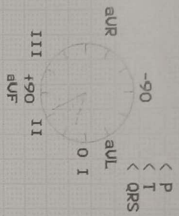


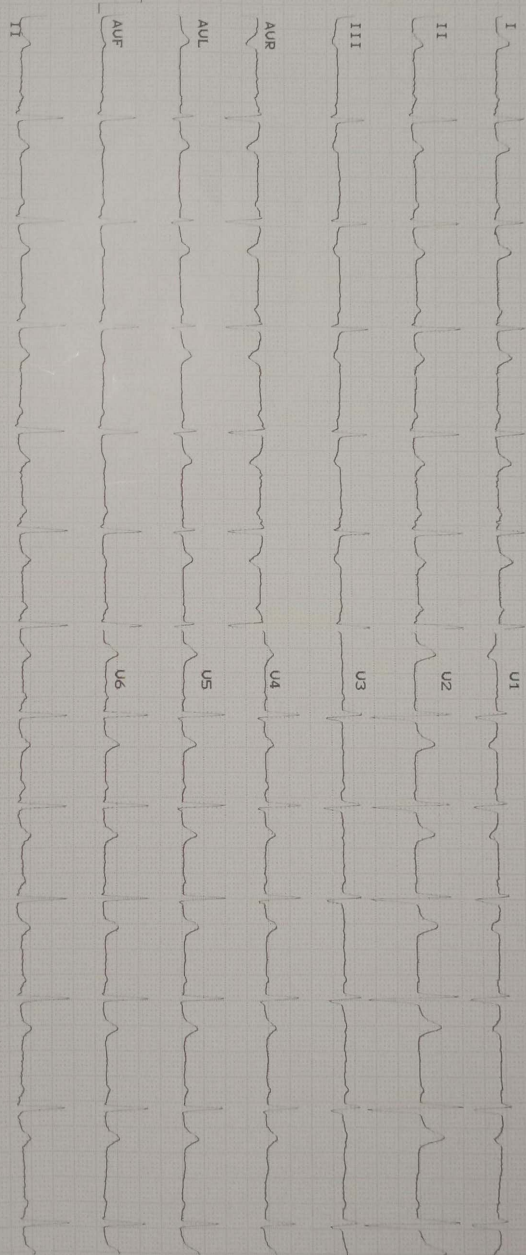
Measurement Results:

QRS	98 ms
QT/QTcB	370 / 415 ms
PR	140 ms
P	106 ms
RR/PP	796 / 795 ms
P/QRS/T	45° / 65° / 20 degrees
QTd/QTcBd	52 / 58 ms
Sokolow	1.5 mV
NK	10



Interpretation: Normal sinus rhythm
 T-wave near baseline (anterior) - depressed, to clinically correlate
Shilpa

Unconfirmed report.





NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

NO 1118 GEETHA ROAD, CHAMARAJAPURAM
MYSORE-570005, KARNATAKA

CASE SHEET

Name: SHILPA P K

OP No: 60P1350848

Gender: Female

Age: 36

Date: 12/03/2025

Complaint

S.No	Eye	Complaint	Duration	Type	Remarks
2	BE	FOR MEDICAL CERTIFICATE	1	Days	

Medical History

S.No	Eye	Surgery	Duration	Type	Remarks
1	SYSTEMIC	DIABETES	6	Year(s)	
2	SYSTEMIC	-	1	Months	ANXIETY

Diagnosis

Eye	ICDCode	ICD	Version	Remarks
BE	H52.7	Disorder of refraction - H52.7 - 10	10	
BE	18386	NORMAL - 18386 - 9	9	

SCHIRMER'S Test & TBUT

IOP

Type	NCT			DVT Flag			
Target				DVT1	DVT2	DVT3	DVT4
	BD	AD	CL	RE			
RE	16			LE			
LE	16			Time	12:00 AM	12:00 AM	12:00 AM

AR

RE	SPH	CYL	AXIS	LE	SPH	CYL	AXIS
BD	-0.25	-0.25	115	BD	0	-0.25	60

AD				AD			
Drug Used:							

VisionDetail

RE	UCVA	PG	PH	LE	UCVA	PG	PH
DV	6/6			DV	6/6		
NV	N6			NV	N6		

Subjective

RE	SPH	CYL	AXIS	VA	LE	SPH	CYL	AXIS	VA
Dist	0			6/6	Dist	0			6/6
Near				N6	Near				N6

Color Vision

Chart Type	1
RE	38/38
LE	38/38
Remarks	WNL

Recommendations

User Name	Recommendations
Dr PRIYA D	DM- 6 YRS CLEAR CORNEA AC VH III PUPIL RRR UNFIL LENS CLEAR CENTRAL FUNDUS: BE VCDR 0.3 ADV: DILATED FUNDUS EXAM TO R/O DIABETIC RETINOPATHY

This visit was Electronically Signed by Ms. RUMANA on 3/12/2025 9:40:56 AM.

This visit was Electronically Signed by Dr PRIYA D on 3/12/2025 9:47:43 AM.

NETHRADHAMA
 Super Speciality Eye Hospital
 A Unit of Nethradhama Hospitals Pvt. Ltd.
 No. 1118, Geetha Road, Chamara, Mysore
 Mysore-570005 Ph: 0821-4293000

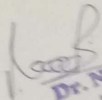
FITNESS CERTIFICATE

NAME: <u>Shilpa PK</u>	AGE: <u>36</u>	
HT: <u>154</u> CMS	WT: <u>55</u> KGS	SEX: <u>Female</u>

PARAMETERS	MEASUREMENTS	
PULSE / BP (supine)	<u>76</u>	/mt / mmHg <u>140/85</u>
INSPIRATION	<u>37</u>	
EXPIRATION	<u>37</u>	
CHEST CIRCUMFERENCE	<u>36</u>	
PREVIOUS ILLNESS	<u>DM on GDS 100 (H)</u>	
VISION		
FAMILY HISTORY	FATHER: <u>1 Nil</u>	MOTHER: <u>1 Nil</u>

REPORTS: Within normal limits.

DATE: 12/03/2025
 PLACE: Mysuru


Dr. NIKHIL B.
 M.D., O.M./Cardiologist
 Consultant Physician
 Reg. No.: 90111



Name	MS.SHILPA P K	ID	MYS277063
Age & Gender	36Y/FEMALE	Visit Date	12/03/2025
Ref Doctor Name	MediWheel		



ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has uniform echopattern.
No evidence of focal lesion or intrahepatic biliary ductal dilatation.

Hepatic and portal vein radicals are normal.

GALL BLADDER show normal shape and has clear contents.

Gall bladder wall is of normal thickness. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern.

No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

KIDNEYS move well with respiration and have normal shape, size and echopattern.

Cortico- medullary differentiations are well madeout.

No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.1	1.7
Left Kidney	10.7	1.7

URINARY BLADDER show normal shape and wall thickness.

It has clear contents.

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern.
Endometrial echo is of normal thickness 9.3mms.

Uterus measures as follows: LS: 6.8cms AP: 3.7cms TS: 5.3cms.

OVARIES are normal size, shape and echotexture.

Right ovary measures: 2.7x2.0cms Left ovary measures: 2.6x2.0cms

POD & adnexa are free.

No evidence of ascites.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH

DR. MOHAN B

MB/SV

Name	MS.SHILPA P K	ID	MYS277063
Age & Gender	36Y/FEMALE	Visit Date	12/03/2025
Ref Doctor Name	MediWheel		



Name : Ms. SHILPA P K

PID No. : MYS277063

SID No. : 712506037

Age / Sex : 36 Year(s) / Female

Type : OP

Ref. Dr : MediWheel

Register On : 12/03/2025 9:04 AM

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Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'A' 'Positive'

Remark: Test to be confirmed by gel method

A handwritten signature in black ink, appearing to read "S. Mohan Kumar".

Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY

A handwritten signature in black ink, appearing to read "Dr. Kiran H's MD".

DR KIRAN H'S MD
Consultant Pathologist
KMC No: 86542

APPROVED BY

Name : Ms. SHILPA P K

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	02	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	06	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.51	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.77	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.16	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.47	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	271	10 ³ / μ l	150 - 450
MPV (Blood/Derived)	9.4	fL	8.0 - 13.3
PCT	0.25	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	08	mm/hr	< 20


Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY




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Investigation **Observed Value** **Unit** **Biological Reference Interval**

BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.4	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.30	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	8.5	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.6	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.90	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.18		1.1 - 2.2

INTERPRETATION: Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	21	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	22	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	89	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	16	U/L	< 38


Mr. S. Mohan Kumar
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Ref. Dr : MediWheel



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	182	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	239 (Rechecked)	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.

Remark: Kindly correlate clinically

HDL Cholesterol (Serum/Immunoinhibition)	29 (Rechecked)	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
---	-----------------------	-------	--

Remark: Kindly correlate clinically

LDL Cholesterol (Serum/Calculated)	105.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
---------------------------------------	-------	-------	---

VLDL Cholesterol (Serum/Calculated)	47.8	mg/dL	< 30
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Non HDL Cholesterol (Serum/Calculated)	153.0	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)	6.3		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)	8.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
--	-----	--	--

LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.6		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.7	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Estimated Average Glucose 116.89 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 glycemc 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.

Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BIOCHEMISTRY

BUN / Creatinine Ratio	8.7		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	100	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.

Urine sugar, Fasting (Urine - F)	Nil		Nil
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	163	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.

Remark: Kindly correlate clinically.

Urine Sugar (PP-2 hours) (Urine - PP)	Nil		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.0	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.8	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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Uricase/Peroxidase)	3.3	mg/dL	2.6 - 6.0
---	-----	-------	-----------


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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.96	ng/ml	0.7 - 2.04
---	------	-------	------------

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 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	8.32	Microg/dl	4.2 - 12.0
--	------	-----------	------------

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))	2.272	µIU/mL	0.35 - 5.50
---	-------	--------	-------------

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.



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale Yellow		Yellow to Amber
Volume (Urine/Physical examination)	25		ml
Appearance (Urine)	Clear		

CHEMICAL EXAMINATION

pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick – Reagent strip method)	1.010		1.002 - 1.035
Protein (Urine/Dip Stick – Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick – Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick – Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative
Blood (Urine)	Nil		Nil


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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Urobilinogen (Urine/Dip Stick – Reagent strip method)	Normal		Within normal limits
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	2-3	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	2-3	/hpf	No ranges
Others (Urine)	Nil		Nil


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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Stool Analysis - ROUTINE</u>			
Colour (Stool)	Brown		Brown
Blood (Stool)	Not present		Not present
Mucus (Stool)	Not present		Not present
Reaction (Stool)	Alkaline		Alkaline
Consistency (Stool)	Semi solid		Semi solid
Ova (Stool)	Nil		Nil
Others (Stool)	Bacteria seen		Nil
Cysts (Stool)	Nil		Nil
Trophozoites (Stool)	Nil		Nil
RBCs (Stool)	Nil	/hpf	Nil
Pus Cells (Stool)	2-3	/hpf	Nil
Macrophages (Stool)	Nil		Nil
Epithelial Cells (Stool)	1-2	/hpf	Nil


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KMC No: 86542

APPROVED BY

-- End of Report --

Name	MS.SHILPA P K	ID	MYS277063
Age & Gender	36Y/FEMALE	Visit Date	12/03/2025
Ref Doctor Name	MediWheel		



2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.6cms
LEFT ATRIUM	:	2.6cms
LEFT VENTRICLE (DIASTOLE)	:	4.6cms
(SYSTOLE)	:	2.8cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
EDV	:	70ml
ESV	:	27ml
FRACTIONAL SHORTENING	:	32%
EJECTION FRACTION	:	62%
RVID	:	1.5cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' - 0.75m/s	A' - 0.35m/s	NO MR
AORTIC VALVE	:	1.0m/s		NO AR
TRICUSPID VALVE	:	E' - 0.69m/s	A' - 0.31m/s	NO TR
PULMONARY VALVE	:	0.64m/s		NO PR

2D ECHOCARDIOGRAPHY FINDINGS:

Name	MS.SHILPA P K	ID	MYS277063
Age & Gender	36Y/FEMALE	Visit Date	12/03/2025
Ref Doctor Name	MediWheel		



Left ventricle : Normal size, Normal systolic function.
No regional wall motion abnormalities.

Left Atrium : Normal.

Right Ventricle : Normal.

Right Atrium : Normal.

Mitral valve : Normal, No mitral valve prolapse.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

IMPRESSION:

- **NORMAL SIZED CARDIAC CHAMBERS.**
- **NORMAL LV SYSTOLIC FUNCTION. EF: 62%.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.**

DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST

NB/sv

Name	Ms. SHILPA P K	ID	MYS277063
Age & Gender	36Y/F	Visit Date	Mar 12 2025 9:03AM
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: No significant abnormality detected.



DR. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST