

Customer Name	MRS. TEENA. G	Customer ID	VPI195290
Age & Gender	37Y/FEMALE	Visit Date	14/01/2023
Ref Doctor	MediWheel		

Personal Health Report

General Examination:

Height : 151.5 cms

Weight : 59.2 kg

BMI : 23.6 kg/m²

BP: 120/70 mmhg

Pulse: 68/ min, regular

Systemic Examination:

CVS: S1 S2 heard;

RS : NVBS +.

Abd : Soft.

CNS : NAD

Blood report:

Total cholesterol -207.4 mg/dl , HDL cholesterol - 52.8 mg/dl - Elevated.

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

Urine analysis - Within normal limits.

X-Ray Chest - Normal study.

ECG - Normal ECG.

Echo - Normal study.

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:

Total cholesterol -207.4 mg/dl , HDL cholesterol - 52.8 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.

All other health parameters are well within normal limits.

Fit for duty.

DR. NOOR MOHAMMED RIZWAN A. M.B.B.S, FDM
MHC Physician Consultant



Name : Mrs. TEENA.G
PID No. : VPI195290
SID No. : 223000666
Age / Sex : 37 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 14/01/2023 9:53 AM
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Investigation

Observed Value
'O' 'Positive'

Unit

Biological Reference Interval

BLOOD GROUPING AND Rh TYPING

(EDTA Blood/Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	12.3	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	35.8	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.07	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	88.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	30.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	34.5	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.5	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	41.58	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	4900	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	50.8	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	36.1	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	5.2	%	01 - 06

Dr Gurupriya J
Pathologist
Reg No: 13-48036
APPROVED BY

The results pertain to sample tested.

Page 1 of 7

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED,#17,RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD, GUINDY, CHENNAI, TAMIL NADU, INDIA.,

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Monocytes (EDTA Blood Impedance Variation & Flow Cytometry)	6.9	%	01 - 10
Basophils (EDTA Blood Impedance Variation & Flow Cytometry)	1.0	%	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)	2.49	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	1.77	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood Impedance Variation & Flow Cytometry)	0.25	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	0.34	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood Impedance Variation & Flow Cytometry)	0.05	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood Impedance Variation)	327	10 ³ / μ l	150 - 450
MPV (EDTA Blood Derived from Impedance)	7.9	fL	8.0 - 13.3
PCT (EDTA Blood Automated Blood cell Counter)	0.26	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	19	mm/hr	< 20
BUN / Creatinine Ratio	15.88		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	79.6	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: \geq 126

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Investigation

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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)
 (Urine - F/GOD - POD)

Negative

Negative

Glucose Postprandial (PPBS)
 (Plasma - PP/GOD-PAP)

81.4 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)

10.8 mg/dL

7.0 - 21

Creatinine
 (Serum/Modified Jaffe)

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

Uric Acid
 (Serum/Enzymatic)

3.0 mg/dL

2.6 - 6.0

Liver Function Test

Bilirubin(Total)
 (Serum/DCA with ATCS)

0.47 mg/dL

0.1 - 1.2

Bilirubin(Direct)
 (Serum/Diazotized Sulfanilic Acid)

0.16 mg/dL

0.0 - 0.3

Bilirubin(Indirect)
 (Serum/Derived)

0.31 mg/dL

0.1 - 1.0

SGOT/AST (Aspartate Aminotransferase)
 (Serum/Modified IFCC)

24.7 U/L

5 - 40

SGPT/ALT (Alanine Aminotransferase)
 (Serum/Modified IFCC)

17.3 U/L

5 - 41

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	18.8	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	72.6	U/L	42 - 98
Total Protein (Serum/Biuret)	7.16	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.43	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.73	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.62		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	207.4	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	79.8	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/Immunoinhibition) **52.8** mg/dL
 Optimal(Negative Risk Factor): >= 60
 Borderline: 50 - 59
 High Risk: < 50


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LDL Cholesterol (Serum/Calculated)	138.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: \geq 190
VLDL Cholesterol (Serum/Calculated)	16	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	154.6	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)	3.9		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)	1.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.6		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 %

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Estimated Average Glucose (Whole Blood)	93.93	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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.71	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))	9.03	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))	1.19	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.


Dr Gurupriya J
Pathologist
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Unit

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Urine Analysis - Routine

COLOUR (Urine)	Yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Pus Cells (Urine/Automated - Flow cytometry)	1 - 2	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry)	Occasional	/hpf	NIL
RBCs (Urine/Automated - Flow cytometry)	1 - 2	/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.

Dr Gurupriya J
Dr Gurupriya J
 Pathologist
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-- End of Report --



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Age & Gender	37Y/FEMALE	Visit Date	14/01/2023
Ref Doctor	MediWheel		

DEPARTMENT OF CARDIOLOGY

TRANSTHORACIC RESTING ECHO CARDIOGRAPHY REPORT

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

ACOUSTIC WINDOW : GOOD

LV STUDY

DOPPLER PARAMETERS

IVS(d)	cm	1.0
IVS(s)	cm	1.3
LPW(d)	cm	1.0
LPW(s)	cm	0.8
LVID(d)	cm	4.4
LVID(s)	cm	3.0
EDV ml		90
ESV ml		29
SV ml		61
EF %		67
FS %		31

Parameters		Patient Value
LA	cm	2.5
AO	cm	2.0

Valves	Velocity max(m/sec mm/Hg)
AV	1.2
PV	1.1
MV (E)	1.3
(A)	1.0
TV	0.6

FINDINGS:

- ❖ Normal left ventricle systolic function (LVEF 67 %).
- ❖ No regional wall motion abnormality.
- ❖ No diastolic dysfunction.
- ❖ Normal chambers dimension.
- ❖ Normal valves.
- ❖ Trivial Mitral Regurgitation.
- ❖ Normal pericardium / Intact septae.
- ❖ No clot/aneurysm.

IMPRESSION:

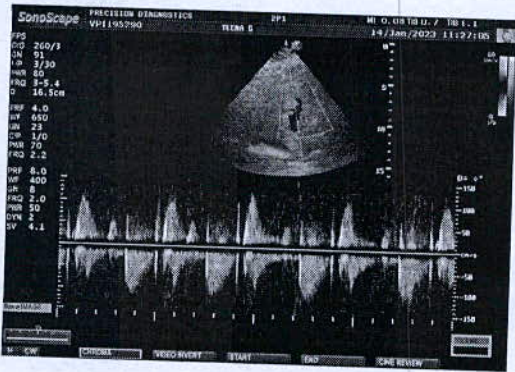
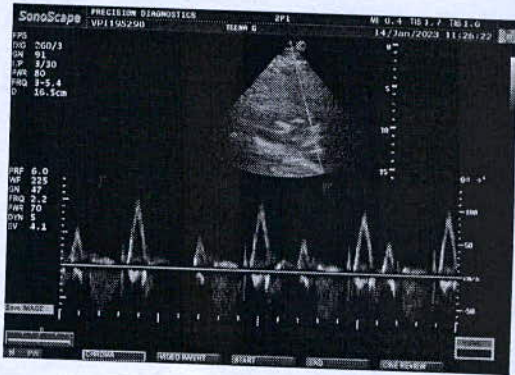
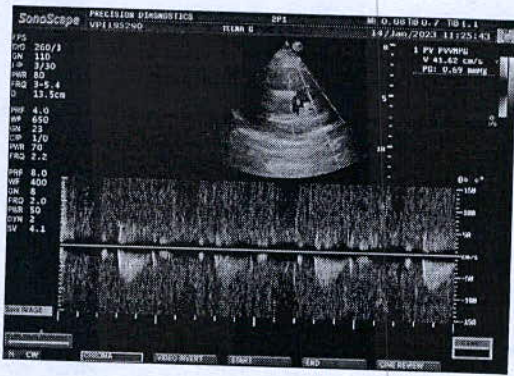
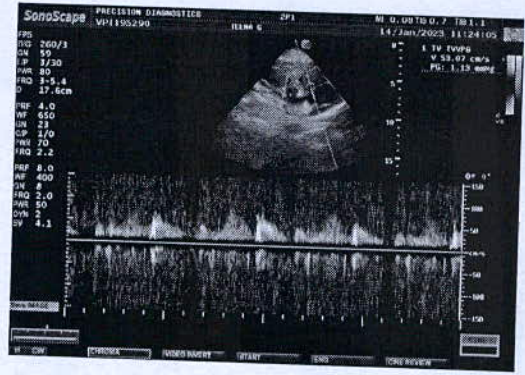
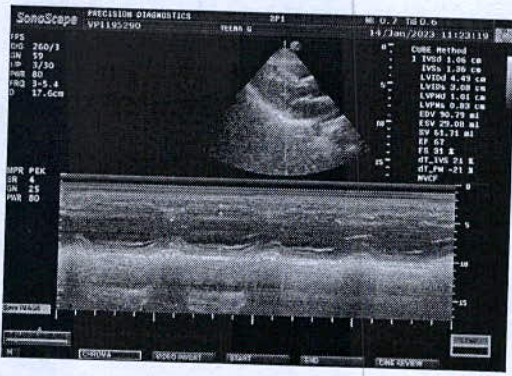
- ▶ **NORMAL LV SYSTOLIC FUNCTION.**
- ▶ **NO REGIONAL WALL MOTION ABNORMALITY.**
- ▶ **TRIVIAL MITRAL REGURGITATION.**

M. Jotheeswari
M.JOTHEESWARI.
ECHO TECHNICIAN



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

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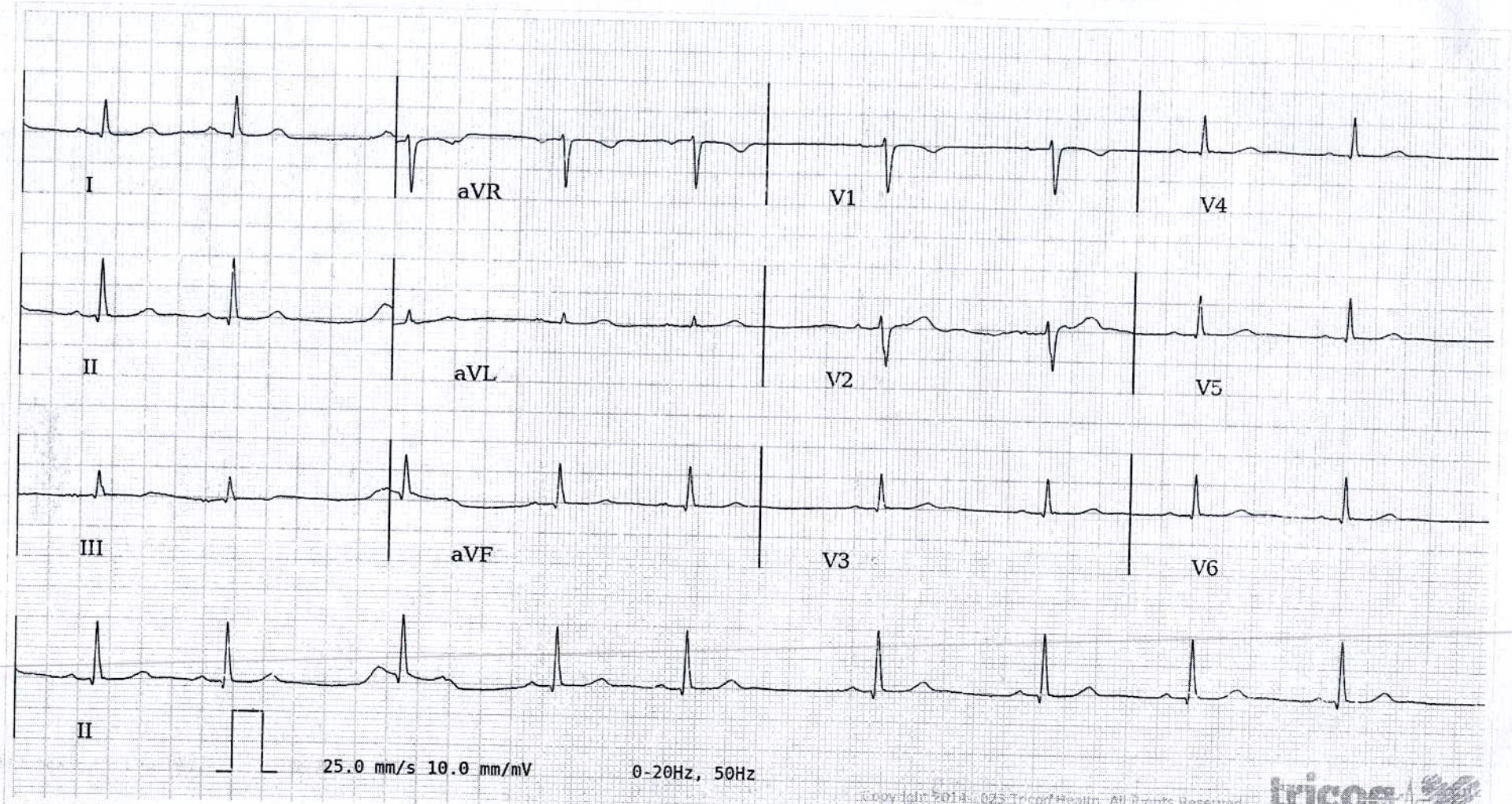


Age / Gender: 37/Female

Date and Time: 14th Jan 23 11:52 AM

Patient ID: Vpi195290

Patient Name: Mrs teena



AR: 60.0bpm VR: 58.0bpm QRSD: 78.0ms QT: 396.0ms QTc: 389.0ms PRI: 166.0ms P-R-T: 31.0° 47.0° 30.0°

Low Voltage Complexes, Sinus Bradycardia, Sinus Arrhythmia Seen. Baseline wandering. Please correlate clinically.

REPORTED BY

