

Name	MR.SATYANAPAYANAMIDE		
Age & Gender	MR.SATYANARAYANAMURTHY KASIRAJU 46Y/MALE	ID	MED122509568
Ref Doctor	MediWheel	Visit Date	13/03/2024

# 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:

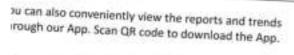
Normal.

# DOPPLER STUDY:

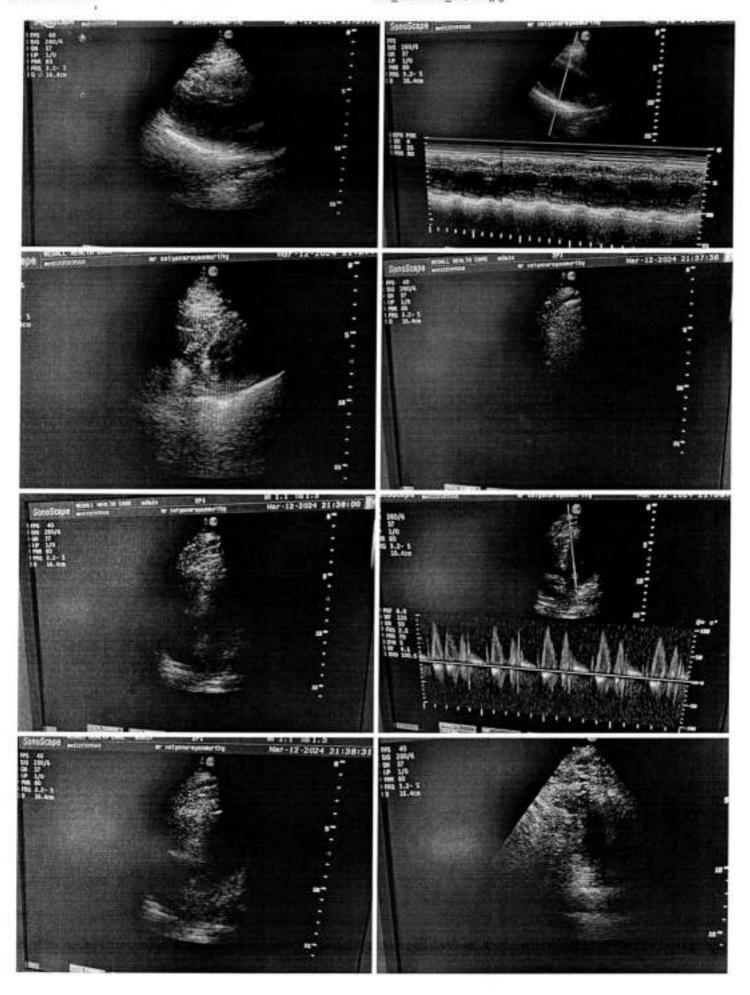
Continuous Wave Doppler & Colour Flow Study:

Grade I LV diastolic dysfunction present.

P. VIJAYA LAKSHMI (ECHO TECH)







# MEDALL DIAGNOSTIC CENTER KILPAUK

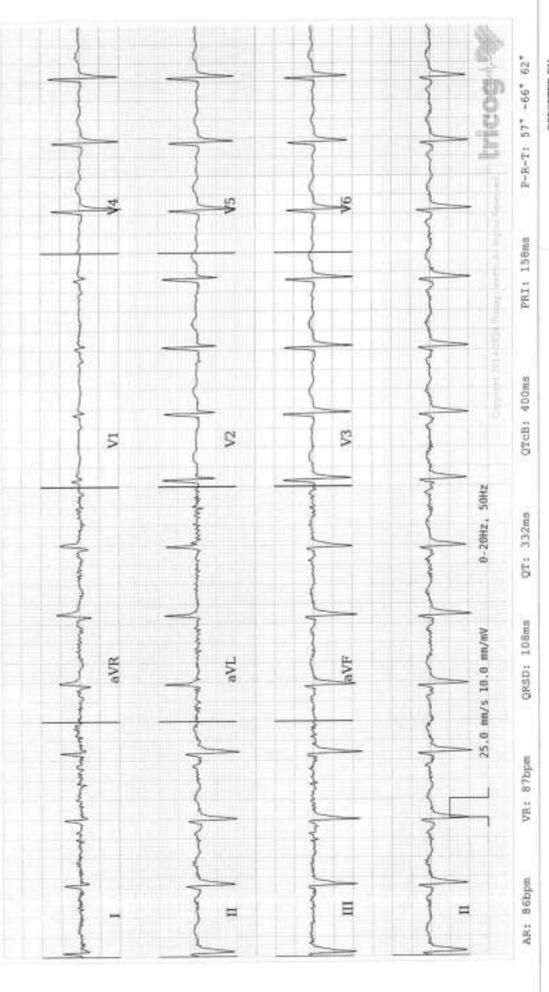
ricog

Age / Gender: 46/Male

Patient ID: med122509568

Patient Name: Mr satyanarayanamurthy kasiraju

Date and Time: 13th Mar 24 9:40 AM



Sinus Rhythm, Left Axis Deviation. Please correlate clinically.



# Medical Summary



Sex: M. Date: 12 2 2 2 Date: 13 3 24 Ref Doctor:

Present Complaints:

Past Illness:

Major medical Illness: Diatages, on Py.

Surgery:

Personal history: Smoking: Occarimal P

Tobacco: wil Alcohal: Nil Menstrual history: Obstetric history:

Accident: N Others:

Exercise: Doing regulary Personality: Normal

Marital status: Name of Children:

Two

Family history:

Tuberclosis: -

Diabetes: Asthma:

Drug history:

Hypertension:

Heart Disease:

Others:

Present Medications: \_\_\_\_

General Examination:

Height:

Namal

Conjunctiva: Normal Oedema:

Tongue: MONT Throat:

Weight:

Allergy:

Lymphnodes: Ni Nails: Normal

Others: -

Skin: Normal

BP:

Eyes: Normal Genitals: Normal

tair hygiene.

Eye Screening:

R/E	L/E
1 110	
	NIC
1.0	Norma
	Normal





### Systemic Examination:

Peripheral Pulsations: Peupa ble
Heart: Normal
Respiratory system: Nrts P

# Gastrointestinal Systems:

Higher Function: Norm of Cranial Nerves: Norm of Motor System:

viotor system:

Warmal.

Sensory System: Normal Superficial Reflexes: Normal

Deep Reflexes:

Normal

#### Impression:

- Diabetes Hellitus

- Choletithearn.

Diet:

- Diabetie Diet - Hibre Rich diet

Medication:

To continue antidiabelia duys propeely

Advice & Follow up:

. To do physical exercity regularly

- Diabeli Diet

- Rpor Fise, PPBs after 3months & review with Physician

- follow up with usa for

Cor calculi.

DR. M. SANA Consultant General Physician 1680.

MEDALL DIAGNOSTICS # 191, Poppamaliae High Road, Kilpauk, Chennai - 600 010. Cell: 91500 42328

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(Medall Healthcare Pvt Ltd)

# SELF REFERRAL FORM

MED1225095@510 2113-03-2400 00



Customer Information MORRY OR WHITHY KASIRA JUTE that my age I, give consent to Medall Healthcare Pvt Ltd to perform the My-Health Package investigation requestes as .... is 18 years or above 18 years and I don't have any metal implants inside my body and don't have a pacemaker or stents. I am also aware that the blood tests are done in non-fasting (Random) Sample M N Δ Name: Mr/Ms/Mrs Company Name Occupatio 1 Date of Birth or Age: Gender: Female Contact Number Pin Code Email ID Vitals Observations (to be filled by Medall team) Place of service: In store Camp - (mention Location) Cms Height feet Inches Waist Inches Inches Hip Kgs Weight Clinical History / Medicines Taken Fat Visceral Fat RM BMI **Body Age** Use Tobacco Systolic BP mm/Hg Products Diastolic BP mm/Hg Expiration: 38 cm SP O2: 78 Pulse: 75 (Always Ensure that the customer is relaxed and in sitting position while doing BP check) Date 13 Medall Employee Name & centre Name: (

I have verified and agree with all the data in this sheet.

Fill all the information without fail

Customer Signature

: Mr.

SATYANARAYANAMURTHY

KASIRAJU

PID No. SID No. : MED122509568

Register On : 13/03/2024 7:47 AM

Collection On : 13/03/2024 8:44 AM

: 124004654 Age / Sex : 46 Year(s) / Male

Report On

: 13/03/2024 4:11 PM

Unit

Printed On : 13/03/2024 8:43 PM

Type

: OP

Observed

Value 'B' Positive'

Biological Reference Interval

BLOOD GROUPING AND Rh

Investigation

TYPING

(EDTA Blood/Agg/utination)

INTERPRETATION: Reconfirm the Blood group and Typing before blood transfusion

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood Spectrophotometry)	13.1	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	38.8	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.70	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood Derived from Impedance)	82.5	ur.	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood Derived from Impedance)	27.8	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.7	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.4	%	11.5 - 16.0
RDW-SD (EDTA Blood Derived from Impedance)	38.69	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood Impedance Variation)	6400	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood Impedance Variation & Flow Cytometry)	58.9	%	40 - 75
Lymphocytes (EDTA Blood Impedance Variation & Flow Cytometry)	28.9	%	20 - 45







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The results pertain to sample tested.

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Investigation	Observed Value	Unit	Biological Reference Interval
Eosinophils (EDTA Blood Impedance Variation & Flow Cytometry)	3.5	%	01 - 06
Monocytes (EDTA Blood Impedance Variation & Flow Cytometry)	8.2	%	01 - 10
Basophils (EDTA Blood/mpedance Variation & Flow Cytometry)	0.5	%	00 - 02
INTERPRETATION: Tests done on Automate	d Five Part cell count	er. All abnormal results ar	e reviewed and confirmed microscopically.
Absolute Neutrophil count (EDTA BloodImpedance Variation & Flow Cytometry)	3.77	10^3 / μl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	1.85	10^3 / μΙ	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.22	10^3 / μΙ	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/mpedance Variation & Flow Cytomatry)	0.52	10^3 / μl	< 1.0
Absolute Basophil count (EDTA Blood/inpedance Variation & Flow Cytometry)	0.03	10^3 / μ1	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	227	10^3 / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	9.4	ur.	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.21	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	6	mm/hr	< 15







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Type

Investigation

Observed Value

Unit

BUN / Creatinine Ratio

8.42

Reference Interval 6.0 - 22.0

Biological

Normal: < 100

MEDALL

Glucose Fasting (FBS)

(Plasma - F/GOD-PAP)

133.5 mg/dL

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)

Positive(+)

293.0

Negative

(Urine - F/GOD - POD) Glucose Postprandial (PPBS)

mg/dL

70 - 140

(Plasma - PP/GOD-PAP)

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)	9.1	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.08	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

Uric Acid (Serum/Enzymatic) 3.2

mg/dL

3.5 - 7.2

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS) Bilirubin(Direct)

(Serum/Diazotized Sulfanilic Acid)

0.55

0.22

mg/dL

0.1 - 1.2

mg/dL

0.0 - 0.3





MD Ph.D Tab Director TNMC NO. 79967

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Investigation	Observed Value	Unit	Biological Reference Interval
Bilirubin(Indirect) (Serum/Derived)	0.33	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	14.3	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serutn/Modified IFCC)	21.0	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	20.0	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	47.5	U/L	53 - 128
Total Protein (Serum/Bisret)	6.76	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.09	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.67	gm/dL	2.3 - 3.6
A: GRATIO (Senum/Derived)	1.53		1.1 - 2.2
Lipid Profile			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	134.5	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	108.9	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500







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Type : OP

Investigation

Observed Value

Unit

Biological Reference Interval

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)		25.1	mg/dL	Optimal(Negative Risk Factor); >= 60 Borderline: 40 - 59 High Risk; < 40
LDL Cholesterol (Serum/Calculated)		87.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	4	21.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)		109.4	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189

INTERPRETATION: I. 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

4.3

Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0

High: 190 - 219 Very High: >= 220

High Risk: > 11.0

Optimal: < 2.5

High Risk: > 5.0

Triglyceride/HDL Cholesterol Ratio

(TG/HDL)

(Serum/Calculated)

Mild to moderate risk: 2.5 - 5.0

Dr S SIVAKUMAR PI Consultant Microbiologist **VERIFIED BY** 



DrARC MD Ph.D Lab Director TNMC NO: 79967

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The results pertain to sample tested.

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Investigation

LDL/HDL Cholesterol Ratio

(Serum/Calculated)

Observed Value

3.5

Unit

Biological Reference Interval

Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0

High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C

(Whole Blood/HPLC)

7.6

9/

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)

171.42

2 mg/dL

INTERPRETATION: Comments

HbA1c provides an index of Average Blood Glucose levels over the past8 - 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 HbAIC 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 HbAIc.

Prostate specific antigen - Total(PSA)

(Secure/Manometric method)

0.17

ng/mL

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

(CLIA))

(Serum/Chemiluminescent Immunometric Assay

1.06

ng/ml

0.7 - 2.04

Dr S SIVAKUMAR Ph.D

Consultant Microbiologist

VERIFIED BY



Dr ARCHANA, K MD Ph.D Lab Director INMC NO: 79967

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Investigation

Observed

Unit

Biological Reference Interval

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

10.24

Value

µg/dl

4.2 - 12.0

(Scrum/Chemiluminescent Immunametric Assay

(CLIA))

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)

1.93

µIU/mL

0.35 - 5.50

(Serum/Chemiluminescent Immunometric Assay (CLIA))

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 BML

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4nm and at a minimum between 6-10PM. The variation can he of the order of 50%, hence time of the day has influence on the measured serum TSH concentrations.

Values&ampltp.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

Urine Analysis - Routine

COLOUR

pale yellow

Yellow to Amber

(Urine)

APPEARANCE (Urine)

Clear

Clear

Protein (Uring/Protein error of indicator) Negative

Negative

Glucose (Urine/GOD - POD)

Negative

Negative

Dr S SIVAKUMAR Ph Consultant Microbiologist

VERIFIED BY



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Type : OP	Printed On :	13/03/2024 8:43 PM	
Investigation	Observed Value	Unit	Biological Reference Interval
Pus Cells (Urine/Automated - Flow cytometry )	1 - 2	/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	NIL		

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

#### Stool Analysis - ROUTINE

Colour (Stool)

(Urine)

Brown

Brown

Blood

Absent

Absent

(Stool) Mucus

Absent

Absent

(Stool)

Reaction (Stool)

Acidic

Acidic

Consistency

Semi Solid

Semi Solid

(Stool)

Ova

NIL

NIL

(Stool)

NIL

Others (Stool)

NIL.

NIL

Cysts (Stool) NIL





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Investigation	Observed Value	Unit	Biological Reference Interval
Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stoot)	1 - 2	/hpf	NIL
Macrophages (Steel)	NIL		NIL
Epithelial Cells	NIL	/hpf	NIL





Lab Director TNMC NO: 79967

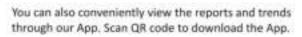
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-- End of Report --

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Age & Gender	46Y/MALE	Visit Date	13/03/2024
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 normal sized and shows 1.2 cm of size calculus (as in clusters) inside the 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 9.9 x 5.1 cm.

Left kidney measures 10.3 x 5.0 cm.

Ureters are not dilated.

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

**Prostate** is normal in size, measures  $3.0 \times 3.0 \times 2.8 \text{ cm}$  (Vol – 13 cc). Echotexture is homogenous.

Seminal vesicles is normal.

Iliac fossae are normal.

There is no free or loculated peritoneal fluid.





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Age & Gender	46Y/MALE	Visit Date	13/03/2024
Ref Doctor	MediWheel	251-0700000000000	- 17 (92)(0.00/25)(24.5)

#### IMPRESSION:

> Grade I fatty liver.

> Cholelithiasis.

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)

Name	MR.SATYANARAYANAM URTHY KASIRAJU	ID	MED122509568
Age & Gender	46Y/MALE	Visit Date	13/03/2024
Ref Doctor	MediWheel	W	













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Pef Doctor	MediWheel		











Name	Mr. SATYANARAYANAMURT HY KASIRAJU	Customer ID	MED122509568
Age & Gender	46Y/M	Visit Date	Mar 13 2024 7:47AM
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.

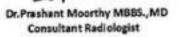
Both the pulmonary hila are normal in size.

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.



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#### ECHO CARDIOGRAM REPORT

#### 2D ECHO STUDY:

- Normal LV / RV size and systolic function (EF: 67%)
- No Regional wall motion abnormality.
- No ventricular hypertrophy.
- IAS and IVS are intact.
- No e/o of clot / Aneurysm.
- Normal pericardium.

#### FINAL IMPRESSION:

- NORMAL LV / RV SIZE AND SYSTOLIC FUNCTION. (EF: 67%)
- 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)- 2.5cm(1.5cm/3.5cm)	IVS (ed) - 1.1cm	(0.6cm/1.2cm)	
LA (ed)- 3.3cm(1.5cm/3.5cm)	LVPW(ed) - 1.2cm	(0.6cm/1.1cm)	
RVID(ed)- 1.2 cm(0.9cm/2.8cm)	EF 67 %	(62 %-85 %)	
LVID (ed)- 4.7cm(2.6cm/5.5cm)	FS 35 %		
LVID (es)- 2.5cm			

