PID No.
 : MED121024207
 Register On
 : 26/08/2023 8:47 AM

 SID No.
 : 522313688
 Collection On
 : 26/08/2023 9:12 AM

 Age / Sex
 : 34 Year(s) / Female
 Report On
 : 26/08/2023 5:01 PM

**Printed On** : 10/10/2023 2:57 PM

Ref. Dr : MediWheel

: OP

**Type** 



<u>Investigation</u>	Observed <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (EDTA Blood/Agglutination)	'O' 'Positive'		
INTERPRETATION: Note: Slide method is screen	ning method. Kindly con	firm with Tube method f	or transfusion.
Complete Blood Count With - ESR			
Haemoglobin (EDTA Blood/Spectrophotometry)	13.9	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	41.1	%	37 - 47
RBC Count (EDTA Blood)	4.55	mill/cu.mm	4.2 - 5.4
M C 1 M 1 (MCM)	00.4	OT.	70 100

(EDTA Blood/Spectrophotometry)			
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	41.1	%	37 - 47
RBC Count (EDTA Blood)	4.55	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	90.4	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	30.5	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	33.7	g/dL	32 - 36
RDW-CV	12.9	%	11.5 - 16.0
RDW-SD	40.82	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	6700	cells/cu.m m	4000 - 11000
Neutrophils (Blood)	64.7	%	40 - 75
Lymphocytes (Blood)	22.7	%	20 - 45
Eosinophils (Blood)	1.3	%	01 - 06





**APPROVED BY** 

The results pertain to sample tested.

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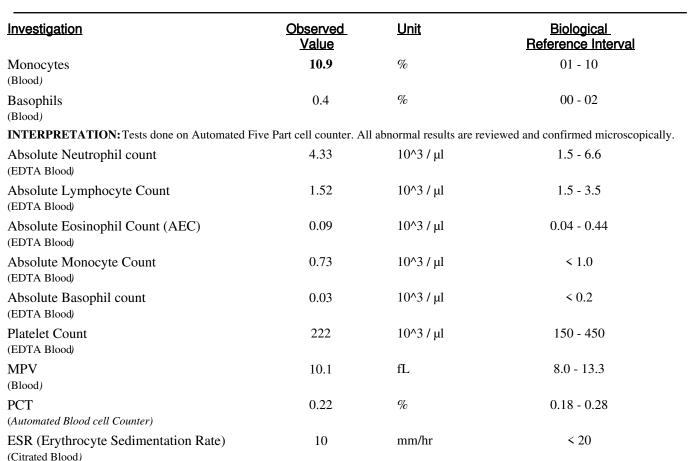
PID No. : MED121024207 Register On : 26/08/2023 8:47 AM : 522313688 SID No. Collection On : 26/08/2023 9:12 AM Age / Sex : 34 Year(s) / Female Report On : 26/08/2023 5:01 PM

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**Type** 



6.0 - 22.0

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.

mg/dL

10.9

88.54





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BUN / Creatinine Ratio

Glucose Fasting (FBS)

(Plasma - F/GOD-PAP)

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Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
Glucose, Fasting (Urine) (Urine - F/GOD - POD)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	65.18	mg/dL	70 - 140

### INTERPRETATION:

Uric Acid

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 Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	7.4	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.68	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.

mg/dL

3.26

(Serum/Enzymatic)	3.20	mg/uL	2.0 - 0.0
Liver Function Test			
Bilirubin(Total) (Serum/DCA with ATCS)	0.31	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.11	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.20	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	15.04	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	11.18	U/L	5 - 41





2.6 - 6.0

APPROVED BY

The results pertain to sample tested.

Page 3 of 8

Lab Address: BANGALORE REFERENCE LABORATORY-CLUMAX DIAGNOSTIC AND RESEARCH CENTRE PVT LTD. (A UNIT OF MEDALL HEALTHCARE PVT. LTD.),Old No 66 & New No 1, 2nd Main Road, Bashyam Circle, Sankey Cross Road Malleswaram, Gayathri Devi Park Extension, Kodandarampura, Sadashiva Nagar, Bengaluru, Karnataka-560003,.

PID No. : MED121024207 Register On : 26/08/2023 8:47 AM : 522313688 SID No. Collection On : 26/08/2023 9:12 AM Age / Sex : 34 Year(s) / Female Report On

**Type** : OP **Printed On** : 10/10/2023 2:57 PM

Ref. Dr : MediWheel



Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	8.09	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/ <i>Modified IFCC</i> )	72.6	U/L	42 - 98
Total Protein (Serum/Biuret)	7.01	gm/dl	6.0 - 8.0
Albumin (Serum/ <i>Bromocresol green</i> )	4.69	gm/dl	3.5 - 5.2
Globulin (Serum/ <i>Derived</i> )	2.32	gm/dL	2.3 - 3.6
A : G RATIO (Serum/ <i>Derived</i> )	2.02		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	136.37	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/ <i>GPO-PAP with ATCS</i> )	93.02	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

26/08/2023 5:01 PM

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.

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

High Risk: < 50





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Investigation	Observed Value	<u>Unit</u>	<u>Biological</u> Reference Interval
LDL Cholesterol (Serum/Calculated)	62.8	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >=190
VLDL Cholesterol (Serum/Calculated)	18.6	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	81.4	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)	2.5	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)	1.7	Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	1.1	Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0

### Glycosylated Haemoglobin (HbA1c)





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: OP

**Type** 



Investigation	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> Reference Interval
HbA1C (Whole Blood/HPLC)	4.9	%	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 93.93 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.

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total	1.18	ng/ml	0.7 - 2.04
-------------------------------	------	-------	------------

(Serum/ECLIA)

### 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.

4.2 - 12.0 T4 (Tyroxine) - Total 6.80 μg/dl

(Serum/ECLIA)

### 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) 1.02 μIU/mL 0.35 - 5.50

(Serum/ECLIA)





PID No. Register On : MED121024207 : 26/08/2023 8:47 AM : 522313688 SID No. Collection On : 26/08/2023 9:12 AM Age / Sex : 34 Year(s) / Female Report On 26/08/2023 5:01 PM

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: OP

Type

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

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

### **URINE ROUTINE**

### PHYSICAL EXAMINATION (URINE **COMPLETE**)

Colour (Urine)	Yellow	Yellow to Amber
Appearance (Urine)	Clear	Clear
Volume(CLU) (Urine)	20	
<u>CHEMICAL EXAMINATION (URINE</u> <u>COMPLETE)</u>		
pH (Urine)	5.5	4.5 - 8.0
Specific Gravity (Urine)	1.017	1.002 - 1.035
Ketone (Urine)	Negative	Negative
Urobilinogen (Urine)	Normal	Normal





**PID No.** : MED121024207

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Type : OP

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<u>Investigation</u>	<u>Observed</u> <u>Value</u>	<u>Unit</u>	<u>Biological</u> <u>Reference Interval</u>
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative
Leukocytes(CP) (Urine)	Negative		
MICROSCOPIC EXAMINATION (URINE COMPLETE)	<del>,</del> -		
Pus Cells (Urine)	0-1	/hpf	NIL
Epithelial Cells (Urine)	0-1	/hpf	NIL
RBCs (Urine)	NIL	/HPF	NIL
Others (Urine)	NIL		
<b>INTERPRETATION:</b> Note: Done with reviewed and confirmed microscopically.		omated urine sedimen	atation analyser. All abnormal reports are
Casts (Urine)	NIL	/hpf	NIL
Crystals (Urine)	NIL	/hpf	NIL





**APPROVED BY** 

-- End of Report --

The results pertain to sample tested.

Page 8 of 8

Name	TRIPATHI SAUMYA	ID	MED121024207
Age & Gender	34-Female	Visit Date	8/28/2023 9:17:35 AM
Ref Doctor Name	MediWheel		



### ABDOMINO-PELVIC ULTRASONOGRAPHY

**LIVER** is normal in shape, size (11.4 cm) and has uniform echopattern. No evidence of focal lesion or intrahepatic biliary ductal dilatation. Hepatic and portal vein radicals are normal.

**GALL BLADDER** is partially distended. CBD is not dilated.

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

**SPLEEN** show normal shape, size and echopattern.

### **BOTH KIDNEYS**

**Right kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

**Left kidney:** Normal in shape, size and echopattern. Cortico-medullary differentiation is well madeout. No evidence of calculus or hydronephrosis.

The kidney measures as follows:

•	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	9.5	1.4
Left Kidney	10.1	2.1

**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 - 12.3 mm.

Uterus measures LS: 5.4 cms AP: 3.5 cms TS: 5.4 cms.

**OVARIES** are normal in size, shape and echotexture

Right ovary measures 3.0 x 1.8 cm.

Left ovary measures 3.3 x 2.0 cm and shows ruptured follicle.

POD & adnexa are free.

No evidence of ascites.

### **IMPRESSION:**

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- 8.If the test results are found not to be correlating clinically can contact the lab in charge for clarification or retesting where practicable within 24 hours from the time of issue of results.
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- 11.Disputes, if any, with regard to the report findings are subject to the exclusive jurisdiction of the competent courts chennai only.

Name	TRIPATHI SAUMYA	ID	MED121024207
Age & Gender	34-Female	Visit Date	8/28/2023 9:17:35 AM
Ref Doctor Name	MediWheel		



No significant abnormality detected.

DR. HEMANANDINI V.N CONSULTANT RADIOLOGIST Hn/Mi

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Name	TRIPATHI SAUMYA	ID	MED121024207
Age & Gender	34-34-Female		8/28/2023 9:17:35 AM
Ref Doctor Name	MediWheel		



# **2D ECHOCARDIOGRAPHIC STUDY**

## **M-mode measurement:**

**AORTA** 2.02 cms. LEFT ATRIUM 2.54 cms. **AVS** 1.47 cms. LEFT VENTRICLE (DIASTOLE) 3.49 cms. (SYSTOLE) 2.49 cms. **VENTRICULAR SEPTUM** (DIASTOLE) 0.70cms. (SYSTOLE) 0.90cms. **POSTERIOR WALL** (DIASTOLE) 1.15 cms. (SYSTOLE) 1.35 cms. **EDV** 26 ml. **ESV** 16 ml. FRACTIONAL SHORTENING 38 % **EJECTION FRACTION** 60 % **EPSS** cms.

### **DOPPLER MEASUREMENTS:**

**RVID** 

MITRAL VALVE: E - 0.8 m/s A - 0.6 m/s NO MR.

1.80

cms.

AORTIC VALVE: 1.1 m/s NO AR.

TRICUSPID VALVE: E - 0.4 m/s A -0.3 m/s NO TR.

PULMONARY VALVE: 0.8 m/s NO PR.

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Name	TRIPATHI SAUMYA	ID	MED121024207
Age & Gender	34-34-Female		8/28/2023 9:17:35 AM
Ref Doctor Name	MediWheel		



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

# DR. YASHODA RAVI CONSULTANT CARDIOLOGIST

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Name	TRIPATHI SAUMYA	ID	MED121024207
Age & Gender	34-34-Female		8/28/2023 9:17:35 AM
Ref Doctor Name	MediWheel		



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Name	Ms. TRIPATHI SAUMYA	ID	MED121024207
Age & Gender	34Y/F	Visit Date	Aug 26 2023 8:46AM
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. Hemanandini Consultant Radiologist

Patient Name	Tripathi Saum	Date	26/8/2023
Age	34475	Visit Number	52231368
Sex	Female	Corporate	Mediwhee!

# **GENERAL PHYSICAL EXAMINATION**

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146	m+if	icatior	- BA	.1.
Tue	11111	ICALIO	ııvıar	ĸ

Height: 1 Cf CM cms

Weight: 8 kgs

Pulse: 826/wh. /minute

Blood Pressure : 110 7-0 mm of Hg

: 24.7

**BMI INTERPRETATION** 

Underweight = <18.5Normal weight = 18.5-24.9

Overweight = 25-29.9

Chest:

Expiration : 71 CM cms

Inspiration: Trem . cms

Abdomen Measurement : 78 CM

Eyes : - (W)

Throat: No Congrestion

Ears: Wo history for, hereing Neck nodes: Wo typy hodenoxathy. cvs: - & \$2 @ RS: - 13/L WU125 P

CNS: - Hom F I'm tock

PA: SOID NT

No abnormality is detected. His / Her general physical examination is within normal limits.

NOTE: MEDICAL FIT FOR EMPLOYMENT YES / NO

