

Name : Mrs. GOWRAMMA
PID No. : MED110999185
SID No. : 712206393
Age / Sex : 39 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 26/02/2022 7:26 AM
Collection On : 26/02/2022 8:57 AM
Report On : 26/02/2022 3:14 PM
Printed On : 01/03/2022 6:16 PM



<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)	11.8	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.

Remark: Kindly correlate clinically.

PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	38.9	%	37 - 47
RBC Count (EDTA Blood/Automated Blood cell Counter)	5.38	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	72.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	21.9	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	30.2	g/dL	32 - 36
RDW-CV (Derived)	14.9	%	11.5 - 16.0
RDW-SD (Derived)	37.55	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	9400	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	55	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	40	%	20 - 45


Dr Shouree K.R
MBBS MD DNB
Consultant Pathologist
Reg No : KMC 103138


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Eosinophils (Blood/Impedance Variation & Flow Cytometry)	02	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	03	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.17	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	3.76	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.19	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.28	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	251	10 ³ / μ l	150 - 450
MPV (Blood/Derived)	8.8	fL	8.0 - 13.3
PCT	0.22	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	08	mm/hr	< 20


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Lipid Profile

Cholesterol Total (Serum/Oxidase / Peroxidase method)	171	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	124	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	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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Remark: kindly correlate clinically.

LDL Cholesterol (Serum/Calculated)	103.2	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

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Non HDL Cholesterol (Serum/Calculated)	128.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4		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)	2.9		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)	2.4		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	10.2	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: \geq 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control \geq 8.1 %

Remark: kindly correlate clinically.

Estimated Average Glucose (Whole Blood)	246.04	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 glyceimic 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))	1.34	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))	13.34	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.

Remark: kindly correlate clinically

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.001	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.

Remark: kindly correlate clinically


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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Appearance (Urine)	Clear		
Volume (Urine/Physical examination)	30		ml

CHEMICAL EXAMINATION

pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick <i>£</i> Reagent strip method)	1.010		1.002 - 1.035
Ketone (Urine/Dip Stick <i>£</i> Reagent strip method)	Nil		Nil
Urobilinogen (Urine/Dip Stick <i>£</i> Reagent strip method)	Normal		Within normal limits
Blood (Urine)	Nil		Nil
Nitrite (Urine/Dip Stick <i>£</i> Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative
Protein (Urine/Dip Stick <i>£</i> Reagent strip method)	Negative		Negative


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Glucose (Urine)	Positive(++)		Nil
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	Nil	/hpf	00 - 02
Pus Cells (Urine/Microscopy)	3-4	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	5-6	/hpf	No ranges
Others (Urine)	Nil		Nil


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Investigation

Observed
Value

Unit


Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'A' 'Positive'

Remark: Test to be confirmed by Gel method


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BIOCHEMISTRY

BUN / Creatinine Ratio

14.8

Glucose Fasting (FBS)
(Plasma - F/GOD- POD)

150

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.

Remark: kindly correlate clinically.

Urine sugar, Fasting
(Urine - F)

Positive(++)

Nil

Remark: kindly correlate clinically

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

227

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)

13.4

mg/dL

7.0 - 21

Creatinine
(Serum/Jaffe Kinetic)

0.9

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/Uricase/Peroxidase)

3.5

mg/dL

2.6 - 6.0


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-- End of Report --

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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.**

AA/MS



Dr. Anitha Adarsh
Consultant Radiologist

MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

Date 26-Feb-2022 7:25 AM

Customer Name : **MRS.GOWRAMMA**DOB : **10 Jun 1982**Ref Dr Name : **MediWheel**Age : **39Y/FEMALE**Customer Id : **MED110999185**Visit ID : **712206393**

Email Id :

Phone No : **8150938692**Corp Name : **MediWheel**Address : **RAMAIAH M P 51 KRSHNADHAMA NAGAR SRIRAMPURA MYSORE**Package Name : **Mediwheel Full Body Health Checkup Female Below 40***5:00 PM*

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	BLOOD UREA NITROGEN (BUN)				
2	LAB	GLUCOSE - FASTING				
3	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
4	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
5	LAB	LIPID PROFILE				
6	LAB	LIVER FUNCTION TEST (LFT)				
7	LAB	URIC ACID				
8	LAB	URINE GLUCOSE - FASTING				
9	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
10	LAB	COMPLETE BLOOD COUNT WITH ESR				
11	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)				
12	LAB	STOOL ANALYSIS - ROUTINE				
13	LAB	URINE ROUTINE				
14	LAB	CREATININE				
15	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)				

not given

LAB	BUN/CREATININE RATIO			
18	OTHERS	physical examination	MYS2643570102651	
19	US	ULTRASOUND ABDOMEN	MYS2643570103462	Ground Floor
19	OTHERS	Treadmill / 2D Echo	MYS2643570127528	JPT Floor
20	OTHERS	EYE CHECKUP	MYS2643570135592	
21	X-RAY	X RAY CHEST	MYS2643570145199	JPT Floor
22	OTHERS	Consultation Physician	MYS2643570148004	
23	ECHO	ELECTROCARDIOGRAM ECG	MYS2643570149333	JPT Floor

Registered By
(R.SUNILKUMAR)

H - 166 cm

W - 71 cm

Bp - 120/70 mmHg.

Pulse - 83 bpm.

HIP - 39 inch

Waist - 32 inch



MEDALL

NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

OPD SHEET

Date: 26/02/2023

Patient's Name: Mrs. Gowdamma

OP No. 1183956

36/F

1:10 PM

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

for medical certificate

BE Amblyopia

20K 17
18

OE

Afs: BE WNL

BCVA 6/12+
6/98

Endrus: CDR 0.3, AR OK
BE

Go to Vision 38/38
38/38

ASh

- R/W SOS / Dilated
Examination

R

Jayanagar Branch : 080-26088000 / 2663 3533 / 2663 3609 / 2245 Mobile : 94480 71816
Rajajinagar Branch : 080-4333 4111 / 2313 2777 / Mobile : 99728 53918
Indiranagar Branch : 080-4333 2555 Mobile : 81973 51609
Mysore Branch : 0821-4293000 Mobile : 94490 03771
Mangalore Lasik Centre : 0824-2213801 Mobile : 97410 26389
Davangere Lasik Centre : 08192-226607/08 Mobile : 94820 01795

R/FD/07/13



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DIAGNOSTICS
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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.
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.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.2	1.4
Left Kidney	9.8	1.3

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

UTERUS is anteverted and has normal shape and size. It has uniform myometrial echopattern.
Endometrial echo is of normal thickness 8 mms.
Uterus measures as follows: LS: 7.4cms AP: 4.0cms TS: 4.5cms.

OVARIES are enlarged in size and show multiple small follicles measuring less than 10mm predominantly in the periphery.

Right ovary measures: 4.0 x 2.2cms
POD & adnexa are free.

Left ovary measures: 3.4 x 1.9cms

No evidence of ascites.

IMPRESSION:

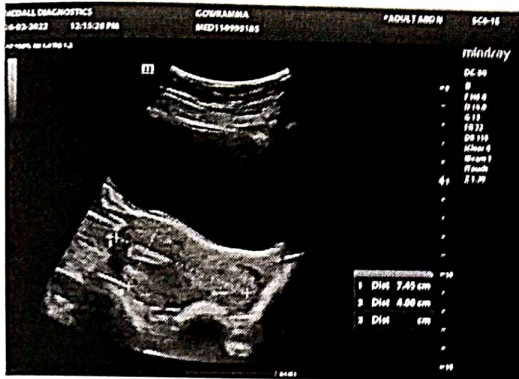
➤ **BILATERAL POLYCYSTIC OVARIES.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
AA/MS

DR. MOHAN B

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2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.6cms
LEFT ATRIUM	:	2.7cms
LEFT VENTRICLE (DIASTOLE)	:	4.6cms
(SYSTOLE)	:	3.0cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.0cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
EDV	:	71ml
ESV	:	26ml
FRACTIONAL SHORTENING	:	37%
EJECTION FRACTION	:	62%
RVID	:	1.6cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.85m/s	'A' - 0.29m/s	NO MR
AORTIC VALVE	:	1.01m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.79m/s	'A' - 0.28m/s	NO TR
PULMONARY VALVE	:	0.78m/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 prolapsed.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

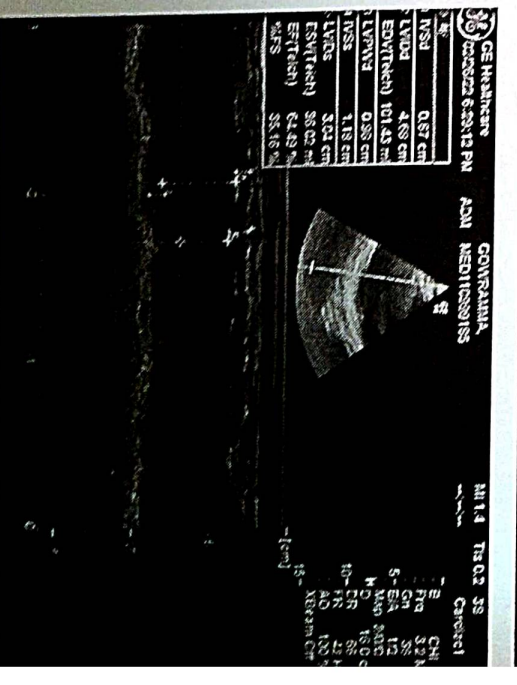
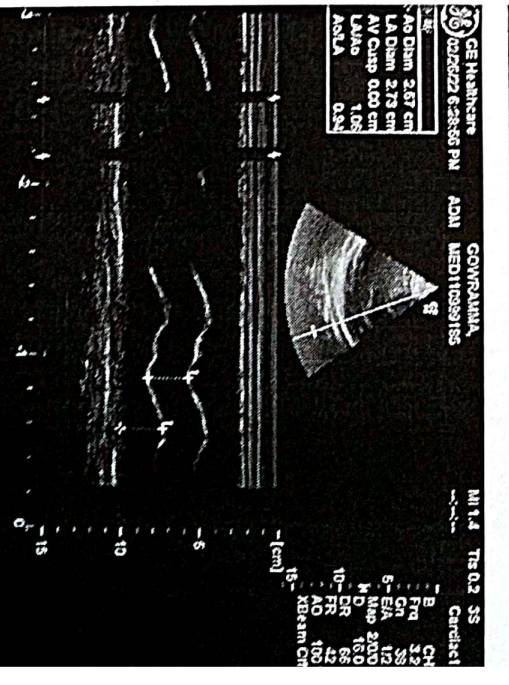
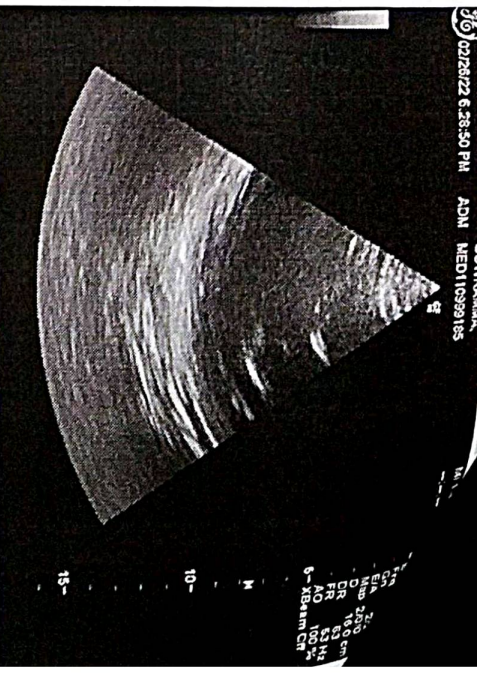
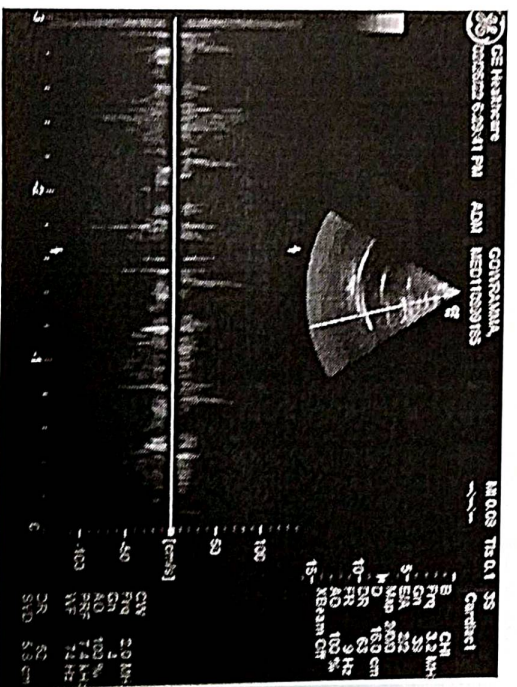
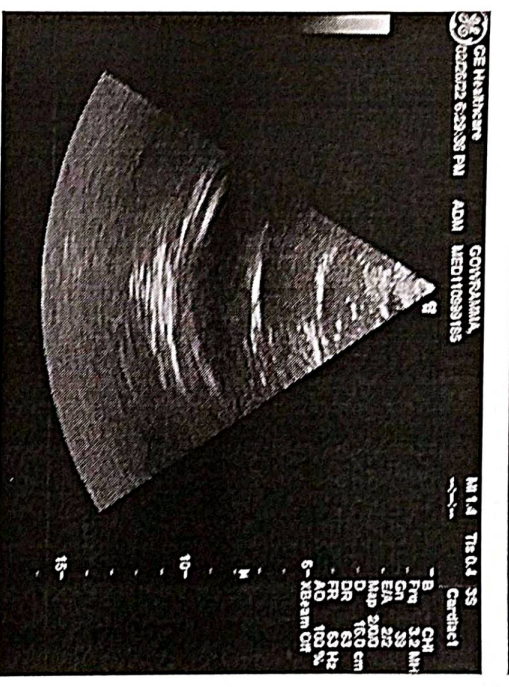
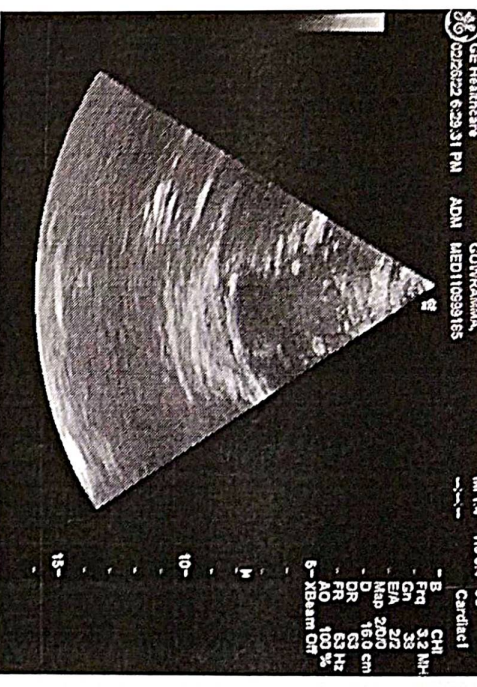
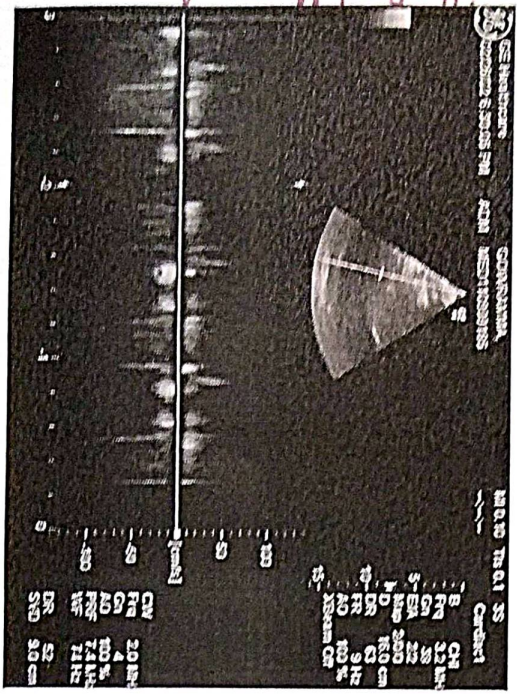
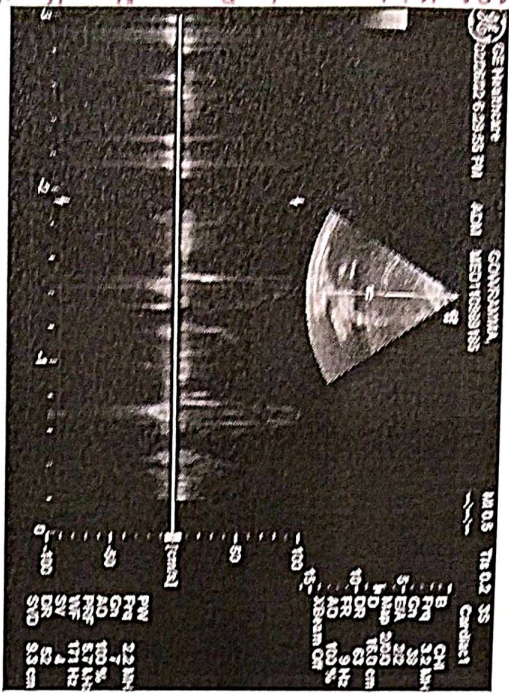
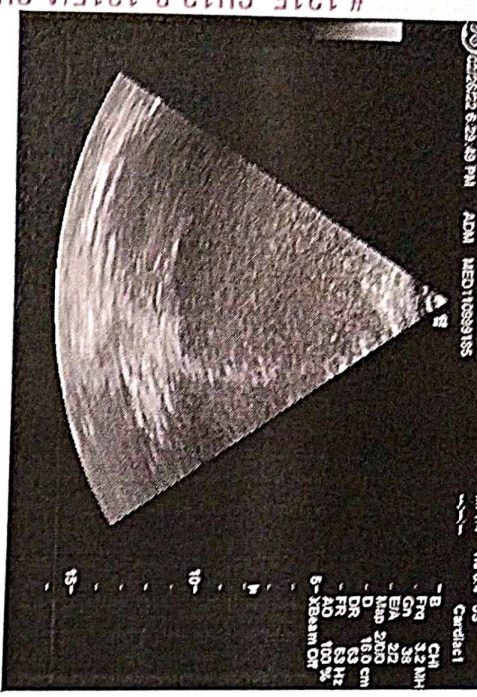
IVS : Intact.

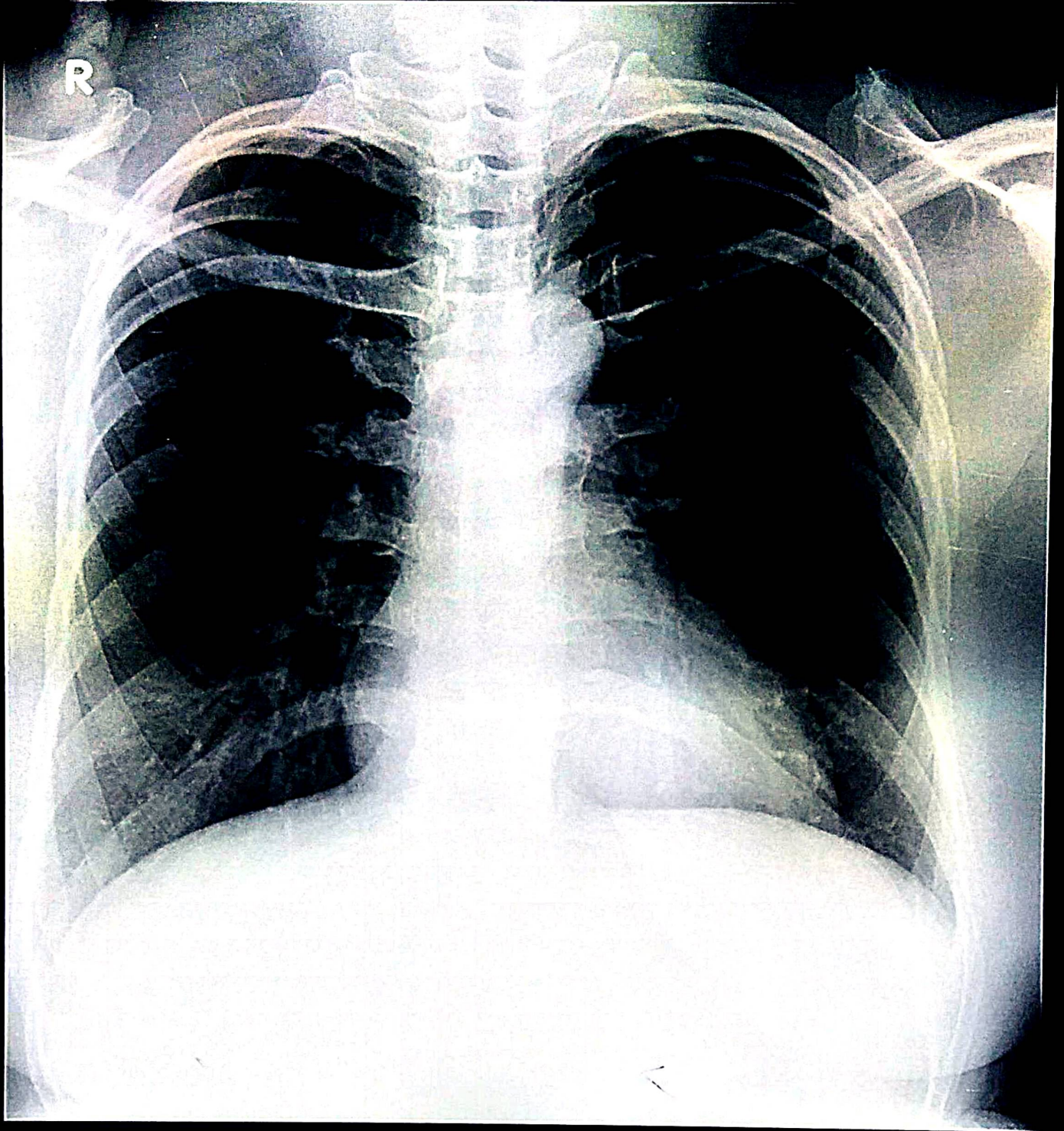
Pericardium : No pericardial effusion.

IMPRESSION:

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 62 %.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.

DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/MG





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