: < 100<br>Above Optimal: 100 - 129<br>Borderline: 130 - 159<br>High: 160 - 189<br>Very High: >= 190      |
| VLDL Cholesterol<br>(Serum/Calculated)    | 33.9                  | mg/dL       | < 30   |
| Non HDL Cholesterol<br>(Serum/Calculated) | 169.9                 | mg/dL       | Optimal: < 130<br>Above Optimal: 130 - 159<br>Borderline High: 160 - 189<br>High: 190 - 219<br>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<br>(Serum/Calculated)        | 4.9 |  | Optimal: < 3.3<br>Low Risk: 3.4 - 4.4<br>Average Risk: 4.5 - 7.1<br>Moderate Risk: 7.2 - 11.0<br>High Risk: > 11.0 |
| Triglyceride/HDL Cholesterol Ratio<br>(TG/HDL)<br>(Serum/Calculated) | 3.9 |  | Optimal: < 2.5<br>Mild to moderate risk: 2.5 - 5.0<br>High Risk: > 5.0   |
| LDL/HDL Cholesterol Ratio<br>(Serum/Calculated)                      | 3.1 |  | Optimal: 0.5 - 3.0<br>Borderline: 3.1 - 6.0<br>High Risk: > 6.0  |

**Glycosylated Haemoglobin (HbA1c)**

|                             |     |   |   |
|-----------------------------|-----|---|---|
| HbA1C<br>(Whole Blood/HPLC) | 5.3 | % | Normal: 4.5 - 5.6<br>Prediabetes: 5.7 - 6.4<br>Diabetic: >= 6.5 |
|-----------------------------|-----|---|---|

**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Dr. E. Saravanan M.D.(Path)  
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Estimated Average Glucose  
(Whole Blood)

105.41 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.

Prostate specific antigen - Total (PSA)  
(Serum/Manometric method)

0.579 ng/mL

Normal: 0.0 - 4.0  
Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0  
Suspicious of Malignant disease of Prostate: > 10.0

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

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total

1.54 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

8.59 µg/dl

4.2 - 12.0

(Serum/Chemiluminescent Immunometric Assay (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.

TSII (Thyroid Stimulating Hormone)

1.70 µIU/mL

0.35 - 5.50

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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

**Urine Analysis - Routine**

|  |             |      |                 |
|--|-------------|------|-----------------|
| COLOUR<br>(Urine)                                      | Pale Yellow |      | Yellow to Amber |
| APPEARANCE<br>(Urine)                                  | Clear       |      | Clear           |
| Protein<br>(Urine/Protein error of indicator)          | Negative    |      | Negative        |
| Glucose<br>(Urine/GOD - POD)                           | Negative    |      | Negative        |
| Pus Cells<br>(Urine/Automated - Flow cytometry)        | 2 - 4       | /hpf | NIL             |
| Epithelial Cells<br>(Urine/Automated - Flow cytometry) | 1 - 2       | /hpf | NIL             |
| RBCs<br>(Urine/Automated - Flow cytometry)             | NIL         | /hpf | NIL             |
| Casts<br>(Urine/Automated - Flow cytometry)            | NIL         | /hpf | NIL             |
| Crystals<br>(Urine/Automated - Flow cytometry)         | NIL         | /hpf | NIL             |
| Others<br>(Urine)                                      | NIL         |      |                 |

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

  
Dr. E. Saravanan M.D(Path)  
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-- End of Report --

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| Customer Name | MR.MUGESH K S | Customer ID | MED111016879 |
| Age & Gender  | 48Y/MALE      | Visit Date  | 12/03/2022   |
| Ref Doctor    | MediWheel     |             |              |

## **SONOGRAM REPORT**

### **WHOLE ABDOMEN**

The liver is normal-sized and shows diffuse fatty changes. No focal lesion is seen.

The gall bladder is normal sized. Few hyperechoic lesions adherent to gall bladder wall largest measuring 2.8 mm in the anterior wall.

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 10.9 x 5.9 cm.

The left kidney measures 10.8 x 5.6 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 3.3 x 3.0 x 3.2 cm (17.3 cc) and is normal sized.

The echotexture is homogeneous.




|               |               |             |              |
|---------------|---------------|-------------|--------------|
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| Ref Doctor    | MediWheel     |             |              |

The seminal vesicles are normal.

Iliac fossae are normal.

**IMPRESSION:**

- **Fatty liver.**
- **Multiple small polyps in gall bladder.**



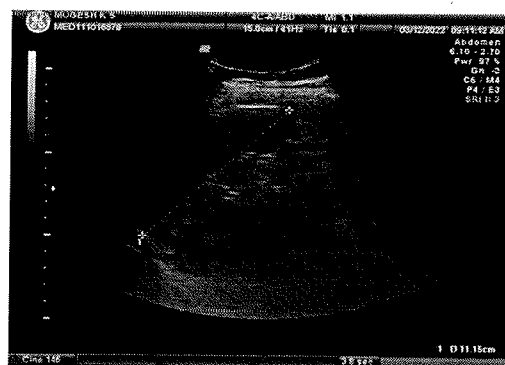
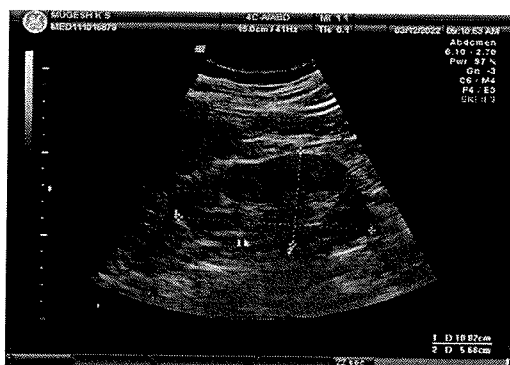
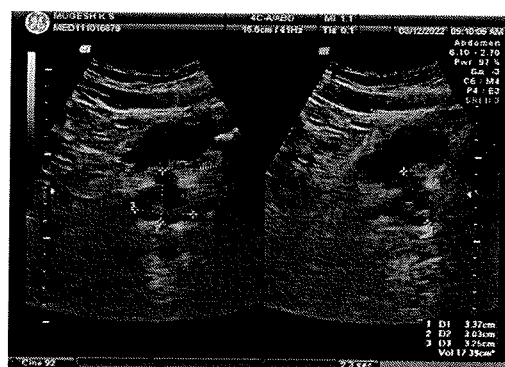
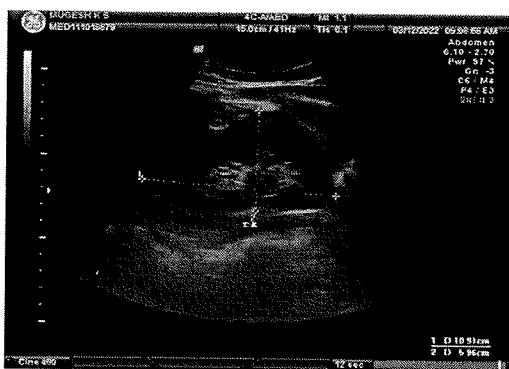
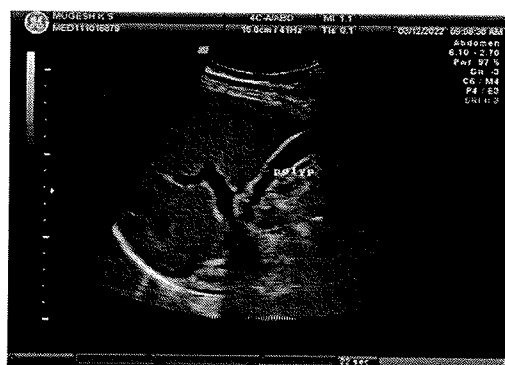
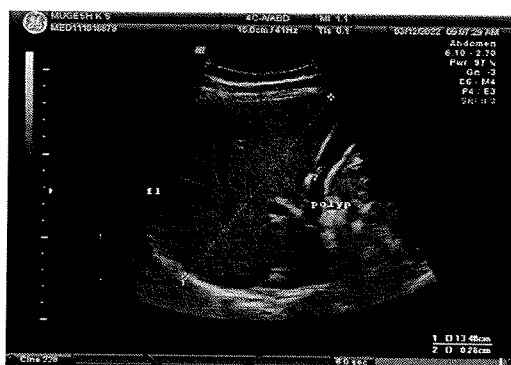
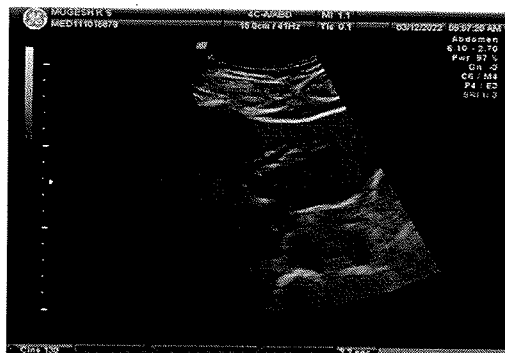
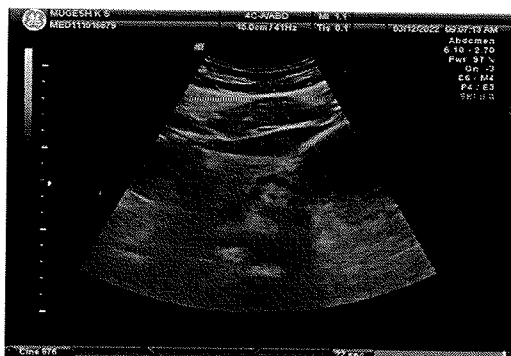
**DR. UMALAKSHMI**  
**SONOLOGIST**



Precision Diagnostics-vadapalani

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

|               |               |             |              |
|---------------|---------------|-------------|--------------|
| Customer Name | MR.MUGESH K S | Customer ID | MED111016879 |
| Age & Gender  | 48Y/MALE      | Visit Date  | 12/03/2022   |
| Ref Doctor    | MediWheel     |             |              |



|              |            |             |                    |
|--------------|------------|-------------|--------------------|
| Name         | MUGESH K S | Customer ID | MED111016879       |
| Age & Gender | 48Y/M      | Visit Date  | Mar 12 2022 7:17AM |
| Ref Doctor   | MediWheel  |             |                    |

**X- RAY CHEST PA VIEW**

The left pulmonary hilum is slightly prominent. Please consider clinical correlation and CT if there are additional clinical concerns.

Trachea appears normal.

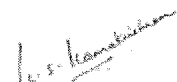
Cardiothoracic ratio is within normal limits.

Bilateral lung fields appear normal.

Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

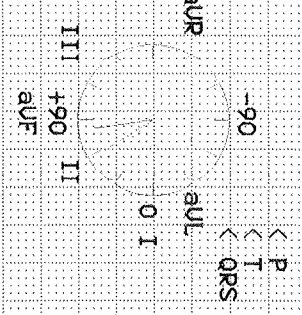
Extra thoracic soft tissues shadow grossly appears normal.



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



AGE: \_\_\_\_\_  
Measurement Results:  
QRS : 128 ms  
QT/QTcB : 402 / 421 ms  
pp : 208 ms  
p : 136 ms  
RR/PP : 896 / 905 ms  
P/QRS/T : 50 / 81 / 57 degrees



Interpretation:  
12SL - Interpretation:  
Normal sinus rhythm  
Nonspecific intraventricular block  
Abnormal ECG

Unconfirmed report.

