भारत सरकार
GOVERNMENT OF INDIA

விக்னேஷ் சுகுமார்
Vignesh Sukumar
பிறந்த நாள்/DOB: 25/04/1988
ஆண்/ MALE
Mobile No: 8754134551

3702 2518 6547
VID : 9155 4657 4062 3661

எனது ஆதார், எனது அடையாளம்

MEDALL

Sign-up & Health Assessment Form

To be filled by Customer

ıme: Mr/Ms/Mrs Vignesh Sukumar

ender: O Male O Female Age: 33 years DOB: / /

obile: Pincode:

mail:

Bar code

Vitals

To be filled by Technician

Height:	168.5	cms
Waist:	38.	in.
Hip:	41.	in.
Weight:	81.7	kg
Fat:	29.0	%
Visc. Fat:	14.5	%
RM:	1757	cal
BMI:	28.9	kg/m^2
Body Age:	50	years
Sys. BP:	125	mmHg
Dia. BP:	75	mmHg

pulse- 84

To be filled by Customer

Medical History

Have you been previously diagnosed with?

Diabetes (Sugar)	O Yes	O No
Hypertension (BP)	O Yes	O No
Cardiovascular Disease (Heart)	O Yes	O No
Asthma/Allergies (Dust, Pollen, Food, Animals, etc.)	O Yes	O No
Neurological Problems (Nerve)	O Yes	O No

Are you currently taking medications for?

Diabetes (Sugar)	O Yes	O No
Hypertension (BP)	O Yes	O No
Cardiovascular Disease (Heart)	O Yes	O No
Liver Disease	O Yes	O No
Cancer	O Yes	O No
Tuberculosis (TB)	O Yes	O No

Family History

Is there a history of below diseases in your family?

Diabetes (Sugar)	O Yes	O No
Hypertension (BP)	O Yes	O No
Cardiovascular Disease (Heart)	O Yes	O No
Cancer	O Yes	O No

Lifestyle

Do you exercise regularly?	O Yes	O No
Do you consume alcohol more than 2 times a week?	O Yes	O No
Do you smoke/chew tobacco?	O Yes	O No
Are you vegetarian?	O Yes	O No

General

Do you see a doctor at least once in 6 months?	O Yes	O No
Do you undergo a health checkup every year?	O Yes	O No

How would you rate your overall Health? O Excellent O Good O Normal O Poor O Very Poor

Women's Health

Is there a family history of Breast Cancer?	O Yes	O No
Is there a family history of Endometrial (Uterus) Cancer?	O Yes	O No
Is there a family history of Ovarian Cancer?	O Yes	O No
Do you have irregular periods?	O Yes	O No
Do you have heavy bleeding during periods?	O Yes	O No
Do you have scanty periods?	O Yes	O No
Have you attained Menopause?	O Yes	O No
Do you have children?	O Yes	O No
Was it a normal delivery?	O Yes	O No
Did you have diabetes/hypertension during delivery?	O Yes	O No

Name	**MR.VIGNESH SUKUMAR**	**ID**	**MED110847720**
Age & Gender	**33Y/MALE**	**Visit Date**	**08/01/2022**
Ref Doctor	**MediWheel**		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has increased echopattern.
A cyst measuring 1.1 x 1.2 cms is noted in left lobe.
No evidence of intrahepatic biliary ductal dilatation.
Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents.
Gall bladder wall is of normal thickness.
CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern.
No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

No demonstrable Para -aortic lymphadenopathy.

RIGHT KIDNEY is not visualized in right renal fossa, visualized in right lumbar region and malrotated.
No evidence of calculus or hydronephrosis.

LEFT KIDNEY moves well with respiration and has normal shape, size and echopattern.
Cortico- medullary differentiation is well madeout.
No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.4	1.3
Left Kidney	11.2	1.9

URINARY BLADDER show normal shape and wall thickness.
It has clear contents. No evidence of diverticula.
Prevoid: 350ml. Postvoid: 15ml.

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PROSTATE shows normal shape, size (wt-17.1gms) and echopattern.

No evidence of ascites.

RIGHT ILIAC FOSSA:
The small bowel loops are of normal calibre and show normal peristalsis.
No demonstrable bowel mass lesion / free fluid.

Impression:

- ***Hepatic cyst.***
- ***Ectopic right kidney.***
  Sugg: Further follow up.
- ***Increased hepatic echopattern suggestive of fatty infiltration.***

Note: No previous reports available for comparison.

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND **DR. PRAJNA SHENOY** **DR. MAHESH. M. S** **DR. RADHA KRISHNA. A.**

DR. HIMA BINDU.P
Ms/so

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experts who care

Name	VIGNESH SUKUMAR	Customer ID	MED110847720
Age & Gender	33Y/M	Visit Date	Jan 8 2022 8:42AM
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.***

DR. H.K. ANAND **DR. SHWETHA S** **DR. PRAJNA SHENOY** **DR. MAHESH M S**

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Name	MR.VIGNESH SUKUMAR	ID	MED110847720
Age & Gender	33Y/MALE	Visit Date	08/01/2022
Ref Doctor	MediWheel		

2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA		:	3.10	cms
LEFT ATRIUM		:	3.31	cms
AVS		:	1.63	cms
LEFT VENTRICLE	(DIASTOLE)	:	3.76	cms
	(SYSTOLE)	:	2.33	cms
VENTRICULAR SEPTUM	(DIASTOLE)	:	1.02	cms
	(SYSTOLE)	:	1.76	cms
POSTERIOR WALL	(DIASTOLE)	:	1.14	cms
	(SYSTOLE)	:	1.67	cms
EDV		:	60	ml
ESV		:	18	ml
FRACTIONAL SHORTENING		:	35	%
EJECTION FRACTION		:	65	%
EPSS		:		cms
RVID		:	1.92	cms

DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' - 1.06 m/s	'A' - 0.81 m/s	NO MR
AORTIC VALVE	: 1.20 m/s		NO AR
TRICUSPID VALVE	: 'E' - 0.68 m/s	'A' - m/s	NO TR
PULMONARY VALVE	: 0.84 m/s		NO PR

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2D ECHOCARDIOGRAPHY FINDINGS:

Left Ventricle	:	Normal size, Normal systolic function. No regional wall motion abnormalities
Left Atrium	:	Normal
Right Ventricle	:	Normal
Right Atrium	:	Normal.
Mitral valve	:	Normal, No mitral valve prolapse.
Aortic valve	:	Normal,Trileaflet
Tricuspid valve	:	Normal.
Pulmonary valve	:	Normal.
IAS	:	Intact.
IVS	:	Intact.
Pericardium	:	No Pericardial effusion.

IMPRESSION :

- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF: 65%**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

DR.SRIDHAR.L MD,DM,FICC.
CONSULTANT CARDIOLOGIST
Ls/rk

Dr. SRIDHAR .L
MD,(Med), DM(Cardio), FICC
Interventional Cardiologist
K.M.C. No.: 32248

, Mr.Vignesh Sukumar Vital Signs™ 226 166 05
ID: MED110847720

08.01.2022 9:06:59
CLUMAX DIAGNOSTICS
JAYANAGAR
BANGALORE

CE 0537 LOT D 661

72 bpm
-- / -- mmHg

33 Years Male

QRS :	96 ms
QT / QTcBaz :	374 / 409 ms
PR :	132 ms
P :	98 ms
RR / PP :	828 / 833 ms
P / QRS / T :	44 / -2 / 30 degrees

TO BE XEROXED

HR-72bpm
NSR
bis -20°

Technician: Bhagyashree
Ordering Ph:
Referring Ph: MEDIWHEEL
Attending Ph:

rsk limit,
normal ECG

(Needs Clinical Correlation for further Management)

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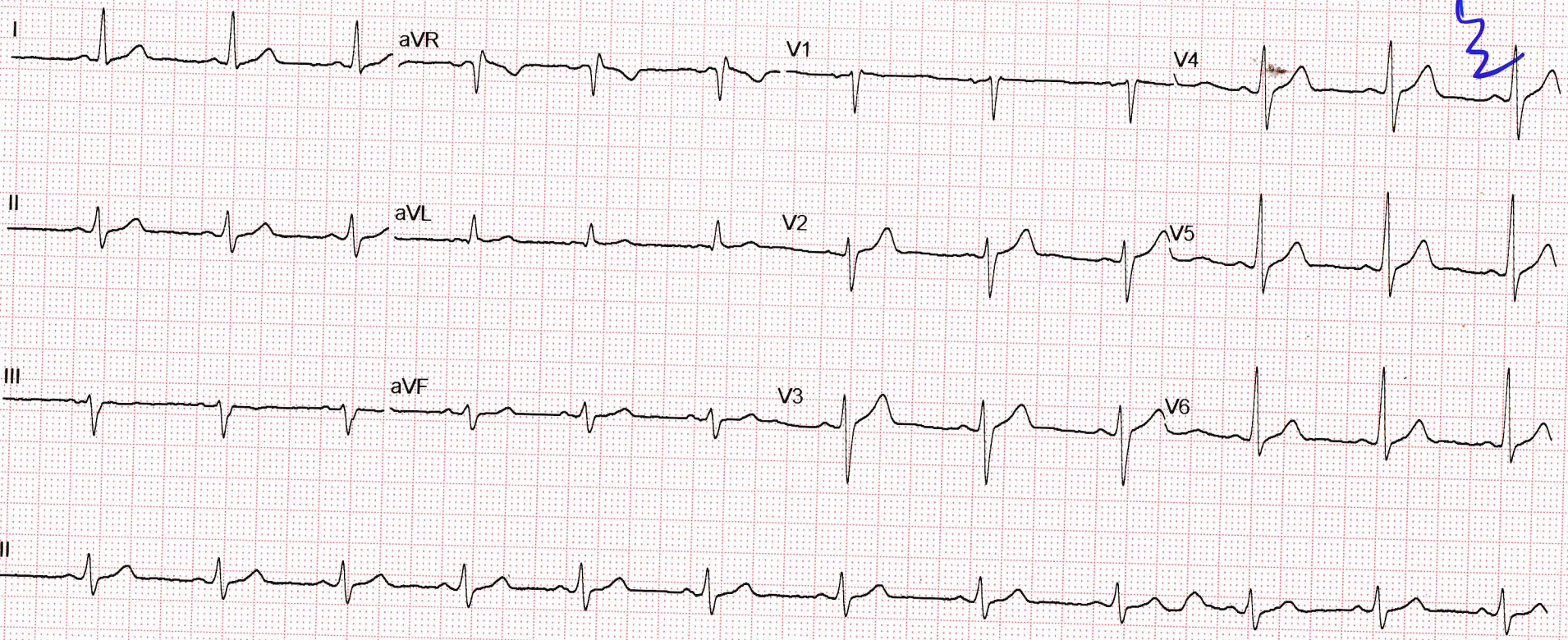
MD,(Med), DM(Cardio), FICC
Interventional Cardiologist
K.M.C. No.: 32248



GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 Unconfirmed

1/1

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Investigation	Observed Value	Unit	Biological Reference Interval
HAEMATOLOGY			
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/*Spectrophotometry*)	16.6	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/*Derived from Impedance*)	48.8	%	42 - 52
RBC Count (EDTA Blood/*Impedance Variation*)	5.67	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/*Derived from Impedance*)	86.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/*Derived from Impedance*)	29.3	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*)	13.2	%	11.5 - 16.0
RDW-SD (EDTA Blood/*Derived from Impedance*)	39.73	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/*Impedance Variation*)	6400	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/*Impedance Variation & Flow Cytometry*)	56.2	%	40 - 75
Lymphocytes (EDTA Blood/*Impedance Variation & Flow Cytometry*)	35.3	%	20 - 45
Eosinophils (EDTA Blood/*Impedance Variation & Flow Cytometry*)	1.2	%	01 - 06

Dr.Arjun C.P
MBBS,MD Pathology
Reg No:KMC 89655

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
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Investigation	Observed Value	Unit	Biological Reference Interval
Monocytes (EDTA Blood/*Impedance Variation & Flow Cytometry)*	6.9	%	02 - 10
Basophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.4	%	00 - 02
Absolute Neutrophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	3.60	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	2.26	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.08	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.44	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.03	10^3 / µl	< 0.2
Platelet Count (EDTA Blood/*Impedance Variation)*	257	10^3 / µl	150 - 450
MPV (EDTA Blood/*Derived from Impedance)*	**7.3**	fL	7.9 - 13.7
PCT (EDTA Blood/*Automated Blood cell Counter)*	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/*Modified Westergren)*	2	mm/hr	< 15

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Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Liver Function Test			
Bilirubin(Total) (Serum/*Diazotized Sulfanilic Acid)*	1.1	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid)*	0.3	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived)*	0.8	mg/dL	0.1 - 1.0
Total Protein (Serum/*Biuret)*	7.6	g/dL	6.0 - 8.3
Albumin (Serum/*Bromocresol green)*	4.8	g/dL	3.5 - 5.2
Globulin (Serum/*Derived)*	2.8	g/dL	2.3 - 3.5
A : G Ratio (Serum/*Derived)*	1.7		1.5 - 2.5
SGOT/AST (Aspartate Aminotransferase) (Serum/*IFCC Kinetic)*	**48**	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*IFCC / Kinetic)*	**42**	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/*IFCC Kinetic)*	60	U/L	53 - 128
GGT(Gamma Glutamyl Transpeptidase) (Serum/*SZASZ standarised IFCC)*	31	U/L	< 55

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Investigation	Observed Value	Unit	Biological Reference Interval
Lipid Profile			
Cholesterol Total (Serum/*Cholesterol oxidase/Peroxidase)*	135	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*Glycerol phosphate oxidase / peroxidase)*	89	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)*	**39**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/*Calculated)*	78.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated)*	17.8	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated)*	96.0	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.

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Investigation	Observed Value	Unit	Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated)*	**3.5**		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)*	2.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated)*	2		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

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Investigation	Observed Value	Unit	Biological Reference Interval
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/*HPLC)*	5.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5

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

Estimated Average Glucose (Whole Blood)	96.8	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.

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Investigation	Observed Value	Unit	Biological Reference Interval
CLINICAL PATHOLOGY			
PHYSICAL EXAMINATION			
Colour (Urine)	Pale yellow		
Volume (Urine)	25	mL	
Appearance (Urine)	Clear		Clear
CHEMICAL EXAMINATION(Automated-Urineanalyser)			
pH (Urine/*AUTOMATED URINANALYSER*)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.015		1.002 - 1.035
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Ketones (Urine)	Negative		Negative
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/*AUTOMATED URINANALYSER*)	Negative		Negative
Bilirubin (Urine/*AUTOMATED URINANALYSER*)	Negative		Negative
Blood (Urine/*AUTOMATED URINANALYSER*)	Negative		Negative

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Urobilinogen (Urine/*AUTOMATED URINANALYSER)*	0.2		0.2 - 1.0
MICROSCOPY(URINE DEPOSITS)			
Pus Cells (Urine/*Flow cytometry)*	0-2	/hpf	3-5
Epithelial Cells (Urine)	0-1	/hpf	1-2
RBCs (Urine/*Flow cytometry)*	Nil	/hpf	2-3
Others (Urine)	Nil		Nil

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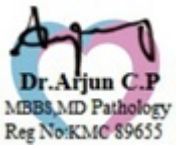
Investigation	Observed Value	Unit	Biological Reference Interval
BIOCHEMISTRY			
Glucose Fasting (FBS) (Plasma - F/*GOD - POD)*	77	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

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*)*	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/*Urease-GLDH)*	7	mg/dL	7.0 - 21
Creatinine (Serum/*Jaffe Kinetic)*	0.9	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-acetylcyteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/*Uricase/Peroxidase)*	6.4	mg/dL	3.5 - 7.2



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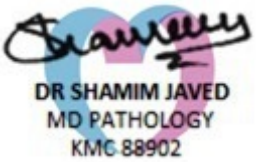

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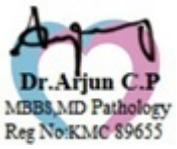
SID No.	: 922001308	**Collection On**	: 08/01/2022 11:49 AM
Age / Sex	: 33 Year(s) / Male	**Report On**	: 08/01/2022 9:28 PM
Type	: OP	**Printed On**	: 09/01/2022 6:06 PM
Ref. Dr	: **MediWheel**		

MEDALL

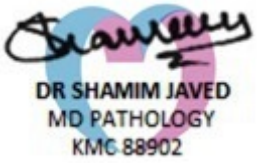
Investigation	Observed Value	Unit	Biological Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (EDTA Blood/*Agglutination)*	'B' 'Positive'		



VERIFIED BY



APPROVED BY

-- End of Report --