Name	: **Ms. KUSHBU N K**		
PID No.	: MED111149234	**Register On** : 25/11/2023 8:45 AM	
SID No.	: 522318270	**Collection On** : 25/11/2023 11:25 AM	
Age / Sex	: 35 Year(s) / Female	**Report On** : 25/11/2023 3:50 PM	
Type	: OP	**Printed On** : 26/11/2023 12:12 PM	
Ref. Dr	: **MediWheel**		

Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (EDTA Blood/*Agglutination*)	'B' 'Positive'		

INTERPRETATION: Note: Slide method is screening method. Kindly confirm with Tube method for transfusion.

Complete Blood Count With - ESR

Investigation	Observed Value	Unit	Biological Reference Interval
Haemoglobin (EDTA Blood/*Spectrophotometry*)	**10.0**	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	**31.0**	%	37 - 47
RBC Count (EDTA Blood)	**3.96**	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	78.2	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	**25.2**	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.2	g/dL	32 - 36
RDW-CV	**16.7**	%	11.5 - 16.0
RDW-SD	**45.71**	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6400	cells/cu.mm	4000 - 11000
Neutrophils (Blood)	57.7	%	40 - 75
Lymphocytes (Blood)	27.5	%	20 - 45
Eosinophils (Blood)	5.0	%	01 - 06

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Investigation	Observed Value	Unit	Biological Reference Interval
Monocytes (Blood)	8.8	%	01 - 10
Basophils (Blood)	1.0	%	00 - 02

INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.

Investigation	Observed Value	Unit	Biological Reference Interval
Absolute Neutrophil count (EDTA Blood)	3.69	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.76	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.32	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.56	10^3 / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.06	10^3 / µl	< 0.2
Platelet Count (EDTA Blood)	378	10^3 / µl	150 - 450
MPV (Blood)	9.4	fL	8.0 - 13.3
PCT (*Automated Blood cell Counter*)	**0.36**	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrated Blood)	13	mm/hr	< 20
BUN / Creatinine Ratio	10.6		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/*GOD-PAP*)	84.98	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.

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The results pertain to sample tested.   Page 2 of 8

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Investigation	Observed Value	Unit	Biological Reference Interval
Glucose, Fasting (Urine) (Urine - F/*GOD - POD*)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD-PAP*)	90.91	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.

Investigation	Observed Value	Unit	Biological Reference Interval
Blood Urea Nitrogen (BUN) (Serum/*Urease UV / derived*)	**6.5**	mg/dL	7.0 - 21
Creatinine (Serum/*Modified Jaffe*)	0.61	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.

Investigation	Observed Value	Unit	Biological Reference Interval
Uric Acid (Serum/*Enzymatic*)	4.35	mg/dL	2.6 - 6.0

Liver Function Test

Investigation	Observed Value	Unit	Biological Reference Interval
Bilirubin(Total) (Serum/*DCA with ATCS*)	0.28	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulfanilic Acid*)	0.11	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Derived*)	0.17	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*Modified IFCC*)	8.64	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*Modified IFCC*)	5.99	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic*)	13.76	U/L	< 38

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Investigation	Observed Value	Unit	Biological Reference Interval
Alkaline Phosphatase (SAP) (Serum/*Modified IFCC*)	54.6	U/L	42 - 98
Total Protein (Serum/*Biuret*)	7.32	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green*)	4.45	gm/dl	3.5 - 5.2
Globulin (Serum/*Derived*)	2.87	gm/dL	2.3 - 3.6
A : G RATIO (Serum/*Derived*)	1.55		1.1 - 2.2

Lipid Profile

Investigation	Observed Value	Unit	Biological Reference Interval
Cholesterol Total (Serum/*CHOD-PAP with ATCS*)	146.28	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*GPO-PAP with ATCS*)	80.51	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 õusualö"circulating level of triglycerides during most part of the day.

Investigation	Observed Value	Unit	Biological Reference Interval
HDL Cholesterol (Serum/*Immunoinhibition*)	**44.54**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50

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Investigation	Observed Value	Unit	Biological Reference Interval
LDL Cholesterol (Serum/*Calculated*)	85.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated*)	16.1	mg/dL	< 30
Non HDL Cholesterol (Serum/*Calculated*)	101.7	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.

Investigation	Observed Value		Biological Reference Interval
Total Cholesterol/HDL Cholesterol Ratio (Serum/*Calculated*)	3.3		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*)	1.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated*)	1.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

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Investigation	Observed Value	Unit	Biological Reference Interval
HbA1C (Whole Blood/*HPLC)*	5.6	%	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*)*	114.02	mg/dL	

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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/*ECLIA)*	0.948	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 (Tyroxine) - Total (Serum/*ECLIA)*	9.47	µg/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/*ECLIA)*	3.89	µIU/mL	0.35 - 5.50

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Investigation	Observed Value	Unit	Biological Reference Interval

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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

URINE ROUTINE

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	20		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.017		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal

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Investigation	Observed Value	Unit	Biological Reference Interval
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

MICROSCOPIC EXAMINATION (URINE COMPLETE)

Investigation	Observed Value	Unit	Biological Reference Interval
Pus Cells (Urine)	**0-1**	/hpf	NIL
Epithelial Cells (Urine)	**1-3**	/hpf	NIL
RBCs (Urine)	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.

Investigation	Observed Value	Unit	Biological Reference Interval
Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL

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Name	MS.KUSHBU N K	ID	MED111149234
Age & Gender	35Y/FEMALE	Visit Date	25 Nov 2023
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size (13.1 cm) and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

GALL BLADDER is partially distended and shows few polyps largest measuring 2.8 mm. 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
Right kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.
Left kidney: Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.6	1.4
Left Kidney	10.9	1.6

URINARY BLADDER show normal shape and wall thickness. It has clear contents.   No evidence of diverticula.

UTERUS shows arcuate morphology and is heterogeneous in echotexture, predominantly hyperechoic - Early adenomyosis.
Endometrial echo is of normal thickness - 5.3 mm.
Uterus measures LS: 7.1 cms   AP: 3.2 cms   TS: 6.5 cms.

OVARIES are normal in size, shape and echotexture
Right ovary measures 2.7 x 1.5 cm
Left ovary measures 2.6 x 1.7 cm and shows dominant follicle.

POD & adnexa are free.
No evidence of ascites.

IMPRESSION:

- **Gall bladder polyps.**
- **No other significant abnormality detected.**

Name	MS.KUSHBU N K		ID	MED111149234
Age & Gender	35Y/FEMALE		Visit Date	25 Nov 2023
Ref Doctor Name	MediWheel			

DR. HEMANANDINI V.N
CONSULTANT RADIOLOGIST
Hn/Mi

Name	MS.KUSHBU N K		ID	MED111149234
Age & Gender	35Y/FEMALE		Visit Date	25 Nov 2023
Ref Doctor Name	MediWheel			

Name	MS.KUSHBU N K		ID	MED111149234
Age & Gender	35Y/FEMALE		Visit Date	25 Nov 2023
Ref Doctor Name	MediWheel			

2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA	:	2.12	cms.
LEFT ATRIUM	:	2.32	cms.
AVS	:	1.47	cms.

LEFT VENTRICLE

(DIASTOLE)	:	3.74	cms.
(SYSTOLE)	:	2.16	cms.

VENTRICULAR SEPTUM :

(DIASTOLE)	:	0.66	cms.
(SYSTOLE)	:	1.00	cms.

POSTERIOR WALL :

(DIASTOLE)	:	1.16	cms.
(SYSTOLE)	:	1.27	cms.
EDV	:	69	ml.
ESV	:	15	ml.
FRACTIONAL SHORTENING	:	42	%
EJECTION FRACTION	:	60	%
EPSS	:	----	cms.
RVID	:	1.80	cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE: E - 0.8 m/s   A - 0.4 m/s   NO MR.

AORTIC VALVE: 1.1 m/s   NO AR.

TRICUSPID VALVE: E - 0.4 m/s   A - 0.2 m/s   NO TR.

PULMONARY VALVE: 0.8 m/s   NO PR.

2D ECHOCARDIOGRAPHY FINDINGS:

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 prolapsed.

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: 60 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

DR. YASHODA RAVI
CONSULTANT CARDIOLOGIST

Name	MS.KUSHBU N K	ID	MED111149234
Age & Gender	35Y/FEMALE	Visit Date	25 Nov 2023
Ref Doctor Name	MediWheel		

Name	Ms. KUSHBU N K	Customer ID	MED111149234
Age & Gender	35Y/F	Visit Date	Nov 25 2023 8:45AM
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 KARTHIK VIJAY DATTANI. MD., PDCC
CONSULTANT RADIOLOGIST

Patient Name	Kushbu	Date	25/11/2023
Age	35 yrs	Visit Number	52231827 0
Sex	Female	Corporate	Medi wheel

GENERAL PHYSICAL EXAMINATION

Identification Mark :

Height : 159 cm   cms

Weight : 51 kg   kgs

Pulse : 73 bmm   /minute

Blood Pressure : 110/70 mHg   mm of Hg

BMI : 21.12

BMI INTERPRETATION
Underweight = <18.5
Normal weight = 18.5–24.9
Overweight = 25–29.9

Chest :

Expiration : 85 cm   cms

Inspiration : 86 cm   cms

Abdomen Measurement : 84 cm   cms

Eyes : Clinically NAD   Ears : NAD

Throat : NAD   Neck nodes : NAD

RS : BLL vBd⊕   CVS : S₁ S₂ ⊕

PA : Soft ⊕   CNS : Comml cerebrd

No abnormality is detected. His /'Her general physical examination is within normal limits.

NOTE : MEDICAL FIT FOR EMPLOYMENT   YES / NO

Signature

Dr. RITESH RAJ, MBBS
General Physician & Diabetologies
KMC Reg. No: 85875

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	QRS :	76 ms
	QT / QTcBaz :	340 / 443 ms
	PR :	120 ms
	P :	96 ms
	RR / PP :	588 / 588 ms
	P / QRS / T :	49 / 57 / -47 degrees

Sinus tachycardia
Nonspecific ST and T wave abnormality
Abnormal ECG

aVR　　V1　　V4

aVL　　V2　　V5

aVF　　V3　　V6

II

II