

<b>Customer Name</b>	<b>MRS.ROHINI P</b>	<b>Customer ID</b>	<b>MED111122889</b>
<b>Age &amp; Gender</b>	<b>44Y/FEMALE</b>	<b>Visit Date</b>	<b>28/05/2022</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

### Personal Health Report

#### General Examination:

Height : 160.0cms  
Weight : 80.4kg  
BMI : 31.4kg/m<sup>2</sup>

#### Systemic Examination:

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

#### Blood report:

Haemoglobin – 9.0g/dL – Low (Anaemia).

ESR – 42mm/hr – Elevated.

HbA1C – 5.7% - 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 Cardiography – Normal study.

X-Ray mammography – ACR ‘A’ parenchyma. BIRADS –II, Suggested USG correlation.

USG Whole Abdomen – Fatty liver. Retroverted uterus.



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**Impression & Advice:**

Haemoglobin – 9.0g/dL – Low Advised to have iron rich diet and iron supplement prescribed by the physician.

and ESR – 42mm/hr – Elevated. To consult general physician for further evaluation and management.

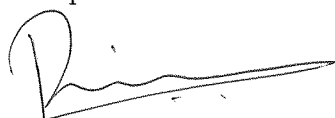
X-Ray mammography – ACR ‘A’ parenchyma. BIRADS –II, Suggested USG correlation. To consult a gynaecologist.

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.

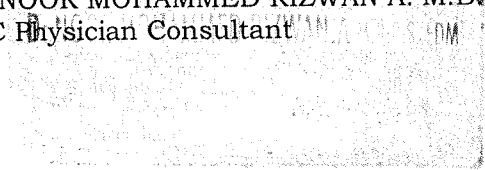
USG Whole Abdomen – Retroverted uterus. To consult a gynaecologist.

**Grade I obesity** – You are overweight by 17 kg to reduce gradually over a period of 6 to 7 months by having high fiber diet recommended by the dietician.

All other health parameters are well within normal limits.



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




Name : Mrs. ROHINI P  
PID No. : MED111122889  
SID No. : 222009723  
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Type : OP  
Ref. Dr : MediWheel

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Collection On : 28/05/2022 11:29 AM  
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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)	'B' '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)	9.0	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	29.1	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.47	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	64.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	20.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	30.9	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	19.3	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	43.84	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	8200	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	65.9	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	24.1	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.3	%	01 - 06

  
Dr. Ramesh Dayanand Kinha  
Chief Pathologist  
Reg No : 442072

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The results pertain to sample tested.

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	8.0	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.7	%	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)	5.40	10 <sup>3</sup> / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.98	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.11	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.66	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.06	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	309	10 <sup>3</sup> / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.5	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.26	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	42	mm/hr	< 20
BUN / Creatinine Ratio	13.1		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	90.6	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

  
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**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)	110.0	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)	8.0	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.61	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 etc.

Uric Acid (Serum/Enzymatic)	2.7	mg/dL	2.6 - 6.0
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.56	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.17	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.39	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	19.8	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	8.9	U/L	5 - 41

  
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	18.8	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	98.5	U/L	42 - 98
Total Protein (Serum/Biuret)	7.25	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.89	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.36	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.16		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	136.8	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	67.7	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)	44.4	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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LDL Cholesterol (Serum/Calculated)	78.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: $\geq$ 190
VLDL Cholesterol (Serum/Calculated)	13.5	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	92.4	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)	3.1	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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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.5	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.8	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	5.7	%	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 %

  
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Estimated Average Glucose (Whole Blood)	116.89	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))	0.91	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))	7.13	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))	2.06	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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

  
Dr. Ramesh Dayanand Kinha  
Chief Pathologist  
Reg No : 142072

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<u>Urine Analysis - Routine</u>			
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)	1 - 2	/hpf	NIL
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.

  
Dr. Ramesh Dayanand Kinha  
Chief Pathologist  
Reg No : 442072

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-- End of Report --

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Age & Gender	44Y/FEMALE	Visit Date	28/05/2022
Ref Doctor	MediWheel		

**DEPARTMENT OF CARDIOLOGY**

**TRANSTHORACIC RESTING ECHO CARDIOGRAPHY REPORT**

**ECHO INDICATION: Assessment  
M MODE & 2-D PARAMETERS:**

**ACOUSTIC WINDOW: GOOD**

**LV STUDY**

**DOPPLER PARAMETERS**

IVS(d)	cm	0.7
IVS(s)	cm	1.1
LPW(d)	cm	0.6
LPW(s)	cm	1.4
LVID(d)	cm	5.1
LVID(s)	cm	3.5
EDV ml		133
ESV ml		42
SV ml		90
EF %		67
FS %		31

Parameters		Patient Value
LA	cm	3.2
AO	cm	2.7

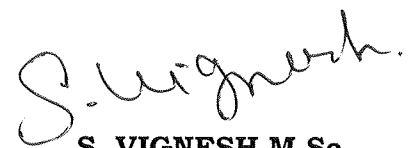
Valves	Velocity max(m/sec mm/Hg)
AV	0.6/2
PV	0.8/3
MV (E)	0.5
(A)	0.7
TV	1.1/5

**FINDINGS:**

- ❖ No regional wall motion abnormality.
- ❖ Normal left ventricle systolic function. (EF: 67%).
- ❖ Grade - I LV diastolic dysfunction.
- ❖ Normal chambers dimension.
- ❖ Trivial TR and PR.
- ❖ Normal pericardium/Intact septae.
- ❖ No clot/aneurysm.

**IMPRESSION:**

- ‡ NO REGIONAL WALL MOTION ABNORMALITY.
- ‡ NORMAL LEFT VENTRICLE SYSTOLIC FUNCTION.
- ‡ GRADE I LV DIASTOLIC DYSFUNCTION.
- ‡ TRIVIAL TR AND PR.

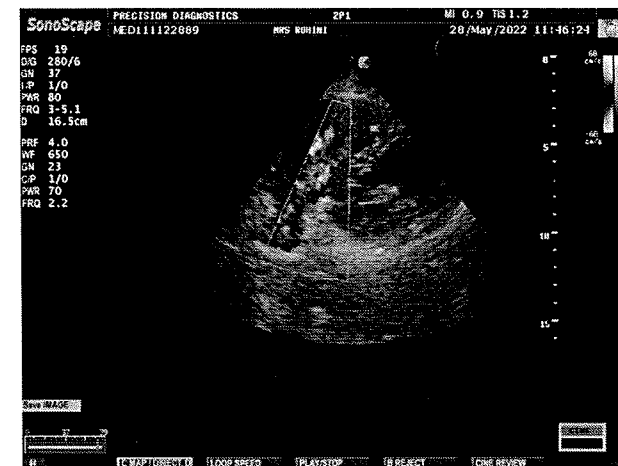
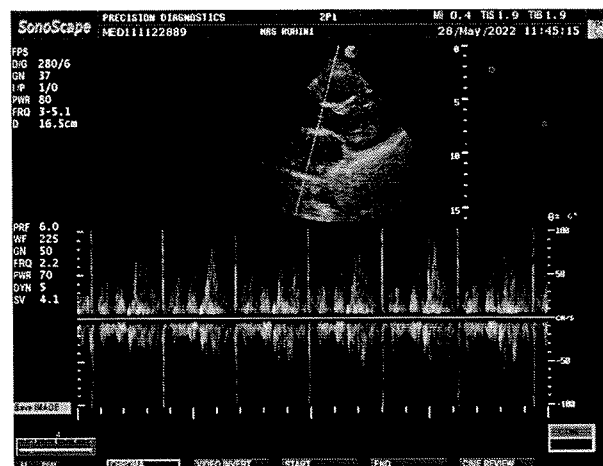
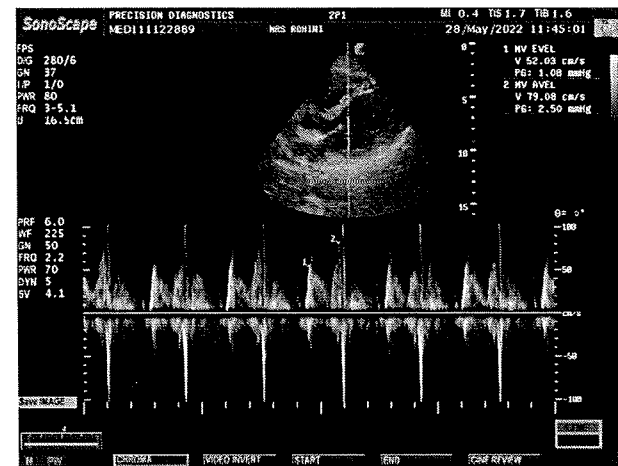
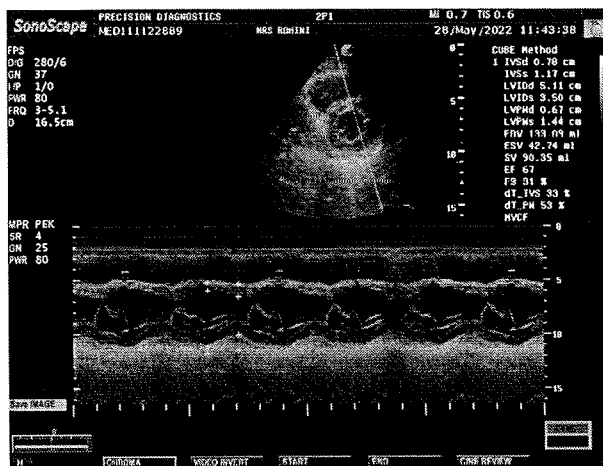
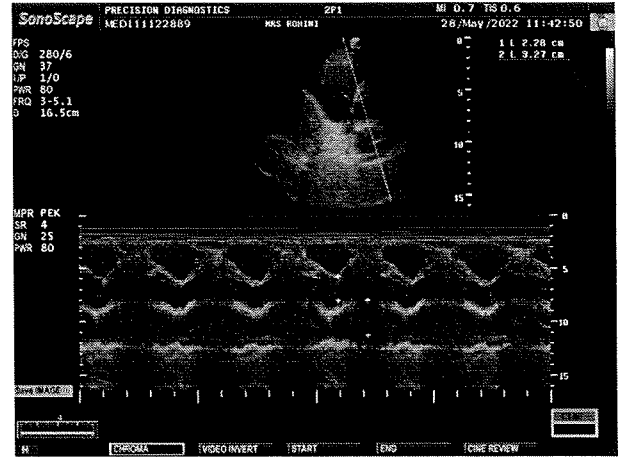
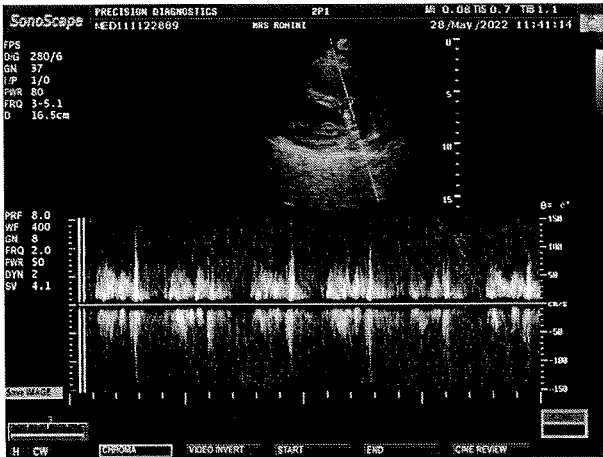


**S. VIGNESH M.Sc.  
ECHO TECHNICIAN**



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

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Age & Gender	44Y/F	Visit Date	May 28 2022 7:49AM
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.A.Subramanian MD, DMRD, DNB  
Consultant Radiologist**



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Age & Gender	44Y/FEMALE	Visit Date	28/05/2022
Ref Doctor	MediWheel		

## 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 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 10.6 x 4.5cm.

The left kidney measures 10.7 x 5.7cm.

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 uterus is retroverted, and measures 8.2 x 5.0cm.

Myometrial echoes are homogeneous. The endometrial thickness is 8.7mm.



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The right ovary measures 3.6 x 1.9cm.

The left ovary measures 3.5 x 2.1cm.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

**IMPRESSION:**

- **Fatty liver.**
- **Retroverted uterus.**

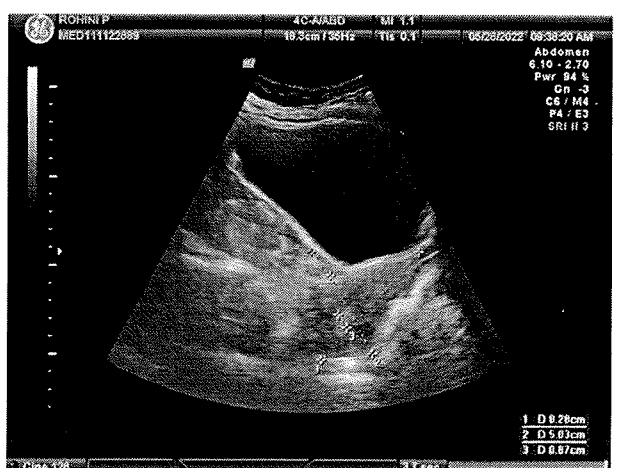
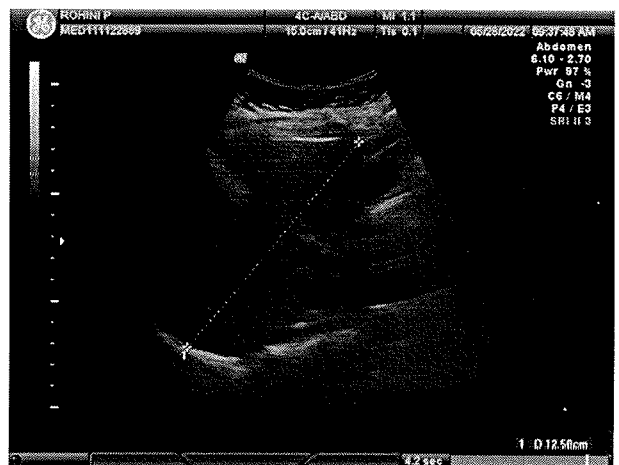


**DR. UMALAKSHMI  
SONOLOGIST**



Precision Diagnostics-vadapalani  
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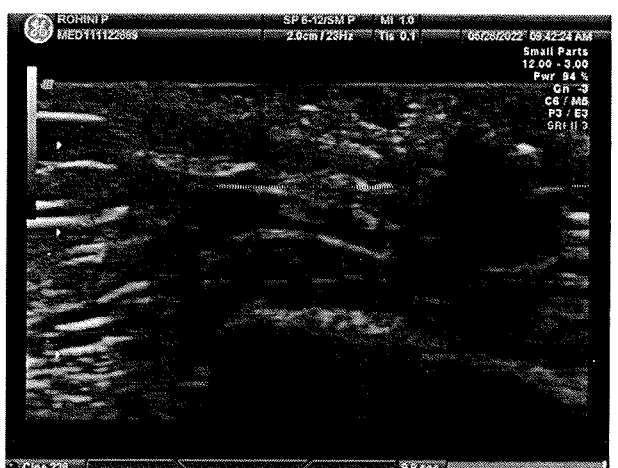
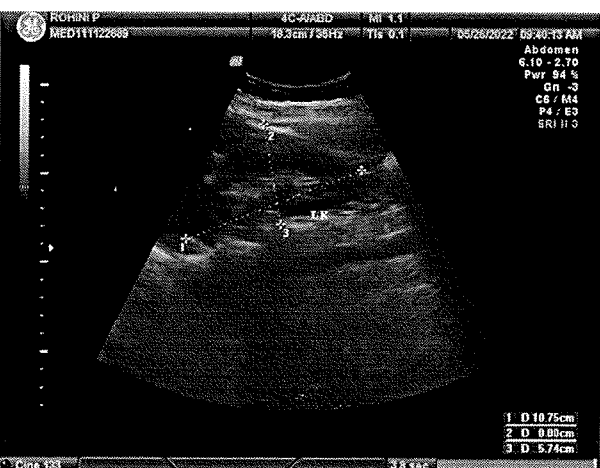
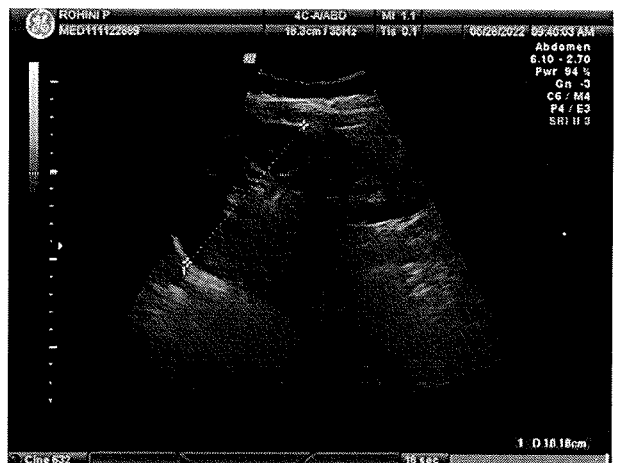
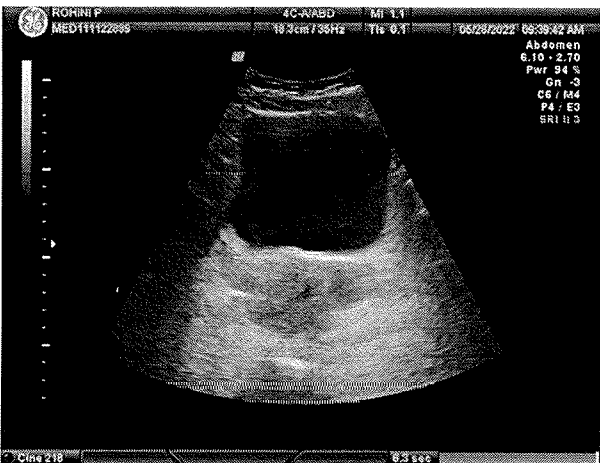
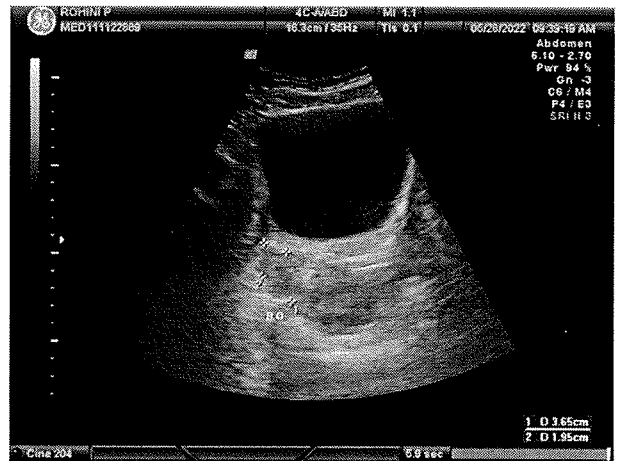
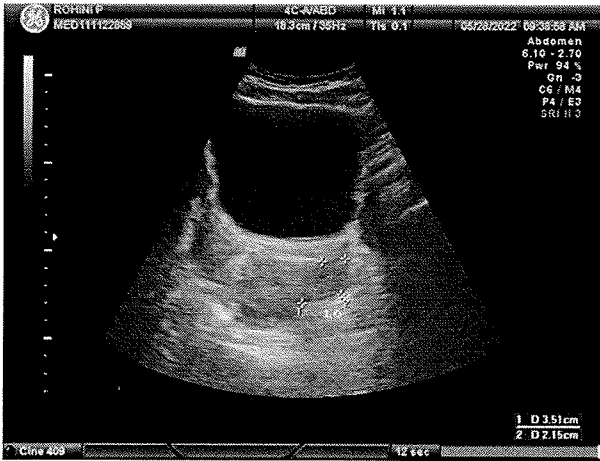
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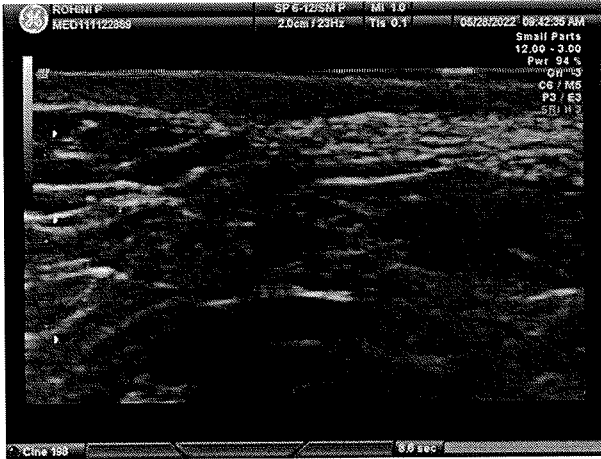
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**MAMMOGRAPHY**

**REPORT**

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

Both breasts are fatty (ACR Type “A” parenchyma).

**Asymmetry in the upper outer quadrant of the right breast noted.**

**Faint focal asymmetries along the upper midline in the middle portion of the breast noted.**

**Few round microcalcification in random fashion seen in both breasts.**

There is no significant evidence of mass lesion in both breasts.

Both nipples are not retracted.

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

The retro-mammary spaces appear normal.

**Bilateral axillae are show few prominent lymph nodes, the largest measuring 1.4cm (sad) in the left axilla.**

**IMPRESSION:**

- **ACR Type A parenchyma.**
- **BIRADS - II.**
- **Suggested USG correlation.**
- **Review study after 2-3 years- NICE Guidelines.**



**DR. SHARANYA.S MD,DNB  
RADIOLOGIST**



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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.



AGE: \_\_\_\_\_  
 Measurement Results:  
 PRS : 98 ms  
 QT/QTcB : 362 / 447 ms  
 pQ : 140 ms  
 P : 110 ms  
 RR/PP : 648 / 650 ms  
 P/QRS/T : 57 / -5 / 29 degrees

< P  
 < T  
 < QRS  
 -90  
 aUR  
 aUL  
 0 I

Interpretation:  
 12SL - Interpretation  
 Normal sinus rhythm  
 Normal ECG

III +90  
 aVF II

Unconfirmed report.

