Customer Name	MR.ROHIT NITNAWARE	Customer ID	MED112126246
Age & Gender	38Y/MALE	Visit Date	23/03/2024
Ref Doctor	MediWheel		

Personal Health Report

General Examination:

Height : 165.0 cms
Weight : 78.0 kg
BMI : 28.7 kg/m²

BP: 110/70 mmhg
Pulse: 90/min, regular

Systemic Examination:

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

Blood report:

Haemoglobin- 13.2 g/dl, Packed cell volume (PCV) Haematocrit – 40.9%, Mean corpuscular Haemoglobin (MCH) – 26.2 pg – Slightly low.

Glucose–(FBS)– 119.7 mg/dl & Glucose (PPBS) – 169.9 mg/dl, and HbA1C test – 6.8% – Slightly elevated.

Glucose Fasting (Urine) - Trace, Urine Glucose (PP-2 hours) -Positive (+).

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

USG whole abdomen – Fatty liver.

Urine analysis – Within normal limits.

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

Customer Name	MR.ROHIT NITNAWARE	Customer ID	MED112126246
Age & Gender	38Y/MALE	Visit Date	23/03/2024
Ref Doctor	MediWheel		

Impression & Advice:

Haemoglobin- 13.2 g/dl, Packed cell volume (PCV) Haematocrit – 40.9%, Mean corpuscular Haemoglobin (MCH) – 26.2 pg – Slightly low. Advised to have iron rich diet and iron supplement prescribed by the physician.

Glucose–(FBS)– 119.7 mg/dl & Glucose (PPBS) – 169.9 mg/dl, and HbA1C test – 6.8% – Slightly elevated. To consult a diabetologist for further evaluation and management. To have diabetic diet recommended by the dietician.

Glucose Fasting (Urine) - Trace, Urine Glucose(PP-2 hours) -Positive (+) - To consult a diabetologist for drug modification, further evaluation and management. To have diabetic diet recommended by the dietician.

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

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.

medall DIAGNOSTICS experts who care

Name	: **Mr. ROHIT NITNAWARE**		
PID No.	: MED112126246	**Register On**	: 23/03/2024 8:46 AM
SID No.	: 224004244	**Collection On**	: 23/03/2024 9:01 AM
Age / Sex	: 38 Year(s) / Male	**Report On**	: 23/03/2024 4:34 PM
Type	: OP	**Printed On**	: 23/03/2024 6:12 PM
Ref. Dr	: **MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
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)*	**13.2**	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/*Derived from Impedance)*	**40.9**	%	42 - 52
RBC Count (EDTA Blood/*Impedance Variation)*	5.04	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/*Derived from Impedance)*	81.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/*Derived from Impedance)*	**26.2**	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/*Derived from Impedance)*	32.2	g/dL	32 - 36
RDW-CV (EDTA Blood/*Derived from Impedance)*	13.3	%	11.5 - 16.0
RDW-SD (EDTA Blood/*Derived from Impedance)*	**37.85**	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/*Impedance Variation)*	6200	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	55.6	%	40 - 75
Lymphocytes (EDTA Blood/*Impedance Variation & Flow Cytometry)*	31.5	%	20 - 45

Dr S SIVAKUMAR Ph.D
Consultant Microbiologist
VERIFIED BY

MC-2425

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

The results pertain to sample tested.

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED,#17,RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD. GUINDY. CHENNAI. TAMIL NADU. INDIA..

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Investigation	Observed Value	Unit	Biological Reference Interval
Eosinophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	5.8	%	01 - 06
Monocytes (EDTA Blood/*Impedance Variation & Flow Cytometry)*	6.7	%	01 - 10
Basophils (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.4	%	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)*	3.45	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	1.95	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.36	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.42	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood/*Impedance Variation & Flow Cytometry)*	0.02	10^3 / µl	< 0.2
Platelet Count (EDTA Blood/*Impedance Variation)*	282	10^3 / µl	150 - 450
MPV (EDTA Blood/*Derived from Impedance)*	8.2	fL	7.9 - 13.7
PCT (EDTA Blood/*Automated Blood cell Counter)*	0.23	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated - Westergren method)*	4	mm/hr	< 15

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Investigation	Observed Value	Unit	Biological Reference Interval
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP*)	**119.7**	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*)	**Trace**		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD-PAP*)	**169.9**	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.

Urine Glucose(PP-2 hours) (Urine - PP)	**Positive(+)**		Negative
Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived*)	8.9	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe*)	0.98	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*)	5.4	mg/dL	3.5 - 7.2

Liver Function Test

Bilirubin(Total) (Serum/*DCA with ATCS*)	0.52	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid*)	0.15	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived*)	0.37	mg/dL	0.1 - 1.0

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Investigation	Observed Value	Unit	Biological Reference Interval
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC*)	**41.7**	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC*)	40.6	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic*)	45.0	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC*)	108.3	U/L	53 - 128
Total Protein (Serum/*Biuret*)	6.73	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green*)	3.91	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived*)	2.82	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived*)	1.39		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/*CHOD-PAP with ATCS*)	192.3	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS*)	117.9	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	Unit	Biological Reference Interval
HDL Cholesterol (Serum/*Immunoinhibition*)	**30.0**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/*Calculated*)	138.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated*)	23.6	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated*)	162.3	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*)	6.4		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*)	3.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	4.6		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*)	**6.8**	%	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)	148.46	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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA)*)	1.12	ng/ml	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 (Serum/*Chemiluminescent Immunometric Assay (CLIA)*)	11.81	µg/dl	4.2 - 12.0

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)*)	1.80	µIU/mL	0.35 - 5.50

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Consultant Microbiologist
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Investigation	Observed Value	Unit	Biological Reference Interval

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.

Dr S SIVAKUMAR Ph.D
Consultant Microbiologist
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MC-2425

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Lab Director
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Investigation	Observed Value	Unit	Biological Reference Interval
BUN / Creatinine Ratio	9.0		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*)	**0 - 1**	/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.

Dr S SIVAKUMAR Ph.D
Consultant Microbiologist
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Dr ARCHANA. K MD Ph.D
Lab Director
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-- End of Report --

Lab Address: MEDALL HEALTHCARE PRIVATE LIMITED,#17,RACE VIEW COLONY, 2ND STREET, RACE COURSE ROAD. GUINDY. CHENNAI. TAMIL NADU. INDIA..

Name	Mr. ROHIT NITNAWARE	Customer ID	MED112126246
Age & Gender	38Y/M	Visit Date	Mar 23 2024 8:45AM
Ref Doctor	MediWheel		

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.ROHIT NITNAWARE	Customer ID	MED112126246
Age & Gender	38Y/MALE	Visit Date	23/03/2024
Ref Doctor	MediWheel		

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 ~ 10.5 x 5.9 cm.

The left kidney measures ~10.7 x 5.2 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 ~ 3.3 x 2.9 x 2.9 cm (Vol ~ 15 ml) and is normal sized.

The echotexture is homogeneous.

Customer Name	MR.ROHIT NITNAWARE	Customer ID	MED112126246
Age & Gender	38Y/MALE	Visit Date	23/03/2024
Ref Doctor	MediWheel		

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 ElectionCommission Office),

Customer Name	MR.ROHIT NITNAWARE	Customer ID	MED112126246
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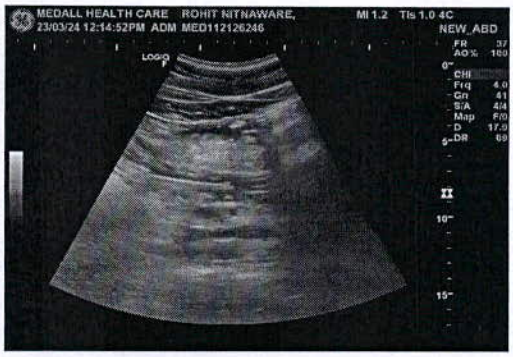

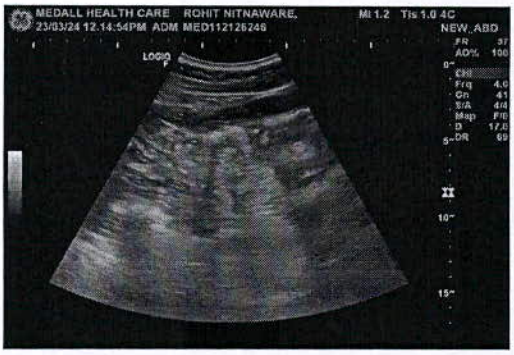

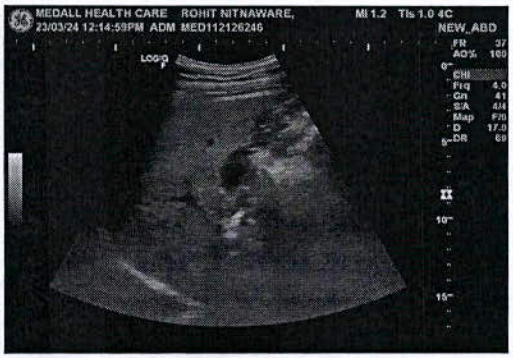

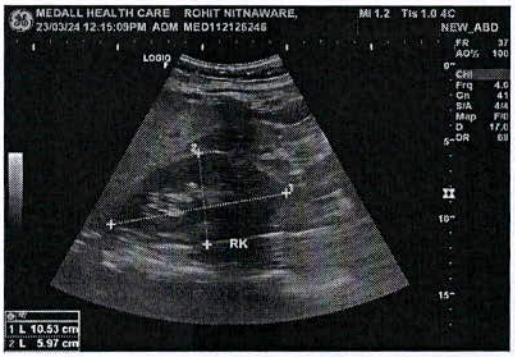

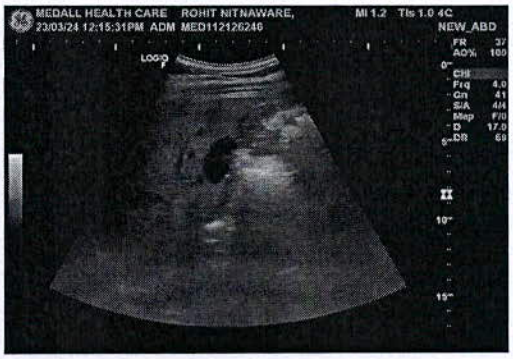

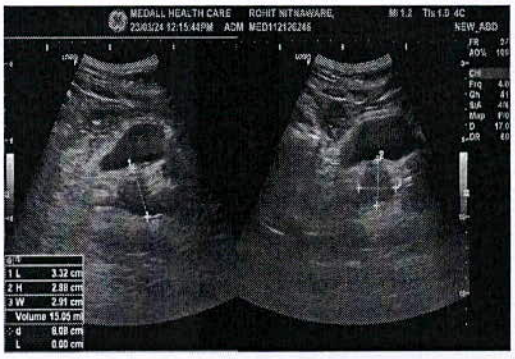

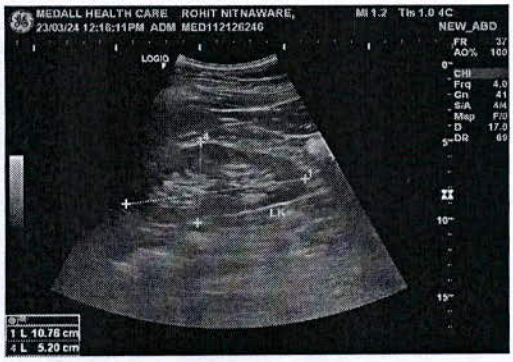

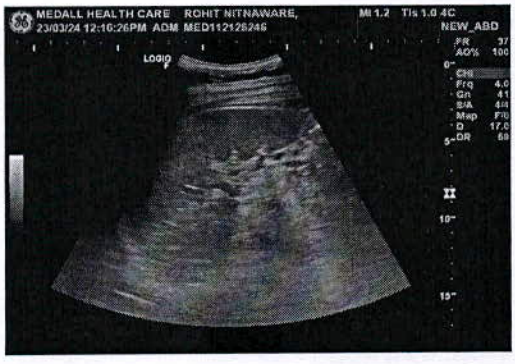

Customer Name	**MR.ROHIT NITNAWARE**	**Customer ID**	**MED112126246**
Age & Gender	**38Y/MALE**	**Visit Date**	**23/03/2024**
Ref Doctor	**MediWheel**		

ECHOCARDIOGRAPHY

M-MODE MEASUREMENTS:-

VALUES	
AO	*3.0 cm*
LA	*3.3 cm*
LVID(D)	*4.9 cm*
LVID (S)	*2.8 cm*
IVS (D)	*1.0 cm*
LVPW (D)	*1.0 cm*
EF	*66 %*
FS	*36 %*
TAPSE	*19 mm*

DOPPLER AND COLOUR FLOW PARAMETERS :-

Aortic Valve Gradient : V max – 1.13 m/sec
Pulmonary Valve Gradient : V max – 0.86 m/sec
Mitral Valve Gradient : E: 0.85 m/sec A: 0.55 m/sec
Tricuspid Valve Gradient : E: 0.42 m/sec

VALVE MORPHOLOGY :-

Aortic valve - Normal
Mitral valve - Normal
Tricuspid valve - Normal
Pulmonary valve - Normal

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Customer Name	MR.ROHIT NITNAWARE	Customer ID	MED112126246
Age & Gender	38Y/MALE	Visit Date	23/03/2024
Ref Doctor	MediWheel		

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 66 %.
Trivial Mitral Regurgitation / No Mitral Stenosis
No Aortic Regurgitation /No Aortic Stenosis
Trivial Tricuspid Regurgitation (2.1 m/s).
Normal RV Function .
No Pulmonary Artery Hypertension.
No Pericardial Effusion.

IMPRESSION:

**** STRUCTURALLY NORMAL HEART.***
**** NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION, EF 66%***

MOHANRAJ
ECHO TECHNOLOGIST

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

medall DIAGNOSTICS experts who care

Customer Name	MR.ROHIT NITNAWARE	Customer ID	MED112126246
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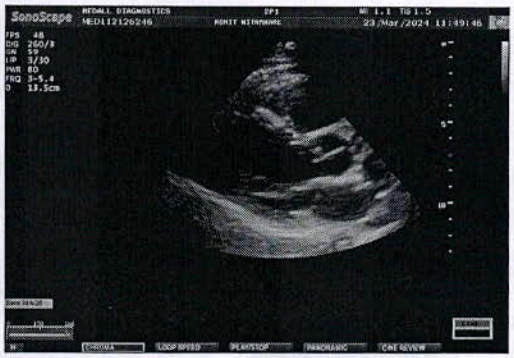
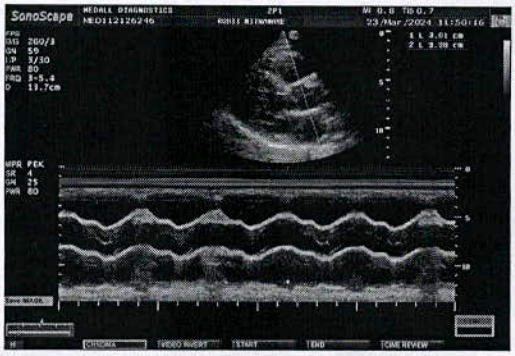
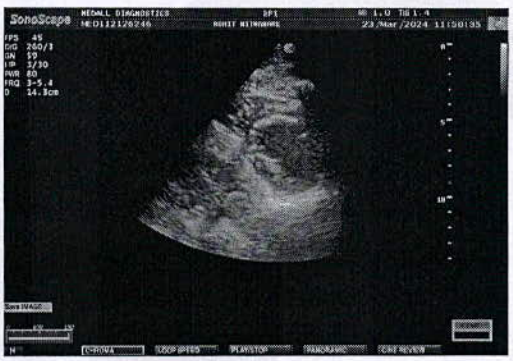
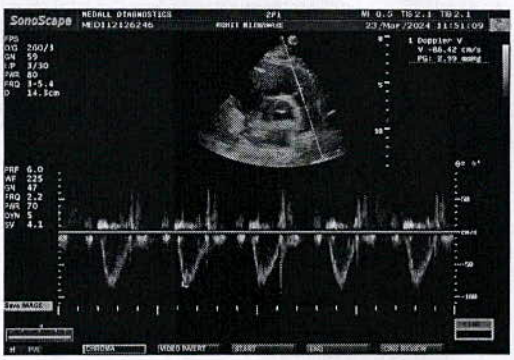
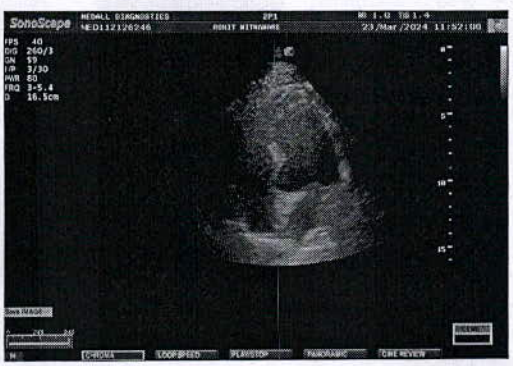
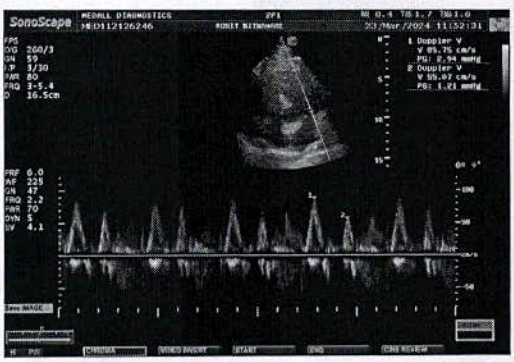
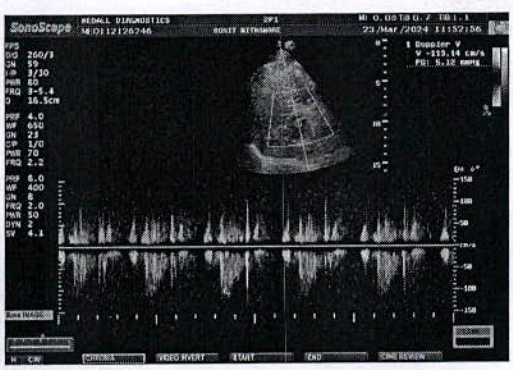
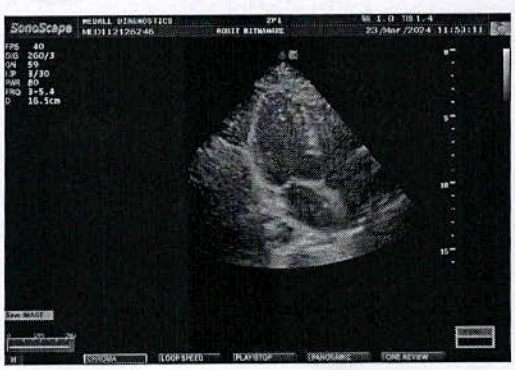

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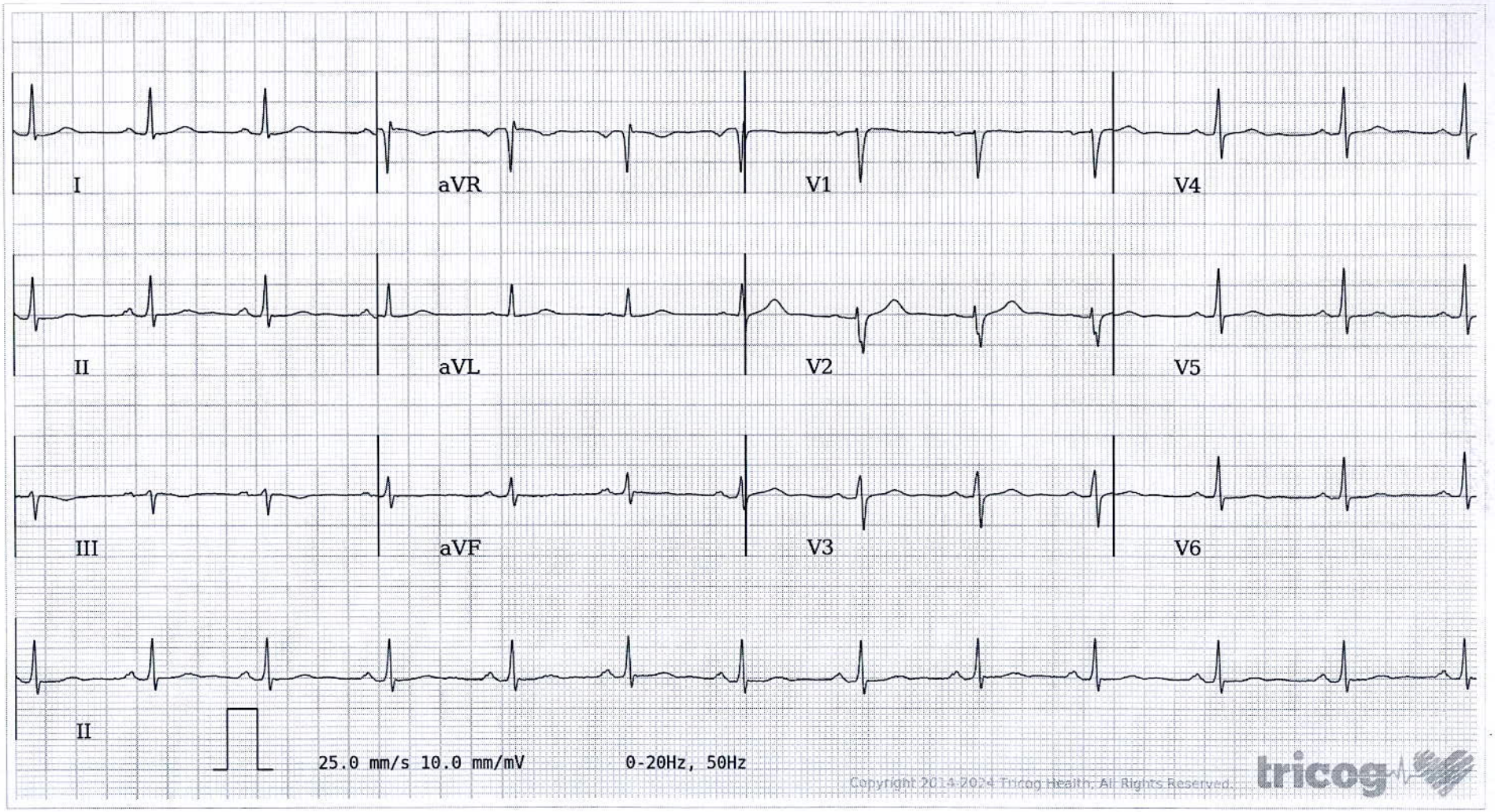
Age / Gender:	38/Male	Date and Time:	23rd Mar 24 10:47 AM
Patient ID:	med112126246		
Patient Name:	Mr rohit nitnaware		



AR: 77bpm VR: 77bpm QRSD: 78ms QT: 318ms QTcB: 360.24ms PRI: 158ms P-R-T: 48° 11° NA

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

REPORTED BY

Dr. Prajna Jinachandra Jain