DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NETWORK

LABORATORY SERVICES

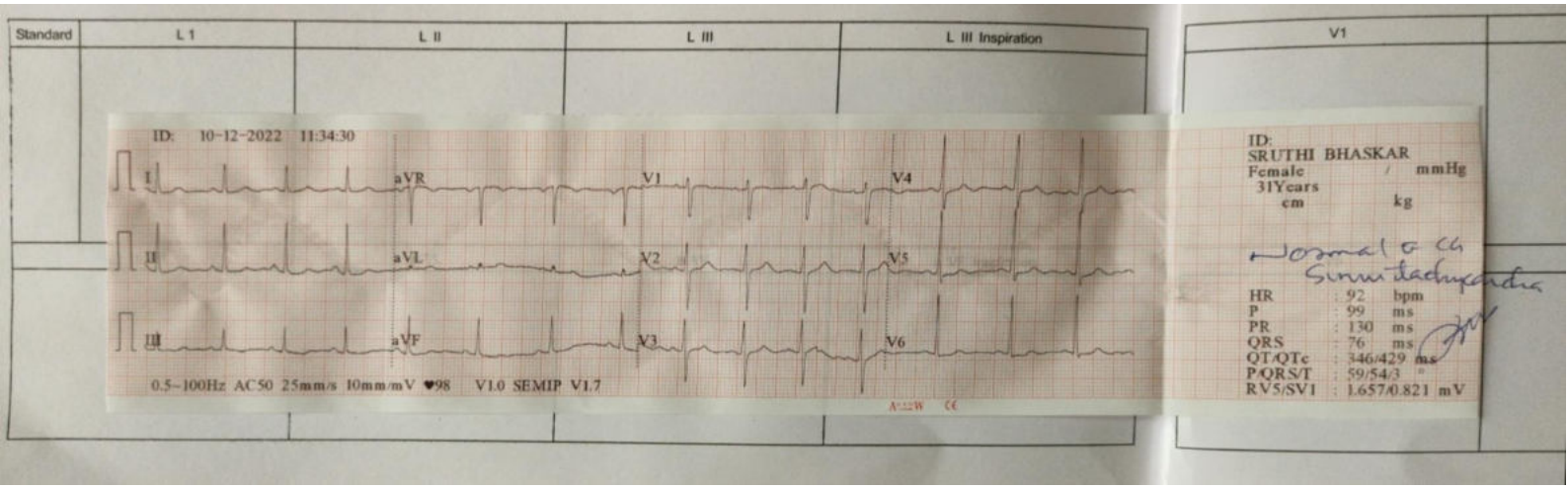
From,
DDRC SRL
Kannur

To,
Medinhed

Respected Sir / Madam,

we have a client on Smith' Blanket (10.12.2022) was not willing to give Stool Sample.

DDRC SRL DIAGNOSTICS Pvt. Ltd.
Date: .....
KANNUR


Standard
L I
L II
L III
L III Inspiration
V1
ID: 10-12-2022 11:34:30
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
0.5-100Hz AC50 25mm/s 10mm/mV ♥98 V1.0 SEMIP V1.7
ID:
SRUTHI BHASKAR
Female / mmHg
31Years
cm kg
Normal ECG
Sinus tachycardia
HR : 92 bpm
P : 99 ms
PR : 130 ms
QRS : 76 ms
QT/QTc : 346/429 ms
P/QRS/T : 59/54/3 °
RV5/SV1 : 1.657/0.821 mV

ECHOCARDIOGRAPHY REPORT

Name:	SRUTHI BHASKAR	Age:31	Date:	10/12/2022
Ref By:	PACKAGE	Sex:F	SRD No:	VL000895

M MODE

AORTA : 22mm
LA : 31mm
LVIDD : 33mm
LVIDS : 22 mm
IVSD : 11 mm
IVSS : 13 mm
LVPWD : 9.0mm
LVPWS : 13 mm
LVEF : 65%
FS : 32 %

2D ECHO

MV : Normal
AV: Normal
RWMA: Nil
LA: Normal
LV: Normal
IAS: Intact
Situs: Solitus
V-A Relationship: Normal
Syst. V. Drainage: Normal
Pericardial Effusion: Nil

MV/Area : Normal

PV: Normal
TV: Normal
RA: Normal
RV: Normal
IVS: Normal
A-V Relationship : Normal
Great Vessel Relationship: Normal
Pulmonary V Drainage: Normal

DOPPLER

Pul Velocity : 1.0m/s
MV Velocity : E : 0.87m/s A : 0.58 m/s E/A : 1.50 MV Area (PHT):
AV Velocity :1.16 m/s
AO Area :
TV Velocity : 0.6 m/s RVSP : mmHg

COLOUR

MR: Nil
AR: Nil
TR: Nil
PR:Nil

ASD:
VSD:
PDA
CoA:

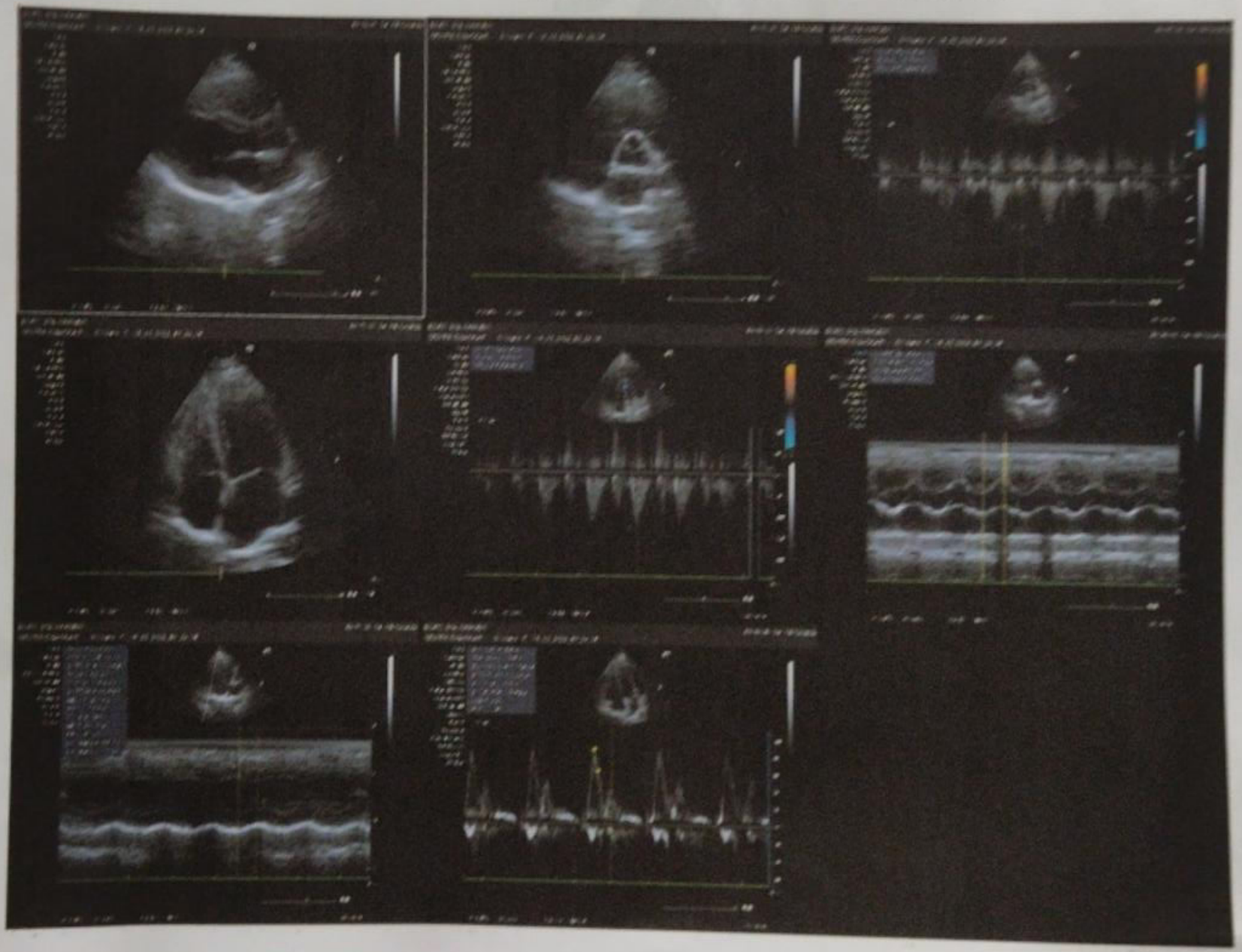
Wall motion abnormalities : Nil
Pericardium: No pericardial effusion
Vegetation/ Thrombus: Nil

IMPRESSION:

- No RWMA
- Normal LV Systolic function

DDRC SRL KANNUR

SRUTHI BHASKAR : 10_12_2022_09_24_38 20221210



DDRC SRL Diagnostic Services

LABORATORY SERVICES

CIN : U85190MH2008PTC181480

(Refer to "CONDITIONS OF REPORTING" overleaf)

DIAGNOSTIC REPORT

Patient Ref. No. 666000002615491

DDRC SRL Diagnostic Services

CLIENT CODE : CA00010147 - MEDIWHEEL

CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
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8800465156

DDRC SRL DIAGNOSTICS

KANNUR
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : SRUTHI BHASKAR PATIENT ID : **SRUTF1012914053**

ACCESSION NO : **4053VL000895** AGE : 31 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 10/12/2022 08:47 REPORTED : 19/12/2022 10:06

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status **Final**	Results	Biological Reference Interval	Units

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)2DECHO

OPTHAL

OPTHAL	COMPLETED		

PHYSICAL EXAMINATION

PHYSICAL EXAMINATION	COMPLETED		

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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)2DECHO

SERUM BLOOD UREA NITROGEN			
BLOOD UREA NITROGEN	8	Adult(<60 yrs) : 6 to 20	mg/dL
BUN/CREAT RATIO			
BUN/CREAT RATIO	11	5.00 - 15.00	
CREATININE, SERUM			
CREATININE	0.70	18 - 60 yrs : 0.6 - 1.1	mg/dL
GLUCOSE, POST-PRANDIAL, PLASMA			
GLUCOSE, POST-PRANDIAL, PLASMA	111	Diabetes Mellitus : > or = 200. Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.	mg/dL
GLUCOSE, FASTING, PLASMA			
GLUCOSE, FASTING, PLASMA	94	Diabetes Mellitus : > or = 126. Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.	mg/dL
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD			
GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.9	Normal : 4.0 - 5.6%. Non-diabetic level : < 5.7%. Diabetic : >6.5% Glycemic control goal More stringent goal : < 6.5 %. General goal : < 7%. Less stringent goal : < 8%. Glycemic targets in CKD :- If eGFR > 60 : < 7%. If eGFR < 60 : 7 - 8.5%.	%
LIPID PROFILE, SERUM			
CHOLESTEROL	188	Desirable : < 200 Borderline : 200-239 High : >or= 240	mg/dL
TRIGLYCERIDES	86	Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	mg/dL
HDL CHOLESTEROL	68	General range : 40-60	mg/dL

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DIRECT LDL CHOLESTEROL	104	Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	mg/dL
NON HDL CHOLESTEROL	120	Desirable-Less than 130 Above Desirable-130-159 Borderline High-160-189 High-190-219 Very High- >or =220	mg/dL
CHOL/HDL RATIO	**2.8** **Low**	3.3 - 4.4 Low Risk 4.5 - 7.0 Average Risk 7.1 - 11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO	1.5	0.5-3 Desirable/Low risk 3.1-6 Borderline/Moderate risk >6.0 High Risk	
VERY LOW DENSITY LIPOPROTEIN	17.2	</= 30.0	mg/dL
LIVER FUNCTION TEST WITH GGT			
BILIRUBIN, TOTAL	0.50	General Range : < 1.1	mg/dL
BILIRUBIN, DIRECT	0.13	General Range : < 0.3	mg/dL
BILIRUBIN, INDIRECT	0.37	0.00 - 0.60	mg/dL
TOTAL PROTEIN	7.6	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
ALBUMIN	4.6	20-60yrs : 3.5 - 5.2	g/dL
GLOBULIN	3.0	2.0 - 4.0	g/dL
ALBUMIN/GLOBULIN RATIO	1.5	1.0 - 2.0	RATIO
ASPARTATE AMINOTRANSFERASE (AST/SGOT)	21	Adults : < 33	U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)	25	Adults : < 34	U/L
ALKALINE PHOSPHATASE	63	Adult(<60yrs) : 35 - 105	U/L
GAMMA GLUTAMYL TRANSFERASE (GGT)	25	Adult(female) : < 40	U/L
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN	7.6	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	g/dL
URIC ACID, SERUM			
URIC ACID	4.4	Adults : 2.4-5.7	mg/dL
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD			
ABO GROUP	TYPE A		
RH TYPE	POSITIVE		

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BLOOD COUNTS,EDTA WHOLE BLOOD			
HEMOGLOBIN	13.6	12.0 - 15.0	g/dL
RED BLOOD CELL COUNT	4.66	3.8 - 4.8	mil/µL
WHITE BLOOD CELL COUNT	7.45	4.0 - 10.0	thou/µL
PLATELET COUNT	378	150 - 410	thou/µL
RBC AND PLATELET INDICES			
HEMATOCRIT	40.2	36 - 46	%
MEAN CORPUSCULAR VOL	86.3	83 - 101	fL
MEAN CORPUSCULAR HGB.	29.3	27.0 - 32.0	pg
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION	33.9	31.5 - 34.5	g/dL
MENTZER INDEX	18.5		
MEAN PLATELET VOLUME	8.7	6.8 - 10.9	fL
WBC DIFFERENTIAL COUNT			
SEGMENTED NEUTROPHILS	55	40 - 80	%
LYMPHOCYTES	37	20 - 40	%
MONOCYTES	2	2 - 10	%
EOSINOPHILS	5	1 - 6	%
BASOPHILS	1	0 - 2	%
ABSOLUTE NEUTROPHIL COUNT	4.10	2.0 - 7.0	thou/µL
ABSOLUTE LYMPHOCYTE COUNT	2.76	1 - 3	thou/µL
ABSOLUTE MONOCYTE COUNT	**0.15**	**Low** 0.20 - 1.00	thou/µL
ABSOLUTE EOSINOPHIL COUNT	0.37	0.02 - 0.50	thou/µL
NEUTROPHIL LYMPHOCYTE RATIO (NLR)	1.5		
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD			
SEDIMENTATION RATE (ESR)	12	0 - 20	mm at 1 hr
SUGAR URINE - POST PRANDIAL			
SUGAR URINE - POST PRANDIAL	NOT DETECTED	NOT DETECTED	
THYROID PANEL, SERUM			
T3	113.10	80.00 - 200.00	ng/dL
T4	7.68	5.10 - 14.10	µg/dl

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TSH 3RD GENERATION	2.510	Non-Pregnant : 0.4 - 4.2 Pregnant Trimester-wise : 1st : 0.1 - 2.5 2nd : 0.2 - 3 3rd : 0.3 - 3	µIU/mL
PHYSICAL EXAMINATION, URINE			
COLOR	PALE YELLOW		
APPEARANCE	**SLIGHTLY HAZY**		
CHEMICAL EXAMINATION, URINE			
PH	5.0	4.8 - 7.4	
SPECIFIC GRAVITY	**1.010** **Low**	1.015 - 1.030	
PROTEIN	NOT DETECTED	NOT DETECTED	
GLUCOSE	NOT DETECTED	NOT DETECTED	
KETONES	NOT DETECTED	NOT DETECTED	
BLOOD	NOT DETECTED	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
NITRITE	NOT DETECTED	NOT DETECTED	
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
WBC	1-2	0-5	/HPF
EPITHELIAL CELLS	**15-20**	0-5	/HPF
CASTS	ABSENT		
CRYSTALS	ABSENT		
BACTERIA	**DETECTED (RARE)**	NOT DETECTED	
SUGAR URINE - FASTING			
SUGAR URINE - FASTING	NOT DETECTED	NOT DETECTED	

Interpretation(s)
SERUM BLOOD UREA NITROGEN-
Causes of Increased levels
Pre renal
• High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal
• Renal Failure
Post Renal
• Malignancy, Nephrolithiasis, Prostatism

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Causes of decreased levels
• Liver disease
• SIADH.
CREATININE, SERUM-Higher than normal level may be due to:
• Blockage in the urinary tract
• Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
• Loss of body fluid (dehydration)
• Muscle problems, such as breakdown of muscle fibers
• Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:
• Myasthenia Gravis
• Muscular dystrophy
GLUCOSE, POST-PRANDIAL, PLASMA-
ADA Guidelines for 2hr post prandial glucose levels is only after ingestion of 75grams of glucose in 300 ml water,over a period of 5 minutes.
GLUCOSE FASTING,FLUORIDE PLASMA-**TEST DESCRIPTION**
Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and sothat no glucose is excreted in the urine.
Increased in
Diabetes mellitus, Cushing' s syndrome (10 – 15%), chronic pancreatitis (30%). Drugs:corticosteroids,phenytoin, estrogen, thiazides.
Decreased in
Pancreatic islet cell disease with increased insulin,insulinoma,adrenocortical insufficiency, hypopituitarism,diffuse liver disease, malignancy (adrenocortical, stomach,fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases(e.g., galactosemia),Drugs- insulin, ethanol, propranolol; sulfonylureas,tolbutamide, and other oral hypoglycemic agents.
NOTE:
While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals.Thus, glycosylated hemoglobin(HbA1c) levels are favored to monitor glycemic control.
High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glyosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.
GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-**Used For**:

1.Evaluating the long-term control of blood glucose concentrations in diabetic patients.
2.Diagnosing diabetes.
3.Identifying patients at increased risk for diabetes (prediabetes).
The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patients metabolic control has remained continuously within the target range.
1.eAG (Estimated average glucose) converts percentage HbA1c to md/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as eAG (mg/dl) = 28.7 * HbA1c - 46.7

HbA1c Estimation can get affected due to :
I.Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
II.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.
III.Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates addiction are reported to interfere with some assay methods,falsely increasing results.
IV.Interference of hemoglobinopathies in HbA1c estimation is seen in
a.Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
b.Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
c.HbF > 25% on alternate paltform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy
LIPID PROFILE, SERUM-Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don''''''''''''t cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn''''''''''''t need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk.It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the ""good"" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely.HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery

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disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease.
Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

Recommendations:
Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.
TOTAL PROTEIN, SERUM-Serum total protein,also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom''s disease
Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage),Burns,Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome,Protein-losing enteropathy etc.
URIC ACID, SERUM-
Causes of Increased levels
Dietary
• High Protein Intake.
• Prolonged Fasting,
• Rapid weight loss.
Gout
Lesch nyhan syndrome.
Type 2 DM.
Metabolic syndrome.

Causes of decreased levels
• Low Zinc Intake
• OCP's
• Multiple Sclerosis

Nutritional tips to manage increased Uric acid levels
• Drink plenty of fluids
• Limit animal proteins
• High Fibre foods
• Vit C Intake
• Antioxidant rich foods
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-
Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.
BLOOD COUNTS,EDTA WHOLE BLOOD-The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.
RBC AND PLATELET INDICES-Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia(>13) from Beta thalassaemia trait
(<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.
WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.
(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504
This ratio element is a calculated parameter and out of NABL scope.
ERYTHROCYTE SEDIMENTATION RATE (ESR),WHOLE BLOOD-**TEST DESCRIPTION** :-
Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

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CLIENT'S NAME AND ADDRESS :
MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156

DDRC SRL DIAGNOSTICS

KANNUR
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : SRUTHI BHASKAR PATIENT ID : **SRUTF1012914053**

ACCESSION NO : **4053VL000895** AGE : 31 Years SEX : Female ABHA NO :

DRAWN : RECEIVED : 10/12/2022 08:47 REPORTED : 19/12/2022 10:06

REFERRING DOCTOR : SELF CLIENT PATIENT ID :

Test Report Status **Final**	**Results**	**Units**

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition.CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

TEST INTERPRETATION

Increase in: Infections, Vasculities, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.

Finding a very accelerated ESR**(>100 mm/hour)** in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythermia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia

False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.

SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT''S TEST

SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST

Scan to View Details

Scan to View Report

DIAGNOSTIC REPORT

Patient Ref. No. 666000002615491

DDRC SRL Diagnostic Services

CLIENT CODE : CA00010147 - MEDIWHEEL

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Test Report Status **Final**	Results	Units

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)2DECHO

ECG WITH REPORT

REPORT
COMPLETED

USG ABDOMEN AND PELVIS

REPORT
COMPLETED

CHEST X-RAY WITH REPORT

REPORT
COMPLETED

2D - ECHO WITH COLOR DOPPLER

REPORT
COMPLETED

****End Of Report****
Please visit www.srlworld.com for related Test Information for this accession

JINSHA KRISHNAN
LAB TECHNOLOGIST

JINISHA M
LAB TECHNOLOGIST

SREENA A
LAB TECHNOLOGIST

KIRAN K
Msc Medical Biochemistry

Scan to View Details

Scan to View Report

DDRC SRL
Diagnostic Services
INDIA'S LEADING DIAGNOSTICS NET WORK

MEDICAL EXAMINATION REPORT (MER)

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee : Mr./Mrs./Ms. Southi Bhaskar
2. Mark of Identification : (Mole/Scar/any other (specify location)): mole on right ring finger
3. Age/Date of Birth : 31yr 01.08.1991 Gender: (M/F)
4. Photo ID Checked : (Passport/Election Card/PAN Card/Driving Licence/Company ID) Aadhar

PHYSICAL DETAILS:

a. Height 163 (cms) b. Weight 75 (Kgs) c. Girth of Abdomen 71.5 (cms)

d. Pulse Rate 92 (/Min) e. Blood Pressure:

	Systolic	Diastolic
1st Reading	120	80
2nd Reading	120	80

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	74	HTN	
Mother	69	DM	
Brother(s)	38	Healthy	
Sister(s)			

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
No	No	No

PERSONAL HISTORY

a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. Y/N

b. Have you undergone/been advised any surgical procedure? Y/N

c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? Y/N

d. Have you lost or gained weight in past 12 months? Y/N

Have you ever suffered from any of the following?

- Psychological Disorders or any kind of disorders of the Nervous System? Y/N
- Any disorders of Respiratory system? Y/N
- Any Cardiac or Circulatory Disorders? Y/N
- Enlarged glands or any form of Cancer/Tumour? Y/N
- Any Musculoskeletal disorder? Y/N
- Any disorder of Gastrointestinal System? Y/N
- Unexplained recurrent or persistent fever, and/or weight loss Y/N
- Have you been tested for HIV/HBsAg / HCV before? If yes attach reports Y/N
- Are you presently taking medication of any kind? Y/N

DDRC SRL Diagnostics Private Limited
Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com
Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai – 400062.

- Any disorders of Urinary System? Y/N
- Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin Y/N

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs? Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports) Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries? Y/N

d. Do you have any history of miscarriage/ abortion or MTP Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc Y/N

f. Are you now pregnant? If yes, how many months? Y/N 9

CONFIDENTAIL COMMENTS FROM MEDICAL EXAMINER

- Was the examinee co-operative? Y/N
- Is there anything about the examine's health, lifestyle that might affect him/her in the near future with regard to his/her job? Y/N
- Are there any points on which you suggest further information be obtained? Y/N
- Based on your clinical impression, please provide your suggestions and recommendations below;

.....

.....

- Do you think he/she is MEDICALLY FIT or UNFIT for employment.

medically fit

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner : Dr Indusarath S

Seal of Medical Examiner : Dr. INDUSARATH.S, MBBS,MD,DNB
Regd. No: 41964
DDRC SRL , KANNUR

Name & Seal of DDRC SRL Branch : DDRC SRL DIAGNOSTICS Pvt. Ltd. Date: ..... KANNUR

Date & Time :

DDRC SRL Diagnostics Private Limited
Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com
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OPTHALMOLOGY REPORT

TO WHOM-SO-EVER IT MAY CONCERN

This is to certify that I have examined Miss. SRUTHI BHASKAR, 31 years Female on 10.12.2022 and her visual standards are as follows:

	OD	OS
UNCORRECTED DISTANCE VISUAL ACUITY	6/9	6/6
UNCORRECTED NEAR VISUAL ACUITY	N6	N6
BEST CORRECTED VISUAL ACUITY	6/6	6/6
COLOUR VISION	NORMAL	NORMAL

NOTE: NO HISTOTRY OF SPECS
NO RELEVANT MEDICAL HISTORY

VIMEGA .V
OPTOMETRIST

DATE: 10.12.2022

Name	SRUTHI BHASKER	Age/Sex	31/Female
Ref: By:	MEDIWHEEL	Date	10.12.2022

Thanks for referral

CHEST X-RAY – PA VIEW

Trachea is central. Carina and principal bronchi are normal.
Cardio-thoracic ratio is within normal limits.
Both lungs show normal Broncho-vascular markings. No definite focal opacities noted.
No volume loss in either hemithorax.
No definite mediastinal widening or other abnormalities noted.
CP angles, diaphragm, bony cage and soft tissue shadows - not remarkable.

IMPRESSION:

- **Normal X-ray chest**

DR. P. NIYAZI NASIR,
MBBS, DMRD

(Because of technical and technological limitation complete diagnosis cannot be assured on imaging sonography. Clinical correlation, consultation if required repeat imaging required in the event of controversies. This document is not for legal purposes).

Dr. P. NIYAZI NASIR, MBBS, DMRD
REG. No. 41419
CONSULTANT RADIOLOGIST
DDRC SRL DIAGNOSTIC (P) LTD.
KANNUR