

Customer Name	MR.S.BHARATH	Customer ID	MED120619942
Age & Gender	38Y/MALE	Visit Date	23/03/2024
Ref Doctor	MediWheel		

Personal Health Report

General Examination:

Height : 185.0 cms

BP: 130/80 mmhg

Pulse: 74/min, regular

Systemic Examination:

CVS: S1 S2 heard;

RS : NVBS +.

Abd : Soft.

CNS : NAD

Blood report:

ESR - 27%- Elevated.

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

Urine analysis – Within normal limits.

USG whole abdomen - Fatty liver.

X-Ray Chest – Normal study.

ECG – Normal ECG.

ECHO – Normal study.

Eye Test – Normal study.

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



Name : Mr. S.BHARATH
PID No. : MED120619942
SID No. : 224004255
Age / Sex : 38 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 23/03/2024 9:15 AM
Collection On : 23/03/2024 9:59 AM
Report On : 23/03/2024 5:26 PM
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Investigation	Observed Value	Unit	Biological Reference Interval
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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

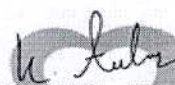
Haemoglobin (EDTA Blood/Spectrophotometry)	14.8	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	45.4	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.98	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	91.1	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	29.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.6	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	14.0	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	44.64	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6300	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	53.6	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	35.9	%	20 - 45

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MC-2425




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

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The results pertain to sample tested.

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Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	2.8	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	7.4	%	01 - 10
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 (EDTA Blood/Impedance Variation & Flow Cytometry)	3.38	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.26	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.18	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.47	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.02	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	231	10 ³ / μ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.4	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)	27	mm/hr	< 15

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Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	85.4	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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	72.6	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.

Remark: Please correlate clinically.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.7	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	1.02	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)	3.4	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.35	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.14	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.21	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	10.0	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	18.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	16.7	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	69.9	U/L	53 - 128
Total Protein (Serum/Biuret)	6.84	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.00	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.84	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.41		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	126.5	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	54.8	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

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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)	25.8	mg/dL	Optimal(Negative Risk Factor): \geq 60 Borderline: 40 - 59 High Risk: $<$ 40
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LDL Cholesterol (Serum/Calculated)	89.7	mg/dL	Optimal: $<$ 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: \geq 190
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VLDL Cholesterol (Serum/Calculated)	11	mg/dL	$<$ 30
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Non HDL Cholesterol (Serum/Calculated)	100.7	mg/dL	Optimal: $<$ 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: \geq 220
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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)	4.9		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
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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
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.7	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5
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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)	116.89	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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.05	ng/ml	0.7 - 2.04
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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))	10.20	µg/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.

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MC-2426




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

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Investigation	Observed Value	Unit	Biological Reference Interval
TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.49	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&lt;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	9.5		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)	2 - 3	/hpf	NIL
Epithelial Cells (Urine/Automated - Flow cytometry)	1 - 2	/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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-- End of Report --

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X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

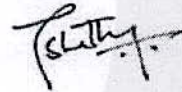
Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: Essentially normal study.



DR. TRISHUL SHETTY
CONSULTANT RADIOLOGIST



Customer Name	MR.S.BHARATH	Customer ID	MED120619942
Age & Gender	38Y/MALE	Visit Date	23/03/2024
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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.

The right kidney measures ~ 11.4 x 5.2 cm.

The left kidney measures ~ 11.4 x 5.7 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.

The prostate measures ~ 3.7 x 3.4 x 2.6 cm (Vol ~ 17.9 ml) and is normal sized.

The echotexture is homogeneous.



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The seminal vesicles are normal.

Iliac fossae are normal.

IMPRESSION:

- **Fatty liver.**
- **Normal study of other abdominal organs.**



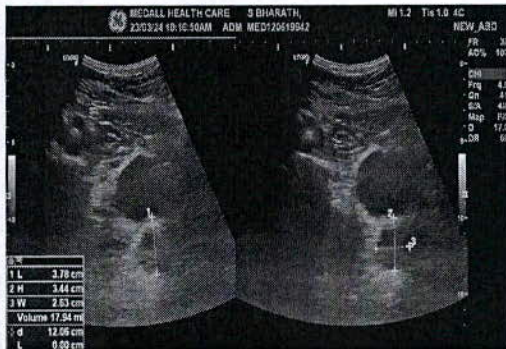
**DR. UMALAKSHMI
SONOLOGIST**



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	3.0 cm
LA	3.3 cm
LVID(D)	4.3 cm
LVID (S)	3.0 cm
IVS (D)	1.1 cm
LVPW (D)	1.0 cm
EF	60 %
FS	30 %
TAPSE	19 mm

DOPPLER AND COLOUR FLOW PARAMETERS :-

<i>Aortic Valve Gradient</i>	: <i>V max – 0.75 m/sec</i>	
<i>Pulmonary Valve Gradient</i>	: <i>V max – 0.93 m/sec</i>	
<i>Mitral Valve Gradient</i>	: <i>E: 0.70 m/sec</i>	<i>A: 0.41 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>



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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)
Good Left Ventricular systolic function, EF 60 %.
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:

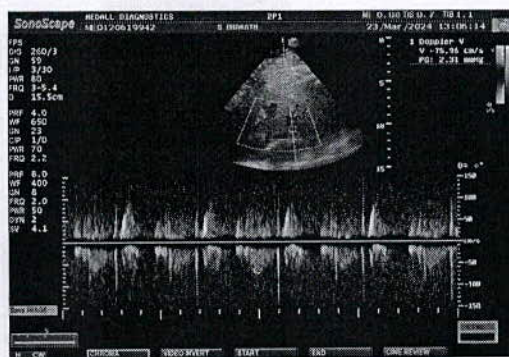
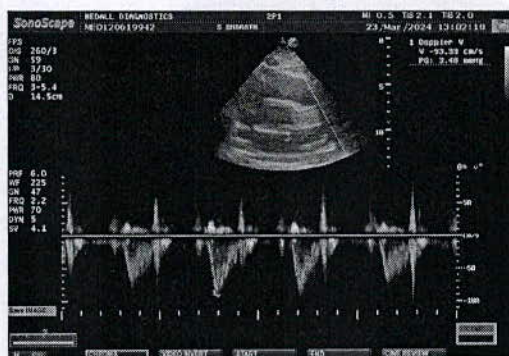
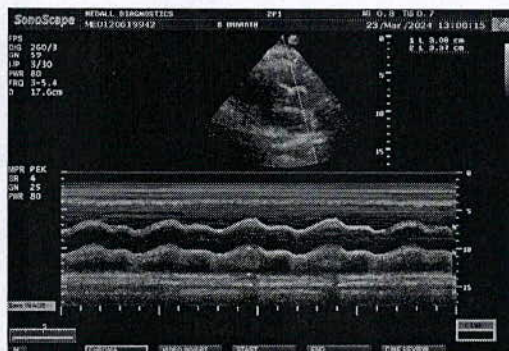
- * **STRUCTURALLY NORMAL HEART.**
- * **GOOD LEFT VENTRICULAR SYSTOLIC FUNCTION, EF 60%**


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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Ref Doctor	MediWheel		



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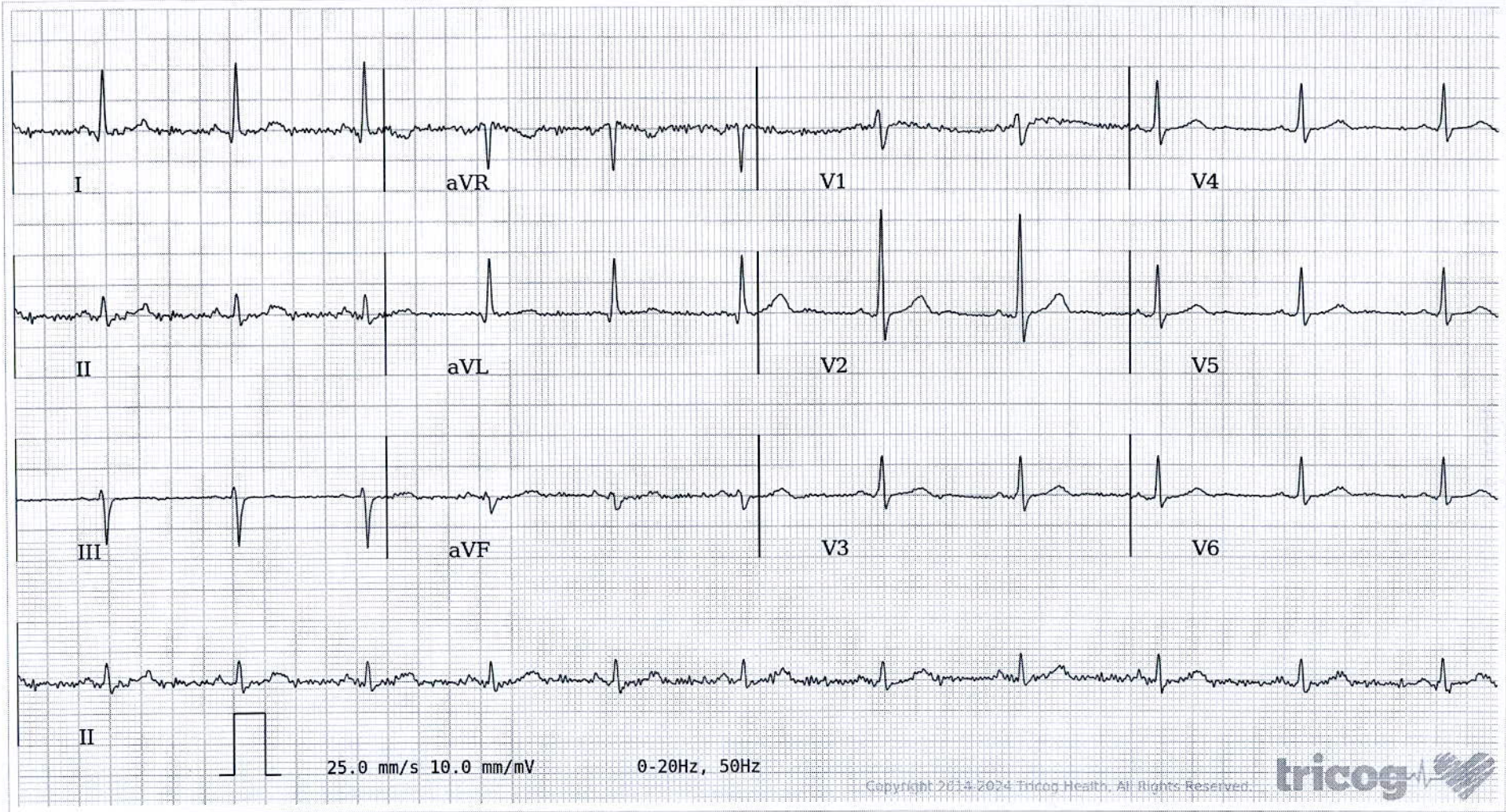


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Age / Gender: 38/Male
Patient ID: med120619942
Patient Name: Mr bharath

Date and Time: 23rd Mar 24 12:38 PM



AR: 70bpm VR: 69bpm QRSD: 100ms QT: 374ms QTcB: 401.07ms PRI: 138ms P-R-T: 34° -7° 41°

ECG Within Normal Limits: Poor Quality ECG, Please repeat ECG as interpretation may be impaired, Sinus Rhythm. Please repeat ECG with the same ID. Baseline wandering. Baseline artefacts. Please correlate clinically.

REPORTED BY



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.