

Medical Summary

Name: **RAVINDRA B**

Date of Birth: **15/01/1983**

Customer ID: _____

Ref Doctor: _____

Sex: **M**

Date: **20.02.24**

Present Complaints: **Nil complaints.**

Past Illness: _____

Major medical illness: **H/o DM. Not on any Rx**

Accident:

Others:

Personal history:

Smoking: **Nil**

Tobacco:

Alcohol: **Nil**

Menstrual history: _____

Obstetric history: _____

Diet: **Mixed diet**

Exercise: **Not done regularly**

Personality: **Normal**

Marital status: **Married**

Children: **Two**

Family history:

Tuberculosis:

Diabetes: **Mother @**

Asthma:

Drug history: _____

Allergy:

Hypertension:

Heart Disease:

Others:

Present Medications: _____

General Examination:

Height: _____

Conjunctiva: **Normal**

Oedema: **Nil**

Tongue: **Moist**

Throat: **Normal**

Weight: _____

Lymphnodes: **Nil**

Nails: **Normal**

Others:

Skin: **Normal**

BP: _____

Eyes: **Normal**

Genitals: **Normal**

Dental: **Normal**

Eye Screening:

Vision	R/E	L/E
Distant Vision	4/60 Spm	4/60 Spm
Near Vision	Normal	Normal
Colour Vision	Normal	Normal



Systemic Examination:

Cardiovascular system: normal
Peripheral Pulsations: Palpable
Heart: S1S2P
Respiratory system: NRBSP

Gastrointestinal Systems:

Higher Function: normal
Cranial Nerves: normal
Motor System: normal

Sensory System: normal
Superficial Reflexes: normal
Deep Reflexes: normal

Impression:

Diabetes Mellitus - Type II.

Diet:

Diabetic Diet.

Medication:

G. MF 500 1-0-1 } 1 month
(PPB)
G. RCT 0-0-1 }

Advice & Follow up:

- To take OHA's regularly
- To do physical exercise regularly.
- Review after 1 month with
FBS, PPBS.

DR.

Dr. [Signature]
MEDALL DIAGNOSTICS
Consultant General Physician

191, Poona High Road,
Kilpauk, Chennai - 600 010.
Cell : 91500 42328





(Medall Healthcare Pvt Ltd)
SELF REFERRAL FORM

MED1224605E (10 2120-02-2409 48 01)



124003155
MR RAVINDRA B(41Y/M)

Customer Information

I, give consent to Medall Healthcare Pvt Ltd to perform the My-Health Package investigation requested by me. I declare that **my age 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

Name: Mr/Ms/Mrs B. RAVINDRA

Company Name UNION BANK OF INDIA Occupation

Date of Birth : 15 01 1983 or Age: 41 Gender: Male Female
D D / M M / Y Y Y Y

Contact Number : 8008307160 Pin Code

Email ID : step.ravi@gmail.com

Vitals Observations (to be filled by Medall team)

Place of service : In store Camp – (mention Location)

Height 173 Cms feet Inches

Waist 32 Inches feet Inches

Hip 34 Inches feet Inches

Weight 69.3 Kgs

Fat 23.1 %

Visceral Fat 8.0 %

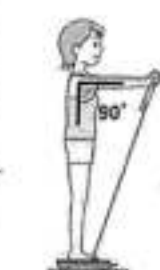
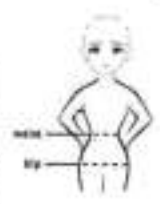
RM 1590 Cal

BMI 23.2

Body Age 42 Yrs

Systolic BP 130 mm/Hg

Diastolic BP 88 mm/Hg



Clinical History / Medicines Taken

	Use Tobacco Products	Drink Alcohol
Never	<input type="checkbox"/>	<input type="checkbox"/>
Some days	<input type="checkbox"/>	<input type="checkbox"/>
Daily	<input type="checkbox"/>	<input type="checkbox"/>

Check in the appropriate box

Inspiration : 35 cm Expiration: 34 cm SP O2 : 99 Pulse : 78

(Always Ensure that the customer is relaxed and in sitting position while doing BP check)

Date 20/12/24 Medall Employee Name & centre Name: M. Sugamini

I have verified and agree with all the data in this sheet.
Fill all the information without fail

Customer Signature

Name : Mr. RAVINDRA B
PID No. : MED122460581
SID No. : 124003155
Age / Sex : 41 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 20/02/2024 9:32 AM
Collection On : 20/02/2024 10:10 AM
Report On : 20/02/2024 4:52 PM
Printed On : 20/02/2024 7:05 PM



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			
<u>Complete Blood Count With - ESR.</u>			
Haemoglobin (EDTA Blood/Spectrophotometry)	13.6	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	40.2	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	4.79	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	83.9	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	28.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	33.8	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	12.7	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	37.29	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	7400	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	51.3	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	28.4	%	20 - 45

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)	14.3	%	01 - 06
Monocytes (EDTA Blood Impedance Variation & Flow Cytometry)	5.4	%	01 - 10
Basophils (EDTA Blood Impedance Variation & Flow Cytometry)	0.6	%	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)	3.80	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	2.10	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood Impedance Variation & Flow Cytometry)	1.06	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood Impedance Variation & Flow Cytometry)	0.40	$10^3 / \mu\text{l}$	< 1.0
Absolute Basophil count (EDTA Blood Impedance Variation & Flow Cytometry)	0.04	$10^3 / \mu\text{l}$	< 0.2
Platelet Count (EDTA Blood Impedance Variation)	247	$10^3 / \mu\text{l}$	150 - 450
MPV (EDTA Blood Derived from Impedance)	8.5	fL	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)	13	mm/hr	< 15

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Investigation	Observed Value	Unit	Biological Reference Interval
BUN / Creatinine Ratio	11.0		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	167.6	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)	Negative	Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	334.2 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)	Positive(+++)	Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.5 mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.86 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)	6.4 mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.65 mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.19 mg/dL	0.0 - 0.3
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Dr. Archana K
Dr ARCHANA. K MD Ph.D
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Bilirubin(Indirect) (Serum/Derived)	0.46	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	24.6	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	35.2	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	52.2	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	107.5	U/L	53 - 128
Total Protein (Serum/Biuret)	7.14	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.87	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.27	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.18		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	192.6	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	145.8	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

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Investigation	Observed Value	Unit	Biological Reference Interval
<p>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.</p>			
HDL Cholesterol (Serum/Immunoinhibition)	32.6	mg/dL	Optimal(Negative Risk Factor): ≥ 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	130.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: ≥ 190
VLDL Cholesterol (Serum/Calculated)	29.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	160.0	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)	5.9		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)	4.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0

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Investigation	Observed Value	Unit	Biological Reference Interval
LDL/HDL Cholesterol Ratio (Serum/Calculated)	4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	9.1	%	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 %

Remark: Please correlate clinically.

Estimated Average Glucose (Whole Blood)	214.47	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.

Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.73	ng/mL
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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 (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.85	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	9.71	µg/dl	4.2 - 12.0
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(Serum/Chemiluminescent Immunometric 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)	1.86	µIU/mL	0.35 - 5.50
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(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 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 ≤ 0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

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

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Pus Cells <i>(Urine/Automated - Flow cytometry)</i>	1 - 2	/hpf	NIL
Epithelial Cells <i>(Urine/Automated - Flow cytometry)</i>	1 - 2	/hpf	NIL
RBCs <i>(Urine/Automated - Flow cytometry)</i>	NIL	/hpf	NIL
Casts <i>(Urine/Automated - Flow cytometry)</i>	NIL	/hpf	NIL
Crystals <i>(Urine/Automated - Flow cytometry)</i>	NIL	/hpf	NIL
Others <i>(Urine)</i>	NIL		

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



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-- End of Report --



Name	MR.RAVINDRA B	ID	MED122460581
Age & Gender	41Y/MALE	Visit Date	20/02/2024
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 smooth walled. No evidence of calculi. Wall thickness is normal.

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 10.5 x 5.2 cm.

Left kidney measures 10.0 x 4.7 cm.

Ureters are not dilated.

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

Prostate is normal in size, measures 3.5 x 3.4 x 3.1 cm (Vol – 19 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	41Y/MALE	Visit Date	20/02/2024
Ref Doctor	MediWheel		

IMPRESSION:

➤ Grade I fatty liver.

Dr.PRASHANT MOORTHY, MBBS., MD.,
Consultant Radiologist



Dr. M. JAYAPRABA.
Consultant Sonologist



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ECHO CARDIOGRAM REPORT

2D ECHO STUDY:

- Normal chamber dimensions.
- Normal LV / RV size and systolic function (EF: 68%)
- 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 : 68%)**
- **NO REGIONAL WALL MOTION ABNORMALITY.**
- **NORMAL VALVES FOR AGE.**
- **NORMAL DIASTOLIC COMPLIANCE.**
- **NORMAL COLOUR FLOW STUDIES.**

LEFT VENTRICULAR MEASUREMENT:

DIMENSIONS	NORMAL	DIMENSIONS	NORMAL
AO (ed)- 2.5cm(1.5cm/3.5cm)		IVS (ed) - 0.9cm	(0.6cm/1.2cm)
LA (ed)- 2.6cm(1.5cm/3.5cm)		LVPW(ed) - 0.8cm	(0.6cm/1.1cm)
RVID(ed)- 1.0cm(0.9cm/2.8cm)		EF 68%	(62 %-85 %)
LVID (ed)- 4.5cm(2.6cm/5.5cm)		FS 36 %	
LVID (es)- 3.0cm			



Name	MR.RAVINDRA B	ID	MED122460581
Age & Gender	41Y/MALE	Visit Date	20/02/2024
Ref Doctor	MediWheel		

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

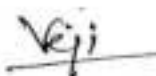
PERICARDIUM:

- Normal.

DOPPLER STUDY:

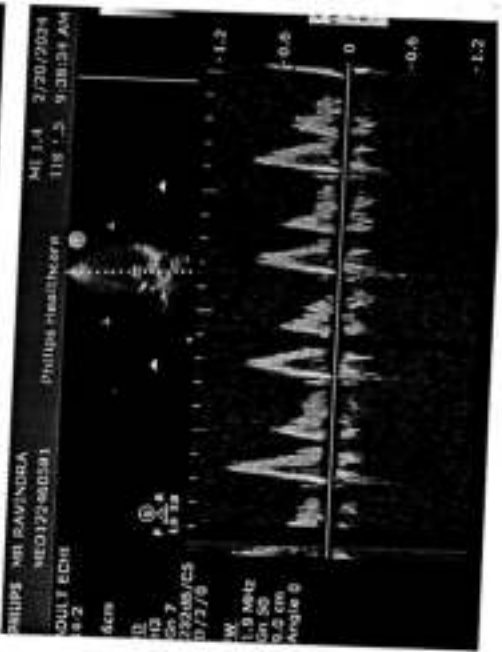
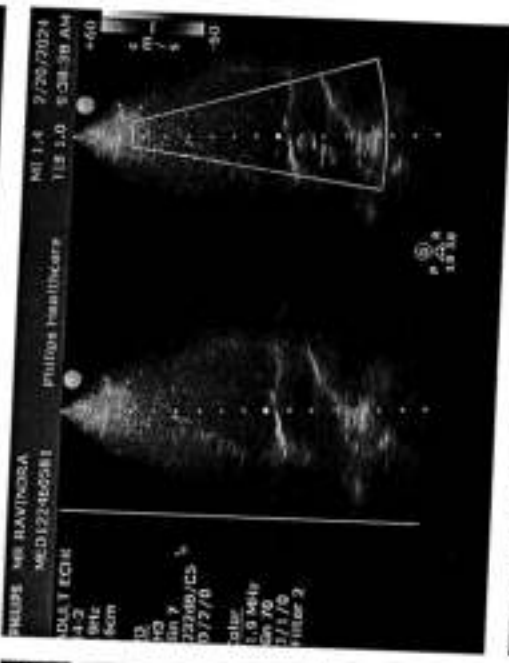
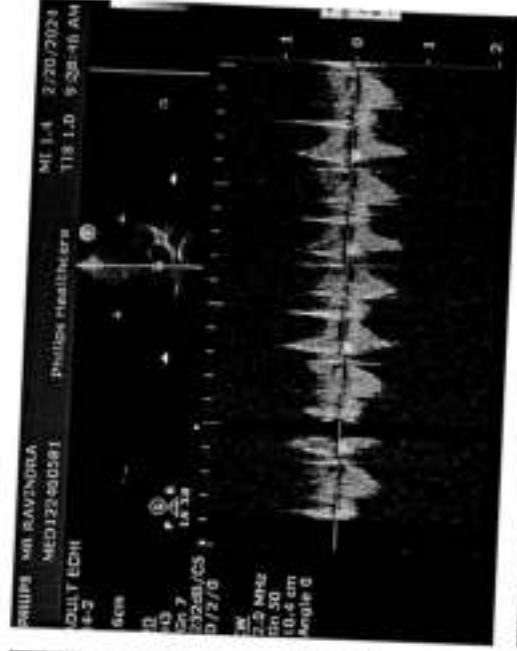
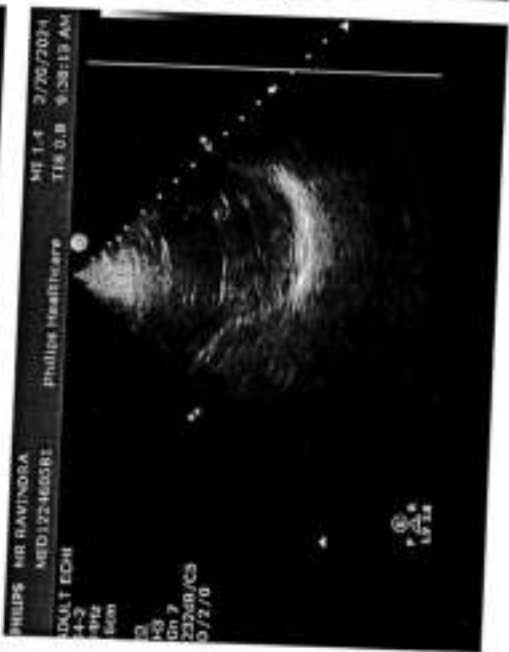
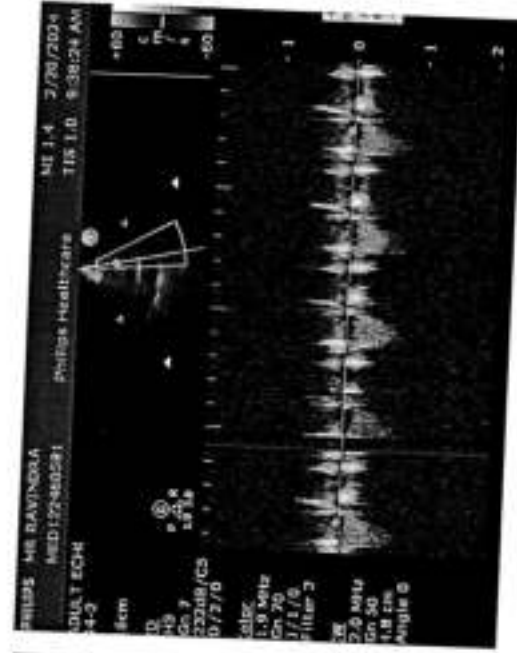
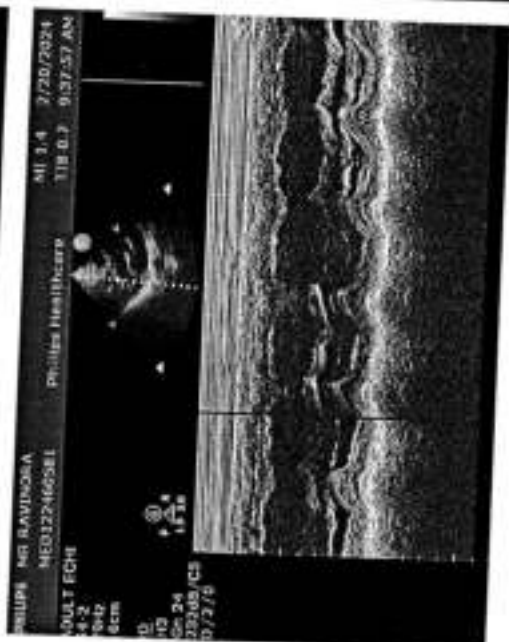
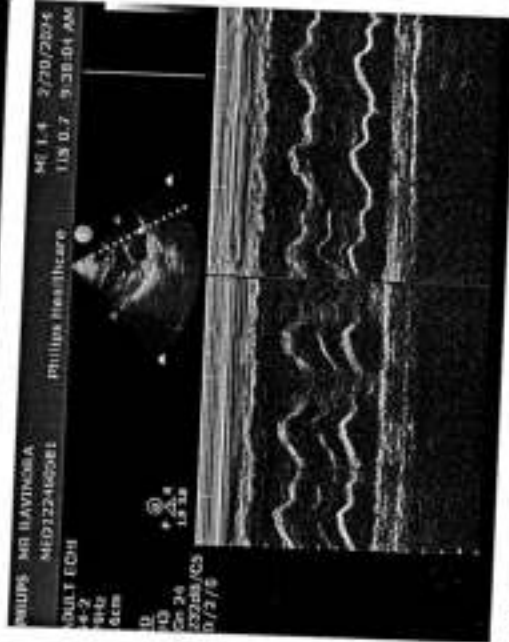
Continuous Wave Doppler & Colour Flow Study:

- *Normal colour flow studies.*



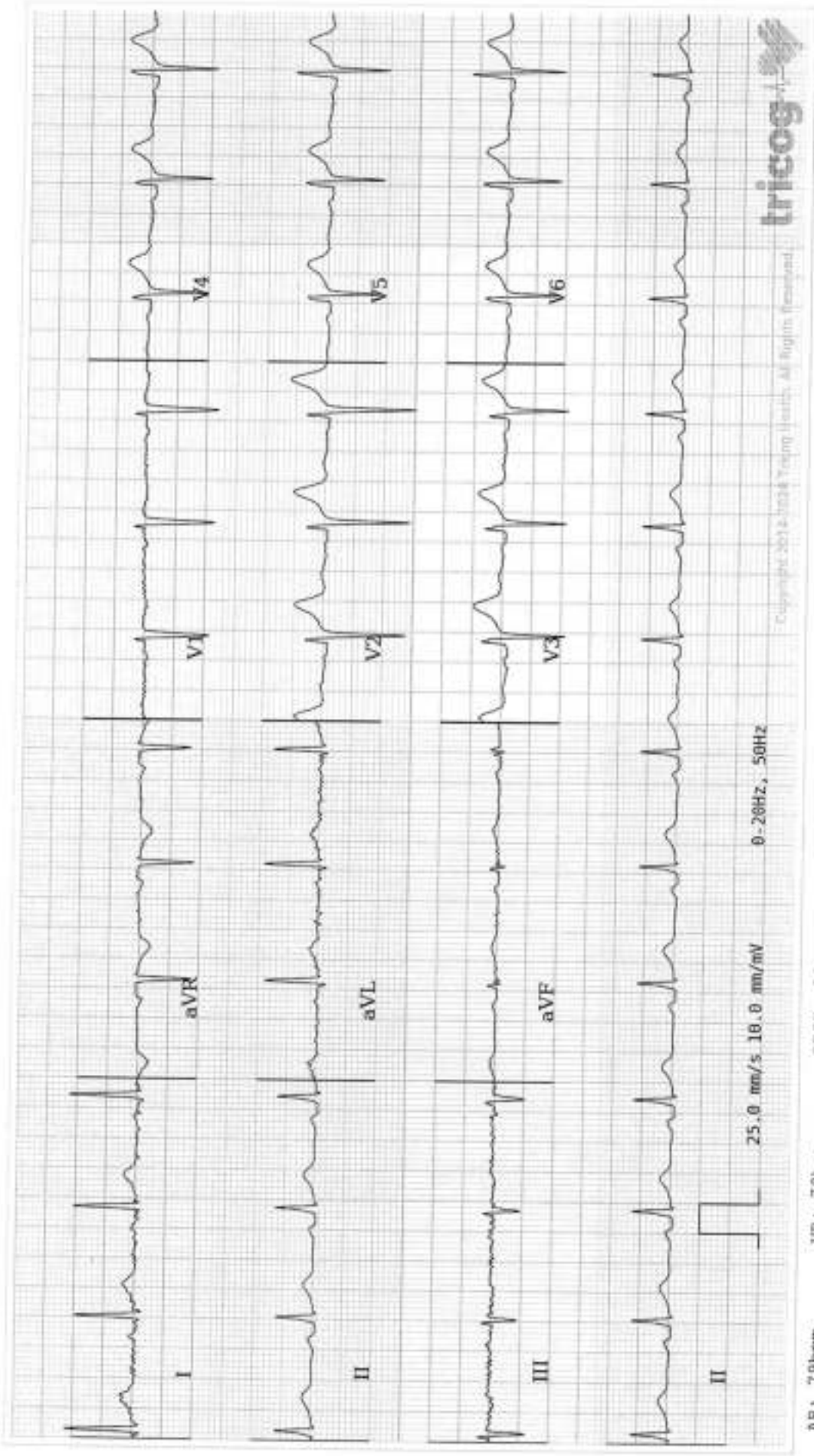
**P. VIJAYA LAKSHMI
(ECHO TECH)**





Age / Gender: 41/Male
Patient ID: med122460581
Patient Name: Mr raviindra b

Date and Time: 20th Feb 24 9:39 AM



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

REPORTED BY



Name	Mr. RAVINDRA B	Customer ID	MED122460581
Age & Gender	41Y/M	Visit Date	Feb 20 2024 9:32AM
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.**



Dr. Prashant Moorthy MBBS., MD
Consultant Radiologist

