

# Medical Summary

**Name:** Mr. Roshan Kumar **Date of Birth:** 15.10.1979 **Customer ID:** MED121747637  
**Ref Doctor:** MEDIWHEEL **Sex:** MALE **Date:** 21.03.2023

**Present Complaints:** NO complaints.

**Past Illness:**

**Major medical Illness:** Ktelo HTN & on regular med.  
**Surgery:** —

**Accident:** —  
**Others:** —

**Personal history:**

**Smoking:** / NO  
**Tobacco:** / NO  
**Alcohol:** / NO  
**Menstrual history:** / —  
**Obstetric history:** / —

**Diet:** (N) diet (veg)  
**Exercise:** mild - moderate  
**Personality:**  
**Marital status:** Married  
**Children:** 2 children.

**Family history:**

**Tuberculosis:** / —  
**Diabetes:** / —  
**Asthma:** / —  
**Drug history:** —

**Allergy:** —

**Hypertension:** Father  
**Heart Disease:** —  
**Others:** —  
**Present Medications:** Losartan (OTC)

**General Examination:**

**Height:** 165cm  
**Conjunctiva:** / —  
**Oedema:** / —  
**Tongue:** / (N)  
**Throat:** / —

**Weight:** 76.6kg  
**Lymphnodes:** / —  
**Nails:** / —  
**Others:** / —  
**Skin:** / —

**BP:** 120/80  
**Eyes:** / (N)  
**Genitals:** / (N)

**Eye Screening:**

Vision	R/E	L/E
Distant Vision	N	N
Near Vision	N	N
Colour Vision	N	N

**Systemic Examination:**

Cardiovascular system:  $S_1 S_2$  (P)  
Peripheral Pulsations:  
Heart:  
Respiratory System: BAE (P)

**Gastrointestinal System:**

Higher Function:  
Cranial Nerves:  $4$  (N)  
Motor System:

Sensory system:  
Superficial Reflexes:  $4$  (N)  
Deep Reflexes:

**Rectal Examination:**

Others:

**Impression:**

~~(N)~~ cholelithiasis (5mm)

**Diet:**

~~veg diet~~ Diabetic Diet

**Medication:**

T. Udiliv 300mg 1-5/1 x 3wks  
- surgeon opinion.

**Advice & Follow up:**

- Moderate exercise
- Salt restriction.
- Diabetic diet
- Avoid fatty foods & Drink plenty of water.

*(Signature)*  
#1524064

Dr. RANJITH  
Consultant General Physician

**MEDALL DIAGNOSTICS**  
#191, Poonamallee High Road,  
Kilnauk Cheroi, 600 015

Name : Mr. ROSHAN KUMAR  
PID No. : MED121747637  
SID No. : 123004646  
Age / Sex : 43 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 21/03/2023 8:45 AM  
Collection On : 21/03/2023 10:01 AM  
Report On : 21/03/2023 5:53 PM  
Printed On : 21/03/2023 7:44 PM

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (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 (EDTA Blood/Spectrophotometry)	13.2	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	39.7	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.10	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	96.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	32.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.3	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	12.6	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	42.69	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6080	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	53.5	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	34.7	%	20 - 45



  
DR.SUNDAR ELAYAPERUMAL MD, CIC  
CONSULTANT MICROBIOLOGIST  
REG NO. 41854

APPROVED BY

The results pertain to sample tested.

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Eosinophils (EDTA Blood Impedance Variation & Flow Cytometry)	7.1	%	01 - 06
Monocytes (EDTA Blood Impedance Variation & Flow Cytometry)	4.4	%	01 - 10
Basophils (EDTA Blood Impedance Variation & Flow Cytometry)	0.3	%	00 - 02
<b>INTERPRETATION:</b> 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)	3.25	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	2.11	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood Impedance Variation & Flow Cytometry)	0.43	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	0.27	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood Impedance Variation & Flow Cytometry)	0.02	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood Impedance Variation)	171	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood Derived from Impedance)	13.0	fL	7.9 - 13.7
PCT (EDTA Blood Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	4	mm/hr	< 15



  
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BUN / Creatinine Ratio	5.7		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	87.8	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)	177.0	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)	5.6	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.97	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)	6.4	mg/dL	3.5 - 7.2
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.63	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.17	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.46	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	20.7	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	23.8	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	21.5	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	83.8	U/L	53 - 128
Total Protein (Serum/Biuret)	7.22	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.67	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.55	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.83		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	166.9	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	83.0	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500



  
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<p><b>INTERPRETATION:</b> 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/Immuno-inhibition)	43.4	mg/dL	Optimal(Negative Risk Factor): $\geq$ 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	106.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: $\geq$ 190
VLDL Cholesterol (Serum/Calculated)	16.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	123.5	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: $\geq$ 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)	3.8		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)	1.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0



  
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	4.9	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

Estimated Average Glucose (Whole Blood)	93.93	mg/dL
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**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)	0.53	ng/mL
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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 (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.02	ng/ml	0.7 - 2.04
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<b>INTERPRETATION:</b>			
<b>Comment :</b>			
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))	8.07	µg/dl	4.2 - 12.0
<b>INTERPRETATION:</b>			
<b>Comment :</b>			
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))	4.21	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&amplt;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
APPEARANCE (Urine)	Clear	Clear
Protein (Urine/Protein error of indicator)	Negative	Negative
Glucose (Urine/GOD - POD)	Negative	Negative



  
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Pus Cells (Urine/Automated – Flow cytometry)	Occasional	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	Occasional	/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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-- End of Report --

<b>Name</b>	<b>MR.ROSHAN KUMAR</b>	<b>ID</b>	<b>MED121747637</b>
<b>Age &amp; Gender</b>	<b>43Y/MALE</b>	<b>Visit Date</b>	<b>21/03/2023</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

**ULTRASOUND SCAN**

**WHOLE ABDOMEN**

**Liver** is normal in size and shows uniform echotexture with no focal abnormality. There is no intra or extra hepatic biliary ductal dilatation. Portal vein and IVC are normal.

**Gall bladder** is normal sized and smooth walled. Wall thickness is normal. **A calculus of size 5 mm is noted in the gall bladder.**

**Pancreas** shows a normal configuration and echotexture. Pancreatic duct is normal.

**Spleen** is normal in size and echotexture.

**Bilateral kidneys** are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.

**Right kidney** measures 12.2 x 4.4 cm.

**Left kidney** measures 12.5 x 5.6 cm.

Ureters are not dilated.

No abnormality is seen in the region of the **adrenal glands**.

No para aortic lymphadenopathy is seen.

**Urinary bladder** is smooth walled and uniformly transonic. No intravesical mass or calculus.

**Prostate** is normal in size, measures 4.2 x 3.0 x 2.2 cm (Vol – 14 cc). Echotexture is homogenous.

Seminal vesicles is normal.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.

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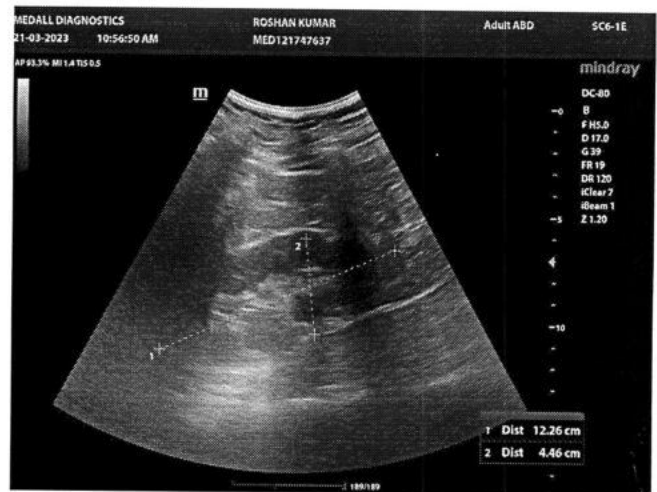
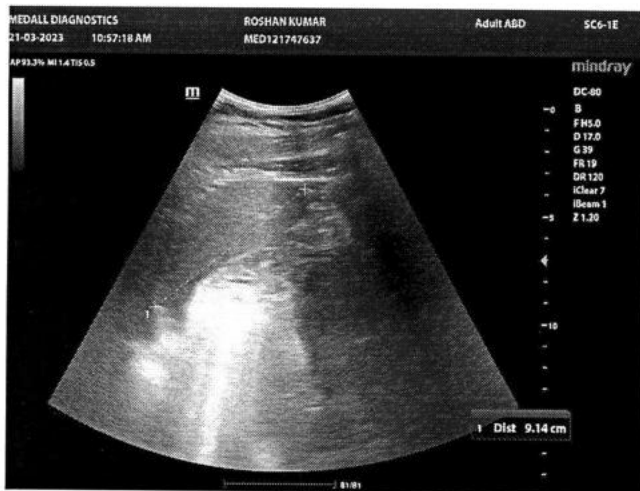
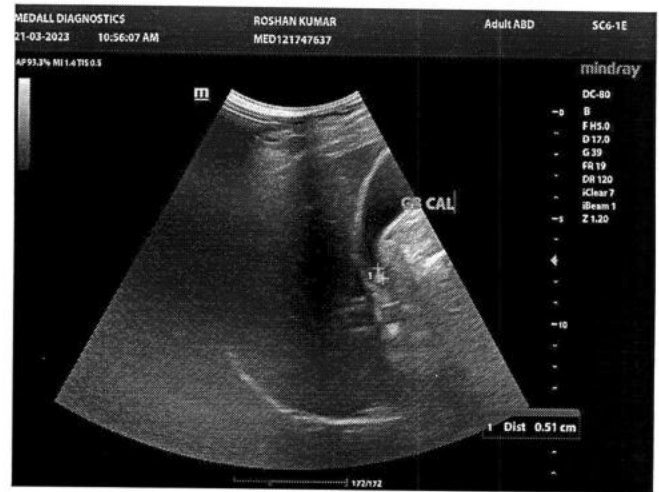
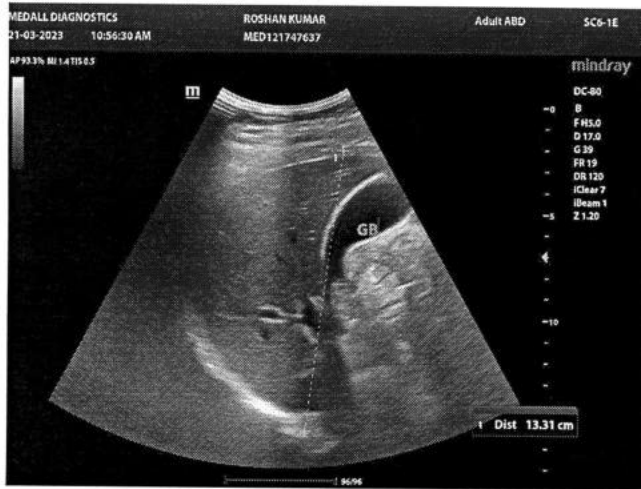
**IMPRESSION:**

➤ Cholelithiasis.

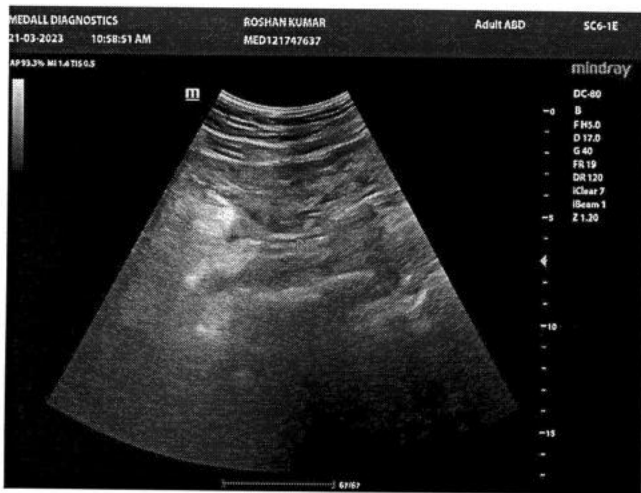
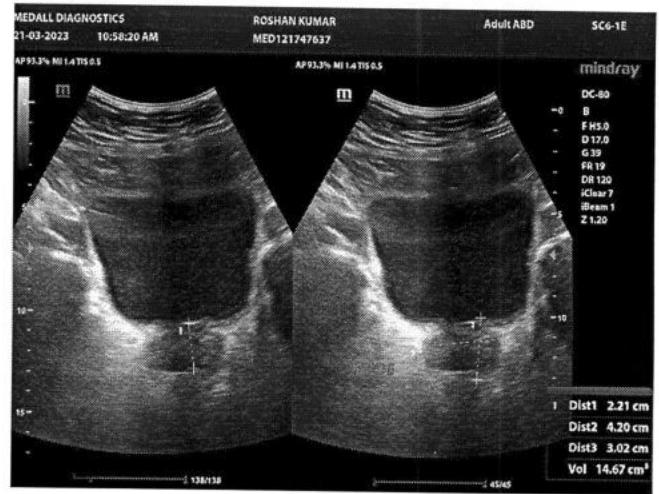


Dr. SUMITHA  
SONOLOGIST

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**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

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**ECHO CARDIOGRAM REPORT**

**2D ECHO STUDY:**

- Normal chamber dimensions.
- Normal LV / RV size and systolic function (EF: 65%)
- 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 : 65% )
- 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)- 2.5cm(1.5cm/3.5cm)		IVS (ed) - 0.9cm	(0.6cm/1.2cm)
LA (ed)- 2.6cm(1.5cm/3.5cm)		LVPW(ed) - 0.8cm	(0.6cm/1.1cm)
RVID(ed)- 1.2cm(0.9cm/2.8cm)		EF 65 %	(62 %-85 %)
LVID (ed)- 4.7cm(2.6cm/5.5cm)		FS 36 %	
LVID (es)- 3.0cm			



Name	MR.ROSHAN KUMAR	ID	MED121747637
Age & Gender	43Y/MALE	Visit Date	21/03/2023
Ref Doctor	MediWheel		

**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

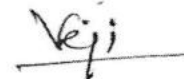
**PERICARDIUM:**

- Normal.

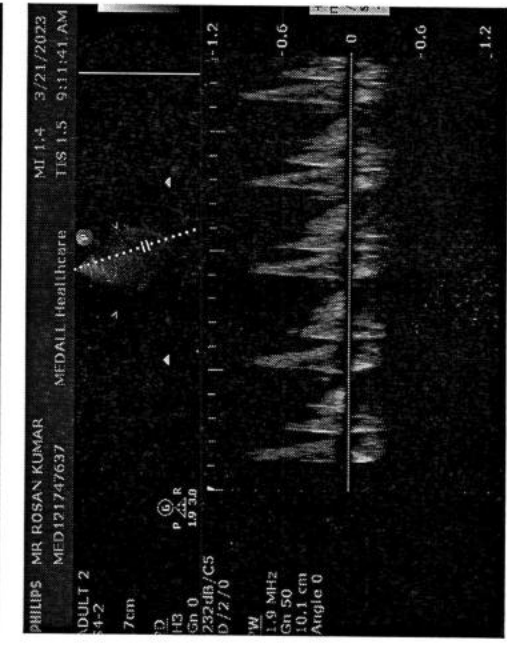
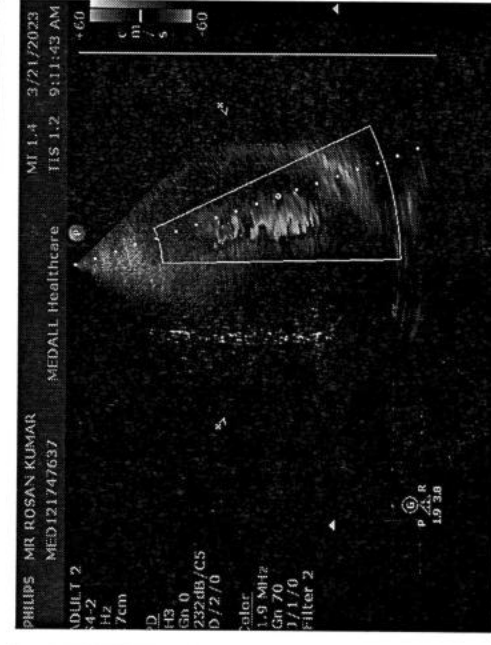
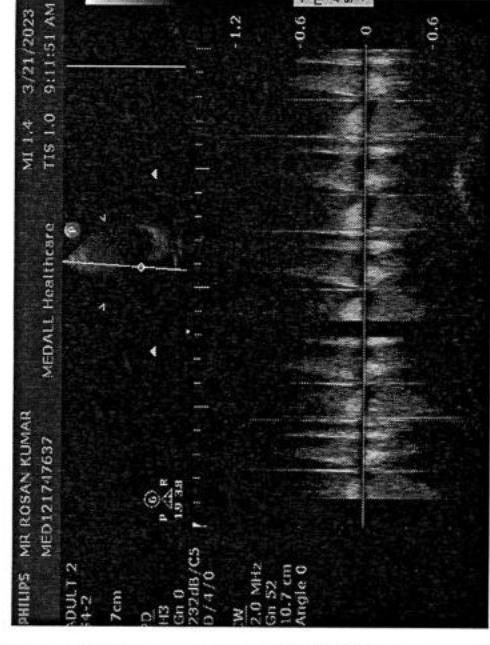
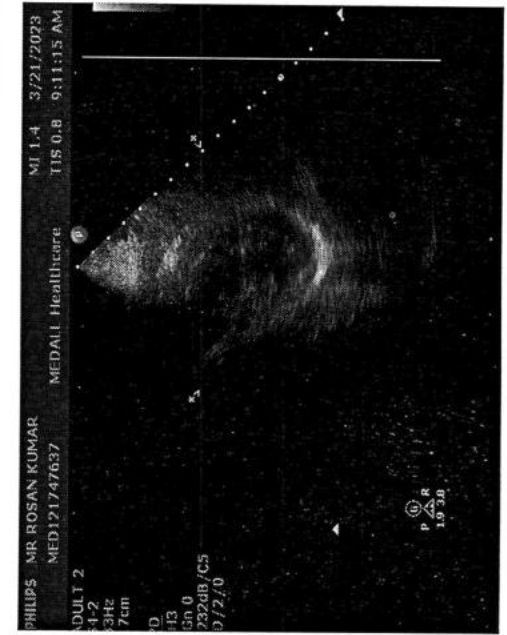
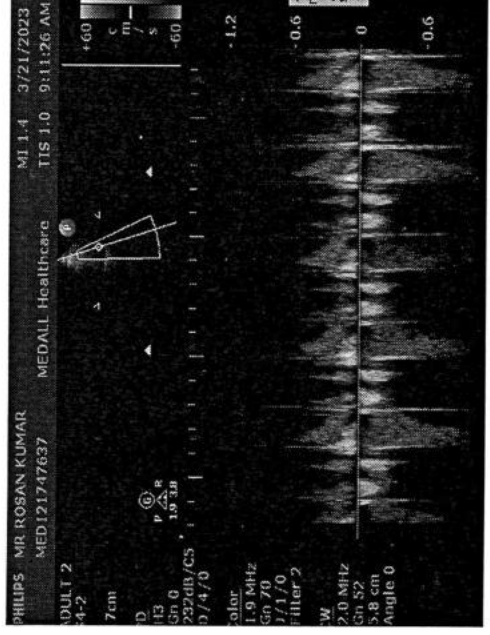
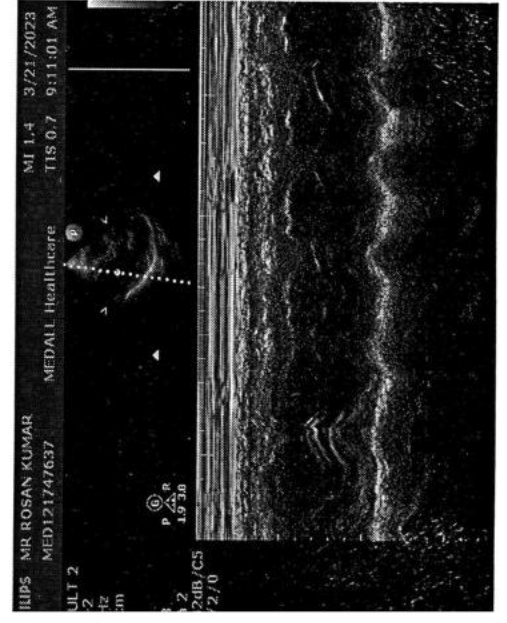
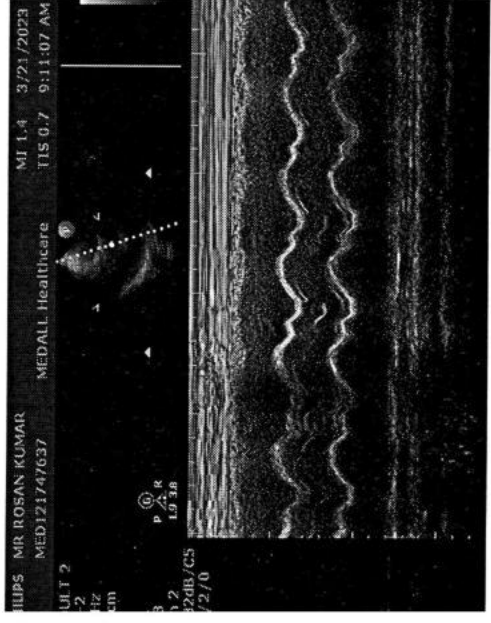
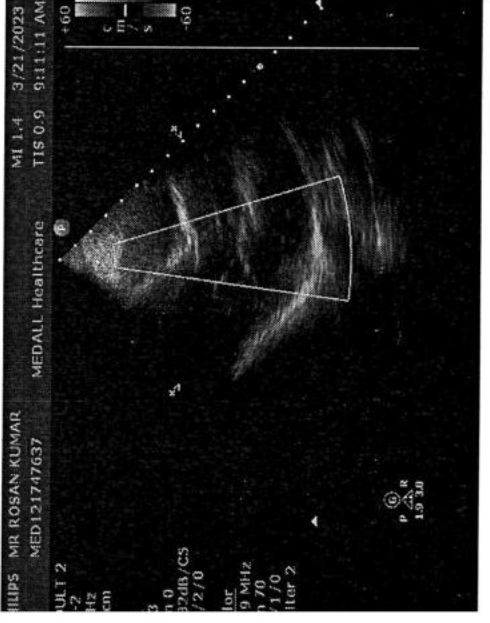
**DOPPLER STUDY:**

Continuous Wave Doppler & Colour Flow Study:

➤ *Normal colour flow studies.*



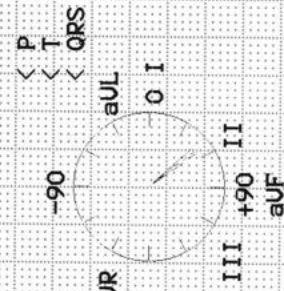
**P. VIJAYA LAKSHMI  
ECHO TECHNICIAN**



3  
ement Results:

P : 364 / 104 ms  
 QRS : 422 ms  
 QT : 136 ms  
 QTc : 104 ms  
 PR : 722 / 740 ms  
 QT/QTc : 51 / 47 / 53 degrees

Interpretation:  
 12SL - Interpretation:  
 Normal sinus rhythm  
 Low voltage QRS



Unconfirmed report.

