



MEDICAL EXAMINATION REPORT (MER)

If the examinee is suffering from an acute life threatening situation, you may be obliged to disclose the result of the medical examination to the examinee.

1. Name of the examinee	:	Mr./Mrs./Ms. <u>JOSE ANUJA</u>
2. Mark of Identification	:	(Mole/Scar/any other (specify location)):
3. Age/Date of Birth	:	<u>03.03.1992, 30 yrs</u> Gender: <u>F/M</u>
4. Photo ID Checked	:	(Passport/Election Card/PAN Card/Driving Licence/Company ID)

PHYSICAL DETAILS:

a. Height <u>161</u> (cms)	b. Weight <u>57</u> (Kgs)	c. Girth of Abdomen <u>82</u> (cms)
d. Pulse Rate <u>70</u> (/Min)	e. Blood Pressure:	Systolic <u>110</u> Diastolic <u>70</u>
	1 st Reading	
	2 nd Reading	

FAMILY HISTORY:

Relation	Age if Living	Health Status	If deceased, age at the time and cause
Father	<u>61</u>	<u>Healthy</u>	
Mother	<u>60</u>	<u>"</u>	
Brother(s)			
Sister(s)	<u>25</u>	<u>Healthy</u>	

HABITS & ADDICTIONS: Does the examinee consume any of the following?

Tobacco in any form	Sedative	Alcohol
<u>-</u>	<u>-</u>	<u>-</u>

PERSONAL HISTORY

- | | |
|---|---|
| a. Are you presently in good health and entirely free from any mental or Physical impairment or deformity. If No, please attach details. <u>Y/N</u> | c. During the last 5 years have you been medically examined, received any advice or treatment or admitted to any hospital? <u>Y/N</u> |
| b. Have you undergone/been advised any surgical procedure? <u>Y/N</u> | d. Have you lost or gained weight in past 12 months? <u>Y/N</u> |

Have you ever suffered from any of the following?

- | | |
|--|---|
| • Psychological Disorders or any kind of disorders of the Nervous System? <u>Y/N</u> | • Any disorder of Gastrointestinal System? <u>Y/N</u> |
| • Any disorders of Respiratory system? <u>Y/N</u> | • Unexplained recurrent or persistent fever, and/or weight loss <u>Y/N</u> |
| • Any Cardiac or Circulatory Disorders? <u>Y/N</u> | • Have you been tested for HIV/HBsAg / HCV before? If yes attach reports <u>Y/N</u> |
| • Enlarged glands or any form of Cancer/Tumour? <u>Y/N</u> | • Are you presently taking medication of any kind? <u>Y/N</u> |
| • Any Musculoskeletal disorder? <u>Y/N</u> | |

• Any disorders of Urinary System?

Y/N ✓

• Any disorder of the Eyes, Ears, Nose, Throat or Mouth & Skin

Y/N ✓

FOR FEMALE CANDIDATES ONLY

a. Is there any history of diseases of breast/genital organs?

Y/N ✓

d. Do you have any history of miscarriage/ abortion or MTP

Y/N ✓

b. Is there any history of abnormal PAP Smear/Mammogram/USG of Pelvis or any other tests? (If yes attach reports)

Y/N ✓

e. For Parous Women, were there any complication during pregnancy such as gestational diabetes, hypertension etc

Y/N ✓

c. Do you suspect any disease of Uterus, Cervix or Ovaries?

Y/N ✓

f. Are you now pregnant? If yes, how many months?

Y/N ✓

CONFIDENTIAL COMMENTS FROM MEDICAL EXAMINER

➤ Was the examinee co-operative?

Y/N ✓

➤ Is there anything about the examinee's health, lifestyle that might affect him/her in the near future with regard to his/her job?

Y/N ✓

➤ Are there any points on which you suggest further information be obtained?

Y/N ✓

➤ Based on your clinical impression, please provide your suggestions and recommendations below;

..... NS

➤ Do you think he/she is MEDICALLY FIT or UNFIT for employment.

FIT

MEDICAL EXAMINER'S DECLARATION

I hereby confirm that I have examined the above individual after verification of his/her identity and the findings stated above are true and correct to the best of my knowledge.

Name & Signature of the Medical Examiner :

[Handwritten Signature]

Seal of Medical Examiner :

Dr. GEORGE THOMAS
MD, FCSI, FIAE
MEDICAL EXAMINER
Reg: 86614

Name & Seal of DDRC SRL Branch :



Date & Time :

17/01/2023

DDRC SRL Diagnostics Private Limited

Corp. Office: DDRC SRL Tower, G- 131, Panampilly Nagar, Ernakulam - 682 036
Ph No. 0484-2318223, 2318222, e-mail: info@ddrcsrl.com, web: www.ddrcsrl.com

Regd. Office: 4th Floor, Prime Square, Plot No.1, Gaiwadi Industrial Estate, S.V. Road, Goregaon (West), Mumbai – 400062.

**DDRC SRL**

Diagnostic Services

Patient Ref. No. 666000003019978



Cert. No. MC-2354

CLIENT CODE : CA00010147 - MEDIWHEEL

INDIA'S LEADING DIAGNOSTIC NETWORK

CLIENT'S NAME AND ADDRESS :

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
 F701A, LADO SARAI, NEW DELHI,
 SOUTH DELHI, DELHI,
 SOUTH DELHI 110030
 DELHI INDIA
 8800465156

DDRC SRL DIAGNOSTICS
 DDRC SRL Tower, G-131, Panampilly Nagar,
 PANAMPALLY NAGAR, 682036
 KERALA, INDIA
 Tel : 93334 93334
 Email : customercare.ddrc@srl.in

PATIENT NAME : JOSE ANUJA**PATIENT ID : JOSEF1401934126**ACCESSION NO : **4126WA005186** AGE : 30 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 14/01/2023 08:17

REPORTED : 14/01/2023 23:11

REFERRING DOCTOR : DR. BOB

CLIENT PATIENT ID :

Test Report Status	Results	Biological Reference Interval	Units
Preliminary			

MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT*** TREADMILL TEST**

TREADMILL TEST

COMPLETED



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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT**BLOOD UREA NITROGEN (BUN), SERUM**

BLOOD UREA NITROGEN 8 Adult(<60 yrs) : 6 to 20 mg/dL
 METHOD : UREASE - UV

BUN/CREAT RATIO

BUN/CREAT RATIO 13.3

CREATININE, SERUM

CREATININE 0.60 18 - 60 yrs : 0.6 - 1.1 mg/dL
 METHOD : JAFFE KINETIC METHOD

GLUCOSE, POST-PRANDIAL, PLASMA

GLUCOSE, POST-PRANDIAL, PLASMA 96 Diabetes Mellitus : > or = 200. mg/dL
 Impaired Glucose tolerance/
 Prediabetes : 140 - 199.
 Hypoglycemia : < 55.
 METHOD : HEXOKINASE

GLUCOSE FASTING, FLUORIDE PLASMA

GLUCOSE, FASTING, PLASMA 100 Diabetes Mellitus : > or = 126. mg/dL
 Impaired fasting Glucose/
 Prediabetes : 101 - 125.
 Hypoglycemia : < 55.
 METHOD : HEXOKINASE

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD

GLYCOSYLATED HEMOGLOBIN (HBA1C) 5.7 Normal : 4.0 - 5.6%. %
 Non-diabetic level : < 5.7%.
 Diabetic : >6.5%

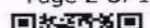
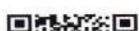
Glycemic control goal
 More stringent goal : < 6.5 %.
 General goal : < 7%.
 Less stringent goal : < 8%.

Glycemic targets in CKD :-
 If eGFR > 60 : < 7%.
 If eGFR < 60 : 7 - 8.5%.

MEAN PLASMA GLUCOSE 116.9 High < 116.0 mg/dL

LIPID PROFILE, SERUM

CHOLESTEROL 171 Desirable : < 200 mg/dL
 Borderline : 200-239
 High : >or= 240
 METHOD : CHOD-POD




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TRIGLYCERIDES		102	mg/dL
		Normal : < 150 High : 150-199 Hypertriglyceridemia : 200-499 Very High : > 499	
HDL CHOLESTEROL		37	mg/dL
METHOD : DIRECT ENZYME CLEARANCE		Low General range : 40-60	
DIRECT LDL CHOLESTEROL		129	mg/dL
		Optimum : < 100 Above Optimum : 100-139 Borderline High : 130-159 High : 160-189 Very High : >or= 190	
NON HDL CHOLESTEROL		134	mg/dL
		High Desirable: Less than 130 Above Desirable: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very high: > or = 220	
CHOL/HDL RATIO		4.6	
		High 3.3-4.4 Low Risk 4.5-7.0 Average Risk 7.1-11.0 Moderate Risk > 11.0 High Risk	
LDL/HDL RATIO		3.5	
		High 0.5 - 3.0 Desirable/Low Risk 3.1 - 6.0 Borderline/Moderate Risk >6.0 High Risk	
VERY LOW DENSITY LIPOPROTEIN		20.4	mg/dL
		Desirable value : 10 - 35	
LIVER FUNCTION TEST WITH GGT			
BILIRUBIN, TOTAL		0.44	mg/dL
METHOD : DIAZO METHOD		General Range : < 1.1	
BILIRUBIN, DIRECT		0.19	mg/dL
METHOD : DIAZO METHOD		General Range : < 0.3	
BILIRUBIN, INDIRECT		0.25	mg/dL
		0.00 - 0.60	
TOTAL PROTEIN		6.7	g/dL
		Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8	
ALBUMIN		4.1	g/dL
		20-60yrs : 3.5 - 5.2	
GLOBULIN		2.6	g/dL
		2.0 - 4.0 Neonates - Pre Mature: 0.29 - 1.04	
ALBUMIN/GLOBULIN RATIO		1.6	RATIO
		1.00 - 2.00	
ASPARTATE AMINOTRANSFERASE (AST/SGOT)		13	U/L
		Adults : < 33	
ALANINE AMINOTRANSFERASE (ALT/SGPT)		11	U/L
		Adults : < 34	
METHOD : IFCC WITHOUT PDP			



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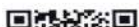
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ALKALINE PHOSPHATASE		67	Adult (<60yrs) : 35 - 105 U/L
METHOD : IFCC			
GAMMA GLUTAMYL TRANSFERASE (GGT)		8	Adult (female) : < 40 U/L
TOTAL PROTEIN, SERUM			
TOTAL PROTEIN		6.7	Ambulatory : 6.4 - 8.3 Recumbant : 6 - 7.8 g/dL
METHOD : BIURET			
URIC ACID, SERUM			
URIC ACID		3.7	Adults : 2.4-5.7 mg/dL
METHOD : SPECTROPHOTOMETRY			
ABO GROUP & RH TYPE, EDTA WHOLE BLOOD			
ABO GROUP		A	
METHOD : GEL CARD METHOD			
RH TYPE		POSITIVE	
BLOOD COUNTS, EDTA WHOLE BLOOD			
HEMOGLOBIN		12.4	12.0 - 15.0 g/dL
METHOD : NON CYANMETHEMOGLOBIN			
RED BLOOD CELL COUNT		4.19	3.8 - 4.8 mil/ μ L
METHOD : IMPEDANCE			
WHITE BLOOD CELL COUNT		6.11	4.0 - 10.0 thou/ μ L
METHOD : IMPEDANCE			
PLATELET COUNT		383	150 - 410 thou/ μ L
METHOD : IMPEDANCE			
RBC AND PLATELET INDICES			
HEMATOCRIT		37.0	36 - 46 %
METHOD : CALCULATED			
MEAN CORPUSCULAR VOL		88.2	83 - 101 fL
METHOD : DERIVED FROM IMPEDANCE MEASURE			
MEAN CORPUSCULAR HGB.		29.6	27.0 - 32.0 pg
METHOD : CALCULATED			
MEAN CORPUSCULAR HEMOGLOBIN CONCENTRATION		33.6	31.5 - 34.5 g/dL
METHOD : CALCULATED			
RED CELL DISTRIBUTION WIDTH		14.8	12.0 - 18.0 %
MENTZER INDEX		21.1	
MEAN PLATELET VOLUME		6.8	6.8 - 10.9 fL
METHOD : DERIVED FROM IMPEDANCE MEASURE			
WBC DIFFERENTIAL COUNT			



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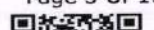
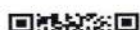
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SEGMENTED NEUTROPHILS		43	40 - 80 %
METHOD : DHSS FLOWCYTOMETRY			
LYMPHOCYTES		45	High 20 - 40 %
METHOD : DHSS FLOWCYTOMETRY			
MONOCYTES		6	2 - 10 %
METHOD : DHSS FLOWCYTOMETRY			
EOSINOPHILS		5	1 - 6 %
METHOD : DHSS FLOWCYTOMETRY			
BASOPHILS		1	0 - 2 %
METHOD : IMPEDANCE			
ABSOLUTE NEUTROPHIL COUNT		2.63	2.0 - 7.0 thou/ μ L
METHOD : CALCULATED			
ABSOLUTE LYMPHOCYTE COUNT		2.75	1 - 3 thou/ μ L
METHOD : CALCULATED			
ABSOLUTE MONOCYTE COUNT		0.37	0.20 - 1.00 thou/ μ L
METHOD : CALCULATED			
ABSOLUTE EOSINOPHIL COUNT		0.31	0.02 - 0.50 thou/ μ L
METHOD : CALCULATED			
ABSOLUTE BASOPHIL COUNT		0.06	0.00 - 0.10 thou/ μ L
NEUTROPHIL LYMPHOCYTE RATIO (NLR)		1.0	
ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD			
SEDIMENTATION RATE (ESR)		09	0 - 20 mm at 1 hr
METHOD : WESTERGREIN METHOD			
* SUGAR URINE - POST PRANDIAL			
SUGAR URINE - POST PRANDIAL		NOT DETECTED	NOT DETECTED
THYROID PANEL, SERUM			
T3		95.06	80 - 200 ng/dL
METHOD : ELECTROCHEMILUMINESCENCE			
T4		7.39	5.1 - 14.1 μ g/dl
METHOD : ELECTROCHEMILUMINESCENCE			
TSH 3RD GENERATION		1.120	Non-Pregnant : 0.4-4.2 μ IU/mL
			Pregnant Trimester-wise :
			1st : 0.1 - 2.5
			2nd : 0.2 - 3
			3rd : 0.3 - 3
METHOD : ELECTROCHEMILUMINESCENCE			




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Interpretation(s)

Triiodothyronine T3, Thyroxine T4, and Thyroid Stimulating Hormone TSH are thyroid hormones which affect almost every physiological process in the body, including growth, development, metabolism, body temperature, and heart rate.

Production of T3 and its prohormone thyroxine (T4) is activated by thyroid-stimulating hormone (TSH), which is released from the pituitary gland. Elevated concentrations of T3, and T4 in the blood inhibit the production of TSH.

Excessive secretion of thyroxine in the body is hyperthyroidism, and deficient secretion is called hypothyroidism.

In primary hypothyroidism, TSH levels are significantly elevated, while in secondary and tertiary hyperthyroidism, TSH levels are low.

Below mentioned are the guidelines for Pregnancy related reference ranges for Total T4, TSH & Total T3. Measurement of the serum TT3 level is a more sensitive test for the diagnosis of hyperthyroidism, and measurement of TT4 is more useful in the diagnosis of hypothyroidism. Most of the thyroid hormone in blood is bound to transport proteins. Only a very small fraction of the circulating hormone is free and biologically active. It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4.

Sr. No.	TSH	Total T4	FT4	Total T3	Possible Conditions
1	High	Low	Low	Low	(1) Primary Hypothyroidism (2) Chronic autoimmune Thyroiditis (3) Post Thyroidectomy (4) Post Radio-Iodine treatment
2	High	Normal	Normal	Normal	(1) Subclinical Hypothyroidism (2) Patient with insufficient thyroid hormone replacement therapy (3) In cases of Autoimmune/Hashimoto thyroiditis (4). Isolated increase in TSH levels can be due to Subclinical inflammation, drugs like amphetamines, Iodine containing drug and dopamine antagonist e.g. domperidone and other physiological reasons.
3	Normal/Low	Low	Low	Low	(1) Secondary and Tertiary Hypothyroidism
4	Low	High	High	High	(1) Primary Hyperthyroidism (Graves Disease) (2) Multinodular Goitre (3) Toxic Nodular Goitre (4) Thyroiditis (5) Over treatment of thyroid hormone (6) Drug effect e.g. Glucocorticoids, dopamine, T4 replacement therapy (7) First trimester of Pregnancy
5	Low	Normal	Normal	Normal	(1) Subclinical Hyperthyroidism
6	High	High	High	High	(1) TSH secreting pituitary adenoma (2) TRH secreting tumor
7	Low	Low	Low	Low	(1) Central Hypothyroidism (2) Euthyroid sick syndrome (3) Recent treatment for Hyperthyroidism
8	Normal/Low	Normal	Normal	High	(1) T3 thyrotoxicosis (2) Non-Thyroidal illness
9	Low	High	High	Normal	(1) T4 Ingestion (2) Thyroiditis (3) Interfering Anti TPO antibodies

REF: 1. TIETZ Fundamentals of Clinical chemistry 2. Guidelines of the American Thyroid association during pregnancy and Postpartum, 2011.

NOTE: It is advisable to detect Free T3, FreeT4 along with TSH, instead of testing for albumin bound Total T3, Total T4. TSH is not affected by variation in thyroid - binding protein. TSH has a diurnal rhythm, with peaks at 2:00 - 4:00 a.m. And troughs at 5:00 - 6:00 p.m. With ultradian variations.

PHYSICAL EXAMINATION, URINE

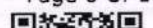
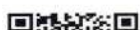
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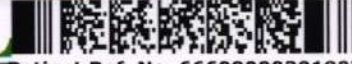
APPEARANCE CLEAR

CHEMICAL EXAMINATION, URINE

PH 7.0 4.8 - 7.4

SPECIFIC GRAVITY 1.005 Low 1.015 - 1.030



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PROTEIN		NOT DETECTED	NOT DETECTED
GLUCOSE		NOT DETECTED	NOT DETECTED
KETONES		NOT DETECTED	NOT DETECTED
BLOOD		NOT DETECTED	NOT DETECTED
BILIRUBIN		NOT DETECTED	NOT DETECTED
UROBILINOGEN		NORMAL	NORMAL
NITRITE		NOT DETECTED	NOT DETECTED
LEUKOCYTE ESTERASE		NOT DETECTED	NOT DETECTED
MICROSCOPIC EXAMINATION, URINE			
RED BLOOD CELLS		DETECTED (OCCASIONAL)	NOT DETECTED /HPF
WBC		1-2	0-5 /HPF
EPITHELIAL CELLS		3-5	0-5 /HPF
CASTS		NOT DETECTED	
CRYSTALS		NOT DETECTED	
BACTERIA		NOT DETECTED	NOT DETECTED
YEAST		NOT DETECTED	NOT DETECTED
* SUGAR URINE - FASTING			
SUGAR URINE - FASTING		NOT DETECTED	NOT DETECTED
* PHYSICAL EXAMINATION, STOOL		RESULT PENDING	
* CHEMICAL EXAMINATION, STOOL		RESULT PENDING	
* MICROSCOPIC EXAMINATION, STOOL		RESULT PENDING	

Interpretation(s)

BLOOD UREA NITROGEN (BUN), SERUM-Causes of Increased levels include Pre renal (High protein diet, Increased protein catabolism, GI haemorrhage, Cortisol, Dehydration, CHF Renal), Renal Failure, Post Renal (Malignancy, Nephrolithiasis, Prostatism)

Causes of decreased level include Liver disease, SIADH.

CREATININE, SERUM-Higher than normal level may be due to:

- Blockage in the urinary tract
- Kidney problems, such as kidney damage or failure, infection, or reduced blood flow
- Loss of body fluid (dehydration)
- Muscle problems, such as breakdown of muscle fibers
- Problems during pregnancy, such as seizures (eclampsia)), or high blood pressure caused by pregnancy (preeclampsia)

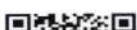
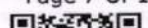
Lower than normal level may be due to:

- Myasthenia Gravis
- Muscular dystrophy

GLUCOSE, POST-PRANDIAL, PLASMA-High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc. Additional test HbA1c

GLUCOSE FASTING, FLUORIDE PLASMA- TEST DESCRIPTION

Normally, the glucose concentration in extracellular fluid is closely regulated so that a source of energy is readily available to tissues and so that no glucose is excreted in the urine.



**DDRC SRL**

Diagnostic Services

Patient Ref. No. 66600003019978



Cert. No. MC-2354

CLIENT CODE : CA00010147 - MEDIWHEEL

INDIA'S LEADING DIAGNOSTIC NETWORK

CLIENT'S NAME AND ADDRESS :

MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
F701A, LADO SARAI, NEW DELHI,
SOUTH DELHI, DELHI,
SOUTH DELHI 110030
DELHI INDIA
8800465156

DDRC SRL DIAGNOSTICS
DDRC SRL Tower, G-131, Panampilly Nagar,
PANAMPALLY NAGAR, 682036
KERALA, INDIA
Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : JOSE ANUJA**PATIENT ID : JOSEF1401934126**ACCESSION NO : **4126WA005186** AGE : 30 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 14/01/2023 08:17

REPORTED : 14/01/2023 23:11

REFERRING DOCTOR : DR. BOB

CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
--------------------	-------------	---------	-------

Increased in

Diabetes mellitus, Cushing's syndrome (10 - 15%), chronic pancreatitis (30%). Drugs:corticosteroids,phenytoin, estrogen, thiazides.

Decreased in

Pancreatic islet cell disease with increased insulin,insulinoma,adrenocortical insufficiency, hypopituitarism,diffuse liver disease, malignancy (adrenocortical, stomach,fibrosarcoma), infant of a diabetic mother, enzyme deficiency diseases(e.g., galactosemia),Drugs- insulin, ethanol, propranolol; sulfonyleureas,tolbutamide, and other oral hypoglycemic agents.

NOTE:

While random serum glucose levels correlate with home glucose monitoring results (weekly mean capillary glucose values), there is wide fluctuation within individuals.Thus, glycosylated hemoglobin(HbA1c) levels are favored to monitor glycemic control.

High fasting glucose level in comparison to post prandial glucose level may be seen due to effect of Oral Hypoglycaemics & Insulin treatment, Renal Glycosuria, Glycaemic index & response to food consumed, Alimentary Hypoglycemia, Increased insulin response & sensitivity etc.

GLYCOSYLATED HEMOGLOBIN(HBA1C), EDTA WHOLE BLOOD-Used For:

- 1.Evaluating the long-term control of blood glucose concentrations in diabetic patients.
- 2.Diagnosing diabetes.
- 3.Identifying patients at increased risk for diabetes (prediabetes).

The ADA recommends measurement of HbA1c (typically 3-4 times per year for type 1 and poorly controlled type 2 diabetic patients, and 2 times per year for well-controlled type 2 diabetic patients) to determine whether a patient's metabolic control has remained continuously within the target range.

- 1.eAG (Estimated average glucose) converts percentage HbA1c to mg/dl, to compare blood glucose levels.
2. eAG gives an evaluation of blood glucose levels for the last couple of months.
3. eAG is calculated as $eAG (mg/dl) = 28.7 * HbA1c - 46.7$

HbA1c Estimation can get affected due to :

- I.Shortened Erythrocyte survival : Any condition that shortens erythrocyte survival or decreases mean erythrocyte age (e.g. recovery from acute blood loss,hemolytic anemia) will falsely lower HbA1c test results.Fructosamine is recommended in these patients which indicates diabetes control over 15 days.
- II.Vitamin C & E are reported to falsely lower test results.(possibly by inhibiting glycation of hemoglobin.
- III.Iron deficiency anemia is reported to increase test results. Hypertriglyceridemia,uremia, hyperbilirubinemia, chronic alcoholism,chronic ingestion of salicylates & opiates addition are reported to interfere with some assay methods,falsely increasing results.
- IV.Interference of hemoglobinopathies in HbA1c estimation is seen in
 - a.Homozygous hemoglobinopathy. Fructosamine is recommended for testing of HbA1c.
 - b.Heterozygous state detected (D10 is corrected for HbS & HbC trait.)
 - c.HbF > 25% on alternate platform (Boronate affinity chromatography) is recommended for testing of HbA1c.Abnormal Hemoglobin electrophoresis (HPLC method) is recommended for detecting a hemoglobinopathy

LIPID PROFILE, SERUM-Serum cholesterol is a blood test that can provide valuable information for the risk of coronary artery disease This test can help determine your risk of the build up of plaques in your arteries that can lead to narrowed or blocked arteries throughout your body (atherosclerosis). High cholesterol levels usually don't cause any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels often are a significant risk factor for heart disease and important for diagnosis of hyperlipoproteinemia, atherosclerosis, hepatic and thyroid diseases.

Serum Triglyceride are a type of fat in the blood. When you eat, your body converts any calories it doesn't need into triglycerides, which are stored in fat cells. High triglyceride levels are associated with several factors, including being overweight, eating too many sweets or drinking too much alcohol, smoking, being sedentary, or having diabetes with elevated blood sugar levels. Analysis has proven useful in the diagnosis and treatment of patients with diabetes mellitus, nephrosis, liver obstruction, other diseases involving lipid metabolism, and various endocrine disorders. In conjunction with high density lipoprotein and total serum cholesterol, a triglyceride determination provides valuable information for the assessment of coronary heart disease risk.It is done in fasting state.

High-density lipoprotein (HDL) cholesterol. This is sometimes called the "good" cholesterol because it helps carry away LDL cholesterol, thus keeping arteries open and blood flowing more freely.HDL cholesterol is inversely related to the risk for cardiovascular disease. It increases following regular exercise, moderate alcohol consumption and with oral estrogen therapy. Decreased levels are associated with obesity, stress, cigarette smoking and diabetes mellitus.

SERUM LDL The small dense LDL test can be used to determine cardiovascular risk in individuals with metabolic syndrome or established/progressing coronary artery disease, individuals with triglyceride levels between 70 and 140 mg/dL, as well as individuals with a diet high in trans-fat or carbohydrates. Elevated sdLDL levels are associated with metabolic syndrome and an 'atherogenic lipoprotein profile', and are a strong, independent predictor of cardiovascular disease. Elevated levels of LDL arise from multiple sources. A major factor is sedentary lifestyle with a diet high in saturated fat. Insulin-resistance and pre-diabetes have also been implicated, as has genetic predisposition. Measurement of sdLDL allows the clinician to get a more comprehensive picture of lipid risk factors and tailor treatment accordingly. Reducing LDL levels will reduce the risk of CVD and MI.

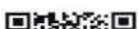
Non HDL Cholesterol - Adult treatment panel ATP III suggested the addition of Non-HDL Cholesterol as an indicator of all atherogenic lipoproteins (mainly LDL and VLDL). NICE guidelines recommend Non-HDL Cholesterol measurement before initiating lipid lowering therapy. It has also been shown to be a better marker of risk in both primary and secondary prevention studies.

Recommendations:

Results of Lipids should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings.

NON FASTING LIPID PROFILE includes Total Cholesterol, HDL Cholesterol and calculated non-HDL Cholesterol. It does not include triglycerides and may be best used in patients for whom fasting is difficult.

TOTAL PROTEIN, SERUM-Serum total protein,also known as total protein, is a biochemical test for measuring the total amount of protein in serum..Protein in the plasma is made up of albumin and globulin



**DDRC SRL**

Diagnostic Services

Patient Ref. No. 66600003019978

CLIENT CODE : CA00010147 - MEDIWHEEL

INDIA'S LEADING DIAGNOSTIC NETWORK



Cert. No. MC-2354

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- PANAMPALLY NAGAR, 682036
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Tel : 93334 93334
Email : customercare.ddrc@srl.in

PATIENT NAME : JOSE ANUJA**PATIENT ID : JOSEF1401934126**ACCESSION NO : **4126WA005186** AGE : 30 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 14/01/2023 08:17

REPORTED : 14/01/2023 23:11

REFERRING DOCTOR : DR. BOB

CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
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Higher-than-normal levels may be due to: Chronic inflammation or infection, including HIV and hepatitis B or C, Multiple myeloma, Waldenstrom's disease
Lower-than-normal levels may be due to: Agammaglobulinemia, Bleeding (hemorrhage), Burns, Glomerulonephritis, Liver disease, Malabsorption, Malnutrition, Nephrotic syndrome, Protein-losing enteropathy etc.

URIC ACID, SERUM-**Causes of Increased levels**:-Dietary(High Protein Intake,Prolonged Fasting,Rapid weight loss),Gout,Lesch nyhan syndrome,Type 2 DM,Metabolic syndrome

Causes of decreased levels-Low Zinc intake,OCP,Multiple Sclerosis

ABO GROUP & RH TYPE, EDTA WHOLE BLOOD-

Blood group is identified by antigens and antibodies present in the blood. Antigens are protein molecules found on the surface of red blood cells. Antibodies are found in plasma. To determine blood group, red cells are mixed with different antibody solutions to give A,B,O or AB.

Disclaimer: "Please note, as the results of previous ABO and Rh group (Blood Group) for pregnant women are not available, please check with the patient records for availability of the same."

The test is performed by both forward as well as reverse grouping methods.

BLOOD COUNTS, EDTA WHOLE BLOOD-The cell morphology is well preserved for 24hrs. However after 24-48 hrs a progressive increase in MCV and HCT is observed leading to a decrease in MCHC. A direct smear is recommended for an accurate differential count and for examination of RBC morphology.

RBC AND PLATELET INDICES-Mentzer Index (MCV/RBC) is an automated cell-counter based calculated screen tool to differentiate cases of Iron deficiency anaemia (>13) from Beta thalassaemia trait

(<13) in patients with microcytic anaemia. This needs to be interpreted in line with clinical correlation and suspicion. Estimation of HbA2 remains the gold standard for diagnosing a case of beta thalassaemia trait.

WBC DIFFERENTIAL COUNT-The optimal threshold of 3.3 for NLR showed a prognostic possibility of clinical symptoms to change from mild to severe in COVID positive patients. When age = 49.5 years old and NLR = 3.3, 46.1% COVID-19 patients with mild disease might become severe. By contrast, when age < 49.5 years old and NLR < 3.3, COVID-19 patients tend to show mild disease.

(Reference to - The diagnostic and predictive role of NLR, d-NLR and PLR in COVID-19 patients ; A.-P. Yang, et al.; International Immunopharmacology 84 (2020) 106504 This ratio element is a calculated parameter and out of NABL scope.

ERYTHROCYTE SEDIMENTATION RATE (ESR), WHOLE BLOOD-**TEST DESCRIPTION** :-

Erythrocyte sedimentation rate (ESR) is a test that indirectly measures the degree of inflammation present in the body. The test actually measures the rate of fall (sedimentation) of erythrocytes in a sample of blood that has been placed into a tall, thin, vertical tube. Results are reported as the millimetres of clear fluid (plasma) that are present at the top portion of the tube after one hour. Nowadays fully automated instruments are available to measure ESR.

ESR is not diagnostic; it is a non-specific test that may be elevated in a number of different conditions. It provides general information about the presence of an inflammatory condition. CRP is superior to ESR because it is more sensitive and reflects a more rapid change.

TEST INTERPRETATION

Increase in: Infections, Vasculitides, Inflammatory arthritis, Renal disease, Anemia, Malignancies and plasma cell dyscrasias, Acute allergy Tissue injury, Pregnancy, Estrogen medication, Aging.

Finding a very accelerated ESR (>100 mm/hour) in patients with ill-defined symptoms directs the physician to search for a systemic disease (Paraproteinemias, Disseminated malignancies, connective tissue disease, severe infections such as bacterial endocarditis).

In pregnancy BRI in first trimester is 0-48 mm/hr(62 if anemic) and in second trimester (0-70 mm/hr(95 if anemic). ESR returns to normal 4th week post partum.

Decreased in: Polycythemia vera, Sickle cell anemia

LIMITATIONS

False elevated ESR : Increased fibrinogen, Drugs(Vitamin A, Dextran etc), Hypercholesterolemia

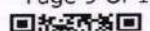
False Decreased : Polikocytosis,(SickleCells,spherocytes),Microcytosis, Low fibrinogen, Very high WBC counts, Drugs(Quinine, salicylates)

REFERENCE :

1. Nathan and Oski's Haematology of Infancy and Childhood, 5th edition; 2. Paediatric reference intervals. AACC Press, 7th edition. Edited by S. Soldin; 3. The reference for the adult reference range is "Practical Haematology by Dacie and Lewis, 10th edition.

SUGAR URINE - POST PRANDIAL-METHOD: DIPSTICK/BENEDICT'S TEST

SUGAR URINE - FASTING-METHOD: DIPSTICK/BENEDICT'S TEST




DDRC SRL
Diagnostic Services

Patient Ref. No. 666000003019978



Cert. No. MC-2354

CLIENT CODE : CA00010147 - MEDIWHEEL

CLIENT'S NAME AND ADDRESS :

 MEDIWHEEL ARCOFEMI HEALTHCARE LIMITED
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 DDRC SRL DIAGNOSTICS
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 PANAMPALLY NAGAR, 682036
 KERALA, INDIA
 Tel : 93334 93334
 Email : customercare.ddrc@srl.in

PATIENT NAME : JOSE ANUJA
PATIENT ID : JOSEF1401934126

 ACCESSION NO : **4126WA005186** AGE : 30 Years SEX : Female

ABHA NO :

DRAWN :

RECEIVED : 14/01/2023 08:17

REPORTED : 14/01/2023 23:11

REFERRING DOCTOR : DR. BOB

CLIENT PATIENT ID :

Test Report Status	Preliminary	Results	Units
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MEDIWHEEL HEALTH CHECKUP BELOW 40(F)TMT
*** ECG WITH REPORT**

 REPORT
 COMPLETED

*** USG ABDOMEN AND PELVIS**

 REPORT
 COMPLETED

*** CHEST X-RAY WITH REPORT**

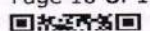
 REPORT
 COMPLETED

****End Of Report****

 Please visit www.srlworld.com for related Test Information for this accession
 TEST MARKED WITH '*' ARE OUTSIDE THE NABL ACCREDITED SCOPE OF THE LABORATORY.

 DR.HARI SHANKAR, MBBS MD
 HEAD - Biochemistry &
 Immunology

 DR.VIJAY K N,MD(PATH)
 HEAD-HAEMATOLOGY &
 CLINICAL PATHOLOGY

 DR.SMITHA PAULSON,MD
 (PATH),DPB
 LAB DIRECTOR & HEAD-
 HISTOPATHOLOGY &
 CYTOLOGY




Date..14.01.2023

OPHTHALMOLOGY REPORT

This is to certify that I have examined

Mr / Ms : Jose Anuja.....Aged..30.....and his / her

visual standards is as follows :

Visual Acuity:

R:6/6.....

For far vision

L:6/6.....

R:Nh.....

For near vision

L:Nh.....

Color Vision :Normal.....



Nannu Elizabeth
Nannu Elizabeth
 (Optometrist)

NAME: MRS JOSE ANUJA	STUDY DATE : 14/01/2023
AGE / SEX : 30 YRS / F	REPORTING DATE : 14/01/2023
REFERRED BY : MEDIWHEEL	ACC NO : 4126WA005186

X - RAY - CHEST PA VIEW

- Both the lung fields are clear.
- B/L hila and mediastinal shadows are normal.
- Cardiac silhouette appears normal.
- Cardio - thoracic ratio is normal.
- Bilateral CP angles and domes of diaphragm appear normal.

IMPRESSION : NORMAL STUDY

Kindly correlate clinically

Navneet
 Dr. NAVNEET KAUR, MBBS, MD
 Consultant Radiologist.



R

ID: 5186
JOSE ANUJA
Female 30Years

14-01-2023 09:49:12 AM¹²
HR : 58 bpm
P : 81 ms
PR : 146 ms
QRS : 90 ms
QT/QTc : 416/411 ms
P/QRS/T : 1/65/47 °
RV5/SVI : 0.385/1.227 mV

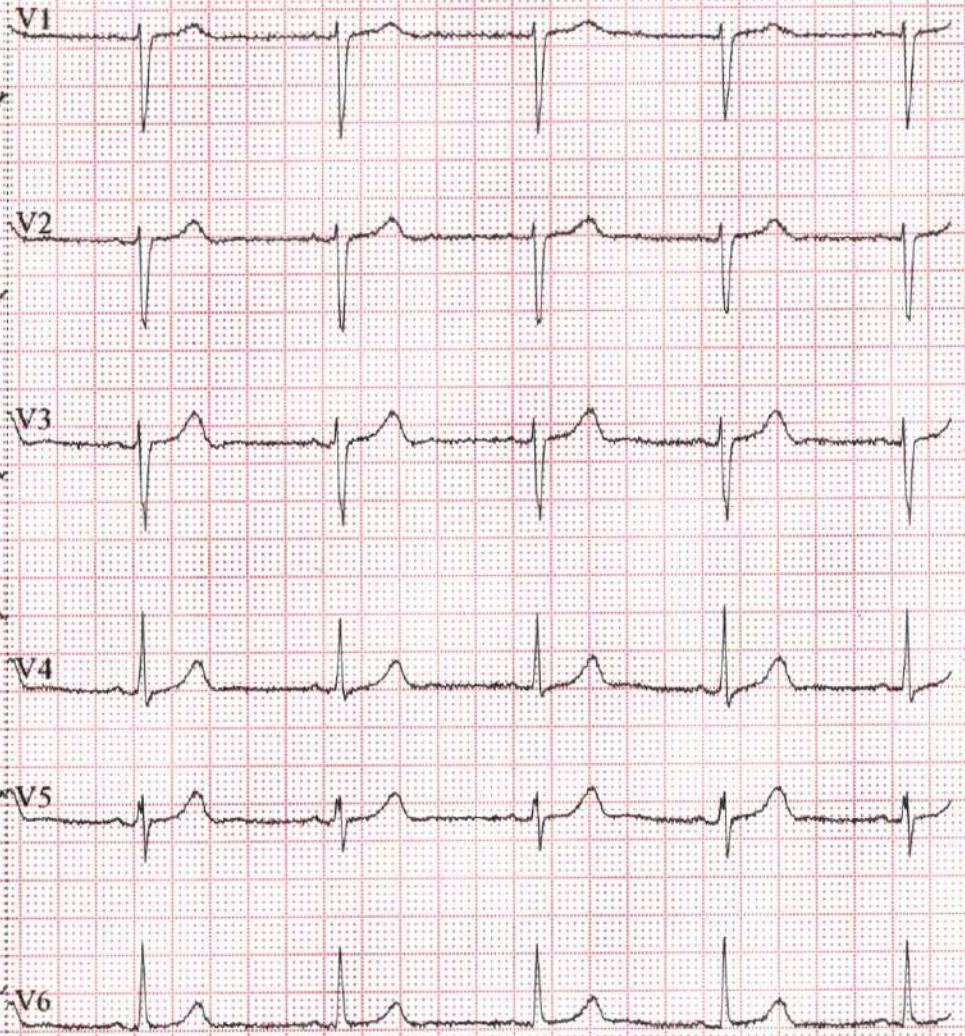
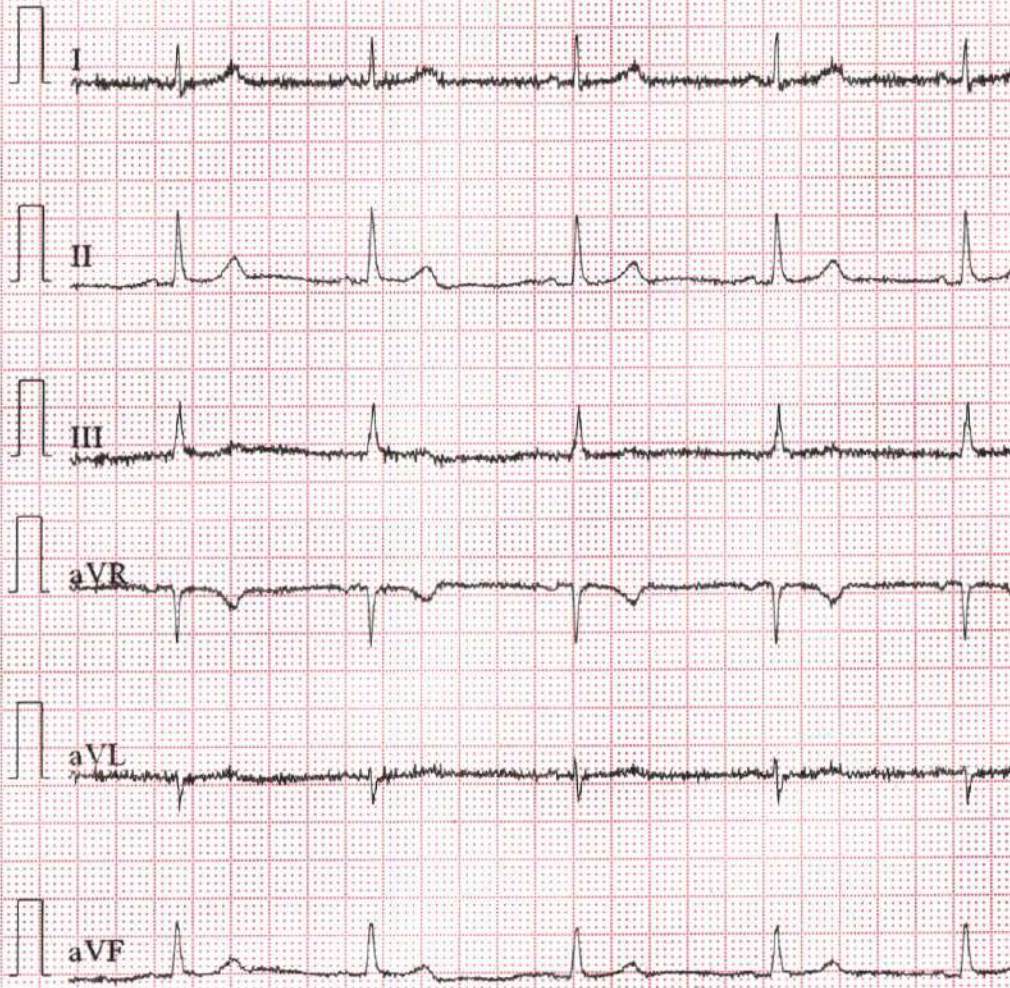
Diagnosis Information:

Within normal limits
Dr. George Thomas MD, FCSI, FIAE
Cardiologist



Technician : SANIGA
Ref-Phys. : BOB
Report Confirmed by:

(Handwritten signature)



NAME	MRS JOSE ANUJA	AGE	30 YRS
SEX	FEMALE	DATE	January 14, 2023
REFERRAL	MEDIWHEEL ARCOFEMI	ACC NO	4126WA005186

USG ABDOMEN AND PELVIS

LIVER	Measures ~ 12.9 cm. Normal echopattern. Smooth margins and no obvious focal lesion within. No IHBR dilatation. Portal vein normal in caliber .
GB	No calculus within gall bladder. Normal GB wall caliber.
SPLEEN	Measures ~ 7.3 cm, normal to visualized extent. Splenic vein normal.
PANCREAS	Normal to visualized extent. PD is not dilated.
KIDNEYS	RK: 8.4 x 3.5 cm, appears normal in size and echotexture. LK: 9.1 x 4.1 cm, appears normal in size and echotexture. No focal lesion / calculus within. Maintained corticomedullary differentiation and normal parenchymal thickness. No hydroureteronephrosis.
BLADDER	Normal wall caliber, no internal echoes/calculus within.
UTERUS	Anteverted, normal in size [7.1 x 4 x 4.9 cm] and echopattern. No focal lesion seen. ET - 12 mm.
OVARIES	RT OV: 4.1 x 2 x 2.1 cm [volume ~ 9.4 cc]. LT OV: 3 x 1.8 x 2.5 cm [volume ~ 7.8 cc].
NODES/FLUID	Mild free fluid seen in POD.
BOWEL	Visualized bowel loops appear normal.
IMPRESSION	✦ No significant abnormality in the present study

Kindly correlate clinically.

Navneet
 Dr. NAVNEET KAUR MBBS . MD
 Consultant Radiologist

Thank you for referral. Your feedback will be appreciated.

NOTE: This report is only a professional opinion based on the real time image finding and not a diagnosis by itself. It has to be correlated and interpreted with clinical and other investigation findings.
 Review scan is advised, if this ultrasound opinion and other clinical findings / reports don't correlate.





JOSE ANUJA

14.01.2023 09:33:36

O

DDRC SRL KOCHI

14/01/2023 09:36:04

PC1
Abd
Tx Power 100%
MI 1.11
TIS 0.2
TIB 0.2
ASC 1
DTCE Med
Dyn R 63 dB
THI 3.4 MHz
0 dB
21 fps

1 D 84.7 mm

2 D 35.0 mm

3 D 91.6 mm

4 D 49.8 mm



JOSE ANUJA

14.01.2023 09:33:36

O

DDRC SRL KOCHI

14/01/2023 09:35:14

PC1
Abd
Tx Power 100%
MI 1.01
TIS 0.2
TIB 0.2
ASC 1
DTCE Med
Dyn R 63 dB
THI 3.4 MHz
0 dB
19 fps

1 D 129.1 mm



DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

JOSE ANUJA (30 F)

ID: WA005186

Date: 14-Jan-23

Exec Time : 0 m 0 s

Stage Time : 1 m 20 s

HR: 67 bpm

Protocol: Bruce

Stage: Supine

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 110 / 80



Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

JOSE ANUJA (30 F)

ID: WA005186

Date: 14-Jan-23

Exec Time : 0 m 0 s

Stage Time : 0 m 31 s

HR: 77 bpm

Protocol: Bruce

Stage: Standing

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 110 / 80

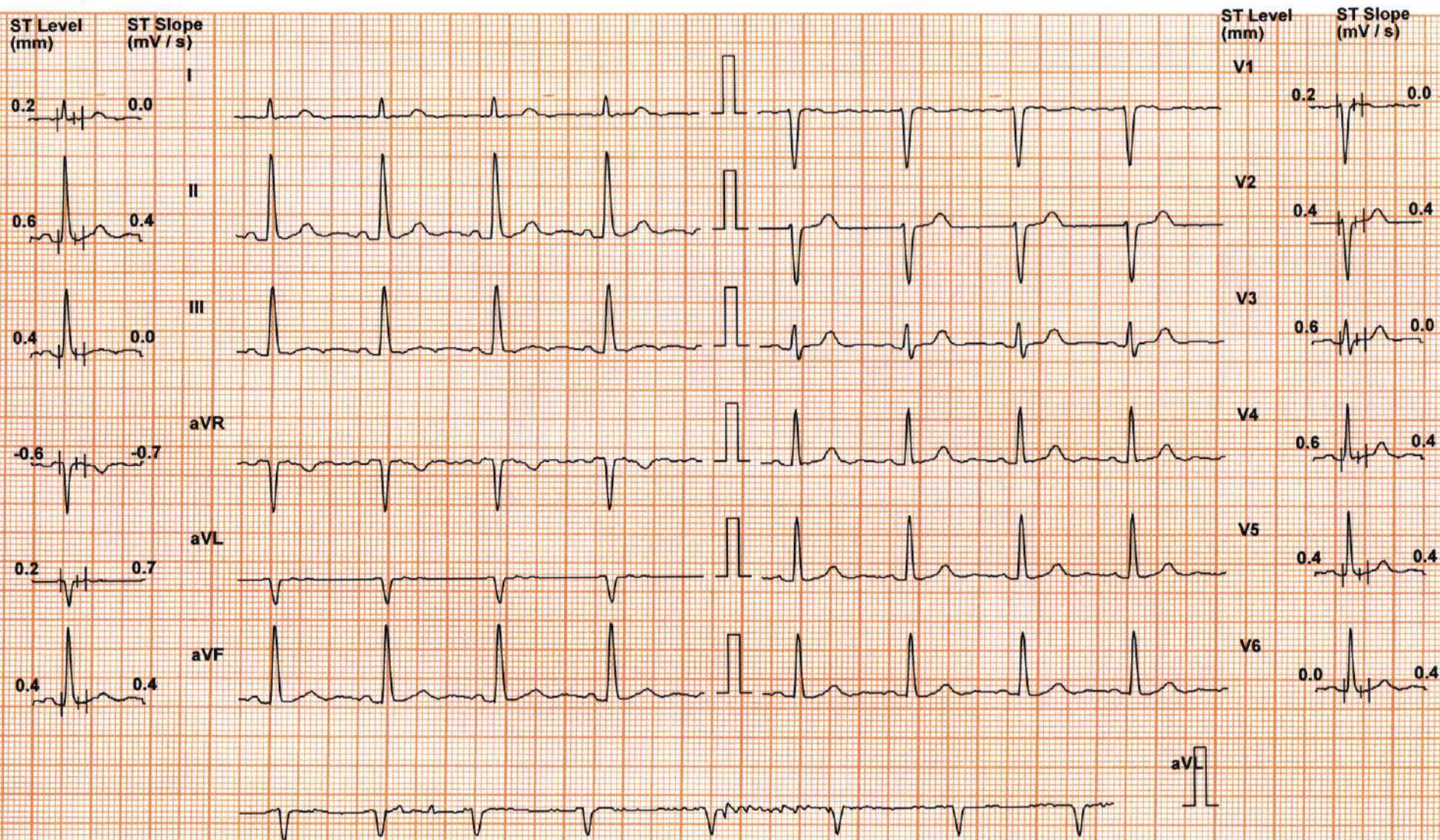


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

JOSE ANUJA (30 F)

ID: WA005186

Date: 14-Jan-23

Exec Time : 2 m 54 s

Stage Time : 2 m 54 s

HR: 109 bpm

Protocol: Bruce

Stage: 1

Speed: 1.7 mph

Grade: 10 %

(THR: 161 bpm)

B.P: 120 / 80

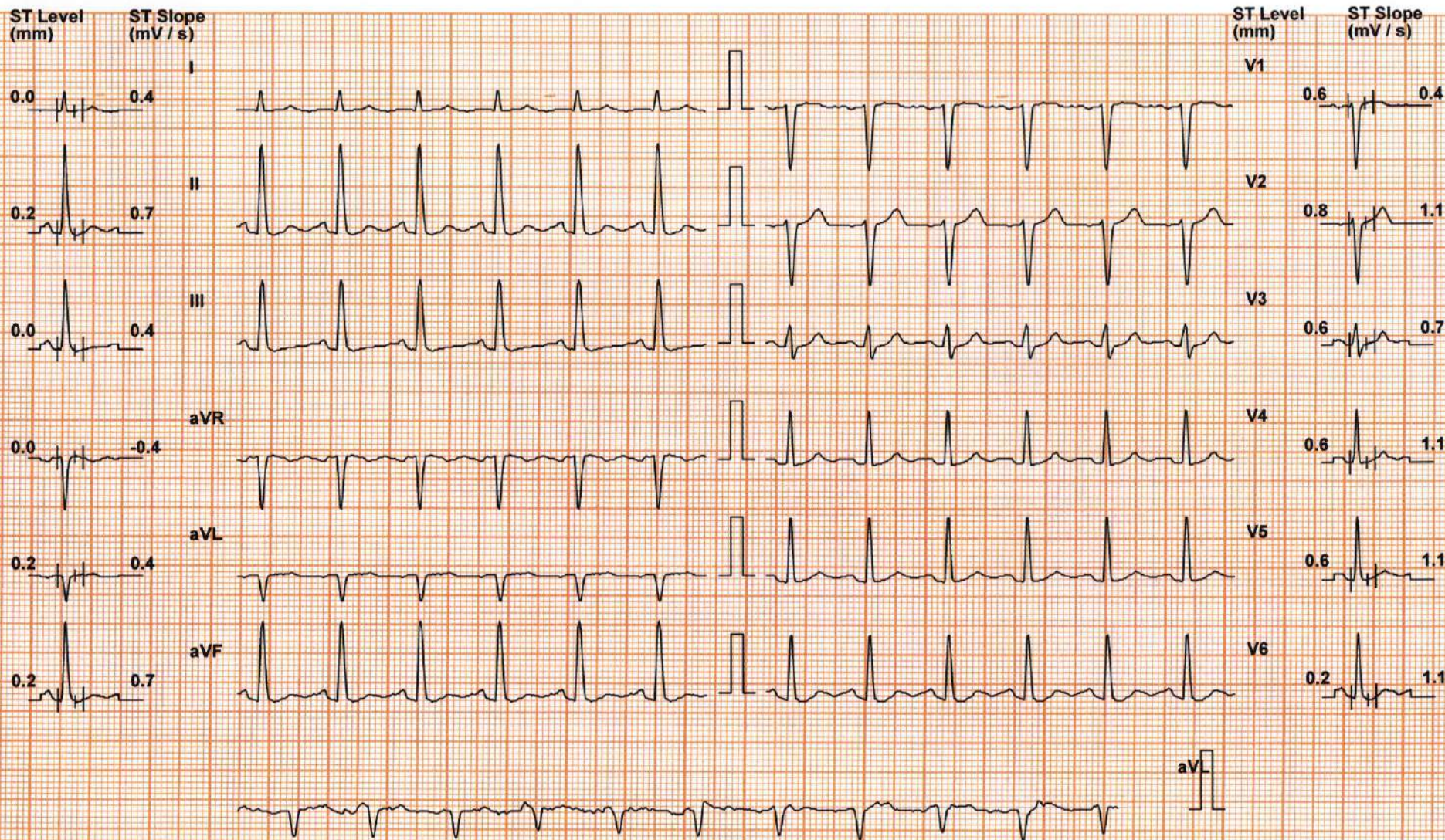


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

JOSE ANUJA (30 F)

ID: WA005186

Date: 14-Jan-23

Exec Time : 5 m 54 s

Stage Time : 2 m 54 s

HR: 142 bpm

Protocol: Bruce

Stage: 2

Speed: 2.5 mph

Grade: 12 %

(THR: 161 bpm)

B.P: 130 / 80

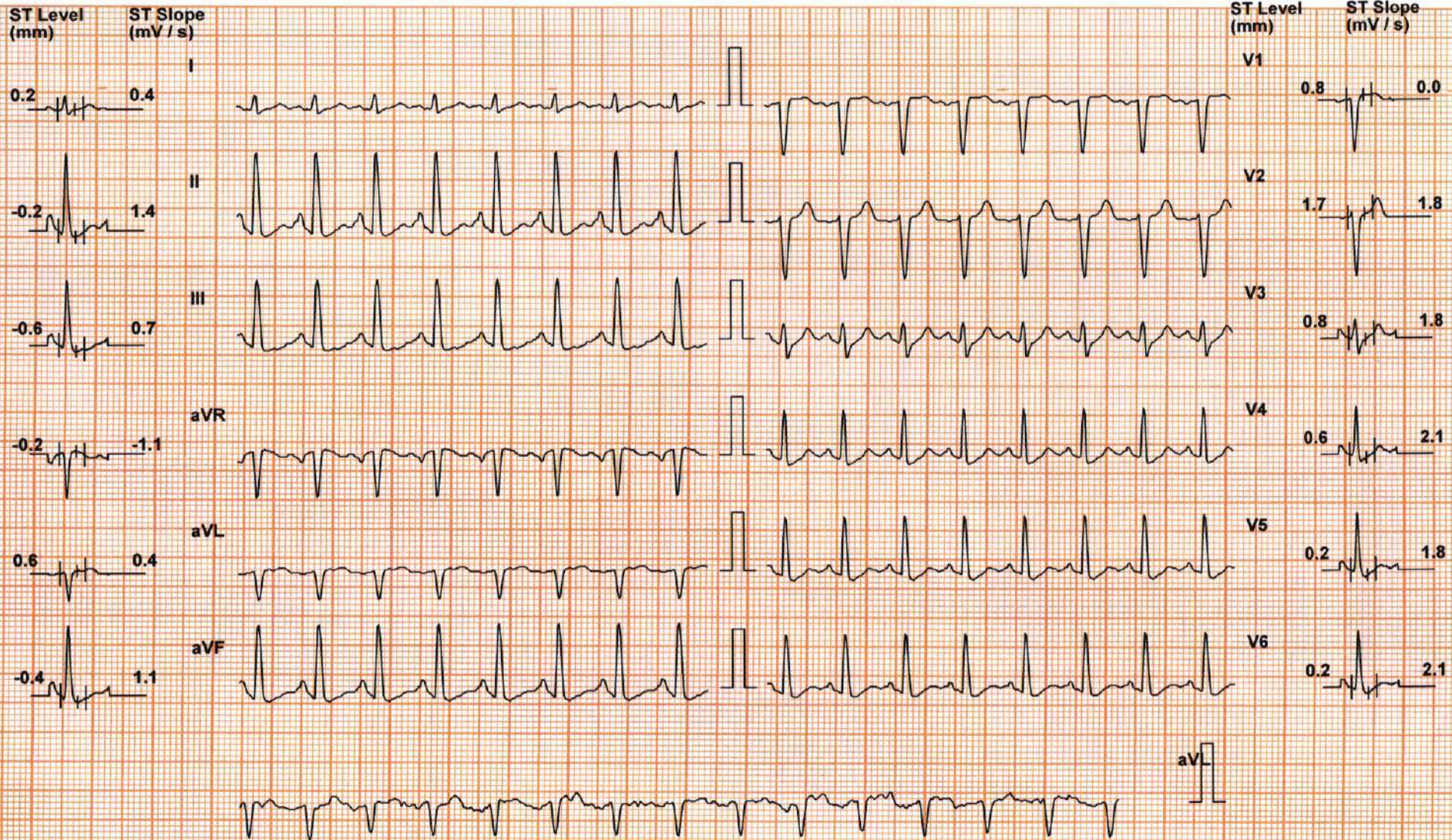


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

JOSE ANUJA (30 F)

ID: WA005186

Date: 14-Jan-23

Exec Time : 6 m 59 s

Stage Time : 0 m 59 s

HR: 166 bpm

Protocol: Bruce

Stage: Peak Ex

Speed: 3.4 mph

Grade: 14 %

(THR: 161 bpm)

B.P: 140 / 80

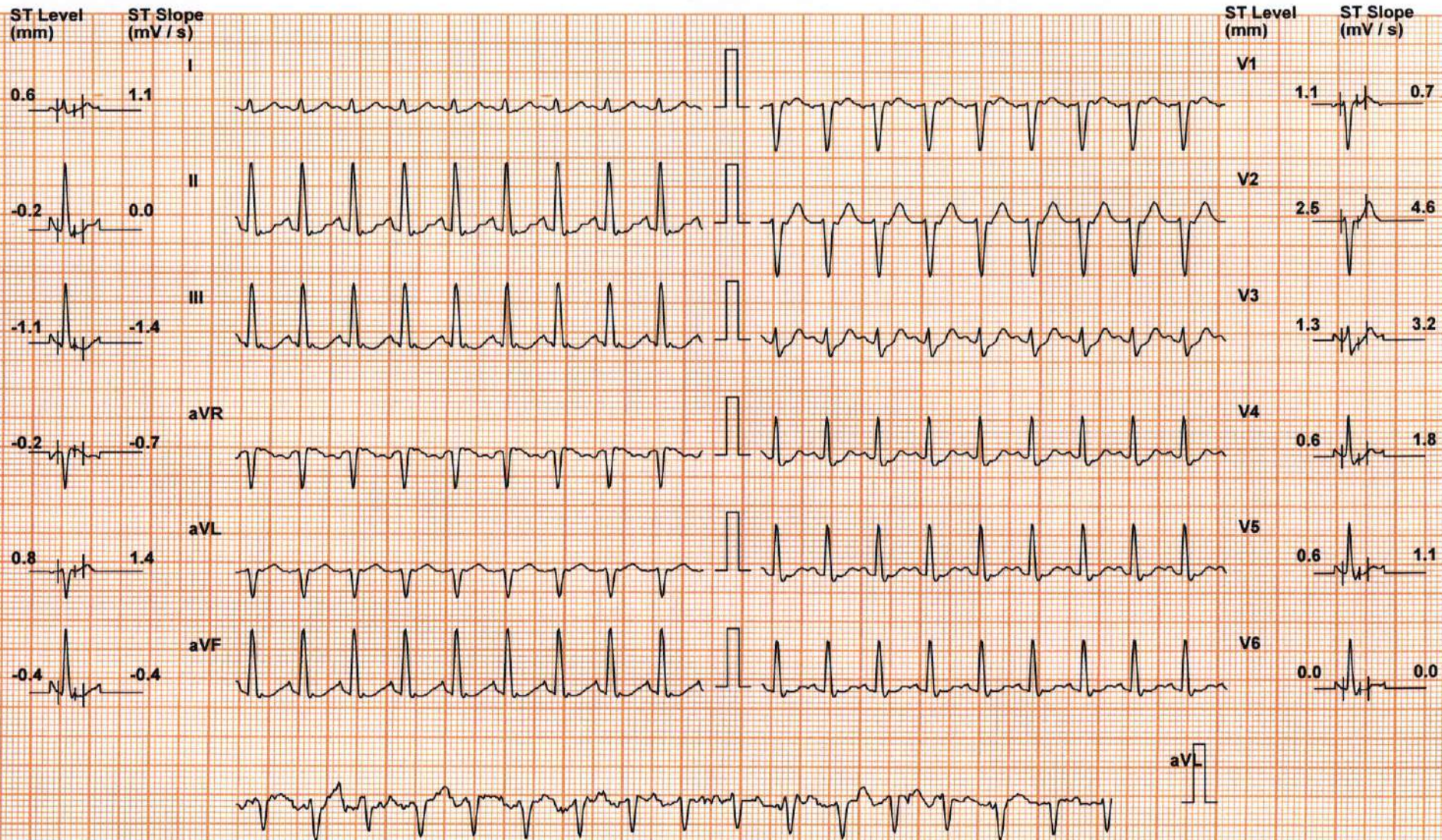


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

JOSE ANUJA (30 F)

ID: WA005186

Date: 14-Jan-23

Exec Time : 7 m 5 s

Stage Time : 0 m 54 s

HR: 120 bpm

Protocol: Bruce

Stage: Recovery(1)

Speed: 1 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 160 / 80

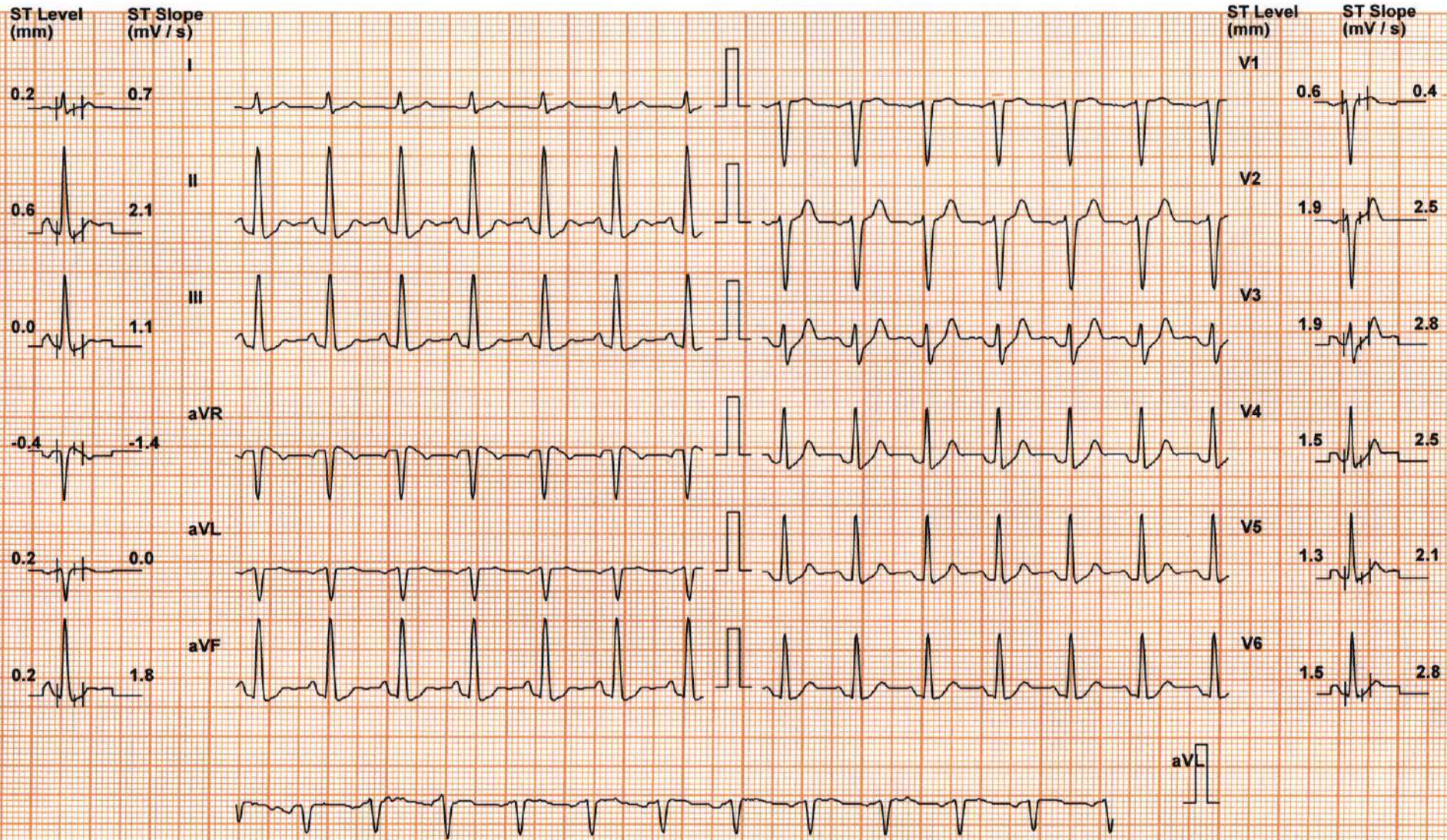


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

JOSE ANUJA (30 F)

ID: WA005186

Date: 14-Jan-23

Exec Time : 7 m 5 s

Stage Time : 0 m 54 s

HR: 102 bpm

Protocol: Bruce

Stage: Recovery(2)

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 140 / 80

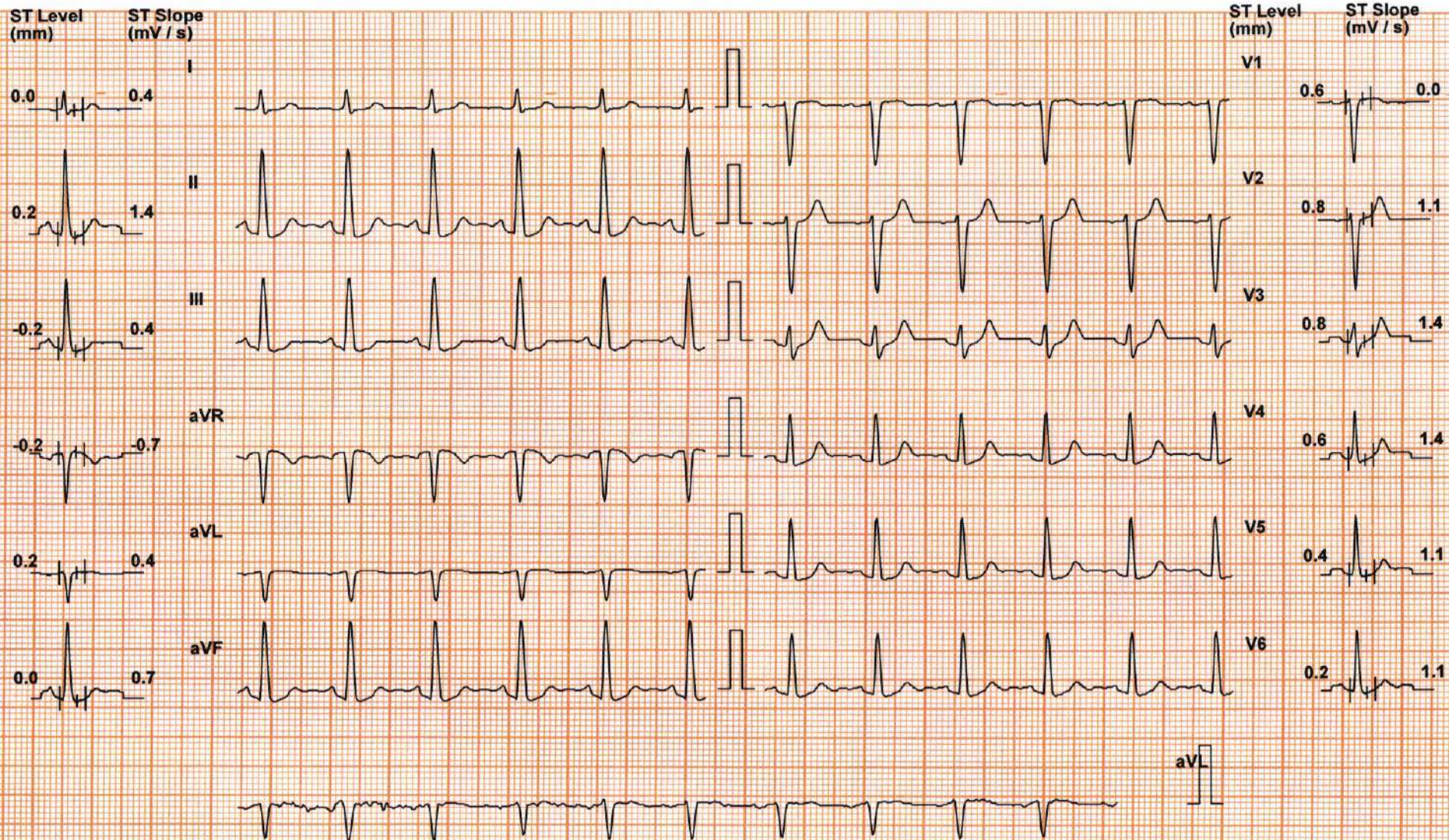


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

JOSE ANUJA (30 F)

ID: WA005186

Date: 14-Jan-23

Exec Time : 7 m 5 s

Stage Time : 0 m 54 s HR: 83 bpm

Protocol: Bruce

Stage: Recovery(3)

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 130 / 80

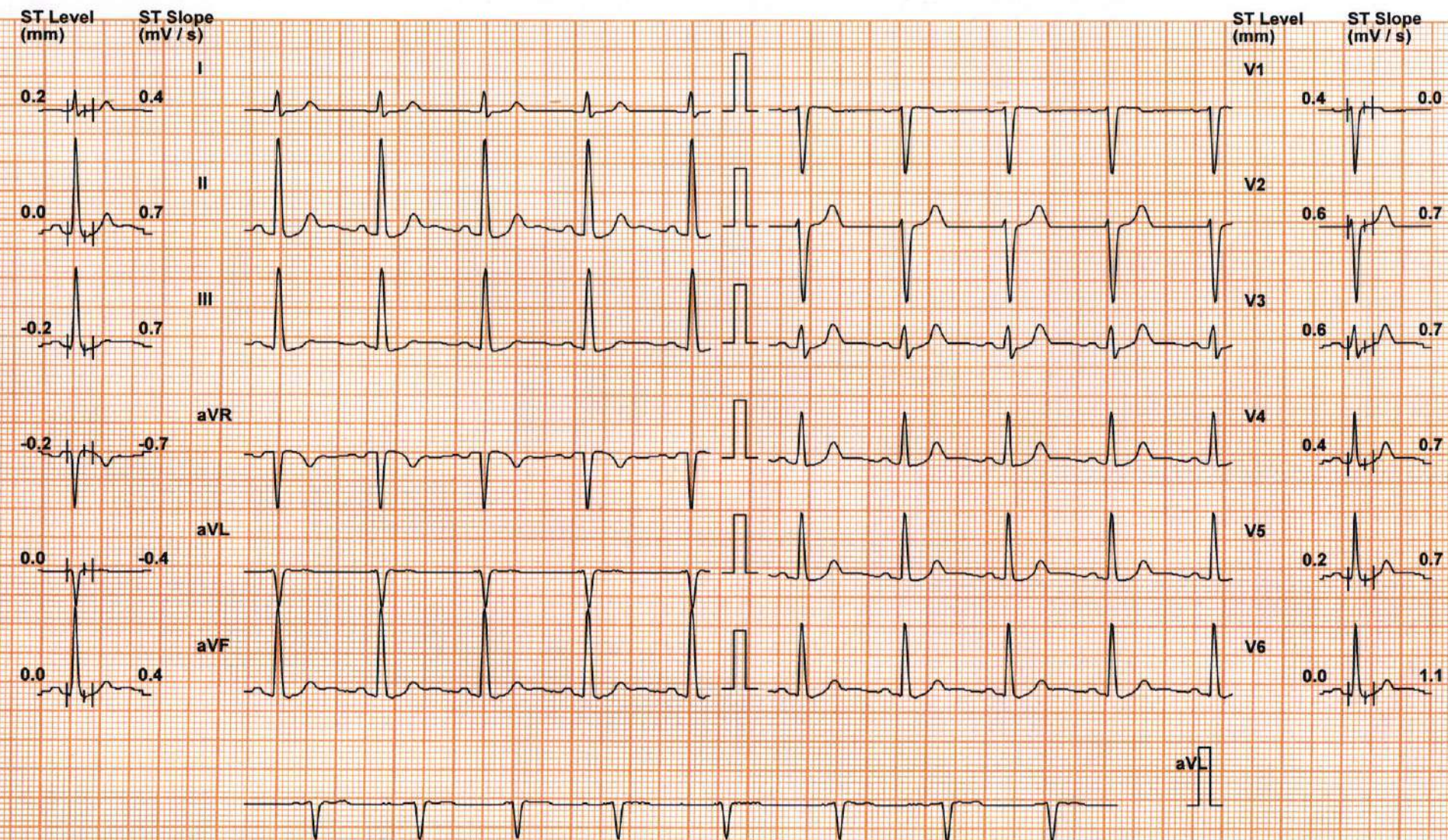


Chart Speed: 25 mm/sec
Schiller Spandan V 4.7

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Post J = J + 60 ms

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Test Report

JOSE ANUJA (30 F)

ID: WA005186

Date: 14-Jan-23

Exec Time : 7 m 5 s

Stage Time : 0 m 54 s

HR: 83 bpm

Protocol: Bruce

Stage: Recovery(4)

Speed: 0 mph

Grade: 0 %

(THR: 161 bpm)

B.P: 130 / 80

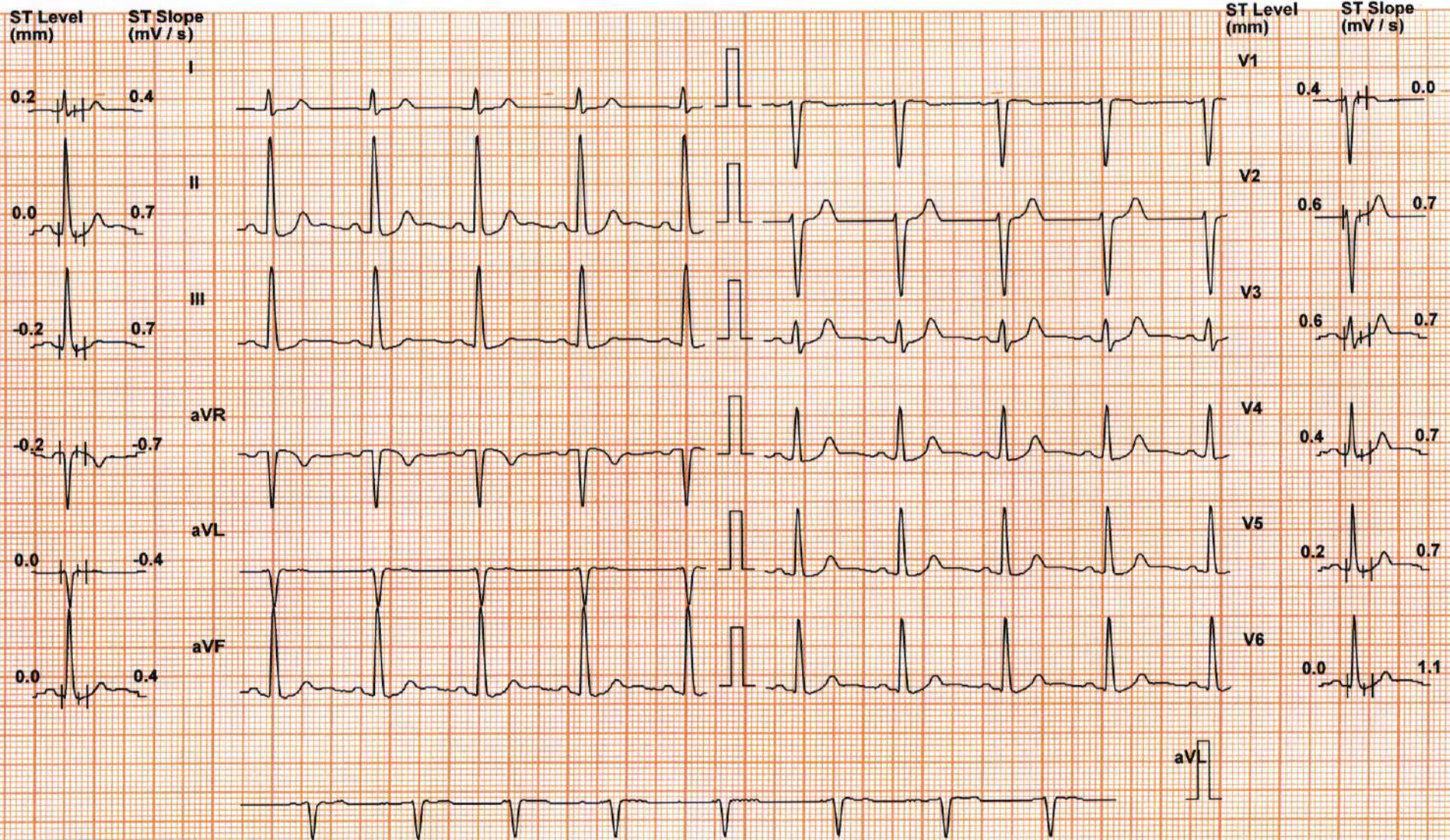


Chart Speed: 25 mm/sec

Filter: 35 Hz

Mains Filt: ON

Amp: 10 mm

Iso = R - 60 ms

J = R + 60 ms

Past J = J + 60 ms

Schiller Spandan V 4.7

Linked Median

DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Patient Details Date: 14-Jan-23 Time: 11:15:34
Name: JOSE ANUJA ID: WA005186
Age: 30 y **Sex:** F **Height:** 161 cms **Weight:** 57 Kgs
Clinical History: NIL

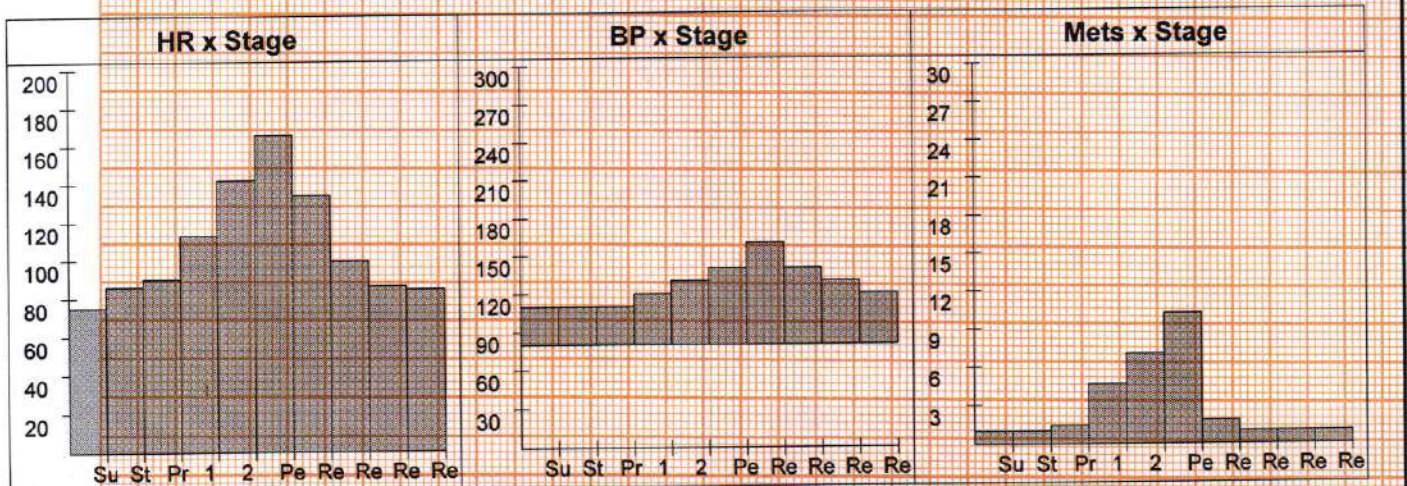
Medications: NIL

Test Details

Protocol: Bruce **Pr.MHR:** 190 bpm **THR:** 161 (85 % of Pr.MHR) bpm
Total Exec. Time: 7 m 5 s **Max. HR:** 166 (87% of Pr.MHR) bpm **Max. Mets:** 10.20
Max. BP: 160 / 80 mmHg **Max. BP x HR:** 26560 mmHg/min **Min. BP x HR:** 6000 mmHg/min
Test Termination Criteria: Target HR attained

Protocol Details

Stage Name	Stage Time (min : sec)	Mets	Speed (mph)	Grade (%)	Heart Rate (bpm)	Max. BP (mm/Hg)	Max. ST Level (mm)	Max. ST Slope (mV/s)
Supine	1 : 26	1.0	0	0	75	110 / 80	-1.70 II	-4.60 aVF
Standing	0 : 37	1.0	0	0	86	110 / 80	-3.61 I	2.12 I
1	3 : 0	4.6	1.7	10	113	120 / 80	-1.49 V6	1.42 V2
2	3 : 0	7.0	2.5	12	142	130 / 80	-4.25 aVR	2.48 V2
Peak Ex	1 : 5	10.2	3.4	14	166	140 / 80	-1.27 III	3.54 V2
Recovery(1)	1 : 0	1.8	1	0	134	160 / 80	-1.49 III	4.60 V2
Recovery(2)	1 : 0	1.0	0	0	99	140 / 80	-3.82 aVL	3.89 V2
Recovery(3)	1 : 0	1.0	0	0	86	130 / 80	-0.42 II	1.77 V3
Recovery(4)	0 : 11	1.0	0	0	84	120 / 80	-0.64 aVR	1.42 V6



DDRC SRL DIAGNOSTIC SERVICE PVT LTD

Patient Details

Date: 14-Jan-23

Time: 11:15:34

Name: JOSE ANUJA ID: WA005186

Age: 30 y

Sex: F


Height: 161 cms

Weight: 57 Kgs

Interpretation

The patient exercised according to the Bruce protocol for 7 m 5 s achieving a work level of Max. METS : 10.20. Resting heart rate initially 75 bpm, rose to a max. heart rate of 166 (87% of Pr.MHR) bpm. Resting blood Pressure 110 / 80 mmHg, rose to a maximum blood pressure of 160 / 80 mmHg, No Angina, No Arrhythmia.

No significant ST changes
Test negative for inducible ischemia


Dr. George Thomas MD, FCSI, FIAE
Cardiologist



Ref. Doctor: MEDIWHEEL

Doctor: -----

(Summary Report edited by user)