

Customer Name	MRS.LAKSHMI J	Customer ID	MED111204381
Age & Gender	51Y/FEMALE	Visit Date	19/07/2022
Ref Doctor	MediWheel		

Personal Health Report

General Examination:

Height : 175.5 cms
Weight : 80.0 kg
BMI : 25.5 kg/m²

BP: 140/80 mmhg
Pulse: 84/ min, regular

Systemic Examination:

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

Blood report:

Total cholesterol -229.5 mg/dl – Elevated

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

Urine & Stool analysis – Within normal limits.

X-Ray Chest – Normal study.

ECG – Normal ECG.

USG whole abdomen – Fatty liver; Elongated uterus – Status post LSCS.

ECHO – Normal LV systolic function. No regional wall motion abnormality. Grade I LV diastolic dysfunction. Mild MR & AR.

Eye Test – Distant vision defect (with glass).

Vision	Right eye	Left eye
Distant Vision	6/9	6/9
Near Vision	N6	N6
Colour Vision	Normal	Normal



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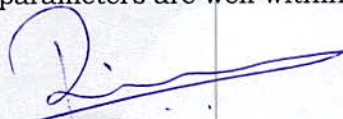
Impression & Advice:

Total cholesterol -229.5 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.

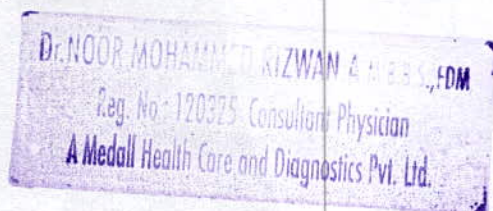
Eye Test – Distant vision defect (with glass). To consult an ophthalmologist for further evaluation and management.

USG whole abdomen - Fatty liver. To take low fat diet, and high fiber diets. Regular brisk walking for 45 minutes daily, 5 days a week is essential.

All other health parameters are well within normal limits.



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

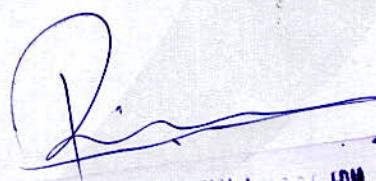


19/07/2022

Mrs. Lakshmi SIF

Dental

① No Caries
No plaque
No tartar
Alignment good
No loss of tooth.


Dr. NOOR MOHAMMED RIZWAN MBBS, FDM
Reg. No: 120325 Consultant Physician
A Medall Health Care and Diagnostics Pvt. Ltd.



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Investigation

Observed Value

Unit

Biological Reference Interval

BLOOD GROUPING AND Rh TYPING

(EDTA Blood/Agglutination)

'B' 'Positive'

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)

36.2

%

37 - 47

RBC Count

(EDTA Blood/Impedance Variation)

4.13

mill/cu.mm

4.2 - 5.4

Mean Corpuscular Volume(MCV)

(EDTA Blood/Derived from Impedance)

87.6

fL

78 - 100

Mean Corpuscular Haemoglobin(MCH)

(EDTA Blood/Derived from Impedance)

29.7

pg

27 - 32

Mean Corpuscular Haemoglobin concentration(MCHC)

(EDTA Blood/Derived from Impedance)

33.9

g/dL

32 - 36

RDW-CV

(EDTA Blood/Derived from Impedance)

12.9

%

11.5 - 16.0

RDW-SD

(EDTA Blood/Derived from Impedance)

40.8

fL

39 - 46

Total Leukocyte Count (TC)

(EDTA Blood/Impedance Variation)

5450

cells/cu.mm

4000 - 11000

Neutrophils

(EDTA Blood/Impedance Variation & Flow Cytometry)

65.6

%

40 - 75

Lymphocytes

(EDTA Blood/Impedance Variation & Flow Cytometry)

27.1

%

20 - 45

Eosinophils

(EDTA Blood/Impedance Variation & Flow Cytometry)

0.9

%

01 - 06


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

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The results pertain to sample tested.

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Monocytes (EDTA Blood Impedance Variation & Flow Cytometry)	5.9	%	01 - 10
Basophils (EDTA Blood Impedance Variation & Flow Cytometry)	0.5	%	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)	3.58	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	1.48	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood Impedance Variation & Flow Cytometry)	0.05	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	0.32	$10^3 / \mu\text{l}$	< 1.0
Absolute Basophil count (EDTA Blood Impedance Variation & Flow Cytometry)	0.02	$10^3 / \mu\text{l}$	< 0.2
Platelet Count (EDTA Blood Impedance Variation)	224	$10^3 / \mu\text{l}$	150 - 450
MPV (EDTA Blood Derived from Impedance)	10.9	fL	8.0 - 13.3
PCT (EDTA Blood Automated Blood cell Counter)	0.245	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	19	mm/hr	< 30
BUN / Creatinine Ratio	10.86		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	92.0	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: \geq 126


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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)

85.8 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.

Remark: please correlate clinically.

Urine Glucose(PP-2 hours)
(Urine - PP)

Negative

Negative

Blood Urea Nitrogen (BUN)
(Serum/Urease UV / derived)

7.5 mg/dL

7.0 - 21

Creatinine
(Serum/Modified Jaffe)

0.69 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)

4.1 mg/dL

2.6 - 6.0

Liver Function Test

Bilirubin(Total)
(Serum/DCA with ATCS)

0.42 mg/dL

0.1 - 1.2

Bilirubin(Direct)
(Serum/Diazotized Sulfanilic Acid)

0.12 mg/dL

0.0 - 0.3

Bilirubin(Indirect)
(Serum/Derived)

0.30 mg/dL

0.1 - 1.0

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

16.7 U/L

5 - 40

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

11.5 U/L

5 - 41

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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	13.4	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	98.6	U/L	53 - 141
Total Protein (Serum/Biuret)	7.06	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.87	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.19	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.21		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	229.5	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	134.7	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/Immunoinhibition)	42.3	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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LDL Cholesterol (Serum/Calculated)	160.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: \geq 190
VLDL Cholesterol (Serum/Calculated)	26.9	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	187.2	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)	5.4		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)	3.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.8		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.8	%	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 %

Dr. Esaravanan M.D(Path)
Consultant Pathologist
Reg No : 75347

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Estimated Average Glucose
 (Whole Blood)

119.76 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

1.04 ng/ml

0.4 - 1.81

(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

6.53 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.

TSH (Thyroid Stimulating Hormone)

1.01 µIU/mL

0.35 - 5.50

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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.

Dr. E. Saravanan M.D(Path)
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<u>Urine Analysis - Routine</u>			
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
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.

Stool Analysis - ROUTINE

Colour (Stool)	Brown		Brown
Blood (Stool)	Absent		Absent
Mucus (Stool)	Absent		Absent
Reaction (Stool)	Acidic		Acidic


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Consistency (Stool)	Semi Solid		Semi Solid
Ova (Stool)	NIL		NIL
Others (Stool)	NIL		NIL
Cysts (Stool)	NIL		NIL
Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	1 - 2	/hpf	NIL
Macrophages (Stool)	NIL		NIL
Epithelial Cells (Stool)	NIL	/hpf	NIL

[Signature]
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-- End of Report --

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Age & Gender	51Y/F	Visit Date	Jul 19 2022 9:43AM
Ref Doctor	MediWheel		

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.

R. S. Kamalishan

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



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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	0.6
IVS(s)	cm	1.0
LPW(d)	cm	0.5
LPW(s)	cm	1.2
LVID(d)	cm	4.4
LVID(s)	cm	2.7
EDV	ml	87
ESV	ml	20
SV	ml	67
EF	%	77
FS	%	38

Parameters		Patient Value
LA	cm	3.6
AO	cm	2.2

Valves	Velocity max(m/sec mm/Hg)
AV	0.6 / 2
PV	0.8 / 3
MV (E)	0.5
(A)	0.7
TV	1.1 / 5

FINDINGS:

- ❖ Normal left ventricle systolic function (LVEF 77%).
- ❖ No regional wall motion abnormality.
- ❖ Grade I LV diastolic dysfunction.
- ❖ Normal chambers dimension.
- ❖ Mild mitral regurgitation and aortic regurgitation.
- ❖ No pulmonary hypertension.
- ❖ Normal right ventricle systolic function.
- ❖ Normal pericardium / Intact septae.
- ❖ No clot/aneurysm.

IMPRESSION:

- ▶ **NORMAL LV SYSTOLIC FUNCTION.**
- ▶ **NO REGIONAL WALL MOTION ABNORMALITY.**
- ▶ **GRADE I LV DIASTOLIC DYSFUNCTION.**
- ▶ **MILD MR & AR.**

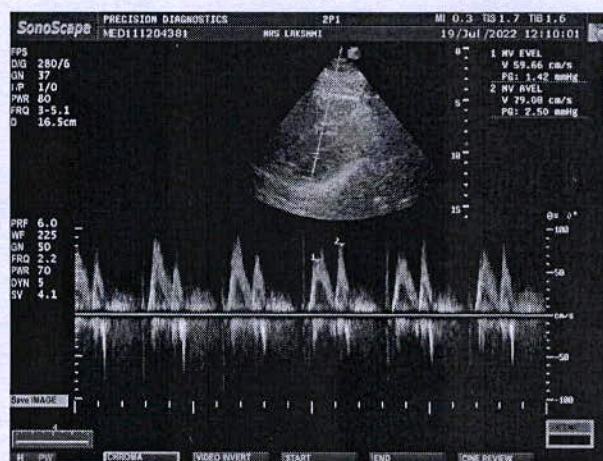
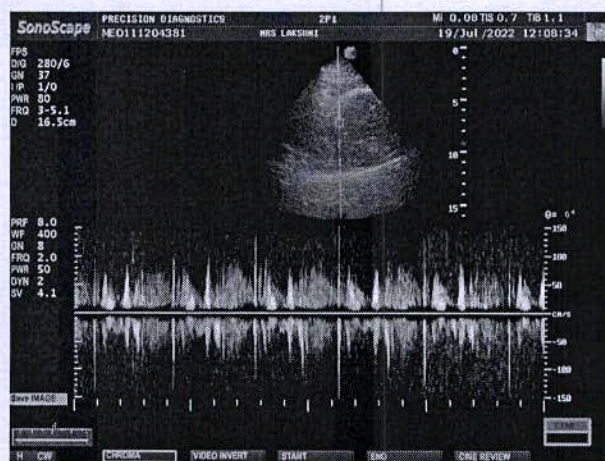
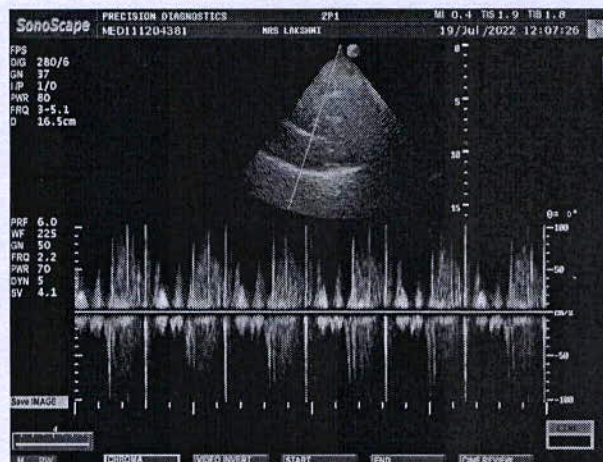
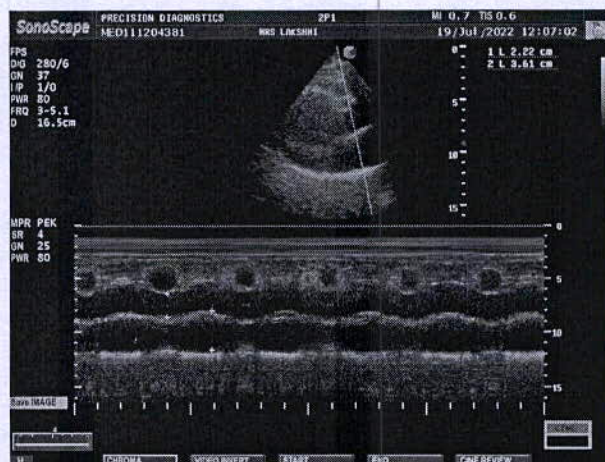
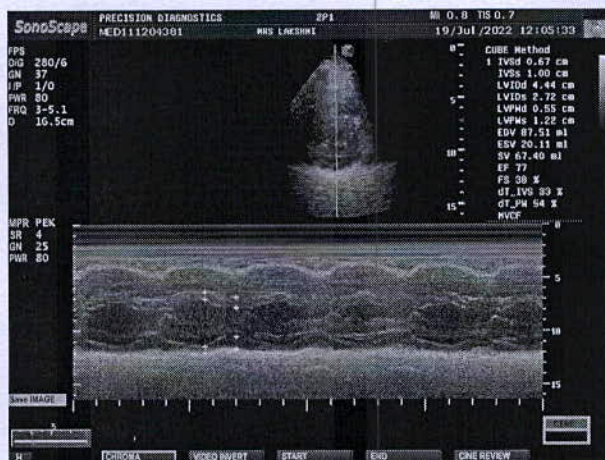
S. Vignesh
**S. VIGNESH M.Sc.
ECHO TECHNICIAN**



Precision Diagnostics-vadapalani

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

Customer Name	MRS.LAKSHMI J	Customer ID	MED111204381
Age & Gender	51Y/FEMALE	Visit Date	19/07/2022
Ref Doctor	MediWheel		



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SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows diffuse fatty changes. No focal lesion is seen.

The gall bladder is normal sized and smooth walled and contains no calculus.

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.

No para aortic lymphadenopathy is seen.

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

The right kidney measures 10.2 x 4.8 cm.

The left kidney measures 10.1 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 uterus is anteverted, and measures 10.7 x 3.3 cm. It is elongated.

Myometrial echoes are homogeneous. The endometrial thickness is 4.3 mm.



Customer Name	MRS.LAKSHMI J	Customer ID	MED111204381
Age & Gender	51Y/FEMALE	Visit Date	19/07/2022
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The right ovary measures 2.4 x 1.4 cm.

The left ovary measures 2.1 x 1.5 cm.

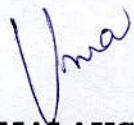
No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

IMPRESSION:

- **Fatty liver.**
- **Elongated uterus – Status post LSCS.**



**DR. UMALAKSHMI
SONOLOGIST**



Precision Diagnostics-vadapalani

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

Customer Name	MRS.LAKSHMI J	Customer ID	MED111204381
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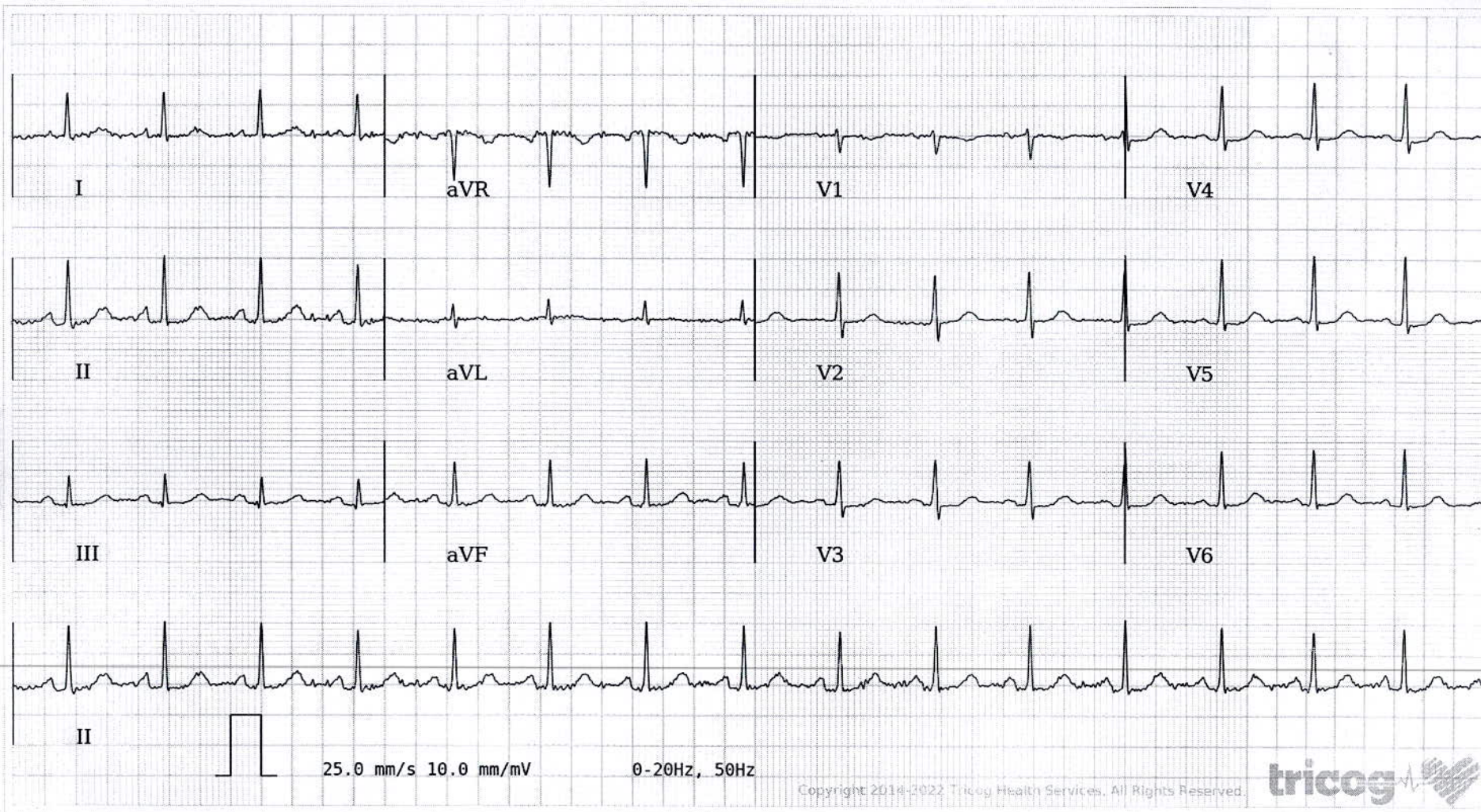


Medall Diagnostic Vadapalani



Age / Gender: 51/Female
Patient ID: Med111204381
Patient Name: Mrs lakshmi i

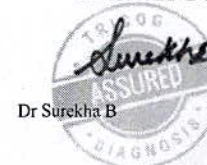
Date and Time: 19th Jul 22 11:38 AM



AR: 96.0bpm VR: 96.0bpm QRSD: 66.0ms QT: 332.0ms QTc: 420.0ms PRI: 150.0ms P-R-T: 66.0° 55.0° 60.0°

ECG Within Normal Limits: Sinus Rhythm, Normal Axis. Baseline artefacts. Please correlate clinically.

REPORTED BY



Dr Surekha B

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.