

Customer Name	MR.THATHEU CYRL	Customer ID	MED111064666
Age & Gender	32Y/MALE	Visit Date	23/04/2022
Ref Doctor	MediWheel		

Personal Health Report

General Examination:

BP: 130/80 mmhg
Pulse: 84/ min, regular

Systemic Examination:

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

Blood report:

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

Urine analysis – Within normal limits.

X-Ray Chest – Ill-defined opacities are seen in the right upper zone - ? Nature. Please consider CT correlation.

ECG – Normal ECG.

USG whole abdomen – Normal study.

Treadmill Test (TMT) – Negative.

Eye Test – Distant vision defect (with glass).

Vision	Right eye	Left eye
Distant Vision	6/18	6/12
Near Vision	N6	N6
Colour Vision	Normal	Normal

Impression & Advice:

X-Ray Chest – Ill-defined opacities are seen in the right upper zone - ? Nature. Please consider CT correlation. To consult a chest physician for further evaluation.

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

All other health parameters are well within normal limits.


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



Name : Mr. MATHEW CYRIL
PID No. : MED111064666
SID No. : 222007712
Age / Sex : 32 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 23/04/2022 7:37 AM
Collection On : 23/04/2022 8:04 AM
Report On : 23/04/2022 6:53 PM
Printed On : 25/04/2022 2:29 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	90.9	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.


DR GURUPRIYA J
PATHOLOGIST
Reg No : 13-48036

VERIFIED BY


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

APPROVED BY

-- End of Report --

The results pertain to sample tested.

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'O' 'Positive'		
INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion			
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (EDTA Blood/Spectrophotometry)	14.5	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	42.7	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.59	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	93.1	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	31.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	34.0	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	14.7	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	47.90	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	8200	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	67.7	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	19.2	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	4.4	%	01 - 06

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	8.4	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.3	%	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)	5.55	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.57	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.36	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.69	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.02	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	250	10 ³ / µl	150 - 450
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	15	mm/hr	< 15
BUN / Creatinine Ratio	8.87		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	90.9	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) Negative Negative
(Urine - F/GOD - POD)


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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	108.0	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)	7.1	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.80	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)	5.8	mg/dL	3.5 - 7.2
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.52	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.15	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.37	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	16.2	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	15.0	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	22.5	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	79.1	U/L	53 - 128

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Total Protein (Serum/Biuret)	7.52	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.86	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.66	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.05		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	194.3	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	107.2	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)	34.6	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	138.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	21.4	mg/dL	< 30


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Non HDL Cholesterol (Serum/Calculated)	159.7	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 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 (Serum/Calculated)	5.6		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)	3.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.2	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %


Estimated Average Glucose (Whole Blood)	102.54	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 glyceemic 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.


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THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.12	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))	9.82	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))	4.60	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&lt;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
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APPEARANCE (Urine)	Clear	Clear
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Protein (Urine/Protein error of indicator)	Negative	Negative
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Glucose (Urine/GOD - POD)	Negative		Negative
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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Age & Gender	32Y/MALE	Visit Date	23/04/2022
Ref Doctor	MediWheel		

SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows uniform echotexture with no focal abnormality.

The gall bladder is contracted 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 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 9.8 x 4.6 cm.

The left kidney measures 11.7 x 6.1 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 2.5 x 3.7 x 3.5 cm (18 cc) and is normal sized.

The echotexture is homogeneous.



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The seminal vesicles are normal.

Iliac fossae are normal.

IMPRESSION:

- Normal study.



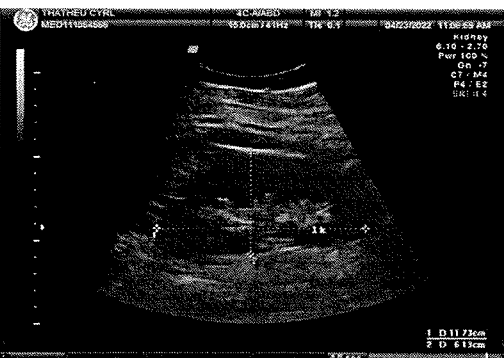
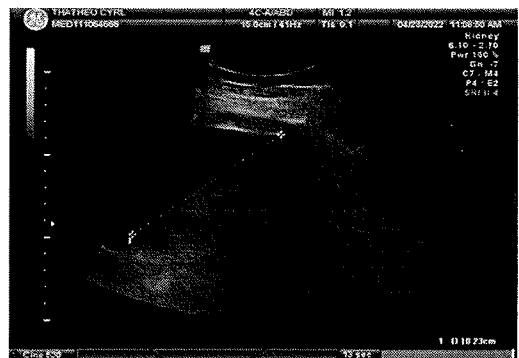
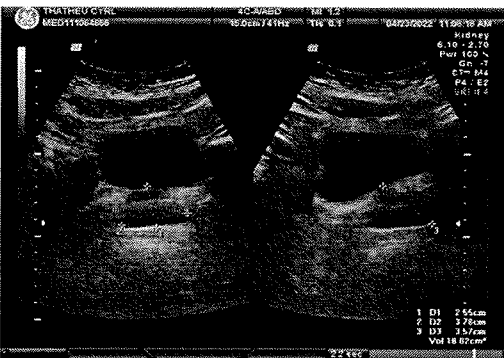
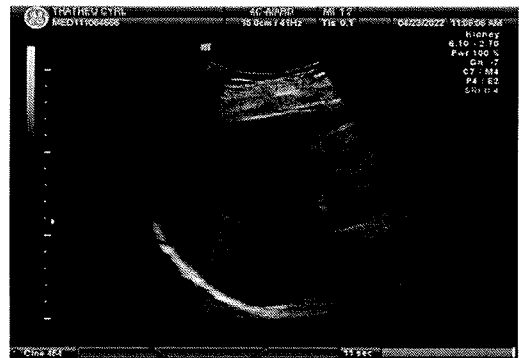
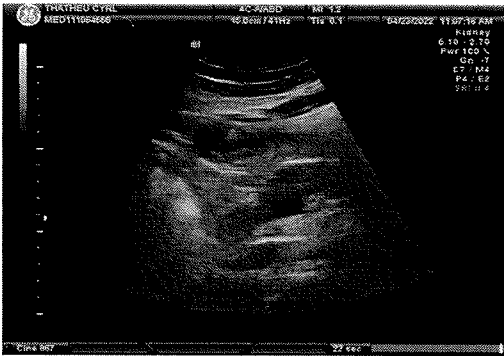
**DR. UMALAKSHMI
SONOLOGIST**



Precision Diagnostics-vadapalani

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

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Name	THATHEU CYRL	Customer ID	MED111064666
Age & Gender	32Y/M	Visit Date	Apr 23 2022 7:15AM
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X- RAY CHEST PA VIEW

Ill-defined opacities are seen in the right upper zone - ? Nature. Please consider CT correlation.

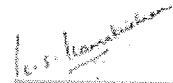
Trachea appears normal.

Cardiothoracic ratio is within normal limits.

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.**



32 years
 Male
 Vent. rate 103 bpm
 PR interval 154 ms
 QRS duration 76 ms
 QT/QTc 328/429 ms
 P-R-T axes 63 43 06

Sinus tachycardia
 Low voltage QRS
 Septal infarct, age undetermined
 Abnormal ECG

Unconfirmed

Test ind:

