

Name : Mrs. Chandraprabha Arya
PID No. : MED111468342 Register On : 30/01/2023 8:18 AM
SID No. : 423005691 Collection On : 30/01/2023 8:20 AM
Age / Sex : 49 Year(s) / Female Report On : 30/01/2023 2:42 PM
Type : OP Printed On : 30/01/2023 5:20 PM
Ref. Dr : MediWheel

<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)	12.65	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	38.5	%	37 - 47
RBC Count (EDTA Blood)	4.57	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	84.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	27.7	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.9	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.6	%	11.5 - 16.0
RDW-SD (EDTA Blood)	40.13	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6700	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	59.84	%	40 - 75
Lymphocytes (EDTA Blood)	31.17	%	20 - 45
Eosinophils (EDTA Blood)	2.52	%	01 - 06


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902
APPROVED BY


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Monocytes (EDTA Blood)	6.16	%	01 - 10
Basophils (Blood)	0.31	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	4.01	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.09	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.17	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.41	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.02	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	196.0	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	11.68	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.23	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood)	12	mm/hr	< 20


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<u>BIOCHEMISTRY</u>			
<u>Liver Function Test</u>			
Bilirubin(Total) (Serum/DCA with ATCS)	0.47	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.18	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.29	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	38.90	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	63.86	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	27.75	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	98.3	U/L	42 - 98
Total Protein (Serum/Biuret)	7.35	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.41	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.94	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.50		1.1 - 2.2


Dr. Arjun C.P
MBBS, MD Pathology
Reg No:KMC 89655

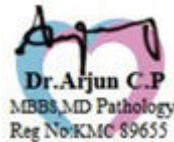
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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	183.35	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	123.95	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very 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.

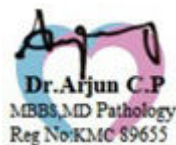
HDL Cholesterol (Serum/Immunoinhibition)	43.41	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	115.1	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	24.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	139.9	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220



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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)	4.2		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)	2.9		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	6.7	%	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 %

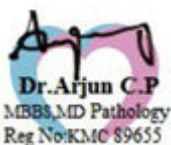
Estimated Average Glucose 145.59 mg/dL
(Whole Blood)

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 glycaemic 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)	1.23	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)	8.04	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)	2.45	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

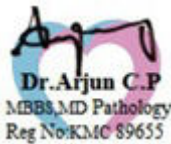
(Indian Thyroid Society Guidelines)

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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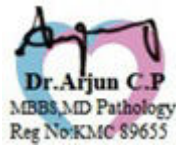
CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	15		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	6.5		4.5 - 8.0
Specific Gravity (Urine)	1.004		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative



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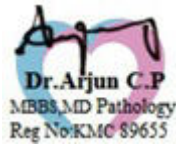
<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		

MICROSCOPIC EXAMINATION
(URINE COMPLETE)

Pus Cells (Urine)	0-2	/hpf	NIL
Epithelial Cells (Urine)	0-2	/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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Investigation

Observed
Value

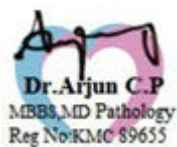
Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' 'Positive'



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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	14.2		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	110.31	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.

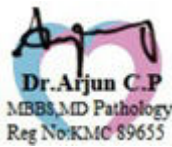
Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	107.87	mg/dL	70 - 140

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.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	14.2	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	1.13	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.

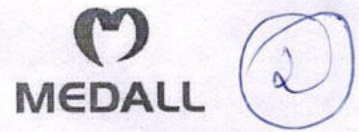
Uric Acid (Serum/Enzymatic)	6.14	mg/dL	2.6 - 6.0
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APPROVED BY

-- End of Report --

CLUMAX DIAGNOSTICS



--- A MEDALL COMPANY ---

CUSTOMER CHECKLIST

Date 30-Jan-2023 8:11 AM

Customer Name : **MRS.CHANDRAPRABHA ARYA**

DOB : **02 Mar 1973**

Ref Dr Name : **MediWheel**

Age : **49Y/FEMALE**

Customer Id : **MED111468342**



Visit ID : 423005691

MED111468342

Email id :

Phone : **9900401115**

Corp Name : MediWheel

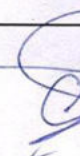






Address :

No

*U/S Done
& Sono
Done*

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

S.No	Modality	Study	Accession No	Time	Seq	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	IND13660491138			
19	OTHERS	Treadmill / 2D Echo	IND136604914690			
20	OTHERS	physical examination	IND136604915279			
21	US	ULTRASOUND ABDOMEN	IND136604915292			
22	OTHERS	Gynaecologist consultation	IND136604915704			
23	MAMMOGRAPHY	MAMMOGRAPHY-BOTH BREASTS	IND136604916054			
24	OTHERS	Dental Consultation	IND136604916289			
25	OTHERS	EYE CHECKUP	IND136604917756			
26	X-RAY	X RAY CHEST	IND136604918659			
27	OTHERS	Consultation Physician	IND136604918736			

Registered By

(HARI.O)

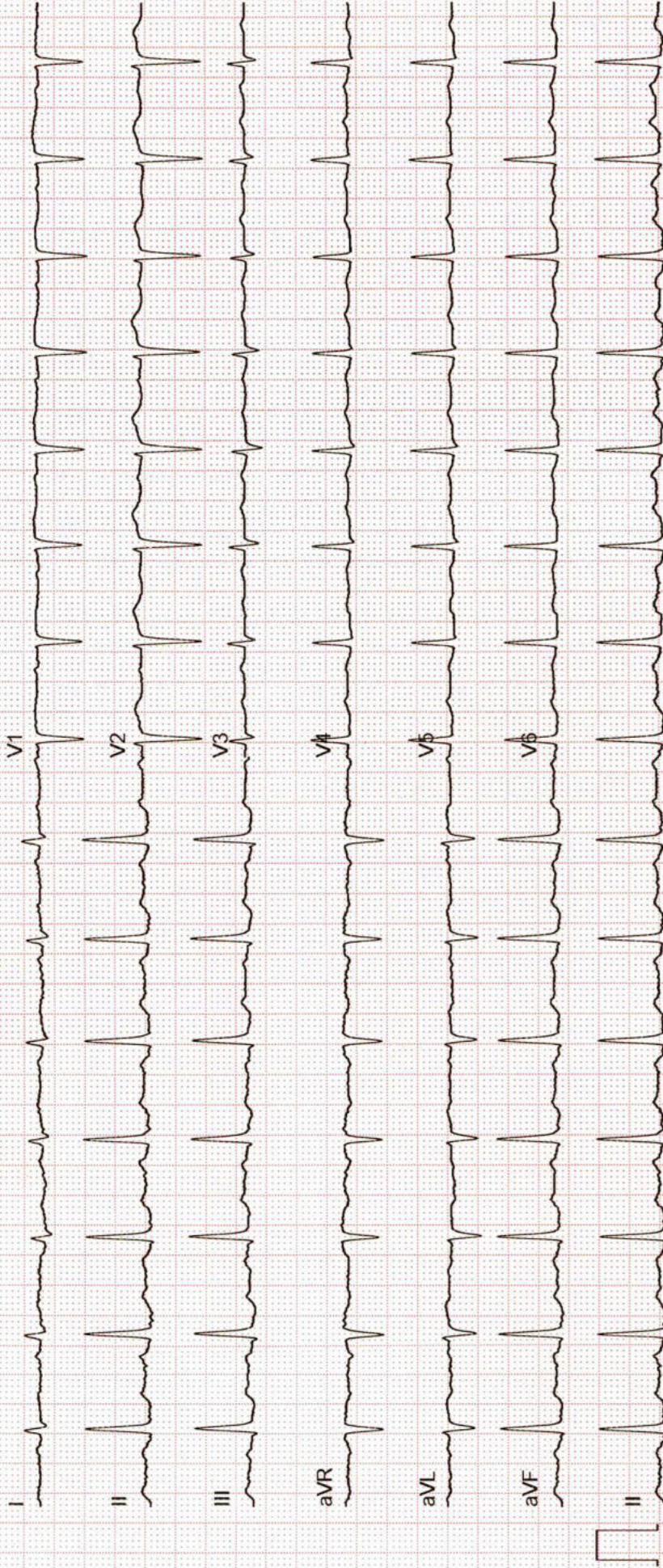
MED1114683 (S10, 2) 30-01-2308 12 f



42305691-P
MRS CHANDRAPRABHA ARYA/49Y/F/1.5

QT/QTcBaz : 340 / 422 ms
PR : 168 ms
P : 94 ms
RR/PP : 648 / 645 ms
P/QRS/T : 51 / 79 / 63 degrees

30.01.2023 9:39:48
CLUMAX DIAGNOSTICS
THIPPASANDRA
BANGALORE





ಶ್ರೀ ಪಾರ್ವತಿ ಆಪ್ಟಿಕ್ಸ್

Mahesh
Mob: 8618385220
9901569756

SRI PARVATHI OPTICS

Multi Branded Optical Store

Computerized Eye Testing & Spectacles Clinic

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

SPECTACLE PRESCRIPTION

Name: Chandraprabha Arya No. 2257

Date: 30/01/23

Mobil No:

Ref. No.

Age / Gender 49 y / F

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
	0.50	0.50	102	6/6	0.75	0.25	135	6/6
DISTANCE								
NEAR	Add	+1.50	B.E	N6				N6

PD 66 mm

Advice to use glasses for:

- DISTANCE
 FAR & NEAR
 READING
 COMPUTER PURPOSE

We Care Your Eyes

SRI PARVATHI OPTICS
NEW THIPPASANDRA

Name	MRS.CHANDRAPRABHA ARYA	ID	MED111468342
Age & Gender	49Y/FEMALE	Visit Date	30 Jan 2023
Ref Doctor Name	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows diffuse fatty changes. 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. Spleen measures 9.9cms in long axis. No demonstrable Para -aortic lymphadenopathy.

KIDNEYS move well with respiration and have normal shape, size and echopattern. Cortico- medullary differentiations are well made out. No evidence of calculus or hydronephrosis on the right side.

Moderate dilatation of the pelvicalyceal system noted on the left side. Left ureter is not dilated / collapsed.

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	11.6	1.4
Left Kidney	12.4	1.9

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

Prevoid: 439cc

Postvoid: 20cc

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

Endometrial thickness measures 5mm

Uterus measures as follows: LS: 8.7cms AP: 3.7cms TS: 5.7cms.

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

Ovaries measure as follows: **Right ovary:** 2.1 x 1.4cms

Left ovary: 3.0 x 1.1cms

POD & adnexae are free.

No evidence of ascites/pleural effusion.

IMPRESSION:

- **GRADE I FATTY LIVER.**
- **MODERATE LEFT PELVICALYCEAL SYSTEM DILATATION. LEFT URETER IS NOT DILATED / COLLAPSED - LIKELY SUGGESTIVE OF PELVI URETERIC JUNCTION**

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Age & Gender	49Y/FEMALE	Visit Date	30 Jan 2023
Ref Doctor Name	MediWheel		

OBSTRUCTION.

***DR. MANIMALA RUPA
CONSULTANT RADIOLOGIST***

MR/vp

Name	MRS.CHANDRAPRABHA ARYA	ID	MED111468342
Age & Gender	49Y/FEMALE	Visit Date	30 Jan 2023
Ref Doctor Name	MediWheel		

BILATERAL MAMMOGRAM

CRANIOCAUDAL AND MEDIOLATERAL VIEWS

Observations:

Breast parenchyma composition - (ACR - B).

No obvious focal mass lesion is detected.

No abnormal cluster of micro calcification is noted.

No obvious architectural distortion or focal asymmetric density is seen.

Skin and subcutaneous tissues are normal.

Bilateral axillary regions in the included extent are unremarkable.

BILATERAL SONOMAMMOGRAM

Observations:

Axilla and nipple areolar complex appears normal.

Both breasts show normal echopattern.

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

No evidence of ductal dilatation.

IMPRESSION:

BIRADS - 1

➤ **NORMAL STUDY.**

DR. MANIMALA RUPA
CONSULTANT RADIOLOGIST

MR/tp

BI-RADS CLASSIFICATION

CATEGORY

RESULT

0

Assessment incomplete. Need additional imaging evaluation

Name	MRS.CHANDRAPRABHA ARYA	ID	MED111468342
Age & Gender	49Y/FEMALE	Visit Date	30 Jan 2023
Ref Doctor Name	MediWheel		

- 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

Name	Chandraprabha Arya	Customer ID	MED111468342
Age & Gender	49Y/F	Visit Date	Jan 30 2023 8:11AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

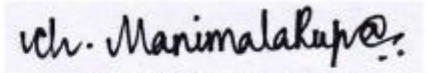
Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

IMPRESSION:

- **No significant abnormality detected.**


DR. MANIMALA RUPA
CONSULTANT RADIOLOGIST