

MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 12-Nov-2022 10:07 AM

Customer Name : **MS.FOUZIYA K A**
 Ref Dr Name : **MediWheel**
 Customer Id : **MYS280466**
 Email Id :
 Corp Name : **MediWheel**
 Address :

DOB : **30 Oct 1986**
 Age : **36Y/FEMALE**
 Visit ID : **712234256**
 Phone No : **9980328322**

H. - 146
w - 62
BP - 120/80
p/s - 66
shunt - 34
HE D - 36

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

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)	<i>Sample is not given</i>			
2	LAB	GLUCOSE - FASTING				
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)	<i>Sample is not given</i>			
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
5	LAB	LIPID PROFILE	<i>Sample is not given</i>			
6	LAB	LIVER FUNCTION TEST (LFT)				
7	LAB	URIC ACID	<i>Sample is not given</i>			
8	LAB	URINE GLUCOSE - FASTING				
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)	<i>Sample is not given</i>			
10	LAB	COMPLETE BLOOD COUNT WITH ESR				
11	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)	<i>Sample is not given</i>			
12	LAB	STOOL ANALYSIS - ROUTINE				
13	LAB	URINE ROUTINE	<i>Sample is not given</i>			
14	LAB	CREATININE				
15	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)	<i>Sample is not given</i>			

		BUN/CREATININE RATIO			
	OTHERS	physical examination	MYS2738928102651		
	US	ULTRASOUND ABDOMEN	MYS2738928103462		
19	OTHERS	Treadmill / 2D Echo <i>done</i>	MYS2738928127528		
20	OTHERS	EYE CHECKUP	MYS2738928135592		
21	X-RAY	X RAY CHEST	MYS2738928145199		
22	OTHERS	Consultation Physician	MYS2738928148004		
23	ECHO	ELECTROCARDIOGRAM ECG <i>done</i>	MYS2738928149333		

Hf -
 wt -
 Bp -
 pulse -
 temp -
 waist -

Registered By
 (A.JAYASHREE)

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Age & Gender	36Y/FEMALE	Visit Date	12/11/2022
Ref Doctor	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.4cms
LEFT ATRIUM	:	2.5cms
LEFT VENTRICLE (DIASTOLE)	:	4.0cms
(SYSTOLE)	:	2.1cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.7cms
(SYSTOLE)	:	1.0cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
EDV	:	62ml
ESV	:	25ml
FRACTIONAL SHORTENING	:	37%
EJECTION FRACTION	:	61%
RVID	:	1.1cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.75 m/s	'A' - 0.43 m/s	NO MR
AORTIC VALVE	:	0.91m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.69m/s	'A' - 0.38 m/s	NO TR
PULMONARY VALVE	:	0.68m/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 prolapse.

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.



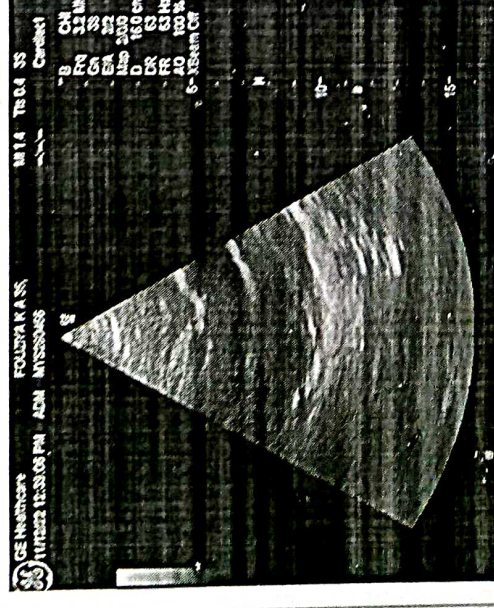
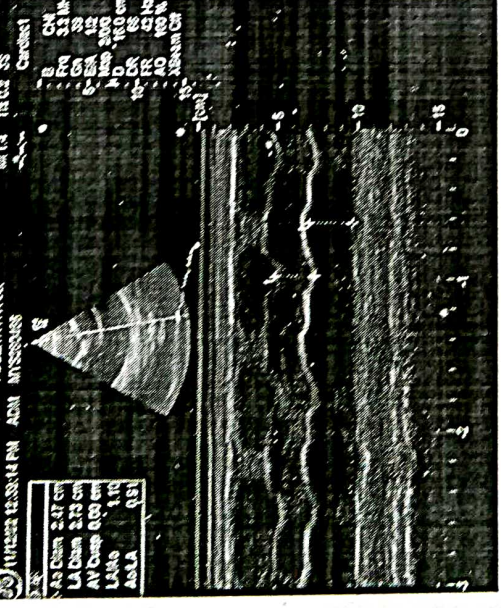
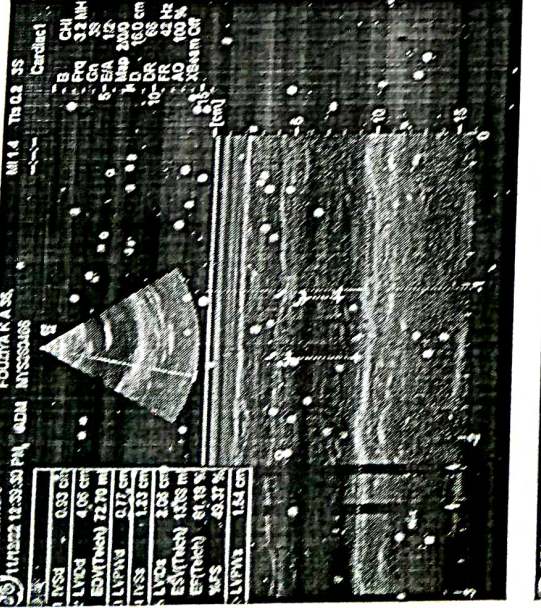
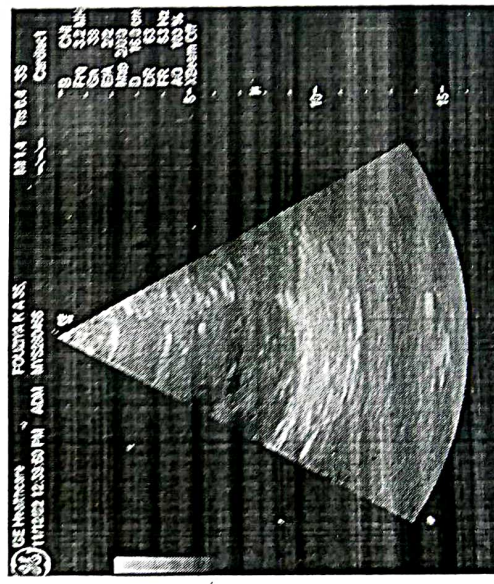
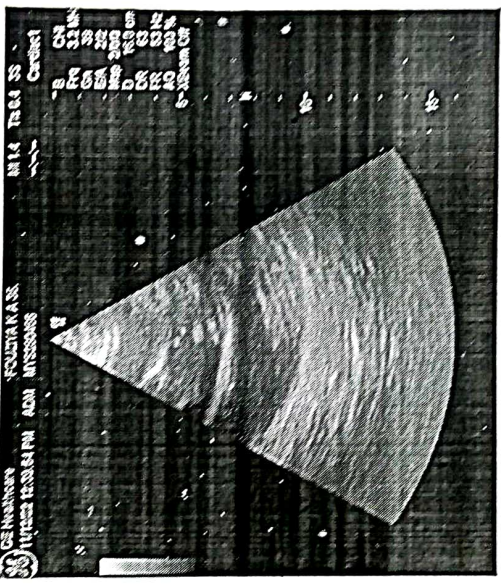
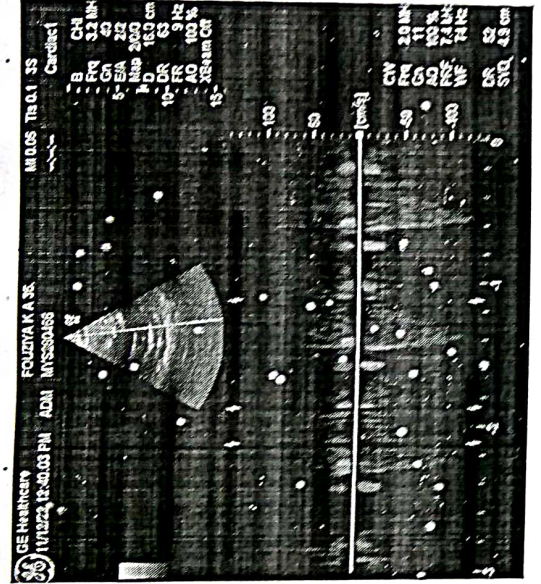
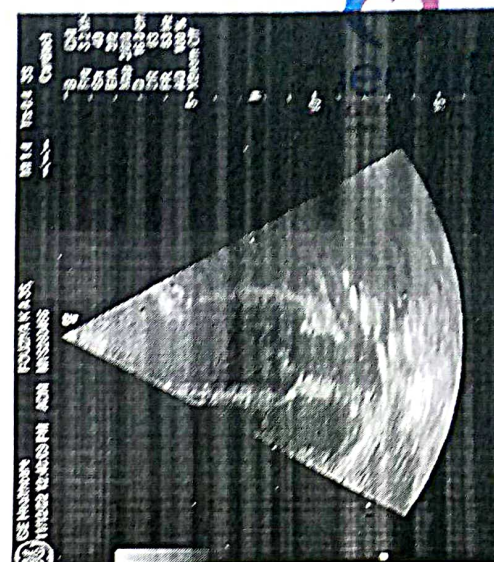
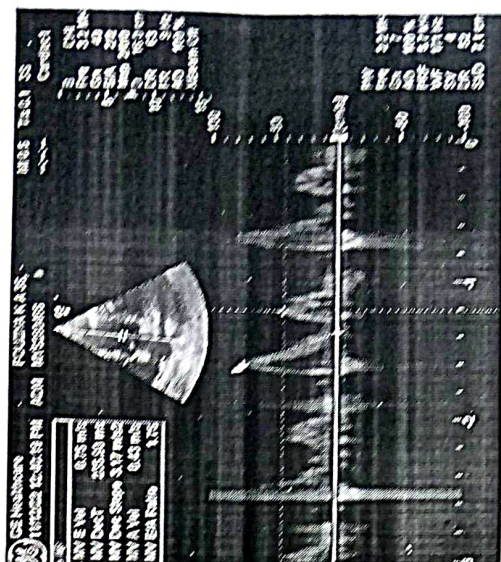
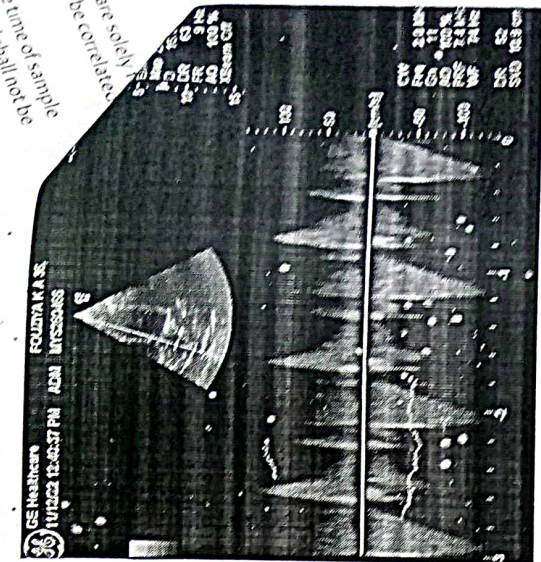
DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/SA



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at the time of sample collection shall not be considered as liability of the company.

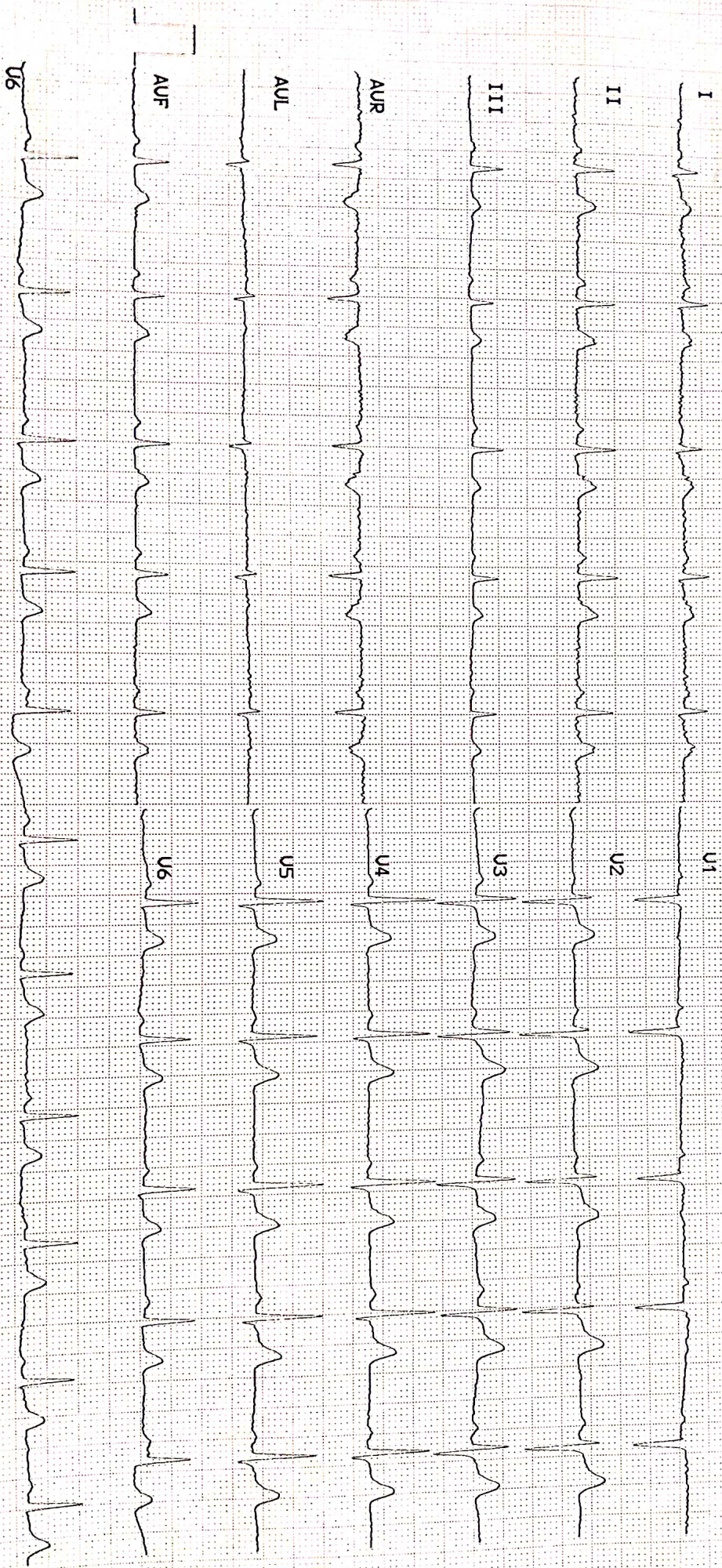
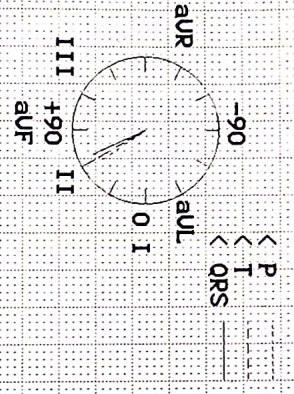


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AGE: 36
 Measurement Results:
 QRS : 90 ms
 QT/QTcB : 388 / 409 ms
 PR : 144 ms
 P : 100 ms
 RR/PP : 902 / 900 ms
 P/QRS/T : 55 / 65 / 60 degrees
 QTID/QTcBD : 52 / 55 ms
 Sokolow : 1.8 mV
 NK : 8



Unconfirmed report.

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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.

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

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.1	1.5
Left Kidney	9.5	1.8

URINARY BLADDER show normal shape and wall thickness.
It has clear contents.

UTERUS is bulky in size. Hypoechoic lesion measuring 3.3 x 2.6cm is noted in the anterior myometrium of uterus, suggestive of fibroid.

Endometrial echo is of normal thickness 10.6 mms.

Uterus measures as follows: LS: 7.6cms AP: 5.8cms TS: 6.8cms.

OVARIES are normal size, shape and echotexture.

Right ovary measures: 2.8 x 2.0cms

Left ovary measures: 2.7 x 2.4cms

POD & adnexa are free.

No evidence of ascites.

IMPRESSION:

➤ **BULKY UTERUS WITH ANTERIOR MYOMETRIAL FIBROID.**

CONSULTANT RADIOLOGISTS

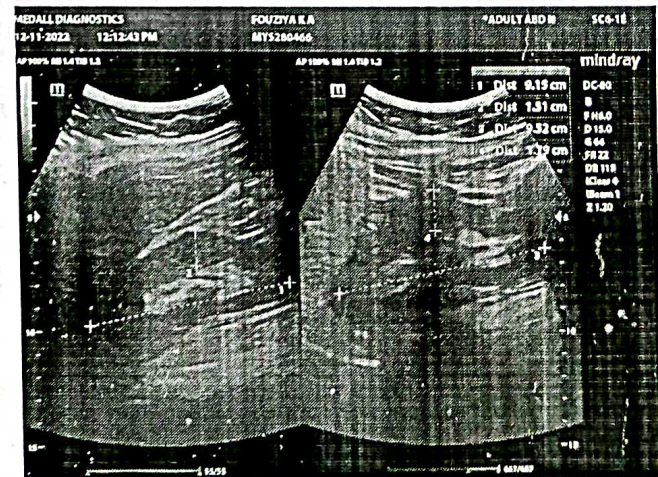
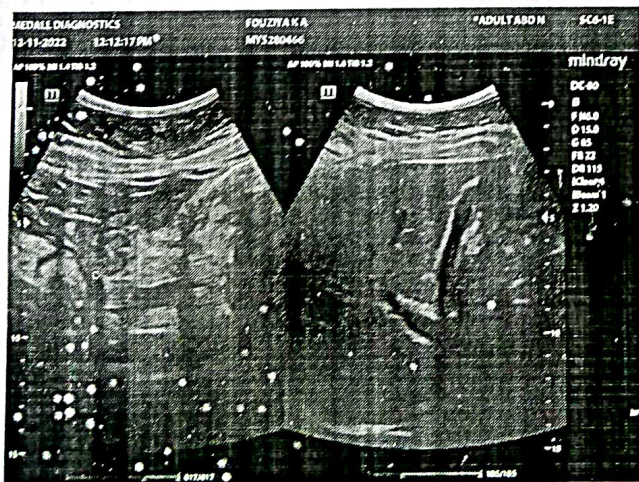
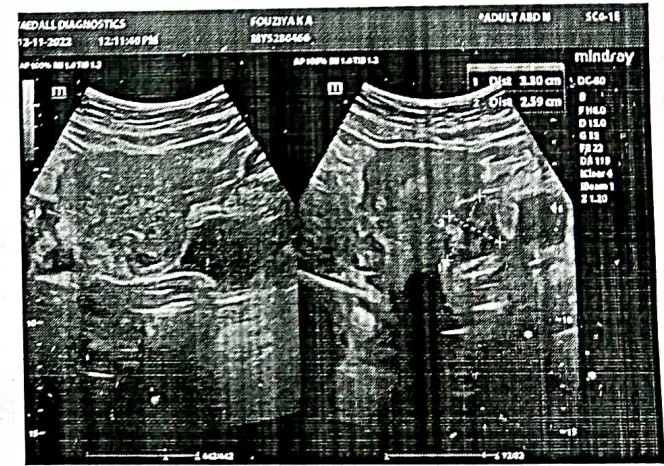
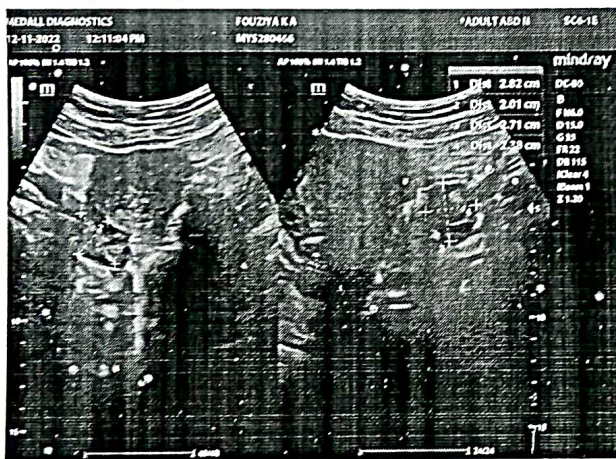
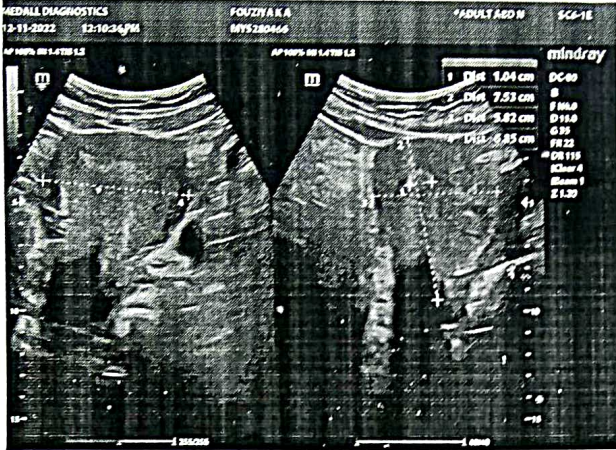
DR. ANITHA ADARSH
MB/MS



DR. MOHAN B



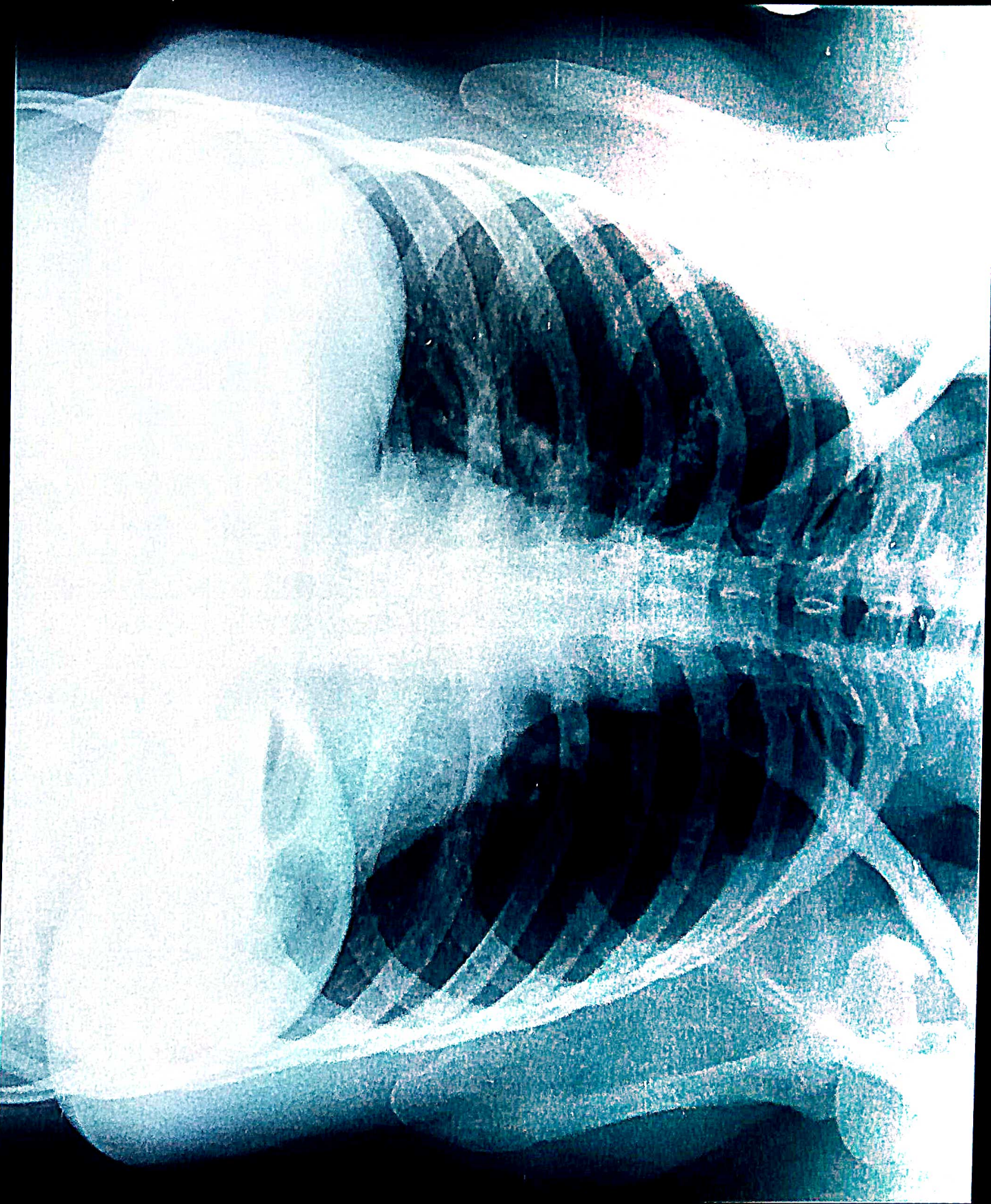
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FOUZIYA K A 36 MYS280466 F CHEST PA 11/12/2022 01:15 PM
MEDALL CLUMAX DIAGNOSTIC

Medall



NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

OPD SHEET

Date 12/11/22

Patient's Name : Mrs. Fouzlya
36 y / F

OP No. 1218792

1:10 PM

Dr. Roopashree. C.R.
MBBS, MS, FPRS
Consultant-Phaco & Refractive
KMC No : 105152

for Medical Certificate

EM Opts

A/S: BE WNL

IOP 14
16

Fundus: BE COR 0.95
FR OK

BCVA 6/6, N6
6/6, N6

38/38
38/38

Adv.
- R/w SOS / Dibs
Refractive
fundoscopy

Name : Ms. FOUZIYA K A
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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)	14.2	g/dL	12.5 - 16.0
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INTERPRETATION: Haemoglobin values vary in Men, Women & Children. Low haemoglobin values may be due to nutritional deficiency, blood loss, renal failure etc. Higher values are often due to dehydration, smoking, high altitudes, hypoxia etc.

PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	41.8	%	37 - 47
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RBC Count (EDTA Blood/Automated Blood cell Counter)	5.60	mill/cu.mm	4.2 - 5.4
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MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	75.0	fL	78 - 100
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MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	25.4	pg	27 - 32
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MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	34.1	g/dL	32 - 36
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RDW-CV (Derived)	13.2	%	11.5 - 16.0
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RDW-SD (Derived)	34.65	fL	39 - 46
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Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	9280	cells/cu.mm	4000 - 11000
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Neutrophils (Blood/Impedance Variation & Flow Cytometry)	55	%	40 - 75
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Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	39	%	20 - 45
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Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

APPROVED BY

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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	02	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	04	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.10	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.62	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.19	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.37	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	158	10 ³ / µl	150 - 450
MPV (Blood/Derived)	14.3	fL	8.0 - 13.3
PCT	0.23	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	11	mm/hr	< 20


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BIOCHEMISTRY

Liver Function Test


Bilirubin(Total) (Serum/Diazotized Sulfanilic Acid)	0.5	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.2	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.30	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	6.9	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.0	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.90	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.38		1.1 - 2.2

INTERPRETATION: Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	18	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	22	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	88	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	19	U/L	< 38


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<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	259	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	269	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)	51	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	154.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	53.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	208.0	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)	5.1		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	5.3		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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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>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	11.9	%	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 %

Remark: Kindly Correlate Clinically.

Estimated Average Glucose (Whole Blood)	294.83	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.

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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.39	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/Chemiluminescent Immunometric Assay (CLIA))	9.36	Microg/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/Chemiluminescent Immunometric Assay (CLIA))	2.621	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 SHAMIM JAVED
MD PATHOLOGY
KMC 88902
APPROVED BY

Name : Ms. FOUZIYA K A
PID No. : MYS280466
SID No. : 712234256
Age / Sex : 36 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 12/11/2022 10:07 AM
Collection On : 12/11/2022 11:17 AM
Report On : 12/11/2022 7:23 PM
Printed On : 12/11/2022 8:30 PM



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

BLOOD GROUPING AND Rh TYPING
(EDTA Blood Agglutination)

'O' Positive'

Remark: test to be confirmed by gel method

A handwritten signature in blue ink, appearing to read "S. Mohan Kumar".

Mr.S.Mohan Kumar
Sr.LabTechnician

VERIFIED BY

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BIOCHEMISTRY

BUN / Creatinine Ratio

14.3

Glucose Postprandial (PPBS)
(Plasma - PP/GOD - POD)

379

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.

Remark: Kindly correlate clinically.

Blood Urea Nitrogen (BUN)
(Serum/Urease UV / derived)

14.8

mg/dL

7.0 - 21

Creatinine
(Serum/Jaffe Kinetic)

1.0

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-acetylcysteine, chemotherapeutic agent such as flucytosine etc.

Uric Acid
(Serum/Uricase/Peroxidase)

4.2

mg/dL

2.6 - 6.0

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-- End of Report --

Name	FOUZIYA K A	ID	MYS280466
Age & Gender	36Y/F	Visit Date	Nov 12 2022 10:07AM
Ref Doctor	MediWheel		

X – RAY CHEST PA VIEW

LUNGS:

Both lung fields are clear.

Vascular markings are normal.

Tracheal air lucency is normal.

No evidence of abnormal hilar opacities.

Costophrenic angle recesses are normal.

CARDIA:

Cardia is normal shape and configuration.

Diaphragm, Thoracic cage, soft tissues are normal.

IMPRESSION:

- **NO SIGNIFICANT DIAGNOSTIC ABNORMALITY.**



DR. MOHAN. B
(DMRD, DNB, EDIR, FELLOW IN CARDIAC
MRI)
CONSULTANT RADIOLOGIST