

Customer Name	MRS.LAKSHMI K S	Customer ID	MED112068585
Age & Gender	50Y/FEMALE	Visit Date	10/02/2024
Ref Doctor	MediWheel	47/8	

Personal Health Report

General Examination:

Height: 158.8 cms

Weight: 78.7 kg

BMI

31.2 kg/m²

BP: 140/90 mmhg

Pulse: 94/ 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 - Normal study.

ECG - Normal ECG.

Echo - Normal

Dental - Normal.

Eye Test - Distant and near vision defect.

Vision	Right eye	Left eye	
Distant Vision	6/18	6/18	
Near Vision	N18	N18	
Colour Vision	Normal	Normal	





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Impression & Advice:

Eye Test – Distant and near 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

Dr. NOOR MOHAWilliam P. KIZWAN A MES B.S., FOM Reg. No.: 120325 Consultant Physician A Medall Health Care and Diagnostics Pvt. Ltd.





10/02/2024

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Name : Mrs. LAKSHMI K S

: MED112068585 PID No.

: 10/02/2024 9:05 AM Register On

: 224002059 SID No.

Collection On : 10/02/2024 9:49 AM

10/02/2024 5:43 PM

Age / Sex : 50 Year(s) / Female

Type

: OP

Report On 10/02/2024 5:35 PM **Printed On**

Ref. Dr : MediWheel

Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BLOOD GROUPING AND Rh TYPING EDTA Blood/Agglutination)	'B' 'Positive'		
INTERPRETATION: Reconfirm the Blood grou	n and Typing before	blood transfusion	
Complete Blood Count With - ESR	r una 1)ping color		
Haemoglobin (EDTA Blood'Spectrophotometry)	12.2	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	37.3	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.50	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	82.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) EDTA Blood/Derived from Impedance)	27.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.8	g/dL	32 - 36
RDW-CV (EDTA Blood Derived from Impedance)	13.2	9/6	11.5 - 16.0
RDW-SD (EDTA Blood' <i>Derived from Impedance)</i>	38.25	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6520	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	56.0	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow	34.0	%	20 - 45





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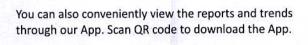
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Cytometry)

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Investigation	Observed Value	<u>Unit</u>	Biological Reference Interval
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	4.1	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	5.5	%	01 - 10
Basophils (EDTA Blood/mpedance Variation & Flow Cytometry)	0.4	%	00 - 02
INTERPRETATION: Tests done on Automated	Five Part cell count	er. All abnormal results are	reviewed and confirmed microscopically
Absolute Neutrophil count (EDTA Blood' <i>Impedance Variation & Flow</i> Cytometry)	3.65	10^3 / μ1	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/impedance Variation & Flow Cytometry)	2.22	10^3 / μ1	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.27	10^3 / μ1	0.04 - 0.44
Absolute Monocyte Count [EDTA Blood/Impedance Variation & Flow Cytometry)	0.36	10^3 / μ1	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.03	10^3 / μ1	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	248	10^3 / μ1	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.9	fL	8.0 - 13.3
PCT (EDTA Blood Automated Blood cell Counter)	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	29	mm/hr	< 20



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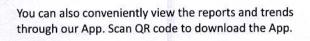
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Printed On

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Ref. Dr

: MediWheel

Observed I Value

Unit

Biological Reference Interval

Glucose Fasting (FBS)

(Plasma - F/GOD-PAP)

Investigation

99.3

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

113.90

Negative

(Urine - F/GOD - POD)

Glucose Postprandial (PPBS)

mg/dL

70 - 140

(Plasma - PP/GOD-PAP)

INTERPRETATION:

(Serum/Modified Jaffe)

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.

Creatinine

0.55

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

Uric Acid

١

5.10

mg/dL

2.6 - 6.0

Liver Function Test

Bilirubin(Total)

(Serum/Enzymatic)

0.68

mg/dL

0.1 - 1.2

(Serum/DCA with ATCS)
Bilirubin(Direct)

٦

mg/dL

mg/dL

U/L

0.0 - 0.3

5 - 40

(Serum/Diazotized Sulfanilie Acid) Bilirubin(Indirect)

0.57

21.30

0.11

0.1 - 1.0

SGOT/AST (Aspartate Aminotransferase)

(Serum/Derived)

(Serum/Modified IFCC)

Dr Archana K MD Ph.D Consultant Pathologist Reg No: 79967

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The results pertain to sample tested.

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Age / Sex : 50 Year(s) / Female Report On Printed On 10/02/2024 5:35 PM

Type Ref. Dr

: MediWheel

10/02/2024 5:43 PM

Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	14.3	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	15.70	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	62.70	U/L	42 - 98
Total Protein (Serum/Biuret)	7.59	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.6	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.99	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.54		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	197.40	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	123.60	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)

55.30

mg/dL

Optimal(Negative Risk Factor): >=

Borderline: 50 - 59 High Risk: < 50

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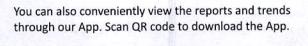


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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
LDL Cholesterol (Serum/Calculated)	117.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	24.7	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	142.1	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	3.6	Optimal: < 3.3 Low Risk: 3.4 - 4.4	
(Serum/Calculated)		Average Risk: 4.5 - 7.1	
(Octain Carculates)		Moderate Risk: 7.2 - 11.0	
		High Risk: > 11.0	
Triglyceride/HDL Cholesterol Ratio	2.2	Optimal: < 2.5	
(TG/HDL)		Mild to moderate risk: 2.5 - 5	5.0
(Serum/Calculated)		High Risk: > 5.0	
LDL/HDL Cholesterol Ratio	2.1	Optimal: 0.5 - 3.0	
(Serum/Calculated)		Borderline: 3.1 - 6.0	
		High Risk: > 6.0	
Glycosylated Haemoglobin (HbA1c)			

Reg No:

Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4

Diabetic: >= 6.5

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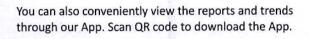
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HbA1C

(Whole Blood/HPLC)

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Observed Value

Unit

Biological Reference Interval

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

Estimated Average Glucose

136.98

mg/dL

(Whole Blood)

Investigation

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 HbAlC 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 HbAlc.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total

1.23

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

8.20

4.14

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)

µIU/mL

0.35 - 5.50

(Serum/Chemiluminescent Immunometric Assay (CLIA))



int Pathologist 79967

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Ref. Dr

: MediWheel

Investigation	Observed Unit	<u>Biological</u>
	Value	Reference Interval

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 µ IU/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
Pus Cells (Urine/Automated – Flow cytometry)	0 - 1	/hpf	NIL
Epithelial Cells (Urine/Automated – Flow cytometry)	2 - 4	/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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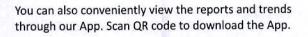
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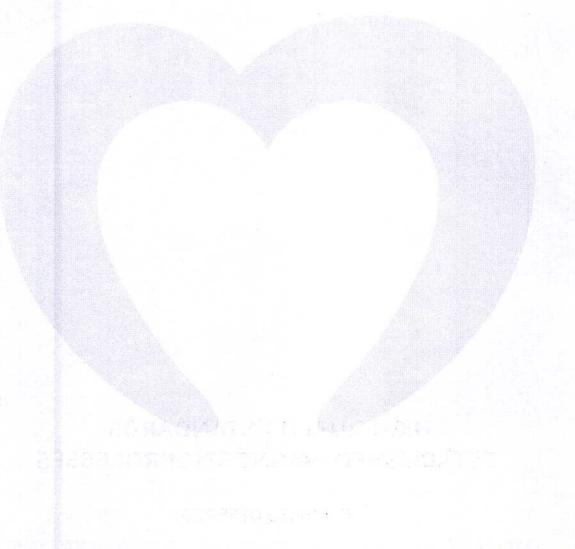
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-- End of Report --



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Age & Gender	50Y/F	Visit Date	Feb 10 2024 9:05AM
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.

N. Sandhya

Dr.N.Sandhya, DMRD Consultant Radiologist





Customer Name	MRS.LAKSHMI K S	Customer ID	MED112068585	
Age & Gender	50Y/FEMALE	Visit Date	10/02/2024	
Ref Doctor	MediWheel		10/02/2024	

SONOGRAM REPORT

WHOLE ABDOMEN

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

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 5.1 cm.

The left kidney measures 10.5 x 4.8 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.

Uterus and both ovaries are not visualized - history of surgery.





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Age & Gender	50Y/FEMALE	Visit Date	10/02/2024
Ref Doctor	MediWheel		

IMPRESSION:

Post hysterectomy and oophorectomy status.

No other significant abnormality.

DR. UMALAKSHMI SONOLOGIST



Medall Healthcare Pvt Ltd

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

Customer Name	MRS.LAKSHMI K S	Customer ID	MED112068585
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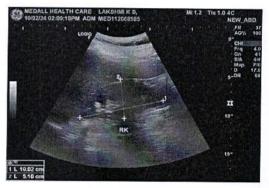


















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MAMMOGRAPHY

REPORT

Cranio-caudal and Medio-lateral oblique views of both breasts were studied.

Both breasts are heterogeneous with dense fibroglandular densities (ACR Type "D" parenchyma).

Breast lesions could not be ruled out due to dense breast parenchyma.

Few punctate microcalcification are noted in both breasts.

No intramammary ductal dilatation identified.

No obvious spiculation noted.

Both nipples are not retracted.

There is no evidence of focal or diffuse thickening of skin or subcutaneous tissue of both breasts.

The retro-mammary spaces appear normal.

Right axilla shows a prominent lymph node, measuring <10 mm.

IMPRESSION:

- · ACR Type D parenchyma.
- BIRADS 0.



Suggested Annual Review Scans- ACR guidelines.

Dr Sharanya.S MD, DNB., Radiologist





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Age & Gender	50Y/FEMALE	Visit Date	10/02/2024
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Category - (BIRADS classification)

Category 0: Assessment incomplete. Category 1: Negative (normal).

Category 2: Benign. Category 3: Probably benign finding.

Category 4: Suspicious abnormality. Category 4a: Low suspicion 4b - Intermediate suspicion.

Category 4c: Moderate suspicion. Category 5: High suggestive of malignancy.

Category 6: Known biopsy proven malignancy.

NOTE: Please bring your old mammogram film for the next visit.





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ECHOCARDIOGRAPHY

M-MODE MEASUREMENTS:-

VALUES	
AO	3.0 cm
LA	3.5 cm
LVID(D)	4.2 cm
LVID (S)	2.7 cm
IVS (D)	1.0 cm
LVPW (D)	1.0 cm
EF	69 %
FS	39 %
TAPSE	19 mm

DOPPLER AND COLOUR FLOW PARAMETERS :-

Aortic Valve Gradient

V max - 1.25 m/sec

Pulmonary Valve Gradient

V max - 0.67 m/sec

Mitral Valve Gradient

E: 0.75 m/sec

A: 0.92 m/sec

Tricuspid Valve Gradient

E: 0.44 m/sec

VALVE MORPHOLOGY:-

Aortic valve Mitral valve Normal

Tricuspid valve -

Normal Normal

Pulmonary valve -

Normal





Customer Name	MRS.LAKSHMI K S	Customer ID	MED112068585
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CHAMI	BERS	
LEFT ATRIUM	NORMAL	
LEFT VENTRICLE	NORMAL	
RIGHT ATRIUM	NORMAL	
RIGHT VENTRICLE	NORMAL	
INTER ATRIAL SEPTUM	INTACT	
INTERVENTRICULAR SEPTUM	INTACT	T,

ECHO FINDINGS:

No Regional Wall Motion Abnormality (RWMA)
Normal Left Ventricular systolic function, EF 69%.
Grade I LV Diastolic dysfunction.
Trivial Mitral Regurgitation / No Mitral Stenosis
No Aortic Regurgitation /No Aortic Stenosis
Trivial Tricuspid Regurgitation (2.1 m/s).
Normal RV Function .
No Pulmonary Artery Hypertension.
No Pericardial Effusion.

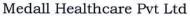
IMPRESSION:

- * STRUCTURALLY NORMAL HEART.
- * NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION, EF 69%

M. Varshini

MS. VARSHINI.M-ECHO TECHNOLOGIST





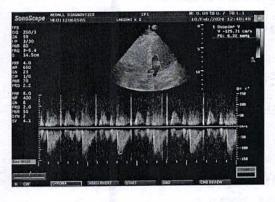
58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State ElectionCompanies) Office),

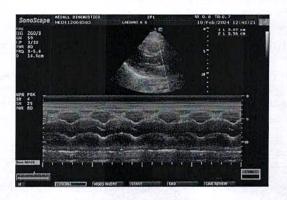
Customer Name	MRS.LAKSHMI K S	Customer ID	MED112068585
Age & Gender	50Y/FEMALE	Visit Date	10/02/2024
Ref Doctor	MediWheel		

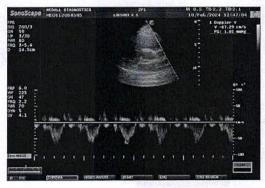


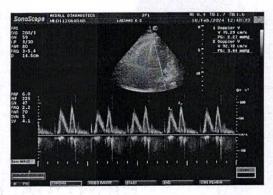




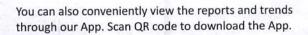














Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

Medall Diagnostic Vadapalani



Age / Gender:

50/Female

Date and Time: 10th Feb 24 12:16 PM

Patient ID:

med112068585

Patient Name:

Mrs lakshmi



Low Voltage Complexes, Sinus Rhythm. Please correlate clinically.

Dr. Javed Ali Khadri

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.