

Name : Mr. SHAN M
PID No. : MED112110326
SID No. : 224003486
Age / Sex : 40 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

Register On : 09/03/2024 8:42 AM
Collection On : 09/03/2024 8:58 AM
Report On : 09/03/2024 5:41 PM
Printed On : 13/03/2024 9:12 AM



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)	14.1	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	43.0	%	42 - 52
RBC Count (EDTA Blood/Impedance Variation)	5.06	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	84.9	fL	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)	32.8	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	13.4	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	39.82	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	8480	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	50.8	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	36.9	%	20 - 45



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Lab Director
TNMC NO: 79967

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Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	5.0	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.8	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.5	%	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)	4.31	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.13	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.42	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.58	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.04	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	384	10 ³ / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	7.7	fL	7.9 - 13.7
PCT (EDTA Blood/Automated Blood cell Counter)	0.30	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated - Westergren method)	27	mm/hr	< 15



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BUN / Creatinine Ratio	10.6		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	107.2	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)	132.4	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)	Negative	Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.4	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.88	mg/dL	0.9 - 1.3
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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)	4.9	mg/dL	3.5 - 7.2
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.30	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.13	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.17	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	19.2	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	20.1	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	36.0	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	56.8	U/L	53 - 128
Total Protein (Serum/Biuret)	7.02	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.60	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.42	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.90		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	232.7	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	115.6	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)	29.5	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	180.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	23.1	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	203.2	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)	7.9		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)	3.9		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)	6.1		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.7	%	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)	116.89	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)	0.85	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
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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))	0.98	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))	11.64	µg/dl	4.2 - 12.0
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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))	2.38	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

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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Pus Cells (Urine/Automated δ Flow cytometry)	0 - 1	/hpf	NIL
Epithelial Cells (Urine/Automated δ Flow cytometry)	0 - 1	/hpf	NIL
RBCs (Urine/Automated δ Flow cytometry)	NIL	/hpf	NIL
Casts (Urine/Automated δ Flow cytometry)	NIL	/hpf	NIL
Crystals (Urine/Automated δ 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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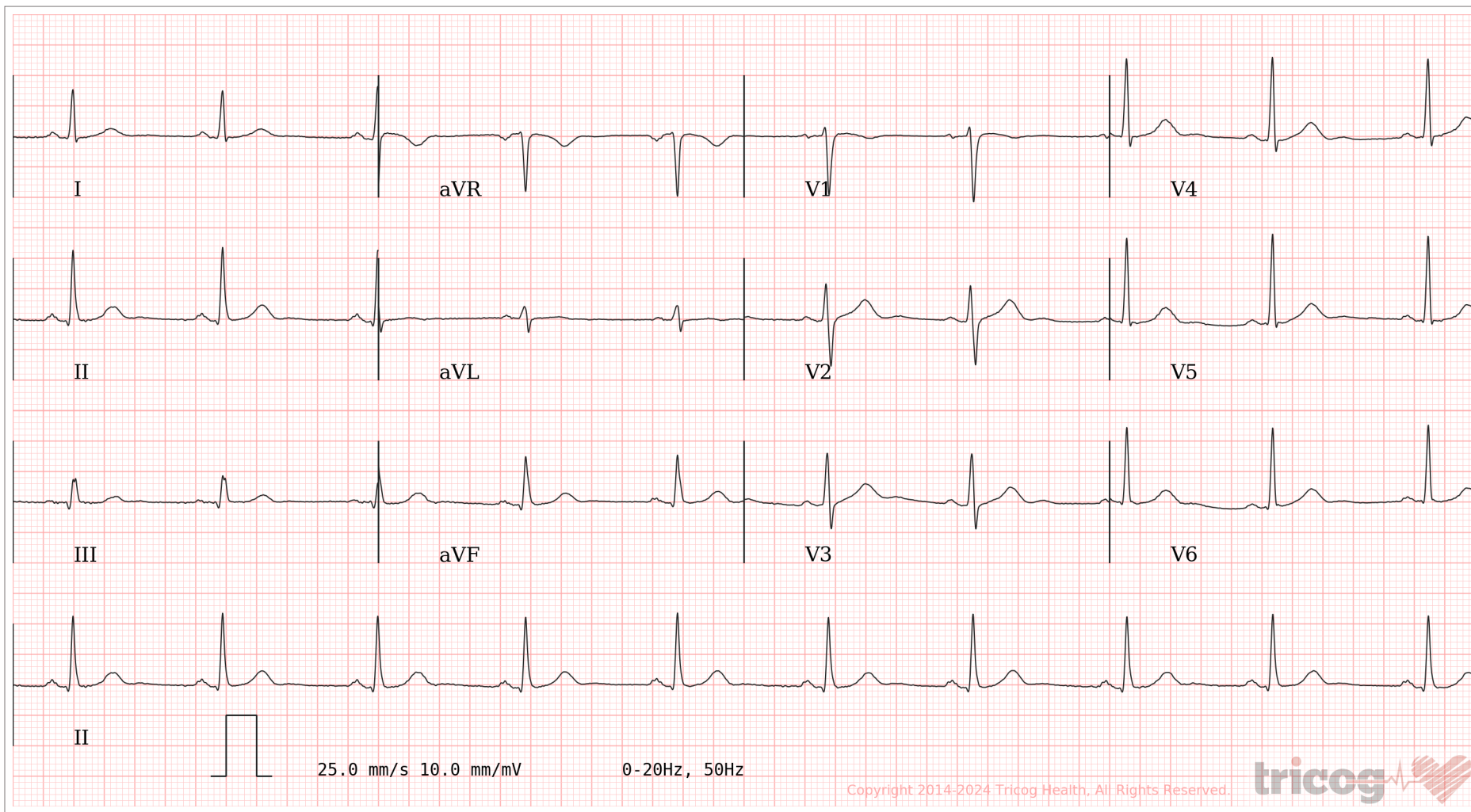
-- End of Report --

Medall Diagnostic Vadapalani



Age / Gender: 40/Male
Patient ID: med112110326
Patient Name: Mr shan m

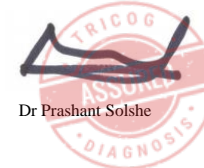
Date and Time: 9th Mar 24 9:49 AM



AR: 60bpm VR: 61bpm QRSD: 86ms QT: 396ms QTcB: 399.29ms PRI: 150ms P-R-T: 43° 52° 58°

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

REPORTED BY



Dr Prashant Solshe

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.

Name	SHAN M	ID	MED112110326
Age & Gender	40-Male	Visit Date	3/10/2024 11:27:21 AM
Ref Doctor Name	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 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 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 ~ 9.6 x 5.1 cm.

The left kidney measures ~ 10.2 x 5.9 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 ~ 3.1 x 3.0 x 2.8 cm (Vol ~ 14.2 ml) and is normal sized.

The echotexture is homogeneous.

The seminal vesicles are normal.

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10. Reports are subject to interpretation in their entirety, partial or selective interpretation may lead to false opinion.
11. Disputes, if any, with regard to the report findings are subject to the exclusive jurisdiction of the competent courts Chennai only.

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Iliac fossae are normal.

IMPRESSION:

- Fatty liver.
- Normal study of other abdominal organs.

DR. UMALAKSHMI
SONOLOGIST

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ECHOCARDIOGRAPHY

M-MODE MEASUREMENTS:-

<u>VALUES</u>	
AO	2.8 cm
LA	3.3 cm
LVID(D)	4.9 cm
LVID (S)	3.0 cm
IVS (D)	1.0 cm
LVPW (D)	1.0 cm
EF	65 %
FS	35 %
TAPSE	19 mm

DOPLER AND COLOUR FLOW PARAMETERS :-

Aortic Valve Gradient : **V max - 1.23 m/sec**
Pulmonary Valve Gradient : **V max - 0.93 m/sec**
Mitral Valve Gradient : **E: 0.85 m/sec** **A: 0.56 m/sec**
Tricuspid Valve Gradient : **E: 0.35 m/sec**

VALVE MORPHOLOGY :-

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

CHAMBERS

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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 (2.1 m/s).
Normal RV Function .
No Pulmonary Artery Hypertension.
No Pericardial Effusion.*

IMPRESSION:

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

M. Varshini

MS. VARSHINI.M-ECHO TECHNOLOGIST

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Age & Gender	40Y/M	Visit Date	Mar 9 2024 8:42AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

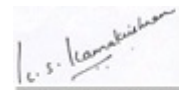
Cardiac size is within normal limits.

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.**

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Age & Gender	40-40-40-Male	Visit Date	3/10/2024 11:27:21 AM
Ref Doctor Name	MediWheel		



Personal Health Report

General Examination:

Height : 168.0 cms
Weight : 81.0 kg
BMI : 28.7 kg/m²

BP: 110/70 mmhg
Pulse: 63/ min, regular

Systemic Examination:

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

Blood report:

ESR- 27 mm/hr- Slightly elevated.

Glucose-(FBS)-107.2 mg/dl & HbA1C test -5.7 % - Slightly elevated.

Total cholesterol -232.7 mg/dl - 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 ECG.

ECHO - Normal.

DENTAL - Normal.

USG whole abdomen - Fatty liver.

Eye Test - Normal study.

Vision	Right eye	Left eye
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REPORT DISCLAIMER

- 1.This is only a radiological impression.Like other investigations, radiological investigation also have limitation. Therefore radiological reports should be interpreted in correlation with clinical and pathological findings.
- 2.The results reported here in are subject to interpretation by qualified medical professionals only.
- 3.Customer identities are accepted provided by the customer or their representative.
- 4.information about the customer's condition at the time of sample collection such as fasting, food consumption, medication, etc are accepted as provided by the customer or representative and shall not be investigated for its truthfulness.
- 5.If any specimen/sample is received from any others laboratory/hospital,its is presumed that the sample belongs to the patient identified or named.
- 6.Test results should be interpreted in context of clinical and other findings if any.In case of any clarification /doubt , the referring doctor/patient can contact the respective section head of the laboratory.
- 7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,
- 8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
- 9.Liability is limited to the extend of amount billed.
- 10.Reports are subject to interpretation in their entirety.partial or selective interpretation may lead to false opinion.
- 11.Disputes,if any , with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	SHAN M	ID	MED112110326
Age & Gender	40-40-40-Male	Visit Date	3/10/2024 11:27:21 AM
Ref Doctor Name	MediWheel		



Distant Vision	6/6	6/6
Near Vision	N6	N6
Colour Vision	Normal	Normal

Impression & Advice:

ESR- 27 mm/hr- Slightly elevated. To consult general physician for further evaluation and management.

Glucose-(FBS)-107.2 mg/dl & HbA1C test -5.7 % - Slightly elevated. To consult a diabetologist for further evaluation and management. To have diabetic diet recommended by the dietician.

Total cholesterol -232.7 mg/dl - Slightly elevated. To be brought down to the desirable level of 200mg/dl by having low cholesterol, high fiber 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

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