

Name : Mrs. Kala M
 PID No. : MED111867284
 SID No. : 423060436
 Age / Sex : 44 Year(s) / Female
 Type : OP
 Ref. Dr : MediWheel

Register On : 28/09/2023 8:50 AM
 Collection On : 28/09/2023 9:35 AM
 Report On : 28/09/2023 3:55 PM
 Printed On : 29/09/2023 9:45 AM

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

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	13.8	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	40.0	%	37 - 47
RBC Count (EDTA Blood)	4.68	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	85.5	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	29.5	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	34.5	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.3	%	11.5 - 16.0
RDW-SD (EDTA Blood)	39.80	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	7900	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	57.5	%	40 - 75
Lymphocytes (EDTA Blood)	33.9	%	20 - 45
Eosinophils (EDTA Blood)	2.6	%	01 - 06
Monocytes (EDTA Blood)	5.8	%	01 - 10



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Basophils (Blood)	0.2	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	4.54	$10^3 / \mu\text{l}$	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.68	$10^3 / \mu\text{l}$	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.21	$10^3 / \mu\text{l}$	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.46	$10^3 / \mu\text{l}$	< 1.0
Absolute Basophil count (EDTA Blood)	0.02	$10^3 / \mu\text{l}$	< 0.2
Platelet Count (EDTA Blood)	279	$10^3 / \mu\text{l}$	150 - 450
MPV (EDTA Blood)	8.6	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.24	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	21	mm/hr	< 20



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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.42	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.11	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.31	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	11.92	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	9.29	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	20.68	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	48.3	U/L	42 - 98
Total Protein (Serum/Biuret)	7.67	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.84	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.83	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.71		1.1 - 2.2



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	192.62	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	179.45	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/Immunoinhibition)	47.27	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	109.5	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	35.9	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	145.3	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.



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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.1		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)	3.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.3		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)	5.5	%	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 111.15 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 glyemic 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.



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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	0.945	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)	6.50	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)	2.59	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.



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Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' 'Positive'



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BIOCHEMISTRY

BUN / Creatinine Ratio	17.2		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	96.90	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)	102.04	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.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	10.5	mg/dL	7.0 - 21
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Creatinine (Serum/Modified Jaffe)	0.61	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-acetylcyteine , chemotherapeutic agent such as flucytosine etc.

Uric Acid (Serum/Enzymatic)	6.65	mg/dL	2.6 - 6.0
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APPROVED BY

-- End of Report --



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Mahesh
Mob:8618385220
9901569756

SRI PARVATHI OPTICS

Multi Branded Opticals Store

Computerized Eye Testing & Spectacles Clinic

333.8th Main 5th Cross Near Cambridge & Miranda School HAL 3rd Stage
Behind Vishveshwariah Park New Thippasandra, Bangalore - 560075,
Email: parvathiopticals@gmail.com

SPECTACLE PRESCRIPTION

Name: Koda, H.

No. 3708

Mobil No:

Date: 28/9/2023

Age / Gender 44y

Ref. No. 111867284

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
DISTANCE	Plano			6/6'	Plano			6/6'
NEAR	Add +1.0 @ 40'							

PD

Advice to use glasses for:

DISTANCE FAR & NEAR READING COMPUTER PURPOSE

We Care Your Eyes

SRI PARVATHI OPTICS
NEW THIPPASANDRA



MED111867284

CLUMAX DIAGNOSTICS

MEDALL HEALTHCARE PVT LTD

CUSTOMER CHECKLIST

Print Date :28/09/2023 08:50 AM

Customer Name : **MRS.KALA M**Ref Dr Name : **MediWheel**Customer Id : **MED111867284** Visit ID : **423060436**Age : **44Y/FEMALE** Phone No : **8310433480**DOB : **13 Nov 1978** Visit Date : **28/09/2023**

Company Name : MediWheel

Package Name : **Mediwheel Full Body Health Checkup Female Above 40**

S.No	Modality	Study	AccessionNo	Time	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)			
2	LAB	CREATININE			
3	LAB	GLUCOSE - FASTING			
4	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)			
5	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)			
6	LAB	URIC ACID			
7	LAB	LIPID PROFILE			
8	LAB	LIVER FUNCTION TEST (LFT)			
9	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)			
10	LAB	URINE GLUCOSE - FASTING			
11	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)			
12	LAB	COMPLETE BLOOD COUNT WITH ESR			
13	LAB	STOOL ANALYSIS - ROUTINE			
14	LAB	URINE ROUTINE			
15	LAB	PAP SMEAR BY LBC (LIQUID BASED CYTOLOGY)			
16	LAB	BUN/CREATININE RATIO			
17	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)			
18	ECG	ECG ✓	IND14226771138		
19	OTHERS	ECG / 2D Echo ✓	IND142267714690		
20	OTHERS	physical examination ✓	IND142267715279		
21	US	ULTRASOUND ABDOMEN ✓	IND142267715292		
22	OTHERS	Gynaecologist consultation ✓	IND142267715704		
23	MAMMOGRAPHY	MAMMOGRAPHY-BOTH BREASTS ✓	IND142267716054		
24	OTHERS	Dental Consultation ✓	IND142267716289		
25	OTHERS	EYE CHECKUP ✓	IND142267717756		
26	X-RAY	X RAY CHEST ✓	IND142267718659		
27	OTHERS	Consultation Physician ✓	IND142267718736		

Registered By
(HARI.O)

H7 - 152
 WT - 78.1
 BP - 121/75
 PUL - 79

28.09.2023 10:03:52
 CLIMAX DIAGNOSTICS
 CLIMAX MEDICA
 BANGALORE

MEB1186726-016 2128-08-2308-10 W7

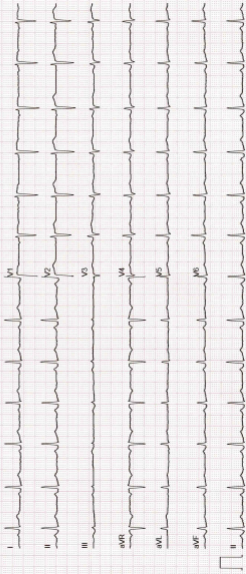


4206000000000
 MEB1186726-016 W7

QT / QTcBaz : 3
 PR :
 P :
 RR / PP :
 P / QRS / T :

76 ms
 346 / 391 ms
 150 ms
 108 ms
 774 / 779 ms
 59 / 40 / 46 degrees

77 bpm
 - / - mmHg



Name	MRS.KALA M	ID	MED111867284
Age & Gender	44Y/FEMALE	Visit Date	28 Sep 2023
Ref Doctor Name	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.0cms
LEFT ATRIUM	:	3.4cms
AVS	:	----
LEFT VENTRICLE (DIASTOLE)	:	4.3cms
(SYSTOLE)	:	2.9cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.3cms
POSTERIOR WALL (DIASTOLE)	:	0.6cms
(SYSTOLE)	:	1.5cms
EDV	:	84ml
ESV	:	33ml
FRACTIONAL SHORTENING	:	32%
EJECTION FRACTION	:	61%
EPSS	:	---
RVID	:	1.9cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' 0.72 m/s	A' 0.58 m/s	NO MR
AORTIC VALVE	:	1.42 m/s		NO AR
TRICUSPID VALVE	:	E' - m/s	A' - m/s	NO TR
PULMONARY VALVE	:	0.96 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:61 %.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.**

DR. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC
SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST
SRI JAYADEVA INSTITUTE OF CARDIOLOGY, BANGALORE
Kss/da

Note:

- * Report to be interpreted by qualified medical professional.
- * To be correlated with other clinical findings.

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*** Parameters may be subjected to inter and intra observer variations.**

***Any discrepancy in reports due to typing errors should be corrected as soon as possible.**

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Age & Gender	44Y/FEMALE	Visit Date	28 Sep 2023
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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER shows 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 shows 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 shows normal shape, size and echopattern. No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern. Cortico- medullary differentiations are well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.3	1.4
Left Kidney	10.5	1.5

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

UTERUS is anteverted and normal in size. It has uniform myometrial echopattern.

Endometrial thickness measures 8mm

Uterus measures as follows: LS: 9.1cms AP: 4.3cms TS: 5.5cms.

OVARIES are normal in size, shape and echotexture. No focal lesion seen.

Ovaries measure as follows: **Right ovary:** 1.8 x 1.4cms **Left ovary:** 2.5 x 1.9cms

POD & adnexae are free.

No evidence of ascites/pleural effusion.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

DR. APARNA
CONSULTANT RADIOLOGIST
A/da

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X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed.

MAMMOGRAPHY OF BOTH BREASTS

Both breasts show symmetrical fibro glandular fatty tissue.

No evidence of focal soft tissue lesion.

No evidence of cluster micro calcification.

Subcutaneous fat deposition is within normal limits.

SONOMAMMOGRAPHY OF BOTH BREASTS

Both breasts show normal echopattern.

No evidence of focal solid / cystic areas in either breast.

No evidence of ductal dilatation.

Few lymphnodes with maintained fatty hilum are noted in both axillae.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY.**

ASSESSMENT: BI-RADS CATEGORY -1

**DR. APARNA
CONSULTANT RADIOLOGIST**

A/da

BI-RADS CLASSIFICATION

<u>CATEGORY</u>	<u>RESULT</u>
0	Assessment incomplete. Need additional imaging evaluation
1	Negative. Routine mammogram in 1 year recommended.
2	Benign finding. Routine mammogram in 1 year recommended.
3	Probably benign finding. Short interval follow-up suggested.
4	Suspicious. Biopsy should be considered.
5	Highly suggestive of malignancy. Appropriate action should be taken.

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Name	Mrs. Kala M	Customer ID	MED111867284
Age & Gender	44Y/F	Visit Date	Sep 28 2023 8:50AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

FINDINGS:

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

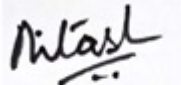
Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

IMPRESSION:

No significant abnormality detected.


Dr.Nitash Prakash MBBS.,MD
Consultant Radiologist