

Name : Mr. NANDA KISHORE G  
PID No. : MED122430751  
SID No. : 124001477  
Age / Sex : 36 Year(s) / Male  
Type : OP  
Ref. Dr : MediWheel

Register On : 27/01/2024 8:59 AM  
Collection On : 27/01/2024 10:32 AM  
Report On : 27/01/2024 7:12 PM  
Printed On : 29/01/2024 1:42 PM



Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (EDTA Blood Agglutination)	'A' Positive		
<b>INTERPRETATION:</b> Reconfirm the Blood group and Typing before blood transfusion			
<b><u>Complete Blood Count With - ESR</u></b>			
Haemoglobin (EDTA Blood Spectrophotometry)	14.8	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood Derived from Impedance)	44.6	%	42 - 52
RBC Count (EDTA Blood Impedance Variation)	5.38	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood Derived from Impedance)	82.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood Derived from Impedance)	27.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood Derived from Impedance)	33.3	g/dL	32 - 36
RDW-CV (EDTA Blood Derived from Impedance)	13.8	%	11.5 - 16.0
RDW-SD (EDTA Blood Derived from Impedance)	39.99	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood Impedance Variation)	8000	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood Impedance Variation & Flow Cytometry)	58.1	%	40 - 75
Lymphocytes (EDTA Blood Impedance Variation & Flow Cytometry)	32.3	%	20 - 45

VERIFIED BY



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

APPROVED BY

The results pertain to sample tested.

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Eosinophils (EDTA Blood Impedance Variation & Flow Cytometry)	2.3	%	01 - 06
Monocytes (EDTA Blood Impedance Variation & Flow Cytometry)	7.0	%	01 - 10
Basophils (EDTA Blood Impedance Variation & Flow Cytometry)	0.3	%	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)	4.65	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	2.58	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood Impedance Variation & Flow Cytometry)	0.18	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	0.56	$10^3 / \mu\text{l}$	< 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)	311	$10^3 / \mu\text{l}$	150 - 450
MPV (EDTA Blood Derived from Impedance)	7.7	fL	7.9 - 13.7
PCT (EDTA Blood Automated Blood cell Counter)	0.24	%	0.18 - 0.28

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Investigation	Observed Value	Unit	Biological Reference Interval
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	4	mm/hr	< 15
BUN / Creatinine Ratio	15.7		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	93.7	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: $\geq$ 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
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	14.5	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.92	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 Proteins/ 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)	4.6	mg/dL	3.5 - 7.2
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#### Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.48	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.13	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.35	mg/dL	0.1 - 1.0

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	21.3	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	23.8	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	26.3	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	69.3	U/L	53 - 128
Total Protein (Serum/Biuret)	6.80	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.99	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.81	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.42		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	<b>211.8</b>	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	<b>201.9</b>	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

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Investigation	Observed Value	Unit	Biological Reference Interval
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**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)	24.3	mg/dL	Optimal(Negative Risk Factor): $\geq 60$ Borderline: 40 - 59 High Risk: $< 40$
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LDL Cholesterol (Serum/Calculated)	147.1	mg/dL	Optimal: $< 100$ Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: $\geq 190$
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VLDL Cholesterol (Serum/Calculated)	40.4	mg/dL	$< 30$
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Non HDL Cholesterol (Serum/Calculated)	187.5	mg/dL	Optimal: $< 130$ Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: $\geq 220$
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**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 co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	8.7		Optimal: $< 3.3$ Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: $> 11.0$
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Investigation	Observed Value	Unit	Biological Reference Interval
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	8.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	6.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	6.3	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control  $\geq$  8.1 %

Estimated Average Glucose (Whole Blood)	134.11	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 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 (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.22	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.

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Investigation	Observed Value	Unit	Biological Reference Interval
T4 (Tyroxine) - Total <i>(Serum/Chemiluminescent Immunometric Assay (CLIA))</i>	5.68	µg/dl	4.2 - 12.0

**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) <i>(Serum/Chemiluminescent Immunometric Assay (CLIA))</i>	1.000	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  $\leq 0.03$  µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

**Urine Analysis - Routine**

COLOUR <i>(Urine)</i>	Pale Yellow	Yellow to Amber
APPEARANCE <i>(Urine)</i>	Clear	Clear
Protein <i>(Urine/Protein error of indicator)</i>	Negative	Negative
Glucose <i>(Urine/GOD - POD)</i>	Negative	Negative
Pus Cells <i>(Urine/Automated - Flow cytometry)</i>	1 - 2 /hpf	NIL



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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.

VERIFIED BY



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-- End of Report --

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Age & Gender	36Y/M	Visit Date	Jan 27 2024 8:58AM
Ref Doctor	MediWheel		

### **X-RAY CHEST (PA VIEW)**

The cardio thoracic ratio is normal. The heart size and configuration are within normal limits.

The aortic arch is normal.

The lung fields show normal broncho-vascular markings.

Both the pulmonary hila are normal in size.

The costophrenic and cardiophrenic recesses and the domes of diaphragm are normal.

The bones and soft tissues of the chest wall show no abnormality.

### **IMPRESSION :**

- **No significant abnormality detected.**



Dr. Prashant Moorthy MBBS., MD  
Consultant Radiologist



Name	MR.NANDA KISHORE G	ID	MED122430751
Age & Gender	36Y/MALE	Visit Date	27/01/2024
Ref Doctor	MediWheel		

### ECHO CARDIOGRAM REPORT

#### 2D ECHO STUDY:

- Normal chamber dimensions.
- Normal LV / RV size and systolic function (EF: 65%)
- No Regional wall motion abnormality.
- No ventricular hypertrophy.
- IAS and IVS are intact.
- No e/o of clot / Aneurysm.
- Normal pericardium.

#### FINAL IMPRESSION:

- NORMAL LV / RV SIZE AND SYSTOLIC FUNCTION. (EF : 65% )
- NO REGIONAL WALL MOTION ABNORMALITY.
- NORMAL VALVES FOR AGE.
- NORMAL DIASTOLIC COMPLIANCE.
- NORMAL COLOUR FLOW STUDIES.

#### LEFT VENTRICULAR MEASUREMENT:

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
AO (ed)- 2.5cm(1.5cm/3.5cm)		IVS (ed) - 0.9cm	(0.6cm/1.2cm)
LA (ed)- 2.6cm(1.5cm/3.5cm)		LVPW(ed) - 0.8cm	(0.6cm/1.1cm)
RVID(ed)- 1.2cm(0.9cm/2.8cm)		EF 65 %	(62 %-85 %)
LVID (ed)- 4.7cm(2.6cm/5.5cm)		FS 36 %	
LVID (es)- 3.0cm			



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<b>Age &amp; Gender</b>	<b>36Y/MALE</b>	<b>Visit Date</b>	<b>27/01/2024</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

**MORPHOLOGICAL DATA:**

**Mitral valve**

Anterior mitral leaflet (AML)	: Normal
Posterior mitral leaflet (PML)	: Normal
Aortic Valve	: Normal
Tricuspid Valve	: Normal
Pulmonary Valve	: Normal
Interatrial Septum	: Intact
Interventricular Septum	: Intact
Right Ventricle	: Normal
Right Atrium	: Normal
Pulmonary Artery	: Normal
Left Ventricle	: Normal
Left Atrium	: Normal

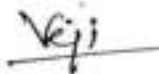
**PERICARDIUM:**

- Normal.

**DOPPLER STUDY:**

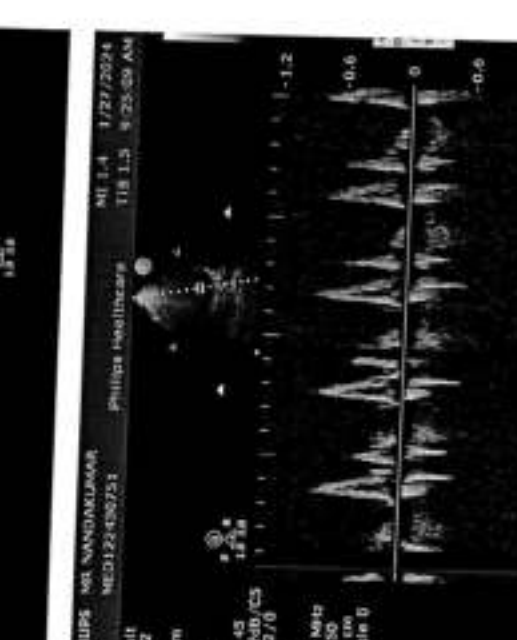
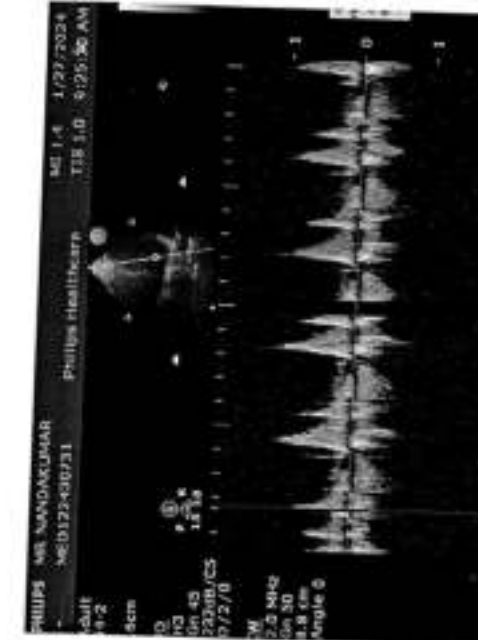
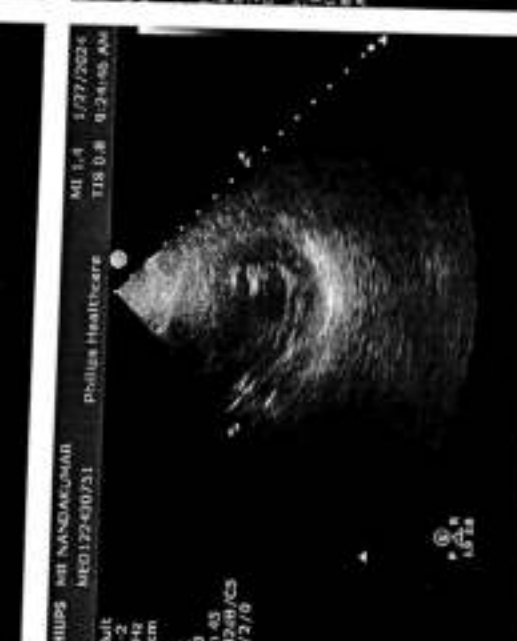
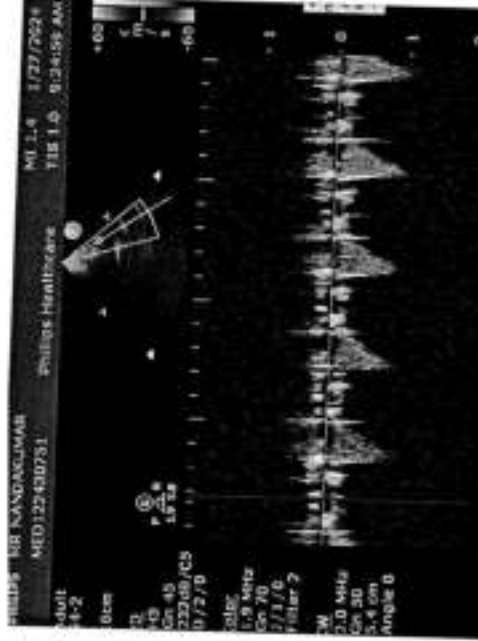
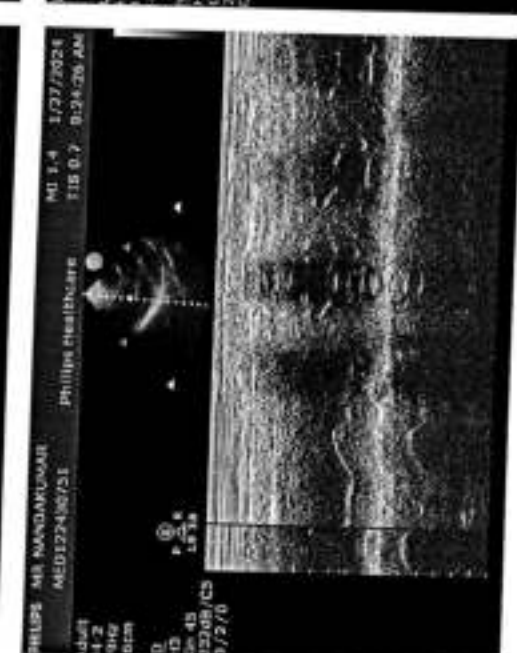
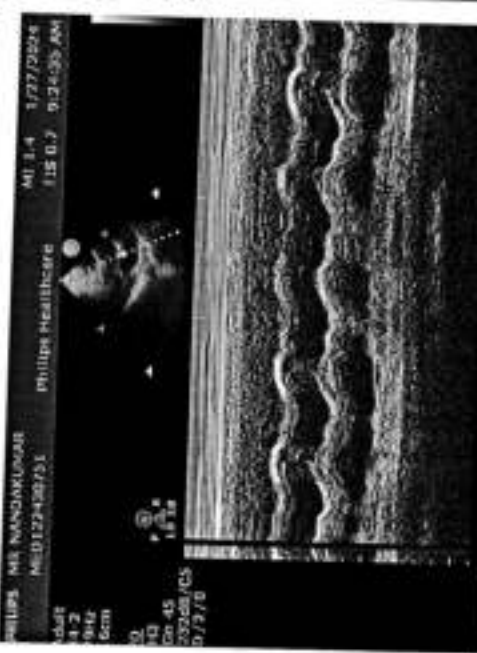
**Continuous Wave Doppler & Colour Flow Study:**

➤ *Normal colour flow studies.*



**P. VJAYA LAKSHMI**  
**(ECHO TECH)**





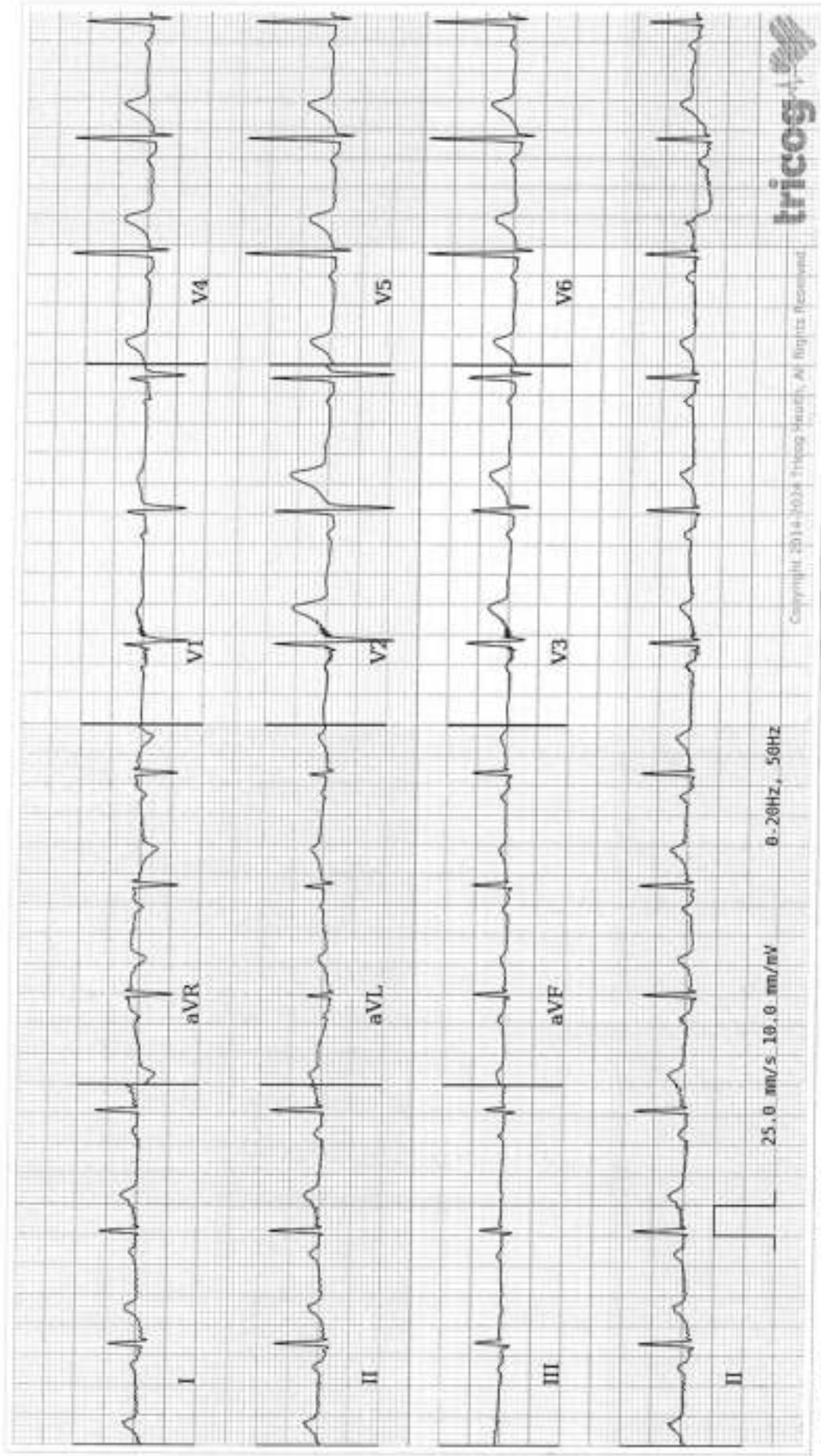


Age / Gender: 36/Male

Patient ID: med122430751

Patient Name: Mr nanda kumar

Date and Time: 27th Jan 24 9:25 AM



AR: 75bpm

VR: 75bpm

QRSD: 80ms

QT: 352ms

QTcB: 393.55ms

PRI: 178ms

P-R-T: 48° 45° 23°

ECG Within Normal Limits: Sinus Rhythm. Please correlate clinically.

REPORTED BY



Handwritten notes and signatures at the bottom of the page, including a date '27/01/24' and a name 'Dr. Nanda Kumar'.

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Age & Gender	36Y/MALE	Visit Date	27/01/2024
Ref Doctor	MediWheel		

## ULTRASOUND SCAN

### WHOLE ABDOMEN

**Liver is enlarged in size (16.5 cm) and shows homogenously increased parenchymal echoes with no focal abnormality.**

There is no intra or extra hepatic biliary ductal dilatation. Portal vein and IVC are normal.

**Gall bladder** is normal sized and smooth walled. No evidence of calculi. Wall thickness is normal.

**Pancreas** shows a normal configuration and echotexture. Pancreatic duct is normal.

**Spleen** is normal in size and echotexture.

**Bilateral kidneys** are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.

**Right kidney** measures 10.6 x 4.5 cm.

**Left kidney** measures 9.8 x 5.2 cm.

Ureters are not dilated.

**Urinary bladder** is smooth walled and uniformly transonic. No intravesical mass or calculus.

**Prostate** is normal in size, measures 3.2 x 3.1 x 3.0 cm (Vol – 16 cc). Echotexture is homogenous.

Seminal vesicles is normal.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.



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**IMPRESSION:**

- Hepatomegaly with Grade I fatty changes.

**Dr.PRASHANT MOORTHY, MBBS., MD.,**  
Consultant Radiologist

  
**Dr. M. JAYAPRABA.**  
Consultant Sonologist



Name	MR.NANDA KISHORE G	ID	MED122430751
Age & Gender	36Y/MALE	Visit Date	27/01/2024
Ref Doctor	MediWheel		







(Medall Healthcare Pvt Ltd)  
**SELF REFERRAL FORM**



**Customer Information**

I, give consent to Medall Healthcare Pvt Ltd to perform the My-Health Package investigation requested by me. I declare that my age is 18 years or above 18 years and I don't have any metal implants inside my body and don't have a pacemaker or stents. I am also aware that the blood tests are done in non-fasting (Random) Sample

Name: Mr/Ms/Mrs G N A N D A K I S H O R E

Company Name: Bank of Baroda Occupation: \_\_\_\_\_  
Date of Birth: 1 7 0 4 1 7 8 7 or Age:   Gender:  Male  Female

Contact Number: 9 1 3 3 3 6 6 1 7 2 Pin Code: 6 0 0 0 3 7

Email ID: n a n d a k i s h o r e . s 3 4 @ g m a i l . c o m

**Vitals Observations (to be filled by Medall team)**

Place of service:  In store  Camp - (mention Location)

Height: 1 7 6 . Cms

Waist: 3 3 . Inches

Hip: 3 7 . Inches

Weight: 7 2 . 3 Kgs

Fat: 2 2 . 1 %

Visceral Fat: 8 . 0 %

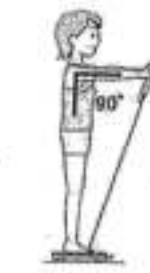
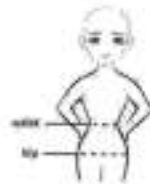
RM: 1 6 4 9 Cal

3MI: 2 3 . 3

Body Age: 3 9 Yrs

Systolic BP: 1 0 3 mm/Hg

Diastolic BP: 6 8 mm/Hg



feet  Inches

**Clinical History / Medicines Taken**

	Use Tobacco Products	Drink Alcohol
Never	<input type="checkbox"/>	<input type="checkbox"/>
Some days	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Daily	<input type="checkbox"/>	<input type="checkbox"/>

Check in the appropriate box

Inspiration: 36 cm Expiration: 35 cm SP O2: 98 Pulse: 77

Notes: Ensure that the customer is relaxed and in sitting position while doing BP check)

Date: 27/12/2024 Medall Employee Name & centre Name: H. P. Jagan

I have verified and agree with all the data in this sheet. I will not provide any information without fail

[Signature]  
Customer Signature

# Medical Summary

Name: *G. NANDA KISHORE* Date of Birth: *17/04/1987* Customer ID: *MED172430754*  
 Ref Doctor: \_\_\_\_\_ Sex: *Male* Date: *27-01-2024*

Present Complaints: *Shoulder pain B/L - 2-3 years.*

Past Illness: *- Nil -*

Major medical illness: *-*  
 Surgery: *-*

Accident: *Nil -*  
 Others: \_\_\_\_\_

Personal history:  
 Smoking: *Yes*  
 Tobacco: *Nil -*  
 Alcohol: *Yes*  
 Menstrual history:  
 Obstetric history:

Diet: *mixed diet*  
 Exercise: \_\_\_\_\_  
 Personality: \_\_\_\_\_  
 Marital status: *Married*  
 Children: *1*





## Family history:


Tuberculosis: \_\_\_\_\_  
 Diabetes: \_\_\_\_\_  
 Asthma: \_\_\_\_\_  
 Drug history: \_\_\_\_\_


Allergy: \_\_\_\_\_

Hypertension: \_\_\_\_\_  
 Heart Disease: \_\_\_\_\_  
 Others: \_\_\_\_\_  
 Present Medications: \_\_\_\_\_

## General Examination:

Height: *176*  
 Conjunctiva:   
 Oedema:   
 Tongue:   
 Throat: 

Weight: *72.3*  
 Lymphnodes: *not palpable*  
 Nails:   
 Others: \_\_\_\_\_  
 Skin: *Nil*

BP: *100/70 mmHg*  
 Eyes:   
 Genitals: *not done*  
 Dental: *Nil -*

## Eye Screening:


Vision	R/E	L/E
Distant Vision	-	-
Near Vision	-	-
Colour Vision	-	-

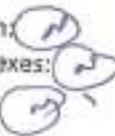


**Systemic Examination:**

Cardiovascular system: *seen and felt*  
Peripheral Pulsations: *felt*  
Heart: *W-2*  
Respiratory system: *N-35 (+) / B/L AE (+)*

**Gastrointestinal Systems:**

Higher Function:   
Cranial Nerves:  
Motor System:

Sensory System:   
Superficial Reflexes:  
Deep Reflexes:

**Impression:**

*All values are within normal limits.*


**Diet:**

*Regular normal diet*

**Medication:**

**Advice & Follow up:**

*If needed, consult physician and follow up.*

*As I have to go far off place, I am not willing to see after breakfast. Blood + urine empty.*  


DR.

*P. R. Th*  
170697  
Consultant General Physician

**MEDALL DIAGNOSTICS**  
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