

Name : Ms. NAGASHRUTHI S
PID No. : MED121983863 **Register On** : 08/07/2023 9:50 AM
SID No. : 522310937 **Collection On** : 08/07/2023 12:15 PM
Age / Sex : 32 Year(s) / Female **Report On** : 08/07/2023 5:57 PM
Type : OP **Printed On** : 10/07/2023 7:38 AM
Ref. Dr : MediWheel

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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BLOOD GROUPING AND Rh TYPING	'O' 'Positive'		
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(EDTA Blood/Agglutination)

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

Complete Blood Count With - ESR

Haemoglobin	13.12	g/dL	12.5 - 16.0
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(EDTA Blood/Spectrophotometry)

Packed Cell Volume(PCV)/Haematocrit	39.4	%	37 - 47
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(EDTA Blood)

RBC Count	4.45	mill/cu.mm	4.2 - 5.4
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(EDTA Blood)

Mean Corpuscular Volume(MCV)	88.6	fL	78 - 100
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(EDTA Blood)

Mean Corpuscular Haemoglobin(MCH)	29.5	pg	27 - 32
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(EDTA Blood)

Mean Corpuscular Haemoglobin concentration(MCHC)	33.3	g/dL	32 - 36
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(EDTA Blood)

RDW-CV	13.4	%	11.5 - 16.0
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RDW-SD	41.55	fL	39 - 46
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Total Leukocyte Count (TC)	8980	cells/cu.m	4000 - 11000
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(EDTA Blood)

Neutrophils	55.26	%	40 - 75
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(Blood)

Lymphocytes	35.16	%	20 - 45
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(Blood)

Eosinophils	2.90	%	01 - 06
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(Blood)



APPROVED BY

The results pertain to sample tested.

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Monocytes (Blood)	6.29	%	01 - 10
Basophils (Blood)	0.39	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	4.96	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	3.16	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.26	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.56	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood)	0.04	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood)	367.0	10 ³ / µl	150 - 450
MPV (Blood)	9.06	fL	8.0 - 13.3
PCT (Automated Blood cell Counter)	0.33	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	16	mm/hr	< 20
BUN / Creatinine Ratio	15.3		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	98.45	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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Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
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Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	103.87	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)	9.7	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.63	mg/dL	0.6 - 1.1
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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)	6.76	mg/dL	2.6 - 6.0
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Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.23	mg/dL	0.1 - 1.2
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Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.07	mg/dL	0.0 - 0.3
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Bilirubin(Indirect) (Serum/Derived)	0.16	mg/dL	0.1 - 1.0
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SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	17.11	U/L	5 - 40
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SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	9.22	U/L	5 - 41
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GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	15.85	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	71.3	U/L	42 - 98
Total Protein (Serum/Biuret)	7.52	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.54	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.98	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.52		1.1 - 2.2

Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	166.73	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	133.89	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.

HDL Cholesterol (Serum/Immuno-inhibition)	37.16	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
LDL Cholesterol (Serum/Calculated)	102.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	26.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	129.6	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)	4.5		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)	3.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.8		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)



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HbA1C (Whole Blood/HPLC)	5.2	%	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)	102.54	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.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.33	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/ECLIA)	9.04	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/ECLIA)	1.79	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 ROUTINE

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Pale yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	30	

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.5	4.5 - 8.0
Specific Gravity (Urine)	1.007	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal



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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)

Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/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.

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL



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-- End of Report --

Name	MS.NAGASHRUTHI S	ID	MED121983863
Age & Gender	32Y/FEMALE	Visit Date	08 Jul 2023
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is mildly enlarged in size (16.6 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.
CBD is not dilated.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN show normal shape, size and echopattern.

BOTH 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	10.8	1.5
Left Kidney	10.1	1.6

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

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern. Endometrial echo is of normal thickness - 11.7 mm.

Uterus measures LS: 6.8 cms AP: 4.9 cms TS: 7.0 cms.

OVARIES are bulky in size and shows multiple tiny peripherally arranged immature follicles with central echogenic stroma.

Right ovary measures 4.2 x 3.5 x 2.2 cm, volume 17 cc.

Left ovary measures 4.2 x 3.9 x 2.6 cm, volume 21 cc.

POD & adnexa are free.

No evidence of ascites.

IMPRESSION:

- **Mild hepatomegaly.**
- **Morphological feature of polycystic ovaries, Suggested clinical & hormonal correlation**

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Age & Gender	32Y/FEMALE	Visit Date	08 Jul 2023
Ref Doctor Name	MediWheel		

DR. HEMANANDINI V.N
CONSULTANT RADIOLOGISTS
Hn/mj

Name	MS.NAGASHRUTHI S	ID	MED121983863
Age & Gender	32Y/FEMALE	Visit Date	08 Jul 2023
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2D ECHOCARDIOGRAPHIC STUDY

M-mode measurement:

AORTA	:	1.89	cms.
LEFT ATRIUM	:	2.66	cms.
AVS	:	1.47	cms.
LEFT VENTRICLE			
(DIASTOLE)	:	3.43	cms.
(SYSTOLE)	:	2.32	cms.
VENTRICULAR SEPTUM	:		
(DIASTOLE)	:	1.04	cms.
(SYSTOLE)	:	1.27	cms.
POSTERIOR WALL	:		
(DIASTOLE)	:	1.12	cms.
(SYSTOLE)	:	1.27	cms.
EDV	:	49	ml.
ESV	:	18	ml.
FRACTIONAL SHORTENING	:	32	%
EJECTION FRACTION	:	60	%
EPSS	:	---	cms.
RVID	:	1.80	cms.

DOPPLER MEASUREMENTS:

MITRAL VALVE:	E - 1.0 m/s	A - 0.6 m/s	NO MR.
AORTIC VALVE:	1.1 m/s		NO AR.
TRICUSPID VALVE:	E - 0.5 m/s	A - 0.3 m/s	NO TR.
PULMONARY VALVE:	0.8 m/s		NO PR.

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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.NAGASHRUTHI S	ID	MED121983863
Age & Gender	32Y/FEMALE	Visit Date	08 Jul 2023
Ref Doctor Name	MediWheel		

Name	Ms. NAGASHRUTHI S	Customer ID	MED121983863
Age & Gender	32Y/F	Visit Date	Jul 8 2023 9:50AM
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. APARNA

CONSULTANT RADIOLOGIST

Patient Name	Nagashruthi's	Date	8/7/2023
Age	32 yrs	Visit Number	
Sex	Female	Corporate	

GENERAL PHYSICAL EXAMINATION

Identification Mark : ✓

Height : 157 cms
 Weight : 76.8 kgs
 Pulse : 78b/w /minute
 Blood Pressure : 110/70mm mm of Hg
 BMI : 33.7

BMI INTERPRETATION

Underweight = <18.5
 Normal weight = 18.5-24.9
 Overweight = 25-29.9

Chest :

Expiration : 89 cms
 Inspiration : 97 cms
 Abdomen Measurement : 95 cms

Eyes : NAD Ears : NAD

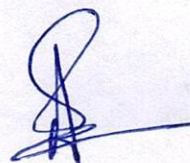
Throat : NAD Neck nodes : no palpable nodes

RS : BIVV BS ⊕ CVS : S1 S2 sound clear

PA : soft E not tender CNS : NAD

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

NOTE : MEDICAL FIT FOR EMPLOYMENT YES / NO ✓



Signature
 Dr. Saara Necha
 M.B.B.S
 KMC. Reg. No. 99137

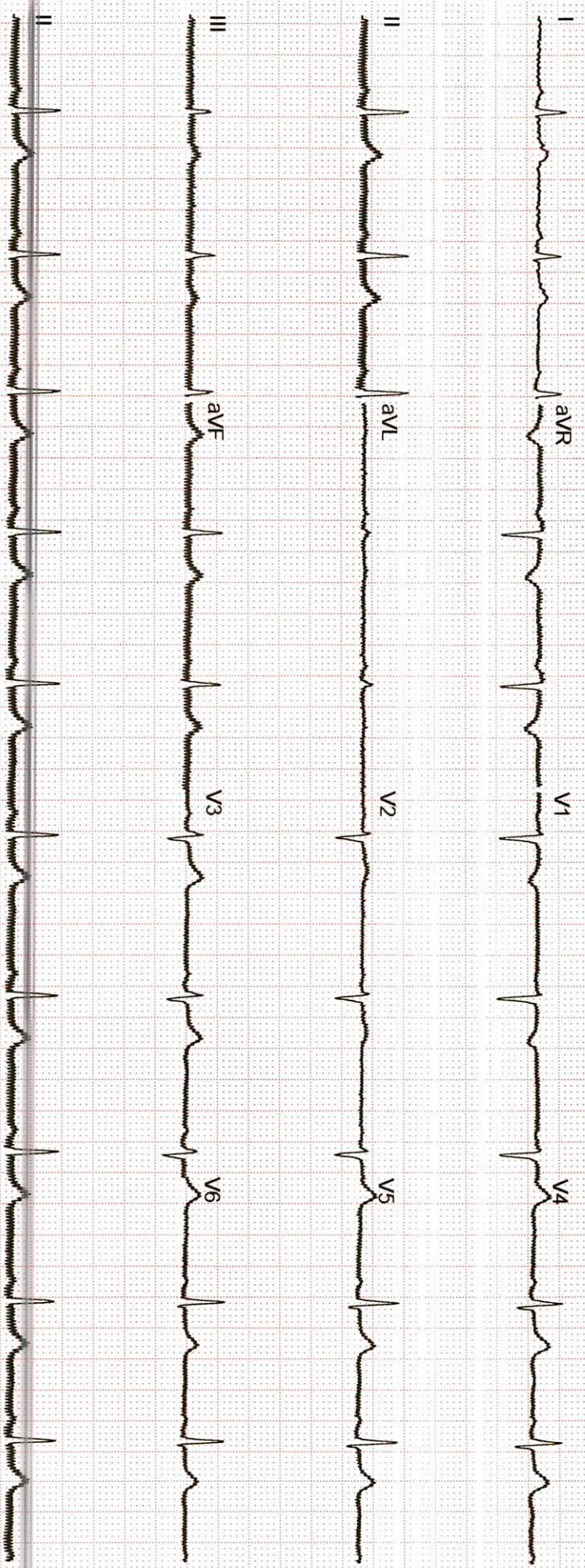
Female

32 Years

08.07.2023 13:20:14
CLUMAX DIAGNOSTICS
VYALIKAVAL
BANGALORE

QRS : 74 ms
QT / QTcBaz : 412 / 421 ms
PR : - ms
P : - ms
RR / PP : 954 / 1818 ms
P / QRS / T : - / 1 / -38 degrees

Handwritten: LAD, M, M



GE MAC2000 1.1 12SL™ V241

25 mm/s 10 mm/mV

ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1

Unconfirmed