

MYSORE-BALLAL CIRCLE



--- A MEDALL COMPANY ---

CUSTOMER CHECKLIST

Date 11-Mar-2023 8:50 AM

Customer Name : **MS.BHARATHI P**DOB : **20 Oct 1972**Ref Dr Name : **MediWheel**Age : **50Y/FEMALE**Customer Id : **MYS291372**Visit ID : **712308123**

MYS291372

Email Id :

Phone No : **9880076795**Corp Name : **MediWheel**

Address :

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

S.No	Modality	Study	Accession No	Time	Seq	Signature
1	LAB	URINE GLUCOSE - FASTING ✓				
2	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs) ✓				
3	LAB	COMPLETE BLOOD COUNT WITH ESR ✓				
4	LAB	THYROID PROFILE/ TFT(T3, T4, TSH) ✓				
5	LAB	STOOL ANALYSIS - ROUTINE ✓				
6	LAB	URINE ROUTINE ✓				
7	LAB	PAP SMEAR BY LBC (LIQUID BASED CYTOLOGY)				
8	LAB	BLOOD UREA NITROGEN (BUN) ✓				
9	LAB	GLUCOSE - FASTING ✓				
10	LAB	GLUCOSE - POSTPRANDIAL (2 HRS) ✓				

1	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c) ✓			
12	LAB	LIPID PROFILE			
13	LAB	LIVER FUNCTION TEST (LFT) ✓			
14	LAB	URIC ACID ✓			
15	LAB	CREATININE ✓			
16	LAB	BUN/CREATININE RATIO ✓			
17	LAB	BLOOD GROUP & RH TYPE (Forward Reverse) ✓			
18	OTHERS	physical examination	MYS2772787102651		
19	US	ULTRASOUND ABDOMEN ✓	MYS2772787103462		
20	MAMMOGRAPHY	MAMMOGRAPHY-BOTH BREASTS ✓	MYS2772787116678		
21	OTHERS	Treadmill 2D Echo ✓ <i>low</i>	MYS2772787127528		
22	OTHERS	Gynaecologist consultation	MYS2772787128083		
23	OTHERS	Dental Consultation	MYS2772787134969		
24	OTHERS	EYE CHECKUP ✓	MYS2772787135592		
25	X-RAY	X RAY CHEST ✓	MYS2772787145199		
26	OTHERS	Consultation Physician	MYS2772787148004		
27	ECHO	ELECTROCARDIOGRAM ECG ✓	MYS2772787149333		

Registered By
(SOWMYA.RAJU)

H - 150
W - 67
BP - 140/80
Pulse - 83
Hip - 38
Walt - 36

Customer Name	MS.BHARATHI P	Customer ID	MYS291372
Age & Gender	50Y/FEMALE	Visit Date	11/03/2023
Ref Doctor	MediWheel		

X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed.

BILATERAL MAMMOGRAPHY

Bilateral breasts show symmetrical fibroglandular fatty tissue.

No evidence of focal soft tissue lesion.

No evidence of cluster microcalcification.

Subcutaneous fat deposition is within normal limits.

BILATERAL SONOMAMMOGRAPHY

Both the breasts show normal echopattern.

No evidence of focal solid / cystic areas.

No evidence of ductal dilatation.

No evidence of axillary lymphadenopathy on both sides.

IMPRESSION:

➤ **ESSENTIALLY NORMAL STUDY.**

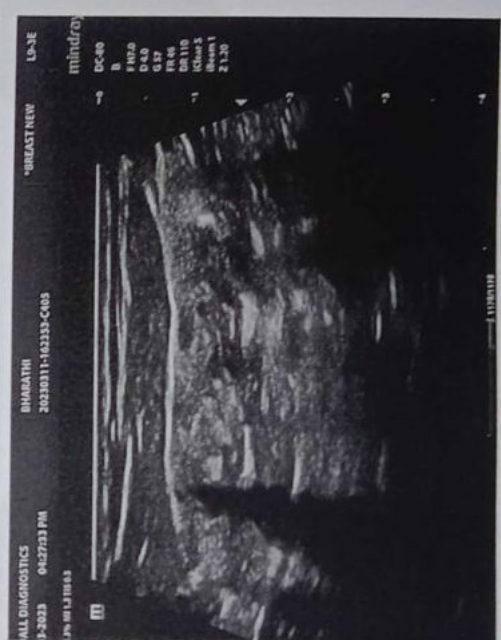
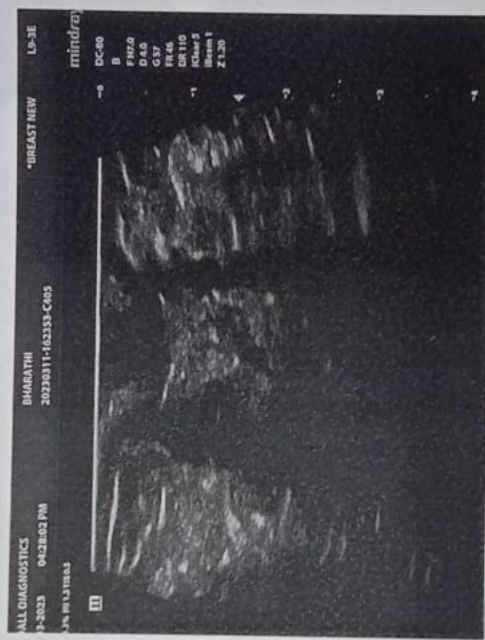
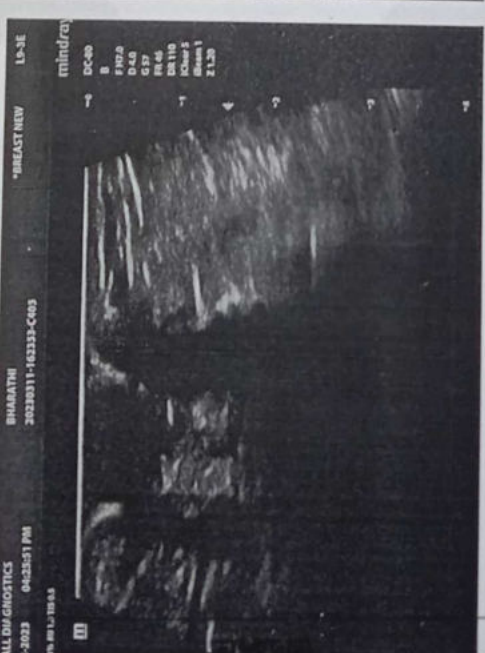
ASSESSMENT: BI-RADS CATEGORY - 1

1 Negative. Routine mammogram in 1 year recommended.


DR. ANITHA ADARSH
CONSULTANT RADIOLOGIST
AA/SV



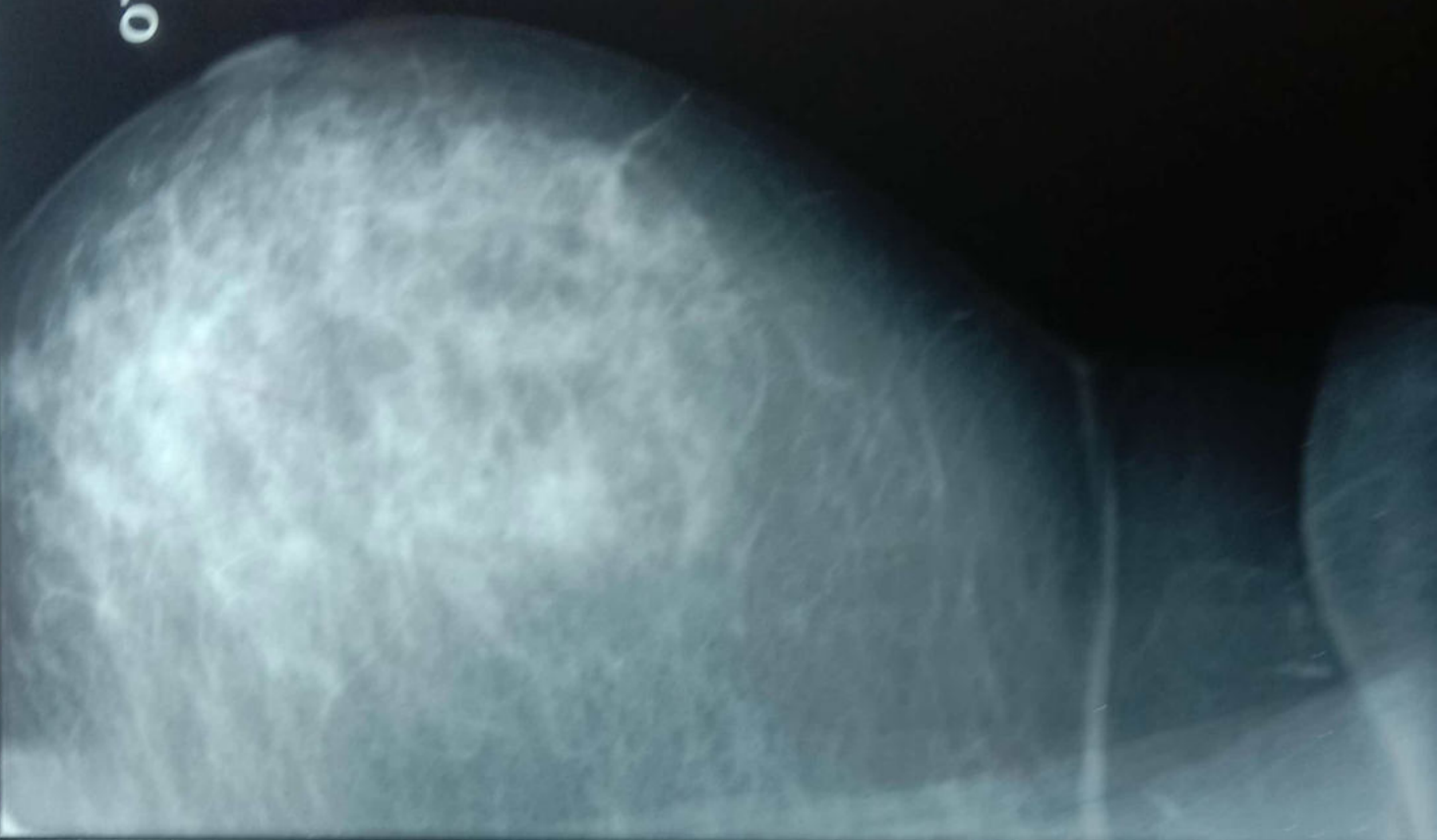
...er's condition at the time of
 their representative and shall
 ...ent identified or named
 of the procedure of
 ...ndications indicate
 ...nclusive and should



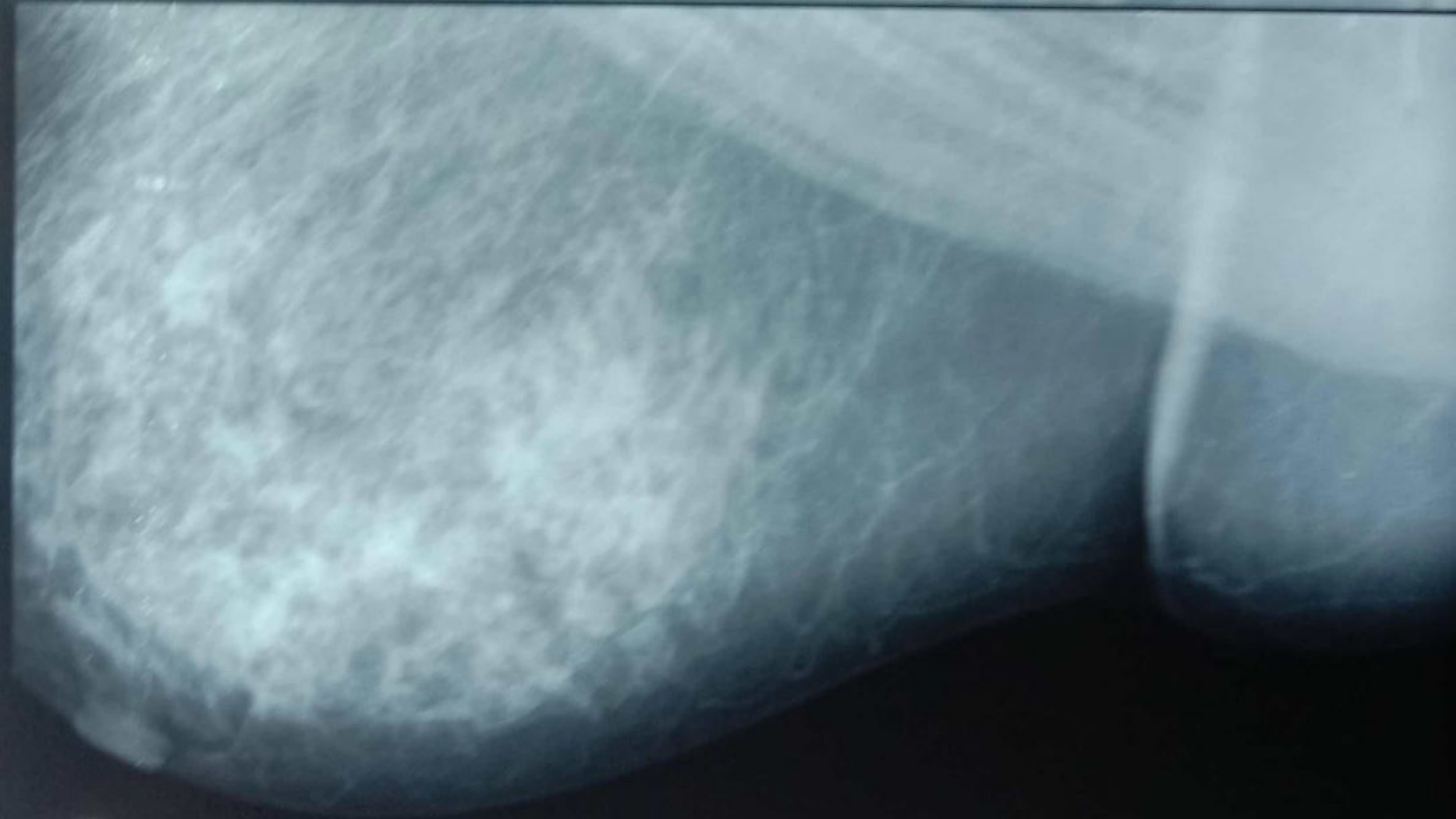
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reports. Request you to provide your mobile number or customer id during your subsequent visits.

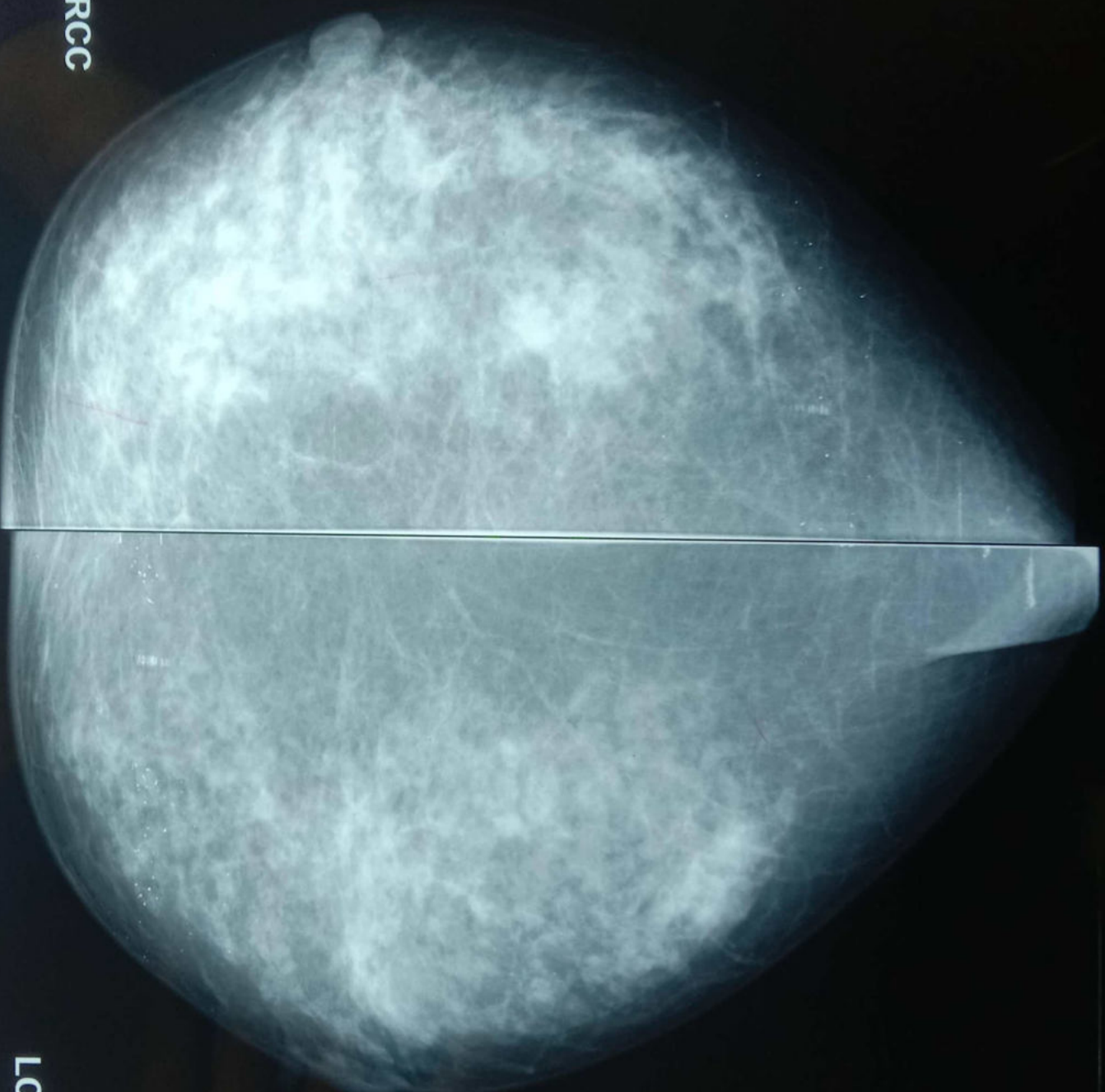


RMILO



LMILO

BHARATHI P 50 MYS291372 F R & L MAMMOGRAPHY, MLO 3/11/2023 10:29 AM
MEDALL CLUMAX DIAGNOSTIC



RCC

LCC

BHARATHI P 50 MYS291372 F R & L MAMMOGRAPHY, CC 3/11/2023 10:29 AM
MEDALL CLUMAX DIAGNOSTIC

HR 83 bpm

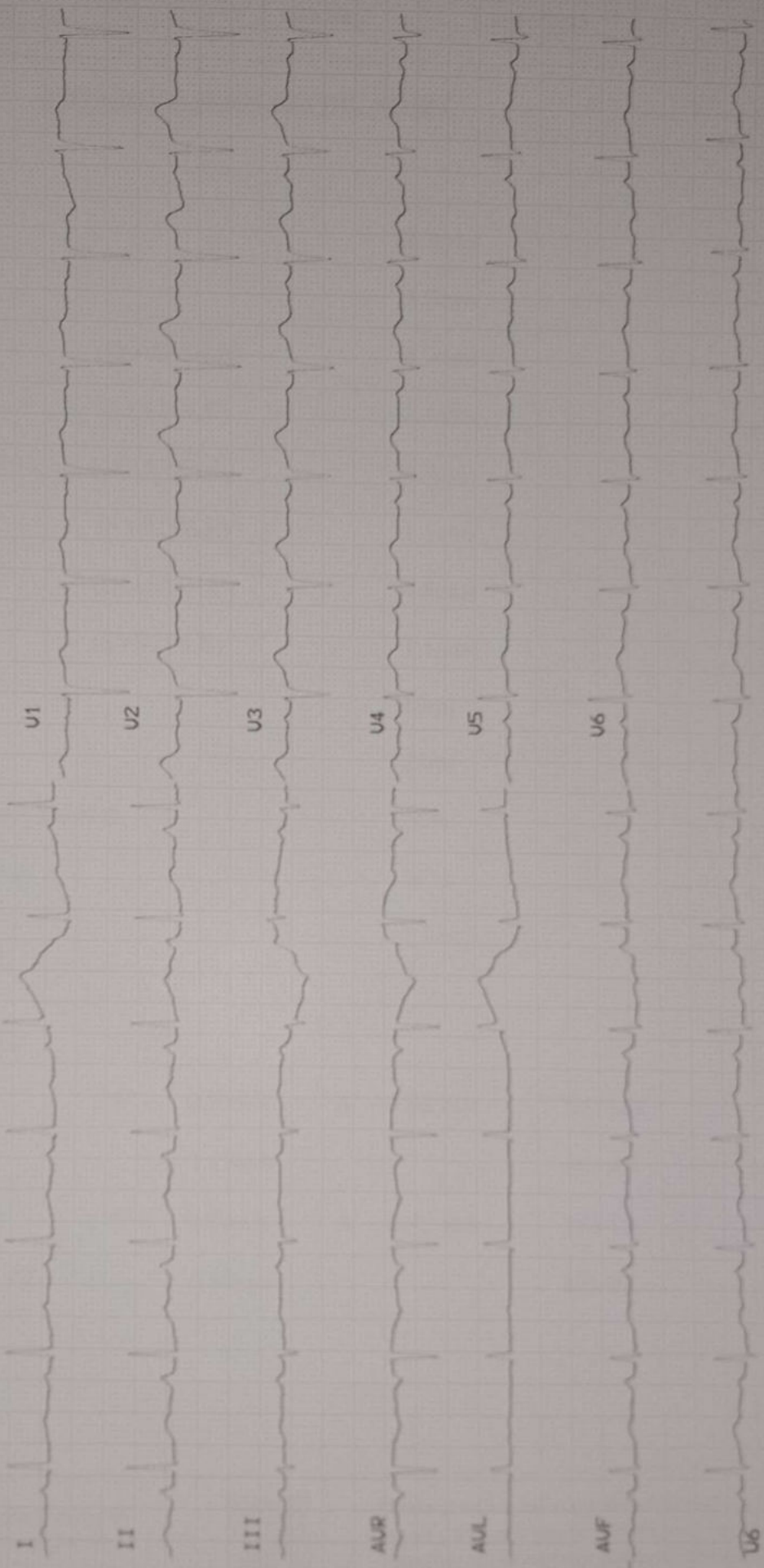
AGE: 45
 Measurement Results:
 QRS : 94 ms
 QT/QTcB : 394 / 464 ms
 PR : 158 ms
 P : 88 ms
 RR/PP : 720 / 735 ms
 P/QRS/T : 55/ 30/ 40 degrees
 QTd/QTcBD : 42 / 49 ms
 Sokolow : 1.5 mV
 NK : 12

Interpretation:

normal ECG

Normal sinus rhythm

Unconfirmed report.



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2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.7cms
LEFT ATRIUM	:	2.9cms
LEFT VENTRICLE (DIASTOLE)	:	4.2cms
(SYSTOLE)	:	2.3cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.1cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
EDV	:	69ml
ESV	:	28ml
FRACTIONAL SHORTENING	:	35%
EJECTION FRACTION	:	60%
RVID	:	1.0cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.95m/s	'A' - 0.58 m/s	NO MR
AORTIC VALVE	:	1.15m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.90m/s	'A' - 0.42 m/s	NO TR
PULMONARY VALVE	:	0.89m/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.

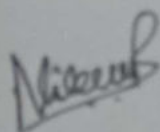
IAS : Intact.

IVS : Intact.

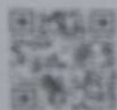
Pericardium : No pericardial effusion.

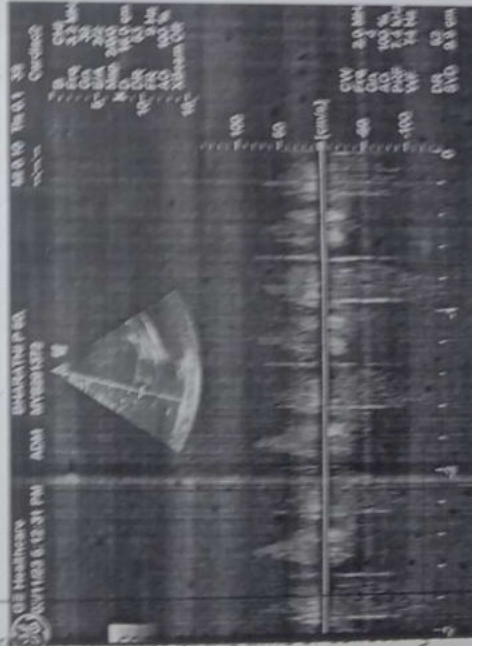
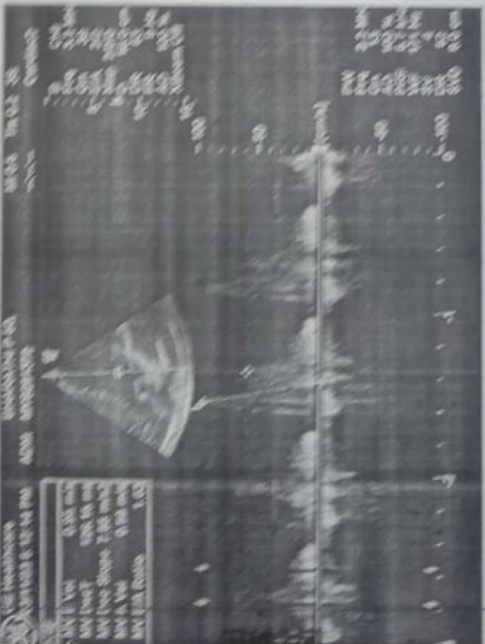
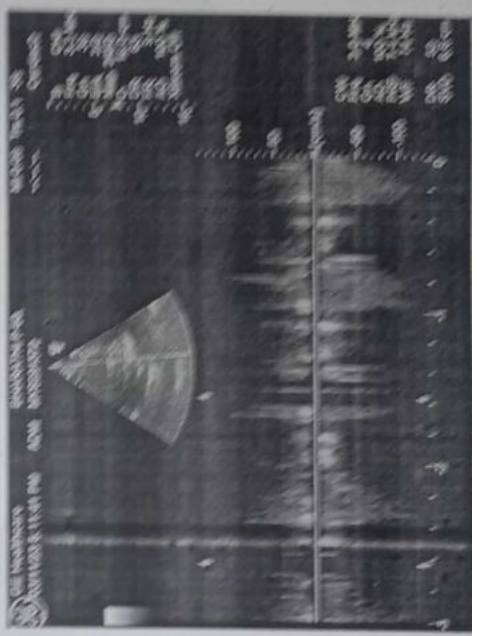
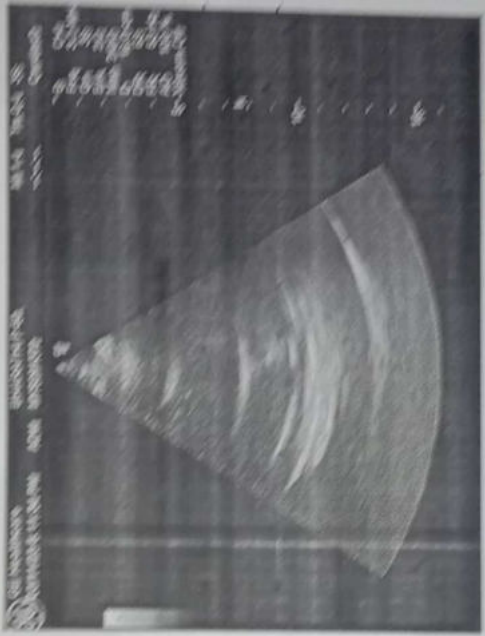
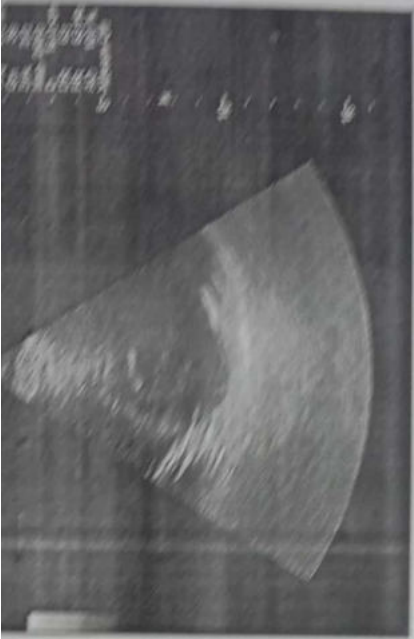
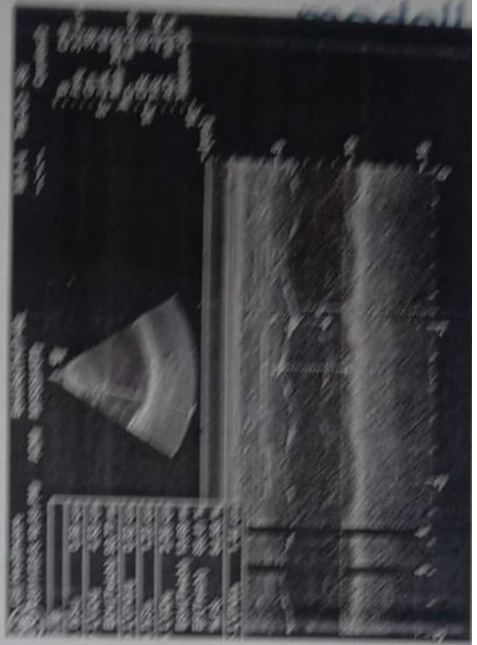
IMPRESSION:

- > NORMAL SIZED CARDIAC CHAMBERS.
- > NORMAL LV SYSTOLIC FUNCTION. EF:60%.
- > NO REGIONAL WALL MOTION ABNORMALITIES.
- > NORMAL VALVES.
- > NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.



DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/SA





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Customer Name	MS.BHARATHI P	Customer ID	MY5291372
Age & Gender	50Y/FEMALE	Visit Date	11/03/2023
Ref Doctor	MediWheel		

ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in size and shows slightly increased echotexture.
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	10.1	1.8
Left Kidney	10.3	1.9

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 4.7 mms.
Uterus measures as follows: LS: 6.8cms AP: 4.4cms TS: 4.8cms.

OVARIES:

Right ovary is normal size, shape and echotexture measures: 2.3 x 2.1cms
Left ovary is not visualised.
POD & adnexa are free.

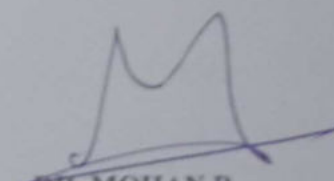
No evidence of ascites.

IMPRESSION:

➤ **GRADE I FATTY CHANGES IN LIVER.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MB/MS


DR. MOHAN B



is indicated are
 condition at the time of sam
 e and should be con
 ed or named.
 representative and shall not L
 edure of

Medall Diagnostics
 Ballal Circle(Ashoka circle) - Mysore



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NETHRADHAMA SUPER SPECIALITY EYE HOSPITAL

(A Unit of Nethradhama Hospitals Pvt. Ltd.)

medall

OPD SHEET

Date: 11/3/23

Patient's Name: Mrs. Bharathi. P
soylf

OP No. 1236859
11:10 PM

Dr. varsha uday
Came for medical certificate.
Keto DM.

IOP < 17
15 mmHg

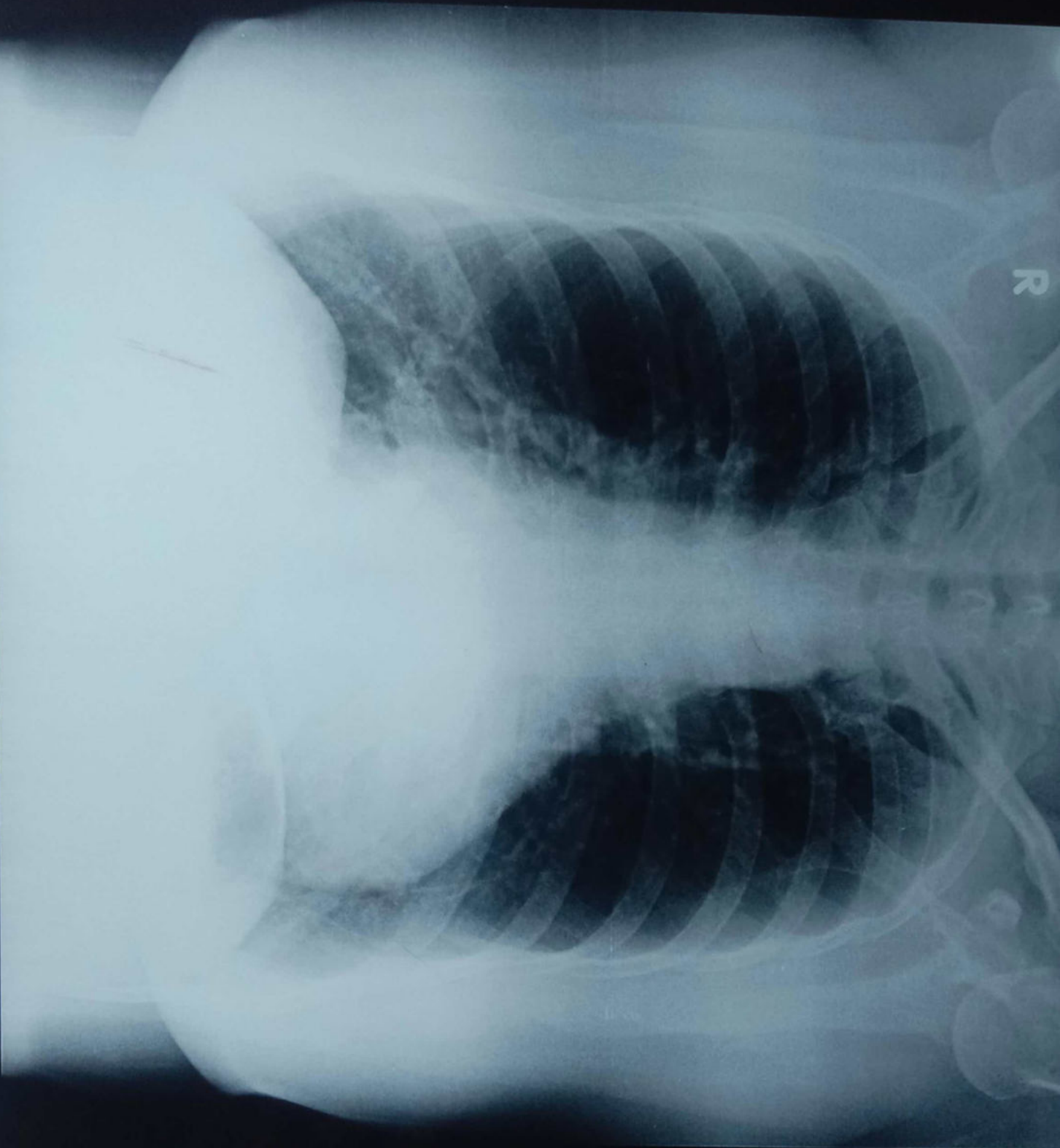
BCVA < 6/6, N₆
6/6, N₆.

Colour V_n - BE WNL.

Afs: BE kv clear, ARVH₃, Pupil RRR,
No NVI, lens clear.

Fundus: BE CDR 0.3, HNRR, Macula PR⁺
No treatable lesions.

Adv: Repeat refraction after
sugar control
R/v SOS.



BHARATHI P 50 MYS291372 F CHEST PA 3/11/2023 10:17 AM
MEDALL CLUMAX DIAGNOSTIC

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Type : OP
Ref. Dr : MediWheel

Register On : 11/03/2023 8:51 AM
Collection On : 11/03/2023 9:33 AM
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Printed On : 13/03/2023 7:17 PM



Investigation **Observed Value** **Unit** **Biological Reference Interval**

HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin **11.7** g/dL 12.5 - 16.0
(EDTA Blood/Spectrophotometry)

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 **37.1** % 37 - 47
(EDTA Blood/Derived)

RBC Count **4.88** mill/cu.mm 4.2 - 5.4
(EDTA Blood/Automated Blood cell Counter)

MCV (Mean Corpuscular Volume) **76.0** fL 78 - 100
(EDTA Blood/Derived from Impedance)

MCH (Mean Corpuscular Haemoglobin) **23.9** pg 27 - 32
(EDTA Blood/Derived)

MCHC (Mean Corpuscular Haemoglobin concentration) **31.5** g/dL 32 - 36
(EDTA Blood/Derived)

RDW-CV **18.4** % 11.5 - 16.0
(Derived)

RDW-SD **48.94** fL 39 - 46
(Derived)

Total WBC Count (TC) **11540** cells/cu.mm 4000 - 11000
(EDTA Blood/Derived from Impedance)

Neutrophils **53** % 40 - 75
(Blood/Impedance Variation & Flow Cytometry)

Lymphocytes **41** % 20 - 45
(Blood/Impedance Variation & Flow Cytometry)

Eosinophils **02** % 01 - 06
(Blood/Impedance Variation & Flow Cytometry)



APPROVED BY

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Type : OP

Ref. Dr : MediWheel

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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)	6.12	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	4.73	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.23	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.46	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)	332	10 ³ / μ l	150 - 450
MPV (Blood/Derived)	10.3	fL	8.0 - 13.3
PCT	0.34	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citratd Blood/Automated ESR analyser)	05	mm/hr	< 20



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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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)	0.20	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	7.9	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.8	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	3.10	gm/dL	2.3 - 3.6
A : G Ratio (Serum/Derived)	1.55		1.1 - 2.2

INTERPRETATION: Remark : Electrophoresis is the preferred method

SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC / Kinetic)	16	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	20	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/PNPP / Kinetic)	133	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	27	U/L	< 38




Dr. KIRAN H.S.
MD PATHOLOGY
KMC 86542
APPROVED BY

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Lipid Profile</u>			
Cholesterol Total (Serum/Oxidase / Peroxidase method)	240	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	109	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)	50	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	168.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	21.8	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	190.0	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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<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)	2.2		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.4		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)	8.1	%	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 185.77 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 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.



Dr. KIRAN.H.S
MD PATHOLOGY
KMC 86542

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

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total <i>(Serum/Chemiluminescent Immunometric Assay (CLIA))</i>	1.42	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 <i>(Serum/Chemiluminescent Immunometric Assay (CLIA))</i>	11.53	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) <i>(Serum/Chemiluminescent Immunometric Assay (CLIA))</i>	2.876	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$0.03\ \mu\text{IU/mL}$ need to be clinically correlated due to presence of rare TSH variant in some individuals.



APPROVED BY

Name : Ms. BHARATHI P
PID No. : MYS291372
SID No. : 712308123
Age / Sex : 50 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 11/03/2023 8:51 AM
Collection On : 11/03/2023 9:33 AM
Report On : 11/03/2023 9:34 PM
Printed On : 13/03/2023 7:17 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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CLINICAL PATHOLOGY

PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale yellow		Yellow to Amber
Volume (Urine/Physical examination)	20		ml
Appearance (Urine)	Clear		

CHEMICAL EXAMINATION

pH (Urine)	6.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick ~ Reagent strip method)	1.015		1.002 - 1.035
Protein (Urine/Dip Stick ~ Reagent strip method)	Negative		Negative
Glucose (Urine)	Nil		Nil
Ketone (Urine/Dip Stick ~ Reagent strip method)	Nil		Nil
Leukocytes (Urine)	Negative	leuco/uL	Negative
Nitrite (Urine/Dip Stick ~ Reagent strip method)	Nil		Nil
Bilirubin (Urine)	Negative	mg/dL	Negative
Blood (Urine)	Nil		Nil

Handwritten signature of Mr. S. Mohan Kumar in blue ink above the printed name and title.
Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY



Handwritten signature of Dr. Kiran H.S. in blue ink above the printed name and title.
Dr. KIRAN H.S.
MD PATHOLOGY
KMC 86542

APPROVED BY

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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Urobilinogen (Urine/Dip Stick - Reagent strip method)	Normal		Within normal limits
<u>Urine Microscopy Pictures</u>			
RBCs (Urine/Microscopy)	Nil	/hpf	NIL
Pus Cells (Urine/Microscopy)	1-2	/hpf	< 5
Epithelial Cells (Urine/Microscopy)	4-5	/hpf	No ranges
Others (Urine)	Nil		Nil


Mr. S. Mohan Kumar
Sr. Lab Technician

VERIFIED BY




Dr. KIRAN H.S.
MD PATHOLOGY
KMC 86542

APPROVED BY

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PID No. : MYS291372

SID No. : 712308123

Age / Sex : 50 Year(s) / Female

Type : OP

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Investigation

Observed
Value

Unit

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Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood Agglutination)

'A' 'Negative'

Remark: Test to be confirmed by gel method



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

BUN / Creatinine Ratio	9.2		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	131	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.

Urine sugar, Fasting (Urine - F)	Nil		Nil
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Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	164	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.

Urine Sugar (PP-2 hours) (Urine - PP)	Negative		Negative
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Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	6.5	mg/dL	7.0 - 21
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Creatinine (Serum/Jaffe Kinetic)	0.7	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)	5.2	mg/dL	2.6 - 6.0
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APPROVED BY

-- End of Report --

Name	BHARATHI P	ID	MYS291372
Age & Gender	50Y/F	Visit Date	Mar 11 2023 8:50AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: No significant abnormality detected.



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

Name	MS.BHARATHI P	ID	MYS291372
Age & Gender	50Y/FEMALE	Visit Date	11/03/2023
Ref Doctor Name	MediWheel		



2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.7cms
LEFT ATRIUM	:	2.9cms
LEFT VENTRICLE (DIASTOLE)	:	4.2cms
(SYSTOLE)	:	2.3cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.1cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.1cms
EDV	:	69ml
ESV	:	28ml
FRACTIONAL SHORTENING	:	35%
EJECTION FRACTION	:	60%
RVID	:	1.0cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' - 0.95m/s	A' - 0.58 m/s	NO MR
AORTIC VALVE	:	1.15m/s		NO AR
TRICUSPID VALVE	:	E' - 0.90m/s	A' - 0.42 m/s	NO TR
PULMONARY VALVE	:	0.89m/s		NO PR

2D ECHOCARDIOGRAPHY FINDINGS:

Name	MS.BHARATHI P	ID	MYS291372
Age & Gender	50Y/FEMALE	Visit Date	11/03/2023
Ref Doctor Name	MediWheel		



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:60%.**
- **NO REGIONAL WALL MOTION ABNORMALITIES.**
- **NORMAL VALVES.**
- **NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.**

A handwritten signature in black ink, appearing to read "Nikhil B".

DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/SA