

<b>Customer Name</b>	<b>MR.GIRIDHAR BABU A</b>	<b>Customer ID</b>	<b>MED410081662</b>
<b>Age &amp; Gender</b>	<b>52Y/MALE</b>	<b>Visit Date</b>	<b>13/07/2024</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

### Personal Health Report

#### General Examination:

Height : 162.0 cms  
Weight : 76.7 kg  
BMI : 29.2 kg/m<sup>2</sup>

BP: 120/80 mmhg  
Pulse: 86/ min, regular

#### Systemic Examination:

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

#### Blood report:

Glucose-(FBS)-122.1 mg/dl & Glucose (PP) - 159.30 mg/dl- and HbA1C test -6.0 % - 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 -Normal.

Dental - Normal.

USG whole abdomen - Right renal microlith.

Eye Test - Distant vision defect.

Vision	Right eye	Left eye
Distant Vision	6/12	6/18
Near Vision	N6	N6
Colour Vision	Normal	Normal



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Impression & Advice:

Glucose-(FBS)-122.1 mg/dl & Glucose (PP) - 159.30 mg/dl- and HbA1C test -6.0 % - Elevated. To consult a diabetologist for further evaluation and management. To have diabetic diet recommended by the dietician.

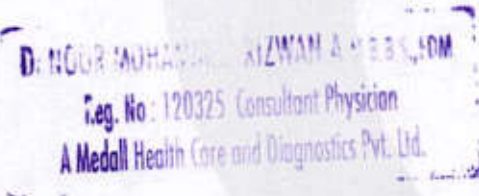
USG whole abdomen - Right renal microlith - To consult urologist for further evaluation.

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





13/07/2024

Mr. Giridhar Babu 52/m

Dental

→ no plaques

→ no tartar

→ no cavity

→ Alignment good

→ no loss of teeth



DR. NOOR MUHSIN WIZWAN A MBBS, FDM

Reg. No: 120325 Consultant Physician

A Medall Health Care and Diagnostics Pvt. Ltd.



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Investigation	Observed Value	Unit	Biological Reference Interval
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BLOOD GROUPING AND Rh TYPING

'B' 'Positive'

(EDTA Blood/Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

**Complete Blood Count With - ESR**

Haemoglobin (Whole Blood - W/Spectrophotometry)	13.7	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Whole Blood - W/Derived from Impedance)	40.8	%	42 - 52
RBC Count (Whole Blood - W/Impedance Variation)	4.48	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Whole Blood - W/Derived from Impedance)	91.1	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Whole Blood - W/Derived from Impedance)	30.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Whole Blood - W/Derived from Impedance)	33.7	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.4	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	42.73	fL	39 - 46
Total Leukocyte Count (TC) (Whole Blood - W/Impedance Variation)	8000	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	64.9	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	25.0	%	20 - 45



Dr S SIVAKUMAR Ph.D  
Consultant Microbiologist

VERIFIED BY




Dr Samudrala Bharathi  
MD Pathology  
Lab. Director  
TMC. No.: 72802

APPROVED BY

The results pertain to sample tested.

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Eosinophils (EDTA Blood Impedance Variation & Flow Cytometry)	1.4	%	01 - 06
Monocytes (EDTA Blood Impedance Variation & Flow Cytometry)	7.8	%	01 - 10
Basophils (EDTA Blood Impedance Variation & Flow Cytometry)	0.9	%	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)	5.19	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	2.00	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood Impedance Variation & Flow Cytometry)	0.11	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	0.62	$10^3 / \mu\text{l}$	< 1.0
Absolute Basophil count (EDTA Blood Impedance Variation & Flow Cytometry)	0.07	$10^3 / \mu\text{l}$	< 0.2
Platelet Count (Whole Blood - W/Impedance Variation)	316	$10^3 / \mu\text{l}$	150 - 450
MPV (EDTA Blood Derived from Impedance)	7.6	fL	7.9 - 13.7
PCT (Whole Blood - W/Automated Blood cell Counter)	0.24	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Whole Blood - W/Automated - Westergren method)	18	mm/hr	< 20



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Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	122.1	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.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	159.30	mg/dL	70 - 140
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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. 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
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	6.90	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.81	mg/dL	0.9 - 1.3
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**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)	5.80	mg/dL	3.5 - 7.2
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#### Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.55	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.12	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.43	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	40.10	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	29.7	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	20.20	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	83.10	U/L	56 - 119
Total Protein (Serum/Biuret)	7.61	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.2	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.41	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.23		1.1 - 2.2
<b>Lipid Profile</b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	168.50	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	80.90	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.



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Investigation	Observed Value	Unit	Biological Reference Interval
HDL Cholesterol (Serum/Immuno-inhibition)	30.80	mg/dL	Optimal(Negative Risk Factor): $\geq 60$ Borderline: 40 - 59 High Risk: $< 40$
LDL Cholesterol (Serum/Calculated)	121.5	mg/dL	Optimal: $< 100$ Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: $\geq 190$
VLDL Cholesterol (Serum/Calculated)	16.2	mg/dL	$< 30$
Non HDL Cholesterol (Serum/Calculated)	137.7	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)	5.5		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)	2.6		Optimal: $< 2.5$ Mild to moderate risk: 2.5 - 5.0 High Risk: $> 5.0$
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: $> 6.0$



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<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood - W/HPLC)	6.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: $\geq$ 6.5

**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)	125.5	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.

Prostate specific antigen - Total(PSA) (Serum/Manometric method)	1.30	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
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**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))	1.74	ng/ml	0.4 - 1.81
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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))	11.05	$\mu$ g/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))	2.16	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.

**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 )	0 - 1	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry )	0 - 1	/hpf	NIL
RBCs (Urine/Automated - Flow cytometry )	NIL	/HPF	NIL



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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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MD Pathology  
Lab Director  
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-- End of Report --



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Ref Doctor	MediWheel		

**X - RAY CHEST PA VIEW**

Bilateral lung fields appear normal.

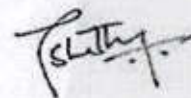
Cardiac size is within normal limits.

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. TRISHUL SHETTY  
CONSULTANT RADIOLOGIST





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## SONOGRAM REPORT

### WHOLE ABDOMEN

The liver is normal in size and shows uniform echotexture with no focal abnormality.

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 ~ 10.5 x 5.7 cm.

**A microlith measuring ~ 3.1 mm noted in upper pole of right kidney.**

The left kidney measures ~ 10.5 x 6.5 cm.

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

There is no calyceal dilatation.

The ureters are not dilated.

The bladder is smooth walled and uniformly transonic. There is no intravesical mass or calculus.

The prostate measures ~ 3.4 x 3.1 x 2.6 cm (Vol ~ 15 ml) and is normal sized.



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The echotexture is homogeneous.

The seminal vesicles are normal.

Iliac fossae are normal.

**IMPRESSION:**

- **Right renal microlith.**
- **No other significant abnormality.**



**DR. UMALAKSHMI**  
**SONOLOGIST**





Medall Healthcare Pvt Ltd

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

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## ECHOCARDIOGRAPHY

### M-MODE MEASUREMENTS:-

<u>VALUES</u>	
AO	3.1 cm
LA	3.5 cm
LVID(D)	4.7 cm
LVID (S)	2.6 cm
IVS (D)	1.0 cm
LVPW (D)	1.0 cm
EF	65 %
FS	35 %
TAPSE	19 mm

### DOPPLER AND COLOUR FLOW PARAMETERS :-

<i>Aortic Valve Gradient</i>	: <i>V max – 1.22 m/sec</i>	
<i>Pulmonary Valve Gradient</i>	: <i>V max – 0.83 m/sec</i>	
<i>Mitral Valve Gradient</i>	: <i>E: 0.79 m/sec</i>	<i>A: 0.60 m/sec</i>
<i>Tricuspid Valve Gradient</i>	: <i>E: 0.44 m/sec</i>	

### VALVE MORPHOLOGY :-

<i>Aortic valve</i>	-	<i>Normal</i>
<i>Mitral valve</i>	-	<i>Normal</i>
<i>Tricuspid valve</i>	-	<i>Normal</i>
<i>Pulmonary valve</i>	-	<i>Normal</i>





Customer Name	MR.GIRIDHAR BABU A	Customer ID	MED410081662
Age & Gender	52Y/MALE	Visit Date	13/07/2024
Ref Doctor	MediWheel		

<b>CHAMBERS</b>	
<b>LEFT ATRIUM</b>	<b>NORMAL</b>
<b>LEFT VENTRICLE</b>	<b>NORMAL</b>
<b>RIGHT ATRIUM</b>	<b>NORMAL</b>
<b>RIGHT VENTRICLE</b>	<b>NORMAL</b>
<b>INTER ATRIAL SEPTUM</b>	<b>INTACT</b>
<b>INTERVENTRICULAR SEPTUM</b>	<b>INTACT</b>

**ECHO FINDINGS:**

No Regional Wall Motion Abnormality (RWMA)  
 Normal Left Ventricular systolic function, EF 65%.  
 Trivial Mitral Regurgitation / No Mitral Stenosis  
 No Aortic Regurgitation /No Aortic Stenosis  
 Trivial Tricuspid Regurgitation (2.2 m/s).  
 Normal RV Function .  
 No Pulmonary Artery Hypertension.  
 No Pericardial Effusion.

**IMPRESSION:**

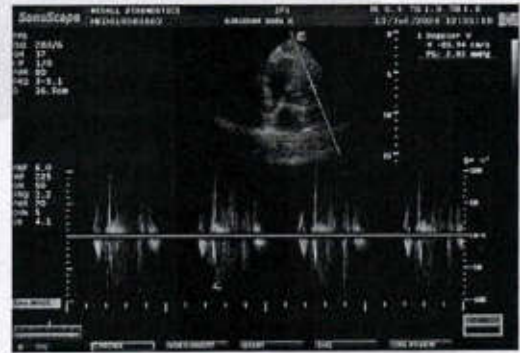
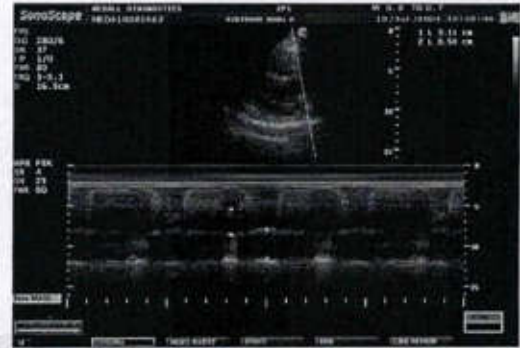
- \* **STRUCTURALLY NORMAL HEART.**
- \* **NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION, EF 65%**



**MOHANRAJ**  
**ECHO TECHNOLOGIST**



<b>Customer Name</b>	<b>MR.GIRIDHAR BABU A</b>	<b>Customer ID</b>	<b>MED410081662</b>
<b>Age &amp; Gender</b>	<b>52Y/MALE</b>	<b>Visit Date</b>	<b>13/07/2024</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		



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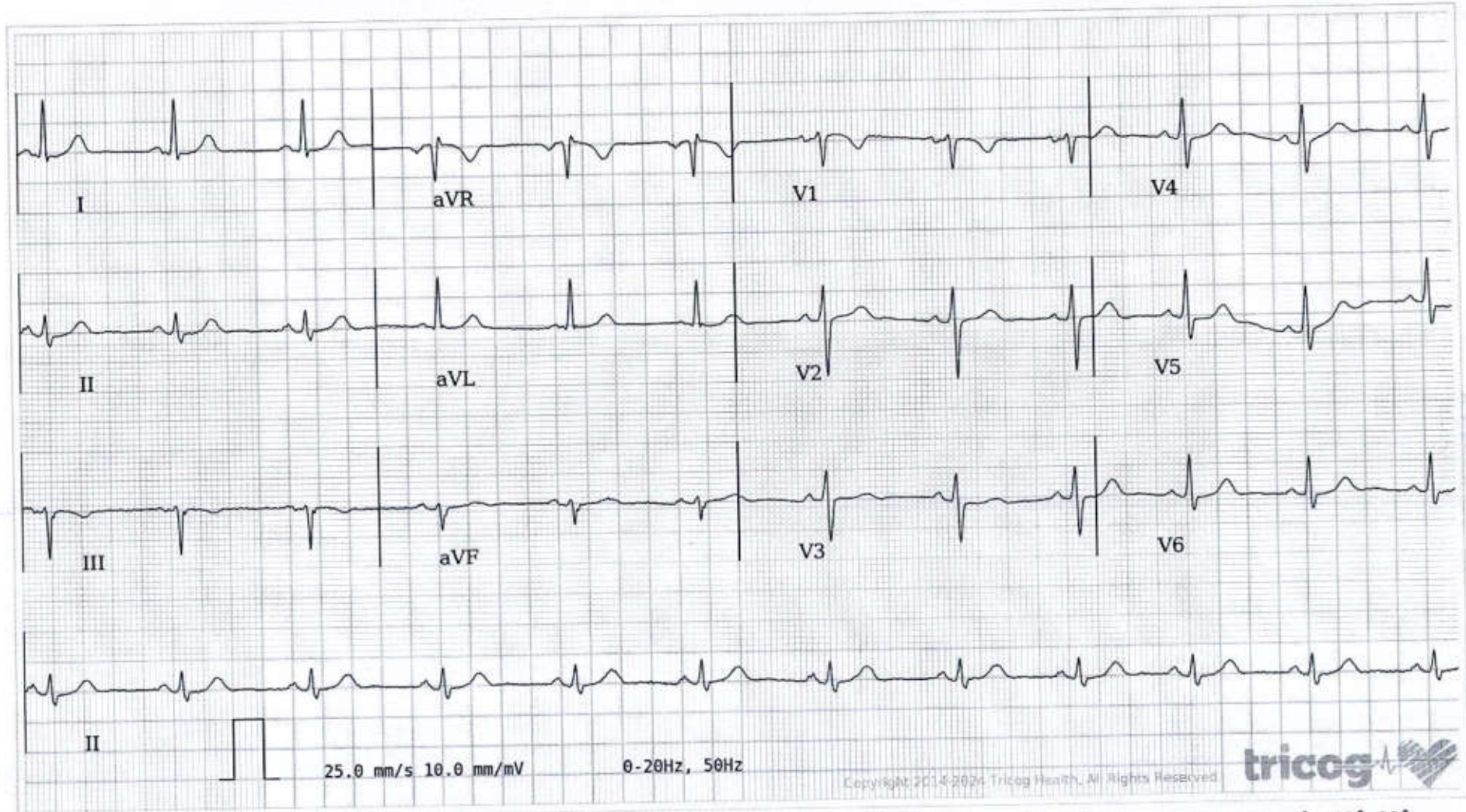


# Medall Diagnostic Vadapalani



Age / Gender: 52/Male  
Patient ID: med410081662  
Patient Name: Mr giridhar babu a

Date and Time: 13th Jul 24 10:37 AM



AR: 69bpm    VR: 71bpm    QRSD: 92ms    QT: 366ms    QTcB: 398.14ms    PRI: 138ms    P-R-T: 41° -18° 20°

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

REPORTED BY

*B. Naga Mahesh*  
Dr Boya Naga Mahesh  
DIAGNOSIS



<b>Customer Name</b>	<b>MRS.RADHA A</b>	<b>Customer ID</b>	<b>MED410081676</b>
<b>Age &amp; Gender</b>	<b>49Y/FEMALE</b>	<b>Visit Date</b>	<b>13/07/2024</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

### Personal Health Report

#### General Examination:

Height : 155.0 cms

Weight : 69.2 kg

BMI : 28.8 kg/m<sup>2</sup>

BP: 110/70 mmhg

Pulse: 106/ min, regular

#### Systemic Examination:

CVS: S1 S2 heard;

RS : NVBS +.

Abd : Soft.

CNS : NAD

#### Blood report:

Haemoglobin- 11.4 g/dl, Packed cell volume (PCV)Haematocrit – 34.5%, RBC count – 3.80 mill/cu.mm – slightly Low.

Glucose-(FBS)-318.0 mg/dl & Glucose (PP) – 414.1 mg/dl- and HbA1C test -11.8 % - Elevated.

Total cholesterol -238.70 mg/dl – Elevated.

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

Urine Analysis-Glucose –fasting urine (positive +++), PP (2 HRS)-(Positive+++). Pus cells (1-2 / hpf), epithelial cells (2-4 / hpf).

X-Ray Chest – Normal study.

ECG – Abnormal ECG.

Echo – Normal.

Dental – Normal.

USG Abdomen – Bulky uterus with multiple fibroids.

Mammogram - Abnormal





<b>Customer Name</b>	<b>MRS.RADHA A</b>	<b>Customer ID</b>	<b>MED410081676</b>
<b>Age &amp; Gender</b>	<b>49Y/FEMALE</b>	<b>Visit Date</b>	<b>13/07/2024</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

Eye Test – Distant vision defect.

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

Impression & Advice:

Haemoglobin- 11.4 g/dl, Packed cell volume (PCV)Haematocrit – 34.5%, RBC count – 3.80 mill/cu.mm – slightly Low. To consult a hematologist for further evaluation and management

Glucose-(FBS)-318.0 mg/dl & Glucose (PP) – 414.1 mg/dl- and HbA1C test -11.8 % - Elevated & Urine Analysis Glucose –fasting urine (positive +++), PP (2 HRS)-(Positive+++). To consult a diabetologist for further evaluation and management. To have diabetic diet recommended by the dietician.

Total cholesterol -238.70 mg/dl – Elevated. To be brought down to the desirable level of 200mg/dl by having low cholesterol, high fiber diet recommended by the dietician.

Urine Analysis- Pus cells (1-2 / hpf), epithelial cells (2-4 / hpf). To consult general physician for further evaluation and management.

ECG – Abnormal ECG. To consult cardiologist for further evaluation.

USG Abdomen – Bulky uterus with multiple fibroids. To consult gynaecologist for further evaluation.

Mammogram – Abnormal - To consult gynaecologist for further evaluation.

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.



13/07/2024

mrs. Radha 49/F

Dental

→ no plaques

→ no tartar

→ no Caries

→ Curves @

→ No loss of teeth



**DR. NUR MOHAMMED RIZWAN M.B.S.,DM**

Reg. No: 120325 Consultant Physician

A Medall Health Care and Diagnostics Pvt. Ltd.





Name : Mrs. RADHA A  
PID No. : MED410081676  
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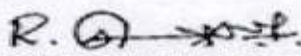
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Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (EDTA Blood Agglutination)	'O' 'Positive'		

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

**Complete Blood Count With - ESR**

Haemoglobin (Whole Blood - W/Spectrophotometry)	11.4	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Whole Blood - W/Derived from Impedance)	34.5	%	37 - 47
RBC Count (Whole Blood - W/Impedance Variation)	3.80	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Whole Blood - W/Derived from Impedance)	90.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Whole Blood - W/Derived from Impedance)	29.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Whole Blood - W/Derived from Impedance)	33	g/dL	32 - 36
RDW-CV (EDTA Blood Derived from Impedance)	13.00	%	11.5 - 16.0
RDW-SD (EDTA Blood Derived from Impedance)	41.31	fL	39 - 46
Total Leukocyte Count (TC) (Whole Blood - W/Impedance Variation)	6100	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood Impedance Variation & Flow Cytometry)	52.0	%	40 - 75
Lymphocytes (EDTA Blood Impedance Variation & Flow Cytometry)	36.5	%	20 - 45

  
SARAVANA KUMAR.R  
Quality Manager

VERIFIED BY



  
Dr Samudrala Bharathi  
MD Pathology  
Lab Director  
TMC. No.: 72802

APPROVED BY

The results pertain to sample tested.

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Investigation	Observed Value	Unit	Biological Reference Interval
Eosinophils (EDTA Blood Impedance Variation & Flow Cytometry)	5.0	%	01 - 06
Monocytes (EDTA Blood Impedance Variation & Flow Cytometry)	5.9	%	01 - 10
Basophils (EDTA Blood Impedance Variation & Flow Cytometry)	0.6	%	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)	3.17	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	2.23	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood Impedance Variation & Flow Cytometry)	0.30	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	0.36	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood Impedance Variation & Flow Cytometry)	0.04	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (Whole Blood - W/Impedance Variation)	429	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood Derived from Impedance)	8.6	fL	8.0 - 13.3
PCT (Whole Blood - W/Automated Blood cell Counter)	0.37	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Whole Blood - W/Automated - Westergren method)	20	mm/hr	< 20

  
 SARAVANA KUMAR.R  
 Quality Manager

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 Dr Samudrala Bharathi  
 MD Pathology  
 Lab Director  
 TMC. No.: 72902

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Investigation	Observed Value	Unit	Biological Reference Interval
BUN / Creatinine Ratio	18.5		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	318.0	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.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Positive(+++)	Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	414.1	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)	Positive(+++)	Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.65	mg/dL	7.0 - 21
--	------	-------	----------

Creatinine (Serum/Modified Jaffe)	0.52	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)	2.60	mg/dL	2.6 - 6.0
--------------------------------	------	-------	-----------

**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.58	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.11	mg/dL	0.0 - 0.3
---	------	-------	-----------

  
SARAVANA KUMAR.R  
Quality Manager

VERIFIED BY



  
Dr Samudrala Bharathi  
MD Pathology  
Lab Director  
TMC. No.: 72802

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Investigation	Observed Value	Unit	Biological Reference Interval
Bilirubin(Indirect) (Serum/Derived)	0.47	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	13.10	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	10.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	10.70	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	60.40	U/L	42 - 98
Total Protein (Serum/Biuret)	7.04	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.1	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.94	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.39		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	238.70	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	117.60	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

  
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Quality Manager

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Investigation	Observed Value	Unit	Biological Reference Interval
<b>INTERPRETATION:</b> 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)	52.30	mg/dL	Optimal(Negative Risk Factor): $\geq$ 60 Borderline: 50 - 59 High Risk: $<$ 50
LDL Cholesterol (Serum/Calculated)	162.9	mg/dL	Optimal: $<$ 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: $\geq$ 190
VLDL Cholesterol (Serum/Calculated)	23.5	mg/dL	$<$ 30
Non HDL Cholesterol (Serum/Calculated)	186.4	mg/dL	Optimal: $<$ 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: $\geq$ 220
<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.			
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.6		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)	2.2		Optimal: $<$ 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: $>$ 5.0

  
SARAVANA KUMAR.R  
Quality Manager

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MD Pathology  
Lab Director  
TMC. No.: 72802

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Investigation	Observed Value	Unit	Biological Reference Interval
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood - W/HPLC)	11.8	%	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)	291.96	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.

**THYROID PROFILE / TFT**

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.73	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))	8.82	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.

  
**SARAVANA KUMAR.R**  
 Quality Manager

VERIFIED BY



  
**Dr Samudrala Bharathi**  
 MD Pathology  
 Lab Director  
 TMC No.: 72802

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Investigation	Observed Value	Unit	Biological Reference Interval
TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	5.32	μIU/mL	0.35 - 5.50

**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&amp;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)	Positive(+++)		Negative
Pus Cells (Urine/Automated - Flow cytometry )	1 - 2	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry )	2 - 4	/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

  
 SARAVANA KUMAR.R  
 Quality Manager

VERIFIED BY



  
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 Type : OP  
 Ref. Dr : MediWheel

Register On : 13/07/2024 8:48 AM  
 Collection On : 13/07/2024 8:57 AM  
 Report On : 13/07/2024 5:24 PM  
 Printed On : 13/07/2024 5:41 PM

Investigation	Observed Value	Unit	Biological Reference Interval
Others (Urine)	NIL		

INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

  
 SARAVANA KUMAR.R  
 Quality Manager

VERIFIED BY



  
 Dr Samudrala Bharathi  
 MD Pathology  
 Lab Director  
 TMC. No.: 72802

APPROVED BY

-- End of Report --





Name	Mrs. RADHA A	Customer ID	MED410081676
Age & Gender	49Y/F	Visit Date	Jul 13 2024 8:47AM
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. TRISHUL SHETTY  
CONSULTANT RADIOLOGIST**



Customer Name	MRS.RADHA A	Customer ID	MED410081676
Age & Gender	49Y/FEMALE	Visit Date	13/07/2024
Ref Doctor	MediWheel		

## SONOGRAM REPORT

### WHOLE ABDOMEN

The liver is normal in size and shows uniform echotexture with no focal abnormality.

The gall bladder is normal sized and 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 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 ~ 12.3 x 5.0 cm.

The left kidney measures ~ 12.1 x 5.8 cm.

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.

**Bulky uterus measures ~ 8.9 x 6.3 x 6.1 cm.**

**Multiple fibroids, largest measuring ~ 4.5 x 3.3 cm noted in the fundal region.**





Customer Name	MRS.RADHA A	Customer ID	MED410081676
Age & Gender	49Y/FEMALE	Visit Date	13/07/2024
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The right ovary obscured by bowel gas.

The left ovary measures ~ 2.6 x 2.1 cm.

No significant mass or cyst is seen in left ovary.

Parametria are free.

Iliac fossae are normal.

**IMPRESSION:**

- **Bulky uterus with multiple fibroids.**



**DR. UMALAKSHMI  
SONOLOGIST**



Medall Healthcare Pvt Ltd

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

Customer Name	MRS.RADHA A	Customer ID	MED410081676
Age & Gender	49Y/FEMALE	Visit Date	13/07/2024
Ref Doctor	MediWheel		





Customer Name	MRS.RADHA A	Customer ID	MED410081676
Age & Gender	49Y/FEMALE	Visit Date	13/07/2024
Ref Doctor	MediWheel		

## MAMMOGRAPHY

### REPORT

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

Both breasts are heterogeneous with scattered fibroglandular densities (ACR Type "C" parenchyma).

**An oval shaped partially circumscribed high-density lesion, measuring 1.5 x 1.0 cm is noted in the upper quadrant along the midline.**

**A similar focal asymmetry, measuring 1.6 x 1.1 cm is noted in the outer quadrant of the left breast.**

**Few benign round and rim like calcifications are noted in the right breast.**

No breast asymmetry noted.

No intramammary ductal dilatation identified.

No obvious spiculation noted.

Both nipples are not retracted.

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

The retro-mammary spaces appear normal.

Bilateral axillae are clear.



Customer Name	MRS.RADHA A	Customer ID	MED410081676
Age & Gender	49Y/FEMALE	Visit Date	13/07/2024
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**IMPRESSION:**

- **ACR Type C parenchyma.**
- **? Bilateral Breast Lesions as described above- BIRADS – III.**
  - Suggested USG -FNAC Correlation.
  - Suggested Annual Review Scans- ACR guidelines.



Dr Sharanya.S MD, DNB  
Radiologist

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.





Customer Name	MRS.RADHA A	Customer ID	MED410081676
Age & Gender	49Y/FEMALE	Visit Date	13/07/2024
Ref Doctor	MediWheel		

## ECHOCARDIOGRAPHY

### M-MODE MEASUREMENTS:-

<u>VALUES</u>	
AO	2.6 cm
LA	2.9 cm
LVID(D)	4.8 cm
LVID (S)	2.5 cm
IVS (D)	1.1 cm
LVPW (D)	1.1 cm
EF	66 %
FS	36 %
TAPSE	19 mm

### DOPPLER AND COLOUR FLOW PARAMETERS :-

<i>Aortic Valve Gradient</i>	: <i>V max – 1.41 m/sec</i>	
<i>Pulmonary Valve Gradient</i>	: <i>V max – 0.92 m/sec</i>	
<i>Mitral Valve Gradient</i>	: <i>E: 0.77 m/sec</i>	<i>A: 1.03 m/sec</i>
<i>Tricuspid Valve Gradient</i>	: <i>E: 0.43 m/sec</i>	

### VALVE MORPHOLOGY :-

<i>Aortic valve</i>	-	<i>Normal</i>
<i>Mitral valve</i>	-	<i>Normal</i>
<i>Tricuspid valve</i>	-	<i>Normal</i>
<i>Pulmonary valve</i>	-	<i>Normal</i>



Customer Name	MRS.RADHA A	Customer ID	MED410081676
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<b>CHAMBERS</b>	
LEFT ATRIUM	NORMAL
LEFT VENTRICLE	NORMAL
RIGHT ATRIUM	NORMAL
RIGHT VENTRICLE	NORMAL
INTER ATRIAL SEPTUM	INTACT
INTERVENTRICULAR SEPTUM	INTACT

### **ECHO FINDINGS:**

No Regional Wall Motion Abnormality (RWMA)  
 Normal Left Ventricular systolic function, EF 66%.  
 Grade I LV Diastolic dysfunction.  
 Mild Mitral Regurgitation / No Mitral Stenosis  
 No Aortic Regurgitation /No Aortic Stenosis  
 Trivial Tricuspid Regurgitation (2.3 m/s).  
 Normal RV Function .  
 No Pulmonary Artery Hypertension.  
 No Pericardial Effusion.

### **IMPRESSION:**

- \* **STRUCTURALLY NORMAL HEART.**
- \* **NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION, EF 66%**



**MOHANRAJ**  
**ECHO TECHNOLOGIST**





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

<b>Customer Name</b>	<b>MRS.RADHA A</b>	<b>Customer ID</b>	<b>MED410081676</b>
<b>Age &amp; Gender</b>	<b>49Y/FEMALE</b>	<b>Visit Date</b>	<b>13/07/2024</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		



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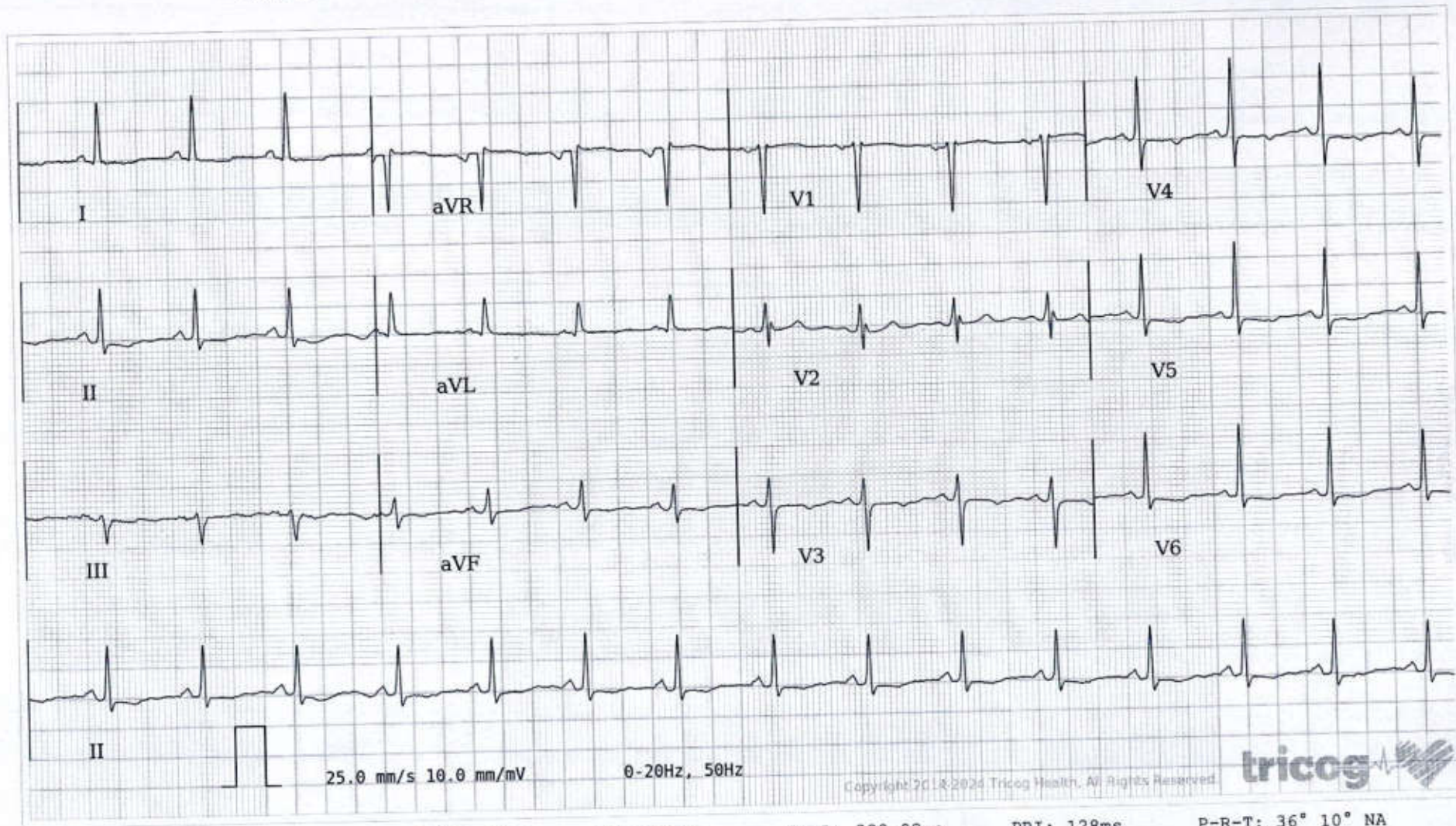


Medall Diagnostic Vadapalani



Age / Gender: 49/Female  
Patient ID: med4410081676  
Patient Name: Mrs radha a

Date and Time: 13th Jul 24 10:56 AM



AR: 95bpm    VR: 94bpm    QRSD: 86ms    QT: 310ms    QTcB: 388.02ms    PRI: 128ms    P-R-T: 36° 10° NA

Sinus Rhythm, Non-specific ST/T Wave Changes. rsr' Pattern in V1,V2. Please correlate clinically.

REPORTED BY  
  
Dr. Pramo S Shekar

Disclaimer: Analysis in this report is based on ECG alone and should only be used as an adjunct to clinical history, symptoms and results of other invasive and non-invasive tests and must be interpreted by a qualified physician.