

Name : Mrs. Y SREE VIDYA  
PID No. : MED110999673  
SID No. : 78393816  
Age / Sex : 44 Year(s) / Female  
Type : OP  
Ref. Dr : MediWheel

Register On : 26/02/2022 10:27 AM  
Collection On : 26/02/2022 11:07 AM  
Report On : 01/03/2022 5:25 PM  
Printed On : 01/03/2022 6:42 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 (Blood/Photometry ~ Cell counter)	09.77	g/dL	12.5 - 16.0
PCV (Packed Cell Volume) / Haematocrit (Blood/Numeric Integration of MCV)	34.49	%	37 - 47
RBC Count (Whole Blood/Electrical Impedance )	04.44	mill/cu.mm	4.2 - 5.4
MCV (Mean Corpuscular Volume) (Blood/Calculated)	77.69	fL	78 - 100
MCH (Mean Corpuscular Haemoglobin) (Blood/Calculated)	22.01	pg	27 - 32
MCHC (Mean Corpuscular Haemoglobin concentration) (Blood/Calculated)	28.32	g/dL	32 - 36
RDW-CV	11.38	%	11.5 - 16.0
RDW-SD	29.33	fL	39 - 46
Total WBC Count (TC) (Whole Blood/Electrical Impedance )	6470	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance and absorbance)	59.70	%	40 - 75
Lymphocytes (Blood/Impedance and absorbance)	32.20	%	20 - 45
Eosinophils (Blood/Impedance and absorbance)	03.10	%	01 - 06
Monocytes (Blood/Impedance and absorbance)	04.90	%	01 - 10

*P. Deepthy Saranya*  
DR. P. Deepthy Saranya  
M.B.B.S & M.D. Pathology  
Consultant Pathologist  
Reg.No: AP/AFMC - FMR 81632


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Basophils (Blood/Impedance and absorbance)	00.10	%	00 - 02
<b>INTERPRETATION:</b> Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (Blood/Impedance and absorbance)	03.86	10 <sup>3</sup> / $\mu$ l	1.5 - 6.6
Absolute Lymphocyte Count (Blood/Impedance and absorbance)	02.08	10 <sup>3</sup> / $\mu$ l	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/Impedance and absorbance)	00.20	10 <sup>3</sup> / $\mu$ l	0.04 - 0.44
Absolute Monocyte Count (Blood/Impedance and absorbance)	00.32	10 <sup>3</sup> / $\mu$ l	< 1.0
Absolute Basophil count (Blood/Impedance and absorbance)	00.01	10 <sup>3</sup> / $\mu$ l	< 0.2
Platelet Count (Blood/Electrical Impedance )	2.15	lakh/cu.mm	1.4 - 4.5
<b>INTERPRETATION:</b> Platelet count less than 1.5 lakhs will be confirmed microscopically.			
MPV (Blood/Automated Blood cell Counter)	08.45	fL	8.0 - 13.3
PCT	<b>0.13</b>	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	<b>50</b>	mm/hr	< 20

  
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## BIOCHEMISTRY

### Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/HPLC)	5.7	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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**INTERPRETATION:** If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	116.89	mg/dL
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#### **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 glycaemic 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.

*K. R. Mukilarasi*  
Dr. K.R. MUKILARASI M.D., (Path)  
Consultant Pathologist  
TNMC Reg.No: 116296

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<b><u>Liver Function Test</u></b>			
Bilirubin(Total) (Serum/Diazotized Sulphanilic acid)	0.6	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulphanilic acid )	0.10	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.50	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/IFCC without P-5-P)	19	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum/IFCC without P-5-P)	10	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	23	U/L	< 38
Alkaline Phosphatase (SAP) (Serum/IFCC AMP Buffer)	90	U/L	42 - 98
Total Protein (Serum/Biuret)	6.70	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	3.99	gm/dl	3.5 - 5.2
Globulin (Serum/Derived)	2.71	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Calculated)	1.47		1.1 - 2.2

**INTERPRETATION:**Enclosure : Graph

  
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<b><u>Lipid Profile</u></b>			
Cholesterol Total (Serum/Cholesterol oxidase/Peroxidase)	182	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/Glycerol-phosphate oxidase/Peroxidase)	117	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

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

HDL Cholesterol (Serum/Direct Detergent)	<b>42.36</b>	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 50 - 59 High Risk: < 50
LDL Cholesterol (Serum/Calculated)	116.2	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	23.4	mg/dL	< 30
Non HDL Cholesterol (Serum/Calculated)	139.6	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.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.3		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
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	2.8		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	2.7		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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## IMMUNOASSAY

### THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	0.94	ng/mL	0.7 - 2.04
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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 (Thyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	6.3	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/Chemiluminescence)	3.24	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&amplt;0.03 µIU/mL need to be clinically correlated due to presence of rare TSH variant in some individuals.

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MD Pathology  
CONSULTANT PATHOLOGIST  
Reg.No : APMC/FMR.93509

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## CLINICAL PATHOLOGY

### PHYSICAL EXAMINATION

Colour (Urine/Physical examination)	Pale Yellow		Yellow to Amber
Appearance (Urine/Physical examination)	clear		
Volume(CLU)	30 ml		

### CHEMICAL EXAMINATION

Leukocytes(CP)	Negative		
pH (Urine/Double Indicator )	6.0		4.5 - 8.0
Specific Gravity (Urine/Ionic concentration )	1.010		1.002 - 1.035
Ketone (Urine/Dip Stick Reagent strip Method / Rothera's mixture.)	Negative		Negative
Urobilinogen (Urine/Dipstick - Reagent strip method / Ehrlich's Reaction)	Normal		Within normal limits
Blood (Urine/Dip-Stick Method Peroxidase like activity of HB)	Negative		Negative
Nitrite (Urine/Dip Stick - Reagent strip method.)	Negative		Negative



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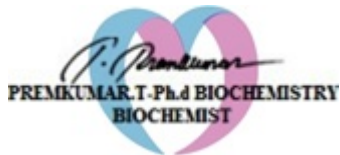


<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
Bilirubin (Urine/Dip Stick Diazotized Dichloro aniline/Fouchets method.)	Negative		Negative
Protein (Urine/Dipstick-Error of indicator/ Sulphosalicylic acid method )	Negative		Negative
Glucose (Urine/Dip Stick Method / Glucose Oxidase - Peroxidase / Benedict's semi quantitative method.)	Negative		Negative

**Urine Microscopy Pictures**

RBCs (Urine/Microscopy exam of urine sediment)	Nil	/hpf	Nil
Pus Cells (Urine/Microscopy exam of urine sediment)	2-4	/hpf	NIL
Casts (Urine/Microscopy exam of urine sediment)	Nil	/hpf	NIL
Epithelial Cells (Urine/Microscopy exam of urine sediment)	3-5	/hpf	Nil
Urine Crystals (Stool)	Nil	/hpf	NIL
Others (Urine)	Nil		Nil

**INTERPRETATION:**Note: Done with Automated Urine Analyser & microscopy



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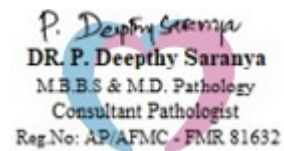
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<b><u>Stool Analysis - ROUTINE</u></b>			
Colour (Stool/Physical examination)	Dull yellow		Brown
Blood (Stool/Saline mount)	Not present		Not present
Mucus (Stool/Saline mount)	Not present		Not present
Reaction (Stool/PH)	Alkaline		Alkaline
Consistency (Stool/Physical examination)	Well Formed		Well Formed
Ova (Stool/Saline mount)	Nil		
Others (Stool/Saline mount)	Nil		Nil
Cysts (Stool/Saline mount)	Nil		
Trophozoites (Stool/Saline mount)	Nil		
RBCs (Stool/Saline mount)	Nil	/hpf	
Pus Cells (Stool/Saline mount)	3-5	/hpf	
Macrophages (Stool/Saline mount)	Nil		
Epithelial Cells (Stool/Saline mount)	1-2	/hpf	



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**HAEMATOLOGY**

BLOOD GROUPING AND Rh TYPING  
(Blood/Agglutination)

'B' 'Positive'

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<b><u>BIOCHEMISTRY</u></b>			
BUN / Creatinine Ratio	9.2		6.0 - 22.0
Glucose Fasting (FBS) (Plasma - F/Glucose oxidase/Peroxidase)	81	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

**INTERPRETATION:** Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/Glucose oxidase/Peroxidase)	113	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 Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	6.6	mg/dL	7.0 - 21
Creatinine (Serum/Jaffe - Alkaline Picrate)	0.96	mg/dL	0.6 - 1.1
Uric Acid (Serum/Enzymatic)	3.6	mg/dL	2.6 - 6.0

K. R. Mukilarasi  
Dr. K. R. MUKILARASI M.D., (Path)  
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-- End of Report --

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OP / IP : OP



### Pap Smear

**SPECIMEN NO : Cy 408/2022**

### **MICROSCOPIC FINDINGS:**

**ADEQUACY:** Satisfactory.

**PREDOMINANT CELLS:** Superficial and intermediate cells.

**BACKGROUND:** Neutrophils.

**ORGANISMS:** No specific organisms.

### **IMPRESSION:**

**Inflammatory Smear.**

**Negative for intraepithelial lesion/ malignancy.**

  
DR. R. NIRANJANI, MD, Pathologist  
Reg No : C00846



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www.spectsworld.com

Date : 26.2.22

Name : S.V.Vinay ..... Age 44 ..... Gender : M/F

**PRESCRIPTION**

**RIGHT EYE**

	Sph.	Cyl.	Axis	VA
Distant Vision		<u>Plano</u>	<u>-</u>	<u>6/6</u>
ADD	<u>+1.25</u>			<u>N6</u>

**LEFT EYE**

	Sph.	Cyl.	Axis	VA
Distant Vision		<u>Plano</u>	<u>-</u>	<u>6/6</u>
ADD	<u>+1.25</u>			<u>N6</u>

Lens Advise

- Type :  Single Vision
- Material :  Resilens
- Coating :  Hard coat
- Tint :  White
- Spl Lens :  High refractive index
- Special Instructions : For Constant use / Near work only

- Kryptok
- Polycarbonate
- Anti reflection coat
- Sp2
- Asperic

- D-Bifocal/Executive
- Glass
- Blue cut
- Photo grey
- Digital

IPD

*S. V. Vinay*  
Optometrist



(Medall Healthcare Pvt Ltd)

# SASH SELF REFERRAL FORM

Stick the Barcode here  
703a3017

## Customer Information

I, give consent to Medall Healthcare Pvt Ltd to perform the SASH Package investigation requested by me. I declare that **my age is 18 years or above 18 years** and I don't have any metal implants inside my body and don't have a pacemaker or stents. I am also aware that the blood tests are done in non-fasting (Random) Sample

Name: Mr/Ms/Mrs ~~J. S. W. A.~~  
Y . S R E E V I D Y A

Company Name \_\_\_\_\_ Occupation \_\_\_\_\_

For Corporate customers only Employee id: \_\_\_\_\_ Department: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ or Age: 44 Gender:  Male  Female

Contact Number : \_\_\_\_\_ Pin Code \_\_\_\_\_

Email ID : \_\_\_\_\_

## Vitals Observations (to be filled by Medall team)

Place of service :  In store  Camp – (mention Location) \_\_\_\_\_

Height 153 Cms \_\_\_\_\_ feet \_\_\_\_\_ Inches

Waist 39 Inches

Hip 42 Inches

Weight 64.7 Kgs

Fat 42.8 %

Visceral Fat 10.5 %

RM 1288 Cal

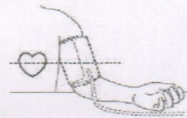
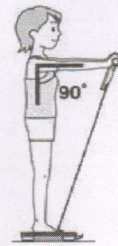
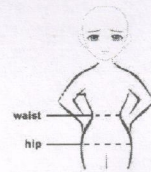
BMI 27.9

Body Age 60 Yrs

Systolic BP 111 mm/Hg

Diastolic BP 72 mm/Hg

(Always Ensure that the customer is relaxed and in sitting position while doing BP check)



## Clinical History / Medicines Taken

	Use Tobacco Products	Drink Alcohol
Never	<input type="checkbox"/>	<input type="checkbox"/>
Some days	<input type="checkbox"/>	<input type="checkbox"/>
Daily	<input type="checkbox"/>	<input type="checkbox"/>
Check in the appropriate box		

Date \_\_\_\_\_ Medall Employee Name & Id: \_\_\_\_\_

Report Language option (English is default)  Hindi  Kannada  Malayalam  Odiya  Tamil  Telugu

How did you come to know about SASH  Store Communication  Social Media  Friends/Family  Theatres  Radio  Posters  Others

I have verified and agree with all the data in this sheet.

Customer Signature

# HRUDEYAA HEART CARE

Near Mamatha Scanning Center, Bhanugudi Jn., KAKINADA

NAME: Y.SREE VIDYA

FEMALE /44YEARS

Ref Dr: MEDALL

DATE-26-02-2022

## 2D ECHO/DOPPLER STUDY

MITRAL VALVE	NORMAL
AORTIC VALVE	NORMAL
PULMONARY VALVE	NORMAL
TRICUSPID VALVE	NORMAL
AORTA:	2.0 cm,
PULMONARY ARTERY:	NORMAL
IAS:	INTACT
IVS:	1.2cm,
LEFT ATRIUM	2.8cm,
LEFT VENTRICLE	EDD : 3.9cm, EF :62%
	ESD : 2.7cm
RWMA:	NIL
RIGHT ATRIUM	NORMAL
RIGHT VENTRICLE	NORMAL
PERICARDIUM	NORMAL
<b>DOPPLER</b>	
MITRAL FLOW	E > A
AORTIC FLOW	Vmax 1.2m/sec.,
PULMONARY FLOW	Vmax 0.9 m/sec.,
TRICUSPID FLOW	NORMAL
COLOR DOPPLER :	NO MR/ AR /TR

**IMP** NORMAL CARDIAC CHAMBERS  
NORMAL LV FUNCTION  
NORMAL VALVES  
NO RWMA

Dr. SUMALATHA  
M.B.B.S., D.C. (Card)  
(CELL 7075575437)



26-02-2022 03:29:27 AM

ID: 360  
Y.SREEVIDYA  
Female 44Years

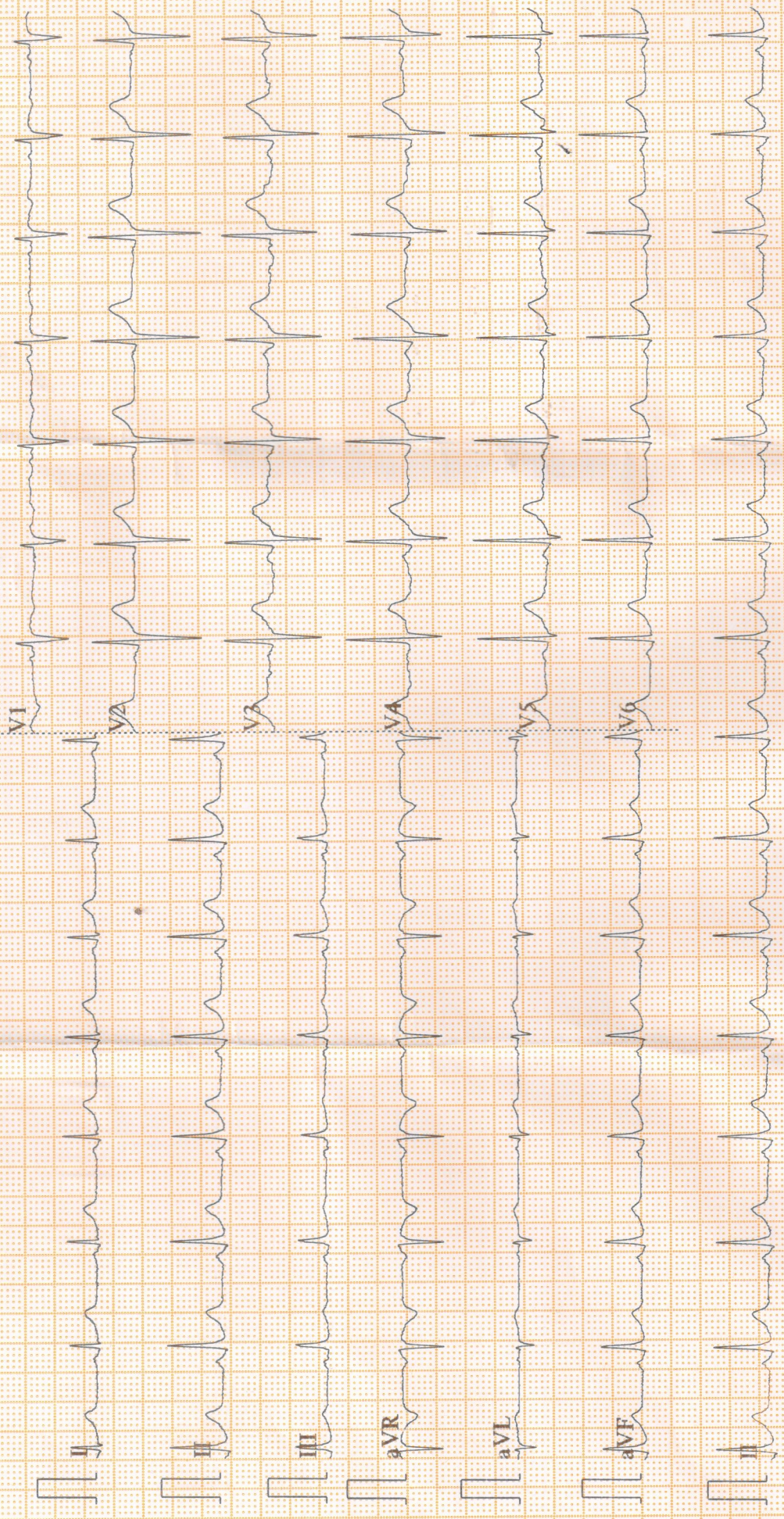
HR : 86 bpm  
P : 91 ms  
PR : 122 ms  
QRS : 77 ms  
QT/QTc : 337/403 ms  
P/QRS/T : 56/68/45 °  
RV5/SV1 : 1.126/0.606 mV

Diagnosis Information:  
Sinus Rhythm  
\*\*\*Normal ECG\*\*\*

*Dr. S. N. S. R.*  
**DR. S. SUMALATHA**  
M.B.B.S., D.C. (Card)  
Clinical Cardiologist  
Regd. 69460  
Cell : 8500008097

*SC*

Report Confirmed by:



ADIVISION OF 4D ULTRASOUND & COLOUR DOPPLER

YENUGULA SREEVIDYA

Date: 26-02-2022


Age / Sex: 44 Y / F

Ref: MEDALL DIAGNOSTICS

ULTRA SONOGRAPHY – ABDOMEN & PELVIS

- LIVER:** Normal in size (14.3 cm) with diffuse increase in echogenicity. No focal diffuse mass lesions. No Intrahepatic / extrahepatic biliary radicle dilatation.
- PV :** Normal in calibre.
- GALL BLADDER:** Normally distended. No calculi / wall thickening.
- CBD:** Normal in calibre
- PANCREAS:** Normal in size & echotexture. No dilatation of Main pancreatic duct. No parenchymal / ductal calcifications.
- SPLEEN:** Normal in size & echotexture.
- KIDNEYS:** Right kidney: 9.4 X 4.1cm, Left kidney: 9.0 X 4.8 cm  
Normal in size & echotexture.  
Normal cortico-medullary differentiation maintained.  
No calculi / dilatation of collecting system.
- RETROPERITONEUM:** Normal.
- URINARY BLADDER:** Well distended. Normal wall thickness. No calculi / no focal masses.
- UTERUS:** Anteverted.  
Normal myometrial echotexture. No focal lesion.  
Endometrial thickness is normal. Cervix is normal.
- OVARIES:** Normal in size & echotexture. No obvious adnexal pathology.
- BOWEL:** Bowel appears grossly normal. No bowel wall edema noted.  
No free fluid in peritoneal cavity. No Pleural effusions.
- IMPRESSION:** Grade I fatty changes in liver.

**Note:** These are COVID-19 pandemic days and no place is secure as also the diagnostic Centre.  
For clinical correlation & further evaluation

  
**Dr.S.BHASKARA RAO, MD**  
Consultant Radiologist  
Regd. No:72607

**Dr.A.CHENNA RAYUDU, DMRD**  
Consultant Radiologist  
Regd. No: 97975

*This is a professional opinion only for the interpretation of referring doctors. This report is not valid for medico- legal purpose*

ADIVISION OF COMPUTED RADIOGRAPHY

SREEVIDYA.YENUGULA

Date: 26-02-2022

Age / Sex: 44 Y / F

Ref: MEDALL DIAGNOSTICS

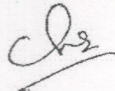
X - RAY CHEST – (PA View)

- \* Trachea midline position.
- \* Cardiac silhouette appears normal in size and density.
- \* Mediastinum and bilateral hila appear normal.
- \* Bilateral lung fields appear normal.
- \* Bilateral hemi diaphragms and costo-phrenic angles appear normal.
- \* Rib cage is normal.

**IMPRESSION: No obvious abnormality.**

Note: These are COVID-19 pandemic days and no place is secure as also the diagnostic Centre.  
For clinical correlation & further evaluation

Dr.S.BHASKARA RAO, MD  
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