

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

RITA TRIPATHI

GIRISH CHANDRA DWIVEDI

01/07/1982

Permanent Account Number

AVWPT9498E

Rita Tripathi
Signature



07082014



Sign-up & Health Assessment Form

To be filled by Customer

Name: Mr/Ms/Mrs **R I T A T R I P A T H I**

Gender: Male Female Age: **39** years DOB: **01/07/1982**

Mobile: **9399965503** Pincode: **560047**

Email: **SUDHAKARBHATRIPATHI@gmail.com**

Bar code

Vitals

To be filled by Technician

Height: **153** cms

Waist: **38** in.

Hip: **43** in.

Weight: **83.9** kg

Fat: **42.7** %

Visc. Fat: **19.5** %

RM: **1561** cal

BMI: **35.8** kg/m²

Body Age: **65** years

Sys. BP: **115** mmHg

Dia. BP: **81** mmHg

PUC-95

To be filled by Customer

Medical History

Have you been previously diagnosed with?

Diabetes (Sugar) Yes No

Hypertension (BP) Yes No

Cardiovascular Disease (Heart) Yes No

Asthma/Allergies (Dust, Pollen, Food, Animals, etc.) Yes No

Neurological Problems (Nerve) Yes No

Are you currently taking medications for?

Diabetes (Sugar) Yes No

Hypertension (BP) Yes No

Cardiovascular Disease (Heart) Yes No

Liver Disease Yes No

Cancer Yes No

Tuberculosis (TB) Yes No

Family History

Is there a history of below diseases in your family?

Diabetes (Sugar) Yes No

Hypertension (BP) Yes No

Cardiovascular Disease (Heart) Yes No

Cancer Yes No

Lifestyle

Do you exercise regularly? Yes No

Do you consume alcohol more than 2 times a week? Yes No

Do you smoke/chew tobacco? Yes No

Are you vegetarian? Yes No

General

Do you see a doctor at least once in 6 months? Yes No

Do you undergo a health checkup every year? Yes No

How would you rate your overall Health? Excellent Good Normal Poor Very Poor

Women's Health

Is there a family history of Breast Cancer? Yes No

Is there a family history of Endometrial (Uterus) Cancer? Yes No

Is there a family history of Ovarian Cancer? Yes No

Do you have irregular periods? Yes No

Do you have heavy bleeding during periods? Yes No

Do you have scanty periods? Yes No

Have you attained Menopause? Yes No

Do you have children? Yes No

Was it a normal delivery? Yes No

Did you have diabetes/hypertension during delivery? Yes No

Customer Name	MS. Rita tripati	Customer ID	MED111045340
Age & Gender	39yrs. Female	Visit Date	05/04/2022

Eye Screening

With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	Nb	Nb
Distance Vision	6/6	6/6
Colour Vision	Normal	Normal

Observation / Comments: Normal.

CLUMAX DIAGNOSTICS & RESEARCH CENTRE PVT.LTD
 # 69/150/3, "Sri Lakshmi Towers"
 9th Main, 3rd Block, Jayanagar
 BANGALORE - 560 011

Name	RITA TRIPATHI	Customer ID	MED111045340
Age & Gender	39Y/F	Visit Date	Apr 5 2022 10:05AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

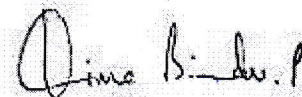
Cardiac size is within normal limits.

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.



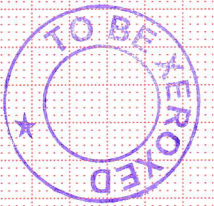
DR. H.K. ANAND DR. POOJA B.P DR. SHWETHA S DR. HIMA BINDU P
CONSULTANT RADIOLOGISTS



39 Years

Female

QRS	68 ms
QT / QTcBaz	366 / 450 ms
PR	134 ms
P	98 ms
RR / PP	660 / 659 ms
P / QRS / T	57 / 24 / 20 degrees



Dr. Sridhar L
Wk

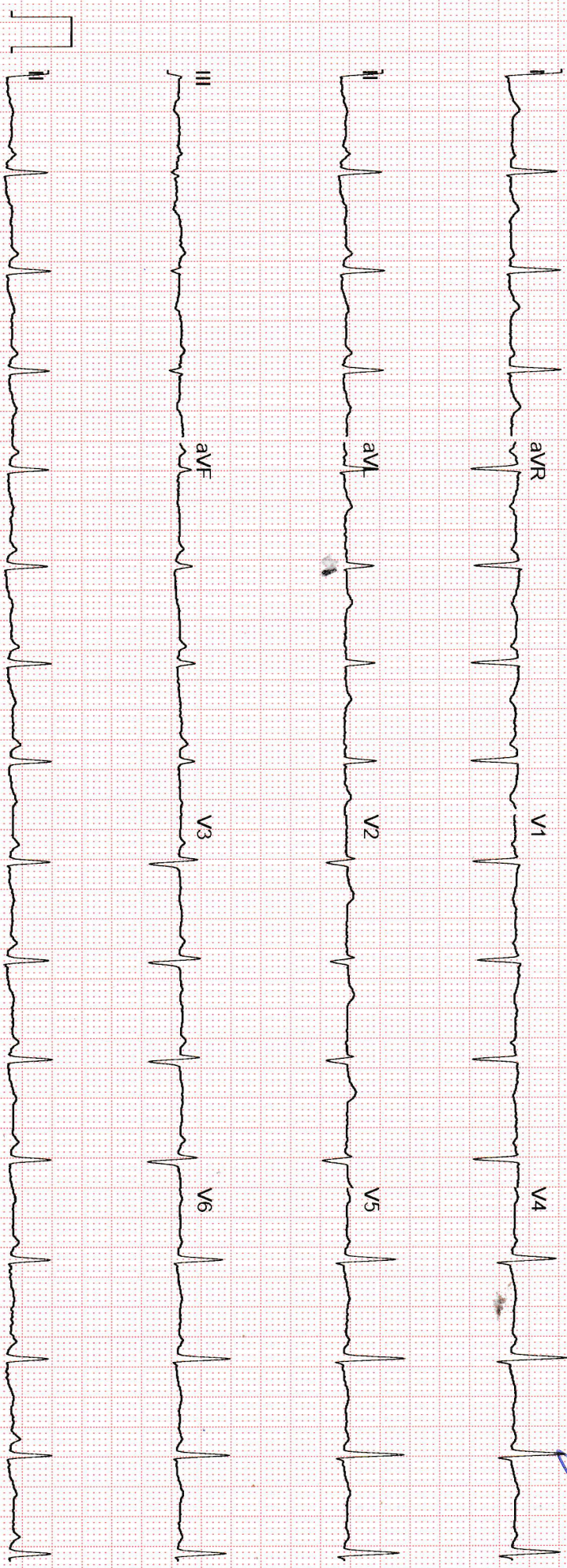
h/s + 40°

Normal ECG

Technician: Manju
Ordering Ph: C/O Medi wheel
Referring Ph:
Attending Ph:

(Needs Clinical Correlation for further management)

Dr. SRIDHAR L
MD (Med), DSA (Cardio), FICG
Interventional Cardiologist
K.M.C. No.: 32248



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

Unconfirmed

Name	MS.RITA TRIPATHI	ID	MED111045340
Age & Gender	39Y/FEMALE	Visit Date	05/04/2022
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is 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 show 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 show 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	9.2	1.4
Left Kidney	9.6	1.1

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 – 4.8mms.

Uterus measures as follows:

LS: 7.5cms AP: 3.5cms TS: 4.9cms.

..2



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Age & Gender	39Y/FEMALE	Visit Date	05/04/2022
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:2:

OVARIES are normal size, shape and echotexture

Ovaries measures as follows:

Right ovary: 2.0 x 1.5 cms.

Left ovary: 2.3 x 1.5 cms.

POD & adnexa are free.

No evidence of ascites.

Impression: Essentially normal study.

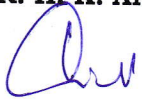
CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND

DR. PRAJNA SHENOY

DR. MAHESH. M. S

DR. RADHA KRISHNA. A.



DR. HIMA BINDU.P

Hbp/so



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Age & Gender	39Y/FEMALE	Visit Date	05/04/2022
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2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.86	cms
LEFT ATRIUM	:	2.78	cms
AVS	:	1.27	cms
LEFT VENTRICLE (DIASTOLE)	:	4.65	cms
(SYSTOLE)	:	2.69	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.94	cms
(SYSTOLE)	:	1.43	cms
POSTERIOR WALL (DIASTOLE)	:	1.02	cms
(SYSTOLE)	:	2.29	cms
EDV	:	99	ml
ESV	:	26	ml
FRACTIONAL SHORTENING	:	35	%
EJECTION FRACTION	:	65	%
EPSS	:		cms
RVID	:	1.71	cms

DOPPLER MEASUREMENTS

MITRAL VALVE	: 'E' -0.94m/s 'A' -0.66m/s	TRIVIAL MR
AORTIC VALVE	:1.35 m/s	NO AR
TRICUSPID VALVE	: 'E' -0.68m/s 'A' - m/s	NO TR
PULMONARY VALVE	:0.84 m/s	NO PR



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2D ECHOCARDIOGRAPHY FINDINGS:

:2:

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 prolapse.

Aortic valve : Normal, Trileaflet

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No Pericardial effusion.

IMPRESSION :

- TRIVIAL MITRAL REGURGITATION
- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF : 65 %
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

DR.SRIDHAR.L MD,DM,FICC.
CONSULTANT CARDIOLOGIST
Ls/ml

Dr. SRIDHAR .L
MD,(Med), DM(Cardio), FICC
Interventional Cardiologist
K.M.C. No.: 32248



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<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)	11.7	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	36.7	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	4.62	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	80.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	25.3	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	31.9	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	15.3	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	42.84	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	8850	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	54.24	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	31.07	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	7.07	%	01 - 06


DR .VANITHA.R.SWAMY MD
Consultant Pathologist
Reg No : 99049

VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

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Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	7.45	%	01 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.17	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.80	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.75	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.63	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.66	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.02	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	376.1	10 ³ / μ l	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.02	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.30	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	27	mm/hr	< 20


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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.3	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.1	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.2	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.7	gm/dL	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.5	gm/dL	3.5 - 5.2
Globulin (Serum/Derived)	3.2	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.4		1.1 - 2.2
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	20	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	17	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	142	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	14	U/L	< 38


Dr SURAJ JAIN
Consultant Pathologist
Reg No : 80423

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MD PATHOLOGY
KMC 88902

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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	218	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	181	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

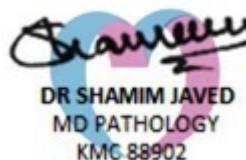
INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence 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)	45	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	136.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	36.2	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	173.0	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.



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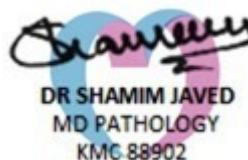
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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.8		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	4		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	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)	6.3	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5

INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Estimated Average Glucose 134.11 mg/dL
(Whole Blood)

INTERPRETATION: Comments

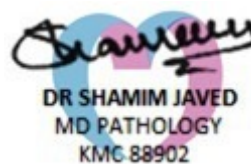
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycaemic control as compared to blood and urinary glucose determinations.

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/CMIA)	1.30	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 (Thyroxine) - Total (Serum/CMIA)	7.48	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/Chemiluminescent Microparticle Immunoassay(CMIA))	18.29	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.


DR .VANITHA.R.SWAMY MD
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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine)	Yellow		
Appearance (Urine)	Clear		Clear
Volume (Urine)	15	mL	

CHEMICAL EXAMINATION(Automated-Urineanalyser)

pH (Urine/AUTOMATED URINANALYSER)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.025		1.002 - 1.035
Ketones (Urine)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative

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

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MD PATHOLOGY
KMC 88902

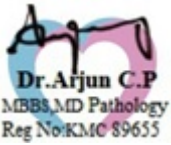
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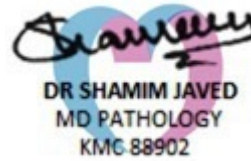
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Leukocytes (Urine)	Negative	leuco/uL	Negative
<u>MICROSCOPY(URINE DEPOSITS)</u>			
Pus Cells (Urine/Flow cytometry)	1-2	/hpf	3-5
Epithelial Cells (Urine)	0-1	/hpf	1-2
RBCs (Urine/Flow cytometry)	Nil	/hpf	NIL
Others (Urine)	Nil		Nil
Casts (Urine/Flow cytometry)	Nil	/hpf	0 - 1
Crystals (Urine)	Nil		NIL



VERIFIED BY



APPROVED BY

Name : Ms. RITA TRIPATHI
 PID No. : MED111045340
 SID No. : 922019847
 Age / Sex : 39 Year(s) / Female
 Type : OP
 Ref. Dr : MediWheel

Register On : 05/04/2022 10:07 AM
 Collection On : 05/04/2022 10:53 AM
 Report On : 05/04/2022 7:48 PM
 Printed On : 06/04/2022 8:55 PM



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

BUN / Creatinine Ratio	12		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	99	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
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Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	134	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.

Glucose Postprandial - Urine (Urine - PP)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	9	mg/dL	7.0 - 21
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Creatinine (Serum/Jaffe Kinetic)	0.8	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/Uricase/Peroxidase)	4.0	mg/dL	2.6 - 6.0
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 Dr SURAJ JAIN
 Consultant Pathologist
 Reg No : 80423

VERIFIED BY


 DR SHAMIM JAVED
 MD PATHOLOGY
 KMG 88902

APPROVED BY

Name : Ms. RITA TRIPATHI
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Investigation

Observed
Value

Unit


Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' 'Positive'


DR .VANITHA.R.SWAMY MD
Consultant Pathologist
Reg No : 99049
VERIFIED BY


DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902
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-- End of Report --