

MYSORE-BALLAL CIRCLE

MEDALL

--- A MEDALL COMPANY ---

Date 26-Dec-2022 9:14 AM

Customer Name : MRS. CHAITRA M S

DOB : 06 Feb 1991

Ref Dr Name : MediWheel

Age : 31Y/FEMALE

Customer Id : MED111424394



Visit ID : 712239196

MED111424394

Phone No : 8904419004

Email Id :

Corp Name : MediWheel

Address :

Package Name : Mediwheel Full Body Health Checkup Female Below 40

H1-169
 W-91
 BP-110/80
 PCV-84
 ETP-45
 W-37

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	not given			
13	LAB	URINE ROUTINE				

5	LAB	CREATININE ✓			
15	LAB	BLOOD GROUP & RH TYPE (Forward Reverse) ✓			
16	LAB	BUN/CREATININE RATIO			
17	OTHERS	physical examination	MYS2751017102651		
18	US	ULTRASOUND ABDOMEN ✓	MYS2751017103462		
19	OTHERS	Treadmill 7 2D Echo <i>done</i>	MYS2751017127528		45.30
20	OTHERS	EYE CHECKUP ✓	MYS2751017135592		
21	X-RAY	X RAY CHEST ✓	MYS2751017145199		
22	OTHERS	Consultation Physician	MYS2751017148004		
23	ECHO	ELECTROCARDIOGRAM ECG ✓	MYS2751017149333		

Registered By
(SOWMYA.RAJU)

MYS2751017102651
MYS2751017103462
MYS2751017127528
MYS2751017135592
MYS2751017145199
MYS2751017148004
MYS2751017149333

SOWMYA.RAJU

FITNESS CERTIFICATE

NAME: Mrs. Chaitra MS.	AGE: 31
Hi: 169 CMS	Wt: 91 KGS SEX: Female

PARAMETERS	MEASUREMENTS
PULSE / BP (supine)	76 / mt / /mmHg 110/80
INSPIRATION	34
EXPIRATION	36
CHEST CIRCUMFERENCE	—
PREVIOUS ILLNESS	None
VISION	—
FAMILY HISTORY	FATHER: MOTHER: Diabetic, Hypertension

REPORTS: Prediabetic
Rest - wnl

DATE: 26/12/2022
PLACE: Mysore

DR. NIKHIL B.
 M.D. (Cardiologist)
 Interventional Cardiologist
 KMC Reg. No.: 4011



Customer Name	MRS.CHAITRA M S	Customer ID	MED111424394
Age & Gender	31Y/FEMALE	Visit Date	26/12/2022
Ref Doctor	MediWheel		

2 D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	2.7cms
LEFT ATRIUM	:	2.7cms
LEFT VENTRICLE (DIASTOLE)	:	4.6cms
(SYSTOLE)	:	2.5cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.0cms
POSTERIOR WALL (DIASTOLE)	:	0.8cms
(SYSTOLE)	:	1.0cms
EDV	:	71ml
ESV	:	28ml
FRACTIONAL SHORTENING	:	36%
EJECTION FRACTION	:	61%
RVID	:	1.5cms

DOPPLER MEASUREMENTS:

MITRAL VALVE	:	'E' - 0.89 m/s	'A' - 0.29m/s	NO MR
AORTIC VALVE	:	1.01m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.77m/s	'A' - 0.36 m/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 prolapse.

Aortic valve : Normal, Trileaflet.

Tricuspid valve : Normal.

Pulmonary valve : Normal.

IAS : Intact.

IVS : Intact.

Pericardium : No pericardial effusion.

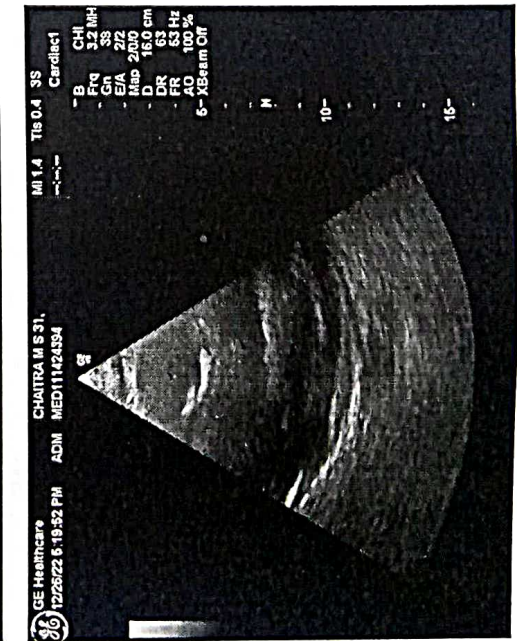
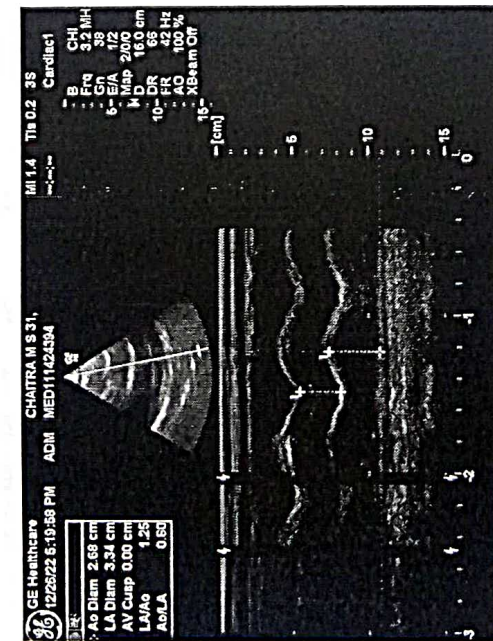
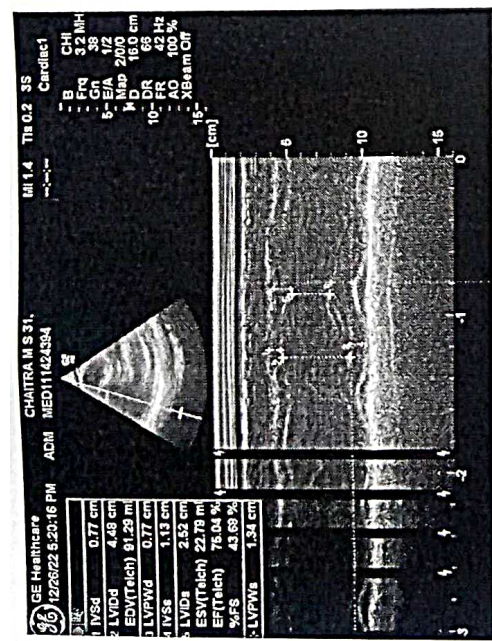
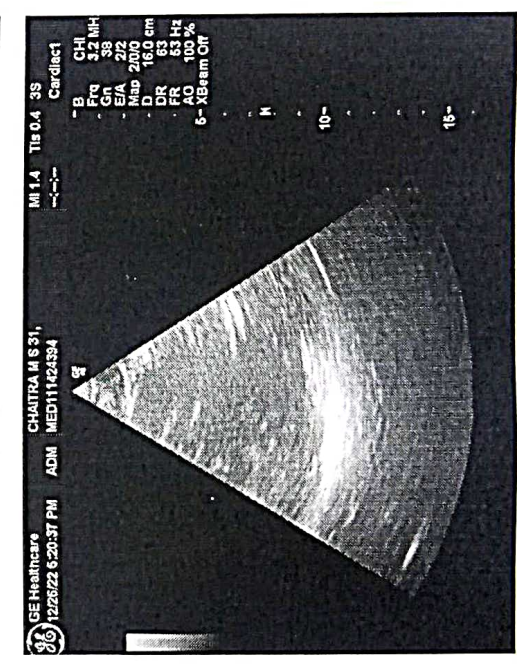
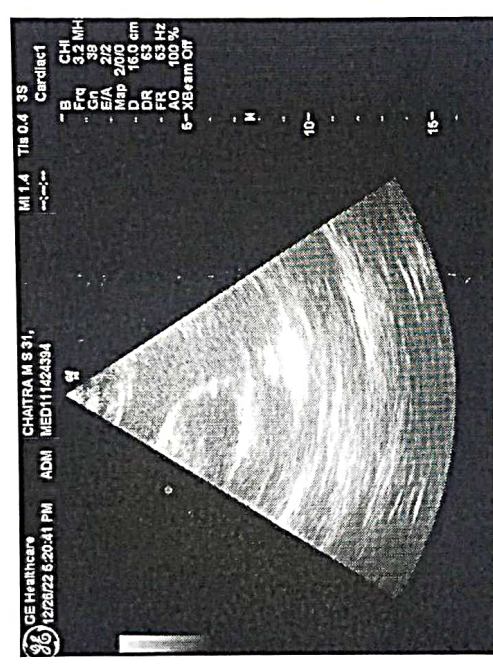
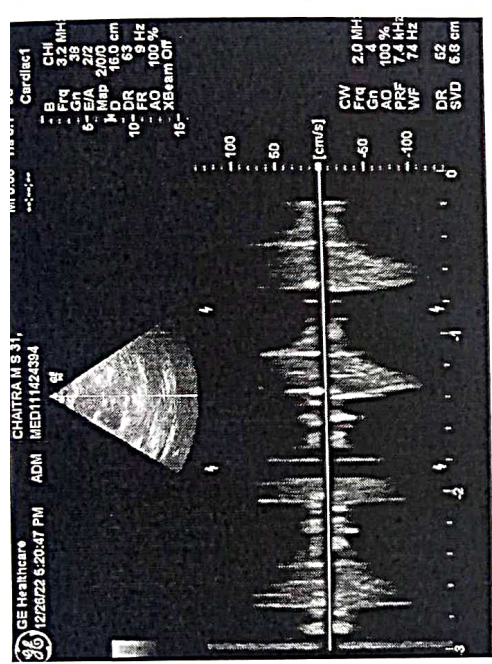
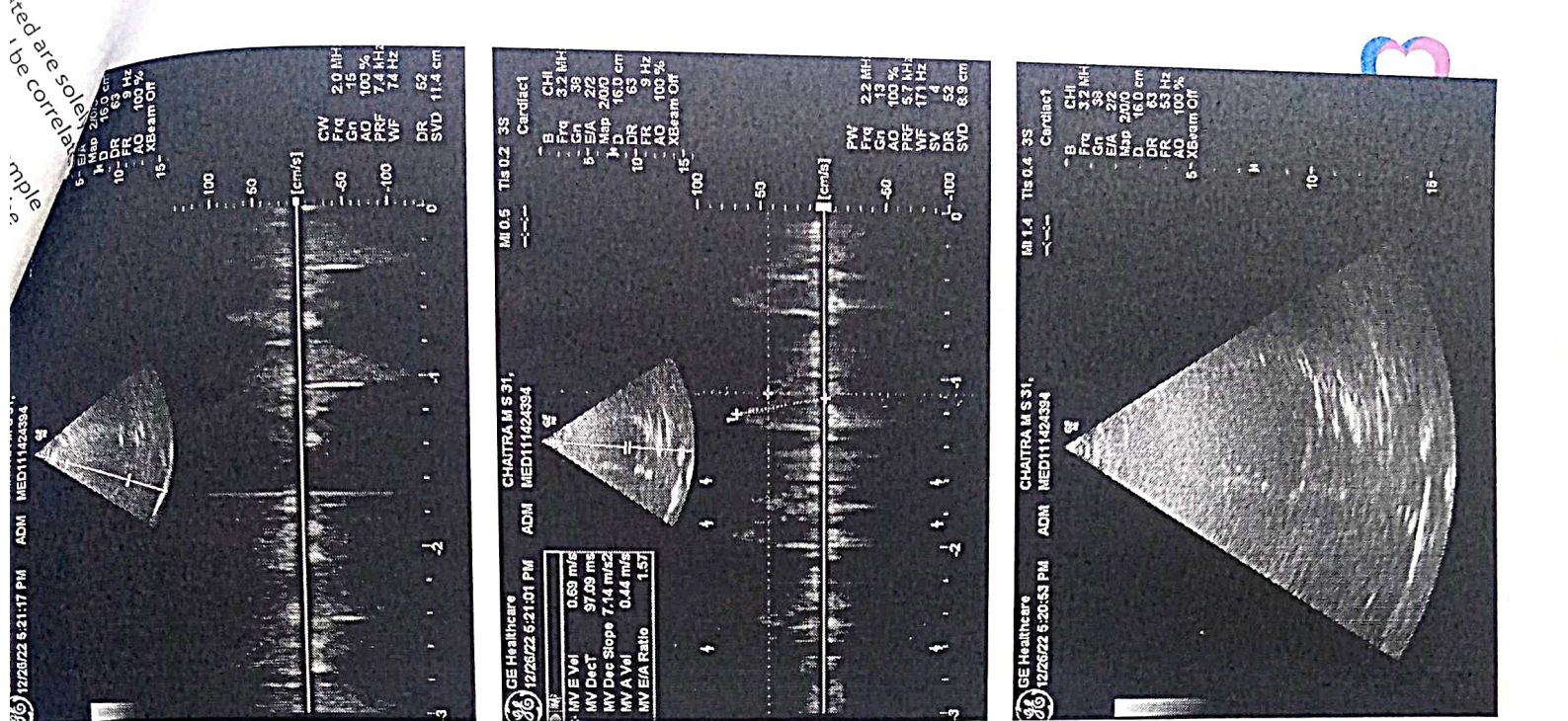
IMPRESSION:

- NORMAL SIZED CARDIAC CHAMBERS.
- NORMAL LV SYSTOLIC FUNCTION. EF: 61%.
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS/ PERICARDIAL EFFUSION VEGETATION.



DR. NIKHIL B
INTERVENTIONAL CARDIOLOGIST
NB/SA



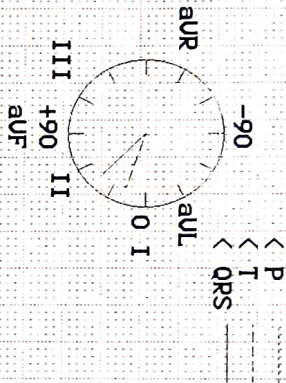


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AGE: 31
 Measurement Results:
 QRS : 94 ms
 QT/QTcB : 360 / 428 ms
 PR : 144 ms
 P : 96 ms
 RR/PP : 706 / 730 ms
 P/QRS/T : 45 / 45 / 20 degrees
 QTd/QTcBd : 28 / 33 ms
 Sokolow : 1.4 mV
 NK : 11

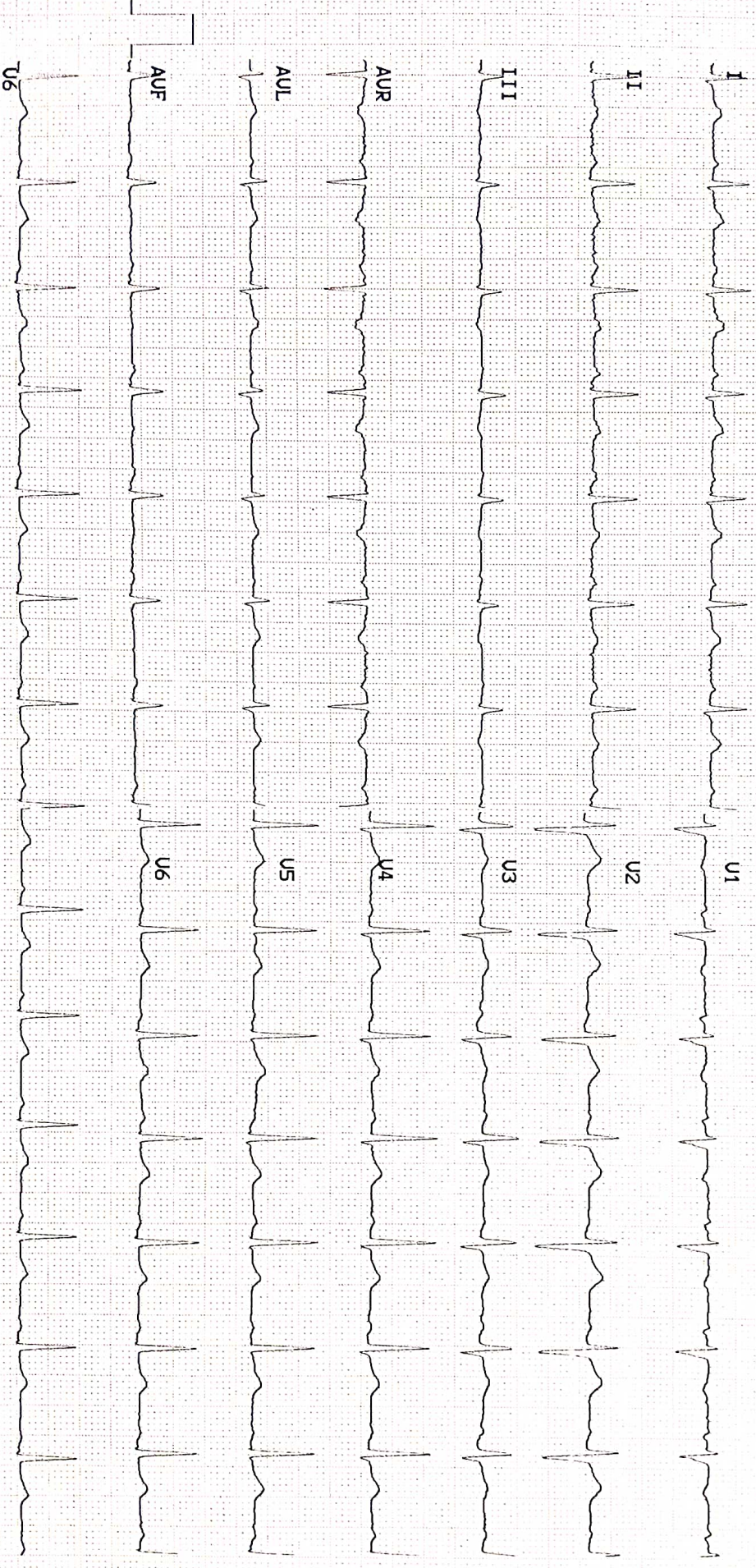


Interpretation:

normal ECG
Normal sinus rhythm

R

Unconfirmed report.



Customer Name	MRS.CHAITRA M S	Customer ID	MED111424394
Age & Gender	31Y/FEMALE	Visit Date	26/12/2022
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 mildly enlarged in size 12.6cm.

KIDNEYS move well with respiration and have normal shape, size and echopattern.

Cortico- medullary differentiations are well made out.

No evidence of calculus or hydronephrosis.

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.6	1.8
Left Kidney	10.8	1.8

URINARY BLADDER minimally distended.

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 5.4mms.

Uterus measures as follows: LS: 7.3cms AP: 4.4cms TS: 5.7cms.

OVARIES are normal size, shape and echotexture.

Right ovary measures: 2.6x2.0cms

Left ovary measures: 2.6x2.0cms

POD & adnexa are free.

No evidence of ascites.

IMPRESSION:

- GRADE I FATTY CHANGES IN LIVER.
- MILD SPLENOMEGALY.

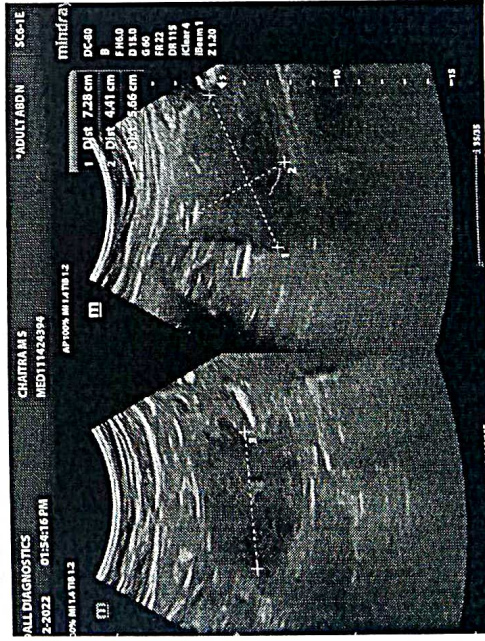
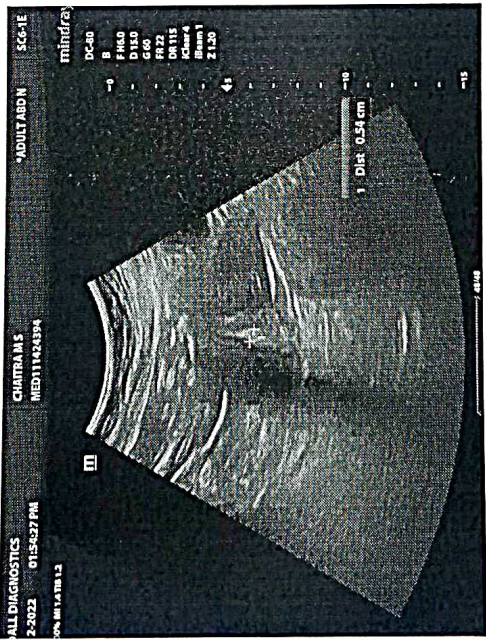
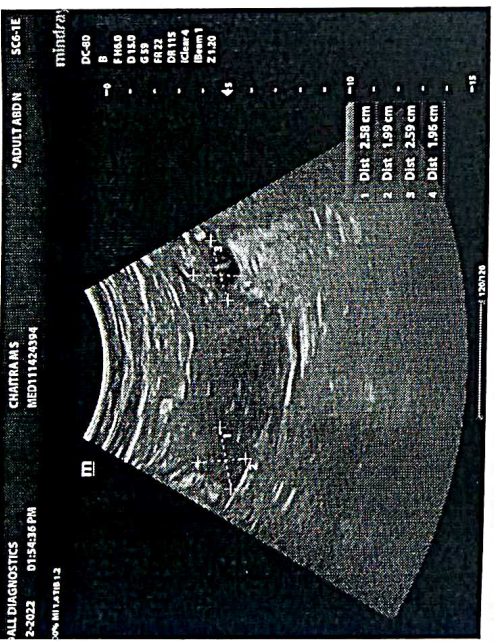
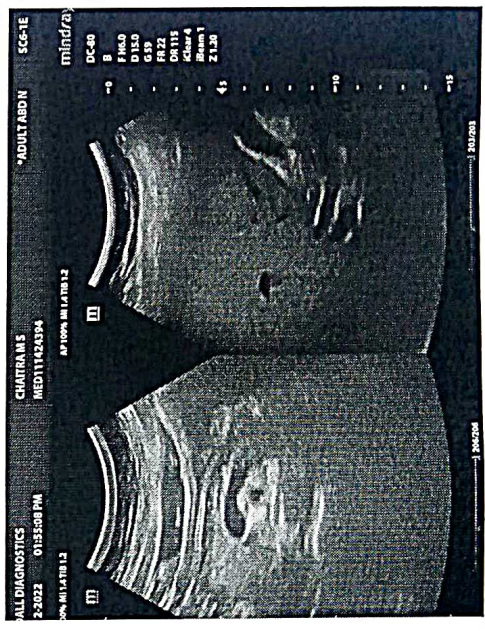
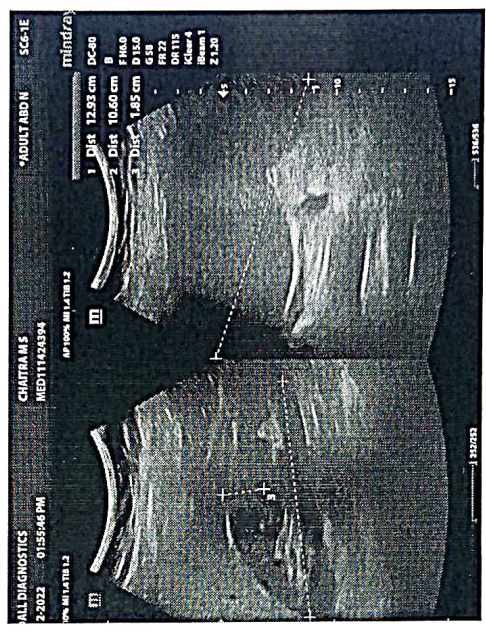
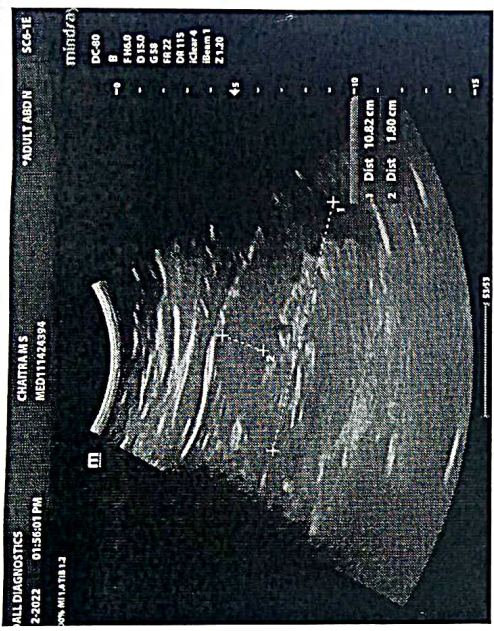
CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MB/BS


DR. MOHAN B



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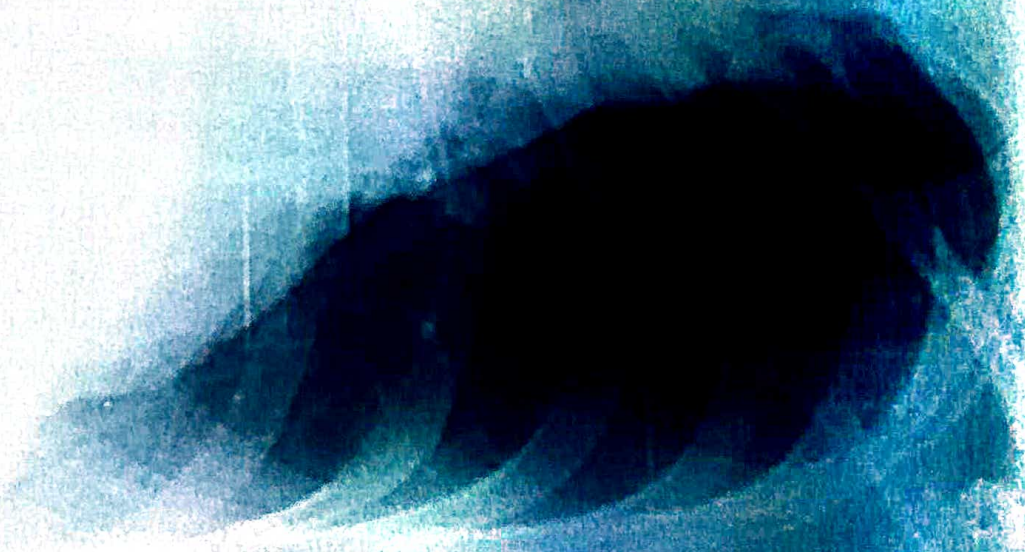
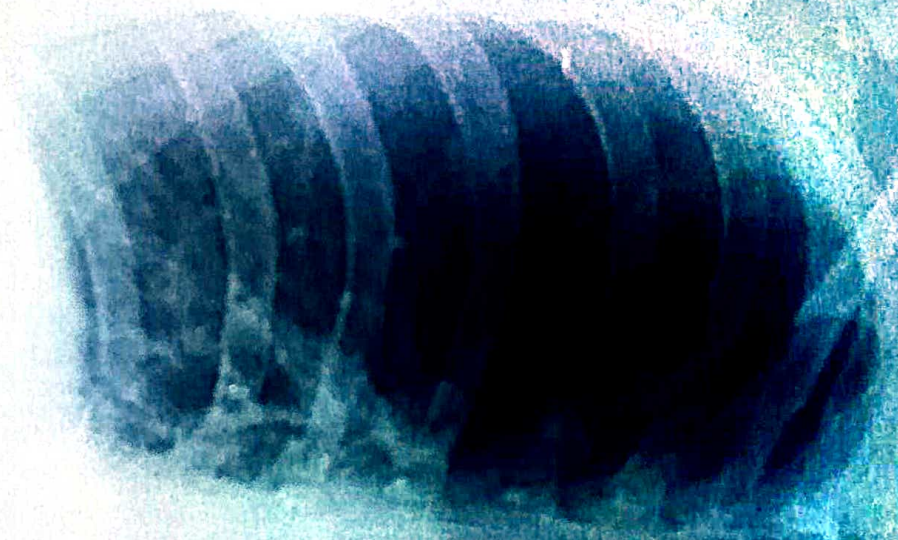


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R



CHAITRA M S 31 MED111424394 F CHEST PA 12/26/2022 11:34 AM
MEDALL CLUMAX DIAGNOSTIC

Name	CHAITRA M S	ID	MED111424394
Age & Gender	31Y/F	Visit Date	Dec 26 2022 9:14AM
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	MRS.CHAITRA M S	ID	MED111424394
Age & Gender	31Y/FEMALE	Visit Date	26/12/2022
Ref Doctor Name	MediWheel		



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IMPRESSION:

- **GRADE I FATTY CHANGES IN LIVER.**
- **MILD SPLENOMEGALY.**

CONSULTANT RADIOLOGISTS

DR. ANITHA ADARSH
MB/SV

DR. MOHAN B

Name : Mrs. CHAITRA M S
PID No. : MED111424394
SID No. : 712239196
Age / Sex : 31 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 26/12/2022 9:14 AM
Collection On : 26/12/2022 11:57 AM
Report On : 26/12/2022 9:03 PM
Printed On : 30/12/2022 2:15 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)	13.8	g/dL	12.5 - 16.0
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.			
PCV (Packed Cell Volume) / Haematocrit (EDTA Blood/Derived)	42.1	%	37 - 47
RBC Count (EDTA Blood/Automated Blood cell Counter)	4.85	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (EDTA Blood/Derived from Impedance)	87.0	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (EDTA Blood/Derived)	28.5	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (EDTA Blood/Derived)	32.8	g/dL	32 - 36
RDW-CV (Derived)	13.8	%	11.5 - 16.0
RDW-SD (Derived)	42.02	fL	39 - 46
Total WBC Count (TC) (EDTA Blood/Derived from Impedance)	8870	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	57	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	30	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	06	%	01 - 06



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Monocytes (Blood/Impedance Variation & Flow Cytometry)	07	%	01 - 10
Basophils (Blood/Impedance Variation & Flow Cytometry)	00	%	00 - 02
Absolute Neutrophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	5.06	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	2.66	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood/Impedance Variation & Flow Cytometry)	0.53	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.62	10 ³ / µl	< 1.0
Absolute Basophil count (EDTA Blood/Impedance Variation & Flow Cytometry)	0.00	10 ³ / µl	< 0.2
Platelet Count (EDTA Blood/Derived from Impedance)	230	10 ³ / µl	150 - 450
MPV (Blood/Derived)	11.1	fL	8.0 - 13.3
PCT	0.26	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Citrate Blood/Automated ESR analyser)	10	mm/hr	< 20



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Lipid Profile

Cholesterol Total (Serum/Oxidase / Peroxidase method)	227	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
----------------------------------------------------------	-----	-------	--------------------------------------------------------------

Remark: Kindly correlate clinically

Triglycerides (Serum/Glycerol phosphate oxidase / peroxidase)	207	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.

Remark: Kindly correlate clinically

HDL Cholesterol (Serum/Immunoinhibition)	41	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
---------------------------------------------	----	-------	--------------------------------------------------------------------------------

LDL Cholesterol (Serum/Calculated)	144.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
---------------------------------------	-------	-------	-------------------------------------------------------------------------------------------------------------

VLDL Cholesterol (Serum/Calculated)	41.4	mg/dL	< 30
----------------------------------------	------	-------	------

Non HDL Cholesterol (Serum/Calculated)	186.0	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220
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Investigation

Observed Value

Unit

Biological Reference Interval

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)

5.5

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)

5

Optimal: < 2.5
Mild to moderate risk: 2.5 - 5.0
High Risk: > 5.0

LDL/HDL Cholesterol Ratio
(Serum/Calculated)

3.5

Optimal: 0.5 - 3.0
Borderline: 3.1 - 6.0
High Risk: > 6.0



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<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	6.4	%	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 (Whole Blood)	136.98	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.



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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.21	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 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	11.90	Microg/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))	3.273	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&lt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

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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)	5.0		4.5 - 8.0
Specific Gravity (Urine/Dip Stick ~ Reagent strip method)	1.030		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



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PID No. : MED111424394
SID No. : 712239196
Age / Sex : 31 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 26/12/2022 9:14 AM
Collection On : 26/12/2022 11:57 AM
Report On : 26/12/2022 9:03 PM
Printed On : 30/12/2022 2:15 PM



<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



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Investigation

Observed
Value

Unit

Biological
Reference Interval

IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'A' 'Positive'

Remark: Kindly correlate clinically



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>BIOCHEMISTRY</u>			
BUN / Creatinine Ratio	7.3		
Glucose Fasting (FBS) (Plasma - F/GOD- POD)	103	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
Glucose Postprandial (PPBS) (Plasma - PP/GOD - POD)	150	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.

Urine Sugar (PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.3	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe Kinetic)	1.0	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)	5.3	mg/dL	2.6 - 6.0
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-- End of Report --