

Name : Mrs. M L ANUPAMA

PID No. : MED111466821

Register On : 28/01/2023 9:37 AM

SID No. : 423005421

Collection On : 28/01/2023 10:01 AM

Age / Sex : 38 Year(s) / Female

Report On : 28/01/2023 4:45 PM

Type : OP

Printed On : 30/01/2023 5:21 PM

Ref. Dr : MediWheel

<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)	12.6	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	38.8	%	37 - 47
RBC Count (EDTA Blood)	4.43	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	87.6	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	28.4	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.4	g/dL	32 - 36
RDW-CV (EDTA Blood)	14.2	%	11.5 - 16.0
RDW-SD (EDTA Blood)	43.54	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	10000	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	64.3	%	40 - 75
Lymphocytes (EDTA Blood)	25.2	%	20 - 45
Eosinophils (EDTA Blood)	3.8	%	01 - 06
Monocytes (EDTA Blood)	6.2	%	01 - 10


Dr Anusha.K.S
Sr.Consultant Pathologist
Reg No : 100674
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Basophils (Blood)	0.5	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	6.43	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	2.52	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.38	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.62	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.05	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	448	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	7.5	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.34	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood)	27	mm/hr	< 20


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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.32	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.26	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.06	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	10.38	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	8.15	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	15.56	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	76.4	U/L	42 - 98
Total Protein (Serum/Biuret)	7.16	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.30	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.86	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.50		1.1 - 2.2


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<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	192.30	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	141.91	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)	41.48	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	122.4	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	28.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	150.8	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)	4.6		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)	3.4		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>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.6	%	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 %

Estimated Average Glucose 114.02 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 glyceemic 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/ECLIA)	1.10	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 (Tyroxine) - Total (Serum/ECLIA)	11.52	µg/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/ECLIA)	3.00	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

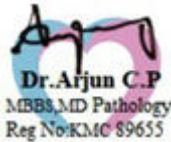
(Indian Thyroid Society Guidelines)

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.



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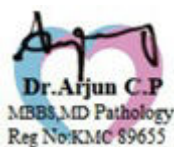
CLINICAL PATHOLOGY

PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	05		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.5		4.5 - 8.0
Specific Gravity (Urine)	1.020		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Positive(Traces)		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative



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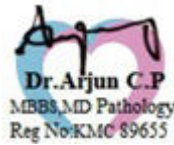
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Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Positive(+++)		Negative

MICROSCOPIC EXAMINATION
(URINE COMPLETE)

Pus Cells (Urine)	10-15	/hpf	NIL
Epithelial Cells (Urine)	10-12	/hpf	NIL
RBCs (Urine)	1-3	/hpf	NIL
Others (Urine)	Bacteria Present		

INTERPRETATION:Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.

Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL



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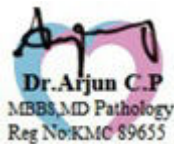
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<u>PHYSICAL EXAMINATION(STOOL COMPLETE)</u>			
Mucus (Stool)	Absent		Absent
Consistency (Stool)	Semi Solid		Semi Solid to Solid
Colour (Stool)	Brown		Brown
Blood (Stool)	Absent		Absent
<u>MICROSCOPIC EXAMINATION(STOOL COMPLETE)</u>			
Ova (Stool)	NIL		NIL
Cysts (Stool)	NIL		NIL
Trophozoites (Stool)	NIL		NIL
RBCs (Stool)	NIL	/hpf	Nil
Pus Cells (Stool)	0-2	/hpf	NIL
Others (Stool)	NIL		
<u>CHEMICAL EXAMINATION(STOOL ROUTINE)</u>			
Reaction (Stool)	Acidic		Alkaline



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Investigation

Observed
Value

Unit

Biological
Reference Interval

Reducing Substances
(Stool/Benedict's)

Negative

Negative



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Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' 'Positive'


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<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	7.4		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	88.72	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	111.01	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.

Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.4	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.82	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/Enzymatic)	5.40	mg/dL	2.6 - 6.0
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-- End of Report --

CLUMAX DIAGNOSTICS



--- A MEDALL COMPANY ---

CUSTOMER CHECKLIST

Date 28-Jan-2023 9:36 AM

32
VSA completedCustomer Name : **MRS.M L ANUPAMA**DOB : **21 Jul 1984**Ref Dr Name : **MediWheel**Age : **38Y/FEMALE**Customer Id : **MED111466821**

Visit ID : 423005421

MED111466821

Email Id :

Phone

: **9945368708**

No

Corp Name : **MediWheel**

Address :

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)				
2	LAB	CREATININE				
3	LAB	GLUCOSE - FASTING				
4	LAB	GLUCOSE - POSTPRANDIAL (2 HRS)				
5	LAB	GLYCOSYLATED HAEMOGLOBIN (HbA1c)				
6	LAB	URIC ACID				
7	LAB	LIPID PROFILE				
8	LAB	LIVER FUNCTION TEST (LFT)				
9	LAB	THYROID PROFILE/ TFT(T3, T4, TSH)				
10	LAB	URINE GLUCOSE - FASTING				
11	LAB	URINE GLUCOSE - POSTPRANDIAL (2 Hrs)				
12	LAB	COMPLETE BLOOD COUNT WITH ESR				
13	LAB	STOOL ANALYSIS - ROUTINE				
14	LAB	URINE ROUTINE				

15	LAB	BUN/CREATININE RATIO				
16	LAB	BLOOD GROUP & RH TYPE (Forward Reverse)				
17	ECG	ECG ✓	IND13657691138	↓		
18	OTHERS	Treadmill / 2D Echo	IND136576914690	←		
19	OTHERS	physical examination	IND136576915279			
20	US	ULTRASOUND ABDOMEN	IND136576915292			
21	OTHERS	EYE CHECKUP	IND136576917756			
22	X-RAY	X RAY CHEST	IND136576918659	←		
23	OTHERS	Consultation Physician	IND136576918736			

Registered By

(V.ASHA)

MI anupama
ID: med11466821

38 Years

Female

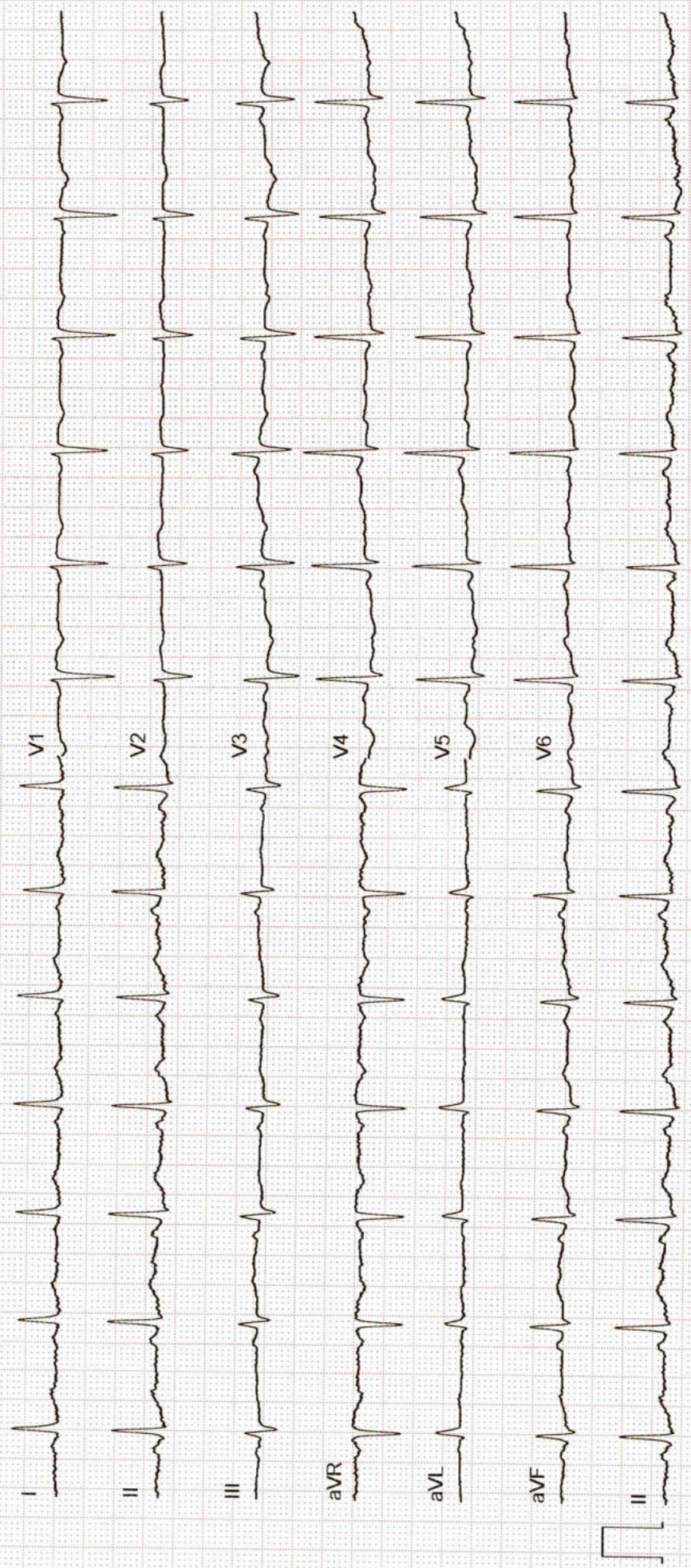
28.01.2023 11:12:23
CLUMAX DIAGNOSTICS
THIPPASANDRA
BANGALORE

QRS : 72 ms
QT / QTcBaz : 356 / 413 ms
PR : 130 ms
P : 84 ms
RR / PP : 744 / 740 ms
P / QRS / T : 55 / 36 / 49 degrees

81 bpm
-- / -- mmHg

Normal Ecg

Dr. SUBRAMANI. K.S
MD, DM (Cardiology)
Consultant Cardiologist
KMC Reg. No. : 46604
MEDALL DIAGNOSTICS



Mahesh

Mob:8618385220

9901569756



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SRI PARVATHI OPTICS

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Behind Vishveshvariah Park New Thippasandra, Bangalore - 560075,
Email: parvathiopticals@gmail.com / www.sriparvathioptics.in

SPECTACLE PRESCRIPTION

Name: *M.L Anurama*

No. **2252**

Mobil No:

Date: *28/1/2023*

Age / Gender *38y / f.*

Ref. No.

	RIGHT EYE				LEFT EYE			
	SPH	CYL	AXIS	VISION	SPH	CYL	AXIS	VISION
DISTANCE	<i>Plano</i>			<i>6/6</i>	<i>Plano</i>			<i>6/6</i>
NEAR								

PD

62mm

Advice to use glasses for:

DISTANCE FAR & NEAR READING COMPUTER PURPOSE

We Care Your Eyes

SRI PARVATHI OPTICS

NEW THIPPASANDRA

Name	MRS.M L ANUPAMA	ID	MED111466821
Age & Gender	38Y/FEMALE	Visit Date	28 Jan 2023
Ref Doctor Name	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.7cms
LEFT ATRIUM	:	3.1cms
AVS	:	----
LEFT VENTRICLE (DIASTOLE)	:	4.2cms
(SYSTOLE)	:	2.8cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.3cms
POSTERIOR WALL (DIASTOLE)	:	0.9cms
(SYSTOLE)	:	1.6cms
EDV	:	79ml
ESV	:	30ml
FRACTIONAL SHORTENING	:	33%
EJECTION FRACTION	:	62%
EPSS	:	---
RVID	:	1.94cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	E' 0.92 m/s	A' 0.51 m/s	NO MR
AORTIC VALVE	:	1.39 m/s		NO AR
TRICUSPID VALVE	:	E' - m/s	A' - m/s	NO TR
PULMONARY VALVE	:	0.96 m/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. K.S. SUBRAMANI. MBBS, MD, DM (CARDIOLOGY) FESC
SENIOR CONSULTANT INTERVENTIONAL CARDIOLOGIST
Kss/vp

Note:

*** Report to be interpreted by qualified medical professional.**

Name	MRS.M L ANUPAMA	ID	MED111466821
Age & Gender	38Y/FEMALE	Visit Date	28 Jan 2023
Ref Doctor Name	MediWheel		

*** To be correlated with other clinical findings.**

*** Parameters may be subjected to inter and intra observer variations.**

*** Any discrepancy in reports due to typing errors should be corrected as soon as possible.**

Name	MRS.M L ANUPAMA	ID	MED111466821
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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER shows 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 is not visualized, consistent with h/o cholecystectomy. CBD is of normal calibre.

PANCREAS has normal shape, size and uniform echopattern. No evidence of ductal dilatation or calcification.

SPLEEN shows normal shape, size and echopattern. No demonstrable Para -aortic lymphadenopathy.

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

The kidney measures as follows:

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.6	1.4
Left Kidney	10.1	1.4

URINARY BLADDER shows normal shape and wall thickness. It has clear contents. No evidence of diverticula.

UTERUS is anteverted and normal in size. It has uniform myometrial echopattern.

Endometrial thickness measures 5mm

Uterus measures as follows: LS: 7.3cms AP: 3.3cms TS: 4.9cms.

OVARIES are normal in size, shape and echotexture. No focal lesion seen.

Ovaries measure as follows: **Right ovary:** 2.1 x 1.2cms **Left ovary:** 2.9 x 2.0cms

POD & adnexae are free.

No evidence of ascites/pleural effusion.

IMPRESSION:

➤ **NO SIGNIFICANT ABNORMALITY DETECTED.**

**DR. APARNA
CONSULTANT RADIOLOGIST**

Name	MRS.M L ANUPAMA	ID	MED111466821
Age & Gender	38Y/FEMALE	Visit Date	28 Jan 2023
Ref Doctor Name	MediWheel		

A/da

Name	M L ANUPAMA	Customer ID	MED111466821
Age & Gender	38Y/F	Visit Date	Jan 28 2023 9:36AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: Essentially normal study.



DR. APARNA

CONSULTANT RADIOLOGIST