

Customer Name	MR.RAGHUNATH G	Customer ID	MED110974058
Age & Gender	61Y/MALE	Visit Date	22/02/2022
Ref Doctor	MediWheel		

Personal Health Report

General Examination:

Height : 185.5 cms
Weight : 88.4 kg
BMI : 25.6 kg/m²

BP: 140/80 mmhg
Pulse: 64/ min, regular

Systemic Examination:

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

Blood report:

Glucose Fasting (FBS) – 123.8mg/dL – Elevated.

Liver function test – Bilirubin-Total-1.28 mg/dl, Direct-0.24 mg/dl, Indirect – 1.04mg/dl – Slightly elevated

All other blood parameters are well within normal limits. (Report enclosed).

Urine analysis – Within normal limits.

X-Ray Chest – Aortic unfolding is seen. A small radio dense focus is seen in the left lower zone - ? Nipple shadow.

ECG – Normal study.

Treadmill test (TMT) – Negative.

USG Whole Abdomen – Fatty liver. Bilateral renal cortical cysts.

Eye Test – Distant vision defect.

Vision	Right eye	Left eye
Distant Vision	6/9	6/9
Near Vision	N6	N6
Colour Vision	Normal	Normal



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Impression & Advice:

Glucose Fasting (FBS) – 123.8mg/dL – Elevated - To consult a diabetologist for further evaluation and management.

Liver function test – Bilirubin-Total-1.28 mg/dl, Direct-0.24 mg/dl, Indirect – 1.04mg/dl – Slightly elevated – To consult a gastroenterologist for further evaluation and management.

X-Ray Chest – Aortic unfolding is seen. A small radio dense focus is seen in the left lower zone - ? Nipple shadow.

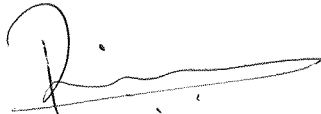
USG Whole Abdomen – Fatty liver and bilateral renal cortical cysts - To consult an urologist for further evaluation.

To take low fat diet, and high fiber diets.

Regular brisk walking for 45 minutes daily, 5 days a week is essential.

Eye Test – Distant vision defect - To consult an ophthalmologist for further evaluation and management.

All other health parameters are well within normal limits.



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

Dr. NOOR MOHAMMED RIZWAN A. M.B.B.S., FDM,
Reg. No: 120325 Consultant Physician
A Medall Health Care and Diagnostics Pvt. Ltd.





Customer Name	Mr. RAGHUNATH	Customer ID	
Age & Gender	61 (male)	Visit Date	22/02/2022

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DIAGNOSTICS
experts who care

Eye Screening

With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	N6	N6
Distance Vision	6/9	6/9
Colour Vision	Normal	Normal

Observation / Comments:

Distance vision Defect

Dr. NOOR MOHAMMED RIZWAN A. M.B.B.S., FDM,
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Ref. Dr : MediWheel

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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)	'O' 'Positive'		
INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion			
<u>Complete Blood Count With - ESR</u>			

Haemoglobin (EDTA Blood/Spectrophotometry)	14.2	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	39.7	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.60	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	86.4	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	30.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	35.8	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.3	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	40.7	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	5400	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	51.8	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	34.0	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	6.2	%	01 - 06

DR. FAYIQAH MD(PATH)
CONSULTANT - PATHOLOGIST
REG NO: 116685

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

APPROVED BY

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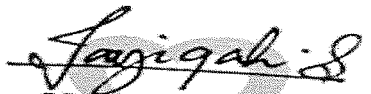
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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	7.4	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.6	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.8	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.8	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.3	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.4	$10^3 / \mu\text{l}$	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.0	$10^3 / \mu\text{l}$	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	192	$10^3 / \mu\text{l}$	150 - 450
MPV (EDTA Blood/Derived from Impedance)	7.5	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.145	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	2	mm/hr	< 20
BUN / Creatinine Ratio	17.2		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	123.8	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: \geq 126


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Observed Value **Unit**

Biological Reference Interval

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)	106.0	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)	16.2	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.94	mg/dL	0.8 - 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)	4.1	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	1.28	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.24	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	1.04	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	27.8	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	22.9	U/L	5 - 41

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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	42.4	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	75.0	U/L	56 - 119
Total Protein (Serum/Biuret)	6.16	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.87	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.29	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.69		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	194.6	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	149.2	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/Immuno-inhibition) **52.9** mg/dL
 Optimal(Negative Risk Factor): >= 60
 Borderline: 40 - 59
 High Risk: < 40


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LDL Cholesterol (Serum/Calculated)	111.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	29.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	141.7	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 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)	3.7		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
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.0	%	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 %

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Estimated Average Glucose
(Whole Blood)

96.8 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 glycemc 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)

0.81 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

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))

0.81 ng/ml

0.4 - 1.81

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))

5.87 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)

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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

Urine Analysis - Routine

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)	Occasional	/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.

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SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal-sized and shows diffuse fatty changes. No focal lesion is seen.

The gall bladder is normal sized, smooth walled and contains no calculus.

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 11.5 x 5.8 cm.

Two cortical cysts of 1.6 x 1.6 cm and 3.4 x 2.9 cm are seen in the upper and lower poles of right kidney.

The left kidney measures 9.9 x 6.0 cm.

An exophytic cortical cyst measuring 9.3 x 8.3 cm is seen in the lower pole of left kidney.

Both kidneys are normal in size, shape and position.

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.



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The prostate measures 3.4 x 3.2 x 3.5 cm (20.9 cc) and is normal sized.

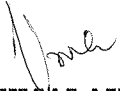
The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

IMPRESSION:

- **Fatty liver.**
- **Bilateral renal cortical cysts.**



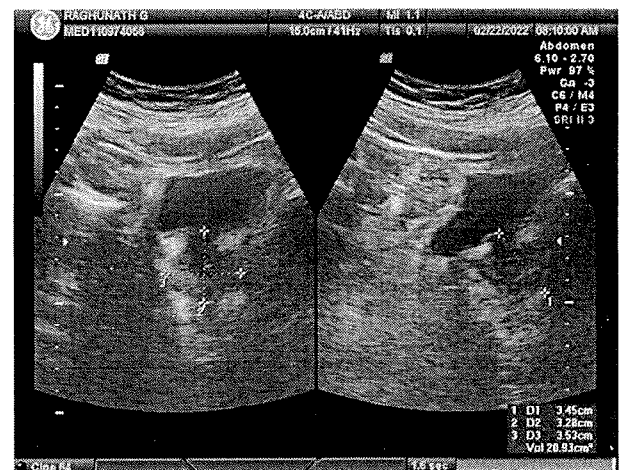
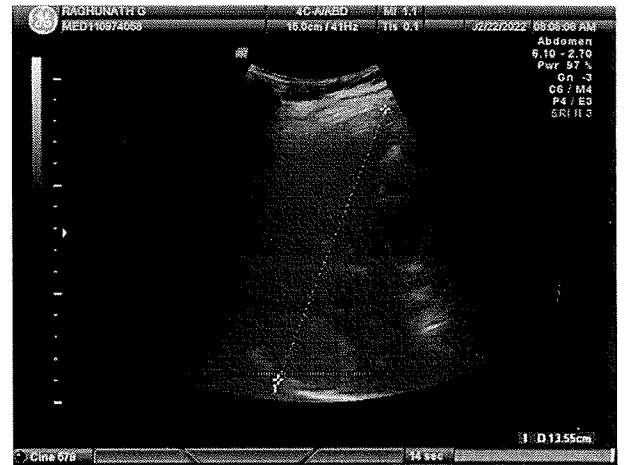
**DR. UMALAKSHMI
SONOLOGIST**



Precision Diagnostics-vadapalani

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

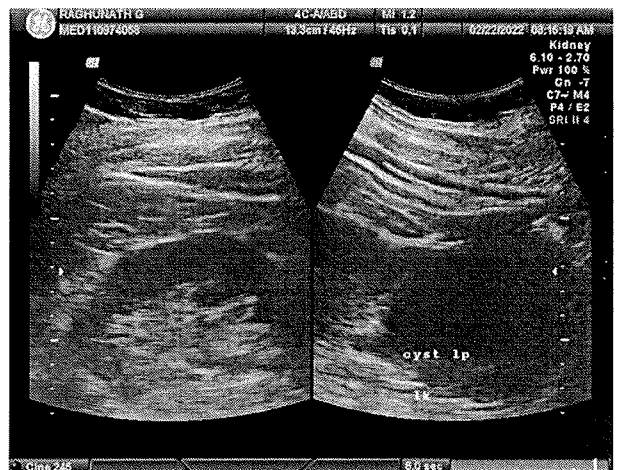
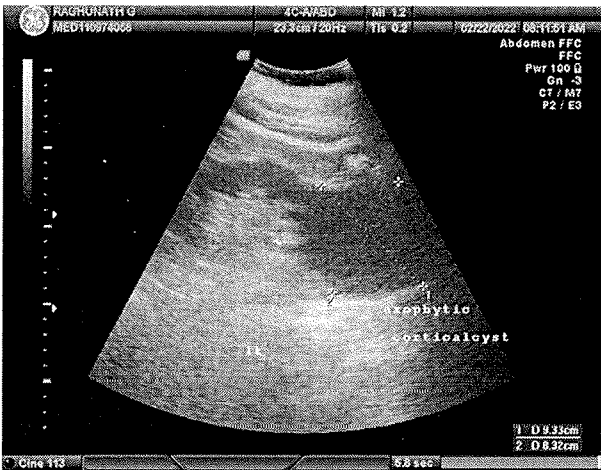
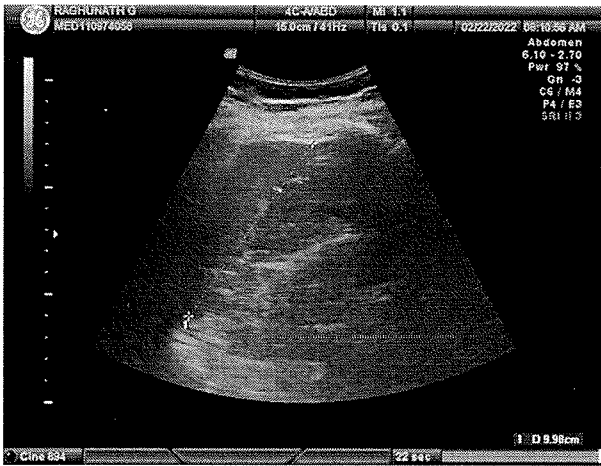
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58/6, Revathy street, Jawarlal nehru road, 100 feet Road, (Former State Election Commission Office),

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Age & Gender	61Y/MALE	Visit Date	22/02/2022
Ref Doctor	MediWheel		



Name	RAGHUNATH G	Customer ID	MED110974058
Age & Gender	61Y/M	Visit Date	Feb 22 2022 7:44AM
Ref Doctor	MediWheel		

X- RAY CHEST PA VIEW

Aortic unfolding is seen.

A small radio dense focus is seen in the left lower zone - ? Nature - ? Nipple shadow.

Trachea appears normal.

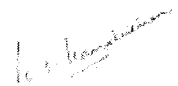
Cardiothoracic ratio is within normal limits.

Bilateral lung fields otherwise appear normal.

Costo and cardiophrenic angles appear normal.

Visualised bony structures appear normal.

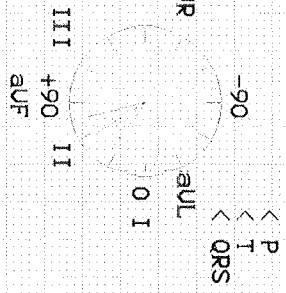
Extra thoracic soft tissues shadow grossly appears normal.



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



AGE:
 Measurement Results:
 QRS : 114 ms
 QT/QTcB : 414 / 440 ms
 PR : 164 ms
 P : 110 ms
 RR/PP : 880 / 880 ms
 P/QRS/T : 36 / 75 / 57 degrees



Interpretation:
 12SL - Interpretation:
 Normal sinus rhythm
 Incomplete right bundle branch block
 Borderline ECG

Unconfirmed report.

