

**Name** : Mr. MOHAN M  
**PID No.** : MED111292909 **Register On** : 25/11/2023 9:10 AM  
**SID No.** : 223018943 **Collection On** : 25/11/2023 9:22 AM  
**Age / Sex** : 41 Year(s)/ Male **Report On** : 25/11/2023 3:39 PM  
**Type** : OP **Printed On** : 02/12/2023 2:38 PM  
**Ref. Dr** : MEDIWHEEL

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'A' 'Positive'		
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**INTERPRETATION:** Reconfirm the Blood group and Typing before blood transfusion

**Complete Blood Count With - ESR**

Haemoglobin (EDTA Blood/Spectrophotometry)	14.1	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	43.3	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.98	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	86.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	28.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.6	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.7	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	41.62	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	7900	cells/cu.m m	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	53.8	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	33.0	%	20 - 45



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

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Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	6.4	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	5.9	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.9	%	00 - 02
<b>INTERPRETATION:</b> 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)	4.25	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.61	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.51	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.47	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.07	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	330	10 <sup>3</sup> / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.2	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	9	mm/hr	< 15



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BUN / Creatinine Ratio	9.33		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	83.3	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) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	112.0	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)	7.0	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.75	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)	4.9	mg/dL	3.5 - 7.2
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	1.00	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.21	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.79	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	24.5	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	31.2	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	14.7	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	74.2	U/L	53 - 128
Total Protein (Serum/Biuret)	7.18	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.93	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.25	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.21		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	<b>227.8</b>	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	88.7	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500



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The results pertain to sample tested.

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

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<b>INTERPRETATION:</b> 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)	38.7	mg/dL	Optimal(Negative Risk Factor): $\geq 60$ Borderline: 40 - 59 High Risk: $< 40$
LDL Cholesterol (Serum/Calculated)	171.4	mg/dL	Optimal: $< 100$ Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: $\geq 190$
VLDL Cholesterol (Serum/Calculated)	17.7	mg/dL	$< 30$
Non HDL Cholesterol (Serum/Calculated)	189.1	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)	5.9		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)	2.3		Optimal: $< 2.5$ Mild to moderate risk: 2.5 - 5.0 High Risk: $> 5.0$



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL/HDL Cholesterol Ratio (Serum/Calculated)	4.4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	5.4	%	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)	108.28	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 glyceimic 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.

Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.91	ng/mL	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0
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**INTERPRETATION:REMARK** : PSA alone should not be used as an absolute indicator of malignancy.

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.09	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))	8.31	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))	1.44	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.

**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



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Pus Cells (Urine/Automated $\pm$ Flow cytometry)	1 - 3	/hpf	NIL
Epithelial Cells (Urine/Automated $\pm$ Flow cytometry)	1 - 2	/hpf	NIL
RBCs (Urine/Automated $\pm$ Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated $\pm$ Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated $\pm$ 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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-- End of Report --

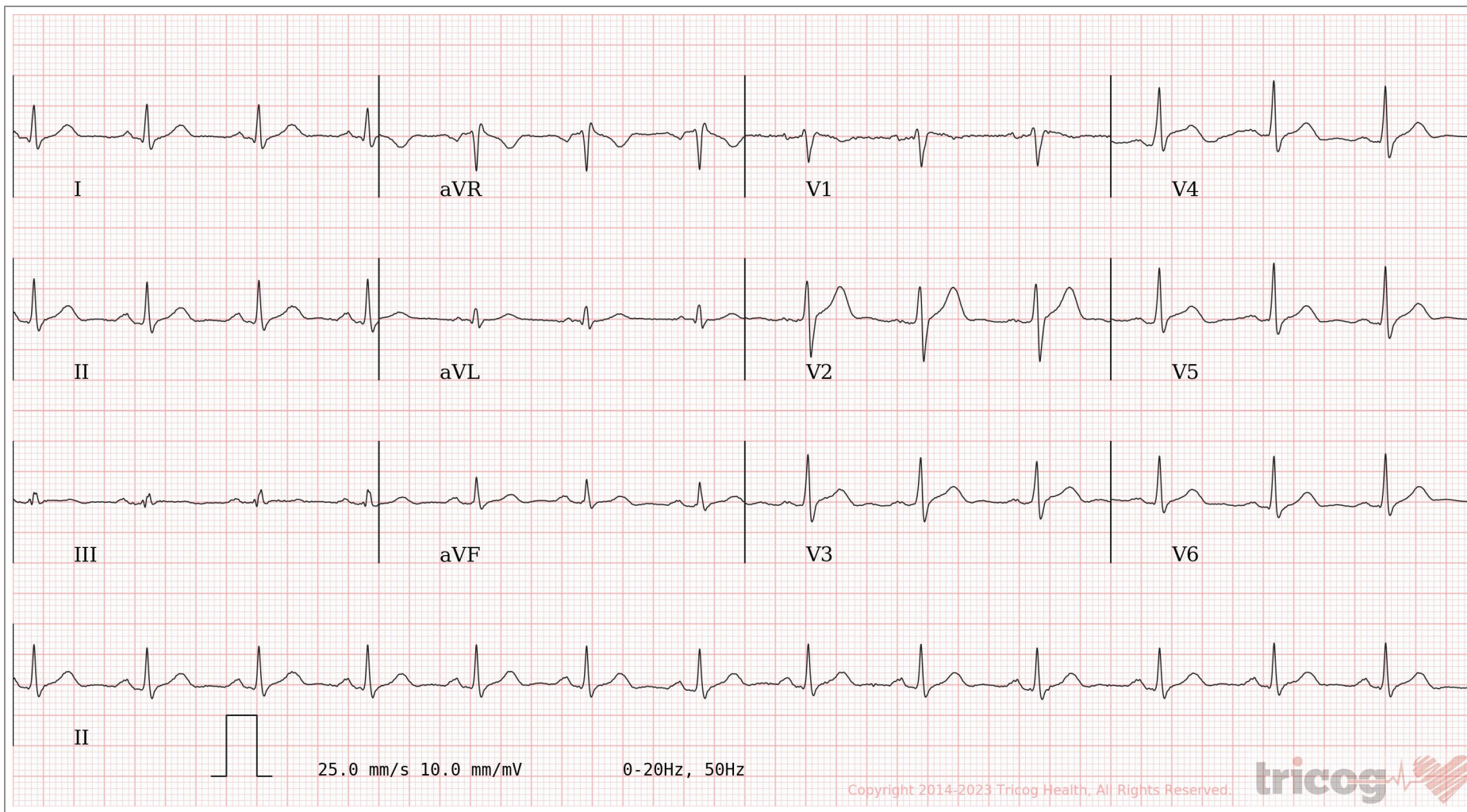
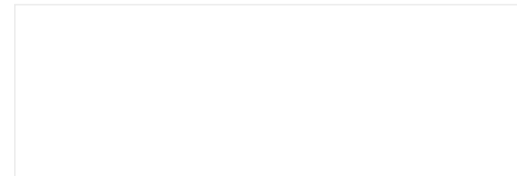


# Medall Diagnostic Vadapalani



Age / Gender: 41/Male  
Patient ID: med11292909  
Patient Name: Mr mohan m

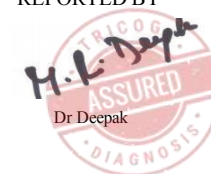
Date and Time: 25th Nov 23 11:02 AM



AR: 81bpm    VR: 81bpm    QRSD: 70ms    QT: 350ms    QTcB: 406.66ms    PRI: 168ms    P-R-T: 50° 47° 32°

ECG Within Normal Limits: Sinus Rhythm. rsr' Pattern in V1. Please correlate clinically.

REPORTED BY



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.

Name	MR.MOHAN M	ID	MED111292909
Age & Gender	41Y/MALE	Visit Date	25 Nov 2023
Ref Doctor Name	MEDIASSISTHEALTHCARESERVICESPRIVATELIMITED--CORPORATE		

## SONOGRAM REPORT

### WHOLE ABDOMEN

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

The gall bladder is partially distended.

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 ~ 11.1 x 5.4 cm.

The left kidney measures ~ 10.5 x 5.8 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.

The prostate measures ~ 3.5 x 3.4 x 2.9 cm (Vol ~ 18.6 ml) and is normal sized.

The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

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**IMPRESSION:**

- **Fatty liver.**
- **Normal study of other abdominal organs.**

**DR. UMALAKSHMI  
SONOLOGIST**

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Age & Gender	41Y/MALE	Visit Date	25 Nov 2023
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## **ECHOCARDIOGRAPHY**

### **M-MODE MEASUREMENTS:-**

<u><b>VALUES</b></u>	
<i>AO</i>	<i>2.8 cm</i>
<i>LA</i>	<i>3.3 cm</i>
<i>LVID(D)</i>	<i>4.5 cm</i>
<i>LVID(S)</i>	<i>2.6 cm</i>
<i>IVS(D)</i>	<i>1.0 cm</i>
<i>IVS(S)</i>	<i>1.0 cm</i>
<i>LVPW(D)</i>	<i>1.0 cm</i>
<i>LVPW(S)</i>	<i>1.0 cm</i>
<i>EF</i>	<i>65 %</i>
<i>FS</i>	<i>35 %</i>
<i>TAPSE</i>	<i>19 mm</i>

### **DOPPLER AND COLOUR FLOW PARAMETERS :-**

*Aortic Valve Gradient* : *V max - 1.13 m/sec*  
*Pulmonary Valve Gradient* : *V max - 0.02 m/sec*  
*Mitral Valve Gradient* : *E: 0.59 m/sec*      *A: 0.48 m/sec*  
*Tricuspid Valve Gradient* : *E: 0.43 m/sec*

### **VALVE MORPHOLOGY :-**

*Aortic valve* - *Normal*  
*Mitral valve* - *Normal*  
*Tricuspid valve* - *Normal*  
*Pulmonary valve* - *Normal*

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<b><i>LEFT ATRIUM</i></b>	<b><i>CHAMBERS</i></b>	<b><i>NORMAL</i></b>
<b><i>LEFT VENTRICLE</i></b>		<b><i>NORMAL</i></b>
<b><i>RIGHT ATRIUM</i></b>		<b><i>NORMAL</i></b>
<b><i>RIGHT VENTRICLE</i></b>		<b><i>NORMAL</i></b>
<b><i>INTER ATRIAL SEPTUM</i></b>		<b><i>INTACT</i></b>
<b><i>INTERVENTRICULAR SEPTUM</i></b>		<b><i>INTACT</i></b>

**ECHO FINDINGS:**

*No Regional Wall Motion Abnormality (RWMA)*  
*Normal Left Ventricular systolic function, EF 65 %.*  
*No Mitral Stenosis / Trivial Mitral Regurgitation.*  
*No Aortic Stenosis / Aortic Regurgitation.*  
*Normal RV Function / Trivial Tricuspid Regurgitation (2.3 m/s).*  
*No Pulmonary Artery Hypertension.*  
*No LA/LV Clot.*  
*No Vegetation / Pericardial Effusion.*  
*No ASD/VSD/ PDA/ CoA.*

**IMPRESSION:**

- \* ***STRUCTURALLY NORMAL HEART.***
- \* ***NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION, EF 65 %***



**MOHANRAJ**  
**ECHO TECHNOLOGIST**

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Ref Doctor	MEDIASSISTHEALTHCARESERVICESPRIVATELIMITED- CORPORATE		

**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. SOMU K

CONSULTANT RADIOLOGISTS

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### Personal Health Report

#### General Examination:

Height : 173.5 cms	BP: 120/80 mmhg
Weight : 83.8 kg	Pulse: 86/ min, regular
BMI : 27.8 kg/m <sup>2</sup>	

#### Systemic Examination:

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

#### Blood report:

Eosinophils - 6.4 % and Absolute eosinophil count (AEC) 0.51 10<sup>3</sup>/μl -Slightly elevated.

Total cholesterol -227.8 mg/dl - Slightly 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.

Dental - Normal.

USG whole abdomen - Fatty liver.

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:

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Eosinophils - 6.4 % and Absolute eosinophil count (AEC)  $0.51 \times 10^3/\mu\text{l}$  -Slightly elevated. To consult general physician for further evaluation and management.

Total cholesterol -227.8 mg/dl - Slightly elevated. To be brought down to the desirable level of 200mg/dl by having low cholesterol, high fiber diet recommended by the dietician.

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