

MEDICAL EXAMINATION REPORT (MER)

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. SMILU BABU
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	27.05.1980 Gender: F/M F
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID) ALNPBG172A

PHYSICAL DETAILS:

a. Height 171 (cms)	b. Weight 77 (Kgs)	c. Girth of Abdomen ... 87 (cms)
d. Pulse Rate 70 (/Min)	e. Blood Pressure:	Systolic 130 Diastolic 80
	1 st Reading	
	2 nd Reading	

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father		/ NS	
Mother			
Brother(s)			
Sister(s)			

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
—	—	—

PERSONAL HISTORY

- | | |
|--|---|
| <p>a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. Y/N</p> <p>b. Have you undergone/been advised any surgical procedure? Schizophrenia operated Y/N</p> | <p>c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? Y/N</p> <p>d. Have you lost or gained weight in past 12 months? Y/N</p> |
|--|---|

Have you ever suffered from any of the following?

- | | |
|---|---|
| <ul style="list-style-type: none"> • Psychological Disorders or any kind of disorders of the Nervous System? Y/N • Any disorders of Respiratory system? Y/N • Any Cardiac or Circulatory Disorders? Y/N • Enlarged glands or any form of Cancer/Tumour? Y/N • Any Musculoskeletal disorder? Y/N | <ul style="list-style-type: none"> • Any disorder of Gastrointestinal System? Y/N • Unexplained recurrent or persistent fever, and/or weight loss Y/N • Have you been tested for HIV/HBsAg / HCV before? If yes attach reports Y/N • Are you presently taking medication of any kind? Y/N |
|---|---|

• Any disorders of Urinary System?

Y/N

• Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin

Y/N

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs?

Y/N

d. Do you have any history of miscarriage/abortion or MTP

Y/N

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)

Y/N

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

Y/N

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

Y/N

f. Are you now pregnant? If yes, how many months?

Y/N

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

- Was the examinee co-operative? Y/N
- Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job? Y/N
- Are there any points on which you suggest further information be obtained? Y/N
- Based on your clinical impression, please provide your suggestions and recommendations below;

Medical consult

➤ Do you think he/she is **MEDICALLY FIT** or UNFIT for employment.

FIT

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

Seal of Medical Examiner

DR. GEORGE THOMAS
MD, FCSI, FIAE
MEDICAL EXAMINER
Reg: 86614

Name & Seal of DDRC SRL Branch :




Date & Time :

DDRC SRL Diagnostics Private Limited

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

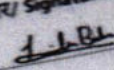
Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai - 400062.

 बैंक ऑफ बरोडा
Bank of Baroda


ए.सी. नं. 75283
E.C. No.


नाम/ Name : **Smriti Babu**

पदनाम/ Designation : **Manager**

धारक के हस्ताक्षर/ Signature of Holder :


05 Jan 2022
जारी करने की तारीख
Date of Issue



क्षेत्रीय प्रमुख
Regional Head







Dental test in not required.


Pratik Babu



DDRC SRL
Diagnostic Services



Patient Ref. No. 666000003107475



Cert. No. MC-2354

CLIENT'S NAME AND ADDRESS :

 MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
 F701A, LADO SARAI, NEW DELHI,
 SOUTH DELHI, DELHI,
 SOUTH DELHI 110030
 DELHI INDIA
 8800465156

 DDRC SRL DIAGNOSTICS
 DDRC SRL Tower, G-131, Panampilly Nagar,
 PANAMPALLY NAGAR, 682036
 KERALA, INDIA
 Tel : 93334 93334
 Email : customercare.ddrc@srl.in
PATIENT NAME : SMILU BABUPATIENT ID : **SMILF2101814126**ACCESSION NO : **4126WA008004** AGE : 42 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 21/01/2023 11:25

REPORTED : 21/01/2023 17:13

REFERRING DOCTOR : DR. BOB

CLIENT PATIENT ID :

Test Report Status	Results	Biological Reference Interval	Units
Preliminary			

MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)2DECHO

OPHTHAL

OPHTHAL

TEST COMPLETED



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CIN : U85190MH2006PTC161480

(Refer to "CONDITIONS OF REPORTING" overleaf)



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Patient Ref. No. 666000003107475



Cert. No. MC-2354

CLIENT NAME: LADO SARAI, DIAGNOSTIC SERVICES, MEDIWHEEL

ARCOFEMI HEALTHCARE LIMITED

CLIENT'S NAME AND ADDRESS :
 MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
 F701A, LADO SARAI, NEW DELHI,
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Test Report Status	Preliminary	Results	Units
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MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)2DECHO**BLOOD UREA NITROGEN (BUN), SERUM**

BLOOD UREA NITROGEN	5	Adult(<60 yrs) : 6 to 20	mg/dL
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METHOD : UREASE - UV

BUN/CREAT RATIO

BUN/CREAT RATIO	18		
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Comments

Bicarbonate : Ref.range : 22 - 29 mmol/L

CREATININE, SERUM

CREATININE	0.81	18 - 60 yrs : 0.6 - 1.1	mg/dL
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METHOD : JAFFE KINETIC METHOD

GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA	132	Diabetes Mellitus : > or = 200. Impaired Glucose tolerance/ Prediabetes : 140 - 199. Hypoglycemia : < 55.	mg/dL
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GLUCOSE FASTING, FLUORIDE PLASMA

GLUCOSE, FASTING, PLASMA	97	Diabetes Mellitus : > or = 126. Impaired fasting Glucose/ Prediabetes : 101 - 125. Hypoglycemia : < 55.	mg/dL
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METHOD : HEXOKINASE

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

GLYCOSYLATED HEMOGLOBIN (HBA1C)	5.8	Normal : 4.0 - 5.6%. Non-diabetic level : < 5.7%. Diabetic : > 6.5%	%
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 Glycemic control goal
 More stringent goal : < 6.5 %
 General goal : < 7%.
 Less stringent goal : < 8%.

 Glycemic targets in CKD :-
 If eGFR > 60 : < 7%.
 If eGFR < 60 : 7 - 8.5%.

MEAN PLASMA GLUCOSE	119.8	High < 116.0	mg/dL
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LIPID PROFILE, SERUM

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CHOLESTEROL		214	mg/dL
METHOD : CHOD-POD			
TRIGLYCERIDES		93	mg/dL
HDL CHOLESTEROL		45	mg/dL
METHOD : DIRECT ENZYME CLEARANCE			
DIRECT LDL CHOLESTEROL		159	mg/dL
NON HDL CHOLESTEROL		169	mg/dL
VERY LOW DENSITY LIPOPROTEIN		18.6	mg/dL
CHOL/HDL RATIO		4.8	
LDL/HDL RATIO		3.5	
LIVER FUNCTION TEST WITH GGT			
BILIRUBIN, TOTAL		0.32	mg/dL
METHOD : DIAZO METHOD			
BILIRUBIN, DIRECT		0.14	mg/dL
METHOD : DIAZO METHOD			
BILIRUBIN, INDIRECT		0.18	mg/dL
TOTAL PROTEIN		7.3	g/dL
ALBUMIN		4.2	g/dL
GLOBULIN		3.1	g/dL
ALBUMIN/GLOBULIN RATIO		1.3	RATIO



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Cert. No. MC-2354

CLIENT NAME: LADOPADU DIAGNOSTIC WHEEL

CLIENT'S NAME AND ADDRESS :
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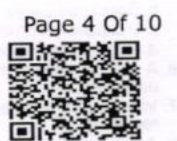
Test Report Status	Preliminary	Results	Units
ASPARTATE AMINOTRANSFERASE (AST/SGOT)		19	Adults : < 33 U/L
ALANINE AMINOTRANSFERASE (ALT/SGPT)		17	Adults : < 34 U/L
METHOD : IFCC WITHOUT PDP			
ALKALINE PHOSPHATASE		63	Adult (<60yrs) : 35 - 105 U/L
METHOD : IFCC			
GAMMA GLUTAMYL TRANSFERASE (GGT)		15	Adult (female) : < 40 U/L
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN		7.3	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8 g/dL
METHOD : BIURET			
URIC ACID, SERUM			
URIC ACID		7.0	High Adults : 2.4-5.7 mg/dL
METHOD : SPECTROPHOTOMETRY			
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD			
ABO GROUP		O	
METHOD : GEL CARD METHOD			
RH TYPE		POSITIVE	
BLOOD COUNTS, EDTA WHOLE BLOOD			
HEMOGLOBIN		8.0	Low 12.0 - 15.0 g/dL
METHOD : NON CYANMETHHEMOGLOBIN			
RED BLOOD CELL COUNT		4.62	3.8 - 4.8 mil/ μ L
METHOD : IMPEDANCE			
WHITE BLOOD CELL COUNT		10.27	High 4.0 - 10.0 thou/ μ L
METHOD : IMPEDANCE			
PLATELET COUNT		493	High 150 - 410 thou/ μ L
METHOD : IMPEDANCE			
RBC AND PLATELET INDICES			
HEMATOCRIT		26.3	Low 36 - 46 %
METHOD : CALCULATED			
MEAN CORPUSCULAR VOL		56.9	Low 83 - 101 fL
METHOD : DERIVED FROM IMPEDANCE MEASURE			
MEAN CORPUSCULAR HGB.		17.4	Low 27.0 - 32.0 pg
METHOD : CALCULATED			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION		30.6	Low 31.5 - 34.5 g/dL
METHOD : CALCULATED			



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Cert. No. MC-2354

CLIENTS' CHOICE LEADING DIAGNOSTIC NETWORK

ARCOFEMI HEALTHCARE LIMITED

CLIENT'S NAME AND ADDRESS :
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DRAWN :

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RED CELL DISTRIBUTION WIDTH		18.2 High 12.0 - 18.0	%
MENTZER INDEX		12.3	fL
MEAN PLATELET VOLUME		8.1 6.8 - 10.9	fL
METHOD : DERIVED FROM IMPEDANCE MEASURE			
WBC DIFFERENTIAL COUNT			
SEGMENTED NEUTROPHILS		48 40 - 80	%
METHOD : DHSS FLOWCYTOMETRY			
LYMPHOCYTES		36 20 - 40	%
METHOD : DHSS FLOWCYTOMETRY			
MONOCYTES		7 2 - 10	%
METHOD : DHSS FLOWCYTOMETRY			
EOSINOPHILS		9 High 1 - 6	%
METHOD : DHSS FLOWCYTOMETRY			
BASOPHILS		0 0 - 2	%
METHOD : IMPEDANCE			
ABSOLUTE NEUTROPHIL COUNT		4.93 2.0 - 7.0	thou/ μ L
METHOD : CALCULATED			
ABSOLUTE LYMPHOCYTE COUNT		3.70 High 1 - 3	thou/ μ L
METHOD : CALCULATED			
ABSOLUTE MONOCYTE COUNT		0.72 0.20 - 1.00	thou/ μ L
METHOD : CALCULATED			
ABSOLUTE EOSINOPHIL COUNT		0.92 High 0.02 - 0.50	thou/ μ L
METHOD : CALCULATED			
ABSOLUTE BASOPHIL COUNT		0.00 0.00 - 0.10	thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		1.3	
ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD			
SEDIMENTATION RATE (ESR)		50 High 0 - 20	mm at 1 hr
METHOD : WESTERGRN METHOD			
* SUGAR URINE - POST PRANDIAL			
SUGAR URINE - POST PRANDIAL		NOT DETECTED NOT DETECTED	
THYROID PANEL, SERUM			
T3		106.20 80 - 200	ng/dL
METHOD : ELECTROCHEMILUMINESCENCE			
T4		7.42 5.1 - 14.1	μ g/dl
METHOD : ELECTROCHEMILUMINESCENCE			



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 KERALA, INDIA
 Tel : 93334 93334
 Email : customercare.ddrc@srl.in

PATIENT NAME : SMILU BABU
PATIENT ID : SMILF2101814126

 ACCESSION NO : **4126WA008004** AGE : 42 Years SEX : Female

ABHA NO :

DRAWN :

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REFERRING DOCTOR : DR. BOB

CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
TSH 3RD GENERATION		5.190	Non-Pregnant : 0.4-4.2 Pregnant Trimester-wise : 1st : 0.1 - 2.5 2nd : 0.2 - 3 3rd : 0.3 - 3 µIU/mL

METHOD : ELECTROCHEMILUMINESCENCE

Interpretation(s)

Triiodothyronine T3 , Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate. Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH. Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism. In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low. Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1) Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3) Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of Clinical chemistry 2. Guidelines of the American Thyroid association during pregnancy and Postpartum, 2011.

NOTE: It is advisable to detect Free T3, Free T4 along with TSH, instead of testing for albumin bound Total T3, Total T4. TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

PHYSICAL EXAMINATION, URINE


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**DDRC SRL**

Diagnostic Services



Patient Ref. No. 666000003107475



Cert. No. MC-2354

CLIENT CODE : CA00010147 - MEDIWHEEL
INDIA'S LEADING DIAGNOSTICS NETWORK**CLIENT'S NAME AND ADDRESS :**MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
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COLOR	PALE YELLOW		
APPEARANCE	CLEAR		
CHEMICAL EXAMINATION, URINE			
PH	7.0	4.8 - 7.4	
SPECIFIC GRAVITY	1.010	Low 1.015 - 1.030	
PROTEIN	NOT DETECTED	NOT DETECTED	
GLUCOSE	NOT DETECTED	NOT DETECTED	
KETONES	NOT DETECTED	NOT DETECTED	
BLOOD	NOT DETECTED	NOT DETECTED	
BILIRUBIN	NOT DETECTED	NOT DETECTED	
UROBILINOGEN	NORMAL	NORMAL	
NITRITE	NOT DETECTED	NOT DETECTED	
LEUKOCYTE ESTERASE	NOT DETECTED	NOT DETECTED	
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS	NOT DETECTED	NOT DETECTED	/HPF
WBC	2-3	0-5	/HPF
EPITHELIAL CELLS	1-2	0-5	/HPF
CASTS	NOT DETECTED		
CRYSTALS	NOT DETECTED		
BACTERIA	NOT DETECTED	NOT DETECTED	
YEAST	NOT DETECTED	NOT DETECTED	

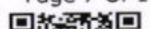
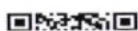
CYTOLOGY - CS (PAP SMEAR)CYTOLOGY - CS (PAP SMEAR)
CYTOLOGY NO : CY/414/2023.

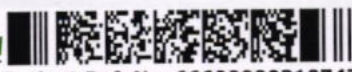
SPECIMEN : Pap smear.

GROSS SPECIMEN : 2 stained smears.

MICROSCOPY : Satisfactory smear shows superficial and intermediate squamous cells in a background of lactobacilli and neutrophils. No atypical cells seen.

IMPRESSION : Negative for intraepithelial lesion or malignancy.

*** SUGAR URINE - FASTING**



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CLIENT ADDRESS LEADING DIAGNOSTIC SERVICES NETWORK

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REFERRING DOCTOR : DR. BOB

CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
SUGAR URINE - FASTING		NOT DETECTED	NOT DETECTED
* PHYSICAL EXAMINATION,STOOL		RESULT PENDING	
* CHEMICAL EXAMINATION,STOOL		RESULT PENDING	
* MICROSCOPIC EXAMINATION,STOOL		RESULT PENDING	

Interpretation(s)

BLOOD UREA NITROGEN (BUN), SERUM-Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)

Causes of decreased level include Liver disease, SIADH.

CREATININE, SERUM-Higher than normal level may be due to:

- Blockage in the urinary tract
- Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
- Loss of body fluid (dehydration)
- Muscle problems, such as breakdown of muscle fibers
- Problems during pregnancy, such as seizures (eclampsia), or high blood pressure caused by pregnancy (preeclampsia)

Lower than normal level may be due to:

- Myasthenia Gravis
- Muscular dystrophy

GLUCOSE, POST-PRANDIAL, PLASMA-High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc. Additional test HbA1c

GLUCOSE FASTING, FLUORIDE PLASMA- TEST DESCRIPTION

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.

Increased in

Diabetes mellitus, Cushing's syndrome (10 - 15%), chronic pancreatitis (30%). Drugs: corticosteroids, phenytoin, estrogen, thiazides.

Decreased in

Pancreatic islet cell disease with increased insulin, insulinoma, adrenocortical insufficiency, hypopituitarism, diffuse liver disease, malignancy (adrenocortical, stomach, fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases (e.g., galactosemia), Drugs- insulin, ethanol, propranolol; sulfonylureas, tolbutamide, and other oral hypoglycemic agents.

NOTE:

While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals. Thus, glycosylated hemoglobin (HbA1c) levels are favored to monitor glycemic control.

High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.

GLYCOSYLATED HEMOGLOBIN (HBA1C), EDTA WHOLE BLOOD-Used For:

1. Evaluating the long-term control of blood glucose concentrations in diabetic patients.

2. Diagnosing diabetes.

3. Identifying patients at increased risk for diabetes (prediabetes).

The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patient's metabolic control has remained continuously within the target range.

1. eAG (Estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.

2. eAG gives an evaluation of blood glucose levels for the last couple of months.

3. eAG is calculated as $eAG (mg/dl) = 28.7 * HbA1c - 46.7$

HbA1c Estimation can get affected due to :

I. Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss, hemolytic anemia) will falsely lower HbA1c test results. Fructosamine is recommended in these patients which indicates diabetes control over 15 days.

II. Vitamin C & E are reported to falsely lower test results. (possibly by inhibiting glycation of hemoglobin).

III. Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia, uremia, hyperbilirubinemia, chronic alcoholism, chronic ingestion of salicylates & opiates addition are reported to interfere with some assay methods, falsely increasing results.

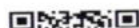
IV. Interference of hemoglobinopathies in HbA1c estimation is seen in

a. Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.

b. Heterozygous state detected (D10 is corrected for HbS & HbC trait.)

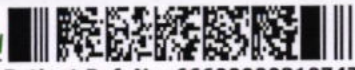
c. HbF > 25% on alternate platform (Boronate affinity chromatography) is recommended for testing of HbA1c. Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

LIPID PROFILE, SERUM-Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease. This test can help determine your risk



**DDRC SRL**

Diagnostic Services



Patient Ref. No. 66600003107475



Cert. No. MC-2354

CLIENT CODE: CAS0010107 MEDIWHEEL

CLIENT'S NAME AND ADDRESS :

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156

DDRC SRL DIAGNOSTICS
DDRC SRL Tower, G-131, Panampilly Nagar,
PANAMPALLY NAGAR, 682036
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : SMILU BABU**PATIENT ID : SMILF2101814126**ACCESSION NO : **4126WA008004** AGE : 42 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 21/01/2023 11:25

REPORTED : 23/01/2023 16:54

REFERRING DOCTOR : DR. BOB

CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
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of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk. It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the "good" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely. HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease. Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

Recommendations:

Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.

TOTAL PROTEIN, SERUM- Serum total protein, also known as total protein, is a biochemical test for measuring the total amount of protein in serum. Protein in the plasma is made up of albumin and globulin

Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease
Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.

URIC ACID, SERUM- **Causes of Increased levels:**- Dietary (High Protein Intake, Prolonged Fasting, Rapid weight loss), Gout, Lesch nyhan syndrome, Type 2 DM, Metabolic syndrome

Causes of decreased levels:- Low Zinc intake, OCP, Multiple Sclerosis

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A, B, O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.

BLOOD COUNTS, EDTA WHOLE BLOOD- The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

RBC AND PLATELET INDICES- Mentzer index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia (>13) from Beta thalassaemia trait (<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.

WBC DIFFERENTIAL COUNT- The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.

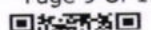
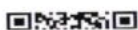
(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504)

This ratio element is a calculated parameter and out of NABL scope.

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD- **TEST DESCRIPTION :-**

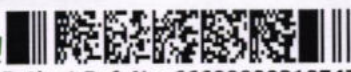
Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition. CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

TEST INTERPRETATION

**DDRC SRL**

Diagnostic Services



Patient Ref. No. 66600003107475



Cert. No. MC-2354

CLIENT CODE: CAS003107 MEDIWHEEL

CLIENT'S NAME AND ADDRESS :

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
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 KERALA, INDIA
 Tel : 93334 93334
 Email : customercare.ddrc@srl.in

PATIENT NAME : SMILU BABUPATIENT ID : **SMILF2101814126**ACCESSION NO : **4126WA008004** AGE : 42 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 21/01/2023 11:25

REPORTED : 23/01/2023 16:54

REFERRING DOCTOR : DR. BOB

CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
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Increase in: Infections, Vasculities, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.

Finding a very accelerated ESR(>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm /hr(95 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia

False Decreased : Poikilocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :

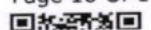
1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition;2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin;3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis,10th edition.

SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT'S TEST

CYTOLOGY - CS (PAP SMEAR)-METHOD: STAINING- MICROSCOPY

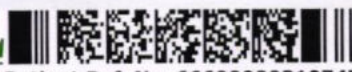
Specimens sent for biopsy will be preserved in the Lab only for 30 days after despatch of reports.They will be discarded after this period. Slides/blocks of tissues will be issued only on written request from the concerned medical officer. Slides / Blocks and Reports will be preserved only for a period of 10 years.Generally Slides will be made available only a day after giving the request.Only two copies of the report will be given . Additional copies will be given only on production of a letter from the concerned doctor. Special stains & tests will be done wherever necessary to assist diagnosis and will be charged extra.

SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST



**DDRC SRL**

Diagnostic Services



Patient Ref. No. 66600003107475



Cert. No. MC-2354

CLIENT CODE : C00010147 - MEDIWHEEL

CLIENT'S NAME AND ADDRESS :
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 DELHI INDIA
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 Tel : 93334 93334
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PATIENT NAME : SMILU BABU**PATIENT ID : SMILF2101814126**ACCESSION NO : **4126WA008004** AGE : 42 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 21/01/2023 11:25

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MEDIWHEEL HEALTH CHECKUP ABOVE 40(F)2DECHO*** ECG WITH REPORT****REPORT**

COMPLETED

*** 2D - ECHO WITH COLOR DOPPLER****REPORT**

COMPLETED

*** USG ABDOMEN AND PELVIS****REPORT**

TEST COMPLETE

*** CHEST X-RAY WITH REPORT****REPORT**

test completed

*** MAMMOGRAPHY -BOTH****REPORT**

TEST COMPLETE

****End Of Report****

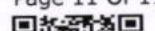
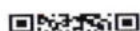
Please visit www.srlworld.com for related Test Information for this accession
 TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

DR.HARI SHANKAR, MBBS MD
 HEAD - Biochemistry &
 Immunology

DR.VIJAY K N,MD(PATH)
 HEAD-HAEMATOLOGY &
 CLINICAL PATHOLOGY

DR.SMITHA PAULSON,MD
 (PATH),DPB
 LAB DIRECTOR & HEAD-
 HISTOPATHOLOGY &
 CYTOLOGY

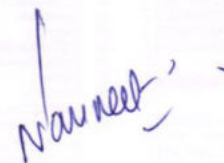
DR.NISHA G,MD(PATH)
 CONSULTANT PATHOLOGIST



NAME: MRS SMILU BABU	STUDY DATE : 21/01/2023
AGE / SEX : 42 YRS / F	REPORTING DATE : 21/01/2023
REFERRED BY : MEDIWHEEL	ACC NO : 4126WA008004

X - RAY - CHEST PA VIEW

- Both the lung fields are clear.
- B/L hila and mediastinal shadows are normal.
- Cardiac silhouette appears normal.
- Cardio - thoracic ratio is normal.
- Bilateral CP angles and domes of diaphragm appear normal.

IMPRESSION: NORMAL STUDY**Kindly correlate clinically****Dr. NAVNEET KAUR, MBBS, MD**
Consultant Radiologist.

Date: 21.01.2023

OPHTHALMOLOGY REPORT

This is to certify that I have examined

Mr / Ms : Smihu Babu Aged 42 and his / her

visual standards is as follows :

Visual Acuity:

For far vision R: 6/6

L: 6/6

For near vision R: N10

L: N10

*2RXR N6
L N6*

Color Vision : Normal



Nannu Elizabeth
Nannu Elizabeth
(Optometrist)

Name: Smilu Babu

42/F

Date: 21/01/2023


Ref: Bank of Baroda

Accession No:4126WA00

ECHOCARDIOGRAPHY REPORT

Cardiac ultrasound examination was done using Acuson *Juniper* machine with 5P1 transducer. Imaging and Doppler studies including Colour Flow Mapping (CFM) were performed (images and measurements attached) Relevant observations are noted as follows:

- Normal LV size and contractility (EF:77%)
- No regional wall motion abnormalities
- Normal valves
- No abnormal flow patterns on CFM
- No intracardiac clots
- No pericardial effusion

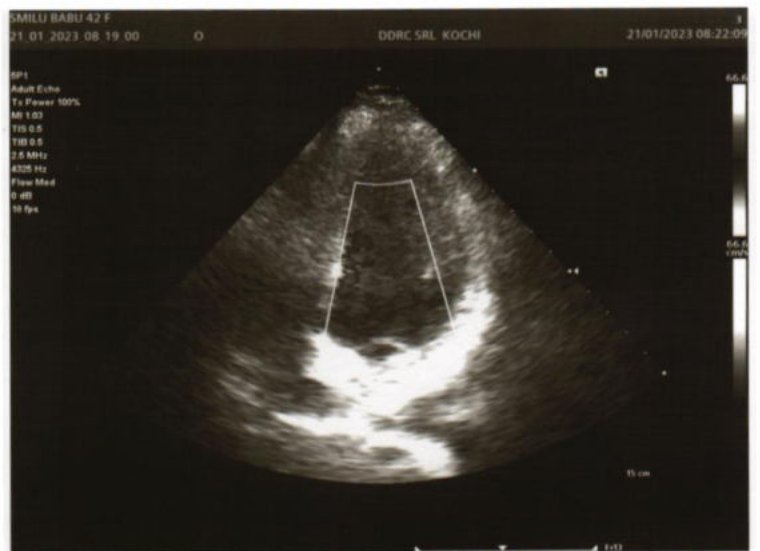
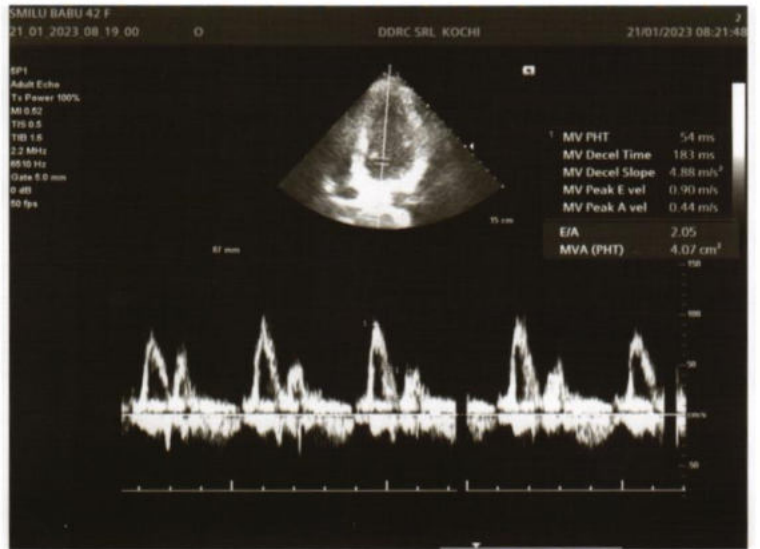
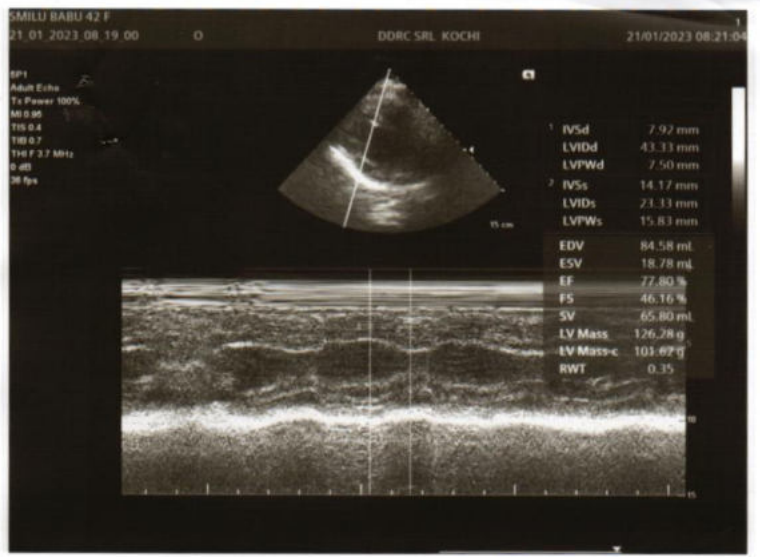


Dr. George Thomas
Cardiologist

Fellow, Indian Academy of Echocardiography

Ultrasound reports are not 100% specific and can vary significantly depending on the clinical conditions. The report has to be correlated clinically and is not for medico-legal purposes.

Thanks for the referral. Your feedback is appreciated.



SMILU BABU 42 F
21.01.2023 08:19:00 O DDRC SRL KOCHI 21/01/2023

TekNolo (M)

Label	Method	Value	V1	V2	V3	V4	V5
Diastole							
IVSd	Last	7.92 mm	7.92				
LVIDd	Last	43.33 mm	43.33				
LVPWd	Last	7.50 mm	7.50				
Systole							
IVSs	Last	14.17 mm	14.17				
LVIDs	Last	23.33 mm	23.33				
LVPWs	Last	15.83 mm	15.83				
EDV	Last	84.58 ml					
ESV	Last	18.78 ml					
EF	Last	77.80 %					
FS	Last	46.16 %					
SV	Last	65.80 ml					
LV Mass	Last	126.28 g					
LV Mass-c	Last	101.62 g					
RWT		0.35					



NAME	MRS SMILU BABU	AGE	42 YRS
SEX	FEMALE	DATE	January 21, 2023
REFERRAL	BANK OF BARODA	ACC NO	4126WA008004

USG ABDOMEN AND PELVIS (TAS & TVS)

LIVER Measures ~ 12.4 cm. Bright echotexture.
Smooth margins and no obvious focal lesion within.
No IHBR dilatation. Portal vein normal in caliber .

GB No calculus within gall bladder. Normal GB wall caliber.

SPLEEN Measures ~ 9 cm, normal to visualized extent. Splenic vein normal.

PANCREAS Normal to visualized extent. PD is not dilated.

KIDNEYS RK: 9.6 x 3.3 cm, appears normal in size and echotexture.
LK: 8.8 x 4.1 cm, appears normal in size and echotexture.
No focal lesion / calculus within.
Maintained corticomedullary differentiation and normal parenchymal thickness.
No hydroureteronephrosis.

BLADDER Normal wall caliber, no internal echoes/calculus within.

UTERUS Retroflexed, normal in size [8 x 4.6 x 5.5 cm]. A subserosal fibroid measuring 14 x 7mm is seen in the posterior wall.
ET - 5.5 mm.

OVARIES RT OV: 3.1 x 1.5 x 2 cm [volume ~ 5 cc].
LT OV: 2.9 x 1.1 x 2.4 cm [volume ~ 4.5 cc].

NODES/FLUID Nil to visualized extent.

BOWEL Visualized bowel loops appear normal.

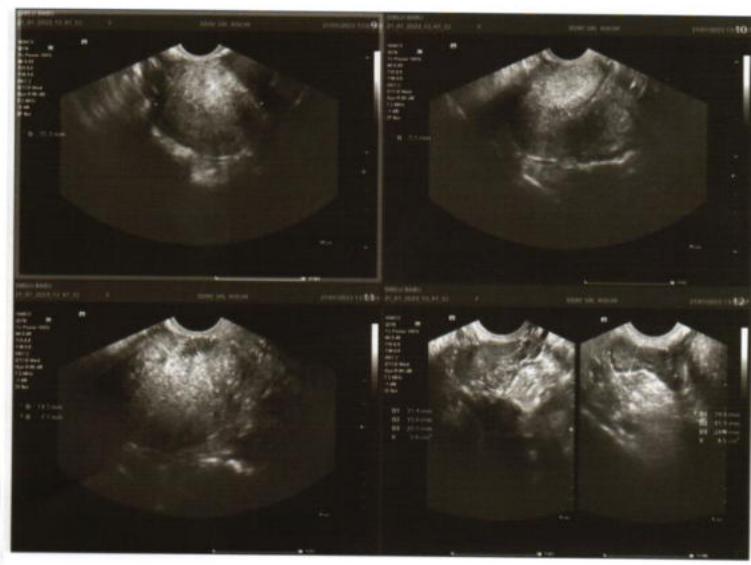
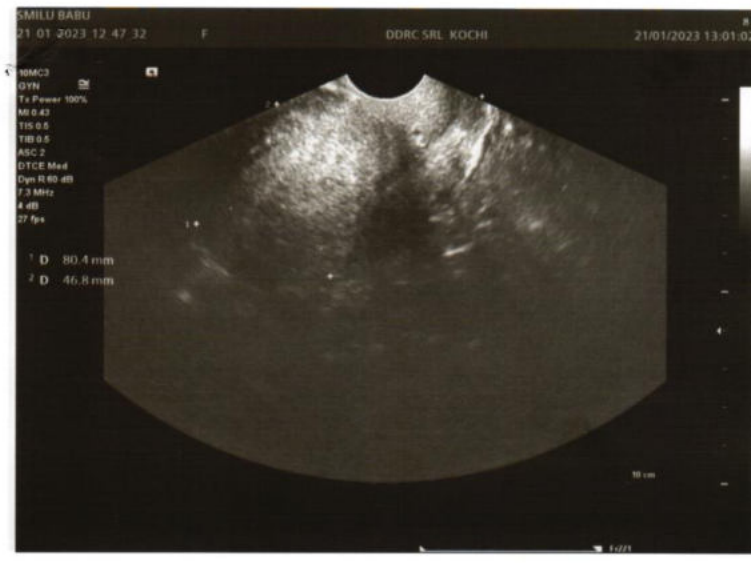
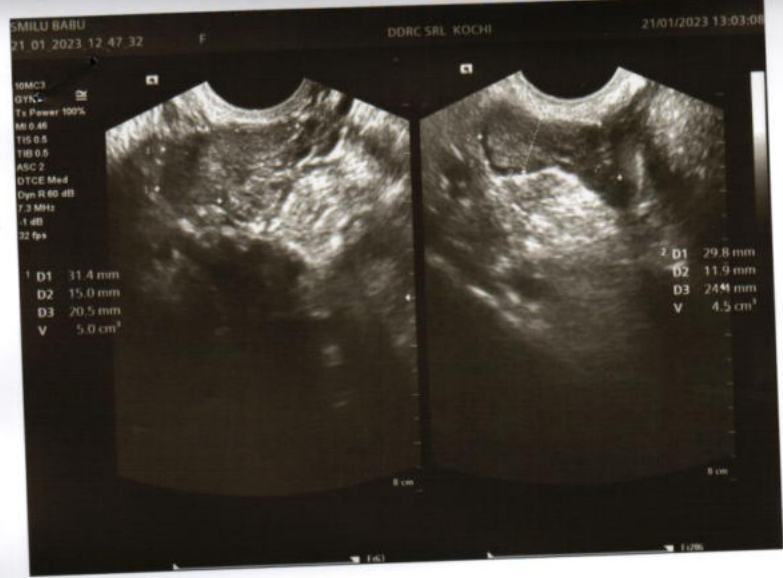
IMPRESSION ↓ *Grade I fatty liver.*
 ↓ *Uterine fibroid.*

Kindly correlate clinically.

Dr. NAVNEET KAUR MBBS . MD
Consultant Radiologist

Thank you for referral. Your feedback will be appreciated.

NOTE: This report is only a professional opinion based on the real time image finding and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings.
Review scan is advised, If this ultrasound opinion and other clinical findings / reports don't correlate.



NAME	MRS SMILU BABU	AGE	42 YRS
SEX	FEMALE	DATE	January 21, 2023
REFERRAL	BANK OF BARODA	ACC NO	4126WA008004

MAMMOGRAPHY

Technique: Bilateral MLO and CC views

Clinical details: Screening mammography.

Findings:

- Both breasts show ACR type A composition.
- Breast parenchymal architecture is preserved.
- No evidence of micro/macro calcifications seen in breast.
- The skin, nipple-areola complex and retro-areolar zone are normal.
- The retro-mammary clear zone and underlying pectoralis muscle appear normal.

ULTRASOUND SCREENING:

RIGHT BREAST

- Normal stromal echogenicity.
- No focal lesions seen in the present study.
- Nipple & areola normal.
- No evidence of axillary lymphadenopathy

LEFT BREAST

- Normal stromal echogenicity.
- No focal lesions seen in the present study.
- Nipple & areola normal.
- No evidence of axillary lymphadenopathy

IMPRESSION:

- **No significant abnormality of both breasts (BIRADS I)**

Navneet
Dr. NAVNEET KAUR MBBS . MD
 Consultant Radiologist

ACR BIRADS Category

0	More information is needed to give a final mammogram report
I	Your mammogram is normal.
II	Your mammogram shows only minor abnormalities that are not suspicious for cancer. No additional testing is needed.
III	Your mammogram shows minor abnormalities that are probably benign. The radiologist may recommend follow-up testing to make sure the suspicious area has not changed.
IV	Your mammogram shows a suspicious change, and a biopsy should probably be performed.
V	Your mammogram shows a worrisome change. A biopsy is strongly recommended.
VI	Known biopsy - proven malignancy; Surgical excision when clinically appropriate.

For Emergency Call: 9496005127. Thanks for referral. Your feedback will be appreciated.
 (Please bring relevant investigation reports during all visits)

ID: 0 8004
SMILU BABU
Female 42Years

21-01-2023 08:39:13 AM
HR : 85 bpm
P : 88 ms
PR : 150 ms
QRS : 89 ms
QT/QTc : 339/403 ms
P/QRS/T : 69/77/35 °
RV5/SV1 : 1.189/0.604 mV

Diagnosis Information:

Non-specific ST-T changes

DR GEORGE THOMAS
MD, FCSI, FIAE
CARDIOLOGIST

Technician : ALEENA

Ref-Phys. : BANK OF BARODA

Report Confirmed by:

