

# Medical Summary

Name: MR. ARASH PRLCAB  
 Ref Doctor: MBOZWHBEL  
 Date of Birth: 29/07/79  
 Sex: MALE  
 Customer ID: Medd12252057  
 Date: 27/03/24

Present Complaints: Nil complaint.

**Past Illness:**

Major medical illness: Dyslipidemia on Rx.

Surgery: Nil

**Personal history:**

Smoking: -

Tobacco: -

Alcohol: -

Menstrual history: -

Obstetric history: -

Accident: Nil

Others: -

Diet: Mixed

Exercise: Daily walking

Personality: Normal

Marital status: Married

Children: Two

**Family history:**

Tuberculosis: -

Diabetes: Father (+), Mother (+)

Asthma: -

Drug history: -

Allergy: -

Hypertension: -

Heart Disease: -

Others: -

Present Medications: -

**General Examination:**

Height: -

Conjunctiva: Normal

Oedema: Nil

Tongue: Moist

Throat: Normal

Weight: -

Lymphnodes: Nil

Nails: Normal

Others: -

Skin: Normal

BP: -

Eyes: Normal

Genitals: Normal

Dental: Normal

**Eye Screening:**

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



**Systemic Examination:**

Cardiovascular system: S1S2 @  
Peripheral Pulsations: palpable  
Heart: normal  
Respiratory system: NRB @

**Gastrointestinal Systems:**

Higher Function: normal  
Cranial Nerves: normal  
Motor System: normal

Sensory System: normal  
Superficial Reflexes: normal  
Deep Reflexes: normal

**Impression:**

GR calculi

**Diet:**


Normal Diet

**Medication:**

Not recommended now

**Advice & Follow up:**

Follow up with USG for Gall Bladder calcules.

**MEDALL DIAGNOSTICS**  
#191, Poornamallee High Road,  
Kilpauk, Chennai 600 010.  
DR.   
Cell: 91500 42328  
Consultant General Physician



Name : Mr. AKASH PILLAI P  
 PID No. : MED122520579  
 SID No. : 124005510  
 Age / Sex : 44 Year(s) / Male  
 Type : OP  
 Ref. Dr : MediWheel

Register On : 27/03/2024 9:06 AM  
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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 (EDTA Blood/Spectrophotometry)	13.8	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	41.0	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.92	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	83.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	28.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.8	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.6	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	39.65	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	4700	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	56.4	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	32.2	%	20 - 45

SARAVANA KUMAR.R  
 Quality Manager

VERIFIED BY



Dr ARCHANA. K MD Ph.D  
 Lab Director  
 TNMC NO: 79967

APPROVED BY

The results pertain to sample tested.

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Eosinophils  
 (EDTA Blood Impedance Variation & Flow Cytometry)

3.2 %

01 - 06

Monocytes  
 (EDTA Blood Impedance Variation & Flow Cytometry)

7.5 %

01 - 10

Basophils  
 (EDTA Blood Impedance Variation & Flow Cytometry)

0.7 %

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)

2.65  $10^3 / \mu\text{l}$

1.5 - 6.6

Absolute Lymphocyte Count  
 (EDTA Blood Impedance Variation & Flow Cytometry)

1.51  $10^3 / \mu\text{l}$

1.5 - 3.5

Absolute Eosinophil Count (AEC)  
 (EDTA Blood Impedance Variation & Flow Cytometry)

0.15  $10^3 / \mu\text{l}$

0.04 - 0.44

Absolute Monocyte Count  
 (EDTA Blood Impedance Variation & Flow Cytometry)

0.35  $10^3 / \mu\text{l}$

< 1.0

Absolute Basophil count  
 (EDTA Blood Impedance Variation & Flow Cytometry)

0.03  $10^3 / \mu\text{l}$

< 0.2

Platelet Count  
 (EDTA Blood Impedance Variation)

222  $10^3 / \mu\text{l}$

150 - 450

MPV  
 (EDTA Blood Derived from Impedance)

8.6 fL

7.9 - 13.7

PCT  
 (EDTA Blood Automated Blood cell Counter)

0.19 %

0.18 - 0.28

ESR (Erythrocyte Sedimentation Rate)  
 (Blood/Automated - Westergren method)

2 mm/hr

< 15

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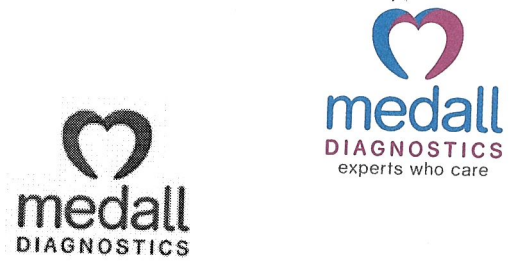


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Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	88.4	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**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
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	92.3	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.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	5.3	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.04	mg/dL	0.9 - 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)	5.7	mg/dL	3.5 - 7.2
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	0.64	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.19	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.45	mg/dL	0.1 - 1.0

*R. A. Saravana Kumar*  
**SARAVANA KUMAR.R**  
 Quality Manager

VERIFIED BY



MC-2425



*Dr. Archana K*  
**Dr. ARCHANA. K MD Ph.D**  
 Lab Director  
 TNMC NO: 79967

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Investigation	Observed Value	Unit	Biological Reference Interval
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	15.4	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	22.5	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	25.8	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	57.9	U/L	53 - 128
Total Protein (Serum/Biuret)	6.53	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.90	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.63	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.48		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	140.7	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	134.7	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.

SARAVANA KUMAR.R  
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Investigation	Observed Value	Unit	Biological Reference Interval
HDL Cholesterol (Serum/Immunoinhibition)	30.1	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	83.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	26.9	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	110.6	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)	4.7	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)	4.5	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.8	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

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**Investigation**

**Observed Value**

**Unit**

**Biological Reference Interval**

**Glycosylated Haemoglobin (HbA1c)**

HbA1C  
(Whole Blood/HPLC)

5.4 %

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 108.28 mg/dL  
(Whole Blood)

**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 glycaemic 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) 0.37 ng/mL  
(Serum/Manometric method)

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 1.00 ng/ml  
(Serum/Chemiluminescent Immunometric Assay (CLIA))

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 7.58 µg/dl  
(Serum/Chemiluminescent Immunometric Assay (CLIA))

4.2 - 12.0

SARAVANA KUMAR.R  
Quality Manager

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**Investigation**

**Observed Value**

**Unit**

**Biological Reference Interval**

**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)

2.40

μIU/mL

0.35 - 5.50

(Serum/Chemiluminescent Immunometric Assay (CLIA))

**INTERPRETATION:**

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

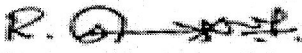
2 nd trimester 0.2-3.0

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

  
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BUN / Creatinine Ratio	5.09		6.0 - 22.0

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)	0 - 1	/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.

  
SARAVANA KUMAR.R  
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-- End of Report --

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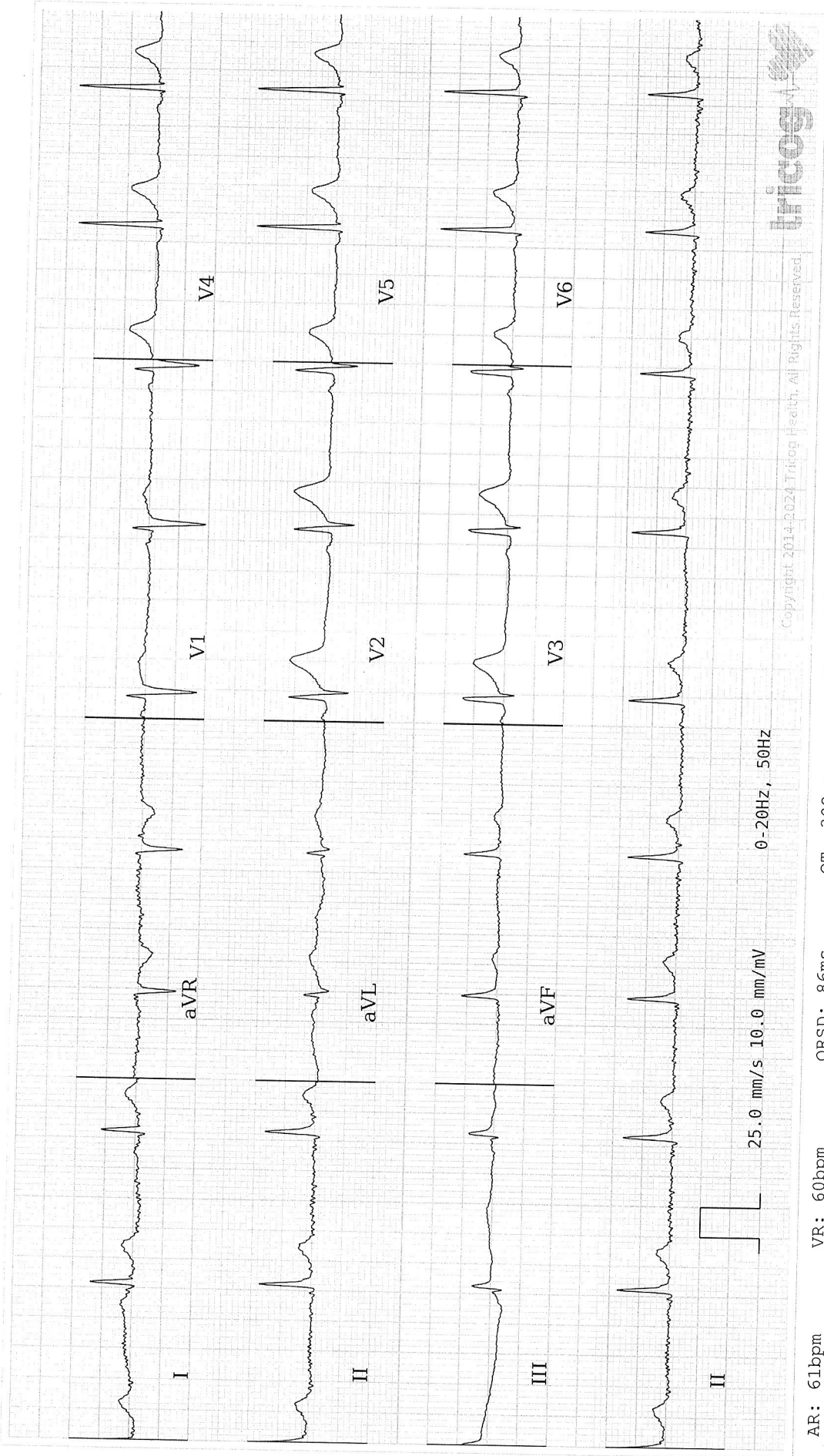
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**MEDALL DIAGNOSTIC CENTER KILPAUK**

Age / Gender: 44/Male  
Patient ID: med122520579  
Patient Name: Mr akash pillai  
Date and Time: 27th Mar 24 9:25 AM



AR: 61bpm VR: 60bpm QRSD: 86ms QT: 392ms QTcB: 392ms PRI: 138ms P-R-T: 7° 53° 28°

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

REPORTED BY

*P. Sudha Parimala*  
Dr. Sudha Parimala

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.

<b>Name</b>	<b>MR.AKASH PILLAI P</b>	<b>ID</b>	<b>MED122520579</b>
<b>Age &amp; Gender</b>	<b>44Y/MALE</b>	<b>Visit Date</b>	<b>27/03/2024</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

## ULTRASOUND SCAN

### WHOLE ABDOMEN

**Liver** is normal in size and shows uniform echotexture with no focal abnormality. There is no intra or extra hepatic biliary ductal dilatation. Portal vein and IVC are normal.

**Gall bladder** is well distended and shows two calculi of size 5 mm and 3.5 mm near neck without wall thickening.

**Pancreas** shows a normal configuration and echotexture. Pancreatic duct is normal.

**Spleen** is normal in size and echotexture.

**Bilateral kidneys** are normal in size, shape and position. Cortical echoes are normal bilaterally. There is no calculus or calyceal dilatation.

**Right kidney** measures 9.7 x 5.4 cm.

**Left kidney** measures 9.4 x 5.3 cm.

Ureters are not dilated.

**Urinary bladder** is smooth walled and uniformly transonic. No intravesical mass or calculus.

**Prostate** is normal in size, measures 3.8 x 3.4 x 3.3 cm (Vol – 23 cc). Echotexture is homogenous.

Seminal vesicles is normal.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.





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Age & Gender	44Y/MALE	Visit Date	27/03/2024
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**IMPRESSION:**

➤ **Cholelithiasis.**

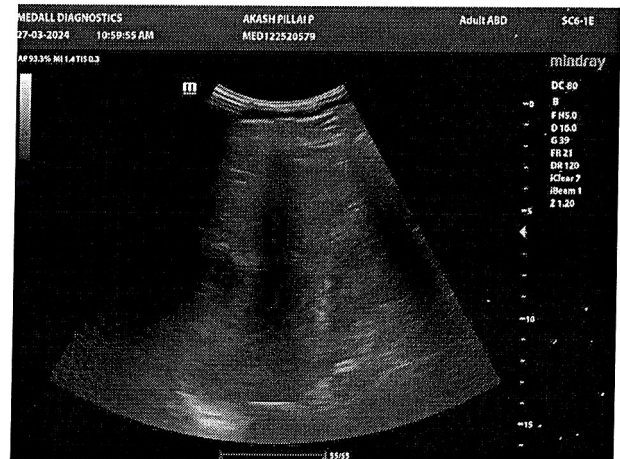
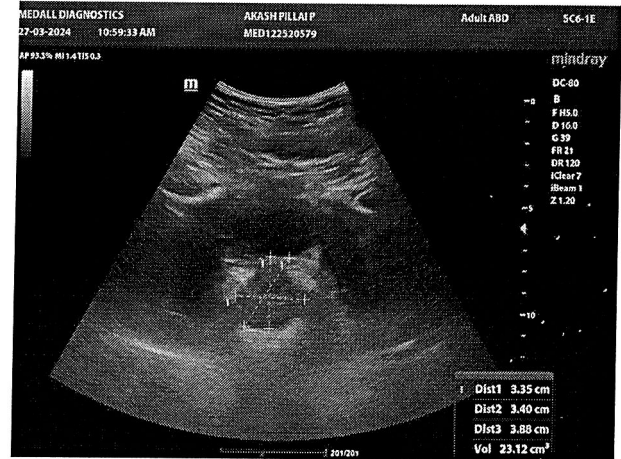
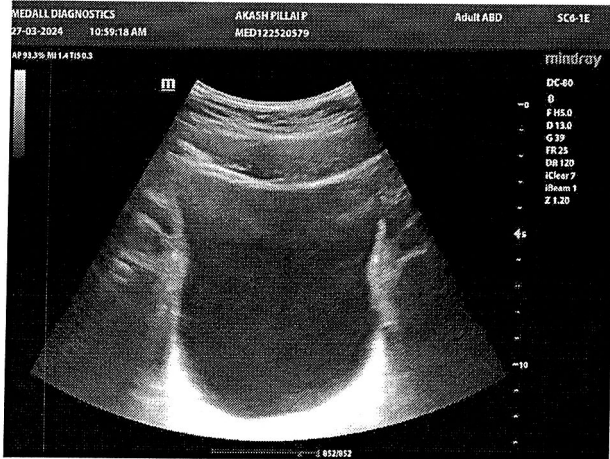
**Dr.PRASHANT MOORTHY, MBBS., MD.,**  
Consultant Radiologist



**Dr. M. JAYAPRABA.**  
Consultant Sonologist



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Name	MR.AKASH PILLAI P	ID	MED122520579
Age & Gender	44Y/MALE	Visit Date	27/03/2024
Ref Doctor	MediWheel		



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<b>Name</b>	<b>MR.AKASH PILLAI P</b>	<b>ID</b>	<b>MED122520579</b>
<b>Age &amp; Gender</b>	<b>44Y/MALE</b>	<b>Visit Date</b>	<b>27/03/2024</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

**ECHO CARDIOGRAM REPORT**

**2D ECHO STUDY:**

- Normal chamber dimensions.
- Normal LV / RV size and systolic function (EF: 68%)
- No Regional wall motion abnormality.
- No ventricular hypertrophy.
- IAS and IVS are intact.
- No e/o of clot / Aneurysm.
- Normal pericardium.

**FINAL IMPRESSION:**

- NORMAL LV / RV SIZE AND SYSTOLIC FUNCTION. (EF : 68% )
- NO REGIONAL WALL MOTION ABNORMALITY.
- NORMAL VALVES FOR AGE.
- NORMAL DIASTOLIC COMPLIANCE.
- NORMAL COLOUR FLOW STUDIES.

**LEFT VENTRICULAR MEASUREMENT:**

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
AO (ed)- 2.5cm(1.5cm/3.5cm)		IVS (ed) - 1.1cm	(0.6cm/1.2cm)
LA (ed)- 2.6cm(1.5cm/3.5cm)		LVPW(ed) - 1.0cm	(0.6cm/1.1cm)
RVID(ed)- 1.2cm(0.9cm/2.8cm)		EF 68 %	(62 %-85 %)
LVID (ed)- 4.5cm(2.6cm/5.5cm)		FS 36 %	
LVID (es)- 3.0cm			

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**MORPHOLOGICAL DATA:**

Mitral valve

Anterior mitral leaflet (AML)	: Normal
Posterior mitral leaflet (PML)	: Normal
Aortic Valve	: Normal
Tricuspid Valve	: Normal
Pulmonary Valve	: Normal
Interatrial Septum	: Intact
Interventricular Septum	: Intact
Right Ventricle	: Normal
Right Atrium	: Normal
Pulmonary Artery	: Normal
Left Ventricle	: Normal
Left Atrium	: Normal

**PERICARDIUM:**

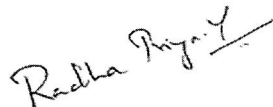
- Normal.

**DOPPLER STUDY:**

Continuous Wave Doppler & Colour Flow Study:

➤ *Normal colour flow studies.*

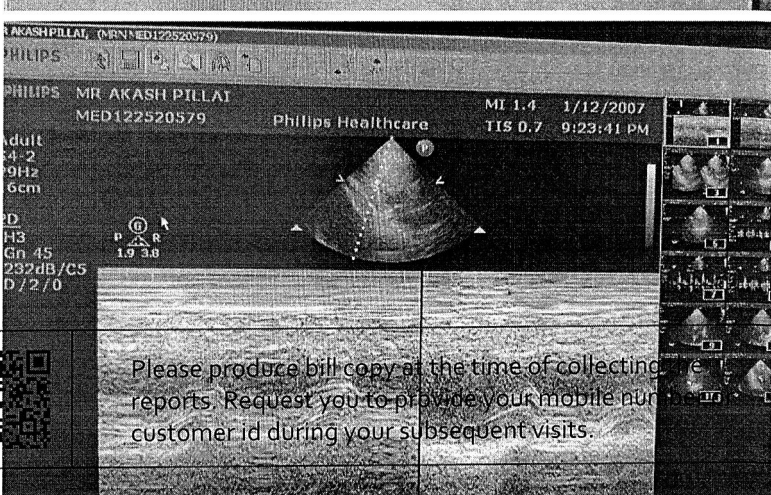
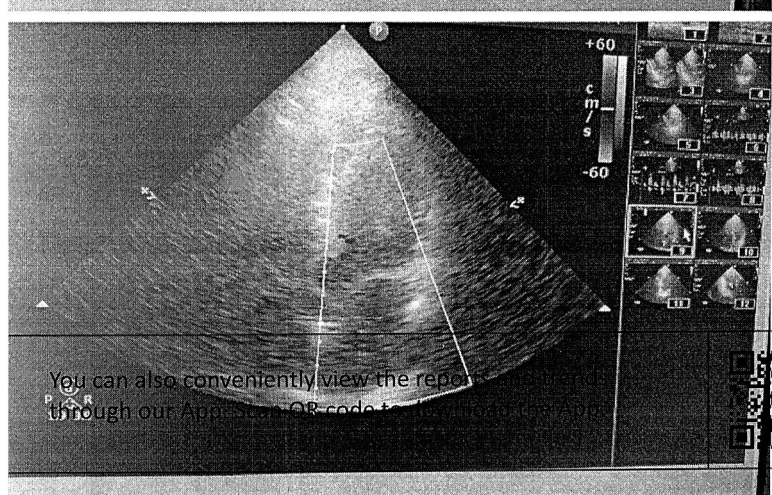
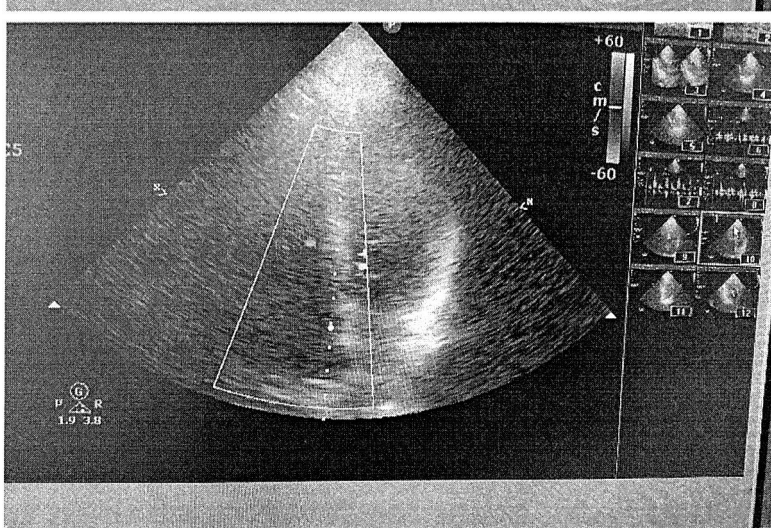
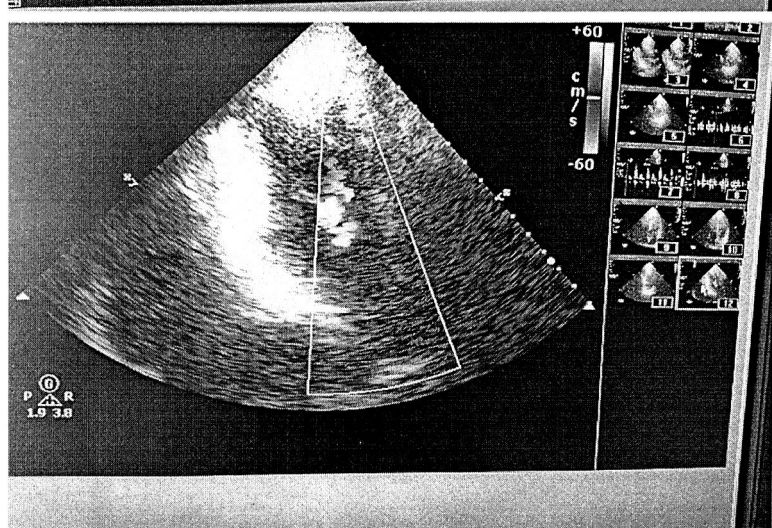
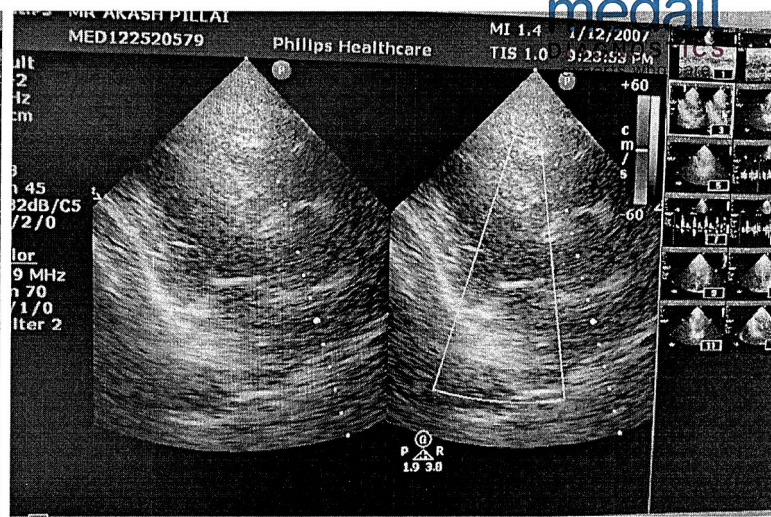
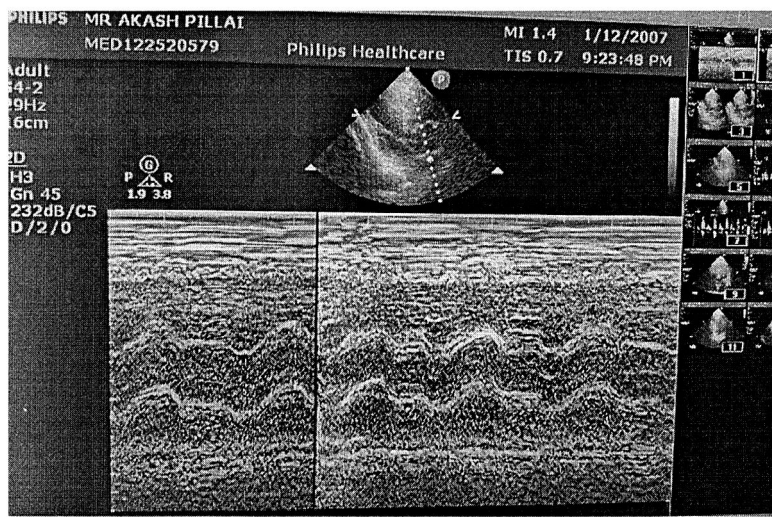
DONE BY:VIJAYALAKSHMI.P



**DR.RADHA PRIYA.Y**  
Consultant Cardiologist







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Name	Mr. AKASH PILLAI P	Customer ID	MED122520579
Age & Gender	44Y/M	Visit Date	Mar 27 2024 9:05AM
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. Prashant Moorthy MBBS., MD  
Consultant Radiologist

