

Customer Name	MRS.SHOBANA P	Customer ID	MED410194907
Age & Gender	38Y/FEMALE	Visit Date	29/10/2024
Ref Doctor	MediWheel		

Impression & Advice:

Haemoglobin- 10.1 g/dl, Packed cell volume (PCV)Haematocrit – 31.6%, Mean corpuscular volume (MCV) – 66.5 fL and Mean corpuscular Haemoglobin (MCH) – 21.2 pg & Mean corpuscular Haemoglobin Concentration (MCHC) – 31.9 g/dL – Slightly low. To consult a hematologist for further evaluation and management

ESR- 40 mm/hr – Slightly Elevated. To consult general physician for further evaluation and management.

Glucose-(Fasting urine)- Positive (++) & Urine Glucose (PP-2 hrs) – Positive (+++)- and HbA1C test -5.9 % - Slightly Elevated. To consult a diabetologist for further evaluation and management. To have diabetic diet recommended by the dietician.

Eye Test – Distant vision defect (R). 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, FIC
MHC Physician Consultant

Dr. Noor Mohammed Rizwan A
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Consultant Physician
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Investigation **Observed Value** **Unit** **Biological Reference Interval**

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)
INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (Whole Blood - W/Spectrophotometry)	10.1	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Whole Blood - W/Derived from Impedance)	31.6	%	37 - 47
RBC Count (Whole Blood - W/Impedance Variation)	4.74	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Whole Blood - W/Derived from Impedance)	66.5	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Whole Blood - W/Derived from Impedance)	21.2	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Whole Blood - W/Derived from Impedance)	31.9	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	20.6	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	47.95	fL	39 - 46
Total Leukocyte Count (TC) (Whole Blood - W/Impedance Variation)	6700	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	55.8	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	33.1	%	20 - 45

M. Maria Laurence Raj
Lab Supervisor

VERIFIED BY



Dr Samudrala Bharathi
MD Pathology
Lab Director
TMC. No.: 72802

APPROVED BY

The results pertain to sample tested.

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Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	4.0	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.4	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.7	%	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)	3.74	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.22	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.27	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.43	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.05	10 ³ / μ l	< 0.2
Platelet Count (Whole Blood - W/Impedance Variation)	374	10 ³ / μ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.1	fL	8.0 - 13.3
PCT (Whole Blood - W/Automated Blood cell Counter)	0.34	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Whole Blood - W/Automated - Westergren method)	40	mm/hr	< 20


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Investigation	Observed Value	Unit	Biological Reference Interval
BUN / Creatinine Ratio	16.0		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	72.5	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)	Positive(++)		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	101.40	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)	8.53	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.53	mg/dL	0.6 - 1.1

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)	3.1	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.76	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.15	mg/dL	0.0 - 0.3


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Bilirubin(Indirect) (Serum/Derived)	0.61	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	17.20	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	21.9	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	17.50	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	57.20	U/L	42 - 98
Total Protein (Serum/Biuret)	6.94	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.3	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.64	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.63		1.1 - 2.2


Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	195.20	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	71.00	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/Immunoinhibition)	36.20	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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LDL Cholesterol (Serum/Calculated)	144.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
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VLDL Cholesterol (Serum/Calculated)	14.2	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	159.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 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)	5.4		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2		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)	4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.76	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))	11.87	µg/dl	4.82 - 15.65
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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))	2.04	µIU/mL	0.35 - 5.50
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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&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Urine Analysis - Routine


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COLOUR (Urine)	Pale yellow		Yellow to Amber
APPEARANCE (Urine)	Clear		Clear
Protein (Urine/Protein error of indicator)	Negative		Negative
Glucose (Urine/GOD - POD)	Positive(++)		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.


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Urine Glucose(PP-2 hours) (Urine - PP)	Positive(+++)		Negative


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Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood - W/HPLC)	5.9	%	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 122.63 mg/dL
(Whole Blood)

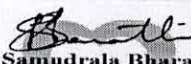
INTERPRETATION: Comments

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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X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

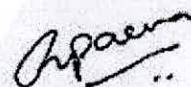
Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: No significant abnormality detected.



DR. APARNA

CONSULTANT RADIOLOGIST



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SONOGRAM REPORT

WHOLE ABDOMEN

The liver is enlarged in size ~15.9 cm 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 the IVC are normal.

The spleen ~10.3 cm 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 ~10.7 x 4.2 cm.

The left kidney measures ~11.4 x 5.4 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 ~10.0 x 5.0 x 5.0 cm.



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Myometrial echoes are homogeneous. The endometrial thickness is ~7 mm.

The right ovary measures ~3.5 x 2.7 cm.

The left ovary measures ~4.0 x 2.5 cm.

No significant mass or cyst is seen in the ovaries.

Parametria are free.

Iliac fossae are normal.

IMPRESSION:

- **Hepatomegaly with fatty liver.**
- **Normal study of other 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	3.1 cm
LA	3.2 cm
LVID(D)	4.3 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 :-

<i>Aortic Valve Gradient</i>	: <i>V max – 1.38 m/sec</i>	
<i>Pulmonary Valve Gradient</i>	: <i>V max – 0.93 m/sec</i>	
<i>Mitral Valve Gradient</i>	: <i>E: 0.90 m/sec</i>	<i>A: 0.69 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>



Customer Name	MRS.SHOBANA P	Customer ID	MED410194907
Age & Gender	38Y/FEMALE	Visit Date	29/10/2024
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 65%.
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.**
- * NORMAL LEFT VENTRICULAR SYSTOLIC FUNCTION, EF 65%**

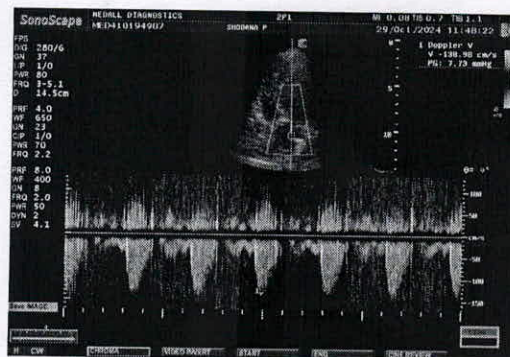
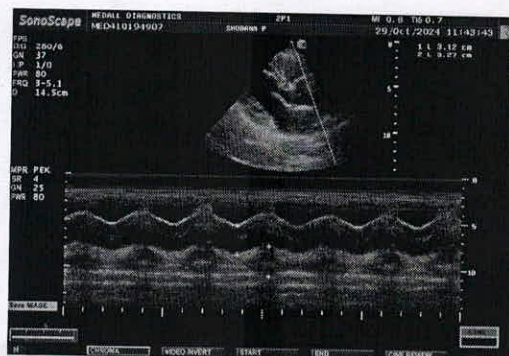


**MOHANRAJ
ECHO TECHNOLOGIST**



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

Customer Name	MRS.SHOBANA P	Customer ID	MED410194907
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You can also conveniently view the reports and trends through our App. Scan QR code to download the App.



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.

Customer Name	Shobana	Customer ID	
Age & Gender	38/F	Visit Date	
Ref Doctor			

VISION FORM:

Vision	Right eye	Left eye
Distant Vision	6/9	6/6
Near Vision	NG	NG
Colour Vision	Normal	normal

Impression:

. Distant vision defect. (R)



Dr. Noor Mohammed Riawan A
MBBS., FDM, FRC
Reg.No. 120326
Consultant Physician
A Medall Health Care and Diagnostics Pvt Ltd



Customer Name	Ms. Shobana. P	Customer ID	Med410194907
Age & Gender	38 / female.	Visit Date	29/10/24
Ref Doctor			

VITALS FORM:

Height : 154.0 cms
 Weight : 55.0 kg
 BMI : 23.2 kg/m²
 BP : 110/70 / mmhg
 Pulse : 88 / min, regular

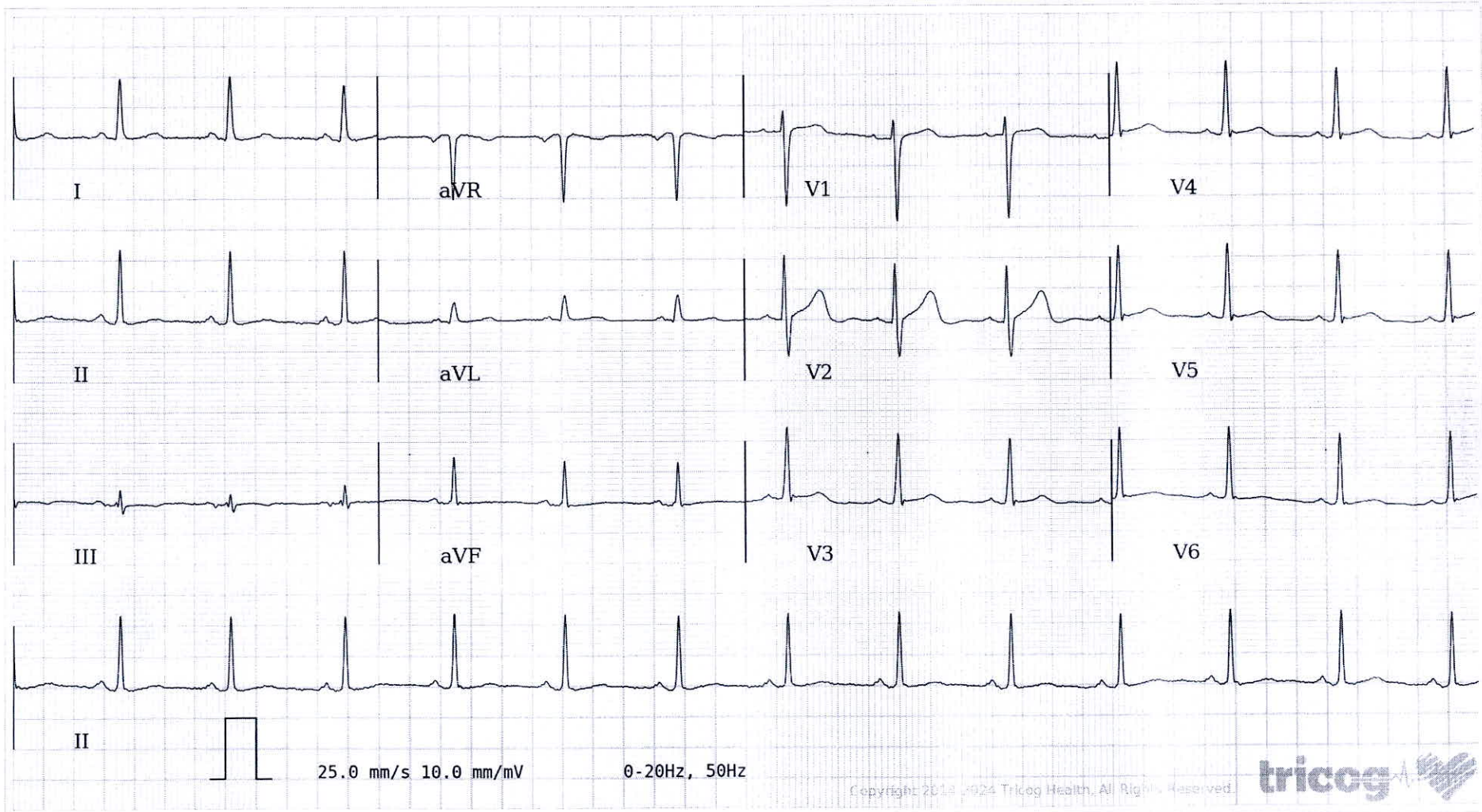


Medall Diagnostic Vadapalani



Age / Gender: 38/Female
Patient ID: med410194907
Patient Name: Mrs shobana

Date and Time: 29th Oct 24 11:38 AM



AR: 83bpm VR: 83bpm QRSD: 74ms QT: 312ms QTcB: 367ms PRI: 140ms P-R-T: 40° 39° NA

Sinus Rhythm, Non-specific ST/T Wave Changes. Please correlate clinically.

REPORTED BY

S. Sadanala

Dr. Sadanala Rama mani kumari

