

Name	MS.GEETHA M	ID	KLP379932
Age & Gender	34Y/FEMALE	Visit Date	23/07/2022
Ref Doctor	MediWheel		1

MASTER HEALTH CHECK UP SUMMARY

Height:	157 cm	Weight:	100 kg
BMI:	44.5		

PRESENT HISTORY:

Nil

GENERAL EXAMINATION → P.I.C.C.L.E:

Pulse: 70/min

BP: 130/90 mmHg

Respiratory Rate: 15/min

Temp: Normal

Others: Nil

SYSTEMIC EXAMINATION:

CVS: S1S2+

RS: B/L NVBS

CNS: NFND

P/A:

Soft, No palpable mass, No tenderness BS +.

INVESTIGATIONS:

ECG:

Normal ECG.

X-RAY:

Essentially normal study.

ULTRASOUND ABDOMEN:

- · Grade I fatty liver.
- · Bilateral polycystic ovaries.
 - For clinical correlation.





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LAB REPORTS:

- Slightly low Heamoglobin level.
- Low HDL level.
- · High triglycerides level.
- HbA1C slightly high.

EYE SCREENING:

Vision	R/E	L/E
Distant Vision	6/6	6/6
Near Vision	N6	N6
Colour Vision	Normal	Normal

> Within normal limits.

ADVISED:

- Iron rich food.
- Balanced diet and regular exercises.
- Avoid oily, salty food.
- Repeat HbA1C after 6 months.
- Gynaecologist opinion for bilateral polycystic ovaries.

DR.GOMATHY M.B.B.S, D.M.C.H Consultant General Physician





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SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows diffuse fatty changes.

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.

The right kidney measures 10.5 x 4.3 cm.

The left kidney measures 11.1 x 4.6 cm.

Both kidneys are normal in size, shape and position. Cortical echoes are normal bilaterally.





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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.

Iliac fossae are normal.

The uterus is anteverted, and measures 7.3 x 3.4 x 4.0 cm.

The endometrial thickness is 7 mm.

The right ovary measures $2.9 \times 1.7 \times 2.6 \text{ cm}$ (Vol - 7.2 cc).

The left ovary measures $3.1 \times 2.3 \times 2.3 \text{ cm}$ (Vol - 8.9 cc).

Both ovaries show multiple small follicles arranged in the periphery.

Parametria are free.

IMPRESSION:

- · Grade I fatty liver.
- Bilateral polycystic ovaries.
- For clinical correlation.

or catherine

DR.Catherine Consultant Sonologist

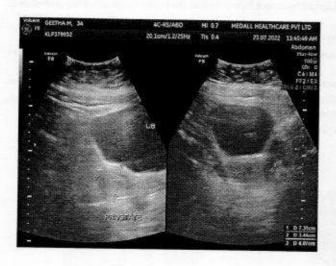


MEDALL DIAGNOSTICS

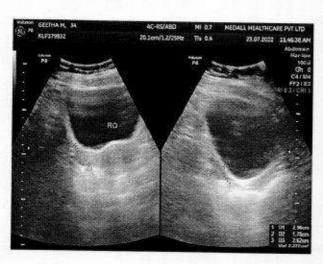
No; 26/15, Ground floor Gopalakrishna street pondy Bazaar, T.Nagar



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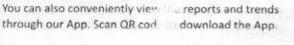














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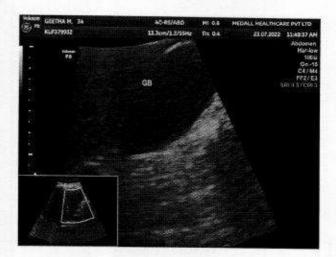


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Name	GEETHA M	Customer ID	KLP379932
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X - RAY CHEST PA VIEW

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. Rama Krishnan. MD, <u>DNB.</u>, Consultant Radiologist. Medall Healthcare Pvt Ltd.

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 : 23/07/2022 5:57 PM

Ref. Dr : MediWheel Type : OP

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

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING (Blood 'A' 'Negative'

/Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

If Rh Variant

When Reciepient, Consider patient as Rh negative when Donor, Consider patient as Rh positive.

HAEMATOLOGY

Haemoglobin (Blood/Spectrophotometry)	12.1	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	37.9	%	37 - 47
RBC Count (Blood/Impedance Variation)	4.87	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/ Derived from Impedance)	78.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	24.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	31.8	g/dL	32 - 36
RDW-CV (Blood/Derived from Impedance)	16.1	%	11.5 - 16.0
RDW-SD (Blood/Derived from Impedance)	43.95	fL	39 - 46
Total Leukocyte Count (TC) (Blood/ Impedance Variation)	5200	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	51.2	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	32.2	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	7.4	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	8.4	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	0.8	%	00 - 02
INTERPRETATION: Tests done on Automated F	ive Part cell counter. Al	l abnormal resu	Its are reviewed an

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

,			
Absolute Neutrophil count (Blood/ Impedance Variation & Flow Cytometry)	2.66	10^3 / μΙ	1.5 - 6.6
Absolute Lymphocyte Count (Blood/ Impedance Variation & Flow Cytometry)	1.67	10^3 / μΙ	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/ Impedance Variation & Flow Cytometry)	0.38	10^3 / μΙ	0.04 - 0.44





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Absolute Monocyte Count (Blood/ Impedance Variation & Flow Cytometry)	0.44	10^3 / μΙ	< 1.0
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.04	10^3 / μΙ	< 0.2
Platelet Count (Blood/Impedance Variation)	287	10^3 / μΙ	150 - 450
MPV (Blood/Derived from Impedance)	8.7	fL	8.0 - 13.3
PCT (Blood/Automated Blood cell Counter)	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	16	mm/hr	< 20
BIOCHEMISTRY			
BUN / Creatinine Ratio	10.68		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	85.1	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125

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 - Negative POD)

Glucose Postprandial (PPBS) (Plasma - PP/ 100.7 mg/dL 70 - 140 GOD-PAP)

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)	6.2	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.58	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)	4.9	mg/dL	2.6 - 6.0
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.27	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.12	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.15	mg/dL	0.1 - 1.0





Diabetic: >= 126

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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	21.2	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	19.4	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	29.9	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ Modified IFCC)	81.9	U/L	42 - 98
Total Protein (Serum/Biuret)	7.04	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.25	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.79	gm/dL	2.3 - 3.6
A: GRATIO (Serum/Derived)	1.52		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	190.6	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	101.0	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)	36.1	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	134.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	20.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	154.5	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189

High: 190 - 219 Very High: >= 220





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Investigation Observed Value Unit Biological Reference Interval

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 5.3 Optimal: < 3.3

(Serum/Calculated) 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 2.8 Optimal: < 2.5

(TĞ/HDL) (Serum/Calculated) Mild to moderate risk: 2.5 - 5.0

High Risk: > 5.0

LDL/HDL Cholesterol Ratio (Serum/ 3.7 Optimal: 0.5 - 3.0

Calculated)

Borderline: 3.1 - 6.0

High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC) **5.7** % Normal: 4.5 - <u>5.6</u>

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) 116.89 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.

IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Trijodothyronine) - Total (Serum/ 1.17 ng/ml 0.7 - 2.04

Chemiluminescent Immunometric Assay

(CLIA))

SID No.

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/ 9.98 μg/dl 4.2 - 12.0

Chemiluminescent Immunometric Assay

(CLIA))



Dr.E.Saravanan M.D(Path)
Consultant Pathologist
Reg No : 73347

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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 1.80 μIU/mL 0.35 - 5.50

/Chemiluminescent Immunometric Assay

(CLIA))

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&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

CLINICAL PATHOLOGY

Urine Analysis - Routine

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

-- End of Report --



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Page 6 of 6

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Consultant Pathologist

Reg No: 73347

No.20/36.4, Copylatrishnan S. ot. T.Nagar, Chennal - 600017. Ph.: 04442121883 Detween U1 and U2 Unconfirmed report.	3		3	
Interpretation: O wave (lateral) R/S inversion area between U1 and U2 probably normal ECG	5	8	3	
92 ms	AN S		A A A A A A A A A A A A A A A A A A A	
GE MAC1200 ST Measurement Results: ORS OT/OTCB 398 / PR				