

<b>Customer Name</b>	<b>MS.ESTHER ROCHE</b>	<b>Customer ID</b>	<b>MED112131270</b>
<b>Age &amp; Gender</b>	<b>37Y/FEMALE</b>	<b>Visit Date</b>	<b>28/03/2024</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		

### Personal Health Report

#### General Examination:

Height : 150.0 cms

Weight : 78.9 kg

BMI : 35.1 kg/m<sup>2</sup>

BP: 110/70 mmhg

Pulse: 81/min, regular

#### Systemic Examination:

CVS: S1 S2 heard;

RS : NVBS +.

Abd : Soft.

CNS : NAD

#### Blood report:

GGT – 64.20 U/L – Elevated.

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

Urine analysis – Within normal limits.

USG whole abdomen – Normal study.

X-Ray Chest – Normal study.

ECG – Normal ECG.

ECHO – Normal study.

Eye Test – Distant vision defect in left eye.

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



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Impression & Advice:

GGT – 64.20 U/L – Elevated. To consult a gastroenterologist for further evaluation and management.

Eye Test – Distant vision defect in left eye. 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.



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**Investigation** **Observed Value** **Unit** **Biological Reference Interval**

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)	12.2	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	37.3	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.55	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	81.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	26.9	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	32.9	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.9	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	39.80	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	5600	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	47.7	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	41.3	%	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)	1.6	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	8.9	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.5	%	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)	2.67	10 <sup>3</sup> / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.31	10 <sup>3</sup> / μl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.09	10 <sup>3</sup> / μl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.50	10 <sup>3</sup> / μl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.03	10 <sup>3</sup> / μl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	301	10 <sup>3</sup> / μl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	7.2	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	19	mm/hr	< 20

  
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 Quality Manager

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Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	82.8	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 Postprandial (PPBS) (Plasma - PP/GOD-PAP)	89.7	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)	8.1	mg/dL	7.0 - 21
--	-----	-------	----------

Creatinine (Serum/Modified Jaffe)	0.49	mg/dL	0.6 - 1.1
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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)	5.20	mg/dL	2.6 - 6.0
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**Liver Function Test**

Bilirubin(Total) (Serum/DCA with ATCS)	1.07	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.21	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.86	mg/dL	0.1 - 1.0
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*R. Q. Saravana Kumar*  
**SARAVANA KUMAR.R**  
 Quality Manager

VERIFIED BY



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

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SGOT/AST (Aspartate Aminotransferase) <i>(Serum/Modified IFCC)</i>	28.60	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) <i>(Serum/Modified IFCC)</i>	33.4	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) <i>(Serum/IFCC / Kinetic)</i>	<b>64.20</b>	U/L	< 38
Alkaline Phosphatase (SAP) <i>(Serum/Modified IFCC)</i>	74.10	U/L	42 - 98
Total Protein <i>(Serum/Biuret)</i>	7.10	gm/dl	6.0 - 8.0
Albumin <i>(Serum/Bromocresol green)</i>	4.1	gm/dl	3.5 - 5.2
Globulin <i>(Serum/Derived)</i>	3.00	gm/dL	2.3 - 3.6
A : G RATIO <i>(Serum/Derived)</i>	1.37		1.1 - 2.2

**Lipid Profile**

Cholesterol Total <i>(Serum/CHOD-PAP with ATCS)</i>	172.00	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides <i>(Serum/GPO-PAP with ATCS)</i>	64.70	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.

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

VERIFIED BY



*Dr. Archana K*  
**Dr ARCHANA. K MD Ph.D**  
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HDL Cholesterol (Serum/Immuno-inhibition)	59.90	mg/dL	Optimal(Negative Risk Factor): $\geq 60$ Borderline: 50 - 59 High Risk: $< 50$
LDL Cholesterol (Serum/Calculated)	99.2	mg/dL	Optimal: $< 100$ Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: $\geq 190$
VLDL Cholesterol (Serum/Calculated)	12.9	mg/dL	$< 30$
Non HDL Cholesterol (Serum/Calculated)	112.1	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)	2.9		Optimal: $< 3.3$ Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: $> 11.0$
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.1		Optimal: $< 2.5$ Mild to moderate risk: 2.5 - 5.0 High Risk: $> 5.0$
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: $> 6.0$

  
**SARAVANA KUMAR.R**  
 Quality Manager  
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.5	%	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)	111.15	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))	1.01	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))	9.95	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.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.870	µIU/mL	0.35 - 5.50
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**SARAVANA KUMAR.R**  
 Quality Manager

VERIFIED BY



  
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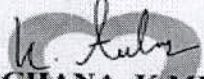
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**INTERPRETATION:**  
Reference range for cord blood - upto 20  
1 st trimester: 0.1-2.5  
2 nd trimester 0.2-3.0  
3 rd trimester : 0.3-3.0  
(Indian Thyroid Society Guidelines)

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

  
**SARAVANA KUMAR.R**  
Quality Manager  
VERIFIED BY



  
**Dr ARCHANA. K MD Ph.D**  
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### X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

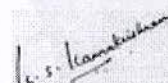
Cardiac size is within normal limits.

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. Rama Krishnan. MD, DNB.,  
Consultant Radiologist.  
Medall Healthcare Pvt Ltd.**



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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 contracted.

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 ~ 11.1 x 5.1 cm.

The left kidney measures ~ 11.9 x 6.3 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.

Post LSCS.

The uterus is anteverted, and measures ~ 13.0 x 5.5 x 4.0 cm.



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Myometrial echoes are homogeneous. The endometrial thickness is ~ 7.8 mm.

The right ovary measures ~ 3.2 x 1.8 cm.

The left ovary measures ~ 2.9 x 1.6 cm.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

**IMPRESSION:**

- **No 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	2.8 cm
LA	3.1 cm
LVID(D)	4.1 cm
LVID (S)	2.6 cm
IVS (D)	1.6 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 – 1.37 m/sec</i>	
<i>Pulmonary Valve Gradient</i>	: <i>V max – 1.09 m/sec</i>	
<i>Mitral Valve Gradient</i>	: <i>E: 0.92 m/sec</i>	<i>A: 0.73 m/sec</i>
<i>Tricuspid Valve Gradient</i>	: <i>E: 0.40 m/sec</i>	

#### VALVE MORPHOLOGY :-

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



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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 65%.  
 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 65%**

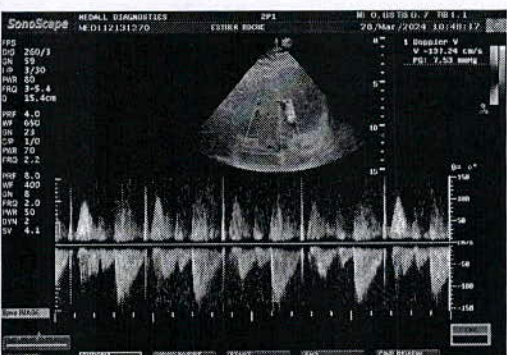
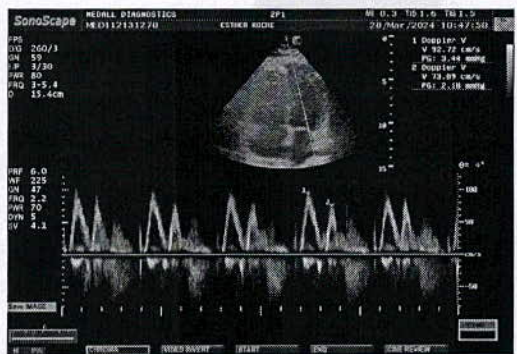
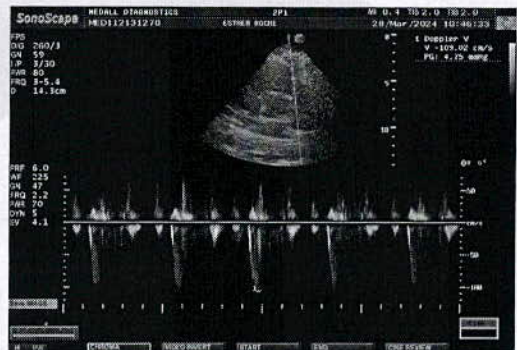
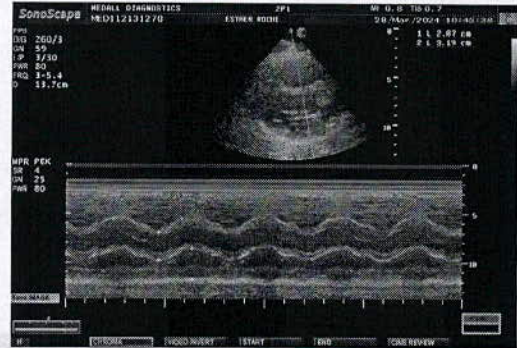


**MOHANRAJ**  
**ECHO TECHNOLOGIST**



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

<b>Customer Name</b>	<b>MS.ESTHER ROCHE</b>	<b>Customer ID</b>	<b>MED112131270</b>
<b>Age &amp; Gender</b>	<b>37Y/FEMALE</b>	<b>Visit Date</b>	<b>28/03/2024</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		



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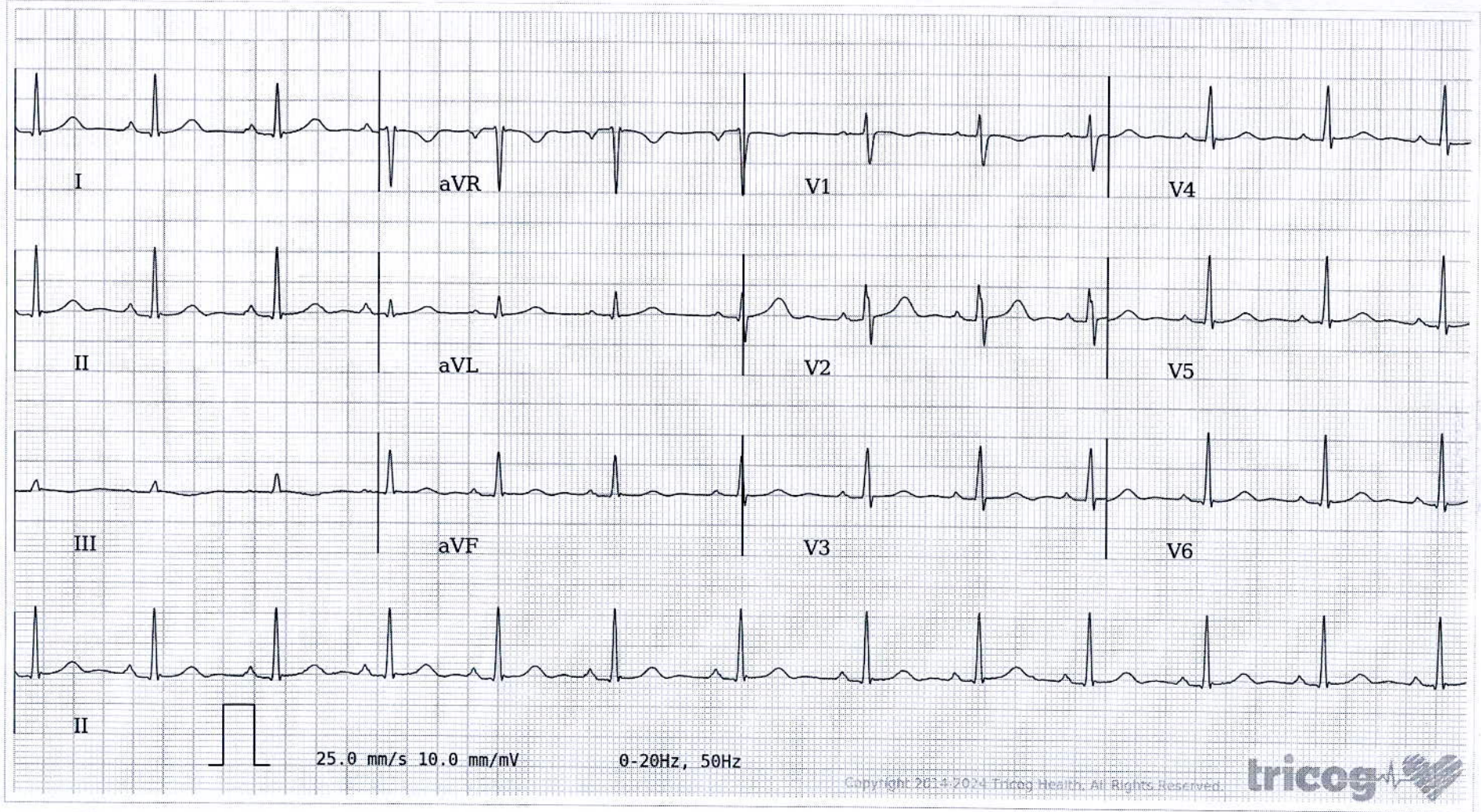
Please produce bill copy at the time of collecting the reports. Request you to provide your mobile number or customer id during your subsequent visits.





Age / Gender: 37/Female  
 Patient ID: med112131270  
 Patient Name: Ms esther roche

Date and Time: 28th Mar 24 10:33 AM



AR: 77bpm    VR: 78bpm    QRSD: 82ms    QT: 372ms    QTcB: 424.15ms    PRI: 166ms    P-R-T: 32° 41° 14°

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

REPORTED BY  
*Aishwarya Yadav Venugopal*

REPORTED BY  
*Aishwarya Yadav Venugopal*  
 Dr. Aishwarya Yadav Venugopal  
 ASSURED DIAGNOSIS

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.