Name	: **Mrs. DITTAKAVI ASWANI**		
PID No.	: MED111297870	**Register On**	: 14/09/2022 9:44 AM
SID No.	: 79556510	**Collection On**	: 14/09/2022 10:13 AM
Age / Sex	: 33 Year(s) / Female	**Report On**	: 15/09/2022 2:24 PM
Type	: OP	**Printed On**	: 22/09/2022 7:17 PM
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Investigation	Observed Value	Unit	Biological Reference Interval
BLOOD GROUPING AND Rh TYPING (Blood/*Agglutination)*	'B' 'Positive'		
Complete Blood Count With - ESR			
Haemoglobin (Blood/*Spectrophotometry)*	12.9	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (Blood/*Numeric Integration of MCV)*	37.7	%	37 - 47
RBC Count (Blood/*Electrical Impedance)*	4.72	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (Blood/*Calculated)*	79.8	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/*Calculated)*	27.4	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/*Calculated)*	34.4	g/dL	32 - 36
RDW-CV (*Calculated)*	13.7	%	11.5 - 16.0
RDW-SD (*Calculated)*	38.26	fL	39 - 46
Total Leukocyte Count (TC) (Blood/*Electrical Impedance)*	8810	cells/cu.mm	4000 - 11000
Neutrophils (Blood/*Impedance and absorbance)*	51.50	%	40 - 75
Lymphocytes (Blood/*Impedance and absorbance)*	35.69	%	20 - 45
Eosinophils (Blood/*Impedance and absorbance)*	**7.09**	%	01 - 06
Monocytes (Blood/*Impedance and absorbance)*	5.37	%	01 - 10

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Investigation	Observed Value	Unit	Biological Reference Interval
Basophils (Blood/*Impedance and absorbance)*	0.35	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (Blood/*Impedance and absorbance)*	4.54	10^3 / µl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/*Impedance)*	3.14	10^3 / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/*Impedance)*	**0.62**	10^3 / µl	0.04 - 0.44
Absolute Monocyte Count (Blood/*Impedance)*	0.47	10^3 / µl	< 1.0
Absolute Basophil count (Blood/*Impedance)*	0.03	10^3 / µl	< 0.2
Platelet Count (Blood/*Impedance)*	2.58	lakh/cu.mm	1.4 - 4.5
INTERPRETATION: Platelet count less than 1.5 lakhs will be confirmed microscopically.			
MPV (Blood/*Derived from Impedance)*	**6.90**	fL	8.0 - 13.3
PCT (*Calculated)*	0.18	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/*Automated ESR analyser)*	**134**	mm/hr	< 20
BUN / Creatinine Ratio	11.3		
Glucose Fasting (FBS) (Plasma - F/*Glucose oxidase/Peroxidase)*	96	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*)*	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/*GOD - POD)*	104	mg/dL	70 - 140

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Investigation	Observed Value	Unit	Biological Reference Interval
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
Blood Urea Nitrogen (BUN) (Serum/*Calculated*)	10.2	mg/dL	7.0 - 21
Creatinine (Serum/*Jaffe ¯Alkaline Picrate*)	0.9	mg/dL	0.6 - 1.1
Uric Acid (Serum/*Uricase/Peroxidase*)	5.2	mg/dL	2.6 - 6.0
Liver Function Test			
Bilirubin(Total) (Serum/*Diazotized Sulphanilic acid*)	0.4	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/*Diazotized Sulphanilic acid*)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/*Calculated*)	0.20	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/*IFCC without P-5-P*)	26	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/*IFCC without P-5-P*)	**54**	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/*IFCC AMP Buffer*)	**139**	U/L	42 - 98
Total Protein (Serum/*Biuret*)	7.9	gm/dl	6.0 - 8.0
Albumin (Serum/*Bromocresol green*)	4.0	gm/dl	3.5 - 5.2
Globulin (Serum/*Calculated*)	3.90	gm/dL	2.3 - 3.6

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Investigation	Observed Value	Unit	Biological Reference Interval
A : G RATIO (Serum/*Calculated)*	1.03		1.1 - 2.2
INTERPRETATION: Enclosure : Graph			
GGT(Gamma Glutamyl Transpeptidase) (Serum/*IFCC / Kinetic)*	28	U/L	< 38
Lipid Profile			
Cholesterol Total (Serum/*Cholesterol oxidase/Peroxidase)*	**230**	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/*Glycerol-phosphate oxidase/Peroxidase)*	**231**	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)*	**53**	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/*Calculated)*	130.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/*Calculated)*	46.2	mg/dL	< 30

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Investigation	Observed Value	Unit	Biological Reference Interval
Non HDL Cholesterol (Serum/*Calculated)*	177.0	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)*	4.3		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)*	4.4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/*Calculated)*	2.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/*HPLC-Ion exchange)*	5.4	%	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 %

Mean Blood Glucose (Whole Blood*)*	108.28	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.

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Investigation	Observed Value	Unit	Biological Reference Interval
THYROID PROFILE / TFT			
T3 (Triiodothyronine) - Total (Serum/*Chemiluminescent Immunometric Assay (CLIA)*)	0.85	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)*)	11.19	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/*Chemiluminescence)*	**5.84**	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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.			
Urine Analysis - Routine			
Others (Urine/*Microscopy)*	Nil		
INTERPRETATION: Note: Done with Automated Urine Analyser & microscopy			
Physical Examination(Urine Routine)			
Colour (Urine/*Physical examination)*	Pale Yellow		Yellow to Amber

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Investigation	Observed Value	Unit	Biological Reference Interval
Appearance (Urine/*Physical examination)*	Clear		Clear
Chemical Examination(Urine Routine)			
Protein (Urine/*Dipstick-Error of indicator/ Sulphosalicylic acid method)*	Negative		Negative
Glucose (Urine/*Dip Stick Method / Glucose Oxidase - Peroxidase / Benedict š semi quantitative method.)*	Negative		Negative
Microscopic Examination(Urine Routine)			
Pus Cells (Urine/*Microscopy exam of urine sediment)*	3-5	/hpf	0 - 5
Epithelial Cells (Urine/*Microscopy exam of urine sediment)*	**4-6**	/hpf	NIL
RBCs (Urine/*Microscopy exam of urine sediment)*	Nil	/hpf	0 - 5
STOOL ANALYSIS - ROUTINE			
PHYSICAL EXAMINATION			
Colour (Stool/*Physical examination)*	**YELLOW**		Brown
Consistency (Stool/*Physical examination)*	**Semi soft**		Well Formed
Mucus (Stool*)*	Absent		Absent
Blood (Stool*)*	Absent		Absent
CHEMICAL EXAMINATION			

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Investigation	Observed Value	Unit	Biological Reference Interval
Reducing Substances (Stool/*Benedict's)*	Negative		Negative
Reaction (Stool*)*	Acidic		Acidic
MICROSCOPIC EXAMINATION (STOOL COMPLETE)			
Ova (Stool*)*	NIL		
Cysts (Stool*)*	NIL		
Trophozoites (Stool*)*	NIL		
Pus Cells (Stool*)*	0-2	/hpf	
RBCs (Stool*)*	NIL	/hpf	
Others (Stool*)*	NIL		

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-- End of Report --

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Name	DITTAKAVI ASWANI	ID	MED111297870
Age & Gender	33Y/F	Visit Date	Sep 14 2022 9:43AM
Ref Doctor	MediWheel		

ULTRASOUND WHOLE ABDOMEN

Liver : **Mildly enlarged in size (16.8 cm) with diffuse increase in echotexture.**
There is no evidence of IHBR / EHBR dilatation seen.
No focal space occupying lesions seen.
CBD is normal. PV normal.

Gall Bladder : Normal in volume and wall thickness.
No e/o intraluminal calculi seen.

Pancreas : Head, body and tail are identified with normal echopattern and smooth outlines.

Spleen : Measured 11.7 cm, in size with normal echotexture.

Right kidney : Measured 9.6 x 4.0 cm in size.

Left kidney : Measured 10.7 x 3.9 cm in size.
Both kidneys are normal in size, position, with well preserved cortico medullary differentiation and normal pelvicalyceal anatomy.
No e/o calculi / space occupying lesion seen.
No e/o suprarenal / retroperitoneal masses noted.

Urinary bladder : Normal in volume and wall thickness.
No e/o intraluminal calculi / masses seen.

Uterus : Measured 6.5 x 3.1 x 4.9 cm in size with normal myometrial and endometrial echotexture.
Endometrial echo measured 6 mm.

Right ovary : Measured 3.3 x 2.1 x 3.1 cm (Vol : 11.9 cc) in size.
Left ovary : Measured 2.8 x 1.5 x 2.6 cm (Vol : 8.0 cc)in size.
Both ovaries are Mildly enlarged in size (*Right > Left*) with peripherally arranged tiny cysts & central echogenic stroma.

No e/o ascites / pleural effusion seen.
No e/o detectable bowel pathology seen.

Name	DITTAKAVI ASWANI	ID	MED111297870
Age & Gender	33Y/F	Visit Date	Sep 14 2022 9:43AM
Ref Doctor	MediWheel		

IMPRESSION :

- **Mild hepatomegaly with Grade II steatosis – *To correlate with LFT.***
- **Both ovaries are mildly enlarged in size (*Right > Left*) with peripherally arranged tiny cysts & central echogenic stroma – *S/o Polycystic configuration of both ovaries.***

- For Clinical & Hormonal correlation.

Dr.Jahnavi Barla MD (RD), DGO.
Consultant Radiologist

Name	DITTAKAVI ASWANI	ID	MED111297870
Age & Gender	33Y/F	Visit Date	Sep 14 2022 9:43AM
Ref Doctor	MediWheel		

RADIOGRAPH CHEST P.A. VIEW

The Cardiac size and configuration are normal.

The Aorta and Pulmonary Vasculature are normal.

Both the lungs are clear.

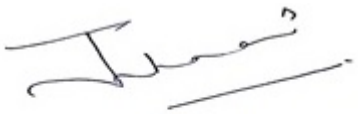
Both Costophrenic angles are normal.

The soft tissues and bones of thorax are normal.

IMPRESSION :

- **Essentially normal study.**

- For clinical correlation.



Dr.Jahnavi Barla MD (RD), DGO.
Consultant Radiologist

medall
DIAGNOSTICS

FITNESS CERTIFICATE

NAME: D. Aswani	AGE: 33	
Ht: 152 CMS	Wt: 58.3 KGS	SEX: M

PARAMETERS	MEASUREMENTS
PULSE / BP (supine)	120/80 / mt / /mmHg
INSPIRATION	36
EXPIRATION	35
CHEST CIRCUMFERENCE	34
PREVIOUS ILLNESS	—
VISION	RE - N12 LE - N12
FAMILY HISTORY	FATHER: MOTHER:

REPORTS: FF

DATE: 14.9.22
PLACE: Visakhapatnam

CONSULTANT PHYSICIAN
Dr. Lanka Prasad, M.B.B.S.
Reg. No. 18363
CIVIL ASSISTANT SURGEON
MEDICAL OFFICER
Primary Health Centre
KASIMKOTA-531031
VISAKHA Dist.

D.aswani
ID: med111297870

Female

33 Years

14.09.2022 10:21:51
MEDALL HEALTHCARE PVT LTD
OFFICIAL COLONY,MAHARANIPETA
VISAKHAPATNAM

Location:
Order Number:
Visit:
Indication:
Medication 1:
Medication 2:
Medication 3:

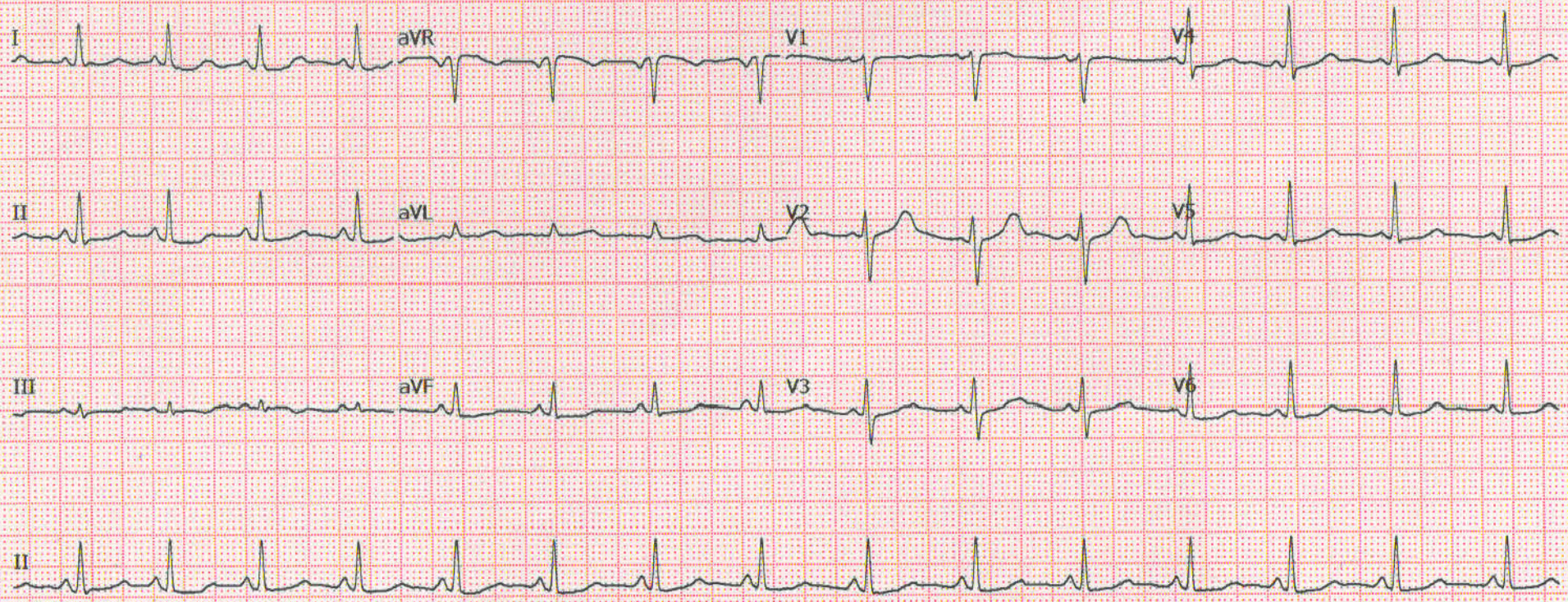
Room:

91 bpm
--/-- mmHg

Technician:
Ordering Ph:
Referring Ph:
Attending Ph:

QRS :	70 ms
QT / QTcBaz :	368 / 452 ms
PR :	112 ms
P :	100 ms
RR / PP :	658 / 659 ms
P / QRS / T :	56 / 39 / 24 degrees

Normal sinus rhythm with sinus arrhythmia
Nonspecific ST abnormality
Abnormal ECG



Unconfirmed

GE MAC2000 1.1 12SL™ v241 25 mm/s 10 mm/mV ADS 0.56-20 Hz 50 Hz 4x2.5x3_25_R1 1/1

MICRO MED CHARTS