

Medical Summary

Name:	Ho Poasad.	
L. 4 .1		

Date of Birth: 12/8/1976 Customer ID: Sex: Nole

Ref Doctor:

Date: 13/4/24

Present Complaints:

Alclo CAD SIP MTCA on med antipleality

SIP home sex two the carried whole

Accident: & Shalden wing a

Others:

Past Illness:

Major medical Illness:

Surgery:

Personal history:

Smoking: Tobacco: Alcohol:

Menstrual history: Obstetric history:

Diet: ' Ley '
Exercise:

Personality: Aunge built Marital status: manual Children: Islayah.

Family history:

Tuberclosis:

Diabetes: Asthma:

Drug history:

Hypertension: Jather Heart Disease: Others:

Present Medication

General Examination:

Height:

Throat:

Conjunctiva: Oedema: Tongue:

Allergy:

Lymphnodes: not pelpoli Eyes: (1),
Nails: (N)
Genitals: not la

NIL

Others:

Eye Screening:

Vision	R/E	L/E	<u> </u>
Distant Vision			
Near Vision	(4)	1 (n)	lipita spees.
Colour Vision	(2)	W,	



Systemic Examination:

Cardiovascular system: Sischurd

Peripheral Pulsations:

Respiratory system: NV33 (15)

Gastrointestinal Systems:

Higher Function: w~ Cranial Nerves: UM

Motor System: um

Sensory System: ~~~

Superficial Reflexes: +

Deep Reflexes:

Impression:

ssion:

-> pgudishehe (HbAic -6)

-> pgudishehe (HbAic -6)

-> Usu chdon > dishuded cos & 2 coled! 7 m x 6 mm.

-> usu chdon > dishuded cos & 2 coled! 7 m x 6 mm.

Mantener luman inthonn

Wall thickeing.

Diet:

low clo Celano / low fait

Medication:

Advice & Follow up:

& Follow up: if have any Complish like Monthly / faces ahdowind pair can grefer a garbero enters (g'st for further enalmenters. MEDALL DIAGNOSTI-

MEDALL DIAGNOSTICS #191, Poessmarks High Road, Kilpauk, Chennal - 600 010,

Cell: 91500 42200

DR. HARI GARAN Consultant General Physician

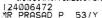


(Medall Healthcare Pvt Ltd)

SELF REFERRAL FORM

MED12176223 210 5)13-04-2407:40 A





Customer Information

I, give consent to Med	all Healthcare Pvt Ltd to perform the	e My-Health Pa	ickage investigat	tion requested by m	e. I declare that my ag
is 18 years or above 1	8 years and I don't have any metal i	mplants inside	my body and do	n't have a pacemak	er or stents. I am also
aware that the blood te	sts are done in non-fasting (Random	n) Sample			
Name: Mr/Ms/Mrs	PPRAS	, _A D			
Company Name			Occupatio 1		
Date of Birth :	120819	70	or Age:	3 Gender:	Male Female
Contact Number :	7981540		3 Pin Code	600	010
Email ID	prasad	. 18	804	Qgma	9 1. com
	Vitals Observation	s (to be filled	hy Medall toa	m)	
Place of service :		(mention Loc		1117	
Height	159.	Cms		feet	Inches
Waist	35. II	nches	(a)		
Hip	37. Ir	nches walst -			
Weight	71.8	Kgs	<i>6</i> 39	Clinical History	/ Medicines Taken
Fat	27.2%				
Visceral Fat	17.0%	No. Annual	90*		
RM	1596 Cal		The second secon		a a
ВМІ	28,4				
Body Age	5 9 Yrs			P	
Systolic BP	127 mm/Hg		M		obacco Drink ducts Alchohol
Diastolic BP 2) 129 89 m	mm/Hg			Some days [Daily [Check in the appropr	ate box
3) 130/90 mr	nHg. Inspiration:39.	cm Expir	ation: 37	cm SP 02 : 10C	Pulse : 6.3
lways Ensure that the customer is relaxed and in sitting position while doing BP check)					
Date 13/4/24	Medall Employee Nan		Jame:	Adriga	- 1 1 1 1 1 1
have verified and agr	ee with all the data in this sheet without fail	Y CHE	Cu	stomer Signature	



Name	MR.PRASAD P	ID	MED121762232
Age & Gender 53Y/MALE	Visit Date	13/04/2024	
Ref Doctor	MediWheel		

ULTRASOUND SCAN

WHOLE ABDOMEN

Liver is normal in size and shows homogenously increased parenchymal echoes 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 7 mm and 6 mm each in anterior lumen 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 9.2 x 4.8 cm.

Left kidney measures 9.9 x 5.2 cm.

Ureters are not dilated.

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

Prostate is enlarged in size, measures 4.2 x 4.0 x 3.8 cm (Vol – 34 cc). Echotexture is homogenous.

Seminal vesicles is normal.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.





Name	MR.PRASAD P	ID	MED121762232
1101110	53Y/MALE	Visit Date	13/04/2024
Ref Doctor	MediWheel		

IMPRESSION:

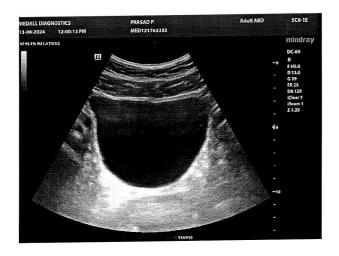
- > Grade I fatty liver.
- > Cholelithiasis.
- > Prostatomegaly.

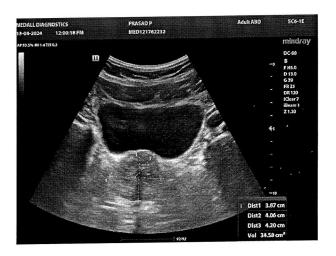
Dr.PRASHANT MOORTHY, MBBS., MD., Consultant Radiologist Dr. M. JAYAPRABA. Consultant Sonologist



Medall Healthcare Pvt Ltd No:191, Poonamalle High Road (Near Taylors Road Signal)

	MR.PRASAD P	ID	MED121762232
Name	53Y/MALE	Visit Date	13/04/2024
Age & Gender		Visit Date	
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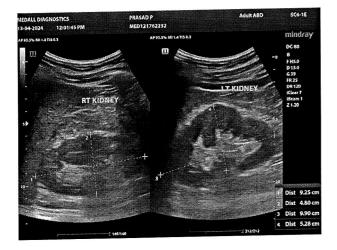


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Name	53Y/MALE	Visit Date	13/04/2024
Age & Gender	MediWheel		•
Ref Doctor	Mediwheel		









: Mr. PRASAD P

PID No.

: MED121762232

SID No.

Type

Ref. Dr

: 124006472

Age / Sex : 53 Year(s) / Male

: MediWheel

Register On : 13/04/2024 7:19 AM

Collection On : 13/04/2024 8:49 AM Report On

: 13/04/2024 7:49 PM

Printed On

: 13/04/2024 8:48 PM



Investigation	Observed Value	<u>Unit</u>	Biological
BLOOD GROUPING AND Rh TYPING	'O' 'Positive) ¹	Reference Interval
(EDTA Blood/Agglutination)			
INTERPRETATION: Reconfirm the Blood grou	p and Typing before	ore blood transfusion	
<u> Complete Blood Count With - ESR</u>			
Haemoglobin (Whole Blood - W/ <i>Spectrophotometry)</i>	11.6	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit Whole Blood - W/Derived from Impedance)	33.1	%	42 - 52
RBC Count Whole Blood - W/ <i>Impedance Variation)</i>	3.63	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)	31.9	pg	27 - 32
Mean Corpuscular Haemoglobin oncentration(MCHC) Whole Blood - W/Derived from Impedance)	35.0	g/dL	32 - 36
DW-CV Whole Blood - W/Derived from Impedance)	12.4	%	11.5 - 16.0
DW-SD /hole Blood - W/ <i>Derived from Impedance)</i>	39.54	fL	39 - 46
otal Leukocyte Count (TC) hole Blood - W/Impedance Variation)	5300	cells/cu.mm	4000 - 11000
eutrophils DTA Blood/ <i>Impedance Variation & Flow</i> tometry)	39.3	%	40 - 75
mphocytes DTA Blood <i>'Impedance Variation & Flow</i> ometry)	49.3	%	20 - 45









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The results pertain to sample tested.

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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u>
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	1.5	%	Reference Interval
Monocytes (EDTA Blood'Impedance Variation & Flow Cytometry)	9.5	%	01 - 10
Basophils (EDTA Blood <i>Impedance Variation & Flow</i> Cytometry)	0.4	%	00 - 02
INTERPRETATION: Tests done on Automated I Absolute Neutrophil count	Five Part cell coun	ter. All abnormal results	are reviewd and a
Absolute Neutrophil count Whole Blood - W/Impedance Variation & Flow Cytometry)	2.08	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count Whole Blood - W/Impedance Variation & Flow Cytometry)	2.61	10^3 / μ1	1.5 - 3.5
Absolute Eosinophil Count (AEC) Whole Blood - W/Impedance Variation & Flow Sytometry)	0.08	10^3 / μ1	0.04 - 0.44
bsolute Monocyte Count Whole Blood - W/Impedance Variation & Flow wtometry)	0.50	10^3 / μΙ	< 1.0
bsolute Basophil count Whole Blood - W/Impedance Variation & Flow wtometry)	0.02	10^3 / μ1	< 0.2
atelet Count [/] hole Blood - W/ <i>Impedance Variation)</i>	180	10^3 / μ1	150 - 450
PV hole Blood - W/ <i>Derived from Impedance)</i>	8.6	fL	7.9 - 13.7
CT hole Blood - W/Automated Blood cell unter)	0.15	%	0.18 - 0.28
R (Erythrocyte Sedimentation Rate) hole Blood - W/Automated - Westergren hod)	2	mm/hr	< 20









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<u>Investigation</u>	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	116.9	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

Collection On : 13/04/2024 8:49 AM

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)

148.0

mg/dL

70 - 140

(Plasma - PP/GOD-PAP)

INTERPRETATION:

Uric Acid

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		C	Negative
Blood Urea Nitrogen (BUN) (Serum/ <i>Urease UV / derived</i>)	11.1	mg/dL		7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.23	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/ <i>Enzymatic</i>)	5.9	mg/dL	3.5 - 7.2
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	1.12	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.37	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.75	mg/dL	0.1 - 1.0









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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	12.9	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	18.0	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	17.6	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	49.0	U/L	56 - 119
Total Protein (Serum/Biuret)	6.82	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.20	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.62	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.60		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	122.7	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	103.6	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	<u>Unit</u>		<u>Biological</u> Reference Interval
HDL Cholesterol (Serum/Immunoinhibition)	26.1	mg/dL		Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	75.9	mg/dL		Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	20.7	mg/dL		< 30
Non HDL Cholesterol (Serum/Calculated)	96.6	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	4.7
(Serum/Calculated)	
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/ <i>Calculated</i>)	4
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.9

Optimal: < 3.3Low Risk: 3.4 - 4.4

Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0

Optimal: < 2.5Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0

> Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0









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COURSE ROAD, GUINDY, CHENNAI, TAMIL NADU, INDIA,

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: OP

Age / Sex : 53 Year(s) / Male

Report On **Printed On** 13/04/2024 7:49 PM

13/04/2024 8:48 PM

Ref. Dr

: MediWheel

Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Glycosylated Haemoglobin (HbA1c)			
HbA1C (Whole Blood/ <i>HPLC</i>)	6.0	%	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)

125.5 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.

Prostate specific antigen - Total(PSA)

(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

0.76

ng/ml

0.4 - 1.81

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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

5.83

μg/dl

4.2 - 12.0

(Serum/Chemiluminescent Immunometric Assay (CLIA))



VERIFIED BY





MD Ph.D

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Type

: MediWheel

Observed Investigation Value

Unit

<u>Biological</u> 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.

1.64

TSH (Thyroid Stimulating Hormone)

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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

Dr S SIVAKUMAR Ph Consultant Microbiologist

VERIFIED BY





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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
BUN / Creatinine Ratio	9.0		6.0 - 22.0
Stool Analysis - ROUTINE			
Colour (Stool)	Brown		Brown
Blood (Stool)	Absent		Absent
Mucus (Stool)	Absent		Absent
Reaction (Stool)	Acidic		Acidic
<u>Urine Analysis - Routine</u>			
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







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Type Ref. Dr

: MediWheel

<u>Investigation</u>

Observed Value

NIL

Unit

Biological Reference Interval

Others

(Urine)

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

Consistency

Semi Solid

Semi Solid

(Stool)

Ova (Stool)

NIL

NIL

Others (Stool)

Cysts

(Stool)

Trophozoites

(Stool) **RBCs**

(Stool) Pus Cells

(Stool)

Macrophages

(Stool) Epithelial Cells

(Stool)

NIL

NIL

NIL

NIL

1 - 2

NIL

/hpf

/hpf

NIL

/hpf

NIL

NIL

NIL

Nil

NIL

NIL

NIL





ID Ph.D Lab Director TNMC NO: 79967

APPROVED BY

-- End of Report --





Name	MR.PRASAD P	ID	MED121762232
Age & Gender	53Y/MALE	Visit Date	13/04/2024
Ref Doctor	MediWheel	•	

ECHO CARDIOGRAM REPORT

2D ECHO STUDY:

- Normal LV / RV size and systolic function (EF: 65%)
- No Regional wall motion abnormality.
- No ventricular hypertrophy.
- IAS and IVS are intact.
- No e/o of clot / Aneurysm.
- Normal pericardium.

FINAL IMPRESSION:

S/P PTAC(2017)

- NORMAL LV / RV SIZE AND SYSTOLIC FUNCTION. (EF: 65%)
- NO REGIONAL WALL MOTION ABNORMALITY.
- NORMAL VALVES FOR AGE.
- GRADE I LV DIASTOLIC DYSFUNCTION PRESENT.
- NORMAL COLOUR FLOW STUDIES.

LEFT VENTRICULAR MEASUREMENT:

DIMENSIONS NORMAL	DIMENSIONS	NORMAL
AO (ed)- 2.6cm(1.5cm/3.5cm)	IVS (ed) - 1.1cm	(0.6cm/1.2cm)
LA (ed)- 3.3cm(1.5cm/3.5cm)	LVPW(ed) - 1.2 cm	(0.6cm/1.1cm)
RVID(ed)- 1.0 cm(0.9cm/2.8cm)	EF 65 %	(62 %-85 %)
LVID (ed)-4.5cm(2.6cm/5.5cm)	FS 32 %	
LVID (es)- 2.9cm		





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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:

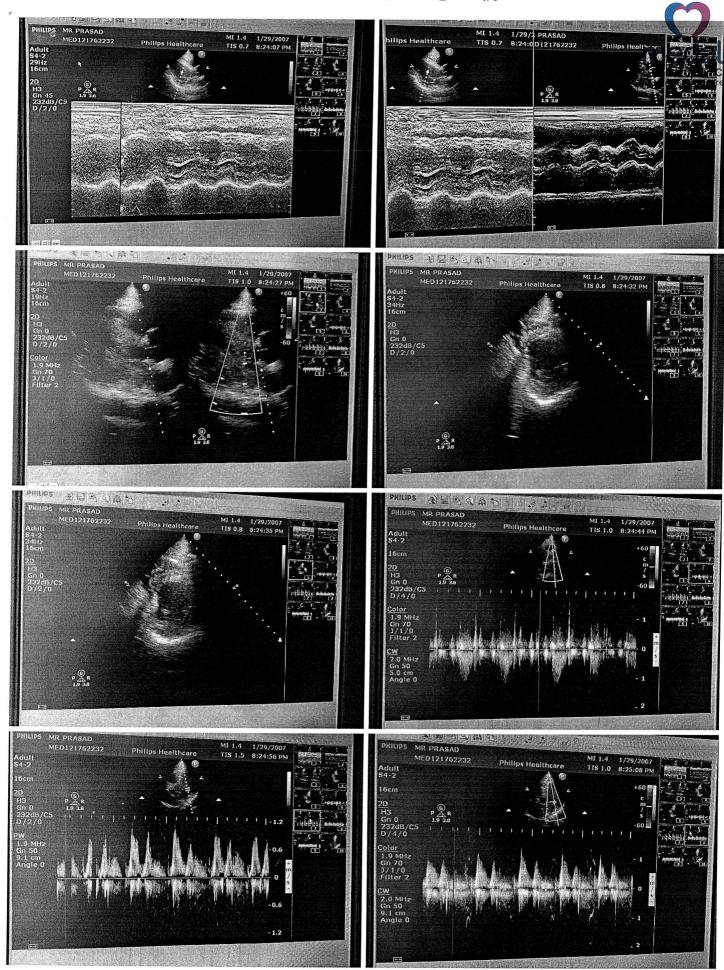
• Grade I LV diastolic dysfunction present.

DONE BY: VIJAYALAKSHMI.P

DR.RADHA PRIYA.Y

Consultant Cardiologist





You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



MEDALL DIAGNOSTIC CENTER KILPAUK

tricos

Age / Gender: 53/Male

Patient ID: med121762232

Patient Name: Mr prasad

Date and Time: 13th Apr 24 8:25 AM

Copyright 2014-2024 Tridog Health, Al Rights Reserved. **V4** V5 9/ V2 V1V30-20Hz, 50Hz 25.0 mm/s 10.0 mm/mV aVR aVF aVL



-6°

P-R-T: 51° 3°

PRI: 158ms

QTcB: 412.74ms

QT: 362ms

QRSD: 96ms

VR: 78bpm

AR: 78bpm

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



Name	Mr. PRASAD P	Customer ID	MED121762232
Age & Gender	53Y/M	Visit Date	Apr 13 2024 7:18AM
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.



