

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

## 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.



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

### 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



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

### 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.



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

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 x 1.7 x 2.6 cm (Vol - 7.2 cc).**

**The left ovary measures 3.1 x 2.3 x 2.3 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.**

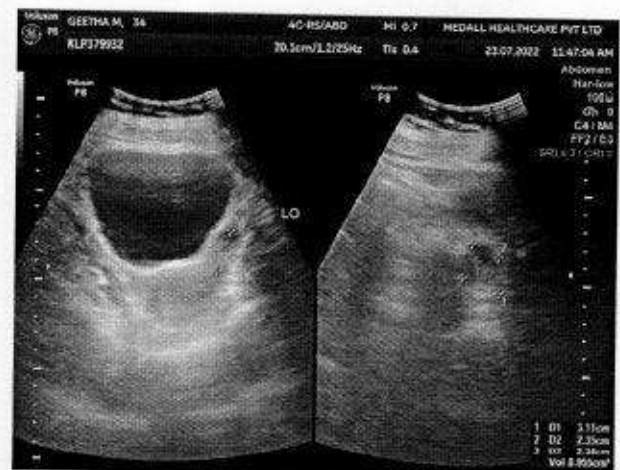
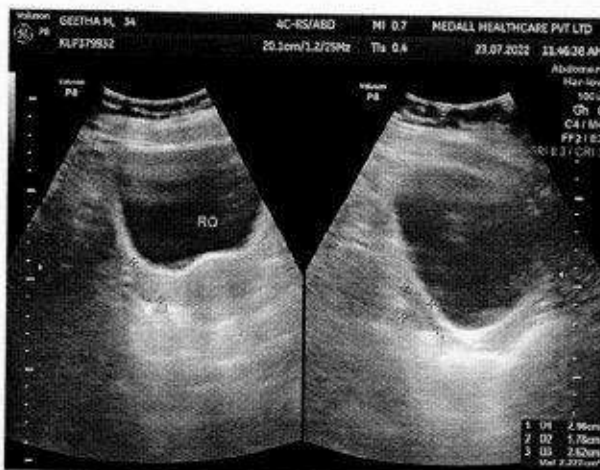
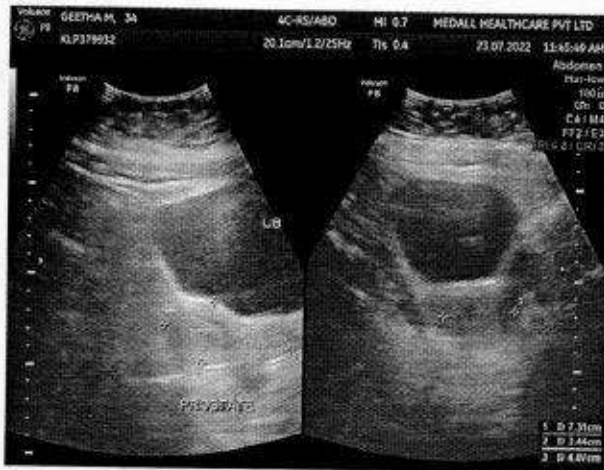
*Dr Catherine*

**DR.Catherine  
Consultant Sonologist**





<b>Name</b>	<b>MS.GEETHA M</b>	<b>ID</b>	<b>KLP379932</b>
<b>Age &amp; Gender</b>	<b>34Y/FEMALE</b>	<b>Visit Date</b>	<b>23/07/2022</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		



**MEDALL DIAGNOSTICS**

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

<b>Name</b>	<b>MS.GEETHA M</b>	<b>ID</b>	<b>KLP379932</b>
<b>Age &amp; Gender</b>	<b>34Y/FEMALE</b>	<b>Visit Date</b>	<b>23/07/2022</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		



You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.

Name	GEETHA M	Customer ID	KLP379932
Age & Gender	34Y/F	Visit Date	Jul 23 2022 10:18AM
Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

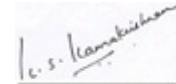
Cardiac size is within normal limits.

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. Rama Krishnan. MD, DNB.,  
Consultant Radiologist.  
Medall Healthcare Pvt Ltd.**





**Name** : Ms. GEETHA M  
**PID No.** : KLP379932  
**SID No.** : 602207165  
**Age / Sex** : 34 Year(s) / Female  
**Ref. Dr** : MediWheel

**Register On** : 23/07/2022 10:19 AM  
**Collection On** : 23/07/2022 11:01 AM  
**Report On** : 23/07/2022 5:57 PM  
**Printed On** : 26/07/2022 9:57 AM  
**Type** : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>Absolute Monocyte Count</b> (Blood/ Impedance Variation & Flow Cytometry)	0.44	10 <sup>3</sup> / µl	< 1.0
<b>Absolute Basophil count</b> (Blood/Impedance Variation & Flow Cytometry)	0.04	10 <sup>3</sup> / µl	< 0.2
<b>Platelet Count</b> (Blood/Impedance Variation)	287	10 <sup>3</sup> / µl	150 - 450
<b>MPV</b> (Blood/Derived from Impedance)	8.7	fL	8.0 - 13.3
<b>PCT</b> (Blood/Automated Blood cell Counter)	0.25	%	0.18 - 0.28
<b>ESR (Erythrocyte Sedimentation Rate)</b> (Blood/Automated - Westergren method)	16	mm/hr	< 20

## BIOCHEMISTRY

<b>BUN / Creatinine Ratio</b>	10.68		6.0 - 22.0
<b>Glucose Fasting (FBS)</b> (Plasma - F/GOD-PAP)	85.1	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.

<b>Glucose, Fasting (Urine)</b> (Urine - F/GOD - POD)	Negative		Negative
<b>Glucose Postprandial (PPBS)</b> (Plasma - PP/ GOD-PAP)	100.7	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.

<b>Urine Glucose(PP-2 hours)</b> (Urine - PP)	Negative		Negative
<b>Blood Urea Nitrogen (BUN)</b> (Serum/Urease UV / derived)	6.2	mg/dL	7.0 - 21
<b>Creatinine</b> (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.

<b>Uric Acid</b> (Serum/Enzymatic)	4.9	mg/dL	2.6 - 6.0
------------------------------------	-----	-------	-----------

### Liver Function Test

<b>Bilirubin(Total)</b> (Serum/DCA with ATCS)	0.27	mg/dL	0.1 - 1.2
<b>Bilirubin(Direct)</b> (Serum/Diazotized Sulfanilic Acid)	0.12	mg/dL	0.0 - 0.3
<b>Bilirubin(Indirect)</b> (Serum/Derived)	0.15	mg/dL	0.1 - 1.0



**Name** : Ms. GEETHA M  
**PID No.** : KLP379932  
**SID No.** : 602207165  
**Age / Sex** : 34 Year(s) / Female  
**Ref. Dr** : MediWheel

**Register On** : 23/07/2022 10:19 AM  
**Collection On** : 23/07/2022 11:01 AM  
**Report On** : 23/07/2022 5:57 PM  
**Printed On** : 26/07/2022 9:57 AM  
**Type** : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>SGOT/AST (Aspartate Aminotransferase)</b> (Serum/Modified IFCC)	21.2	U/L	5 - 40
<b>SGPT/ALT (Alanine Aminotransferase)</b> (Serum/Modified IFCC)	19.4	U/L	5 - 41
<b>GGT(Gamma Glutamyl Transpeptidase)</b> (Serum/IFCC / Kinetic)	29.9	U/L	< 38
<b>Alkaline Phosphatase (SAP)</b> (Serum/ Modified IFCC)	81.9	U/L	42 - 98
<b>Total Protein</b> (Serum/Biuret)	7.04	gm/dl	6.0 - 8.0
<b>Albumin</b> (Serum/Bromocresol green)	4.25	gm/dl	3.5 - 5.2
<b>Globulin</b> (Serum/Derived)	2.79	gm/dL	2.3 - 3.6
<b>A : G RATIO</b> (Serum/Derived)	1.52		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
<b>Cholesterol Total</b> (Serum/CHOD-PAP with ATCS)	190.6	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
<b>Triglycerides</b> (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.

<b>HDL Cholesterol</b> (Serum/Immunoinhibition)	<b>36.1</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
<b>LDL Cholesterol</b> (Serum/Calculated)	134.3	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
<b>VLDL Cholesterol</b> (Serum/Calculated)	20.2	mg/dL	< 30
<b>Non HDL Cholesterol</b> (Serum/Calculated)	154.5	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



Name : Ms. GEETHA M  
PID No. : KLP379932  
SID No. : 602207165  
Age / Sex : 34 Year(s) / Female  
Ref. Dr : MediWheel

Register On : 23/07/2022 10:19 AM  
Collection On : 23/07/2022 11:01 AM  
Report On : 23/07/2022 5:57 PM  
Printed On : 26/07/2022 9:57 AM  
Type : OP

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b>INTERPRETATION:</b> 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.			
<b>Total Cholesterol/HDL Cholesterol Ratio</b> (Serum/Calculated)	5.3		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
<b>Triglyceride/HDL Cholesterol Ratio</b> <b>(TG/HDL)</b> (Serum/Calculated)	2.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
<b>LDL/HDL Cholesterol Ratio</b> (Serum/ Calculated)	3.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
<b>HbA1C</b> (Whole Blood/HPLC)	5.7	%	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) 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 (Triiodothyronine) - Total** (Serum/  
Chemiluminescent Immunometric Assay  
(CLIA)) 1.17 ng/ml 0.7 - 2.04

**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)) 9.98 µg/dl 4.2 - 12.0

  
Dr S SIVAKUMAR Ph.D  
Consultant Microbiologist

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



**Name** : Ms. GEETHA M  
**PID No.** : KLP379932  
**SID No.** : 602207165  
**Age / Sex** : 34 Year(s) / Female  
**Ref. Dr** : MediWheel

**Register On** : 23/07/2022 10:19 AM  
**Collection On** : 23/07/2022 11:01 AM  
**Report On** : 23/07/2022 5:57 PM  
**Printed On** : 26/07/2022 9:57 AM  
**Type** : OP



**Dr S SIVAKUMAR Ph.D**  
Consultant Microbiologist

*The results pertain to sample tested.*



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



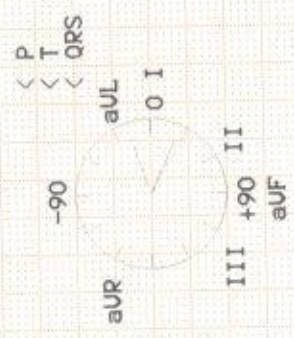
GE MAC1200 ST MS GEETHA M, KLP379932, MEDALL DIAGNOSTICS

MEDALL HEALTH CARE PVT LTD  
No.20/3&4, Cebalairishnan S. Rd,  
T.Nagar, Chennai - 600017.  
Ph : 044-42121883

HR 69 bpm

Measurement Results:

QRS	92 ms
QT/QTcB	398 /
PR	140 ms
P	104 ms
RR/PP	860 / 850 ms
P/QRS/T	30/ 25/ -20 degrees
QT/QTcBD:	40 / 43 ms
Sokolow	1.7 mV
NK	10



Interpretation:

Q wave (lateral)  
R/S inversion area between U1 and U2  
probably normal ECG

*Signature*  
Unconfirmed report.

