

Customer Name	MRS.LAVANYA K	Customer ID	MED112132322
Age & Gender	34Y/FEMALE	Visit Date	29/03/2024
Ref Doctor	MediWheel		

### Personal Health Report

#### General Examination:

Height : 162.0 cms

Weight : 80.0 kg

BMI : 30.5 kg/m<sup>2</sup>

BP: 110/70 mmhg

Pulse: 93/min, regular

#### Systemic Examination:

CVS: S1 S2 heard;

RS : NVBS +.

Abd : Soft.

CNS : NAD

#### Blood report:

ESR- 22 mm/hr – Slightly elevated.

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

Urine Analysis – Within normal limits.

X-Ray Chest – Normal study.

ECG – Normal study.

ECHO – Normal study.

USG whole abdomen – PCOD.

Eye Test – Distant vision defect.

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



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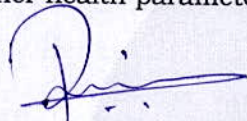
Impression & Advice:

ESR- 22 mm/hr - Slightly elevated. To consult general physician for further evaluation and management.

USG whole abdomen –PCOD. To consult gynaecologist for further evaluation and management.

Eye Test – Distant 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  
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.



Name : Mrs. LAVANYA K  
PID No. : MED112132322  
SID No. : 224004543  
Age / Sex : 34 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 29/03/2024 8:47 AM  
Collection On : 29/03/2024 12:54 PM  
Report On : 29/03/2024 5:48 PM  
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Investigation	Observed Value	Unit	Biological Reference Interval
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BLOOD GROUPING AND Rh TYPING


'O' 'Positive'

(EDTA Blood/Agglutination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

**Complete Blood Count With - ESR**

Haemoglobin (EDTA Blood/Spectrophotometry)	12.7	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	39.0	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.69	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	83.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	27.1	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)	14.4	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	41.83	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	6700	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	48.3	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	42.8	%	20 - 45

  
DR SURYA LAKSHMI  
Consultant Pathologist  
KMC NO: 112817  
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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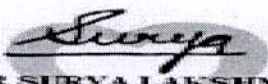


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Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	2.0	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.5	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.4	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.24	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.87	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.13	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.44	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.03	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	288	10 <sup>3</sup> / $\mu$ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.3	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.27	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	22	mm/hr	< 20



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	78.5	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: $\geq$ 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)	79.3	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.

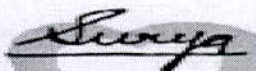
Creatinine (Serum/Modified Jaffe)	0.51	mg/dL	0.6 - 1.1
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**INTERPRETATION:** Elevated Creatinine values are encountered in increased muscle mass, severe dehydration, Pre-eclampsia, increased ingestion of cooked meat, consuming Protein/ Creatine supplements, 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)	3.70	mg/dL	2.6 - 6.0
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#### Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.87	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.15	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.72	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	21.20	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	19.8	U/L	5 - 41



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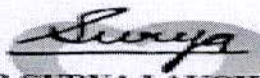
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Investigation	Observed Value	Unit	Biological Reference Interval
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	20.60	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	84.50	U/L	42 - 98
Total Protein (Serum/Biuret)	7.10	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.8	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.30	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.15		1.1 - 2.2
<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	189.30	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	79.00	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) **59.40** mg/dL  
Optimal(Negative Risk Factor): >= 60  
Borderline: 50 - 59  
High Risk: < 50



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Investigation	Observed Value	Unit	Biological Reference Interval
LDL Cholesterol (Serum/Calculated)	114.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	15.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	129.9	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)	3.2		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)	1.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

**Glycosylated Haemoglobin (HbA1c)**

HbA1C (Whole Blood/HPLC)	5.4	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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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)	108.28	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 glycaemic 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.



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<b><u>Urine Analysis - Routine</u></b>			
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)	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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 Consultant Pathologist  
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-- End of Report --

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



Customer Name	MRS.LAVANYA K	Customer ID	MED112132322
Age & Gender	34Y/FEMALE	Visit Date	29/03/2024
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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 ~ 9.4 x 4.7 cm.

The left kidney measures ~ 10.4 x 4.8 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 uterus is anteverted, and measures ~ 9.6 x 3.4 cm.

Myometrial echoes are homogeneous. The endometrial thickness is ~ 9.8 mm.



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The right ovary measures ~ 3.0 x 2.8 x 2.2 cm (Vol ~ 10.4 ml).

The left ovary measures ~ 3.4 x 3.3 x 2.4 cm (Vol ~ 16.6 ml).

**Polycystic appearing of both ovaries.**

Parametria are free.

Iliac fossae are normal.

**IMPRESSION:**

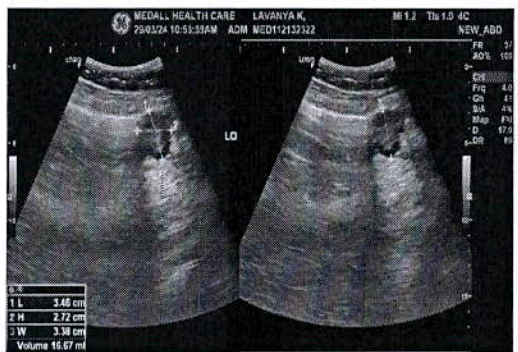
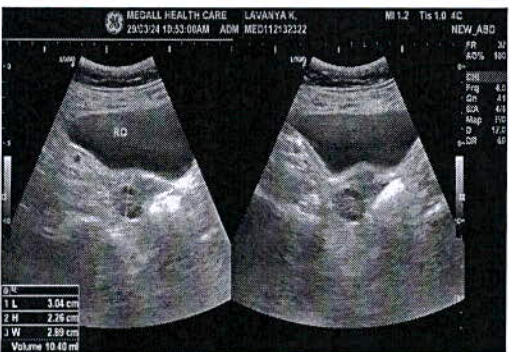
- **Polycystic appearing of both ovaries – Suggested clinical and hormonal correlation.**
- **No other significant abnormality.**

  
**DR. UMALAKSHMI  
SONOLOGIST**



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

<b>Customer Name</b>	<b>MRS.LAVANYA K</b>	<b>Customer ID</b>	<b>MED112132322</b>
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## ECHOCARDIOGRAPHY

### M-MODE MEASUREMENTS:-

<u>VALUES</u>	
AO	2.6 cm
LA	2.8 cm
LVID(D)	4.6 cm
LVID (S)	2.9 cm
IVS (D)	1.1 cm
LVPW (D)	1.1 cm
EF	65 %
FS	35 %
TAPSE	19 mm

### DOPPLER AND COLOUR FLOW PARAMETERS :-

<b>Aortic Valve Gradient</b>	: V max – 1.39 m/sec	
<b>Pulmonary Valve Gradient</b>	: V max – 0.96 m/sec	
<b>Mitral Valve Gradient</b>	: E: 0.83 m/sec	A: 0.65 m/sec
<b>Tricuspid Valve Gradient</b>	: E: 0.42 m/sec	

### VALVE MORPHOLOGY :-

<b>Aortic valve</b>	-	Normal
<b>Mitral valve</b>	-	Normal
<b>Tricuspid valve</b>	-	Normal
<b>Pulmonary valve</b>	-	Normal



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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%.  
 Trivial Mitral Regurgitation / No Mitral Stenosis  
 Mild Aortic Regurgitation /No Aortic Stenosis  
 Trivial Tricuspid Regurgitation (2.3 m/s).  
 Normal RV Function .  
 No Pulmonary Artery Hypertension.  
 No Pericardial Effusion.

### **IMPRESSION:**

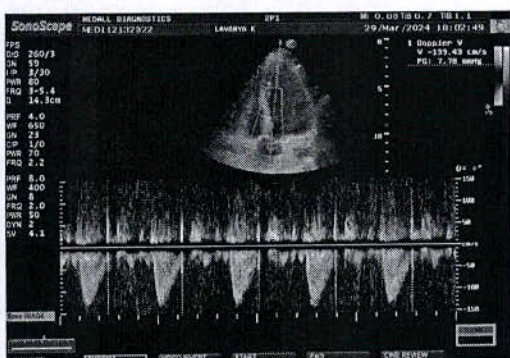
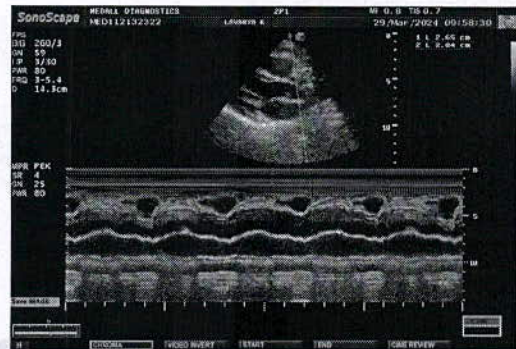
- \* **STRUCTURALLY NORMAL HEART.**
- \* **NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION, EF 65%**

  
**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>MRS.LAVANYA K</b>	<b>Customer ID</b>	<b>MED112132322</b>
<b>Age &amp; Gender</b>	<b>34Y/FEMALE</b>	<b>Visit Date</b>	<b>29/03/2024</b>
<b>Ref Doctor</b>	<b>MediWheel</b>		



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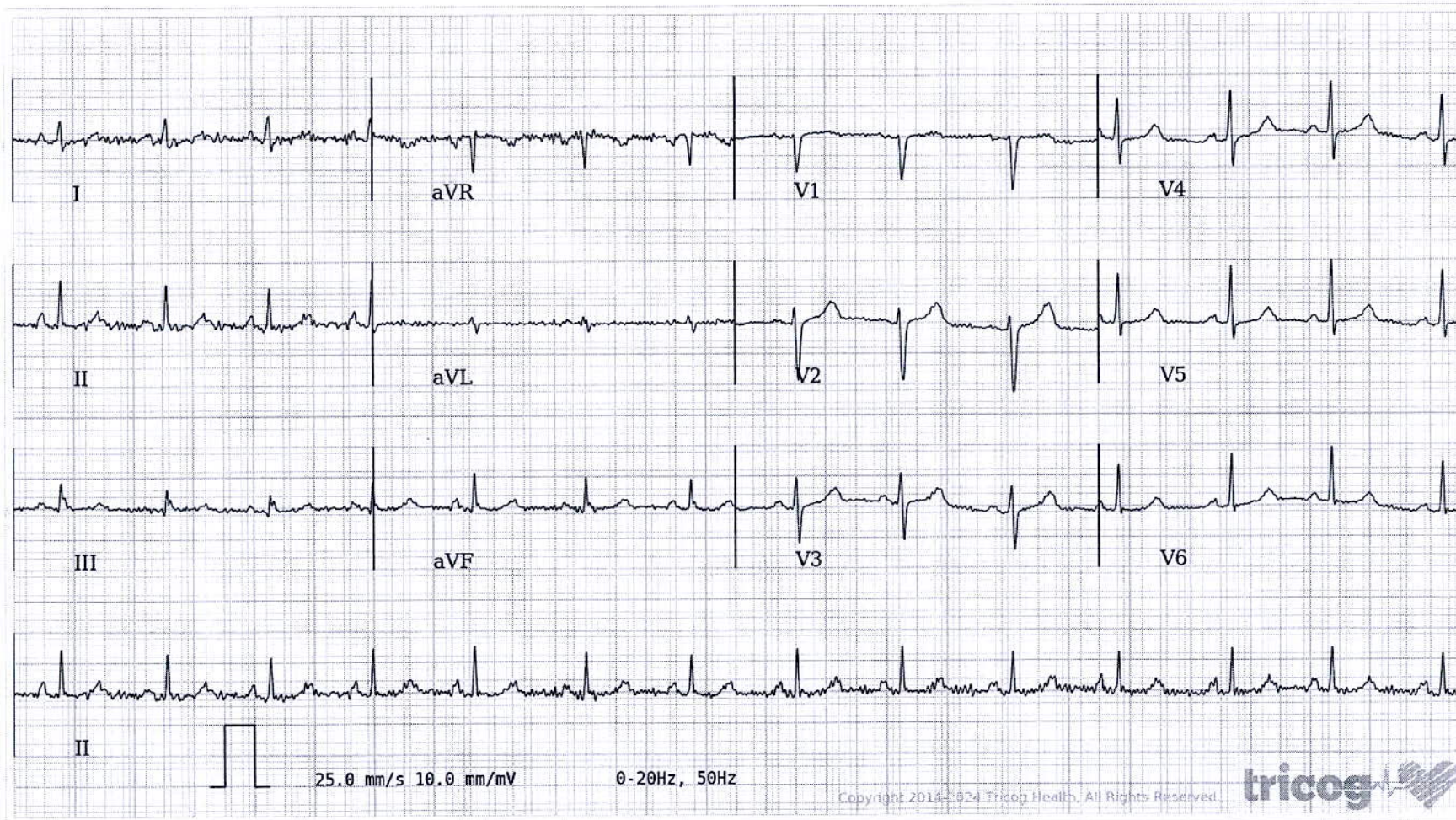


# Medall Diagnostic Vadapalani



Age / Gender: 34/Female  
Patient ID: med112132322  
Patient Name: Mrs lavanya k

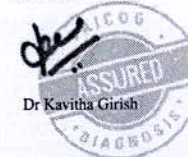
Date and Time: 29th Mar 24 9:34 AM



AR: 86bpm    VR: 85bpm    QRSD: 72ms    QT: 352ms    QTcB: 418.96ms    PRI: 144ms    P-R-T: 53° 63° 90°

ECG Within Normal Limits: Sinus Rhythm. 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.