

Name : Ms. MAMATHA V
PID No. : MED111123185
SID No. : 922030311
Age / Sex : 56 Year(s) / Female
Type : OP
Ref. Dr : MediWheel

Register On : 28/05/2022 9:29 AM
Collection On : 28/05/2022 10:13 AM
Report On : 28/05/2022 7:19 PM
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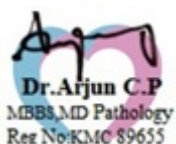


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
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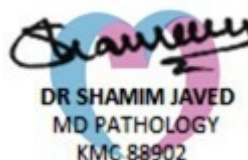
HAEMATOLOGY

Complete Blood Count With - ESR

Haemoglobin (EDTA Blood/Spectrophotometry)	13.41	g/dL	12.5 - 16.0
Packed Cell Volume(PCV)/Haematocrit (EDTA Blood)	40.7	%	37 - 47
RBC Count (EDTA Blood)	4.62	mill/cu.mm	4.2 - 5.4
Mean Corpuscular Volume(MCV) (EDTA Blood)	88.0	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (EDTA Blood)	29.0	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (EDTA Blood)	32.9	g/dL	32 - 36
RDW-CV (EDTA Blood)	13.4	%	11.5 - 16.0
RDW-SD (EDTA Blood)	41.27	fL	39 - 46
Total Leukocyte Count (TC) (EDTA Blood)	4700	cells/cu.mm	4000 - 11000
Neutrophils (EDTA Blood)	58.88	%	40 - 75
Lymphocytes (EDTA Blood)	33.87	%	20 - 45
Eosinophils (EDTA Blood)	1.62	%	01 - 06
Monocytes (EDTA Blood)	5.45	%	01 - 10



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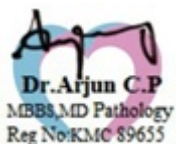
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Basophils (EDTA Blood)	0.18	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (EDTA Blood)	2.77	10 ³ / μ l	1.5 - 6.6
Absolute Lymphocyte Count (EDTA Blood)	1.59	10 ³ / μ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (EDTA Blood)	0.08	10 ³ / μ l	0.04 - 0.44
Absolute Monocyte Count (EDTA Blood)	0.26	10 ³ / μ l	< 1.0
Absolute Basophil count (EDTA Blood)	0.01	10 ³ / μ l	< 0.2
Platelet Count (EDTA Blood)	206.5	10 ³ / μ l	150 - 450
MPV (EDTA Blood)	7.68	fL	8.0 - 13.3
PCT (EDTA Blood/Automated Blood cell Counter)	0.16	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (EDTA Blood)	5	mm/hr	< 30



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BIOCHEMISTRY

Liver Function Test

Bilirubin(Total) (Serum/DCA with ATCS)	0.52	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.23	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.29	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	16.56	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/Modified IFCC)	20.69	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	15.58	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	88.11	U/L	53 - 141
Total Protein (Serum/Biuret)	6.33	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.26	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.07	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	2.06		1.1 - 2.2


Dr SURAJ JAIN
Consultant Pathologist
Reg No : 80423

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DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902

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Lipid Profile

Cholesterol Total (Serum/CHOD-PAP with ATCS)	175.73	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
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Triglycerides (Serum/GPO-PAP with ATCS)	95.51	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500
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INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	45.04	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
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LDL Cholesterol (Serum/Calculated)	111.6	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
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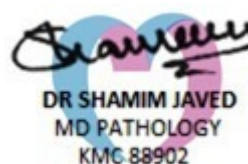
VLDL Cholesterol (Serum/Calculated)	19.1	mg/dL	< 30
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Non HDL Cholesterol (Serum/Calculated)	130.7	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220
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INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.



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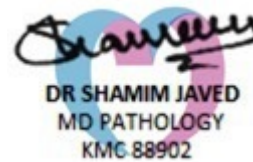
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Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	3.9		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.1		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0



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<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
<u>Glycosylated Haemoglobin (HbA1c)</u>			
HbA1C (Whole Blood/HPLC)	5.7	%	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 116.89 mg/dL
(Whole Blood)

INTERPRETATION: Comments

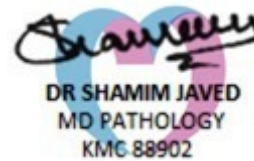
HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemc control as compared to blood and urinary glucose determinations.

Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values.

Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.



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IMMUNOASSAY

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/ECLIA)	1.25	ng/ml	0.4 - 1.81
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INTERPRETATION:

Comment :

Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/ECLIA)	8.09	µg/dl	4.2 - 12.0
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INTERPRETATION:

Comment :

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

TSH (Thyroid Stimulating Hormone) (Serum/ECLIA)	3.61	µIU/mL	0.35 - 5.50
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INTERPRETATION:

Reference range for cord blood - upto 20

1 st trimester: 0.1-2.5

2 nd trimester 0.2-3.0

3 rd trimester : 0.3-3.0

(Indian Thyroid Society Guidelines)


Comment :

1.TSH reference range during pregnancy depends on Iodine intake, TPO status, Serum HCG concentration, race, Ethnicity and BMI.

2.TSH Levels are subject to circadian variation, reaching peak levels between 2-4am and at a minimum between 6-10PM.The variation can be of the order of 50%,hence time of the day has influence on the measured serum TSH concentrations.

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


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Consultant Pathologist
Reg No : 99049
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MD PATHOLOGY
KMC 88902
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CLINICAL PATHOLOGY


PHYSICAL EXAMINATION (URINE COMPLETE)

Colour (Urine)	Yellow		Yellow to Amber
Appearance (Urine)	Clear		Clear
Volume(CLU) (Urine)	15		

CHEMICAL EXAMINATION (URINE COMPLETE)

pH (Urine)	5.0		4.5 - 8.0
Specific Gravity (Urine)	1.013		1.002 - 1.035
Ketone (Urine)	Negative		Negative
Urobilinogen (Urine)	Normal		Normal
Blood (Urine)	Negative		Negative
Nitrite (Urine)	Negative		Negative
Bilirubin (Urine)	Negative		Negative
Protein (Urine)	Negative		Negative
Glucose (Urine/GOD - POD)	Negative		Negative


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Leukocytes(CP) (Urine)	Negative		
<u>MICROSCOPIC EXAMINATION</u> <u>(URINE COMPLETE)</u>			
Pus Cells (Urine)	3-4	/hpf	NIL
Epithelial Cells (Urine)	1-3	/hpf	NIL
RBCs (Urine)	Nil	/hpf	NIL
Others (Urine)	Nil		
INTERPRETATION: Note: Done with Automated Urine Analyser & Automated urine sedimentation analyser. All abnormal reports are reviewed and confirmed microscopically.			
Casts (Urine)	Nil	/hpf	NIL
Crystals (Urine)	Nil	/hpf	NIL


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Investigation **Observed Value** **Unit** **Biological Reference Interval**

BIOCHEMISTRY

BUN / Creatinine Ratio 10.46 6.0 - 22.0
Glucose Fasting (FBS) 85.44 mg/dL Normal: < 100
(Plasma - F/GOD-PAP) 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) Negative Negative
(Urine - F/GOD - POD)

Glucose Postprandial (PPBS) 133.93 mg/dL 70 - 140
(Plasma - PP/GOD-PAP)

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 Glucose(PP-2 hours) Negative Negative
(Urine - PP)

Blood Urea Nitrogen (BUN) 9.0 mg/dL 7.0 - 21
(Serum/Urease UV / derived)


Creatinine 0.85 mg/dL 0.6 - 1.1
(Serum/Modified Jaffe)

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 4.27 mg/dL 2.6 - 6.0
(Serum/Enzymatic)


Dr SURAJ JAIN
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IMMUNOHAEMATOLOGY

BLOOD GROUPING AND Rh TYPING
(EDTA Blood/Agglutination)

'B' 'Positive'



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Consultant Pathologist
Reg No : 99049
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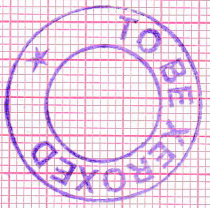
DR SHAMIM JAVED
MD PATHOLOGY
KMC 88902
APPROVED BY

-- End of Report --

56 years
Female

Vent. rate	63 bpm
PR interval	160 ms
QRS duration	92 ms
QT/QTc	422/431 ms
P-R-T axes	66 44 56

Technician: MANJU
Test ind:



Referred by: C/O MEDI WHEEL

Reviewed by:

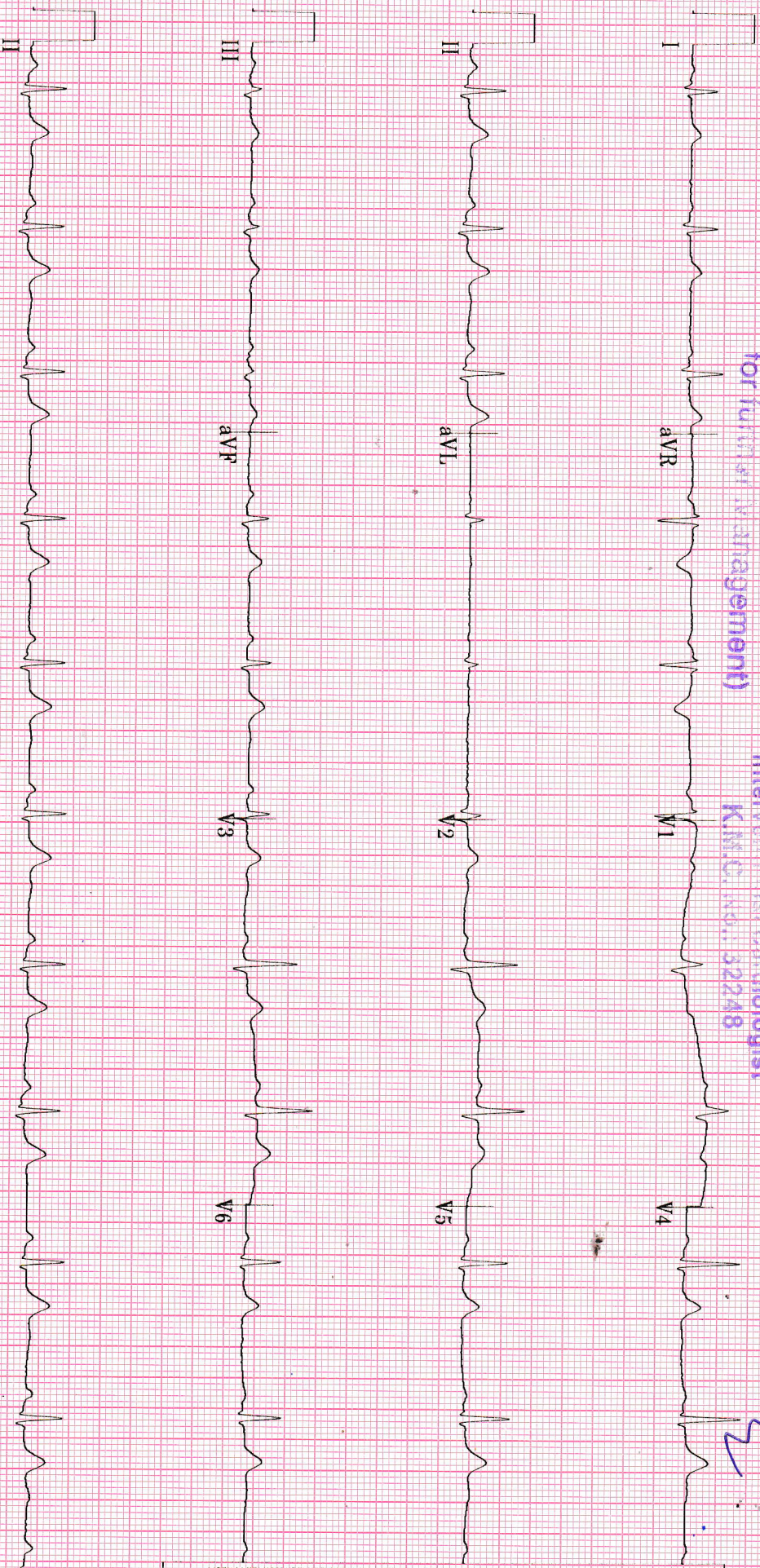
W-63h

WHL
hm *140°*

Normal ECG

(Needs Correlation
for further management)

Dr. SRIDHAR L
MD (Med) (Int Cardiol), FICC
Interventional Cardiologist
K.M.C. No.1, 52248



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm Id

MAC55 010bsp1 12SL™ V241 I

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2D ECHOCARDIOGRAPHIC STUDY

M mode measurement:

AORTA	:	3.06	cms
LEFT ATRIUM	:	2.86	cms
AVS	:	1.18	cms
LEFT VENTRICLE (DIASTOLE)	:	4.90	cms
(SYSTOLE)	:	2.98	cms
VENTRICULAR SEPTUM (DIASTOLE)	:	0.86	cms
(SYSTOLE)	:	1.71	cms
POSTERIOR WALL (DIASTOLE)	:	0.90	cms
(SYSTOLE)	:	1.14	cms
EDV	:	112	ml
ESV	:	34	ml
FRACTIONAL SHORTENING	:	35	%
EJECTION FRACTION	:	65	%
EPSS	:		cms
RVID	:	2.29	cms

DOPPLER MEASUREMENTS

MITRAL VALVE	:	'E' - 1.07 m/s	'A' - 0.89 m/s	NO MR
AORTIC VALVE	:	1.43 m/s		NO AR
TRICUSPID VALVE	:	'E' - 0.68 m/s	'A' - m/s	NO TR
PULMONARY VALVE	:	0.84 m/s		NO PR

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:2:

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: 65 %
- NO REGIONAL WALL MOTION ABNORMALITIES.
- NORMAL VALVES.
- NO CLOTS / PERICARDIAL EFFUSION / VEGETATION.

(KINDLY CORRELATE CLINICALLY AND WITH ECG)

**DR.SRIDHAR.L MD,DM,FICC.
CONSULTANT CARDIOLOGIST**

Ls/rk **Dr. SRIDHAR .L**

MD,(Med), DM(Cardio), FICC
Interventional Cardiologist

K.M.C. No.: 32248



Customer Name	Manatha V	Customer ID	MED111123185
Age & Gender	54 yrs / Female	Visit Date	28/01/2022

Eye Screening

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

	Right Eye	Left Eye
Near Vision	N8	N8
Distance Vision	6/12	6/6
Colour Vision	WNL	WNL

Observation / Comments:

Refractive Error & Presbyopia
Have to use glasses

**CLUMAX DIAGNOSTICS &
RESEARCH CENTRE PVT.LTD**
68/150/3, "Sri Lakshmi Towers"
9th Main, 3rd Block, Jayanagar
BANGALORE - 560 011



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X-ray mammogram (mediolateral oblique and craniocaudal views) followed by Sonomammography was performed.

BILATERAL MAMMOGRAPHY

Breast composition category III -The breasts are heterogeneously dense fibroglandular tissue, which may obscure small masses

No evidence of focal soft tissue lesion.

No evidence of cluster microcalcification.

Subcutaneous fat deposition is within normal limits.

BILATERAL SONOMAMMOGRAPHY

Both the breasts show normal echopattern.

No evidence of focal solid / cystic areas.

No evidence of ductal dilatation.

No evidence of axillary lymphadenopathy on both sides.

Impression: Negative Mammogram.

ASSESSMENT: BI-RADS CATEGORY -1

BI-RADS CLASSIFICATION

CATEGORY RESULT

1 Negative. Routine mammogram in 1 year recommended.

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND

DR. PRAJNA SHENOY

DR. MAHESH. M. S

DR. RADHA KRISHNA. A.

DR. HIMA BINDU.P

Ps/pu

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ABDOMINO-PELVIC ULTRASONOGRAPHY

LIVER is normal in shape, size and has increased 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 made out.
No evidence of calculus or hydronephrosis.

The kidney measures as follows

	Bipolar length (cms)	Parenchymal thickness (cms)
Right Kidney	10.4	1.3
Left Kidney	9.7	1.3

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

UTERUS is retroverted and has normal shape and size.
Myometrial calcification is seen.
Endometrium is in upper limit in size and measures 5.9mms.

Uterus measures as follows:

LS: 6.4cms AP: 3.2cms TS: 3.4cms.

Name	MS.MAMATHA V	ID	MED111123185
Age & Gender	56Y/FEMALE	Visit Date	28/05/2022
Ref Doctor	MediWheel		

:2:

OVARIES appear atrophic.

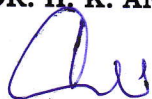
POD is free.

No evidence of ascites.

Impression: *Increased hepatic echopattern suggestive of fatty infiltration.*

CONSULTANT RADIOLOGISTS:

DR. H. K. ANAND DR. PRAJNA SHENOY DR. MAHESH. M. S DR. RADHA KRISHNA. A.



DR. HIMA BINDU.P
Hbp/so





Sign-up & Health Assessment Form

To be filled by Customer

Name: Mr/Ms/Mrs V M A M A T H A

Gender: Male Female Age: 57 years DOB: 15 / 08 / 1965

Mobile: 9449008287 Pincode: 560085

E-mail: mgk-1961@yako.co.in

Bar code

Vitals

To be filled by Technician

Height: 174 . cms

Waist: 35 . in.

Hip: 34 . in.

Weight: 82 . 5 kg

Fat: 38 . 8 %

Visc. Fat: 9 . 5 %

RM: 1571 cal

BMI: 27 . 2 kg/m²

Body Age: 68 years

Sys. BP: 125 mmHg

Dia. BP: 72 mmHg

59 plus.

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

Did you have diabetes/hypertension during delivery? Yes No

Signature:

I consent and agree to Medall Healthcare Pvt Ltd to perform the investigations requested by me. I declare that my age is 18 years or more and I have understood all the details about my tests. Letting me know the results of my tests and the results of my tests.

Name	MAMATHA V	Customer ID	MEDI11123185
Age & Gender	56Y/F	Visit Date	May 28 2022 9:27AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

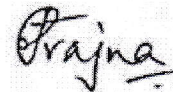
Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: Essentially normal study.



DR. PRAJNA SHENOY
CONSULTANT RADIOLOGIST

