

Customer Name	MR.JANAKIRAMAN K	Customer ID	MED410212117
Age & Gender	58Y/MALE	Visit Date	20/11/2024
Ref Doctor	SELF		

Personal Health Report

General Examination:

Height : 171.0 cms
Weight : 75.1 kg
BMI : 25.7 kg/m²

BP: 120/75 mmhg
Pulse: 76/ min, regular

Systemic Examination:

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

Blood report:

Haemoglobin- 12.0 g/dl, Packed cell volume (PCV)Haematocrit – 35.9 %, RBC count – 4.33 mill/cu.mm – slightly Low.

ESR- 42 mm/hr- 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 - Fatty liver, bilateral renal cortical cysts.

Eye Test – Left side Distant and near vision defect.

Vision	Right eye	Left eye
Distant Vision	-	6/12
Near Vision	-	N10
Colour Vision	-	Normal



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Impression & Advice:

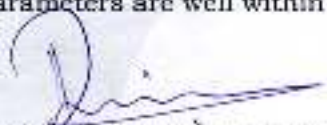
Haemoglobin- 12.0 g/dl, Packed cell volume (PCV)Haematocrit - 35.9 %, RBC count - 4.33 mill/cu.mm - slightly Low. To consult a hematologist for further evaluation and management

ESR- 42 mm/hr- Elevated. To consult general physician for further evaluation and management.

USG whole abdomen - Fatty liver, bilateral renal cortical cysts - To consult urologist and to take low fat diet, and high fiber diets. Regular brisk walking for 45 minutes daily, 5 days a week is essential.

Eye Test - Left side Distant and near 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, FIC
MHC Physician Consultant

Jr. Noor Mohammed Rizwan A
MBBS, FDM, FIC
Reg.No.120325
Consultant Physician
Medall Health Care and Diagnostics Pvt Ltd



Name : Mr. JANAKIRAMAN K
PID No. : MED410212117
SID No. : 224015733
Age / Sex : 58 Year(s) / Male
Type : OP
Ref. Dr : SELF

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Investigation	Observed Value	Unit	Biological Reference Interval
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (Whole Blood - W/Spectrophotometry)	12.0	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Whole Blood - W/Derived from Impedance)	35.9	%	42 - 52
RBC Count (Whole Blood - W/Impedance Variation)	4.33	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Whole Blood - W/Derived from Impedance)	82.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Whole Blood - W/Derived from Impedance)	27.6	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Whole Blood - W/Derived from Impedance)	33.3	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	16.5	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	47.87	fL	39 - 46
Total Leukocyte Count (TC) (Whole Blood - W/Impedance Variation)	8200	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	68.6	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	22.1	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.5	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	7.5	%	01 - 10

S. Laxmana Pandi
LAXMANA PANDI S
Sr Lab Tech

VERIFIED BY



Dr. Samudrata Bharathi
MD Pathology
Lab Director
LIC. No.: 71802

APPROVED BY

The results pertain to sample tested.

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Basophils
(EDTA Blood/Impedance Variation & Flow Cytometry)

0.3 %

00 - 02

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

Absolute Neutrophil count
(Whole Blood - W/Impedance Variation & Flow Cytometry)

5.63 $10^3 / \mu\text{l}$

1.5 - 6.6

Absolute Lymphocyte Count
(Whole Blood - W/Impedance Variation & Flow Cytometry)

1.81 $10^3 / \mu\text{l}$

1.5 - 3.5

Absolute Eosinophil Count (AEC)
(Whole Blood - W/Impedance Variation & Flow Cytometry)

0.12 $10^3 / \mu\text{l}$

0.04 - 0.44

Absolute Monocyte Count
(Whole Blood - W/Impedance Variation & Flow Cytometry)

0.61 $10^3 / \mu\text{l}$

< 1.0

Absolute Basophil count
(Whole Blood - W/Impedance Variation & Flow Cytometry)

0.02 $10^3 / \mu\text{l}$

< 0.2

Platelet Count
(Whole Blood - W/Impedance Variation)

475 (Rechecked) $10^3 / \mu\text{l}$

150 - 450

MPV
(EDTA Blood/Derived from Impedance)

7.4 μL

7.9 - 13.7

PCT
(EDTA Blood/Automated Blood cell Counter)

0.35 %

0.18 - 0.28

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

42 mm/hr

< 20

BUN / Creatinine Ratio

6.90

6.0 - 22.0

Glucose Fasting (FBS)
(Plasma - F/GOD-PAP)

62.2 mg/dL

Normal: < 100
Pre Diabetic: 100 - 125
Diabetic: \geq 126

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PMC. No.: 7200

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BLOOD GROUPING AND Rh TYPING

'O' Positive'

(Whole Blood - With Both Forward and Reverse Technique)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion


DR SURYA LAKSHMI
Consultant Pathologist
KMC NO: 112817
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Dr Samudra Bhargathi
MD Pathology
Lab Director
TMC No: 72012
APPROVED BY

-- End of Report --

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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.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	135.90	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)	8.29	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	1.20	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)	6.00	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.50	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.16	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.34	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.70	U/L	5 - 40
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S. Laxmana Pandi
LAXMANA PANDI S
Sr Lab Tech

VERIFIED BY



Dr. Sambudra Bhargathi
MD Pathology
Lab Director
FACCT No.: 72802

APPROVED BY

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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified JFCC)	10.4	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/JFCC / Kinetic)	27.70	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified JFCC)	57.80	U/L	56 - 119
Total Protein (Serum/Biuret)	6.61	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.20	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.41	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	0.94		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	125.50	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	62.20	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)	30.20	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
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LDL Cholesterol (Serum/Calculated)	82.9	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: \geq 190
VLDL Cholesterol (Serum/Calculated)	12.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	95.3	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)	4.2		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)	2.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood - W/HPLC)	6.5	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5
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Dr. Srinivasan Srinivasan
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Lab Director
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	139.85	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/Monometric method)	0.26	ng/mL	
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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))	0.47	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))	8.51	µg/dl	4.82 - 15.65
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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))	3.92	µIU/mL	0.35 - 5.50
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S. Laxmana Pandi
LAXMANA PANDI S
Sr Lab Tech

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Dr. Samudra Bharathi
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Lab Director
TMC No.: 72002

APPROVED BY

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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 ≤ 0.03 $\mu\text{IU/mL}$ need to be clinically correlated due to presence of rare TSH variant in some individuals.

Stool Analysis - ROUTINE

Colour (Stool)	Yellowish Brown	Brown
Blood (Stool)	Absent	Absent
Mucus (Stool)	Absent	Absent
Reaction (Stool)	Acidic	Acidic

Urine Analysis - Routine

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

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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.

Consistency	Liquid	Semi Solid
Ova (Stool)	NIL	NIL
Others (Stool)	NIL	NIL
Cysts (Stool)	NIL	NIL
Trophozoites (Stool)	NIL	NIL
RBCs (Stool)	NIL	/hpf
Pus Cells (Stool)	1 - 2	/hpf
Macrophages (Stool)	NIL	NIL
Epithelial Cells (Stool)	NIL	/hpf

S. Laxmana Pandi
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Sr Lab Tech
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Age & Gender	58Y/M	Visit Date	Nov 20 2024 8:25AM
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X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

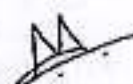
Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: No significant abnormality detected.



DR. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST



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SONOGRAM REPORT

WHOLE ABDOMEN

The liver is normal in size and shows diffuse fatty changes. No focal lesion is seen.

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 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.

Contracted right kidney measures ~ 8.2 x 4.3 cm.

A cyst measuring ~ 1.4 x 1.3 cm noted in upper pole of right kidney.

The left kidney measures ~ 10.9 x 5.5 cm.

Two cysts, each measuring ~ 1.3 x 1.2 cm noted in mid pole and ~ 1.6 x 1.2 cm noted in lower pole of left kidney.

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.



Customer Name	MR.JANAKIRAMAN K	Customer ID	MED410212117
Age & Gender	58Y/MALE	Visit Date	20/11/2024
Ref Doctor	SELF		

The prostate measures ~ 3.4 x 3.1 x 3.1 cm (Vol ~ 18 ml) and is normal sized.

The echotexture is homogenous.

The seminal vesicles are normal.

Iliac fossae are normal.

IMPRESSION:

- Fatty liver.
- Bilateral renal cortical cysts.



**DR. UMALAKSHMI
SONOLOGIST**



Medall Healthcare Pvt Ltd

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

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Age & Gender	58Y/MALE	Visit Date	20/11/2024
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ECHOCARDIOGRAPHY

M-MODE MEASUREMENTS:-

<u>VALUES</u>	
AO	3.2 cm
LA	3.3 cm
LVID(D)	4.5 cm
LVID (S)	2.8 cm
IVS (D)	1.1 cm
LVPW (D)	1.1 cm
EF	65 %
FS	35 %
TAPSE	19 mm

DOPPLER AND COLOUR FLOW PARAMETERS :-

<i>Aortic Valve Gradient</i>	: V max – 1.56 m/sec	
<i>Pulmonary Valve Gradient</i>	: V max – 1.02 m/sec	
<i>Mitral Valve Gradient</i>	: E: 0.64 m/sec	A: 0.90 m/sec
<i>Tricuspid Valve Gradient</i>	: E: 0.43 m/sec	

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>



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CHAMBERS	
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 65%.
Grade I LV Diastolic dysfunction.
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%**

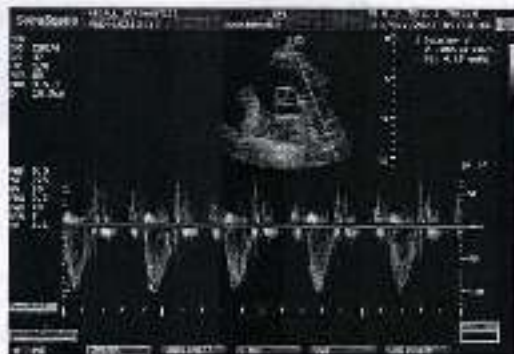
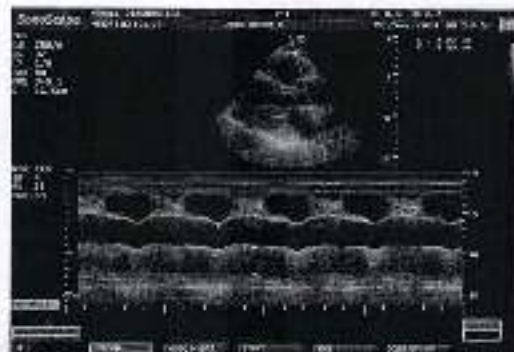


MOHANRAJ
ECHO TECHNOLOGIST



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

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Age & Gender	58Y/MALE	Visit Date	20/11/2024
Ref Doctor	SELF		



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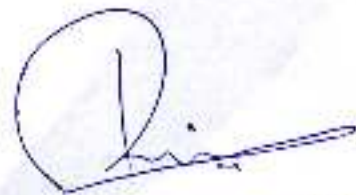
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20/11/2024

Mr. Inakiraman 58/m

Dental

- plaque ⊕
- No tartar
- Oral Cavity ⊕
- loss of teeth ⊕
- Alignment Crooked
- Gum ⊕



Dr. Noor Mohammed Rizwan A
MBBS., FOM, FIC
Reg. No. 120325
Consultant Physician
A Medall Health Care and Diagnostics Pvt Ltd



Customer Name	Tongki Ramon	Customer ID	
Age & Gender	58m	Visit Date	
Ref Doctor			

VISION FORM:

Vision	Right eye	Left eye
Distant Vision	—	6/12
Near Vision	—	NO
Colour Vision	—	Normal

Impression:

→ Distant and near vision defect. (Lt)



Dr. Noor Mohammed Rizwan A
MBBS., FDM FIC
Reg. No 120325
Consultant Physician
A Medall Health Care and Diagnostics Pvt. Ltd



Customer Name	Jankipanna	Customer ID	
Age & Gender	58 fm	Visit Date	
Ref Doctor			

VITALS FORM:

Height : 171 cms
 Weight : 75.1 kg
 BMI : 25.7 kg/m²
 BP : 120/75 / mmhg
 Pulse : 76 / min, regular

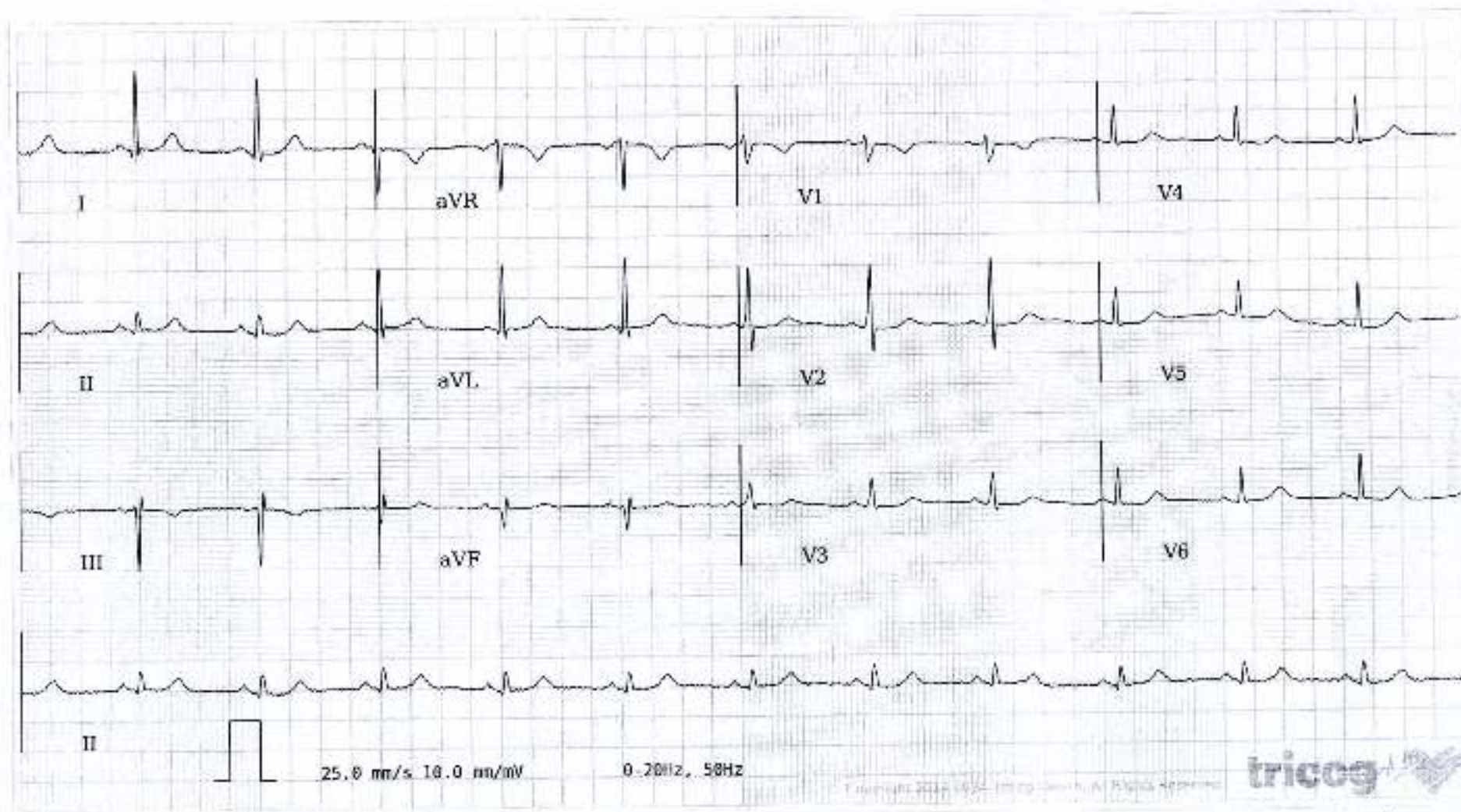


Medall Diagnostic Vadapalani



Age / Gender: 58/Male
Patient ID: med410212117
Patient Name: Mr Janakiraman k

Date and Time: 20th Nov 24 9:40 AM



AR: 74bpm VR: 74bpm QRSD: 74ms QT: 372ms QTcB: 413ms PRT: 128ms P-R-T: 47° 3° 15°

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

REPORTED BY

