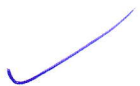


Customer Name	PORUM SIVAKUMARI	Customer ID	
Age & Gender	25 / female	Visit Date	18/12/2024


Eye Screening



With spectacles / without spectacles (strike out whichever is not applicable)

	Right Eye	Left Eye
Near Vision	N6	N6
Distance Vision	6/6	6/6
Colour Vision	Normal	Normal

Observation / Comments: - Normal

  
**Dr. RAVI V. HALAKATTI**  
 M.S. (OPHTH)  
 EYE SURGEON  
 Regd. No. 11301



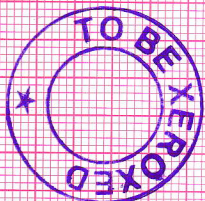
TABULAR SUMMARY REPORT

MS.SIVAKUMARI, PURUM  
ID: 110817344

25years

18-Dec-2021  
12:03:54

Female



Referred by: MEDIWHEEL  
Test ind: IHD SCREENING

BRUCE Total Exercise time: 8:00  
Max HR: 163bpm 83% of max predicted 195bpm  
Max BP: 130/70 Maximum workload: 10.1METS  
Reason for Termination: Patient fatigue  
Comments: # BASELINE ST-T CHANGES PRESENT #  
GOOD EFFORT TOLERANCE NORMAL HR AND BP RESPONSE.  
NO SIGNIFICANT ST-T CHANGES SEEN DURING EXERCISE & RECOVERY  
NO ANGINA/ARRHYTHMIAS. # NEEDS CLINICAL CORRELATION #  
IMP:STRESS TEST IS NEGATIVE FOR INDUCIBLE ISCHEMIA  
\*\*\* DR.SRIDHAR.L MD,DM,FICC. CARDIOLOGIST \*\*\*

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	Workload (METS)	HR (bpm)	BP (mmHg)	RPP (x100)
PRETEST	SUPINE	5:12	0.8	0.0	1.6	108	110/70	186
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	125	120/70	212
	STAGE 2	3:00	2.5	12.0	7.0	143	130/70	186
	STAGE 3	2:00	3.4	14.0	10.1	163	130/70	147
RECOVERY	Post	5:02	**	**	1.0	113	130/70	147

Dr. SRIDHAR  
Interventional Cardiol  
K.M.C. No.: 322

Technician: KOMS

CLUMAX DIAGNOSTICS

Unconfirmed

MAC55 009C



Name	MS.PURUM SIVAKUMARI	ID	MED110817344
Age & Gender	25Y/FEMALE	Visit Date	18/12/2021
Ref Doctor	DR. SELF ,,BANGALORE		

:2:

**OVARIES** are normal in size and show polycystic morphology.

Ovaries measures as follows:

Right ovary: 3.1 x 2.0 x 2.4 cms, vol-7.9ml.

Left ovary: 2.7 x 1.9 x 2.8 cms, vol-7.6ml.

POD & adnexa are free.

No evidence of ascites.

**Impression:** *Bilateral polycystic ovaries.*

**CONSULTANT RADIOLOGISTS:**

DR. H. K. ANAND

DR. PRAJNA SHENOY

  
DR. MAHESH. M. S

DR. RADHA KRISHNA. A.

DR. HIMA BINDU.P

Ms/so



Name	PURUM SIVAKUMARI	Customer ID	MED110817344
Age & Gender	25Y/F	Visit Date	Dec 18 2021 9:22AM
Ref Doctor	DR. SELF ,,BANGALORE		

### 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. H.K. ANAND

DR. SHWETHA S

DR. PRAJNA SHENOY

DR. MAHESH M S

CONSULTANT RADIOLOGISTS





# Sign-up & Health Assessment Form

To be filled by Customer

Name: Mr/Ms/Mrs **PURUN SEVAKUMARI**

Gender:  Male  Female Age: **28** years DOB:  /  /

Mobile:  Pincode:

Email:

To be filled by Customer

### Medical History

Have you been previously diagnosed with?

Diabetes (Sugar)  Yes  No

Hypertension (BP)  Yes  No

Cardiovascular Disease (Heart)  Yes  No

Asthma/Allergies (Dust, Pollen, Food, Animals, etc.)  Yes  No

Neurological Problems (Nerve)  Yes  No

Are you currently taking medications for?

Diabetes (Sugar)  Yes  No

Hypertension (BP)  Yes  No

Cardiovascular Disease (Heart)  Yes  No

Liver Disease  Yes  No

Cancer  Yes  No

Tuberculosis (TB)  Yes  No

### Family History

Is there a history of below diseases in your family?

Diabetes (Sugar)  Yes  No

Hypertension (BP)  Yes  No

Cardiovascular Disease (Heart)  Yes  No

Cancer  Yes  No

### Lifestyle

Do you exercise regularly?  Yes  No

Do you consume alcohol more than 2 times a week?  Yes  No

Do you smoke/chew tobacco?  Yes  No

Are you vegetarian?  Yes  No

### General

Do you see a doctor at least once in 6 months?  Yes  No

Do you undergo a health checkup every year?  Yes  No

How would you rate your overall Health?  Excellent  Good  Normal  Poor  Very Poor

### Women's Health

Is there a family history of Breast Cancer?  Yes  No

Is there a family history of Endometrial (Uterus) Cancer?  Yes  No

Is there a family history of Ovarian Cancer?  Yes  No

Do you have irregular periods?  Yes  No

Do you have heavy bleeding during periods?  Yes  No

Do you have scanty periods?  Yes  No

Have you attained Menopause?  Yes  No

Do you have children?  Yes  No

Was it a normal delivery?  Yes  No

Bar code

### Vitals

To be filled by Technician

Height: **141** cms

Waist: **28** in.

Hip: **31** in.

Weight: **45.8** kg

Fat: **36.2** %

Visc. Fat: **4.5** %

RM: **1027** cal

BMI: **23.0** kg/m<sup>2</sup>

Body Age: **33** years

Sys. BP: **86** mmHg

Dia. BP: **74** mmHg

pulse-79

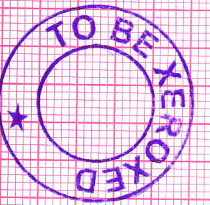


MS.SIVAKUMARI, PURUM

ID: 110817344

18-Dec-2021

12:08:32



102bpm

BP: 110/70

ST @ 10mm/mV  
80ms postJ

PRETEST  
SUPINE  
4:38

BRUCE

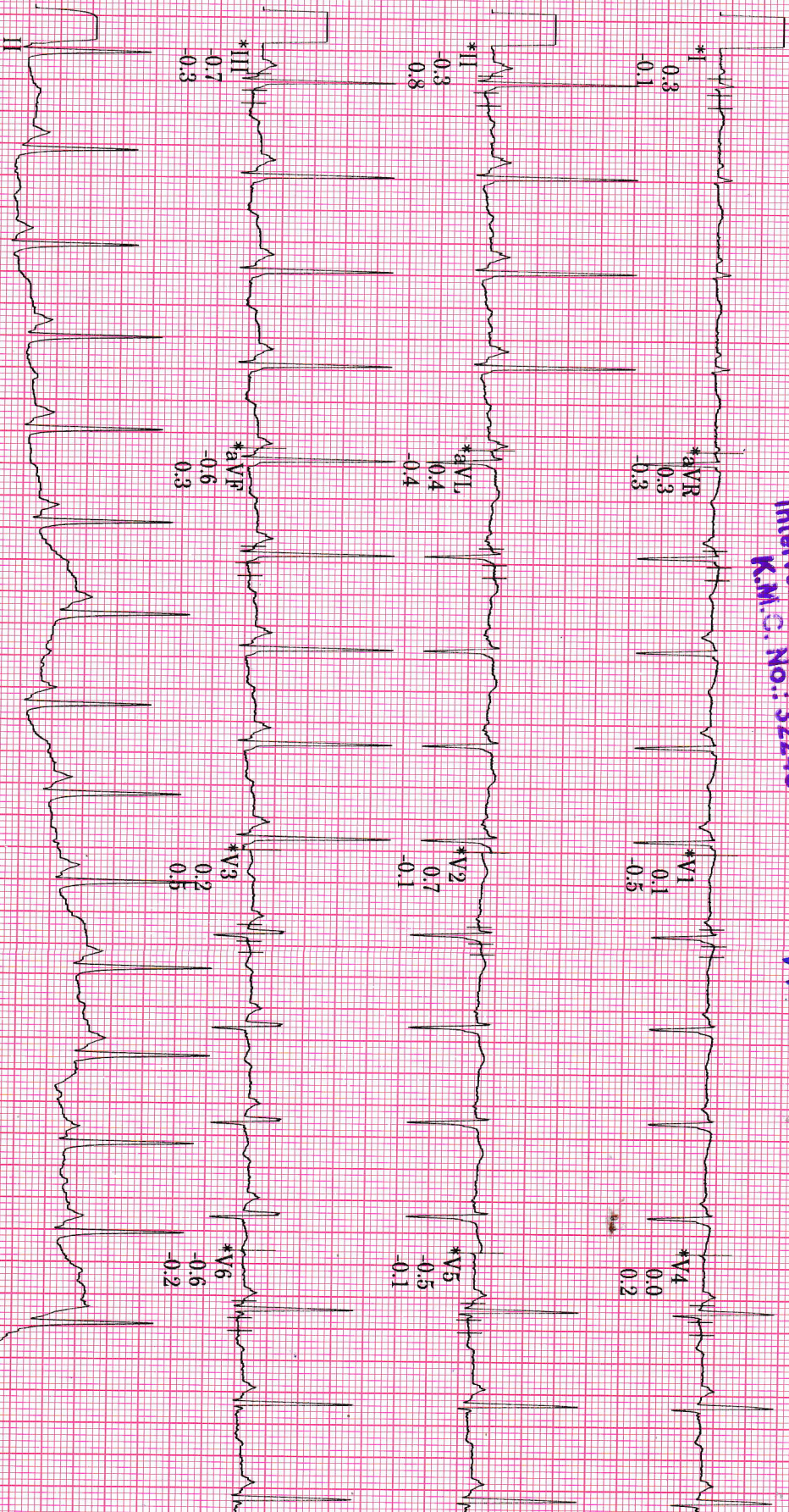
\*\*\*mph  
\*\*\*%

(Needs Clinical Correlation  
for further Management)

Dr. SRIDHAR.L  
MD.(Med), DM(Cardio), FICG  
Interventional Cardiologist  
K.N.C. No.: 32248

*HR-102bpm*  
*WK*  
*AW + 70'*

*Sridhar Lakshmi*



20 Hz 25.0 mm/s 10.0 mm/mV A-H-S 50Hz HR 46

P/N 2009828-020

Vital Signs™

PRINTED IN U.S.A.

MAC55 009C



Name : Ms. PURUM SIVAKUMARI  
PID No. : MED110817344  
SID No. : 921072415  
Age / Sex : 25 Year(s) / Female  
Type : OP  
Ref. Dr : DR. SELF ,,BANGALORE

Register On : 18/12/2021 9:24 AM  
Collection On : 18/12/2021 1:46 PM  
Report On : 20/12/2021 5:13 PM  
Printed On : 20/12/2021 5:24 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>HAEMATOLOGY</u></b>			
<b><u>Complete Blood Count With - ESR</u></b>			
Haemoglobin (EDTA Blood/Spectrophotometry)	13.2	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood/Derived from Impedance)	42.3	%	37 - 47
RBC Count (EDTA Blood/Impedance Variation)	5.26	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood/Derived from Impedance)	80.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood/Derived from Impedance)	<b>25.0</b>	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood/Derived from Impedance)	<b>31.1</b>	g/dL	32 - 36
RDW-CV (EDTA Blood/Derived from Impedance)	15.9	%	11.5 - 16.0
RDW-SD (EDTA Blood/Derived from Impedance)	44.52	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood/Impedance Variation)	<b>11100</b>	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood/Impedance Variation & Flow Cytometry)	58.3	%	40 - 75
Lymphocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	23.6	%	20 - 45
Eosinophils (EDTA Blood/Impedance Variation & Flow Cytometry)	<b>10.3</b>	%	01 - 06
Monocytes (EDTA Blood/Impedance Variation & Flow Cytometry)	6.9	%	02 - 10
Basophils (EDTA Blood/Impedance Variation & Flow Cytometry)	0.9	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	6.47	10 <sup>3</sup> / µl	1.5 - 6.6



Name : Ms. PURUM SIVAKUMARI  
PID No. : MED110817344  
SID No. : 921072415  
Age / Sex : 25 Year(s) / Female  
Type : OP  
Ref. Dr : DR. SELF ,,BANGALORE

Register On : 18/12/2021 9:24 AM  
Collection On : 18/12/2021 1:46 PM  
Report On : 20/12/2021 5:13 PM  
Printed On : 20/12/2021 5:24 PM



---

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.62	10 <sup>3</sup> / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	1.14	10 <sup>3</sup> / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.77	10 <sup>3</sup> / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.10	10 <sup>3</sup> / µl	< 0.2
Platelet Count (EDTA Blood/Impedance Variation)	320	10 <sup>3</sup> / µl	150 - 450
MPV (EDTA Blood/Derived from Impedance)	8.9	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	<b>0.28</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood/Modified Westergren)	12	mm/hr	0 - 20



Name : Ms. PURUM SIVAKUMARI  
PID No. : MED110817344  
SID No. : 921072415  
Age / Sex : 25 Year(s) / Female  
Type : OP  
Ref. Dr : DR. SELF ,,BANGALORE

Register On : 18/12/2021 9:24 AM  
Collection On : 18/12/2021 1:46 PM  
Report On : 20/12/2021 5:13 PM  
Printed On : 20/12/2021 5:24 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>BIOCHEMISTRY</u></b>			
<b><u>Liver Function Test</u></b>			
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)	0.2	mg/dL	0.1 - 1.0
Total Protein (Serum/Biuret)	6.5	g/dL	6.0 - 8.3
Albumin (Serum/Bromocresol green)	3.7	g/dL	3.5 - 5.2
Globulin (Serum/Derived)	2.8	g/dL	2.3 - 3.5
A : G Ratio (Serum/Derived)	1.3		1.5 - 2.5
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC Kinetic)	14	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC / Kinetic)	9	U/L	5 - 41
Alkaline Phosphatase (SAP) (Serum/IFCC Kinetic)	<b>125</b>	U/L	42 - 98
GGT(Gamma Glutamyl Transpeptidase) (Serum/SZASZ standarised IFCC)	13	U/L	< 38



Name : Ms. PURUM SIVAKUMARI

PID No. : MED110817344

Register On : 18/12/2021 9:24 AM

SID No. : 921072415

Collection On : 18/12/2021 1:46 PM

Age / Sex : 25 Year(s) / Female

Report On : 20/12/2021 5:13 PM

Type : OP

Printed On : 20/12/2021 5:24 PM

Ref. Dr : DR. SELF ,,BANGALORE



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

Lipid Profile

Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	123	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
-------------------------------------------------------------	-----	-------	--------------------------------------------------------------

Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	145	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
------------------------------------------------------------------	-----	-------	---------------------------------------------------------------------------------

**INTERPRETATION:** The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immuno-inhibition)	32	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
----------------------------------------------	----	-------	--------------------------------------------------------------------------------

LDL Cholesterol (Serum/Calculated)	62	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
---------------------------------------	----	-------	-------------------------------------------------------------------------------------------------------------

VLDL Cholesterol (Serum/Calculated)	29	mg/dL	< 30
----------------------------------------	----	-------	------

Non HDL Cholesterol (Serum/Calculated)	91.0	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)	3.8		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
---------------------------------------------------------------	-----	--	--------------------------------------------------------------------------------------------------------------------



Name : Ms. PURUM SIVAKUMARI  
PID No. : MED110817344  
SID No. : 921072415  
Age / Sex : 25 Year(s) / Female  
Type : OP  
Ref. Dr : DR. SELF ,,BANGALORE

Register On : 18/12/2021 9:24 AM  
Collection On : 18/12/2021 1:46 PM  
Report On : 20/12/2021 5:13 PM  
Printed On : 20/12/2021 5:24 PM



---

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	4.5		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.9		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



Name : Ms. PURUM SIVAKUMARI  
PID No. : MED110817344  
SID No. : 921072415  
Age / Sex : 25 Year(s) / Female  
Type : OP  
Ref. Dr : DR. SELF ,,BANGALORE

Register On : 18/12/2021 9:24 AM  
Collection On : 18/12/2021 1:46 PM  
Report On : 20/12/2021 5:13 PM  
Printed On : 20/12/2021 5:24 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<b><u>Glycosylated Haemoglobin (HbA1c)</u></b>			
HbA1C (Whole Blood/HPLC)	5.8	%	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  
(Whole Blood) 119.76 mg/dL

**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.



Name : Ms. PURUM SIVAKUMARI  
PID No. : MED110817344  
SID No. : 921072415  
Age / Sex : 25 Year(s) / Female  
Type : OP  
Ref. Dr : DR. SELF ,,BANGALORE

Register On : 18/12/2021 9:24 AM  
Collection On : 18/12/2021 1:46 PM  
Report On : 20/12/2021 5:13 PM  
Printed On : 20/12/2021 5:24 PM



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

## IMMUNOASSAY

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.57	ng/ml	0.7 - 2.04
-------------------------------------------------------------------------------------	------	-------	------------

#### **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/Chemiluminescent Immunometric Assay (CLIA))	7.87	µg/dl	4.2 - 12.0
-----------------------------------------------------------------------------	------	-------	------------

#### **INTERPRETATION:**

##### **Comment :**

Total T4 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T4 is recommended as it is Metabolically active.

TSH (Thyroid Stimulating Hormone) (Serum/Chemiluminescent Immunometric Assay (CLIA))	25.48	µIU/mL	0.35 - 5.50
-----------------------------------------------------------------------------------------	-------	--------	-------------

#### **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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.



Name : Ms. PURUM SIVAKUMARI  
 PID No. : MED110817344  
 SID No. : 921072415  
 Age / Sex : 25 Year(s) / Female  
 Type : OP  
 Ref. Dr : DR. SELF ,,BANGALORE

Register On : 18/12/2021 9:24 AM  
 Collection On : 18/12/2021 1:46 PM  
 Report On : 20/12/2021 5:13 PM  
 Printed On : 20/12/2021 5:24 PM



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

**CLINICAL PATHOLOGY**

**PHYSICAL EXAMINATION**

Colour (Urine)	Pale yellow		
Volume (Urine)	15	mL	
Appearance (Urine)	Slightly hazy		Clear

**CHEMICAL EXAMINATION(Automated-Urineanalyser)**

pH (Urine/AUTOMATED URINANALYSER)	6.0		4.5 - 8.0
Specific Gravity (Urine)	1.005		1.002 - 1.035
Protein (Urine)	Negative		Negative
Glucose (Urine)	Negative		Negative
Ketones (Urine)	Negative		Negative
Leukocytes (Urine)	Trace	leuco/uL	Negative
Nitrite (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Bilirubin (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Blood (Urine/AUTOMATED URINANALYSER)	Negative		Negative
Urobilinogen (Urine/AUTOMATED URINANALYSER)	0.2		0.2 - 1.0

**MICROSCOPY(URINE DEPOSITS)**

Pus Cells (Urine/Flow cytometry)	4-6	/hpf	3-5
Epithelial Cells (Urine)	0-8	/hpf	1-2



Name : Ms. PURUM SIVAKUMARI  
PID No. : MED110817344  
SID No. : 921072415  
Age / Sex : 25 Year(s) / Female  
Type : OP  
Ref. Dr : DR. SELF ,,BANGALORE

Register On : 18/12/2021 9:24 AM  
Collection On : 18/12/2021 1:46 PM  
Report On : 20/12/2021 5:13 PM  
Printed On : 20/12/2021 5:24 PM



---

<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
RBCs (Urine/Flow cytometry)	Nil	/hpf	2-3
Others (Urine)	Bacteria present		Nil



Name : Ms. PURUM SIVAKUMARI  
 PID No. : MED110817344  
 SID No. : 921072415  
 Age / Sex : 25 Year(s) / Female  
 Type : OP  
 Ref. Dr : DR. SELF ,,BANGALORE

Register On : 18/12/2021 9:24 AM  
 Collection On : 18/12/2021 1:46 PM  
 Report On : 20/12/2021 5:13 PM  
 Printed On : 20/12/2021 5:24 PM



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

**BIOCHEMISTRY**

BUN / Creatinine Ratio	17		6 - 22
Glucose Fasting (FBS) (Plasma - F/GOD - POD)	83	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)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	102	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.

Glucose Postprandial - Urine (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease-GLDH)	7	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	0.4	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)	2.9	mg/dL	2.6 - 6.0
-----------------------------------------	-----	-------	-----------

Name : Ms. PURUM SIVAKUMARI

PID No. : MED110817344

SID No. : 921072415

Age / Sex : 25 Year(s) / Female

Type : OP

Ref. Dr : DR. SELF ,,BANGALORE

Register On : 18/12/2021 9:24 AM

Collection On : 18/12/2021 1:46 PM

Report On : 20/12/2021 5:13 PM

Printed On : 20/12/2021 5:24 PM



---

Investigation

Observed  
Value

Unit

Biological  
Reference Interval

**IMMUNOHAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(EDTA Blood/Agglutination)

'B' 'Positive'

-- End of Report --





बैंक ऑफ़ बड़ोदा  
Bank of Baroda

नाम  
Name


पी शिवकुमारी  
Purum Sivakumari

E.C. No.

199183



P. Sivakumari

  
जारीकर्ता प्राधिकारी  
Issuing Authority

धारक के हस्ताक्षर  
Signature of Holder



<b>Name</b>	<b>MS.PURUM SIVAKUMARI</b>	<b>ID</b>	<b>MED110817344</b>
<b>Age &amp; Gender</b>	<b>25Y/FEMALE</b>	<b>Visit Date</b>	<b>18/12/2021</b>
<b>Ref Doctor</b>	<b>DR. SELF ,,BANGALORE</b>		

### 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.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	8.0	1.5
Left Kidney	7.7	1.3

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

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

Endometrial echo is of normal thickness – 6.0mms.

Uterus measures as follows:

LS: 7.6cms      AP: 3.0cms      TS: 4.2cms.